THE OHIO STATE UNIVERSITY

OFFICIAL PROCEEDINGS OF THE

ONE THOUSAND FIVE HUNDRED AND THIRTIETH

MEETING OF THE BOARD OF TRUSTEES

Columbus, Ohio, March 5 – May 21, 2025

The Board of Trustees and its committees met in Columbus, Ohio, at Longaberger Alumni House, unless noted otherwise herein, and virtually over Zoom on March 5 and 19, April 2 and 16, and May 2, 14, 15, 20 and 21, 2025, pursuant to adjournment.

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Minutes of the last meetings were approved.

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LEGAL, AUDIT, RISK AND COMPLIANCE COMMITTEE MEETING

Committee Chair Elizabeth P. Kessler called the meeting of the Legal, Audit, Risk and Compliance Committee to order on Wednesday, March 5, 2025, at 1:59 p.m.

Members Present: Elizabeth P. Kessler, Bradley R. Kastan, Kendall C. Buchan

Members Present via Zoom: Alan A. Stockmeister, Elizabeth A. Harsh, Michael F. Kiggin, Amy Chronis, John Zeiger (ex officio)

Members Absent: Juan Jose Perez

It was moved by Ms. Kessler and seconded by Mr. Kastan that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation, to discuss security arrangements and emergency response protocols, and to consider business-sensitive trade secrets that are required to be kept confidential by federal and state statutes.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Ms. Kessler, Mr. Kastan, Mr. Stockmeister, Mrs. Harsh, Mr. Kiggin, Dr. Buchan, Ms. Chronis and Mr. Zeiger.

The committee entered executive session at 2:12 p.m., and the meeting adjourned at 4:38 p.m.

(See Appendix LIV for Summary of Actions Taken, page 1488)

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RESEARCH, INNOVATION AND STRATEGIC PARTNERSHIPS COMMITTEE MEETING

Committee Vice Chair Reginald A. Wilkinson called the meeting of the Research, Innovation and Strategic Partnerships Committee to order on Wednesday, March 19, 2025, at 2:28 p.m.

Members Present: Reginald A. Wilkinson, Bradley R. Kastan, Phillip Popovich

Members Present via Zoom: Juan Jose Perez, Joshua H.B. Kerner, John W. Zeiger (ex officio)

Members Absent: N/A

It was moved by Dr. Wilkinson and seconded by Mr. Kastan that the committee recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Dr. Wilkinson, Mr. Perez, Mr. Kastan, Mr. Kerner, Dr. Popovich and Mr. Zeiger.

The committee entered executive session at 2:59 p.m. The meeting adjourned at 3:59 p.m.

(See Appendix LV for Summary of Actions Taken, page 1510)

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TALENT, COMPENSATION AND GOVERNANCE COMMITTEE MEETING

Committee Chair Jeff Kaplan called the meeting of the Talent, Compensation and Governance Committee to order on Wednesday, April 2, 2025, at 2:00 p.m.

Members Present: Jeff M.S. Kaplan, Elizabeth P. Kessler, Tomislav B. Mitevski, Juan Jose Perez

Members Present via Zoom: Alan A. Stockmeister, Gary R. Heminger – arr. 2:03 p.m., Reginald A. Wilkinson, John W. Zeiger (ex officio)

Members Absent: N/A

It was moved by Mr. Kaplan and seconded by Ms. Kessler that the committee recess into executive session to discuss business-sensitive trade secrets and personnel matters regarding the appointment, employment and compensation of public employees.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Kaplan, Ms. Kessler, Mr. Stockmeister, Dr. Wilkinson, Mr. Mitevski, Mr. Perez and Mr. Zeiger. Mr. Heminger was not present for this vote.

The committee entered into executive session at 2:01 p.m. and reconvened in public session at 3:57 p.m. The committee adjourned at 4:00 p.m.

(See Appendix LVI for Summary of Actions Taken, page 1541)

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ACADEMIC AFFAIRS AND STUDENT LIFE COMMITTEE MEETING

Committee Chair Reginald Wilkinson called the meeting of the Academic Affairs and Student Life Committee to order on Wednesday, April 16, 2025, at 1:59 p.m. The committee convened in person at Drinko Hall on the Columbus campus and virtually over Zoom.

Members Present: Reginald A. Wilkinson, Elizabeth A. Harsh, Elizabeth P. Kessler, Jeff M.S. Kaplan – arr. 2:03 p.m., Bradley R. Kastan – arr. 2:03 p.m., Kendall C. Buchan, Eric Bielefeld

Members Present via Zoom: John W. Zeiger (ex officio)

Members Absent: Michael F. Kiggin

It was moved by Dr. Wilkinson and seconded by Ms. Kessler that the committee recess into executive session to discuss business-sensitive trade secrets and personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Dr. Wilkinson, Mrs. Harsh, Ms. Kessler, Mr. Kastan, Dr. Buchan, Dr. Bielefeld and Mr. Zeiger. Mr. Kaplan was not present for this vote.

The committee entered executive session at 2:41 p.m. and adjourned at 4:15 p.m.

(See Appendix LVII for Summary of Actions Taken, page 1548)

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MASTER PLANNING AND FACILITIES COMMITTEE MEETING

Committee Chair John Perez called the meeting of the Master Planning and Facilities Committee to order on Friday, May 2, 2025, at 8:58 a.m.

Members Present: Juan Jose Perez, Elizabeth A. Harsh, Pierre Bigby, Kendall C. Buchan, Robert H. Schottenstein,

Members Present via Zoom: Alan A. Stockmeister – arr. 9:03 a.m., John W. Zeiger (ex officio)

Members Absent: Reginald A. Wilkinson, George A. Skestos

It was moved by Mr. Perez and seconded by Mr. Bigby that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation, to consider business-sensitive trade secrets and to discuss details relative to security arrangements and emergency response protocols.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Perez, Mrs. Harsh, Mr. Bigby, Dr. Buchan, Mr. Schottenstein and Mr. Zeiger. Mr. Stockmeister was not present for this vote.

The committee entered executive session at 8:59 a.m. and reconvened in public session at 11:20 a.m. The committee adjourned at 11:30 a.m.

(See Appendix LVIII for Summary of Actions Taken, page 1576)

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FINANCE AND INVESTMENT COMMITTEE MEETING

Committee Chair Tomislav Mitevski called the meeting of the Finance and Investment Committee to order on Wednesday, May 14, 2025, at 2:00 p.m.

Members Present: Tomislav B. Mitevski, Pierre Bigby, Gary R. Heminger, George A. Skestos, John W. Zeiger (ex officio)

Members Present via Zoom: Michael F. Kiggin, Joshua H.B. Kerner, Amy Chronis

Members Absent: Kent M. Stahl

It was moved by Mr. Mitevski and seconded by Mr. Skestos that the committee recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes and to consult with legal counsel regarding pending or imminent litigation.

A roll-call vote was taken, and the committee voted to go into executive session with the following members present and voting: Mr. Mitevski, Mr. Bigby, Mr. Heminger, Mr. Kiggin, Mr. Skestos, Mr. Kerner, Ms. Chronis and Mr. Zeiger.

The committee entered into executive session at 2:02 p.m. and reconvened in public session at 3:52 p.m. The committee adjourned at 4:21 p.m.

(See Appendix LIX for Summary of Actions Taken, page 1602)

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ATHLETICS COMMITTEE MEETING

Committee Chair Gary Heminger called the meeting of the Athletics Committee to order on Thursday, May 15, 2025, at 7:58 a.m.

Members Present: Gary R. Heminger, Alan A. Stockmeister, Elizabeth P. Kessler, Jeff M.S. Kaplan, Pierre Bigby, Bradley R. Kastan, George R. Skestos, Kendall C. Buchan, John W. Zeiger (ex officio)

Members Present via Zoom: Michael F. Kiggin

Members Absent: N/A

It was moved by Mr. Heminger and seconded by Mr. Stockmeister that the committee recess into executive session to discuss business-sensitive trade secrets and to discuss personnel matters involving the appointment, employment and compensation of public officials.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Heminger, Mr. Kiggin, Mr. Stockmeister, Ms. Kessler, Mr. Kaplan, Mr. Bigby, Mr. Kastan, Mr. Skestos, Dr. Buchan and Mr. Zeiger.

The committee entered into executive session at 8:07 a.m., and the meeting adjourned at 11:41 a.m.

(See Appendix LX for Summary of Actions Taken, page 1721)

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WEXNER MEDICAL CENTER BOARD MEETING

Board Secretary Jessica A. Eveland called the meeting of the Wexner Medical Center Board to order on Tuesday, May 20, 2025, at 12:59 p.m.

Members Present: Leslie H. Wexner, Alan A. Stockmeister, Gary R. Heminger, Tomislav B. Mitevski, Juan Jose Perez, George A. Skestos – arr. 1:18 p.m., Joshua H.B. Kerner, Robert H. Schottenstein, Stephen D. Steinour – arr. 1:15 p.m., Cindy Hilsheimer, Amy Chronis, John W. Zeiger (ex officio), Walter E. Carter Jr. (ex officio), Ravi V. Bellamkonda (ex officio) – arr. 1:21 p.m., Michael Papadakis (ex officio), John J. Warner (ex officio)

Members Present via Zoom: Hiroyuki Fujita

Members Absent: N/A

It was moved by Mr. Zeiger and seconded by Mr. Perez that the Wexner Medical Center Board recess into executive session to consider business-sensitive trade secrets and quality matters required to be kept confidential by federal and state statutes and to discuss personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

A roll-call vote was taken, and the Board voted to go into executive session with the following members present and voting: Mr. Wexner, Mr. Stockmeister, Mr. Heminger, Mr. Mitevski, Mr. Perez, Mr. Skestos, Mr. Kerner, Mr. Schottenstein, Mr. Steinour, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Bellamkonda, Mr. Papadakis and Dr. Warner.

The Wexner Medical Center Board entered executive session at 1:33 p.m. and adjourned at 3:46 p.m.

(See Appendix LXI for Summary of Actions Taken, page 1724)

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FULL-BOARD EXECUTIVE SESSION

Board Chair John W. Zeiger called the meeting of the Board of Trustees to order on Wednesday, May 21, 2025, at 8:22 a.m.

Members Present: John W. Zeiger, Alan A. Stockmeister, Gary R. Heminger, Elizabeth P. Kessler, Jeff M.S. Kaplan, Elizabeth A. Harsh, Reginald A. Wilkinson, Michael F. Kiggin, Tomislav B. Mitevski, Pierre Bigby, Juan Jose Perez, Bradley R. Kastan, George A. Skestos, Kara J. Trott, Joshua H.B. Kerner and Kendall C. Buchan.

Members Present via Zoom: N/A
Members Absent: N/A

Mr. Zeiger:

Will the Secretary please advise when a quorum is present?

Ms. Eveland:

A quorum is present.

Mr. Zeiger:

Thank you. At this time, I would like to convene this meeting of the Board of Trustees and move that the Board recess into executive session to consult with legal counsel regarding pending or imminent litigation; to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes; and to discuss personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

Upon the motion of Mr. Zeiger, seconded by Mr. Kaplan, the Board of Trustees adopted the foregoing motion by unanimous roll-call vote, cast by trustees: Mr. Zeiger, Mr. Stockmeister, Mr. Heminger, Ms. Kessler, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos, Ms. Trott, Mr. Kerner and Dr. Buchan.

The meeting entered executive session at 8:23 a.m. and adjourned at 12:50 p.m.

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FULL-BOARD PUBLIC SESSION

Board Chairman John Zeiger convened The Ohio State University Board of Trustees on Wednesday, May 21, 2025, at 1:30 p.m.

Members Present: John W. Zeiger, Alan A. Stockmeister, Gary R. Heminger, Elizabeth P. Kessler, Jeff M.S. Kaplan, Elizabeth A. Harsh, Reginald A. Wilkinson, Michael F. Kiggin, Tomislav B. Mitevski, Pierre Bigby, Juan Jose Perez, Bradley R. Kastan, George A. Skestos, Kara J. Trott, Joshua H.B. Kerner and Kendall C. Buchan.

Members Present via Zoom: N/A

Members Absent: N/A

Mr. Zeiger:

Will the Secretary please advise when a quorum is present?

Ms. Eveland:

A quorum is present.

Mr. Zeiger:

Thank you. I would like to convene this meeting of the Board of Trustees and remind everyone with us today that this meeting is being recorded and livestreamed for the public by WOSU. I also ask everyone with us this afternoon follow rules of proper decorum for conducting the business at hand.

As is clear, we have a number of guests attending today, and I understand that a request has been made that they be able to spend two minutes before we go into our formal business expressing their views on a certain situation. If there is a representative who would like to spend no more than two minutes, you're certainly welcome to come to the chair at the center there and share your perspective with us.

Hi. Could you please tell us your name and your affiliation with Ohio State?

Ms. Pompeii:

Yes. Good afternoon, OSU President Ted Carter, OSU Wexner Medical Center CEO Dr. Warner, Chair John Zieger and members of the Board of Trustees. Thank you for the opportunity to bring forward the urgent concerns of our nurses and healthcare professionals at the bedside. My name is Amy Pompeii. I'm a registered nurse at the University Hospital acute care float pool that serves 17 different units at the OSU Wexner Medical Center. And I'm also the president of the Ohio State University Nurses Organization.

We are Buckeyes, but far too often we're being treated like bullseyes, and we've had to get loud just to be heard. It's staggering that we are still standing here, still demanding safety at the EMS entrance of the emergency department. This is a high-incident, high-risk zone. Nurses and health professionals have repeatedly raised the alarm. We are not being dramatic. We are describing the very real possibility of a mass casualty event if someone opens fire on us in one of the most exposed and vulnerable entry points of the hospital. We are asking for basic protection in one of the most dangerous points of care, and still we face resistance. We've demanded a gap strategy and immediate plan to keep us safe now while long-overdue improvements are made. And we are not backing down because we refuse to accept dying at work as just part of the job. But this is not just about one door, this is about what it means to work in a system that has normalized unnecessary risk, moral injury and violence. We are bleeding talent. Nurses and health professionals are walking away not because they don't care but because they've been asked to endure too much for too long with too little support. They are being driven out by chronic understaffing, by violence that goes unaddressed and by a lack of respect reflected in compensation that simply doesn't match the weight of the job.

Let's be clear, you cannot solve staffing without solving pay. You cannot retain skilled professionals if they don't feel safe walking into work. You cannot claim to lead in healthcare if you fail to protect the very people providing the care.

Competitive compensation and enforceable staffing standards and serious workplace violence prevention measures are not optional. They are non-negotiable if OSU Wexner wants to remain a hospital patients trust and a workplace where nurses and health professionals choose to stay. You want to reduce workplace violence? Staff the units and invest in safety. You want to stop moral injury? Give us what we need to care without harm. Every day this is delayed, someone else is put at risk, a nurse assaulted, a patient endangered by missed or delayed care, a professional pushed to their breaking point. We are not asking for luxury. We are demanding safety, dignity and the ability to do our jobs without sacrificing our well-being or our lives.

We are proud to be Buckeyes, but pride doesn't pay the bills. Pride doesn't stop the assaults. Pride won't raise my kids if I'm murdered on the job. Pride doesn't keep our

patients safe. We are Buckeyes, but we are not bullseyes. We won't back down. We won't be silent. As president of OSUNO, I'm calling on you as trustees of this institution to instruct your team to work with us in good faith to negotiate a fair contract that addresses these longstanding systemic issues. It's time for action. Lives depend on it. Thank you.

We just have — delivering thousands of postcards that were signed from nurses and the community imploring what I just asked of the board for our nurses.

Mr. Zeiger:

Can we please have you put them on the table back here and just pile them up?

No, on the table at the back, please, where the speaker was.

I would like to acknowledge that the Board of Trustees and the administration of the Wexner Medical Center and the university do very much value the important work of our nursing teams throughout the Wexner Medical Center. We understand it's important work that you and your colleagues do and that it is a dynamic environment in which this community exists. Please understand that the board and the administration is very focused on making sure that we maximize the safety of all employees and all students across the campus.

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RECOGNIZING TRUSTEE SERVICE

Mr. Zeiger:

We will now move into our regularly scheduled activity for the board.

I want to begin today by recognizing two of our colleagues whose terms on the Board of Trustees will soon be concluding. As I've noted from the chair previously, it's a tremendous honor and responsibility to serve the university and the State of Ohio in this capacity. This institution has been an integral part of our state and many of our communities for more than a century and a half. To have the opportunity to steward that incredible legacy — to position Ohio State to continue playing such an instrumental role in our state — is truly special. It almost goes without saying that serving in such an extraordinary capacity brings you in contact with people who are outstanding and talented. Two of those people who've been on this board, Alan Stockmaster and Josh Turner, certainly are such individuals.

Anyone who has spent more than five minutes with my friend Alan knows of his exceptional leadership, his collegiality and his deep passion for Appalachian Ohio. He has shared that important perspective with his colleagues on this board quite regularly and with others across the university, and we are far better because of it. President Carter has spoken of Ohio State being a “university for all Ohioans” and Alan has done a great deal to ensure that that will continue to be the case.

In addition to Alan, who's concluding his nine-year term as a gubernatorial-appointed trustee, Josh Kerner, at the end of the table, is concluding his term as a two-year student

trustee. This board is deeply proud of the role student trustees play, and we've experienced firsthand how valuable Josh's insight, and that of our other student trustees, is in everything we do. Josh has continued this tradition of fine leadership among our student trustees and robust engagement, which we value in the work that he has done. Even though Josh will soon conclude his term on the board, we know we will continue to see him as he finishes his undergraduate degree over the coming year. We express great thanks to both Alan and Josh. We will count on your continued support and friendship.

At this point, I'd like a round of applause for their tremendous contributions.

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APPROVAL OF MINUTES

Mr. Zeiger:

Now to today's agenda. Our first order of business is to approve the minutes of the February board meeting. These were distributed to all trustees. Are there any additions or corrections?

Hearing none, the minutes are approved as distributed. *(Minutes were approved.)*

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ELECTION OF OFFICERS

Mr. Zeiger:

Our next order of business is the board's annual election of officers. To lead this particular portion of our meeting, I would like to call on our vice chairman, Alan Stockmeister.

Mr. Stockmeister:

Good afternoon. Thank you. It's my honor to do this. The matter before us is to select a chair and vice chair of this Board of Trustees for the coming fiscal year. Are there any motions to nominate? Mr. Kaplan.

Mr. Kaplan:

First of all, I would echo Chairman Zeiger's comments about you and Josh. Thank you both — incredible jobs.

As chair of the board's Talent, Compensation and Governance Committee, I've got the privilege of being involved in the board's process for identifying the nominees to serve in our chair and vice chair roles. As we went through this process, it was clear the board — you, trustees — had unanimous, strong support for our current chairman, John Zeiger, to serve as chair for a second term, which is what I'd recommend.

And additionally, with Mr. Stockmaster's time as a trustee — unfortunately for us — concluding, we must also elect a new vice chair. For that role, John Zeiger, would, and I would, like to nominate Liza Kessler. She's been a longstanding member of the board, as you all know, since joining in 2018. And more importantly, I think all of us believe that

she, along with Mr. Zeiger, have a team that has the experience, strength and insight that will serve the university extraordinarily well.

So with that, Mr. Stockmaster, I would like to move to nominate John Zeiger as chair of our board and Liza Kessler as vice chair, and recommend approval by this full board.

Mr. Stockmeister:

Thank you, Mr. Kaplan. Please note that the formal resolution language is at your seats. This is also available for members of the public through Ohio State's media relations team.

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ELECTION OF OFFICERS

Resolution No. 2025-72

Synopsis: Approval of the following slate of officers is proposed.

WHEREAS the Bylaws of the Board of Trustees specify that the Chair of the Board shall be elected annually by the Board; and

WHEREAS the Chair of the Board shall take office at the adjournment of the final meeting of the fiscal year ending June 30, and they shall hold their office through the following final fiscal year meeting of the Board, or until their successors are elected and qualified, so long as they shall continue to be eligible to serve as officers; and

WHEREAS the following slate of officers is recommended for approval by the Board:

John W. Zeiger, Chair
Elizabeth P. Kessler, Vice Chair

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the slate of officers as presented.

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Upon the motion of Mr. Kaplan, seconded by Dr. Wilkinson, the Board of Trustees adopted the foregoing resolution by majority roll-call vote, cast by the following trustees: Mr. Stockmeister, Mr. Heminger, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos, Ms. Trott, Mr. Kerner and Dr. Buchan. Mr. Zeiger and Ms. Kessler abstained.

Ms. Eveland:

Motion carries.

Mr. Stockmeister:

Thank you. Congratulations.

It's been an honor to serve alongside you during this time and all my time on the board. Your strong leadership, the way you work to keep trustees informed and aligned, and the great relationship you've built with President Carter have created a lot of momentum for the university, and I look forward to seeing that continue to grow.

So, let's have another round of applause for Chairman Zeiger and Ms. Kessler.

Mr. Zeiger:

Thank you, Alan. It's been an absolute privilege to serve as chair of this board over the last year. It is a responsibility I do not take lightly. But it is a responsibility that is truly enjoyable and rewarding given the partnership of the trustees and President Carter's commitment to collaboration and alignment with the board on policy issues.

I appreciate the confidence that each of you, as my fellow board members, have expressed both in Liza and in me, and we are honored to continue this role in the coming year. So thank you for the confidence you've placed in us.

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BUCKEYES IN THE SPOTLIGHT: AGOSTINI PRIZE RECIPIENT

Mr. Zeiger:

One of the great privileges of being a member of this board is that we learn so much more about the university and the remarkable things that happen here than most of the public ever has the opportunity to experience. We have incredible scholarship among our faculty, including just amazing research, and today, we are delighted to have another opportunity to learn more about it. Faculty accomplishments not only enhance the reputation and prestige of the university, they advance our founding mission to improve the lives of Ohioans and people across the globe.

I will now turn the floor over to President Carter for a very special announcement about one of our distinguished faculty members.

President Carter:

Thank you, Chairman Zeiger.

As the chairman said, we always welcome the opportunity to talk about the incredible work of Ohio State's faculty. Today, we have one such opportunity.

As you may know, earlier this year we created a new award to recognize excellence on the part of our faculty. This new award, the Pierre Agostini Prize, is named in honor of Professor Agostini, an emeritus faculty member whose outstanding research accomplishments won him the Nobel Prize in Physics in 2023. That was a remarkable moment in our Ohio State history.

The Agostini Prize is our most prestigious honor for scholarly and artistic achievement. It will be given annually to a faculty member whose work is recognized by their peers to be so groundbreaking and influential that it qualifies as "world class" and would be typically recognized with national or international awards. Our goal in creating the Agostini Prize is to highlight our commitment as a university to the promotion of innovative and consequential research and creative expression. In other words, we know that the work of our faculty changes and literally saves lives. We want to celebrate

that accordingly. And I am so pleased that Professor Agostini could be with us here in person for the naming of our inaugural recipient.

Professor, we are honored to have you with us. Would everyone please join me in recognizing Professor Agostini?

Thank you. This year's Agostini Prize honoree has been chosen following a rigorous nomination and review process. L.S. Fan is a Distinguished University Professor and the C. John Easton Professor in Engineering in the Department of Chemical and Biomolecular Engineering. He has been a member of the faculty at Ohio State since 1978 and served as department chair from 1994-2003.

Professor Fan's research focuses on creating cleaner, more efficient ways to produce energy, fuels and chemicals while reducing pollution. One of his most important innovations is a process called chemical looping, which allows fossil fuels, biomass or plastic waste to be used to produce energy, fuels and chemicals without releasing harmful carbon dioxide into the air. The technology developed by Professor Fan is currently in the commercialization stage and has the potential to make power plants much cleaner while making productive use of industrial waste products. His patented processes have been licensed to a number of major companies.

Professor Fan's record of excellence has brought significant recognition to our university. He is a member of the national academies of engineering or sciences in several countries, including the United States, and he is a Fellow of the National Academy of Inventors. His pioneering contributions have earned him more than 100 awards and honors globally from various academic, industrial, governmental and professional entities. In addition, Professor Fan has advised hundreds of students at the bachelor's, master's, PhD and post-doctoral levels, helping to prepare the next generation of innovators. His work is widely regarded by his peers as highly consequential, and we are proud today to add to Professor Fan's long list of honors by naming him the inaugural recipient of the Pierre Agostini Prize.

Dr. Fan, on behalf of all of us here at Ohio State, congratulations.

Dr. Fan, I'll invite you to the front table here and let you say a few words about your work.

Dr. Fan:

Well, thank you so much, President Carter. It is such a distinguished honor for me to be here, having been in the university for 48 years, and I cannot imagine more exciting events happening, in part, because Ohio State can claim being a leading school that produced Nobel Prize winners. I am so gracious to be associated with the Augustini Award. Then thanks very much to the Board of Trustees — Zeiger, chair — for providing this venue for the award to be announced and presented.

I have to reflect myself that 48 years ago, when I came to Ohio State for an interview, for the position, and I came from West Virginia and working on coal. And then Jack Zakin was the department chair. He hired me, and I was wondering why he did it, and then later on I learned he believed if anybody can work on coal, such a complex substance, they can pretty much do everything else. And today happened to be energy, and we do not do coal but we do many other things in the process of producing clean energy and to be used for use in industry and to produce chemicals and fuels and hydrogens and in other things in a very clean way and do not affect the climate. And this all happen to be the climate issues and come to us and global warming has and this kind of the

background and which I have been working on for so long and have become one of those very important technologies that could change the way the people live in the next centuries.

I want also to say Jack provided a kind environment for us. He just allowed us to feel we are a part of this particular community, department. Very supportive, very cooperative and just like a family. And then that kind of environment, it continued putting on by the succeeding department chairs, Stu Cooper, who is sitting here, Andre Palmer, Umit Ozkan and myself. And that particular culture continues and with the very same goal. This is a big family, and we want everybody to develop their career throughout the entire career, instead of going to other places or seeking better places. It had become very clear now the interest in mentorship for us. You know, being senior and mentor to the junior is a part of the important mission, particularly for myself. The job is easier because we have a Nobel Prize here and proving that in Ohio State is the environment one can set that goal, and the sky is the only limit. And our Ohio State environment is providing — it's beautiful, you know — circumstances for people to excel. Ohio State is not just big — it's big in several ways. Academically, there are so many departments. I personally benefit from working with the material scientists in the material science department, mechanical engineering, electrical engineering, and chemistries, civil engineering and so forth. And the synergies between chemical engineering with them. And, actually, that was the reason we are able to do a lot of things and this environment is so beautiful. And other aspect has to do with this large is connected to size. And Ohio State is big, people know, but has a very important high bay space. And I want to emphasize high bay — meaning a building. It's not just ordinary lab, but has very high ceiling and where, as a chemical engineer, you can build a plant erected all the way to the top. And then next step would be the commercialization. That's the reason we are able to do a lot of things. And I want to thank, you know, the leadership of Ohio State University vice president officer Peter Mohler, who is sitting here, and Dawn Larzelere, who has been very supportive and has taken a personal interest to come to the laboratory to see and how this technology eventually commercialize and how we continually can support. We are able to do it because of the decision of the leadership and then plus the size of the university and, in fact, the people have been telling me this might be the only place in the United States be able to do so. And so this is wonderful, and we'll continue cultivating that kind of collaborative environment and to allow these kind of things done at Ohio State.

And I want to finally, you know, thank my wife, Sue. Over the years, why I was able to do what I enjoy and love to do is because her support. And we, you know, educated two kids, and they both are professors as well. It looks like they enjoy professorships, and they call themselves Buckeyes as well. They don't miss the football game when they play Michigan when it was on TV.

So, I want to thank each one of you, the Board of Trustees members, the PPAC committee members and the department colleagues and their friends who are here, and for this particular occasion. I just feel the decision through my life to stay on at Ohio State, it's the best decision I have ever made, and I feel the impact that can be produced at Ohio State, and even easier to prove today with Agostini, you know himself and being here as part of it. With this, thank you very much for your attention.

President Carter:

Dr. Fan, thank you so much for those remarks. I'll now invite our trustees to share any comments or ask Dr. Fan any questions about his work.

Mr. Zeiger:

Dr. Fan, tell us the timing for the commercialization of your product. Is it near-term?

Dr. Fan:

I have a few products that have been commercialized — electrical capacitance volume tomography, for example. You're imaging the modified system and that being already in commercial use. And then calcium looping, because everybody wanted to capture the CO_2. We invented calcium looping, and it's already being licensed to ITRI, and they have already commercially proven it's useful. It's just next steps to be applied, used and then very exciting. Everybody is looking at hydrogen production. And then Babcock & Wilcox produce this hydrogen and then so once you have hydrogen clean fuel. And we have other technologies in another aspect. The Technology Transfer Office has been very, very supportive and there are many licenses in place already producing chemicals, biofuels and you can produce sink gas, carbon monoxide, hydrogen. And then they can synthesize, you know, pretty much most of the things — hydrocarbon, you can create it. And we are able to do so. And then Babcock & Wilcox is devoting, is 155 years of company, and they devoted pretty much their future on what they call “Bright Loop.” And they make a lot of sense, you know commercial name Bright Loop, and they are just about to build the commercial plant pending operation roughly spring and the summer next year. If this becomes successful, that would put Ohio State in the history books, and I'm just devoting every single moment of my time to make sure it happens.

Mr. Stockmeister:

Dr. Fan, I live in Appalachia, Ohio. They all get tired of hearing me say that. I live in Appalachia, Ohio — coal country — so come on down.

Dr. Fan:

That's one of the reasons I was able to do so because Ohio Coal Development Office has been supporting me since 1985, nonstop. That's the reason why we are able to work on the CO_2 issue before everybody see the climate change. In 1990, already, we have cleaned up everything, dealt with the coal pollutant — you know you have sulfur dioxide, you have nitrogen oxide, you have heavy metals – selenium, arsenic and so forth. At that time, I was thinking, “What else is you can clean?” And I was thinking of the CO_2. And so that early on, with the support of Ohio Coal Development Office, and we already working on the chemical looping was developed. And that is the technology, initial idea started 125 years ago, and people just cannot make it work. They missed two very important things. So, this is help me to, you know, guide the education as well and why, you know, they miss it and how this particular idea can be reinforced in the future education. It's called a multi-scale, multi-phase concept. So, you have to understand science very well. You have to understand molecule and crystals, and you have to understand the particle scale. You have to understand the reactor scale. You have to understand the system scale when you build, and you have to understand the life cycle analysis. Techno-economic analysis. So, you need to have one person instill this concept in one's brain, not five people and they work together in a room, and then they talk it out and how to do it. I think that's what is missing, and I have been advocating education is a multi-scale. So, we learned the chemistry in freshman. But we want to make sure when you get into the senior, you're doing more engineering, you don't forget the chemistry because that will affect you enormously in the future.

President Carter:

Well, thank you, everybody. Now it's our pleasure to formally present Professor Fan with a medallion representing the prestigious Pierre Agostini Prize. Mr. Chairman, Professor Fan and Professor Agostini: Would you please join me at the presenters' table?

Dr. Fan, on behalf of all of us at The Ohio State University, congratulations on being named the inaugural recipient of the Pierre Agostini Prize.

Dr. Fan:

Thank you very much.

Mr. Zeiger:

Dr. Fan, congratulations again on this incredibly important work and your wonderful scholarship. We appreciate your dedication to Ohio State and being an example of our many, many fine faculty members.

On behalf of the full board, congratulations on being the recipient of the Agostini award. Again, congratulations for the professor please.

President Carter, I'll turn the program over to you at this point.

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PRESIDENT'S REPORT

Mr. Carter:

Thank you, Mr. Chairman. I'm not sure I can top an award presentation as exciting as that one, so I'll keep my remarks brief today.

Let me start by continuing our theme of recognizing excellence. As the chairman mentioned, today is the final board meeting for two of our trustees: Vice Chairman Alan Stockmeister, who has served on the board proudly since 2017; and Josh Kerner, who is concluding his term as the undergraduate student trustee.

Alan, thank you for the exceptional leadership you have brought to the board and for your service to Ohio State. I'm grateful for your support, and we know you will continue to be a champion for our university and all of Ohio.

Josh, it's a privilege to have a strong student leadership represented on our board. Thank you for your advice and advocacy on behalf of Ohio State's undergraduate students. We know you have a bright future ahead.

Please join me in recognizing our two outgoing trustees.

We are also welcoming new talent to our team.

Pending your approval, we have made two appointments to our leadership team that I'm personally very excited about.

First, we have named Dr. Kimryn Rathmell as chief executive officer of The James Cancer Hospital and Solove Research Institute. Dr. Rathmell most recently served as director of the National Cancer Institute, and I could not be more pleased to welcome

her to Ohio State. I know Dr. Warner shares that excitement. I'm confident that under Dr. Rathmell's leadership, we will make great strides toward our vision of creating a cancer-free world.

We've also appointed Dr. Aravind Chandrasekaran as interim dean of the Fisher College of Business for a two-year period. By the way, we just refer to him as "AC," so I won't do that again. AC has been on the faculty since 2009 and is highly regarded by the Fisher community. Our business college already ranks among the nation's best, and AC is the right leader to guide us to even higher levels of excellence.

It was a busy spring at Ohio State, culminating in our commencement ceremony where we awarded approximately 12,000 degrees to the next generation of Ohio's leaders. Our strong graduating classes are a great testament to the trust and confidence that students and families have in the quality and the value of an Ohio State education. I know we will see great things from the Class of 2025.

We have been engaging extensively with the Ohio State community, both here in Ohio and outside the state. Last month, I was excited to be part of my second Scarlet and Gray Breakfast in Washington, D.C., where we had the opportunity to engage with Buckeye alumni in the nation's capital and spend time with members of Ohio's congressional delegation.

We heard an excellent keynote address from Congressman Troy Balderson, who represents our Newark campus and is a strong advocate for the students and programs there.

At a time when our leaders are wrestling with a number of difficult issues in Washington, I'm encouraged that there are things that bring us together. One of those is the support that Ohioans have for their flagship university and the shared belief that education is crucial for the future success and growth of our state and nation. I want to thank all the friends who joined us in Washington, including the members of this board who were able to attend.

Speaking of our nation's capital, we also made a trip there for our national champion football team to be recognized at the White House. It was a wonderful opportunity for the excellence of our student-athletes, our coaches and staff to be recognized at the highest level.

And we were honored a few weeks ago when Governor DeWine and members of the House and Senate also recognized the team.

By the way, the NCAA recently released new Academic Progress Rate data for Division I sports programs. You may remember that previously our football team was one of only two D-I programs in the country with a perfect APR.

This time, this year, just recently announced, there is one D-1 football program with a perfect multi-year APR. That program is The Ohio State University.

I want to congratulate the student-athletes on their success, as well as Coach Day and our staff, who recognize that the primary goal of this university is to educate. Our student-athletes are students first.

And congratulations to our men's and women's cross country programs, men's fencing, men's golf, women's soccer and women's volleyball, who also achieved perfect multi-

year APRs. Athletics Director Ross Bjork is creating a culture of excellence in our department, and I'm very pleased that we are succeeding in athletics and academics.

Now, just recently, I had the pleasure of delivering the Patterson Land-Grant University Lecture, where I talked about the opportunity and responsibility for universities like ours to make a pivot in this new era for higher education.

As I said in my remarks, the future of higher education will run through America's land-grant institutions. Our unique mission to serve the communities of which we are a part gives us a path forward at a time when the value of higher education is under question. Those institutions that take the opportunity to think differently about the future will thrive. I think Ohio State will be one of those and in fact that we will lead the way forward.

Not unrelated, I recently teamed up with Shereen Agrawal, director of our Center for Software Innovation, for a talk in front of 800 of Ohio's tech leaders about how our state is establishing itself as a hub for tech innovation.

Ohio State is a major player in this work. Technology, artificial intelligence and computing are key elements of our vision for the future, particularly when it comes to attracting talent and building a "future-ready" workforce. Every student should leave Ohio State with a basic fluency in the ethical use of AI. I'm excited about our leadership potential in this space.

Finally, most of you joined us for the recent celebration of our Time and Change campaign, which will have a transformative impact for current and future students at Ohio State.

Private philanthropy allows us to expand our reach and impact further than what would otherwise be possible. And we are so grateful to the friends and alumni who believe in our mission and generously give to student scholarships, faculty endowed chairs, outstanding academic programs and more.

You know, the greatest point of pride to me about Time and Change is that some 817,000 unique donors contributed to this campaign. That's a powerful statement of belief in the work we do.

I could not be more grateful, and I know Mike Eicher would say the same, for each and every individual who has been part of this historic effort, whether through gifts of time or treasure or the behind-the-scenes work on the part of our staff to make it a success. Our upward trajectory is even more exciting because of your collective efforts.

Let me conclude with a few comments about Senate Bill 1, which as you know was passed by the legislature and signed into law by the governor.

As a public institution, we will follow the law, and we have been working quickly to stand up a team to guide our campus on implementing the various elements of the bill.

Most provisions of SB1 take effect on June 27. Our implementation efforts are underway in earnest. Students, faculty and staff from across the university are engaged in the work, and every college and regional campus is represented.

We will soon launch a centralized webpage dedicated to SB1 implementation, and we are providing regular updates to the campus community on our work. I want to especially thank Provost Bellamkonda, Anne Garcia and Stacy Rastauskas for leading this

process. We have a significant amount of work in front of us, and I'm grateful for their leadership in moving us to compliance.

Our priority in this effort is maintaining the fundamental commitment that we make to all Ohioans: That we are a place where all are welcome, where students, faculty and staff have the support they need to successfully learn, teach and do life-saving research. Our mission is more important than ever, and I am confident in our ability to deliver.

Mr. Chairman, this concludes my report. With that, I'll turn it back to you.

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CONSENT AGENDA

Thank you, Ted. The next item on our agenda today is the approval of our consent agenda. There are 42 separate resolutions for the board's consideration and approval this afternoon.

Just to be clear for the public, all of these, with the exception of one-hand carry item, have been thoroughly reviewed by one or more of the committees of the board over the last several months. These 42 items include various measures, one of which approves the interim operating and capital budgets for the university. One of which authorizes the president, in consultation with the board, to set undergraduate tuition and fees for the next academic year following the approval of the state's biennial budget. Another enables veterans, members of the military and their immediate family members to receive in-state tuition rates regardless of their place of residence. We also have personnel actions for faculty and administrators, and we have the resolutions approving naming of several buildings, roadways and spaces on campus — in many cases for donors.

Copies of the hand-carry resolution, which ratifies the board committee assignments, are available from the media relations team for those in the audience or online.

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RESOLUTIONS IN MEMORIAM

Resolution No. 2025-73

FRANK E. BATTOCLETTI

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on May 28, 2024, of Frank E. Battocletti, Professor Emeritus at the Department of Electrical and Computer Engineering at the College of Engineering. He was 90.

Professor Battocletti's distinguished academic career commenced at The Ohio State University, where he obtained a Bachelor of Science degree in 1957, followed by a Master of Science in 1958 and a PhD in 1962. His unwavering dedication to education profoundly influenced countless students, fostering a vibrant environment that stimulated curiosity and an enduring passion for learning until his retirement in 1987.

A prolific contributor to the field, he co-authored the respected textbook Electronic Circuits by System and Computer Analysis and held numerous patents, including one for an electronic energy and power monitoring apparatus. His expertise was further recognized

through his consulting role at Lakeshore Cryotronics in Westerville, Ohio, where he collaborated with Ohio State alumnus and founder John Swartz, cultivating a professional relationship that began during their academic tenure.

Colleagues held him in high regard for his warmth and approachability while students viewed him as an exceptional mentor whose infectious enthusiasm inspired exploration within engineering disciplines. His classroom functioned as more than a site for instruction; it provided a sanctuary for intellectual exploration, enabling students to embrace their capabilities and innovate with confidence.

Beyond his academic pursuits, Professor Battocletti found joy from life's simple pleasures, often seeking refuge in the tranquility of nature and valuing time spent with his beloved wife. His kindness and compassion enriched the lives of those around him, leaving a lasting impression on all who had the privilege of knowing him.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Frank E. Battocletti its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

MORRIS "MURRAY" BEJA

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death, on February 6, 2025, of Morris "Murray" Beja, Professor Emeritus in the Department of English. He was 89.

Born and raised in the Bronx, New York, Murray Beja received his BA from City College of New York in 1957, his MA from Columbia University in 1958, and his PhD from Cornell University in 1963. He began his scholarly career at Ohio State where he was member of the English department for 41 years. He served for over a decade as chair of the English department between 1983-1994.

A dedicated and distinguished teacher, Dr. Beja was honored with the Alumni Distinguished Teaching Award from the university and the Student Council recognition for Outstanding Achievement for excellence in teaching from the College of Arts and Sciences. Even after his retirement in 2002, he maintained his commitment to teaching and was an Academy Professor Emeritus of the Ohio State. In 2015, he received the Undergraduate Auxiliary Professor of the Year Award from The Ohio State University Department of English. Dr. Beja was also a member of Phi Kappa Phi Honor Society, Phi Beta Delta Honor Society and the Academy of Distinguished Teaching. His teaching excellence was recognized nationally and internationally, and he taught as the Carole and Gordon Segal Visiting Professor of Irish Literature at Northwestern University; Visiting Professor at Beijing Foreign Studies University; Fulbright Lecturer in American Literature at University College, Dublin; and Fulbright Lecturer in American Literature at the University of Thessaloniki, Greece.

Recipient of a Guggenheim Fellowship and two Fulbright Lectureships, Dr. Beja was a world-renowned scholar and author of six books, including Epiphany in the Modern Novel and James Joyce: A Literary Life. He edited scholarly editions of Collected Epiphanies of James Joyce: A Critical Edition and Virginia Woolf's Mrs. Dalloway; he also edited 12 collections of essays on 20th-century literature and film; and he published dozens of articles in scholarly books and journals. Honorary Trustee for Life and recipient of the Lifetime Service Award of the International James Joyce Foundation, he served as the

Foundation's President for eight years, and Executive Secretary for 27 years. He served on the Board of Consultants for the Zürcher James Joyce Stiftung for 40 years. He was a founder, Executive Secretary and Trustee of the International Virginia Woolf Society; Trustee of the Thomas Wolfe Society; President of the College English Association of Ohio; and Trustee and Advisor to the Community Film Association. He served on the editorial boards of 13 scholarly journals and presses, acting as Chair of the Editorial Board of The Ohio State University Press.

He was fiercely devoted to all aspects of his professorial life: to his undergraduate and graduate students, to the department and university, to the many scholarly communities of which he was a member, to the life of the mind, and to the art, literature, film and music that he studied and loved.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Morris Beja its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy and appreciation.

A. HARDING GANZ

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the recent death of A. Harding Ganz, Professor Emeritus in the Department of History at The Ohio State University. He was 86 years old.

Professor Ganz received his BS in History from Wittenberg College in Springfield, Ohio, in 1961 and then received his MA in History with a concentration in European Military History from Columbia University in 1963. He served as a tank commander with the 4th Armored Division in Germany, attaining the rank of 1st Lieutenant. He remained in the military until 1966, when he enrolled in the military history graduate program at The Ohio State University, earning his PhD in 1972.

From 1971 until his retirement in 2011, Dr. Ganz taught at the Newark campus of The Ohio State University, focusing on European and military history, and reaching the rank of tenured Associate Professor of History in 1977. His research focused on the European theater of World War II, and his book, Ghost Division: The 11th "Gespenster" Panzer Division and the German Armored Force in World War II, was published in 2016 by Stackpole Books. He also designed the Walk of Honor sculpture in Newark's Veterans' Park.

Dr. Ganz was a much beloved figure at the Newark campus. His classes were always full, and students regularly spoke of his caring manner in the classroom, his passion for teaching and his masterful knowledge of the topics. He was also renowned for his artistic skills, and the walls around his office were often decorated with hand-drawn sketches that reflected his significant talents. Harding's exceptional teaching was recognized when he won the Thomas J. Evans Teaching Excellence Award in 1991 and 2000, and the Robert Barnes Award for Exemplary Teaching in 1997. Shortly after his retirement, the Newark campus honored him by establishing the Harding Ganz Prize for Excellence in Research, an annual award given to one student in a history class in recognition of exceptional scholarship, an award that reflects Dr. Ganz' determination to always get the best from his students.

On behalf of the university community, the Board of Trustees expresses to the family and friends of A. Harding Ganz its deepest sympathy for their loss. It is directed that this

resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of heartfelt sympathy and appreciation from the board and university.

DENNIS R. HELDMAN

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on April 3, 2025, of Dennis Ray Heldman, Professor Emeritus in the Department of Food Science and Technology in the College of Food, Agricultural, and Environmental Sciences. He was 86.

Professor Heldman received his BS in 1960 and MS in 1962 in Dairy Technology from The Ohio State University and a PhD in 1965 in Agricultural Engineering from Michigan State University.

Professor Heldman had success throughout his remarkable career in both the food industry and academia, and was considered a leader in numerous professional societies. He provided food industry leadership as a Vice President at the Campbell Soup Company, as the Executive Vice President of Scientific Affairs for the National Food Processors Association, and as a Principal of the Weinberg Consulting Group. He held faculty positions at Michigan State University, University of Missouri-Columbia, University of California-Davis, Rutgers University and The Ohio State University, including service as the University of Missouri Food Science Department Chair.

In August 2012, he joined the faculty at The Ohio State University as the Dale A. Seiberling Endowed Professor of Food Engineering. He was proud to finish his career at his alma mater of Ohio State and worked tirelessly to strengthen established industry relationships and create new partnerships for collaboration within Ohio and around the world. His reputation as a leader in food engineering brought prestige to the university.

He advised students who went on to have successful careers around the world, and he always made time to reconnect with them at professional meetings. He continued to serve as a sounding board and a source of encouragement to them as they progressed in their careers.

Professor Heldman was known to his students and colleagues as a mentor, collaborator and friend in innumerable ways. He fostered an atmosphere of collegiality and, throughout his time at Ohio State, he never stopped working to advance the stature of the College of Food, Agricultural, and Environmental Sciences.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Dennis Heldman its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

RICHARD KENNETH LINDQUIST

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on September 16, 2024, of Dr. Richard Lindquist, former Professor in the Department of Entomology in the College of Food, Agricultural and Environmental Sciences.

Richard did undergraduate studies at Gustavus Adolphus College in Saint Peter, Minnesota. He received his Master's and PhD in Entomology from Kansas State University in Manhattan, Kansas. Richard was an Ohio State faculty member from 1969 until his retirement in 2001. He was based at the College of Food, Agricultural and Environmental Sciences Wooster Campus. Richard did excellent research in the development of science-based integrated pest management (IPM) methods, including the use of beneficial organisms and effective use of insecticides, in commercial horticulture. After his retirement in 2001 he continued his support to the industry by serving as a consultant until 2011.

Richard was a prolific author who connected well with all audiences. His dry sense of humor and personal touch made him a highly demanded speaker at research and industry conferences. He traveled all throughout the United States and abroad to provide research-based advice on IPM tactics to growers. Dr. Lindquist served a term as Associate Chair of the Department of Entomology. In this position he provided leadership and support to faculty members in both the Wooster and Columbus campuses.

After retirement from The Ohio State University, Richard and his wife, Linda, moved west to Montana and settled in the Gallatin Valley in 2005, where they enjoyed the beauty of the state. There, he and his wife enjoyed the sunny days of December, January and February, something different from the winter days in Wooster, Ohio. They also enjoyed hiking, cooking, golfing, traveling and attending shows at the Ellen. Richard was an avid listener of lectures at Montana State University. His travels took him to many places in the world, and he liked to learn languages to better connect with those he met. He learned Spanish, French, Italian and Swedish. He left the world a better place than he found it and was always looking forward to the next adventure.

On behalf of the university community, the Board of Trustees expresses to the family of Dr. Richard Lindquist its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

WILLIAM J. MITSCH

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death of William J. Mitsch, Distinguished Professor of Environment and Natural Resources in the College of Food, Agricultural, and Environmental Sciences on February 12, 2025.

Professor Mitsch served with distinction on the faculty for 26 years, from 1986 until 2012. He was the Founder and first Director of The Wilma H. Schiermeier Olentangy River Wetland Research Park at The Ohio State University. A highly regarded and distinguished professor, Dr. Mitsch pioneered the study of wetland ecology and ecological engineering — modeling wetlands ecosystems and wetlands restoration, and authoring hundreds of peer-reviewed published studies that helped shape those academic fields.

Professor Mitsch was a visionary. The Olentangy River Wetlands (ORW) — the first university campus research park of its kind aimed at teaching, research and outreach — has made a lasting impact on our understanding of the importance of water and wetlands to society. With his vision and leadership, the development of the ORW became the place to better understand wetland ecosystem restoration and engineering in these living laboratories. Under Professor Mitsch's leadership, the ORW has been designated a Wetland of International Importance by Ramsar, one of only 41 such sites in the United States and the only one in Ohio.

Professor Mitsch expanded learning and development through exemplary research and teaching, serving as an advisor and mentor to more than 85 master's and PhD students in addition to 20 post-doctoral fellows, who have gone on to esteemed careers and leadership positions in the fields of environmental science, wetland ecology or related areas. To further the reach of the ORW, Professor Mitsch hosted and led public outreach events to engage a diversity of audiences to learn about wetlands, their functions, their restoration and preservation, and hosted professional training opportunities for those working in the field.

Professor Mitsch has served and advanced the field generously — authoring many books, including the internationally acclaimed textbook Wetlands, now in its sixth edition, and used around the world to teach the science and management of wetlands. He authored and co-authored hundreds of peer-reviewed published studies. Professor Mitsch was the Founder of the internationally renowned journal Ecological Engineering and served as its Editor-In-Chief for 25 years. He also served on the boards of numerous journals and scientific boards. In 1992, Dr. Mitsch organized and chaired the IV International INTECOL Wetlands Conference in Columbus, the largest wetland conference ever held at the time. In 2012, he brought together hundreds of the world's top ecologists for EcoSummit, also held in Columbus.

For his extraordinary achievements as a researcher, educator and advocate for wetlands, Professor Mitsch was awarded the prestigious Stockholm Water Prize in 2004 by King Carl XVI Gustaf of Sweden. He has also been recognized by the Society of Wetland Scientists with the Lifetime Achievement Award (2007), and by the Society of Ecological Restoration International (2005) with the Career Award.

On behalf of the university community, the Board of Trustees expresses to the family of Professor William J. Mitsch its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

FOREST V. MUIR

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on January 2, 2025, of Forest V. Muir, Professor Emeritus in the Department of Animal Sciences. He was 85.

Professor Muir attended a one-room school from first grade to eighth grade. He graduated from high school in 1957 and was active in FFA and 4-H. He received his BS (1961) in agriculture and his MS (1963) in poultry, both from Southern Illinois University. In 1967 he received his PhD in poultry genetics from The Ohio State University.

Professor Muir was appointed as Assistant Professor in the Animal Science Department, University of Maine, in 1968. His primary responsibility was in outreach education with poultry producers throughout the state. He was also involved in poultry management research. In 1972 he was promoted to Associate Professor. In June of 1980, he accepted the position of Extension Poultry Specialist at Penn State University. His work there involved poultry education and included poultry management courses. He had an active program in introducing microcomputers to the poultry industry. While at Penn State, he was promoted to full professor (1986). In August 1990, Professor Muir was appointed Chair of the Department of Poultry Science at The Ohio State University. He held this position until July 1994 when the College of Agriculture reorganized. At that time, he was appointed Associate Chair of the newly combined Animal Sciences Department and relocated to the Ohio Agricultural Research and Development Center (OARDC) in Wooster, Ohio. In 1999

he became Assistant to the Director of OARDC, being responsible for special projects, a position he held until his retirement on December 31, 2001.

In his retirement, Professor Muir enjoyed gardening, golfing and restoring vintage motorcycles and a 1957 Thunderbird. He traveled and spent time with family in Oklahoma and Illinois, often dirt biking, sight-seeing and riding four wheelers.

Professor Muir was married to Karen until her passing in 2001. He and his wife, Georgia, were married in December 2009. They enjoyed winters in Florida and spending time with their family.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Forest V. Muir its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

CHARLES F. PARKER

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on July 19, 2024, of Charles F. Parker, Professor Emeritus in the Department of Animal Sciences in the College of Food, Agricultural and Environmental Sciences. He was 89.

Professor Parker received his undergraduate degree in population genetics from The Ohio State University, and he earned graduate degrees from Ohio State and Texas A&M universities. He joined the Department of Animal Science at Ohio State in 1961 and developed a globally renowned sheep applied genetics program at the Ohio Agricultural Research and Development Center while advancing through the academic ranks to Professor. He was appointed the Director of the U.S. Sheep Experiment Station in Dubois, Idaho, but returned to Animal Sciences and served as Chair of the department from 1987 until his retirement in 1991. Professor Parker provided leadership and management to the department before it merged with the departments of Dairy Science and Poultry Science in 1994 to form the current Department of Animal Sciences. He subsequently joined the American Sheep Industry in Denver, Colorado, as Director of Producer Services, where he continued to serve for many years. He was instrumental in the development of the Katahdin breed of sheep, the Katahdin Association and the Katahdin registry.

Professor Parker was a sheep specialist, researcher, industry leader and experienced advisor. After retiring, he continued to educate, mentor and advocate for breeders interested in genetic improvement, especially regarding parasite resistance and reproductive efficiency. Although Professor Parker held many prominent positions within the university and sheep industry during his professional career, he never lost the practical foundation that being raised as a third-generation shepherd gave him. One of his many gifts was helping new shepherds. Professor Parker was recognized as a kind, humorous person that generously shared his 60-plus years of experience and knowledge.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Charles F. Parker its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

ROBERT HALL WAGONER II

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on January 28, 2025, of Robert H. Wagoner II, Professor Emeritus in the Department of Materials Science and Engineering in the College of Engineering.

Professor Emeritus Robert (Rob) Wagoner served on the faculty from 1983 until 2013 and actively supported the department for the past 11 years as emeritus faculty while productively maintaining research in deformation modeling in metals. He had a profound impact on his colleagues, students and the greater metallurgy community during his career at The Ohio State University and General Motors (1977-1983).

Rob was promoted to Professor after only three years with the department. In 1992, he became Chair of the Department of Materials Science and Engineering, and was honored as a Distinguished Professor of Engineering in 1999. During his tenure as Chair, he instituted a financial model that brought great fiscal stability to the department and was adopted by others in the College of Engineering and elsewhere within The Ohio State University. Rob supported very high standards and accountability, for both faculty and students. He is responsible for hiring and mentoring many faculty members who were consequential to the department, having built long-term careers within the department and contributing to building its reputation of excellence.

Rob was considered a giant in the world of metal forming and excelled in the areas of plasticity theory, finite element analysis, mechanical behavior modeling and micromechanics of deformation. He was a visionary that taught a generation of students advanced methods in solid-mechanics modeling and their applications and helped Ohio State become synonymous with forming and manufacturing as they relate to the study of materials science and engineering.

Rob's long and impactful career was highlighted by his induction into the National Academy of Engineering in 1995 and research positions in France, Norway and Australia. Additional notable awards and appointments include the Charles S. Barrett Silver Medal (2015) for contributions to the science of metallurgy; the Khan International Medal (2011) for outstanding lifelong contributions to the field of plasticity; an honorary doctorate (2009) from the University of Cluj-Napoca, Romania; service as President of The Minerals, Metals and Materials Society (TMS) from 1987-1988 and the TMS Foundation from 1998-1999 and 2013-2016, and membership on the Board of Directors of the Ohio State Research Foundation (1990-1994). He was a Fellow of TMS, ASM, SAE and the American Society of Mechanical Engineers.

On behalf of the university community, the Board of Trustees expresses to the family of Professor Emeritus Robert H. Wagoner II its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

GERALD WINER

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on November 17, 2024, of Gerald Winer, Professor Emeritus of Psychology, in the College of Arts and Sciences. He was 83 years old.

Professor Winer received his BS degree from Trinity College and his PhD from Clark University in 1971. After teaching at Ithaca College, Dr. Winer joined the Ohio State

psychology faculty in 1972. He taught popular courses in child and adolescent psychology, advised undergraduate and graduate students, and conducted innovative research in developmental psychology until his retirement in 2007. He served on the editorial boards of various psychology journals. He was also active in university governance and a strong advocate of faculty rights in his capacity as President of the Ohio State chapter of the American Association of University Professors. Also notable was his Men's Club presidency and membership on the Board of Directors of Congregation Tifereth Israel.

Professor Winer has been accurately described by colleagues as a passionately devoted and caring, loyal friend, and by family as a loving husband, father and grandfather. His energetic caring was evident even in one of his avocations: his early-morning travel to photograph birds in their natural habitats.

On behalf of the entire university community, the Board of Trustees expresses to his wife, Susan, and other family members its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

***

RATIFICATION OF COMMITTEE APPOINTMENTS FY 2025-2026

Resolution No. 2025-74

BE IT RESOLVED, That the Board of Trustees hereby approves that the ratification of committee appointments for Fiscal Year 2025-2026 are as follows

Academic Affairs & Student Life:
Reginald A. Wilkinson, Chair
Elizabeth A. Harsh, Vice Chair
Elizabeth P. Kessler
Jeff M.S. Kaplan
Michael F. Kiggin
Bradley R. Kastan
Kendall C. Buchan
Eric Bielefeld (faculty member)
Stefanie Sanford
John W. Zeiger (ex officio)

Athletics:
Gary R. Heminger, Chair
Michael F. Kiggin, Vice Chair
Elizabeth P. Kessler
Jeff M.S. Kaplan
Pierre Bigby
Bradley R. Kastan
George A. Skestos
Kendall C. Buchan
John W. Zeiger (ex officio)

Finance & Investment:
Tomislav B. Mitevski, Chair
Pierre Bigby, Vice Chair
Gary R. Heminger
Michael F. Kiggin

Master Planning & Facilities:
Juan Jose Perez, Chair
George A. Skestos, Vice Chair
Elizabeth A. Harsh
Reginald A. Wilkinson
Pierre Bigby
Bradley R. Kastan
Kendall C. Buchan
Robert H. Schottenstein
Keith Myers
John W. Zeiger (ex officio)

Research, Innovation & Strategic Partnerships:
Kara J. Trott, Chair
Reginald A. Wilkinson, Vice Chair
Elizabeth A. Harsh
Juan Jose Perez
Phillip Popovich (faculty member)
John W. Zeiger (ex officio)

Talent, Compensation & Governance:
Jeff M.S. Kaplan, Chair
Elizabeth P. Kessler, Vice Chair
Gary R. Heminger
Reginald A. Wilkinson
Tomislav B. Mitevski

George A. Skestos
Amy Chronis
Kent M. Stahl
John W. Zeiger (ex officio)

Legal, Audit, Risk & Compliance:
Elizabeth P. Kessler, Chair
Bradley R. Kastan, Vice Chair
Michael F. Kiggin
Juan Jose Perez
Kendall C. Buchan
Amy Chronis
John W. Zeiger (ex officio)

Wexner Medical Center:
Leslie H. Wexner, Chair
Gary R. Heminger
Tomislav B. Mitevski
Juan Jose Perez
George A. Skestos
Kara J. Trott
Robert H. Schottenstein
Stephen D. Steinour
Cindy Hilsheimer
Amy Chronis
Hiroyuki Fujita
John W. Zeiger (ex officio, voting)
Walter E. Carter Jr (ex officio, voting)
Ravi V. Bellamkonda (ex officio, voting)
Michael Papadakis (ex officio, voting)
John J. Warner (ex officio, voting)

Finance Committee, Wexner Medical Center:
Stephen D. Steinour, Chair
John W. Zeiger
Tomislav B. Mitevski
Juan Jose Perez
Pierre Bigby
George A. Skestos
Amy Chronis
John J. Warner
Michael Papadakis
Juan Jose Perez
Kara J. Trott
John W. Zeiger (ex officio)

Quality & Professional Affairs Committee, Wexner Medical Center:
Juan Jose Perez, Chair
George A. Skestos
Ravi V. Bellamkonda
Michael Papadakis
John J. Warner
Eric Adkins
Doreen Agnese
Jay M. Anderson
Carol R. Bradford
Stacy A. Brethauer
David E. Cohn
Scott A. Holliday
Elizabeth Seely
Deana Sievert
Corrin Steinhauer
Andrew M. Thomas

Foundation Board Representative:
Pierre Bigby

Alumni Board Representative:
Elizabeth A. Harsh

BE IT FURTHER RESOLVED, That these appointments shall take effect at the adjournment of the meeting at which they are approved and remain in effect through the fiscal year ending June 30, 2026, or until they are superseded by a subsequent action of the board, whichever occurs first, so long as the persons appointed continue to be eligible to serve in such a capacity.

***

APPROVAL OF PERSONNEL ACTIONS

Resolution No. 2025-75

BE IT RESOLVED, That the Board of Trustees hereby approves the personnel actions as recorded in the personnel budget records of the university since the February 19, 2025, meeting of the Board, including the following appointments and contract amendments:

Appointment

Name: Aravind Chandrasekaren
Title: Interim Dean, Fisher College of Business
Unit: Office of Academic Affairs
Term: June 1, 2025 to June 30, 2027

Name: W. Kimryn Rathmell
Title: Chief Executive Officer, James Cancer Hospital and Solove Research Institute
Unit: Wexner Medical Center
Term: May 27,2025

Name: Paula Song
Title: Dean, College of Public Health
Unit: Office of Academic Affairs
Term: July 9, 2025 to June 30, 2030

Reappointment

Name: Vishnu Srinivasan
Title: Vice President and Chief Investment Officer
Unit: Office of Business and Finance
Term: May 1, 2025 to June 30, 2030

***

UPDATES TO CHARTERS FOR THE INTERNAL AUDIT DEPARTMENT AND THE LEGAL, AUDIT, RISK AND COMPLIANCE COMMITTEE

Resolution No. 2025-76

Synopsis: Approval of the amended charters for the Internal Audit Department and Legal, Audit, Risk and Compliance Committee is proposed.

WHEREAS in November 2004 the Board of Trustees adopted a charter for the Internal Audit Department; and

WHEREAS in August 2022 the Board of Trustees adopted a charter for the Legal, Audit, Risk and Compliance Committee; and

WHEREAS in August 2022 the Board of Trustees last adopted an amended and updated charter for the Internal Audit Department; and

WHEREAS new internal audit standards entitled the *Global Internal Audit Standards* became effective in January of 2025 and require updates to the Internal Audit and Legal, Audit, Risk and Compliance Committee charters to comply with the new audit standards:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the attached amended charters for the university's Internal Audit Department and the Legal, Audit, Risk and Compliance Committee.

(See Appendix LXII for background information, page 2216)

***

FIFTH AMENDMENT TO
THE OHIO STATE UNIVERSITY RETIREMENT CONTINUATION PLAN

Resolution No. 2025-77

Synopsis: Approval of the Fifth Amendment of The Ohio State University Retirement Continuation Plan ("Plan"), as amended and restated, is proposed.

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Retirement Continuation Plan, which was most recently amended and restated effective as of February 1, 2016;

WHEREAS, pursuant to Section 15.01 of the Plan, the Employer has the authority to amend the Plan from time to time; and

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, to prospectively adopt a mandatory pickup contributions provision effective May 1, 2025, and to enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and herby is, adopted effective as of January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix LXIII for background information, page 2228)

***

FIFTH AMENDMENT TO
THE OHIO STATE UNIVERSITY RETIREMENT CONTINUATION PLAN II

Resolution No. 2025-78

Synopsis: Approval of the Fifth Amendment to The Ohio State University Retirement Continuation Plan II ("Plan"), as amended and restated, is proposed.

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Retirement Continuation Plan II, which was most recently restated effective as of February 1, 2016.

WHEREAS, pursuant to Section 15.01 of the Plan, the Employer has the authority to amend the Plan from time to time; and

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and herby is, adopted effective as of January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix LXIV for background information, page 2232)

***

FIRST AMENDMENT TO
THE OHIO STATE UNIVERSITY 403(B) RETIREMENT PLAN

Resolution No. 2025-79

Synopsis: Approval of the First Amendment to The Ohio State University 403(b) Deferred Compensation Plan ("Plan") is proposed.

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Amended and Restated 403(b) Retirement Plan, which was most recently amended and restated effective as of January 1, 2022;

WHEREAS, pursuant to Section 12.2 of the Plan, the Employer has the authority to amend the Plan from time to time; and

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, add an after-tax automatic Roth conversion retirement savings option, remove the small account balance cash out provision, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and herby is, adopted effective as of January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other

agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix LXV for background information, page 2235)

***

FIRST AMENDMENT TO
THE OHIO STATE UNIVERSITY 457(B) DEFERRED COMPENSATION PLAN

Resolution No. 2025-80

Synopsis: Approval of the First Amendment to The Ohio State University 457(b) Deferred Compensation Plan ("Plan") is proposed.

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University 457(b) Deferred Compensation Retirement Plan, which was most recently restated effective as of January 1, 2022.
WHEREAS, pursuant to Section 10.01 of the Plan, the Employer has the authority to amend the Plan from time to time; and

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, adjust the in-service distribution age to 59 ½ effective May 1, 2025 to improve consistency, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and herby is, adopted effective as of January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix LXVI for background information, page 2245)

***

FIRST AMENDMENT TO
THE OHIO STATE UNIVERSITY ALTERNATIVE RETIREMENT PLAN

Resolution No. 2025-81

Synopsis: Approval of the First Amendment to The Ohio State University Alternative Retirement Plan, as amended and restated effective January 1, 2022.

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Alternate Retirement Plan (the "Plan"), which was most recently restated January 1, 2022; and

WHEREAS the Employer has the ability to amend the Plan from time to time pursuant to Section 8.3 of the Plan; and

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the First Amendment to the Plan, effective January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and restated Plan and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix LXVII for background information, page 2253)

***

THIRD AMENDMENT TO
THE OHIO STATE UNIVERSITY ALTERNATIVE RETIREMENT PLAN

Resolution No. 2025-82

Synopsis: Approval of the Third Amendment to Alternative Retirement Plan (“Plan”), as amended and restated effective January 1, 2022.

WHEREAS, The Ohio State University (the "Pre-Approved Plan Provider") maintains the Plan on behalf of Ohio public education institutions that adopt the Plan; and

WHEREAS the Pre-Approved Plan Provider has the ability to amend the Plan from time to time pursuant to Section 8.3 of the Plan; and

WHEREAS, the Pre-Approved Plan Provider desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Third Amendment to the Plan, effective January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix LXVIII for background information, page 2256)

***

AMENDMENT TO THE *RULES OF THE UNIVERSITY FACULTY*

Resolution No. 2025-83

Synopsis: Approval of the following amendment to the *Rules of the University Faculty* is proposed.

WHEREAS the University Senate, pursuant to rule 3335-1-09 of the Administrative Code, is authorized to recommend through the President to the Board of Trustees the adoption of amendments to the *Rules of the University Faculty* as approved by the University Senate; and

WHEREAS research faculty are defined in rule 3335-7-30 as faculty with fixed term contracts who are not tenure eligible and who shall be engaged in research related to the mission and goals of the academic unit; and

WHEREAS the primary function of research faculty is to conduct research, and rule 3335-7-35(B) currently states that faculty contracts must explicitly state the expectations for salary support and will generally require one hundred percent salary recovery; and

WHEREAS universities are required to accurately document how much time researchers dedicate to funded projects and are responsible for assuring that charges to federal awards are reasonable, allocable, and allowable; and

WHEREAS if a contract requires one hundred percent salary recovery, then one hundred percent of the research faculty member's time must be allocated to funded projects, precluding effort expended to other activities, including but not limited to preparation of new funding proposals and attendance at faculty meetings; and

WHEREAS the proposed amendment to rule 3335-7-35(B) would modify salary recovery percentages for research faculty and allow them to engage in these additional required activities consistent with funding requirements; and

WHEREAS the proposed amendment was approved by the University Senate during its meeting on March 27, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the attached amendment to the *Rules of the University Faculty* be adopted as recommended by the University Senate.

(See Appendix LXIX for background information, page 2259)

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FACULTY PERSONNEL ACTIONS

Resolution No. 2025-84

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the February 19, 2025, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name:	DUKAGJIN BLAKAJ
Title:	Professor (The Drs. Malati and Ganesh Potdar Professorship in Radiation Oncology-Proton Therapy)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029

Name:	COLLEEN CEBULLA
Title:	Professor (Dr. Paul A Weber Chair in Ophthalmology)
College:	Medicine
Term:	March 1, 2025, through June 30, 2029

Name:	JEREMY FANTL*
Title:	Professor (The Steve R. and Sarah E. O'Donnell Professorship in Philosophy)
College:	Arts and Sciences
Term:	August 15, 2025, through June 30, 2030

Name:	STEPHANIE GORKA
Title:	Associate Professor (The Kaufmann Family Professorship for Breakthroughs in Psychiatry and Behavioral Health)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029

Name:	NINA VANESSA KRAGULJAC
Title:	Professor (Dr. Lee E. Shackelford Chair in Psychiatry and Behavioral Health)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029

Name:	SOMASHEKAR KRISHNA
Title:	Professor-Clinical (Endowed Professorship in Internal Medicine Research)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029

Name:	AMY MARGOLIS
Title:	Professor (S.T.A.R. Professorship)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029

Name:	MOLLY MCNETT
Title:	Professor-Clinical (Helene Fuld Health Trust Endowed Professorship for Evidence-based Practice in Nursing and Healthcare)
College:	Nursing
Term:	May 20, 2025, through May 20, 2030

Name:	LEAH PYTER
Title:	Associate Professor (Doctor John D. and E. Olive Brumbaugh Chair in Brain Research and Teaching)
College:	Medicine
Term:	February 1, 2025, through June 30, 2029

Name:	CHRISTIAN ROLFO
Title:	Professor (Diane Nye and Michael Rayden Chair in Innovative Cancer Research)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029

Name:	CHRISTO SEVOV
Title:	Associate Professor (ASC Distinguished Professor of Chemistry and Biochemistry)
College:	Arts and Sciences
Term:	May 1, 2025, through April 30, 2030

Name:	PAULA SONG*
Title:	Dean
College:	College of Public Health
Term:	July 9, 2025, through June 30, 2030

Name:	AMBRO VAN HOOF*
Title:	Professor (Ohio Eminent Scholar in Molecular Genetics)
College:	Arts and Sciences
Term:	August 15, 2025, through June 30, 2030

Reappointments

Name:	SUJIT BASU
Title:	Professor (The Jack C. Geer M.D. Professorship in Pathology)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	NICOLE BERNAL
Title:	Professor (The American Electric Power Foundation Chair in Burn Care)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	TREVOR BROWN
Title:	Dean
College:	John Glenn College of Public Affairs
Term:	June 30, 2028

Name:	WILLIAM CARSON III
Title:	Professor (The John B. and Jane T. McCoy Chair in Cancer Research)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	PIERRE GIGLIO
Title:	Associate Professor-Clinical (The Esther Dardinger Endowed Chair in Neuro-Oncology)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	DELIANG GUO
Title:	Professor (Urban and Shelley Meyer Professorship in Cancer)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	MARIA IGNATIEVA
Title:	Professor (The Martha W. Farmer Endowed Professorship in Theatre)
College:	The Ohio State University Lima
Term:	June 1, 2025, through May 31, 2026

Name:	WAEL JARJOUR
Title:	Professor (The Martha Morehouse Chair in Arthritis and Immunology Research)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	ANI KATCHOVA
Title:	Professor (The Farm Income Enhancement Endowed Chair in Agricultural Policy, Trade and Marketing)
College:	Food, Agricultural, and Environmental Sciences
Term:	January 1, 2025, through December 31, 2029

Name:	SORABH KHANDELWAL
Title:	Professor (Samuel J. Kiehl III MD Chair in Emergency Medicine)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	RYAN KING
Title:	Divisional Dean
College:	Arts and Sciences, Social and Behavioral Sciences
Term:	July 1, 2025, through June 30, 2030

Name:	CHING-CHANG KO
Title:	Professor (Vig/Williams Endowed Chair in Orthodontics)
College:	Dentistry
Term:	January 27, 2025, through August 14, 2028

Name:	SUSAN KOLETAR
Title:	Professor (Frank E. and Mary W. Pomerene Professorship in the Prevention and Treatment of Infectious Diseases)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	RYAN NASH
Title:	Professor (The Hagop S. Mekhjian MD Chair in Medical Ethics and Professionalism)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	ANIL PARWANI
Title:	Chair and Professor (The Donald A. Senhauser, MD, Chair in Pathology)
College:	Medicine
Term:	July 1, 2025, through June 30, 2028

Name:	KAMAL POHAR
Title:	Associate Professor (The Julius Skestos and Diana Skestos Chair in Urology)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	MATTHEW RINGEL
Title:	Chair and Professor (The Ralph W. Kurtz Chair in Hormonology)
College:	Medicine
Term:	July 1, 2025, through June 30, 2027

Name:	ORLANDO SIMONETTI
Title:	Professor (The John W. Wolfe Professorship in Cardiovascular Research)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	MYTHELI SREENIVAS
Title:	Chair and Professor (Designated Professorship in Women’s, Gender and Sexuality Studies)
College:	Arts and Sciences
Term:	March 1, 2024, through February 28, 2028

Name:	ANDREW THOMAS

Title:	Professor (The Robert F. Wolfe and Edgar T. Wolfe Foundation Chief Clinical Officer Chair in the Wexner Medical Center)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	INGRID WERNER
Title:	Professor (The Martin and Andrew Murrer Professorship in Finance)
College:	Fisher College of Business
Term:	March 1, 2025, through August 14, 2030

Name:	HSIN-JUNG JOYCE WU
Title:	Professor (Ronald L. Whisler MD Chair in Rheumatology and Immunology)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Extensions

Name:	KARLA ZADNIK
Title:	Dean
College:	College of Optometry
Term:	July 1, 2025, through June 30, 2026

*New Hire

(See Appendix LXX for background information, page 2260)

***

HONORARY DEGREE

Resolution No. 2025-85

Synopsis: Approval of the honorary degree listed below is proposed.

WHEREAS the Committee on Honorary Degrees of the University Senate, pursuant to rule 3335-5-48.8 of the Administrative Code, has approved for recommendation to the Board of Trustees the awarding of the honorary degree as listed below:

LeBron James Doctor of Public Service, honoris causa

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the awarding of the above honorary degree.

(See Appendix LXXI for background information, page 2293)

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DEGREES AND CERTIFICATES

Resolution No. 2025-86

Synopsis: Approval of Degrees and Certificates for spring and summer terms of 2025 is proposed.

WHEREAS pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, the Board has authority for the issuance of degrees and certificates; and

WHEREAS the faculties of the colleges and schools shall transmit, in accordance with rule 3335-9-29 of the Administrative Code, for approval by the Board of Trustees, the names of persons who have completed degree and certificate requirements:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the degrees and certificates to be conferred on May 4 and August 3, 2025, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools.

***

APPROVAL OF INTERIM CAPITAL INVESTMENT PLAN FOR FISCAL YEAR 2026

Resolution No. 2025-87

Synopsis: Authorization and acceptance of the Interim Capital Investment Plan for the fiscal year ending June 30, 2026, is proposed.

WHEREAS The State of Ohio Biennial Budget for Fiscal Years 2026 and 2027, including funding levels for state institutions of higher education, is still pending in the Ohio General Assembly; and,

WHEREAS the university has not yet finalized its operating budget for Fiscal Year 2026; and

WHEREAS the Interim Capital Investment Plan will allow the university to begin or continue capital projects in support of strategic goals during the period from July 1, 2025 through August 31, 2025; and

WHEREAS the recommended capital expenditures are the result of the university's comprehensive annual capital planning process; and

WHEREAS only those projects outlined in these recommendations will be approved for funding; and

WHEREAS the final fiscal year 2026 Capital Investment Plan will be presented for consideration at the August 2025 Board of Trustees meeting:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Interim Capital Investment Plan for the fiscal year ending June 30, 2026; and

BE IT FURTHER RESOLVED, That any request for authorization to proceed with any project contained in these recommendations must be submitted individually by the university for approval by the Board of Trustees, as provided for by Board policy.

(See Appendix LXXII for background information, page 2294)

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APPROVAL OF OHIO STATE ENERGY PARTNERS UTILITY SYSTEM INTERIM CAPITAL IMPROVEMENTS PLAN FOR FISCAL YEAR 2026

Resolution N. 2025-88

Utility System Life-Cycle Renovation, Repair and Replacement Projects

Synopsis: Approval of Ohio State Energy Partners LLC (“OSEP”) fiscal year 2026 interim capital improvements plan and authorization for OSEP to make capital improvements pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the “Agreement”), is proposed.

WHEREAS the Agreement requires, OSEP to submit annually a utility system Capital Improvement Projects plan (“OSEP CIP”) for university approval; and

WHEREAS the OSEP CIP includes requested approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2025; and

WHEREAS the university has not finalized its capital investment plan for fiscal year 2026; and

WHEREAS it is necessary to begin or continue these time-sensitive utility system projects until the fiscal year operating and capital plans are finalized and adopted; and

WHEREAS OSEP has provided detailed descriptions of the proposed capital improvement projects, supporting technical data and analysis, pursuant to Section 4.3(c) of the Agreement; and

WHEREAS the utility system capital improvement projects will be delivered pursuant to the terms of the Agreement; and

WHEREAS the capital expenditures for the approved utility system projects will be added to the utility fee pursuant to the Agreement; and

WHEREAS the university has reviewed and considered the financial, technical, and operational aspects of the projects and the projects’ alignment with university plans and sustainability goals; and

WHEREAS the Master Planning & Facilities Committee has reviewed the projects for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance & Investment Committee has reviewed the projects for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the fiscal year 2026 interim OSEP CIP as outlined in the attached materials; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2026 capital improvements to the Utility System as outlined in the attached materials.

(See Appendix LXXIII for background information, page 2296)

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APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND ENTER INTO/INCREASE CONSTRUCTION CONTRACTS

Resolution No. 2025-89

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES CONTRACTS
ATHLETICS TECHNOLOGY MODERNIZATION
NORTH TOWERS BUILDING UPGRADES
TUNNEL REHABILITATION PHASE 1
UH-DOAN HALL SPRINKLER INSTALLATION

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
DOAN – REPLACE SPECT CTS
OUTPATIENT EAST – EXISTING LOT RENOVATION
OUTPATIENT EAST –NEW WEST PARKING LOT
SCHOTTENSTEIN CENTER – SCOREBOARD REPLACEMENT

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS
BATTERY CELL RESEARCH & DEMONSTRATION CENTER

Synopsis: Authorization to enter into/increase professional services and construction contracts, as detailed in the attached materials, is proposed.

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts for the following projects; and

	Prof. Serv. Approval Requested	Total Requested	
Athletics Technology Modernization	$1.7M	$1.7M	Auxiliary funds
North Towers Building Upgrades	$10.0M	$10.0M	University debt

Tunnel Rehabilitation Phase 1	$1.0M	$1.0M	University debt University funds State funds Partner funds
UH-Doan Hall Sprinkler Installation	$1.2M	$1.2M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts and enter into/increase construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
Doan – Replace SPECT CTs	$0.3M	$4.3M	$4.6M	Auxiliary funds
Outpatient East – Existing Lot Renovation	$0.8M	$4.7M	$5.5M	Auxiliary funds
Outpatient East – New West Parking Lot	$1.1M	$6.1M	$7.2M	Auxiliary funds
Schottenstein Center – Scoreboard Replacement	$0.6M	$4.6M	$5.2M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to increase construction contracts for the following projects; and

	Construction Approval Requested	Total Requested	
Battery Cell Research & Demonstration Center	$1.7M	$1.7M	University funds Partner funds

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans.

NOW THEREFORE

BE IT RESOLVED, that the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to enter into/increase professional services and construction contracts for the projects listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

(See Appendix LXXIV for background information, page 2299)

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APPROVAL FOR PURCHASE OF REAL PROPERTY

Resolution No. 2025-90

5.070+/- ACRES AT 1800 ZOLLINGER ROAD,
UPPER ARLINGTON, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to purchase property described as Outpatient Care Upper Arlington from Medstone Realty Company, LLC located at 1800 Zollinger Road, Upper Arlington, Ohio is proposed.

WHEREAS The Ohio State University seeks to acquire 5.070 acres of improved real property located at 1800 Zollinger, Upper Arlington, Ohio, identified as Franklin County parcel number 070-003229; and

WHEREAS the purchase of this property supports the university's plan for strategic investment in outpatient services for neighboring communities:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to effect the purchase of the aforementioned property upon the terms and conditions deemed to be in the best interest of the university.

(See Appendix LXXV for background information, page 2308)

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APPROVAL FOR A PERPETUAL GAS TRANSMISSION EASEMENT

Resolution No. 2025-91

6.069+/- ACRES ON ACKERMAN ROAD,
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to grant Columbia Gas of Ohio, Inc. a perpetual natural gas transmission easement across university property located along Ackerman Road, Columbus, Ohio, is proposed.

WHEREAS Columbia Gas of Ohio, Inc. has requested an easement for natural gas purposes be granted across 6.069 acres of university land along Ackerman Road and the norther border of Waterman Agricultural and Natural Resources Laboratory in Columbus, Ohio; and

WHEREAS the natural gas infrastructure improvements, which are mandated by the federal government, will enhance safety and support the region.

WHEREAS Columbia Gas of Ohio, Inc. will be responsible for the costs and expenses of the installation, maintenance, and ongoing operation the natural gas infrastructure:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to affect the grant of the easement upon the terms outlined above and any additional terms and conditions deemed to be in the best interest of the university.

(See Appendix LXXVI for background information, page 2310)

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APPROVAL FOR A PERPETUAL ROADWAY EASEMENT

Resolution No. 2025-92

0.082+/- ACRES ON MESSNER ROAD,
WOOSTER, WAYNE COUNTY, OHIO

Synopsis: Authorization to grant the Board of County Commissioners of Wayne County a perpetual roadway easement across university property located along Messner Road, Wooster, Ohio, is proposed.

WHEREAS the Board of Commissioners of Wayne County has requested an easement for roadway purposes be granted for $1.00 across 0.082 acres of university land along Messner Road near Wooster, Ohio; and

WHEREAS the roadway infrastructure will support university operations in the area along Messner Road; and

WHEREAS the Board of Commissioners of Wayne County will be responsible for all costs and expenses and the ongoing operation and maintenance of the road infrastructure:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to affect the grant of the easement upon the terms outlined above and any additional terms and conditions deemed to be in the best interest of the university.

(See Appendix LXXVII for background information, page 2312)

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APPROVAL FOR A PERPETUAL SANITARY SEWER EASEMENT

Resolution No. 2025-93

1.438+/- ACRES ON WOODY HAYES DRIVE,
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to grant the City of Columbus, Ohio, a perpetual sanitary sewer easement across university property located along Woody Hayes Drive, Columbus, Ohio, is proposed.

WHEREAS the City of Columbus, Ohio, has requested an easement for sanitary sewer purposes be granted across 1.438 acres of university land along Woody Hayes Drive in Columbus, Ohio; and

WHEREAS the sanitary sewer infrastructure will support the innovation district on west campus; and

WHEREAS the City of Columbus, Ohio, will be responsible for the costs and expenses of the installation, maintenance and ongoing operation of the sanitary sewer infrastructure:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to affect the grant of the easement upon the terms outlined above and any additional terms and conditions deemed to be in the best interest of the university.

(See Appendix LXXVIII for background information, page 2314)

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APPROVAL OF INTERIM OPERATING BUDGET FOR FISCAL YEAR 2026

Resolution No. 2025-94

Synopsis: Authorization to make expenditures in Fiscal Year 2026, is proposed.

WHEREAS The State of Ohio Biennial Budget for State Fiscal Years 2026 and 2027, including funding levels for state institutions of higher education, is still pending in the Ohio General Assembly; and,

WHEREAS the university has not yet finalized its operating budget for Fiscal Year 2026; and

WHEREAS this will allow the university to continue to advance the academic and financial goals during the period from July 1, 2025, through August 31, 2025; and

WHEREAS it is necessary to continue operating expenditures, including payment of faculty and staff, operation of the Ohio State University Wexner Medical Center and other auxiliaries and student instructional and support services prior to the time that the Fiscal Year 2026 operating budget is finalized and adopted; and

WHEREAS the Finance and Investment Committee has reviewed and recommends for approval the interim operating budget:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby authorizes the university to make operating expenditures consistent with the interim operating budget, pending the adoption of the Fiscal Year 2026 operating budget at the August 2025 Board of Trustees meeting.

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APPROVAL OF 2025-2026 ACADEMIC YEAR
UNDERGRADUATE TUITION AND MANDATORY FEES

Resolution No. 2025-95

Synopsis: Approval of tuition and mandatory fees, non-residential and international surcharges, room, and board rates for undergraduate students at all campuses of The Ohio State University for the Academic Year 2025-2026, is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports the university's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS the state budget contains higher education funding through the State Share of Instruction and special purpose appropriations; and

WHEREAS the university established the Ohio State Tuition Guarantee program in Fiscal Year 2018, which sets the cost of tuition, mandatory fees, and room and board rates for each incoming class of undergraduate Ohio resident students for four years; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2018 (Fiscal Year 2019), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2019 (Fiscal Year 2020), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2020 (Fiscal Year 2021), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2021 (Fiscal Year 2022), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohorts that began in Fiscal Years 2023, 2024 and 2025 will continue at the rates established for their cohorts and will therefore see no change (0%) in their tuition, mandatory fees, and room and board rates for Academic Year 2025-2026; and

WHEREAS new first-year Ohio resident undergraduate students enrolled at all campuses in 2025-26 will be part of a new Ohio State Tuition Guarantee cohort; and

WHEREAS Ohio Revised Code 3345.48 establishes that institutions with tuition guarantee programs may increase the instructional and mandatory fees for each incoming class of first-year undergraduate students by inflation, measured by the thirty-six-month moving average rate of inflation using the Consumer Price Index; and

WHEREAS all tuition, fee, and rate increases must be authorized and consistent with State of Ohio biennial budget bill to be enacted in Am. Sub. H.B. 96 of the 136th General Assembly and effective July 1, 2025; and

WHEREAS the university administration remains focused on student affordability and limiting college costs for all students consistent with the State of Ohio budget bill for the Academic Year 2025-2026; and

WHEREAS the tuition and mandatory fees, room and board rates, and non-residential and international surcharges for the Columbus, Lima, Mansfield, Marion, and Newark campuses and for the Agricultural Technical Institute (ATI) at Wooster for undergraduate students can be set by the University President in consultation with the Board of Trustees' Board Chair and Chair of the Finance and Investment Committee for the Academic Year 2025-26:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees grants the University President, in consultation with Executive Leadership of the Board, authority to approve undergraduate tuition, mandatory fees, non-residential and international surcharges, room and board rates for the Academic Year 2025-26 for all campuses, effective Autumn semester 2025 consistent with final provisions of Am. Sub. H.B. 96 of the 136th General Assembly.

***

APPROVAL OF 2025-2026 ACADEMIC YEAR
GRADUATE TUITION AND MANDATORY FEES

Resolution No. 2025-96

Synopsis: Approval of tuition and mandatory fees, non-residential surcharges for graduate students at all campuses of The Ohio State University for the Academic Year 2025-2026, is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports the university's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS the state budget contains higher education funding through the State Share of Instruction and special purpose appropriations; and

WHEREAS all tuition, fee, and rate increases must be authorized and consistent with the State of Ohio biennial budget bill to be enacted in Am. Sub. H.B. 96 of the 136th General Assembly and effective July 1, 2025; and

WHEREAS the university administration remains focused on student affordability consistent with the State of Ohio budget bill for the Academic Year 2025-2026; and

WHEREAS the university administration now presents recommendations for graduate tuition and mandatory fees and non-residential surcharge for the Columbus, Lima, Mansfield, Marion, and Newark campuses and for the Agricultural Technical Institute (ATI) at Wooster for the Academic Year 2025-2026:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommendation of the administration for the approved graduate rates for the Academic Year 2025-2026 for all campuses, effective Autumn semester 2025, as follows:

- That tuition and mandatory fees will increase by 3.0% for graduate programs. Changes to differential fees for certain programs are addressed in the Approval of 2025-2026 Academic Year User Fees and Charges resolution; and

- That the non-resident surcharge for most graduates will increase by 4.0%. Exceptions for certain graduate programs are addressed in the Approval of 2025-2026 Academic Year User Fees and Charges resolution.

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APPROVAL OF 2025-2026 ACADEMIC YEAR USER FEES AND CHARGES

Resolution No. 2025-97

Synopsis: User fees and charges at the Columbus and regional campuses of The Ohio State University for Academic Year 2025-26, is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports the university's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS the university is committed to access, affordability, and excellence; and

WHEREAS consultations have taken place within the university to determine the appropriate fees for graduate and professional programs, and student health insurance charges, as described in the accompanying text and tables, which have been reviewed and recommended:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommendation of the administration for the following rates, which are outlined in the attached document and will be effective Autumn semester 2025:

- Graduate and professional fees, including differential instruction and clinical, as well as the non-resident surcharge; and

- Student health plan.

(See Appendix LXXIX for background information, page 2316)

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APPROVAL OF DIGITAL TEXTBOOK FEES

Resolution No. 2025-98

Synopsis: Approval of digital textbook pass-through fees at all campuses of The Ohio State University for the 2025-2026 academic year is proposed.

WHEREAS the university collects certain fees, known as pass-through fees, that are used to pay third parties for goods and services that directly benefit students; and

WHEREAS the university does not seek to financially benefit from pass-through fees, but collects these fees instead of requiring third parties to bill students directly in circumstances where the university's involvement can reduce student costs, simplify billing for students, or otherwise benefit students; and

WHEREAS the university will be dramatically increasing the use of pass-through fees as part of the CarmenBooks affordability initiative, in which students can access digital textbooks at a significantly discounted rate compared with traditional materials; and

WHEREAS the CarmenBooks pilot that the Board of Trustees approved for spring semester 2019 (Resolution 2019-08) has expanded and is expected to save students approximately $5.2 million for the 2025-2026 academic year:
NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the digital textbook pass-through rates for the 2025-26 academic year for all campuses, effective Autumn semester 2025, as follows and as outlined in the attached document.

(See Appendix LXXX for background information, page 2322)

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APPROVAL OF NON-RESIDENT TUITION WAIVER FOR OHIO STATE STUDENTS WHO ARE VETERANS, MILITARY MEMBERS, OR THEIR IMMEDIATE FAMILIES

Resolution No. 2025-99

Synopsis: Waiver of the non-resident surcharge for Ohio State students who are veterans, military members, or their immediate families for Fiscal Year 2026 and Fiscal Year 2027 is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports academic programs that meet the needs of Ohio State students; and

WHEREAS Ohio State students who are veterans or military members, with 90 days or more of honorable service in the United States uniformed services, and their immediate families, defined as spouses and/or children, that do not qualify for in-state tuition because of the intricacies of federal and state regulations, would benefit from an expanded policy that extends a waiver of the non-resident surcharge; and

WHEREAS Ohio State has, since Spring Semester 2019, requested and received a tuition waiver that allows the university to assess a $5 non-resident tuition surcharge to eligible students, rather than the respective undergraduate non-resident surcharge based on their assigned tuition guarantee cohort; and

WHEREAS the university seeks to continue the fee waiver that reduces the non-resident surcharge to $5 for eligible veterans, military members, and their immediate families, but the current waiver expires at the end of Summer 2025 term; and

WHEREAS the Ohio Department of Higher Education (ODHE) requires a Board of Trustees resolution to consider a new tuition waiver per Ohio Revised Code and ODHE directive 2009-011:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves to waive all but $5 of the non-resident tuition surcharge for The Ohio State University students who are veterans or military members, with 90 days or more of honorable service in the United States uniformed services, and their immediate families, that do not otherwise qualify for in-state tuition; and

BE IT FURTHER RESOLVED, That this approval will become effective for all semesters and terms, beginning Autumn 2025 semester, through June 30, 2027; and

BE IT FURTHER RESOLVED, That the administration will seek approval of a tuition waiver from the Ohio Department of Higher Education for state Fiscal Years 2026 and 2027.

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APPROVAL OF TUITION WAIVER FOR STUDENTS PARTICIPATING IN STUDY ABROAD PROGRAMS THROUGH THIRD-PARTY PROVIDER OR DIRECT ENROLLMENT

Resolution No. 2025-100

Synopsis: Waiver of tuition for Ohio State students who enroll in university-approved third-party provider or direct enrollment study abroad programs for Fiscal Year 2026 and Fiscal Year 2027 is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports academic programs that meet the needs of Ohio State students; and

WHEREAS Ohio State students who participate in study abroad programs through third-party providers or direct enrollment are required to pay tuition to the host institution; and

WHEREAS students benefit from continued enrollment at Ohio State during study abroad, which allows them to earn Ohio State credit, access financial aid and receive support when needed in other circumstances; and

WHEREAS Ohio State has, since Fiscal Year 2015, requested and received a tuition waiver for approved third-party provider or direct enrollment study abroad programs from the Board of Trustees and the Ohio Department of Higher Education (ODHE) so that students avoid two tuition payments during study abroad; and

WHEREAS the university seeks to continue the study abroad tuition waiver, but the current waiver expires after June 30, 2025; and

WHEREAS the Ohio Department of Higher Education requires a Board of Trustees resolution to consider a new tuition waiver per Ohio Revised Code and ODHE directive 2009-011:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves to waive tuition and fees at The Ohio State University for students enrolled in a third-party provider or direct enrollment study abroad program and to allow the students to remain enrolled at the university while participating in these programs; and

BE IT FURTHER RESOLVED, That this approval will become effective for all semesters and terms, beginning July 1, 2025, through June 30, 2027; and

BE IT FURTHER RESOLVED, That the administration will seek approval of a tuition waiver from the Ohio Department of Higher Education for state Fiscal Years 2026 and 2027.

(See Appendix LXXXI for background information, page 2333)

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AUTHORIZATION FOR THE ISSUANCE OF GENERAL RECEIPTS OBLIGATIONS AND MULTIYEAR DEBT ISSUANCE PROGRAM III OF THE UNIVERSITY

Resolution No. 2025-101

Synopsis: Establishment of Multiyear Debt Issuance Program III, authorizing the issuance and sale of general receipts obligations of the university in an aggregate principal amount not to exceed $400 million for the purposes of financing, on an interim or permanent basis, the costs of certain university capital improvement projects, refunding the outstanding principal amount of current obligations of the university and paying costs and expenses associated with the issuance of such debt, and authorization for amendments to the existing trust indenture and other documents as required, is proposed.

WHEREAS pursuant to Sections 3345.11 and 3345.12 of the Ohio Revised Code (the "Act"), as enacted under authority of the Constitution of Ohio, particularly Section 2i of Article VIII thereof, The Ohio State University (the "University"), a state university of the State of Ohio (the "State"), created and existing under Chapter 3335 of the Ohio Revised Code, is authorized and empowered, among other things, (a) to issue its obligations to pay the costs of certain "facilities," as defined in the Act, and to refund, fund or retire bonds and other obligations previously issued for such purpose; (b) to pledge to the payment of its obligations all or a specified part of its "available receipts," as defined in the Act (the "General Receipts") in priority to all other expenses, claims or payments; (c) to covenant that the University will make, fix, adjust and collect the fees, rates, rentals, charges and other items comprising General Receipts to produce General Receipts sufficient at all times to meet Debt Service Charges (as defined in the Amended and Restated Trust Indenture described below) on the Obligations, to establish and to maintain the required reserves and meet other requirements herein provided; and (d) to provide for a trust indenture and make further provisions for securing the payment of the Debt Service Charges; and

WHEREAS the University, by resolution adopted by its Board of Trustees (the "Board") on November 1, 1985 (the "Series 1985A Bond Resolution"), and by a Trust Indenture dated as of November 15, 1985 (the "Original Indenture") between the University and The Huntington National Bank, as trustee (the "Original Trustee"), provided for the issuance from time to time of General Receipts Bonds of the University; and

WHEREAS the University, pursuant to the terms of a resolution adopted by the Board on October 1, 1999 (the "1999 General Bond Resolution"), amended and restated the Original Indenture, as supplemented, in accordance with the terms thereof, by entering into the Amended and Restated Trust Indenture dated as of December 1, 1999 (the "Amended and Restated Trust Indenture") with the Original Trustee; and

WHEREAS The Bank of New York Mellon Trust Company, N.A. (the "Trustee") has succeeded the Original Trustee as trustee under the Amended and Restated Trust Indenture; and

WHEREAS pursuant to the terms of a resolution adopted by the Board on June 8, 2015, a resolution adopted by the Board on June 9, 2017 and a resolution adopted by the Board on June 6, 2018 (collectively, the “Program Resolution”), the University authorized the issuance of The Ohio State University General Receipts Bonds and Commercial Paper Notes (the "Senior Obligations") and subordinated bonds and notes (the "Subordinated Obligations" and, together with the Senior Obligations, the “Obligations”) to be issued pursuant to the Amended and Restated Trust Indenture in an aggregate amount not to

exceed $1 billion by no later than June 30, 2020, which authorizations established the University's Multiyear Debt Issuance Program ("Program I"); and

WHEREAS the Amended and Restated Trust Indenture provides that Obligations may be issued pursuant to the terms thereof, with each such issue to be authorized by a Series Resolution (as defined therein) adopted by the Board and secured pursuant to the terms of a Supplemental Indenture (as defined therein), with respect to such issue (the Amended and Restated Trust Indenture and all Supplemental Indentures thereto being collectively referred to herein as the "Indenture"); and

WHEREAS in furtherance of and pursuant to the Program Resolution and the Indenture, the University entered into the Multiyear Debt Issuance Program Supplement to Amended and Restated Trust Indenture dated as of March 1, 2016; and

WHEREAS on August 19, 2021, the Board adopted Resolution No. 2022-46, (the "Program II Resolution") whereby the University established its Multiyear Debt Issuance Program II ("Program II"), the authorization for which Program II expires on June 30, 2025; and

WHEREAS the University has from time to time authorized the issuance of the Obligations listed on Schedule 1 attached hereto and made a part hereof pursuant to the Series 1985 A Bond Resolution, the Original Indenture, the 1999 General Bond Resolution, the Amended and Restated Trust Indenture, various supplements to the Original Indenture, the Amended and Restated Trust Indenture and various Series Resolutions; and

WHEREAS the Board finds that it is in the best interests of the University to promote administrative convenience, enhance sound debt management and improve efficiency in connection with the issuance of Obligations of the University, and in furtherance thereof to establish its Multiyear Debt Issuance Program III for the purposes of financing, on an interim or permanent basis, the costs of University Facilities, refunding Outstanding Obligations (as described below) of the University and paying costs and expenses associated with the issuance of such Obligations, by providing for the issuance of its Obligations in an aggregate authorized principal amount of not to exceed $400 million, in one or more series, by not later than June 30, 2027; and

WHEREAS the Board desires to make provisions for the issuance of the Obligations and the payment of Debt Service Charges thereon and the securing thereof by this Resolution (hereinafter referred to as the "Program III Resolution") and the supplement(s) to the Amended and Restated Trust Indenture, including but not limited to the Multiyear Debt Issuance Supplement to Amended and Restated Trust Indenture – Program III (as described below), all as provided by this Program III Resolution, with all terms used herein with initial capitalization where the rules of grammar would not otherwise so require and not defined herein having the meanings given them in the Indenture:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees of The Ohio State University hereby authorizes the issuance of Obligations in an aggregate principal amount not to exceed $400 million, for the purposes as set forth in the recitals to this Program III Resolution; provided, however, that the foregoing limitation on the amount of Obligations that may be issued shall not apply to (i) any Bonds or Notes authorized to be issued under this Program III Resolution to retire or refund (a) any Outstanding Obligations listed on Schedule 1 attached hereto and made a part hereof, or (b) any Obligations issued pursuant and subsequent to the date of this Program III Resolution, or (ii) any capital lease or other type of indebtedness that does not constitute an Obligation as defined in the Indenture and is not issued pursuant to the Indenture, and, (iii) provided, further, that any Obligation or

indebtedness described in (i) and (ii), both inclusive, above shall be excluded for purposes of calculating the total amount of Obligations issued pursuant to the authorization provided in this Program III Resolution; and

BE IT FURTHER RESOLVED, That the authority to issue any Obligations authorized by this Program III Resolution shall be in effect through June 30, 2027; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby authorizes the President and Senior Vice President for Business and Finance, or either of them, upon consultation with the Chair of the Finance and Investment Committee of this Board and upon consultation with the Senior Vice President for Legal Affairs and General Counsel and any outside counsel retained for this purpose, to determine (a) the time or times that any of the Obligations shall be issued as provided in this Program III Resolution, (b) the principal amount, subject to the limitations prescribed herein, and type of debt to be issued from time to time, (c) the rate or rates of interest to be borne by such Obligations and whether such interest shall be taxable or tax exempt; provided, however, that in no event shall the interest rate on any series of Obligations exceed eight percent (8.00%) per annum, (d) whether any interest rates shall be fixed or variable, (e) the maturity or maturities of any of the Obligations and (f) whether and to what extent any series of such Obligations shall be Senior Obligations or Subordinated Obligations, any or all of which terms, as well as any terms required by Section 2.02 of the Indenture, may be set forth in one or more Certificates of Award executed and delivered by the President and Senior Vice President for Business and Finance, or either of them, in connection with the issuance and sale of the Obligations, the execution and delivery of such Certificates of Award and any of them being hereby authorized; and

BE IT FURTHER RESOLVED, That, with respect to any Obligations issued on a tax exempt basis under the federal income tax laws, the President and Senior Vice President for Business and Finance, or either of them, is hereby authorized and directed (a) to make or effect any election, selection, designation, choice, consent, approval or waiver on behalf of the University with respect to the Obligations as permitted or required to be made or given under the federal income tax laws, for the purpose of assuring, enhancing or protecting favorable tax treatment or the status of the Obligations or interest thereon or assisting compliance with requirements for that purpose, reducing the burden or expense of such compliance, reducing any rebate amount or any payment of penalties, or making any payments of special amounts in lieu of making computations to determine, or paying, any excess earnings as rebate, or obviating those amounts or payments on behalf of the University; (b) to take any and all actions, make or obtain calculations, and make or give reports, covenants and certifications of and on behalf of the University, as may be appropriate to assure the status of the Obligations as Tax Exempt Bonds; and (c) to give an appropriate certificate on behalf of the University for inclusion in the transcript of proceedings setting forth the facts, estimates and circumstances, and reasonable expectations of the University pertaining to Section 148 of the Internal Revenue Code of 1986, as amended (the "Code") and the Regulations, and the representations, warranties and covenants of the University regarding compliance by the University with Sections 141 through 150 of the Code and the Regulations, as applicable; and

BE IT FURTHER RESOLVED, That the President and Senior Vice President for Business and Finance, or either of them, is authorized to negotiate and execute, on behalf of the University and this Board, a supplemental indenture to the Amended and Restated Trust Indenture to be denominated the “Multiyear Debt Issuance Supplemental Indenture to Amended and Restated Supplemental Indenture – Program III”, any amendments or supplements thereto or the Amended and Restated Indenture, any purchase contract for the sale of the Obligations, any escrow agreement, continuing disclosure agreement, any interest rate management or hedging contract, credit support or enhancement contract,

any official statement or other offering document relating to the offer and sale of the Obligations, the use and distribution of which is hereby authorized and any other agreement, receipt, certificate or document (collectively the "Transaction Documents") as the President or Senior Vice President for Business and Finance or either of them shall deem (a) necessary or appropriate to carry out this Program III Resolution and to provide for the most beneficial commercial terms reasonably available to the University and (b) not materially adverse to the University, with the execution by the President or Senior Vice President for Business and Finance of any such Transaction Documents constituting the conclusive determination of such officer that the terms of such Transaction Document are necessary and appropriate and not materially adverse to the University, it being expressly provided that any payment obligation whatsoever with respect to any Transaction Documents may, if so agreed to by the officer of the University executing the same, be secured on a pari passu basis as the Obligations and the Debt Service Charges with respect thereto to which any such Transaction Document relates; and

BE IT FURTHER RESOLVED, That the Senior Vice President for Business and Finance shall report to the Board's Finance and Investment Committee on a regular basis all actions taken in pursuant to this Program III Resolution; and

BE IT FURTHER RESOLVED, That it is found and determined that all formal actions of this Board concerning and relating to the adoption of this Program III Resolution were adopted in an open meeting of this Board, and that all deliberations of this Board and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code; and

BE IT FURTHER RESOLVED, That this Program III Resolution shall take effect and be in force on July 1, 2025.

(See Appendix LXXXII for background information, page 2334)

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AUTHORIZATION FOR DESIGNATED OFFICIALS TO BUY, SELL, ASSIGN AND TRANSFER SECURITIES, ALSO TO DEPOSIT OR WITHDRAW FUNDS FROM BANK AND INVESTMENT ACCOUNTS, TO DESIGNATE DEPOSITORIES AND TO EXECUTE TREASURY- AND INSURANCE-RELATED AGREEMENTS

Resolution No. 2025-102

Synopsis: Authorization for designated officials to buy, sell, assign and transfer securities, to deposit or withdraw funds from bank and investment accounts held in the name of The Ohio State University, to designate depositories, and to execute treasury and insurance related agreements, is proposed.

WHEREAS designated officials of the university buy, sell, assign and transfer stocks, bonds and other financial instruments owned by The Ohio State University; and

WHEREAS various financial institutions are designated as depositories of The Ohio State University; and

WHEREAS accounts at various financial institutions are opened and maintained in the name of The Ohio State University; and

WHEREAS designated officials of the university are responsible for the procurement and management of the university's insurance programs:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby authorizes the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees to buy, sell, assign and transfer any and all stocks, bonds, evidences of interest and/or indebtedness, rights and options to acquire or to sell the same, and all other securities corporate or otherwise, standing in the name of or belonging to The Ohio State University in any capacity; and

BE IT FURTHER RESOLVED, That the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees be authorized to designate various financial institutions as depositories and/or custodians for The Ohio State University, and to open and maintain accounts and enter into agreements at institutions providing financial products and services in the name of The Ohio State University; to engage in and sign agreements for bank financing, underwriting, brokerage, leasing, equipment financing, deposits, foreign currency exchange, hedging vehicles including forwards, futures, swaps and options, financial advisory services; and

BE IT FURTHER RESOLVED, That the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees be authorized, on behalf of The Ohio State University and in its name, to sign checks, drafts, notes, bills of exchange, letters of credit, acceptances, electronic fund transfers or other orders for the payment of money from said accounts; to endorse in writing or by stamp checks, notes, bills, certificates of deposit, or other instruments owned or held by the university for deposit in said accounts or for collection or discount by said banks; to accept drafts, acceptances and other instruments payable to said banks; to waive, demand, protest, file notice of protest, or dishonor any check, note, bill, draft, or other instrument made, drawn, or endorsed by the university; and

BE IT FURTHER RESOLVED, That the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees be authorized to engage in insurance-related transactions and sign insurance-related agreements to ensure coverage that best fits the needs of The Ohio State University to include, but not be limited to, insurance carrier, consulting and broker agreements, emergency response services, and third-party claim administrator contracts.

(See Appendix LXXXIII for background information, page 2335)

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REAPPOINTMENTS TO THE SELF-INSURANCE BOARD

Resolution No. 2025-103

Synopsis: Reappointment of members to the Self-Insurance Board is proposed.

WHEREAS the Board of Trustees directed that a Self-Insurance Board be established to oversee the University Self-Insurance Program; and

WHEREAS all members of the Self-Insurance Board are appointed by The Ohio State University Board of Trustees upon recommendation of the President; and

WHEREAS the terms of members Cynthia A. Powell, CPA and D. Brent Mulgrew expire on June 30, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approve that the following individuals be reappointed as members of the Self-Insurance Board effective June 30, 2025, for the terms specified below:

Cynthia A. Powell, CPA, term ending June 30, 2027
D. Brent Mulgrew, term ending June 30, 2027

BE IT FURTHER RESOLVED, That this appointment entitles each member to any immunity, insurance or indemnity protection to which officers and employees of the University are, or hereafter may become, entitled.

***

APPROVAL OF THE UNIVERSITY FOUNDATION REPORT

Resolution No. 2025-104

Synopsis: Approval of the University Foundation Report as of March 31, 2025, is proposed.

WHEREAS monies are solicited and received on behalf of the university from alumni, industry, and various individuals in support of research, instructional activities, and service; and

WHEREAS such gifts are received through The Ohio State University Foundation; and

WHEREAS this report includes: (i) the establishment of one (1) endowed chair: the Dr. Lee E. Shackelford Chair in Psychiatry and Behavioral Health; four (4) endowed professorships: The Dr. Frederick H. Davidorf Honorary Professorship, the Margaret Bowers Hardymon Professorship in Surgery, the Honda Endowed Professorship in Automotive Manufacturing and The Drs. Malati and Ganesh Potdar Professorship in Radiation Oncology-Proton Therapy; six (6) scholarships as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; and thirty-five (35) additional named endowed funds; (ii) the revision of thirteen (13) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of March 31, 2025.

(See Appendix LXXXIV for background information, page 2336)

***

NAMING OF THE META STEM INSTRUCTION INNOVATION HUB

Resolution No. 2025-105

IN RAMSEYER HALL

Synopsis: Approval for the naming of the active learning classroom (room A) in Ramseyer Hall, located at 29 W Woodruff Ave, is proposed.

WHEREAS The renovation of Ramseyer Hall will benefit 2,000 math and chemistry students in its first year and 16,000 students per year once fully open to all STEM fields, significantly impacting all STEM programs at The Ohio State University; and

WHEREAS the updated space in Ramseyer Hall will engage students in active-learning, comprehensive pedagogies; and

WHEREAS Meta Platforms Inc has provided significant contributions to the STEM Learning Center; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Meta Platforms Inc's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the term of three years the aforementioned space be named the Meta STEM Instruction Innovation Hub.

***

NAMING OF THE GARY (CLASS OF 1962) AND HELEN COLE OFFICE

Resolution No. 2025-106

IN THE CONTROLLED ENVIRONMENT AGRICULTURE RESEARCH COMPLEX

Synopsis: Approval for the naming of an office (Room 105A) in the Controlled Environment Agriculture Research Complex (CEARC), located at 2515 Carmack Road, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the CEARC will provide a platform for interdisciplinary research at the nexus of horticulture, engineering, entomology, pathology, food science, computer science, and human nutrition/health; and

WHEREAS Gary and Helen Cole have provided significant contributions to the college; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy, and if at any time following the approval of a naming, circumstances change so that the continued use of the name may compromise the integrity or reputation of the University, the University may remove the name with the approval of the President and the Board of Trustees and notification of the Donors, if possible:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Gary and Helen Cole's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Gary (Class of 1962) and Helen Cole Office.

***

NAMING OF THE LASKO FAMILY HOME TEAM LOCKER ROOM

Resolution No. 2025-107

IN THE LACROSSE STADIUM

Synopsis: Approval for the naming of the home team locker room (Room 183) in the Lacrosse Stadium, located at 630 Irving Schottenstein Drive is proposed.

WHEREAS The state-of-the-art, 2,500-seat lacrosse stadium will be the new practice and competition space for the men's and women's varsity lacrosse teams; and

WHEREAS the lacrosse stadium will serve the community and grow the sport of lacrosse through camps and clinics hosted within the space; and

WHEREAS Matthew Lasko has provided significant contributions to the men's lacrosse program, the construction of the new lacrosse stadium as well as the Department of Athletics; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Matthew Lasko's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Lasko Family Home Team Locker Room.

***

NAMING OF THE DR. JACK L. BEAL ROOM

Resolution No. 2025-108

IN THE RIFFE BUILDING

Synopsis: Approval for the naming of the second floor large group space (room R200A) in the Riffe Building, located at 496 W 12th Ave, is proposed.

WHEREAS The College of Pharmacy is consistently ranked a top pharmacy school in the country, home to world-class faculty, dedicated students and innovative researchers working toward improving medications and medication-related health outcome; and

WHEREAS the College of Pharmacy commits to providing students access to state-of-the-art facilities and spaces to promote learning; and

WHEREAS Richard M. Mora Sr. has provided significant contributions to the Rife Building renovations; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Richard M. Mora Sr.'s philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Dr. Jack L. Beal Room.

***

NAMING OF BUILDINGS IN THE WATERMAN COMPLEX

Resolution No. 2025-109

IN THE COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

Synopsis: Approval for the naming of two buildings in the Waterman Complex, located at the northwest corner of Lane Avenue and Kenny Road, is proposed.

WHEREAS The new dairy barn and multispecies animal learning center (MALC) are being constructed to meet the aims of the Waterman Agricultural and Natural Resources Laboratory to provide comprehensive agricultural education; and

WHEREAS the College of Food, Agricultural, and Environmental Sciences wants to maintain consistent nomenclature across Waterman Complex; and

WHEREAS Planning, Architecture and Real Estate recommends this change; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned spaces be named the Waterman – Dairy and the Waterman – Multispecies Animal Learning Center.

***

NAMING OF INTERNAL SPACES

Resolution No. 2025-110

IN WATERMAN - DAIRY

Synopsis: Approval for the naming of the internal spaces in Waterman - Dairy, located at the Waterman Agricultural and Natural Resources Laboratory, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the Waterman Dairy will support the CFAES mission of education, research, and outreach and engagement by providing a state-of-the-art dairy facility for teaching, outreach, research, and public interaction and education regarding the use of precision animal agriculture via technology; and

WHEREAS the donors listed below have provided significant contributions toward the construction of Waterman - Dairy; and

- Denny Mahle
- Michele and Steven Specht
- Linda Dunn

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donor's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the internal spaces be named the following:

- Galton Dairy Display Hall
- Specht and Deam Family Viewing Walkway
- Dale and Betty Hedge Family Automated Milking System Room

***

NAMING OF INTERNAL SPACES

Resolution No. 2025-111

IN THE WATERMAN – MULTISPECIES ANIMAL LEARNING COMPLEX

Synopsis: Approval for the naming of internal spaces in the Waterman - Multispecies Animal Learning Center (MALC), located in the Waterman Agricultural and Natural Resources Laboratory, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the MALC will support the CFAES mission of education, research, and outreach and engagement by bringing people and animals together in a state-of-the-art facility that will be used by Ohio State students and public learners of all ages alike; and

WHEREAS the donors listed below have provided significant contributions toward the construction of the MALC; and

- Clifford Baughman

- David and Dorothy Case

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the internal spaces be named the following:

- Clifford and Dale Baughman Outreach & Engagement Center
- Dave and Dorothy Case Terrace

***

NAMING OF ROADWAYS

Resolution No. 2025-112

IN THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

Synopsis: Approval for the renaming of Medical Center Drive (east of Westpark St to West 10th) and the naming of Medical Center Drive East and Medical Center Drive West in the Wexner Medical Center, is proposed.

WHEREAS Construction and growth of the Wexner Medical Center has led to new traffic patterns and the creation of new roadways; and

WHEREAS naming two new roads and renaming a section of an existing road will allow for more efficient navigation of the Wexner Medical Center facilities; and

WHEREAS Planning, Architecture and Real Estate recommends this change; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (d) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned roadways be named Eastpark St, Medical Center Drive East and Medical Center Drive West.

***

NAMING OF BUILDINGS

Resolution No. 2025-113

IN THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

Synopsis: Approval for administrative naming of buildings in The Ohio State University Wexner Medical Center, is proposed.

WHEREAS The Wexner Medical Center is constantly growing and changing to reflect the needs of its researchers, patients, and community as a whole; and

WHEREAS the names of the spaces listed below no longer reflect either the current naming standards or purpose of the space; and

- Inpatient Tower (#0870)
- James A. Rhodes Hall - University Hospital (#0354)
- Charles Austin Doan Hall (#0089)
- Brain and Spine Hospital (#0372)

WHEREAS Planning, Architecture and Real Estate recommends this change; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned spaces be named the following:

- University Hospital
- University Hospital – Rhodes Hall
- University Hospital – Doan Hall
- University Hospital – Pavilion

***

RATIFICATION OF SETTLEMENT AGREEMENT AND AMENDMENTS TO COST ALLOCATION AGREEMENT

Resolution No. 2025-114

Synopsis: Ratification of that certain Settlement Agreement and Amendments to Cost Allocation Agreement regarding the combined heat and power plant, is proposed.

WHEREAS the University, Ohio State Energy Partners LLC (“OSEP”) and ENGIE Buckeye Operations LLC (“EBO”) entered into a Cost Allocation Agreement dated October 2, 2023 (the “Cost Allocation Agreement”) to among other things facilitate the completion of the combined heat and power plant, including by allocating costs, providing for new construction milestones and associated remedies, augmenting information sharing among the parties, and establishing an oversight committee consisting of representatives from each of the parties; and

WHEREAS the University, OSEP and EBO entered into a Settlement Agreement and Amendments to Cost Allocation Agreement dated April 29, 2025 (the “Agreement”) to among other things cap the University’s responsibility for cost overruns, provide for extended warranties for the combined heat and power plant and cooperate to establish stand-alone KPIs for the combined heat and power plant; and

WHEREAS it is proposed that the Board hereby approve and ratify the University’s entering into the Agreement and any actions taken or to be taken thereunder.

NOW THEREFORE

BE IT RESOLVED, That the Board hereby approves that it is in the best interests of the University to enter into the Agreement and to perform the obligations arising under, or in connection with, the Agreement; and

BE IT FURTHER RESOLVED, That the Board hereby approves and ratifies the University (1) entering into the Agreement, and (2) the taking of such actions thereunder as the President, Senior Vice President for Business and Finance and Senior Vice President for Administration and Planning ("Authorized Officers"), or any of them, deems necessary, advisable or appropriate to perform obligations under the Agreement, such Authorized Officer's taking of such action to be conclusive evidence of such approval and determination of the necessity, advisability or appropriateness thereof; and

BE IT FURTHER RESOLVED, That all actions previously taken by any Authorized Officer or employee of the University, by or on behalf of the University in connection with the Agreement, including executing the same, be, and each of the same hereby is, adopted, ratified, confirmed and approved in all respects; and

BE IT FURTHER RESOLVED, That it is found and determined that all formal actions of this Board concerning and relating to the adoption of this resolution were adopted in an open meeting of this Board, and that all deliberations of this Board and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code; and

BE IT FURTHER RESOLVED, That this resolution shall take effect and be in force immediately upon its adoption.

(See Appendix LXXXV for background information, page 2348)

***

Mr. Zeiger:

I will now make a motion to approve the 42 items on the consent agenda, which will be approved by a roll-call vote. Mr. Kaplan has been advised to abstain.

Upon the motion of Mr. Zeiger, seconded by Mr. Stockmeister, the Board of Trustees adopted the foregoing resolutions by majority roll-call vote, cast by the following trustees: Mr. Zeiger, Mr. Stockmeister, Mr. Heminger, Ms. Kessler, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos, Ms. Trott, Mr. Kerner and Dr. Buchan. Mr. Kaplan abstained.

Ms. Eveland:

Motion carries.

***

Mr. Zeiger:

Thank you. Are there any other matters to come before the board during this meeting?

Hearing none at this point, the meeting will be adjourned. Thank you so much.

The meeting adjourned at 2:16 p.m.

Attest:

John W. Zeiger
Chairman

Jessica A. Eveland
Secretary

THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
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SUMMARY OF ACTIONS TAKEN

March 5, 2025 – Legal, Audit, Risk & Compliance Committee Meeting

Members Present:

Elizabeth P. Kessler	Bradley R. Kastan	Kendall C. Buchan

Members Present via Zoom:

Alan A. Stockmeister	Michael F. Kiggin	John W. Zeiger (ex officio)
Elizabeth A. Harsh	Amy Chronis	

Members Absent:

Juan Jose Perez

PUBLIC SESSION

The Legal, Audit, Risk and Compliance Committee of The Ohio State University Board of Trustees convened on Wednesday, March 5, 2025, virtually and in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair Elizabeth Kessler called the meeting to order at 1:59 p.m.

Item for Discussion:

1. Internal Audit Governance Standards and Quality Assurance Program: Mr. Brian Newell, chief audit executive, Department of Internal Audit, briefed the committee on the new Global Internal Audit Standards and highlighted key updates that necessitate changes to the charters of the Legal, Audit, Risk and Compliance Committee and the internal audit department. Mr. Newell then provided an overview of the department's purpose and structure, and the role of the committee in the university's internal audit function.

   (See Attachment LXI for background information, page 1490)

Items for Action:

2. Approval of Minutes: No changes were requested to the December 6, 2024, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

3. Resolution No. 2025-76, Updates to Charters for the Internal Audit Department and the Legal, Audit, Risk and Compliance Committee:

   Synopsis: Approval of the amended charters for the Internal Audit Department and Legal, Audit, Risk and Compliance committee is proposed.

   WHEREAS in November 2004 the Board of Trustees adopted a charter for the Internal Audit Department; and

THE OHIO STATE UNIVERSITY

WHEREAS in August 2022 the Board of Trustees adopted a charter for the Legal, Audit, Risk and Compliance Committee; and

WHEREAS in August 2022 the Board of Trustees last adopted an amended and updated charter for the Internal Audit Department; and

WHEREAS new internal audit standards entitled the Global Internal Audit Standards became effective in January of 2025 and require updates to the Internal Audit and Legal, Audit, Risk and Compliance Committee charters to comply with the new audit standards:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the attached amended charters for the university's Internal Audit Department and the Legal, Audit, Risk and Compliance Committee.

(See Appendix LXII for background information, page 2316)

Action: Upon motion of Ms. Kessler, seconded by Mr. Kastan, the foregoing motion was adopted by roll-call vote with the following members present and voting: Ms. Kessler, Mr. Kastan, Mr. Stockmeister, Mrs. Harsh, Mr. Kiggin, Dr. Buchan, Ms. Chronis and Mr. Zeiger.

Written Report
In the public session materials, there was one written report shared for the committee to review:

a. KPMG Required Audit Communications
(See Attachment LXII for background information, page 1506)

EXECUTIVE SESSION

It was moved by Ms. Kessler and seconded by Mr. Kastan that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation, to discuss security arrangements and emergency response protocols, and to consider business-sensitive trade secrets that are required to be kept confidential by federal and state statutes.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Ms. Kessler, Mr. Kastan, Mr. Stockmeister, Mrs. Harsh, Mr. Kiggin, Dr. Buchan, Ms. Chronis and Mr. Zeiger.

The committee entered executive session at 2:12 p.m., and the meeting adjourned at 4:38 p.m.



Department of Internal Audit

Global Internal Audit Standards Update
Quality Assurance and Improvement Program Update

Brian Newell, Chief Audit Executive

March 5 - May 21, 2025, Board of Trustees Meetings
ATTACHMENT LXI

Legal, Audit, Risk and Compliance Committee
March 2025

Overview

- The Institute of Internal Auditors (IIA) is the primary standards setting body for internal audit functions around the globe
- Major revisions to the IIA's internal audit standards became effective on January 9, 2025, and are now called the ***Global Internal Audit Standards™***
- Modifications have been made to the internal audit function's operations, documentation, and communication practices to comply with the new Standards
- This presentation covers communications required by the new Standards:
    1. **Purpose of the Internal Audit Function**
    2. **Governing the Internal Audit Function**
    3. **Quality Assurance and Improvement Program Update**

Purpose of the Internal Audit Function

The internal audit function strengthens the organizations' ability to create, protect, and sustain value by providing board and management with independent, risk-based, and objective assurance, advice, insight, and foresight

The internal audit function enhances the organization's:

- Successful achievement of its objectives
- Governance, risk management, and control processes
- Decision-making and oversight
- Reputation and credibility with its stakeholders
- Ability to serve the public interest

Purpose of the Internal Audit Function (continued)

The internal audit function is most effective when:

- Performed by competent professionals in conformance with the *Global Internal Audit Standards™*
- Independently positioned with direct accountability to the Legal, Audit, Risk and Compliance (LARC) Committee
- Free from undue influence and committed to making objective assessments

Purpose of the Internal Audit Function (continued)

An effective internal audit function will enhance:

- The LARC Committee's ability to exercise it oversight responsibilities
- Senior management's ability to achieve organizational objectives
- The organization's ability to create, protect, and sustain value

The LARC Committee, senior management, and the internal audit function have a unique partnership in driving organizational success, and all three parties must fully support each other to facilitate that success

Governing the Internal Audit Function

Keys to fulfilling the purpose of the internal audit function:

- The internal audit function must be positioned within an organizational structure that facilitates independence and proper governance
  - Reports functionally to the LARC Committee and University President
  - Reports administratively to the Senior Vice President for Business and Finance
  - Has no direct operational responsibility or authority over any activities audited
  - Has no impairments to independence
- Activities of the LARC Committee and senior management are “essential” to the internal audit function’s success
- Key activities are identified as “essential conditions” in the new Standards and establish a necessary foundation for effective dialogue and partnership between the LARC Committee, senior management, and the Chief Audit Executive

Governing the Internal Audit Function (continued)

Global Internal Audit Standards™

Principle 6 – Authorized by the Board

- The LARC Committee establishes, approves, and supports the "mandate" of the internal audit function
  (Note – The "mandate" specifies the authority, role, and responsibilities of the internal audit function)

Principle 7 – Positioned Independently

- The LARC Committee establishes and protects the internal audit function's independence and qualifications

Principle 8 – Overseen by the Board

- The LARC Committee oversees the internal audit function to ensure the function's effectiveness

Governing the Internal Audit Function (continued)
Principle 6 – Authorized by the Board

Essential Conditions – What we need from you:

- Approve and support the authority, role, and responsibilities of the internal audit function (internal audit mandate)
- Review and approve the internal audit charter and annual audit plan
- Confer with senior management and the Chief Audit Executive on the internal audit function's activities, staffing, organizational structure, and budgets
- Ensure the Chief Audit Executive reports to a level that allows the internal audit function to fulfill its mandate
- Ensure the internal audit function has unrestricted access to data, records, information, personnel, and physical properties
- Ensure there are no restrictions limiting the internal audit function's ability to carry out its responsibilities
- Champion the internal audit function and meet periodically with the Chief Audit Executive in private

Governing the Internal Audit Function (continued)

Principle 7 – Positioned Independently

Essential Conditions – What we need from you:

- Maintain a direct reporting relationship with the Chief Audit Executive and the internal audit function
- Confer with senior management and concur with the appointment or removal of the Chief Audit Executive
- Confer with senior management on the Chief Audit Executive's performance evaluation
- Provide opportunities for the Chief Audit Executive to discuss significant and sensitive matters with the LARC Committee, including meetings without management present
- Ensure the Chief Audit Executive is positioned in the organization at a level that enables duties to be performed without interference from management
- Empower the Chief Audit Executive to bring matters directly to senior management and escalate matters to the LARC Committee when necessary
- Acknowledge potential impairments to independence when approving roles or responsibilities for the Chief Audit Executive beyond the scope of internal auditing
- Establish appropriate safeguards if the roles and responsibilities of the Chief Audit Executive impair the internal audit function's independence

Governing the Internal Audit Function (continued)
Principle 8 – Overseen by the Board

Essential Conditions – What we need from you:

- Communicate the LARC Committee's perspective on organizational strategies, objectives, and risks to assist the Chief Audit Executive with determining internal audit priorities
- Set expectations with the Chief Audit Executive for:
  - The frequency of communications with the LARC Committee
  - The criteria for determining the types of issues to escalate to the LARC Committee
  - The process for escalating matters of importance to the LARC Committee
- Discuss with the Chief Audit Executive any disagreements with senior management or other stakeholders
- Collaborate with the Chief Audit Executive and senior management to ensure the internal audit function has sufficient resources to fulfill its purpose
- Consider the impact of insufficient resources on the internal audit mandate and the audit plan, and engage with senior management and the Chief Audit Executive on a solution if resources are determined to be insufficient

Governing the Internal Audit Function (continued)
Principle 8 – Overseen by the Board (continued)

- Discuss the quality assurance and improvement program with the Chief Audit Executive
- Consider the internal audit function's performance objectives
- Assess the effectiveness and efficiency of the internal audit function
- Confer with the Chief Audit Executive on:
    - The plan for an external quality assessment of the internal audit function conducted by an independent, qualified assessor or assessment team
    - The scope and frequency of external quality assessments
    - The competencies and independence of the external assessor or assessment team
    - The rationale for conducting self-assessments with independent validation instead of external quality assessments
- Receive and review the results of the external quality assessment from the assessor or assessment team
- Confer with the Chief Audit Executive on plans to address deficiencies and monitor progress

Quality Assurance and Improvement Program

As defined by the Institute of Internal Auditors (IIA):

- Program must include both internal and external quality assessments of the internal audit function
- External quality assessments are required every five years
- Next external quality assessment is targeted for 2026
  - Previous external quality assessment was finalized in February 2021, where the external assessment team confirmed the internal audit function generally conformed to the IIA's – *International Standards for the Professional Practice of Internal Auditing*.
- Internal quality assessments are required periodically when not undergoing an external quality assessment
- The results of internal quality assessments must be reported to the LARC Committee and senior management.

Quality Assurance and Improvement Program (continued)

Internal Assessments

Ongoing Monitoring:

- Project Monitoring – Progress is tracked for each project, audit workpapers are reviewed for quality and accuracy by management team, and audit reports and communications are reviewed by the Chief Audit Executive
- Performance Metrics – Productivity, project management, and audit efficiency is monitored weekly for each auditor
- Status Meetings – Auditors meet with management team weekly/biweekly (individual/team meetings) and with Chief Audit Executive monthly to discuss project status and productivity
- Continuous Feedback – Auditors receive ongoing verbal coaching and feedback, written coaching notes, and customer feedback at the end of each audit
- Professional Development and Training – Auditors receive approximately 40 hours of continuing professional education annually

Quality Assurance and Improvement Program (continued)

Internal Assessments

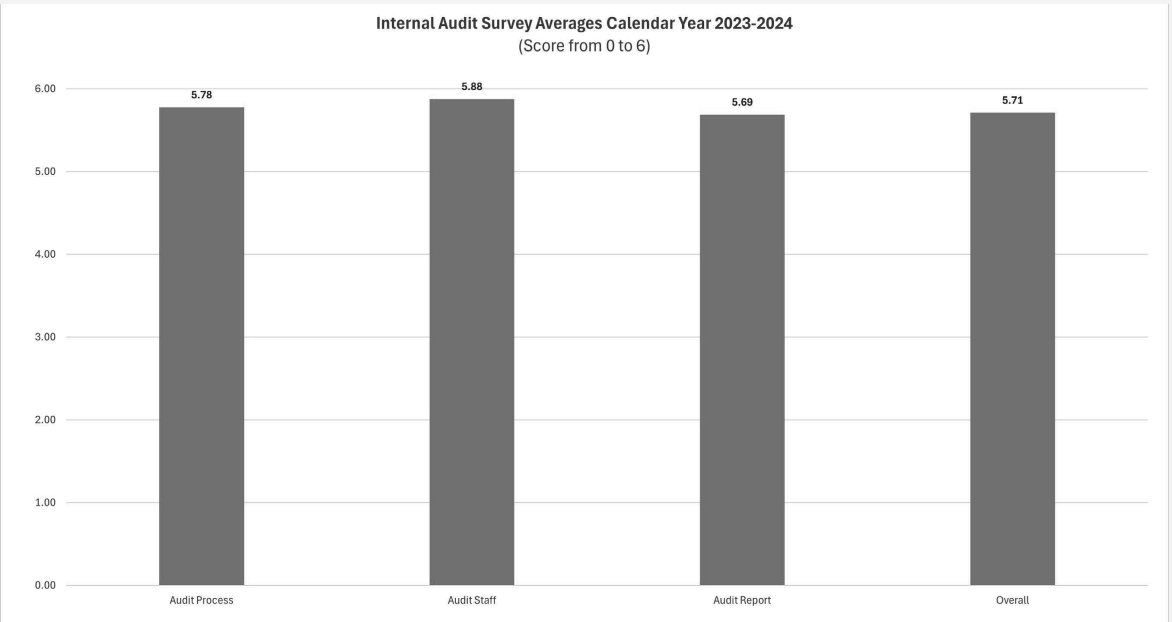
Periodic Self-Assessments:

- Governance Review – Internal Audit and LARC Committee charters are reviewed annually and updated as needed
  - Both charters are being revised for compliance with the new *Global Internal Audit Standards™*
- Workpaper Review – Sample of audit workpapers are reviewed by the internal audit function's management team to confirm compliance with departmental practices and the IIA Standards
  - This will be completed as part of the comprehensive and fully documented internal quality assessment in preparation for the external quality assessment planned for 2026
- Position Descriptions – Job position descriptions for each audit position are reviewed and updated periodically
- Formal Coaching – Two formal coaching reviews are documented for each auditor every year
- Audit Process/Scope Review – Audit processes and scoping practices are reviewed and modified as necessary
- Customer Satisfaction Surveys – Distributed to management and audit contacts at the end of each audit

Quality Assurance and Improvement Program (continued)

Customer Satisfaction Survey Results

- Results are based on a point scale
  (0 = Strongly Disagree through 6 = Strongly Agree)
- Results presented are for calendar years 2023 and 2024



Quality Assurance and Improvement Program (continued)

Results of Internal Quality Assessment

Chief Audit Executive Assurance

- Based on the internal audit function's internal quality assurance practices, the Chief Audit Executive believes the internal audit function is in general compliance with the *Global Internal Audit Standards™*
- This includes confirmation that the internal audit function is independent, with no known independence impairments

KPMG LLP
Aon Center
Suite 5500
200 E. Randolph Street
Chicago, IL 60601-6436

February 5, 2025

The Legal, Audit, Risk, and Compliance Committee of the Board of Trustees
The Ohio State University
Columbus, Ohio

Ladies and Gentlemen:

We have audited The Ohio State University's (the University's) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* (the Supplement) that could have a direct and material effect on each of the University's major federal programs for the year ended June 30, 2024, and have issued our report thereon under date of February 5, 2025. A single audit encompasses an audit of the financial statements and a compliance audit of federal awards. Under our professional standards, we are providing you with the accompanying information related to the conduct of our compliance audit. We have previously provided you with the information related to the audit of the consolidated financial statements in a presentation dated November 20, 2024.

Our Responsibility under Professional Standards

We are responsible for forming and expressing an opinion on compliance for each of the University's major federal programs based on our audit of the types of compliance requirements referred to above. The University's major federal programs are identified in the schedule of findings and questioned costs. We have a responsibility to perform our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). In carrying out this responsibility, we planned and performed the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. Because of the nature of audit evidence and the characteristics of fraud, we are to obtain reasonable, not absolute, assurance that instances of material noncompliance are detected. We have no responsibility to plan and perform the audit to obtain reasonable assurance that noncompliance, whether caused by error or fraud, that is not direct and material to a major federal program are detected. Our audit does not relieve management or the audit of their responsibilities.

In addition, in planning and performing our audit of compliance, we considered internal control over compliance with the types of compliance requirements that could have a direct and material effect on each major federal program as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of internal control over compliance.

We also have a responsibility to communicate significant matters related to the audit of compliance that are, in our professional judgment, relevant to the responsibilities of the Legal, Audit, Risk, and Compliance Committee of the Board of Trustees (the Committee) in overseeing the financial reporting process. We are not required to design procedures for the purpose of identifying other matters to communicate to you.

KPMG LLP, a Delaware limited liability partnership and a member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.

KPMG

The Legal, Audit, Risk, and Compliance Committee of the Board of Trustees
The Ohio State University

Disagreements with Management

There were no disagreements with management on compliance matters that would have caused a modification of our auditors' reports on compliance for each major federal program or on internal control over compliance.

Written Communications

Attached to this letter please find copies of the following written communications between management and us:

1. Management representation letter

Confirmation of Audit Independence

We hereby confirm that as of February 5, 2025, we are independent accountants with respect to the University under relevant professional and regulatory standards.

* * * * * * *

This letter to the Committee is intended solely for the information and use of the Committee and management and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

KPMG LLP

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THE OHIO STATE UNIVERSITY

Office of Business and Finance

Mr. Michael Papadakis
Senior Vice President
Chief Financial Officer
1590 North High Street, Suite 400
Columbus, OH 43210

Phone: (614) 292-8520
Fax: (614) 292-2820
E-mail: Papadakis.6@osu.edu

February 5, 2025

KPMG LLP
200 East Randolph Street Suite 5500
Chicago, Illinois 60601

Ladies and Gentlemen:

We are providing this letter in connection with your audit of the financial statements of the business-type activities, the aggregate discretely presented component units, and the related notes to the financial statements of The Ohio State University (the University) as of and for the year ended June 30, 2024, for the purpose of expressing opinions as to whether these financial statements present fairly, in all material respects, the respective financial position, changes in financial position, and, where applicable, cash flows thereof in conformity with U.S. generally accepted accounting principles (U.S. GAAP). We are also providing this letter to confirm our understanding that the purpose of your testing of transactions and records from the University's federal programs in accordance with Title 2 U.S. Code of Federal Regulations Part 200 (2 CFR 200), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), was to obtain reasonable assurance the University complied, in all material aspects, with the requirements of federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2024. You were previously provided with a letter of representations under the date of November 20, 2024.

We confirm, to the best of our knowledge and belief:

1. No events have occurred subsequent to November 20, 2024 and through the date of this letter that would require adjustment to or disclosure in the financial statements;

2. No information has come to our attention about conditions that existed as of June 30, 2024 that would have a material effect on the effectiveness of internal control over financial reporting as of June 30, 2024, or management's assertions thereon.

3. We are responsible for taking corrective action on audit findings of the compliance audit and have developed a corrective action plan that meets the requirements of the Uniform Guidance.

Additionally, we confirm, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purposes of appropriately informing ourselves, as of February 5, 2025, the following representations made to you during your single audit:

4. The University has complied with requirements of federal statutes, regulations, and the terms and conditions of federal awards related to each of its major federal programs, except as identified in the schedule of findings and questioned costs.

5. The University meets the definition of an eligible institution under 34 CFR 600.7(a)(1).

6. We have accurately completed the appropriate sections of the data collection form.

7. The reporting packages does not contain protected personally identifiable information.

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THE OHIO STATE UNIVERSITY

Very truly yours,
The Ohio State University

Walter "Ted" Carter Jr.
President

DocuSigned by:
Mike Papadakis 2/5/2025
D118AFAA01BE406...
Michael Papadakis
Senior Vice President and Chief Financial Officer

DocuSigned by:
Kristine Devine 2/5/2025
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Kristine Devine
Vice President of Operations and Deputy Chief Financial Officer

DocuSigned by:
Lisa Plaga 2/5/2025
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Lisa Plaga
Controller and Senior Director of Shared Services

THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201

Phone (614) 292-6359
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SUMMARY OF ACTONS TAKEN

March 19, 2025 – Research, Innovation and Strategic Partnerships Committee Meeting

Members Present:

Reginald A. Wilkinson	Bradley R. Kastan	Phillip Popovich

Members Present via Zoom:

Juan Jose Perez	Joshua H.B. Kerner	John W. Zeiger (ex officio)

Members Absent: N/A

PUBLIC SESSION

The Research, Innovation and Strategic Partnerships Committee of The Ohio State University Board of Trustees convened on Wednesday, March 19, 2025, virtually and in person at Longaberger Alumni House on the Columbus campus. Committee Vice Chair Reginald A. Wilkinson called the meeting to order at 2:28 p.m.

Items for Discussion:

1. Ohio State's Research and Development Expenditures Highlights for FY2024: Executive Vice President for the Enterprise for Research, Innovation and Knowledge Peter Mohler started the presentation with an overview of a new partnership announced with Open AI and other elite research universities. He then briefly recapped Ohio State research expenditures during FY2023 and then shared the university's total research expenditures for FY2024: $1.582 billion. This record figure represents an increase of approximately $132 million, or 9%, over the previous year. This achievement is particularly impressive in light of the university's simultaneous 0.2% reduction in spending in support of research activity. Dr. Mohler went on to note that Ohio State continues to be a top destination for industry-sponsored research and the university's ongoing work to diversify its research funding portfolio. He applauded Ohio State researchers for their work as well as the deans, faculty, students and staff who support it.
   (See Attachment LXIII for background information, page 1512)

2. Keenan Center for Entrepreneurship: Boosting Student Engagement in Entrepreneurial Activities: Dr. Mohler then invited Ms. Cheryl Turnbull, senior director at the Tim and Kathleen Keenan Center for Entrepreneurship at Ohio State, to provide an overview of the center's programming and impact. The Keenan Center has been in its new space along High Street for a year. During this time, it has revamped its offerings to better align with student need. Ms. Turnbull noted a 46% year-over-year increase in demand for its programming. Mr. Jonah Mikesell, a fourth-year undergraduate, then joined to share his experiences as a student entrepreneur and how the Keenan Center has contributed to his success.
   (See Attachment LXIV for background information, page 1526)

THE OHIO STATE UNIVERSITY

Item for Action:

3. Approval of December 2024 Committee Meeting Minutes: No changes were requested to the December 17, 2024, meeting minutes. Therefore, a formal vote was not required, and the minutes were considered approved.

EXECUTIVE SESSION

It was moved by Dr. Wilkinson and seconded by Mr. Kastan that the committee recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Dr. Wilkinson, Mr. Perez, Mr. Kastan, Mr. Kerner, Dr. Popovich and Mr. Zeiger.

The committee entered executive session at 2:59 p.m. The meeting adjourned at 3:59 p.m.

The Ohio State University Annual Research Report

Research and Development Expenditures Highlights for FY2024

THE OHIO STATE UNIVERSITY
ENTERPRISE FOR RESEARCH, INNOVATION AND KNOWLEDGE

Ohio State partners with OpenAI



Open AI launched NextGenAI, a first-of-its-kind consortium with 15 leading research institutions dedicated to using AI to accelerate research breakthroughs and transform education.

Founding partners include: Caltech, Duke University, University of Georgia, Harvard University, Howard University, Massachusetts Institute of Technology, University of Oxford, Paris Institute of Political Studies (Sciences Po), and Boston Children's Hospital.

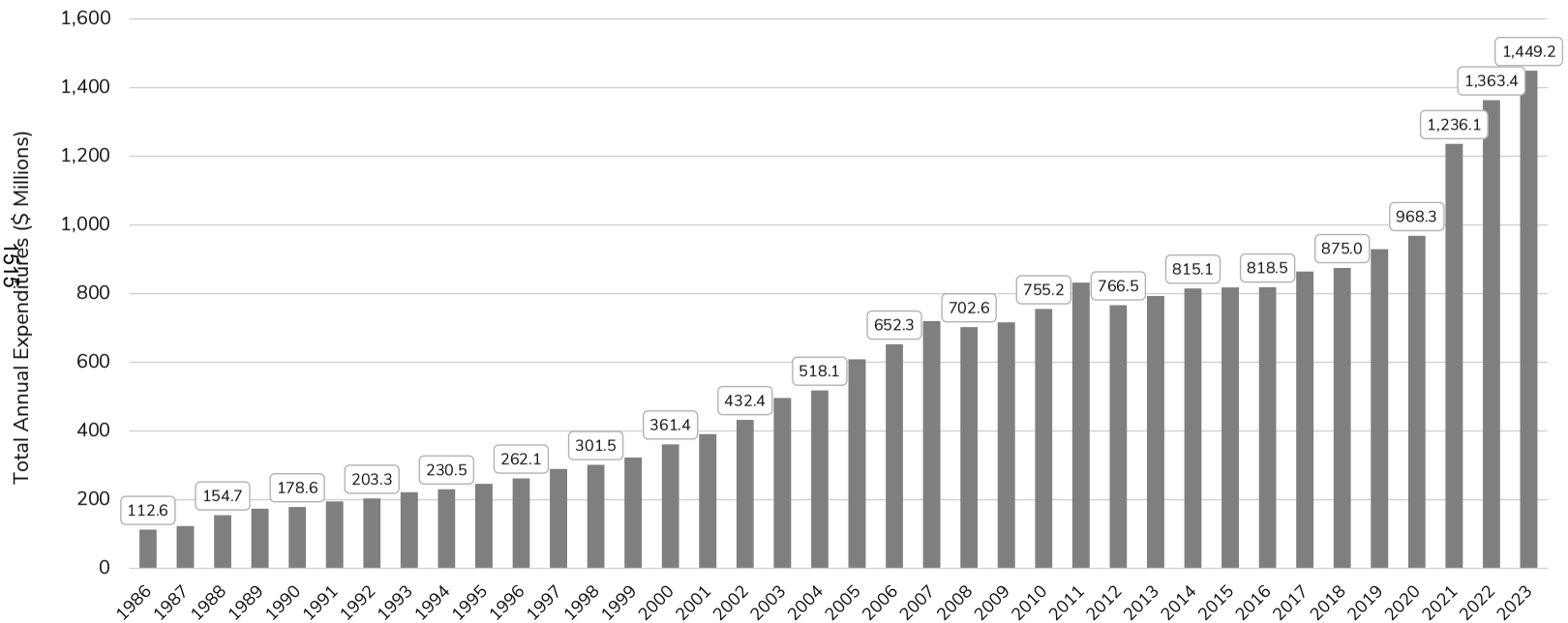
Through this partnership, we will continue to **leverage AI to accelerate advancements** in digital health, advanced therapeutics, manufacturing, energy, mobility, and agriculture, while also allowing educators to use AI to create advanced learning models.

Ohio State sets R&D expenditures record for FY23

$1.449 Billion

Ohio State Total HERD R&D Expenditures

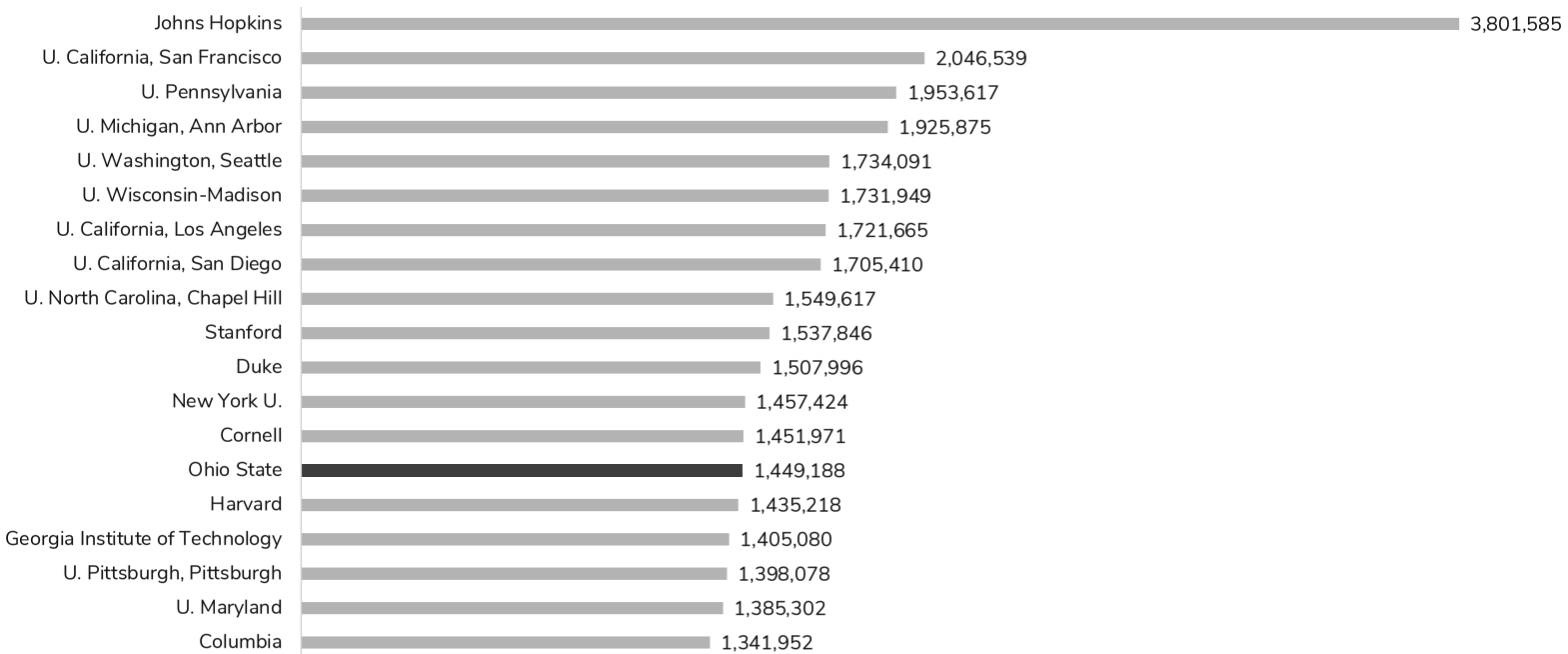
Fiscal years 1986 - 2023



Source: NSF HERD Survey. Feb 2025.

NSF HERD Survey Rankings – FY23

Total R&D expenditures across all institutions



THE OHIO STATE UNIVERSITY
ENTERPRISE FOR RESEARCH, INNOVATION AND KNOWLEDGE

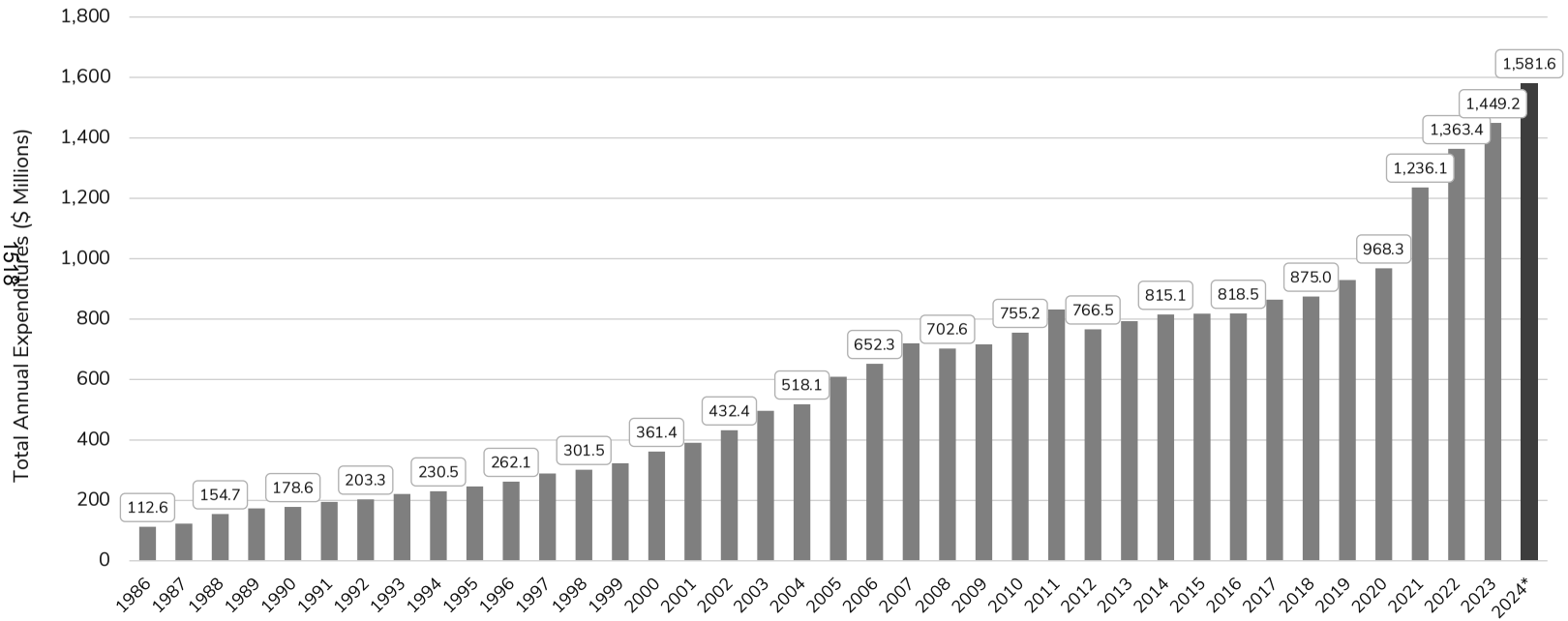
Source: NSF HERD Survey. Feb 2025.

Ohio State sets R&D expenditures record for FY24

$1.582 Billion

Ohio State Total HERD R&D Expenditures

Fiscal years 1986 – 2024

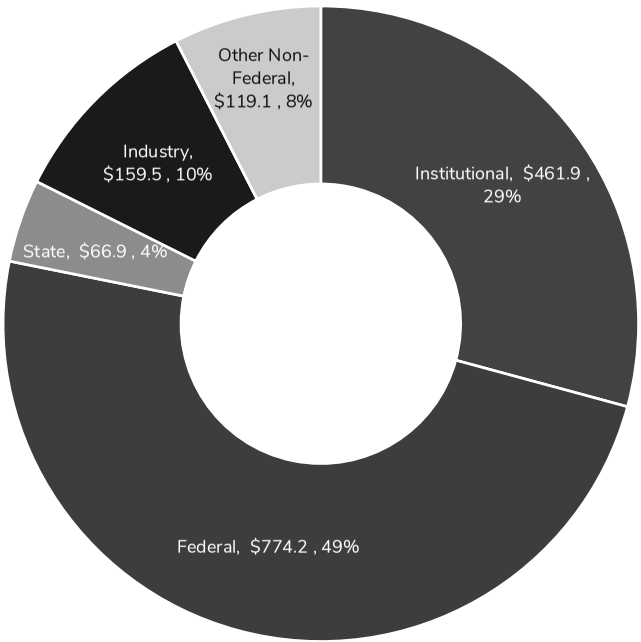


THE OHIO STATE UNIVERSITY
ENTERPRISE FOR RESEARCH, INNOVATION AND KNOWLEDGE

Source: NSF HERD Survey. Feb 2025.

R&D Expenditures by Category

(in $ millions)



$1.582 Billion
Research and Development Expenditures
Fiscal Year 2024

Source: NSF HERD Survey. Feb 2025.

Top 10 New Awards

Fiscal Year 2024

Award	Sponsor	Principal Investigator	College/Unit	Award Title
$37,867,277	National Institutes of Health (NIH)	Julie Johnson	Clinical & Translational Sciences Institute (CTSI)	Ohio State's Center for Clinical and Translational Science: Advancing Today's Discoveries to Improve Health
$20,000,000	State of Ohio	K. Luan Phan	Medicine	State of Ohio adversity and resilience (SOAR) study
$19,228,069	National Institutes of Health (NIH)	Theodore Wagener	Comprehensive Cancer Center (CCC)	The Ohio State University tobacco center of regulatory science (OSU-TCORS)
$16,823,243	National Institutes of Health (NIH)	Amal Amer	Medicine	Role of the non-canonical inflammasome in SARS-CoV-2-mediated pathology and coagulopathy
$16,045,100	Midwest Microelectronics Consortium (nonprofit)	Steven Ringel	Institute for Materials & Manufacturing Research (IMR)	The Ohio State microelectronics and innovation and technology cluster (MITEC)
$13,627,661	Patient-Centered Outcomes Research Inst. (nonprofit)	Maged Costantine	Medicine	Comparative effective of two aspirin doses for prevention of hypertensive disorders of pregnancy
$12,093,282	Patient-Centered Outcomes Research Inst. (nonprofit)	Mark Landon	Medicine	DECIDE: a comparative effectiveness trial of oral metformin versus injectable insulin for the treatment of gestational diabetes (GDM)
$11,393,746	State of Ohio	Pat Bebo	CFAES	Ohio SNAP-Ed FY24
$10,661,384	NASA	Scott Gaudi	Arts & Sciences	The roman galactic exoplanet survey project infrastructure team
$10,000,000	USDA	Douglas Jackson-Smith	CFAES	From the ground up: Using on-farm research and collaboration to accelerate adoption of climate-smart agricultural practices in the Midwest

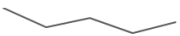
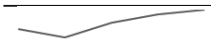
R&D Expenditures by Sponsor

Year over year (in $ millions)

Sponsor	FY23	FY24*	% CHANGE
Federal			
National Institutes of Health (NIH)	361.39	400.19	▲ 11%
National Science Foundation (NSF)	68.30	81.38	▲ 19%
Department of Defense (DoD)	57.25	74.92	▲ 31%
Department of Energy (DoE)	32.10	30.94	▼ -6%
Department of Education (ED)	13.96	13.16	▼ -6%
Department of Labor (DoL)	9.59	5.75	▼ -40%
National Aeronautics & Space Administration (NASA)	8.02	8.81	▲ 10%
Department of Agriculture (USDA)	34.37	39.30	▲ 14%
Other Federal	109.68	120.45	▲ 10%
Total Federal	**694.65**	**774.21**	▲ **11%**
Non-Federal			
Industry	155.19	159.50	▲ 3%
Institutional	424.12	461.92	▲ 9%
State of Ohio	61.80	66.85	▲ 8%
Other non-federal	113.42	119.10	▲ 5%
Total Non-Federal	**754.53**	**807.36**	▲ **5%**
Total Expenditures	**1,449.18**	**1,581.57**	▲ **9.13%**

R&D Expenditures by External Sponsor

5-year trend

By sponsor	5-YEAR TREND FY20 – FY24	% CHANGE	
Federal			
National Institutes of Health (NIH)		▲	51%
National Science Foundation (NSF)		▲	41%
Department of Defense (DoD)		▲	95%
Department of Energy (DoE)		▲	9%
Department of Education (ED)		▲	24%
Department of Labor (DoL)		▼	-53%
NASA		▼	-11%
USDA		▲	5%
Other Federal		▲	52%
Total Federal		▲	44%
Non-Federal			
Industry		▲	6%
State of Ohio		▲	39%
Other Non-federal		▲	51%
Total Non-Federal		▲	25%
Total External Expenditures		▲	**37%**

Total R&D Expenditures by College/Unit

Year over year (in $ millions)

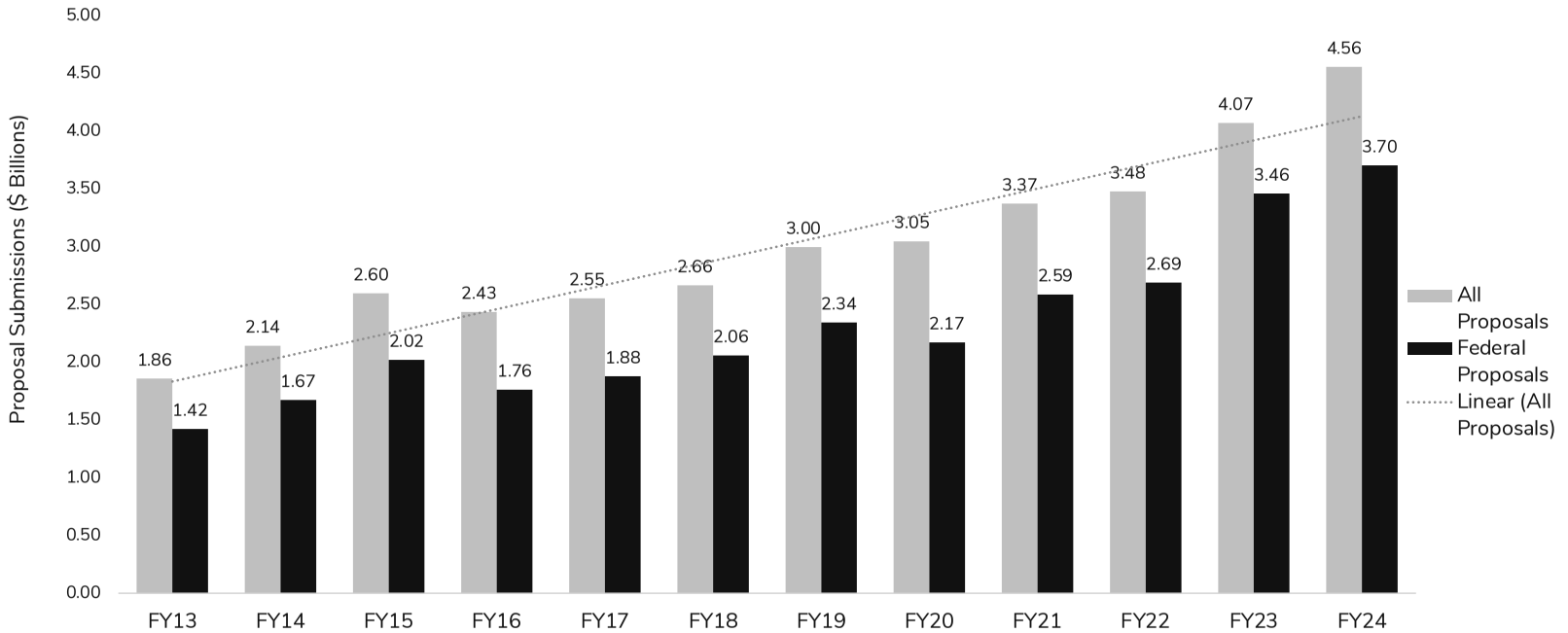
	FY23	FY24*	% CHANGE
Arts & Sciences	131.37	134.08	▲ 2%
Business	6.32	6.16	▼ -2%
CFAES	106.90	122.41	▲ 15%
Dentistry	7.13	6.90	▼ -3%
Education & Human Ecology	35.04	37.12	▲ 6%
Engineering	250.49	275.70	▲ 10%
ERIK	15.92	30.07	▲ 89%
Law	2.26	3.50	▲ 55%
Medicine/WMC	738.69	839.76	▲ 14%
Nursing	13.73	15.08	▲ 10%
Optometry	5.08	5.58	▲ 10%
Pharmacy	12.75	12.60	▼ -1%
Public Affairs	4.60	8.84	▲ 92%
Public Health	20.36	20.92	▲ 3%
Regional Campuses	1.06	1.78	▲ 67%
Social Work	10.06	10.57	▲ 5%
Veterinary Medicine	17.19	19.95	▲ 16%

"University Infrastructure" aggregates: Administration & Planning, General University, Human Resources, and Student Life
"Regional campuses" aggregates: Lima, Mansfield, Marion, and Newark
"Medicine/WMC" aggregates: Health Sciences, Health System, College of Medicine, and OSU Physicians

Source: NSF HERD Survey. Feb 2025
*Preliminary data and subject to change

Ohio State Grant Submissions

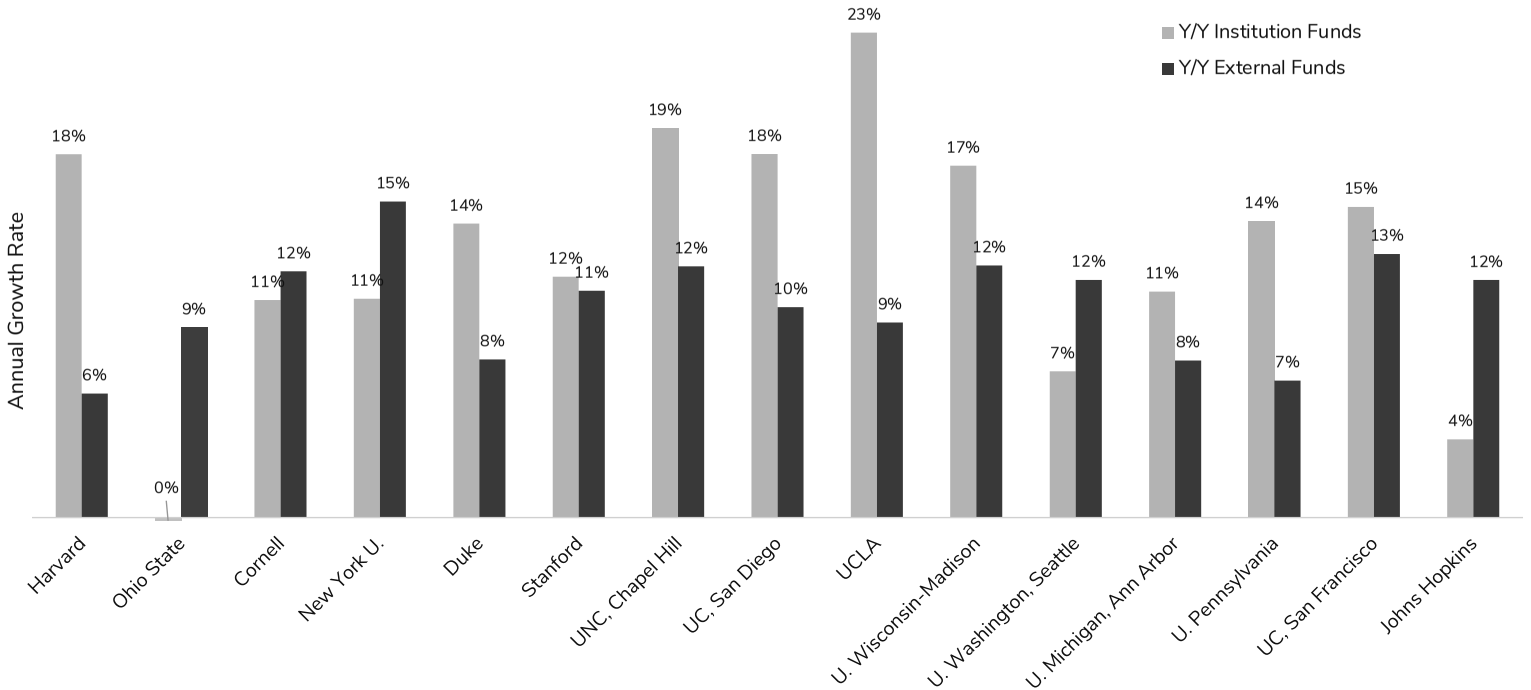
Year over year (in $ Billions)



THE OHIO STATE UNIVERSITY
ENTERPRISE FOR RESEARCH, INNOVATION AND KNOWLEDGE

ROI: Internal vs. External Funding Growth

Annual growth rate in top 15 institutions



THE OHIO STATE UNIVERSITY
ENTERPRISE FOR RESEARCH, INNOVATION AND KNOWLEDGE

Source: NSF HERD Survey. Feb 2025.

Tim and Kathleen Keenan Center for Entrepreneurship

Cheryl Turnbull, Senior Director, Keenan Center for Entrepreneurship

The hub for Ohio State's student entrepreneurship community

The Tim & Kathleen Keenan Center for Entrepreneurship's mission is to inspire, engage and empower student entrepreneurs in their endeavors to change the world. The center does this by providing educational and experiential learning activities, supporting curiosity and exploration, and building connections and community.

604

Unique Students Served
(162 students involved
in 2 or more programs)

46%

Year/Year Increase
in Students Served
with Programming

11

Colleges
Engaged

Data from July – Dec 2024

THE OHIO STATE UNIVERSITY
KEENAN CENTER FOR ENTREPRENEURSHIP

New Student Entrepreneurs' Center





The Ohio State University
KEENAN CENTER FOR ENTREPRENEURSHIP

Empowering student entrepreneurs – from idea to launch

IDEA
Launchpad OSU

BUILD
Best of Student Startups (BOSS)

BUILD
President's Buckeye Accelerator Boost Camp

1529

COMMUNITY
Living and Learning Communities

EXPLORE
Internships

BUILD
NSF I-Corps

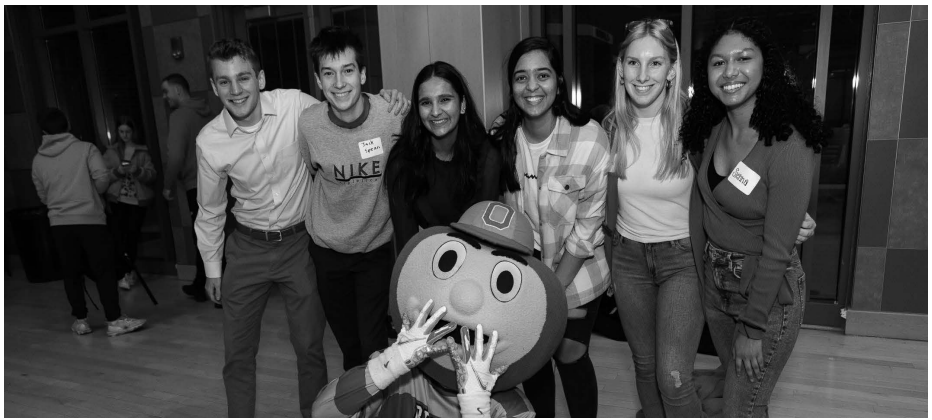
LAUNCH
President's Buckeye Accelerator





Community Living Learning Experiences

Entrepreneurship and Innovation Scholars





250+ First Year Applicants

72 First Year Students Accepted (Capped)

23 Academic Programs Represented



Idea
LaunchpadOSU

A student-run startup weekend that ignites ideation and fosters team building to support new business creation

Welcomed **100** participants to LaunchpadOSU 2024 (capped)

- **71%** YOY growth in student applications
- **9** colleges represented







Explore
Wheeler and Wolstein Internship Programs

- Scholarship funding for undergraduate and graduate students for summer internships with startup companies and small businesses
- Students benefit from experiential learning, industry insights, and networking opportunities
- **>$118,000** student scholarships in FY25



Students gained practical work experience through the Wheeler and Wolstein Internship Program.
Photo: The Ohio State University

Aug 15, 2024

Ohio State students gain work experience through summer internships

Wheeler and Wolstein program connects students with central Ohio firms



Chris Bournea
Ohio State News
bournea.1@osu.edu

Students in a variety of majors gained practical work experience this summer by participating in the Wheeler and Wolstein Internship Program. The students made presentations highlighting the projects they worked on at central Ohio companies during an Aug. 9 event at The Ohio State University's Student Entrepreneurs' Center, home of the Keenan Center for Entrepreneurship.

The program provides scholarship funding to undergraduate and graduate students in internships with startup companies and small businesses. Students are matched with organizations offering project-based internships throughout Ohio State's summer term (May-August).



Students shared what they learned through the internship program.

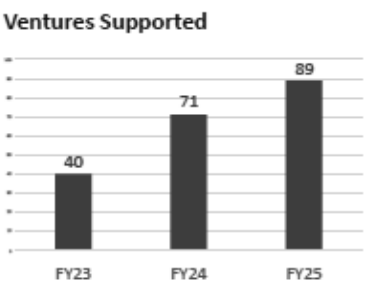
"This is an exciting program for us because it gives students an opportunity for real world work experiences and to do some fun things," said Cheryl Turnbull, senior director of Ohio State's Keenan Center for Entrepreneurship, a campus-wide hub for the development of student entrepreneurs and part of Ohio State's Enterprise for Research, Innovation and Knowledge.

The Wheeler and Wolstein Internship Program is funded by contributions from the late Tom Wheeler, an industrial engineer and Ohio State alumnus, and the Bert and Iris Wolstein Foundation.

"The dollars that they give go 100% to allowing students to have an internship that our startup companies and small businesses don't have to pay for," Turnbull said. "It's a win-win for our companies and for our students. Students get a great experience, and the companies have access to this awesome talent."

Build
Best of Student Startups (BOSS)

Supports student entrepreneurs with interactive workshops, culminating in a business pitch competition









Joan & Chester Luby Microgrant $100,000

Enabled the expansion of BOSS programming and increase in prize amounts for our students. This past year we were able to include two new BOSS programs aimed at space ventures and student-athletes.



Build
NSF I-Corps

Immersive entrepreneurial training program designed to prepare researchers to focus beyond the university laboratory and explore market opportunities.



Build
Boost Camp

A semester-long program that encourages the development of sustainable businesses while building on existing customer validation work.



50 Teams

For-credit option available

Eligible toward the newly launched Entrepreneurship Minor

Launch President's Buckeye Accelerator

$50,000 awarded to six student ventures along with a structured process and deep mentorship to help students launch their business

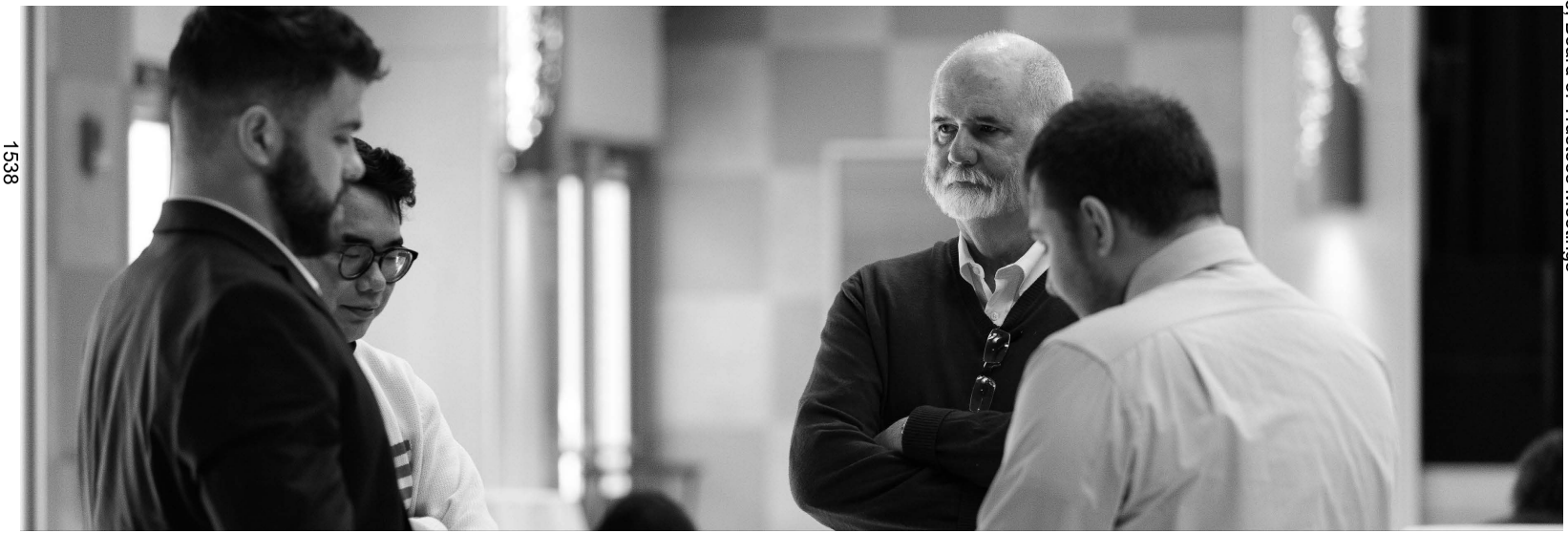






Tim and Kathleen Keenan

The Keenan family's support has been pivotal to the center's achievements. Tim Keenan is a frequent visitor to campus and plays an active role in championing both the center and our students.





Student Entrepreneur

Jonah Mikesell

PHOENIX BATTERY CO.

Follow on LinkedIn

Thank you!

1540

Let’s stay connected – **#BuiltByBuckeyes**

Cheryl Turnbull
turnbull.58@osu.edu

THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201

Phone (614) 292-6359
Fax (614) 292-5903
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SUMMARY OF ACTIONS TAKEN

April 2, 2025 – Talent, Compensation and Governance Committee Meeting

Members Present:

Jeff M.S. Kaplan
Tomislav B. Mitevski
Juan Jose Perez
Elizabeth P. Kessler

Members Present via Zoom:

Alan A. Stockmeister
Reginald A. Wilkinson
John W. Zeiger (ex officio)
Gary R. Heminger (arr. 2:03 p.m.)

Members Absent: N/A

EXECUTIVE SESSION

The Talent, Compensation and Governance Committee of The Ohio State University Board of Trustees convened on Wednesday, April 2, 2025, in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair Jeff Kaplan called the meeting to order at 2:00 p.m.

It was moved by Mr. Kaplan and seconded by Ms. Kessler that the committee recess into executive session to discuss business-sensitive trade secrets and personnel matters regarding the appointment, employment and compensation of public employees.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Kaplan, Ms. Kessler, Mr. Stockmeister, Dr. Wilkinson, Mr. Mitevski, Mr. Perez and Mr. Zeiger. Mr. Heminger was not present for this vote.

The committee entered into executive session at 2:01 p.m. and reconvened in public session at 3:57 p.m.

PUBLIC SESSION

Items for Action:

1. Approval of Minutes: No changes were requested to the January 15, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

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2. Resolution No. 2025-74, Ratification of Committee Appointments FY 2025-2026:

BE IT RESOLVED, That the Board of Trustees hereby approves that the ratification of committee appointments for Fiscal Year 2025-2026 are as follows:

Academic Affairs & Student Life:
Reginald A. Wilkinson, Chair
Elizabeth A. Harsh, Vice Chair
Elizabeth P. Kessler
Jeff M.S. Kaplan
Michael Kiggin
Bradley R. Kastan
KENDALL C. BUCHAN
Eric Bielefeld (faculty member)
STEFANIE SANFORD
John W. Zeiger (ex officio)

Athletics:
Gary R. Heminger, Chair
Michael F. Kiggin, Vice Chair
Alan A. Stockmeister
Elizabeth P. Kessler
Jeff M.S. Kaplan
Pierre Bigby
Bradley R. Kastan
George A. Skestos
KENDALL C. BUCHAN
John W. Zeiger (ex officio)

Finance & Investment:
Tomislav B. Mitevski, Chair
Pierre Bigby, Vice Chair
Gary R. Heminger
Michael F. Kiggin
George A. Skestos
Joshua H.B. Kerner
Amy Chronis
Kent M. Stahl
John W. Zeiger (ex officio)

Legal, Audit, Risk & Compliance:
Elizabeth P. Kessler, Chair
Bradley R. Kastan, Vice Chair
Alan A. Stockmeister
Elizabeth A. Harsh
Michael F. Kiggin
Juan Jose Perez
KENDALL C. BUCHAN
Amy Chronis
John W. Zeiger (ex officio)

Master Planning & Facilities:
Juan Jose Perez, Chair
George A. Skestos, Vice Chair
Alan A. Stockmeister
Elizabeth A. Harsh
Reginald A. Wilkinson
Pierre Bigby
KENDALL C. BUCHAN
Robert H. Schottenstein
KEITH MYERS
John W. Zeiger (ex officio)

Research, Innovation & Strategic Partnerships:
Reginald A. Wilkinson, Vice Chair
Juan Jose Perez
Bradley R. Kastan
Joshua H.B. Kerner
Phillip Popovich (faculty member)
John W. Zeiger (ex officio)

Talent, Compensation & Governance:
Jeff M.S. Kaplan, Chair
Elizabeth P. Kessler, Vice Chair
Alan A. Stockmeister
Gary R. Heminger
Reginald A. Wilkinson
Tomislav B. Mitevski
Juan Jose Perez
John W. Zeiger (ex officio)

Wexner Medical Center:
Leslie H. Wexner, Chair
Alan A. Stockmeister
Gary R. Heminger
Tomislav B. Mitevski
Juan Jose Perez
George A. Skestos
Joshua H.B. Kerner
Robert H. Schottenstein
Stephen D. Steinour
Cindy Hilsheimer
Amy Chronis
Hiroyuki Fujita
John W. Zeiger (ex officio, voting)
Walter E. Carter Jr (ex officio, voting)
RAVI V. BELLAMKONDA (ex officio, voting)
Michael Papadakis (ex officio, voting)
John J. Warner (ex officio, voting)

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Finance Committee, Wexner Medical Center:
Stephen D. Steinour, Chair
John W. Zeiger
Tomislav B. Mitevski
Juan Jose Perez
Pierre Bigby
George A. Skestos
Amy Chronis
John J. Warner
Michael Papadakis

Quality & Professional Affairs Committee, Wexner Medical Center:
Alan A. Stockmeister, Chair
Juan Jose Perez
George A. Skestos
Joshua H.B. Kerner
Ravi V. Bellamkonda
Michael Papadakis
John J. Warner
Eric Adkins
Doreen Agnese
Jay M. Anderson
Carol R. Bradford
Stacy A. Brethauer
David E. Cohn
Scott A. Holliday
Elizabeth Seely
Deana Sievert
Corrin Steinhauer
Andrew M. Thomas

Foundation Board Representative:
Alan A. Stockmeister

Alumni Board Representative:
Elizabeth A. Harsh

3. Resolution No. 2025-77: Fifth Amendment to The Ohio State University Retirement Continuation Plan:

Synopsis: Approval of the Fifth Amendment of The Ohio State University Retirement Continuation Plan ("Plan"), as amended and restated, is proposed.

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Retirement Continuation Plan, which was most recently amended and restated effective as of February 1, 2016;

WHEREAS, pursuant to Section 15.01 of the Plan, the Employer has the authority to amend the Plan from time to time; and

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, to prospectively adopt a mandatory pickup contributions provision effective May 1, 2025, and to enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

THE OHIO STATE UNIVERSITY

BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and herby is, adopted effective as of January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix LXIII for background information, page 2228)

4. Resolution No. 2025-78: Fifth Amendment to The Ohio State University Retirement Continuation Plan II: Synopsis: Approval of the Fifth Amendment to The Ohio State University Retirement Continuation Plan II ("Plan"), as amended and restated, is proposed.

   WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Retirement Continuation Plan II, which was most recently restated effective as of February 1, 2016. WHEREAS, pursuant to Section 15.01 of the Plan, the Employer has the authority to amend the Plan from time to time; and

   WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

   NOW THEREFORE

   BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and herby is, adopted effective as of January 1, 2023; and

   BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.(See

   Appendix LXIV for background information, page 2232)

5. Resolution No. 2025-79: First Amendment to The Ohio State University 403(b) Retirement Plan: Synopsis: Approval of the First Amendment to The Ohio State University 403(b) Deferred Compensation Plan ("Plan") is proposed.

   WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Amended and Restated 403(b) Retirement Plan, which was most recently amended and restated effective as of January 1, 2022;

   WHEREAS, pursuant to Section 12.2 of the Plan, the Employer has the authority to amend the Plan from time to time; and

   WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, add an after-tax automatic Roth conversion retirement savings option, remove the small account balance cash out provision, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

   NOW THEREFORE

THE OHIO STATE UNIVERSITY

BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and herby is, adopted effective as of January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix LXV for background information, page 2235)

6. Resolution No. 2025-80: First Amendment to The Ohio State University 457(b) Deferred Compensation Plan:
Synopsis: Approval of the First Amendment to The Ohio State University 457(b) Deferred Compensation Plan ("Plan") is proposed.

WHEREAS The Ohio State University (the "Employer") maintains The Ohio State University 457(b) Deferred Compensation Retirement Plan, which was most recently restated effective as of January 1, 2022.

WHEREAS pursuant to Section 10.01 of the Plan, the Employer has the authority to amend the Plan from time to time; and

WHEREAS the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, adjust the in-service distribution age to 59 ½ effective May 1, 2025 to improve consistency, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and herby is, adopted effective as of January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix LXVI for background information, page 2245)

7. Resolution No. 2025-81: First Amendment to The Ohio State University Alternative Retirement Plan:
Synopsis: Approval of the First Amendment to The Ohio State University Alternative Retirement Plan, as amended and restated effective January 1, 2022.

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Alternate Retirement Plan (the "Plan"), which was most recently restated January 1, 2022; and

WHEREAS the Employer has the ability to amend the Plan from time to time pursuant to Section 8.3 of the Plan; and

THE OHIO STATE UNIVERSITY

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the First Amendment to the Plan, effective January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and restated Plan and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix LXVII for background information, page 2253)

8. Resolution No. 2025-82: Third Amendment to The Ohio State University Alternative Retirement Plan:
Synopsis: Approval of the Third Amendment to Alternative Retirement Plan ("Plan"), as amended and restated effective January 1, 2022.

WHEREAS, The Ohio State University (the "Pre-Approved Plan Provider") maintains the Plan on behalf of Ohio public education institutions that adopt the Plan; and

WHEREAS the Pre-Approved Plan Provider has the ability to amend the Plan from time to time pursuant to Section 8.3 of the Plan; and

WHEREAS, the Pre-Approved Plan Provider desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Third Amendment to the Plan, effective January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix LXVIII for background information, page 2256)

9. Resolution No. 2025-75: Approval of Personnel Actions:
BE IT RESOLVED, That the Board of Trustees hereby approves the personnel actions as recorded in the personnel budget records of the university since the February 19, 2025, meeting of the Board, including the following appointments and contract amendments:

New Hire

Name: Paula Song
Title: Dean, College of Public Health
Unit: Office of Academic Affairs
Term: June 30, 2030

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Reappointment

Name: Vishnu Srinivasan
Title: Vice President and Chief Investment Officer
Unit: Office of Business and Finance
Term: April 30, 2030

Action: Upon the motion of Mr. Kaplan, seconded by Mr. Mitevski, the foregoing motions were adopted by unanimous voice vote with the following members present and voting: Mr. Kaplan, Ms. Kessler, Mr. Stockmeister, Dr. Wilkinson, Mr. Mitevski, Mr. Perez and Mr. Zeiger. Mr. Heminger was not present for this vote.

The committee adjourned at 4:00 p.m.

THE OHIO STATE UNIVERSITY

Board of Trustees

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Columbus, OH 43201

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SUMMARY OF ACTIONS TAKEN

April 16, 2025 – Academic Affairs and Student Life Committee Meeting

Members Present:

Reginald A. Wilkinson	Jeff M.S. Kaplan (arr. 2:03 p.m.)	Kendall C. Buchan
Elizabeth A. Harsh	Bradley R. Kastan (arr. 2:03 p.m.)	Eric Bielefeld
Elizabeth P. Kessler		

Members Present via Zoom:

John W. Zeiger (ex officio)

Members Absent:

Michael F. Kiggin

PUBLIC SESSION

The Academic Affairs and Student Life Committee of The Ohio State University Board of Trustees convened on Wednesday, April 16, 2025, in person and via Zoom in the Moritz College of Law's Drinko Hall on the Columbus campus. Committee Chair Reginald Wilkinson called the meeting to order at 1:59 p.m.

Chair Wilkinson first invited Moritz College of Law Associate Dean for Academic Affairs and Strategic Initiatives Anne Ralph to speak. Professor Ralph welcomed trustees and guests to the space and briefly noted the impact of the college and its graduates. The chair then noted the forthcoming addition of a new public member of the committee, Dr. Stephanie Sanford. Her appointment will be reviewed by the full Board during its May meeting.

Items for Discussion:

1. Provost's Report: Executive Vice President and Provost Ravi Bellamkonda began his report by announcing that more than 88,000 applications were received for admission to the Columbus campus — a new record. From this applicant pool, paid acceptance response from in-state students is strong while response from international students is slightly behind. He also overviewed the university's decision to once again require testing as part of its holistic admissions review. Eminent faculty were then recognized, including the university's nine new Fellows of the American Association for the Advancement of Science and its recipient of the Barry Prize from the American Academy of Sciences and Letters, Dr. Janet Box-Steffensmeier. Dr. Bellamkonda closed by discussing recent *U.S. News and World Report* graduate school rankings and providing an update on the Chase Center.

   (See Attachment LXV for background information, page 1555)

2. Monda Student Resource Center: Meeting Students' Essential Needs: Senior Vice President for Student Life Melissa Shivers and Associate Vice President of Student Health and Well-being Ryan Lovell briefed the committee on the Monda Student Resource Center (MSRC). They first discussed the prevalence of financial and food insecurity among Ohio State students and how the MSRC will provide direct resources, such as food, hygiene products and clothing; on-location support in

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partnership with the Student Advocacy Center, Student Life Disability Services and others; and connections to additional support organizations. The center's grand opening will take place on April 25, 2025. Students, Katie Dodd (second-year, business administration major) and Brinda Raghavan (third-year, biology major), then shared their experiences benefiting from services MSRC will provide and leading the work of one partner student organization, the Buckeye Food Alliance.

(See Attachment LXVI for background information, page 1568)

Items for Action:

3. Approval of January 2025 Committee Meeting Minutes: No changes were requested to the January 29, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

4. Resolution No. 2025-83: Amendment to the Rules of the University Faculty:
Synopsis: Approval of the following amendment to the *Rules of the University Faculty* is proposed.

   WHEREAS the University Senate, pursuant to rule 3335-1-09 of the Administrative Code, is authorized to recommend through the President to the Board of Trustees the adoption of amendments to the *Rules of the University Faculty* as approved by the University Senate; and

   WHEREAS research faculty are defined in rule 3335-7-30 as faculty with fixed term contracts who are not tenure eligible and who shall be engaged in research related to the mission and goals of the academic unit; and

   WHEREAS the primary function of research faculty is to conduct research, and rule 3335-7-35(B) currently states that faculty contracts must explicitly state the expectations for salary support and will generally require one hundred percent salary recovery; and

   WHEREAS universities are required to accurately document how much time researchers dedicate to funded projects and are responsible for assuring that charges to federal awards are reasonable, allocable, and allowable; and

   WHEREAS if a contract requires one hundred percent salary recovery, then one hundred percent of the research faculty member's time must be allocated to funded projects, precluding effort expended to other activities, including but not limited to preparation of new funding proposals and attendance at faculty meetings; and

   WHEREAS the proposed amendment to rule 3335-7-35(B) would modify salary recovery percentages for research faculty and allow them to engage in these additional required activities consistent with funding requirements; and

   WHEREAS the proposed amendment was approved by the University Senate during its meeting on March 27, 2025:

   NOW THEREFORE

   BE IT RESOLVED, That the Board of Trustees hereby approves that the attached amendment to the *Rules of the University Faculty* be adopted as recommended by the University Senate.

   (See Appendix LXIX for background information, page 2259)

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5. Resolution No. 2025-84: Faculty Personnel Actions:

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the February 19, 2025, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name:	DUKAGJIN BLAKAJ
Title:	Professor (The Drs. Malati and Ganesh Potdar Professorship in Radiation Oncology-Proton Therapy)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029
Name:	COLLEEN CEBULLA
Title:	Professor (Dr. Paul A Weber Chair in Ophthalmology)
College:	Medicine
Term:	March 1, 2025, through June 30, 2029
Name:	JEREMY FANTL*
Title:	Professor (The Steve R. and Sarah E. O'Donnell Professorship in Philosophy)
College:	Arts and Sciences
Term:	August 15, 2025, through June 30, 2030
Name:	STEPHANIE GORKA
Title:	Associate Professor (The Kaufmann Family Professorship for Breakthroughs in Psychiatry and Behavioral Health)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029
Name:	NINA VANESSA KRAGULJAC
Title:	Professor (Dr. Lee E. Shackelford Chair in Psychiatry and Behavioral Health)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029
Name:	SOMASHEKAR KRISHNA
Title:	Professor-Clinical (Endowed Professorship in Internal Medicine Research)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029
Name:	AMY MARGOLIS
Title:	Professor (S.T.A.R. Professorship)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029
Name:	MOLLY MCNETT
Title:	Professor-Clinical (Helene Fuld Health Trust Endowed Professorship for Evidence-based Practice in Nursing and Healthcare)
College:	Nursing
Term:	May 20, 2025, through May 20, 2030

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Name: LEAH PYTER
Title: Associate Professor (Doctor John D. and E. Olive Brumbaugh Chair in Brain Research and Teaching)
College: Medicine
Term: February 1, 2025, through June 30, 2029

Name: CHRISTIAN ROLFO
Title: Professor (Diane Nye and Michael Rayden Chair in Innovative Cancer Research)
College: Medicine
Term: June 1, 2025, through June 30, 2029

Name: CHRISTO SEVOV
Title: Associate Professor (ASC Distinguished Professor of Chemistry and Biochemistry)
College: Arts and Sciences
Term: May 1, 2025, through April 30, 2030

Name: PAULA SONG*
Title: Dean
College: College of Public Health
Term: July 9, 2025, through June 30, 2030

Name: AMBRO VAN HOOF*
Title: Professor (Ohio Eminent Scholar in Molecular Genetics)
College: Arts and Sciences
Term: August 15, 2025, through June 30, 2030

Reappointments

Name: SUJIT BASU
Title: Professor (The Jack C. Geer M.D. Professorship in Pathology)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: NICOLE BERNAL
Title: Professor (The American Electric Power Foundation Chair in Burn Care)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: TREVOR BROWN
Title: Dean
College: John Glenn College of Public Affairs
Term: June 30, 2028

Name: WILLIAM CARSON III
Title: Professor (The John B. and Jane T. McCoy Chair in Cancer Research)
College: Medicine
Term: July 1, 2025, through June 30, 2029

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Name:	PIERRE GIGLIO
Title:	Associate Professor-Clinical (The Esther Dardinger Endowed Chair in Neuro-Oncology)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	DELIANG GUO
Title:	Professor (Urban and Shelley Meyer Professorship in Cancer)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	MARIA IGNATIEVA
Title:	Professor (The Martha W. Farmer Endowed Professorship in Theatre)
College:	The Ohio State University Lima
Term:	June 1, 2025, through May 31, 2026

Name:	WAEL JARJOUR
Title:	Professor (The Martha Morehouse Chair in Arthritis and Immunology Research)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	ANI KATCHOVA
Title:	Professor (The Farm Income Enhancement Endowed Chair in Agricultural Policy, Trade and Marketing)
College:	Food, Agricultural, and Environmental Sciences
Term:	January 1, 2025, through December 31, 2029

Name:	SORABH KHANDELWAL
Title:	Professor (Samuel J. Kiehl III MD Chair in Emergency Medicine)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	RYAN KING
Title:	Divisional Dean
College:	Arts and Sciences, Social and Behavioral Sciences
Term:	July 1, 2025, through June 30, 2030

Name:	CHING-CHANG KO
Title:	Professor (Vig/Williams Endowed Chair in Orthodontics)
College:	Dentistry
Term:	January 27, 2025, through August 14, 2028

Name:	SUSAN KOLETAR
Title:	Professor (Frank E. and Mary W. Pomerene Professorship in the Prevention and Treatment of Infectious Diseases)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	RYAN NASH
Title:	Professor (The Hagop S. Mekhjian MD Chair in Medical Ethics and Professionalism)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

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Name: ANIL PARWANI
Title: Chair and Professor (The Donald A. Senhauser, MD, Chair in Pathology)
College: Medicine
Term: July 1, 2025, through June 30, 2028

Name: KAMAL POHAR
Title: Associate Professor (The Julius Skestos and Diana Skestos Chair in Urology)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: MATTHEW RINGEL
Title: Chair and Professor (The Ralph W. Kurtz Chair in Hormonology)
College: Medicine
Term: July 1, 2025, through June 30, 2027

Name: ORLANDO SIMONETTI
Title: Professor (The John W. Wolfe Professorship in Cardiovascular Research)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: MYTHELI SREENIVAS
Title: Chair and Professor (Designated Professorship in Women's, Gender and Sexuality Studies)
College: Arts and Sciences
Term: March 1, 2024, through February 28, 2028

Name: ANDREW THOMAS
Title: Professor (The Robert F. Wolfe and Edgar T. Wolfe Foundation Chief Clinical Officer Chair in the Wexner Medical Center)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: INGRID WERNER
Title: Professor (The Martin and Andrew Murrer Professorship in Finance)
College: Fisher College of Business
Term: March 1, 2025, through August 14, 2030

Name: HSIN-JUNG JOYCE WU
Title: Professor (Ronald L. Whisler MD Chair in Rheumatology and Immunology)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Extensions

Name: KARLA ZADNIK
Title: Dean
College: College of Optometry
Term: July 1, 2025, through June 30, 2026

*New Hire

(See Appendix LXX for background information, page 2260)

6. Resolution No. 2025-85: Honorary Degree:

Synopsis: Approval of the honorary degree listed below is proposed.

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WHEREAS the Committee on Honorary Degrees of the University Senate, pursuant to rule 3335-5-48.8 of the Administrative Code, has approved for recommendation to the Board of Trustees the awarding of the honorary degree as listed below:

LeBron James Doctor of Public Service, *honoris causa*

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the awarding of the above honorary degree.

(See Appendix LXXI for background information, page 2293)

7. Resolution 2025-86: Degrees and Certificates:

Synopsis: Approval of Degrees and Certificates for spring and summer terms of 2025 is proposed.

WHEREAS pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, the Board has authority for the issuance of degrees and certificates; and

WHEREAS the faculties of the colleges and schools shall transmit, in accordance with rule 3335-9-29 of the Administrative Code, for approval by the Board of Trustees, the names of persons who have completed degree and certificate requirements:
NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the degrees and certificates to be conferred on May 4 and August 3, 2025, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools.

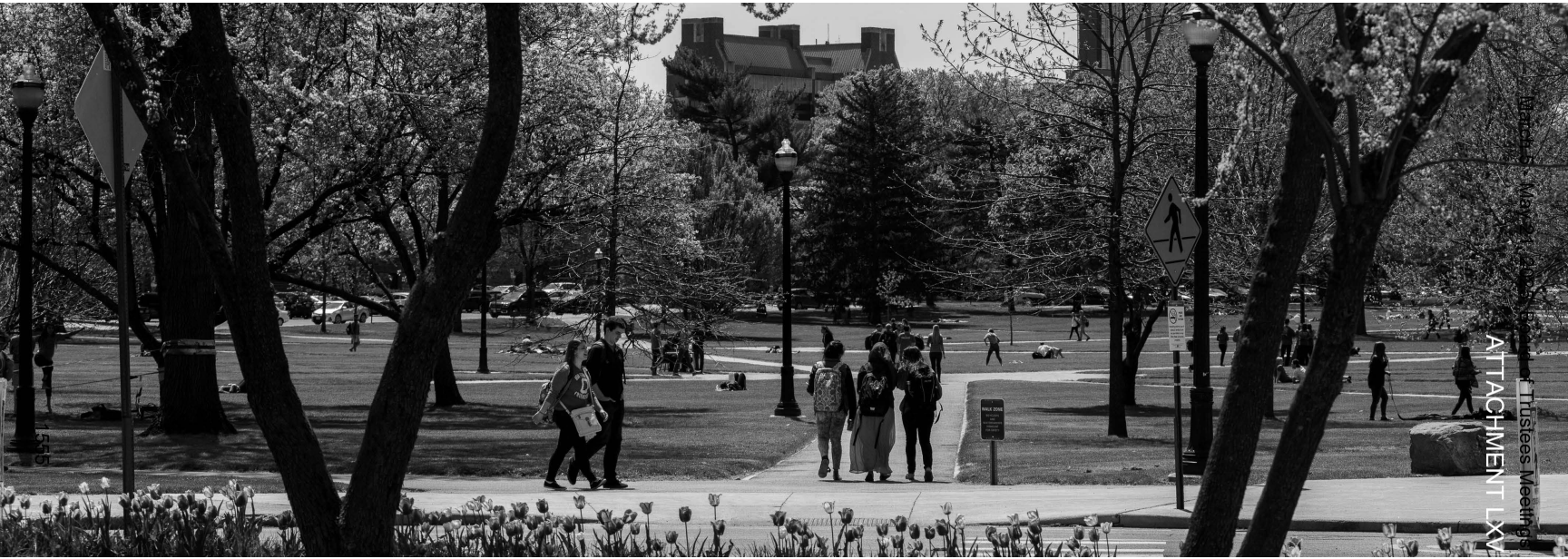
Action: Upon the motion of Dr. Wilkinson, seconded by Mrs. Harsh, the foregoing motions were adopted by majority roll-call vote, with the following members present and voting: Dr. Wilkinson, Mrs. Harsh, Ms. Kessler, Mr. Kastan, Dr. Buchan, Dr. Bielefeld and Mr. Zeiger. Mr. Kaplan was not present for this vote.

EXECUTIVE SESSION

It was moved by Dr. Wilkinson and seconded by Ms. Kessler that the committee recess into executive session to discuss business-sensitive trade secrets and personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Dr. Wilkinson, Mrs. Harsh, Ms. Kessler, Mr. Kastan, Dr. Buchan, Dr. Bielefeld and Mr. Zeiger. Mr. Kaplan was not present for this vote.

The committee entered executive session at 2:41 p.m. and adjourned at 4:15 p.m.



Provost's Report

April 2025
Ravi V. Bellamkonda, Executive Vice President and Provost

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Enrollment updates

- 88,000+ new first-year student applications to the Columbus campus for AU25 **(a new record!)**
  - Strong paid acceptance response from in-state applicants
  - International student paid acceptance response running slightly behind
- 26,500 financial aid notifications sent in our initial release and will continue throughout the academic year

Return to required testing as part of holistic review

- Reinstatement of the ACT/SAT test requirement for Columbus campus undergraduate applicants to the Columbus campus in the 2026 admissions cycle and beyond
- As part of holistic review, test scores important data point in helping to ensure the success of our students
- Regional campuses/ATI do not consider test scores for admission and have an open-access policy for Ohio residents



Eminent faculty

Nine Ohio State faculty selected as AAAS Fellows

Recognized for achievements across disciplines, from research, teaching, and technology, to administration in academia, industry and government, to excellence in communicating and interpreting science to the public



John Beacom
Astronomy



Enrico Bonello
Plant Pathology



Prosper Boyaka
Veterinary Biosciences



David Robert Cole
Earth Sciences



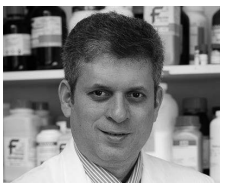
Ian Hamilton
EEOB, Mathematics



Chun Ning Jeanie Lau
Physics



Roland Kenji Kawakami
Physics



Abhay Satoskar
Pathology



Bruce Weinberg
Economics

Janet Box-Steffensmeier selected for Barry Prize

- Vernal Riffe Professor of Political Science
- One of 10 prizes from the American Academy of Sciences and Letters



Advance culture of achievement and recognition

- Creating processes to ensure faculty are regularly nominated for highly prestigious national awards and academies
- Increasing support for internal college- and university-level faculty awards and recognitions to celebrate, retain and uplift exemplary scholars







Highly ranked programs

U.S. News and World Report graduate school rankings highlights

- **College of Nursing**
  - The traditional, in-person master's program ranked #3 overall — up one spot from last year (#1 among public colleges of nursing)
  - Seventh consecutive year for the MS program to rank among the nation's top 10
- **Fisher College of Business**
  - Part-time MBA moved up from #10 to #8 (#5 among publics)
  - Full-time MBA moved up from #30 to #24 (#8 among publics)

Highest Ranked Programs by USNWR

Fisher College of Business	Rank
Business: Best Undergraduate Program Overall rank	**14**
Supply Chain/Logistics (graduate)	4
Supply Chain Management / Logistics (undergraduate)	5
Part-time M.B.A.	8
Production / Operations Management (undergraduate)	10
College of Engineering	
Best Undergraduate Program Overall rank	**20**
Biological / Agricultural rank	12
Materials rank	15
Industrial / Manufacturing rank	17
Mechanical rank	17
Engineering Graduate Programs Overall	**27**
Biological/Agricultural (graduate)	9
Materials (graduate)	14
Nuclear (graduate)	15
Industrial/Manufacturing (graduate)	16

College of Arts and Sciences: Graduate Programs	
Chemistry: Analytical	3 (2024)
Political Science	18
Sociology	18
Speech-Language Pathology	21
History	22
Moritz College of Law: Overall	**28**
Dispute Resolution	1
Criminal Law (new 2021)	16
Healthcare Law	17
Legal Writing	17
College of Medicine	
Overall - Research	Tier 1
Overall - Primary Care	Tier 2
Physical Therapy	4
Audiology	9 (2024)
Occupational Therapy	11 (2024)

Highest Ranked Programs by USNWR

College of Nursing	
Nursing: Best Undergraduate Programs Overall rank	**4**
Nursing Graduate Programs	
Nurse Practitioner MA: Family	2
Master's of Nursing	3
DNP: Family Nurse Practitioner	5
DNP: Leadership	5
DNP: Psychiatric/Mental Health, Across the Lifespan (new 2025)	5
Nurse Practitioner MA: Adult/Gerontological, Primary Care	5
Nurse Practitioner MA: Pediatric, Primary Care (new 2025)	5
Nurse Practitioner MA: Psychiatric / Mental Health, Across the Lifespan	5
Doctor of Nursing Practice	9

College of Education and Human Ecology: Graduate Programs Overall	27
Education Administration and Supervision	4
Student Counseling Programs	6
Curriculum and Instruction	6
Higher Education Administration	6
Educational Psychology	7
Secondary Teacher Education	7
Elementary Teacher Education	8
John Glenn College of Public Affairs Graduate Programs	16
Public Management and Leadership	7
Nonprofit Management	9
Other colleges	
Veterinary Medicine	4
Public Health	22
Pharmacy	4
Social Work	12

Chase Center updates

- Public programs
  - Conversation on Citizenship Education
  - Salmon P. Chase Lecture Series
  - Ohio Civics Centers Symposium
- Faculty hiring
  - Hired two associate directors, eight tenure-track faculty, three teaching/lecturer faculty, one senior visitors, and three postdocs
- Course and program development
  - Foundational course developed: *The American Civic Tradition*



Thank you!

Monda Student Resource Center: Meeting Students' Essential Needs

Dr. Melissa S. Shivers
Senior Vice President for Student Life

Ryan Lovell
Associate Vice President of
Student Health & Well-being

The Ohio State University
Office of Student Life

The Need is Real

24%

Ohio State students who could not come up with $400 in an emergency

(Student Life Survey 2024)

32%

of Ohio State students experience food insecurity

(Student Life Survey 2024)

8,458

number of visits to the Buckeye Food Alliance during the 2023–24 academic year

316

number of students who received Student Emergency Fund grants in 2023–24 academic year

Monda Student Resource Center

- One-stop shop for students' essential needs
- Leveraging campus and community partnerships to support students, virtually and in-person
- Sustainability through fundraising and generous donor contributions

Resources	On-Location Support	Co-Located Support
The MSRC will provide the following resources to students: • Food through the Buckeye Food Alliance • Hygiene products • Clothing (personal and professional) • Emergency grants • Safety devices	The MSRC will have representation and partnership from the following offices, both in-person and virtually, to meet students' needs: • Student Advocacy Center • Student Financial Aid • Student Life Disability Services • Community Partners (e.g., Franklin County Department of Job and Family Services; Franklin County Housing Authority)	The MSRC is strategically located in the Younkin Success Center to leverage co-located support through: • Counseling and Consultation Services • Buckeye Careers • Dennis Learning Center

Our Naming Benefactors



Keith Monda and Veronica Brady

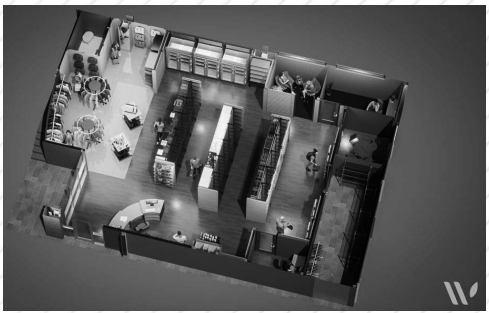


James and Allyson Reid and Family

Monda Student Resource Center











Scarlet and Grateful

“We’ve been having some rough times, but knowing there are people who care and help, even though we are strangers, has helped so much. Thank you.”

– Buckeye Food Alliance user



“I would like to say thank you for how much the emergency fund helped me. I think this fund can help a lot of people in similar positions to me. It can prevent students from being homeless or having extra mental health struggles from not being able to solely focus on school without financial stressors.”

– Ohio State graduate and Student Emergency Fund grant recipient

Student Perspectives





Questions?

THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

May 2, 2025 – Master Planning & Facilities Committee Meeting

Members Present:

Juan Jose Perez
Elizabeth A. Harsh
Pierre Bigby
Kendall C. Buchan
Robert H. Schottenstein

Members Present via Zoom:

Alan A. Stockmeister (arr. 9:03 a.m.)
John. W. Zeiger (ex officio)

Members Absent:

George A. Skestos
Reginald A. Wilkinson

EXECUTIVE SESSION

The Master Planning and Facilities Committee of The Ohio State University Board of Trustees convened on Friday, May 2, 2025, in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair John Perez called the meeting to order at 8:58 a.m.

Mr. Perez first welcomed Mr. Keith Myers to the committee. Mr. Myers will officially join the Master Planning and Facilities Committee following his appointment by the Board at its May meeting. He retired from the university in 2022 as vice president for planning, architecture and real estate.

It was moved by Mr. Perez and seconded by Mr. Bigby that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation, to consider business-sensitive trade secrets and to discuss details relative to security arrangements and emergency response protocols. A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Perez, Mrs. Harsh, Mr. Bigby, Dr. Buchan, Mr. Schottenstein and Mr. Zeiger. Mr. Stockmeister was not present for this vote.

The committee entered executive session at 8:59 a.m. and reconvened in public session at 11:20 a.m.

PUBLIC SESSION

Items for Action:

1. Approval of Minutes: No changes were requested to the February 5, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

2. Resolution No. 2025-87: Approval of Interim Capital Investment Plan for Fiscal Year 2026:

   Synopsis: Authorization and acceptance of the Interim Capital Investment Plan for the fiscal year ending June 30, 2026, is proposed.

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WHEREAS The State of Ohio Biennial Budget for Fiscal Years 2026 and 2027, including funding levels for state institutions of higher education, is still pending in the Ohio General Assembly; and,

WHEREAS the university has not yet finalized its operating budget for Fiscal Year 2026; and

WHEREAS the Interim Capital Investment Plan will allow the university to begin or continue capital projects in support of strategic goals during the period from July 1, 2025 through August 31, 2025; and

WHEREAS the recommended capital expenditures are the result of the university's comprehensive annual capital planning process; and

WHEREAS only those projects outlined in these recommendations will be approved for funding; and

WHEREAS the final fiscal year 2026 Capital Investment Plan will be presented for consideration at the August 2025 Board of Trustees meeting:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Interim Capital Investment Plan for the fiscal year ending June 30, 2026; and

BE IT FURTHER RESOLVED, That any request for authorization to proceed with any project contained in these recommendations must be submitted individually by the university for approval by the Board of Trustees, as provided for by Board policy.

(See Appendix LXXII for background information, page 2294)

3. Resolution No. 2025-88: Approval of Ohio State Energy Partners Utility System Interim Capital Improvements Plan for Fiscal Year 2026:

Utility System Life-Cycle Renovation, Repair and Replacement Projects

Synopsis: Approval of Ohio State Energy Partners LLC ("OSEP") fiscal year 2026 interim capital improvements plan and authorization for OSEP to make capital improvements pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the "Agreement"), is proposed.

WHEREAS the Agreement requires, OSEP to submit annually a utility system Capital Improvement Projects plan ("OSEP CIP") for university approval; and

WHEREAS the OSEP CIP includes requested approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2025; and

WHEREAS the university has not finalized its capital investment plan for fiscal year 2026; and

WHEREAS it is necessary to begin or continue these time-sensitive utility system projects until the fiscal year operating and capital plans are finalized and adopted; and

WHEREAS OSEP has provided detailed descriptions of the proposed capital improvement projects, supporting technical data and analysis, pursuant to Section 4.3(c) of the Agreement; and

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WHEREAS the utility system capital improvement projects will be delivered pursuant to the terms of the Agreement; and

WHEREAS the capital expenditures for the approved utility system projects will be added to the utility fee pursuant to the Agreement; and

WHEREAS the university has reviewed and considered the financial, technical, and operational aspects of the projects and the projects' alignment with university plans and sustainability goals; and

WHEREAS the Master Planning & Facilities Committee has reviewed the projects for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance & Investment Committee has reviewed the projects for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the fiscal year 2026 interim OSEP CIP as outlined in the attached materials; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2026 capital improvements to the Utility System as outlined in the attached materials.

(See Appendix LXXIII for background information, page 2296)

4. Resolution No. 2025-89: Approval to Enter Into/Increase Professional Services and Enter Into/Increase Construction Contracts:

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES CONTRACTS
ATHLETICS TECHNOLOGY MODERNIZATION
NORTH TOWERS BUILDING UPGRADES
TUNNEL REHABILITATION PHASE 1
UH-DOAN HALL SPRINKLER INSTALLATION

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
DOAN – REPLACE SPECT CTS
OUTPATIENT EAST – EXISTING LOT RENOVATION
OUTPATIENT EAST –NEW WEST PARKING LOT
SCHOTTENSTEIN CENTER – SCOREBOARD REPLACEMENT

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS
BATTERY CELL RESEARCH & DEMONSTRATION CENTER

Synopsis: Authorization to enter into/increase professional services and construction contracts, as detailed in the attached materials, is proposed.

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts for the following projects; and

THE OHIO STATE UNIVERSITY

	Prof. Serv. Approval Requested	Total Requested	
Athletics Technology Modernization	$1.7M	$1.7M	Auxiliary funds
North Towers Building Upgrades	$10.0M	$10.0M	University debt
Tunnel Rehabilitation Phase 1	$1.0M	$1.0M	University debt University funds State funds Partner funds
UH-Doan Hall Sprinkler Installation	$1.2M	$1.2M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts and enter into/increase construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
Doan – Replace SPECT CTs	$0.3M	$4.3M	$4.6M	Auxiliary funds
Outpatient East – Existing Lot Renovation	$0.8M	$4.7M	$5.5M	Auxiliary funds
Outpatient East – New West Parking Lot	$1.1M	$6.1M	$7.2M	Auxiliary funds
Schottenstein Center – Scoreboard Replacement	$0.6M	$4.6M	$5.2M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to increase construction contracts for the following projects; and

	Construction Approval Requested	Total Requested	
Battery Cell Research & Demonstration Center	$1.7M	$1.7M	University funds Partner funds

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to enter into/increase professional services and construction contracts for the projects listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

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(See Appendix LXXIV for background information, page 2299)

5. Resolution No. 2025-90: Approval for Purchase of Real Property:

5.070+/- ACRES AT 1800 ZOLLINGER ROAD,
UPPER ARLINGTON, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to purchase property described as Outpatient Care Upper Arlington from Medstone Realty Company, LLC located at 1800 Zollinger Road, Upper Arlington, Ohio, is proposed.

WHEREAS The Ohio State University seeks to acquire 5.070 acres of improved real property located at 1800 Zollinger, Upper Arlington, Ohio, identified as Franklin County parcel number 070-003229; and

WHEREAS the purchase of this property supports the university's plan for strategic investment in outpatient services for neighboring communities:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to effect the purchase of the aforementioned property upon the terms and conditions deemed to be in the best interest of the university.

(See Appendix LXXV for background information, page 2308)

6. Resolution No. 2025-91: Approval for a Perpetual Gas Transmission Easement:

6.069+/- ACRES ON ACKERMAN ROAD,
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to grant Columbia Gas of Ohio, Inc. a perpetual natural gas transmission easement across university property located along Ackerman Road, Columbus, Ohio, is proposed.

WHEREAS Columbia Gas of Ohio, Inc. has requested an easement for natural gas purposes be granted across 6.069 acres of university land along Ackerman Road and the norther border of Waterman Agricultural and Natural Resources Laboratory in Columbus, Ohio; and

WHEREAS the natural gas infrastructure improvements, which are mandated by the federal government, will enhance safety and support the region.

WHEREAS Columbia Gas of Ohio, Inc. will be responsible for the costs and expenses of the installation, maintenance, and ongoing operation the natural gas infrastructure:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to affect the grant of the easement upon the terms outlined above and any additional terms and conditions deemed to be in the best interest of the university.

(See Appendix LXXVI for background information, page 2310)

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7. Resolution No. 2025-92: Approval for a Perpetual Roadway Easement:

0.082+/- ACRES ON MESSNER ROAD,
WOOSTER, WAYNE COUNTY, OHIO

Synopsis: Authorization to grant the Board of County Commissioners of Wayne County a perpetual roadway easement across university property located along Messner Road, Wooster, Ohio, is proposed.

WHEREAS the Board of Commissioners of Wayne County has requested an easement for roadway purposes be granted for $1.00 across 0.082 acres of university land along Messner Road near Wooster, Ohio; and

WHEREAS the roadway infrastructure will support university operations in the area along Messner Road; and

WHEREAS the Board of Commissioners of Wayne County will be responsible for all costs and expenses and the ongoing operation and maintenance of the road infrastructure:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to affect the grant of the easement upon the terms outlined above and any additional terms and conditions deemed to be in the best interest of the university.

(See Appendix LXXVII for background information, page 2312)

8. Resolution No. 2025-93: Perpetual Sanitary Sewer Easement:

1.438+/- ACRES ON WOODY HAYES DRIVE,
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to grant the City of Columbus, Ohio, a perpetual sanitary sewer easement across university property located along Woody Hayes Drive, Columbus, Ohio, is proposed.

WHEREAS the City of Columbus, Ohio, has requested an easement for sanitary sewer purposes be granted across 1.438 acres of university land along Woody Hayes Drive in Columbus, Ohio; and

WHEREAS the sanitary sewer infrastructure will support the innovation district on west campus; and

WHEREAS the City of Columbus, Ohio, will be responsible for the costs and expenses of the installation, maintenance and ongoing operation of the sanitary sewer infrastructure:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to affect the grant of the easement upon the terms outlined above and any additional terms and conditions deemed to be in the best interest of the university.

(See Appendix LXXVIII for background information, page 2314)

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Action: Upon the motion of Mr. Perez, seconded by Mrs. Harsh, the foregoing motions were adopted by roll-call vote with the following members present and voting: Mr. Perez, Mr. Stockmeister, Mrs. Harsh, Mr. Bigby and Dr. Buchan. Mr. Schottenstein and Mr. Zeiger were not present for this vote.

Written Reports
In the public session materials, there were two written reports shared for the committee to review:

a. Physical Environment Scorecard
(See Attachment LXVII for background information, page 1583)

b. Major Project Updates
(See Attachment LXVIII for background information, page 1584)

The committee meeting adjourned at 11:30 a.m.

PHYSICAL ENVIRONMENT	Actual Prior Year Same Period (FY24 YTD)	FY25 Year-To-Date: Actual	FY25 Year-To-Date: Target (Budget)	FY25 Year-To-Date: Target %Var	FY25 Year-To-Date: Actual vs Target	FY25 Annual Target (Budget)	Comments
A. FINANCIAL							
1. A&P Total Uses (General & Earnings Funds)	$130,267,293	$135,817,352	$136,583,229	-0.6%	▬	**$200,834,430**	
B. OPERATIONAL							
1. % Projects Completed On Time >$200K	100.0%	100.0%	90.0%	11.1%	▬	**90.0%**	38 of 38 Projects completed On-Time.
2. % Projects Completed On Budget >$200K	100.0%	100.0%	90.0%	11.1%	▬	**90.0%**	38 of 38 Projects completed On-Budget.
3. Capital Investment Program Spend*	$636.1	$470.2	$502.5	-6.4%	▬	**$871.1**	In Millions
4. Facility Condition Index**	0.12	0.12	0.08	50.0%	▭	**0.08**	Completed building assessments as of February 28, 2025; 262 buildings assessed, 23.2 million GSF.
5. CABS Riders	2,246,934	2,553,043	2,246,000	13.7%	▬	**3,168,000**	Year-over-year increase in total ridership, and year-to-date ridership exceeds projected numbers.
6. WMC Parking Garage Peak Time Occupancy %***	76.8%	73.4%	80.0%	-8.3%	▲	**80.0%**	YTD (February) Occup%: Transient = 69%, Permit = 88%, Mixed = 62% CampusParc uses loop counters to track counts. In high demand we see counts over 100%.
7. Cost of Daily Temporary Parking Space Closures	$213,117	$157,609	$168,140	-6.3%	▲	**$196,703**	Key contributors: Martha Morehouse SOAR MRI, ENGIE Waterman Ductbank, Kinnear Window Replacement, Cannon Phase 2, Tunnel Top Restoration, Sisson Hall Chiller, 12th Ave Domestic Waterline, Pressey Floor, 1314 Kinnear Roof, Ackerman Employee Health
8. WOSU Broadcast Audience (Viewers, Listeners)	692,886	640,757	692,886	-7.5%	△	**691,225**	Data as of January 2025. February data not available at time of reporting.
9. WOSU Digital Audience (Unique Visitors, Video Views, Digital Audio)	5,636,864	4,534,164	5,636,864	-19.6%	▲	**7,796,015**	Compared to June, unique visitors to wosu.org increased by 48.9%, video views increased by 15.3%, streaming of 89.7 NPR News 9.2% and Classical 9.5%
C. SAFETY							
1. EHS Recordable Incident Rate (CYTD):	1.89	1.43	1.60	-10.6%	▲	**1.60**	2025 Calendar YTD
2. Major On-Campus Crimes	144	112	144	-22.2%	▲	**174**	Below targets for the month and year; YTD actuals are lower compared to last year
3. Average Response Time to In-Progress Calls for Service	4:28	4:29	5:00	-10.2%	▬	**5:00**	Average response time YTD (4:29 minutes) is below YTD target (5:00 minutes)
4. Traffic Accidents Injury	24	25	24	4.2%	▽	**36**	Month and YTD actuals trending slightly above target
5. Traffic Accidents Non-Injury	77	95	77	23.4%	▲	**110**	YTD above target and prior year; no discernable pattern
6. Off-Campus Crime Statistics	602	1,127	621	81.5%	▼	**917**	Above targets for month and compared to PY totals; over half of February and FYTD crimes related to Attempted Motor Vehicle Theft, Motor Vehicle Theft, and Theft from Motor Vehicle.

*** For B3. Capital Investment Program Spend, Green = "Target %Variance" of + or - 10%, with an additional Yellow range extending 10% above and 20% below the Green range.**

**** For B4. Facility Condition Index, Green: <= 0.08; Yellow: >= 0.09, <= 0.15; Red: > 0.15. Target %Variance = Actual - Target.**

***** For B6, Parking Garage Peak Time Occupancy %, the target is 80% + or – 5% pts., with an additional 5% pt. Yellow range in both directions. Peak time measured on weekdays between 12:30 and 1:30 p.m.**



Major Project Updates

Projects over $20M – May 2025

THE OHIO STATE UNIVERSITY

Project Status Report - Current Projects Over $20M

PROJECT NAME	CONSTRUCTION COMPLETION DATE	APPROVALS		BUDGET	ON TIME	ON BUDGET
		DES	CON			
Celeste Lab Renovation	6/25	✓	✓	$50.5M		
Battery Cell Research & Demonstration Center	8/25	✓	✓	$22.7 M		
Wexner Medical Center Inpatient Hospital	10/25	✓	✓	$1,943.0 M		
Waterman Multispecies Animal Learning Center (MALC)	11/25	✓	✓	$60.0 M		
Tunnel Rehabilitation Phase I	11/25	✓	✓	$41.0M		
Biomedical and Materials Engineering Complex Phase 2	1/26	✓	✓	$94.3 M		
Combined Heat & Power Plant/District Heating & Cooling Loop	2/26	✓	✓	$420.8 M		
Campbell Hall Renovation	4/26	✓	✓	$61.2 M		
Wexner Medical Center Outpatient Care Powell	4/26	✓	✓	$183.0M		
Ohio State East Hospital 4th Floor OR Renovation	12/26	✓	✓	$22.3 M		
TOTAL – PROJECTS				**$2,898.8 M**		

On Track Watching Closely Not on Track

Celeste Lab Renovation





CELESTE LAB RENOVATION

Upgrade the building mechanical, electrical and plumbing systems; renovate approximately 18,500 square feet of chemistry labs and support spaces; improve the exterior envelope.

PROJECT FUNDING: University funds; state funds; fundraising
PROJECT UPDATE: Lab, elevator, and restroom renovations are complete. First, second, third and fourth floor corridors, ceiling, light fixtures and common space renovations are ongoing.

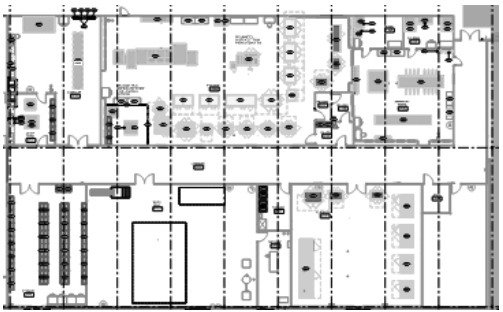
CURRENT BUDGET	
Construction w/ Cont	$41.9 M
Total Project	$50.5 M

CONSULTANTS	
Architect of Record	BHDP
CM at Risk	Elford

PROJECT SCHEDULE	
BoT Approval	8/18
Construction	7/20-6/25
Facility Opening	6/25

On Budget
On Time

Battery Cell Research & Demonstration Center





BATTERY CELL RESEARCH & DEMONSTRATION CENTER

The project will renovate 21,773 square feet of existing space within the Sci-Tech facility to create a prototype lab that will accelerate the development of battery cell materials and manufacturing technologies.

PROJECT FUNDING: Corporate Partners
PROJECT UPDATE: Buildout of the dry-room is continuing. Project schedule and budget are being impacted by an unanticipated requirement for a local utility interconnect agreement, additional associated equipment needed in Battery Formation Room and changes in user-provided equipment specifications.

CURRENT BUDGET	
Construction w/ Cont	$17.7 M
Total Project	$22.7 M

CONSULTANTS	
Architect of Record	Wellogy
CM at Risk	Whiting Turner

PROJECT SCHEDULE	
BoT Approval	08/23
Construction	07/24-08/25
Facility Opening	9/25

On Budget

On Time

Wexner Medical Center Inpatient Hospital







WEXNER MEDICAL CENTER INPATIENT HOSPITAL

New 1.9M square foot inpatient hospital tower with up to 820 beds in private room settings replacing and expanding on the 440 beds in Rhodes Hall and Doan Hall including an additional 84 James beds. Facilities include state-of-the-art diagnostic, treatment and inpatient service areas including emergency department, imaging, operating rooms, 51 neonatal intensive care unit bassinets, critical care and medical/surgical beds, and leading-edge digital technologies to advance patient care, teaching and research.

PROJECT FUNDING: University debt; fundraising; auxiliary funds
PROJECT UPDATE: Turnover of Levels 11, 12, 14, which includes first James Beds, completed March 2025. Levels 15-18 achieved Substantial Completion April 2025. Installation of FF&E and Technology ongoing on LL thru L14. Forecourt Phase 1 opened early February and Phase 2 is underway.

CURRENT BUDGET	
Construction w/ Cont	$1,774.2 M
Total Project	$1,943.0 M

CONSULTANTS	
Architect of Record	HDR
CM at Risk	Walsh-Turner (JV)

PROJECT SCHEDULE	
BoT Approval	2/18
Construction	9/20-10/25
Facility Opening	Q1/Q2 2026

On Budget

On Time

Wexner Medical Center Inpatient Hospital | Front canopy main entrance



Wexner Medical Center Inpatient Hospital | Ground Floor Lobby



Wexner Medical Center Inpatient Hospital | Nurses station core and corridor



Wexner Medical Center Inpatient Hospital | Patient room



Wexner Medical Center Inpatient Hospital | Operating room with equipment and technology fit out occurring



Wexner Medical Center Inpatient Hospital | View from Dodd Hall



Waterman Multispecies Animal Learning Center (MALC)





MULTISPECIES LEARNING CENTER

Construction of a new 100,000 square foot animal facility and a new 24,000 square foot dairy to support the College of Food, Agricultural, and Environmental Sciences (CFAES) strategy for Waterman by providing access to animals, educational spaces, technology, equipment, and amenities. Program spaces include animal barns, a multi-purpose indoor arena, teaching, meeting and event spaces.

PROJECT FUNDING: University funds, state funds, fundraising
PROJECT UPDATE: Structural framing is complete. Underground mechanical, electrical and plumbing work is ongoing.

CURRENT BUDGET	
Construction w/ Cont	$49.6 M
Total Project	$60.0 M

CONSULTANTS	
Architect of Record	Wellogy
CM at Risk	CK Construction

PROJECT SCHEDULE	
BoT Approval	08/23
Construction	02/24-11/25
Facility Opening	12/25

On Budget

On Time

Tunnel Rehabilitation Phase I



TUNNEL REHABILITATION PHASE I

This project is a multiphase project to address deferred maintenance including structural repairs, removal of asbestos containing materials, drainage and water infiltration damage. The work will occur in the McCracken tunnel segment in the Academic core near McCracken Power Plant, Cockins Hall, Math Building, Math Tower and 209 W. 18th. Scope will also include waterline replacements and hardscape improvements at a north section of the Oval near Hughes, Hayes, Derby, Bricker and University Halls. This project will also include OSEP utility scope within the tunnels needed to preserve campus operations.

PROJECT FUNDING: University funds, University debt, State funds, Partner funds (OSEP/ENGIE)
PROJECT UPDATE: Final restoration to occur summer 2025. Construction to begin early spring 2025 on the North McCracken segment.

CURRENT BUDGET	
Construction w/ Cont	$26.8M
Total Project	$41.0M

PROJECT SCHEDULE	
BoT Approval	08/24
Construction	03/25-11/25
Facility Opening	11/25

CONSULTANTS	
Architect of Record	RMF Engineering
MW Campus: General Contracting	McDaniel's Construction
N. McCracken: General Contracting	McDaniel's Construction

On Budget

On Time

Biomedical and Materials Engineering Complex Phase 2





BIOMEDICAL AND MATERIALS ENGINEERING COMPLEX PHASE 2

This project will demolish Watts Hall (35,500 square feet) and renovate MacQuigg Laboratory (76,300 square feet) and include an addition to MacQuigg. The project will provide facilities for first year engineering, biomedical engineering and materials engineering. It will provide improved building services and create a dynamic and energy efficient facility.

PROJECT FUNDING: State funds, fundraising, university debt, university funds
PROJECT UPDATE: Installation of mechanical, electrical and plumbing infrastructure is ongoing on all levels. Fireproofing and acoustical spray is being applied on levels 2, 3, and 4. Exterior envelope work is ongoing.

CURRENT BUDGET	
Construction w/ Cont	$84.4 M
Total Project	$94.3 M

CONSULTANTS	
Architect/Engineer	DLR Group
CM at Risk	Walsh Construction

PROJECT SCHEDULE	
BoT Approval	05/23
Construction	08/23–01/26
Facility Opening	05/26

On Budget

On Time

Combined Heat & Power Plant / District Heating & Cooling Loop





COMBINED HEAT AND POWER PLANT/ DISTRICT HEATING AND COOLING LOOP – CHP/ DHC

105 MW combined heat and power (CHP) plant, with a heating capacity of 285 klb/hr of superheated steam. The CHP plant will also contain an 8,000-ton cooling facility with future build-out potential to 13,000-ton. Installation of heating hot water (HHW) and chilled water (CW) on the midwest and west campuses to support existing and new campus buildings. Rehabilitation of John Herrick Drive bridge to support new utilities which connect the CHP to central campus.

PROJECT FUNDING: Utility fee
PROJECT UPDATE: Plant operation is expected February 2026, the project team continues to evaluate and work to implement options to improve the timeline. The team is closely monitoring the budget and actively managing the financial and operational risks.

CURRENT BUDGET	
Total Project	$420.8 M

PROJECT SCHEDULE	
BoT Approval	8/19
Construction	2/26
Facility Opening	2/26

CONSULTANTS	
Operator's Engineer	HDR
Design-Builder (CHP)	ENGIE
CMR (DHC/Bridge)	Whiting Turner/CK
A/E (DHC)	RMF Engineering
A/E (Bridge)	EMH&T

On Budget **On Time**

Campbell Hall Renovation





CAMPBELL HALL RENOVATION

This project will renovate the 115,000 square feet of Campbell Hall. The interior renovation will enable the College of Education and Human Ecology's longtime goal of centralizing teaching, research, and administrative functions along Neil Avenue. The project will address all deferred maintenance including new MEP systems, roofing, building envelope, and windows.

PROJECT FUNDING: State Funding, Fund Raising & Local Funds
PROJECT UPDATE: Progress continues with MEP trade rough-in and new air handlers have been installed. Drywall work, plaster renovations, and framing are ongoing. Roof installation is progressing, and windows are being installed.

CURRENT BUDGET	
Construction w/ Cont	$48.0 M
Total Project	$61.2 M

CONSULTANTS	
Architect of Record	Schooley Caldwell
CM at Risk	CK Construction Group

PROJECT SCHEDULE	
BoT Approval	5/23
Construction	07/23 - 04/26
Facility Opening	05/26

On Budget
On Time

Wexner Medical Center Outpatient Care Powell





WEXNER MEDICAL CENTER OUTPATIENT CARE POWELL

Construct an approximately 200,000 square foot outpatient facility that will include a five-story medical office building and two-story ambulatory health center which includes imaging, outpatient rehab/PT, endoscopy, and support services.

PROJECT FUNDING: Auxiliary funds

PROJECT UPDATE: Site wide tree planting, walking path and exterior lighting continues. Exterior brick work is ongoing, and precast panels have been completed. Interior wall framing and overhead MEP installation have begun on all floors as finishes have begun on floors 2 and 3 of the MOB.

CURRENT BUDGET	
Construction w/ Cont	$150.4M
Total Project	$183.0 M

CONSULTANTS	
Architect of Record	DLR
CM at Risk	CK Construction

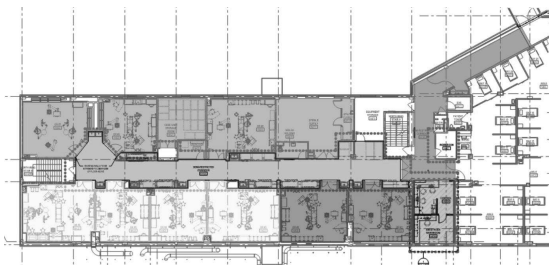
PROJECT SCHEDULE	
BoT Approval	02/24
Construction	04/24-04/26
Facility Opening	08/26

On Budget

On Time

Ohio State East Hospital 4th Floor OR Renovation





OHIO STATE EAST HOSPITAL 4TH FLOOR OR RENOVATION

This project will renovate the existing Operating Rooms (OR) on the 4th Floor of the North Main Hospital Building. This project will go from 10 ORs to 9, as part of a projected 6-phase construction project. The existing operating rooms will be enlarged to meet joint commission requirements, add more designated storage areas, and add additional workspace. Two new air handler units will also be installed.

PROJECT FUNDING: Auxiliary funds
PROJECT UPDATE: Steel installation for the air handlers is complete with air handlers being installed this spring. Work within the OR space for phase 2 began March 2025.

CURRENT BUDGET	
Construction w/ Cont	$18.2 M
Total Project	$22.3 M

CONSULTANTS	
Architect of Record	IKM Architects
CM at Risk	Messer

PROJECT SCHEDULE	
BoT Approval	05/23
Construction	12/24-12/26
Facility Opening	01/27

On Budget

On Time

THE OHIO STATE UNIVERSITY

Board of Trustees

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SUMMARY OF ACTIONS TAKEN

May 14, 2025 – Finance and Investment Committee Meeting

Members Present:

Tomislav B. Mitevski	Gary R. Heminger	John W. Zeiger (ex officio)
Pierre Bigby	George A. Skestos	

Members Present via Zoom:

Michael F. Kiggin	Joshua H.B. Kerner	Amy Chronis

Members Absent:

Kent M. Stahl

EXECUTIVE SESSION

The Finance and Investment Committee of The Ohio State University Board of Trustees convened on Wednesday, May 14, 2025, in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair Tomislav Mitevski called the meeting to order at 2:00 p.m.

It was moved by Mr. Mitevski and seconded by Mr. Skestos that the committee recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes and to consult with legal counsel regarding pending or imminent litigation.

A roll-call vote was taken, and the committee voted to go into executive session with the following members present and voting: Mr. Mitevski, Mr. Bigby, Mr. Heminger, Mr. Kiggin, Mr. Skestos, Mr. Kerner, Ms. Chronis and Mr. Zeiger.

The committee entered into executive session at 2:02 p.m. and reconvened in public session at 3:52 p.m.

PUBLIC SESSION

Items for Discussion:

1. University Financial Scorecards: Senior Vice President for Business and Finance and Chief Financial Officer Mike Papadakis, Vice President of Operations and Deputy Chief Financial Officer Kris Devine, and Wexner Medical Center Chief Financial Officer Richard Silveria reviewed the university's financial scorecards. They highlighted the institution's strong performance over the first three quarters of the fiscal year. Combined, net revenue at the university and medical center are $213 million above budget. Increased enrollment, grant-funded research, outpatient volumes and emergency-department visits are primary drivers of increased revenues and expenses. Also highlighted was the recent credit-rating upgrade by S&P Global Ratings to AA+. This is the university's second rating increase in the past two years.

   (See Attachment LXIX for background information, page 1624)

THE OHIO STATE UNIVERSITY

2. 2025-2026 Academic Year Tuition and Mandatory Fees: Mr. Papadakis and Ms. Devine reviewed the university's plan for setting undergraduate tuition and fees for the 2025-26 academic year. The legislature is expected to set the maximum allowable tuition-rate increase in the forthcoming state budget bill. Once that legislation is passed, the president will be empowered to set Ohio State's tuition rates for the coming year. These rates will be frozen for four years because of the Ohio State Tuition Guarantee. Also discussed were tuition and mandatory fees for graduate and professional students, the non-resident surcharge, and fees related to the Student Health Plan.

   (See Attachment LXX for background information, page 1627)

3. FY26 Interim Operating Budget: Mr. Papadakis, Ms. Devine and Mr. Silveria presented the interim operating budget, which will cover the months of July and August, the first two months of Fiscal Year 2026. This will provide operational certainty while the legislature continues its work on the biennial state budget. During these months, a negative margin is expected due to decreased revenue during the summer months, which is expected annually, and the ramp-up of staffing to support the opening of the new inpatient tower.

   (See Attachment LXXI for background information, page 1644)

4. FY26 Interim Capital Investment Plan and FY26 Interim Ohio State Energy Partners Capital Plan: Mr. Papadakis presented the interim capital plan and the Interim Ohio State Energy Partners Capital Plan for FY26. Definitive plans will be brought to the Board in August for review and approval. New university capital projects totaling $267.6 million are scheduled to begin in FY26. This number will continue to decrease, year-over-year, as the university wraps up a significant build-out period. Approximately 94% of these expenses are being funded with cash, which is consistent with historical performance.

   The Interim FY26 Ohio State Energy Partners Capital Plan includes two projects totaling $16.6 million: the replacement and upgrade of hot-water distribution piping and associated equipment serving Arps and Ramseyer Halls, and repair and upgrade work on the South Neil Tunnel.

   (See Attachment LXXII for background information, page 1649)

5. Advancement Update: Senior Vice President for Advancement Michael Eicher updated the committee on the recently concluded *Time and Change* fundraising campaign. The eight-year effort surpassed its overall fundraising goal and engaged 817,000 unique donors. The campaign also created momentum to build on into the future. The investments in infrastructure and relationships made will continue to pay off for some time.

   (See Attachment LXXIII for background information, page 1654)

Items for Action:

6. Approval of Minutes: No changes were requested to the February 12, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

7. Resolution No. 2025-94, Approval of the Interim Operating Budget for Fiscal Year 2026:

   Synopsis: Authorization to make expenditures in Fiscal Year 2026, is proposed.

   WHEREAS The State of Ohio Biennial Budget for State Fiscal Years 2026 and 2027, including funding levels for state institutions of higher education, is still pending in the Ohio General Assembly; and,

THE OHIO STATE UNIVERSITY

WHEREAS the university has not yet finalized its operating budget for Fiscal Year 2026; and

WHEREAS this will allow the university to continue to advance the academic and financial goals during the period from July 1, 2025, through August 31, 2025; and

WHEREAS it is necessary to continue operating expenditures, including payment of faculty and staff, operation of the Ohio State University Wexner Medical Center and other auxiliaries and student instructional and support services prior to the time that the Fiscal Year 2026 operating budget is finalized and adopted; and

WHEREAS the Finance and Investment Committee has reviewed and recommends for approval the interim operating budget:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby authorizes the university to make operating expenditures consistent with the interim operating budget, pending the adoption of the Fiscal Year 2026 operating budget at the August 2025 Board of Trustees meeting.

8. Resolution No. 2025-87, Approval of Interim Capital Investment Plan for Fiscal Year 2026:

Synopsis: Authorization and acceptance of the Interim Capital Investment Plan for the fiscal year ending June 30, 2026, is proposed.

WHEREAS The State of Ohio Biennial Budget for Fiscal Years 2026 and 2027, including funding levels for state institutions of higher education, is still pending in the Ohio General Assembly; and,

WHEREAS the university has not yet finalized its operating budget for Fiscal Year 2026; and

WHEREAS the Interim Capital Investment Plan will allow the university to begin or continue capital projects in support of strategic goals during the period from July 1, 2025 through August 31, 2025; and

WHEREAS the recommended capital expenditures are the result of the university's comprehensive annual capital planning process; and

WHEREAS only those projects outlined in these recommendations will be approved for funding; and

WHEREAS the final fiscal year 2026 Capital Investment Plan will be presented for consideration at the August 2025 Board of Trustees meeting:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Interim Capital Investment Plan for the fiscal year ending June 30, 2026; and

BE IT FURTHER RESOLVED, That any request for authorization to proceed with any project contained in these recommendations must be submitted individually by the university for approval by the Board of Trustees, as provided for by Board policy.

(See Appendix LXXII for background information, page 2294)

9. Resolution No. 2025-88, Approval of Ohio State Energy Partners Utility System Interim Capital Improvements Plan for Fiscal Year 2026:

THE OHIO STATE UNIVERSITY

Utility System Life-Cycle Renovation, Repair and Replacement Projects

Synopsis: Approval of Ohio State Energy Partners LLC ("OSEP") fiscal year 2026 interim capital improvements plan and authorization for OSEP to make capital improvements pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the "Agreement"), is proposed.

WHEREAS the Agreement requires, OSEP to submit annually a utility system Capital Improvement Projects plan ("OSEP CIP") for university approval; and

WHEREAS the OSEP CIP includes requested approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2025; and

WHEREAS the university has not finalized its capital investment plan for fiscal year 2026; and

WHEREAS it is necessary to begin or continue these time-sensitive utility system projects until the fiscal year operating and capital plans are finalized and adopted; and

WHEREAS OSEP has provided detailed descriptions of the proposed capital improvement projects, supporting technical data and analysis, pursuant to Section 4.3(c) of the Agreement; and

WHEREAS the utility system capital improvement projects will be delivered pursuant to the terms of the Agreement; and

WHEREAS the capital expenditures for the approved utility system projects will be added to the utility fee pursuant to the Agreement; and

WHEREAS the university has reviewed and considered the financial, technical, and operational aspects of the projects and the projects' alignment with university plans and sustainability goals; and

WHEREAS the Master Planning & Facilities Committee has reviewed the projects for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance & Investment Committee has reviewed the projects for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the fiscal year 2026 interim OSEP CIP as outlined in the attached materials; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2026 capital improvements to the Utility System as outlined in the attached materials.

(See Appendix LXXIII for background information, page 2296)

10. Resolution No. 2025-95, Approval of 2025-2026 Academic Year Undergraduate Tuition and Mandatory Fees:

Synopsis: Approval of tuition and mandatory fees, non-residential and international surcharges, room, and board rates for undergraduate students at all campuses of The Ohio State University for the Academic Year 2025-2026, is proposed.

THE OHIO STATE UNIVERSITY

WHEREAS the Board of Trustees of The Ohio State University supports the university's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS the state budget contains higher education funding through the State Share of Instruction and special purpose appropriations; and

WHEREAS the university established the Ohio State Tuition Guarantee program in Fiscal Year 2018, which sets the cost of tuition, mandatory fees, and room and board rates for each incoming class of undergraduate Ohio resident students for four years; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2018 (Fiscal Year 2019), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2019 (Fiscal Year 2020), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2020 (Fiscal Year 2021), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2021 (Fiscal Year 2022), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohorts that began in Fiscal Years 2023, 2024 and 2025 will continue at the rates established for their cohorts and will therefore see no change (0%) in their tuition, mandatory fees, and room and board rates for Academic Year 2025-2026; and

WHEREAS new first-year Ohio resident undergraduate students enrolled at all campuses in 2025-26 will be part of a new Ohio State Tuition Guarantee cohort; and

WHEREAS Ohio Revised Code 3345.48 establishes that institutions with tuition guarantee programs may increase the instructional and mandatory fees for each incoming class of first-year undergraduate students by inflation, measured by the thirty-six-month moving average rate of inflation using the Consumer Price Index; and

WHEREAS all tuition, fee, and rate increases must be authorized and consistent with State of Ohio biennial budget bill to be enacted in Am. Sub. H.B. 96 of the 136th General Assembly and effective July 1, 2025; and

WHEREAS the university administration remains focused on student affordability and limiting college costs for all students consistent with the State of Ohio budget bill for the Academic Year 2025-2026; and

WHEREAS the tuition and mandatory fees, room and board rates, and non-residential and international surcharges for the Columbus, Lima, Mansfield, Marion, and Newark campuses and for the Agricultural Technical Institute (ATI) at Wooster for undergraduate students can be set by the University President in consultation with the Board of Trustees' Board Chair and Chair of the Finance and Investment Committee for the Academic Year 2025-26:

NOW THEREFORE

THE OHIO STATE UNIVERSITY

BE IT RESOLVED, That the Board of Trustees grants the University President, in consultation with Executive Leadership of the Board, authority to approve undergraduate tuition, mandatory fees, non-residential and international surcharges, room and board rates for the Academic Year 2025-26 for all campuses, effective Autumn semester 2025 consistent with final provisions of Am. Sub. H.B. 96 of the 136th General Assembly.

11. Resolution No. 2025-96, Approval of 2025-2026 Academic Year Graduate Tuition and Mandatory Fees:

Synopsis: Approval of tuition and mandatory fees, non-residential surcharges for graduate students at all campuses of The Ohio State University for the Academic Year 2025-2026, is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports the university's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS the state budget contains higher education funding through the State Share of Instruction and special purpose appropriations; and

WHEREAS all tuition, fee, and rate increases must be authorized and consistent with the State of Ohio biennial budget bill to be enacted in Am. Sub. H.B. 96 of the 136th General Assembly and effective July 1, 2025; and

WHEREAS the university administration remains focused on student affordability consistent with the State of Ohio budget bill for the Academic Year 2025-2026; and

WHEREAS the university administration now presents recommendations for graduate tuition and mandatory fees and non-residential surcharge for the Columbus, Lima, Mansfield, Marion, and Newark campuses and for the Agricultural Technical Institute (ATI) at Wooster for the Academic Year 2025-2026:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommendation of the administration for the approved graduate rates for the Academic Year 2025-2026 for all campuses, effective Autumn semester 2025, as follows:

- That tuition and mandatory fees will increase by 3.0% for graduate programs. Changes to differential fees for certain programs are addressed in the Approval of 2025-2026 Academic Year User Fees and Charges resolution; and

- That the non-resident surcharge for most graduates will increase by 4.0%. Exceptions for certain graduate programs are addressed in the Approval of 2025-2026 Academic Year User Fees and Charges resolution.

12. Resolution No. 2025-97, Approval of 2025-2026 Academic Year User Fees and Charges:

Synopsis: User fees and charges at the Columbus and regional campuses of The Ohio State University for Academic Year 2025-26, is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports the university's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS the university is committed to access, affordability, and excellence; and

THE OHIO STATE UNIVERSITY

WHEREAS consultations have taken place within the university to determine the appropriate fees for graduate and professional programs, and student health insurance charges, as described in the accompanying text and tables, which have been reviewed and recommended:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommendation of the administration for the following rates, which are outlined in the attached document and will be effective Autumn semester 2025:

- Graduate and professional fees, including differential instruction and clinical, as well as the non-resident surcharge; and
- Student health plan.

(See Appendix LXXIX for background information, page 2316)

13. Resolution No. 2025-98, Approval of Digital Textbook Fees:

Synopsis: Approval of digital textbook pass-through fees at all campuses of The Ohio State University for the 2025-2026 academic year is proposed.

WHEREAS the university collects certain fees, known as pass-through fees, that are used to pay third parties for goods and services that directly benefit students; and

WHEREAS the university does not seek to financially benefit from pass-through fees, but collects these fees instead of requiring third parties to bill students directly in circumstances where the university's involvement can reduce student costs, simplify billing for students, or otherwise benefit students; and

WHEREAS the university will be dramatically increasing the use of pass-through fees as part of the CarmenBooks affordability initiative, in which students can access digital textbooks at a significantly discounted rate compared with traditional materials; and

WHEREAS the CarmenBooks pilot that the Board of Trustees approved for spring semester 2019 (Resolution 2019-08) has expanded and is expected to save students approximately $5.2 million for the 2025-2026 academic year:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the digital textbook pass-through rates for the 2025-26 academic year for all campuses, effective Autumn semester 2025, as follows and as outlined in the attached document.

(See Appendix LXXX for background information, page 2322)

14. Resolution No. 2025-99, Approval of Non-Resident Tuition Waiver for Ohio State Students Who are Veterans, Military Members, or their Immediate Families:

Synopsis: Waiver of the non-resident surcharge for Ohio State students who are veterans, military members, or their immediate families for Fiscal Year 2026 and Fiscal Year 2027 is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports academic programs that meet the needs of Ohio State students; and

THE OHIO STATE UNIVERSITY

WHEREAS Ohio State students who are veterans or military members, with 90 days or more of honorable service in the United States uniformed services, and their immediate families, defined as spouses and/or children, that do not qualify for in-state tuition because of the intricacies of federal and state regulations, would benefit from an expanded policy that extends a waiver of the non-resident surcharge; and

WHEREAS Ohio State has, since Spring Semester 2019, requested and received a tuition waiver that allows the university to assess a $5 non-resident tuition surcharge to eligible students, rather than the respective undergraduate non-resident surcharge based on their assigned tuition guarantee cohort; and

WHEREAS the university seeks to continue the fee waiver that reduces the non-resident surcharge to $5 for eligible veterans, military members, and their immediate families, but the current waiver expires at the end of Summer 2025 term; and

WHEREAS the Ohio Department of Higher Education (ODHE) requires a Board of Trustees resolution to consider a new tuition waiver per Ohio Revised Code and ODHE directive 2009-011:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves to waive all but $5 of the non-resident tuition surcharge for The Ohio State University students who are veterans or military members, with 90 days or more of honorable service in the United States uniformed services, and their immediate families, that do not otherwise qualify for in-state tuition; and

BE IT FURTHER RESOLVED, That this approval will become effective for all semesters and terms, beginning Autumn 2025 semester, through June 30, 2027; and

BE IT FURTHER RESOLVED, That the administration will seek approval of a tuition waiver from the Ohio Department of Higher Education for state Fiscal Years 2026 and 2027.

15. Resolution No. 2025-100, Approval of Tuition Waiver for Students Participating in Study Abroad Programs Through Third-Party Provider or Direct Enrollment:

Synopsis: Waiver of tuition for Ohio State students who enroll in university-approved third-party provider or direct enrollment study abroad programs for Fiscal Year 2026 and Fiscal Year 2027 is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports academic programs that meet the needs of Ohio State students; and

WHEREAS Ohio State students who participate in study abroad programs through third-party providers or direct enrollment are required to pay tuition to the host institution; and

WHEREAS students benefit from continued enrollment at Ohio State during study abroad, which allows them to earn Ohio State credit, access financial aid and receive support when needed in other circumstances; and

WHEREAS Ohio State has, since Fiscal Year 2015, requested and received a tuition waiver for approved third-party provider or direct enrollment study abroad programs from the Board of Trustees and the Ohio Department of Higher Education (ODHE) so that students avoid two tuition payments during study abroad; and

WHEREAS the university seeks to continue the study abroad tuition waiver, but the current waiver expires after June 30, 2025; and

THE OHIO STATE UNIVERSITY

WHEREAS the Ohio Department of Higher Education requires a Board of Trustees resolution to consider a new tuition waiver per Ohio Revised Code and ODHE directive 2009-011:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves to waive tuition and fees at The Ohio State University for students enrolled in a third-party provider or direct enrollment study abroad program and to allow the students to remain enrolled at the university while participating in these programs; and

BE IT FURTHER RESOLVED, That this approval will become effective for all semesters and terms, beginning July 1, 2025, through June 30, 2027; and

BE IT FURTHER RESOLVED, That the administration will seek approval of a tuition waiver from the Ohio Department of Higher Education for state Fiscal Years 2026 and 2027.

(See Appendix LXXXI for background information, page 2333)

16. Resolution No. 2025-101, Authorization for the Issuance of General Receipts Obligations and Multiyear Debt Issuance Program III of the University:

Synopsis: Establishment of Multiyear Debt Issuance Program III, authorizing the issuance and sale of general receipts obligations of the university in an aggregate principal amount not to exceed $400 million for the purposes of financing, on an interim or permanent basis, the costs of certain university capital improvement projects, refunding the outstanding principal amount of current obligations of the university and paying costs and expenses associated with the issuance of such debt, and authorization for amendments to the existing trust indenture and other documents as required, is proposed.

WHEREAS pursuant to Sections 3345.11 and 3345.12 of the Ohio Revised Code (the "Act"), as enacted under authority of the Constitution of Ohio, particularly Section 2i of Article VIII thereof, The Ohio State University (the "University"), a state university of the State of Ohio (the "State"), created and existing under Chapter 3335 of the Ohio Revised Code, is authorized and empowered, among other things, (a) to issue its obligations to pay the costs of certain "facilities," as defined in the Act, and to refund, fund or retire bonds and other obligations previously issued for such purpose; (b) to pledge to the payment of its obligations all or a specified part of its "available receipts," as defined in the Act (the "General Receipts") in priority to all other expenses, claims or payments; (c) to covenant that the University will make, fix, adjust and collect the fees, rates, rentals, charges and other items comprising General Receipts to produce General Receipts sufficient at all times to meet Debt Service Charges (as defined in the Amended and Restated Trust Indenture described below) on the Obligations, to establish and to maintain the required reserves and meet other requirements herein provided; and (d) to provide for a trust indenture and make further provisions for securing the payment of the Debt Service Charges; and

WHEREAS the University, by resolution adopted by its Board of Trustees (the "Board") on November 1, 1985 (the "Series 1985A Bond Resolution"), and by a Trust Indenture dated as of November 15, 1985 (the "Original Indenture") between the University and The Huntington National Bank, as trustee (the "Original Trustee"), provided for the issuance from time to time of General Receipts Bonds of the University; and

WHEREAS the University, pursuant to the terms of a resolution adopted by the Board on October 1, 1999 (the "1999 General Bond Resolution"), amended and restated the Original Indenture, as supplemented, in accordance with the terms thereof, by entering into the Amended and Restated Trust Indenture dated as of December 1, 1999 (the "Amended and Restated Trust Indenture") with the Original Trustee; and

THE OHIO STATE UNIVERSITY

WHEREAS The Bank of New York Mellon Trust Company, N.A. (the "Trustee") has succeeded the Original Trustee as trustee under the Amended and Restated Trust Indenture; and

WHEREAS pursuant to the terms of a resolution adopted by the Board on June 8, 2015, a resolution adopted by the Board on June 9, 2017 and a resolution adopted by the Board on June 6, 2018 (collectively, the "Program Resolution"), the University authorized the issuance of The Ohio State University General Receipts Bonds and Commercial Paper Notes (the "Senior Obligations") and subordinated bonds and notes (the "Subordinated Obligations" and, together with the Senior Obligations, the "Obligations") to be issued pursuant to the Amended and Restated Trust Indenture in an aggregate amount not to exceed $1 billion by no later than June 30, 2020, which authorizations established the University's Multiyear Debt Issuance Program ("Program I"); and

WHEREAS the Amended and Restated Trust Indenture provides that Obligations may be issued pursuant to the terms thereof, with each such issue to be authorized by a Series Resolution (as defined therein) adopted by the Board and secured pursuant to the terms of a Supplemental Indenture (as defined therein), with respect to such issue (the Amended and Restated Trust Indenture and all Supplemental Indentures thereto being collectively referred to herein as the "Indenture"); and

WHEREAS in furtherance of and pursuant to the Program Resolution and the Indenture, the University entered into the Multiyear Debt Issuance Program Supplement to Amended and Restated Trust Indenture dated as of March 1, 2016; and

WHEREAS on August 19, 2021, the Board adopted Resolution No. 2022-46, (the "Program II Resolution") whereby the University established its Multiyear Debt Issuance Program II ("Program II"), the authorization for which Program II expires on June 30, 2025; and

WHEREAS the University has from time to time authorized the issuance of the Obligations listed on Schedule 1 attached hereto and made a part hereof pursuant to the Series 1985 A Bond Resolution, the Original Indenture, the 1999 General Bond Resolution, the Amended and Restated Trust Indenture, various supplements to the Original Indenture, the Amended and Restated Trust Indenture and various Series Resolutions; and

WHEREAS the Board finds that it is in the best interests of the University to promote administrative convenience, enhance sound debt management and improve efficiency in connection with the issuance of Obligations of the University, and in furtherance thereof to establish its Multiyear Debt Issuance Program III for the purposes of financing, on an interim or permanent basis, the costs of University Facilities, refunding Outstanding Obligations (as described below) of the University and paying costs and expenses associated with the issuance of such Obligations, by providing for the issuance of its Obligations in an aggregate authorized principal amount of not to exceed $400 million, in one or more series, by not later than June 30, 2027; and

WHEREAS the Board desires to make provisions for the issuance of the Obligations and the payment of Debt Service Charges thereon and the securing thereof by this Resolution (hereinafter referred to as the "Program III Resolution") and the supplement(s) to the Amended and Restated Trust Indenture, including but not limited to the Multiyear Debt Issuance Supplement to Amended and Restated Trust Indenture – Program III (as described below), all as provided by this Program III Resolution, with all terms used herein with initial capitalization where the rules of grammar would not otherwise so require and not defined herein having the meanings given them in the Indenture:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees of The Ohio State University hereby authorizes the issuance of Obligations in an aggregate principal amount not to exceed $400 million, for the purposes as set forth in the recitals to this Program III Resolution; provided, however, that the

foregoing limitation on the amount of Obligations that may be issued shall not apply to (i) any Bonds or Notes authorized to be issued under this Program III Resolution to retire or refund (a) any Outstanding Obligations listed on Schedule 1 attached hereto and made a part hereof, or (b) any Obligations issued pursuant and subsequent to the date of this Program III Resolution, or (ii) any capital lease or other type of indebtedness that does not constitute an Obligation as defined in the Indenture and is not issued pursuant to the Indenture, and, (iii) provided, further, that any Obligation or indebtedness described in (i) and (ii), both inclusive, above shall be excluded for purposes of calculating the total amount of Obligations issued pursuant to the authorization provided in this Program III Resolution; and

BE IT FURTHER RESOLVED, That the authority to issue any Obligations authorized by this Program III Resolution shall be in effect through June 30, 2027; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby authorizes the President and Senior Vice President for Business and Finance, or either of them, upon consultation with the Chair of the Finance and Investment Committee of this Board and upon consultation with the Senior Vice President for Legal Affairs and General Counsel and any outside counsel retained for this purpose, to determine (a) the time or times that any of the Obligations shall be issued as provided in this Program III Resolution, (b) the principal amount, subject to the limitations prescribed herein, and type of debt to be issued from time to time, (c) the rate or rates of interest to be borne by such Obligations and whether such interest shall be taxable or tax exempt; provided, however, that in no event shall the interest rate on any series of Obligations exceed eight percent (8.00%) per annum, (d) whether any interest rates shall be fixed or variable, (e) the maturity or maturities of any of the Obligations and (f) whether and to what extent any series of such Obligations shall be Senior Obligations or Subordinated Obligations, any or all of which terms, as well as any terms required by Section 2.02 of the Indenture, may be set forth in one or more Certificates of Award executed and delivered by the President and Senior Vice President for Business and Finance, or either of them, in connection with the issuance and sale of the Obligations, the execution and delivery of such Certificates of Award and any of them being hereby authorized; and

BE IT FURTHER RESOLVED, That, with respect to any Obligations issued on a tax exempt basis under the federal income tax laws, the President and Senior Vice President for Business and Finance, or either of them, is hereby authorized and directed (a) to make or effect any election, selection, designation, choice, consent, approval or waiver on behalf of the University with respect to the Obligations as permitted or required to be made or given under the federal income tax laws, for the purpose of assuring, enhancing or protecting favorable tax treatment or the status of the Obligations or interest thereon or assisting compliance with requirements for that purpose, reducing the burden or expense of such compliance, reducing any rebate amount or any payment of penalties, or making any payments of special amounts in lieu of making computations to determine, or paying, any excess earnings as rebate, or obviating those amounts or payments on behalf of the University; (b) to take any and all actions, make or obtain calculations, and make or give reports, covenants and certifications of and on behalf of the University, as may be appropriate to assure the status of the Obligations as Tax Exempt Bonds; and (c) to give an appropriate certificate on behalf of the University for inclusion in the transcript of proceedings setting forth the facts, estimates and circumstances, and reasonable expectations of the University pertaining to Section 148 of the Internal Revenue Code of 1986, as amended (the "Code") and the Regulations, and the representations, warranties and covenants of the University regarding compliance by the University with Sections 141 through 150 of the Code and the Regulations, as applicable; and

BE IT FURTHER RESOLVED, That the President and Senior Vice President for Business and Finance, or either of them, is authorized to negotiate and execute, on behalf of the University and this Board, a supplemental indenture to the Amended and Restated Trust Indenture to be denominated the “Multiyear Debt Issuance Supplemental Indenture to Amended and Restated Supplemental Indenture – Program III”, any amendments or supplements thereto or the Amended and Restated Indenture, any purchase contract for the sale of the Obligations, any escrow

agreement, continuing disclosure agreement, any interest rate management or hedging contract, credit support or enhancement contract, any official statement or other offering document relating to the offer and sale of the Obligations, the use and distribution of which is hereby authorized and any other agreement, receipt, certificate or document (collectively the "Transaction Documents") as the President or Senior Vice President for Business and Finance or either of them shall deem (a) necessary or appropriate to carry out this Program III Resolution and to provide for the most beneficial commercial terms reasonably available to the University and (b) not materially adverse to the University, with the execution by the President or Senior Vice President for Business and Finance of any such Transaction Documents constituting the conclusive determination of such officer that the terms of such Transaction Document are necessary and appropriate and not materially adverse to the University, it being expressly provided that any payment obligation whatsoever with respect to any Transaction Documents may, if so agreed to by the officer of the University executing the same, be secured on a pari passu basis as the Obligations and the Debt Service Charges with respect thereto to which any such Transaction Document relates; and

BE IT FURTHER RESOLVED, That the Senior Vice President for Business and Finance shall report to the Board's Finance and Investment Committee on a regular basis all actions taken in pursuant to this Program III Resolution; and

BE IT FURTHER RESOLVED, That it is found and determined that all formal actions of this Board concerning and relating to the adoption of this Program III Resolution were adopted in an open meeting of this Board, and that all deliberations of this Board and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code; and

BE IT FURTHER RESOLVED, That this Program III Resolution shall take effect and be in force on July 1, 2025.

(See Appendix LXXXII for background information, page 2334)

17. Resolution No. 2025-102, Authorization for Designated Officials to Buy, Sell, Assign and Transfer Securities, also to Deposit or Withdraw Funds from Bank and Investment Accounts, to Designate Depositories and to Execute Treasury- and Insurance-Related Agreements:

Synopsis: Authorization for designated officials to buy, sell, assign and transfer securities, to deposit or withdraw funds from bank and investment accounts held in the name of The Ohio State University, to designate depositories, and to execute treasury and insurance related agreements, is proposed.

WHEREAS designated officials of the university buy, sell, assign and transfer stocks, bonds and other financial instruments owned by The Ohio State University; and

WHEREAS various financial institutions are designated as depositories of The Ohio State University; and

WHEREAS accounts at various financial institutions are opened and maintained in the name of The Ohio State University; and

WHEREAS designated officials of the university are responsible for the procurement and management of the university's insurance programs:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby authorizes the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees to buy, sell, assign

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and transfer any and all stocks, bonds, evidences of interest and/or indebtedness, rights and options to acquire or to sell the same, and all other securities corporate or otherwise, standing in the name of or belonging to The Ohio State University in any capacity; and

BE IT FURTHER RESOLVED, That the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees be authorized to designate various financial institutions as depositories and/or custodians for The Ohio State University, and to open and maintain accounts and enter into agreements at institutions providing financial products and services in the name of The Ohio State University; to engage in and sign agreements for bank financing, underwriting, brokerage, leasing, equipment financing, deposits, foreign currency exchange, hedging vehicles including forwards, futures, swaps and options, financial advisory services; and

BE IT FURTHER RESOLVED, That the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees be authorized, on behalf of The Ohio State University and in its name, to sign checks, drafts, notes, bills of exchange, letters of credit, acceptances, electronic fund transfers or other orders for the payment of money from said accounts; to endorse in writing or by stamp checks, notes, bills, certificates of deposit, or other instruments owned or held by the university for deposit in said accounts or for collection or discount by said banks; to accept drafts, acceptances and other instruments payable to said banks; to waive, demand, protest, file notice of protest, or dishonor any check, note, bill, draft, or other instrument made, drawn, or endorsed by the university; and

BE IT FURTHER RESOLVED, That the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees be authorized to engage in insurance-related transactions and sign insurance-related agreements to ensure coverage that best fits the needs of The Ohio State University to include, but not be limited to, insurance carrier, consulting and broker agreements, emergency response services, and third-party claim administrator contracts.

(See Appendix LXXXIII for background information, page 2335)

18. Resolution No. 2025-103, Reappointments to the Self-Insurance Board:

Synopsis: Reappointment of members to the Self-Insurance Board is proposed.

WHEREAS the Board of Trustees directed that a Self-Insurance Board be established to oversee the University Self-Insurance Program; and

WHEREAS all members of the Self-Insurance Board are appointed by The Ohio State University Board of Trustees upon recommendation of the President; and

WHEREAS the terms of members Cynthia A. Powell, CPA and D. Brent Mulgrew expire on June 30, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approve that the following individuals be reappointed as members of the Self-Insurance Board effective June 30, 2025, for the terms specified below:

Cynthia A. Powell, CPA, term ending June 30, 2027
D. Brent Mulgrew, term ending June 30, 2027

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BE IT FURTHER RESOLVED, That this appointment entitles each member to any immunity, insurance or indemnity protection to which officers and employees of the University are, or hereafter may become, entitled.

19. Resolution No. 2025-104, Approval of the University Foundation Report:

Synopsis: Approval of the University Foundation Report as of March 31, 2025, is proposed. WHEREAS monies are solicited and received on behalf of the university from alumni, industry, and various individuals in support of research, instructional activities, and service; and

WHEREAS such gifts are received through The Ohio State University Foundation; and WHEREAS this report includes: (i) the establishment of one (1) endowed chair: the Dr. Lee E. Shackelford Chair in Psychiatry and Behavioral Health; four (4) endowed professorships: The Dr. Frederick H. Davidorf Honorary Professorship, the Margaret Bowers Hardymon Professorship in Surgery, the Honda Endowed Professorship in Automotive Manufacturing and The Drs. Malati and Ganesh Potdar Professorship in Radiation Oncology-Proton Therapy; six (6) scholarships as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; and thirty-five (35) additional named endowed funds; (ii) the revision of thirteen (13) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of March 31, 2025.

(See Appendix LXXXIV for background information, page 2336)

20. Resolution No. 2025-105, Naming of the Meta STEM Instruction Innovation Hub:

IN RAMSEYER HALL

Synopsis: Approval for the naming of the active learning classroom (room A) in Ramseyer Hall, located at 29 W Woodruff Ave, is proposed.

WHEREAS The renovation of Ramseyer Hall will benefit 2,000 math and chemistry students in its first year and 16,000 students per year once fully open to all STEM fields, significantly impacting all STEM programs at The Ohio State University; and

WHEREAS the updated space in Ramseyer Hall will engage students in active-learning, comprehensive pedagogies; and

WHEREAS Meta Platforms Inc has provided significant contributions to the STEM Learning Center; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Meta Platforms Inc's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the term of three years the aforementioned space be named the Meta STEM Instruction Innovation Hub.

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21. Resolution No. 2025-106, Naming of the Gary (Class of 1962) and Helen Cole Office:

IN THE CONTROLLED ENVIRONMENT AGRICULTURE RESEARCH COMPLEX

Synopsis: Approval for the naming of an office (Room 105A) in the Controlled Environment Agriculture Research Complex (CEARC), located at 2515 Carmack Road, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the CEARC will provide a platform for interdisciplinary research at the nexus of horticulture, engineering, entomology, pathology, food science, computer science, and human nutrition/health; and

WHEREAS Gary and Helen Cole have provided significant contributions to the college; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy, and if at any time following the approval of a naming, circumstances change so that the continued use of the name may compromise the integrity or reputation of the University, the University may remove the name with the approval of the President and the Board of Trustees and notification of the Donors, if possible:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Gary and Helen Cole's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Gary (Class of 1962) and Helen Cole Office.

22. Resolution No. 2025-107, Naming of the Lasko Family Home Team Locker Room:

IN THE LACROSSE STADIUM

Synopsis: Approval for the naming of the home team locker room (Room 183) in the Lacrosse Stadium, located at 630 Irving Schottenstein Drive is proposed.

WHEREAS The state-of-the-art, 2,500-seat lacrosse stadium will be the new practice and competition space for the men's and women's varsity lacrosse teams; and

WHEREAS the lacrosse stadium will serve the community and grow the sport of lacrosse through camps and clinics hosted within the space; and

WHEREAS Matthew Lasko has provided significant contributions to the men's lacrosse program, the construction of the new lacrosse stadium as well as the Department of Athletics; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Matthew Lasko's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Lasko Family Home Team Locker Room.

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23. Resolution No. 2025-108, Naming of the Dr. Jack L. Beal Room:

IN THE RIFFE BUILDING

Synopsis: Approval for the naming of the second floor large group space (room R200A) in the Riffe Building, located at 496 W 12th Ave, is proposed.

WHEREAS The College of Pharmacy is consistently ranked a top pharmacy school in the country, home to world-class faculty, dedicated students and innovative researchers working toward improving medications and medication-related health outcome; and

WHEREAS the College of Pharmacy commits to providing students access to state-of-the-art facilities and spaces to promote learning; and

WHEREAS Richard M. Mora Sr. has provided significant contributions to the Rife Building renovations; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Richard M. Mora Sr.'s philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Dr. Jack L. Beal Room.

24. Resolution No. 2025-109, Naming of Buildings in the Waterman Complex:

IN THE COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

Synopsis: Approval for the naming of two buildings in the Waterman Complex, located at the northwest corner of Lane Avenue and Kenny Road, is proposed.

WHEREAS The new dairy barn and multispecies animal learning center (MALC) are being constructed to meet the aims of the Waterman Agricultural and Natural Resources Laboratory to provide comprehensive agricultural education; and

WHEREAS the College of Food, Agricultural, and Environmental Sciences wants to maintain consistent nomenclature across Waterman Complex; and

WHEREAS Planning, Architecture and Real Estate recommends this change; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned spaces be named the Waterman – Dairy and the Waterman – Multispecies Animal Learning Center.

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25. Resolution No. 2025-110, Naming of Internal Spaces in Waterman – Dairy:

IN WATERMAN - DAIRY

Synopsis: Approval for the naming of the internal spaces in Waterman - Dairy, located at the Waterman Agricultural and Natural Resources Laboratory, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the Waterman Dairy will support the CFAES mission of education, research, and outreach and engagement by providing a state-of-the-art dairy facility for teaching, outreach, research, and public interaction and education regarding the use of precision animal agriculture via technology; and

WHEREAS the donors listed below have provided significant contributions toward the construction of Waterman - Dairy; and

- Denny Mahle
- Michele and Steven Specht
- Linda Dunn

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donor's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the internal spaces be named the following:

- Galton Dairy Display Hall
- Specht and Deam Family Viewing Walkway
- Dale and Betty Hedge Family Automated Milking System Room

26. Resolution No. 2025-111, Naming of Internal Spaces in the Waterman – Multispecies Animal Learning Complex:

IN THE WATERMAN – MULTISPECIES ANIMAL LEARNING COMPLEX

Synopsis: Approval for the naming of internal spaces in the Waterman - Multispecies Animal Learning Center (MALC), located in the Waterman Agricultural and Natural Resources Laboratory, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the MALC will support the CFAES mission of education, research, and outreach and engagement by bringing people and animals together in a state-of-the-art facility that will be used by Ohio State students and public learners of all ages alike; and

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WHEREAS the donors listed below have provided significant contributions toward the construction of the MALC; and

- Clifford Baughman
- David and Dorothy Case

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the internal spaces be named the following:

- Clifford and Dale Baughman Outreach & Engagement Center
- Dave and Dorothy Case Terrace

27. Resolution No. 2025-112, Naming of Roadways in The Ohio State University Wexner Medical Center:

Synopsis: Approval for the renaming of Medical Center Drive (east of Westpark St to West 10th) and the naming of Medical Center Drive East and Medical Center Drive West in the Wexner Medical Center, is proposed.

WHEREAS Construction and growth of the Wexner Medical Center has led to new traffic patterns and the creation of new roadways; and

WHEREAS naming two new roads and renaming a section of an existing road will allow for more efficient navigation of the Wexner Medical Center facilities; and

WHEREAS Planning, Architecture and Real Estate recommends this change; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (d) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned roadways be named Eastpark St, Medical Center Drive East and Medical Center Drive West.

28. Resolution No. 2025-113, Naming of Buildings in The Ohio State University Wexner Medical Center:

Synopsis: Approval for administrative naming of buildings in The Ohio State University Wexner Medical Center, is proposed.

WHEREAS The Wexner Medical Center is constantly growing and changing to reflect the needs of its researchers, patients, and community as a whole; and

WHEREAS the names of the spaces listed below no longer reflect either the current naming standards or purpose of the space; and

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- Inpatient Tower (#0870)
- James A. Rhodes Hall - University Hospital (#0354)
- Charles Austin Doan Hall (#0089)
- Brain and Spine Hospital (#0372)

WHEREAS Planning, Architecture and Real Estate recommends this change; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned spaces be named the following:

- University Hospital
- University Hospital – Rhodes Hall
- University Hospital – Doan Hall
- University Hospital – Pavilion

29. Resolution No. 2025-89, Approval to Enter Into/Increase Professional Services and Enter Into/Increase Construction Contracts:

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES CONTRACTS
ATHLETICS TECHNOLOGY MODERNIZATION
NORTH TOWERS BUILDING UPGRADES
TUNNEL REHABILITATION PHASE 1
UH-DOAN HALL SPRINKLER INSTALLATION

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
DOAN – REPLACE SPECT CTS
OUTPATIENT EAST – EXISTING LOT RENOVATION
OUTPATIENT EAST –NEW WEST PARKING LOT
SCHOTTENSTEIN CENTER – SCOREBOARD REPLACEMENT

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS
BATTERY CELL RESEARCH & DEMONSTRATION CENTER

Synopsis: Authorization to enter into/increase professional services and construction contracts, as detailed in the attached materials, is proposed.

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts for the following projects; and

	Prof. Serv. Approval Requested	Total Requested	
Athletics Technology Modernization	$1.7M	$1.7M	Auxiliary funds
North Towers Building Upgrades	$10.0M	$10.0M	University debt

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Tunnel Rehabilitation Phase 1	$1.0M	$1.0M	University debt University funds State funds Partner funds
UH-Doan Hall Sprinkler Installation	$1.2M	$1.2M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts and enter into/increase construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
Doan – Replace SPECT CTs	$0.3M	$4.3M	$4.6M	Auxiliary funds
Outpatient East – Existing Lot Renovation	$0.8M	$4.7M	$5.5M	Auxiliary funds
Outpatient East – New West Parking Lot	$1.1M	$6.1M	$7.2M	Auxiliary funds
Schottenstein Center – Scoreboard Replacement	$0.6M	$4.6M	$5.2M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to increase construction contracts for the following projects; and

	Construction Approval Requested	Total Requested	
Battery Cell Research & Demonstration Center	$1.7M	$1.7M	University funds Partner funds

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to enter into/increase professional services and construction contracts for the projects listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

(See Appendix LXXIV for background information, page 2299)

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30. Resolution No. 2025-90, Approval for Purchase of Real Property – Zollinger Road:

5.070+/- ACRES AT 1800 ZOLLINGER ROAD,
UPPER ARLINGTON, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to purchase property described as Outpatient Care Upper Arlington from Medstone Realty Company, LLC located at 1800 Zollinger Road, Upper Arlington, Ohio is proposed.

WHEREAS The Ohio State University seeks to acquire 5.070 acres of improved real property located at 1800 Zollinger, Upper Arlington, Ohio, identified as Franklin County parcel number 070-003229; and

WHEREAS the purchase of this property supports the university's plan for strategic investment in outpatient services for neighboring communities:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to effect the purchase of the aforementioned property upon the terms and conditions deemed to be in the best interest of the university.

(See Appendix LXXV for background information, page 2308)

31. Resolution No. 2025-114, Ratification of Settlement Agreement and Amendments to Cost Allocation Agreement:

Synopsis: Ratification of that certain Settlement Agreement and Amendments to Cost Allocation Agreement regarding the combined heat and power plant, is proposed.

WHEREAS the University, Ohio State Energy Partners LLC ("OSEP") and ENGIE Buckeye Operations LLC ("EBO") entered into a Cost Allocation Agreement dated October 2, 2023 (the "Cost Allocation Agreement") to among other things facilitate the completion of the combined heat and power plant, including by allocating costs, providing for new construction milestones and associated remedies, augmenting information sharing among the parties, and establishing an oversight committee consisting of representatives from each of the parties; and

WHEREAS the University, OSEP and EBO entered into a Settlement Agreement and Amendments to Cost Allocation Agreement dated April 29, 2025 (the "Agreement") to among other things cap the University's responsibility for cost overruns, provide for extended warranties for the combined heat and power plant and cooperate to establish stand-alone KPIs for the combined heat and power plant; and

WHEREAS it is proposed that the Board hereby approve and ratify the University's entering into the Agreement and any actions taken or to be taken thereunder.
NOW THEREFORE

BE IT RESOLVED, That the Board hereby approves that it is in the best interests of the University to enter into the Agreement and to perform the obligations arising under, or in connection with, the Agreement; and

BE IT FURTHER RESOLVED, That the Board hereby approves and ratifies the University (1) entering into the Agreement, and (2) the taking of such actions thereunder as the President, Senior Vice President for Business and Finance and Senior Vice President for Administration and Planning

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("Authorized Officers"), or any of them, deems necessary, advisable or appropriate to perform obligations under the Agreement, such Authorized Officer's taking of such action to be conclusive evidence of such approval and determination of the necessity, advisability or appropriateness thereof; and

BE IT FURTHER RESOLVED, That all actions previously taken by any Authorized Officer or employee of the University, by or on behalf of the University in connection with the Agreement, including executing the same, be, and each of the same hereby is, adopted, ratified, confirmed and approved in all respects; and

BE IT FURTHER RESOLVED, That it is found and determined that all formal actions of this Board concerning and relating to the adoption of this resolution were adopted in an open meeting of this Board, and that all deliberations of this Board and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code; and

BE IT FURTHER RESOLVED, That this resolution shall take effect and be in force immediately upon its adoption.

(See Appendix LXXXV for background information, page 2348)

Action: Upon motion of Mr. Mitevski, seconded by Mr. Skestos, the foregoing motions were adopted by roll-call vote with the following members present and voting: Mr. Mitevski, Mr. Bigby, Mr. Kiggin, Mr. Skestos, Mr. Kerner, Ms. Chronis and Mr. Zeiger. Mr. Heminger was not present for this vote.

Written Reports
In the public session materials, there were two written reports shared for the committee to review:

a. FY25 Interim Financial Report
(See Attachment LXXIV for background information, page 1656)

b. Detailed Foundation Report
(See Attachment LXXV for background information, page 1661)

The committee adjourned at 4:21 p.m.

CONSOLIDATED FINANCIAL SCORECARD

Enterprise Operating Activity	FY25 YTD Actual	FY25 YTD Plan	Status
1. Sources	$8.43B	$8.00B	105.4%
2. Uses	$7.68B	$7.46B	102.9%
3. Sources less Uses	$746M	$533M	139.9%

Capital Projects / Debt Service	FY25 YTD Actual	FY25 YTD Plan	Status
1. Capital Spend Activity - All sources	$520M	$589M	88.3%
2. Net Capital Spend Activity - Cash	$504M	$571M	88.3%
3. Debt Service	$125M	$126M	98.9%

Liquidity	FY25 YTD Actual	Target	Status
1. Operating Liquidity - Days Cash on Hand	116	Policy > 90 Days	Stable
2. Total Enterprise Liquidity - Days Cash on Hand	204	> 180 Days	Stable

Investment Performance

Operating Funds	FY25 YTD Actual	Benchmark	Status
FYTD Performance	4.59%	4.26%	+0.33%
3-Year Performance	4.21%	3.61%	+0.60%

Long Term Investment Pool	FY25 YTD Actual	Benchmark	Status
FYTD Performance	5.56%	4.65%	+0.91%
3-Year Performance	5.81%	4.82%	+0.99%

Institutional Financial Metrics	FY25 YTD Actual	Target	Status
1. Credit Rating	Aa1 / AA+ / AA+	Aa1 / AA+ / AA+	Stable
2. Debt Service to Operating Expenses (OpEx)	2.0%	< 4.0%	Stable
	FY25 YTD Actual	**Target**	**Status**
3. Debt Service Coverage (EBIDA/DS)	4.3x	> 3.0x	Stable
	FY25 YTD Actual	**FYE 24**	**Status**
4. Cash & Investments to OpEx	1.17x	1.16x	Stable

March 5 - May 21, 2025, Board of Trustees Meetings
ATTACHMENT LXIX

UNIVERSITY FINANCIAL SCORECARD

University Operating Activity	FY25 YTD Actual	FY25 YTD Plan	Status
1. Sources	$3.97B	$3.76B	105.5%
2. Uses	$3.52B	$3.49B	100.9%
3. Sources less Uses	$442M	$266M	165.9%

Revenue Drivers	FY25 YTD Actual	FY25 YTD Plan	Status
1. Enrollment - summer, autumn, spring	152,012	149,076	102.0%
2. Credit Hours - summer, autumn, spring	1,918,281	1,860,732	103.1%
3. Tuition and Fees, gross	$1.22B	$1.18B	102.9%
4. Total Grants and Contracts (Exchange & Non-Exchange)	$915M	$894M	102.3%
5. State Operating Support	$79M	$78M	100.1%
6. LTIP Distributions	$316M	$317M	99.7%
7. Fundraising - Current Use Cash Receipts	$149M	$130M	114.5%
8. Net Contribution from Auxiliary Enterprises (Operating)	$30M	$8M	362.7%

Performance Metrics	FY25 Actual	FY24 Actual	Status
1. New first year student retention	94.2%	94.2%	100.0%
2. Four year graduation rate	72.8%	71.1%	102.4%
3. Six year graduation rate	87.7%	87.7%	100.0%

MEDICAL CENTER FINANCIAL SCORECARD

Medical Center Operating Activity	FY25 YTD Actual	FY25 YTD Plan	Status
1. Sources	$3.80B	$3.58B	106.2%
2. Uses	$3.48B	$3.31B	105.4%
3. Sources less Uses, Operating	$322M	$276M	116.4%
4. Income Statement: Excess of Revenue over Expense	$189M	$144M	131.6%
5. OSUP Sources less Uses	-$3.2M	-$2.7M	82.4%

Revenue Drivers	FY25 YTD Actual	FY25 YTD Plan	Status
1. Patient Discharges	45,675	48,187	94.8%
2. Total Surgeries	45,392	46,411	97.8%
3. Outpatient Visits	1,338,426	1,260,298	106.2%
4. ED Visits	71,842	65,399	109.9%

Performance / Activity Metrics	FY25 YTD Actual	FY25 YTD Plan	Status
1. Operating EBIDA Margin	11.2%	10.6%	105.6%
2. Total Health System Liquidity - Days Cash on Hand	138.6 Days	121.2 Days	Stable
3. Health System Operating Liquidity - Days Cash on Hand	90.2 Days	74.9 Days	Stable
4. Debt Service Coverage	6.3x	5.7x	Stable

Status

- Meets
- Below Expectation
- Far Below

March 5 - May 21, 2025, Board of Trustees Meetings

2025-2026 Academic Year Tuition & Mandatory Fees

Michael Papadakis, Senior Vice President and CFO
Kris Devine, Deputy CFO and Vice President of Operations

Finance & Investment Committee | May 14, 2025

Summary of Proposed Tuition and Fees for FY 2026

UNDERGRADUATE

Proposed increases	Rate Increase
In-person and Online programs resident (base) tuition & fees – incoming first year undergraduates (one time increase, frozen for four years under Tuition Guarantee equates to 0.75% annual increase)	TBD
Non-resident surcharge	TBD
International surcharge	TBD
Housing	TBD
Dining	TBD
Student Health Insurance (Pass-Through)	3.98%

In consultation with Executive Leadership of the Board, the University President will set the undergraduate, mandatory fees, non-residential and international surcharges, room and board rates for the Academic Year 2025-26 for all campuses, effective Autumn semester 2025, consistent with final provisions of Am. Sub. H.B. 96 of the 136th General Assembly.

Tuition and fees will remain the same (0% increase) for Ohio resident undergraduate students enrolled in in-person and online programs but not included in the Ohio State Tuition Guarantee under current exemptions, such as campus change students.

GRADUATE / PROFESSIONAL

Proposed Increase	Rate Increase
In-person and Online programs resident (base) tuition & fees	3.0%
Non-resident surcharge	4.0%

Fees	Proposal
Graduate / Professional Differential Fees	9 programs seek changes 5 new programs also seek a fee
The College of Engineering: Master of Applied Aeronautics	New differential fee of $9,360 for a new masters program
The College of Engineering: Master of Systems Engineering	New differential fee of $9,360 for a new masters program
The College of Law: Master in the Study of Law Certificates	New differential fee of $8,350 per semester for 3 new stackable certificate programs
Graduate / Professional Other Fees	6 fee changes are requested 3 new fees are requested
The College of Medicine: Doctor of Physical Therapy Program fee	New program fee of $117 for the Physical Therapy Program
The College of Medicine: Doctor of Occupational Therapy Program fee	New program fee of $88 for the Occupational Therapy Program
The College of Medicine: Athletic Training Course Fee	New course fee of $150 for the Lower Extremity Exam & Diagnosis course

Affordability at Ohio State

EXPANDING INSTITUTIONAL AID

Since FY 2015, millions in additional need-based financial aid have supported students with the introduction of the Buckeye Opportunity Program and President's Affordability Grants.

$369M
in additional need-based aid will have supported 60,000+ low- and moderate-income Ohioans from 2015 to 2024

57%
of Ohio State undergraduate students graduate without student loans

80%
of new first year students at Ohio State receive some type of financial aid.

ELIMINATED
70%
of all course fees in addition to waiving additional costs for students who take heavy course loads

INSTITUTIONAL FINANCIAL AID STRATEGY

- In Autumn 2025, the university welcomes its fourth cohort of New First Year Students (NFYS) for the Scarlet & Gray Advantage Program. The program will include financial aid, work opportunities, career development and financial literacy components.
- The Student Financial Success area continues its expansion of the *ScholarshipUniverse* tool across the university. *ScholarshipUniverse* is a single source for Ohio State students to find internal and external scholarships. The university saw a 26% increase in student applications from 2023-2024 to 2024-2025.
- Ohio State is committed to an affordable education. In FY25, over 50,000 Buckeyes received almost $525M in total financial aid.

Graduate Tuition

Summary: Graduate Tuition & Fees for FY 2026

- Tuition revenue primarily funds fee authorizations and fellowships.
- Instructional rates have been consistent from FY 2014 to FY 2022 increasing the variance with peer universities.
- Based on market research, we are proposing a 3.0% increase in resident base tuition and a 4.0% increase in the non-resident surcharge.
- Master's/Ph.D. pay these rates unless they have differentials.

	Proposed Increase	Notes
Base tuition	3.0%	Evaluated against Big Ten peers
Non-resident surcharge	4.0%	Evaluated against Big Ten peers

Graduate Programs

COST COMPARISONS – TOTAL TUITION AND MANDATORY FEES FOR GRADUATE STUDENTS AT COLUMBUS CAMPUS

	FY 2026	Change	Comparison to FY 2025 peers (1=most affordable)
Ohio resident	$14,318	$417	6th in Big Ten (same as FY 2025) 4th among Ohio's six selective universities
U.S. non-resident	$44,310	$1,570	13th in Big Ten (same as FY 2025) 6th among Ohio's six selective universities

GRADUATE (Master's and Ph.D.) - COLUMBUS				
Description	FY 2025	FY 2026	Change	% Change
Fees:				
Instructional Fees	$ 12,890	$ 13,276	$ 386	3.0%
General	$ 500	$ 522	$ 22	4.4%
Student Activity	$ 75	$ 77	$ 2	2.7%
Student Union	$ 149	$ 149	$ -	0.0%
Recreation Fee	$ 260	$ 267	$ 7	2.7%
COTA Fee	$ 27	$ 27	$ -	0.0%
Total Resident	**$ 13,901**	**$ 14,318**	**$ 417**	**3.0%**
Non-Resident Surcharge	$ 28,839	$ 29,992	$ 1,153	4.0%
Total Non-Resident Domestic	**$ 42,740**	**$ 44,310**	**$ 1,570**	**3.7%**
International Surcharge	$ -	$ -	$ -	0.0%
Total Non-Resident International	**$ 42,740**	**$ 44,310**	**$ 1,570**	**3.7%**

Tagged Master's and Professional Tuition and Fees

Tagged Master's / Professional Proposals for FY 2026

- Fees are supported by market-based analysis and peer comparisons

Fees	Proposal
Graduate / Professional Differential Fees	9 programs seek changes 5 new programs also seek a fee
The College of Engineering: Master of Applied Aeronautics	New differential fee of $9,360 for a new masters program
The College of Engineering: Master of Systems Engineering	New differential fee of $9,360 for a new masters program
The College of Law: Master in the Study of Law Certificates	New differential fee of $8,350 per semester for 3 new stackable certificate programs
Graduate / Professional Other Fees	6 fee changes are requested 3 new fees are requested
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The College of Medicine: Athletic Training Course Fee	New course fee of $150 for the Lower Extremity Exam & Diagnosis course

FY 2026 Proposed Graduate & Professional Tuition and Fees

NOTE: DIFFERENTIAL FEES ARE SHOWN AT THE PER-SEMESTER RATE; SCHEDULE VARIES BY PROGRAM

		Instructional (per semester)				Non-Resident Surcharge (per semester)			
College	Fee Name	Current Fee	Proposed Fee	Proposed Increase	Proposed Increase%	Current Fee	Recommended Fee	Fee Increase Requested:	Fee Increase %
Business	Specialized Master of Finance	$27,632	$14,900	-$12,732	-46.1%	$5	$7,000	$6,995	>100.0%
Dentistry	Dentistry - Rank 1	$22,976	$24,128	$1,152	5.0%	$25,800	$27,090	$1,290	5.0%
	Dentistry - Ranks 2 - 4	$19,328	$20,296	$968	5.0%	$22,878	$24,022	$1,144	5.0%
Engineering	Master of Applied Aeronautics	New Program	$9,360	NA	NA	New Program	$200	NA	NA
	Master of Systems Engineering	New Program	$9,360	NA	NA	New Program	$200	NA	NA
Law	MSL - Business Law Certificate	New Program	$8,350	NA	NA	New Program	$200	NA	NA
	MSL - Compliance Certificate	New Program	$8,350	NA	NA	New Program	$200	NA	NA
	MSL - Health Law Certificate	New Program	$8,350	NA	NA	New Program	$200	NA	NA
	Law - JD/LLM	$16,883	$17,304	$421	2.5%	$7,626	$7,626	$0	0.0%
Medicine	Master of Genetic Counseling	$9,568	$9,808	$240	2.5%	$7,120	$7,120	$0	0.0%
	Doctor of Occupational Therapy - Rank 1	$6,556	$7,212	$656	10.0%	$10,738	$11,812	$1,074	10.0%
	Doctor of Occupational Therapy - Rank 2-3	$6,556	$6,638	$82	1.3%	$10,738	$200	-$10,538	-98.1%
	Doctor of Physical Therapy - Rank 1	$6,720	$9,600	$2,880	42.9%	$11,254	$8,400	-$2,854	-25.4%
	Doctor of Physical Therapy - Ranks 2-3	$6,720	$6,920	$200	3.0%	$11,254	$3,080	-$8,174	-72.6%
Optometry	Optometry - Rank 1	$14,432	$14,721	$289	2.0%	$10,528	$10,528	$0	0.0%
	Optometry - Rank 2	$14,432	$14,721	$289	2.0%	$5	$5	$0	0.0%
	Optometry - Ranks 3 - 4	$12,812	$13,068	$256	2.0%	$5	$5	$0	0.0%
Pharmacy	Pharmacy - Rank 1	$13,489	$13,961	$472	3.5%	$14,006	$14,006	$0	0.0%
	Pharmacy - Ranks 2 - 4	$13,489	$13,961	$472	3.5%	$5	$5	$0	0.0%
Veterinary Medicine	Vet Med - Rank 1	$17,921	$18,817	$896	5.0%	$21,908	$23,004	$1,095	5.0%
	Vet Med - Ranks 2 - 4	$17,921	$18,817	$896	5.0%	$5	$5	$0	0.0%

FY 2026 Proposed Fees – Program / Course

NOTE: ALL FEES ARE SHOWN AS AN EFFECTIVE PER-SEMESTER RATE; SCHEDULED ASSESSMENT VARIES BY FEE TYPE

College	Fee Type	Fee Name	Current Fee	Proposed Fee	Proposed Increase	Proposed Increase%
Business	Program Fee	Korea Advanced Institute of Science and Technology (KAIST) - Spring	$15,500	$16,500	$1,000	6.5%
		Korea Advanced Institute of Science and Technology (KAIST) - Summer	$3,000	$4,000	$1,000	33.3%
Dentistry	Education Support Fee	Rank 1	$2,721	$2,775	$54	2.0%
		Ranks 2 - 4	$2,007	$2,047	$40	2.0%
Medicine	Course Fee	Intro to PT Profession Course Fee	$500	$0	-$500	-100.0%
	Program Fee	Doctor of Physical Therapy Program Fee	New Program Fee	$117	NA	NA
	Course Fee	Occupational Therapy Foundations and Theory	$375	$0	-$375	-100.0%
	Program Fee	Doctor of Occupational Therapy Program Fee	New Program Fee	$88	NA	NA
	Course Fee	Lower Extremity Exam & Diagnosis Course Fee	New Course Fee	$150	NA	NA
Nursing	Program Fee	Nursing Graduate Program Fees	$1,250	$2,000	$750	60.1%

Note: Proposed fees only include Graduate and Professional fee requests to align with state guidelines

Health Insurance

Overview: Student Health Insurance

- All Ohio State students are required to have health insurance.
  - Domestic (U.S.) students may choose outside insurance.
  - Most domestic students (86%) choose outside insurance.
  - International students are required to enroll in Ohio State's plan.
- Rates cover cost of medical and dental policy partners (pass-through cost).

PROPOSAL FOR FY 2026

Plan Level	FY 2025	FY 2026	Change $	Change %
Student	$3,768	$3,918	$150	3.98%
Student & Spouse	$7,536	$7,836	$300	3.98%
Student & Children	$11,304	$11,754	$450	3.98%
Student & Family	$15,072	$15,672	$600	3.98%

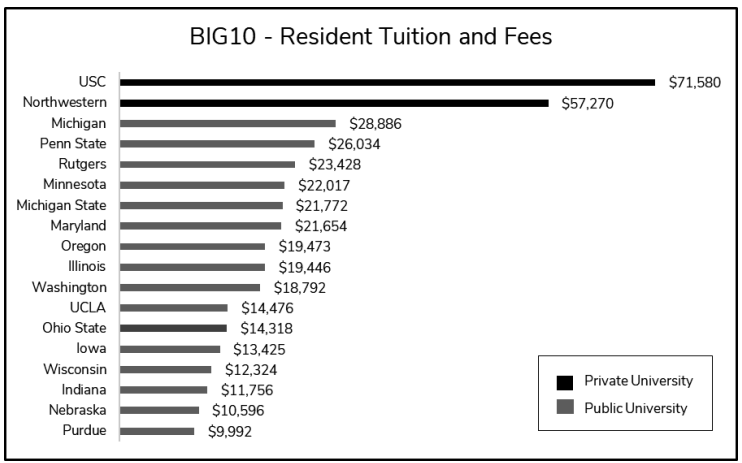
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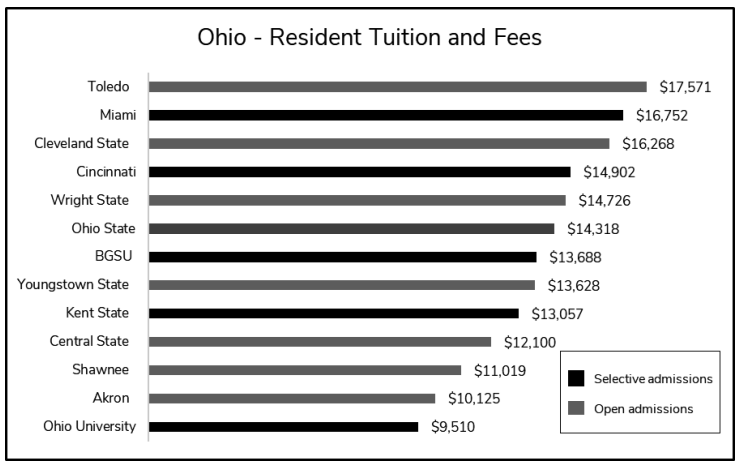
Graduate/Professional Programs: Comparisons

Comparison: Graduate Resident Tuition and Fees

ALL COMPARISONS SHOW OHIO STATE'S FY 2026 PROPOSAL VS. PEERS' FY 2025 RATES

- After applying new rate:
  - Base Resident Tuition would increase 3.0% ($417)
  - Near median: More affordable than 12 of 17 Big Ten schools (same as FY 2025)
  - Fourth most affordable among 6 selective Ohio schools (same as FY 2025)

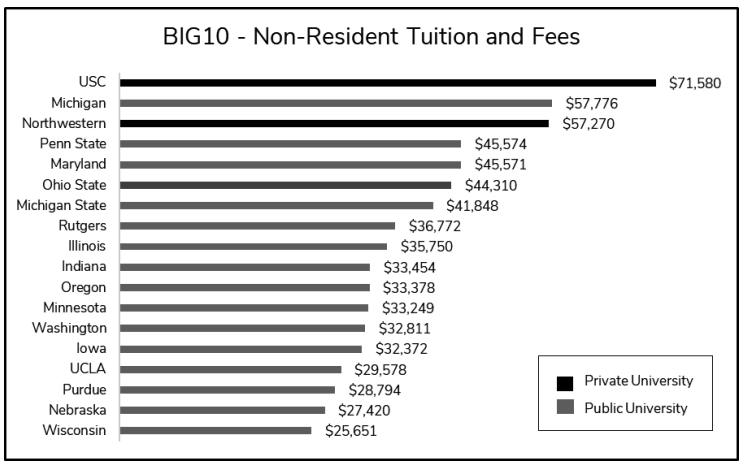


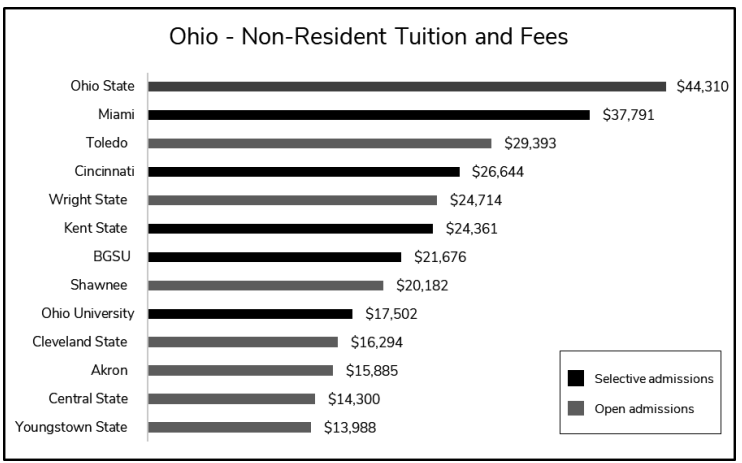


Comparison: Graduate Non-resident Tuition and Fees

ALL COMPARISONS SHOW OHIO STATE'S FY 2026 PROPOSAL VS. PEERS' FY 2025 RATES

- After applying new rate:
  - Non-resident tuition would increase 3.7% ($1,570)
  - More affordable than 5 of 17 Big Ten schools (same as FY 2025)
  - Most expensive Ohio selective public school (same as FY 2025)





FY26 New Online Degree / Certificate Program Fees

Graduate	Instructional Fees	General	Distance Education Fee	Resident Total	Non-Resident Surcharge	Non-Resident Total
Master of Applied Aeronautics	$ 9,360	$ 261	$ 100	$ 9,721	$ 200	$ 9,921
Master of Systems Engineering	$ 9,360	$ 261	$ 100	$ 9,721	$ 200	$ 9,921
MSL - Business Law Certificate	$ 8,350	$ 261	$ 100	$ 8,711	$ 200	$ 8,911
MSL - Compliance Certificate	$ 8,350	$ 261	$ 100	$ 8,711	$ 200	$ 8,911
MSL - Health Law Certificate	$ 8,350	$ 261	$ 100	$ 8,711	$ 200	$ 8,911
MA in Biomedical Education	$ 6,638	$ 261	$ 100	$ 6,999	$ 200	$ 7,199
Computer Science Endorsement	$ 6,638	$ 261	$ 100	$ 6,999	$ 200	$ 7,199
Urban Leadership Endorsement	$ 6,638	$ 261	$ 100	$ 6,999	$ 200	$ 7,199

FY 2026 Interim Operating Budget

Michael Papadakis, Senior Vice President and CFO
Richard Silveria, Vice President and CFO OSUWMC
Kris Devine, Deputy CFO & Vice President of Operations

Finance & Investment Committee | May 14, 2025

Why do we need an interim budget?

- The State of Ohio Biennial Budget for State Fiscal Years (FY) 2026 and 2027, which includes funding for state institutions of higher education is still pending in the Ohio General Assembly. The state budget solidifies state subsidy and in-state undergraduate tuition parameters.

- An interim budget allows the university to continue to operate and advance the academic and healthcare missions during the period from July 1, 2025, through August 31, 2025, prior to the time that the FY2026 operating budget is finalized and adopted at the August 2025 Board of Trustees meeting.

FY 2026 University Sources & Uses (Jul – Aug)

$ in thousands	Jul	Aug	Total
Sources			
Tuition, Fees, and State Subsidy	$ 93,966	$ 93,966	$ 187,932
Grants and Contracts	$ 93,396	$ 93,396	$ 186,792
Sales & Services	$ 36,485	$ 36,485	$ 72,970
Gifts - Current Use	$ 16,416	$ 16,416	$ 32,831
Endowment Distributions	$ 38,212	$ 38,212	$ 76,424
Interest Income	$ 8,363	$ 8,363	$ 16,727
Other Operating Revenues	$ 3,985	$ 3,985	$ 7,971
Net Transfers from OSU Health System	$ 23,591	$ 23,591	$ 47,182
Total Sources	**$ 314,414**	**$ 314,414**	**$ 628,828**
Uses			
Salaries & Benefits	$ 199,535	$ 199,535	$ 399,071
Fee Authorization	$ 540	$ 540	$ 1,080
Student Aid, gross	$ 25,190	$ 25,190	$ 50,381
Supplies & Other	$ 112,994	$ 112,994	$ 225,988
Debt Service	$ 5,671	$ 5,671	$ 11,341
Total Uses	**$ 343,931**	**$ 343,931**	**$ 687,861**
Sources Less Uses	**$ (29,517)**	**$ (29,517)**	**$ (59,033)**

FY 2026 Health System Income Statement (Jul – Aug)

$ in thousands	Jul	Aug	Total
Revenue			
Total Operating Revenue	$ 449,212	$ 449,212	$ 898,424
Total Operating Revenue	**$ 449,212**	**$ 449,212**	**$ 898,424**
Expenses			
Salaries and Benefits	$ 199,403	$ 199,403	$ 398,806
Supplies	$ 50,717	$ 50,717	$ 101,434
Drugs and Pharmaceuticals	$ 68,053	$ 68,053	$ 136,107
Services	$ 53,362	$ 53,362	$ 106,725
Depreciation	$ 24,261	$ 24,261	$ 48,522
Interest	$ 3,944	$ 3,944	$ 7,888
University Overhead	$ 7,705	$ 7,705	$ 15,409
Other	$ 6,914	$ 6,914	$ 13,829
Total Expenses	**$ 414,359**	**$ 414,359**	**$ 828,719**
Gain/Loss from Operations	**$ 34,853**	**$ 34,853**	**$ 69,705**
Medical Center Investments	$ (25,921)	$ (25,921)	$ (51,842)
Income from Investments	$ 4,249	$ 4,249	$ 8,497
Other Gains (Losses)	$ 4,834	$ 4,834	$ 9,668
Excess of Revenue over Expenses	**$ 18,015**	**$ 18,015**	**$ 36,029**

FY 2026 OSU Physicians Income Statement (Jul – Aug)

$ in thousands	Jul	Aug	Total
Revenue			
Net Patient Revenue	$ 68,481	$ 69,326	$ 137,807
Other Revenue	$ 24,627	$ 24,931	$ 49,559
MCI	$ 14,330	$ 14,507	$ 28,837
Interest Income	$ 785	$ 794	$ 1,579
Total Revenue	**$ 108,223**	**$ 109,559**	**$ 217,781**
Expenses			
Provider Salaries & Benefits	$ 71,551	$ 72,434	$ 143,985
Non-Provider Salaries & Benefits	$ 21,103	$ 21,363	$ 42,466
Other Expenses	$ 15,195	$ 15,383	$ 30,578
Depreciation	$ 356	$ 360	$ 715
Interest Expense	$ 18	$ 18	$ 37
Total Expenses	**$ 108,223**	**$ 109,559**	**$ 217,781**
Change in Net Assets	**$ -**	**$ -**	**$ -**

ATTACHMENT LXXII

FY 2026-2030 Interim Capital Investment Plan
May 14, 2025



Total FY26 CIP: $1,480.4

Table 1 - Prior Commitments - Remaining Spend (As of April 14 Actuals) **$ in Millions**

Line	Capital Priority	Projected Capital Expenditures					
		FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	Total
1	ABA - Schottenstein Center - Main Roof Replacement	$ 2.2	$ 5.5	$ 0.5	$ -	$ -	$ 8.2
2	ABA - Schottenstein Center - Scoreboard Replacement	$ 1.0	$ 2.8	$ 1.2	$ -	$ -	$ 5.0
3	A&S – Biological Sciences Building Upgrades	$ -	$ 1.8	$ 5.3	$ 4.7	$ 2.3	$ 14.0
4	A&S – Department of Economics Relocation	$ 4.5	$ 4.9	$ -	$ -	$ -	$ 9.4
5	COE – BEMC Phase 2	$ 32.1	$ 9.4	$ 1.4	$ -	$ -	$ 42.9
6	COE – Bus Testing Facility	$ 2.7	$ 12.6	$ 0.7	$ -	$ -	$ 16.0
7	EHE – Campbell Hall Renovation	$ 16.1	$ 20.5	$ 6.3	$ -	$ -	$ 42.9
8	ERIK – Battery Cell Research and Demonstration Center	$ 6.0	$ 1.3	$ -	$ -	$ -	$ 7.4
9	ERIK - Microelectronic Commons	$ 2.4	$ -	$ -	$ -	$ -	$ 2.4
10	FAES – Waterman Infrastructure Project	$ -	$ 4.1	$ 2.8	$ -	$ -	$ 7.0
11	FAES – Waterman Multispecies Animal Learning Center	$ 21.9	$ 18.3	$ -	$ -	$ -	$ 40.2
12	VET – PET/CT Space Renovation	$ 0.3	$ 0.8	$ 1.4	$ -	$ -	$ 2.5
13	WMC – Inpatient Hospital	$ 201.3	$ 88.6	$ -	$ -	$ -	$ 289.9
14	WMC – James Cellular Therapy Lab	$ 1.3	$ 3.8	$ 1.7	$ -	$ -	$ 6.8
15	WMC – James Outpatient Care	$ 7.5	$ -	$ 12.7	$ -	$ -	$ 20.2
16	WMC – James Outpatient Care Buildout	$ 1.0	$ 3.8	$ 1.7	$ -	$ -	$ 6.5
17	WMC – Magnetic Resonance Linear Accelerator & Housing	$ 0.9	$ 3.2	$ 3.6	$ 2.3	$ 0.3	$ 10.3
18	WMC – OSU East 4th Floor OR Renovation	$ 0.8	$ 7.0	$ 10.6	$ -	$ -	$ 18.4
19	WMC – Outpatient Care Powell	$ 58.3	$ 46.3	$ -	$ -	$ -	$ 104.6
20	Roll Up Other Projects	$ 196.8	$ 179.2	$ 160.1	$ 13.9	$ 8.5	$ 558.4
21	**Subtotal**	**$ 557.1**	**$ 413.9**	**$ 209.8**	**$ 20.9**	**$ 11.1**	**$ 1,212.8**

FY 2026-2030 Interim Capital Investment Plan
May 14, 2025

Table 2 - New Projects Beginning in FY2026 **$ in Millions**

Line	Capital Priority	Projected Capital Expenditures FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	Total
1	**Anticipated Spend for CIP Changes**	$ 10.0	$ -	$ -	$ -	$ -	$ 10.0
2	**Roll up of Small Infrastructure RDM Projects**	$ 2.4	$ 7.3	$ 7.5	$ 4.8	$ -	$ 22.0
3	**Small Programmatic Cash Ready**	$ 2.2	$ 10.9	$ 7.7	$ 1.5	$ -	$ 22.3
4	**WMC/COM - Roll up of Multiple Cash Ready**	$ 173.6	$ 7.9	$ 5.3	$ -	$ -	$ 186.9
5	**New Major Projects**						
6	NURS - Newton Hall Space Upgrades	$ 0.2	$ 1.4	$ 2.1	$ 0.4	$ -	$ 4.0
7	NURS - Newton Hall AHU Replacements	$ 0.3	$ 2.7	$ 4.2	$ 0.8	$ -	$ 8.0
8	SL - North Towers Upgrades - Jones, Taylor, Drackett (Design)	$ 2.2	$ 6.7	$ 1.1	$ -	$ -	$ 10.0
9	OAA - Ramseyer Hall Chase Center	$ 0.2	$ 1.5	$ 2.3	$ 0.4	$ -	$ 4.4
10	**Grand Total**	**$ 191.1**	**$ 38.4**	**$ 30.1**	**$ 7.9**	**$ -**	**$ 267.6**

Table 3 - Funding for New Projects by Type and Funding Source **$ in Millions**

Line	Unit	Projected Capital Expenditures Local	WMC	State	Grant	University Debt	Grand Total	% By Unit	Def. Maint. Addressed	Def. Maint. %
1	Academic Support	$ 20.8	$ -	$ 4.4	$ -	$ -	$ 25.2	9.4%	$ 11.9	47.0%
2	Athletics	$ 9.2	$ -	$ -	$ -	$ -	$ 9.2	3.4%	$ 2.7	29.6%
3	Infrastructure	$ 23.9	$ -	$ -	$ -	$ -	$ 23.9	8.9%	$ 11.7	48.8%
4	Regional Campuses	$ -	$ -	$ -	$ 0.4	$ -	$ 0.4	0.1%	$ -	0.0%
5	Student Life	$ 12.0	$ -	$ -	$ -	$ 10.0	$ 22.0	8.2%	$ 19.8	90.0%
6	WMC/COM	$ 15.9	$ 171.0	$ -	$ -	$ -	$ 186.9	69.8%	$ 45.9	24.6%
7	**Grand Total**	**$ 81.8**	**$ 171.0**	**$ 4.4**	**$ 0.4**	**$ 10.0**	**$ 267.6**	**100.0%**	**$ 92.0**	**34.4%**

BACKGROUND

TOPIC: Approval of Fiscal Year 2026 Ohio State Energy Partners Utility System Interim Capital Improvements Plan

CONTEXT: Pursuant to the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the "Agreement"), Ohio State Energy Partners LLC ("OSEP") will fund and implement capital improvements to the Utility System. Capital investments made by OSEP will be tied to the annual Utility Fee structure pursuant to the Agreement.

Proposed capital projects are evaluated for alignment with applicable strategic, financial, and physical plans and to ensure continued reliability, safety, and compliance.

Approval of these projects is pursuant to project scopes, project cost breakdowns, and total project costs outlined below, any applicable university directives, applicable project approval request forms, and supporting documentation submitted pursuant to the Agreement.

These OSEP interim capital plan projects are Life-Cycle Renovations, Repairs, and Replacement Projects ("LFC"), for improvements to existing campus utility system plants and distribution networks.

SUMMARY:

Heating Hot Water Pipe Replacement 36-24-LFC

Scope: The replacement and upgrade of approximately 1,400 feet of end-of-life and/or failing heating hot water distribution piping and associated equipment that serve Arps and Ramseyer. It is necessary to begin this project promptly to assure that heating service is restored prior to the 2025-2026 heating season. This project was previously approved for design.

Construction Cost Request: $ 3.987 M

Project Cost Breakdown	Cost
FY 2024 – Design	$ 0.463 M
FY 2026 – Construction	$ 3.987 M
Total Project Cost	**$4.450 M**

South Neil Tunnel Utility Upgrades – 198-26-LFC

Scope: Design of utility system improvements in coordination with the university's project to repair the South Neil Tunnel, project OSU-230499. It's necessary to begin this design work promptly to align with the university's project schedule.

Design Request: $ 1.215 M

Project Cost Breakdown	Cost
FY 2026 – Design	$ 1.215 M
FY 2027 – Construction Estimate	$10.938 M
Total Project Cost Estimate	**$12.153 M**

REQUESTED OF THE MASTER PLANNING & FACILITIES AND THE FINANCE & INVESTMENT COMMITTEES: Approval of the resolution.

Project Data Sheet for Board of Trustees Approval

Hot Water Pipe Replacement

036-24-LFC

Project Location: Ramseyer and Arps Tunnels

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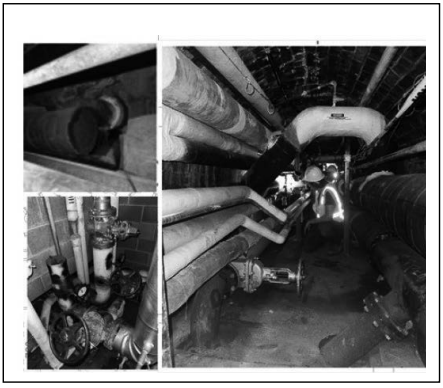
- **Approval(s) Requested and Amount**

Design	$ 0.463
Construction w/contingency	$3.987 M (1)
Total requested	$4.450 M (1)

- **Project Budget**

Design	$ 0.463
Construction w/contingency	$3.987 M (1)
Total project budget	$4.450 M (1)

(1) Construction costs are based on proposals received in March 2025.



- **Project Funding**

OSEP Financed	$4.450 M (1)
University	$0

- **Project Schedule**

BoT design Approval	05/23
Design	07/24 – 03/24
BoT construction approval	05/25
Construction	06/25 – 11/25
Completion /full operation	03/26

- **Project Delivery Method**
  Design-Bid-Build

- **Project Scope**
  - Replace approx. 1,400 ft of heating hot water pipes
  - Abate the heating hot water piping system in Ramseyer and Arps Tunnels.

- **Project Risks and Impacts**
  - Outages to be coordinated with university stakeholders.
  - Vehicle and pedestrian traffic reroute.
  - Labor shortage and supply chain issues.

- **Approval Requested**
  - Approval for design received in FY24. Requesting approval for construction in FY26.

project team

- OSEP project manager: Francisco D. Saavedra
- AE/design architect: Osborn Engineering
- General Contractor: DBB – To be determined

May 2025

Project Data Sheet for Board of Trustees Approval

Tunnel Utility Upgrades – South Neil Tunnel

198-26-LFC

Project Location: South Tunnel

- **Approval(s) Requested and Amount**

Design Only	$1.215 M [(1)]
Total requested	$1.215 M [(1)]

- **Project Budget**

Design Only w/o contingency	$1.215 M [(1)]
Total project budget	$1.215 M [(1)]

[(1)] Updated prices based on estimate provided by OSU.



- **Project Funding**

OSEP Financed	$1.215M [(1)]
University	$0

- **Project Schedule**

BoT Approval for Design	05/25
Completion of Design operation	07/25 – 10/25

- **Project Delivery Method**
  Design-Bid-Built

- **Project Scope**
  - The university is performing structural repairs/improvements to the South Neil tunnel. This request for OSEP funds will be used to design utility system upgrades associated with the university's tunnel project. This is a coordination project led by OSU-230499.
  - Project scope includes the replacement of sections of steam and condensate pipes, including anchors, isolation valves, steam traps, pipe supports, and insulation.

- **Project Risks and Impacts**
  - Outages to be coordinated with university stakeholders.

- **Approval Requested**
  - Requesting approval for design in FY26.

project team

- OSEP project manager: Firas S. Oueis
- AE/design architect: RMF Engineering
- General Contractor: DBB – To be determined

May 2025

ADVANCEMENT SCORECARD

DATA THROUGH March 31, 2025	FY25 GOAL	FY25 TO 3/31	FY24 TO 3/31	3 FY AVG TO 3/31	FY 25 YTD TARGET	FY 25 YTD TARGET %
A FISCAL YEAR MEASURES						
1. GIFTS AND PLEDGES	$675M	$732.2M	$512.6M	$486.5M	$509.4M	143.8%
2. CASH	$500M	$504.2M	$445.0M	$411.8M	$373.2M	135.1%
3. TOTAL DONORS	235,000	192,455	186,989	205,131	199,269	96.6%
A. RENEWED DONORS	130,000	118,799	117,336	118,650	117,470	101.1%
B. ACQUIRED AND REACQUIRED DONORS	105,000	73,656	69,603	79,194	81,770	90.1%
B EVENTS						
1. CONSTITUENT ATTENDANCE ACROSS EVENTS	65,000	54,680	71,628	34,192	-	-
2. AVERAGE NET PROMOTER SCORE	75.00	72.00	75.00	73.73	-	-

FISCAL YEAR 2025 FUNDRAISING

FY2025 Goals

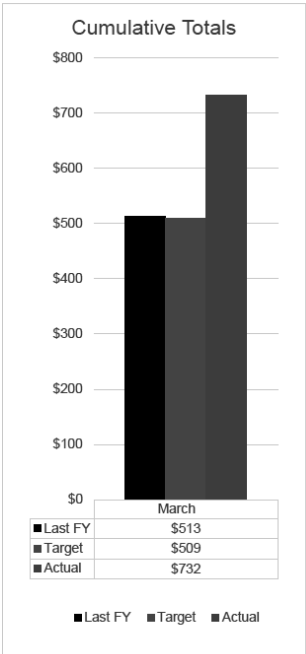
July 1, 2024 – June 30, 2025

- New Fundraising Activity goal: $675M
- Receipts goal: $500M

FY2025 New Fundraising Activity Report

Monthly Activity

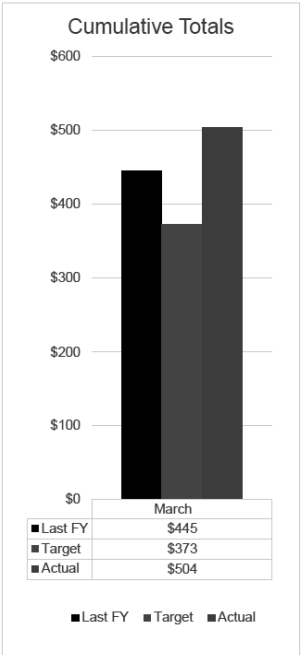
7/1/2024 through 3/31/2025



FY2025 Philanthropic Receipts Report

Monthly Receipts

7/1/2024 through 3/31/2025



THE OHIO STATE UNIVERSITY

TOPIC: Fiscal Year 2025 Interim Financial Report – March 31, 2025

CONTEXT: The purpose of this report is to provide an update of financial results for the nine months ending March 31, 2025.

FINANCIAL SUMMARY

The university's overall financial position remains strong. Operating revenues increased $669 million in the first nine months of fiscal year 2025 compared to the first nine months of fiscal year 2024, driven primarily by strong growth in healthcare revenues. Specific impacts include:

- A $548 million increase in healthcare revenues, driven primarily by growth in outpatient volumes.
- A $58 million increase in gift revenues, driven primarily by a $22 million increase in current-use gifts and a $23 million increase in endowment gifts
- A $19 million decrease in auxiliary revenues, primarily due to fewer stadium shows in the first nine months of fiscal year 2025 compared to the first nine months of fiscal year 2024.
- A $66 million increase in grants and contracts, primarily due to increases in federal grants of $19 million, private grants of $24 million and state grants of $22 million.
- A $29 million increase in net student tuition, due primarily to increases in enrollment and resident and non-resident rate increases.

The year-to-date increase in net position was $779 million, a $57 million decrease compared to the prior year. The $57 million decrease relates primarily to a $173 million reduction in net investment income, which was partially offset by a $42 million reduction in net operating loss, the $58 million increase in total gift revenues and a $27 million increase in federal and state non-exchange grants. The reduction in net investment income primarily reflects lower year-to-date returns for the Long-Term Investment Pool.

Revenues
Student tuition and fees, net - increased $29 million or 3%, to $948 million for the first nine months of fiscal year 2025 compared to the first nine months of fiscal year 2024, due primarily to an increase in gross tuition and other student fees of $78 million, offset by an increase in scholarship allowances of $49 million. The increase in gross tuition revenue is primarily driven by both increases in enrollment and rate increases in instructional and non-resident surcharges. Overall, university autumn enrollments increased 2.3%. New freshmen enrollment (all campuses) increased 15%. Instructional and general fees increased 3% for undergraduates in the AU24 Tuition Guarantee Group and 3% for graduate students. Non-resident fees increased 5% for undergraduates and 4% for graduate students.

Grants and contracts – increased $66 million in the first nine months of fiscal year 2025 compared to the first nine months of fiscal year 2024 due primarily to increases in federal grants of $19 million, private grants of $24 million and state grants of $22 million. The increases in federal grants and contracts relate primarily to increases from the National Institutes of Health, Department of Transportation and Department of Defense.

Gifts – increased $58 million over the prior year, reflecting increases in current use gifts (up $22 million), capital gifts (up $13 million) and endowment gifts (up $23 million).

Sales and services of auxiliary enterprises - decreased $19 million over the prior year due primarily to a $42 million decrease in revenue related to fewer stadium shows in fiscal year 2025. This decrease was partially offset by a $25 million increase in Athletics revenues, primarily due to eight home football games in FY2025 compared to six home games in FY2024.

Sales and services of the OSU Health System and OSU Physicians, Inc. - increased $548 million to $4,944 million. Health System revenues increased $472 million, driven by growth in outpatient volumes. Total surgical volumes grew over the prior year by 3.5% with outpatient surgeries exceeding the prior year by 7.5%. Additionally, chemotherapy, outpatient infusion, radiology, and procedural volumes contributed to the strong results. OSU Physicians revenues increased $76 million due to continued investment in primary care and community outreach services, growth of specialty services, expansion in regional outpatient clinics, and increased surgical capacity with the expansion of operating hours and investment in community anesthesia providers.

Expenses
University – expenses increased $105 million to $2,991 million in the first nine months of fiscal year 2025. Salaries increased $82 million, or 6%, primarily due to a 3.5% increase in faculty and staff salary guidelines and additional investments in human capital related to strategic investments in academic excellence and research and to address market wage pressures. Benefits increased $14 million, reflecting higher retirement contributions due to an increasing salary base and increases in medical costs. Supplies and services increased $12 million, or 2%, primarily due to increases in sub-award costs, which were partially offset by reductions in utility costs. Depreciation increased $17 million compared to the prior year primarily due to new assets being placed in service.

OSU Health System and OSU Physicians – expenses, including depreciation and interest expense, increased $527 million to $4,747 million in the first nine months of fiscal year 2025. The Health System continues to focus on throughput, workforce retention and recruiting. The Health System's expense and labor management was strong and in line with volumes through the third quarter of FY2025. OSU Physicians increased $80 million, primarily due to higher provider expenses associated with investment in patient care services growth and access improvement.

Auxiliary – expenses increased $1 million to $393 million in the first nine months of fiscal year 2025. The increase primarily reflects increases in Student Life Housing and Dining and Athletics expenses, offset by decreases in expenses due to fewer stadium shows.

Cash and Investments
For the nine months ending March 31, 2025, total university cash and investments increased $557 million to $12,076 million compared to June 30, 2024, primarily due to increases in temporary investments of $510 million and increases in Long-Term Investment Pool of $253 million, offset by decreases in cash and cash equivalents of $213 million and decreases in unexpended bond proceeds of $56 million. Additional details for the Long-Term Investment Pool and temporary investments are provided below.

Long-Term Investment Pool and Temporary Investments
For the nine months ending March 31, 2025, the fair value of the university's Long-Term Investment Pool increased by $315 million to $8,185 million. Changes in total valuation compared to the prior year are summarized below:

	2025	2024
Market Value at July 1	$ 7,931,714	$ 7,383,676
Net Principal Additions	103,309	61,843
Change in Market Value	344,471	586,135
Income Earned	156,939	148,991
Distributions	(237,900)	(228,340)
Expenses	(113,833)	(82,258)
Market Value at March 31	$ 8,184,700	$ 7,870,047

Net principal additions include new endowment gifts ($72.6 million), reinvestment of unused endowment distributions ($13.4 million), and other net transfers of university monies ($11.4 million). Change in fair value includes realized gains (losses) on the sale of investment assets and unrealized gains (losses) associated with assets held in the pool on March 31, 2025. Income earned includes interest and dividends and is used primarily to help fund distributions. Expenses include investment management expenses ($62.9 million), University Development related expenses ($44.6 million), and other administrative-related expenses ($0.5 million).

LTIP Investment Returns
For the nine months ending March 31, 2025, the LTIP earned a return, net of investment fees, of 5.56%. The comparable nine months ending March 31, 2024 saw a net investment return of 9.28%.

Temporary Investments
For the nine months ending March 31, 2025, the Tier 1 Investments (0-1 Year maturity) earned a return of 3.83%, outperforming the Bank of America ML 90-day T-Bill (3.68%) by 0.15%. Tier 2 Investments (1-5 Year maturity) earned 5.15%, outperforming the blended benchmark of ICE Bofa US Corp & Govt 1-3 Years, BBG US Govt/Credit 1-5 Years, and ICE Bofa 6m US Treasury Bill (4.69%) by 0.46%.

For the comparable nine months ending March 31, 2024, the Tier 1 Investments earned a return of 4.34%. Tier 2 Investments returned 4.72% for the same period.

Other Assets and Liabilities
Accounts receivable increased $178 million, primarily due to increases of $79 million in tuition and student-related fee receivables for spring and summer semesters and $90 million Healthcare receivables. Inventories, prepaid expenses and other assets increased $74 million due to increases of $18 million in inventories and $56 million in prepaid expenses. The increase in prepaid expenses is primarily related to $28 million in scholarships and fee authorizations for graduate associates, which are recognized as expenses over the course of the semester, and $16 million in Healthcare prepaids. Accounts payable and accrued expenses increased $158 million due to increases of $144 million in payables to vendors and $32 million in interest payable, offset by a decrease of $17 million in accrued compensation and benefits. Deposits and advance payments for goods and services were up $238 million, primarily due to increases of $212 million for tuition and fees and $30 million in Student Life Housing and Dining receipts for spring and summer semesters. These amounts will be recognized as earned over the course of the semester. These increases were offset by a decrease of $27 million in advance payments for Athletics and Business Advancement.

Debt
On September 4, 2024, the university issued $64 million of tax-exempt fixed-rate General Receipts Refunding Bonds, Series 2024A. The Series 2024A Bonds are structured with serial maturities due in 2025 through 2039. The interest rate coupons on the Series 2024A Bonds are 5.00%. The proceeds of the 2024A Bonds were used to refund certain maturities of the outstanding General Receipt Bonds, Series 2014A and to pay the cost of issuance of the 2024A Bonds. Total university debt decreased $92 million, to $4,283 million at March 31, 2025, primarily reflecting principal payments.

Cash Flows
University cash and cash equivalents decreased $213 million in the first nine months of fiscal year 2025. Net cash provided by operating activities was $131 million, compared to net cash used by operating activities of $214 million in the first nine months of the prior year. The increase in net operating cash flows relates primarily to increases in receipts from sales and services and tuition, partially offset by payments made to employees, benefit payments and payments to vendors. Net cash provided by noncapital

financing activities was $737 million in the first nine months of fiscal year 2025, compared to $675 million for the prior year. The increase is due primarily to increases in gift receipts and non-exchange grant receipts. Net cash used by capital financing activities was $713 million in the first nine months of fiscal year 2025, due primarily to capital expenditures. Net cash used by investing activities was $108 million, reflecting purchases of investments in excess of proceeds from sales and maturities of investments and investment income.

THE OHIO STATE UNIVERSITY
CONSOLIDATED STATEMENTS OF NET POSITION - UNAUDITED
March 31, 2025 and June 30, 2024
(in thousands)

	As of March 2025	As of June 2024	Increase/(Decrease) Dollars	%
ASSETS:				
Current Assets:				
Cash and cash equivalents	$ 843,357	$ 1,056,657	$ (213,300)	-20.2%
Temporary investments	2,726,258	2,215,831	510,427	23.0%
Accounts receivable, net	1,266,462	1,088,072	178,390	16.4%
Notes receivable - current portion, net	6,456	6,456	-	0.0%
Pledges receivable - current portion, net	62,107	62,107	-	0.0%
Accrued interest receivable	25,348	22,637	2,711	12.0%
Inventories, prepaid expenses, and other assets	296,407	222,616	73,791	33.1%
Total Current Assets	5,226,395	4,674,376	552,019	11.8%
Noncurrent Assets:				
Unexpended bond proceeds	54,065	109,975	(55,910)	-50.8%
Notes receivable, net	25,466	27,410	(1,944)	-7.1%
Pledges receivable, net	172,377	172,377	-	0.0%
Net other post-employment benefit asset	194,698	194,698	-	0.0%
Long-term investment pool	8,184,700	7,931,714	252,986	3.2%
Other long-term investments	267,535	204,539	62,996	30.8%
Leases receivable, net	43,103	43,103	-	0.0%
Other noncurrent assets	305,701	305,701	-	0.0%
Capital assets, net	9,239,099	9,008,416	230,683	2.6%
Total Noncurrent Assets	18,486,744	17,997,933	488,811	2.7%
Total Assets	23,713,139	22,672,309	1,040,830	4.6%
Deferred Outflows:				
Pension	888,530	888,530	-	0.0%
Other post-employment benefits	95,656	95,656	-	0.0%
Other deferred outflows	19,108	20,034	(926)	-4.6%
Total Assets and Deferred Outflows	$ 24,716,433	$ 23,676,529	$ 1,039,904	4.4%
LIABILITIES AND NET POSITION:				
Current Liabilities:				
Accounts payable and accrued expenses	$ 1,046,742	$ 888,944	$ 157,798	17.8%
Deposits and advance payments for goods and services	649,907	412,407	237,500	57.6%
Current portion of bonds, notes and leases payable	128,415	128,398	17	0.0%
Long-term bonds payable, subject to remarketing	603,820	603,820	-	0.0%
Other current liabilities	102,997	119,295	(16,298)	-13.7%
Total Current Liabilities	2,531,881	2,152,864	379,017	17.6%
Noncurrent Liabilities:				
Bonds, notes and leases payable	3,106,098	3,176,520	(70,422)	-2.2%
Concessionaire payable	444,879	466,671	(21,792)	-4.7%
Net pension liability	3,869,225	3,869,225	-	0.0%
Net other post-employment benefit liability	22,970	22,970	-	0.0%
Compensated absences	246,107	239,488	6,619	2.8%
Self-insurance accruals	75,031	87,290	(12,259)	-14.0%
Amounts due to third-party payors - Health System	78,692	79,153	(461)	-0.6%
Irrevocable split-interest agreements	35,613	33,123	2,490	7.5%
Refundable advances for Federal Perkins loans	14,896	18,141	(3,245)	-17.9%
Advance from concessionaire	925,622	943,319	(17,697)	-1.9%
Other noncurrent liabilities	363,482	359,726	3,756	1.0%
Total Noncurrent Liabilities	9,182,615	9,295,626	(113,011)	-1.2%
Total Liabilities	11,714,496	11,448,490	266,006	2.3%
Deferred Inflows:				
Parking service concession arrangement	429,785	438,390	(8,605)	-2.0%
Pension	81,069	81,069	-	0.0%
Other post-employment benefits	133,721	133,721	-	0.0%
Other deferred inflows	435,263	431,653	3,610	0.8%
Total Deferred Inflows	1,079,838	1,084,833	(4,995)	-0.5%
Total Net Position	11,922,099	11,143,206	778,893	7.0%
Total Liabilities, Deferred Inflows, and Net Position	$ 24,716,433	$ 23,676,529	$ 1,039,904	4.4%
	-	-		

THE OHIO STATE UNIVERSITY
CONSOLIDATED STATEMENTS OF REVENUES, EXPENSES,
AND CHANGES IN NET POSITION - UNAUDITED
For the Nine Months Ended March 31, 2025 and March 31, 2024
(in thousands)

	As of March 2025	As of March 2024	Increase/(Decrease) Dollars	Increase/(Decrease) %
Operating Revenues:				
Student tuition and fees, net	$ 947,938	$ 919,089	$ 28,849	3.1%
Federal grants and contracts	413,228	394,144	19,084	4.8%
State grants and contracts	98,317	76,573	21,744	28.4%
Local grants and contracts	24,678	23,310	1,368	5.9%
Private grants and contracts	314,739	290,620	24,119	8.3%
Sales and services of educational departments	183,356	158,284	25,072	15.8%
Sales and services of auxiliary enterprises	363,286	382,152	(18,866)	-4.9%
Sales and services of the OSU Health System, net	4,058,134	3,586,021	472,113	13.2%
Sales and services of OSU Physicians, Inc., net	885,977	809,661	76,316	9.4%
Other operating revenues	90,318	70,743	19,575	27.7%
Total Operating Revenues	7,379,971	6,710,597	669,374	10.0%
Operating Expenses:				
Educational and General:				
Instruction and departmental research	1,065,999	1,003,297	62,702	6.2%
Separately budgeted research	531,367	514,826	16,541	3.2%
Public service	158,785	144,333	14,452	10.0%
Academic support	261,546	247,021	14,525	5.9%
Student services	100,914	95,075	5,839	6.1%
Institutional support	292,179	285,837	6,342	2.2%
Operation and maintenance of plant	121,561	130,605	(9,044)	-6.9%
Scholarships and fellowships	124,212	146,739	(22,527)	-15.4%
Auxiliary enterprises	392,522	391,346	1,176	0.3%
OSU Health System	3,642,974	3,214,987	427,987	13.3%
OSU Physicians, Inc.	870,398	790,527	79,871	10.1%
Depreciation	437,903	408,800	29,103	7.1%
Total Operating Expenses	8,000,360	7,373,393	626,967	8.5%
Operating Loss	(620,389)	(662,796)	42,407	-6.4%
Non-operating Revenues (Expenses):				
State share of instruction and line-item appropriations	406,561	397,384	9,177	2.3%
Federal subsidies for Build America Bonds interest	8,491	8,491	-	0.0%
Federal non-exchange grants	88,027	71,164	16,863	23.7%
Federal COVID-19 assistance programs	-	8,998	(8,998)	-100.0%
State non-exchange grants	29,561	19,014	10,547	55.5%
Gifts	149,195	127,043	22,152	17.4%
Net investment income (loss)	665,400	837,913	(172,513)	-20.6%
Interest expense	(130,341)	(124,480)	(5,861)	4.7%
Other non-operating revenues (expenses)	(5,296)	14,604	(19,900)	-136.3%
Net Non-operating Revenues (Expenses)	1,211,598	1,360,131	(148,533)	-10.9%
Income (loss) before changes in net position	591,209	697,335	(106,126)	-15.2%
Changes in Net Position				
State capital appropriations	63,713	49,078	14,635	29.8%
Private capital gifts	52,839	39,342	13,497	34.3%
Additions to permanent endowments	72,632	49,767	22,865	45.9%
Capital contributions and other changes in net position	(1,500)	-	(1,500)	0.0%
Total Changes in Net Position	187,684	138,187	49,497	35.8%
Increase (decrease) in Net Position	778,893	835,522	$ (56,629)	-6.8%
Net Position - Beginning of Year	11,143,206	10,269,857		
Net Position - End of Period	$ 11,922,099	$ 11,105,379		

THE OHIO STATE UNIVERSITY
STATEMENTS OF CASH FLOWS - UNAUDITED
For the Nine Months Ended March 31, 2025 and March 31, 2024
(in thousands)

	March 2025	March 2024	Increase/(Decrease) Dollars	%
Cash Flows from Operating Activities:				
Tuition and fee receipts	$ 941,540	$ 897,850	$ 43,690	4.9%
Grant and contract receipts	858,560	820,819	37,741	4.6%
Receipts for sales and services	5,410,031	4,792,975	617,056	12.9%
Payments to or on behalf of employees	(3,508,780)	(3,236,291)	(272,489)	-8.4%
University employee benefit payments	(971,727)	(794,440)	(177,287)	-22.3%
Payments to vendors for supplies and services	(2,782,656)	(2,638,697)	(143,959)	-5.5%
Payments to students and fellows	(144,989)	(135,121)	(9,868)	-7.3%
Student loans issued	(1,939)	(1,579)	(360)	-22.8%
Student loans collected	3,875	11,586	(7,711)	-66.6%
Student loan interest and fees collected	1,312	1,244	68	5.5%
Other receipts	64,237	67,523	(3,286)	-4.9%
Net cash provided (used) by operating activities	(130,536)	(214,131)	83,595	39.0%
Cash Flows from Noncapital Financing Activities:				
State share of instruction and line-item appropriations	402,807	397,384	5,423	1.4%
Non-exchange grant receipts	117,588	90,178	27,410	30.4%
Federal COVID-19 assistance programs	-	8,998	(8,998)	-100.0%
Gift receipts for current use	149,195	127,093	22,102	17.4%
Additions to permanent endowments	72,632	49,767	22,865	45.9%
Drawdowns of federal direct loan proceeds	285,050	283,478	1,572	0.6%
Disbursements of federal direct loans to students	(285,465)	(281,587)	(3,878)	-1.4%
Amounts received from irrevocable split-interest agreements	3,496	369	3,127	847.4%
Amounts paid to annuitants and life beneficiaries	(1,006)	(1,596)	590	37.0%
Agency funds receipts	5,909	5,995	(86)	-1.4%
Agency funds disbursements	(5,994)	(5,279)	(715)	-13.5%
Other receipts (payments)	(6,789)	85	(6,874)	100.0%
Net cash provided by noncapital financing activities	737,423	674,885	62,538	9.3%
Cash Flows from Capital Financing Activities:				
Proceeds from capital debt and leases	-	301,736	(301,736)	100.0%
Gift receipts for capital projects	52,839	39,342	13,497	34.3%
Payments for purchase or construction of capital assets	(584,413)	(737,247)	152,834	20.7%
Principal payments on capital debt and leases	(75,554)	(68,810)	(6,744)	-9.8%
Interest payments on capital debt and leases	(110,879)	(96,822)	(14,057)	-14.5%
Federal subsidies for Build America Bonds interest	5,469	5,393	76	1.4%
Net cash provided (used) by capital financing activities	(712,538)	(556,408)	(156,130)	-28.1%
Cash Flows from Investing Activities:				
Purchases of investments	(9,368,267)	(4,345,207)	(5,023,060)	-115.6%
Proceeds from sales and maturities of investments	8,979,872	4,339,601	4,640,271	106.9%
Investment income	280,746	290,141	(9,395)	-3.2%
Net cash used by investing activities	(107,649)	284,535	(392,184)	-137.8%
Net Increase (Decrease) in Cash	(213,300)	188,881	$ (402,181)	-212.9%
Cash and Cash Equivalents - Beginning of Year	1,056,657	1,239,560		
Cash and Cash Equivalents - End of Period	$ 843,357	$ 1,428,441		

WOSU Public Media Impact Fund

The Board of Trustees of The Ohio State University shall establish the WOSU Public Media Impact Fund effective May 22, 2025, as a quasi-endowment, with a fund transfer by WOSU Public Media of unrestricted gifts from donors.

The annual distribution from this fund shall be used at the discretion of the highest ranking official in WOSU Public Media or his/her designee to support the programs, priorities, and operations of WOSU Public Media. Expenditures shall be approved in accordance with the then current guidelines and procedures established by WOSU Public Media.

The highest ranking official in WOSU Public Media or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal

The investment and management of and expenditures from all endowment funds shall be in accordance with the University's Gift Acceptance Policy, Fund Transfers – Unrestricted to Endowment Policy, Investment Policy, and all other applicable University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of WOSU Public Media that the quasi-endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the unit named above. If the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in WOSU Public Media or his/her designee to identify a similar purpose consistent with the original intent of the unit. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

Warren G. Harding Symposium Fund

The Warren Harding – Norman Thomas Fund was established December 7, 2007, by the Board of Trustees of The Ohio State University with gifts from friends of The Ohio State University at Marion given in honor of Warren Harding and Norman Thomas - two outstanding Marionites who contributed to the shaping of 20th century America. Effective May 22, 2025, the fund name and description were revised.

Originally, the fund supported the development of the Harding Thomas Center, also referred to as The Age of Normalcy Center. Over time, the focus has shifted from the center to the Warren G. Harding Symposium which presents in-depth analysis and research by authors, historians, researchers and experts on the Harding Era - sometimes referred to as the Age of Normalcy.

The annual distribution from this fund shall support the Warren G. Harding Symposium. If the symposium ceases to exist, the annual distribution shall be used at the discretion of the highest ranking official at The Ohio State University at Marion. Expenditures shall be approved in accordance with the then current guidelines and procedures established by Ohio State Marion.

The highest ranking official at The Ohio State University at Marion or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official at The Ohio State University at Marion or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

The Ben and Florence (née Vacca) Nichols Veterans' Scholarship Fund

The James L. Nichols Endowment Fund was established April 8, 1994, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from James L. Nichols (B.S. Finance '73) to honor his parents. The name and description were revised June 2, 1995. Effective May 22, 2025, the fund name and description shall be revised.

Twenty percent of the annual distribution from this fund shall be reinvested in the endowment principal.

Remaining annual distribution provides scholarship support to undergraduate and/or graduate students who have served on active military duty, or are still currently serving, for any branch of the United States Armed Forces, including National Guard and Reserve personnel, and are enrolled in the Max M. Fisher College of Business. All applicable scholarship recipients must have been discharged or separated from active duty under conditions other than dishonorable. Scholarships shall be awarded in substantial amounts in order to make a meaningful impact on the recipients. Preference shall be given to eligible candidates in the following order.

- First-generation students who have exhausted their Department of Veterans Affairs (DVA) and/or Department of Defense (DOD) benefits, to cover shortfalls between existing financial aid and the cost of attendance.
- First-generation students who are still utilizing their DVA and/or DOD benefits, to cover shortfalls between that amount, existing financial aid and the cost of attendance.
- Non-first-generation students who have exhausted their DVA and/or DOD benefits, to cover shortfalls between existing financial aid and the cost of attendance.
- Non-first-generation students who are still utilizing their DVA and/or DOD benefits, to cover shortfalls between that amount, exiting financial aid and the cost of attendance.

Scholarships are renewable as long as the recipients are in good standing with the University and meet the selection criteria.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Max M. Fisher College of Business, in consultation with the Office of Military and Veteran Services and Student Financial Aid.

Unused distribution from this endowed fund shall be reinvested in the endowment principal annually.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the Max M. Fisher College of Business or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

Eminent Scholarship and Student Support Endowment Fund

The Eminent Scholarship and Student Support Endowment Fund was established November 9, 2012, by the Board of Trustees of The Ohio State University with funding acquired from the monetization of the University's parking assets in 2012. Effective May 22, 2025, the fund description shall be revised.

The annual distribution from this fund will be allocated according to the following formula:

- 70% will be earmarked to support the University's premier scholarship program, currently the Eminence Scholarships Program
- 20% will be allocated to the Graduate School to support Graduate fellows
- 10% will be allocated to the Office of Undergraduate Education to support undergraduate research operations to promote students' engagement in research and discovery activities

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the executive vice president and provost and the senior vice president of Business and Finance.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the University that this fund should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use, shall be designated by the University's Board of Trustees, in consultation with the executive vice president and provost and the senior vice president of Business and Finance.

The Dr. Lori Gill-Grennan Inflammatory Breast Cancer Fund

The Dr. Lori Gill-Grennan Inflammatory Breast Cancer Fund was established February 20, 2025, by the Board of Trustees of The Ohio State University with gifts from family and friends of Dr. Lori Gill-Grennan. Effective May 22, 2025, the fund description shall be revised.

The annual distribution from this fund supports education, research, and clinical activities for inflammatory breast cancer and/or program promotion or operational costs related to the inflammatory breast cancer program at The Ohio State University Comprehensive Cancer Center - Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James). Expenditures shall be approved in accordance with the then current guidelines and procedures established by the OSUCCC – James.

The highest ranking official in The Ohio State University Comprehensive Cancer Center - Arthur G. James Cancer Hospital and Richard J. Solove Research Institute or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in The Ohio State University Comprehensive Cancer Center - Arthur G. James Cancer Hospital and Richard J. Solove Research Institute or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

Surendra and Karen Gupta ARC Foundation Endowed Physics Student Support Fund

The Surendra and Karen Gupta ARC Foundation Endowed Physics Student Support Fund was established November 21, 2024, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Ms. Karen Gupta and Dr. Surendra Gupta in honor of physics professor Dr. Jay A. Gupta, given by his parents. Effective May 22, 2025, the fund description shall be revised.

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Arts and Sciences, are majoring in physics, have a minimum 3.0 grade point average on a 4.0 scale, and demonstrate financial need. Both international and domestic students are eligible for this scholarship. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college and are majoring in physics. Scholarships may be renewable as long as recipients remain in good academic standing with the University and continue to meet the selection criteria. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Howard R. Hill Scholarship Fund

The Howard R. Hill Scholarship Fund was established May 7, 1993, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from family and friends in memory of Howard R. Hill. Effective May 22, 2025, the fund description shall be revised.

All gifts are to be invested in the University's permanent endowment fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual distribution shall be used to provide one or more scholarships for voice students who graduated from a high school in the state of Ohio, are enrolled at The Ohio State University at the junior or senior level and have a minimum 3.0 grade point average on a scale of 4.0. The recipients are to be talented but are not required to belong to a choral group. If no students meet the selection criteria, the scholarships will be open to all voice students. The scholarship is to be awarded annually and is not renewable. Recipients may be recommended by the highest ranking official in the School of Music or his/her designee, in consultation with voice faculty members. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use, shall be designated by the Board of Trustees, in consultation with the appropriate college dean, department chairperson, or program administrative officer in order to carry out the desire of the donor.

Dr. Lee E. Shackelford Chair in Psychiatry and Behavioral Health

The Dr. Lee E. Shackelford Chair Fund in Psychiatry and Behavioral Health was established August 30, 2019, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Lee E. Shackelford (MD 1988). The required funding level for a chair has been reached. Effective May 22, 2025, the fund name and description shall be revised and the position shall be established.

The annual distribution from this fund shall support a chair position in the Department of Psychiatry and Behavioral Health. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation, may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Dr. Frederick H. Davidorf Honorary Professorship

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Dr. Frederick H. Davidorf Honorary Professorship effective May 22, 2025, with gifts from Patricia A. Saad and Michael D. Saad (BS 1963, JD 1966).

The annual distribution from this fund supports a professorship position in the Department of Ophthalmology and Visual Sciences. The recipient shall be a physician, clinician scientist or vision scientist who will focus on either research or clinical advances to improve sight. If the position is vacant the annual distribution may be used to support faculty in the department. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Margaret Bowers Hardymon Professorship in Surgery

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Margaret Bowers Hardymon Professorship in Surgery effective May 22, 2025, with a gift from the Dawson Fund given in memory of Mimi Hardymon, the wife of Dr. Philip Hardymon, a thoracic surgeon.

Mimi and Phil met at Vanderbilt University where Phil graduated from medical school and Mimi graduated with a degree in nursing. After graduation, Mimi and Phil were married in 1938. Philip completed his surgical residencies at Duke and Wake Forrest Universities before moving to Columbus, Ohio in 1947. Mimi and Phil raised five sons together while actively supporting the central Ohio medical community.

The annual distribution from this fund supports a professorship position in the Department of Surgery. If the position is vacant, the annual distribution will be reinvested in the endowment principal.

If the gifted principal balance reaches $3,500,000 by January 31, 2030, the fund name and purpose will be revised and the annual distribution shall support a chair position in the Department of Surgery. If the position is vacant, the annual distribution will be reinvested in the endowment principal.

The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

Unused annual distribution shall be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Honda Endowed Professorship in Automotive Manufacturing

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Honda Endowed Professorship in Automotive Manufacturing effective May 22, 2025, with a gift from American Honda Motor Co., Inc.

The annual distribution from this fund supports a professorship position in the College of Engineering. The person appointed to such professorship shall be a clinical, teaching, and/or practice faculty in the college with an expertise in automotive manufacturing with preference for a faculty member in (1) the Department of Mechanical and Aerospace Engineering and/or the Department of Integrated Systems Engineering and (2) who will provide leadership and directions, such as working with the participating departments to assist in coordinating courses, for the Automotive Manufacturing Certificate Program. If the position is vacant, the annual distribution may be used to support administration of the Automotive Manufacturing Certificate Program, and/or to support faculty in the college who are focused on manufacturing.

The Ohio State University Foundation shall share with American Honda Motor Co., Inc. the qualifications and capabilities of the initial appointee and the subsequent appointees for a period of fifty years following the date of the initial gift; provided, that American Honda Motor Co., Inc. acknowledges and agrees that American Honda Motor Co., Inc. shall have no role in selection of each appointee, and that selection of each appointee is within the sole discretion and control of The Ohio State University pursuant to the University's policies.

The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. If the position is vacant, the annual distribution may be used to support faculty in the college. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Engineering.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Drs. Malati and Ganesh Potdar Professorship in Radiation Oncology-Proton Therapy

The Drs. Malati and Ganesh Potdar Professorship Fund in Radiation Oncology-Proton Therapy was established February 20, 2025, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Malati Potdar. The required funding level for a professorship has been reached. Effective May 22, 2025, the fund name and description shall be revised and the position shall be established.

The annual distribution from this fund supports a professorship position in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC-James). Preference shall be given to candidates focused on radiation oncology-proton therapy and/or innovative advancement of research and clinical care. If the position is vacant, the annual distribution may be used to support faculty in the OSUCCC- James with preference given to faculty focused on radiation oncology-proton therapy and/or innovative advancement of research and clinical care. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the OSUCCC – James.

If at any time radiation oncology-proton therapy becomes an irrelevant treatment modality, preference for the professorship position will remain focused within radiation oncology at the discretion of the highest ranking official in the Department of Radiation Oncology or his/her designee, in order to recruit or retain an accomplished, nationally recognized radiation oncologist.

The highest ranking official in the OSUCCC – James or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the OSUCCC – James or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Pat and Mona Finlay Undergraduate Music Education Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Pat (BS 1951) and Mona Finlay Undergraduate Music Education Scholarship Fund effective May 22, 2025, with gifts from Arthur P. (Pat) and Mona L. Finlay of St. Petersburg, Florida.

The Music Education scholarship supported by this endowment is to be phased in over four academic years, with one quarter of the fund's annual distribution to be available for scholarships the first year, one half the second year, three quarters the third year and all of it the fourth year and beyond. Awards are to be for an amount equal to full in-state tuition and fees, whether or not it should become governmental practice to fund any portion of those same expenses. The scholarships shall be awarded regardless of financial need. Recipients shall be in-state students enrolled, or planning to enroll, in a program leading to an undergraduate degree in Music Education. Students shall be selected as incoming freshmen and continue to receive annual awards through their senior year, so long as they continue to pursue and qualify for a degree in Music Education. Preference shall be given to eligible graduates of East Liverpool, Ohio, High School, or any school(s) that may replace it. If awarded to graduates of East Liverpool, Ohio, High School, the Director of the School of Music shall provide an annual report on the recipients of the scholarships from this fund to the East Liverpool, Ohio Superintendent of Schools, or his or her successor. The scholarships shall be administered by the Music Education Faculty and the Director of the School of Music, in consultation with Student Financial Aid. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid.

The donors desire that the initial scholarship awards be made only after the fund has been in existence for one full academic year. If in any year the fund's annual distribution is insufficient to fund both previously awarded and new scholarships, only the preferential East Liverpool High School (or replacement school) scholarship shall be awarded to a new student that year. The remaining annual distribution shall be divided equally among the then qualifying students.

All unused annual distribution shall be added to the principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist, or so dimmish as to provide unused annual distribution, then another use, shall be designated by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation, as recommended by the Director of the School of Music in order to carry out the desires of the donors.

Dr. Rattan Lal Scientific Scholar Exchange Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. Rattan Lal Scientific Scholar Exchange Fund effective May 22, 2025, with gifts from Dr. Rattan Lal (PhD 1968) and Sukhvarsha Lal (BS 1997).

The annual distribution from this fund supports the international exchange of research scientists and scholars, which may include without limitation undergraduate and graduate students, between the CFAES Rattan Lal Center for Carbon Management and Sequestration (Lal Center) and educational institutions outside the United States including without limitation institutions located in Asia and Africa. The donors desire that the distribution enable scientists and scholars associated with the Lal Center to study or pursue research overseas, and scientists and scholars associated with institutions outside the United States to study or pursue research at the University in association with the Lal Center. Expenditures may be used for, but are not limited to, scholarships, travel, research, program, and stipend expenses, subject to all applicable laws and University policies as in effect from time to time.

If in any given year the annual distribution is not fully utilized for the purpose, or the purpose above cannot be achieved, the annual distribution may be used to support faculty in the Lal Center.

If at any time the gifted principal of the fund ever reaches the then current minimum required to establish an endowed fellowship, the fund name shall be revised to the Dr. Rattan Lal Scientific Fellowship Fund and the fund purpose shall be revised to support a graduate fellowship in the Lal Center.

If the purpose of the Fund ever becomes unlawful, impracticable, impossible to achieve, or wasteful, the annual distribution shall be used to support research and education serving the soil science discipline, in consultation with the director of the School of Environment and Natural Resources, to be consistent with the charitable intent of the donors.

The University may modify any criteria used to select recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Food, Agricultural, and Environmental Sciences, and must be approved by a fiscal officer, chair, dean or vice president other than the donors.

Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures established by the college, in consultation with Student Financial Aid.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall

consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

College of Engineering Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the College of Engineering Endowed Scholarship Fund effective May 22, 2025, with gifts from the estate of John Roger Kearns (BS 1958).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Engineering. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Kalucis Family Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Kalucis Family Scholarship Fund effective May 22, 2025, with gifts from Dr. Chris J. Kalucis (BS 1982) and Susan R. Kalucis and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund supplements the grant-in-aid costs of undergraduate student-athletes who are members of the varsity women's ice hockey team. If no students meet the selection criteria, support will be open to all undergraduate student-athletes. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Hesche Family Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Hesche Family Scholarship Fund effective May 22, 2025, with gifts from Douglas Hesche (BS 1985) and Kelly Hesche and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the Max M. Fisher College of Business and demonstrate financial need. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Max M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Max M. Fisher College of Business or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Janet Peckinpaugh Pry and James W. Pry II Stone Lab Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Janet Peckinpaugh Pry and James W. Pry II Stone Lab Scholarship Fund effective May 22, 2025, with gifts from Janet Peckinpaugh Pry and James W. Pry II and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the School of Environment and Natural Resources and studying at the Franz Theodore Stone Laboratory with preference given to students from Crawford County, Ohio. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the school. The donors' desire scholarships be awarded in amounts equal to the full cost of attending courses at the Stone Lab. Scholarships may be awarded in varying amounts based on student enrollment, available funding, and other factors. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Food, Agricultural, and Environmental Sciences, in consultation with the School and Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Deborah K. Kayser Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Deborah K. Kayser Scholarship Fund effective May 22, 2025, with gifts from Roger Kayser.

The annual distribution from this fund provides one or more scholarships to MD students. Preference shall be given to candidates who demonstrate an interest in pursuing a career in cancer research. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarships may be renewable as long as recipients remain in good academic standing and continue to meet the selection criteria. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Medicine, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Arlene C. Marx, MD Endowed Athletic Scholarship for Football

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Arlene C. Marx, MD Endowed Athletic Scholarship for Football effective May 22, 2025, with an estate gift from Dr. Arlene C. Marx (BS 1970).

The annual distribution from this fund supplements the grant-in-aid costs of undergraduate student-athletes who are members of the football team. If no students meet the selection criteria, the scholarship(s) will be open to all student-athletes. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation, may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Doug Garver and Jan Hazlett Garver Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Doug Garver and Jan Hazlett Garver Endowed Scholarship Fund effective May 22, 2025, with gifts from Janis H. Garver (BS 1975) and Douglas A. Garver (MCRP 1976) matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

Fifty percent (50%) of the annual distribution from this fund provides one or more scholarships to undergraduate students enrolled in the College of Nursing with preference given to students who graduated from Boardman High School in Boardman, Ohio.

Fifty percent (50%) of the annual distribution from this fund provides one or more scholarships to undergraduate students enrolled in the College of Engineering and studying City and Regional Planning with preference given to students who graduated from Boardman High School in Boardman, Ohio.

Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Ague Family Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Ague Family Scholarship Fund effective May 22, 2025, with gifts from Barbara Jo Ague (BS 1977) and Dr. Mary Ellen Roth (OD 1985), in memory of Charles William Ague, Elma Haushalter Ague, William Hunter Ague, and Frederick Lee Haushalter, and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who graduated from a high school in the state of Ohio and demonstrate financial need. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Michael and Heather Isler Professional Sales Support Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish Michael and Heather Isler Professional Sales Support Fund effective May 22, 2025, with grants from The Columbus Foundation as recommended by Michael John Isler (BS 1990, MBA 1996) and Heather Arntz Isler (BS 1991).

The annual distribution from this fund provides operational support for professional sales programs and initiatives in the Max M. Fisher College of Business. Expenditures may be used for, but are not limited to, enhancing the curricular offerings, programmatic offerings, technology enhancements for use in the classroom related to sales, and salary support for staff of professional sales programs. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The highest ranking official in the Max M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the advisors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the advisors named above. accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Max M. Fisher College of Business or his/her designee to identify a similar purpose consistent with the original intent of the advisors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Franklin D. McMillan Animal Mental Health Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Franklin D. McMillan Animal Mental Health Scholarship Fund effective May 22, 2025, with a gift from Franklin D. McMillan (BS 1977, DVM 1981).

The annual distribution from this fund provides one or more scholarships to fourth-year DVM students who are enrolled in the College of Veterinary Medicine. Preference shall be given to candidates who demonstrate an interest in psychological well-being and welfare of animals. If no students meet the selection criteria, the scholarship(s) will be open to all DVM students who are enrolled in the college and are interested in animal behavior. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Ray A. Miller CFAES Council Endowed Scholarship Fund

The Ray A. Miller CFAES Endowed Fund was established May 18, 2023, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Linda S. Miller (BS 1968, MA 1994) given in memory of her husband, Dr Raymond A. Miller (BS 1966, MS 1968, PhD 1976). Effective May 22, 2025, the fund name and description shall be revised.

The annual distribution will provide one or more scholarship(s) to students who are members of the Student Council in the College of Food, Agricultural, and Environmental Sciences. Preference shall be given to candidates who demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The William L. Gasch Endowment Fund to Promote Mental Wellness

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The William L. Gasch Endowment Fund to Promote Mental Wellness effective May 22, 2025, with gifts from Dr. Laurie Jean Kirsch (BS 1976) and Rodney Joseph Gasch.

The annual distribution from this fund supports the EPICENTER – Early Psychosis Intervention Center (or successor) - to diagnose and treat mental health challenges, with a preference for holistic diagnostic and treatment efforts that involve researchers, families, and the broader community. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Robert E. and Carol S. Roth Environmental Education Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. Robert E. (BS 1959, MS 1960, BS 1961) and Carol S. Roth Environmental Education Endowed Fund effective May 22, 2025, with gifts from Carol S. Roth.

Fifty percent (50%) of the annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the School of Environment and Natural Resources. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Food, Agricultural, and Environmental Sciences, in consultation with Student Financial Aid, when applicable, and the highest ranking official in the school or his/her designee.

Fifty percent (50%) of the annual distribution from this fund supports experiential learning opportunities for undergraduates and graduate students enrolled in the school. Support shall include, but not be limited to, internships, study abroad expenses, conferences, seminars, Franz Theodore Stone Laboratory engagement, field course work, research materials and travel, and more. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Food, Agricultural, and Environmental Sciences.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Fredrich Family Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Fredrich Family Endowed Scholarship Fund effective May 22, 2025, with gifts from Dorene Fredrich Henschen (MA 1983), Carol Fredrich, and Terry Fredrich (BS 1975), and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are current or former 4-H members from Wood County, Ohio, and are enrolled in one of the following colleges: Food, Agricultural, and Environmental Sciences; Social Work; Engineering; or Education and Human Ecology. If no students meet the selection criteria above, second preference is that the scholarship(s) will be open to all undergraduate students who are current or former 4-H members from Wood County, Ohio. If no students meet the second preference, third preference is that the scholarship(s) will be open to all undergraduate students who are current or former 4-H members from Clark County, Ohio. If no students meet the third preference, the scholarship(s) will be open to all undergraduate students who are current or former 4-H members from any Ohio county. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Gisele and Neil Robertson Award Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Gisele and Neil Robertson Award Fund effective May 22, 2025, with gifts from Dr. George Neil Robertson and Gisele M. Robertson.

The annual distribution from this fund provides one or more awards to PhD students in the Department of Mathematics to recognize dissertations that demonstrate creativity, intellectual independence, and/or determination to originate ideas that can be impactful in their domain of specialization. Recipients, the number of recipients, and amount of each award shall be determined in accordance with the then current guidelines and procedures established by the College of Arts and Sciences, in consultation with Student Financial Aid.

The University may modify any criteria used to select recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Brian S. Casey Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Brian S. Casey Scholarship Fund effective May 22, 2025, with a gift from Sharon Casey who, along with her children, Matt and Molly, wish to honor the memory of her husband, Brian S. Casey (BS 1989).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Engineering and are majoring in civil engineering. Preference shall be given to candidates who demonstrate high financial need. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Jay Family NICU, Children's Health and Environment Nursing Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Jay Family NICU, Children's Health and Environment Nursing Scholarship Fund effective May 22, 2025, with gifts from Stephen J. Jay in honor of Anne Marie Jay, BSN 1966, MS, who was a United States Navy RN aboard the USS Repose AH-16 during the Vietnam War. Anne Marie, a pediatric nurse and mother of four children, was known for being kind, caring, inclusive, loving, and her love for gardening and the outdoors.

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Nursing and demonstrate high financial need. Preference shall be given to candidates who are specializing in neonatal or pediatric nursing. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Nursing or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

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The Pathways to Supply Chain Scholarship Fund

The Board of Trustees of The Ohio State University shall establish The Pathways to Supply Chain Scholarship Fund effective May 22, 2025, with gifts from alumni, corporations and friends of the Max M. Fisher College of Business.

The annual distribution from this fund provides scholarship support to undergraduate students enrolled in the Max M. Fisher College of Business to introduce and encourage them to consider careers in supply chain. Students must maintain good academic standing and participate in most of the Pathways Program events. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college and are majoring in supply chain and/or logistics management. Should the Pathways Program no longer exist, scholarships are awarded to students who are enrolled in the college and are majoring in supply chain and/or logistics management. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Max M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

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The Guilfoos Family Endowed Engineering Scholarship

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Guilfoos Family Endowed Engineering Scholarship effective May 22, 2025, with gifts from Stephen J. Guilfoos (BS 1970) and Mary J. Guilfoos (BS 1971).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Engineering, display academic excellence and display high financial need. Preference shall be given to candidates who graduated from a high school in one of the following Ohio counties: Montgomery, Greene, Preble, Clark, Miami, Darke, Champaign, Shelby, Logan, Butler, Warren, Mercer, Auglaize; and Wayne County, Indiana. Second preference shall be given to candidates from Hamilton County, Ohio. Scholarships may be renewable as long as recipients remain in good academic standing. If no students meet the selection criteria, scholarships will be open to all students who are enrolled in the college and display academic excellence. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

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The Fredric "Fritz" Kohmann Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Fredric "Fritz" Kohmann Scholarship Fund effective May 22, 2025, with gifts from Beth Ann Kohmann (BS 1994 – Summa Cum Laude) given in memory of her husband, Fredric Kohmann (BS 1994 – Summa Cum Laude).

The annual distribution from this fund provides one or more scholarships to incoming first-year undergraduate students who are majoring or are planning to study a major in the Max M. Fisher College of Business, College of Engineering, and/or the College of Arts and Sciences. Preference shall be given to candidates who graduated from a high school in Medina County, Ohio, with a minimum 3.5 grade point average in high school (on a 4.0 scale), demonstrate participation in leadership activities and/or extracurriculars, and demonstrate financial need. Scholarships may be renewable for up to an additional three academic years (or six semesters) as long as recipients maintain a 3.0 grade point average on a 4.0 scale and remain in good academic standing. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

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The Dr. Georgia Benkart Legacy Fund for Undergraduate Mathematics Research

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Dr. Georgia Benkart Legacy Fund for Undergraduate Mathematics Research effective May 22, 2025, with gifts from Dr. Paula Benkart (BS 1970).

The annual distribution from this fund provides one or more scholarships to undergraduate students who are majoring in math, are enrolled in honors math courses in the College of Arts and Sciences, and are conducting academic year or summer mathematics research. Among closely qualified candidates, preference shall be given to candidates who served as a math tutor in the STEM Learning Center (or successor or similar setting). If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college and are pursuing a major in mathematics. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Marilyn J. Gibbs and Susan J. Lawless Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Marilyn J. Gibbs and Susan J. Lawless Scholarship Fund effective May 22, 2025, with gifts from Dr. Marilyn J. Gibbs (PhD 1983) and Dr. Susan J. Lawless (BS 1973, PhD 1984) in gratitude for the support they received throughout their careers. They have a passion to help those who often have had fewer opportunities available to them, especially women.

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Education and Human Ecology, majoring in education, and in good academic standing. Preference shall be given to candidates who are undergraduate students. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Donna M. Alvarado Honorary Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Donna M. Alvarado Honorary Endowed Scholarship Fund effective May 22, 2025, with gifts from Donna M. Alvarado (BA 1969, MA 1970).

The annual distribution from this fund provides one or more scholarships to undergraduate or graduate students who are enrolled in the College of Arts and Sciences and are studying in the Department of Spanish and Portuguese. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Stephen P. Anway International Law and Arbitration Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Stephen P. Anway International Law and Arbitration Scholarship Fund effective May 22, 2025, with a gift from Stephen Patrick Anway (JD 2002) and Amanda Lee Anway.

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the Michael E. Moritz College of Law and were in the top 25% of the admitted applicant pool. Preference shall be given to candidates who demonstrate an interest in practicing international law and/or international arbitration upon graduation. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Michael E. Moritz College of Law or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Michael E. Moritz College of Law or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Boutilier Family Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Boutilier Family Endowed Scholarship Fund effective May 22, 2025, with gifts from Dr. Glenn Boutilier and Donna Boutilier.

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Engineering. The donors desire that when awarding this scholarship special consideration be given for students who participate in programming offered by the Community, Access, Retention and Empowerment Office in the college (or its successor). The donors desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Ruth Cardwell Brown, '65 BS, '69 MD Endowed Scholarship

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Ruth Cardwell Brown, '65 BS, '69 MD Endowed Scholarship effective May 22, 2025, with gifts from Dr. Ruth Cardwell Brown.

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Medicine, demonstrate financial need, and graduated from a high school in the state of Ohio. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Sandra Cornett Fund for Research & Education in Health Literacy

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. Sandra Cornett Fund for Research & Education in Health Literacy effective May 22, 2025, with gifts from Dr. Sandra Jean Cornett (BS 1965, MS 1970, PhD 1981).

The annual distribution from this fund supports faculty research, education, and programmatic support in health literacy. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Nursing.

The highest ranking official in the College of Nursing or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Nursing or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Robert H Gast, Jr. Student Tutoring Fund in Electrical and Computer Engineering

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Robert H. Gast, Jr. Student Tutoring Fund in Electrical and Computer Engineering effective May 22, 2025, with gifts from Robert H. Gast Jr. (BS 1970).

The annual distribution from this fund supports tutoring programs in the Department of Electrical & Computer Engineering. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Engineering.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Surendra and Karen Gupta ARC Foundation Endowed Physics Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Surendra and Karen Gupta ARC Foundation Endowed Physics Scholarship Fund effective May 22, 2025, with gifts from Karen Gupta and Dr. Surendra Gupta.

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Arts and Sciences, are majoring in physics, have a minimum 3.0 grade point average on a 4.0 scale, and demonstrate financial need. Both international and domestic students are eligible for this scholarship. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college and are majoring in physics. Scholarships may be renewable as long as recipients remain in good academic standing with the University and continue to meet the selection criteria. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

IICA Lal Carbon Center Endowed Support Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the IICA Lal Carbon Center Endowed Support Fund effective May 22, 2025, with donations from the Inter-American Institute for Cooperation on Agriculture.

The annual distribution from this fund supports the CFAES Rattan Lal Center for Carbon Management and Sequestration at the discretion of the highest ranking official in the center or his/her designee. Expenditures shall be approved by the center's director or his/her designee and director of the School of Environment and Natural Resources or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Food, Agricultural, and Environmental Sciences.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Robert F. Kepley, MD Endowment for The Ohio State University College of Medicine

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Robert F. Kepley, MD Endowment for The Ohio State University College of Medicine effective May 22, 2025, with gifts from Dr. Robert F. Kepley (BS 1972, MD 1975).

The annual distribution from this fund supports the College of Medicine at the discretion of the highest ranking official in the college or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Dr. Norman Lockshin and Sheila Lockshin Medical Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Dr. Norman Lockshin and Sheila Lockshin Medical Endowed Scholarship Fund effective May 22, 2025, with gifts from Dr. Norman A. Lockshin (MD 1967), in memory of his wife, Sheila Lockshin.

The annual distribution from this fund provides one or more scholarships to MD students who are enrolled in the College of Medicine. Preference shall be given to candidates who graduated from a high school in one of the following Ohio counties: Ashland, Ashtabula, Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, or Wayne. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Steven W. Miller Intellectual Property Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Steven W. Miller Intellectual Property Scholarship Fund effective May 22, 2025, with gifts from Steven W. Miller (BS 1981, JD 1984).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the Michael E. Moritz College of Law. First preference shall be given to candidates who are interested in intellectual property, patent, trademark, or copyright law. Second preference shall be given to candidates who have an undergraduate degree and/or a background in science, technology, engineering, mathematics or computer science. Third preference shall be given to candidates who demonstrate leadership through involvement in student organizations or other activities. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Michael E. Moritz College of Law or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Michael E. Moritz College of Law or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

John and Grace Murphy Engineering Merit Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the John and Grace (BS 1954) Murphy Engineering Merit Scholarship Fund effective May 22, 2025, with gifts from Dr. John Allen Murphy (B Aero Eng 1955, MS, 1955, PhD 1970).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Engineering and demonstrate financial need and academic merit. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Mr. and Mrs. Dy Siong Peck and Mr. and Mrs. Yung-Chang Huang Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Mr. and Mrs. Dy Siong Peck and Mr. and Mrs. Yung-Chang Huang Scholarship Fund effective May 22, 2025, with gifts from Dr. Sai Chi Wong (PhD 1978) and Dr. Yun Hua Huang Wong (PhD 1978).

The annual distribution from this fund provides one or more scholarships to third or fourth-year undergraduate students who are enrolled in the College of Arts and Sciences, majoring in chemistry or biochemistry, and demonstrate financial need. If no students meet the selection criteria, scholarship(s) will be open to first and second-year undergraduate students who otherwise meet the selection criteria. The donors desire to equally support one eligible chemistry student and one eligible biochemistry student each year. Scholarships may be awarded in varying amounts and numbers based on student enrollment, available funding, and other factors. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Enhancing Wellness at Marion Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Enhancing Wellness at Marion Endowed Fund effective May 22, 2025, with gifts from Dr. James Bazzoli and Ellen M. Bazzoli.

The annual distribution from this fund supports health and wellness programs at The Ohio State University at Marion to benefit all Marion campus students at the discretion of the highest ranking official in Marion Campus or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by Marion campus.

The highest ranking official in The Ohio State University at Marion or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in The Ohio State University at Marion or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The William P. Zitter, MD, and Mary L. Zitter Scholarship in Medicine Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The William P. Zitter, MD, and Mary L. Zitter Scholarship in Medicine Endowed Fund effective May 22, 2025, with gifts from Dr. William Palmer Zitter (MD 1975).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Medicine's MD program. Preference shall be given to candidates who graduated from high schools in West Virginia. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Adam Doleh Memorial Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Adam Doleh Memorial Fund effective May 22, 2025, with gifts from family, friends, and colleagues of Dr. Yaser Doleh and Dawn Doleh and matching gifts from their employers given in memory of the Doleh's son, Adam Doleh (BS 2017), who passed away unexpectedly.

The annual distribution shall be used at the discretion of the highest ranking official in the College of Engineering or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The endowment shall be revised when the gifted endowment principal reaches the minimum funding level required at that date for a restricted endowment. Thereafter, the annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Engineering, majoring in chemical engineering and have a minimum 3.4 grade point average on a 4.0 scale. Preference shall be given to candidates who demonstrate community involvement. Special consideration shall be given to candidates who graduated from North Royalton High School in North Royalton, Ohio. It is the donors' desire to provide two $2,500 scholarships - one scholarship to a third-year student and one to a fourth-year student. If no students meet the selection criteria, the scholarship(s) will be open to undergraduate students who enrolled in the college. Scholarships may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Daniel A. Busch Graduate Student Assistance Fund

The Daniel A. Busch Petroleum Graduate Student Assistance Fund was established October 29, 2010, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with an estate gift from Dr. Daniel Busch (M.A. 1936, Ph.D. 1939). Effective May 22, 2025, the fund name and description shall be revised.

The annual distribution from this fund shall provide assistance to graduate students studying petroleum-related geology. If no graduate students are studying petroleum-related geology, assistance may be provided to undergraduate students studying petroleum-related geology. If no undergraduate students are studying petroleum-related geology, assistance may be provided to undergraduate and/or graduate students studying geology with preference given to students studying economic geology. Recipients may be recommended by the highest ranking official in the School of Earth Sciences or his/her designee. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures established by the College of Arts and Sciences, in consultation with Student Financial Aid.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the highest ranking official in the College of Arts and Sciences or his/her designee, in consultation with the highest ranking official in the School of Earth Sciences or his/her designee.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use, as nearly aligned with the original intent of the contribution as good conscience and need dictate, shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the highest ranking official in the College of Arts and Sciences or his/her designee, in consultation with the highest ranking official in the School of Earth Sciences or his/her designee.

The R. Kirby Barrick Agricultural Education Fund

The R. Kirby Barrick Agricultural Education Fund was established March 5, 2003, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. R. Kirby Barrick, (B.S.Agr., 1970; M.S., 1973; Ph.D., 1980). Dr. Barrick served on the faculty in the Department of Agricultural Education (1980-1996) and as department chair (1989-1996). Effective May 22, 2025, the fund description shall be revised.

The purpose of the fund is to support activities and programs related to teacher education in agriculture in the Department of Agricultural Communication, Education, and Leadership in the College of Food, Agricultural, and Environmental Sciences.

The annual distribution may be used to support activities and programs to foster further development of graduate-level agricultural teacher education. In the event that the agricultural teacher education program ceases to exist within the College of Food, Agricultural, and Environmental Sciences, the proceeds from the endowment should be used to promote teaching excellence in the college as recommended by the highest ranking official in the college or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that this fund should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee, in consultation with the highest ranking official in the Department of Agricultural Communication, Education, and Leadership or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Folds Family Endowment Fund for the Benefit of the College of Social Work

The Folds Family Endowment Fund for the Benefit of the College of Social Work was established August 28, 2015, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from Wilbert Stuart (Skip) Folds (BS 1986, MBA 1989). Effective May 22, 2025, the fund description shall be revised.

The annual distribution from this fund shall be used to provide scholarships. To qualify, candidates must have a minimum 2.5 grade point average and be enrolled full-time at the Columbus campus. Recipients shall be selected by the College of Social Work, in consultation with Student Financial Aid. It is the donor's desire that the scholarships be awarded to students who are clinical majors in the College of Social Work with demonstrated financial need.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean of the College of Social Work or his/her designee.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. The University and the Foundation reserve the right to modify the purposes of this fund, however, (1) in consultation with the donor named above, or (2) if such purposes become unlawful, impracticable, impossible to achieve, or wasteful, provided that such fund shall only be used for the University's charitable purposes. In seeking such modification, the University and the Foundation shall consult the dean of the College of Social Work or his/her designee. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Captain Jonathan D. Grassbaugh Veterans Project Fund

The Captain Jonathan D. Grassbaugh Veterans Project Fund was established April 5, 2013, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Jenna Grassbaugh. Effective May 22, 2025, the fund description shall be revised.

The annual distribution from this fund shall be used to provide free legal services to veterans on certain legal matters. Services shall be provided by students at the Michael E. Moritz College of Law, under attorney supervision. The annual distribution may also be used to support post-graduate fellows who are working in public interest roles that offer free legal services to veterans. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college, in consultation with Student Financial Aid.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the donor, if possible, and the highest ranking official in the Michael E. Moritz College of Law or his/her successor.

Guzzo Endowed Scholarship Fund

The Guzzo Endowed Scholarship Fund was established June 4, 2020, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Richard A. Guzzo and Nancy G. Guzzo. Effective May 22, 2025, the fund description shall be revised.

The annual distribution from this fund provides support to undergraduate students enrolled in the College of Arts and Sciences who are majoring in psychology and a second major. Candidates must demonstrate academic excellence and financial need. It is the donors' desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. If no students meet the selection criteria, support will be open to all students enrolled in the college. Support may be used for direct education related costs. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration as established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Isler Family Scholarship Fund

The Isler Family Scholarship Fund was established November 16, 2023, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Michael John Isler (BS 1990, MBA 1996) and Heather Arntz Isler (BS 1991). Effective May 22, 2025, the fund description shall be revised.

The annual distribution from this fund provides scholarship(s) to undergraduate students who are enrolled in the Max M. Fisher College of Business, have expressed an interest in a career in sales or professional sales or have participated in a professional sales program and demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college and demonstrate financial need. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Max M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Max M. Fisher College of Business or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Supply Chain Management Endowed Scholarship Fund

The Supply Chain Management Endowed Graduate Scholarship Fund was established August 28, 2015, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Bill Gardner (BIE 1957, MBA 1968). The name and description were revised on January 29, 2016. Effective May 22, 2025, the fund description shall be revised.

The annual distribution from this fund shall be used to provide one or more scholarships to students enrolled in the College of Engineering. To qualify, candidates must be in the Master of Science program specializing in Supply Chain Management or in the undergraduate Supply Chain Management/Logistics Track in the Department of Integrated Systems Engineering or in Operations Research. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the college. It is the donor's desire that the scholarships be awarded with particular attention to, but not limited to, United States citizens or legal residents. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Scholarships are portable if the recipients change campuses; transferable if they change major; and renewable for up to eight semesters, even if the semesters are non-consecutive, as long as the student remains in good standing with the University.

This fund is included in the Ohio Scholarship Challenge. The transfer of matching funds will occur once annually, usually in July. Matched distributions are not eligible to be reinvested in the fund's principal. From that time forward, the scholarships may not be portable, transferable, and renewable.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

THE OHIO STATE UNIVERSITY

Board of Trustees

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Columbus, OH 43201

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SUMMARY OF ACTIONS TAKEN

May 15, 2025 – Athletics Committee Meeting

Members Present:

Gary R. Heminger	Jeff M.S. Kaplan	George R. Skestos
Alan A. Stockmeister	Pierre Bigby	Kendall C. Buchan
Elizabeth P. Kessler	Bradley R. Kastan	John W. Zeiger (ex officio)

Members Present via Zoom:

Michael F. Kiggin

Members Absent: N/A

PUBLIC SESSION

The Athletics Committee of The Ohio State University Board of Trustees convened on Thursday, May 15, 2025, in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair Gary Heminger called the meeting to order at 7:58 a.m.

Item for Discussion:

1. Athletics Director's Report: Senior Vice President and Wolfe Foundation-Eugene Smith Endowed Athletics Director Ross Bjork highlighted the continued academic success of Ohio State student-athletes. All but one of the university's 36 teams have a GPA for the term above 3.0, and 15 teams hold a collective GPA of 3.5 or greater. The football team is the only Division I football program in the country with a perfect Academic Progress Rate score of 1000. The men's and women's cross country, men's fencing, men's golf, women's soccer and women's volleyball teams also have perfect multi-year scores.

   (See Attachment LXXVI for background information, page 1722)

Item for Action:

2. Approval of Minutes: No changes were requested to the February 17, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

EXECUTIVE SESSION

It was moved by Mr. Heminger and seconded by Mr. Stockmeister that the committee recess into executive session to discuss business-sensitive trade secrets and to discuss personnel matters involving the appointment, employment and compensation of public officials.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Heminger, Mr. Kiggin, Mr. Stockmeister, Ms. Kessler, Mr. Kaplan, Mr. Bigby, Mr. Kastan, Mr. Skestos, Dr. Buchan and Mr. Zeiger.

The committee entered into executive session at 8:07 a.m., and the meeting adjourned at 11:41 a.m.

End of Term Student-Athlete Grade Report

Category	Statistic
Teams Above a 3.0 CUM	All 36
Teams Above a 3.0 Term	35 out of 36*
Overall CUM GPA	3.399 (still waiting on 110 credits – could go above 3.4)
Overall Term GPA	3.38
Perfect 4.0 GPA	139 (14%)
Above 3.0 Term GPA	667 (65%)
Above 3.0 Cum GPA	804 (79%)
Number of Students	1022
Academic All Big Ten (Fall & Winter Sports)	250
Spring Graduates	212 (4 Degree Completion)
Teams above 3.5 GPA (term)	15

*One team not above 3.0 has a 2.91

Academic Progress Rate (APR)* Success

- Perfect multi-year scores - men's and women's cross country, men's fencing, men's football, men's golf, women's soccer and women's volleyball

- Single-year results for 2023-24, 18 programs had perfect single year scores – 7 teams above plus men's basketball, men's and women's cross country, football, men's fencing, men's golf, men's and women's gymnastics, men's hockey, men's lacrosse, softball, women's soccer, men's and women's tennis, men's track and field, men's and women's volleyball and wrestling.

*APR tracks the academic performance of student-athletes per semester, giving credit to the institution for each student-athlete for eligibility and retention



THE OHIO STATE UNIVERSITY

Board of Trustees

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Columbus, OH 43201

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SUMMARY OF ACTIONS TAKEN

May 20, 2025 – Wexner Medical Center Board Meeting

Members Present:

Leslie H. Wexner
Alan A. Stockmeister
Gary R. Heminger
Tomislav B. Mitevski
Juan Jose Perez
George A. Skestos (arr. 1:18 p.m.)
Joshua H.B. Kerner
Robert H. Schottenstein
Stephen D. Steinour (arr. 1:15 p.m.)
Cindy Hilsheimer
Amy Chronis
John W. Zeiger (ex officio)
Walter E. Carter Jr. (ex officio)
Ravi V. Bellamkonda (ex officio) (arr. 1:21 p.m.)
Michael Papadakis (ex officio)
John J. Warner (ex officio)

Members Present via Zoom:

Hiroyuki Fujita

Members Absent: N/A

PUBLIC SESSION

The Wexner Medical Center Board convened for its 54th meeting on Tuesday, May 20, 2025, in person at Longaberger Alumni House on Ohio State's Columbus campus. Board Secretary Jessica A. Eveland called the meeting to order at 12:59 p.m.

Item for Action:

1. Approval of Minutes: No changes were requested to the February 18, 2024, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

Items for Discussion:

2. Chief Executive Officer's Report: Dr. John Warner, chief executive officer, Wexner Medical Center, celebrated the hire of former National Cancer Institute director Kimryn Rathmell to lead The Ohio State University Comprehensive Cancer Center Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. Additionally, the medical center exceeded its $1.6 billion fundraising goal during the recently concluded *Time and Change* campaign. Among other highlights, Dr. Warner provided an update on the new inpatient hospital building and recounted events surrounding the Sarah Ross Soter Women's Health Day, the opening of the Bob Crane Community Center, Nurses Week and Hospital Week.

   (See Attachment LXXVII for background information, page 1728)

3. Wexner Medical Center Financial Report: Mr. Richard Silveria, the medical center's chief financial officer, updated the Board on the organization's financial performance through the first three quarters of Fiscal Year 2025. Across the health system, Ohio State University Physicians, Inc., and the College of Medicine, revenues and expenses are both over budget, resulting in a positive margin of 3.7% for the fiscal year to date, compared to a budgeted margin of 2.8%.

   (See Attachment LXXVIII for background information, page 1737)

THE OHIO STATE UNIVERSITY

Items for Action:

4. Recommend for Approval Wexner Medical Center FY26 Budget: Mr. Silveria is seeking the Board's endorsement of the medical center's FY26 budget. It has been reviewed by the Finance and Investment Committee of the Board of Trustees and will go before the full Board for final approval. He shared the proposed FY26 budget for the combined Wexner Medical Center, which forecasts an 8.1% increase in total operating revenue and a 9.5% increase in expenses.

   (See Attachment LXXIX for background information, page 1743)

5. Resolution No. 2025-70, Recommend Approval To Enter Into Professional Services And Enter Into Construction Contracts:

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS
UH-DOAN HALL SPRINKLER INSTALLATION

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
DOAN – REPLACE SPECT CTS
OUTPATIENT EAST – EXISTING LOT RENOVATION
OUTPATIENT EAST –NEW WEST PARKING LOT

Synopsis: Authorization to enter into professional services and construction contracts, as detailed in the attached materials, is proposed.

WHEREAS in accordance with the attached materials, the University desires to enter into professional services contracts for the following project; and

	Prof. Serv. Approval Requested	Total Requested	
UH-Doan Hall Sprinkler Installation	$1.2M	$1.2M	Auxiliary Funds

WHEREAS in accordance with the attached materials, the University desires to enter into professional services contracts and enter into construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
Doan – Replace SPECT CTs	$0.3M	$4.3M	$4.6M	Auxiliary funds
Outpatient East – Existing Lot Renovation	$0.8M	$4.7M	$5.5M	Auxiliary funds
Outpatient East – New West Parking Lot	$1.1M	$6.1M	$7.2M	Auxiliary funds

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proposes that the professional services and construction contracts for the projects listed above be recommended to the University Board of Trustees for approval.

THE OHIO STATE UNIVERSITY

BE IT FURTHER RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to enter into professional services and construction contracts for the projects listed above in accordance with established University and State of Ohio procedures, with all actions to be reported to the Board at the appropriate time.

(See Attachment LXXX for background information, page 1747)

6. Resolution No. 2025-71, Recommend for Approval the Purchase of Real Property:

5.070+/- ACRES AT 1800 ZOLLINGER ROAD,
UPPER ARLINGTON, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to purchase property described as Outpatient Care Upper Arlington from Medstone Realty Company, LLC located at 1800 Zollinger Road, Upper Arlington, Ohio is proposed.

WHEREAS The Ohio State University seeks to acquire 5.070 acres of improved real property located at 1800 Zollinger, Upper Arlington, Ohio, identified as Franklin County parcel number 070-003229; and

WHEREAS the purchase of this property supports the university's plan for strategic investment in outpatient services for neighboring communities:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proposes that the purchase of said property be recommended to the University Board of Trustees for approval; and

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to effect the purchase of the aforementioned property upon the terms and conditions deemed to be in the best interest of the university.

(See Attachment LXXXI for background information, page 1751)

7. Approval of the Community Health Needs Assessment and Implementation Strategy: Dr. Andrew Thomas, Wolfe Foundation Chief Clinical Officer and senior associate vice president, presented the community health needs assessment and implementation strategy for University Hospital and The James. This assessment is conducted every three years in collaboration with the Central Ohio Hospital Council and is a requirement under federal law.

(See Attachment LXXXII for background information, page 1753)

Action: Upon the motion of Mr. Stockmeister, seconded by Mr. Heminger, the Wexner Medical Center Board recommended these items for approval by roll-call vote with the following members present and voting: Mr. Wexner, Mr. Stockmeister, Mr. Heminger, Mr. Mitevski, Mr. Perez, Mr. Skestos, Mr. Kerner, Mr. Schottenstein, Mr. Steinour, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Bellamkonda, Mr. Papadakis and Dr. Warner.

THE OHIO STATE UNIVERSITY

EXECUTIVE SESSION

It was moved by Mr. Zeiger and seconded by Mr. Perez that the Wexner Medical Center Board recess into executive session to consider business-sensitive trade secrets and quality matters required to be kept confidential by federal and state statutes and to discuss personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

A roll-call vote was taken, and the Board voted to go into executive session with the following members present and voting: Mr. Wexner, Mr. Stockmeister, Mr. Heminger, Mr. Mitevski, Mr. Perez, Mr. Skestos, Mr. Kerner, Mr. Schottenstein, Mr. Steinour, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Bellamkonda, Mr. Papadakis and Dr. Warner.

The Wexner Medical Center Board entered executive session at 1:33 p.m. and adjourned at 3:46 p.m.

The Ohio State University Wexner Medical Center
CEO Report



May 20, 2025

John J. Warner, MD
CEO, The Ohio State University Wexner Medical Center
Executive Vice President at Ohio State

The Ohio State University
Wexner Medical Center

New CEO of the OSUCCC – James



W. Kimryn Rathmell, MD, PhD

- Former director of the National Cancer Institute
- Nationally renowned physician-scientist and kidney cancer expert
- Member of the National Academy of Medicine, the American Academy of Arts and Sciences and a fellow of the American Association for the Advancement of Science

Philanthropy Milestones

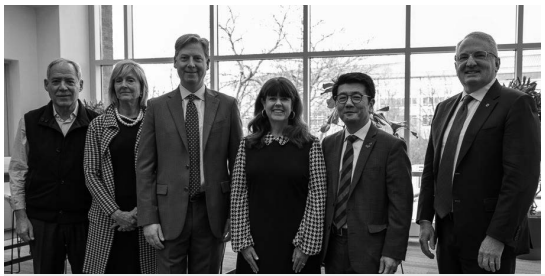
1730

TIME AND CHANGE

THE OHIO STATE CAMPAIGN

The Ohio State University Wexner Medical Center *exceeded* its $1.6 billion fundraising goal

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER





Cardinal Health gifts $1 million to Ohio State's Center for Psychiatry and Resilience, investing in Ohio's mental health and wellbeing





$10 million gift from Jim and Christina Grote supports Center for Integrative Health at Ohio State

Sarah Ross Soter Women's Health Day











New Inpatient Hospital

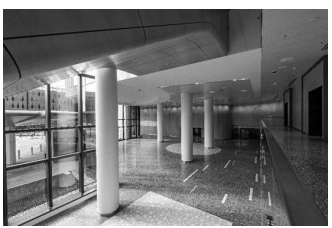
















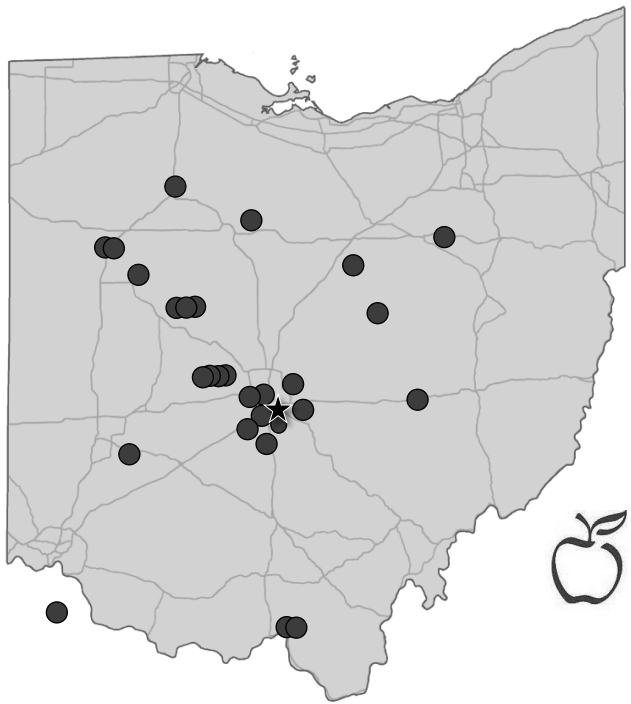




Bob Crane Community Center Opening



Blanchard Valley Joins Ohio State Heart & Vascular Network





Blanchard Valley HEALTH SYSTEM

Heminger Heart and Vascular Center

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Heart and Vascular Network

Ohio State College of Medicine











Nurses Week and Hospital Week







THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



Wexner Medical Center Board
Financial Report
Public Session

May 20, 2025



March Financial Results

The Ohio State University Health System

Consolidated Statement of Operations
For the YTD ended: March 31, 2025
(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	3,725,165	3,511,431	213,734	6.1%	3,291,631	13.2%
Operating Expenses						
Salaries and Benefits	1,478,892	1,461,844	(17,048)	-1.2%	1,390,311	-6.4%
Resident/Purchased Physician Services	191,444	192,340	896	0.5%	165,205	-15.9%
Supplies/Pharmaceuticals/Other	1,520,467	1,376,098	(144,369)	-10.5%	1,264,591	-20.2%
Depreciation	191,702	191,702	-	0.0%	179,426	-6.8%
Interest	38,230	37,794	(436)	-1.2%	31,653	-20.8%
Total Expense	3,420,735	3,259,778	(160,957)	-4.9%	3,031,186	-12.9%
Gain (Loss) from Operations (pre MCI)	304,430	251,653	52,777	21.0%	260,445	16.9%
Medical Center Investments	(194,038)	(178,170)	(15,868)	-8.9%	(187,771)	-3.3%
Income from Investments	51,114	42,024	9,090	21.6%	42,837	19.3%
Other Gains (Losses)	27,630	28,252	(622)	-2.2%	22,046	25.3%
Excess of Revenue over Expense	$ 189,136	$ 143,759	$ 45,377	31.6%	$ 137,557	37.5%
Non-Budgeted One-Time Recognitions	$ -	$ -	$ -	0.0%	$ 3,358	0.0%
Margin with Non-Budgeted One-Time Recognitions	$ 189,136	$ 143,759	$ 45,377	31.6%	$ 140,915	34.2%
Margin Percentage	5.1%	4.1%	1.0%	24.0%	4.3%	0.8%
EBIDA	$ 419,068	$ 373,255	$ 45,813	12.3%	$ 351,994	19.1%
EBIDA Margin Percentage	11.2%	10.6%	0.6%	5.7%	10.7%	0.5%

The Ohio State University Wexner Medical Center

Combined Statement of Operations
For the YTD ended: March 31, 2025
(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	4,993,812	4,734,039	259,772	5.5%	4,440,199	12.5%
Operating Expenses						
Salaries and Benefits	2,638,120	2,608,551	(29,569)	-1.1%	2,446,713	-7.8%
Resident/Purchased Physician Services	191,444	192,340	896	0.5%	165,205	-15.9%
Supplies/Pharmaceuticals/Other	1,831,898	1,643,651	(188,247)	-11.5%	1,551,950	-18.0%
Depreciation	195,334	195,211	(123)	-0.1%	183,022	-6.7%
Interest	38,386	37,794	(592)	-1.6%	31,813	-20.7%
Total Expense	4,895,182	4,677,547	(217,635)	-4.7%	4,378,703	-11.8%
Gain (Loss) from Operations	98,630	56,493	42,137	74.6%	61,496	60.4%
Income from Investments	58,860	49,677	9,183	18.5%	50,572	16.4%
Other Gains (Losses)	25,137	25,009	128	0.5%	19,496	28.9%
Excess of Revenue over Expense	$ 182,627	$ 131,179	$ 51,448	39.2%	$ 131,564	38.8%
Non-Budgeted One-Time Recognitions	$ -	$ -	$ -	0.0%	$ 3,358	0.0%
Margin with Non-Budgeted One-Time Recognitions	$ 182,627	$ 131,179	$ 51,448	39.2%	$ 134,922	35.4%
Margin Percentage	3.7%	2.8%	0.9%	32.0%	3.0%	0.7%
EBIDA	$ 416,347	$ 364,184	$ 52,162	14.3%	$ 349,757	19.0%
EBIDA Margin Percentage	8.3%	7.7%	0.6%	8.4%	7.9%	0.4%

* Combined Medical Center includes Health System, OSUP, and College of Medicine.

** This statement does not conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included.

*** Medical Center financial statements exclude market value adjustments for long-term investment funds

The Ohio State University Wexner Medical Center

Combined Balance Sheet
As of: March 31, 2025
(in thousands)

	Mar 2025	June 2024	Change
Cash	$ 1,542,427	$ 1,476,652	$ 65,775
Net Patient Receivables	821,207	756,178	65,029
Other Current Assets	244,044	218,438	25,606
Assets Limited as to Use	856,817	958,622	(101,806)
Property, Plant & Equipment - Net	3,919,821	3,706,478	213,344
Other Assets	631,478	610,379	21,099
Total Assets	$ 8,015,792	$ 7,726,748	$ 289,044
Current Liabilities	$ 620,841	$ 477,234	$ 143,607
Other Liabilities	433,885	426,301	7,584
Total Debt	1,370,851	1,438,011	(67,160)
Net Position	5,590,215	5,385,201	205,014
Liabilities and Net Position	$ 8,015,792	$ 7,726,748	$ 289,044
Days Cash on Hand	148.4	151.7	(3.3)
Net Days in Accounts Receivable	53.5	54.3	0.8
Debt to Capital	19.7%	21.1%	1.4%

* Combined Medical Center includes Health System, OSUP, and College of Medicine.

** This Balance sheet is not intended to conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included.



Thank You

Wexnermedical.osu.edu



March 5 - May 21, 2025 Board of Trustees Meetings
ATTACHMENT LXXIX

Wexner Medical Center Board
FY2026 Budget Update
Public Session

May 20, 2025

The Ohio State University Wexner Medical Center

Combined Income Statement
For the Years Ended June 30

	Actual 2024	Forecast 2025	Budget 2026	% Change
OPERATING STATEMENT (in millions)				
Total Revenue	$ 6,006	$ 6,650	$ 7,190	8.1%
Operating Expenses				
Salaries and Benefits	3,278	3,521	3,878	10.1%
Resident / Purchased Physician Services	230	264	304	15.2%
Supplies / Pharmaceuticals / Other	1,945	2,266	2,456	8.4%
Depreciation	252	273	296	8.4%
Interest	52	60	56	-6.4%
Total Expense	5,757	6,383	6,990	9.5%
Gain (Loss) from Operations	$ 249	$ 267	$ 201	-24.8%
Excess of Revenue over Expense	$ 249	$ 267	$ 201	-24.8%
Non-Budgeted One-Time Recognitions	$ 26	$ 21	$ -	0.0%
Margin with Non-Budgeted One-Time Recognitions	$ 275	$ 288	$ 201	-30.2%
EBIDA	$ 579	$ 620	$ 552	-10.9%
Financial Metrics				
Integrated Margin Percentage	4.6%	4.3%	2.8%	-1.5%
EBIDA Margin Percentage	9.6%	9.3%	7.7%	-1.6%

The Ohio State University Wexner Medical Center

Combined Income Statement
For the Years Ended June 30

(in millions)	Actual 2024	Forecast 2025	Budget 2026	% Change
Health System				
Revenues	$ 4,444	$ 4,965	$ 5,391	8.6%
Expenses	4,159	4,667	5,174	10.9%
Net	285	298	216	-27.6%
OSUP				
Revenues	$ 944	$ 1,038	$ 1,149	10.7%
Expenses	945	1,038	1,149	10.7%
Net	(1)	0	-	-100.0%
COM/OHS				
Revenues	$ 618	$ 647	$ 650	0.5%
Expenses	627	658	666	1.2%
Net	(9)	(11)	(15)	42.6%
Total Medical Center				
Revenues	$ 6,006	$ 6,650	$ 7,190	8.1%
Expenses	5,731	6,363	6,990	9.9%
Net	275	288	201	-30.2%



Thank You

Wexnermedical.osu.edu

Project Data Sheet for Board of Trustees Approval

UH-Doan Hall Sprinkler Installation

OSU-255353 (REQ ID# WMC240003)
Project Location: Doan Hall (0089)



- **Approval Requested and Amount**

Professional services	$1.2M
Total requested	$1.2M

- **Project Budget**

Professional services	$1.2M
Construction w/contingency	TBD
Total project budget	TBD

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	05/25
Design	08/25 – 01/26
BoT construction approval	TBD
Construction	TBD
Facility opening	TBD

- **Project Delivery Method**
  Design Build - Competitive GMP

- **Planning Framework**
  - This project was included in the FY24 Capital Investment Plan.

- **Project Scope**
  - This project will upgrade the existing sprinkler coverage in Doan Hall to meet new code requirements, with compliance required by June 2028.
  - The renovation scope includes removing all medical gas and plumbing fixtures on floors 6-11.
  - Final scope and total project cost will be confirmed during design.

- **Approval Requested**
  - Approval is requested to enter into professional services contracts.

- **project team**
  University project manager: Radabaugh, Alexandra
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Doan - Replace SPECT CTs

OSU-240329 (REQ ID# WMC240003)

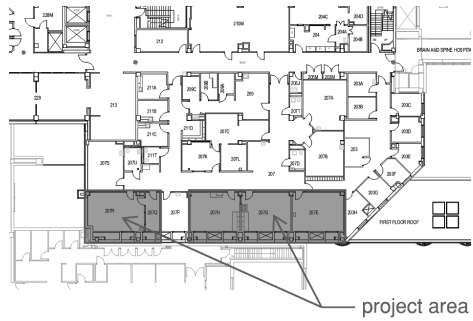
Project Location: Doan Hall (0089)

- **Approval Requested and Amount**

Professional services	$0.3M
Construction w/contingency	$4.3M
Total requested	$4.6M

- **Project Budget**

Professional services	$0.3M
Construction w/contingency	$4.3M
Total project budget	$4.6M



- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	05/25
BoT construction approval	05/25
Design	06/25 – 10/25
Construction	11/25 – 03/26
Facility opening	04/26

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project is included in the FY24 Capital Investment Plan.

- **Project Scope**
  - The project will remove four SPECT-CTs and re-install three new SPECT-CTs in Doan Hall within the Nuclear Medicine suite.
  - The space will be renovated to include infrastructure upgrades that accommodate a larger footprint and meet the criteria outlined by the Facility Guidelines Institute for Design & Construction of Health Facilities.

- **Approval Requested**
  - Approval is requested to enter into professional services and construction contracts.

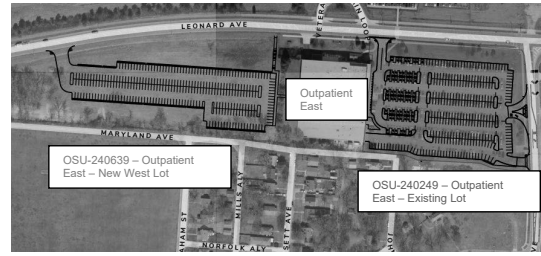
- **project team**
  University project manager: Cashman, Catie
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Outpatient East - Existing Lot Renovation

OSU-240249 (REQ ID# EAS240017)

Project Location: Outpatient Care East (0837)



- **Approval Requested and Amount**

Professional services	$0.8M
Construction w/contingency	$4.7M
Total requested	$5.5M

- **Project Budget**

Professional services	$0.8M
Construction w/contingency	$4.7M
Total project budget	$5.5M

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

Design	08/24 – 01/26
BoT professional services approval	05/25
BoT construction approval	05/25
Construction	03/26 – 09/26
Facility opening	09/26

- **Project Delivery Method**
  General Contracting

- **Planning Framework**
  - This project is included in the FY24 Capital Investment Plan.
  - This project was originally below Board of Trustees threshold for approval.

- **Project Scope**
  - During design, the extent of the rehabilitation was expanded which increased the total project cost above the Board of Trustees threshold for approval.
  - The project will reconstruct the existing parking lot on the east side of the Outpatient Care East facility.
  - The new layout will enhance traffic flow and improve patient access by optimizing both pedestrian pathways and vehicular travel lanes.
  - Construction is contingent upon the approval and completion of the New West Parking Lot (OSU-240639), which will provide temporary parking during the east lot's renovation.

- **Approval Requested**
  - Approval is requested to enter into professional services and construction contracts.

- **project team**
  University project manager: Kitchen, Donovan
  AE/design architect: Korda
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Outpatient East - New West Parking Lot

OSU-240639 (REQ ID# EAS240043)

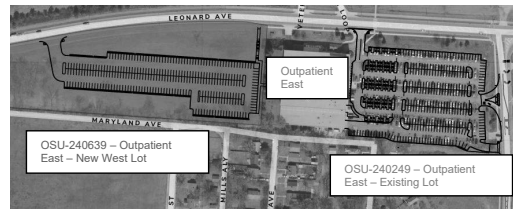
Project Location: Outpatient Care East (0837)

- **Approval Requested and Amount**

Professional services	$1.1M
Construction w/contingency	$6.1M
Total requested	$7.2M

- **Project Budget**

Professional services	$1.1M
Construction w/contingency	$6.1M
Total project budget	$7.2M



- **Project Funding**
  Auxiliary funds

- **Project Schedule**

Design	08/24 – 04/25
BoT professional services approval	05/25
BoT construction approval	05/25
Construction	07/25 – 12/25
Facility opening	12/25

- **Project Delivery Method**
  General Contracting

- **Planning Framework**
  - This project is included in the FY24 Capital Investment Plan.
  - This project was originally below Board of Trustees threshold for approval.

- **Project Scope**
  - Due to contaminated soils on-site, the total project cost increased above the Board of Trustees threshold for approval.
  - A new staff parking lot will be built on the vacant lot west of the Outpatient Care East building to address parking concerns and serve as temporary parking during the renovation of the existing lot reconstruction project (OSU-240249).

- **Approval Requested**
  - Approval is requested to enter into professional services and construction contracts.

- **project team**
  University project manager: Kitchen, Donovan
  AE/design architect: EMH&T
  CM at Risk or Design Builder: TBD

APPROVAL FOR ACQUSITION OF REAL PROPERTY
1800 ZOLLINGER ROAD
UPPER ARLINGTON, FRANKLIN COUNTY, OHIO
BOARD BACKGROUND

Background

In 2015, Medstone Realty Company, LLC (Medstone), a subsidiary of Campus Partners, acquired unimproved property located at 1800 Zollinger Road, Upper Arlington, Ohio for the purpose of constructing a medical office facility that would be leased to The Ohio State University (OSU). In 2016, OSU entered into a long-term lease with Medstone for the building now known as The Ohio State Outpatient Care Upper Arlington and pre-paid rent to Medstone in the amount of $20,867,000. The lease contained a purchase option for OSU to acquire the property from Medstone for one dollar ($1.00). The university would like to exercise its purchase right.

Location and Description

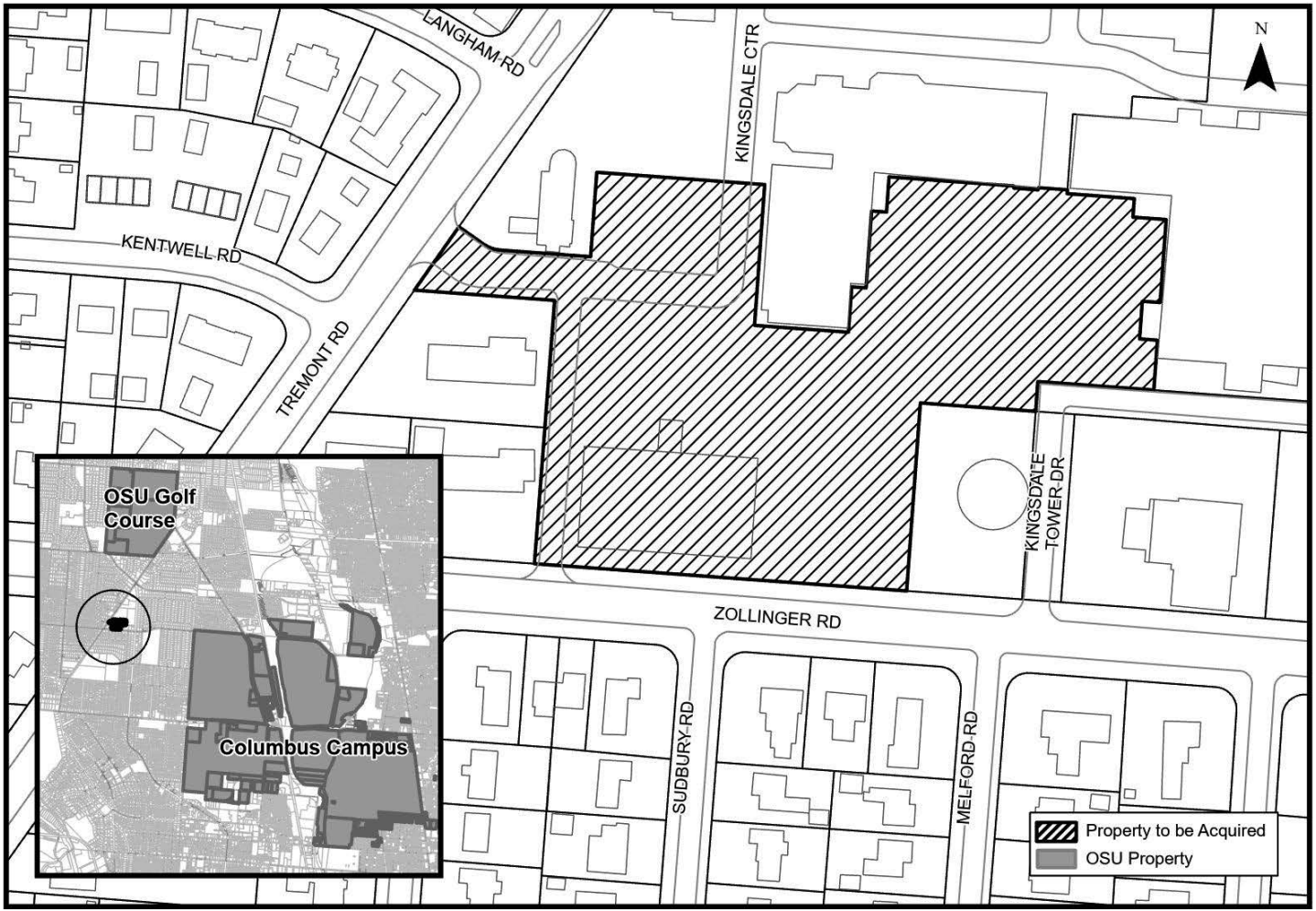
The subject property consists of approximately 5.070 acres of improved real property situated at 1800 Zollinger Road, Upper Arlington, Ohio. The property is Franklin County parcel number 070-003229 and located in the Kingsdale Shopping Center area of Upper Arlington.

Property History

In 2009, the City of Upper Arlington entered into a development agreement with Continental Real Estate Companies (Continental) to bring new investment and business to the Kingsdale shopping center. As part of that agreement, Upper Arlington purchased approximately five acres of the Kingsdale property from Continental to facilitate the development of new professional or medical office space. Continental retained a right to repurchase the office parcel and held the exclusive right to market it for development through November 2014. In order to react in a quickly evolving market, Upper Arlington, Medstone, and the university entered into a Tri-Party Agreement to develop the site. Medstone acquired the property and has held ownership since May 14, 2015.

Purchase of Property

Planning, Architecture and Real Estate recommends that the above referenced property be acquired under terms and conditions that are deemed to be in the best interest of the university.



THE OHIO STATE UNIVERSITY

5.070 Acres
1800 Zollinger Road Acquisition
Upper Arlington, Franklin County, Ohio

Prepared By: The Ohio State University
Office of Planning, Architecture and Real Estate
Issue Date: March 12, 2025
The Ohio State University Board of Trustees



The Ohio State University Wexner Medical Center

HealthMap 2025
Implementation Strategy 2025-2027

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



HealthMap 2025
Implementation Strategy 2025-2027

As indicated in The Ohio State University Wexner Medical Center's Community Health Needs Assessment, the four health systems in Franklin County, Columbus Public Health and Franklin County Public Health and several community partners jointly completed the Franklin County *HealthMap 2025*. The Franklin County *HealthMap 2025* identifies five health priorities and corresponding indicators. The five health priorities are as follows:

- Social Drivers of Health
- Mental Health
- Adverse Childhood Experiences (ACEs)
- Maternal and Infant Health
- Violence and Injury-Related Deaths

This implementation strategy explains how the Ohio State Wexner Medical Center will address and try to impact the priorities identified in The Ohio State University Wexner Medical Center's Community Health Needs Assessment.

TABLE OF CONTENTS

SOCIAL DRIVERS OF HEALTH

MENTAL HEALTH

ADVERSE CHILDHOOD EXPERIENCES

MATERNAL AND INFANT WELLNESS

VIOLENCE AND INJURY-RELATED DEATHS

Priority Health Needs 2025-2027

Social Drivers of Health

- **Specific and interrelated indicators include:**
- **Housing security (decreased homelessness, increased affordability)**
- **Economic stability**
- **Neighborhood safety (reduced crime)**
- **Food security (increased access to nutritious foods)**
- **Education**
- **Transportation**
- **Access to care**

Social drivers of health refer to the conditions in which people are born, grow, live, play, work and age that influence a person's health. Non-medical factors, such as economic stability, education and health care access, transportation and neighborhood safety, are key drivers of good health outcomes. The Ohio State Wexner Medical Center has instituted many programs that address needed community services and supports in an effort to improve health outcomes for our patients.

Healthy Community Center

On the Near East Side, the Ohio State Wexner Medical Center's Healthy Community Center opened in spring 2024, collaboratively designed with neighborhood residents. Utilizing the Columbus Metropolitan Library's original Martin Luther King Jr. branch near East Hospital, this multipurpose facility provides no direct clinical services, but it fills a major gap in the community and demonstrates Ohio State's commitment to its neighbors' well-being.

The Ohio State University Healthy Community Center features:

- a teaching kitchen with demonstrations for families and individuals of all ages
- the Near East Café, providing catering and healthy foods to the community
- a meeting center and café space for a new and/or growing business
- soundproofed multipurpose classrooms and meeting rooms that can be sectioned off as needed
- innovation space that teaches mindfulness, body weight resistance as well as Pilates
- community garden and composting
- senior activities, screening for common health concerns and health education programs.

Since its opening in May 2024, programming at the Healthy Community Center had reached more than 3,000 participants by the end of 2024.

Healthy Community Day

Celebrating its 25th anniversary in 2025, The Ohio State University Wexner Medical Center's Healthy Community Day is a free health fair that brings together health expertise from more than 50 organizations. This annual community event takes place on the first Saturday of June at our Outpatient Care East facility. In 2024, we provided more than 400 health screenings, served more than 600 lunches and distributed more than 2,600 pounds of fresh produce to the Near East Side community.

Food Access

The science is clear that access to food, especially fruits and vegetables, is critical for improved health outcomes, prevention of disease progression and lower overall costs of medical care.

Mid-Ohio Farmacy

In September 2019, the Wexner Medical Center partnered with the nation's seventh-largest food bank, the Mid-Ohio Food Collective, to better connect Ohio State patients with documented food insecurity with enhanced access to fresh produce and other nutrient-rich foods. What resulted was the Mid-Ohio Farmacy, a partnership that allows Ohio State staff and providers to screen and refer patients to receive a fresh-food "prescription" card, with a unique Rx ID. This Rx ID permits patients weekly access to fresh produce at any of the Mid-Ohio Food Collective's 12 participating pantries in central Ohio. Not only does the increased access to fruits and vegetables at food pantries improve health outcomes through nutrition, but patients also don't have to spend as much of their limited budgets on food.

The program was initially offered at two Family and Community Medicine clinics, but it has expanded to additional clinics. Currently providers at these locations are prescribing the Mid-Ohio Farmacy card:

- Family and Community Medicine at Primary Care Northwood-High and Outpatient Care East
- Total Health Care Center at East Hospital
- Maternal Fetal Medicine at McCampbell Outpatient Care and East Hospital
- Diabetes-specific endocrinology clinics
- Primary Care – General Internal Medicine at Martha Morehouse Outpatient Care and Outpatient Care East

As of October 2024, more than 2,480 patients have benefited from the program, leading to more than 23,867 food pantry visits with patients selecting produce during 19% of those visits. The change in A1c levels for enrolled patients decreased by 0.5%. In

addition, among referred patients with A1c greater than 9%, numbers declined from 30.4% to 21.6% after three months.

Additional Mid-Ohio Food Collective Partnerships

Other longstanding partnerships between Ohio State and Mid-Ohio Food Collective include:

- Donation of 40,000 pounds of food each year to the food bank's Second Servings program. Surplus food items are prepared into packaged meals by our hospital kitchens. These meals head directly to Second Servings' soup kitchens and emergency shelters. Uncooked produce, bread and other foods also are donated to the food bank.
- James Mobile Education Kitchen medical center chefs and clinicians distribute food samples and hold cooking and nutrition demonstrations at food pantries and other community locations, such as the Reeb Avenue Community Center.

Bronzeville Food Co-Op

Several grocery stores were once located on the Near East Side. The last grocery store closed in the early 2010s. The Bronzeville Food Co-op is working to establish a community-led grocery store that provides affordable, nutritious food. Due to our prominence in the community, the Ohio State Wexner Medical Center has been involved since the exploratory committee's creation. We currently have membership on the Steering Committee for the endeavor. We also provided funding for a market study and a community survey to help move this project forward. We are committed to helping the community reach its goal of having access to affordable, healthy food.

Access to Care

Timely, culturally appropriate and easy-to-get-to health care is an additional strategy for enhancing health outcomes for all.

To improve access to care, the Wexner Medical Center has pursued multiple initiatives, including:

New Inpatient Hospital Tower

Opening in 2026, Ohio State's new inpatient tower is the largest single facilities project in the history of The Ohio State University. The 1.9 million-square-foot hospital will replace 440 outdated beds at our current University Hospital, nearly doubling that number with 820 beds equipped to provide the highest level of patient care. With a

strategic objective to be the preeminent tertiary/quaternary care hospital serving the residents of central Ohio, the new inpatient hospital will serve as a model for all 21st-century hospitals, where faculty, staff and learners will bring together expertise to advance innovations and solve unrelenting medical and health care challenges. Our culture of innovation and this new tower will help us provide the very best care to our patients, ensuring that their stay is as comfortable as possible.

Ohio State Dental Clinic

On Oct. 1, 2024, the Ohio State Wexner Medical Center and the Ohio State College of Nursing's Federally Qualified Health Center (FQHC), Ohio State Total Health Care Center, opened their much-anticipated Ohio State Dental Clinic at Outpatient Care East. Its opening marked a new approach to community health care.

The Ohio State Dental Clinic was made possible through contributions from state government, championed by the district's Senator Hearcel Craig. The collaboration among state government, the university's FQHC, the College of Nursing, the College of Dentistry and thee Wexner Medical Center led to a significant step in the university's mission to lead the transformation of health care in central Ohio and address barriers to health by expanding access to all Ohioans.

Access to oral health is a critical but often overlooked piece of overall health and well-being. By partnering to establish the clinic on the Near East Side, we are addressing one of the most prevalent barriers to health care – accessibility. The Near East Side once hosted many professional offices, including physicians and dentists. Due to several factors, many of these professionals moved to other areas, leaving dentistry in short supply. With the creation of this clinic, we are helping to restore dentistry to the neighborhood.

Additionally, the Ohio State Dental Clinic is just one part of efforts to centralize health care at Outpatient Care East. We are in the process of co-locating services there, allowing us to address oral health, primary care, behavioral health and eventually vision care. Plans are underway for the addition of an optometry clinic to this space.

Eastland Prosperity Center

Mid-Ohio Food Collective (MOFC) is leading efforts to co-locate services for the Eastland neighborhood. The food collective, partnering with various government stakeholders, is transforming a 67,000 square-foot former grocery store into a center that will offer a free food market, a community health center, city programs and other resources to residents in southeast Columbus.

In fall 2024, Total Health Care Center was approached by MOFC to serve as the on-site community health center. This partnership will allow the federally qualified health center to expand its services to a new location, serving the needs of residents of central Ohio. Construction began earlier this year and is expected to conclude in 2026.

Epic Connect

Ohio State's Epic Connect Program provides and manages the hardware infrastructure to run the Epic electronic medical record (EMR) platform for partnering hospitals, community health centers and independent providers. The Epic EMR suite is at the heart of the Ohio State Wexner Medical Center Connect program and is considered the "best in KLAS," an award that recognizes software and services companies who excel in helping health care professionals improve patient care. Epic improves care coordination by providing an integrated, single source to access and seamlessly share health information with providers, improving clinical efficiency, safety and quality, productivity and satisfaction.

Patients benefit from Epic's intuitive one-stop patient portal for mobile, tablet and desktop applications. This shared ecosystem focuses on interoperability, allowing different health care technologies to exchange and use information effectively. Nationwide Children's Hospital, Mount Carmel Health System and OhioHealth each have their own instances of Epic, but this interoperability is critical for patient care.

Ohio State's Epic Connect is Ohio State's instance of Epic that is shared with 12 other hospitals throughout the state, as well as with Heart of Ohio Family Health, a Federally Qualified Health Center, and Lifecare Alliance, right here in Columbus. In March 2025, Columbus City Council passed legislation allowing Columbus Public Health to enter into a contract with Ohio State Wexner Medical Center so that it too could join the Epic Connect program.

Partnering with the Wexner Medical Center's Connect program reduces capital expenditure costs for an organization while also implementing the best cybersecurity practices to reduce potential security risks. Health organizations are able to leverage our expertise and resources. We assist in the installation, training and utilization of their new EMR. Additionally, the Ohio State Wexner Medical Center provides the organizations with a dedicated support team, including help desk and software specialists who manage workflows and builds, reducing IT workload.

The Ohio State University Mobile Units

Ohio State deploys mobile units throughout central Ohio to improve access to care in underserved areas. In March 2020, the Wexner Medical Center added the Community Care Coach to its mobile fleet. The 38-foot coach is the first mobile primary care and Ob/Gyn unit at Ohio State. The wheelchair-accessible coach includes two exam rooms, a waiting room and a point-of-care testing lab. It provides primary care, such as vaccines, physical exams, blood tests and prenatal and postpartum care for mothers. The care coach partners with Moms2B, making prenatal care available at a number of its in-person educational sessions.

The Community Care Coach joins three other Ohio State mobile units. These include:

- The OSUCCC – James' Mobile Education Kitchen, whose purpose is to educate the public about healthy, cancer-preventive foods and how to prepare these foods at home.
- The James Mobile Mammography Unit meets women where they live to provide an effective, affordable and convenient way to detect breast cancer.
- The College of Dentistry's Dental Health Outreach Mobile Experience Coach is an outreach program that strives to meet the oral health needs of Ohioans in key underserved areas while training sensitive and culturally competent health professionals.

These units are addressing needed community services and supports by providing convenient care close to home, eliminating barriers, such as insurance, transportation and child care.

Expanding Ambulatory Services

The Ohio State University Wexner Medical Center continues to expand its care with large ambulatory facilities in New Albany (opened summer 2021) and Dublin (opened summer 2022). Outpatient Care Powell is currently under construction and is expected to open in summer 2026.

The comprehensive facilities are part of a suburban outpatient care program that supports growth in the region and excellence in academic health care. At approximately 200,000 square feet, the five-story medical office building and two-story ambulatory health center in Powell will include imaging, outpatient rehab/PT, endoscopy and related support space.

In addition, since our last Community Health Needs Assessment, the medical center has opened new primary care locations in Grove City and Pickerington as well as purchased/opened urgent care locations in Gahanna and Hilliard.

Additionally, in July 2023, we opened The James Outpatient Care, a new ambulatory cancer center, with a focus on cancers that affect bone and soft tissue, blood, kidney, bladder and prostate – cancers in which treatment options have advanced to the point that outpatient care is now an option. It includes outpatient operating rooms, interventional radiology rooms, extended recovery unit, pre-anesthesia center, a diagnostic imaging center, retail pharmacy, hematology clinic, genitourinary clinic, infusion and medical office and support spaces. The approximately 385,000 square-foot, cancer-focused facility also includes central Ohio's first proton therapy center, in partnership with Nationwide Children's Hospital, that provides children and adults with the latest radiotherapy available.

Transportation Assistance

The Ohio State Wexner Medical Center continues to work to provide better transportation assistance for our low-income patients to make it easier for them to attend appointments, especially services on our main campus. This assistance includes enhanced parking subsidies and working with more flexible ride programs, such as Lyft.

Education

Our Workforce Development team has taken an innovative approach to increasing the health care workforce. The Wexner Medical Center is central Ohio's largest health care employer with more than 22,000 employees. We are actively building the future by creating more than 2,000 new career positions, including many for the new hospital tower. Following the COVID-19 pandemic, we have thousands of open positions in addition to the 2,000 jobs our growth plans will create. These are some of the large initiatives that we are doing to help educate and recruit new health care workers:

K-12 Partnerships

Until recently, the Ohio State Wexner Medical Center had historically limited opportunities for minor students to participate in on-site learning experiences. On July 1, 2023, a new Unpaid Student Experience Policy was put into effect to encourage partnering with local school districts for on-site visits – including internship opportunities. The new policy creates opportunity but also requires training, time commitments and engagement from Wexner Medical Center staff who are interested in hosting students. To ensure a smooth transition to the new policy, we are working with a limited number of partners who have experience in these programs and have been invited to participate. We originally started with the four largest school districts in the central Ohio region and have recently added our fifth school district. We plan to expand partnerships as our resources and ability allows.

In just one year of establishing a position for an associate director of Workforce Partnerships for our K-12 students, we have been able to impact 16,901 lives, including students, teachers and parents. Additionally, in November 2024, we introduced a new policy to provide paid experiences at our medical center for 17-year-old high school students enrolled in health care-specific pathways. This initiative aims to support their educational journey and career development.

Other partnerships with local school districts include educator tours of our facilities and experiences, a parent academy that informs parents and students about in-demand opportunities for employment and student events with our district partners. We have had 22 students complete internships and another 60 students who have completed one-time shadows in a field of their choosing. We have participated in 63 career exploration events at various schools in the community, and we have hosted 39 events for students and teachers at one of our medical center facilities. We currently have 218 team members internally (up from 26 in March 2024) who serve as ambassadors for our K-12 work.

In the past year, our participation with the Healthcare Career Collaborative of Central Ohio, a partnership between five major health care organizations in the greater Columbus area, created a health care-specific station for middle schoolers at Junior Achievement's Finance Park where hundreds of middle schoolers will have the opportunity to learn about health care careers annually. In partnership with the Healthcare Career Collaborative of Central Ohio, we created six career-specific "day-in-the-life" videos to help share about priority occupations in health care. Five of these can be viewed on the collaborative's website.

Our industry sector partnership also hosted our second Healthcare Career Summit for high school students in central Ohio. This year we added opportunities for more students and opened it to the community. We hosted 1,900 students from 58 schools during the two-day event. The event provides hands-on experiences for students to learn about health care careers in imaging, nursing, surgical technology, medical assisting, laboratory and respiratory therapy. The work was made possible by grant funding from the state of Ohio. The first event was recognized with the annual award for Workforce Innovation by the Ohio Economic Development Association.

Finally, we launched an externally facing web page to help connect us to the community, for career exploration experiences. To date, we have received 161 requests from the community.

Columbus Promise

The Ohio State Wexner Medical Center was one of the initial funders for the Columbus Promise, a pilot program created by the city of Columbus, I Know I Can and Columbus State Community College, to boost college-going, student success and growth of the job market in Columbus. The Columbus Promise Scholarship covers tuition and fees to Columbus State Community College after the Pell grant (if eligible) and any tuition-restricted scholarship(s). An additional $500 per semester for educational expenses, up to six semesters, is also included. Columbus Promise Scholars receive exclusive advising and support to develop skills, behaviors and habits that contribute to success in and beyond college.

Besides being an initial funder, the Ohio State Wexner Medical Staff have participated in numerous recruiting and employment events with Columbus State for Columbus Promise participants.

Health Sciences Academies

The Health Sciences Academies are a partnership between PACT, an Ohio State Wexner Medical Center subsidiary, Columbus City Schools and the Wexner Medical Center. All six East Side public schools are designated as a Health Sciences Academy, with

a monthly focus on diseases that may impact students' lives. Every student reads a health science-related book each year. In all their classes, students create a project that culminates in a cross-curricular fair. The Science Café is attended up to three times a year by a select group of students who visit a community partner for a hands-on experience centered on a career in the health sciences. East High School students participate in the Health Science Career Connections club every week to learn from professional in health sciences-related fields, engage in mentoring opportunities from Ohio State medical students, complete community service projects and learn professional skills.

Surgical Technial Program

Facing 85 openings in the surgical technical field at the Wexner Medical Center, our workforce development team reached out to Columbus State Community College to triple the number of yearly graduates. Columbus State had limited facility space and teaching staff for the program and had turned away applicants in the past. On Feb. 28, 2024, both institutions announced a collaboration that would allow Columbus State to provide the curriculum and accreditation and Ohio State to provide the instructional support and clinical training space. The program launched in August 2024.

Offering English as a Second Language Classes for Employees

The Ohio State Wexner Medical Center offers an English as a Second Language program to its current employees. It reduces barriers to employees in the workspace and in the community. The program is delivered free of charge in partnership with Columbus State Community College. It provides 16 weeks intensive language training by a certified instructor from Columbus State. Many employees who complete the course continue their education at Columbus State. In May 2025, we will have more than 100 graduates over the program's two-year history. Graduates have been from a wide range of backgrounds – from entry-level proficiencies to an MD from Ukraine.

COTA

The Central Ohio Transit Authority (COTA) recently passed a ballot initiative to increase the sales tax for the creation of LinkUs, a transformative mobility plan designed to foster growth, affordability and opportunity. LinkUs will address key priorities for central Ohio families, including sidewalk improvements and additions to protect pedestrian safety. The initiative will modernize central Ohio's transit system, making buses faster and more reliable (45% more service hours), while adding more than 500 miles of new sidewalks, multi-use paths and bikeways. LinkUs aims to enhance connectivity across more than 40 communities. It will build the infrastructure we need to grow our economy while creating walkable communities with more access to work, home and health care. The Ohio State Wexner Medical Center supported the ballot initiative. Our patients and employees will also benefit from the new LinkUs routes, including the one that will run right past our new inpatient tower.

Additionally, our partnership with COTA is improving access to care through proposed new bus stops at our outpatient care facilities in Dublin and New Albany and the creation of a new bus line. The new line will start at our Dublin Outpatient Care facility and end at The Ohio State University's campus, running through Hilliard and Upper Arlington along the way. It will be a boon for our patients and staff as another way for them to access our world-class health care.

Housing

The Wexner Medical Center Housing Program was created for patients and their support members who need temporary housing assistance while receiving care at the Wexner Medical Center. We offer accommodations through a hotel partnership designed to relieve the burden of lodging expenses that would be a barrier to successful completion of their care plan. This has been especially critical to support patients and their caregivers in our cancer and transplant service lines who are experiencing either housing insecurity or who live a significant distance from Columbus but who do not have the financial resources to afford local hotel accommodations.

PACT (Partners Achieving Community Transformation)

In 2010, PACT began with a $10 million investment from the Wexner Medical Center. PACT was founded as a partnership among the Ohio State Wexner Medical Center, the city of Columbus, the Columbus Metropolitan Housing Authority and community neighbors, and has worked to develop a revitalization plan called the Blueprint for Community Investment. The plan seeks to make the Near East Side neighborhood a healthy, sustainable community offering residents access to safe, affordable homes, quality health care and education and local employment opportunities.

The original $30 million investment by the three original partners was leveraged into an additional $30 million federal Housing and Urban Development grant in 2014. Then, based on this sound foundation of commitment to the Near East Side, Fifth Third Bank announced a $20 million investment in the Near East Side in fall 2021 as part of the financial institution's $180 million national Neighborhood Investment Program in collaboration with Enterprise Community Partners. The program supports revitalization in communities throughout the country that have experienced a sustained period of disinvestment. Columbus is one of nine cities to receive the award.

PACT and its partners are leveraging the neighborhood's rich cultural legacy and creating an economic impact corridor. Late last year, PACT presented Requests for Expressions of Interest (REI) for nine sites, totaling six acres, along Taylor Avenue. Taylor Avenue is a prominent corridor in the PACT geography and is often described as a gateway to Columbus' Near East Side. With the REI, PACT is specifically seeking proposals that promote quality, sustainable housing for a range of income levels and vibrant and safe neighborhoods. Decisions are being made about these nine sites that could transform the corridor.

What We Will Do

- Open the new inpatient tower in 2026.
- Open an optometry clinic at Outpatient Care East.
- Expand Dental Clinic hours at Outpatient Care East.
- Open the new Total Health Care Center's site at the Eastland Prosperity Center.
- Finalize our contract with the city of Columbus on Epic Connect and begin to provide Columbus Public Health with IT support for EPIC.
- Continue to address access to care through taking care to our patients and providing them with better transit access.
- Continue to create and enhance partnerships around workforce development and education.
- PACT will select developers for the nine parcels presented in its 2024 REI and planning and construction will begin.

Mental Health

Specific indicators include:

- **Depression prevalence**
- **Loneliness prevalence**
- **Suicide death rate**

Mental and social health are increasingly recognized as both direct and indirect contributions to overall health. Experiencing violence or being exposed to violence in the home has long-term physical and mental health impacts. In addition to the direct impact on an individual's mortality, suicide also has rippling negative effects among other community members, from family members to peers to first responders.

Behavioral Health Urgent Care

To close gaps in the continuum of care for people requiring behavioral health services, the Ohio State Wexner Medical Center has initiated a Behavioral Health Urgent Care Clinic. The clinic seeks to assist two groups of patients in particular need of continuous access to care.

The first group are people discharged from an inpatient hospitalization and waiting to see a provider. This group may have to wait months before seeing a clinician at a time when they are most likely to decompensate or be at risk for suicide. Their diagnoses cover a whole range of severe mental illnesses.

Staff members schedule to see the patient within seven days of discharge from an acute inpatient hospital and then initiate routine appointments or phone calls to check in with patients. They're available to monitor symptoms, including medication side effects, ensure compliance with safety planning and provide counseling as needed. They also provide case management services, such as coordination of non-psychiatric medical issues and facilitation of community outpatient follow-up.

Important goals are to make sure an individual takes prescribed medicine as directed and shows up for the first outpatient visit. Services are provided for up to eight weeks after hospital discharge.

The second group of people are those who are in crisis but do not require an emergency room visit. Many of these patients may be active in outpatient behavioral health treatment, but patients can often go three or six months between visits with their provider. People in crisis who do not meet the criteria for hospitalization benefit from a bridging service to provide care when they need it. The Urgent Care Clinic provides that bridge to the next appointment with counseling, video visits and medication adjustments or refills.

Same-day appointments are available, and patients can seek care once or several times until they are able to be seen by their provider or be linked in the community. Both virtual visits and walk-in appointments are available.

The Urgent Care Clinic team includes psychiatrists, nurse practitioners, social workers, case managers and a nurse. They provide care five days a week. From January through November 2024, BHUC served 2,063 unique patients through more than 4,368 visits, slashing unnecessary psychiatric ED visits by 33% compared to the same period in 2023 (N=1,740 (2024) vs. N=1,172 (2023). The staff are tracking data to confirm that services provided are meaningful to patients and achieving desired outcomes.

The Early Psychosis Intervention Center

Although many people suffering with confusing and distressing mental health concerns feel alone, psychosis, which is most likely to occur in young adults, is quite common. In fact, nearly three of every 100 young people will experience a psychotic episode. Psychotic symptoms occur in people from all backgrounds.

The key to recovery is early intervention. As with physical illness, treatment early in the course of a mental illness can lead to better outcomes. The longer the illness is left untreated, the greater the potential disruption to the person's ability to transition into adulthood, fulfill the demands of school or work, meet new people or become fully independent.

The Early Psychosis Intervention Center (EPICENTER) at Ohio State was established to deliver comprehensive behavioral health services to youth and young adults who are showing the early warning signs of a burgeoning psychotic disorder or who have experienced a first onset of psychotic symptoms within the last five years. This includes treatment for illnesses such as:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (with psychotic features)
- Unspecified psychosis
- Major depressive disorder (with psychotic features)

It's encouraging to know that for many people, recovery is possible. Ongoing support can help individuals enjoy significant improvement and more effective illness management so that they may lead more productive, fulfilling lives.

At EPICENTER, people have the opportunity to discuss their concerns, get practical support and participate in research studies. Based on each individual's needs, a team of experts from different fields, such as psychology, psychiatry, nursing and social work, creates a specialized, phase-specific treatment plan to help minimize symptoms, reduce stress and improve function and independence.

The ultimate goal is to help each person return to daily life feeling more secure and positive about the future, knowing their illness does not need to define their future or their goals.

Stress, Trauma And Resilience

The Stress, Trauma And Resilience (STAR) Program in The Ohio State University Department of Psychiatry and Behavioral Health focuses on three areas: support for health care professionals and first responders, support for trauma survivors and leading-edge research on the impact of stress and trauma.

The STAR Trauma Recovery Center (STAR TRC) — one of the first of its kind in the Midwest — focuses on providing holistic longitudinal support for survivors of crime-related violence free of charge. The Wexner Medical Center Emergency Department and other medical center physicians refer patients directly to the STAR TRC. In addition, local community-based organizations, police/fire/EMS, local prosecutors' offices, other hospitals — and even other trauma centers in Columbus or the nearby region — frequently refer individuals because of STAR TRC's extensive programming and level of psychiatric care. Patients receive standardized assessments based on research, and our evidence-based treatment is given with compassion and respect for each person.

TRC services are available free of charge, and survivors of traumatic events receive not only counseling, but also case management and medication management. In addition to community outreach to build awareness in underserved populations who are frequently unable to access care, TRC team members are also committed to victim advocacy.

Because each trauma experience is unique, treatment is tailored to the individual. Care teams may include physicians, licensed social workers, clinical counselors, case managers, psychiatrists, nurses and other professionals who coordinate internal and community resources to navigate each recovery process.

In support of healthcare professionals and hospital systems, the STAR Program has developed the B.E.S.T. (Brief Emotional Support Team) Program, which introduces evidence-based techniques that equip professionals to respond effectively in a crisis while also engaging in skills that build resilience to cope with chronic exposure to stress. This peer-support model creates a culture of compassion and helps colleagues learn how to care for each other in the demanding, difficult, harrowing and crucial work that they do each day. Monthly "Refresh & Support" sessions create the opportunity for B.E.S.T.-trained individuals to continue to develop their skillset in addition to forming an ongoing sense of community where they can receive their own support as needed as well.

The STAR program also serves as the facilitator for Schwartz Center Rounds. Held monthly, this social-emotional grand rounds panel discussion creates the opportunity for employees and learners across the organization to discuss and normalize emotional responses to challenging cases. By reducing stigma, these discussions serve as an important mechanism for helping healthcare professionals reduce feelings of isolation and process the inherently emotional nature of their work.

Free and confidential post-incident peer support is also available through the STAR program. Proactive outreach occurs following known adverse incidents, and individuals can also self-refer.

For other first responders, the STAR program has developed the F.I.R.S.T. (First Incident Response Support Technology) Support app for first responders. Backed by research completed at The Ohio State University, the F.I.R.S.T. Support app uses proven methods to help reduce stress and increase resilience. At its core, the strength of fire and police departments are based on the strength of working relationships. The F.I.R.S T. program provides a common language for first responders to process difficult runs and challenges faced in the intensity of the work environment. Department trainings are available that take what first responders do and see each day and provide a method to process these events. The F.I.R.S.T. program has demonstrated statistically significant decreases in issues related to depersonalization, burnout and avoidance. There are times when more than an interactive application is needed, so individual and group support sessions are available through STAR.

Franklin County Bedboard

Through the Central Ohio Hospital Council (COHC), central Ohio psychiatric providers are working together to ensure timely access for patients in need of inpatient psychiatric services. Franklin County's three adult hospital systems are partnering with other inpatient psychiatric providers to communicate psychiatric bed availability and match open beds with patients in need of inpatient placement. The "Bedboard Group" has developed a web-based, secure bedboard listing all psychiatric patients needing admission in the county as well as all open beds. This collaborative effort has reduced the wait time for patients in local emergency departments by 70% since 2018, and it has led to a better working relationship with psychiatric care providers in the community.

Mental Health and Addiction Crisis Center

Beginning even before the COVID-19 vaccine was available to the general public, the Born from discussions within the Bedboard Group came a broader community discussion on ways to improve the crisis system, specifically on ways to decrease the number of patients presenting in emergency departments in psychiatric crisis. In partnership with the Alcohol, Drug Addiction and Mental Health (ADAMH) Board of Franklin County, the three adult hospital systems worked with several community stakeholders to develop a plan for the construction of a new Crisis Center for Franklin County residents. A steering committee, co-chaired by ADAMH and COHC, oversaw the development of the plan, with strategic work groups building out specific portions of the plan.

Including support from the three adult hospital systems, more than $60 million was raised for the construction of the crisis center. The crisis services focus on recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments for consumers and staff and a collaboration with law enforcement and first responders. The center will open this summer, and the Ohio State Wexner Medical Center has entered into contract with RI International, the operator of the center, to serve as its medical partner.

Care for Our Own

We have several programs that provide health and well-being resources for our own faculty and staff.

- Our Gabbe Well-Being Office has created a centralized website to house and socialize a wide variety of resources to support the well-being of employees and learners across the organization.
- Our team of specialized providers in the STAR Program has provided support for all medical center employees since 2009 through a wide range of peer support, respite and self-care programs developed to address health care workforce-related stress.
- The Behavioral Emergency Response Team (BERT), trained to de-escalate situations involving upset patients or family members, shields our frontline workers from an increasing number of intense and potentially volatile situations. In 2025, the team expanded to offer consultation and support at East Hospital as well.
- Our Workplace Safety Steering Committee works diligently to identify and address opportunities to enhance workplace safety and streamline post-incident support services for impacted employees and learners across the organization.

What We Will Do

- Participate in the Franklin County Crisis Care Center upon its opening.
- Expand access to care by utilizing telehealth and growing outpatient options.
- Examine the possibility of expanding Behavioral Health Urgent Care services to East Hospital/Talbot Hall.
- Expand use of patient-reported outcomes in clinical decision making throughout a variety of programs and across the continuum of behavioral health care.

Adverse Childhood Experiences

Specific indicators include:

- **Adverse childhood indicators prevalence**
- **Depression prevalence**

Adverse childhood experiences (ACEs) are traumatic events that occur during childhood and impact mental health. Examples of ACEs include violence, abuse or neglect, as well as contextual factors that might negatively affect a child's sense of safety or ability, such as growing up in a household with people who have substance use problems, mental health problems or parents who were separated or in jail.

Research shows that ACEs can have lasting effects on health and well-being in childhood, as well as impact one's education and job potential into adulthood. While the bOhio State Wexner Medical Center does not provide a full spectrum of mental health treatment to minors, EPICENTER does provide services to youth and young adults. We also treat adults who experienced traumatic events while they were children.

The Early Psychosis Intervention Center (EPICENTER)

Although many people suffering with confusing and distressing mental health concerns feel alone, psychosis, which is most likely to occur in young adults, is quite common. In fact, nearly three of every 100 young people will experience a psychotic episode. Psychotic symptoms occur in people from every background.

The key to recovery is early intervention. As with physical illness, treatment early in the course of a mental illness can lead to better outcomes. The EPICENTER at Ohio State was established to deliver comprehensive behavioral health services to youth and young adults who are showing the early warning signs of a burgeoning psychotic disorder or who have experienced a first onset of psychotic symptoms within the last five years. To learn more about EPICENTER, please visit page 16 in the Mental Health Section.

Stress, Trauma And Resilience

The Stress, Trauma And Resilience (STAR) Program in The Ohio State University Department of Psychiatry and Behavioral Health focuses on three areas: support for health care professionals and first responders, support for trauma survivors and leading-edge research on the impact of stress and trauma.

The STAR Trauma Recovery Center (STAR TRC) — one of the first of its kind in the Midwest — provides comprehensive psychiatric care that is specially equipped to assist with particularly traumatic incidents. To learn more about STAR, please visit page 17 in the Mental Health Section.

Behavioral Health Urgent Care

To close gaps in the continuum of care for people requiring behavioral health services, the Ohio State Wexner Medical Center has initiated a Behavioral Health Urgent Care Clinic (BHUC). Same-day appointments are available, and patients can seek care once or several times until they are able to be seen by their provider or be linked in the community. Both virtual visits and walk-in appointments are available. To learn more about BHUC, please visit page 15 in the Mental Health Section.

What We Will Do

- Expand EPICENTER staffing to allow the clinic to increase its active patient census.
- Explore moving EPICENTER to a youth-friendly, stigma-free environment.

Maternal and Infant Health

Specific indicators include:

- **Maternal health**
- **Infant mortality rate**

According to the Centers for Disease Control and Prevention, each year, more than 50,000 pregnant people are affected by severe maternal morbidity. Each year 800 women die due to pregnancy-related complications and more than 20,000 infants die. And per CelebrateOne, a public/private impact collaborative addressing and reducing infant mortality, 126 babies died in Franklin County before their first birthday, including 23 due to sleep-related conditions in 2023.

Ohio State is tackling this problem from multiple angles, using research, treatment programs and community outreach to create a better future for all pregnancies and babies. We are also partnering with CelebrateOne, Ohio Better Birth Outcomes and a host of community organizations to improve maternal outcomes and reduce infant mortality.

Moms2B Remains National Model for Improving Prenatal Care

It began in a church basement in 2010, with two pregnant moms looking for guidance and two women who dreamed of a way to keep babies alive in Columbus neighborhoods where so many were dying before their first birthdays. Moms2B has since helped more than 3,400 parents, about half of whom learned of the weekly program through previous participants. Moms2B is a one-of-a-kind Ohio State program to reduce infant mortality rates, eliminate disparities in maternal and infant health and address the needed community services and supports that affect pregnancy and babyhood.

In Ohio, Moms2B's success has made it the blueprint for reaching those goals. The program celebrated its 10th anniversary by publishing new research that shows quantitatively how Moms2B leads to a reduction in adverse pregnancy outcomes in communities disproportionately affected by public health issues.

Currently, Moms2B offers three in-person sessions (at a church hall in Northland, at Ohio State East Hospital and at Mount Carmel Health System's Center for Healthy Living in Franklinton) and five virtual sessions available to the whole community. The health care workers follow mothers from pregnancy through their babies' first year. Moms2B provides the families with access to portable play yards, healthy meals and other necessities, as well as consistent education about prenatal care, safe sleep, nutrition, smoking cessation, breastfeeding and reproductive health. Postpartum moms receive a home visit from a Mount Carmel Welcome Home nurse and are connected with patient-centered care teams and parenting groups. From July 1, 2024, through Nov. 30, 2024, Moms2B served 472 unique families within Franklin County.

Outpatient Care East Maternal Fetal Medicine

The Division of Maternal Fetal Medicine at The Ohio State University has exceptional clinicians, researchers and educators. Services include providing care for people with complicated or high-risk pregnancies, with outpatient and inpatient management as well as consultation for patients referred by other obstetrical providers for ongoing prenatal care or pre-conception counseling, prenatal imaging and diagnostic testing.

Maternal Fetal Medicine expanded to Outpatient Care East in the early 2020s. Access to high-quality obstetric care is an important first step in improving maternal and neonatal outcomes. Early care in the first trimester allows the identification and management of pre-existing maternal medical problems and pregnancy specific complications to reduce the risk of adverse pregnancy outcomes including preterm birth.

In 2014, the Kirwan Institute identified hot spots within the county that had the highest infant mortality rates per square mile. The Near East Side, which surrounds East Hospital, had the second highest infant mortality rate within the county – 18.4 deaths per 1,000 live births. This rate is three times higher than the national average. In addition, 18% of pregnant women delivered preterm, which is more than 50% higher than the national average. Among the women living on the Near East Side who delivered during the time of the study, 53.4% lived in poverty, 66.9% received Medicaid and 47.3% reported that no one within the household had a vehicle.

We developed a multidisciplinary obstetric clinic at Outpatient Care East to increase access to high-quality, comprehensive care to pregnant patients living in a community with limited resources. Our goals include increasing access to early obstetric care, improving rates of postpartum follow-up and reducing rates of preterm birth. To achieve this, we have developed an obstetric clinic that provides high-risk maternal-fetal medicine (MFM) obstetric services and prenatal diagnostic imaging. Additionally, we created an urgent clinic for individuals with urgent/nonemergent obstetric or gynecologic concerns to reduce reliance on care within the Emergency Department.

We have been fortunate to continue to experience growth at the Outpatient Care East obstetric office. Currently, we provide obstetric imaging services four days a week. We have also added an advanced practice nurse with expertise in diabetes management in pregnancy to our team who provides obstetric care an additional half day per week. These changes have resulted in a 5.9% increase in clinical visit volume, and a 9.2% increase in ultrasound volume in FY2024.

McCampbell Outpatient Care Ob/Gyn Clinic

The Wexner Medical Center's McCampbell Outpatient Care Ob/Gyn clinic offers care to some of our highest risk populations, including those who attend Substance Treatment, Education and Prevention Program (STEPP) and participate in our McCampbell Fourth Trimester Group. It is a teaching clinic that averages 2,000 patients per month.

Our home visiting program, in collaboration with Nationwide Children's Hospital, also operates out of McCampbell. Nurses and social workers discuss the option of home visits during new obstetric visits and at the 24-week visit. Our home visitors include four nurses who have been trained by Nurse Family Partnership.

Clinic initiatives include:

- Increasing community referrals to
  - o Home Visiting
  - o Moms2B
  - o Baby and Me Tobacco Free at Columbus Public Health

- Improving breastfeeding rates (McCampbell Fourth Trimester Group)
- Improving blood pressure monitoring through blood pressure cuff dispensing
- Increasing maternal understanding of marijuana
- Completing Pregnancy Risk Assessment Forms and initiate progesterone treatment in patients at risk for spontaneous preterm birth

The Fourth Trimester Group Clinic

The Fourth Trimester Group Clinic (FTGC) at McCampbell Outpatient Care is a family-centered approach to increasing breastfeeding rates among high-risk mothers in our Medicaid population, investing in the short- and long-term health of this vulnerable population during a critical window of time.

The benefits of breastfeeding and risks of not breastfeeding for both women and their infants are well established. Our goal is to remove as many of the logistical and social barriers preventing these mothers and infants from succeeding by increasing breastfeeding rates and postpartum visit attendance and allowing easy access to social work resources to optimize maternal and infant care. In addition to these resources, the mothers are provided with a breakfast and a free parking pass to alleviate any financial concerns and emphasize maternal health.

The FTGC visit addresses several key needs of the recently discharged high-risk mother and child. First, a pediatrician provides a group welcome and informational message, and then each mother and her infant are seen individually for private visits. Infants are examined and weighed. Testing for jaundice is available on site and provided as needed. This infant component of the FTGC visit serves in lieu of the first pediatrician visit, and the results from the visit are sent to the selected pediatrician for appropriate infant follow-up. For the maternal component of the FTGC visit, mothers are screened for postpartum depression and have wound incision checks as indicated. Physicians are available to perform breast exams as needed. Social work support is available as needed to ensure the dyad is returning to a safe environment with basic housing and food needs met. Finally, lactation support is offered within a group setting and with individual instruction as needed. Mothers and infants who require ongoing International Board of Lactation Consultant Examiners' evaluation and support are referred to specialists.

Substance Abuse Treatment, Education and Prevention Program

For expectant parents, substance use disorders can further complicate pregnancies that may already be at risk based on other factors. To have pregnancies that produce healthy, full-term babies, these patients need specialized care to overcome addiction. Through an innovative clinic called Substance Abuse Treatment, Education and Prevention Program (STEPP), Ohio State maternal fetal medicine specialists are increasing the odds for those babies to live beyond their first birthday.

The clinic's expert team includes a dedicated nurse, a social worker and a team of physicians. They hold more than a decade of experience leading weekly sessions that provide personalized, high-risk obstetric care, treatment and counseling. STEPP's first graduate from its one-year postpartum program is a mother who began with the clinic at 39 weeks pregnant, while actively using illicit substances and having recently been incarcerated. She delivered two days later, continued with STEPP's postpartum group and now has custody of her child. She's since completed peer support training and is enrolled at Columbus State Community College, working toward becoming a substance abuse counselor and expunging her felony.

In 2021, the STEPP Clinic expanded its program to be able to care for patients up to one year postpartum with an aim to integrate support persons and families in the medications for opioid use disorder (MOUD) treatment and prenatal care already provided for pregnant and postpartum patients with opioid use disorder (OUD).

Data suggests that within the first-year, postpartum maternal substance use contributes to an increased rate of pregnancy-associated maternal deaths and infant mortality. Among the major causes of infant mortality in drug-exposed infants is low birth weight, prematurity, birth defects, sudden infant death syndrome, sleep-related deaths and child abuse.

Death from opioid overdose represents 11-20% of maternal mortality. The most critical time for pregnancy-associated opioid overdose is the postpartum period, specifically 6-12 months after delivery. By expanding the review of pregnancy-associated deaths in the state of Illinois to include violent deaths, homicide, and suicide, substance-use related deaths were found to comprise more than 25% of maternal deaths within the first year postpartum. These combined causes were responsible for more deaths than any single obstetric cause, and the majority of deaths occurred in the late postpartum period.

The postpartum period is a particularly vulnerable time for women with OUD and their children due to the increased stress which leads to recidivism and increased risk for maternal death due to overdose. Increased stress from maintaining treatment for OUD compounded by the physical and behavioral response of the drug-exposed infant can have a destabilizing effect on mother-infant bonding and the family unit.

In expanding the program, STEPP provides an additional evening session to allow for increased participation from patients' partners and families. A boxed meal and valet parking eliminate additional barriers to participation. This session provides education and support for the entire family unit.

Another expansion occurred in 2024 through a grant from the Local Opioid Settlement Fund Grant program, administered by the Franklin County Board of Commissioners. The nearly $200,000 grant allowed STEPP staff to implement contingency management within STEPP to:

- Increase treatment engagement through increased attendance to prenatal, postpartum, individual counseling, group therapy and other medical appointments
- Increase abstinence through decreased percent of urine drug screens positive for illicit substances and increase percentage of urine drug screens for prescribed Medication for Opioid Use Disorder
- Increase lifestyle improvements with increased percent of persons established with primary care provider, increased health maintenance vaccine uptake, phone access, employment and housing

Multimodal Maternal Infant Perinatal Outpatient Delivery System (MOMI PODS)

MOMI PODS delivers dyadic mom/baby primary care to women, including those with severe maternal morbidity risk factors, and their infants for the first 1,000 days of life, encompassing pregnancy through the child's third birthday. MOMI PODS is an interdisciplinary, systemwide program utilizing the Chronic Care Model to integrate primary care, obstetrics, maternal fetal medicine, neonatology, pharmacy and community partners to engage patients across the pregnancy continuum to ensure seamless care transitions and access.

Strategies for success include connecting mom with primary care in the prenatal phase, ensuring warm hand-offs across disciplines (Ob/MFM to primary care) and care settings (inpatient/NICU to outpatient) and engaging with community partners. MOMI PODS is open to pregnant and postpartum women without an established PCP and includes those with pregnancy risk factors. We place a special focus on enrollment of Medicaid-

insured patients, and have a workflow in place to connect patients who do not qualify for insurance with financial assistance that allows access to care. MOMI PODS operates in nine primary care clinics in central Ohio.

Quality health care in the first 1,000 days dramatically improves lifelong health and social outcomes. Medicaid, covering pregnancies and babies, provides critical access to postpartum and early childhood health care. Yet, many high-risk, low-income families face major barriers that impede access. MOMI PODS creatively tailors care to overcome barriers, increase access and improve long-term outcomes.

Primary care supported by MOMI PODS can help increase access to those who most need, yet are least likely to engage, preventive care. MOMI PODS' focused care for vulnerable patients in the first 1,000 days improves outcomes like postpartum visit completion, immunization, developmental screening, obesity prevention and other preventive or chronic disease management.

Promoting Doulas

Beginning in October 2024, any pregnant or postpartum person with Medicaid coverage is now eligible to receive doula services from a Board of Nursing-certified, Medicaid-enrolled doula. Over half of all births in Ohio are covered by Ohio Medicaid, so this rule change has the potential to dramatically increase access to birth support.

Ohio State has been informally working with doulas for years. With the potential increase of doulas in the labor and delivery room, the Ohio State Wexner Medical Center is developing a policy to promote and provide better access to doulas for our patients. We have pulled together leaders from our Department of Obstetrics and Gynecology to develop this policy and to look for additional ways to promote and provide doula services to our patients.

Women's Behavioral Health Partners with Ob/Gyn Providers

Women's Behavioral Health (WBH) at the Wexner Medical Center is a multidisciplinary academic center of excellence providing care to women experiencing stress or stress-related illness during life events that are unique to women. We provide women with state-of-the-art care for mood and anxiety disorders, sexual health, substance use disorders and stress, with a special emphasis on pregnancy, the postpartum period, gynecologic and breast cancers, menopause and the menstrual cycle.

WBH has established a partnership with the STEPP Clinic to increase patients' access to psychiatric and behavioral healthcare services. This collocated provision of treatment includes individual and group psychotherapy as well as access to psychiatric assessments and medication management for pregnant and postpartum women receiving treatment for substance use disorder.

WBH also has partnered with Moms2B, with support from Aetna Medicaid, to deliver mental and behavioral health care services to Moms2B mothers. The enhanced model of care includes three components:

- Implementation of a postpartum depression and anxiety prevention program
- Postpartum triage of mothers with mild-to-moderate mood and anxiety disorders to virtual psychotherapy with a dedicated provider
- Triage and referral for mothers with serious psychiatric comorbidities for individual treatment within WBH or the community

Combining clinical care with clinical and basic science research provides WBH patients with access to the latest information about the safest and most effective treatments available during these periods of greatest vulnerability.

ACHIEVE: Successfully Achieving Glycemic Control During Pregnancy

Type 2 diabetes (T2D) in pregnancy increases the risk of adverse outcomes for both mother and infant. More than one in three infants born to individuals with T2D will experience an adverse outcome, including large-for-gestational-age at birth, preterm birth, birth trauma, neonatal hypoglycemia and stillbirth. Strict maternal glycemic control throughout pregnancy is key to optimizing perinatal outcomes. Glycemic control can be difficult to achieve and requires a multimodal approach, including insulin, vigilant glucose monitoring, lifestyle modifications (diet and exercise) and team-based prenatal care.

Medicaid-enrolled pregnant individuals with T2D are a high-risk, vulnerable population who experience non-medical social needs that limit their ability to achieve glycemic control. These barriers include lack of reliable transportation to attend prenatal visits, access to resources to engage in diet and exercise changes and convenient methods to log self-monitored glucose values and adjust insulin dosing. A multifaceted provider-patient-based approach with proven strategies to improve glycemic control is needed.

ACHIEVE is a multicomponent theory- and evidence-based intervention that includes a mobile health app, provider dashboard, continuous glucose monitoring and care team coaching for medical and social needs. ACHIEVE empowers Medicaid-enrolled pregnant individuals with T2D and their providers to achieve and maintain glycemic control and access to timely diabetes care, patient education and support.

The ACHIEVE mobile app is available for iOS and Android operating systems. The ACHIEVE app provides personalized information for pregnant individuals living with T2D, including support with diabetes management and meeting unmet social needs (e.g., transportation, food, housing, financial needs). It collects real-time patient reported data through surveys and blood glucose data via continuous glucose monitoring. This data are summarized and shared with the patient and the care team. The data are also used to promote discussions between the patient and the care team about diabetes management goals and preferences during the patient's pregnancy.

Community Partnerships

In 2014, the Greater Columbus Infant Mortality (GCIM) Task Force, comprising community and business leaders, released a set of strategies to reduce Franklin County's high infant mortality rate. The strategies were assigned to lead entities, which were charged with successfully implementing the strategies and ensuring progress is made. Strategies to be implemented by the hospital systems were assigned to the COHC, including:

Safe Sleep Education

Since September 2016, all Franklin County birthing hospitals are showing a video to women and families before discharge highlighting the importance of safe sleep practices (ABC – Alone, on the Back, in a Crib). The video also educates parents on breastfeeding, tobacco use in the home and on things parents can do to calm crying babies to reduce shaken baby syndrome. Franklin County hospitals conduct quarterly internal audits to monitor the number of families who see the video before discharge. In addition, the Wexner Medical Center distributes sleep sacks to infants before discharge. Sleep-related deaths tend to increase during the cold months due to blankets and other warm items being placed in cribs.

Medical Legal Partnership (MLP)

Since 2017, pregnant women who receive care in hospital prenatal clinics are screened to assess if they have a legal issue that needs addressed. If a legal need is identified, the woman is referred to the Legal Aid of Southeast and Central Ohio (Legal Aid), which helps to resolve the legal issues. This program is overseen by Ohio Better Birth

Outcomes, which is a collaborative of health care providers, including the Ohio State Wexner Medical Center, who are dedicated to reducing the infant mortality rate in key Ohio communities. The goal of the initiative is to improve the health of pregnant women by addressing social conditions, such as housing, benefits, and job-related issues that could result in a negative pregnancy outcome.

This partnership started with five clinics and has expanded to 14 clinics throughout central Ohio. Through the MLP clinics, Legal Aid attorneys reach vulnerable Columbus mothers where they are, addressing health-harming legal issues like housing instability, domestic violence and public benefits – ensuring they receive the support needed for safer births and a stronger start for their families.

When people have access to Legal Aid, they report less stress and improved mental health:

- MLP clients report 16-30% reduction in stress levels
- 83% of those surveyed who were referred to Legal Aid while pregnant delivered full term

In 2024, Ohio State referred 49 patients to Legal Aid.

Tobacco Cessation

Franklin County birthing hospitals and prenatal clinics are identifying women who currently smoke tobacco and referring them to Columbus Public Health for cessation counseling. Under the program, staff ask patients about their smoking status, advise them on the impact of tobacco on the mother and infant and assess the patient's willingness to make a quit attempt. Women and in-home partners who are likely to make a quit attempt are referred to Columbus Public Health for assistance.

Very Low Birth Weight Infants

Since 2017, the three adult hospital systems have implemented policies to ensure that mothers at risk of delivering a very low birth weight (VLBW) infant deliver at a facility with higher volumes of VLBW deliveries. Ohio State's University Hospital is such a facility. This work comes from a recommendation of the GCIM Task Force, which considered national studies showing that infants delivered at less than 1500 grams are more likely to survive if they are born in hospitals with higher volumes of VLBW infants.

Maternal Levels of Care

In 2019, Ohio instituted a system of assigning maternal levels of care to complement the neonatal levels of care already in operation. Maternal licensure at the Ohio Department of Health has awarded the Wexner Medical Center's University Hospital a maternal Level IV and neonatal Level III. These are the highest levels possible outside of a dedicated children's hospital for the neonatal level.

WHAT WE WILL DO

- Create a doula policy that promotes and provides for doula services for our patients.
- Increase outreach to the Near East community and improve data collection on obstetric care of the Near East Side residents.
- Enhance referrals to primary care postpartum.
- Improve care coordination related to the same day/urgent Ob/Gyn clinic.
- Develop a virtual library specific to pregnant patients with OUD for community providers.
- Increase the proportion of patients with new OB visits in our MFM offices within 14 days of contact to 75%.

Violence and Injury-Related Deaths

Specific indicators include:

- **Drug overdose death rate**
- **Alcohol-attributable death rate**
- **Traumatic injury prevalence**
- **Violence crime**

Injury and violence affect everyone, regardless of age, race or economic status. According to the CDC, Americans aged 1 to 44 die from injuries and violence – such as motor vehicle crashes, suicide, overdoses or homicides – more than any other cause. Both drug overdose deaths and deaths from alcohol-attributable causes have increased since the last HealthMap. In 2022 in Franklin County, 115.1 per 100,000 residents died of an overdose. In the latest HealthMap, 135.3 per 100,000 residents died of an overdose.

In addition to having a Level 1 trauma center, the Ohio State Wexner Medical Center has committed resources to combatting addiction and depression and is establishing a partnership with Columbus Public Health to address violent crime.

Stress, Trauma And Resilience

The Stress, Trauma And Resilience (STAR) Program in The Ohio State University Department of Psychiatry and Behavioral Health focuses on three areas: support for health care professionals and first responders, support for trauma survivors and leading-edge research on the impact of stress and trauma.

The STAR Trauma Recovery Center (STAR TRC) — one of the first of its kind in the Midwest — focuses on providing holistic longitudinal support for survivors of crime-related violence free of charge. To learn more about STAR, please visit page 17 in the Mental Health Section.

Mental Health and Addiction Crisis Center

In partnership with the ADAMH Board of Franklin County, the three adult hospital systems worked with several community stakeholders to develop a plan for the construction of a new crisis center for Franklin County residents. The crisis services focus on recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments for consumers and staff and a collaboration with law enforcement and first responders. The center will open this summer, and the Ohio State Wexner Medical Center has entered into contract with RI International, the operator of the center, to serve as its medical partner. To learn more about the crisis center, please visit page 15 in the Mental Health Section.

Suicide Prevention and Depression Recovery Program

More than half of patients do not recover with standard, first-line treatments for depression. The majority, more than 90% of this group, go on to develop a chronic "difficult-to-treat" form of the illness characterized by prolonged symptoms and functional impairment. Approximately 30% are predicted to attempt suicide. Likewise, standard interventions for immediate suicide risk do not effectively reduce medium- or longer-term risk. Medicaid is the most common provider for patients with difficult to treat depression or increased risk of suicide presenting to the Ohio State Emergency Department.

The Suicide Prevention and Depression Recovery Program is the first comprehensive program to exist at the Ohio State Wexner Medical Center to identify patients with these conditions and provide them with specialized treatments. This program identifies, assesses and provides specialized, recovery focused treatments for patients with

difficult-to-treat depression and for those at elevated suicide risk. Unlike standard first-line treatments, these interventions were designed specifically for these populations and operate through different mechanisms.

In this program, we employ several different psychotherapies, including:

- brief cognitive behavioral therapy for suicidal patients
- psychotherapy for functional recovery
- mindfulness-based cognitive therapy for relapse prevention

We also provide transcranial magnetic stimulation therapy and esketamine services as part of our psychiatry services.

Talbot Hall Residential Treatment Program Expansion

In March 2024, the Ohio State Wexner Medical Center opened a new treatment option for adults with substance use disorders. The new Residential Treatment Program can house up to 15 men and women at Talbot Hall, located on the Near East Side of Columbus.

Talbot Hall has been providing substance use services since 1974. It provides inpatient withdrawal management, partial hospitalization, intensive outpatient, individual and group counseling and medication management including MOUD.

The Talbot residential program provides a new level of care that was not available at Ohio State and was much needed for our patients and community. It is an American Society of Addiction Medicine 3.5 level of care, which enables patients to stay up to 30 days for residential drug and alcohol treatment. This unit directly impacts the initiation of drug and alcohol treatment within 14 days, as well as helps reduce the rate of ED utilization due to patients having the appropriate level of care. The residential unit treatment team includes physicians, nurses, counselors, recreational therapists, certified peer supporters and patient care associates.

The demand for behavioral health and addiction care in Ohio is rising, with projections indicating a 15% increase in substance use treatments. Each year, more than 1,200 patients are treated at Talbot Hall for inpatient detoxification, along with more than 5,000 patients in various outpatient settings. The program uses Hazelden's Living in Balance model, which is an evidence-based program that has a strong emphasis on relapse prevention.

Naloxone Training and Distribution

Among the most immediate and accessible services Ohio State provides in this effort is free naloxone and training for using it. The nasal-spray drug can temporarily reverse the effects of an opioid overdose, blocking opioids' effects on the brain and restoring breathing. When given in time, naloxone can save a life. As the powerful opioid fentanyl becomes more prevalent and mixed into other substances, it is critical that we maintain and enhance access to this medication.

Since 2015, Ohio State Emergency Departments have distributed naloxone to those at risk of overdose and their family and friends. Beginning in 2018, the Ohio State College of Public Health collaborated with the Wexner Medical Center, Equitas Health and other university groups to hold free training sessions that distributed naloxone kits to the public. In July 2019, Ohio's Project DAWN (Deaths Avoided With Naloxone) granted funds to the Wexner Medical Center, giving Ohio State the ability to significantly widen its naloxone distribution beyond the Emergency Department setting to include all inpatient beds, Talbot Hall and all outpatient pharmacies. The Ohio State Wexner Medical Center was the first hospital system in Ohio to offer naloxone across the entire hospital setting.

Today, free naloxone kits are available at each of Ohio State's Emergency Departments, seven hospitals, including through Talbot Hall Addiction Medicine, and select high-risk outpatient clinics. Kits are also available to anyone — no prescription necessary — at all Wexner Medical Center outpatient pharmacies and the university's Wilce Student Health Services Pharmacy. In the past two years, we have also worked to make naloxone more readily available in non-clinical settings on campus via a naloxone vending machine, with plans to add another machine on campus later this year.

At the onset of the pandemic, Ohio State's Project DAWN pivoted to outreach to distribute naloxone directly to community members in their neighborhoods. This community outreach strategy grew, and we now go into the community several times per month at places such as Star House, food banks, homeless outreach programs and more. Distribution has expanded to include fentanyl test strips, drug disposal bags and information on treatment resources and other harm reduction practices.

In 2023, Ohio State partnered with Franklin County ADAMH by placing NaloxBoxes on the Columbus campus and Wexner Medical Center to expand access to emergency response tools. NaloxBoxes contain two doses of naloxone nasal spray and instructions for use. Similar to automated external defibrillators, the boxes allow bystanders to help save lives.

As our various strategies to increase access to naloxone have expanded, we now reach approximately 6,500 individuals each year with naloxone and other harm-reduction services.

Systemwide Addiction Services

Addiction is a disease that knows no bounds. Because so many people are impacted across our community, the Ohio State Wexner Medical Center found a need to develop a coordinated approach to engaging patients with substance use concerns across all corners of our health system. Systemwide Addiction Services was created as a partnership of multiple departments across our medical center, so we can meet patients where they are and walk with them toward recovery.

By tying together all the services that treat addiction, treatment becomes more accessible to everyone who needs it. This allows for high-quality, evidence-based SUD care no matter where someone enters our health care system — not just if they show up at Talbot Hall Addiction Medicine for specific addiction services, but also if they arrive at a primary care office or the Emergency Department and are admitted with an infection that is a consequence of their addiction.

Medication Treatment for Opioid Use Disorder (MOUD) in the ED

In 2017, the Wexner Medical Center received a grant from the Ohio Department of Health in partnership with Franklin County Public Health to begin offering MOUD in the Emergency Department (ED). Through the grant, we hired ED-based peer supporters who connected patients to treatment as well as to ADAMH Franklin County's established Southeast RREACT program (Rapid Response Emergency Addiction and Crisis Team) to transfer patients presenting in the Emergency Department to treatment facilities including Maryhaven Addiction Stabilization Center, Talbot Hall and other local treatment agencies.

We have continued to supplement treatment of addiction with balanced harm-reduction practices, including naloxone distribution, STI screening and treatment, hepatitis A and COVID-19 vaccination and fentanyl test strip distribution given the unfortunate occurrence of contaminated drug supply and increasing unintentional overdose deaths. This program has been a model of care across Franklin County and Ohio through the National Institutes of Health's HEALing Initiatives Study that was based at Ohio State. In recent years, we have implemented an ED-based addiction consult service that provides on-site engagement, assessment and linkage to treatment from a specialized team.

The Mohamed A. Kandeh Addiction Consult Service

Ohio State hospitalists have been prescribing MOUD for patients hospitalized with acute illnesses often related to intravenous drug use since 2018, and a similar service was created at East Hospital with support from our addiction medicine fellowship program. Since the beginning of 2020, the inpatient addiction medicine consult services have completed thousands of consults, initiating patients on MOUD and linking them to

addiction and recovery services at discharge. This team also works closely with area skilled nursing facilities to ensure those complex patients continue to receive their addiction care after leaving the hospital. This program is now named in memory of the first social worker on this service, Mohamed A. Kandeh, LISW-S, LICDC-CS (1/30/1962-9/3/2024), who was a steadfast advocate for patients and a compassionate educator for all his colleagues.

East Hospital Addiction Consult Service

Our hospital-based services at East Hospital began with a social worker tasked with linking patients with addiction treatment. In collaboration with our addiction medicine fellowship (l https://medicine.osu.edu/departments/psychiatry-and-behavioral-health/education/fellowships/addiction-medicine), the service expanded to include physicians, advanced practice providers and peer recovery supporters. This multidisciplinary team approach helps ensure patients receive medical, psychosocial and recovery support while in the hospital and a plan for recovery after discharge.

Patient-Centered Advocacy and Medicine

Patient-Centered Advocacy and Medicine was created within primary care to serve adult patients with substance use concerns, designed to be accessible and integrated with ongoing medical care. We help patients find individualized strategies to live healthier lives by addressing their substance use and other health issues that a primary care office would handle. This approach helps us to meet patients where they are – in primary care offices – with an integrated specialized team, including physicians, pharmacists, therapists and nurses.

Reducing Opioids for Surgery

An Enhanced Recovery After Surgery (ERAS) protocol that began at Ohio State in 2016 has helped patients manage postsurgical pain without relying on narcotics. Beginning with microvascular breast reconstruction surgeries, ERAS swaps opioids for non-narcotic pain medicine before surgery and avoids long-acting narcotics in the operating room. After surgery, patients take acetaminophen or ibuprofen, with the option of a low-dose opioid for pain spikes.

Buoyed by high patient satisfaction rates, the practice has steadily expanded to other inpatient surgery areas, such as colorectal, bariatric and abdominal wall reconstruction. In 2020, the Division of General and Gastrointestinal Surgery shifted focus to outpatient surgeries, embarking on a three-year study to observe participating patients who undergo select outpatient procedures in general and gastrointestinal surgery, surgical oncology, trauma and vascular surgery.

Researchers aim to determine whether a new postoperative pain management idea — one that does not send patients home with opioid prescriptions — could adequately help patients control their pain, reducing risk of opioid abuse. The Toward Opioid-Free Ambulatory Surgery study has found that in patients undergoing hernia surgery and discharged the day of the procedure, more than half of opioid prescriptions are not used. Reducing the use of opioids postsurgery eliminates the availability of unnecessary opiates and reduces the potential for opioid addiction, whether within a patient's household or the community.

Palliative Harm-Reduction Clinic

This clinic, in operation since September 2020, is the first of its kind in the nation. It combines principles of addiction management, harm reduction and palliative medicine to provide symptom management to patients with both severe cancer pain and substance use disorders. This population needs specialized care, and many have previously been disqualified from cancer pain management services because of their substance use.

Addiction Medicine Collaborates with Infectious Diseases

The divisions of Infectious Diseases and Addiction Medicine have begun enhancing their collaboration with more coordinated care, as infections are a common, severe, co-occurring disease for many patients with addiction. The STEPP Clinic and Talbot Hall, for example, now offer hepatitis C care and are exploring the use of HIV preventive medication (PrEP/PEP).

Addiction Medicine Education

The Ohio State Addiction Medicine teams provide educational experiences for a variety and trainees, including students from the College of Medicine, College of Nursing and College of Social Work; residents from Internal Medicine, Family Medicine, Emergency Medicine, Psychiatry and Podiatry; and fellows from Palliative Medicine and Pain Medicine. In 2017, the Ohio State Wexner Medical Center addiction medicine fellowship was founded and became one of the first fellowships in the country to be approved by the Accreditation Council of Graduate Medical Education in 2018. In 2020, Ohio State was awarded an HRSA grant that allowed the addiction medicine fellowship to expand to four spots per year. Additionally, in 2019, we were awarded the PCSS-Universities Opioid Education Grant, which facilitated DATA-2000 X-waiver training for all graduating medical students as well as residents from primary care disciplines.

Substance Abuse Treatment, Education and Prevention Program

For expectant parents, substance abuse disorders can further complicate pregnancies that may already be at risk based on other social determinants. To have pregnancies that produce healthy, full-term babies, these patients need specialized care to overcome addiction. Through an innovative clinic called Substance Abuse Treatment, Education and Prevention Program (STEPP), Ohio State maternal fetal medicine specialists are increasing the odds for those babies to live beyond their first birthday. This past year has seen an expansion of services for women and their infants through the first year postpartum. See page X in Maternal and Infant Health for more information.

Columbus and Franklin County Addiction Plan

The Franklin County hospital systems are working together to implement a set of strategies assigned to them under the Columbus and Franklin County Addiction Plan. This plan was developed by ADAMH Franklin County and is supported by the Columbus mayor, city council and the county commissioners as the community plan to address and combat the addiction crisis. Central Ohio Hospital Council is working to implement the activities assigned to the hospital systems under the action plan and has begun a process of further defining hospital standards for addiction treatment for the four systems. Representatives from all four hospital systems also present opioid overdose education and prevention information at events held throughout the community.

VOICE Partnership

VOICE (Violence Outreach, Intervention, Community Engagement) assists victims of violent crime who have been referred by a hospital Emergency Department to Columbus Public Health and the Columbus Recreation and Parks APPS (Applications for Purpose, Pride, and Success) program. The VOICE social worker/intervention team provides wrap-around services and connects participants to needed medical, clinical and community social services programs. VOICE supports and advocates for clients, connecting them to resources that help prevent re-injury and jail time and assist with recovery. Participants can receive stipends for positive steps, progressing through their individual phases and following their life plan. To determine if a client is progressing in the program, they are placed in one of four phases:

- Crisis Intervention
- Stabilization

- Action
- Self-Sufficiency

The goal of this program is to break the cycle of violence and reduce recidivism and retaliation. The city of Columbus and the Ohio State Wexner Medical Center are working on incorporating VOICE into East Hospital's Emergency Department with hopes that it will eventually be incorporated into University Hospital's Emergency Department.

WHAT WE WILL DO

- Begin our partnership with RI International and Franklin County ADAMH on the crisis center.
- Explore and enter a partnership with the city of Columbus on their VOICE expansion.
- Increase staffing across our Suicide Prevention and Depression Recovery Program.
- Explore expansion of BHUC to East Hospital/Talbot.



The Ohio State University Wexner Medical Center
University Hospital

Community Health Needs Assessment 2025

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



As one of America's top-ranked academic medical centers, our mission is to improve health in Ohio and across the world through innovation in research, education and patient care.

John J. Warner, MD
Chief Executive Officer of The Ohio State University Wexner Medical Center
Executive Vice President at Ohio State

410 W. 10th Ave.
Columbus, OH 43210

Board approval of CHNA Report:

Initial Web posting of CHNA Report:

Tax identification number:

TABLE OF CONTENTS

INTRODUCTION

COMMUNITIES SERVED

DEMOGRAPHICS OF COMMUNITIES WE SERVE

IMPACT OF 2022 CHNA

FRANKLIN COUNTY HEALTHMAP 2025

INTRODUCTION

Accreditation

- Ranked the No. 1 adult hospital in Columbus and No. 2 in Ohio in 2024 by *U.S. News & World Report*.
- Eight nationally ranked and four high-performing specialties.
- Ranked College of Medicine, seven hospitals, a network of primary and specialty care practices and more than 45 research centers and institutes.
- More "Top Doctors" than any other central Ohio hospital.
- The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute has been designated as an NCI Comprehensive Cancer Center since 1976.

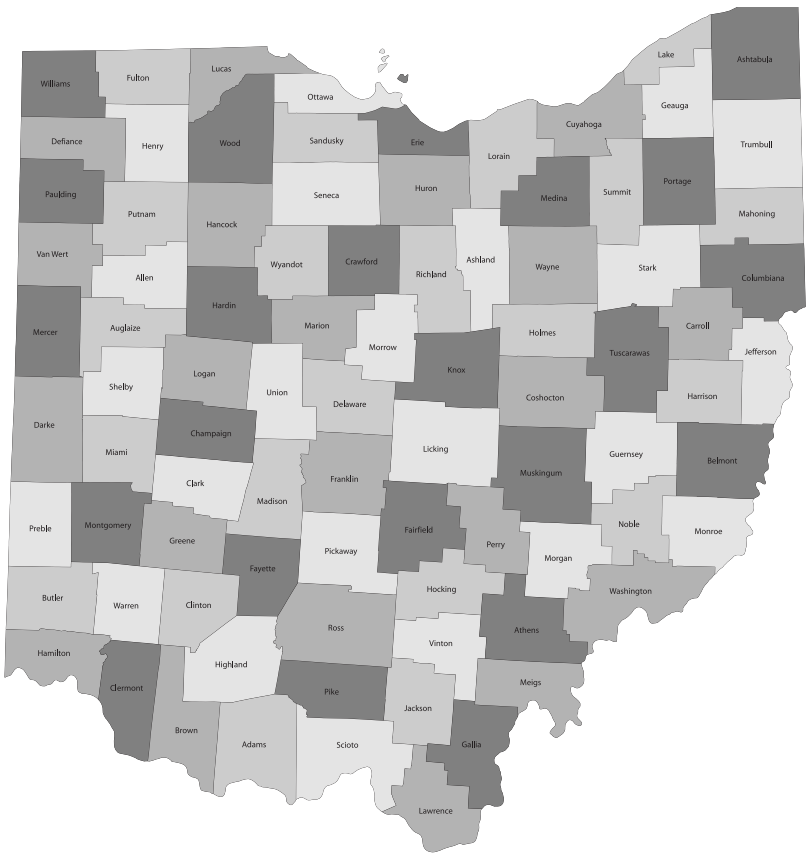
The Ohio State University Wexner Medical Center comprises:

- Brain and Spine Hospital
- Dodd Rehabilitation Hospital
- East Hospital
- Harding Hospital
- Richard M. Ross Heart Hospital
- University Hospital

Adjacent to the medical center is The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, a dedicated cancer hospital and research center with its own governance structure coordinated with the medical center.

For information about The Ohio State University Wexner Medical Center's Community Health Needs Assessment (CHNA) processes and for a copy of the reports, please visit https://wexnermedical.osu.edu/healthy-community/community-health-needs-assessment, or email Annie.Marsico@osumc.edu, to obtain hard copies of the CHNA reports at no charge. Written comments regarding this CHNA report and related implementation strategy may be submitted to Annie Marsico at Annie.Marsico@osumc.edu.

COMMUNITIES SERVED BY THE OHIO STATE WEXNER MEDICAL CENTER



UNIVERSITY HOSPITAL

Time Frame	CY24 Discharges				
Patient State	Patient County	Main	East	Total	% of Total
OH	Franklin	19,248	6,961	26,209	53%
	Delaware	1,527	161	1,688	3%
	Licking	1,201	245	1,446	3%
	Fairfield	1,207	145	1,352	3%
	Ross	947	88	1,035	2%
	Pickaway	849	49	898	2%
	Union	738	67	805	2%
	Madison	698	67	765	2%
	Logan	661	97	758	2%
	Muskingum	625	87	712	1%
	Knox	585	87	672	1%
	Richland	573	63	636	1%
	Scioto	569	65	634	1%
	Clark	525	48	573	1%
	Montgomery	496	32	528	1%
	Allen	488	23	511	1%
	Crawford	439	66	505	1%
	Marion	406	32	438	1%
	Jackson	318	62	380	1%
	Pike	333	33	366	1%
	Hocking	289	72	361	1%
	Fayette	307	42	349	1%
	Perry	283	44	327	1%
	Highland	285	29	314	1%
	Champaign	273	22	295	1%
	Gallia	242	52	294	1%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Belmont	268	25	293	1%
	Coshocton	256	30	286	1%
	Athens	241	37	278	1%
	Washington	227	20	247	1%
	Greene	223	19	242	0%
	Guernsey	184	26	210	0%
	Wyandot	184	26	210	0%
	Auglaize	184	12	196	0%
	Hancock	177	13	190	0%
	Mercer	138	30	168	0%
	Morrow	137	24	161	0%
	Warren	153	6	159	0%
	Meigs	127	30	157	0%
	Shelby	140	11	151	0%
	Seneca	141	8	149	0%
	Miami	128	19	147	0%
	Vinton	120	19	139	0%
	Hardin	125	12	137	0%
	Lorain	130	1	131	0%
	Lawrence	117	12	129	0%
	Wayne	108	7	115	0%
	Morgan	103	9	112	0%
	Noble	101	8	109	0%
	Ashland	76	9	85	0%
	Lucas	78	5	83	0%
	Putnam	75	7	82	0%
	Clinton	62	10	72	0%
	Hamilton	65	4	69	0%
	Monroe	52	17	69	0%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Jefferson	57	9	66	0%
	Tuscarawas	61	3	64	0%
	Darke	55	7	62	0%
	Butler	51	6	57	0%
	Cuyahoga	44	10	54	0%
	Adams	49	3	52	0%
	Van Wert	46	3	49	0%
	Wood	39	5	44	0%
	Huron	33	7	40	0%
	Stark	37	2	39	0%
	Holmes	33	1	34	0%
	Clermont	31	1	32	0%
	Trumbull	25	6	31	0%
	Summit	25	3	28	0%
	Preble	21	5	26	0%
	Mahoning	19	1	20	0%
	Erie	16	3	19	0%
	Defiance	15	1	16	0%
	Fulton	16		16	0%
	Paulding	15	1	16	0%
	Sandusky	12		12	0%
	Brown	8	2	10	0%
	Carroll	10		10	0%
	Harrison	8	2	10	0%
	Portage	9		9	0%
	Columbiana	8		8	0%
	Medina	8		8	0%
	Henry	5	2	7	0%
	Lake	7		7	0%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Williams	7		7	0%
	Ottawa	4	1	5	0%
	Geauga	4		4	0%
	Ashtabula	2		2	0%
Non-Ohio	790	102	892	2%	0%
Grand Total		**39,802**	**9,381**	**49,183**	**100%**

OSUCCC – JAMES

Time Frame	CY24 Discharges		
Patient State	**Patient County**	**Discharges**	**% of Total**
OH	Franklin	5,176	35%
	Delaware	687	5%
	Licking	637	4%
	Fairfield	486	3%
	Montgomery	367	2%
	Clark	337	2%
	Ross	305	2%
	Scioto	291	2%
	Richland	290	2%
	Muskingum	250	2%
	Madison	238	2%
	Allen	237	2%
	Pickaway	236	2%
	Knox	224	2%
	Logan	224	2%
	Athens	163	1%

OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Perry	163	1%
	Marion	161	1%
	Union	158	1%
	Auglaize	143	1%
	Greene	135	1%
	Miami	126	1%
	Champaign	122	1%
	Mercer	122	1%
	Fayette	120	1%
	Crawford	119	1%
	Jackson	117	1%
	Belmont	115	1%
	Hancock	115	1%
	Guernsey	110	1%
	Gallia	105	1%
	Hocking	104	1%
	Coshocton	103	1%
	Highland	100	1%
	Hamilton	98	1%
	Pike	98	1%
	Morrow	88	1%
	Warren	87	1%
	Washington	80	1%
	Clinton	78	1%
	Seneca	78	1%
	Shelby	77	1%
	Meigs	75	1%
	Wyandot	74	0%
	Hardin	72	0%

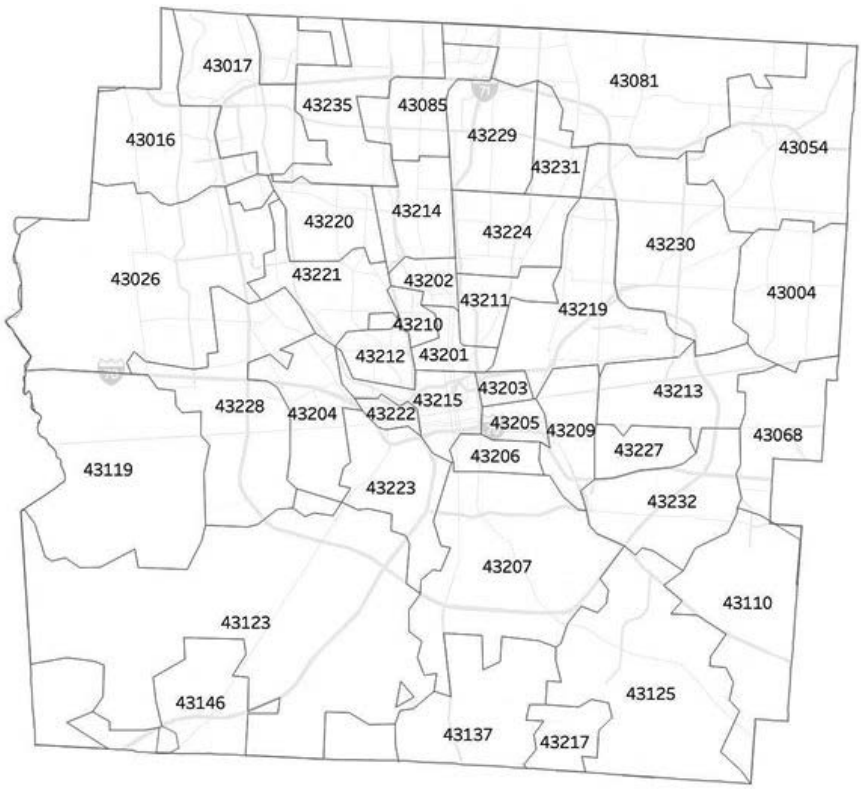
OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Putnam	72	0%
	Butler	71	0%
	Lawrence	71	0%
	Darke	63	0%
	Wayne	56	0%
	Wood	50	0%
	Clermont	43	0%
	Morgan	40	0%
	Preble	39	0%
	Ashland	38	0%
	Lucas	37	0%
	Vinton	36	0%
	Jefferson	34	0%
	Monroe	32	0%
	Van Wert	31	0%
	Stark	30	0%
	Tuscarawas	30	0%
	Adams	26	0%
	Huron	25	0%
	Noble	20	0%
	Lorain	19	0%
	Holmes	18	0%
	Defiance	13	0%
	Cuyahoga	12	0%
	Harrison	10	0%
	Mahoning	10	0%
	Henry	9	0%
	Medina	9	0%
	Portage	9	0%

OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Summit	9	0%
	Brown	8	0%
	Fulton	8	0%
	Sandusky	7	0%
	Trumbull	7	0%
	Lake	6	0%
	Paulding	6	0%
	Erie	4	0%
	Ottawa	4	0%
	Columbiana	3	0%
	Williams	3	0%
	Carroll	1	0%
Non-Ohio		574	4%
Grand Total		**14,884**	**100%**

FRANKLIN COUNTY SERVED BY THE OHIO STATE WEXNER MEDICAL CENTER



UNIVERSITY HOSPITAL

Time Frame	CY24 Discharges			
County	Franklin, OH			
ZIP Code	Main	East	Total	%
43219	700	806	1,506	6%
43207	893	489	1,382	5%
43211	903	445	1,348	5%
43232	745	397	1,142	4%
43213	540	454	994	4%
43230	722	234	956	4%
43224	728	219	947	4%
43227	468	453	921	4%
43209	450	406	856	3%
43204	703	116	819	3%
43229	675	140	815	3%
43201	693	115	808	3%
43228	718	89	807	3%
43223	688	108	796	3%
43123	686	106	792	3%
43206	484	300	784	3%
43081	643	108	751	3%
43026	671	54	725	3%
43203	242	440	682	3%
43068	521	137	658	3%
43205	310	327	637	2%
43235	479	51	530	2%
43110	427	91	518	2%
43221	458	35	493	2%
43212	429	49	478	2%
43215	337	139	476	2%
43214	398	48	446	2%

UNIVERSITY HOSPITAL

ZIP Code	Main	East	Total	%
43220	357	32	389	1%
43210	278	111	389	1%
43004	302	82	384	1%
43085	326	47	373	1%
43202	331	35	366	1%
43016	333	23	356	1%
43017	322	24	346	1%
43119	310	27	337	1%
43054	283	43	326	1%
43231	219	46	265	1%
43125	201	58	259	1%
43222	163	55	218	1%
43217	45	5	50	0%
43137	35	3	38	0%
43216	8	5	13	0%
43126	7		7	0%
43226	2	2	4	0%
43218	3	1	4	0%
43086	3	1	4	0%
43260	2	1	3	0%
43236	1	2	3	0%
43234	2	1	3	0%
43109	2	1	3	0%
43195	1		1	0%
43002	1		1	0%
Grand Total	**19,248**	**6,961**	**26,209**	**100%**

OSUCCC – JAMES

Time Frame	CY24 Discharges	
County	Franklin, OH	
ZIP Code	Discharges	%
43230	250	5%
43081	249	5%
43123	242	5%
43207	221	4%
43068	211	4%
43026	208	4%
43223	186	4%
43219	181	3%
43235	179	3%
43232	178	3%
43224	169	3%
43228	168	3%
43229	160	3%
43204	150	3%
43016	148	3%
43211	147	3%
43017	147	3%
43213	142	3%
43110	137	3%
43054	131	3%
43221	123	2%
43085	120	2%
43206	119	2%
43209	118	2%
43227	117	2%
43220	105	2%

OSUCCC – JAMES

Time Frame	CY24 Discharges	
County	Franklin, OH	
ZIP Code	Discharges	%
43214	105	2%
43201	98	2%
43004	88	2%
43212	79	2%
43231	74	1%
43119	69	1%
43215	68	1%
43205	65	1%
43125	55	1%
43203	50	1%
43202	49	1%
43222	30	1%
43137	17	0%
43210	11	0%
43217	7	0%
43236	3	0%
43126	1	0%
43086	1	0%
Grand Total	5,176	100%

Source: Ohio Hospital Association

Review of the Ohio State Wexner Medical Center internal data has shown that for Fiscal Year 2021, 54% of all patients who were admitted to the Wexner Medical Center resided in Franklin County at the time of discharge. Accordingly, Franklin County, Ohio, has been determined to be the community served by the Wexner Medical Center.

Review of OSUCCC – James internal data has shown that for Fiscal Year 2021, 32% of all patients who were admitted to The James resided in Franklin County at the time of discharge. Because no other county reached above 5% for patient discharges, Franklin County, Ohio, has been determined to be the community served by The James.

DEMOGRAPHICS OF COMMUNITIES WE SERVE

This section provides demographic information about Franklin County's residents and households. These graphs were taken from HealthMap2025. For purposes of the graphs, HealthMap has been abbreviated as HM with the corresponding year.

Franklin County Residents[1-3]

		Franklin County		
		HM2019	HM2022	HM2025
Total population	Population of Franklin County	1,264,518	1,316,756	1,321,820
Sex	Male	48.8%	48.8%	49.2%
	Female	51.2%	51.2%	50.8%
Age	Under 5 years	7.3%	7.0%	6.5%
	5-19 years	19.0%	19.1%	19.2%
	20-64 years	62.3%	61.4%	61%
	65 years and over	11.3%	12.4%	13.3%
Race (any ethnicity)	White	68.1%	66.5%	65.1%
	Black	23.1%	23.9%	24.9%
	Asian-American/Pacific Islander	5.4%	6.0%	6.0%
	American Indian/Alaskan Native	0.1%	0.3%	0.4%
	Two or more races	3.2%	3.4%	3.7%
Ethnicity	Hispanic or Latino (of any race)	5.4%	5.8%	7.3% ▲
Foreign-born	Foreign-born	-	11.4%	12.6% ▲
	(Among foreign-born) Naturalized	-	*48.2%*	*45.4%*
	(Among foreign-born) Not a U.S. citizen		*51.8%*	*54.6%*
English proficiency	Percent of people age 5+ who speak English less than "very well"	-	5.3%	6.4% ▲
Most common languages spoken by people who speak a non-English language at home	Spanish	-	49,949	56,793▲
	Amharic, Somali, or other Afro-Asiatic languages	-	25,051	27,074
	Arabic	-	8,437	15,285▲
	Yoruba, Twi, Igbo, or other languages of Western Africa	-	10,904	12,435▲
	Nepali, Marathi, or other Indic languages	-	9,668	11,076▲
	Chinese (incl. Mandarin, Cantonese)	-	13,072	8,188 ▼
	French (incl. Cajun)	-	5,789	7,579 ▲
	Swahili or other languages of Central, Eastern, and Southern Africa	-	3,608	6,634▲

* An upward-facing triangle (▲) indicates the HealthMap2022 (HM2022) statistic is greater than the one reported in HealthMap2019 (HM2019) by 10% or more. A downward-facing triangle (▼) indicates the HM2022 statistic is less than the one reported in HM2019 by 10% or more. Use caution when interpreting indicators with small values, which only need relatively small changes to produce a 10% difference.

		Franklin County		
		HM2019	HM2022	HM2025
Educational Attainment	No/Some high school, no degree	9.7%	8.8%	8.7%
	High school graduate	25%	24.6%	24.5%
	Some college (no degree)	20.2%	19.6%	18%
	Associate's degree	6.8%	6.9%	6.5%
	Bachelor's degree	24.4%	25.3%	25.8%
	Graduate/Professional degree	14%	14.8%	16.5% ▲

Although the number of households in Franklin County has increased over time, other household characteristics remained relatively stable over time (e.g., household size, household type).

Franklin County Households[1]

		Franklin County		
		HM2019	HM2022	HM2025
Total households	Number of households	502,932	522,383	550,153
Household size	Average household size	2.5	2.5	2.4
	Average family size	3.2	3.2	3.1
Household type	Family households	58.0%	58.5%	55.8%
	Nonfamily households	42.0%	41.5%	44.2%
	Single parent households	-	18.4%	18.3%

* Household size includes all people occupying a housing unit, while family size includes the family householder and all other people in the housing unit related to the householder by birth, marriage or adoption.

References

[1]U.S. Census Bureau, American Community Survey 1-Year Estimates, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

IMPACT OF 2022 CHNA

Impact of Actions to Address Priority Needs in 2022 Community Health Needs Assessment

HealthMap 2022 Priorities

The Franklin County Community Health Needs Assessment Steering Committee identified three priority areas: basic needs, behavioral health and maternal and infant health.

1. Basic Needs:

- **At the time of *HealthMap 2022*, the total persons under 65 with health insurance in Franklin County was 91.1%, which did not meet the national goal of 92.2%.**
- **Franklin County has 201,099 people below the 100% federal poverty level.**
- **According to *HealthMap 2022*, 12.8% of residents and 17.5% of children experienced food insecurity.**

Key Indicators

- **Housing security (decreasing homelessness, increased affordability)**
- **Financial stability**
- **Neighborhood safety (reduced crime)**
- **Food security**
- **Increased access to nutritious foods**
- **Access to care**

Efforts by the Ohio State Wexner Medical Center to address these indicators include:

- Opening the Healthy Community Center on the Near East Side in May 2024. Designed in collaboration with neighborhood residents, the facility fills a major gap in the community and demonstrates Ohio State's commitment to its neighbors' well-being.

- Expanding access to the Mid-Ohio Farmacy program, a partnership with Mid-Ohio Food Collective, to better connect Ohio State patients with documented food insecurity with enhanced access to fresh produce and other nutrient-rich foods.
- Opening the new Outpatient Care Dublin, opening new primary care locations in Grove City and Pickerington as well as purchasing/opening urgent care locations in Gahanna and Hilliard to expand access to care for the residents of central Ohio.
- Providing fresh food through a partnership with Mid-Ohio Food Collective and housing assistance for Moms2B participants.
- Supporting Partners Achieving Community Transformation's (PACT) work on needed community services and supports through a place-based program and project investments. PACT signature programs include:
  - The Ohio State University Employee Homeownership Incentive Program
  - Exterior home repair grants
  - Connected Communities (closing the digital divide)
  - Neighborhood Leadership Academy
  - Health Science Academies and Parent University
  - Community Safety Advisory Group
  - Growing and Growth Collective (the collaboration of community gardens in partnership with The James Mobile Education Kitchen and OSU Extension)
  - Maroon Arts Group annual film series
  - Venture Suite
- Supporting The James Mobile Education Kitchen, which focuses on nutrition-related issues and cancer-risk reduction through education on healthy foods and preparation.

2. Behavioral Health:

- **At the time of *HealthMap 2022*, 23.1% of Franklin County residents reported being told that they had a form of depression, up 1.3% from *HealthMap 2019*.**
- **Attempting suicide leading to hospitalization rates were also up nearly 2 percentage points from *HealthMap 2019*, at a rate of 6.8.**
- **Likewise, psychiatric admissions rates rose as compared with *HealthMap 2019*, to a rate of 36.1.**
- **Narcan administration in *HealthMap 2022* increased by 733 usages, but deaths attributed to opioids also rose.**
- **Unintentional drug/medication mortality rates nearly doubled.**

Key Indicators

- **Access to mental health care resources**
- **Screening for mental health issues**
- **Decreased unintentional drug and alcohol deaths**
- **Youth mental health supports (clinical, social)**

Efforts by the Ohio State Wexner Medical Center to address these indicators include:

- Supporting Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County's Mental Health and Addiction Crisis Center with an early investment to help with the construction of the new center. The Ohio State Wexner Medical Center will also serve as the medical partner for the new facility.
- Partnering with Franklin County ADAMH by placing NaloxBoxes on The Ohio State University's campus around the Wexner Medical Center to expand access to emergency response tools.
- Partnering with the other health systems, public health, Federally Qualified Health Centers (FQHCs) and community organizations to address addiction through the work of the Columbus and Franklin County Addiction Plan.
- Providing Ohio State STAR (Stress, Trauma And Resilience) services for first responders through its collaboration with ADAMH to provide peer support group sessions and create an app for first responders that will assess mental health and provide tools.
- Increased naloxone education and distribution by integrating naloxone distribution models further within emergency departments and hospitals, addiction services and other treatment settings.

- Partnering with Columbus Division of Fire's RREACT (Rapid Response Emergency Addiction Crisis Team) program to increase the number of on-campus and community sites that can distribute naloxone, fentanyl test strips, drug disposal bags and education on harm reduction and treatment resources.
- Enhanced Medication for Opioid Use Disorder (MOUD) access by providing technical assistance and support to providers (both internally and externally throughout the community).
- Supporting the Substance Abuse Treatment, Education and Prevention Program (STEPP) Clinic as it provides addiction and mental health services and weekly education sessions to promote a healthy pregnancy and postpartum period for its moms with the goal of having healthy, full-term babies.
- Partnering with Southeast Healthcare's RREACT team to transfer patients presenting in the emergency department to treatment facilities including Maryhaven Addiction Stabilization Center and Talbot Hall.
- Growing outpatient operations from one clinic at Harding Hospital to four clinics, ensuring a behavioral health presence wherever ambulatory is expanding.
- Closing gaps in the continuum of care for people requiring behavioral health services by opening a Behavioral Health Urgent Care Clinic.

3. Maternal and Infant Health:

- **Overall health of pregnant women before delivery.**
- **Prevention of preterm births.**
- **The infant mortality rate for Franklin County reduced to 6.9 in *HealthMap 2022*.**

Key Indicators

- **Infant mortality**
- **Maternal pre-pregnancy health**

Efforts by the Ohio State Wexner Medical Center to address these indicators include:

- Supporting the work of Moms2B, a prevention program for expectant moms at high risk for infant mortality, through virtual and in-person education sessions, baby and mom well-checks and support for wrap-around services from patient navigators.

- Continuing to highlight the importance of safe sleep practices (ABC - Alone, on Back, in Crib) through Moms2B and STEPP education sessions and a video at discharge.
- Identifying women who currently smoke tobacco and refer them to Columbus Public Health's Baby & Me Tobacco Free program for cessation counseling.
- Increasing access to care through maternal fetal medicine expansion to Outpatient Care East and the use of the Community Care Coach.
- Collaborating with the other health systems to enhance prenatal and postpartum care through Ohio Better Birth Outcome's (OBBO) workgroups.
- Partnering with OBBO to offer community health workers in the McCampbell Outpatient Care Ob/Gyn clinic to provide linkages to care and wrap-around services for our patients.
- Offering prenatal and postpartum care on the Near East Side through the College of Nursing's Total Health Care Center FQHC, housed at East Hospital.
- Continuing a partnership with Nationwide Children's Hospital to support our first-time, low-income mothers from early pregnancy until the child's second birthday with nurse home visitation. The nurses have been trained by Nurse-Family Partnership to improve pregnancy outcomes by encouraging preventive health practices that enhance child health outcomes.
- Supporting Multimodal Maternal Infant Perinatal Outpatient Delivery System (MOMI PODS), a mom-baby dyad Care. MOMI PODS integrates a multimodal health engagement system (incorporating home visits, mobile health and telehealth) into traditional outpatient care models to provide high-quality primary and postpartum care to both the mother and child in the critical first 1,000 days after delivery.
- Continuing the Fourth Trimester Group Clinic, a family-centered approach to increasing breastfeeding rates among high-risk mothers.

There were no comments on the Ohio State Wexner Medical Center's 2022 CHNA.

Franklin County

HealthMap2025

Navigating Our Way to a Healthier Community Together



April 2025

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ABOUT HEALTHMAP2025

Introduction

The Franklin County Community Health Needs Assessment Steering Committee is pleased to provide residents of central Ohio with a comprehensive overview of our community's health status and needs via *Franklin County HealthMap2025*.

Franklin County HealthMap2025 is the result of a continuing, collaborative effort coordinated by the Central Ohio Hospital Council (COHC), Columbus Public Health (CPH), and Franklin County Public Health (FCPH). As part of its mission, COHC serves as the forum for community hospitals to collaborate with each other and with other community stakeholders to improve the quality, value, and accessibility of health care in the central Ohio region. Although COHC's not-for-profit member hospitals have service areas that extend across central Ohio, for the purposes of this report, the local geographic focus area is Franklin County, Ohio. CPH serves the residents of the City of Columbus and the City of Worthington, and FCPH serves the residents of all other cities, towns, and villages in Franklin County.

The intent of this effort is to help health departments, hospitals, social service agencies, and other community organizations identify and address the unmet health needs of Franklin County residents. By characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, and other health issues, these community partners can ensure resources are focused so that they have the greatest impact.

To that end, central Ohio's hospitals and health departments will begin using the data reported in *Franklin County HealthMap2025* to inform the development and implementation of strategic plans (e.g., community health improvement plans; implementation plans) that address the community's health needs. Consistent with federal requirements, *Franklin County HealthMap2025* will be updated in three years.

The Franklin County Community Health Needs Assessment Steering Committee hopes *Franklin County HealthMap2025* serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

Franklin County HealthMap2025's Process

The process for *Franklin County HealthMap2025* reflects an adapted version of Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process.[1] This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so they can better focus their efforts and

[1] See https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources

collaboration. The primary phases of this process, as adapted for use with *Franklin County HealthMap2025*, included the following steps.

(1) Prepare to Assess. Members of the community were closely involved throughout the design and implementation of *Franklin County HealthMap2025*. On January 17, 2024, new members of the *Franklin County HealthMap2025* Community Health Needs Assessment Steering Committee[2] gathered via Zoom to learn about the upcoming community health needs assessment process and how their experience and involvement would be critical for the success of the effort.

On January 31, 2024, the full Steering Committee gathered in person to discuss their perspectives on emerging health issues in Franklin County, to participate in conversation with one another about the current state of health in the county (e.g., "What would a healthy Franklin County look like to you?"), and to identify potential health indicators for inclusion in *Franklin County HealthMap2025*. Both small group discussions and large group "report-outs" occurred during this session.

The *Franklin County HealthMap2025* Community Health Needs Assessment Executive Committee then used the information from these preceding working meetings and community visioning survey to identify which indicators could be assessed via secondary sources and which indicators could be gathered via primary data collection efforts.

(2) Collect and Analyze Secondary Data. Indicators identified by the Steering Committee for inclusion in the *Franklin County HealthMap2025* were collected and entered into a database for review and analysis. Quantitative secondary data for health indicators came from national sources (e.g., U.S. Census, Centers for Disease Control and Prevention's Behavior Risk Factor Surveillance System) and state sources (e.g., Ohio Department of Health's Data Warehouse, Ohio Hospital Association, Ohio Department of Public Safety, Ohio Department of Development). Rates and/or percentages were calculated when necessary.

To ensure community stakeholders can use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in *Franklin County HealthMap2025*, quantitative secondary data must have been collected or published in 2021 or later; in most cases, the data reported in *HealthMap2025* are from 2022. In some instances, comparable state and/or national data were unavailable at the time of report preparation and therefore were not included.

The following table lists the quantitative indicators included in Franklin County's *HealthMap2025*.

[2] These individuals are listed on page 12 of this report.

Indicator	*Indicator Details*	Indicator	*Indicator Details*
COMMUNITY PROFILE			
Total population	*Number of people in Franklin County, Ohio*	**Educational attainment**	-
Sex	-	**Foreign-born status**	*Born outside of the United States*
Age	-	**English proficiency**	*Percent of people age 5+ who speak English less than "very well"*
Race	-	**Non-English languages spoken at home**	*Leading non-English languages spoken by people while at home*
Ethnicity	-	**Household size**	*Average household, family size*
Total households	*Number of households in Franklin County, Ohio*	**Household type**	*Family, nonfamily, single parents*
BASIC NEEDS			
Poverty status	*Less than 125% Federal Poverty Limit (FPL)*	**Eviction filing rate**	*Per 100 renter-occupied households*
Income distribution	*Less than 125% FPL; 125%-200% FPL; 200% FPL or below, 200%-400% FPL*	**Food insecurity**	*People who lack access, at times, to enough food for an active, healthy life*
Median household income	-	**Health insurance rate (insured; uninsured)**	*People who have health insurance*
Cost-burdened households	*Households that spend ≥30% of income on housing*	**Health insurance type**	*People who have different types of health insurance*
Renter-occupied housing	*Occupied housing units that are rented*	**Adverse childhood experiences (ACEs)**	*Adults who experienced an ACE before the age of 18*
Unhoused community members	*People who are homeless at a single point in time*		
CHRONIC CONDITIONS			
High cholesterol prevalence	*Adults told by a doctor that they have high cholesterol*	**Stroke prevalence**	*Adults told by a doctor that they had a stroke*
High blood pressure prevalence	*Adults told by a doctor that they have high blood pressure*	**Heart disease prevalence**	*Adults told by a doctor that they have heart disease*
Arthritis prevalence	*Adults told by a doctor that they have arthritis*	**Disability prevalence by type**	*Adults with different types of disabilities*
Diabetes prevalence	*Adults told by a doctor that they have diabetes*		
HEALTH BEHAVIORS			
Breast cancer screening	*Adult females (age 40+) who recently had a mammogram*	**Current cigarette smokers**	*Adults who smoke cigarettes some days or every day*
Colorectal cancer screening	*Adults (age 45-75) who recently had a colonoscopy*	**Current e-cigarette users**	*Adults who use e-cigarettes some days or every day*
Alcohol abuse	*Adults who binge drank in the past month*	**Obesity/overweight status**	*Per body mass index (BMI) categories*

Indicator	*Indicator Details*	Indicator	*Indicator Details*
MATERNAL AND INFANT HEALTH			
Prenatal chronic health conditions	*Anxiety; depression; gestational diabetes; or pregnancy-onset hypertension*	**Prenatal racial bias**	*Pregnant women who reported experiencing racial bias from a healthcare provider*
Pre-pregnancy vitamin usage	*Taking (multi)vitamins in month before pregnancy*	**Infant mortality rate**	*Deaths that occurred before 1 year of age, per 1,000 babies born*
Pre-pregnancy diabetes	*Type 1 or 2 diabetes in the three months before pregnancy*	**Low birthweight prevalence**	*Infants who weighed less than 2500 grams*
Unintended pregnancy	*Those who wanted to be pregnant later or did not want to be pregnant*	**Preterm birth prevalence**	*Infants who were delivered before 37 weeks gestation*
Prenatal healthcare	*Women who had a healthcare visit in year before pregnancy*	**Neonatal abstinence syndrome birth rate**	*Rate per 1,000 babies born*
Postnatal healthcare	*Women who had a healthcare visit in the 4-6 weeks after delivery*	**Teen fertility rate**	*Rate per 1,000 girls age 15-19 in the same age*
INFECTIOUS DISEASES			
Most common infectious disease rates: adults	*Rate per 1,000 individuals*	**New HIV diagnosis rate**	*Rate per 100,000 individuals*
Most common infectious disease rates: children	*Rate per 1,000 individuals*	**Kindergarten vaccinations**	*Youth who entered kindergarten with all required vaccines complete*
HEALTH CARE ACCESS			
Emergency Department utilization	*Treated & released; Admitted into the hospital; Visit severity; Top 10 diagnoses*	**Dental care access**	*Needed dental care but could not secure it (past 12 months)*
INJURY AND DEATH			
Mental/Social health	*Self-harm and suicide; loneliness; depression; alcohol attributable deaths; child abuse; domestic violence*	**Trauma hospitalization**	*Leading types of traumatic injuries*
Mortality	*Life expectancy; mortality rate*	**Cancer**	*Incidence and mortality*
Leading causes of death	*Rate per 100,000 individuals*	**Violent crime**	*Murder, rape, robbery, and aggravated assault, per 100,000 individuals*
		Overdose deaths	*Rate per 100,000 individuals*
ENVIRONMENTAL HEALTH			
Elevated blood lead level (EBLL)	*Among children under 6 years old*	**Lyme disease**	*Cases and rates, per 100,000 individuals*
Asthma prevalence	*Adults told by a doctor that they have asthma*		

Throughout the report, a (▲ or ▼) symbol next to the HM2025, Ohio, or US estimate indicates that estimate is at least 10% higher or at least 10% lower than the HM2022 estimate for that geography. A (▲ or ▼) symbol next to an age, sex, race/ethnicity, or disability estimate indicates that estimate is at least 10% higher than or at least 10% lower than the overall Franklin County estimate (i.e., HM2025).

(3) Collect and Analyze Primary Data. Qualitative primary data were obtained from a series of eleven 90-minute focus groups held from May 13, 2024 through July 26, 2024. Most of these focus groups were held in convenient, trusted locations throughout the community (e.g., Columbus Metropolitan Library branches; a community center; Columbus Public Health's administrative headquarters) and were facilitated by professional researchers. One focus group was held virtually via Zoom. A combination of professional/paid and grassroots/volunteer recruiting efforts were used to invite a diverse mix of Franklin County residents to participate in these sessions, including those with different types of disabilities.[3]

Overall, 111 Franklin County adults who reside within the primary jurisdictions of the COHC-member hospitals (as defined for this process), CPH, and FCPH participated in these focus groups, sharing their thoughts and observations about a wide range of health topics. These discussions included a focus on underlying factors that contribute to health issues, such as poverty and racism. Transcripts of these discussions can be provided upon request.

(4) Identify Priority Heath Needs. On October 22, 2024, the Steering Committee members received a draft copy of *Franklin County HealthMap2025*. They were asked to review the draft document and to record and share any comments or questions they had about it.

On October 31, 2024, the full Steering Committee met in person to review *Franklin County HealthMap2025* and to identify priority health issues. The meeting participants were divided into small groups, with each group asked to review a specific section of *Franklin County HealthMap2025* and, within that section, to identify potential priority health issues for consideration by the larger group. In addition to sharing their personal experience and history during these small-group conversations, meeting participants were asked to consider the following criteria when identifying potential priority health issues:

- **Equity:** Degree to which specific groups are disproportionately affected by an issue.
- **Size:** Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness:** Degree to which the health issue leads to death or disability, and impairs one's quality of life.

[3] The Steering Committee wishes to acknowledge and thank the Ohio Department of Health's Center for Public Health Excellence for recruiting disabled residents to share their experiences and opinions in one of these focus groups and for providing ASL interpreters to help facilitate that conversation.

- **Feasibility:** Ability of organization or individuals to reasonably combat the health issue given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.
- **Severity of the Consequences of Inaction:** Risks associated with exacerbation of the health issue if not addressed at the earliest opportunity.
- **Trends:** Whether or not the health issue is getting better or worse in the community over time.
- **Intervention:** Any existing multi-level public health strategies proven to be effective in addressing the health issue.
- **Value:** The importance of the health issue to the community.
- **Social Determinant / Root Cause:** Whether or not the health issue is a root cause or social determinant of health that impacts one or more health issues.

Overall, a total of 29 potential priority health issues were identified by Steering Committee members. A multi-voting technique,[4] featuring three rounds of voting, was used to narrow down that list to **five priority health issues** that affect Franklin County residents.

On December 19, 2024, Steering Committee members received an invitation to participate in an online survey that would lead to the identification of the final set of priority health needs for the community. This prioritization survey was structured as follows. First, it provided an orientation to the purpose and intent of the effort. It presented an array of criteria that respondents should use when identifying priority health needs (e.g., the list of nine factors presented above). Then, after reading descriptions of the five priority health issues, respondents were asked to rank those issues. Overall, 28 Steering Committee members completed this survey. After tabulating the responses, there was clear consensus about the community's priority health needs. These priority health needs are reviewed in the next section of this report.

From these exercises, the Steering Committee was able to complete its charge to identify the prioritized health needs of Franklin County.

(5) Identify Community Assets and Resources. In December 2024, the Executive Committee identified community assets and resources that could potentially address the prioritized health needs, including existing healthcare facilities, community organizations, and programs or other resources. Inclusion of these potential partners and resources in *Franklin County HealthMap2025* is consistent with hospital requirements for conducting a needs assessment.

(6) Share Results with the Community. In December 2024, COHC conducted a review of *Franklin County HealthMap2025* to ensure that it was compliant with Internal Revenue Service

[4] See NACCHO's Guide to Prioritization Techniques, which can be accessed at https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf.

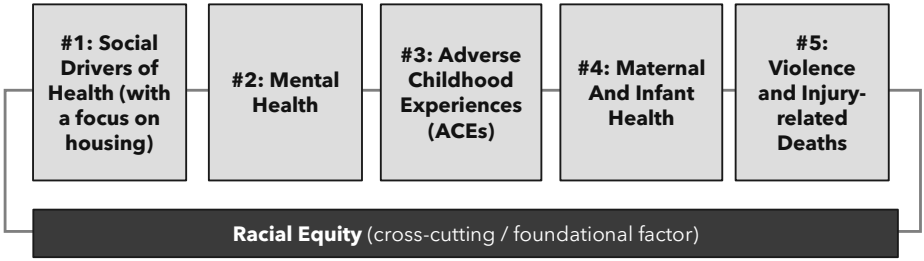
regulations for conducting community health needs assessments. CPH and FCPH also conducted internal reviews to ensure the report satisfied the requirements set forth by the Public Health Accreditation Board (PHAB). No information gaps that may impact the ability to assess the health needs of the community were identified during or after this process.

This report will be posted on COHC's, CPH's, and FCPH's websites, will be used in subsequent community prioritization and planning efforts, and will be widely distributed to organizations that serve and represent residents in the county.

Prioritized Health Needs

The five prioritized health needs affecting Franklin County residents, as identified by the Community Health Needs Assessment Steering Committee, are displayed below and discussed in this section.

Prioritized Health Needs Identified By *HealthMap2025*



Priority #1: Social Drivers of Health (with a focus on housing)

- Non-medical factors, such as economic stability, education and healthcare access, transportation and neighborhood safety, are key drivers of good health outcomes. According to Healthy People 2030, addressing the quality of housing as a public health issue may help prevent and reduce negative health outcomes. This is because poor housing quality and inadequate housing conditions can contribute to negative health outcomes, including chronic disease and injury. Furthermore, the presence of lead, mold, or asbestos, poor air quality and overcrowding can lead to irreversible health effects. In addition, overcrowded homes may be at risk for poor mental health, food insecurity, and infectious disease.
- Steering Committee members noted the many linkages between housing and health conditions and argued that policy changes are likely necessary to address varied challenges with the availability and affordability of different types of housing in Franklin County. Furthermore, Steering Committee members noted that cost-burdened households – those that spend more than 30% of their income on housing costs – tend to

be concentrated in zip codes that are associated with greater levels of racial and financial inequities, likely reflecting the historical practice of redlining in central Ohio.

Relevant indicators	See pages
Cost-burdened household prevalence	36
Unhoused community members (point-in-time count)	37

Priority #2: Mental Health

- According to the National Alliance on Mental Illness (NAMI), 23% of U.S. adults (1 in 5 adults) experienced mental illness in 2021 with 5.5% of adults (1 in 20 adults) experiencing a serious mental illness. And per the CDC, social isolation and loneliness are widespread problems in the U.S. and pose a serious threat to both mental and physical health. Social isolation can increase a person's risk for heart disease, self-harm, dementia and eventually may lead to an earlier death.
- Steering Committee members mentioned loneliness and depression as areas of concern, noting that over a quarter of residents report feeling lonely, and that the prevalence of loneliness is higher among recently pregnant women, individuals who have a household income that places them at or under the 100% federal poverty level, and among individuals with a disability. Furthermore, females, white (non- Hispanic) individuals, adults under the age of 65, and individuals with a disability are more likely than other groups to report ever being told by a healthcare professional that they have a depressive disorder (e.g., depression).
- Hospitalizations due to self-harm and deaths from suicide have both increased in Franklin County since the last HealthMap. The Franklin County Suicide Prevention Coalition has identified high-risk populations, including the Black and African-American community, older adults, refugees and immigrants, veterans, and youth.

Relevant indicators	See pages
Depression prevalence	136
Loneliness prevalence	135
Suicide death rate	135

Priority #3: Adverse Childhood Experiences (ACEs)

- Adverse childhood experiences, or ACEs, are traumatic events that occur during childhood (i.e., before age 18) and impact mental health. Examples of ACEs include violence, abuse, or neglect, as well as contextual factors that might negatively affect a child's sense of safety or stability, such as growing up in a household with people who have substance use problems, mental health problems, or parents who were separated or in jail. Research shows that ACEs can have lasting effects on health and wellbeing in childhood, as well as impact one's education and job potential into adulthood. These experiences can increase the risks of injury, maternal and child health problems including teen pregnancy, pregnancy complications, and fetal death. Also impacted are a range of chronic diseases and leading causes of death, such as cancer, diabetes, heart disease, and suicide.

- Steering Committee members noted that the prevalence of those who report having 4 or more ACEs when they were children is highest among black (non-Hispanic) individuals, those who are younger than age 65, and individuals with a disability. Furthermore, Steering Committee members noted that ACEs are considered a root cause for many physical and mental health issues and social determinant of health outcomes.

Relevant indicators	See pages
Adverse childhood indicators prevalence	52
Depression prevalence	136

Priority #4: Maternal and Infant Health

- Healthy children need healthy parents. The health of the mother – before, during, and after pregnancy – has a direct impact on the health of the child. Biological and neurological sciences show that the predictors of healthy child development begin before pregnancy, with the health of the mother, and continue after the birth, with the mother-child relationship.
- According to the CDC, each year, more than 50,000 pregnant people are affected by severe maternal morbidity, 800 women die due to pregnancy-related complications and over 20,000 infants die. And per CelebrateOne, a public/private impact collaborative addressing and reducing infant mortality, 126 babies died in Franklin County before their first birthday in 2023, with 20 due to sleep-related conditions.
- From the Steering Committee members' perspective, an increased focus on maternal health could lead to a reduction of the infant mortality rate, which unfortunately has not decreased significantly in recent years. Steering Committee members also suggested broadening the focus of maternal health to include the pre-pregnancy period, prenatal period, and well after delivery. Furthermore, Steering Committee members noted that many pregnant women report racial bias in the prenatal health care they received, which is a cross-cutting factor that also must be addressed.

Relevant indicators	See pages
Maternal health (multiple indicators)	96-112
Infant mortality rate	108

Priority #5: Violence and Injury-related Deaths

- Injury and violence affect everyone, regardless of age, race, or economic status. According to the CDC, Americans aged 1 to 44 die from injuries and violence – such as motor vehicle crashes, suicide, overdoses, or homicides - more than any other cause. Suicide is the second leading cause of death for this age group, while homicide remains in the top five leading causes of death. Overall, drug overdose remains the leading cause of injury-related death among adults in the United States.
- Steering Committee members noted that both drug overdose deaths and deaths from alcohol-attributable causes have increased since the last HealthMap. Additionally, Steering Committee members were concerned about traumatic injuries and the presence of numerous disparities by age, gender, and race.

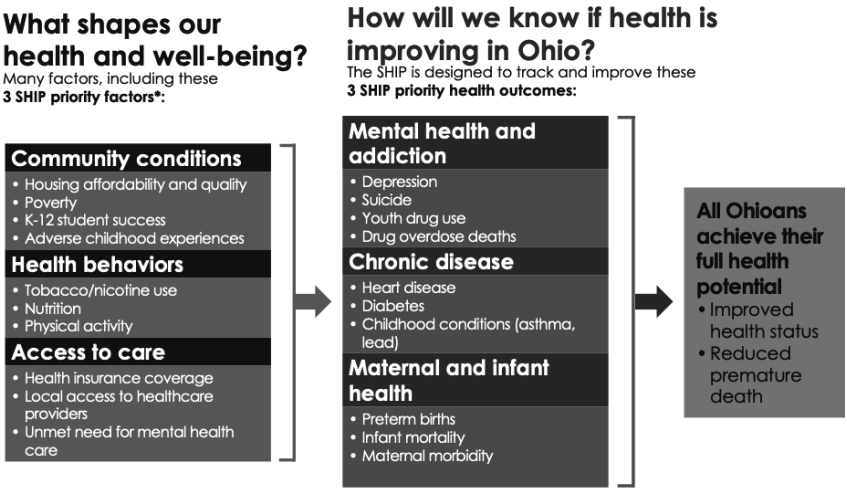
Relevant indicators	See pages
Drug overdose death rate	164
Alcohol-attributable death rate	138
Traumatic injury prevalence	151-157
Violent crime	162

Page 183 of this report presents a list of community assets and resources that could potentially help to address these prioritized health needs.

Note that these prioritized health needs are interrelated, and in many cases likely co-occur. Furthermore, the Steering Committee acknowledges that large scale coalitions currently address **infant mortality** and **addiction**, and that those efforts could be supplemented with an increased focus on the potential causes of those issues.

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three cross-cutting factors (i.e., social determinants of health that include community conditions, health behaviors, and access to care) as well three health outcome categories (i.e., mental health and addiction, chronic disease, and maternal and infant health) that should be considered when planning to improve the community's health (see next page). Overall, there is good alignment between *HealthMap2025's* prioritized health needs and Ohio's 2020-2022 SHIP.

Priority Factors And Outcomes Identified By Ohio's 2020-2022 SHIP



Source: Ohio's 2020-2022 State Health Improvement Plan (SHIP), available at https://dam.assets.ohio.gov/image/upload/odh.ohio.gov/SHIP/2020-2022/2020-2022-SHIP.pdf

Lastly, it should be noted that several other health issues were also considered by the Steering Committee as part of this prioritization process. Although these other issues play an important role in affecting the health of Franklin County residents, they did not receive the same level of endorsement as compared to the priority health needs reviewed previously.

The other health issues considered by the Steering Committee are listed below in no particular order.

- Racial bias in health care (note: this is mentioned as a cross-cutting factor affecting maternal health, above)
- Access to dental care
- Accessing care in the appropriate setting
- Overweight and obesity status
- Tobacco use (smoking and vaping)
- Life expectancy
- Cancer screening
- Motor vehicle accidents
- Food preparation knowledge
- Diversity of housing stock
- Asthma / respiratory disease
- Maternal & child health: Access to care; Cultural competence
- Maternal & child health: Chronic conditions
- Maternal & child health: Infant mortality
- Heart disease
- Stroke
- Diabetes
- Transportation
- Suicide deaths | Self-harm hospitalizations

Community Health Needs Assessment Steering Committee

Work on *Franklin County HealthMap2025* was overseen by a Steering Committee consisting of the following community members. Consistent with federal requirements for conducting health needs assessments, entities which represent specific populations within the community are identified. Executive Committee members are indicated with a * symbol.

ADAMH Board (Mental Health)
Kelly Bragg

B.R.E.A.D. Organization (Faith Communities)
Blanche Luczyk, Cora Harrison

Central Ohio Hospital Council (Hospital/Medical)
*Jeff Klingler**

Center for Public Health Practice at The Ohio State University (University System)
Andy Wapner

City of Columbus (Government)
Hannah Jones

Columbus City Schools (Education)
Sara Bode

Columbus Public Health (Public Health)
Kathy Cowen, Ann Mehl, Laurie Dietsch, Michelle Groux*

Community Shelter Board (Housing Insecure Community)
Steven Skovensky

Directions for Youth & Families (Mental Health)
Duane Casares

Educational Service Center (Education)
Wade Lucas

Equitas Health (LGBTQ+)
Francisco Caro

Ethiopian Tewahedo Social Services (Social Services; New American Communities)
Seleshi Ayalew Asfaw

Franklin County Coroner (Hospital/Medical)
Nathaniel Overmire, Patrick McLean, Jeremy Blake

Franklin County Office of Aging (Senior Community)
Caroline Rankin, Chanda Wingo

Franklin County Public Health (Public Health)
Joe Mazzola, Theresa Seagraves, Abby Boeckman, Sierra MacEachron*

Future Ready Five (Education)
Vanisa Turney

Health Impact Ohio (Public Health)
Tanikka Price

Human Services Chamber (Social Services)
Bhumika Patel

Mid-Ohio Food Collective (Food Insecure Community)
Amy Headings

Mid-Ohio Regional Planning Commission (Transportation, Data)
Melinda Vonstein

Mount Carmel Health System (Hospital/Medical)
Candice Coleman, Brian Pierson

Nationwide Children's Hospital (Hospital/Medical)
Libbey Hoang, Brittany Kremer, Laura McLaughlin

Ohio Association of Community Health Centers (Medical)
Dana Vallangeon

Ohio Department of Health Disability and Health Program (Disabled Community)
David Ellsworth

OhioHealth (Hospital/Medical)
Rebecca Barbeau, Jeff Kasler

OSU Extension - The Ohio State University (Education/Rural Community)
Brian Butler

The Ohio State University Wexner Medical Center (Hospital/Medical)
Annie Marsico, Ben Anthony

United Way of Central Ohio (Low-income/Medically Underserved Communities)
Lisa Courtice

Workforce Development Board (Workforce Development)
Lauren Rummel

The following hospitals (listed by health system) participated in the *HealthMap2025* process:

Mount Carmel Health System
Mount Carmel East Hospital
Mount Carmel Grove City Hospital
Mount Carmel St. Ann's Hospital

Nationwide Children's Hospital

OhioHealth
OhioHealth Doctors Hospital
OhioHealth Dublin Methodist Hospital
OhioHealth Grant Medical Center
OhioHealth Grove City Methodist Hospital
OhioHealth Riverside Methodist Hospital

OSU Wexner Medical Center
University Hospital, Main Campus
University Hospital East
The James Cancer Hospital and Solove Research Institute

Input from all required sources was obtained for this report.

COHC, CPH, and FCPH contracted with various organizations to help create *Franklin County HealthMap2025*. Representatives of those organizations, along with their qualifications and addresses, are provided below.

Illuminology – located at 5258 Bethel-Reed Park, Columbus, OH 43220. Illuminology, represented by Orie V. Kristel, Ph.D., led the process for locating health status indicator data, for designing and moderating the focus groups, and for creating the summary report. Dr. Kristel is Illuminology's principal researcher and has 27 years of experience related to research design, analysis, and reporting, with a focus on community health assessments.

Center for Public Health Practice – located within the College of Public Health at The Ohio State University, 1841 Neil Avenue, Columbus, OH 43210. The Center, represented by Andy Wapner and Georgia Sasser, provided data collection, analysis support, and contributed to the summary report. The Center was also represented on the Steering Committee. Center staff combine for over 30 years of experience in local, state, and academic public health and routinely provide health needs assessment services.

INCompliance, an affiliate law firm of Bricker Graydon LLP – located at 100 South Third Street, Columbus, Ohio 43215. INCompliance provided overall guidance in ensuring that the conduct of the CHNA was compliant with the Internal Revenue Service regulations. Jim Flynn is a managing partner with Bricker Graydon and senior consultant to INCompliance. He and has 34 years of practice experience related to health planning matters, certificate of need, non-profit and tax-exempt health care providers, and federal and state regulatory issues. Christine Kenney is Director of Regulatory Services for INComplaince and has over 44 years of experience in health care planning and policy development, federal and state regulations, certificate of need, and assessment of community need.

The Community Health Needs Assessment Steering Committee wishes to acknowledge and thank the following people who contributed their time and expertise to assist with some of the analyses and maps included in *HealthMap2025*: Sierra MacEachron (Franklin County Public Health); Kathy Cowen, Michelle Groux, Emily Alexy, and Becky Zwickl (Columbus Public Health's Office of Epidemiology).

Community Profile

Overall, Franklin County's total population continues to increase. Compared to the last *HealthMap*, the county's demographic profile has remained similar, with three notable exceptions: the proportion who identify as Hispanic or Latino has increased; the proportion who were born in another country has increased; and the proportion of people age 5+ who speak English less than "very well" has increased.

Franklin County Residents[1-3]

		Franklin County		
		HM2019	**HM2022**	**HM2025**
Total population	Population of Franklin County	1,264,518	1,316,756	1,321,820
Sex	Male	48.8%	48.8%	49.2%
	Female	51.2%	51.2%	50.8%
Age	Under 5 years	7.3%	7.0%	6.5%
	5-19 years	19.0%	19.1%	19.2%
	20-64 years	62.3%	61.4%	61%
	65 years and over	11.3%	12.4%	13.3%
Race (any ethnicity)	White	68.1%	66.5%	65.1%
	Black	23.1%	23.9%	24.9%
	Asian-American/Pacific Islander	5.4%	6.0%	6.0%
	American Indian/Alaskan Native	0.1%	0.3%	0.4%
	Two or more races	3.2%	3.4%	3.7%
Ethnicity	Hispanic or Latino (of any race)	5.4%	5.8%	7.3% ▲
Foreign-born	Foreign-born	-	11.4%	12.6% ▲
	(Among foreign-born) Naturalized	-	*48.2%*	*45.4%*
	(Among foreign-born) Not a U.S. citizen		*51.8%*	*54.6%*
English proficiency	Percent of people age 5+ who speak English less than "very well"	-	5.3%	6.4% ▲
Most common languages spoken by people who speak a non-English language at home	Spanish	-	49,949	56,793▲
	Amharic, Somali, or other Afro-Asiatic languages	-	25,051	27,074
	Arabic	-	8,437	15,285▲
	Yoruba, Twi, Igbo, or other languages of Western Africa	-	10,904	12,435▲
	Nepali, Marathi, or other Indic languages	-	9,668	11,076▲
	Chinese (incl. Mandarin, Cantonese)	-	13,072	8,188 ▼
	French (incl. Cajun)	-	5,789	7,579 ▲
	Swahili or other languages of Central, Eastern, and Southern Africa	-	3,608	6,634▲

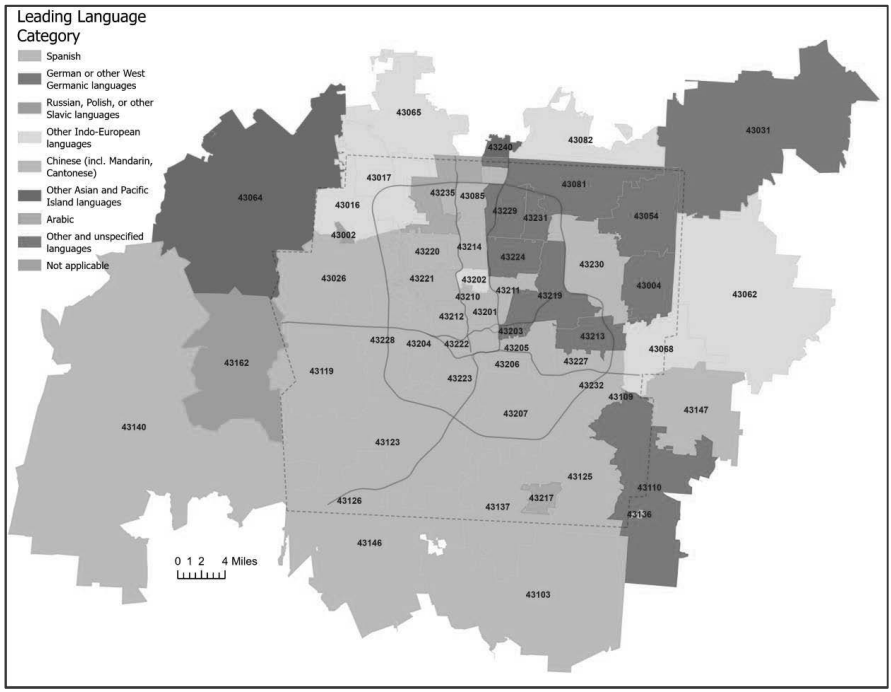
		Franklin County		
		HM2019	HM2022	HM2025
Educational Attainment	No/Some high school, no degree	9.7%	8.8%	8.7%
	High school graduate	25%	24.6%	24.5%
	Some college (no degree)	20.2%	19.6%	18%
	Associate's degree	6.8%	6.9%	6.5%
	Bachelor's degree	24.4%	25.3%	25.8%
	Graduate/Professional degree	14%	14.8%	16.5% ▲

Although the number of households in Franklin County has increased over time, other household characteristics remained relatively stable over time (e.g., household size, household type).

Franklin County Households[1]

		Franklin County		
		HM2019	HM2022	HM2025
Total households	Number of households	502,932	522,383	550,153
Household size	Average household size	2.5	2.5	2.4
	Average family size	3.2	3.2	3.1
Household type	Family households	58.0%	58.5%	55.8%
	Nonfamily households	42.0%	41.5%	44.2%
	Single parent households	-	18.4%	18.3%

The leading non-English language category spoken at home[4] in each Franklin County zip code is shown below.

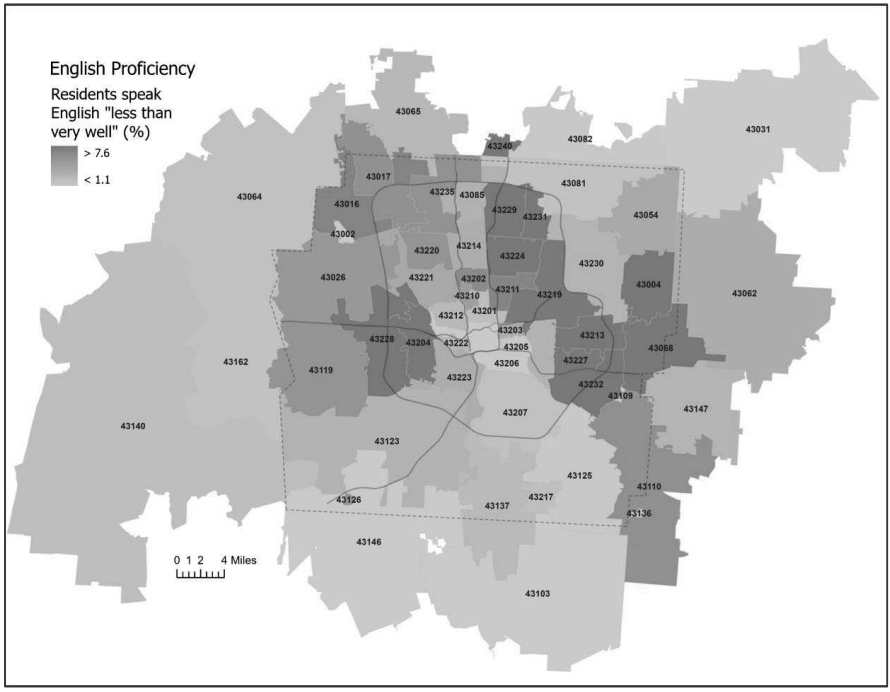


The following zip codes have the highest percentage of residents who speak a non-English language at home. Per the United States' Census Bureau[4]:

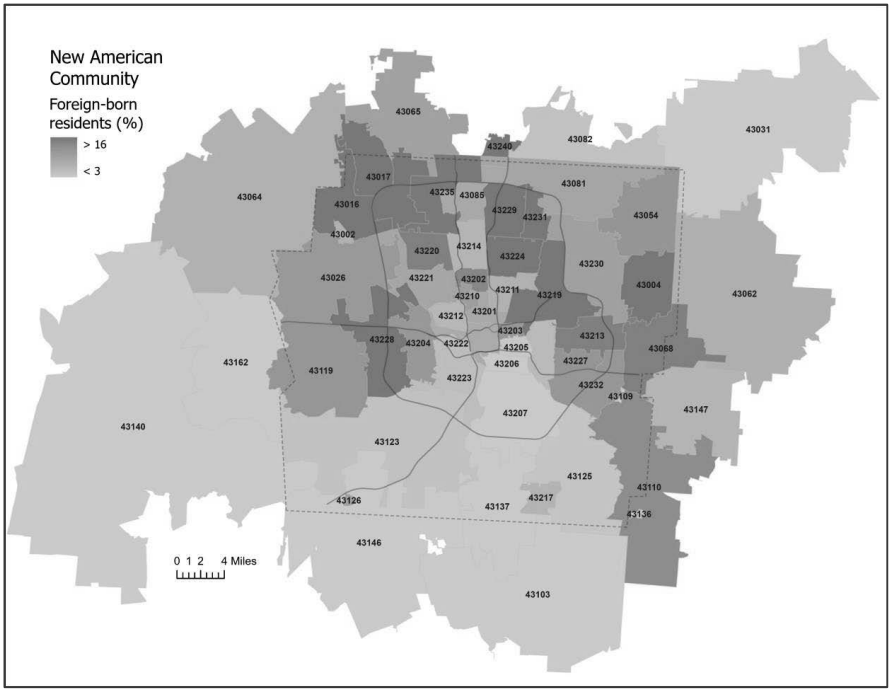
- 26% of residents in zip code **43231** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Somalia, Ghana, and Kenya.
- 21% of residents in zip code **43229** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Ghana, El Salvador, and Somalia.
- 20% of residents in zip code **43224** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Somalia, Ghana, and Mexico.
- 16% of residents in zip code **43219** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Somalia, Mexico, and India.

- 14% of residents in zip code **43068** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Bhutan, Nepal, and Ethiopia.

As shown in the map below, those residents who speak English less than "very well" are relatively more likely to be located in Franklin County's far eastern zip codes (e.g., 43068, 43004, 43232, 43227, 43213), its western zip codes (e.g., 43204, 43228, 43119), and its north-central zip codes (e.g., 43219, 43224, 43229, 43231).



Those residents who report being born in another country are relatively more likely to be located in Franklin County's north-central zip codes (e.g., 43219, 43224, 43229, 43231), in the 43228 zip code, and its northwestern zip codes (e.g., 43016, 43017, 43220, 43235).



Additional Information & References

Over the past 15 years, the U.S. Census Bureau has been working to improve how it measures race in America, including those who identify with two or more racial groups. This process resulted in numerous changes to the questionnaires it uses, starting in 2020. If HM2025 used recent American Community Survey data (i.e., 2022 vintage) to estimate the proportion of Franklin County residents who identify with two or more racial groups, that statistic would be 9.3%, representing a 250% increase from what was measured in 2019 (i.e., 3.7%). Because those questionnaire changes produced a substantial change in this statistic over time, HM2025 used a different U.S. Census Bureau dataset to estimate Franklin County residents' race/ethnicity status.[2,3]

Household size includes all people occupying a housing unit, while family size includes the family householder and all other people in the housing unit related to the householder by birth, marriage, or adoption.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.[4]

Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the proportion of residents who obtained technical training / certification. Unfortunately, the U.S. Census Bureau does not appear to measure that type of vocational activity.

[1] U.S. Census Bureau, American Community Survey 1-Year Estimates, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)
[2] U.S. Census Bureau. (2020). *County Population by Characteristics: 2010-2020, Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin [Dataset]. https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-county-detail.html*
[3] U.S. Census Bureau. (2022). *County Population by Characteristics: 2020-2023, Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin [Dataset]. https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html*
[4] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022 (HM2025)

BASIC NEEDS

Income And Poverty

Socioeconomic status is one of the most well documented influences on health. Lower income is associated with greater chronic illness, more healthcare needs, worse health-related quality of life, and higher mortality.[1-4]

The median household **income** in Franklin County in 2022 was **$69,681**.	≈ Similar to HM2022 ($64,713)
18.8% of Franklin County residents have an income below 125% of the **poverty level**.	≈ Similar to HM2022 (17.7%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Children more likely	None observed	Non-white more likely	Observed (see map)

Community Voices

Many Franklin County residents feel they are vulnerable to poverty, perceiving basic needs as increasingly expensive and their overall financial stability as precarious.

> *"Most of us now, with inflation rates and the way everything is mildly expensive, we are all a couple bad weeks away from being as homeless as the other people on Broad Street. People who feel like they have had a more stable setup or a more conventional foundation, I don't think that is the same as it maybe was five or ten years ago."*

Community members feel that the effort to make ends meet precludes individuals from thinking about their health needs, as well as financially prevents them from accessing health care, nutritious food, and other things needed to lead healthy lives.

> *"If you are someone who's trying to make ends meet and you're working several jobs, oftentimes it's really hard to find the time, to find the motivation to do the things that are ultimately going to improve your health. So you might be fully employed, working 60, 80 hours a week just to keep a roof over your head. And the other things kind of take a back seat to that. You don't have access necessarily to healthy food. You don't have access to doctors in your area where it's a quick trip to that. And our society really pats people on the back who work a lot, basically themselves to death."*

> *"Being stuck on that bottom rung of Maslow's hierarchy of needs. Yes, healthcare should be down there, but it isn't. It's another step up. If you're trying to just subsist and you can't get out of that, you're not going to think about things that are actually problems with your body or mental health."*
>
> *"You can't afford everything. You try to do one thing, because if you try to do it all, and then it's a trickle-down effect and you're in a hole, you can't get yourself out of it. So, you can only do so much for yourself. And if you have a family, it's even harder. You just have to pick and choose what's most important at that right time."*
>
> *"If you're sick, you're not gonna have the energy to make healthy meals, you're not gonna follow the doctor's orders, like take a rest, or do this type of treatment, because you have to work and make money to provide for your family."*

While resources exist to help individuals in poverty, community members say that accessing them is not easy enough; individuals may be unaware what resources exist and unable to get connected to an individual who can help them in a timely manner.



> *"If you are living in poverty, you may not have the ability to know where to access the resources. Because I do think that there are a lot of resources, but I don't think people know how to get to the resources, and people are not helping them get to those resources."*
>
> *"A lot of people are having such a hard time getting a hold of, like, [government agency]. I've heard people call and call. You put your request in for a call back. You never get a call back. There's just no communication. And I don't feel like there's really a willingness to help either."*

There are social ramifications to living in poverty as well, as a community member pointed out. It is difficult for families to spend time together when parents must work multiple jobs to maintain financial stability.



> *"And people working multiple jobs to bridge the gap between the generations, [there's a gap] between parents and their kids. It's hard to see the kids because I'm working multiple jobs and my kid goes to bed before I come back from work. Stuff like that creates this huge gap among ourselves."*

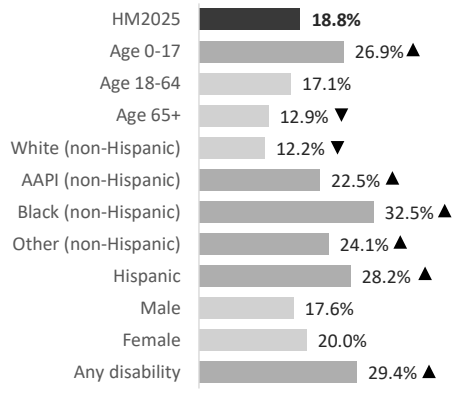
Overall, the median household income among Franklin County residents is higher than Ohio residents overall but lower than US residents overall. However, after adjusting for inflation, the average household income in Franklin County for HM2025 is *slightly less* than what was observed six years ago (i.e., HM2019).

Children, non-white individuals (especially those who are black non-Hispanic, those who are Hispanic, and those who have an other non-Hispanic racial background), and disabled individuals are at increased risk of living near or below the federal poverty level.

Median Income

	Average income	Adjusted for inflation
HM2025	**$69,681**	**$69,681**
HM2022	**$64,713**	**$76,170**
HM2019	**$56,055**	**$70,100**
Ohio	**$65,720 ▲**	**$65,720**
US	**$74,755 ▲**	**$74,755**

Less than 125% Federal Poverty Level

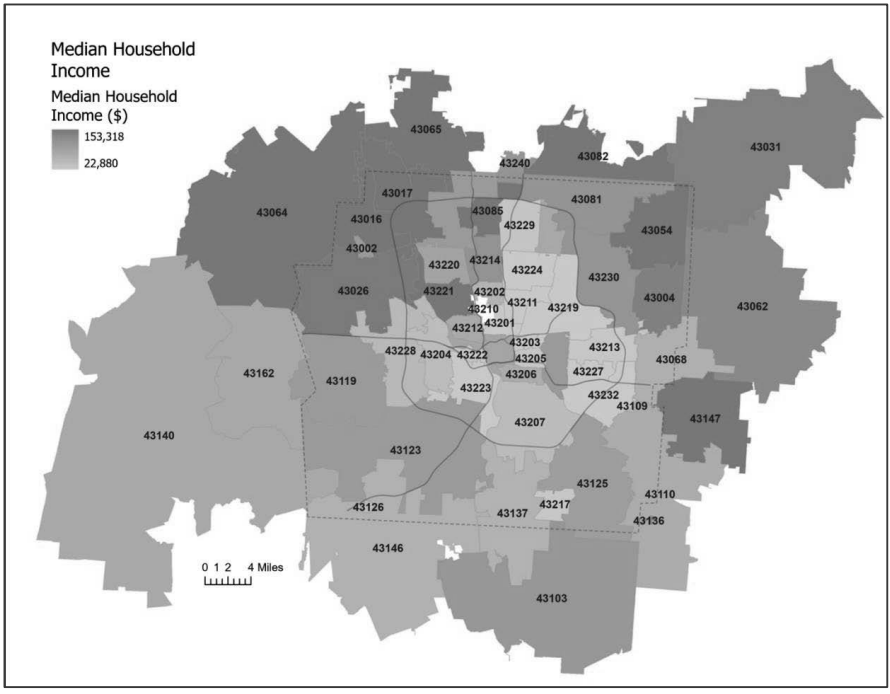


As shown below, income distribution near a variety of federal poverty level thresholds has remained relatively consistent over time. Compared to both the United States and Ohio, Franklin County does have a slightly higher proportion of people in the below 125% bracket.

Income Distribution

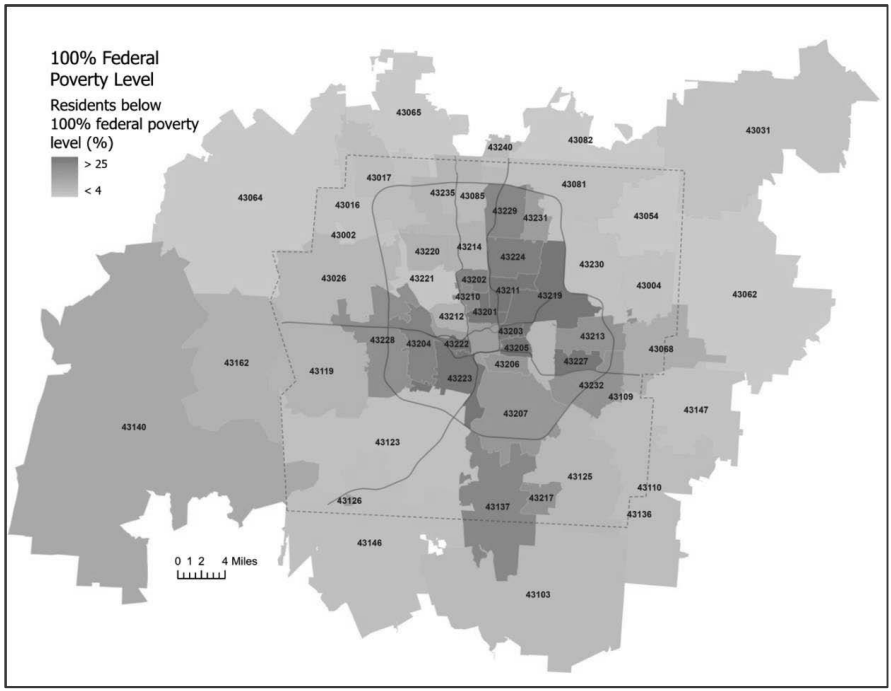
	Below 125% FPL	125%-200% FPL	200% FPL or Below	201%-400% FPL
HM2025	**243,546 (18.8%)**	**147,662 (11.4%)**	**391,208 (30.3%)**	**377,029 (29.2%)**
HM2022	**227,330 (17.7%)**	**162,267 (12.6%)**	**389,597 (30.3%)**	**379,629 (29.5%)**
HM2019	**263,627 (21.4%)**	**143,589 (11.7%)**	**407,216 (33.0%)**	**365,366 (29.6%)**
Ohio	**1,955,282 (17.0%)**	**1,400,699 (12.2%)**	**3,355,981 (29.3%)**	**3,653,884 (31.8%)**
US	**53,141,624 (16.3%)**	**39,178,320 (12.1%)**	**92,319,944 (28.6%)**	**96,703,365 (29.9%)**

As shown in the map below, the zip codes with the lowest median household incomes are concentrated in the north-central part of Franklin County (e.g., 43229, 43224, 43211, 43219), some eastern zip codes (e.g., 43213, 43227, 43232), and some central zip codes (e.g., 43222, 43223).

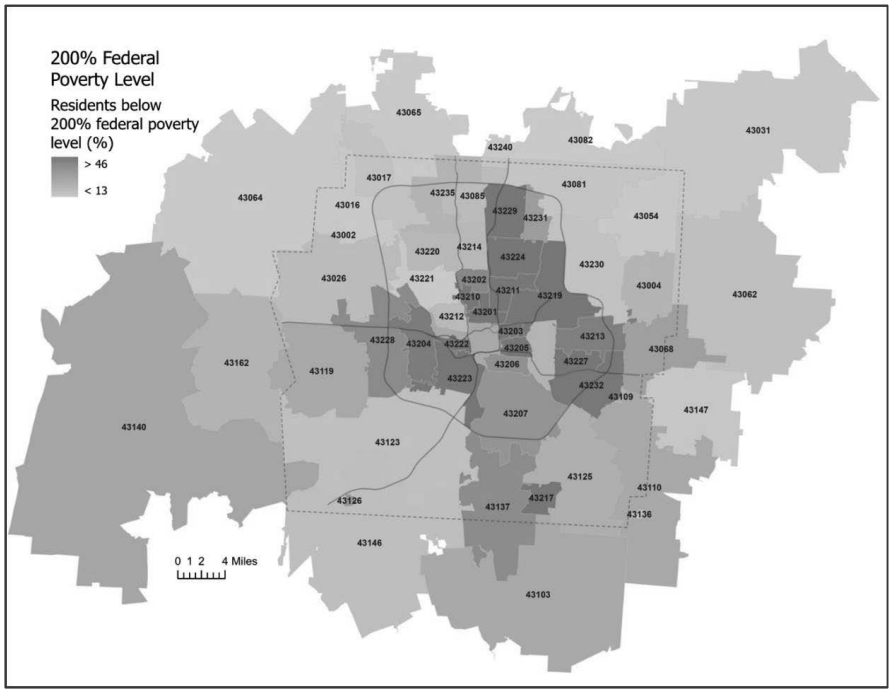


Franklin County *HealthMap2025*

The next two maps show the percentage of central Ohio residents in each zip code who have an income that is (1) below 100% of the federal poverty level and (2) below 200% of the federal poverty level. Each map tells a similar story: zip codes located in the central-east and central-north areas of Franklin County have greater percentages of residents in poverty.



Franklin County *HealthMap2025*



Additional Information & References

Readers who are interested in learning more about this topic should also read the *HealthMap2025* section that focuses on individuals with disabilities (see page 65).

Data about income and poverty were obtained from the American Community Survey (ACS).[5-7] For *HealthMap2025*, special attention is paid to median income, the percent of individuals near or below the Federal Poverty Level (FPL) as determined by the U.S. Census Bureau, and the number of individuals at specified income brackets.

The income categories 125-200% and 200-400% of the FPL were calculated by subtracting the numbers for 200%-125% and 400%-200%, respectively. Total numbers at each income category were converted into percentages by dividing by the total number for which poverty status was determined in the applicable geographic unit and year.

$$\%(125-200\%\ FPL) = \frac{[(n = 200\%FPL) - (n = 125\%FPL)]}{Total\ population\ for\ whom\ poverty\ status\ is\ determined}$$

For example, the HM2025 Franklin County estimate for those with an income at or below the 125-200% FPL was calculated as follows:

$$11.4\% = \frac{[391{,}208 - 243{,}546]}{1{,}290{,}258}$$

The Bureau of Labor Statistics CPI Inflation Calculator[8] was used to adjust the average income values for HM2022 and HM2019 for inflation.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.[9]

[1] Bosworth B. (2018). Increasing Disparities in Mortality by Socioeconomic Status. *Annual review of public health*, *39*, 237–251. https://doi.org/10.1146/annurev-publhealth-040617-014615

[2] Robert, S. A., Cherepanov, D., Palta, M., Dunham, N. C., Feeny, D., & Fryback, D. G. (2009). Socioeconomic status and age variations in health-related quality of life: results from the national health measurement study. *The journals of gerontology. Series B, Psychological sciences and social sciences*, *64*(3), 378–389.

[3] Kivimäki, M., Batty, G. D., Pentti, J., Shipley, M. J., Sipilä, P. N., Nyberg, S. T., Suominen, S. B., Oksanen, T., Stenholm, S., Virtanen, M., Marmot, M. G., Singh-Manoux, A., Brunner, E. J., Lindbohm, J. V., Ferrie, J. E., & Vahtera, J. (2020). Association between socioeconomic status and the development of mental and physical health conditions in adulthood: a multi-cohort study. *The Lancet. Public health*, *5*(3), e140–e149. https://doi.org/10.1016/S2468-2667(19)30248-8

[4] Begley, C., Basu, R., Lairson, D., Reynolds, T., Dubinsky, S., Newmark, M., Barnwell, F., Hauser, A., & Hesdorffer, D. (2011). Socioeconomic status, health care use, and outcomes: persistence of disparities over time. *Epilepsia*, *52*(5), 957–964. https://doi.org/10.1111/j.1528-1167.2010.02968.x

[5] U.S. Census Bureau. (2022). Median Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars). *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1903*. https://data.census.gov/table/ACSST1Y2022.S1903?q=Income and Poverty&g=010XX00US_040XX00US39_050XX00US39049.

[6] U.S. Census Bureau. "Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1703*, 2022, https://data.census.gov/table/ACSST1Y2022.S1703?q=s1703&g=010XX00US_040XX00US39_050XX00US39049.

[7] U.S. Census Bureau. (2022). Poverty Status in the Past 12 Months. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1701*. https://data.census.gov/table/ACSST1Y2022.S1701?q=s1701&g=010XX00US_040XX00US39_050XX00US39049.

[8] U.S. Bureau of Labor Statistics. CPI Inflation Calculator. Accessed September 1, 2024 at https://data.bls.gov/cgi-bin/cpicalc.pl?

[9] U.S. Census Bureau. American Community Survey 5-Year Estimates, 2022 (HM2025)

Housing Insecurity

Housing insecurity is associated with decreased healthcare access, increased hospital and emergency department utilization, and worse overall health.[1,2] When individuals must focus on basic needs such as housing, the seemingly "secondary" needs of healthcare may be neglected and cause further downstream health challenges.

31.9% of Franklin County households spend at least 30% of income on **housing**.

↑ Up from HM2022 (28.2%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Unavailable	Unavailable	Observed (see map)

47.5% of Franklin County households are **renting** their housing.

≈ Similar to HM2022 (46.6%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Unavailable	Black, Hispanic more likely	Observed (see map)

2,337 Franklin County residents are **unhoused**.

↑ Up from HM2022 (2,036)

There were **8.7 eviction filings per 100 renter-occupied households in** Franklin County.

↑ Up from HM2022 (7.5)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Unavailable	Unavailable	Observed (see map)

Community Voices

Community members believe it is far too difficult to find an affordable apartment, due not only to the cost of rent, but also to the stipulations of being accepted for low-income apartment options and apartments in general.



> *"I was in an apartment for 18 years, and they put a note on my door and said, we sold the apartment complex, and you have 60 days to move. I had just had surgery, and I found my new apartment, and it was $800 more than what I was paying. And it was the cheaper option. And they sold my apartment to make it low-income housing. But I was out of range for that apartment. But then I wind up paying almost double what I was paying in the old apartment. And it's smaller. I had to rent a garage because I couldn't even fit everything I had in the new apartment, but I'm paying almost double. The pricing is ridiculous."*
>
> *"If you go to just a regular apartment complex and you try to get an apartment, they want you to have a 720 credit score and they want you to have three times the amount of rent every month. And it's like, I don't know anybody who can pay $1,500 or $1,800 and have three times that amount of money a month…and the amount to move in which is like six or seven thousand, because you have to have first month's rent, last month's rent, and security deposit."*

Community members see housing being purchased in their communities by outside investors and say this contributes to the inability of people to buy homes in Franklin County.



> *"There's a guy over here. His name is on everything. I looked him up. He's an investor from New York, and he is buying up everything. Everything. And setting those prices stupid high…I asked the mayor, why can't you guys control [that]? They can't control who buys. I don't know why, but I think that's a horrible thing."*
>
> *"Half of the housing has been bought up by corporations to rent them out. They'll come in all cash, 20% above asking. There's no way in which a person can afford to buy."*
>
> *"Even here on the South Side, it's a lot of gentrification. Houses over here on Thurman Ave, back in the day, you could easily get one of those houses. Now there's nowhere for regular working folks to go."*

Community members believe the quality of housing that is more "affordable" is in poor condition; structural, aesthetic, and security issues go unaddressed by landlords, and the environment overall negatively impacts mental and physical health.



> *"Say you don't have the money to get the thing that you want. So you only make $1,000 in your paycheck. So you can only afford $500. But the $500 [place], the wall is coming down, the paint peeling. The landlord doesn't care about what it looks like. So now you're living in something that you really don't want to be there. You're stressing about it. 'Oh my God, I need to get out of here. But I can't afford to get out of here.'"*
>
> *"From what I heard, they're closing all the housing down because they haven't been taking care of it. They've been ran down. Yeah there's affordable housing. At what price? You don't have running water, the hot water goes out, or the locks don't work. And then what? Then you got the people that live there who don't care, who just terrorize the neighborhood. So do you want to live [in] affordable housing where you might get shot when you walk outside, you might have mice, the health department might not even come when you call them? It's one thing if it's just you, but if you got your family, you got kids, you don't want your kids to live like that."*
>
> *"A lot of these affordable housing units don't have access to doctor's offices that you can get to using public transportation or by walking, or even grocery stores. You can't get fresh food. And so it becomes really difficult for people who maybe don't always have access to a car to get to places where they can take care of their physical or mental health or have access to other things that will improve those things."*
>
> *"So landlords are just renting and the places are terrible, which is affecting the kids. We have them sign they don't have a lead-based paint, but it doesn't matter because they're not even really doing the repairs, the plumbing. They're letting water sit and kids are coming in with asthma. Our clients have something with the lungs because of black mold. The lack of affordable housing [relates to] the health disparities, especially in the black and brown communities."*

Community members also spoke to the difficulty of finding accessible housing for individuals with mobility issues. This causes extra stress on caretakers and can cause unhoused individuals to spend more time in shelters due to the lack of accessible housing in the county.



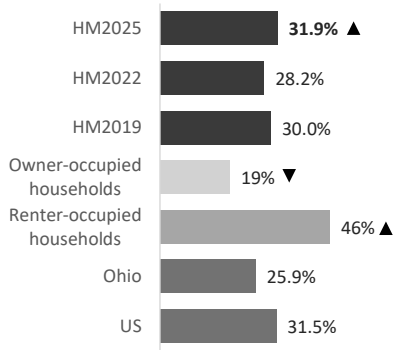
> *"I work for the homeless shelter, so when it comes to housing, the ones that are on canes, using walkers, it's very hard to find handicap accessible housing. It's not that many options. And the ones that are, they're already filled. So we might have someone who is on a walker who, their stay might be a year and a half because we've been looking for handicapped accessible housing."*

> *"Finding housing that's even suitable for somebody who has a lot of healthcare issues has been hard. For example, my mom, she has mobility issues and can't do steps. So finding a ranch home or something just one story was really hard for a long time. And then once you do find a one-story place, you need hallways to be wider to get wheelchairs through. And then you need shower stalls. So I think just in general, if you're disabled and you need housing, where can you find something that's accessible to your needs? That's really hard."*

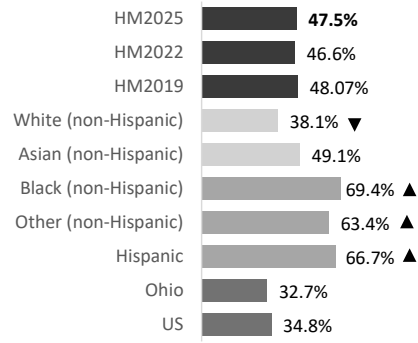
Unfortunately, housing insecurity has not improved since *HealthMap2022*. The percentage of cost-burdened households – those that spend 30% or more of their monthly household income on housing costs – has increased. Furthermore, nearly half of renter-occupied households in Franklin County are cost-burdened.

Homeownership offers an opportunity to for individuals and families to build wealth and economic security.[4] Unfortunately, significant racial disparities were noted among those who don't yet live in (or choose not to live in) owner-occupied housing. Black (non-Hispanic) individuals, Hispanic individuals, and individuals with an other (non-Hispanic) racial background were more likely than white (non-Hispanic) individuals or individuals with an Asian racial background to be renters.

Cost Burdened Households (≥30%)



Renter-occupied Housing Units



The most recent "point-in-time" estimate of unhoused individuals in Franklin County found that this number has increased substantially compared to previous years. Relatedly, the eviction rate in Franklin County has increased since *HealthMap2022* and is above the state average. Per data provided by the Franklin County Municipal Court and collated by the Eviction Lab[3], there were 23,762 evictions in 2023, a 14% increase from 2022.

Unhoused Community Members

	Point in Time Estimate
HM2025	**2,380 ▲**
HM2022	**2,036**
HM2019	**1,229**
Ohio	**11,386**
US	**653,104 ▲**

Eviction Filing Rate

	Rate per 100 renter households
HM2025	**8.7% ▲**
HM2022	**7.5%**
Ohio	**6.2%**

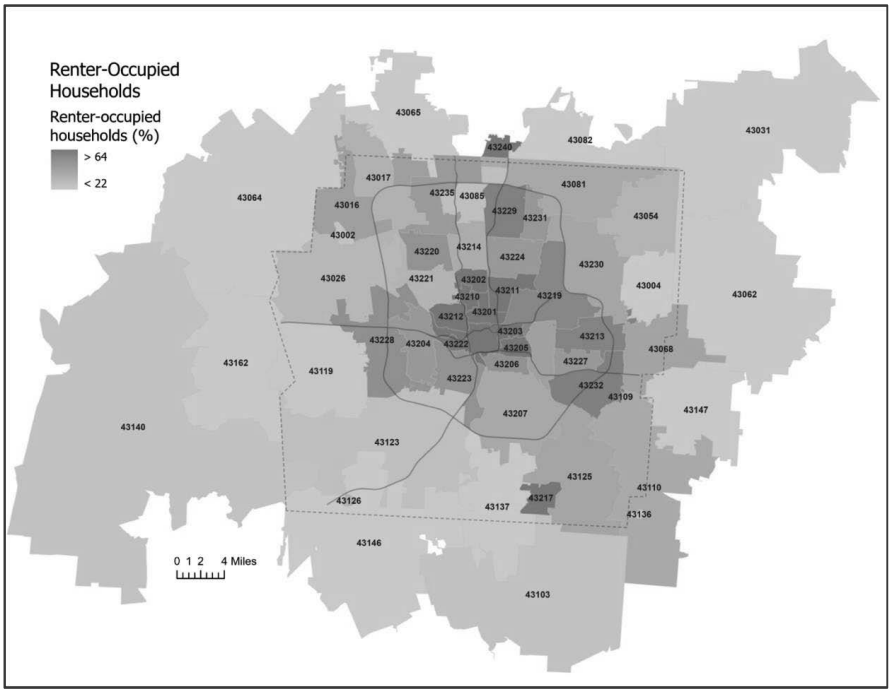
Healthy People 2030

Unfortunately, Franklin County is moving further away from the Healthy People 2030 objective on housing cost burden.[5] Further intervention is likely needed to address this issue facing many Franklin County residents.

HP2030 objective for families spending ≥ 30% of income on housing: Not met

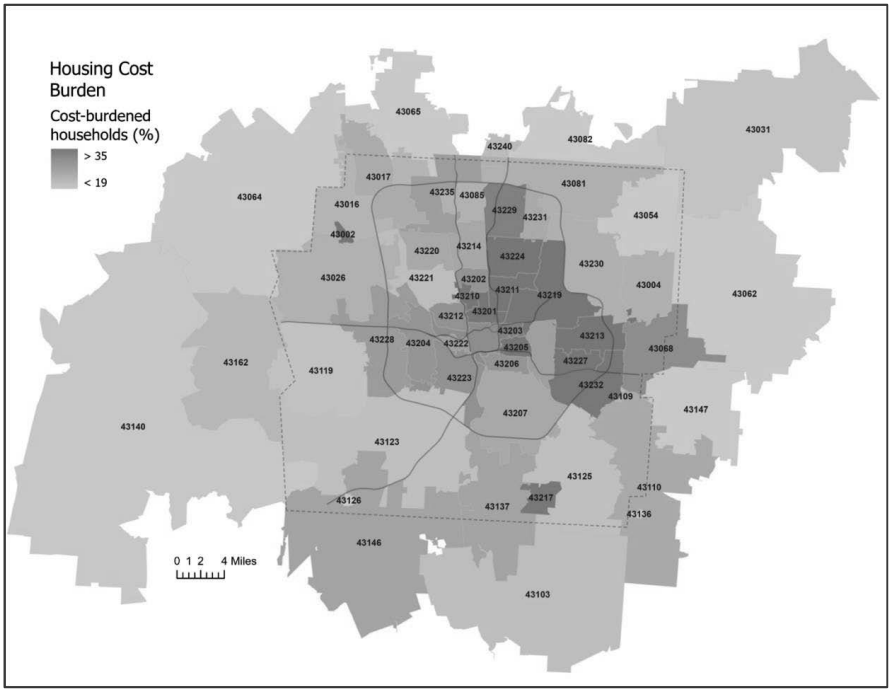
Healthy People Objective:	Most recent Franklin County data (HM2025)
25.5%	**31.9%**

As shown in the map below, the zip codes with the greatest percentage of renter-occupied housing units are concentrated in the central part of Franklin County (e.g., 43222, 43212, 43201, 43203, 43205, 43210, 43202, 43211).



Franklin County *HealthMap2025*

The zip codes with the greatest percentage of cost burdened households (i.e., an overall burden of 30% or higher) are concentrated in the eastern and north-central parts of Franklin County (e.g., 43213, 43227, 43232, 43219, 43211, 43224).



Franklin County *HealthMap2025*

The map below is a screenshot of the eviction filing rate across Franklin County's census tracts since August 1, 2023, as mapped by the Eviction Lab. Census tracts with relatively higher rates of eviction filings are shown in darker colors.

Additionally, the "top 100 eviction hotspots" in the county are shown in the map as circles, with each circle representing a building that had a relatively large number of eviction filings. As the size of a circle increases, the number of evictions associated with that building also increases. Within Franklin County, many eviction hotspots are in east-central and far eastern census tracts (corresponding roughly to zip codes 43205, 43206, 43213, 4327, 43232, and 43068) as well as in western census tracts (corresponding roughly to zip codes 43228, 43123, 43119).

Readers who are interested in learning more about this topic are encouraged to visit the Eviction Lab's interactive map, which can be accessed by **clicking here**.



Franklin County *HealthMap2025*

Additional Information & References

Readers who are interested in learning more about this topic should also read the *HealthMap2025* section that focuses on individuals with disabilities (see page 65).

Data about housing insecurity were obtained from the American Community Survey.[6,7] To assess the count of unhoused individuals, Point-In-Time (PIT) estimates were sourced from the Community Shelter Board of Franklin County and the U.S. Department of Housing Annual Homeless Assessment Report to Congress.[8,9] In this assessment, "unhoused" includes sheltered, unsheltered, and transitional housing residents. Eviction data were obtained from the Ohio Housing Finance Agency and from the Eviction Lab.[3,10,11]

Readers should be cautious when comparing estimates between different geographic regions such as Franklin County and Ohio. For example, estimates of people in renter-occupied housing may differ simply due to how Franklin County is largely a dense, urban/suburban area. The statewide estimate, of course, includes many rural areas that are less populated as well as highly populated urban/suburban areas.

The eviction filing rate is the number of new eviction filings per 100 renter-occupied households. Unfortunately, there are no centralized, recent sources of eviction data at the national level. At the time of this report's writing, the best source for information at that geographic level was the Eviction Lab, which offered nationwide estimates from 2018.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.[12]

[1] Bhat, A. C., Almeida, D. M., Fenelon, A., & Santos-Lozada, A. R. (2022). A longitudinal analysis of the relationship between housing insecurity and physical health among midlife and aging adults in the United States. *SSM - population health*, *18*, 101128. https://doi.org/10.1016/j.ssmph.2022.101128

[2] Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of general internal medicine*, *21*(1), 71–77. https://doi.org/10.1111/j.1525-1497.2005.00278.x

[3] Eviction Lab. Eviction Tracking > Columbus, OH. https://evictionlab.org/eviction-tracking/columbus-oh/

[4] Urban Institute. (2021). Tracking Homeownership Wealth Gaps. https://apps.urban.org/features/tracking-housing-wealth-equity/

[5] Healthy People 2030 objective SDOH-04, U.S. Department of Health and Human Services

[6] U.S. Census Bureau. (2022). Financial Characteristics. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2503. https://data.census.gov/table/ACSST1Y2022.S2503?q=housing&g=010XX00US_040XX00US39_050XX00US39049.

[7] U.S. Census Bureau. (2022). Demographic Characteristics for Occupied Housing Units. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2502. https://data.census.gov/table/ACSST1Y2022.S2502?q=housing&g=010XX00US_040XX00US39_050XX00US39049&y=2022.

[8] Community Shelter Board. (2023). *Columbus region leaders introduce new action on homelessness*. https://www.csb.org/cdn/files-Columbus-region-leaders-introduce-new-action-as-data-shows-increase-in-homeless-count.pdf

[9] De Sousa, T., Andrichik, A., Cuellar, M., Marson, J., Prestera, E., & Rush, K. (2022). *The 2022 annual homelessness assessment report (AHAR) to Congress.* US Department of Housing and Urban Development.

[10] Ohio Housing Finance Agency. (2023) FY 2024 Housing Needs Assessment [Interactive Tool]. Retrieved in 2024 from https://ohiohome.org/research/housinginsecurity-23.aspx

[11] Ohio Housing Finance Agency. (2021) FY 2021 Housing Needs Assessment [Interactive Tool]. Retrieved in 2024 from https://ohiohome.org/research/housinginsecurity-hna.aspx

[12] U.S. Census Bureau. American Community Survey 5-Year Estimates, 2022 (HM2025)

The Eviction Lab's interactive map can be accessed at https://evictionlab.org/eviction-tracking/columbus-oh/.

Food Insecurity

Food insecurity increases the risk for a variety of physical and psychological illnesses, including heart disease and depression.[1,2] This risk is particularly notable for children, who are at risk for developmental and health consequences related to prenatal and early childhood food insecurity.[3]

13.5% of Franklin County residents experience **food insecurity**.

≈ Similar to HM2022 (12.8%)

Community Voices

Community members emphasized that being able to source and prepare healthy foods is related to income status. While the expense of healthy food is one thing that precludes food security, the energy and time it takes to ensure that their families eat healthy also hinders families' efforts to eat nutritious meals.

> *"It takes a certain amount of bandwidth to deal with nutrition. Like if you're already worn out from your day working and you have all these other stresses going on, and you might not necessarily have the finances to buy the more expensive food that's organic or healthier for you…So in our experience, you only have so much energy, whether it's physical, emotional… and you spend it where you spend it. Maybe it would better to spend it on nutrition, but that's usually the last thing or one of the last things that we think about."*
>
> *"In my family, I've seen children who are in a lower income status that [their] parents have to work these multiple jobs, so then they're left to their own devices of microwavable things, air fry things, quick things. So then you're not getting proper nutrition. So then your brain is not even really developing to be of attention at school. So it's all connected."*

Many community members mentioned that their neighborhoods in Franklin County are still healthy food deserts, because grocery stores and healthy restaurant options are not accessible within a short distance of their homes. Residents also mentioned that the quality and variety of healthy food sold by grocery stores is lacking in lower income communities as compared to more affluent communities.

> *"I noticed in my neighborhood, I'm not in a bad area, but it's a lot of fast food and fried stuff. So, when we go out to eat, we go to Bexley, eight minutes' drive west of us. We go there. I grocery shop there. I do everything there."*

"This [grocery store] down here is like the nearest thing to me that has a variety, but they don't have that much either. They limit what we can get there. If you go to another [grocery store], they've got so much more."

"A grocery store is here, but it's far away from the inner community, so they either have to have somebody bring it to them, or they have to drive. It's not within walking distance. And then there's not a lot of fresh stuff. Like, everything is packaged or processed."

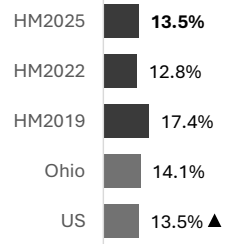
Personal work schedules and transportation issues also contribute to the ability of community members to access nutritious food easily.

"I get off work usually late at night, sometimes 10:00 p.m., even later. There's very few restaurants open that late, especially on weekdays. And your choices if you need to pick up a bite to eat on the way home from work are—since the pandemic, most restaurants I used to go to, they've cut their hours just in order to save money, but that doesn't help me."

"I didn't have a car for three months, and I found myself trying to figure out dinner from Family Dollar because it was the only thing I could walk to. Sometimes you just can't get to some of the other places to do that."

Although food insecurity prevalence in Franklin County has improved since *HM2019* (which reported 2016 data), progress has seemingly stalled since *HM2022* (which reported 2019 data). The slight increase from *HealthMap2022* and *HealthMap2025* (which reports 2022 data) may be attributable in part to the onset of the COVID-19 pandemic, which disrupted food systems for many households. Food insecurity has risen significantly nationwide.

Food Insecurity Prevalence



Healthy People 2030

As communities continue their recovery from the COVID-19 pandemic, Franklin County's progress towards the Healthy People 2030 objective for reducing food insecurity should be monitored. [5]

HP2030 objective for Food Insecurity: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
6%	**13.5%**

Franklin County *HealthMap2025*

Additional Information & References

Readers who are interested in learning more about this topic should also read the *HealthMap2025* section that focuses on individuals with disabilities (see page 65).

Food insecurity data were gathered from the Feeding America interactive tool. That report estimates the percentage of individuals who lack access, at times, to enough food for an active, healthy life, per a set of variables that correspond with the U.S. Department of Agriculture's definition of "food security" as well as known risk factors.

Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the proportion of residents who qualify for WIC but who are not enrolled. Unfortunately, the Ohio Department of Health does not currently have a method for estimating the number of eligible WIC participants at the county level; such an estimate can only be generated for the state overall.

[1] Parekh, T., Xue, H., Cheskin, L. J., & Cuellar, A. E. (2022). Food insecurity and housing instability as determinants of cardiovascular health outcomes: A systematic review. *Nutrition, metabolism, and cardiovascular diseases : NMCD*, *32*(7), 1590–1608. https://doi.org/10.1016/j.numecd.2022.03.025

[2] Pourmotabbed, A., Moradi, S., Babaei, A., Ghavami, A., Mohammadi, H., Jalili, C., Symonds, M. E., & Miraghajani, M. (2020). Food insecurity and mental health: a systematic review and meta-analysis. *Public health nutrition*, *23*(10), 1778–1790. https://doi.org/10.1017/S136898001900435X

[3] Simonovich, S. D., Pineros-Leano, M., Ali, A., Awosika, O., Herman, A., Withington, M. H. C., Loiacono, B., Cory, M., Estrada, M., Soto, D., & Buscemi, J. (2020). A systematic review examining the relationship between food insecurity and early childhood physiological health outcomes. *Translational behavioral medicine*, *10*(5), 1086–1097. https://doi.org/10.1093/tbm/ibaa021

[4] Feeding America. (2022) Food Insecurity among the Overall Population in the United States [Interactive Map]. Retrieved in 2024 from https://map.feedingamerica.org/

[5] Healthy People 2030 objective NWS-01, U.S. Department of Health and Human Services

Health Insurance

Health insurance is a vital component of healthcare, particularly in the market-based healthcare model of the United States. Individuals who do not have insurance receive less and poorer quality healthcare, worse health outcomes, and a lower life expectancy.[1] A high proportion of uninsured patients also strains the healthcare system when services are used without subsequent payment, which can reduce overall healthcare availability in the community.[1]

92.4% of Franklin County residents are **insured**.

≈ Similar to HM2022 (92%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 less likely	Male less likely	Black, Hispanic less likely	Observed (see map)

Community Voices

Members of the community who have Medicaid or Medicare find it difficult to get reliable health care because many organizations do not accept their insurance, or they stop taking it.

> *"Most of our clients have Medicaid, but some of our clients are still under parents' insurance, which that doesn't help. So it doesn't matter if you have Medicaid or private insurance, because a lot of the places that accept private insurance, they don't accept Medicaid, or they accept Medicaid, but they don't accept private insurance. And either way, the waitlist is over six months."*
>
> *"When I moved here trying to get a counselor, I found a counselor and I have insurance from my retirement which is Medicare, but through an employer. So it's decent insurance. Well, then they stopped taking it."*

Community members spoke about the difficulty of affording medications whether they do or do not have insurance.

> *"I have a friend who has to work a second job just for her insulin, just to pay for her insulin. Like, that's it. Her primary job is a good job."*
>
> *"Not being able to afford certain medications or you have a certain medication, they take you off that medication because they can't cover it anymore."*

> *"One of the medications that I was on when we lost our insurance and we didn't have any insurance, it was $1,646 for one month. So obviously, I stopped taking it, and I couldn't even afford to go to the doctor to get a replacement sort of thing. So it's ridiculous how much things cost."*
>
> *"You have to go through this step-by-step process for the insurance to cover it."*

Franklin County residents also perceive that the quality of health care they receive depends on their health insurance. Specifically, they think those with Medicaid are more likely to experience rudeness from medical staff and inadequate treatment.

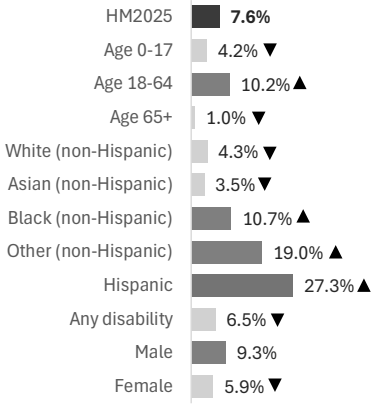


> *"Because they know that you're on Medicaid, 'Oh this your fifth baby. We tired of you.' I'm a staff member. I see it so much. Because what happens is, 'Is this your fifth baby? You should know what you're doing. You should get your tubes tied.' I've seen a lot of judgment."*
>
> *"I've had [this child] for a year now and with the insurance, you do get different treatment. I found out just last week that she has a brain bleed that has gone untreated for a whole year. So now I'm fighting with them about that. Like, why haven't we seen neurology? Why hasn't there been a follow up MRI or anything? So, yeah, I don't feel confident with the hospital. My kids always had private insurance. So when I would hear people tell me the horror stories about children and the care they've received, I was like, 'we don't go through that.' But since having her I've seen it."*

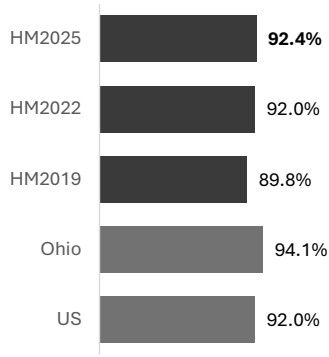
The vast majority of Franklin County residents are insured. The greatest disparities can be seen through the lenses of race and ethnicity, with Hispanic residents being significantly more likely to be uninsured than any other group. This may indicate the presence of cultural, language, or legal/political barriers. Adults age 18-64 are more likely to be uninsured than children or elderly people, which likely reflects the differences in eligibility for government-subsidized insurance plans.

Compared to Ohio or the United States, Franklin County has a higher rate of insured children as well as higher Group VIII Medicaid participation (i.e., an expansion that provided insurance access to adults who were between the ages of 19-64, who had an income less than 138% FPL, and who weren't eligible for another Medicaid category).

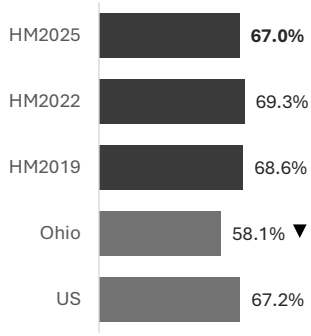
Uninsured Rate



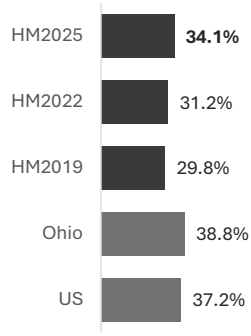
Insured Rate



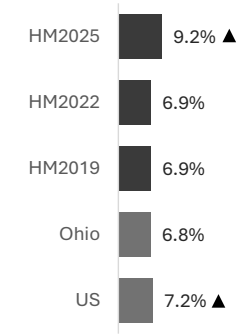
Private Health Insurance



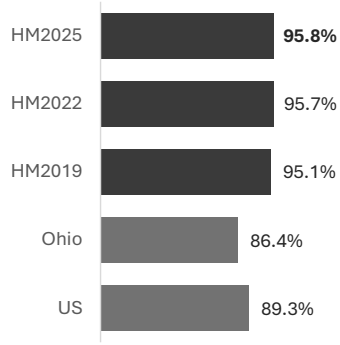
Public Health Insurance



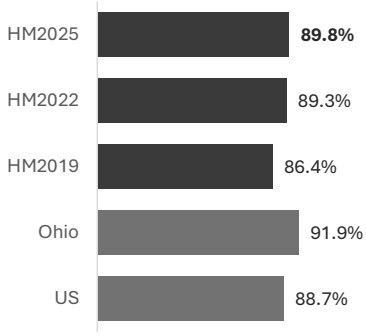
Group VIII Medicaid Insured



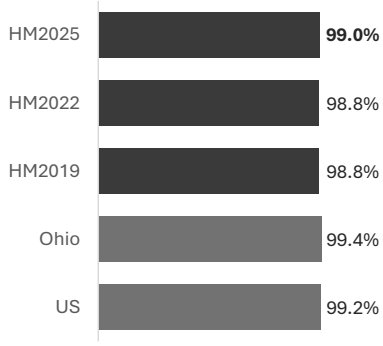
Insured Rate (ages 0-17)



Insured Rate (ages 18-64)



Insured Rate (ages 65+)



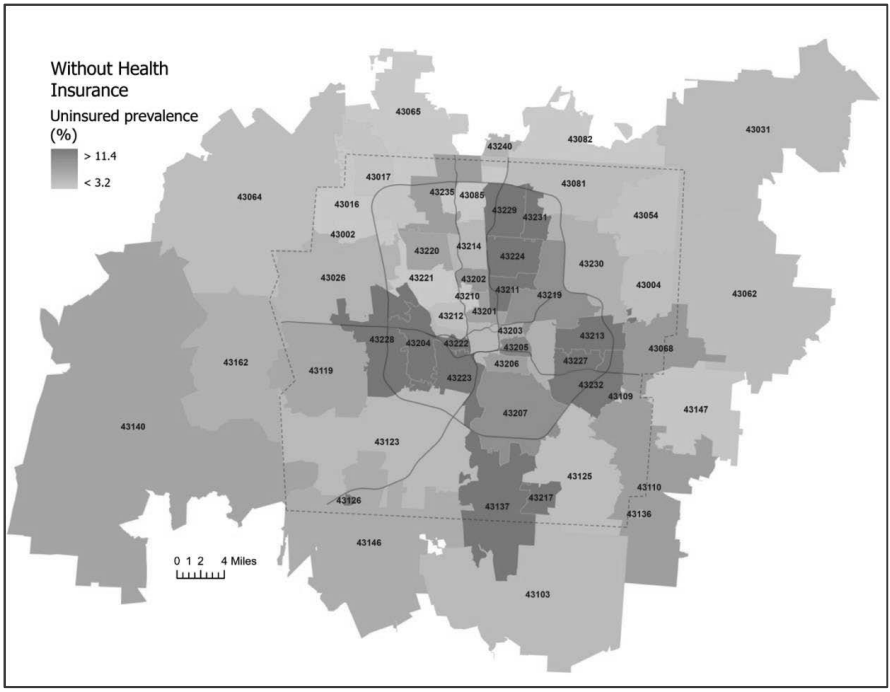
Healthy People 2030

Since HM2022, Franklin County has officially met the Healthy People 2030 objective for health insurance rates.[2] There is still progress to be made among adults age 18-64 as well as for racial and ethnic minorities, but this is a significant achievement for Franklin County.

HP2030 objective for proportion of people with health insurance: Met

Healthy People Objective:	Most recent Franklin County data (HM2025)
92.4%	**92.4%**

Franklin County zip codes with the greatest percentage of people without health insurance are concentrated in west-central zip codes (e.g., 43222, 43223, 43204, 43228), north-central zip codes (e.g., 43211, 43224, 43229, 43231), far eastern zip codes (e.g., 43213, 43227, 43232), and far southern zip codes (e.g., 43137, 43217).



Additional Information & References

To measure the insured status of residents, we used data from the American Community Survey.[3-5] For Medicaid Group VIII (Medicaid Expansion), we used the Ohio Department of Medicaid Annual Enrollment Dashboard and the federal Medicaid enrollment dataset.[6,7] The data for all metrics were collected for 2022, 2019, and 2016.

To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.[8]

[1] Institute of Medicine (US) Committee on the Consequences of Uninsurance. (2004). *Insuring America's Health: Principles and Recommendations*. National Academies Press (US).

[2] Healthy People 2030 objective AHS-01, U.S. Department of Health and Human Services

[3] U.S. Census Bureau. (2022). Selected Characteristics of Health Insurance Coverage in the United States. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701*. https://data.census.gov/table/ACSST1Y2022.S2701?q=s2701&g=010XX00US_040XX00US39_050XX00US39049.

[4] U.S. Census Bureau. (2022). Private Health Insurance Coverage by Type and Selected Characteristics. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2703*. https://data.census.gov/table/ACSST1Y2022.S2703?q=Health Insurance&g=010XX00US_040XX00US39_050XX00US39049&y=2022.

[5] U.S. Census Bureau. (2022). Public Health Insurance Coverage by Type and Selected Characteristics. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2704*. https://data.census.gov/table/ACSST1Y2022.S2704?q=Health Insurance&g=010XX00US_040XX00US39_050XX00US39049&y=2022.

[6] Ohio Department of Medicaid. (2022). Annual Medicaid Demographic and Expenditure Dashboard [interactive tool]. Retrieved in 2024 from https://analytics.das.ohio.gov/t/ODMPUB/views/MDE-AnnualView/Home?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y

[7] U.S. Centers for Medicare & Medicaid Services. (2022). Medicaid Enrollment - New Adult Group [interactive tool]. Retrieved in 2024 from https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9

[8] U.S. Census Bureau. American Community Survey 5-Year Estimates, 2022 (HM2025)

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are traumatic events that occur during childhood (i.e., before age 18), including violence, abuse, or neglect.[1] ACEs also include contextual factors that might negatively affect a child's sense of safety or stability, such as growing up in a household with people who have substance use problems, mental health problems, or parents who were separated or in jail.

Per the Center on the Developing Child at Harvard University, "There is a powerful, persistent correlation between the more ACEs experienced and the greater the chance of poor outcomes later in life, including dramatically increased risk of heart disease, diabetes, obesity, depression, substance abuse, smoking, poor academic achievement, time out of work, and early death."[2]

17% of Franklin County adults have **4 or more ACEs**.

New metric for HM2025

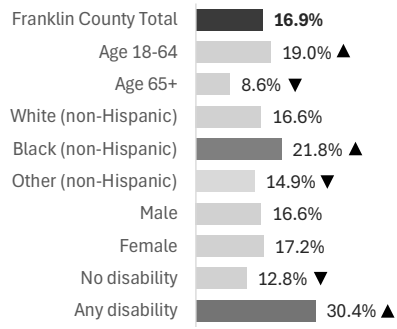
Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 more likely	None observed	Black more likely	Observed (see map)

Adults with any type of disability are more likely than others to report having 4 or more ACEs when they were children, as are those aged 18-64 and black (non-Hispanic) individuals.[4]

As shown on the next page, the four most frequently reported types of ACEs among Franklin County adults include (1) emotional abuse; (2) parents' separation/divorce; (3) living with someone who was a problem drinker / used illegal drugs / abused prescription medication; and (4) physical abuse.

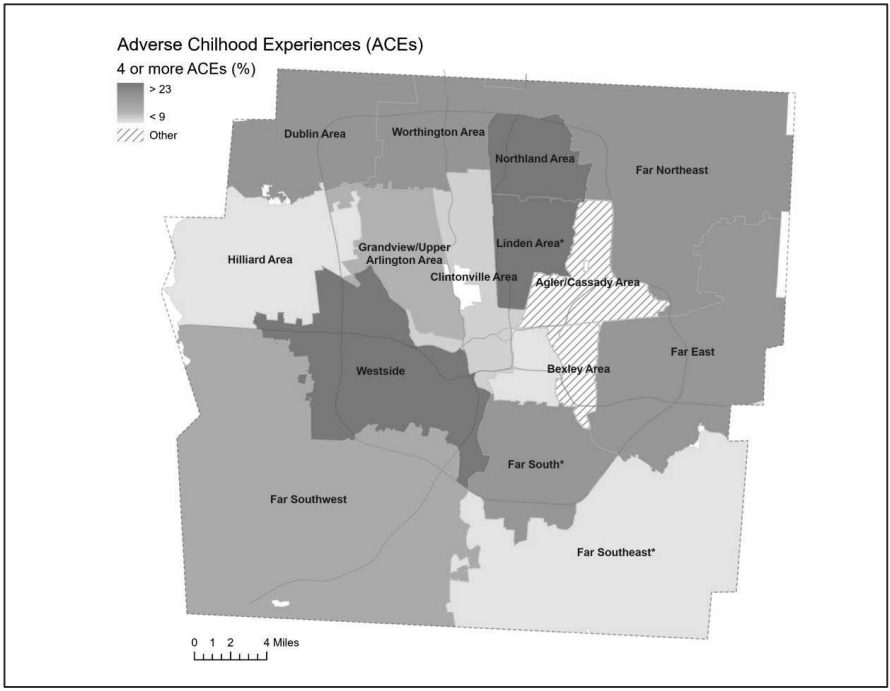
Four or more ACEs among adults 18+ in Franklin County



ACEs prevalence among adults 18+ in Franklin County

Experienced emotional abuse	**40.8%**
Parents separated or divorced (*excludes those whose parents were not married)*	**35.1%**
Someone in household was a problem drinker or alcoholic, or used illegal drugs or abused prescription medication	**30.7%**
Experienced physical abuse	**29.8%**
Someone in household was depressed, mentally ill, or suicidal	23.7%
Parents physically hurt each other	18.2%
Someone in household served time in prison, jail, or other correctional facility	10.9%
Experienced sexual abuse	5.9%

As shown in the map below, a greater percentage of adults in the Linden, Northland, or Westside areas report having experienced 4 or more ACEs as a child, compared to adults in other areas. Estimates marked by an asterisk (*) are based on fewer than 50 respondents and are considered statistically unreliable; therefore, caution should be used when interpreting these estimates.



Franklin County *HealthMap2025*

The Agler/Cassady and Bexley areas are shown in a crosshatch pattern because the estimates for those areas are based on <40 respondents, and therefore are not reported.

Additional Information & References

To assess the prevalence of ACEs among Franklin County's adult population, Columbus Public Health staff obtained recent data from the Behavioral Risk Factor Surveillance System, which completes structured survey interviews with residents via telephone. In addition to combining and analyzing several years of data (2019, 2021, 2022), Columbus Public Health also combined the data from several contiguous zip codes in order to create larger geographic areas; most of those geographic areas then had a sufficient sample size that would permit an analysis and mapping of the indicator.[3] Franklin County Public Health staff then mapped the prevalence of this indicator across the selected geographic areas that had a sufficient sample size.

[1] Centers for Disease Control and Prevention. (n.d.) About Adverse Childhood Experiences. https://www.cdc.gov/aces/about/index.html

[1] Harvard University, Center on the Developing Child. (n.d.) ACEs and Toxic Stress: Frequently Asked Questions. https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/

[3] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

[4] Swedo EA, Aslam MV, Dahlberg LL, et al. Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020. MMWR Morb Mortal Wkly Rep 2023;72:707–715. DOI: http://dx.doi.org/10.15585/mmwr.mm7226a2

CHRONIC CONDITIONS

Chronic Condition Prevalence

The U.S. Centers for Disease Control and Prevention defines chronic diseases as conditions that last 1 year or more and require ongoing medical attention and/or place limits on one's daily activities. Such diseases are thought to be a major contributor to the nation's annual health care costs, which in recent years has approached $4.5 trillion.[1]

32% of Franklin County adults reported having **high cholesterol**.

≈ Similar to HM2022 (30.2%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	None observed	White more likely	Observed (see map)

32% of Franklin County adults reported having **high blood pressure**.

⬇ Down from HM2022 (36.2%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	None observed	Black more likely	Observed (see map)

25.4% of Franklin County adults reported ever having **arthritis**.

≈ Similar to HM2022 (27.5%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	Female more likely	White more likely	Observed (see map)

11.2% of Franklin County adults reported ever having **diabetes**.

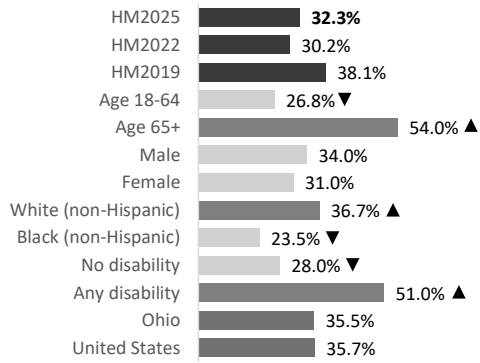
≈ Similar to HM2022 (10.6%)

Disparities by selected social determinants of health

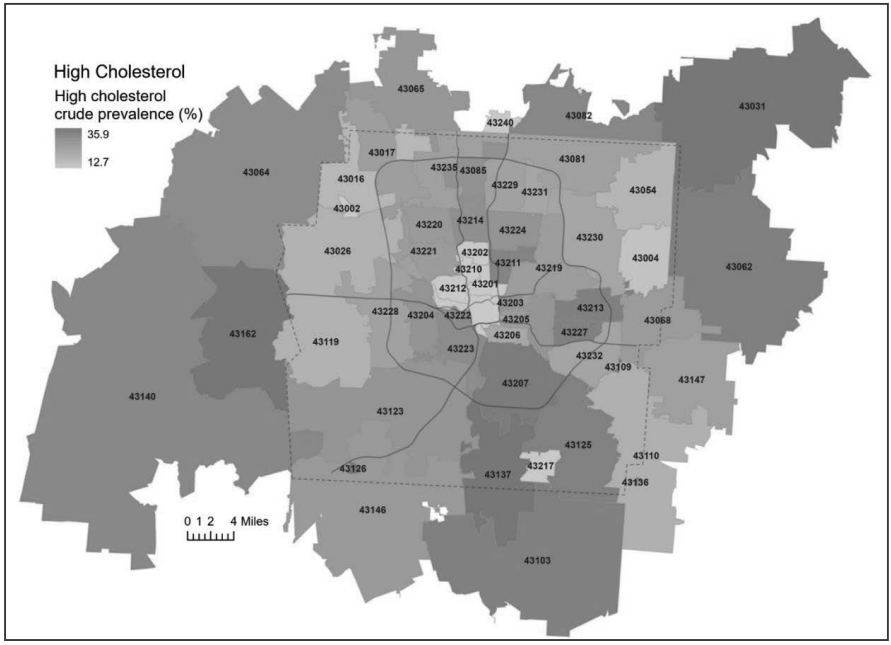
Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	None observed	Black more likely	Observed (see map)

HIGH CHOLESTEROL

Older adults and individuals with a disability are more likely to report this health condition. Note there is an increased rate of high cholesterol among white (non-Hispanic) residents as opposed to black (non-Hispanic) residents. This is a condition that may not present with urgent symptoms, instead being caught via blood tests that often occur in the context of primary/preventative care. Therefore, the disparities observed among racial groups might also partially reflect healthcare access disparities.[2]



High cholesterol prevalence is higher in most Franklin County zip codes that are to the east and south, especially 43211, 43213, 43227, 43207, and 43137.



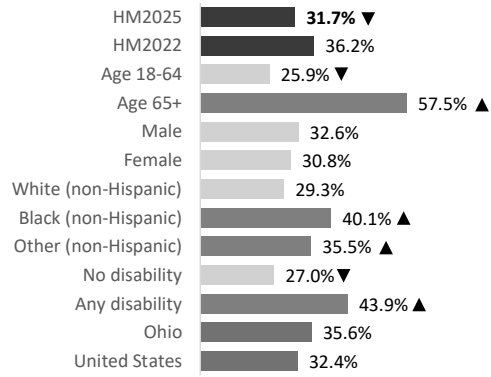
Franklin County *HealthMap2025*

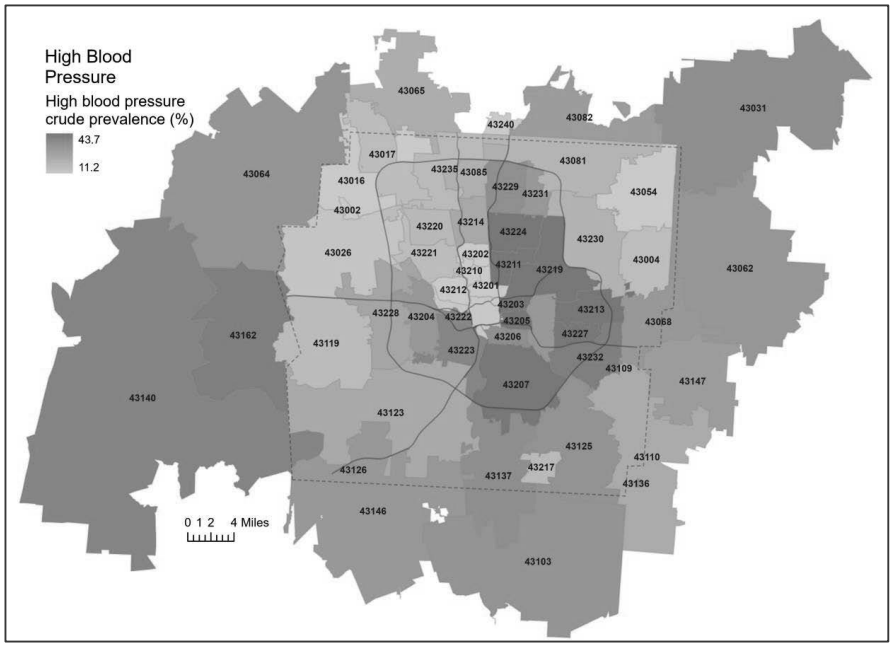
HIGH BLOOD PRESSURE

Older adults, black (non-Hispanic) residents, and individuals with a disability are more likely to report this health condition.

Fortunately, recent data suggest that among those Franklin County residents who have been diagnosed with high blood pressure, most (73%) are taking medicine to address/manage this health condition.

High blood pressure prevalence is higher in east-central Franklin County, especially 43224, 43211, 43219, 43203, 43205, 43213, 43227, and in 43207



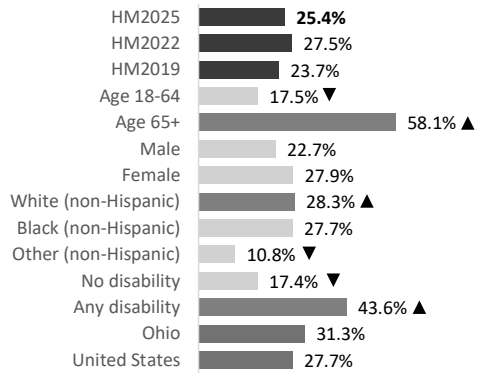


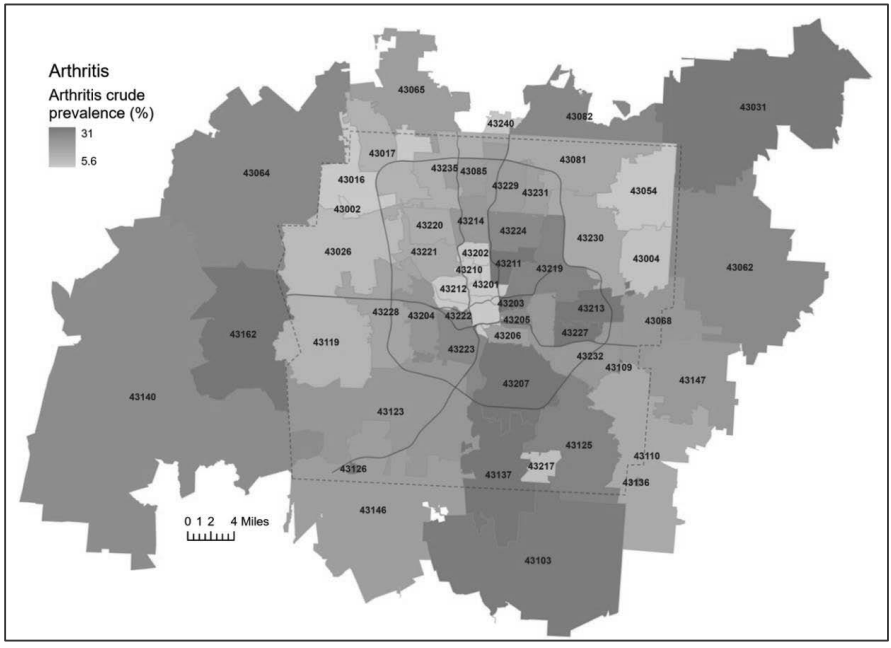
Franklin County *HealthMap2025*

ARTHRITIS

As expected, older adults have a far higher prevalence of arthritis than younger adults, and individuals with a disability are also more likely to report this chronic health condition. Interestingly, individuals with an other (non-Hispanic) racial background had a significantly lower rate of arthritis than either the white or black (non-Hispanic) populations.

Arthritis prevalence is higher in Franklin County zip codes that are east of I-71 and west of I-270, and is especially high in 43211, 43213, 43227, and 43207.



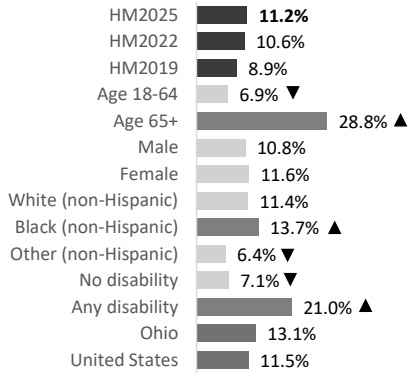


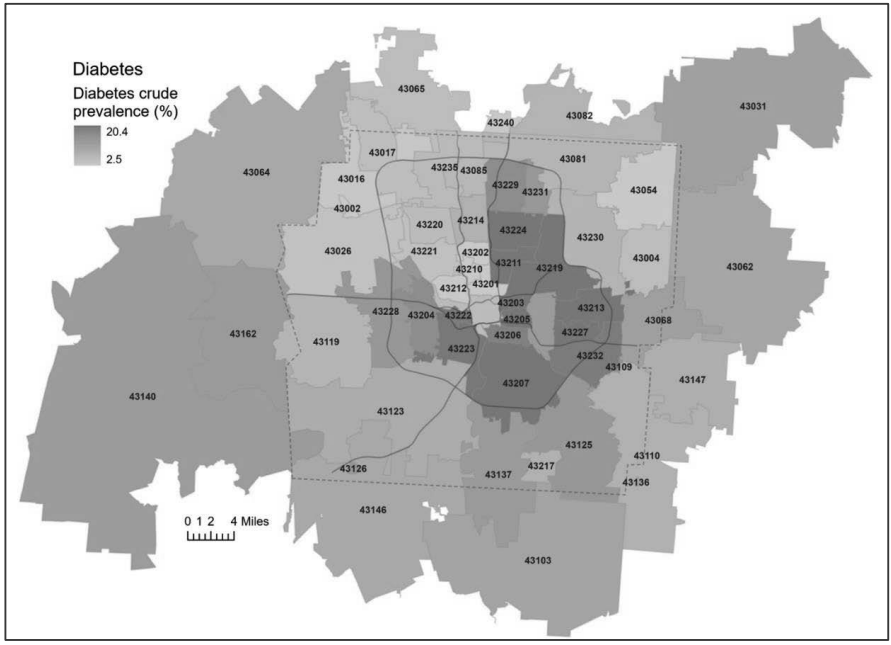
Franklin County *HealthMap2025*

DIABETES

Diabetes is more common among older adults than younger adults. Note that this analysis does not distinguish between type 1 and type 2 diabetes. As was the case with arthritis prevalence, individuals with an other (non-Hispanic) racial background were significantly less likely than those in other groups to have been diagnosed with diabetes.

Diabetes prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant.





Franklin County *HealthMap2025*

Community Voices: Diabetes

For community members, diabetes is at the forefront of their chronic condition concerns in the community. They perceive this condition to be increasing among the community's youth, and also noted how this condition co-occurs with other chronic conditions.

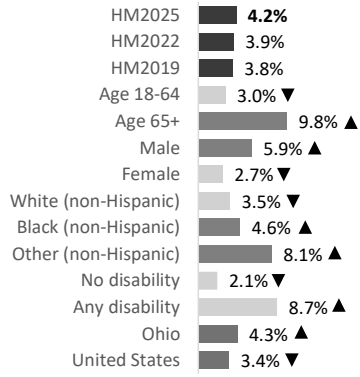


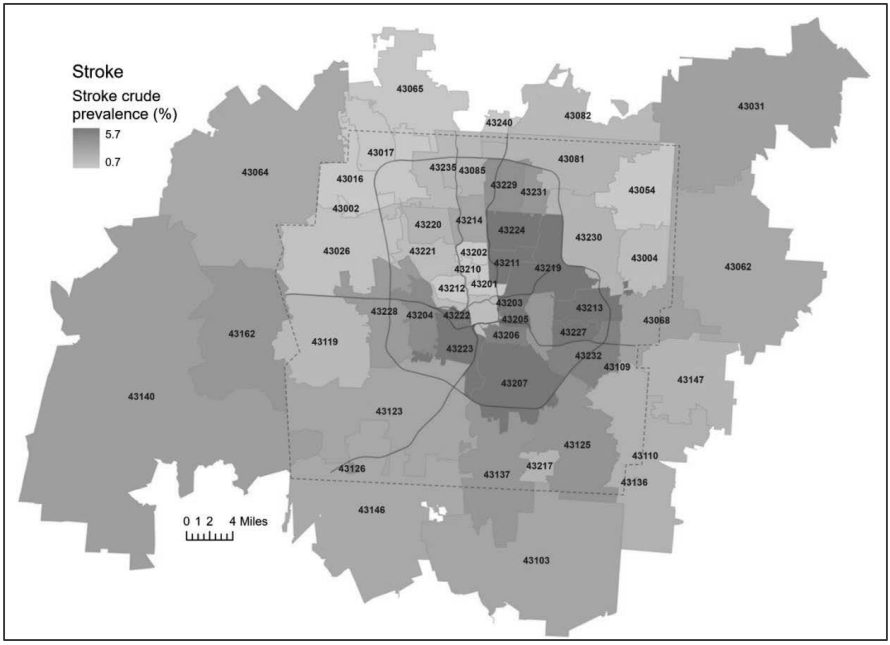
> *"Type two diabetes has become more prevalent than before…And insulin resistance can start younger. Even if type two is not there, we can have the metabolic syndrome. The hypertension strokes are even happening younger, and it seems that doctors will focus on an older population. A lot of kids won't be heard."*
>
> *"A lot of kids I see have juvenile diabetes, probably more than what I even remember. And if you have a disability, you tend to have those kind of issues."*

STROKE

Lifetime experience of stroke is more common among older adults. Disparities between gender and racial groups are likely due in part to disparities in risk factors such as heart disease.

Stroke prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the central and northwestern quadrants.



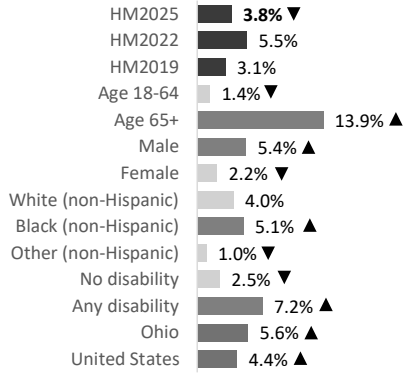


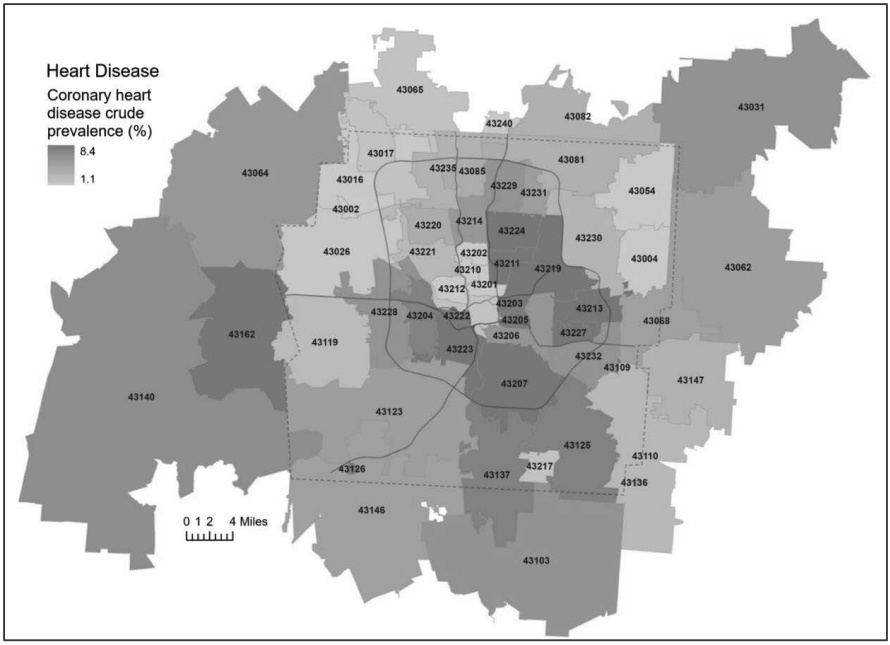
Franklin County *HealthMap2025*

HEART DISEASE

Within Franklin County, the prevalence of heart disease is highest among older adults. Heart disease prevalence is also higher among males, which is consistent with national research on this topic. Lastly, the prevalence of heart disease is also higher among the black (non-Hispanic) population than among the white (non-Hispanic) population.

Heart disease prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant.





Franklin County *HealthMap2025*

Community Voices: Other Chronic Conditions

Community members also spoke about other chronic conditions that affect the black community disproportionately, including sickle cell traits, HIV, and fibroids.



> *"There's a lot of people in the black community who don't realize the difference between sickle cell traits, sickle cell, or that they even have sickle cell. They don't have the educational component. So they're just out there, trying to figure out what's best. And with sickle cell, you can actually die. And a lot of people don't know that. If one parent has it and the other one doesn't, it doesn't necessarily mean you're going to get it versus two parents having it. And so a lot of people have unnecessary worry."*
>
> *"I've experienced family members with sickle cell, and when they go into hospitals, they're looked at as drug seekers. It's because they're not educated on what exactly they are supposed to be doing. So when they're having a crisis and they are in pain and really do need those medications, it's like, 'Well, the only time we see you is when you're in pain.'"*
>
> *"There are a lot of healthcare disparities with race, specifically with African Americans. I would say HIV is one, too."*
>
> *"A big one that affects African American women is fibroids. And they often get overlooked or mistreated when they are going to the doctor."*

Additional Information & References

Readers should note that data focusing on another chronic condition – asthma – is presented in the environmental health chapter of *HealthMap2025* (see page 166).

To assess the prevalence of these chronic conditions, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[3] In most cases, survey respondents were asked if a doctor, nurse, or other health professional ever told them that they had a specific chronic health condition.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[4] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

[1] Centers for Disease Control and Prevention. (n.d.) About Chronic Disease. https://www.cdc.gov/chronic-disease/about/index.html

[2] Nelson K, Norris K, Mangione CM. Disparities in the Diagnosis and Pharmacologic Treatment of High Serum Cholesterol by Race and Ethnicity: Data from the Third National Health and Nutrition Examination Survey. Arch Intern Med. 2002;162(8):929–935. doi:10.1001/archinte.162.8.929

[3] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2018 (HM2022), 2016 (HM2019). [Note: For high blood pressure prevalence, HM2025 data were collected in 2021 and HM2022 data were collected in 2019.]

[4] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.). https://www.cdc.gov/places/index.html

Disability Status

Disability is a significant public health concern. As the mean age of the United States population increases, older adults who have a disproportionately higher likelihood of disability become a greater proportion of the population. Individuals with disabilities face a variety of increased costs of living, barriers to engaging in work and the community, and additional health disparities than the rest of the population.[1,2]

12.2% of Franklin County residents reported **any disability**.

≈ Similar to HM2022 (11.1%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	None observed	None observed	Observed (see map)

Community Voices

Members of the disability community think how others in the broader community perceive and react to disability causes their overall wellbeing to be unconsidered or ignored.

> *"Our wellbeing as people with disabilities is grossly ignored. Grossly overlooked and never considered. Whether it's the mental wellbeing, or the physical wellbeing, or the emotional wellbeing, or the economic wellbeing, we're not considered."*

Community members spoke to the specific challenges faced by individuals who identify as DeafBlind or have multiple disabilities.

> *"DeafBlind people suffer the most in my experience, in my community. They do not have a lot of the training. For example, they do not have access to braille training."*
>
> *"Developmental disability services here in Ohio, they are not accessible to DeafBlind people, not friendly to them at all. Takes a long time to get services. People who are deaf and have additional disabilities are very isolated. They haven't been able to find the place where they feel that they belong."*
>
> *"I fit into the DeafBlind community. And I will agree there's not a lot of acknowledgement of those who have dual disabilities, whether it's deaf and blind or any other combination of one or more disabilities. And there's not enough acknowledgement of, even though one disability may be the dominant disability, that doesn't mean you should ignore the other ones."*

Community members spoke about how there are some conditions that are not classified as a disability, even though they affect people's lives in similar ways.



> *"Ehlers Danlos syndrome. It's a connective tissue disorder, and most people will think of it as hypermobile. But the connective tissue is with the heart, with the brain, with the eyes, the spine, everything. [She has] a list of like ten different mini diagnoses that don't count as a developmental disability. So she's in bed a lot, wearing an eye mask or unable to function in a normal life, and then people are telling me, she doesn't have a developmental disability because she doesn't fit in that umbrella."*

Members of the wider Franklin County community also mentioned how caretaking responsibilities for family members who are disabled impact them.



> *"My mother has dementia. I know an awful lot of folks who are in their late sixties, mid-seventies, and older with that. Her husband is caring for her now, but when the day comes, he can't do that, she'll be moving in with me, and I will not be able to really leave her. She can be left home a little bit at home now, but that won't last for long, and I'll be her primary caretaker. So it's something I have to plan for because it's coming down the road."*
>
> *"I would say as a caregiver, that impacts me, my health. I constantly worry about my mom. Back in March, she had a fall. I was in the house, she got dizzy, she fell, and we had to take her to the hospital. It was really scary. So as a caregiver, I've experienced a lot of mental health issues through that, and I think through that, a lot of physical health issues have bubbled up."*

Community Voices: Issues related to accessing health care

Disabled individuals face difficulty filling out paperwork and accessing information about their health due to the high reliance on technology that many medical providers have. When it comes to having interpreters for health appointments, disabled individuals say lack of resources prevents best practices of using co-interpreters to ensure patient understanding.



> *"One issue when it comes to accessing care is accessing information. So, for example, if you go to the doctor and they want to give you a summary of your doctor's visit, a lot of times doctors just want to hand you paperwork and they're not always explaining things with you or to you."*
>
> *"A lot of systems such as computer systems at doctor's offices and things are not digitally accessible. Medicare professionals still don't know a lot of times how to help you as far as filling out paperwork. They don't see the value of doing certain things over the phone. There's always this thing that if one person with a disability can get it...There's no looking at each patient on a case-by-case basis."*

> *"So many doctors are moving to putting things on an iPad, but still, that's just as bad as traditional paperwork. If you're blind and you can't fill that out on your own, you got to have somebody to help you. And some doctors, they always think you come with a caregiver. They don't understand, that's really your job as the nurse. Your job is to take down the health information and help the patient out."*
>
> *"We encourage having co-interpreters. One hearing interpreter who signs to a deaf interpreter, and that deaf interpreter would sign to the deaf individual. And it's very effective, and it makes communication so much easier. It can be expensive, you know, having those two interpreters, but it will save you time in terms of effective communication and the [medical] provider being able to make that connection with their patients and make sure that their language needs are met. It's focusing on respect for that patient, and it's very effective, and that's something that providers need to accept more and provide."*

Finding providers who are competent and respectful when providing care for disabled individuals can be difficult.



> *"My problem is I've been with established care people for 14 years, and what happened was I just had some retire, and I'm having a problem finding doctors that take my insurance, let alone help with my medical needs."*
>
> *"I've even been turned away from a local hospital, because they said that none of the doctors here understand disability at all, and we should not be seeing that in 2024. And most of the things that I go in for are not even related to my disability. They're just normal things…I even left the medical space for 20 years because of the difficulty I was having. I didn't see doctors until I turned 40 again…A lot of times, people with disabilities have to search and search before we find a doctor that will, in fact, listen to us and realize that we know more about our own bodies than they might."*
>
> *"I just changed my primary care doctor because she started making me feel like I was a problem for her."*
>
> *"We become so afraid to even seek help sometimes."*

Disabled individuals face a number of other specific issues with health care, including providers' unwillingness to provide telehealth appointments, misdiagnosis and lack of understanding of complex care needs, difficulty getting health screenings, and difficulty providing feedback on health care surveys about their experiences.



> *"If you're an established patient and staff changes, there's no real training or continuity kind of training that teaches them that not everybody that's coming here may come here in person. Some people are using telehealth*

> *for various reasons. I've been almost threatened that I got to come into the office. And I've been told to my face that, well, another client with a disability is able to make it in, but that client may live in the Dublin area, and I don't. And I don't have the money all the time to travel across town."*
>
> *"People who perhaps have low language within the deaf community, meaning they are a deaf child raised within a hearing family and that family does not provide access to American Sign Language, they face language deprivation...that leads to mental health issues. So counselors then are saying he has a diagnosis of learning disabilities. Well, really, it's not the learning disability. The problem is the language deprivation, the exposure that they never had. And so that diagnosis doesn't really fit the situation in and of itself. There is a lack of advocacy and the resources that are needed for individuals to learn about the diverse community."*
>
> *"I think there needs to be doctors out there, individuals who understand complex care. My daughter has multiple disabilities. She has seven specialists. And when I went from trying to move her from pediatric care to adult care, I'm going through doctors like water because they can't handle the complexity of her needs…We need to have adult hospitals with complex care units that are willing to provide healthcare for these individuals."*
>
> *"We are still so behind the times when it comes to treating people with disabilities, any disability, really, with the machinery that they use. I mean, I'm 55 and have only had half of a mammogram done because the machines are still not accessible. And when you go there and you ask for them to help position you, they yell at you and ask if you've brought a caregiver with you to be able to do that. That's just one experience. But they are not trained to understand disability. They get a very short training period to learn about disability."*
>
> *"When we try to take the surveys that speak to our experience, if you're blind and depend on screen readers, you have to get your PIN number from your discharge papers first by using app to read that or have someone come over and do it for you. Then you have to enter that online. And then the online surveys are not accessible with the voiceover screen readers that we're using. The only other alternative is to bother someone, have them take the survey for us. Well, that violates our own privacy."*

Community Voices: Stigmas related to disabilities and/or mental health

Disabled individuals say that mental health issues like anxiety and depression are common due to the misperceptions people have about them.



> *"There's a big myth when you're dealing with the medical professional or people in general, that because we're blind, we're also dumb. Like our brain*

> *doesn't work. And that's not a fair assumption. Just because someone is blind doesn't mean they have a cognitive disability as well."*
>
> *"Anxiety and depression are two big ones [we suffer with]. I suffer from clinical depression and clinical anxiety. And that comes from the way that we are isolated, left out and beaten up for things that we don't have any control over, whether it's our economic status, our employment status, our housing status, or just the fact that we simply are asking for help and people make us feel bad for wanting help…the perception and assumptions are just wrong and rude."*
>
> *"Anxiety is a huge problem. And then in our culture, disability is too often seen as inferior or frightening, and the wellbeing of a disabled person is sometimes seen as not all that important."*
>
> *"Medical providers, in particular, live with that same fear and fright of people with disabilities. And when they focus on the, 'You must need home health services. There must be someone who has to do for you and speak for you.' At times it's very distressing when you're already not feeling good about yourself and you're there to get help, to have that magnified by other people's fears and perceptions, because they can't imagine how they would live with our disabilities, but they're directly not understanding how we adapt."*

These misperceptions also influence the ability of disabled individuals to find employment, even though they have valuable experience and skills to offer.



> *"We have to deal with employer perception all the time. They'll put us through trial periods. They'll ask us if we can find the restrooms and things that someone equal to us without obvious disabilities doesn't have to go through. All these excuses will be made about why we're not interviewed or why we're not contacted after the interview. Hospitality, caregiving and advocacy, independent living help. I'm good at all these things, especially environments that I'm familiar with. And I started getting experience around 16 years old, and I cannot prove that because so many people think that I need things done for me."*

Community Voices: Issues accessing social services/resources

Lack of knowledge about available resources are an issue, not only among disabled individuals but among case managers meant to help them access these resources. Some individuals also perceive there is an unwillingness to provide pathways to these resources.



> *"I think lack of resources is an issue, but also knowledge about the resources available to people is an issue."*

> *"It's knowing what programs are out there, whether it's for finding a job, whether it's for getting food, whether it's for getting help with paying for medical costs, just knowing those resources and where they are and how to apply for them, and people giving you the honest answer about how to apply for them, that's one of the biggest challenges."*
>
> *"When I'm advocating for others, people think I'm wonderful, I am knowledgeable, I'm skillful. When I advocate for myself, there's always this push because, no, we can't do that. But at my office, I get calls from other case managers asking me to do the things I'm wanting and they are doing for other people, but they don't want to do for me because I'm intimidating. And when I say, 'You can do this,' I get a very negative pushback and the dragging of the feet and the, 'Oh, I'm sorry, I'm busy. I've had too many crises to deal with.' I don't regret doing the work to get an MSW, but it doesn't necessarily help you as an individual get your services."*

Community members with disabilities also pointed out that many available resources have restrictions about who can qualify. They believe income-based programs effectively keep them in poverty and from making life changes like moving in with others or obtaining better employment that could improve their quality of life.



> *"People assume because you have a disability, that you're qualified for all of these things in the community that you're not. People assume because I had SSI when I had that, and then I eventually got SSDI, that I should get section eight housing, I should get a whole bunch of food stamps. I should be able to have all these things."*
>
> *"There is a program called iCanConnect, but that is federally funded and that's income based, which is really ridiculous because there are a lot of people that are suffering that can't hear, can't see, and they have a lack of services."*
>
> *"If our legislators got ill, they would never go through the same thing that a lot of us do because they have the money to hire the best doctors and providers so they could never thoroughly understand disability like us that really are in the poverty level and are kept in the poverty level because of rules governing SSI and SSDI. And the other programs like Medicaid, you can only have so much money to be able to qualify. People who have a disability and are fortunate to get a job and have a good job and good insurance, they can afford the money [for good care]."*
>
> *"The way SSI is set up now is if you want to make more money, you're scared to take that because you know they're going to take all your benefits versus there's not any program that allows for people to gradually grow away from the SSI to SSDI because they now have a job and they're starting to make more money. They just snatch the whole check away instead of*

> *taking away a dollar or two at a time as your income grows, so you have a chance to grow into that and save and be able to take care of your needs."*
>
> *"Right now, I have a friend who is terminal who has 28+ additional conditions besides blindness. We're both having the issue of Social Security and perception and all this keeping us from moving together and combining resources. Maybe we could make it if we had each other. We could both save each other's lives because we've experienced a lot of the same systemic troubles and find commonality."*

Individuals with disabilities also say they are prevented from accessing helpful resources due to where they live, and some see evidence that race impacts who receive resources.



> *"Some of the programs that are out there, whether they're for people with disabilities or for people who are on lower income, if you don't live in that area, you can't get those services. Just because I live in the suburbs doesn't mean I don't need them."*
>
> *"We get less of the resources that somebody in our same condition [gets] who happens to be white or maybe of another nationality or race. I have a friend that's in the same situation as me, but he's getting things that I can't get. We're both blind, we both have SSDI, but he's white and I'm black."*

Community Voices: Resources needed for the disabled community

Access to food and affordable housing are specific areas of need for the disability community. For example, they need people who can help them access healthy food more easily, and more accessible housing options.



> *"Food stamps doesn't buy you much, especially when you only get less than $100 a month because they assume, based on your bills, that as one person that you don't need a lot of money for food. If you don't cook that food fast enough, it's going to spoil in two days…I don't eat food as fast as probably maybe I should, because I'm blind and I'm teaching myself how to cook…there's no food service that if you need to go to the pantry [as a blind person], that somebody can get you there or that the food can be delivered only. The delivered food is frozen with all the sodium in it…And that's not always a healthy option for everybody either."*
>
> *"The DeafBlind community does not have access to someone who could go food shopping with the individual or perhaps read something to them if necessary, so on and so forth. We want to be able to bring that to the attention of the Ohio legislation within this year. And our goal is to convince legislation really to wake up to the needs, provide that funding, provide those outreach services in the near future."*

> *"Affordable housing. That's what I have a problem with. [For] people with special needs or people with low income families."*
>
> *"I find sometimes that it's hard to get a wheelchair around anywhere…they built new apartments about seven years ago in downtown, and there's no elevator. How is that fair to anyone with a disability who can't physically walk downstairs? It seems like we've been pushed aside…we're not seeing the things that should be in place to allow people like my daughter to go and live a full life and go to the places that we'd like to go."*

Individuals with disabilities had specific advice about how to improve their experiences in Franklin County: better training for all medical professionals about working with the disability community, connecting individuals with people who can advocate for them, providing better pathways to existing resources, and providing more help accessing the wider community for those with limited mobility options.



> *"Public health departments, to me, need to work with the disability community to start creating educational things for doctors. Whether you're a nurse, whether you're a nurse practitioner, whether you're a surgeon, whether you're a medical tech assistant. The whole medical community, from the bottom to the top of it, needs some serious long-term disability training. To me, public health department needs to even push, if they can, for it to be stuck in the medical school curriculum…They need to come to our community and hear from us the things people need to know, not make up your own disability training for doctors and medical professionals in your own head."*
>
> *"I think they need to provide advocators for those who don't have family or friends that can help advocate for them."*
>
> *"If doctors or PCPs have an individual who has several complex issues, the health department [could] create a database that the doctor. With the patient's permission, can put that person in the database, and then there's a case manager or someone there that reaches out to them and helps them find the services and the things that are available to them…I find a lot of the service coordinators just aren't educated on what's out there…Advocation, and maybe a database that doctors can refer people to the health department, and they can help.*
>
> *"Collaborate with the local centers of independent living. Independent living, housing for people with disabilities is often nowhere near resources like transportation and bus stops, communities, doctors. This is a physical divide between people with disabilities and non-disabled people."*

To assess the disability status of Franklin County, Ohio, and US residents, *HealthMap2025* obtained recent data from the American Community Survey.[3] The ACS estimates the prevalence of many different types of disabilities:

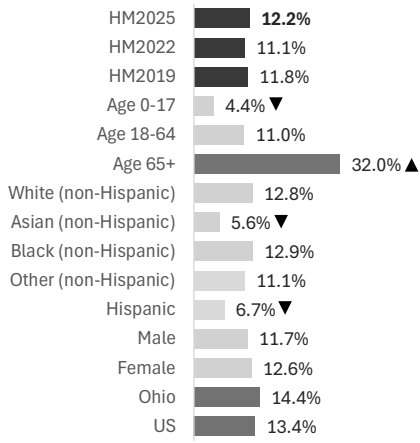
- *Hearing difficulty*, which is defined as "deaf or [having] serious hearing difficulty") and is measured among people of all ages;
- *Vision difficulty*, which is defined as "blind or [having] serious difficulty seeing even while wearing glasses" and is measured among people of all ages;
- *Cognitive difficulty*, which is defined as having "serious difficulty concentrating, remembering, or making decisions") and is measured among people aged 5 years or older;
- *Ambulatory difficulty*, which is defined as having "serious difficulty walking or climbing stairs" and is measured among people aged 5 years or older;
- *Self-care difficulty*, which is defined as having "difficulty dressing or bathing" and is measured among people aged 5 years or older;
- *Independent living difficulty*, which is defined as having "difficulty doing errands alone such as visiting a doctor's office or shopping" and is measured among people aged 15 years or older (but only reported for those aged 18 years and older).

Franklin County has a slightly lower rate of disabled individuals as compared to Ohio or the United States.

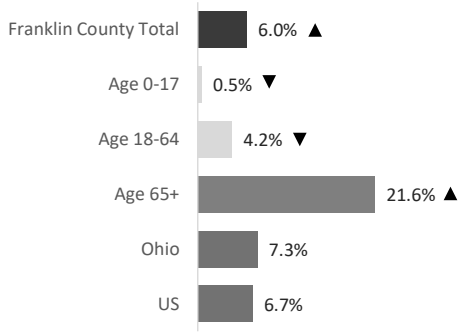
Those aged 65 or over have the highest percentage of residents with at least one disability, with ambulatory difficulties and independent living difficulties being most prevalent. Among children and younger adults, cognitive difficulties are more prevalent.

Of note, Asian (non-Hispanic) individuals and Hispanic individuals have less than half the disability rate as the general population and multiple subgroups.

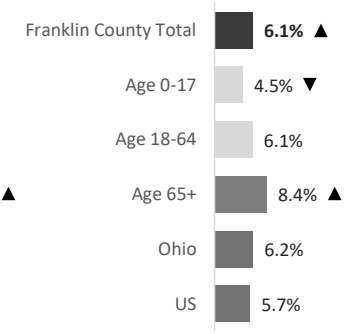
Disability Status Prevalence



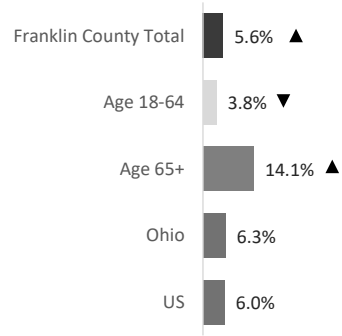
Ambulatory Difficulty



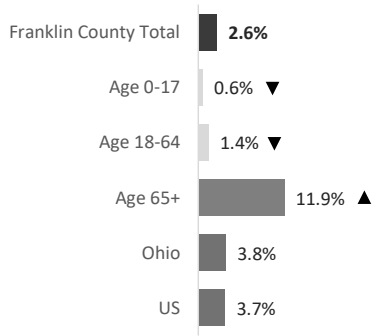
Cognitive Difficulty



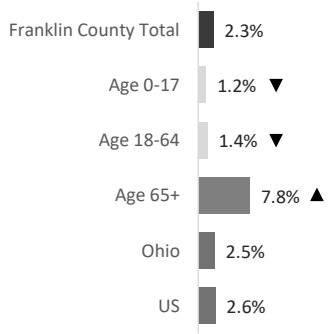
Independent Living Difficulty Age 18+



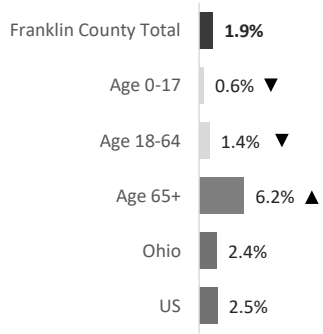
Hearing Difficulty



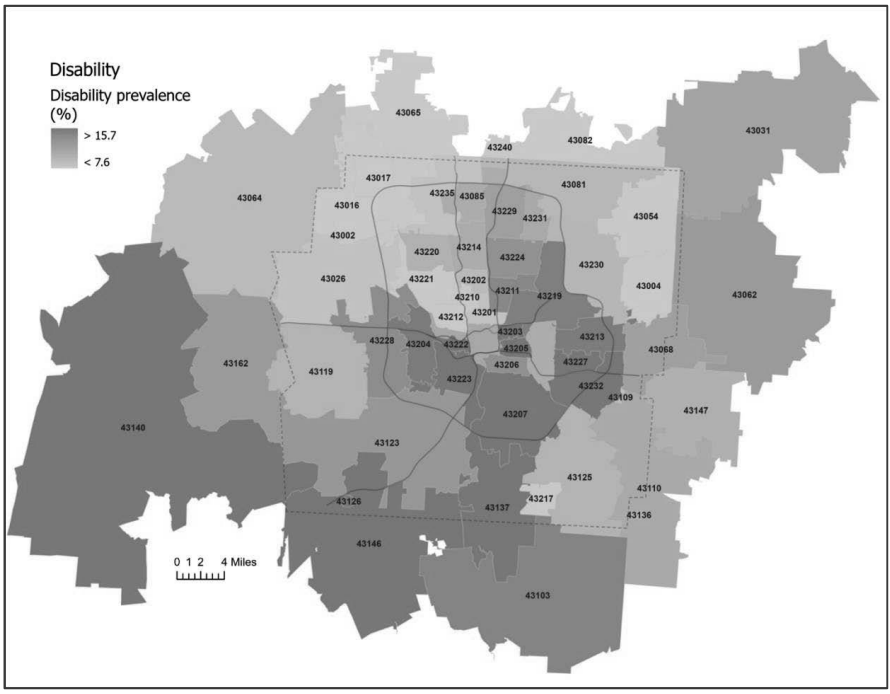
Self-Care Difficulty



Vision Difficulty)



As shown in the map below, disability prevalence is greater in eastern zip codes within I-270, western zip codes within I-270, and in southern / southwestern zip codes.



Additional Information & References

To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.[3]

[1] Carrie L Shandra, Disability as Inequality: Social Disparities, Health Disparities, and Participation in Daily Activities, Social Forces, Volume 97, Issue 1, September 2018, Pages 157–192, https://doi.org/10.1093/sf/soy031

[2] Mitra, S., Palmer, M., Kim, H., Mont, D., & Groce, N. (2017). Extra costs of living with a disability: A review and agenda for research. *Disability and health journal*, *10*(4), 475–484. https://doi.org/10.1016/j.dhjo.2017.04.007

[3] U.S. Census Bureau. (2022). Disability Characteristics. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1810. Retrieved May 29, 2024, from https://data.census.gov/table/ACSST1Y2022.S1810?q=disability&g=010XX00US_040XX00US39_050XX00US39049.

HEALTH BEHAVIORS

Cancer Screening

Breast cancer and colorectal cancer are among the leading causes of cancer death in the United States.[1,2] Regular and timely screening are among the most powerful tools for prevention and early detection of both breast and colorectal cancers.

61% of Franklin County adults aged 45-75 reported having a **colonoscopy** in the last 10 years.

Metric changed since HM2022

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Unavailable	None identified	Observed (see map)

69.7% of Franklin County women age 40+ reported having a **mammogram** in the last 2 years.

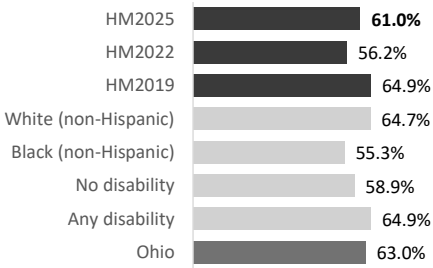
≈ Similar to HM2022 (74%)

Disparities by selected social determinants of health

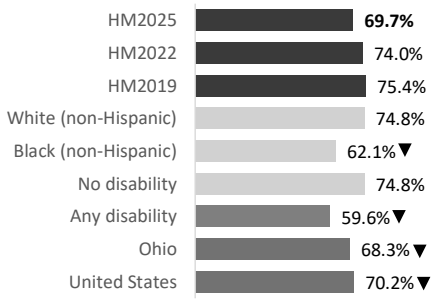
Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	N/A	Black less likely	Observed (see map)

For both types of cancer screening, black (non-Hispanic) residents were less likely than white (non-Hispanic) residents to have completed the recommended screening. Franklin County's screening rates were fairly similar to the screening rates for Ohio and the United States.

Colorectal Cancer Screening



Breast Cancer Screening



Healthy People 2030

The Healthy People 2030 objectives for both colorectal cancer screening and breast cancer screening are designated as the number of adults who are meeting the current guidelines for cancer screening.[3,4]

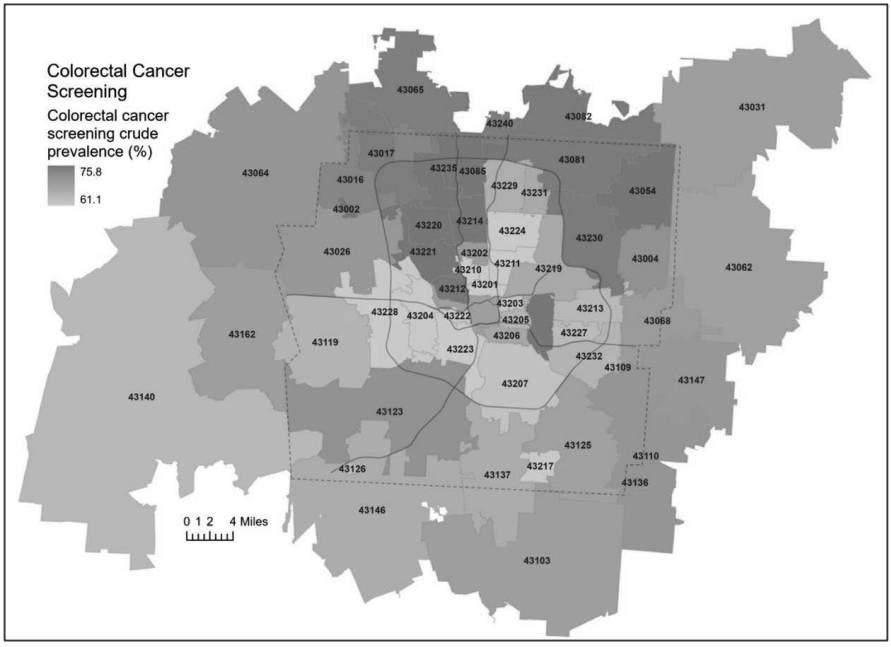
HP2030 objective for Colorectal Cancer Screening: Not met (but improving)

Healthy People Objective:	Most recent Franklin County data (HM2025)
68.3%	**61%**

HP2030 objective for Breast Cancer Screening: Not met

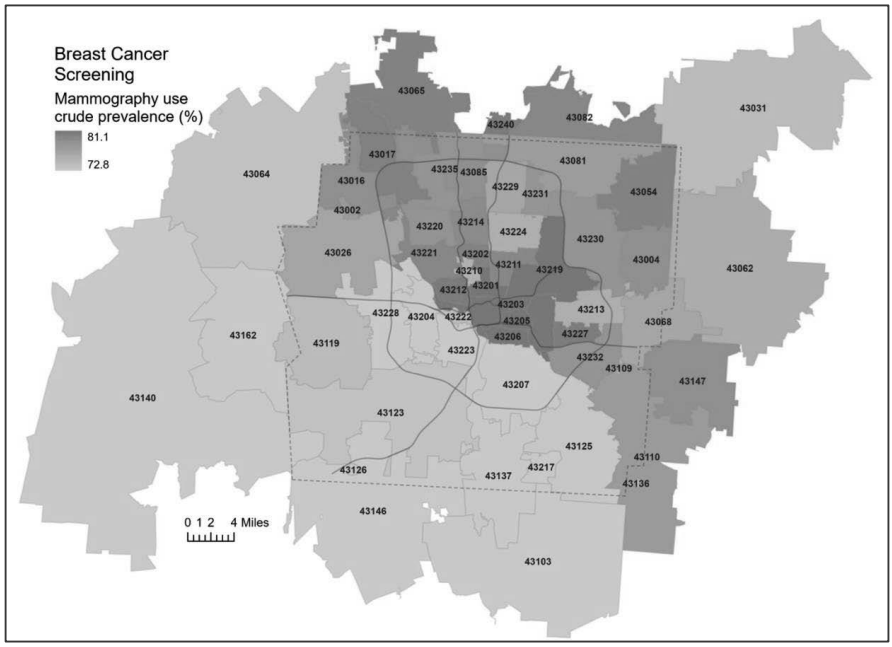
Healthy People Objective:	Most recent Franklin County data (HM2025)
80.3%	**69.7%**

Colorectal cancer screening rates are lowest in Franklin County's north-central zip codes (e.g., 43211, 43224), western zip codes (e.g., 43222, 43223, 43204, 43228), and some southern zip codes (e.g., 43207, 43217).



Franklin County *HealthMap2025*

Breast cancer screening rates are lower in nearly all of Franklin County's southern and southwestern zip codes.



Additional Information & References

To assess the prevalence of this health behavior, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[5] For colorectal cancer screening, survey respondents were asked if they had ever received either a colonoscopy or sigmoidoscopy, and how long it had been since their last colonoscopy. Survey respondents aged 45-75 and who had received a colonoscopy within the last 10 years were considered up to date. For breast cancer screening, women were asked whether they had received a mammogram, and how long it had been since their last mammogram. Survey respondents aged 40+ and who had received a mammogram in the last 2 years were considered up to date.

In 2021, the United States Preventative Services Task Force (USPSTF) recommended changing the screening age for colorectal cancer from 50-75 to 45-75. Because the HM2022

indicator reflected a narrower age range, it would be misleading to compare that estimate to the one for HM2025, which reflects a wider age range.[2]

Over the last 10 years, breast cancer screening recommendations for individuals aged 40-50 have changed multiple times. Previously, the USPSTF recommended that women aged 50-75 receive mammograms every 2 years and that women aged 40-49 receive mammograms based on their personal health history and status.[1] This was updated in 2024 to recommend mammograms every 2 years for all women aged 40+, and the data for HM2022 and for HM2025 reflect that recent recommendation. These guidelines are also intended for generally healthy adults with no prior cancer history or family cancer history. There are separate guidelines for those at higher risk due to their individual medical and family history, which may involve screening earlier or more frequently.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). Due to small sample sizes, only white (non-Hispanic) and black (non-Hispanic) residents of Franklin County could be compared to one another.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[6] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

[1] US Preventive Services Task Force. Screening for Breast Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2024;331(22):1918–1930. doi:10.1001/jama.2024.5534

[2] US Preventive Services Task Force. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2021;325(19):1965–1977. doi:10.1001/jama.2021.6238

[3] Healthy People 2030 objective C-07, U.S. Department of Health and Human Services

[4] Healthy People 2030 objective C-05, U.S. Department of Health and Human Services.

[5] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2018 (HM2022), 2016 (HM2019)

[6] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.) https://www.cdc.gov/places/index.html

Alcohol Use

Excessive alcohol use – which includes binge drinking – can lead to several chronic diseases and other serious health problems, including heart disease, liver disease, stroke, mental health problems, and alcohol use disorders, among others. Excessive alcohol use has been associated with 178,000 deaths in the United States each year.[1]

17.8% of Franklin County adults reported **binge drinking**.

≈ Similar to HM2022 (18.5%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 more likely	None identified	White more likely	Observed (see map)

Community Voices

Members of the community perceive alcohol to be too easy to access in their communities. They see its broad acceptance as a socializing activity to be a barrier to healthier consumption.

> *"There's a liquor store in every corner. You don't have to go far to find liquor or beer or cheap alcohol."*
>
> *"Even our events truly are centered around alcohol. We have wine and arts, tequila and tacos…There's this conception of family and hometown, and all I see personally is people walking around with their kids in strollers and getting drunk."*
>
> *"It feels like no matter what you're doing with your friends, there's people drinking. And I know if I'm ever like, 'Oh, I'm just like, not gonna drink tonight.' Like, people will start asking me if I'm pregnant…the pressure is so intense and ridiculous."*

Community members also believe that overconsumption of alcohol stems from using it as a coping method for stress.

> *"Life is so stressful, people just drink. I definitely think that a lot of us are functionally alcoholics. And I'm speaking for 20 to 30 [year-olds].".*
>
> *"People overindulge. Some people drink because they can't cope with things that are going on, it's a comfort thing to them. I see a lot of people who come back from the military and just can't cope. And that's a coping skill. It's not a healthy coping skill, but it's a coping skill a lot of people use."*

> *"I know that this affects people of all financial statuses, situations. I met somebody who I look up to a lot, and [asked] a question about how he manages stress, and he said he was really good at managing stress, but in the times of his life where he really had a lot of stress at work and stuff, he just leaned really heavily on the alcohol. And I think that a lot of people don't realize that they are coping with whatever is going on in their life. It's like the easiest way to numb it."*

COVID-19 is perceived to have resulted in an increase of alcohol overconsumption at home.

> *"I think especially with in the house drinking, people used to be a little more responsible. So they were going out, maybe having a drink or two. Once COVID came, bars closed. It went to, I'm gonna go to the liquor store and grab me a pint or a fifth. So now you're sitting at home and instead of having one or two that you would usually have at happy hour, you're drinking a whole bottle."*

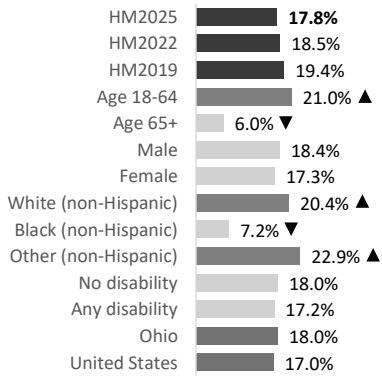
The negative effects of overconsuming alcohol mentioned by community members included worsened mental health and violence in the community.

> *"So I think people don't know the consequences yet of the type of drinking we're doing now. I was one of those weekend people with the fifth, but I stopped. And before I stopped, I started experiencing depression, anxiety, and not being able to focus and no motivation. All that changed, my life changed dramatically just from cutting that weekend use."*
>
> *"No good can come from too much alcohol. And you can see all the violence downtown when places are closing. People lose all sense of reason."*

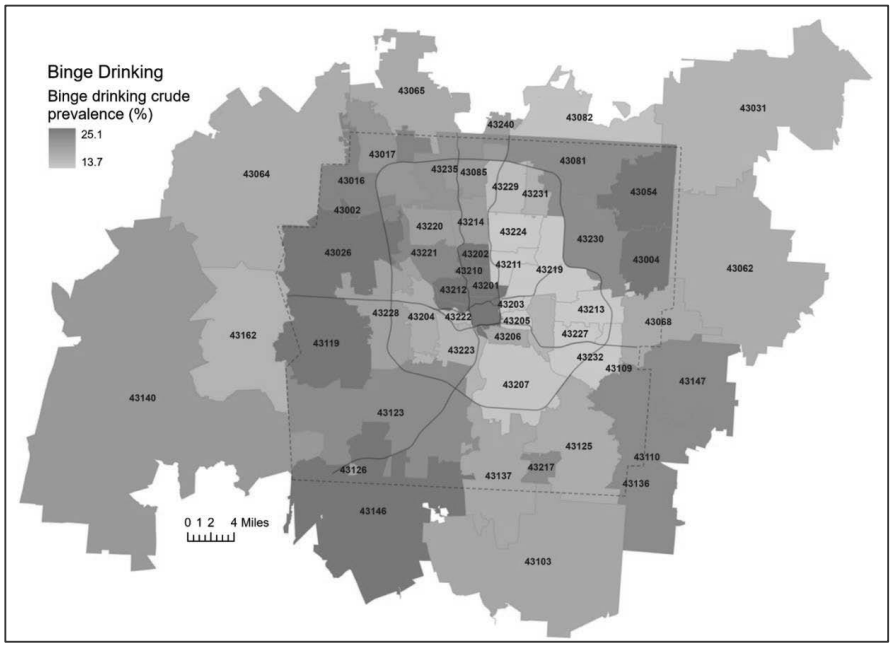
The prevalence of self-reported binge drinking has decreased slightly over time as compared to previous *HealthMaps*.

People aged 18-64 are more likely than those aged 65+ to report binge drinking, as are those who identify as white (non-Hispanic).

Binge Drinking Prevalence



Binge drinking prevalence is higher in Franklin County's far western zip codes, in the zip codes that span the Grandview, Upper Arlington, OSU, and Clintonville areas, and in the county's far northeastern zip codes.



Additional Information & References

To assess the prevalence of this health behavior, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[2] For men, binge drinking is defined as having five or more drinks on one occasion in the past 30 days; for women, binge drinking is defined as having four or more drinks on one occasion in the past 30 days.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[3] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

Data Gap: Because the BRFSS uses telephone interviewing methods to collect this information, it is likely that these statistics *underestimate* the amount of binge drinking occurring in the community. This is because some people might wish to be viewed favorably by the person interviewing them, and therefore not accurately report the full extent to which they engage in a socially unacceptable behavior (e.g., a social desirability bias).

Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the rates of binge drinking, cigarette use, and e-cigarette use among Franklin County's youth (e.g., those between the ages of 11 and 17). Unfortunately, Ohio's Youth Risk Behavior Survey does not calculate statistical estimates at the county level.

[1] Centers for Disease Control and Prevention, *What is Excessive Drinking?* https://www.cdc.gov/drinklessbeyourbest/excessivedrinking.html

[2] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019),

[3] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.) https://www.cdc.gov/places/index.html

Tobacco Use

Cigarette use is one of the highest contributors to mortality, disease, disability, and overall health status worldwide and in the United States.[1] Aside from the approximately 480,000 smoking-attributable deaths in smokers every year, there are also approximately 41,000 deaths from secondhand smoke exposure. Although decades of intervention have successfully decreased cigarette smoking rates, there is still progress to be made.

Originally marketed as a smoking cessation tool with fewer risks than traditional cigarettes, e-cigarettes increased in popularity over the past 10-15 years, especially among youth and young adults. Early evidence already suggests that there may be significant long and short term risks to e-cigarette use, particularly for the respiratory system.[2]

15.2% of Franklin County adults reported currently **smoking cigarettes**.

Down from HM2022 (22.7%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 more likely	Male more likely	Other races (non-Hispanic) more likely	Observed (see map)

9.1% of Franklin County adults reported currently **using e-cigarettes**.

Up from HM2022 (6.8%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 more likely	Female more likely	Other races (non-Hispanic) more likely	Observed (see map)

Community Voices

Community members worry less about traditional cigarette use in their communities, and more about e-cigarette use, which they perceive as overwhelmingly common among ex-smokers and people who have never smoked. They are highly concerned about misconceptions surrounding the healthiness of vaping.

> *"Some people are trying to go to vaping to quit smoking, but it's having the exact opposite effect. They're more addicted to it. They are using it more often. They're having to go to higher nicotine levels. It's doing the exact opposite."*

> *"I see a lot of people giving up tobacco think that the e-cigarettes are going to are safer. That to me is the big problem. They really aren't. But people really have that belief that, well, I don't really smoke."*
>
> *"And a lot of people who weren't smoking in any capacity, over time, have gotten hooked on vapes because it's like, you have a drink, you're at a party, and this isn't a cigarette. This thing tastes like candy, and you smell the cloud of it. And you're like, this is harmless. This is vapor."*
>
> *"That's really troubling to somebody my age to see young people vaping, when so much information has not come out or been made available. The oils and how that goes into your lungs and stuff. That really concerns me for young people."*

Ease of access, misconceptions about the safety of vaping, and its use as a coping mechanism for stress and anxiety contribute to the pervasiveness of vaping amount the county's youth.



> *"I used to do substance use prevention in middle schools, and that was a big thing…so many kids knew about vapes and have them. Not even be able to make it through class without needing a vape. Like, going to the bathroom and taking a vape."*
>
> *"For my daughter, she never, we never smoked or drank or anything growing up. And then when she went to college 2 hours away, she ended up starting smoking. And she said it calms her nerves."*

While encouraging residents and businesses to follow laws around vape sales and spreading accurate information about the health risks is necessary to decrease this behavior, efforts must also contend with how appealing vapes are compared to traditional cigarettes, and the difficulty of regulating the industry.



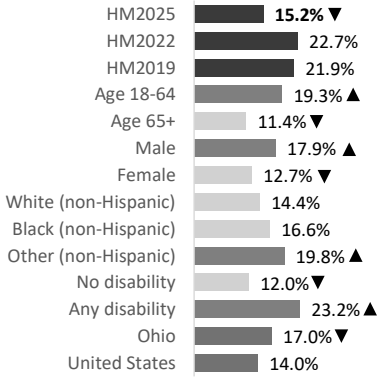
> *"It's the taste, you know, they don't feel as bad. It doesn't taste like a regular cigarette."*
>
> *"There's no social drawback of just vaping a mango kiwi."*
>
> *"I think the oversight is the piece that's slow. Technology is moving fast. The amount of nicotine that you're getting, the size of the e-cigarettes…the vaping and the nicotine is moving faster than the government can say, 'Hey, let's regulate this. Hey, let's put a study on this, or let's try to stop this.'"*
>
> *"They banned that brand. But then there's so many other brands. And the reason why they banned that brand is because you had a lot of people, like, getting stuff wrong with their esophagus…but it's like, why would you ban the brand and then there's 20 other brands? People still have access."*

Some community members perceive attempts to curb smoking and vaping as futile, ineffective solutions that impose unreasonable burdens.

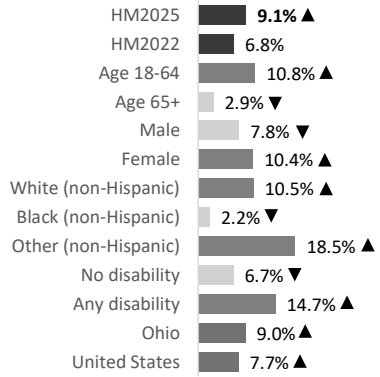
> *"It makes me so mad that our legislators are trying to deal with these issues by banning certain things or by dealing with the symptoms or the superficial. Like, they're gonna ban menthol cigarettes, but you're not really dealing with tobacco use. You're not taking on the big tobacco companies. You're not doing anything except making it harder for me to get a new pack…And you're not stopping anything. You're just putting more stress and making it harder on communities that are already vulnerable, already at risk, already stressed out…"*
>
> *"My community just made everything nonsmoking. You can't smoke in your house. You can't smoke out on the premises anywhere. And I'm like, you're paying almost $2,000 to live in these so-called luxury apartments, and you telling me I can't smoke a cigarette, that just blows my mind."*

As shown below, current cigarette use has dropped significantly since *HealthMap2022*. However, although the Franklin County adult smoking rate is lower than that for Ohio, it is still above the US average. Furthermore, e-cigarette use among Franklin County adults has increased since *HealthMap2022*.

Cigarette Smoking



E-Cigarette Use



The demographic patterns are stark: individuals with an other (non-Hispanic) racial background use e-cigarettes as often as cigarettes. Additionally, males are more likely than females to smoke cigarettes, while females are more likely than males to use e-cigarettes. Black (non-Hispanic) individuals were distinctly unlikely to use e-cigarettes, which is an

interesting trend given that cigarette use among black (non-Hispanic) adults was higher than the average. As expected, e-cigarette use among older adults was very low.

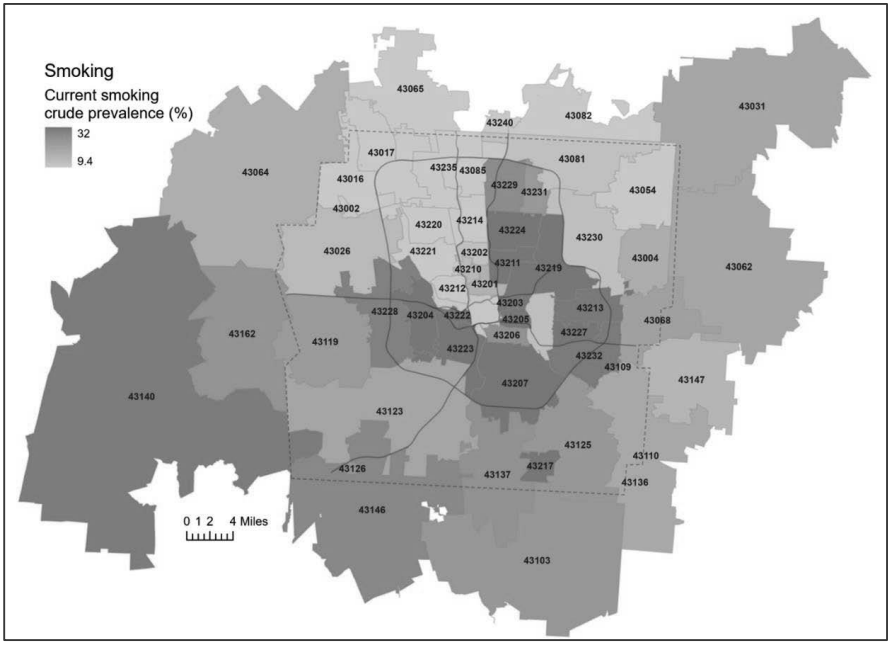
Healthy People 2030

While Franklin County does not meet the Healthy People 2030 standard, there has been significant improvement from HM2022, which estimated that 22.7% of Franklin County adults were current smokers.[3] Unfortunately, there is no HP2030 goal for e-cigarette use among adults.

HP2030 objective for Adults Currently Smoking Cigarettes: Not met (but improving)

Healthy People Objective:	Most recent Franklin County data (HM2025)
6.1%	**15.2%**

Smoking prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant. Prevalence rates are also higher in many of the county's southern zip codes.



Franklin County *HealthMap2025*

Additional Information & References

To assess the prevalence of this health behavior, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[4] To assess cigarette use, adults were asked whether they smoke cigarettes every day, some days, or not at all. To assess e-cigarette use, adults were asked whether they have never used e-cigarettes, use every day, use some days, or used them in the past but not now. Participants were classified as current users if they used the product some days or every day.

Note that the question on e-cigarette use changed slightly in BRFSS' 2022 version of the survey questionnaire. In 2021, the question read "Do you now use e-cigarettes or other electronic vaping products every day, some days or not at all?" and in 2022 became "Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?" Both questions result in the same group being categorized as current users (every day or some days), however the new question allows further clarification of "never users" compared to "past users".[4] Still, considering there was a change in question wording, readers should be cautious when drawing conclusions about changes over time.

It is also important to note that multiple cities in Franklin County (e.g., Columbus, Bexley, Dublin, Grandview Heights) instituted a ban on the sale of all flavored nicotine products as of January 1, 2024. This measure has faced several legal challenges, and it is unclear whether it will withstand scrutiny from higher courts.[5] There is not yet data to discern whether this measure has or will have any effect on tobacco use in Franklin County, but this will be a critical issue in future *HealthMap* assessments.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[6] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

[1] National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. (2014). *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Centers for Disease Control and Prevention (US).

[2] Marques, P., Piqueras, L., & Sanz, M. J. (2021). An updated overview of e-cigarette impact on human health. *Respiratory research*, *22*(1), 151. https://doi.org/10.1186/s12931-021-01737-5

[3] Healthy People 2030 objective TU-02, U.S. Department of Health and Human Services

[4] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

[5] Shipkowski, Bruce. (2024, May 20). *Judge rules Ohio law that keeps cities from banning flavored tobacco is unconstitutional*. Associated Press. https://apnews.com/article/ohio-tobacco-regulations-local-vaping-bans-41396258b60c26798ec128e85851dfac

[6] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.) https://www.cdc.gov/places/index.html

Weight Status

Weight is an important health indicator for mortality, chronic health conditions, and quality of life. Individuals at a higher weight are at greater risk for conditions such as cancer, heart disease, and diabetes. In 2015, high body mass index (BMI) contributed to 7.1% of deaths and 4.9% of disability-adjusted life years globally.[1]

29% of Franklin County adults reported **being overweight**.

≈ Similar to HM2022 (30.6%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	Male more likely	White more likely	Observed (see map)

37% of Franklin County adults reported **being obese**.

≈ Similar to HM2022 (35.7%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
None observed	Female more likely	Black more likely	Observed (see map)

Community Voices

Community members noted that weight status contributes to many other physical health issues, and that achieving a healthier weight status becomes even more difficult due to the compounded issues.

> *"I think that obesity led to issues in my knees. So now I have arthritis in my knees. They would always say, if you lose some of that weight, it'll take less off of your knees and your ankles and that kind of thing…Diabetes and blood pressure can also lead to swelling and inflammation. But to [lose weight], you got to have the ability to. Like, I would never go anywhere because I would be out of breath in ten minutes. I couldn't walk up that hill, so I wasn't going there."*

Community members cited difficulty achieving adequate physical activity as a primary contributor to overweight status. Contributors to inadequate physical activity mentioned included the lack of affordable places to exercise, work schedules, work environments, and a culture that prioritizes cars, among others.

"Health wise, weight gain and things like that, there's not many other things except for expensive gyms to go to. I get off late at night. I'm not gonna go walk around at 10:00 at night and get my exercise."

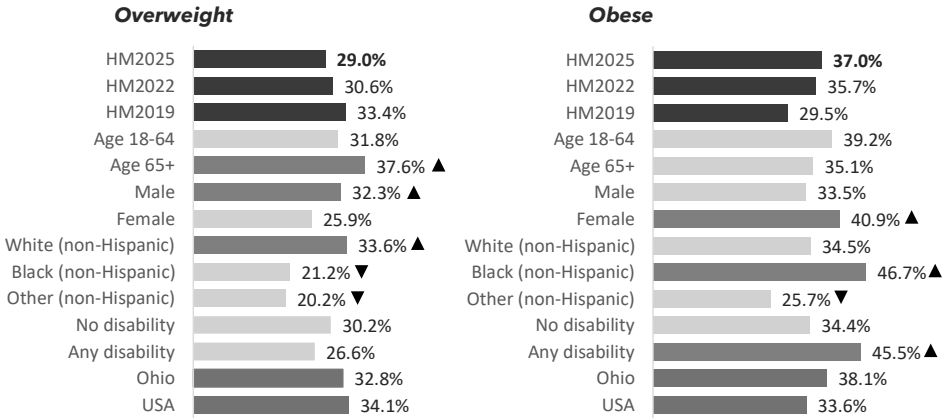
"My neighborhood stays quiet. There's a lot of kids, but I think most of the time they're either on their phones or in the house, playing video games…so it's creating a lazier, more unhealthier child that's [creating a cycle]…they'll have kids, and they just see their parents doing nothing."

"I work in an office environment…. [A lot of us are] sitting all day and possibly not getting the exercise or the movement that we might need…we have little stand up desks, but we're not moving around all day. We're literally just sitting there."

"Our country, our nation is gearing towards driving to get to places. Bikes are actually fading away. We barely see people biking around. Walking is not safe anymore. So people barely walk and stuff. So I think that lack of mobility is causing the obesity and overweight."

"The cost, yeah, Silver Sneakers is free. But then you get into knowing that our high schools uses that pool for their swimming…if you want a lap lane, you have to now reserve it. So it's like you have the initiative to go do something, but you kind of get detoured."

In Franklin County, black (non-Hispanic) individuals are more likely to be obese than overweight, indicating that there may be unmet needs for intervention for this population. Women are also more likely to be obese than overweight compared to men. Hispanic individuals were excluded from this analysis due to low sample size.



Franklin County *HealthMap2025*

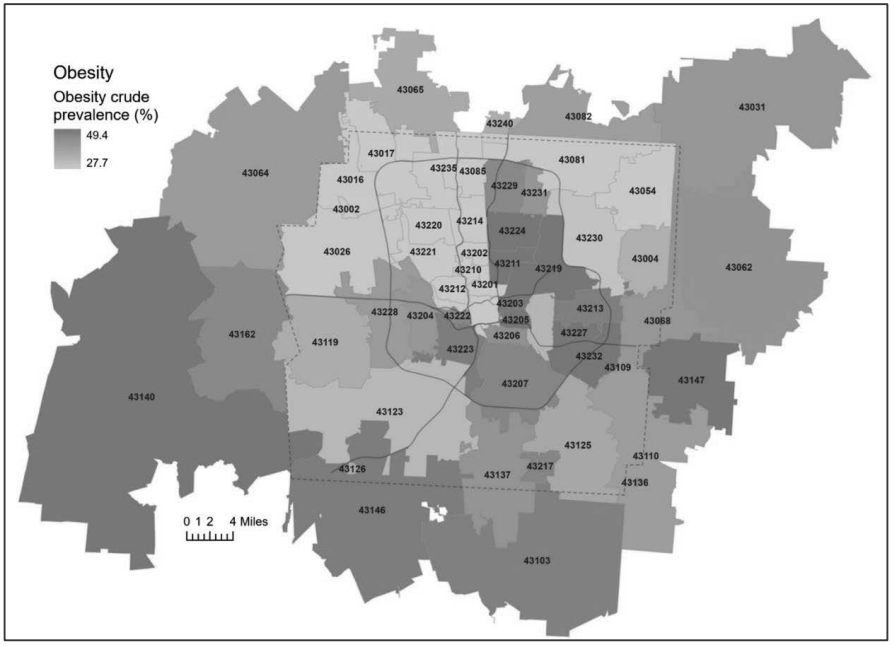
Healthy People 2030

Healthy People 2030 uses data from the National Health and Nutrition Examination Survey, which estimated that 38.6% of US adults were obese from 2013-2016. The BRFSS data used in HM2025 has a more conservative US estimate of 33.6% from 2021-2022. On either measure, the rate of obesity is rising locally and nationwide. There is no Healthy People 2030 goal for overweight status.

HP2030 objective for Obesity: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
36%	**37%**

Obesity prevalence is higher in many Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant and the far northeastern areas. Prevalence rates are also higher in some of the county's southern zip codes.



Franklin County *HealthMap2025*

Additional Information & References

To assess the prevalence of this health status, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[3] A body mass index (BMI) of less than 18.5 is considered underweight, 18.5-24.9 is considered normal, 25-29.9 is considered overweight, and 30+ is considered obese.[4]

Although BMI is a commonly used measure of overweight/obesity status, it has been criticized as an outdated and discriminatory marker of health. This measure was developed in the 1800s and based primarily on male bodies, which are not the standard for all humans. Because BMI is a ratio of height to weight, the measure cannot differentiate between lean (muscle) mass and fat mass. Therefore, an elite athlete may be classified as overweight or obese despite being very fit and healthy. However, there are no other standardized measures of body composition that are as widely known and used.[5]

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[6] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the proportion of adult residents who meet physical activity guidelines. Unfortunately, the BRFSS stopped measuring this metric in 2019.

[1] GBD 2015 Obesity Collaborators, Afshin, A., Forouzanfar, M. H., Reitsma, M. B., Sur, P., Estep, K., Lee, A., Marczak, L., Mokdad, A. H., Moradi-Lakeh, M., Naghavi, M., Salama, J. S., Vos, T., Abate, K. H., Abbafati, C., Ahmed, M. B., Al-Aly, Z., Alkerwi, A., Al-Raddadi, R., Amare, A. T., … Murray, C. J. L. (2017). Health Effects of Overweight and Obesity in 195 Countries over 25 Years. *The New England journal of medicine*, *377*(1), 13–27. https://doi.org/10.1056/NEJMoa1614362

[2] Healthy People 2030 objective NWS-03, U.S. Department of Health and Human Services.

[3] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

[4] Weir, C. B., & Jan, A. (2023). BMI Classification Percentile And Cut Off Points. In *StatPearls*. StatPearls Publishing.

[5] Nuttall F. Q. (2015). Body Mass Index: Obesity, BMI, and Health: A Critical Review. *Nutrition today*, *50*(3), 117–128. https://doi.org/10.1097/NT.0000000000000092

[6] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.) https://www.cdc.gov/places/index.html

MATERNAL AND INFANT HEALTH

Pre-pregnancy And Pregnancy Health

The health of pregnant individuals before and during their pregnancy is a significant opportunity for meaningful intervention. Pregnant individuals with medical comorbidities are at significantly increased risk for complications for both parent and child, including severe morbidity such as placental abruption, eclampsia, and neonatal intensive care unit (NICU) admission.[1]

43.7% of women who had a live birth had a **chronic health condition**.

≈ Similar to HM2022 (42.8%)

Disparities by selected social determinants of health: *White more likely*

44.9% of women who had a live birth were not taking **vitamins** before pregnancy.

≈ Similar to HM2022 (48.8%)

Disparities by selected social determinants of health: *Hispanic, Black more likely*

18.4% of women who had a live birth had pre-pregnancy **depression**.

≈ Similar to HM2022 (17.7%)

Disparities by selected social determinants of health: *White more likely*

6.1% of women who had a live birth had pre-pregnancy **hypertension**.

↑ Up from HM2022 (5.4%)

Disparities by selected social determinants of health: *Black more likely*

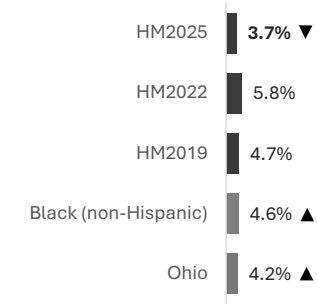
24.9% of live births were from **unintended pregnancies**.

≈ Similar to HM2022 (23.9%)

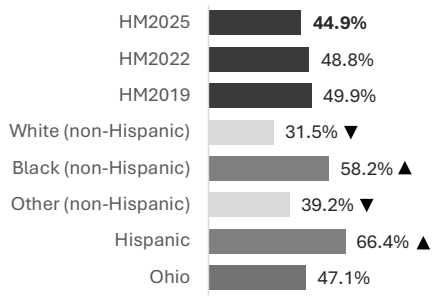
Disparities by selected social determinants of health: *Black, Hispanic more likely*

Although pre-pregnancy diabetes has decreased in recent years, black (non-Hispanic) residents are at increased risk for that health condition. Both black (non-Hispanic) and Hispanic residents were more likely to report not taking vitamins prior to pregnancy, as compared to white (non-Hispanic) residents or individuals who have an other (non-Hispanic) racial background.

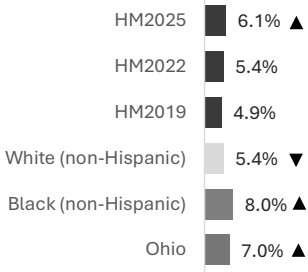
Pre-pregnancy Diabetes



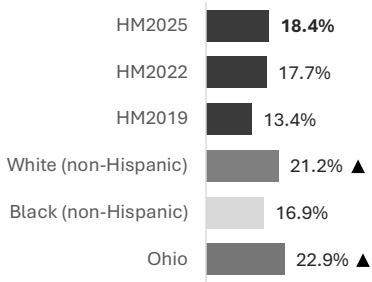
No Vitamins Pre-pregnancy



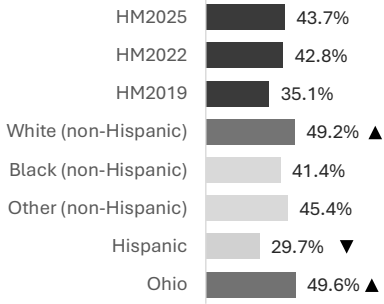
Pre-pregnancy Hypertension



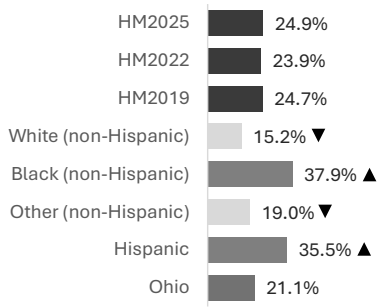
Pre-pregnancy Depression



Prenatal Chronic Conditions



Unintended Pregnancy



Additional Information & References

Data for this section were sourced from the Ohio Pregnancy Assessment Survey (OPAS), which asks questions of women who had a live birth.[2] Pre-conception vitamin usage was defined as taking multivitamins, prenatal vitamins, or other folic acid vitamins in the month before conception. Pre-pregnancy diabetes was defined as type 1 or 2 diabetes in the past 3 months before conception. Similarly, pre-pregnancy hypertension and depression were measured in the 3 months before conception. Prenatal chronic health conditions were defined as one or more conditions of anxiety, depression, gestational diabetes, or pregnancy-onset hypertension. Finally, unintended pregnancy was defined as either wanting to be pregnant later or not wanting to be pregnant at all prior to conception.

Readers might notice that pre-pregnancy overweight and obesity status was reported in *HealthMap2022* but not in *HealthMap2025*. This is because these data are no longer publicly reported by OPAS. This may be due in part to the increasing normalization of pregnancy at a higher BMI.

Data Gap: Future HealthMaps should consider obtaining data about pregnancy-related / maternal mortality.

[1] Tanner, M. S., Malhotra, A., Davey, M. A., Wallace, E. M., Mol, B. W., & Palmer, K. R. (2022). Maternal and neonatal complications in women with medical comorbidities and preeclampsia. *Pregnancy hypertension*, *27*, 62–68. https://doi.org/10.1016/j.preghy.2021.12.006

[2] Ohio Department of Health. *Ohio Pregnancy Assessment Survey* [Interactive Dashboard]. Retrieved from https://grcapps.osu.edu/app/opas, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

Prenatal Racial Bias

Health disparities by race have been increasingly highlighted as a contributor to the maternal-child health crisis in the United States.[1] One proposed mechanism for why certain groups experience greater risks is bias or discrimination in healthcare. This may result in patients receiving substandard medical care or avoiding prenatal care altogether.[1]

9.9% of **pregnant individuals** reported **experiencing racial bias** from a healthcare provider.



Up from HM2022 (6.4%)

Disparities by selected social determinants of health: *Black, Hispanic more likely*

Community Voices

Community members spoke about the issue of maternal mortality, and how inadequate treatment by health care professionals contributes to higher rates for black mothers.



> *"The maternal death rates. If you're white middle class, your average chance of survival [in pregnancy and childbirth] is much greater than ours. I think it's like twice. The difference is pretty high. And that's just egregious. We have needs, we have the ability, we're just not putting the resources in."*
>
> *"Moms are going into hospitals and they're not believing in their pain. My aunt's friend went into the hospital, and she had her baby. She kept telling there was something wrong, and they left her for 4 hours…She passed away. She had an aneurysm. And she has been telling them all this time…the migraine, the headache she was having, it was so bad. They just told her, 'It's from the epidural.' And that's probably true…I'm pretty sure she would have been a great advocate for herself, but she was just in so much pain, she couldn't do it."*

Community members also gave other specific examples of how they have seen racial bias within the health care system, including health care professionals not listening to their wishes for labor and delivery, inadequate treatment of health issues resulting from pregnancy, and unfair assumptions that young black women are sexually promiscuous.



> *"I just had a baby eight months ago. And if it wasn't for the doula putting a birth plan and being an advocate for me, things could have went left several times during the delivery process. So you just think that not everyone has access to someone who can advocate for you in that process. They were trying to push a lot of stuff. I was very much like, I don't want any medication unless medically necessary…They'll go out the room and have those*

> *conversations, come back and try to still push it. And so it was frustrating at times…"*
>
> *"I had gallstones for the whole time I was pregnant. Found out that they were gallstones after I had my son. And then I'm still complaining of pain. It's like up to a year and a half later, maybe two years, and I was in the hospital four or five times. Then guess what? I had pancreatitis, because they never cleaned out my bioduct from the gallstones when I was 16. They never listened to me. And I really do think it's because I'm half black, half Hispanic."*
>
> *"The first time I had sex, I got pregnant, and I had my exam at the hospital. The first thing that they did was check me for STD's and ask me, how many people have I been with, and I have had other friends say, 'that's never happened to us.' I just wonder if the same thing would have happened if I had walked in white."*

Community members suspect that they experience racial bias in the health care system due to historical myths that black women feel less pain, as well as assumptions by health care professionals that their health issues are due to inherent genetic differences.



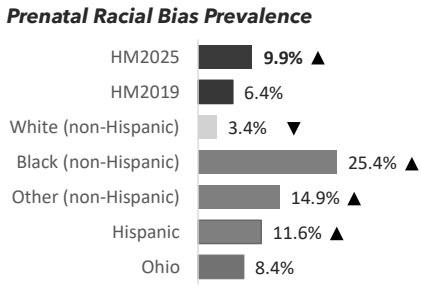
> *"It's obviously not true, but for the longest time in doula training, when you read the books, they were told that black women can accept more pain than a woman that's not black."*
>
> *"I've gone to a doctor and I've actually had them say, 'With you being an African American female, this is probably hereditary, you're probably having diabetes or it's high blood pressure' or something…they're making that assumption without doing the testing. They didn't afford me the opportunity to be tested…'It's probably just this. I don't think you have anything to worry about.' When I tell you I've heard that so many times, and then it develops into something."*

Lastly, a black community member highlighted how the historical treatment of people of color by the health care system and their preclusion from knowledge about their health still impacts the ability of healthcare to be equitable today:



> *"Knowledge is power. I mean, you can advocate better for yourself and for others when you know better. And I think it can be a class issue, it could be a socioeconomic issue. But if we consider racial discrimination or any of those factors…Even if I have access today, the reality is that two, three, four generations ago, it was withheld. Or even if my ancestors had the knowledge, they couldn't do anything with it because they were barred from being able to do so…We're behind. We have to try to play catch up as it pertains to a lot of things that can speak to our physical health, our mental health."*

As would be expected, experiences of racial bias are most common among racial and ethnic minorities. This was particularly prominent for black (non-Hispanic) patients, even compared to other racially minoritized groups. Concerningly, these experiences increased since the last *HealthMap*.



Additional Information & References

To assess the experience of racial bias in prenatal care, data from the Ohio Pregnancy Assessment Survey (OPAS) were used.[2] Participants were asked "During your most recent pregnancy, did you experience discrimination or were you made to feel inferior while getting any type of health or medical care because of the things listed below", where one of the options was "My race, ethnicity, or culture". This measure is only reported periodically, with the most recent publicly available data collected in 2020.

[1] ACOG Committee Statement No. 10: Racial and Ethnic Inequities in Obstetrics and Gynecology. (2024). *Obstetrics and gynecology*, *144*(3), e62–e74. https://doi.org/10.1097/AOG.0000000000005678

[2] Ohio Department of Health. *Ohio Pregnancy Assessment Survey* [Interactive Dashboard]. Retrieved from https://grcapps.osu.edu/app/opas, 2020 (HM2025), 2016 (HM2019)

Maternal Healthcare

Pre-pregnancy healthcare visits offer expectant mothers and their doctors an opportunity to discuss healthy diet choices, folic acid supplementation, and other interventions that help to build the foundation for a healthy pregnancy.[1] Postpartum visits allow mothers who recently delivered a baby to be screened for postpartum depression, to have their overall health examined, and to discuss possible pregnancy complications such as gestational diabetes.[2]

72.3% of pregnant individuals had a **healthcare visit** in the year before their pregnancy.

≈ Similar to HM2022 (67.6%)

Disparities by selected social determinants of health: *Hispanic less likely*

90.2% of postpartum individuals had a **postpartum healthcare visit**.

≈ Similar to HM2022 (93.2%)

Disparities by selected social determinants of health: *Hispanic less likely*

Community Voices

Community members are aware that pregnant and postpartum individuals may not seek out health care when they should. They also drew attention to how specific health issues like preeclampsia and postpartum depression can worsen if not addressed by a health care professional.

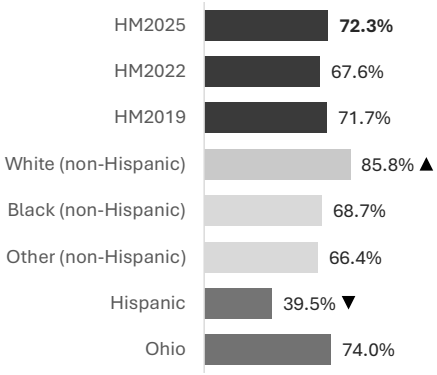
> *"I hear that they don't get the prenatal [checks], they don't see the doctor like they should."*
>
> *"Postpartum preeclampsia, not knowing that they even have it until after they have the baby and then they're home for like a few days and then they're nearly about to die. But it wasn't caught during pregnancy."*
>
> *"I know I was almost psychotic after I had my child many years ago, and they're all safely grown now. But it was bad. I mean, I literally shudder when I think of the thoughts that would go through your mind. You had no control. And there was just nothing. There was no resources. If you go tell your doctor that, they're going to lock you up, take your kid away. I don't want to lose my child. But there was no help."*

Community members mentioned that one of the reasons pregnant individuals don't seek health care is out of fear they will not receive adequate care. These fears appear to be especially prevalent in black communities.

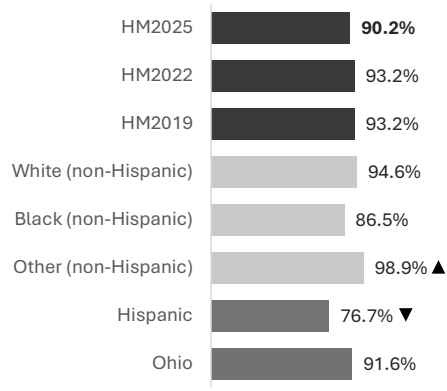
> *"A lot of us were scared of doctors because of situations in the past. We really don't trust doctors. It's hard to even find one that we can really bond with…so many black women are dying during childbirth because they're not getting adequate care. They say we were better off back when we caught them ourselves than going to the hospital."*
>
> *"There's just a lot of stories that you hear out here, where mostly black women are telling horror stories of how they're just not getting the proper care."*

Pre-pregnancy healthcare visits were higher among white (non-Hispanic) individuals than all other racial groups and were particularly low among Hispanic individuals. Postpartum healthcare visits are high for all groups but are similarly lowest for Hispanic individuals. This could indicate a cultural or language barrier that can be further addressed.

Pre-pregnancy Healthcare visit



Postpartum Healthcare Visit



Additional Information & References

To assess the healthcare visit status of Franklin County mothers with a recent live birth, *HealthMap2025* used data from the Ohio Pregnancy Assessment System (OPAS).[3] Pre-pregnancy healthcare visits were defined as any visit with a healthcare professional in the 12 months prior to conception. Postpartum healthcare visits were defined as a checkup for the postpartum individual that occurs around 4-6 weeks after delivery.

[1] Berghella, V., Buchanan, E., Pereira, L., & Baxter, J. K. (2010). Preconception care. *Obstetrical & gynecological survey*, *65*(2), 119–131. https://doi.org/10.1097/OGX.0b013e3181d0c358

[2] ACOG Committee Opinion No. 736: Optimizing Postpartum Care. (2018). *Obstetrics and gynecology*, *131*(5), e140–e150. https://doi.org/10.1097/AOG.0000000000002633

[3] Ohio Department of Health. (2022). *Ohio Pregnancy Assessment Survey* [Interactive Dashboard]. Retrieved from https://grcapps.osu.edu/app/opas, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

Infant Health and Adolescent Pregnancy

Infant health and mortality is a global concern, even in high-income countries such as the United States. Worldwide, the leading cause of death among those under age 5 is preterm birth, with the third cause of death being intrapartum-related events.[1] Adolescent pregnancy, along with increasing the risk for adverse infant outcomes, is also associated with serious physical and social consequences for the mother.[2]

7.4 infants died per 1,000 live births.	≈ Similar to HM2022 (6.9)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	N/A	Black more likely	Observed (see map)

9.4% of infants were **born with a low birthweight**.	≈ Similar to HM2022 (9.5%)
10.6% of infants were **born prematurely**.	≈ Similar to HM2022 (10.9%)
12.1 infants had **neonatal abstinence syndrome** per 1,000 live births.	≈ Similar to HM2022 (11.4)
The **teen birth rate** was **15.2** per 1000 adolescent females.	⬇ Down from HM2022 (17.2)

Community Voices

Community members are concerned that the county's youth are unable to access reproductive health care like birth control or abortion. They emphasized the importance of options and choices for teens who become pregnant. Abstinence-only education is not sufficient in their minds to reduce the issue of teen pregnancy.

> *"What concerns me now is there is not the access to care for young women that there used to be when I was that age. I can remember in high school, driving down to campus to go to Planned Parenthood with friends so that they could get on the pill or do whatever…We always knew in the back of our mind that if something came up, there were options."*
>
> *"So as far as options, I think that if my mom would have had those options back then, I probably wouldn't be here, but it was an option, and it was a choice. She just did not have that. And there was not even birth control, birth control was not an option for her. From what she told me, it's because she was taught abstinence [only]."*
>
> *"In high school, they have to take health. The kids consider it a joke. But if the kids think it's a joke, whether it's a valid program or not, then they're not getting anything from it. You're a freshman and you are getting a pregnancy test. And it happens all the time, but I think that means that what we're teaching them, it's not enough."*

Community members also think that perceptions that gynecologists should only be seen once a person becomes sexually active are contributing to youth not having enough knowledge or access when it comes to reproductive health.

> *"A lot of the OBs, they don't even want to see the kids until they're 21. I called her because my daughter had extremely heavy bleeding several days, I wanted to get her on something that could help reduce that. And she's like, 'Well, we don't normally see them until they're 21.' If the health providers in that world are even saying this isn't really the age that we start to see them at, then you reduce the number of places that you can get help."*
>
> *"One of my friends said to her daughter, 'Now that you've got a boyfriend, we should go to the gynecologist.' And I was standing right there, 'No, no. You go to the gynecologist because you're a woman and you take care of yourself. The boyfriend has nothing to do with this.' And I don't know if that is the message that they're getting."*

A lack of education about sex and reproductive health can ultimately result in young parents being unequipped to adequately care for children.

> *"Young moms don't have the knowledge that they need. Years ago, they would have classes so when you got pregnant, you had a class that taught you the things that you needed, just the stuff you would need to know. Now they have these kids having babies and they don't know anything…they don't have a formula for the baby. Like, she was feeding the baby actual 2% milk because she didn't have any formula. She didn't know she needed the formula. She didn't have a means to get the formula, and her and the baby is just out. They didn't have Pampers."*

Relatedly, families' unwillingness to broach the subject of sex and reproduction with their children may prevent youth from accessing birth control when it could be helpful for them.



> *"They don't teach them about their bodies. We have 8, 9-year-old girls who have started their periods, and their parents don't tell them. I remember a little girl, when she was eight, she said, 'I need a pad.' I'm not thinking like a sanitary pad. I'm thinking she was talking about paper… Some of the parents are talking to them, but a lot of them, they're not teaching. And the boys too, they're not teaching them about puberty, how their body's changing, how it's normal to feel what you're feeling."*
>
> *"My family was very closed [off], 'don't talk [about it]'. I don't think we ever even talked about sex, honestly. And when I got to college, the doctor was recommending for my migraines the Depo shot, which is a birth control. And I didn't want to have to tell my parents I needed birth control because I didn't think they would believe me that it wasn't about sex. And so I went to Planned Parenthood, and I used the money I earned working in school, and I got the Depo for $65 every three months."*

The infant health indicators have not changed significantly in recent years; not only does infant mortality remain relatively high, and is especially high among black (non-Hispanic) babies. Franklin County's neonatal abstinence syndrome (NAS) rate is slightly higher than that for Ohio.

Infant Mortality Rate

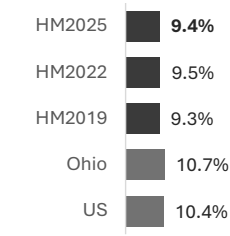
	Rate per 1,000 babies born
HM2025	**7.4**
HM2022	**6.9**
HM2019	**8.7**
White (non-Hispanic)	3.7 ▼
Black (non-Hispanic)	12.6 ▲
Hispanic	7.8
Ohio	**7.1**
US	**5.6**

Neonatal Abstinence Syndrome

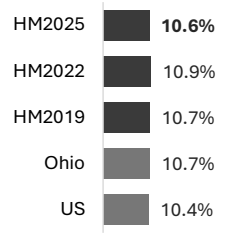
	Rate per 1,000 babies born
HM2025	**12.1**
HM2022	**11.4**
HM2019	**12.3**
Ohio	**10.1** ▼

Although Franklin County is similar to Ohio and the United States with regard to low birthweight and preterm birth rates, the teen birth rate has significantly declined across all geographies.

Low Birthweight



Preterm Birth



Teen Birth Rate

	Rate per 1,000 girls age 15-19
HM2025	**15.2 ▼**
HM2022	**17.2**
HM2019	**23.4**
Ohio	**15.4 ▼**
US	**13.6 ▼**

Healthy People 2030

There is still progress to be made on infant mortality[3] and preterm births[4] in order to achieve the Healthy People 2030 goals. However, the adolescent pregnancy goal[5] has been exceeded and is currently less than half the target rate for that objective.

HP2030 objective for Infant Mortality: Not met

Healthy People Objective:
5.0 per 1000 live births

Most recent Franklin County data (HM2025)
7.4

HP2030 objective for Preterm Births: Not met

Healthy People Objective:
9.4%

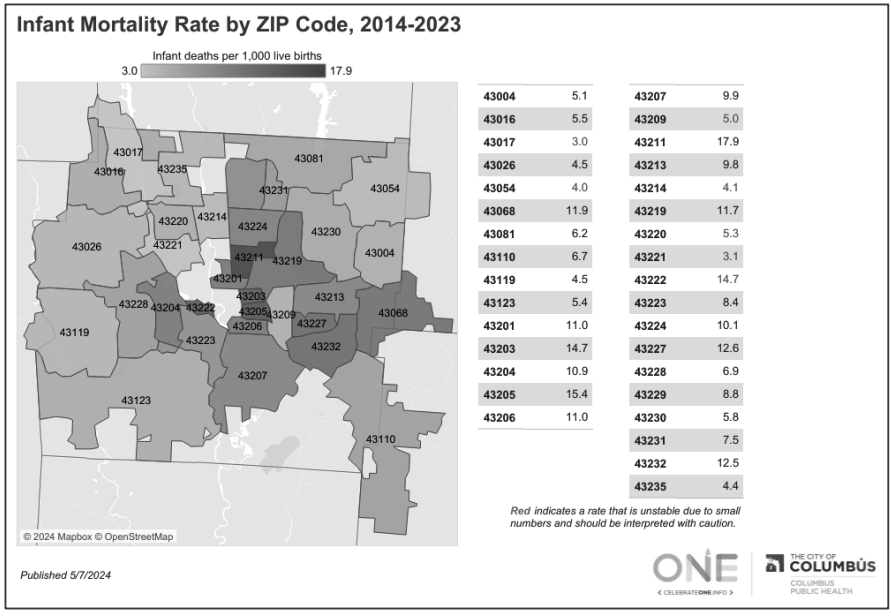
Most recent Franklin County data (HM2025)
10.6%

HP2030 objective for Adolescent Pregnancy: Met

Healthy People Objective:
31.4 per 1000 females aged 15-19

Most recent Franklin County data (HM2025)
15.2

The map below is a screenshot of the infant mortality rate across Franklin County's zip codes from 2014-2023, as mapped by Celebrate One and Columbus Public Health. The zip codes with the highest infant mortality rates are 43211, 43205, 43203, and 43222.[6] Readers who are interested in learning more about this topic are encouraged to visit Celebrate One and Columbus Public Health's interactive map, which can be accessed by **clicking here**.



43004	5.1
43016	5.5
43017	3.0
43026	4.5
43054	4.0
43068	11.9
43081	6.2
43110	6.7
43119	4.5
43123	5.4
43201	11.0
43203	14.7
43204	10.9
43205	15.4
43206	11.0
43207	9.9
43209	5.0
43211	17.9
43213	9.8
43214	4.1
43219	11.7
43220	5.3
43221	3.1
43222	14.7
43223	8.4
43224	10.1
43227	12.6
43228	6.9
43229	8.8
43230	5.8
43231	7.5
43232	12.5
43235	4.4

Additional Information & References

Infant mortality refers to deaths that occur before someone is 1 year of age. Low birthweight is defined as less than 2500 grams (i.e., ~5.5 pounds) and preterm births are births that occur before 37 weeks gestation. NAS hospitalization rates were calculated from the number of reported NAS hospitalizations divided by the number of births in the same year. Adolescent fertility rates were defined as the birth rate of adolescent females aged 15-19 per 1000 in the same age range.

Adolescent pregnancy is challenging to measure both because there is no standard age when an individual becomes fertile and because abortions and miscarriages may be underreported. The most typical age range for reporting adolescent pregnancy and birth is

15-19; although pregnancies can and do occur under 15 years old, they constitute a very small number and are not frequently reported.

Franklin County infant mortality data were sourced from the City of Columbus' Infant Mortality Report for 2023, which in turn obtained data from Ohio Department of Health's Bureau of Vital Statistics about all births in which the mother was a resident of Franklin County.[7] Ohio and US infant mortality were sourced from the National Center for Health Statistics for 2022.[8] Low birthweight and preterm delivery for Franklin County and Ohio were sourced through the DataOhio Birth tool for 2023, while US statistics were again pulled from the National Center for Health Statistics for 2022.[9,10] Neonatal abstinence syndrome data were pulled from the Ohio Department of Health Violence and Injury Prevention division for 2022, 2020, and 2017.[11-14] Finally, adolescent pregnancy rates were sourced from the Centers for Disease Control and Prevention's WONDER database.[15]

[1] Perin, J., Mulick, A., Yeung, D., Villavicencio, F., Lopez, G., Strong, K. L., Prieto-Merino, D., Cousens, S., Black, R. E., & Liu, L. (2022). Global, regional, and national causes of under-5 mortality in 2000-19: an updated systematic analysis with implications for the Sustainable Development Goals. *The Lancet. Child & adolescent health*, *6*(2), 106–115.

[2] Maheshwari, M. V., Khalid, N., Patel, P. D., Alghareeb, R., & Hussain, A. (2022). Maternal and Neonatal Outcomes of Adolescent Pregnancy: A Narrative Review. *Cureus*, *14*(6), e25921. https://doi.org/10.7759/cureus.25921

[3] Healthy People 2030 objective MICH-02, U.S. Department of Health and Human Services

[4] Healthy People 2030 objective MICH-07, U.S. Department of Health and Human Services

[5] Healthy People 2030 objective FP-03, U.S. Department of Health and Human Services

[6] Celebrate One and Columbus Public Health (2023). Infant Mortality Report. https://public.tableau.com/app/profile/columbus/viz/InfantMortalityReport/P1Home

[7] City of Columbus. (2023). *Infant Mortality Report Franklin County, Ohio* [Interactive Dashboard]. Retrieved in 2024 from https://public.tableau.com/app/profile/columbus/viz/InfantMortalityReport/P1Home

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Celebrate One and Columbus Public Health's interactive map can be accessed at https://public.tableau.com/app/profile/columbus/viz/InfantMortalityReport/P1Home.

INFECTIOUS DISEASES

Common Infectious Diseases

Infectious diseases are among the leading causes of death worldwide, even in high income countries.[1] COVID-19, which emerged in 2019, has become the most commonly reported infectious disease, one that has long-term and severe health effects (including serious illness and/or death), especially among vulnerable members of the population. Community members continue to be at risk for COVID-19, and preventing the spread of this and other diseases continues to be a public health concern in Franklin County.

The most commonly reported infectious diseases for both adults and children were COVID-19, Chlamydia, and Gonorrhea

New metrics for HM2025

The most commonly reported infectious disease was COVID-19 for both adults and children/adolescents, followed by several sexually transmitted diseases and foodborne pathogens. Pertussis is a vaccine preventable disease, so the ongoing infection rate underscores the importance of continuing vaccination efforts. Interventions regarding sexually transmitted and foodborne illnesses continue to be important as well.

Adults (18+)

Disease	Rate per 1,000
COVID-19	**28.37**
Chlamydia	**9.16**
Gonorrhea	**3.99**
Syphilis (Primary and Secondary)	0.56
Campylobacter	0.27
Salmonella	0.15
Streptococcal disease, group a invasive (IGAS)	0.14
Streptococcus pneumoniae, invasive disease (ISP)	0.14
Legionella	0.08
Ecoli	0.08

Children (0-17)

Disease	Rate per 1,000
COVID-19	**14.45**
Chlamydia	**3.50**
Gonorrhea	**1.00**
Campylobacter	0.24
Giardia	0.19
Salmonella	0.17
Pertussis	0.13
Shigella	0.12
Ecoli	0.11
Lyme Disease	0.09

In *HealthMap2022*, infectious diseases were measured for the total population (instead for separately for adults and for children), resulting in a rate of 7.86 per 1,000 for chlamydia and 3.78 per 1,000 for gonorrhea. By recalculating these infectious diseases for the total

population in *HealthMap2025*, the rate of chlamydia is observed to be similar (7.84 per 1,000) while the rate of gonorrhea has decreased (3.30 per 1,000).

Additional Information & References

Using data from the Ohio Disease Reporting System, Columbus Public Health's Office of Epidemiology provided the total number of infectious disease cases in 2023 for each of the top 10 reported diseases among adults and children (separately). Case numbers were then converted into crude rates based on the age-specific population of Franklin County, using 2023 population estimates provided by Ohio's Department of Public Safety.[2]

The data in this report are based on counts of infectious diseases that were reported to the Ohio Department of Health. Some illnesses, such as influenza, are not reportable unless there is a severe outbreak, novel infectious, or severe morbidity or mortality. Other diseases may not be reported if the individual is asymptomatic or manages symptoms at home without medical intervention. Influenza was excluded from these data, as the counts would only include hospitalizations or mortality and would be a misleading presentation of influenza rates.

Data Gap: Readers might be surprised to learn about the prevalence of sexually transmitted infections among youth aged 0-17. One possible data source that could potentially add context to this finding is the High School Youth Risk Behavior Survey (YRBS). Although 2023 YRBS data for Ohio were not available in time for inclusion in this report, they are now available online at https://youthsurveys.ohio.gov/reports-and-insights/yrbs-yts-reports. Those data could be analyzed to determine if there have been changes in the percentage of high school youth who reported ever having sexual intercourse, current sexual activity, or condom use.

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Human Immunodeficiency Virus (HIV)

Human Immunodeficiency Virus (HIV) was first identified in 1981, exponentially rising to over 130,000 cases annually by 1984 in the United States before being controlled by greater surveillance and treatment.[1] Rapid advancements in prophylactic and antiretroviral therapies have both decreased transmission rates and extended the expected lifespan of HIV infected individuals to be close to non-HIV infected individuals.[2]

There were **14.8 new HIV diagnoses** per 100,000 Franklin County residents.

≈ Similar to HM2022 (16.3)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Male more likely	Black more likely	Unavailable

Although Franklin County's overall HIV incidence rate has not changed significantly in recent years, it remains higher than the rates for Ohio and the United States.

Within Franklin County, there are vast disparities by both race and sex: individuals who do not have a white racial background and males are much more likely to have been diagnosed with HIV.

HIV Incidence	**Rate per 100,000**
HM2025	**14.8**
HM2022	**16.3**
White	6.7 ▼
Black/African American	34.5 ▲
Multi-Race	20.7 ▲
Hispanic	24.8 ▲
Male	22.6 ▲
Female	7.3 ▼
Ohio	**7.4**
US	**13.3**

Healthy People 2030

The Healthy People 2030 goal for HIV is a total of 3000 new infections per year nationally, which is equivalent to a rate of 0.9 per 100,000 population.[3] Franklin County (indeed, the United States as a whole) still has much progress that needs to be made toward this objective.

HP2030 objective for New HIV Infection: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
0.9	**14.8**

Additional Information & References

To assess HIV incidence in Franklin County and Ohio, *HealthMap2025* sourced data about new infections from the Ohio Department of Health HIV/AIDS Surveillance Program for 2022 and 2019.[4,5] For the United States rates, data were obtained from the Centers for Disease Control and Prevention HIV Surveillance Report for the same years.[6]

Data Gap: Future *HealthMaps* should explore the possibility of calculating HIV incidence within each Franklin County zip code (or other sub-county geography).

[1] Bosh, K. A., Hall, H. I., Eastham, L., Daskalakis, D. C., & Mermin, J. H. (2021). Estimated Annual Number of HIV Infections — United States, 1981-2019. *MMWR. Morbidity and mortality weekly report*, *70*(22), 801–806. https://doi.org/10.15585/mmwr.mm7022a1

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[3] Healthy People 2030 objective HIV-01, U.S. Department of Health and Human Services

[4] HIV Surveillance Program, Ohio Department of Health. (2023). *New Diagnoses of HIV Infection Reported in Franklin County*. https://odh.ohio.gov/wps/wcm/connect/gov/cac882ed-d27b-42ff-9d14-2e60a4c7e366/Franklin2022.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-cac882ed-d27b-42ff-9d14-2e60a4c7e366-oFCnYED

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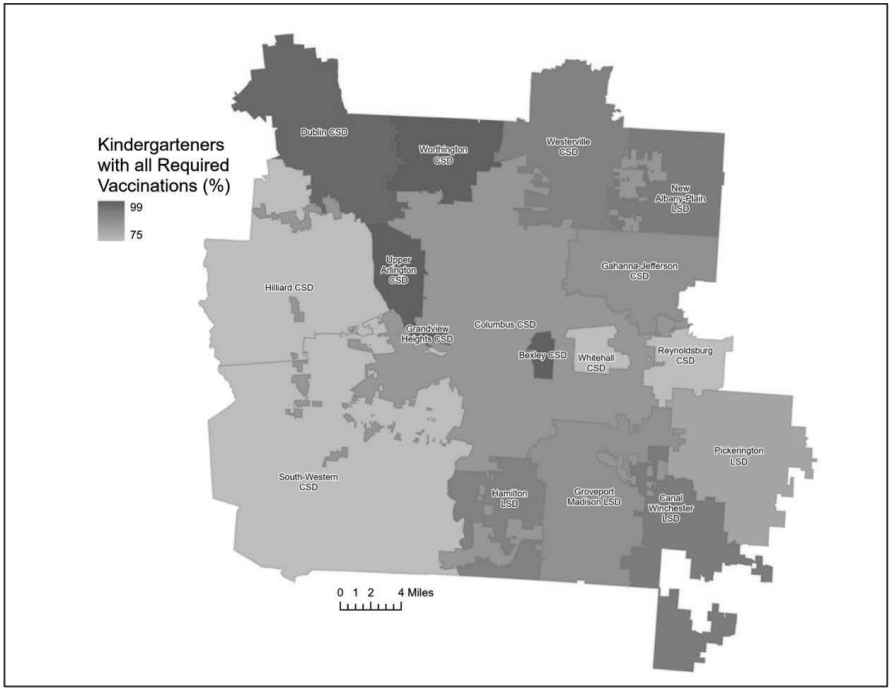
Kindergarten Vaccinations

Vaccinations are one of the most powerful, lifesaving health innovations of the 20th century. Globally, an estimated 154 million lives have been saved in the past 50 years due to vaccination, 146 million of which were children younger than 5.[1]

86.6% of Franklin County kindergarteners received all required **vaccines**.

New metric for HM2025

The Grandview Heights, Upper Arlington, Bexley, Worthington, and Dublin school districts reported that ≥95% of their kindergarteners entered school with all required vaccinations complete. The Columbus, Pickerington, Reynoldsburg, Hilliard, South-Western, and Whitehall school districts reported that ≤89% of their kindergarteners entered school with all required vaccinations complete.



Franklin County *HealthMap2025*

Additional Information & References

The required vaccinations for a kindergarten student in Ohio includes 4+ doses of Diphtheria, Tetanus, and Pertussis (DTaP); 3+ doses of Hepatitis B; 2 doses of Measles, Mumps, and Rubella (MMR); 3+ doses of Polio; and 2 doses of Varicella.[2] More doses than the minimum may be required depending on the age of the child and when the child received their vaccines.

For this metric, Columbus Public Health's Office of Epidemiology requested data from Ohio Department of Health's Immunization Program. These data are a composite measure of kindergarteners in Franklin County public and private schools who had received all required vaccines for the 2022-2023 school year. Columbus Public Health staff then aggregated the data to calculate an estimate for each school district. Franklin County Public Health staff then mapped the prevalence of this indicator across the various school districts.

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[2] Vanderhoff, B. (2023). *In Re: Approved Means of Immunization Pursuant to Sections 3701.13 and 3313.671 of the Ohio Revised Code Director's Journal Entry*. Ohio Department of Health. https://odh.ohio.gov/wps/wcm/connect/gov/8e6d4c5d-7b45-4a0a-80cb-a1d8d00f4073/%28JE%29+%28131628%29+10-23-23+Directors-Journal-School-Requirements+10.16.2023+CERTIF.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-8e6d4c5d-7b45-4a0a-80cb-a1d8d00f4073-oJII3Hj

HEALTH CARE ACCESS

Emergency Department Utilization

Emergency department (ED) volume is an important metric for allocating appropriate resources and preventing overcrowding.[1] Frequent use of the emergency department is more common among women, patients with Medicare/Medicaid, black, and those who abuse prescriptions drugs.[2] Many patients report visiting the emergency department multiple times for the same condition, indicating that there may be a gap in either inpatient or follow-up care that drives frequent ED visits.[2]

There were **470.6 total emergency department visits** per 1,000 residents.

≈ Similar to HM2022 (511.3)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Older more likely	Female more likely	Black more likely	Observed (see maps)

There were **410.5 treated-and-released emergency department visits** per 1,000 residents.

≈ Similar to HM2022 (449.7)

There were **60.2 hospital admissions from an emergency department** per 1,000 residents.

≈ Similar to HM2022 (61.6)

Community Voices

Community members spoke about how difficulties finding providers who accept their insurance and long waitlists for appointments can lead individuals to use the emergency room for issues that could have been treated more affordably elsewhere. Additionally, many community members may not know about Federally Qualified Health Centers where they can get more affordable care if they are uninsured.

> *"So [the insurance companies] give you a list of who will take you. Well, then when you call them, they don't want to take you. Then I looked at [medical center] for what they offered, and they don't do it during the summer and then they're backed up forever. So I actually made a complaint to my insurance company and I said, 'I have this benefit, but no one will take me.' So they refer me to online counseling. So that finally came through. Don't know how long it's going to last, but I can see where, especially young people who need someone immediately, they end up in the hospital so*

> *many times."*
> *"There is availability for access to healthcare for people that do not have insurance that is affordable. I just think that it's not advertised enough. I know that it's not advertised enough. I went eleven years with no health care until I found out about FQHCs. I could have been going, because I was that person that only went to the emergency room when it was absolutely necessary. People don't know that they're available and they can help with 340b access to medications and PAPs through pharmaceutical companies. They're just not advertised enough."*

Community members also pointed out that a general lack of education about the medical system can lead individuals to use the ER for minor issues, and that more education is needed to ensure people seek the appropriate level of care for their health issues.



> *"I remember I sprained my ankle and I made the mistake of going to the emergency room at [medical center]. I think I got billed $4,000 and that's with health insurance."*
>
> *"I couldn't get insurance because I was working and it was so expensive. I was working two jobs and I would go to the ER all the time. Now every year when I get my taxes, I have to pay the emergency room for all this stuff that I was doing when I was 18, 19, 20, and I didn't know anything about the medical system. I just know I'm sick and I need to go to the doctor. So I just don't think they educate people enough and they aren't helping people enough with the medical assistance."*

The overall rates of total emergency department visits, treated and released visits, and admissions to the hospital from the emergency department have not significantly changed in Franklin County or Ohio since HM2022 (see tables on this page and the next page).

Children had a lower rate of all visit types, whereas older adults had higher rates of total ED visits and ED visits that resulted in hospital admission. Additionally, black (non-Hispanic) individuals had higher rates for all visit types, whereas white (non-Hispanic) individuals had lower rates of total ED visits and treated/released ED visits.

Lastly, males had lower rates of total ED visits and treated/released ED visits whereas females had higher rates for those types of visits.

Total ED Visits

	Rate per 1,000
HM2025	**470.6**
HM2022	**511.3**
HM2019	**608.8**
Age 0-17	299.1 ▼
Age 18-64	499.1
Age 65+	630.9 ▲
White (non-Hispanic)	371.4 ▼
Black (non-Hispanic)	683.9 ▲
Other (non-Hispanic)	541.5
Hispanic	464.2
Male	410.8 ▼
Female	528.2 ▲
Ohio	**492.3**

Treated and Released ED visits

	Rate per 1,000
HM2025	**410.5**
HM2022	**449.7**
HM2019	**546.3**
Age 0-17	280.4▼
Age 18-64	450.9
Age 65+	443.6
White (non-Hispanic)	312.1▼
Black (non-Hispanic)	609.2▲
Other (non-Hispanic)	492.9▲
Hispanic	430.0
Male	352.3▼
Female	466.5▲
Ohio	**423.4**

Hospital Admissions from ED Visits

	Rate per 1,000
HM2025	**60.2**
HM2022	**61.6**
HM2019	**62.4**
Age 0-17	18.8▼
Age 18-64	48.2▼
Age 65+	187.3▲
White (non-Hispanic)	59.3
Black (non-Hispanic)	74.7▲
Other (non-Hispanic)	48.6▼
Hispanic	34.2▼
Male	58.6
Female	61.7
Ohio	**69.0**

The rate of minor severity (level 1) visits to the emergency department has increased among Franklin County residents while the rate of high severity (level 4) visits has decreased since HM2022. Elsewhere in Ohio, the rates of both low-moderate (level 2) and moderate severity (level 3) visits have decreased since HM2022.

Severity of ED Visits (per 1,000 patients treated)

	HM2025	HM2022	HM2019	Ohio
Level 1 (minor severity)	**10.0▲**	**8.0**	**10.1**	**7.1**
Level 2 (low to moderate severity)	**52.8**	**51.7**	**50.2**	**30.5▼**
Level 3 (moderate severity)	**161.3**	**162.0**	**149.9**	**140.5▼**
Level 4 (high severity, urgent evaluation required)	**142.7▼**	**134.9**	**121.1**	**136.2**
Level 5 (high severity, immediate threat to life or function)	**94.1▼**	**92.2**	**77.3**	**109.0**

The diagnoses associated with emergency department use are an important indicator of healthcare access in the community. For example, many concerns treated in the emergency department might have been treated by a primary care provider, but oftentimes patients report being unable to access that first line of treatment in a timely manner. Demographic

variables such as low socioeconomic status are also associated with non-urgent use of the emergency department.[3,4]

Overall, the leading cause of visits to an emergency department that resulted in patients being treated-and-released was acute upper respiratory infection (unspecified), which is a catch-all term for a nose/throat infection that does not have a known cause. This was followed by two different types of chest pain and COVID-19. The rates of these diagnoses among Franklin County residents who visited EDs were similar to Ohioans who visited EDs.

Top Diagnoses Among Those Who Were Treated & Released By An Emergency Department (Total Population; rate per 1,000)

	HM2025	HM2022	Ohio
1st	Nose/throat infection (acute upper respiratory infection; unspecified): 10.3▼	Nose/throat infection (acute upper respiratory infection; unspecified): 12.0	Other chest pain: 11.0
2nd	Other chest pain: 9.9	Chest pain (unspecified): 10.9	Nose/throat infection (acute upper respiratory infection; unspecified): 9.4
3rd	Chest pain (unspecified): 6.6▼	Other chest pain: 9.8	Chest pain (unspecified): 7.1
4th	COVID-19: 6.5	Headache: 8.7	COVID-19: 6.6
5th	Headache (unspecified): 5.7	Abdominal pain (unspecified): 8.1	Urinary tract infection: 6.0

Among youth, the leading cause of treated-and-released visits to an emergency department was also upper respiratory infections (unspecified), followed by other infectious diseases.

Top Diagnoses Among Those Who Were Treated & Released By An Emergency Department (Ages 0-17; rate per 1,000)

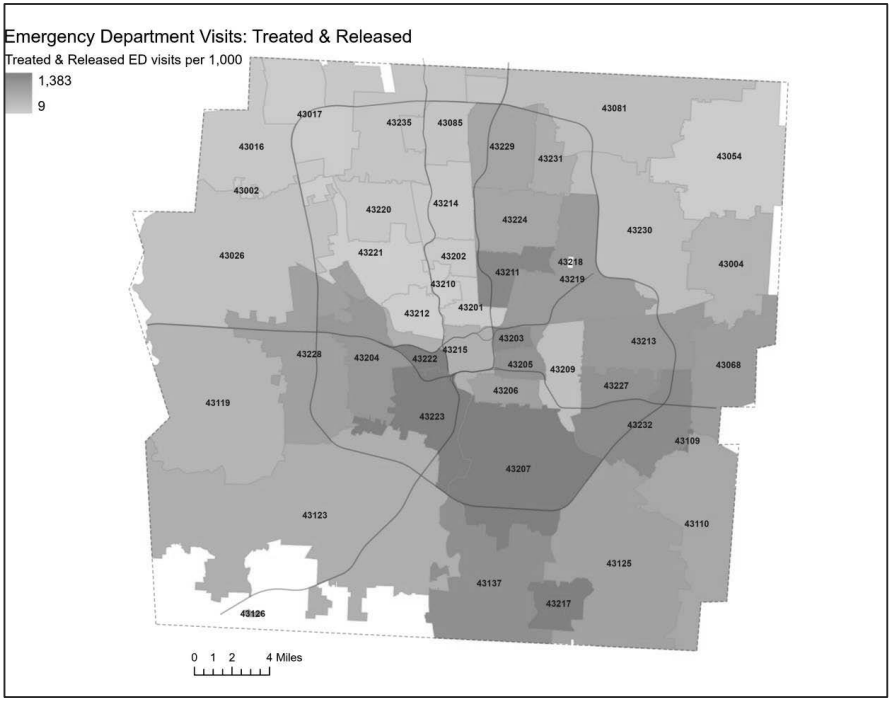
	HM2025	HM2022	Ohio
1st	Nose/throat infection (acute upper respiratory infection; unspecified): 19.1▼	Nose/throat infection (acute upper respiratory infection; unspecified): 24.7	Nose/throat infection (acute upper respiratory infection; unspecified): 21.7
2nd	Strep throat (streptococcal pharyngitis): 12.3	Fever (unspecified): 8.9	Strep throat (streptococcal pharyngitis): 11.7
3rd	Viral infection (unspecified): 8.9	Viral infection (unspecified): 8.9	Viral infection (unspecified): 9.0
4th	Vomiting (unspecified): 4.9▼	Vomiting (unspecified): 6.9	Fever (unspecified): 7.6
5th	Upper airway infection causing breathing difficulty (acute obstructive laryngitis; croup): 4.7	Influenza: 6.2	Injury to the head (unspecified): 6.6

Among older adults, the leading cause of treated-and-released visits to an emergency department was chest pain followed by urinary tract infection.

Top Diagnoses Among Those Who Were Treated & Released By An Emergency Department (Ages 65+; rate per 1,000)

	HM2025	Ohio
1st	Other chest pain: 11.9	Other chest pain: 13.1
2nd	Urinary tract infection: 11.2	Urinary tract infection: 12.3
3rd	COVID-19: 9.9	COVID-19: 10.7
4th	Chest pain (unspecified): 9.3	Chest pain (unspecified): 9.1
5th	Vertigo/light headedness (dizziness and giddiness): 9.1	Vertigo/light headedness (dizziness and giddiness): 8.9

As shown below, the rate of emergency department visits that led to patients being treated and released was highest in southern zip codes (43207, 43217, 43137), west-central zip codes (43222, 43223), and 43211.



Franklin County *HealthMap2025*

Overall, the leading cause of visits to an emergency department that resulted in patients being admitted into a hospital was sepsis and hypertensive heart and chronic kidney disease (with heart failure) or chronic kidney disease, followed by hypertensive heart disease (with heart failure) and kidney failure. The rates of these diagnoses among Franklin County residents who visited EDs were similar to Ohioans who visited EDs.

Top Diagnoses Among Those Who Were Admitted Into A Hospital From An Emergency Department (Total Population; rate per 1,000)

	HM2025	HM2022	Ohio
1st	Sepsis (unspecified organism): 4.4▼	Sepsis (unspecified organism): 5.6	Sepsis (unspecified organism): 4.7
2nd	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 1.6▼	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 2.0	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 1.9
3rd	Hypertensive heart disease with heart failure: 1.4▼	Hypertensive heart disease with heart failure: 1.7	Hypertensive heart disease with heart failure: 1.7
4th	Acute kidney failure (unspecified): 1.2▼	Acute kidney failure (unspecified): 1.4	Acute kidney failure (unspecified): 1.5
5th	COPD (with acute exacerbation): 0.9	Heart attack (NSTEMI): 1.3	Pneumonia (unspecified organism): 1.4

Among youth, two of the top 5 leading causes of visits to an emergency department that resulted in a hospital admission were related to lung infections, and two of the other top 5 leading causes were related to major depression.

Top Diagnoses Among Those Who Were Admitted Into A Hospital From An Emergency Department (Ages 0-17; rate per 1,000)

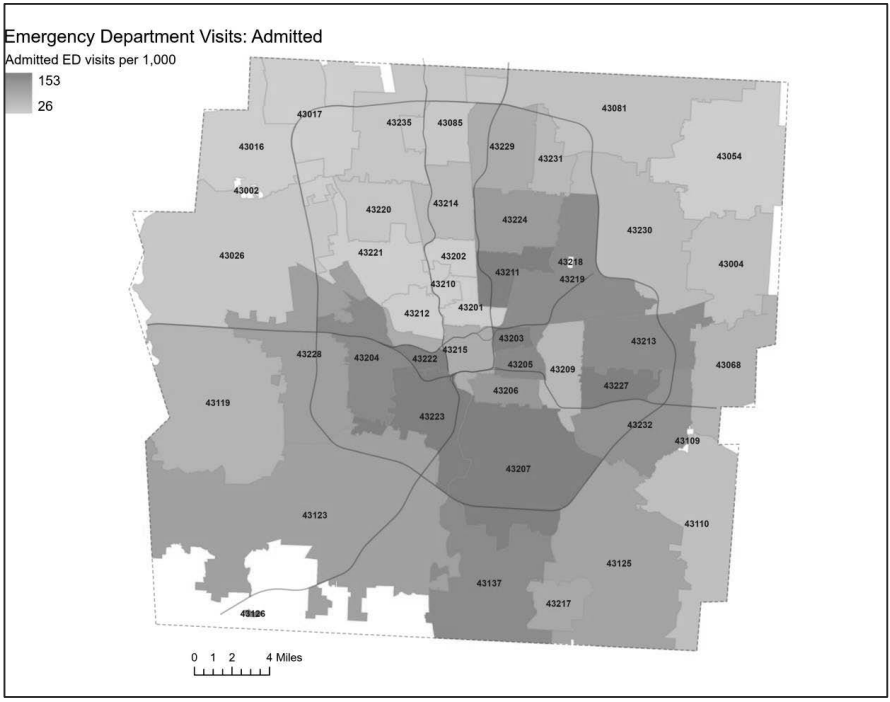
	HM2025	HM2022	Ohio
1st	Lung infection (acute bronchiolitis; RSV): 1.6	Lung infection (acute bronchiolitis; RSV): 1.5	Lung infection (acute bronchiolitis; RSV): 0.6
2nd	Recurrent major depression (without psychosis): 0.5	Dehydration: 1.4	Dehydration: 0.5
3rd	Lung infection (bronchiolitis; specified organism): 0.5▼	Lung infection (acute bronchiolitis;unspecified): 1.1	Recurrent major depression (without psychosis): 0.3
4th	Major depression (single episode): 0.4	Lung infection (bronchiolitis; specified organism): 1.0	Lung infection (acute bronchiolitis; unspecified):0.3
5th	Type 1 diabetic ketoacidosis (without coma): 0.4▼	Type 1 diabetic ketoacidosis (without coma): 0.7	Disruptive mood dysregulation: 0.3

Among older adults, the leading cause of visits to an emergency department that resulted in a hospital admission was sepsis, followed by hypertensive heart and chronic kidney disease, hypertensive heart disease (with heart failure), and kidney failure.

Top Diagnoses Among Those Who Were Admitted Into A Hospital From An Emergency Department (Ages 65+; rate per 1,000)

	HM2025	Ohio
1st	Sepsis (unspecified organism): 20.6▲	Sepsis (unspecified organism): 15.7
2nd	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 10.8▲	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 8.9
3rd	Hypertensive heart disease with heart failure: 7.8▲	Hypertensive heart disease with heart failure: 6.6
4th	Acute kidney failure (unspecified): 6.4	Acute kidney failure (unspecified): 6.1
5th	Heart attack (NSTEMI): 5.3	COVID-19: 5.2

As shown below, the rate of emergency department visits that led to patients being admitted to a hospital was highest in southern zip codes (43207, 43137), west-central zip codes (43222, 43223), 43203, and 43211.



Franklin County *HealthMap2025*

Additional Information & References

Readers who are interested in learning more about this topic should also read the *HealthMap2025* section that focuses on individuals with disabilities (see page 65).

To measure emergency department utilization, *HealthMap2025* requested data from the Ohio Hospital Association for calendar year 2023.[5] Franklin County residents who visited any Ohio hospital's emergency department are counted in these data. The raw data from each category was divided by the total population for the appropriate year and geographic region, and then converted into a rate per 1,000. For sample size reasons, the "other (non-Hispanic)" racial category includes all racial/ethnic groups other than black (non-Hispanic), white (non-Hispanic), and Hispanic. Franklin County Public Health staff then mapped these data for each zip code in Franklin County.

The Ohio Hospital Association also provided data for the most frequent diagnoses (i.e., the primary ICD-10 codes) among Franklin County and Ohio residents who either (1) were treated and released from an emergency department (i.e., without being admitted to the hospital) in 2023 or (2) were admitted to a hospital from an emergency department in 2023.[5] The raw numbers that were provided were converted into crude rates for the appropriate geographic and age group.

Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about patients who went to emergency departments for the same underlying health need(s) on multiple occasions over some duration of time (i.e., "emergency department readmissions"). Unfortunately, that type of data is unavailable.

[1] Kenny, J. F., Chang, B. C., & Hemmert, K. C. (2020). Factors Affecting Emergency Department Crowding. *Emergency medicine clinics of North America*, *38*(3), 573–587. https://doi.org/10.1016/j.emc.2020.04.001

[2] Behr, J. G., & Diaz, R. (2016). Emergency Department Frequent Utilization for Non-Emergent Presentments: Results from a Regional Urban Trauma Center Study. *PloS one*, *11*(1), e0147116. https://doi.org/10.1371/journal.pone.0147116

[3] Unwin, M., Kinsman, L., & Rigby, S. (2016). Why are we waiting? Patients' perspectives for accessing emergency department services with non-urgent complaints. *International emergency nursing*, *29*, 3–8. https://doi.org/10.1016/j.ienj.2016.09.003

[4] Montoro-Pérez, N., Richart-Martínez, M., & Montejano-Lozoya, R. (2023). Factors associated with the inappropriate use of the pediatric emergency department. A systematic review. *Journal of pediatric nursing*, *69*, 38–46. https://doi.org/10.1016/j.pedn.2022.12.027

[5] Ohio Hospital Association. (2023). *Ohio Hospital Association* [Dataset].

Dental Care Access

Oral health, which includes the mouth, teeth, and other maxillofacial elements, allows people to eat, breathe, and speak, granting it an important role in individuals' physical, mental, social, and economic well-being.[1,2] Poor oral health has been associated with a variety of health conditions, including cardiovascular disease, pregnancy and birth complications, and pneumonia.[3] Therefore, equitable access to dental care is critical to ensure optimal health.[4]

3.3% of children age 3-18 **needed dental care but could not secure it**.	⬇ Down from HM2022 (3.9%)
12.8% of adults age 19-64 **needed dental care but could not secure it**.	⬇ Down from HM2022 (16.1%)

Community Voices

Community members identified how fear and embarrassment can influence residents to avoid seeking dental care. Alternatively, people may not place a high priority on visiting a dentist if they have not experienced any teeth "problems."

> *"People are worried, if this goes wrong, my teeth are going to be gone."*
>
> *"To get dentures, you get an appointment, and they'll say you have to go get them pulled. Then come back here. Who wants to go eight weeks without teeth?…it needs to be more convenient."*
>
> *"I think another thing is embarrassment. So if you haven't gone to the dentist in a long time, it might feel sort of just scary to go into the dentist after a while because of fear of judgment from healthcare practitioners."*
>
> *"The fear of like not being treated well, being stigmatized, being seen as a drug addict, being seen as like we'll do all these procedures, we'll take out all your teeth, but we're not going to give you any pain medication because you struggle with addiction…"*
>
> *"I was one of those people that had good teeth anytime I went for cleaning. There were never any issues, so I held off for a really long time. And then I was finally like I need to go. And I got my first cavity…I was scared to go back again because you gotta get it fixed, right. And it's actually considered dental surgery…So I was really worried about pain. And then also this really weird thing, if I have easy teeth for such a long time, why do I need to go?"*

Dental care costs also play a large role in residents' willingness to see a dentist or orthodontist, whether they have insurance or not.



> *"But those [insurance] costs are not covering anything for the kids. The kids need braces. They're only covering $2,000 for the braces. But the average cost of braces was starting at $5,000."*
>
> *"Even if you have insurance, it's outrageous. It really is. Like, if you need to have an implant, you might as well count on $5,000, and that's with insurance, though. They're just not covered."*
>
> *"My husband just recently cracked a tooth about a month ago, and we don't have dental because he unfortunately lost his position where he was at. He went to a local dentist here. They told him what they could do, and then they started adding on different things and a health plan. 'This is what you can do, a yearly plan.' He goes, 'Wait a minute. Am I buying a condo, and I don't know about it?' That's exactly what he felt like. He left, and we went back to where I grew up in Galloway. They're working with us for him, just for a payment plan. Just for a broken molar, it's $3,000 to fix when you don't have any insurance."*
>
> *"So for the past four years, I've been trying to get my mouth fixed affordably, which is impossible because I have no insurance. I don't have Medicaid anymore either, because I don't qualify. I can't afford the insurance either. I go to different places to check, and they want for one root canal, one crown; it was over $3,000…There could be a lot of work done in regard to affordability, dental care, especially for the self-pay."*
>
> *"They want you to take that credit, that CareCredit, and the interest rates on those are outrageous. If you can't afford it to begin with, and you're saying you need to pay $3,000 back in two years. That's not going to happen. So you just don't do it at all, and you live with the pain."*

Finding a dentist that will accept their insurance and being able to schedule appointments that do not conflict with work schedules are additional barriers to dental care.



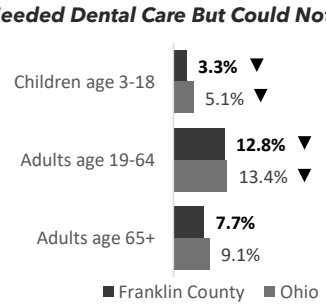
> *"And then it's finding a dentist that will accept you. It's hard to find a dentist that will accept your insurance or if you don't have insurance, and it's just hard to find one and keep one."*
>
> *"And the insurance changes whether you can stay with your dentist. I was with my dentist for almost 30 years, and then all of a sudden, they don't accept your insurance anymore. You already have a relationship, a rapport with them, and then you got to start all over again."*

> *"Scheduling, too. It's hard to get into a dentist around a time that works for you, especially when you're working. A lot of places aren't open after five. I don't want to go on my lunch break because they always have me sitting there forever. And, after that, 'Oh, well, we can do your cleaning today but you have to schedule another appointment and miss work, use PTO to get your teeth pulled.'"*

Franklin County residents also think there needs to be expanded emergency dental services in the community.

> *"[medical center] has emergency dental, but they only take the first ten people…So it's one of these, there is an emergency dental clinic, but again, if you're not right there when it first opens…"*
>
> *"I don't understand why we've never had better emergency services for a dental situation. Because my mom had that and she had to run to a different one every Saturday. Now my particular dentist is pretty good. You call him at 7:00 in the morning and end up going, but it's not guaranteed the way Urgent Care is. "*
>
> *"You go out with your friends and you get a tooth knocked out. Your dentist probably isn't going to answer either on a Friday or Saturday…where do you go?"*

From HM2022 to HM2025, fewer children age 3-18 and adults age 19-64 needed dental care but could not secure it.



Additional Information & References

Data for this indicator were obtained from the Ohio Medicaid Assessment Survey.[5]

[1] World Health Organization. (n.d.) Oral health. https://www.who.int/health-topics/oral-health#tab=tab_1
[2] Peres MA, Macpherson LMD, Weyant RJ et al. Oral diseases: a global public health challenge. *The Lancet*. 2019;394(10194):249–60.
[3] Mayo Clinic. (n.d.) Oral health: A window to your overall health. https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475
[4] Hannan CJ, Ricks TL, Espinoza L, Weintraub JA. Addressing Oral Health Inequities, Access to Care, Knowledge, and Behaviors. Prev Chronic Dis 2021;18:210060. DOI: http://dx.doi.org/10.5888/pcd18.210060
[5] The Ohio Medicaid Assessment Survey Dashboard. https://grcapps.osu.edu/app/omas, 2021 (HM2025), 2019 (HM2022)

INJURY AND DEATH

Mental and Social Health

Mental and social health are increasingly recognized as both direct and indirect contributors to overall health. Experiencing violence or being exposed to violence in the home has long-term physical and mental health impacts.[1,2] In addition to the direct impact on an individual's mortality, suicide also has rippling negative effects among other community members, from family members to peers to first responders.[3]

13.8 per 100,000 residents died by **suicide**.

↑ Up from HM2022 (10.8)

26.4% of Franklin County residents reported feeling **lonely**.

New metric for HM2025

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
None observed	Recently pregnant females more likely	Unavailable	Unavailable

23.7% of Franklin County adults reported ever having **depression**.

≈ Similar to HM2022 (23.1%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 more likely	Female more likely	White more likely	Observed (see map)

14.7 per 100,000 residents died from **100% alcohol-attributable causes**.

↑ Up from HM2022 (12.9)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
60+ more likely	Male more likely	White more likely	Unavailable

5,729 children were victims of **child abuse**.

↓ Down from HM2022 (7,240)

5,495 residents were victims of **domestic violence**.

↓ Down from HM2022 (7,471)

Unfortunately, hospitalizations due to self-harm and deaths from suicide have both increased in Franklin County since the last *HealthMap*.

Self-Harm and Suicide

	Self-harm hospitalization (rate per 100,000)	Suicide death (rate per 100,000)
HM2025	**7.6 ▲**	**13.8 ▲**
HM2022	**6.8**	**10.8**
HM2019	**4.9**	**12.5**
Ohio	-	**15.2**
US	-	**14.8**

Healthy People 2030

Unfortunately, the suicide rate in Franklin County has risen above the Healthy People 2030 objective in recent years. Further research and interventions should examine what has caused this change.

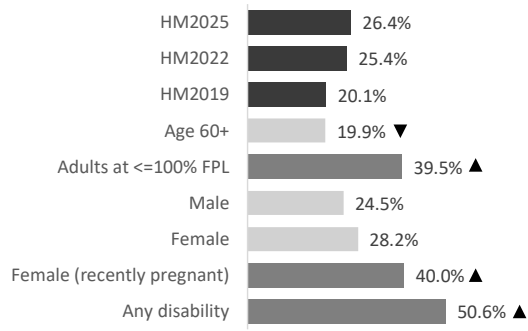
HP2030 objective for Suicide Deaths: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
12.8	**13.8**

In 2023, the United States Surgeon General issued an advisory notice that warned Americans about an emerging public health crisis: the epidemic of loneliness, isolation, and lack of connection.[4]

Unfortunately, over a quarter of Franklin County adult (ages 19+) report feeling isolated from others (i.e., lonely). Those individuals who have a household income that places them at or under the 100% federal poverty level, recently pregnant females, and individuals with disabilities are most likely to report feeling lonely.

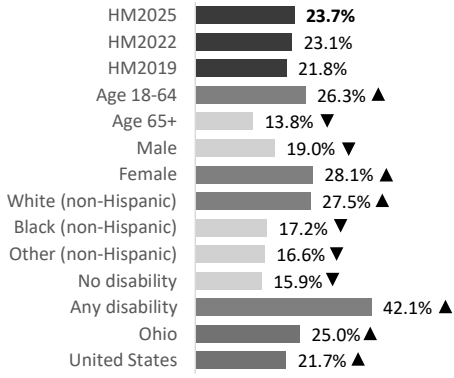
Loneliness

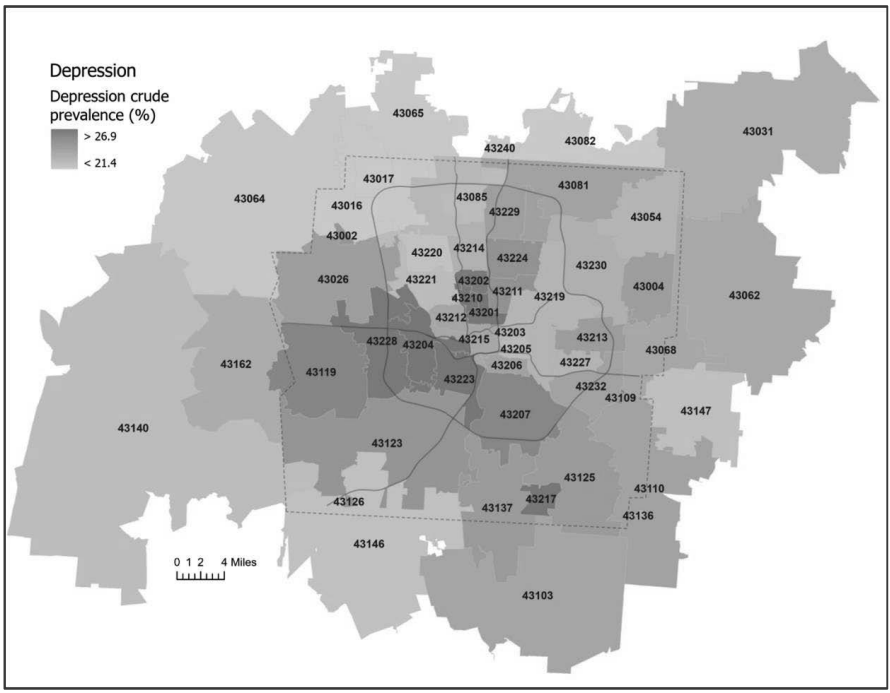


Females, white (non-Hispanic) individuals, adults under the age of 65, and individuals with a disability are more likely than other groups to report ever being told by a healthcare professional that they have a depressive disorder (e.g., depression).

Depression prevalence is higher in Franklin County's western and north-central zip codes.

Depression





Franklin County *HealthMap2025*

Community Voices: Depression

Community members perceive that anyone can be vulnerable to depression, and that economic hardships contribute to depression in their community. They believe depression is hard to address because it is not easy to always tell when someone is suffering. Although residents say mental health issues seem to be losing some of the stigma they once held, depressed individuals are still met with perceptions that they just need to "get over it."



> *"The best-looking person is on the edge. [Mental health], it's so fragile and it has to be taken way more seriously. That commercial that says there's no way he's depressed, he's young, you know, those type of stigmas, it's terrible. And that's why we see a lot of people out on the street or a lot of people doing what they're doing because their mental health issues have not been addressed or they've been temporarily addressed."*
>
> *"I see it with my job that I totally despise…does it affect my mental health? Absolutely. Can I pay the mortgage this month? Can I buy food this week? It's just a lot…I have a lot of breaking points."*
>
> *"Mental health is something that you don't see a lot as well. It could be a neighbor that you think is okay, but they may get evicted or, you know, their property taxes went up too high and can't afford it. So those aren't physical things, you may not even be able to see [even with] neighbors that you probably thought you were close to."*
>
> *"There's a lot of people who say 'mental health is so important to us and we're working on it.' But then if you do have some kind of issue with depression, there's still this like, 'Okay, well, I guess you better get over it.' You still have to keep going. And you're just kind of hopeless."*

Meanwhile, community members also said that stigma around depression can prevent people from getting help they need. For example, it may still be perceived negatively to be medicated for depression, and generational attitudes around depression may prevent helpful conversations around mental health from happening.



> *"I could say in my community, I believe that it was always, 'don't get put on that medicine.' It was a bad thing if you got medicated. So some people have been diagnosed, but they're not being treated because they don't want to be on that medication."*
>
> *"I have tried to talk with a lot of older people [in my community]…They have been through traumas, like they've been through wars, running from people and fleeing to a new country. That's a lot of trauma. But they don't agree that it's trauma. And I don't know how to tell [them] because I have not been in that place. I just came with them. And when I tried to tell them that, 'You*

> *got to talk about this, so it gets out of your head.' They just don't want to talk about it."*
>
> *"Depression is big…And it's all ages. I live with my grandma. She doesn't believe in depression, and I'm sure she's been depressed for most of her life. But back in the day it was more like, you just gotta push through it and fight through it. You gotta be strong. 'Everybody's depressed.'"*
>
> *"The kids, they can't talk about mental health problems with their parents because the parents will think that it's a disease and that's not good. So they will try to do substances, which just goes down the wrong path. And the parents can't take control of the kids, and the kids are now alone in their [mind], and it's hard."*

Alcohol use disorder frequently co-occurs with other mental health disorders. Compared to the last *HealthMap*, Franklin County residents whose deaths were 100% alcohol-attributable have increased and are particularly high among males, white (non-Hispanic) individuals, and the elderly.

Alcohol Attributable Deaths

	Rate per 100,000
HM2025	**14.7 ▲**
HM2022	**12.9**
HM2019	**9.1**
Age 20-59	13.6
Age 60+	38.1 ▲
White (non-Hispanic)	18.4 ▲
Black (non-Hispanic)	11.9
Male	21.4 ▼
Female	8.2 ▲
Ohio	**14.1 ▼**
US	**14.4**

The number of child abuse victims and abuse reports have declined across all geographic groups; the number of domestic violence reports has remained stable while the number of domestic violence victims in Franklin County has dropped dramatically. A unique victim is only counted once but could be associated with multiple reports of violence in a year.

Family Violence

	Child maltreatment (unique victims)	Child maltreatment (substantiated reports)	Domestic violence (unique victims)	Domestic violence (substantiated reports)
HM2025	**5,729 ▼**	**16,784 ▼**	**5,495 ▼**	**3,505**
HM2022	**7,240**	**19,801**	**7,471**	**3,636**
HM2019	**6,243**	**18,060**	**11,224**	**3,157**
Ohio	**22,439 ▼**	**17,037 ▼**	**58,822 ▲**	**31,142 ▼**
US	**558,899 ▼**	**553,479 ▼**	**598,490 ▲**	**1,370,440 ▲**

Additional Information & References

Relatedly, who are interested in learning more about this topic are encouraged to read the Franklin County Suicide Prevention Coalition's 2023 Report, which can be accessed by **clicking here**. Additionally, readers who are interested in learning more about this topic should also read the *HealthMap2025* sections that focus on alcohol use (see page 81), overdose deaths (see page 163), and individuals with disabilities and their mental health experiences (see page 133).

For HealthMap2025, data on suicides and alcohol-attributable deaths were collected from the CDC WONDER database for 2023, 2020, and 2017, and self-harm hospitalizations were provided by the Ohio Department of Public Safety, which accessed the Trauma Acute Care Registry (TACR) system for 2022 and 2019.[5-7] Loneliness statistics were provided by Franklin County Public Health, which accessed the Ohio Medicaid Assessment Survey for 2023.

To assess the prevalence of depression, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[8] In most cases, survey respondents were asked if a doctor, nurse, or other health professional ever told them that they had a specific chronic health condition (i.e., a depressive disorder). To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[9] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

Alcohol-attributable deaths were defined using the National Center for Health Statistics definition, which includes immediate deaths such as overdose as well as long-term chronic conditions such as alcoholic fatty liver.[5]

In both categories of violence, a "report" refers to a single instance where abuse or neglect was alleged to authorities. These reports are then investigated, and charges or action may be taken if there is enough evidence. A unique victim is counted only once in a calendar year, but they may be the subject of multiple reports if they experienced multiple acts of violence. Child maltreatment victims and reports were included if the abuse or neglect was classified as either "substantiated" or "indicated" in 2022, 2019, and 2016. Franklin County statistics were provided by the Ohio Department of Job and Family Services.[10] Statistics about child maltreatment from the United States and Ohio were sourced from the US Department of Health and Human Services annual Child Maltreatment report.[11]

Domestic violence statistics included all victim/perpetrator relationships, including married couples, life partners, and other eligible categories. Ohio and Franklin County statistics were sourced from an Ohio Bureau of Criminal Investigation report, where statistics were reported from all police agencies.[12,13] Reports were included if a charge was filed, and the included years were 2023, 2020, and 2017. For the United States, data were sourced from the Bureau of Justice Statistics for 2022.[14]

- Data Gap: The child maltreatment and domestic violence statistics reviewed here likely *underestimate* the full extent of those issues in the population, due to underreporting. Future HealthMaps should attempt to obtain different/more accurate data.
- Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the mental health of Franklin County's youth (e.g., those between the ages of 11 and 17). Unfortunately, Ohio's Youth Risk Behavior Survey does not calculate statistical estimates at the county level.
- Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about resiliency. Unfortunately, this construct has not been measured quantitatively at the county level.
- Data Gap: Future *HealthMaps* should explore the possibility of calculating the percentage of adults who recently had an alcohol attributable death within each Franklin County zip code (or other sub-county geography).

[1] Potter, L. C., Morris, R., Hegarty, K., García-Moreno, C., & Feder, G. (2021). Categories and health impacts of intimate partner violence in the World Health Organization multi-country study on women's health and domestic violence. *International journal of epidemiology*, *50*(2), 652–662. https://doi.org/10.1093/ije/dyaa220

[2] Clarke, A., Olive, P., Akooji, N., & Whittaker, K. (2020). Violence exposure and young people's vulnerability, mental and physical health. *International journal of public health*, *65*(3), 357–366. https://doi.org/10.1007/s00038-020-01340-3

[3] Lyra, R. L., McKenzie, S. K., Every-Palmer, S., & Jenkin, G. (2021). Occupational exposure to suicide: A review of research on the experiences of mental health professionals and first responders. *PloS one*, *16*(4), e0251038. https://doi.org/10.1371/journal.pone.0251038

[4] U.S. Department of Health and Human Services. (2023). Our epidemic of loneliness and isolation. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

[5] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-provisional.html

[6] 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.

[7] Ohio Division of Emergency Medical Services, Ohio Department of Public Safety. (2024). *Trauma Acute Care Agency* [Dataset].

[8] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2015 (HM2019)

[9] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.). https://www.cdc.gov/places/index.html

[10] Ohio Department of Job and Family Services, Ohio Department of Health. (2024). *Foster Care and Adult Protective Services* [Dataset].

[11] U.S. Department of Health & Human Services, A. for C., Families, Y., Administration on Children, & Families, C. B. (2023). Child Maltreatment 2022. https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf

[12] Ohio Bureau of Criminal Investigation. (2024). *Victims of Domestic Violence by County and Agency*.

[13] Ohio Bureau of Criminal Investigation. (2024). *Domestic Violence Incidents by County and Agency*.

[14] Thompson, A., & Tapp, S. N. (2023). *Criminal Victimization, 2022.* Bureau of Justice Statistics, US Department of Justice. https://bjs.ojp.gov/document/cv22.pdf

Franklin County Suicide Prevention Coalition's 2023 Report can be accessed at https://franklincountyspc.org/wp-content/uploads/2024/04/2023-Franklin-County-Suicide-Report-Updated-4.22.24.pdf.

Mortality

With advances in medicine, technology, and sanitation, life expectancy at birth (i.e., the average number of years that a person can expect to live) has risen substantially over the last century.[1] However, significant disparities in life expectancy at birth and in mortality rates exist by sex, race, and geography, among others.[2]

The **life expectancy** at birth was **75.9 years** in Franklin County.

Down from HM2022 (77.1)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
n/a	Unavailable	None observed	Observed (see map)

The **mortality rate** (all causes) was **891.5 per 100,000 residents** in Franklin County.

New metric for HM2025

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Older adults highest	None observed	Black higher	Observed (see map)

As shown on the next page, Franklin County residents' life expectancy has decreased slightly since the last *HealthMap* and is similar to residents throughout Ohio and the United States. Asian and Hispanic individuals have a higher life expectancy than Franklin County overall, whereas black (non-Hispanic) individuals have the lowest life expectancy.

The next page also displays a table that presents data regarding the all-cause mortality rate (age-adjusted) among Franklin County residents. As expected, the mortality rate is lower among children and much higher among older adults. Black (non-Hispanic) individuals in Franklin County have an all-cause mortality rate that is substantially higher than the county as a whole; Asian (non-Hispanic) individuals have a mortality rate that is substantially lower than the county as a whole.

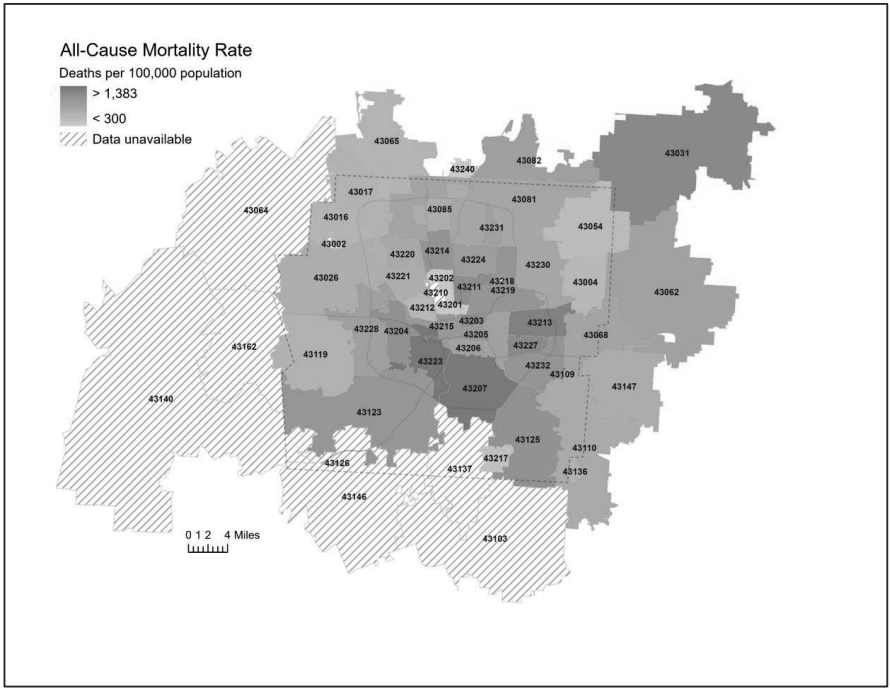
Life Expectancy at Birth

	Years
HM2025	**75.9**
HM2022	**77.1**
White (non-Hispanic)	76.6
Black (non-Hispanic)	72.9
Asian (non-Hispanic)	84.9 ▲
Hispanic	84.7 ▲
Ohio	**74.5**
US	**77.5**

All-Cause Mortality Rate

	Age-adjusted rate per 100,000
HM2025	**891.5**
Ages 1-19	30.8 ▼
Age 65+	4,969.0 ▲
White (non-Hispanic)	880.8
Black (non-Hispanic)	1,031.6 ▲
Asian (non-Hispanic)	471.7 ▼
Hispanic	486.6 ▼
Male	1,067.6 ▲
Female	750.3 ▼
Ohio	**849.1** ▼
US	**753.3**

The map below shows the all-cause mortality rate (crude) for those Franklin County zip codes that have data available for mapping. The all-cause mortality rate is highest in 43223 (Franklinton area), 43207 (southern Franklin County), and 43213 (Whitehall area).



Franklin County *HealthMap2025*

The map below is a screenshot of residents' life expectancy across Franklin County's census tracts during the period from 2010-2015 (the most recent data available), as mapped by Franklin County CARES.[3] The census tracts with the lowest quartiles of life expectancy (e.g., less than 73.9 years) are concentrated in the Franklinton, Hilltop, South Side, Linden, and Whitehall areas of Franklin County. Readers who are interested in learning more about this topic are encouraged to visit Franklin County CARES' interactive map, which can be accessed by **clicking here**.



Additional Information & References

To report life expectancy in Franklin County, *HeathMap2025* referenced County Health Rankings reports from 2024 (data 2019-2021) and 2020 (data 2016-2018).[4] For Ohio and the

United States, we used data from the Centers for Disease Control and Prevention Mortality Reports in 2021 and 2022, respectively.[5,6] Note that the methodology for the County Health rankings has changed in recent years to reflect updated race categories.

The age-adjusted mortality rate for Franklin County was obtained from the National Institute on Minority Health and Health Disparities for the 2018-2022 period.[7] The mortality rates for Ohio and for the US relied on provisional data obtained from the CDC WONDER system for 2023.[8,9] Franklin County Public Health staff mapped the all-cause mortality rate for each zip code in Franklin County that had those data.

[1] Kinsella K. G. (1992). Changes in life expectancy 1900-1990. *The American journal of clinical nutrition*, *55*(6 Suppl), 1196S–1202S. https://doi.org/10.1093/ajcn/55.6.1196S

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[3] Franklin County CARES. (n.d.) Life Expectancy (2010-2015). https://www.franklincocares.org/indicators/index/view?indicatorId=8195&localeTypeId=4&comparisonId=6807

[4] Population Health Institute, University of Wisconsin. (2023) County Health Rankings [Interactive Tool]. Retrieved in 2024 from https://www.countyhealthrankings.org/health-data/health-outcomes/length-of-life/life-expectancy?year=2024

[5] Kochanek, K. D., Murphy, S. L., Xu, J., & Arias, E. (2024). Mortality in the United States, 2022. NCHS data brief, (492), 1–8. https://www.cdc.gov/nchs/data/databriefs/db492.pdf

[6] Arias, E., Xu, J., Tejada-Vera, B., & Bastian, B. (2024). U.S. State Life Tables, 2021. National vital statistics reports : from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, 73(7), 1–18. https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-07.pdf

[7] HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Data are from 2018-2022. Available from https://hdpulse.nimhd.nih.gov

[8] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-provisional.html

[9] 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.

Franklin County CARES' interactive map can be accessed at https://www.franklincocares.org/indicators/index/view?indicatorId=8195&localeTypeId=4&comparisonId=6807.

Leading Causes of Death

Leading causes of death are an important metric for population health. These data can assist in identifying the impact of emerging health concerns such as COVID-19, provide an ecologic view of the outcomes of exposures such as environmental toxins, and illustrate health disparities by age and race.

The leading cause of death among those aged 0-17 was a **perinatal health condition** (**21.5** per 100,000).	⬆ Up from HM2022 (19.2)
The leading cause of death among those aged 18-59 was an **accident** (**94.8** per 100,000).	⬇ Down from HM2022 (114)
The leading cause of death among those aged 60+ was **heart disease** (**689.7** per 100,000).	⬇ Down from HM2022 (743.1)

The leading causes of death among Franklin County children have remained consistent over time, with the most frequent cause of death being perinatal conditions, a label that includes deaths that occur after preterm births, birth complications, or birth defects, among others. Other leading causes of death for assault children include accidents, congenital conditions, and assault. Note: although the top two causes of death for black children were also perinatal conditions and accidents, those occurred at much higher rates (30.8 and 24.9, respectively) than the population averages reported below.

Leading Causes of Death – Children (age 0-17; rate per 100,000)

	HM2025	HM2022	Ohio	US
1st	Perinatal conditions: 21.5	Perinatal conditions: 19.2	Perinatal conditions: 18	Perinatal conditions: 13.7
2nd	Accidents: 9.8	Congenital Conditions: 10.9	Accidents: 10	Accidents: 8.5
3rd	Congenital conditions: 8.5	Assault: 8.3	Congenital conditions: 6.9	Congenital conditions: 6.8
4th	Assault: 5.5	Accidents: 7.6	Assault: 4.4	Assault: 3.1
5th			Cancer (malignant neoplasms): 2.5	Intentional self-harm: 2.2

	HM2025	HM2022	Ohio	US
6th			Intentional self-harm: 2.4	Cancer (malignant neoplasms): 2.2
7th			Heart diseases: 1.4	Heart diseases: 1.0
8th			Influenza & pneumonia: 0.9	Influenza & pneumonia: 0.6
9th				Sepsis (septicemia): 0.5
10th				Cerebrovascular diseases: 0.4

The leading cause of death among Franklin County adults aged 18-59 was accidents, followed by heart diseases, cancer, suicide, and assault.

Leading Causes of Death – Adults (age 18-59; rate per 100,000)

	HM2025	HM2022	Ohio	US
1st	Accidents: 94.8	Accidents: 113.98	Accidents: 82.7	Accidents: 67.4
2nd	Heart diseases: 40.6	Heart diseases: 51.03	Cancer (malignant neoplasms): 55.3	Cancer (malignant neoplasms): 47.3
3rd	Cancer (malignant neoplasms): 39.1	Cancer (malignant neoplasms): 46.5	Diseases of heart: 49.0	Diseases of heart: 42.2
4th	Intentional self-harm: 17.4	Assault: 20.21	Intentional self-harm: 19.3	Intentional self-harm: 18.0
5th	Assault: 16.7	COVID-19 : 14.77	Chronic liver disease and cirrhosis: 12.4	Chronic liver disease and cirrhosis: 12.2
6th	Chronic liver disease & cirrhosis: 9.4	Intentional self-harm: 13.86	Diabetes mellitus: 11.2	Diabetes mellitus: 9.4
7th	Diabetes mellitus: 8.6	Chronic liver disease & cirrhosis: 10.88	Assault: 10.6	Assault: 9.8
8th	Cerebrovascular diseases: 5.5	Diabetes mellitus: 8.55	Cerebrovascular diseases: 7.1	Cerebrovascular diseases: 7.2
9th	Chronic lower respiratory diseases: 5.2	Chronic lower respiratory diseases: 8.03	Chronic lower respiratory diseases: 6.2	Chronic lower respiratory diseases: 4.6
10th	Sepsis (septicemia): 4.7	Cerebrovascular diseases: 7.38	Sepsis (septicemia): 4.7	Nephritis, nephrotic syndrome & nephrosis: 3.4

Black (non-Hispanic) individuals between the ages of 20 and 59 were more likely than white (non-Hispanic) individuals to die due to many of these leading causes; this was especially the case for accidents, heart diseases, and diabetes.

Leading Causes of Death by Race – Adults (age 20-59; rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)	Hispanic
1st	Accidents: 94	Accidents: 134.4	Accidents: 122.8
2nd	Cancer (malignant neoplasms): 46.8	Heart diseases: 68.7	
3rd	Heart diseases: 40.1	Assault: 47.1	
4th	Intentional self-harm: 18.5	Cancer (malignant neoplasms): 39.6	
5th	Chronic liver disease & cirrhosis: 12.5	Intentional self-harm: 16.9	
6th	Diabetes mellitus: 7.6	Diabetes mellitus: 15.7	
7th	Chronic lower respiratory diseases (includes COPD, asthma, others): 6.2	Cerebrovascular diseases: 12.2	
8th	Assault: 5.8		

The leading cause of death among Franklin County adults age 60+ was heart diseases, followed by cancer, cerebrovascular disease, accidents, chronic lower respiratory disease, and Alzheimer's disease.

Leading Causes of Death – Older Adults (age 60+; rate per 100,000)

	HM2025	HM2022	Ohio	US
1st	Heart diseases: 689.7	Heart diseases: 772.2	Heart diseases: 849.6	Heart diseases: 764.4
2nd	Cancer (malignant neoplasms): 673.4	Cancer (malignant neoplasms): 627.9	Cancer (malignant neoplasms): 721.2	Cancer (malignant neoplasms): 666.3
3rd	Cerebrovascular diseases: 212.1	COVID-19: 372.7	Cerebrovascular diseases: 226.4	Cerebrovascular diseases: 189.1
4th	Accidents: 185.7	Cerebrovascular diseases: 187.2	Chronic lower respiratory diseases (includes COPD, asthma, others):203.5	Chronic lower respiratory diseases (includes COPD, asthma, others):173.2
5th	Chronic lower respiratory diseases (includes COPD, asthma, others):171.3	Chronic lower respiratory diseases (includes COPD, asthma, others):177.0	Alzheimer's disease: 163.8	Alzheimer's disease: 143.9

	HM2025	HM2022	Ohio	US
6th	Alzheimer's disease: 135.0	Alzheimer's disease: 157.2	Accidents: 128.4	Accidents: 111.5
7th	Diabetes mellitus: 77.1	Accidents: 126.0	Diabetes mellitus: 113.5	Diabetes mellitus: 98.8
8th	Nephritis, nephrotic syndrome & nephrosis: 64.7	Diabetes mellitus: 104.1	Nephritis, nephrotic syndrome & nephrosis: 70.8	Nephritis, nephrotic syndrome & nephrosis: 62.1
9th	Sepsis (septicemia): 52.7	Influenza & pneumonia: 57.5	COVID-19: 68.7	COVID-19: 58.9
10th	Parkinson's disease: 51.5	Nephritis, nephrotic syndrome & nephrosis: 57.1	Sepsis (septicemia): 56.4	Parkinson's disease: 50.5

The leading causes of death for black and white residents age 60 and over are relatively similar to another. However, Asian residents were significantly less likely to die of heart disease or cancer.

Leading Causes of Death by Race – Older Adults (age 60+; rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)	Asian
1st	Heart diseases: 743.1	Cancer (malignant neoplasms): 732.1	Heart diseases: 308.4
2nd	Cancer (malignant neoplasms): 710.8	Heart diseases: 695.8	Cancer (malignant neoplasms): 275.4
3rd	Cerebrovascular diseases: 211.4	Cerebrovascular diseases: 258.3	
4th	Accidents: 195	Accidents: 209.2	
5th	Chronic lower respiratory diseases (includes COPD, asthma, others): 193.9	Chronic lower respiratory diseases (includes COPD, asthma, others): 145.1	
6th	Alzheimer's disease: 156.6	Diabetes mellitus: 119.5	
7th	Diabetes mellitus: 71.2	Nephritis, nephrotic syndrome and nephrosis: 119.5	
8th	Parkinson's disease: 63.5	Alzheimer's disease: 91.8	
9th	Nephritis, nephrotic syndrome & nephrosis: 55.3	Sepsis (septicemia): 72.6	
10th	Nutritional deficiencies: 53.1	Essential hypertension & hypertensive renal disease: 51.2	

Additional Information & References

To measure leading causes of death in Franklin County, raw numbers of the leading causes of death were obtained from the Ohio Department of Health Mortality tool,[1] which were then

converted into crude rates using the age and year appropriate population. Among children, the numbers for certain causes of death were particularly small. Therefore, only those causes of death that had at least 15 observations were included; that is the reason why only 4 leading causes of death are included in the table titled, "Leading Causes of Death – Children (age 0-17; rate per 100,000)."

In Ohio and the United States, the crude rates of leading causes of death are from the Centers for Disease Control WONDER database.[2]

For the overall leading causes of death, we defined children as age 0-17, adults as age 18-59, and older adults as age 60+. However, due to the age categories reported by the U.S. Census Bureau, it was not possible to obtain rates by race using the same age categories. Therefore, the age categories for leading causes of death by race were defined as 0-19, 20-59, and 60+.

[1]DataOhio. (2023). *Mortality* [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/mortality

[2]Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-provisional.html

Traumatic Injury

A traumatic injury is a severe physical injury that occurs suddenly and requires hospital admission. Examples of such injuries include musculoskeletal injuries, visceral injuries, nerve injuries, soft tissue damage, spinal injuries, and limb loss, all of which might be caused by a variety of blunt, penetrating, or other mechanisms.[1,2] Major traumatic injuries like these are one of the leading causes of death in children and adults under the age of 40, both nationally and here in Franklin County (see page 145).

57% of residents who were hospitalized due to trauma **experienced a fall**.

≈ Similar to HM2022 (53.7%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Older adults more likely (falls)	Male more likely (firearms, being struck, being cut/pierced)	Black more likely (firearms)	Observed (see maps)

Among those Franklin County residents who were hospitalized due to bodily trauma, the most common type of trauma was a fall. The next most common types of trauma hospitalizations were accidents involving an occupant of a motor vehicle and being struck (either by something or against something).

Leading Causes of Trauma Hospitalizations

	HM2025	**HM2022**	**HM2019**
1st	Fall: 56.6%	Falls: 53.7%	Falls: 48.5%
2nd	Motor vehicle accident (occupant): 12.2%	Motor vehicle accident (occupant): 12.7%	Motor vehicle accident (occupant): 15.5%
3rd	Struck by or against: 7.9%▼	Struck by or against: 9.6%	Struck by or against: 9.2%
4th	Firearm: 5.1%▲	Firearm: 4%	Firearm: 5.5%
5th	Cut or Pierce: 2.6%	Cut or Pierce: 2.6%	Cut or Pierce: 2.6%

As shown below, fall injuries that lead to hospitalization occur more frequently among older adults (age 65+), whereas most other types of injuries that lead to hospitalization occur among adults aged 18-64.

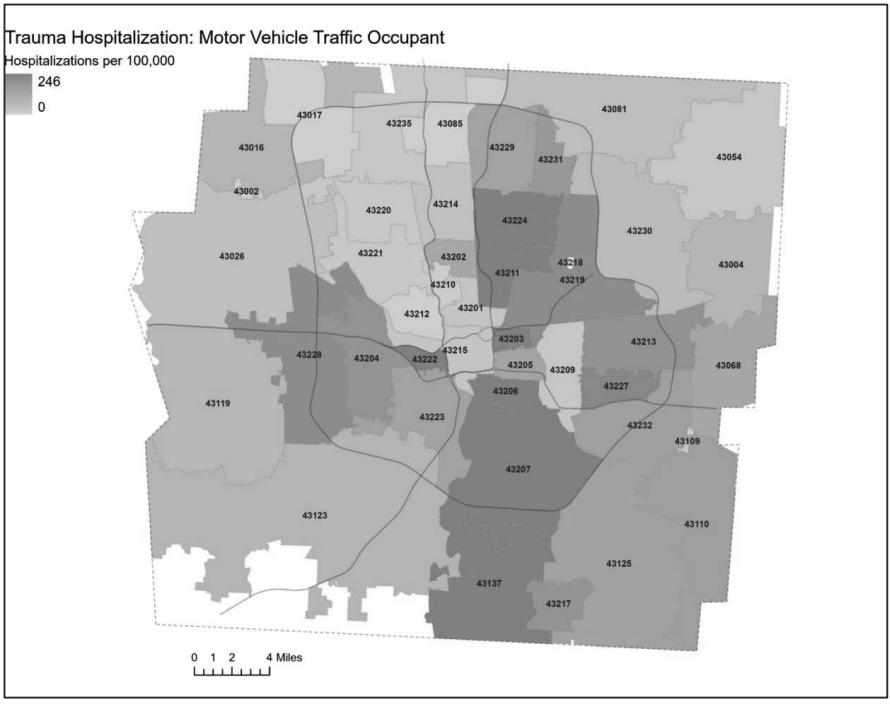
Injuries due to firearms, being struck (by or against something), or cutting/piercing that lead to hospitalization all occur more frequently among males than females. Injuries due to firearms that lead to hospitalization occur more frequently among black individuals.

Leading Causes of Trauma Hospitalizations (by Key Demographics)

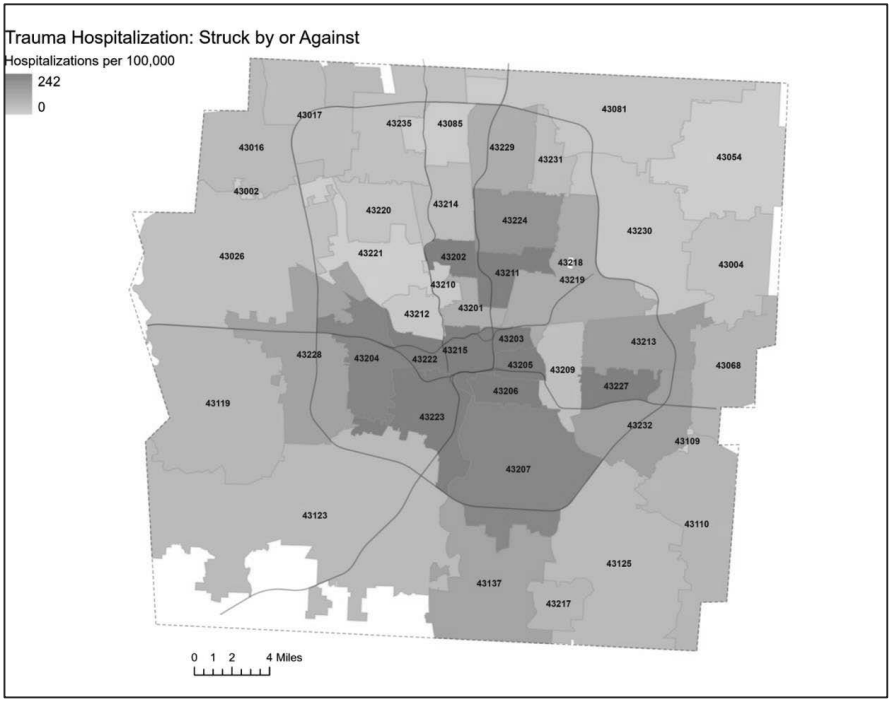
	Fall	Motor vehicle (occupant)	Struck by or against	Firearm	Cut or pierce	All others
Total	**5,766**	**1,245**	**805**	**521**	**266**	**1,577**
	56.6%	**12.2%**	**7.9%**	**5.1%**	**2.6%**	**15.5%**
Age						
0-17 Years	6.9%	7.4%	12.4%	14.8%	10.2%	
18-64 Years	30.8%	***75.8%***	***81.1%***	***83.5%***	***83.1%***	
65+ years	***62.4%***	16.8%	6.5%	1.3%	6.8%	
Gender						
Female	54.7%	48.8%	23.6%	14.0%	21.1%	
Male	44.8%	51.0%	***76.0%***	***85.8%***	***79.0%***	
Race						
American Indian	0.1%	0.1%	0.1%	0.2%	-	
Asian	2.2%	2.3%	1.4%	0.8%	2.3%	
Black/African American	14.9%	35.3%	42.6%	***74.7%***	44.7%	
Native Hawaiian, Other	0.1%	0.2%	0.1%	0.2%	0.8%	
Unknown	5.3%	9.6%	8.9%	5.8%	13.5%	
White	***77.4%***	52.6%	46.8%	18.4%	38.7%	

The rate of trauma hospitalizations due to falls seems to be relatively evenly distributed throughout Franklin County; that said, rates for that type of injury tend to be lower in northwestern zip codes, western zip codes, and far northeastern zip codes.

The rate of trauma hospitalizations involving an occupant of a motor vehicle that was in an accident is greater in north-central zip codes (43211, 43224), west-central zip codes (43222, 43204, 43228), and southern zip codes (43206, 43207).

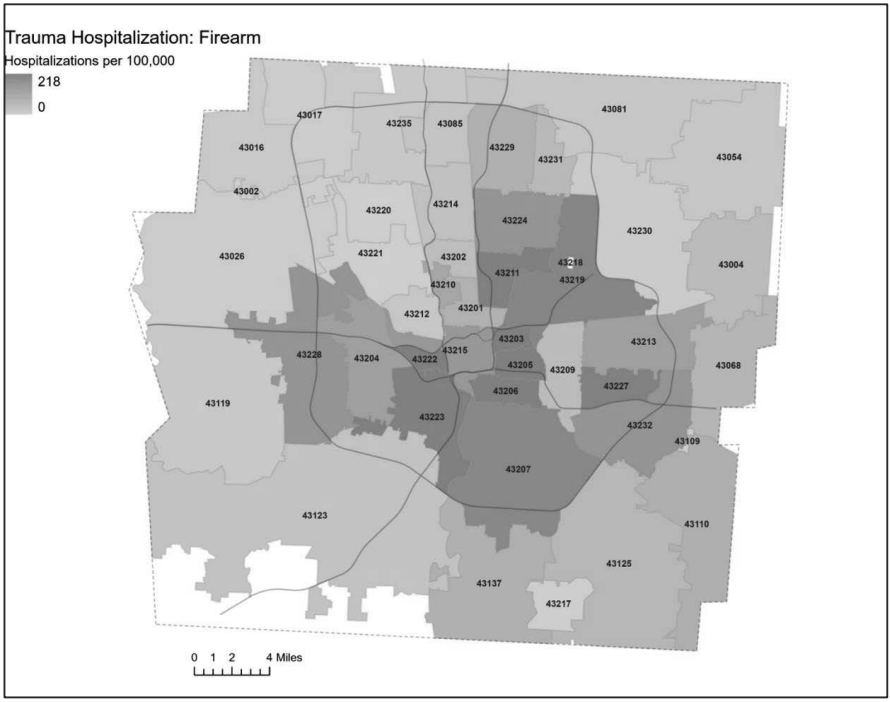


The rate of trauma hospitalizations due to being struck by or against something is greater in north-central zip codes (43202, 43211), central zip codes (43203, 43208, 43215, 43222, 43204, 43223), southern zip codes (43206, 43207), and the Whitehall area (43227).



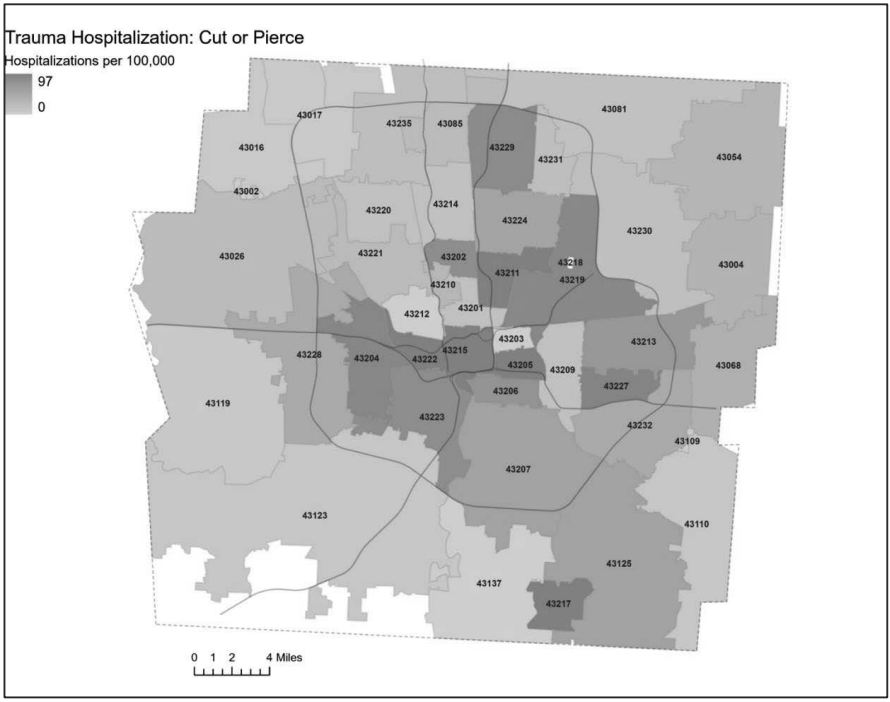
Franklin County *HealthMap2025*

The rate of trauma hospitalizations due to firearms is greater in north-central zip codes (43211, 43218, 43219), east-central zip codes (43203, 43205), west-central zip codes (43222, 43223), southern zip codes (43206, 43207), and the Whitehall area (43227).



Franklin County *HealthMap2025*

The rate of trauma hospitalizations due to being cut or pierced is greater in north-central zip codes (43211, 43202, 43218, 43219), east-central zip codes (43215, 43205), west-central zip codes (43222, 43204), and the Whitehall area (43227).



Additional Information & References

Trauma-related hospitalization data were provided by the Ohio Department of Public Safety, which accessed the Trauma Acute Care Registry (TACR) system for 2022, 2019, and 2016. [3]

Franklin County Public Health staff then mapped these data for each zip code in Franklin County.

[1] Rehabilitation after traumatic injury. London: National Institute for Health and Care Excellence (NICE); 2022 Jan 18. (NICE Guideline, No. 211.) Available from: https://www.ncbi.nlm.nih.gov/books/NBK579697/

[2] Dumovich J, Singh P. Physiology, Trauma. [Updated 2022 Sep 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK538478/

[3] Ohio Division of Emergency Medical Services, Ohio Department of Public Safety. (2024). *Trauma Acute Care Agency* [Dataset].

Cancer

During their lifetime, 1 in 3 people in the United States will be diagnosed with cancer – a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body.[1,2] As noted in *HealthMap2025's* Leading Causes of Death section, cancer ("malignant neoplasms") is the 3rd leading cause of death among Franklin County adults aged 18-59 and the 2nd leading cause of death among Franklin County adults aged 60+.

The incidence for two leading types of cancers (**lung & bronchus; colon and rectum**) has decreased.	⬇ Down from HM2022
The incidence for one leading types of cancers (**breast**) has increased.	⬆ Up from HM2022
The cancer that most frequently led to the death of Franklin County residents is **lung & bronchus**.	≈ Similar to HM2022

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Unavailable	Observed (see below)	Observed (see map)

Prostate cancers and breast cancers continue to have the highest incidence rates[3] among Franklin County residents, followed by lung and bronchus cancers.

Cancer Incidence (age-adjusted rate per 100,000)

	HM2025	**HM2022**	**HM2019**	**Ohio**	**US**
1st	Prostate: 133.5	Prostate: 140.1	Prostate: 124.7	Prostate: 121.3	Prostate: 114.7
2nd	Breast: 81.4 ▲	Breast: 72.2	Breast: 74.9	Breast: 73.0	Breast: 70.4
3rd	Lung & Bronchus: 56.4 ▼	Lung & Bronchus: 63.1	Lung & Bronchus: 71.3	Lung & Bronchus: 60.6▼	Lung & Bronchus: 49.1▼
4th	Other Sites/Types:38.6	Colon & Rectum: 38	Colon & Rectum: 40	Colon & Rectum: 38.3	Colon & Rectum: 36.0
5th	Colon & Rectum: 32.5 ▼	Other Sites/ Types:35.8	Other Sites/ Types: 37.1	Uterus: 29.8	Uterus: 27.3

Cancer Incidence by Race (age-adjusted rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)	Asian	Hispanic
1st	Prostate: 118.9 ▼	Breast: 62.1 ▼	Prostate: 183.1 ▲	Prostate: 60 ▼
2nd	Breast: 81.9	Prostate: 25.4 ▼	Breast: 76.9	Uterus: 44.7
3rd	Lung & Bronchus: 56.9	Other Sites/Types: 25.2▼	Lung & Bronchus: 61.5	Breast: 32.5 ▼
4th	Other Sites/Types: 37.6	Lung and Bronchus: 17.2▼	Other Sites/Types: 38.8	Kidney & Renal Pelvis: 24.2
5th	Colon & Rectum: 33.9	Non-Hodgkins Lymphoma: 14.4	Colon & Rectum: 29.9	Other Sites/Types: 22.1▼

Lung and bronchus cancers have the highest mortality rate among Franklin County residents, followed by other sites/types of cancers.

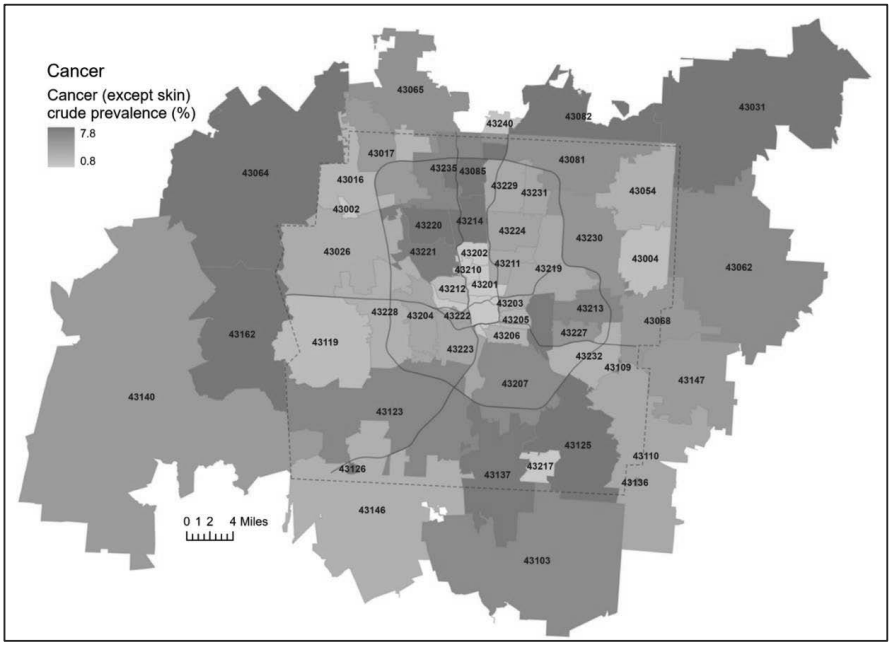
Cancer Mortality (age-adjusted rate per 100,000)

	HM2025	HM2022	HM2019	Ohio	US
1st	Lung & Bronchus: 33.1	Lung & Bronchus: 34.3	Lung & Bronchus: 41.6	Lung & bronchus: 38.8▼	Lung & Bronchus: 31.3▼
2nd	Other Sites/ Types: 21.3	Other Sites/ Types: 20	Other Sites/ Types: 15.6	Prostate: 19.7	Prostate: 18.8
3rd	Pancreas: 11.1	Pancreas: 13.1	Colon & Rectum: 12.8	Colon & Rectum: 13.8	Colon & Rectum: 12.8
4th	Colon & Rectum: 11.1	Breast: 11.5	Breast: 11.9	Pancreas: 11.6	Pancreas: 11.2
5th	Breast: 10.1 ▼	Colon & Rectum: 10.4	Pancreas: 11.1	Breast: 11.1	Breast: 10.5

Cancer Mortality by Race (age-adjusted rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)
1st	Lung & Bronchus: 45.98 ▲	Lung & Bronchus: 29.14
2nd	Pancreas: 15.2 ▲	Breast: 12.17 ▲
3rd	Colon & Rectum: 13.81 ▲	Pancreas: 9.61 ▼
4th	Breast: 12.79 ▲	Liver & Intrahepatic Bile Duct: 8.97
5th	Prostate: 8.99	Colon & Rectum: 8.65 ▼

As shown in the map below, cancer prevalence is highest among Franklin County residents in northwest-central zip codes (43221, 43220), north-central zip codes (43214, 43085), and southern zip codes (43137, 43125).



Additional Information & References

Cancer incidence rates were obtained from a variety of sources. For Franklin County, age-adjusted rates from ODH's Invasive Cancer Report were used for the years 2021, 2018, and 2015.[3] For Ohio and the United States, age-adjusted data from Centers for Disease Control and Prevention's WONDER database were used for 2021.[4] Likewise, cancer mortality rates were obtained from a variety of sources. For Franklin County, data from ODH's Mortality Report were used for the years 2022, 2019, and 2016 overall, and 2021 for race.[3] These data were then converted into crude rates by dividing the total number of deaths by the total population in that year. For Ohio and the United States, age-adjusted data from Centers for Disease Control and Prevention's WONDER database were used for the year 2021.[4]

To map cancer prevalence at the zip code level, Franklin County Public Health staff obtained estimates from the CDC's PLACES resource, which uses BRFSS data (2021 or 2022), Census

Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

[1] National Cancer Institute. (n.d.) What is cancer? https://www.cancer.gov/about-cancer/understanding/what-is-cancer
[2] American Cancer Society. (n.d.) Understanding cancer. https://www.cancer.org/cancer/understanding-cancer.html
[3] DataOhio. (2021). Invasive Cancer Report [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/ohio_births
[4] Centers for Disease Control and Prevention, CDC WONDER Online Database. United States and Puerto Rico Cancer Statistics, 1999-2021 Incidence Results. Accessed at https://wonder.cdc.gov/cancer-v2021.html
[5] DataOhio. (2022). Mortality [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/ohio_births
[6] Centers for Disease Control and Prevention, CDC WONDER Online Database. United States and Puerto Rico Cancer Statistics, 1999-2021 Mortality Request. Accessed at https://wonder.cdc.gov/cancermort-v2021.html

Violent Crime

High rates of local violent crime are associated with health impacts such as increased cardiovascular disease and lower self-rated health.[1,2] This is theorized to be due in part to greater stress from feeling unsafe, as well as co-occurrence with related risk factors such as poverty and lack of access to healthcare.

There were **401.3 violent crimes** per 100,000 Franklin County residents.

≈ Similar to HM2022 (424.1)

The overall incidence of violent crime has not changed significantly since HM2022, but there is a steady downward trajectory since HM2019. Unfortunately, Franklin County still has higher rates of overall violent crime as well as each individual crime. Murder has risen across Franklin County, Ohio, and the US while robbery has decreased in the same geographies. Rape has increased in Franklin County and aggravated assault has risen in Ohio.

Violent Crime (rate per 100,000)

	Overall	Murder	Rape	Robbery	Aggravated Assault
HM2025	**401.3**	**10.7 ▲**	**85.1 ▲**	**113.5 ▼**	**191.9**
HM2022	**424.1**	**9.4**	**76.9**	**159.2**	**178.5**
HM2019	**455.9**	**8.9**	**85.7**	**206.2**	**155.1**
Ohio	**293.6**	**6.1 ▲**	**48.4**	**53.1 ▼**	**185.9**
US	**380.7**	**6.3 ▲**	**40**	**66.1 ▼**	**268.2 ▲**

Additional Information & References

Overall violent crime is defined as the combined rate of four different offences: murder, rape, robbery, and aggravated assault. To assess violent crime in Franklin County, we used the Ohio Office of Criminal Justice Services dashboard for crime by county for 2022, 2019, and 2016.[3] Crime rates in Ohio and the United States were sourced from the Federal Bureau of Investigation Crime Data Explorer tool.[4]

Crime rates in Franklin County were calculated by dividing the raw number of incidents reported by the total population and multiplying by 100,000. Overall violent crime was calculated by first adding the individual numbers of murder, rape, robbery, and aggravated assault for the year in question and then converting into a rate.

Data Gap: Future HealthMaps should consider obtaining demographic data (e.g., age, gender, racial/ethnic background) about those who experience violent crime.

Data Gap: Since 2013, the Columbus Division of Police did not report ~119,000 crimes to the Ohio Office of Criminal Justice Services' Incident-Based Reporting System (OIBRS). Because of this, readers should exercise care when interpreting Franklin County's crime rates over time. For more information about this, readers are encouraged to visit the Columbus Division of Police's webpage, which can be accessed at https://www.columbus.gov/Services/Public-Safety/Police.

[1] Eberly, L. A., Julien, H., South, E. C., Venkataraman, A., Nathan, A. S., Anyawu, E. C., Dayoub, E., Groeneveld, P. W., & Khatana, S. A. M. (2022). Association Between Community-Level Violent Crime and Cardiovascular Mortality in Chicago: A Longitudinal Analysis. *Journal of the American Heart Association*, *11*(14), e025168.

[2] Dong, B., White, C. M., & Weisburd, D. L. (2020). Poor Health and Violent Crime Hot Spots: Mitigating the Undesirable Co-Occurrence Through Focused Place-Based Interventions. *American journal of preventive medicine*, *58*(6), 799–806. https://doi.org/10.1016/j.amepre.2019.12.012

[3] Ohio Office of Criminal Justice Services. (2022). *OIBRS Data Dashboard: Crime in Ohio Counties 2016-2022 [Interactive Dashboard]*. Retrieved in 2024 from https://ocjs.ohio.gov/research-and-data/data-reports-and-dashboards/crime-in-ohio-counties

[4] Federal Bureau of Investigation. (2022). *Crime Data Explorer [Interactive Dashboard]*. Retrieved in 2024 from https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend

Overdose Deaths

During the past 20 years, drug overdose deaths have increased exponentially, with a particular spike noted during the COVID-19 pandemic.[1,2] The rise in deaths is attributed to opioids, which includes prescription medications, heroin, fentanyl, and other synthetic opioids.[3] The combination of opioids and other substances, for example the veterinary sedative xylazine, is a rising trend that can increase the potential of fatal overdose.[4]

135.3 per 100,000 residents in Franklin County died of an **overdose**.

⬆ Up from HM2022 (115.1)

45.2 per 100,000 residents in Franklin County died of an overdose of a synthetic narcotic such **as fentanyl**.

⬇ Down from HM2022 (54.0)

Across all geographies for the last several HealthMap assessments, the leading cause of overdose death has been "other synthetic narcotics", a category that includes fentanyl. In Franklin County, that type of overdose death decreased since the last *HealthMap*; however, it is still much higher than the estimates for Ohio, US, or HM2019.

In Franklin County, overdose deaths due to cocaine use have increased rapidly over time.

Overdose Mortality (rate per 100,000)

	HM2025	HM2022	HM2019	Ohio	US
Total	**135.3▲**	**115.1**	**63.5**	**98.1**	**70.9▲**
1st	Other synthetic narcotics: 45.2▼	Other synthetic narcotics: 54.0	Other synthetic narcotics: 25.2	Other synthetic narcotics: 30.5	Other synthetic narcotics: 21.8
2nd	Cocaine: 28.2▲	Cocaine: 20.1	Cocaine: 13.7	Cocaine: 15.1	Psychostimulants with abuse potential: 10.5
3rd	Psychostimulants with abuse potential: 10.2▲	Psychostimulants with abuse potential: 9.1	Other opioids: 6.8	Psychostimulants with abuse potential: 11.2	Cocaine: 8.8
4th	Other opioids: 4.8▼	Other opioids: 5.4	Heroin: 5.4	Benzodiazepines: 3.5	Benzodiazepines: 3.2
5th	Benzodiazepines: 4.2▲	Benzodiazepines: 3.6	Benzodiazepines: 1.9	Antiepileptic and sedative-hypnotic drugs, unspecified: 3.3	Other opioids: 3.0

Additionally, overdose deaths from psychostimulants with abuse potential (which includes methamphetamines) have increased since the last *HealthMap*, as have overdose deaths from benzodiazepines (e.g., depressants that sedate, relieve anxiety, and reduce seizures, such as Valium®, Xanax®, Klonopin®, and others).



Franklin County has progress to make regarding overdose deaths, particularly from synthetic opioids. Drug abuse is a nationwide crisis, and a comprehensive federal, state, and local approach will be needed to address drug supply, law enforcement, and addiction treatment.

HP2030 objective for Overdose Deaths: Not met[7]

Healthy People Objective:	Most recent Franklin County data (HM2025)
20.7	**135.3**

HP2030 objective for Synthetic Opioid Deaths: Not met[8]

Healthy People Objective:	Most recent Franklin County data (HM2025)
8.9	**45.2**

HP2030 objective for Other Opioid Deaths: Not met[9]

Healthy People Objective:	Most recent Franklin County data (HM2025)
3.4	**4.8**

Additional Information & References

Readers who are interested in learning more about local efforts to decrease overdoses, overdose deaths, and infectious diseases like Hepatitis C and HIV/AIDS should visit the Columbus and Franklin County Addiction Plan, which can be accessed by **clicking here**.

To measure overdose mortality in Franklin County, we sourced data from the Centers for Disease Control and Prevention WONDER portal.[5,6] In alignment with the Healthy People 2030 goals, these statistics included deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as well as drug poisoning as a multiple cause of death (ICD-10 codes T36-T50).

Note that "Other synthetic narcotics" includes fentanyl deaths, "Psychostimulants with abuse potential" includes methamphetamines, and "Other opioids" includes prescribed opioids such as oxycodone.

[1] Fujita-Imazu, S., Xie, J., Dhungel, B., Wang, X., Wang, Y., Nguyen, P., Khin Maung Soe, J., Li, J., & Gilmour, S. (2023). Evolving trends in drug overdose mortality in the USA from 2000 to 2020: an age-period-cohort analysis. *EClinicalMedicine*, *61*, 102079. https://doi.org/10.1016/j.eclinm.2023.102079

[2] DiGennaro, C., Garcia, G. P., Stringfellow, E. J., Wakeman, S., & Jalali, M. S. (2021). Changes in characteristics of drug overdose death trends during the COVID-19 pandemic. *The International journal on drug policy*, *98*, 103392. https://doi.org/10.1016/j.drugpo.2021.103392

[3] Ciccarone D. (2019). The triple wave epidemic: Supply and demand drivers of the US opioid overdose crisis. *The International journal on drug policy*, *71*, 183–188. https://doi.org/10.1016/j.drugpo.2019.01.010

[4] Hays, H. L., Spiller, H. A., DeRienz, R. T., Rine, N. I., Guo, H. T., Seidenfeld, M., Michaels, N. L., & Smith, G. A. (2024). Evaluation of the relationship of xylazine and fentanyl blood concentrations among fentanyl-associated fatalities. *Clinical toxicology (Philadelphia, Pa.)*, *62*(1), 26–31. https://doi.org/10.1080/15563650.2024.2309326

[5] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-provisional.html

[6] 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.

[7] Healthy People 2030 objective SU-03, U.S. Department of Health and Human Services

[8] Healthy People 2030 objective IVP-22, U.S. Department of Health and Human Services.

[9] Healthy People 2030 objective IVP-21, U.S. Department of Health and Human Services.

The Columbus and Franklin County Addiction Plan can be accessed at https://cfcap-columbus.hub.arcgis.com/.

ENVIRONMENTAL HEALTH

Elevated blood lead levels (EBLL)

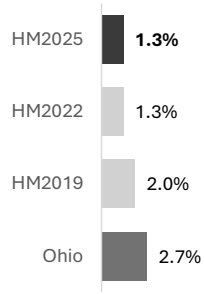
Although elevated blood lead levels (EBLL) are detrimental to all people, they are particularly harmful to children. Young children exposed to high levels of lead are at increased risk for brain damage and developmental delays, lower muscle function, and damage to the kidneys and other organs.[1] Children are primarily exposed to lead by consuming contaminated paint, dust, or water.[1]

1.3% of tested children under 6 years old had an **elevated blood lead level**.

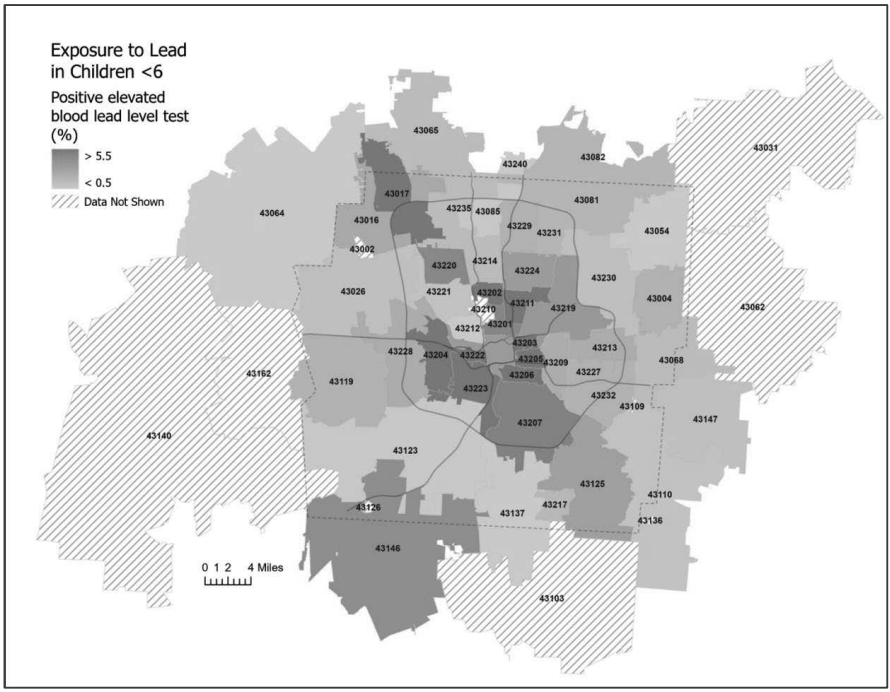
≈ Similar to HM2022 (1.3%)

Since HM2019, the percentage of tested young children with elevated blood lead levels has decreased. Currently, the percentage of tested young children with elevated blood lead levels in Franklin County is less than half that of tested young children in Ohio overall.

Elevated Blood Lead Levels (≥5 µg/dL) among children under age 6 who were tested for lead



As shown in the map on the next page, greater percentages of children under age 6 in the following areas have elevated blood lead levels: east-central Franklin County (43203, 43205), southern Franklin County (43206), west-central Franklin County (43222, 43223, 43204), northern Columbus (43202, 43211), and far northwestern Franklin County/Dublin (43017).



Additional Information & References

To assess elevated blood lead levels in children under 6 years old, data were obtained from Ohio's Blood Lead Testing Program.[2] Although the threshold for determining elevated blood lead levels in Ohio changed in 2023 (i.e., from ≥5 µg/dL to ≥3.5 µg/dL), for the sake of historical comparisons *HealthMap2025* retained the threshold of ≥5 µg/dL. In the map visualizations for 2023, the updated threshold of ≥3.5 µg/dL was used. Franklin County Public Health staff then mapped these data for each zip code in Franklin County.

[1] Abadin, H., Ashizawa, A., Stevens, Y. W., Llados, F., Diamond, G., Sage, G., Citra, M., Quinones, A., Bosch, S. J., & Swarts, S. G. (2007). *Toxicological Profile for Lead*. Agency for Toxic Substances and Disease Registry (US).

[2] DataOhio. (2023). *Blood Lead Testing Public (2016-present)* [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/blood-lead-testing-public-_2016-present_?visualize=true

Asthma

Asthma is a chronic disease that affects people's lungs, and is one of the most common long-term diseases among children.[1] Because environmental health factors such as outdoor air pollution (e.g., ozone, particulate matter) has been associated with increased asthma symptoms, asthma is included in this section of *HealthMap2025*.[2]

9.9% of Franklin County adults reported asthma.

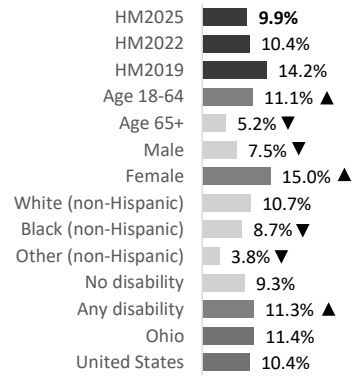
≈ Similar to HM2022 (10.4%)

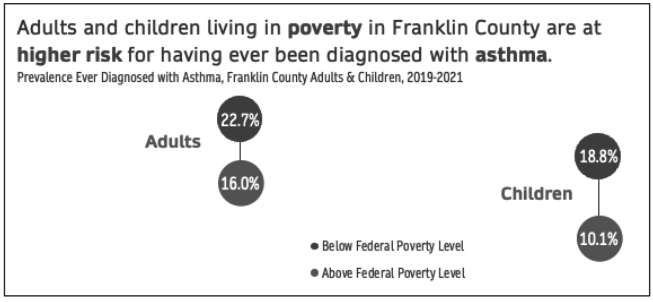
Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Younger more likely	Female more likely	None observed	Observed (see map)

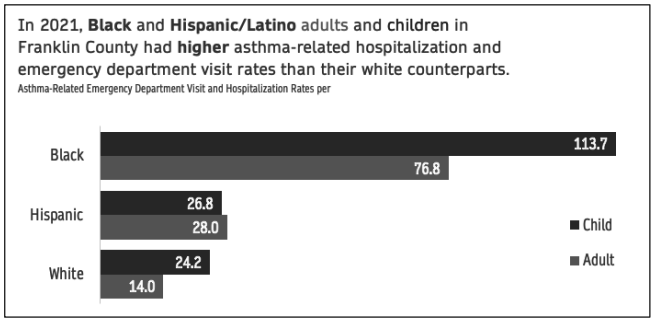
Asthma is lower among older adults than younger adults, which could be due to either changes in diagnoses or superseding respiratory diagnoses in the elderly (e.g., chronic obstructive pulmonary disease, or COPD). Females and individuals with disabilities are both more likely to report this health condition.

A recent analysis of asthma prevalence by poverty status revealed that among Franklin County residents living in poverty, 22.7% of adults and 18.8% of children have ever been diagnosed with asthma (see below).

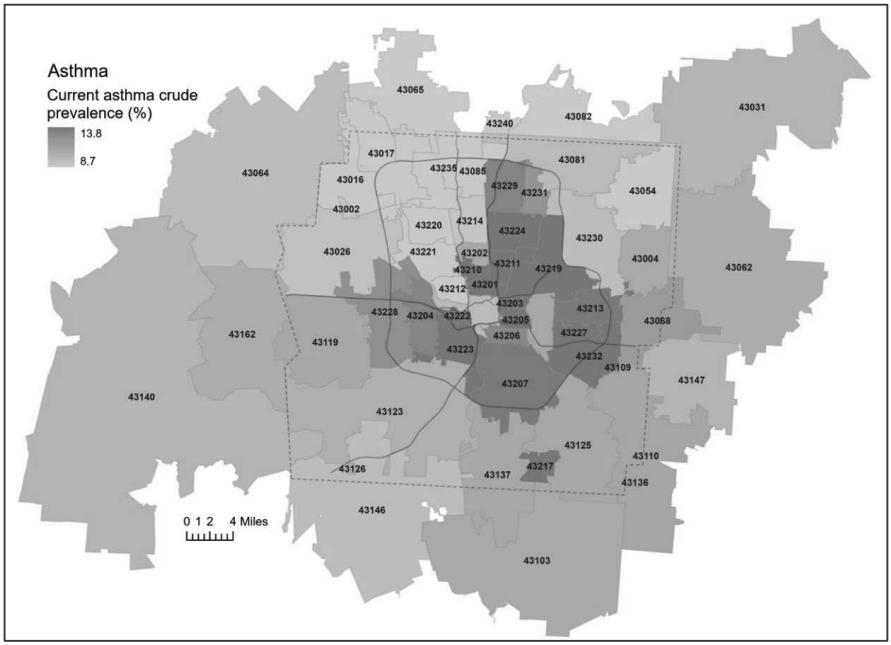




Additionally, a recent analysis revealed that black and Hispanic adults and children in Franklin County had much higher rates of asthma-related hospitalization and emergency department visits as compared to white individuals.



As shown in the map below, asthma prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant.



Franklin County *HealthMap2025*

Additional Information & References

Readers who are interested in learning more about this topic should also consider visiting the Mid-Ohio Regional Planning Commission's 2023 Report on Central Ohio's Air Quality, which can be accessed by **clicking here**, as well as Franklin County Public Health's Data Hub Climate & Health webpage which can be accessed by **clicking here**.

To assess the prevalence of this chronic condition, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[3] In most cases, survey respondents were asked if a doctor, nurse, or other health professional ever told them that they had a specific chronic health condition.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[4] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

Franklin County Public Health staff conducted the analyses of asthma prevalence by poverty status and rates of asthma-related hospitalization by racial/ethnic background and created the visuals depicting the key findings from those analyses.[5]

[1] Centers for Disease Control and Prevention. (n.d.) About Asthma. https://www.cdc.gov/asthma/about/index.html

[2] Centers for Disease Control and Prevention. (n.d.) Environmental Triggers of Asthma. https://www.atsdr.cdc.gov/csem/asthma/treatment_management_prevention.html#outdoor

[3] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2015 (HM2019)

[4] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.). https://www.cdc.gov/places/index.html

[5] Franklin County Public Health. (2024). Personal communication: Asthma Grant Statement of Need.

The Mid-Ohio Regional Planning Commission's 2023 Report on Central Ohio's Air Quality can be accessed at https://www.morpc.org/2023/wp-content/uploads/2024/03/MORPC_End-of-season-AQ-report-2023-updated.pdf.
Franklin County Public Health's Data Hub Climate & Health webpage can be accessed at https://fcph-data-hub-fca.hub.arcgis.com/pages/climate.

Lyme Disease

Lyme disease is a bacterial infection that can occur after a person is bit by a tick. The Annual Summary of Reportable Diseases (2022) for Columbus and Franklin County, Ohio, which can be accessed by **clicking here**, presented recent data about the number of Lyme disease cases, along with various rate calculations. A snippet from that report is displayed below.

DISEASE SPOTLIGHT:

LYME DISEASE

LYME DISEASE		2022
Number of Cases		38
Rate*	*Overall*	2.9
	Female	2.4
	Male	3.4
Age of cases (in years)	*Mean*	29
	Median	18
	Range	4-72

* Rate per 100,000 population

LOCAL FACTS:

In Columbus and Franklin County in 2022:
- The Lyme disease rate among males was higher than the rate among females.
- 50% of confirmed and probable cases were pediatric cases.
- 96.8% of confirmed and probable cases were among whites of non-Hispanic or non-Latino descent.

EPIDEMIOLOGY[3]

Infectious Agent: *Borrelia burgdorferi* or *Borrelia mayonii*, spirochete-type bacteria

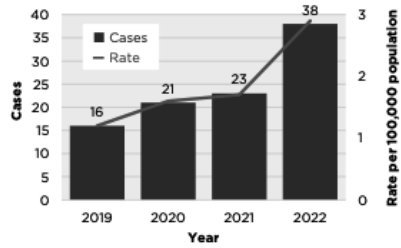
Case Definition: Please see the Ohio Infectious Disease Control Manual: Lyme Disease.

Mode of Transmission: The spirochete-type bacteria is transmitted through the bite of a tick: *Ixodes pacificus* in the western and *Ixodes scapularis* in the eastern and midwestern United States.

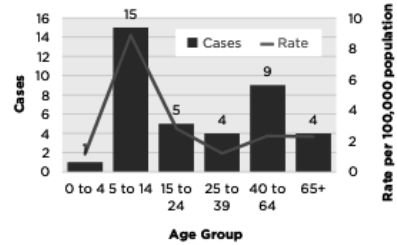
Incubation Period: Erythema migrans rash appears 3-32 days after tick bite (mean 7-10 days); early stages of the illness may be unapparent and the patient may present with later manifestations.

Symptoms: Approximately 70-80% of infected persons develop a circular rash called erythema migrans (EM) that begins at the site of a tick bite after a delay of 3-32 days (average is 7 days). The rash gradually expands over a period of several days, reaching up to 12 inches (30 cm) across. Other symptoms include fatigue, chills, fever, headache, muscle and joint aches, and swollen lymph nodes.

LYME DISEASE CASES AND RATES BY YEAR, FRANKLIN COUNTY, 2019-2022



LYME DISEASE CASES AND RATES BY AGE GROUP, FRANKLIN COUNTY, 2022



VISION OF A HEALTHY FRANKLIN COUNTY

Vision of a Healthy Franklin County

Over the course of eleven community focus groups and multiple Steering Committee meetings, Franklin County residents shared their perceptions of and vision for a healthy community.

According to community members, a healthy community is one in which:

- Residents have **financial stability** at a level that allows them **to meet their basic needs**. In this vein, residents also believe that a healthy community is one in which it is easier to access financial assistance when needed.
- Residents **feel connected to their community**; they know their neighbors and have open communication with members of the community, including government officials.
- Residents can **move more easily around Franklin County**, which includes having better public transportation options and more walkable communities.
- Residents' **health needs are reflected in the built environment,** which would contain more green spaces, spaces to socialize with neighbors, grocery stores, and medical offices.
- Residents feel **safe** in their homes and neighborhoods.
- Residents can **easily access healthy food**, specifically unprocessed and nutritious food.
- The community's **youth have resources they need to thrive.** This includes ensuring youth can access safe and engaging parks and playgrounds. It also includes ensuring parents and others in the community provide youth with the needed support to achieve good outcomes in terms of mental health, education, and jobs.

Community Voices: Financial Stability

Franklin County residents believe that addressing poverty and income inequality is necessary to have a healthy community. They know that residents cannot focus on improving their health when they are worried about finances, and also that a lack of financial stability is related to crime in their communities.



> *"You have to eliminate poverty in order to have a healthy community so that people will see opportunity. They don't see opportunity as long as they don't have any [resources]. If you don't have any resources, then your whole day is taken, scrambling. You only see the next 10 hours, the next 12 hours, the next maybe 24 if you're feeling good on that day. And that's not a way to have a healthy community."*
>
> *"I think where everybody's needs are met, whatever they may be, at whatever level they are at, from the very wealthy to those with pennies. It shouldn't be such a struggle for so many. I think about the single moms…rent is astronomical, and people want to be independent, but they*

> *can't because it's prohibitive. And the equality of just a standard of living, I think should be more easily reachable than it is."*
>
> *"Healthy looks like everybody being able to go 8 hours and be able to pay your bills, because a lack of resources or money leads to crime. Everything is a trickledown effect, and until people that are sitting high and looking low meet people where they're at, it will always look unhealthy because people don't have what they need."*
>
> *"Everybody being able to survive. Not so much worrying about, "I got this, but my neighbor doesn't. So are they gonna try to come and get it?" If everybody was able to, not so much have the same thing, but to be able to afford the same things…being able to get your groceries weekly, being able to keep your lights on, keeping your roof over your head without having to worry…"*

Many Franklin County residents need help securing basic needs due to a lack of financial stability. Residents believe that a healthy community would better promote the resources available to help residents.



> *"I think a healthy community could be a community that is well educated and knows what resources are available to them. And because we've got all these generational gaps, the information is given in certain ways that it's hard to say for the masses, 'This is where you can go get food at Mid-Ohio. These are the times that this church will let you come and get clothing, or this is what the Buckeye Ranch is for. This is what the Lions International does here in Grove City or our Rotary department.' Like, what are all our nonprofits that are available throughout Franklin County, and what they do."*
>
> *"I noticed that my whole community is families. And at one point in time, I was just gonna put my feet on the ground, just go out there and just start passing off flyers because there's so much stuff that goes on that people don't know about. We have people out there who are not computer literate. You have grandparents raising their grandkids that don't know about resources or that need help with certain things and they can't get it because how can they know if you're not out there advocating in the community?"*
>
> *"Resources, like the community just coming out advocating— I noticed in my neighborhood we have churches, and those churches do not come out there and say, 'Hey, we're having this or we're having that.' None of that. I stay in the area which is off of Fairwood. I get most of my resources over off of Parsons. It's really bad."*

Residents also think that in a healthy community, it would be easier to access resources for assistance. They named specific barriers to utilizing childcare support and housing support that need to be addressed in Franklin County.



"A lot of the older community doesn't know how to access [things], because it used to be picking up the phone. They don't know how to text, and now you have to text or you have to use your laptop or your computer."

"Don't make them beg for it, if they need it. It takes six months [to get assistance], when they was hungry six months ago. Don't do that."

"Even with Title 20, I could not afford work because daycare for my two babies cost me $2,600 a month. I think they work backwards. I understand that you have to have the job, but you take forever to process my application to put my kids in daycare. So if I say I start work this day and you say, 'Well, your application is not processed,' then what am I supposed to do with my kids? So there goes my job. Now I got to start back over again."

"They were supposed to have something set up within the city where landlords could not restrict certain people who did not meet the income criteria if they had a voucher. Well, they've gotten around that. [housing program] just recently gave over 10,000 vouchers. And so you look at all the people who have had vouchers before on top of that, and then when [housing program] switched over to [housing program], people have just been losing places where they live because the process has not been set straight properly yet, and so it's just not a good thing all the way."

Community Voices: Feeling Connected to their Community

Franklin County residents think a healthy community is one where people feel connected with each other, where lines of communication between neighbors and others in the community are open and mutually beneficial.



"I think it's a community where you feel safe to share what you truly need, and you can go to any neighbor for what that need is. Maybe they can help, maybe they can't. But you feel safer to share what you need and who you are."

"The ability to interact with other people and meet people. It's really important to have a social community."

"I think a healthy community is what people make it. So I feel like a lot of togetherness and a lot of people coming together to promote healthiness, do group walks or things like that."

"Communication in the community. I grew up, we were never friends with our neighbor. She told us the neighbors just want to be in your business. It was like a 'hi', 'bye.' But I think now, as I got older, I realized that communicating with other people in the community actually helps the neighborhood. We're all on the court, let's help clean this up. Like, we had

> *an older gentleman who couldn't cut his grass. So we started taking turns helping him out with his yard."*
>
> *"There's more and more interaction between the people living there…when we think about our government officials and making decisions about laws and financial decisions, even involving property taxes and all those types of things. It feels like there's a big disconnect in many different levels between community members, legislators, neighbors. And it'd be great if we could all just get along."*

Residents believe that in a healthy community, neighbors feel safe talking to each other about issues in the community and ways that they can better coexist.



> *"Being able to communicate with your neighbors. Just having that dialogue, if something's going on, knowing that you are safe to go to that person and say, 'Hey.'…Just being able to have that, without a fear of retaliation kind of thing."*
>
> *"Sensitivity and respect to boundaries. I think that a simple one could be, 'Hey, I would prefer you not to walk through my grass.' And picking up after dogs. Some people can just be completely disrespectful, disregard things like that."*

Residents also feel that in a healthy community, residents would not fear or stigmatize people based on their race, religion, or past incarceration.



> *"Neighborhoods where anybody can belong, no matter what color, what religion."*
>
> *"People don't trust each other anymore. People, they need to talk and come together. And I think it's almost like a racial divide… A lot of times I'm profiled…Just assuming 'she got a bookbag, she must be—' It happens, especially in the summertime. I love books. I'm in [a neighborhood bookstore]. A lot of people [there], they're scared of me. Why are you scared of me? That's why people need to come and talk to each other, period."*
>
> *"Breaking stigmas [around] restored citizens, no matter what their background is. Normalizing, getting over a stigma for your neighbors, like, what if it is your brother? What if it is your sister? I think helps build relationships and be more accepting. Because I do believe, even if they have done some of the most egregious crimes…they still have to be our neighbors, and they still deserve a second chance, in my opinion."*

Community Voices: Mobility in Franklin County

Franklin County residents believe that public transportation needs to be improved for the community to be healthy.



> *"I think there has to be good transportation. It's great if you have a car, but if you don't have a car, it's hard to get places. It takes a long time. You really have to think about it. Like, it's a task. And I think that's detrimental to getting people where they need to be. And I just think that it would be nice if there was some sort of transportation that would make getting places easier."*
>
> *"[public transportation provider] is not always the best. They have some sketchy characters and different things that don't make you feel as safe."*

Residents also think their communities could be healthier if they were more walkable. Along with having more resources within walking distance, residents say sidewalks need to be improved for people to feel safe walking in their communities.



> *"Walkability to do your errands, like grocery shopping, post office, or whatever it could be."*
>
> *"Where I live at, there's not a lot of sidewalks. So a lot of times you see people walking the brims or drain part or whatnot. There's accidents that be out there. You walk at night, there's not a lot of lights. So you could be out there and nobody sees you."*
>
> *"I live in a really more aging community. Even though I find it walkable, because we do have sidewalks, a lot of people have a hard time getting around if the sidewalks aren't fixed or if they can't necessarily drive themselves. And we don't have a lot of public transportation where I live."*
>
> *"When I think of a healthy community, I think of places where there are sidewalks, the sidewalks are accessible, and ideally clean. Not only that, but walkable access to resources. So it's not mandatory that you have to have a car to be able to get to those resources."*

Community Voices: A Healthy Built Environment

A healthy community would also have improvements to the built environment, including more parks, more places to socialize aside from bars, and more grocery stores, daycares, and medical facilities. Overall, the residents would be more mindful of the environment, keeping it clean and quiet.



"Having a lot of places where neighbors can gather, even if that's like a park or coffee shop or like, a grassy space available. And ideally, places where neighbors can gather that aren't always driven by alcohol, like a bar. Both of those options…those physical elements can kind of facilitate those social elements. So I'm thinking, like, unless I'm going door to door, how would I meet my neighbors if I'm not going for a walk in my neighborhood or something like that?"

"Access to green space."

"We don't have any grocery stores. We don't have daycares. I've got to go over to OSU East in order to find medical care. I mean, there's a clinic on Main Street, but it's just overflowing."

"People take care of their yards or, you know, keeping the trash off the streets. [No] noise pollution. That drives me crazy."

Community Voices: Accessing Nutritious Food

Residents believe that for the community to be healthier, it needs to be easier to access quality and nutritious foods. Multiple residents brought up the fact that their neighborhoods are currently in food deserts, and more opportunities to access food need to be brought into the community.



"The community has quality food, accessible grocery stores, farmers markets and things like that."

"A healthy neighborhood for me is in my neighborhood they provide pantries, and a lot of things go on in our community center, like a fish fry Friday and stuff like that. So they provide to those that have lower incomes."

"Having access to free produce."

"Natural foods being grown and sold."

"Healthy neighborhood has diversity and resources. But we are in a food desert."

"We're still in a food desert, obviously. I gotta drive to, like, Whitehall or wherever is closest cause I live off of Fairwood. We just need more resources."

Community Voices: Feelings of Safety

Residents think that there could be improvements to how safe they feel in their homes and out in their communities. In a healthy community, they would see more evidence that crimes are addressed, and they would feel it is safer for children to play outside. Community members also worry about how safe youth are at school.



> *"Some sense of security, like physical security. If there is some type of crime, to have an actual response. Currently, if there's an issue that happens in our neighborhood, it's very rare that an officer comes out. You do an online report which just kind of disappears. I think that's a concern from an officer's standpoint. But security makes your neighborhood feel healthy."*
>
> *"I think feeling safe in your community. And in your house and walking."*
>
> *"Children feel safe to play in a neighborhood. Where they don't have to be concerned about what's happening around them. They can just be kids and play."*
>
> *"We really want our kids to be outdoors and walk or ride their bikes and stuff. That's a health thing, right? That helps your health a lot. But all these speeding drivers on your streets, that's a barrier for our kids to be outside. Or for us to be outside."*
>
> *"A safe and adequate education. Shouldn't have to worry they are gonna die every day they walk out the door. Safe getting there. Safe in the building. Safe."*

Community Voices: Resources for Youth to Thrive

Many Franklin County residents say that a community looks healthy when they see children playing outside. They think that to encourage more children to do this, they need more opportunities and better infrastructure for playgrounds and parks.



> *"I was able to buy a house. And the street's awesome. And there's kids playing outside. And to me seeing kids playing and having fun, that's a sign of a healthy community."*
>
> *"Kids really don't play outside. The engagement of kids being outside and them knowing their neighbors and being able to go to the park…But even parks nowadays need to be updated, they're run down, rusting, or have been torn down completely. So even when they're going to the park, they don't have anything to entertain them."*

> *"Something as simple as having sidewalks in all communities, so kids can get up and get out all around…just playgrounds, sports courts, things like that to get kids outside active."*

Residents also believe a healthy community better supports youth when it comes to their education. They believe that the issues that keep kids from having good grades, school attendance, and future success are part of larger problems that need to be addressed.



> *"We lost the slogan of 'It Takes a Village.' I honestly believe that even with the school system, I feel like the support is just not there. Even when COVID happened, they threw these kids in homes talking about 'get on the computer and do the work.'"*
>
> *"Y'all don't know who they're staying with. Y'all don't know their living situations. Y'all don't even know if they're even living anywhere. Y'all don't even know what's going on. So I just feel like the support is just not there like it used to be…You're worried about attendance and kids coming to school every day, but y'all really need to be asking, why aren't these kids coming?...Because you've got older kids that have to stay home with the younger kids so that parents and guardians can go to work to keep a roof over their head. And these are problems that this town is not looking at."*
>
> *"We work in this school system…and school is nothing like it used to be. Because you have so many kids that are traumatized…You have more children with behavioral problems and emotional problems. And you can look at each classroom, maybe six or seven in each classroom that are doing what you're supposed to be doing. And it's a zoo. I mean, all the resources are there. You have psychologists, you have counselors, you have all this, and then you have a lot of wonderful parents. But then you got parents that don't care."*
>
> *"I work with the kids who have been kicked out of their home schools. And it is just really hard to get them motivated in this day and age to want to work or to learn a new skill. If we could have more resources to get them those hands-on skills to work jobs…I mean, I have a student who's 18, I've tried to get him to get his temps. I tried to get him to get a job or to volunteer, and they just say, 'I don't want to work fast food. I don't want this.' And I'm like, you have to try something."*

Other features of healthy communities brought up by community members included:

- A greater variety of small businesses in their communities.
- More accessible and affordable health care options throughout the county, such as mobile clinics that they typically only see in the inner city.
- Better access to mental health resources.

Community Assets and Resources

The list of non-profit and private organizations working to impact the priority health needs reviewed in this document is endless. The Central Ohio community is well positioned to impact adverse health outcomes because of these collective efforts.

The partners and multi-sector partnerships described in this section are currently working to address aspects of each prioritized health need identified by *HealthMap2025*; see page 185 for a visualization of the interrelated nature of this work. A more extensive resource list will be identified during subsequent health improvement planning; it will be included in future documents and at centralohiohospitals.org.

- **Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH)** - plans, funds, and evaluates behavioral health care services that address mental health, addiction, and substance abuse. More information can be found at www.adamhfranklin.org.
- **Beautiful Beginnings** - a program funded by the Franklin County Board of Commissioners that provides home visiting and care coordination services to pregnant and postpartum individuals and their infants up to age 3. This program is one of several home visiting programs that are focused on serving Black community members and community members of color to impact racial disparities in maternal and child health outcomes. Examples of key focus areas include reducing infant mortality, reducing maternal mortality and other maternal complications, and increasing access to social determinants of health.
- **CelebrateOne** - created in November 2014 as a collective impact approach to carry out the Greater Columbus Infant Mortality Task Force's recommendations and to ensure Franklin County meets its ambitious goal. More information can be found at https://www.columbus.gov/Government/Mayors-Office/Initiatives/CelebrateOne/CelebrateOne-About-Us .
- **Columbus and Franklin County Addiction Plan** - a collaborative, multi-sector, comprehensive effort to address addiction and behavioral health issues impacting Franklin County residents. More information can be found at https://cfcap-columbus.hub.arcgis.com/.
- **Columbus Community Action Resilience Coalition (CARE)** - the CARE Coalition works to build a resilient community that honors survival and fosters hope by strengthening trauma-related policies, programs, and practices through collaboration and collective impact, and by mitigating the impact trauma has on the health and wellbeing of individuals and communities. More information can be found at

https://www.columbus.gov/Services/Public-Health/Find-Health-Care-Resources/Neighborhood-Social-Services/Columbus-CARE-Coalition.

- **Columbus Urban League** - the mission of the local affiliate of National Urban League is to empower African Americans and disenfranchised groups through economic, educational, and social progress. Visit www.cul.org for more information.
- **Community Shelter Board** - Community Shelter Board (CSB) leads a coordinated, community effort to make sure everyone has a place to call home, and is a collective impact organization driving strategy, accountability, collaboration, and resources to achieve the best outcomes for people facing homelessness in Columbus and Franklin County. More information on CSB can be found at https://www.csb.org.
- **Franklin County Human Service Chamber** - serves and represents over 200 health and human service nonprofit organizations that prioritize public policies that include food and nutrition, health, housing, transportation, legal and reentry services, refugee and immigration services, workforce development, as well as youth and education policy. A comprehensive list of members can be found at www.humanservicechamber.org.
- **Franklin County Suicide Prevention Coalition** – aims to increase communication, coordination, and collaboration efforts in Franklin County to prevent suicide and bring hope and support to those affected by suicide. It bridges organizations together with the end goal of enhancing the overall success of our collective suicide prevention efforts. These efforts include decreasing stigma, increasing awareness of available support, promoting suicide prevention education, and improving suicide data quality. Visit https://franklincountyspc.org for more information.
- **Ohio Better Birth Outcomes** - The Ohio Better Birth Outcomes (OBBO) collaborative is dedicated to reducing the infant mortality rate in Franklin County by improving the delivery of health care services for women and their families using quality improvement science to guide our work. OBBO is focused on three key initiatives: Improving reproductive health; Expanding access to prenatal care; and Enhancing clinical quality initiatives to help reduce prematurity. Visit https://ohiobetterbirthoutcomes.org for more information
- **Rise Together Innovation Center** - oversees implementation of "A Blueprint for Reducing Poverty in Franklin County," which was released by the Franklin County Commissioners in 2019 and includes 13 overarching goals and 120 action plans to address jobs, housing, health, and youth. More information on the Center can be found at https://risetogether.franklincountyohio.gov/.
- **The Kirwan Institute for the Study of Race and Ethnicity** - an interdisciplinary research institute at The Ohio State University that strives to connect individuals and communities with opportunities needed to thrive. More information can be found at https://kirwaninstitute.osu.edu.
- **United Way of Central Ohio** - fights poverty by funding and coalescing a network of more than 90 non-profit partners providing opportunities and resources to meet basic needs. More information can be found at www.liveunitedcentralohio.org.

Organization / Collective Impact Effort	Mental Health	Adverse Childhood Experiences (ACEs)	Maternal and Infant Health	Violence and Injury-related Deaths	Social Drivers of Health (with a focus on housing)
Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH)	✓	✓		✓	
Beautiful Beginnings			✓		
CelebrateOne			✓		
Columbus and Franklin County Addiction Plan	✓	✓		✓	
Columbus Community Action Resilience Coalition (CARE)	✓	✓		✓	
Columbus Urban League	✓	✓	✓	✓	✓
Community Shelter Board					✓
Franklin County Human Service Chamber		✓		✓	✓
Franklin County Suicide Prevention Coalition	✓	✓			
Ohio Better Birth Outcomes			✓		
Rise Together Innovation Center		✓		✓	✓
The Kirwan Institute for the Study of Race and Ethnicity	✓	✓	✓	✓	✓
United Way of Central Ohio		✓			✓

Summary

Franklin County HealthMap2025 provides a comprehensive overview of our community's health status and needs. There are numerous indicators that suggest the health of Franklin County, Ohio's residents compares favorably with the state and country.

Franklin County HealthMap2025 also uncovered several indicators that suggest areas in which the health of Franklin County's residents either has diminished over time or compares unfavorably to Ohio or the nation.

Consistent with requirements, the participating hospitals and health departments will use this report to inform development and implementation of strategies to address its findings. It is intended that a wide range of stakeholders – many more than are represented on *Franklin County HealthMap2025's* Community Health Needs Assessment Steering Committee – will also use this report for their own planning efforts. Subsequent planning documents and reports will be shared with stakeholders and with the public.

Users of *Franklin County HealthMap2025* are encouraged to send feedback and comments that can help to improve the usefulness of this information when future editions are developed.

Questions and comments about *Franklin County HealthMap2025* may be shared with:

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Central Ohio Hospital Council

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
COLUMBUS PUBLIC HEALTH

Franklin County Public Health



Navigating Our Way to a Healthier Community Together



The Arthur G. James Cancer Hospital and
Richard J. Solove Research Institute

Community Health Needs Assessment 2025

The James

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



Our mission is to eradicate cancer from individuals' lives by creating knowledge and integrating groundbreaking research with excellence in education and patient-centered care.

David E. Cohn, MD, MBA, FACHE
Interim Chief Executive Officer, James Cancer Hospital and Solove Research Institute
460 W. 10th Ave.
Columbus, OH 43210

Board approval of CHNA Report:

Initial Web posting of CHNA Report:

Tax identification number:

TABLE OF CONTENTS

INTRODUCTION

COMMUNITIES SERVED

DEMOGRAPHICS OF COMMUNITIES WE SERVE

IMPACT OF 2022 CHNA

FRANKLIN COUNTY HEALTHMAP 2022

INTRODUCTION

Accreditation

- Ranked the No. 1 adult hospital in Columbus and No. 2 in Ohio in 2024 by *U.S. News & World Report*.
- Eight nationally ranked and four high-performing specialties.
- Ranked College of Medicine, seven hospitals, a network of primary and specialty care practices and more than 45 research centers and institutes.
- More "Top Doctors" than any other central Ohio hospital.
- The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute has been designated as an NCI Comprehensive Cancer Center since 1976.

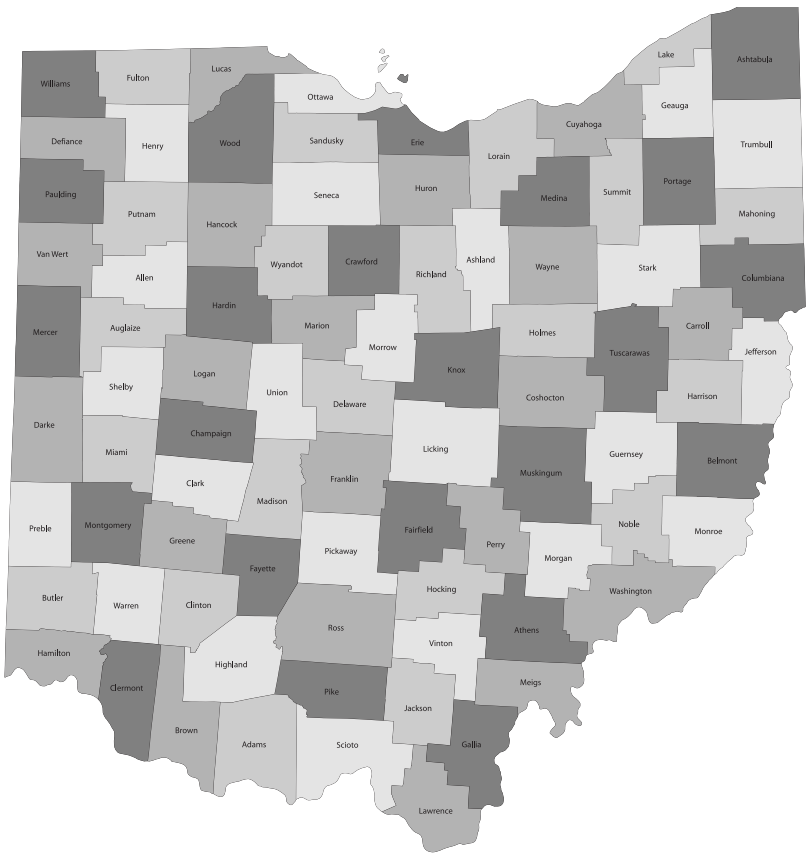
The Ohio State University Wexner Medical Center comprises:

- Brain and Spine Hospital
- Dodd Rehabilitation Hospital
- East Hospital
- Harding Hospital
- Richard M. Ross Heart Hospital
- University Hospital

Adjacent to the medical center is The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, a dedicated cancer hospital and research center with its own governance structure coordinated with the medical center.

For information about The Ohio State University Wexner Medical Center's Community Health Needs Assessment (CHNA) processes and for a copy of the reports, please visit https://wexnermedical.osu.edu/healthy-community/community-health-needs-assessment, or email Annie.Marsico@osumc.edu, to obtain hard copies of the CHNA reports at no charge. Written comments regarding this CHNA report and related implementation strategy may be submitted to Annie Marsico at Annie.Marsico@osumc.edu.

COMMUNITIES SERVED BY THE OHIO STATE WEXNER MEDICAL CENTER



UNIVERSITY HOSPITAL

Time Frame	CY24 Discharges				
Patient State	Patient County	Main	East	Total	% of Total
OH	Franklin	19,248	6,961	26,209	53%
	Delaware	1,527	161	1,688	3%
	Licking	1,201	245	1,446	3%
	Fairfield	1,207	145	1,352	3%
	Ross	947	88	1,035	2%
	Pickaway	849	49	898	2%
	Union	738	67	805	2%
	Madison	698	67	765	2%
	Logan	661	97	758	2%
	Muskingum	625	87	712	1%
	Knox	585	87	672	1%
	Richland	573	63	636	1%
	Scioto	569	65	634	1%
	Clark	525	48	573	1%
	Montgomery	496	32	528	1%
	Allen	488	23	511	1%
	Crawford	439	66	505	1%
	Marion	406	32	438	1%
	Jackson	318	62	380	1%
	Pike	333	33	366	1%
	Hocking	289	72	361	1%
	Fayette	307	42	349	1%
	Perry	283	44	327	1%
	Highland	285	29	314	1%
	Champaign	273	22	295	1%
	Gallia	242	52	294	1%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Belmont	268	25	293	1%
	Coshocton	256	30	286	1%
	Athens	241	37	278	1%
	Washington	227	20	247	1%
	Greene	223	19	242	0%
	Guernsey	184	26	210	0%
	Wyandot	184	26	210	0%
	Auglaize	184	12	196	0%
	Hancock	177	13	190	0%
	Mercer	138	30	168	0%
	Morrow	137	24	161	0%
	Warren	153	6	159	0%
	Meigs	127	30	157	0%
	Shelby	140	11	151	0%
	Seneca	141	8	149	0%
	Miami	128	19	147	0%
	Vinton	120	19	139	0%
	Hardin	125	12	137	0%
	Lorain	130	1	131	0%
	Lawrence	117	12	129	0%
	Wayne	108	7	115	0%
	Morgan	103	9	112	0%
	Noble	101	8	109	0%
	Ashland	76	9	85	0%
	Lucas	78	5	83	0%
	Putnam	75	7	82	0%
	Clinton	62	10	72	0%
	Hamilton	65	4	69	0%
	Monroe	52	17	69	0%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Jefferson	57	9	66	0%
	Tuscarawas	61	3	64	0%
	Darke	55	7	62	0%
	Butler	51	6	57	0%
	Cuyahoga	44	10	54	0%
	Adams	49	3	52	0%
	Van Wert	46	3	49	0%
	Wood	39	5	44	0%
	Huron	33	7	40	0%
	Stark	37	2	39	0%
	Holmes	33	1	34	0%
	Clermont	31	1	32	0%
	Trumbull	25	6	31	0%
	Summit	25	3	28	0%
	Preble	21	5	26	0%
	Mahoning	19	1	20	0%
	Erie	16	3	19	0%
	Defiance	15	1	16	0%
	Fulton	16		16	0%
	Paulding	15	1	16	0%
	Sandusky	12		12	0%
	Brown	8	2	10	0%
	Carroll	10		10	0%
	Harrison	8	2	10	0%
	Portage	9		9	0%
	Columbiana	8		8	0%
	Medina	8		8	0%
	Henry	5	2	7	0%
	Lake	7		7	0%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Williams	7		7	0%
	Ottawa	4	1	5	0%
	Geauga	4		4	0%
	Ashtabula	2		2	0%
Non-Ohio	790	102	892	2%	0%
Grand Total		**39,802**	**9,381**	**49,183**	**100%**

OSUCCC – JAMES

Time Frame	CY24 Discharges		
Patient State	**Patient County**	**Discharges**	**% of Total**
OH	Franklin	5,176	35%
	Delaware	687	5%
	Licking	637	4%
	Fairfield	486	3%
	Montgomery	367	2%
	Clark	337	2%
	Ross	305	2%
	Scioto	291	2%
	Richland	290	2%
	Muskingum	250	2%
	Madison	238	2%
	Allen	237	2%
	Pickaway	236	2%
	Knox	224	2%
	Logan	224	2%
	Athens	163	1%

OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Perry	163	1%
	Marion	161	1%
	Union	158	1%
	Auglaize	143	1%
	Greene	135	1%
	Miami	126	1%
	Champaign	122	1%
	Mercer	122	1%
	Fayette	120	1%
	Crawford	119	1%
	Jackson	117	1%
	Belmont	115	1%
	Hancock	115	1%
	Guernsey	110	1%
	Gallia	105	1%
	Hocking	104	1%
	Coshocton	103	1%
	Highland	100	1%
	Hamilton	98	1%
	Pike	98	1%
	Morrow	88	1%
	Warren	87	1%
	Washington	80	1%
	Clinton	78	1%
	Seneca	78	1%
	Shelby	77	1%
	Meigs	75	1%
	Wyandot	74	0%
	Hardin	72	0%

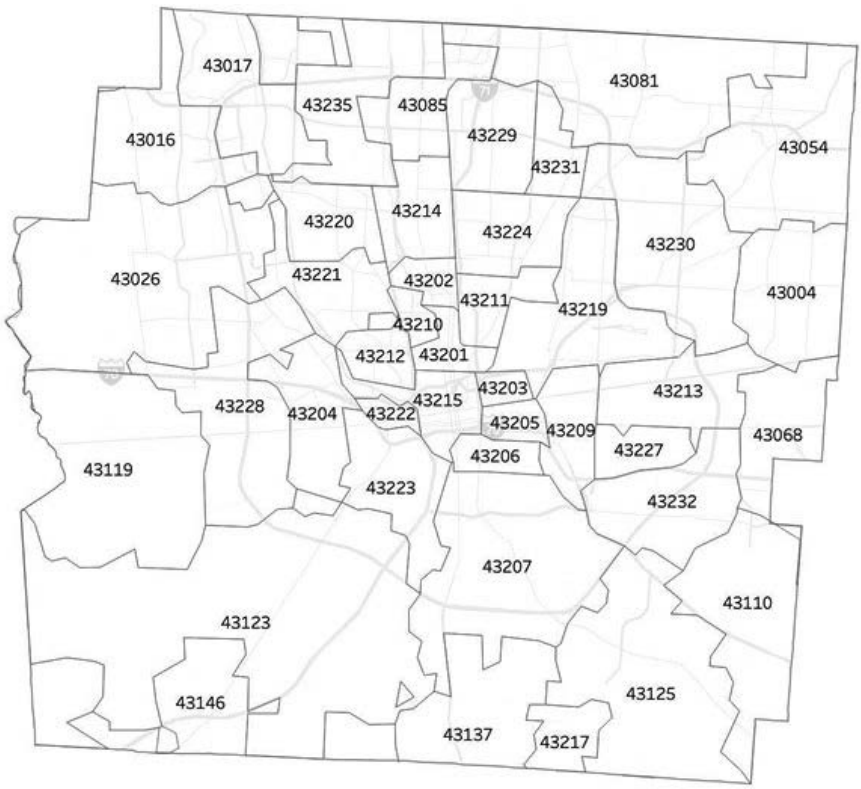
OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Putnam	72	0%
	Butler	71	0%
	Lawrence	71	0%
	Darke	63	0%
	Wayne	56	0%
	Wood	50	0%
	Clermont	43	0%
	Morgan	40	0%
	Preble	39	0%
	Ashland	38	0%
	Lucas	37	0%
	Vinton	36	0%
	Jefferson	34	0%
	Monroe	32	0%
	Van Wert	31	0%
	Stark	30	0%
	Tuscarawas	30	0%
	Adams	26	0%
	Huron	25	0%
	Noble	20	0%
	Lorain	19	0%
	Holmes	18	0%
	Defiance	13	0%
	Cuyahoga	12	0%
	Harrison	10	0%
	Mahoning	10	0%
	Henry	9	0%
	Medina	9	0%
	Portage	9	0%

OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Summit	9	0%
	Brown	8	0%
	Fulton	8	0%
	Sandusky	7	0%
	Trumbull	7	0%
	Lake	6	0%
	Paulding	6	0%
	Erie	4	0%
	Ottawa	4	0%
	Columbiana	3	0%
	Williams	3	0%
	Carroll	1	0%
Non-Ohio		574	4%
Grand Total		**14,884**	**100%**

FRANKLIN COUNTY SERVED BY THE OHIO STATE WEXNER MEDICAL CENTER



UNIVERSITY HOSPITAL

Time Frame	CY24 Discharges			
County	Franklin, OH			
ZIP Code	Main	East	Total	%
43219	700	806	1,506	6%
43207	893	489	1,382	5%
43211	903	445	1,348	5%
43232	745	397	1,142	4%
43213	540	454	994	4%
43230	722	234	956	4%
43224	728	219	947	4%
43227	468	453	921	4%
43209	450	406	856	3%
43204	703	116	819	3%
43229	675	140	815	3%
43201	693	115	808	3%
43228	718	89	807	3%
43223	688	108	796	3%
43123	686	106	792	3%
43206	484	300	784	3%
43081	643	108	751	3%
43026	671	54	725	3%
43203	242	440	682	3%
43068	521	137	658	3%
43205	310	327	637	2%
43235	479	51	530	2%
43110	427	91	518	2%
43221	458	35	493	2%
43212	429	49	478	2%
43215	337	139	476	2%
43214	398	48	446	2%

UNIVERSITY HOSPITAL

ZIP Code	Main	East	Total	%
43220	357	32	389	1%
43210	278	111	389	1%
43004	302	82	384	1%
43085	326	47	373	1%
43202	331	35	366	1%
43016	333	23	356	1%
43017	322	24	346	1%
43119	310	27	337	1%
43054	283	43	326	1%
43231	219	46	265	1%
43125	201	58	259	1%
43222	163	55	218	1%
43217	45	5	50	0%
43137	35	3	38	0%
43216	8	5	13	0%
43126	7		7	0%
43226	2	2	4	0%
43218	3	1	4	0%
43086	3	1	4	0%
43260	2	1	3	0%
43236	1	2	3	0%
43234	2	1	3	0%
43109	2	1	3	0%
43195	1		1	0%
43002	1		1	0%
Grand Total	**19,248**	**6,961**	**26,209**	**100%**

OSUCCC – JAMES

Time Frame	CY24 Discharges	
County	Franklin, OH	
ZIP Code	Discharges	%
43230	250	5%
43081	249	5%
43123	242	5%
43207	221	4%
43068	211	4%
43026	208	4%
43223	186	4%
43219	181	3%
43235	179	3%
43232	178	3%
43224	169	3%
43228	168	3%
43229	160	3%
43204	150	3%
43016	148	3%
43211	147	3%
43017	147	3%
43213	142	3%
43110	137	3%
43054	131	3%
43221	123	2%
43085	120	2%
43206	119	2%
43209	118	2%
43227	117	2%
43220	105	2%

OSUCCC – JAMES

Time Frame	CY24 Discharges	
County	Franklin, OH	
ZIP Code	Discharges	%
43214	105	2%
43201	98	2%
43004	88	2%
43212	79	2%
43231	74	1%
43119	69	1%
43215	68	1%
43205	65	1%
43125	55	1%
43203	50	1%
43202	49	1%
43222	30	1%
43137	17	0%
43210	11	0%
43217	7	0%
43236	3	0%
43126	1	0%
43086	1	0%
Grand Total	5,176	100%

Source: Ohio Hospital Association

Review of the Ohio State Wexner Medical Center internal data has shown that for Fiscal Year 2021, 54% of all patients who were admitted to the Wexner Medical Center resided in Franklin County at the time of discharge. Accordingly, Franklin County, Ohio, has been determined to be the community served by the Wexner Medical Center.

Review of OSUCCC – James internal data has shown that for Fiscal Year 2021, 32% of all patients who were admitted to The James resided in Franklin County at the time of discharge. Because no other county reached above 5% for patient discharges, Franklin County, Ohio, has been determined to be the community served by The James.

DEMOGRAPHICS OF COMMUNITIES WE SERVE

This section provides demographic information about Franklin County's residents and households. These graphs were taken from HealthMap2025. For purposes of the graphs, HealthMap has been abbreviated as HM with the corresponding year.

Franklin County Residents[1-3]

		Franklin County		
		HM2019	HM2022	HM2025
Total population	Population of Franklin County	1,264,518	1,316,756	1,321,820
Sex	Male	48.8%	48.8%	49.2%
	Female	51.2%	51.2%	50.8%
Age	Under 5 years	7.3%	7.0%	6.5%
	5-19 years	19.0%	19.1%	19.2%
	20-64 years	62.3%	61.4%	61%
	65 years and over	11.3%	12.4%	13.3%
Race (any ethnicity)	White	68.1%	66.5%	65.1%
	Black	23.1%	23.9%	24.9%
	Asian-American/Pacific Islander	5.4%	6.0%	6.0%
	American Indian/Alaskan Native	0.1%	0.3%	0.4%
	Two or more races	3.2%	3.4%	3.7%
Ethnicity	Hispanic or Latino (of any race)	5.4%	5.8%	7.3% ▲
Foreign-born	Foreign-born	-	11.4%	12.6% ▲
	(Among foreign-born) Naturalized	-	*48.2%*	*45.4%*
	(Among foreign-born) Not a U.S. citizen		*51.8%*	*54.6%*
English proficiency	Percent of people age 5+ who speak English less than "very well"	-	5.3%	6.4% ▲
Most common languages spoken by people who speak a non-English language at home	Spanish	-	49,949	56,793▲
	Amharic, Somali, or other Afro-Asiatic languages	-	25,051	27,074
	Arabic	-	8,437	15,285▲
	Yoruba, Twi, Igbo, or other languages of Western Africa	-	10,904	12,435▲
	Nepali, Marathi, or other Indic languages	-	9,668	11,076▲
	Chinese (incl. Mandarin, Cantonese)	-	13,072	8,188 ▼
	French (incl. Cajun)	-	5,789	7,579 ▲
	Swahili or other languages of Central, Eastern, and Southern Africa	-	3,608	6,634▲

* An upward-facing triangle (▲) indicates the HealthMap2022 (HM2022) statistic is greater than the one reported in HealthMap2019 (HM2019) by 10% or more. A downward-facing triangle (▼) indicates the HM2022 statistic is less than the one reported in HM2019 by 10% or more. Use caution when interpreting indicators with small values, which only need relatively small changes to produce a 10% difference.

		Franklin County		
		HM2019	HM2022	HM2025
Educational Attainment	No/Some high school, no degree	9.7%	8.8%	8.7%
	High school graduate	25%	24.6%	24.5%
	Some college (no degree)	20.2%	19.6%	18%
	Associate's degree	6.8%	6.9%	6.5%
	Bachelor's degree	24.4%	25.3%	25.8%
	Graduate/Professional degree	14%	14.8%	16.5% ▲

Although the number of households in Franklin County has increased over time, other household characteristics remained relatively stable over time (e.g., household size, household type).

Franklin County Households[1]

		Franklin County		
		HM2019	HM2022	HM2025
Total households	Number of households	502,932	522,383	550,153
Household size	Average household size	2.5	2.5	2.4
	Average family size	3.2	3.2	3.1
Household type	Family households	58.0%	58.5%	55.8%
	Nonfamily households	42.0%	41.5%	44.2%
	Single parent households	-	18.4%	18.3%

* Household size includes all people occupying a housing unit, while family size includes the family householder and all other people in the housing unit related to the householder by birth, marriage or adoption.

References

[1]U.S. Census Bureau, American Community Survey 1-Year Estimates, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

IMPACT OF 2022 CHNA

Impact of Actions to Address Priority Needs in 2022 Community Health Needs Assessment

HealthMap 2022 Priorities

The Franklin County Community Health Needs Assessment Steering Committee identified three priority areas: basic needs, behavioral health and maternal and infant health.

1. Basic Needs:

- **At the time of *HealthMap 2022*, the total persons under 65 with health insurance in Franklin County was 91.1%, which did not meet the national goal of 92.2%.**
- **Franklin County has 201,099 people below the 100% federal poverty level.**
- **According to *HealthMap 2022*, 12.8% of residents and 17.5% of children experienced food insecurity.**

Key Indicators

- **Housing security (decreasing homelessness, increased affordability)**
- **Financial stability**
- **Neighborhood safety (reduced crime)**
- **Food security**
- **Increased access to nutritious foods**
- **Access to care**

Efforts by the Ohio State Wexner Medical Center to address these indicators include:

- Opening the Healthy Community Center on the Near East Side in May 2024. Designed in collaboration with neighborhood residents, the facility fills a major gap in the community and demonstrates Ohio State's commitment to its neighbors' well-being.

- Expanding access to the Mid-Ohio Farmacy program, a partnership with Mid-Ohio Food Collective, to better connect Ohio State patients with documented food insecurity with enhanced access to fresh produce and other nutrient-rich foods.
- Opening the new Outpatient Care Dublin, opening new primary care locations in Grove City and Pickerington as well as purchasing/opening urgent care locations in Gahanna and Hilliard to expand access to care for the residents of central Ohio.
- Providing fresh food through a partnership with Mid-Ohio Food Collective and housing assistance for Moms2B participants.
- Supporting Partners Achieving Community Transformation's (PACT) work on needed community services and supports through a place-based program and project investments. PACT signature programs include:
  - The Ohio State University Employee Homeownership Incentive Program
  - Exterior home repair grants
  - Connected Communities (closing the digital divide)
  - Neighborhood Leadership Academy
  - Health Science Academies and Parent University
  - Community Safety Advisory Group
  - Growing and Growth Collective (the collaboration of community gardens in partnership with The James Mobile Education Kitchen and OSU Extension)
  - Maroon Arts Group annual film series
  - Venture Suite
- Supporting The James Mobile Education Kitchen, which focuses on nutrition-related issues and cancer-risk reduction through education on healthy foods and preparation.

2. Behavioral Health:

- **At the time of *HealthMap 2022*, 23.1% of Franklin County residents reported being told that they had a form of depression, up 1.3% from *HealthMap 2019*.**
- **Attempting suicide leading to hospitalization rates were also up nearly 2 percentage points from *HealthMap 2019*, at a rate of 6.8.**
- **Likewise, psychiatric admissions rates rose as compared with *HealthMap 2019*, to a rate of 36.1.**
- **Narcan administration in *HealthMap 2022* increased by 733 usages, but deaths attributed to opioids also rose.**
- **Unintentional drug/medication mortality rates nearly doubled.**

Key Indicators

- **Access to mental health care resources**
- **Screening for mental health issues**
- **Decreased unintentional drug and alcohol deaths**
- **Youth mental health supports (clinical, social)**

Efforts by the Ohio State Wexner Medical Center to address these indicators include:

- Supporting Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County's Mental Health and Addiction Crisis Center with an early investment to help with the construction of the new center. The Ohio State Wexner Medical Center will also serve as the medical partner for the new facility.
- Partnering with Franklin County ADAMH by placing NaloxBoxes on The Ohio State University's campus around the Wexner Medical Center to expand access to emergency response tools.
- Partnering with the other health systems, public health, Federally Qualified Health Centers (FQHCs) and community organizations to address addiction through the work of the Columbus and Franklin County Addiction Plan.
- Providing Ohio State STAR (Stress, Trauma And Resilience) services for first responders through its collaboration with ADAMH to provide peer support group sessions and create an app for first responders that will assess mental health and provide tools.
- Increased naloxone education and distribution by integrating naloxone distribution models further within emergency departments and hospitals, addiction services and other treatment settings.

- Partnering with Columbus Division of Fire's RREACT (Rapid Response Emergency Addiction Crisis Team) program to increase the number of on-campus and community sites that can distribute naloxone, fentanyl test strips, drug disposal bags and education on harm reduction and treatment resources.
- Enhanced Medication for Opioid Use Disorder (MOUD) access by providing technical assistance and support to providers (both internally and externally throughout the community).
- Supporting the Substance Abuse Treatment, Education and Prevention Program (STEPP) Clinic as it provides addiction and mental health services and weekly education sessions to promote a healthy pregnancy and postpartum period for its moms with the goal of having healthy, full-term babies.
- Partnering with Southeast Healthcare's RREACT team to transfer patients presenting in the emergency department to treatment facilities including Maryhaven Addiction Stabilization Center and Talbot Hall.
- Growing outpatient operations from one clinic at Harding Hospital to four clinics, ensuring a behavioral health presence wherever ambulatory is expanding.
- Closing gaps in the continuum of care for people requiring behavioral health services by opening a Behavioral Health Urgent Care Clinic.

3. Maternal and Infant Health:

- **Overall health of pregnant women before delivery.**
- **Prevention of preterm births.**
- **The infant mortality rate for Franklin County reduced to 6.9 in *HealthMap 2022*.**

Key Indicators

- **Infant mortality**
- **Maternal pre-pregnancy health**

Efforts by the Ohio State Wexner Medical Center to address these indicators include:

- Supporting the work of Moms2B, a prevention program for expectant moms at high risk for infant mortality, through virtual and in-person education sessions, baby and mom well-checks and support for wrap-around services from patient navigators.

- Continuing to highlight the importance of safe sleep practices (ABC - Alone, on Back, in Crib) through Moms2B and STEPP education sessions and a video at discharge.
- Identifying women who currently smoke tobacco and refer them to Columbus Public Health's Baby & Me Tobacco Free program for cessation counseling.
- Increasing access to care through maternal fetal medicine expansion to Outpatient Care East and the use of the Community Care Coach.
- Collaborating with the other health systems to enhance prenatal and postpartum care through Ohio Better Birth Outcome's (OBBO) workgroups.
- Partnering with OBBO to offer community health workers in the McCampbell Outpatient Care Ob/Gyn clinic to provide linkages to care and wrap-around services for our patients.
- Offering prenatal and postpartum care on the Near East Side through the College of Nursing's Total Health Care Center FQHC, housed at East Hospital.
- Continuing a partnership with Nationwide Children's Hospital to support our first-time, low-income mothers from early pregnancy until the child's second birthday with nurse home visitation. The nurses have been trained by Nurse-Family Partnership to improve pregnancy outcomes by encouraging preventive health practices that enhance child health outcomes.
- Supporting Multimodal Maternal Infant Perinatal Outpatient Delivery System (MOMI PODS), a mom-baby dyad Care. MOMI PODS integrates a multimodal health engagement system (incorporating home visits, mobile health and telehealth) into traditional outpatient care models to provide high-quality primary and postpartum care to both the mother and child in the critical first 1,000 days after delivery.
- Continuing the Fourth Trimester Group Clinic, a family-centered approach to increasing breastfeeding rates among high-risk mothers.

There were no comments on the Ohio State Wexner Medical Center's 2022 CHNA.

Franklin County

HealthMap2025

Navigating Our Way to a Healthier Community Together



April 2025

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ABOUT HEALTHMAP2025

Introduction

The Franklin County Community Health Needs Assessment Steering Committee is pleased to provide residents of central Ohio with a comprehensive overview of our community's health status and needs via *Franklin County HealthMap2025*.

Franklin County HealthMap2025 is the result of a continuing, collaborative effort coordinated by the Central Ohio Hospital Council (COHC), Columbus Public Health (CPH), and Franklin County Public Health (FCPH). As part of its mission, COHC serves as the forum for community hospitals to collaborate with each other and with other community stakeholders to improve the quality, value, and accessibility of health care in the central Ohio region. Although COHC's not-for-profit member hospitals have service areas that extend across central Ohio, for the purposes of this report, the local geographic focus area is Franklin County, Ohio. CPH serves the residents of the City of Columbus and the City of Worthington, and FCPH serves the residents of all other cities, towns, and villages in Franklin County.

The intent of this effort is to help health departments, hospitals, social service agencies, and other community organizations identify and address the unmet health needs of Franklin County residents. By characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, and other health issues, these community partners can ensure resources are focused so that they have the greatest impact.

To that end, central Ohio's hospitals and health departments will begin using the data reported in *Franklin County HealthMap2025* to inform the development and implementation of strategic plans (e.g., community health improvement plans; implementation plans) that address the community's health needs. Consistent with federal requirements, *Franklin County HealthMap2025* will be updated in three years.

The Franklin County Community Health Needs Assessment Steering Committee hopes *Franklin County HealthMap2025* serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

Franklin County HealthMap2025's Process

The process for *Franklin County HealthMap2025* reflects an adapted version of Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process.[1] This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so they can better focus their efforts and

[1] See https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources

collaboration. The primary phases of this process, as adapted for use with *Franklin County HealthMap2025*, included the following steps.

(1) Prepare to Assess. Members of the community were closely involved throughout the design and implementation of *Franklin County HealthMap2025*. On January 17, 2024, new members of the *Franklin County HealthMap2025* Community Health Needs Assessment Steering Committee[2] gathered via Zoom to learn about the upcoming community health needs assessment process and how their experience and involvement would be critical for the success of the effort.

On January 31, 2024, the full Steering Committee gathered in person to discuss their perspectives on emerging health issues in Franklin County, to participate in conversation with one another about the current state of health in the county (e.g., "What would a healthy Franklin County look like to you?"), and to identify potential health indicators for inclusion in *Franklin County HealthMap2025*. Both small group discussions and large group "report-outs" occurred during this session.

The *Franklin County HealthMap2025* Community Health Needs Assessment Executive Committee then used the information from these preceding working meetings and community visioning survey to identify which indicators could be assessed via secondary sources and which indicators could be gathered via primary data collection efforts.

(2) Collect and Analyze Secondary Data. Indicators identified by the Steering Committee for inclusion in the *Franklin County HealthMap2025* were collected and entered into a database for review and analysis. Quantitative secondary data for health indicators came from national sources (e.g., U.S. Census, Centers for Disease Control and Prevention's Behavior Risk Factor Surveillance System) and state sources (e.g., Ohio Department of Health's Data Warehouse, Ohio Hospital Association, Ohio Department of Public Safety, Ohio Department of Development). Rates and/or percentages were calculated when necessary.

To ensure community stakeholders can use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in *Franklin County HealthMap2025*, quantitative secondary data must have been collected or published in 2021 or later; in most cases, the data reported in *HealthMap2025* are from 2022. In some instances, comparable state and/or national data were unavailable at the time of report preparation and therefore were not included.

The following table lists the quantitative indicators included in Franklin County's *HealthMap2025*.

[2] These individuals are listed on page 12 of this report.

Indicator	*Indicator Details*	Indicator	*Indicator Details*
COMMUNITY PROFILE			
Total population	*Number of people in Franklin County, Ohio*	**Educational attainment**	-
Sex	-	**Foreign-born status**	*Born outside of the United States*
Age	-	**English proficiency**	*Percent of people age 5+ who speak English less than "very well"*
Race	-	**Non-English languages spoken at home**	*Leading non-English languages spoken by people while at home*
Ethnicity	-	**Household size**	*Average household, family size*
Total households	*Number of households in Franklin County, Ohio*	**Household type**	*Family, nonfamily, single parents*
BASIC NEEDS			
Poverty status	*Less than 125% Federal Poverty Limit (FPL)*	**Eviction filing rate**	*Per 100 renter-occupied households*
Income distribution	*Less than 125% FPL; 125%-200% FPL; 200% FPL or below, 200%-400% FPL*	**Food insecurity**	*People who lack access, at times, to enough food for an active, healthy life*
Median household income	-	**Health insurance rate (insured; uninsured)**	*People who have health insurance*
Cost-burdened households	*Households that spend ≥30% of income on housing*	**Health insurance type**	*People who have different types of health insurance*
Renter-occupied housing	*Occupied housing units that are rented*	**Adverse childhood experiences (ACEs)**	*Adults who experienced an ACE before the age of 18*
Unhoused community members	*People who are homeless at a single point in time*		
CHRONIC CONDITIONS			
High cholesterol prevalence	*Adults told by a doctor that they have high cholesterol*	**Stroke prevalence**	*Adults told by a doctor that they had a stroke*
High blood pressure prevalence	*Adults told by a doctor that they have high blood pressure*	**Heart disease prevalence**	*Adults told by a doctor that they have heart disease*
Arthritis prevalence	*Adults told by a doctor that they have arthritis*	**Disability prevalence by type**	*Adults with different types of disabilities*
Diabetes prevalence	*Adults told by a doctor that they have diabetes*		
HEALTH BEHAVIORS			
Breast cancer screening	*Adult females (age 40+) who recently had a mammogram*	**Current cigarette smokers**	*Adults who smoke cigarettes some days or every day*
Colorectal cancer screening	*Adults (age 45-75) who recently had a colonoscopy*	**Current e-cigarette users**	*Adults who use e-cigarettes some days or every day*
Alcohol abuse	*Adults who binge drank in the past month*	**Obesity/overweight status**	*Per body mass index (BMI) categories*

Indicator	*Indicator Details*	Indicator	*Indicator Details*
MATERNAL AND INFANT HEALTH			
Prenatal chronic health conditions	*Anxiety; depression; gestational diabetes; or pregnancy-onset hypertension*	**Prenatal racial bias**	*Pregnant women who reported experiencing racial bias from a healthcare provider*
Pre-pregnancy vitamin usage	*Taking (multi)vitamins in month before pregnancy*	**Infant mortality rate**	*Deaths that occurred before 1 year of age, per 1,000 babies born*
Pre-pregnancy diabetes	*Type 1 or 2 diabetes in the three months before pregnancy*	**Low birthweight prevalence**	*Infants who weighed less than 2500 grams*
Unintended pregnancy	*Those who wanted to be pregnant later or did not want to be pregnant*	**Preterm birth prevalence**	*Infants who were delivered before 37 weeks gestation*
Prenatal healthcare	*Women who had a healthcare visit in year before pregnancy*	**Neonatal abstinence syndrome birth rate**	*Rate per 1,000 babies born*
Postnatal healthcare	*Women who had a healthcare visit in the 4-6 weeks after delivery*	**Teen fertility rate**	*Rate per 1,000 girls age 15-19 in the same age*
INFECTIOUS DISEASES			
Most common infectious disease rates: adults	*Rate per 1,000 individuals*	**New HIV diagnosis rate**	*Rate per 100,000 individuals*
Most common infectious disease rates: children	*Rate per 1,000 individuals*	**Kindergarten vaccinations**	*Youth who entered kindergarten with all required vaccines complete*
HEALTH CARE ACCESS			
Emergency Department utilization	*Treated & released; Admitted into the hospital; Visit severity; Top 10 diagnoses*	**Dental care access**	*Needed dental care but could not secure it (past 12 months)*
INJURY AND DEATH			
Mental/Social health	*Self-harm and suicide; loneliness; depression; alcohol attributable deaths; child abuse; domestic violence*	**Trauma hospitalization**	*Leading types of traumatic injuries*
Mortality	*Life expectancy; mortality rate*	**Cancer**	*Incidence and mortality*
Leading causes of death	*Rate per 100,000 individuals*	**Violent crime**	*Murder, rape, robbery, and aggravated assault, per 100,000 individuals*
		Overdose deaths	*Rate per 100,000 individuals*
ENVIRONMENTAL HEALTH			
Elevated blood lead level (EBLL)	*Among children under 6 years old*	**Lyme disease**	*Cases and rates, per 100,000 individuals*
Asthma prevalence	*Adults told by a doctor that they have asthma*		

Throughout the report, a (▲ or ▼) symbol next to the HM2025, Ohio, or US estimate indicates that estimate is at least 10% higher or at least 10% lower than the HM2022 estimate for that geography. A (▲ or ▼) symbol next to an age, sex, race/ethnicity, or disability estimate indicates that estimate is at least 10% higher than or at least 10% lower than the overall Franklin County estimate (i.e., HM2025).

(3) Collect and Analyze Primary Data. Qualitative primary data were obtained from a series of eleven 90-minute focus groups held from May 13, 2024 through July 26, 2024. Most of these focus groups were held in convenient, trusted locations throughout the community (e.g., Columbus Metropolitan Library branches; a community center; Columbus Public Health's administrative headquarters) and were facilitated by professional researchers. One focus group was held virtually via Zoom. A combination of professional/paid and grassroots/volunteer recruiting efforts were used to invite a diverse mix of Franklin County residents to participate in these sessions, including those with different types of disabilities.[3]

Overall, 111 Franklin County adults who reside within the primary jurisdictions of the COHC-member hospitals (as defined for this process), CPH, and FCPH participated in these focus groups, sharing their thoughts and observations about a wide range of health topics. These discussions included a focus on underlying factors that contribute to health issues, such as poverty and racism. Transcripts of these discussions can be provided upon request.

(4) Identify Priority Heath Needs. On October 22, 2024, the Steering Committee members received a draft copy of *Franklin County HealthMap2025*. They were asked to review the draft document and to record and share any comments or questions they had about it.

On October 31, 2024, the full Steering Committee met in person to review *Franklin County HealthMap2025* and to identify priority health issues. The meeting participants were divided into small groups, with each group asked to review a specific section of *Franklin County HealthMap2025* and, within that section, to identify potential priority health issues for consideration by the larger group. In addition to sharing their personal experience and history during these small-group conversations, meeting participants were asked to consider the following criteria when identifying potential priority health issues:

- **Equity:** Degree to which specific groups are disproportionately affected by an issue.
- **Size:** Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness:** Degree to which the health issue leads to death or disability, and impairs one's quality of life.

[3] The Steering Committee wishes to acknowledge and thank the Ohio Department of Health's Center for Public Health Excellence for recruiting disabled residents to share their experiences and opinions in one of these focus groups and for providing ASL interpreters to help facilitate that conversation.

- **Feasibility:** Ability of organization or individuals to reasonably combat the health issue given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.
- **Severity of the Consequences of Inaction:** Risks associated with exacerbation of the health issue if not addressed at the earliest opportunity.
- **Trends:** Whether or not the health issue is getting better or worse in the community over time.
- **Intervention:** Any existing multi-level public health strategies proven to be effective in addressing the health issue.
- **Value:** The importance of the health issue to the community.
- **Social Determinant / Root Cause:** Whether or not the health issue is a root cause or social determinant of health that impacts one or more health issues.

Overall, a total of 29 potential priority health issues were identified by Steering Committee members. A multi-voting technique,[4] featuring three rounds of voting, was used to narrow down that list to **five priority health issues** that affect Franklin County residents.

On December 19, 2024, Steering Committee members received an invitation to participate in an online survey that would lead to the identification of the final set of priority health needs for the community. This prioritization survey was structured as follows. First, it provided an orientation to the purpose and intent of the effort. It presented an array of criteria that respondents should use when identifying priority health needs (e.g., the list of nine factors presented above). Then, after reading descriptions of the five priority health issues, respondents were asked to rank those issues. Overall, 28 Steering Committee members completed this survey. After tabulating the responses, there was clear consensus about the community's priority health needs. These priority health needs are reviewed in the next section of this report.

From these exercises, the Steering Committee was able to complete its charge to identify the prioritized health needs of Franklin County.

(5) Identify Community Assets and Resources. In December 2024, the Executive Committee identified community assets and resources that could potentially address the prioritized health needs, including existing healthcare facilities, community organizations, and programs or other resources. Inclusion of these potential partners and resources in *Franklin County HealthMap2025* is consistent with hospital requirements for conducting a needs assessment.

(6) Share Results with the Community. In December 2024, COHC conducted a review of *Franklin County HealthMap2025* to ensure that it was compliant with Internal Revenue Service

[4] See NACCHO's Guide to Prioritization Techniques, which can be accessed at https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf.

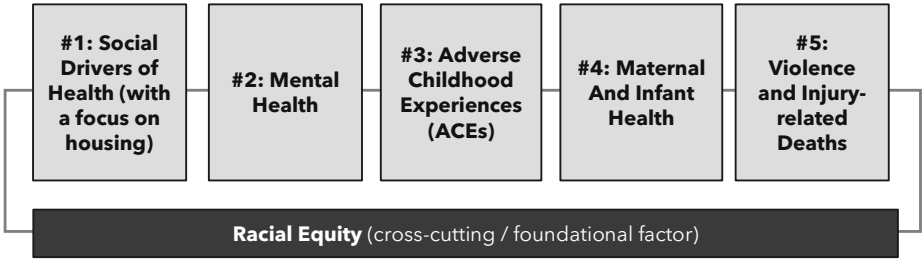
regulations for conducting community health needs assessments. CPH and FCPH also conducted internal reviews to ensure the report satisfied the requirements set forth by the Public Health Accreditation Board (PHAB). No information gaps that may impact the ability to assess the health needs of the community were identified during or after this process.

This report will be posted on COHC's, CPH's, and FCPH's websites, will be used in subsequent community prioritization and planning efforts, and will be widely distributed to organizations that serve and represent residents in the county.

Prioritized Health Needs

The five prioritized health needs affecting Franklin County residents, as identified by the Community Health Needs Assessment Steering Committee, are displayed below and discussed in this section.

Prioritized Health Needs Identified By *HealthMap2025*



Priority #1: Social Drivers of Health (with a focus on housing)

- Non-medical factors, such as economic stability, education and healthcare access, transportation and neighborhood safety, are key drivers of good health outcomes. According to Healthy People 2030, addressing the quality of housing as a public health issue may help prevent and reduce negative health outcomes. This is because poor housing quality and inadequate housing conditions can contribute to negative health outcomes, including chronic disease and injury. Furthermore, the presence of lead, mold, or asbestos, poor air quality and overcrowding can lead to irreversible health effects. In addition, overcrowded homes may be at risk for poor mental health, food insecurity, and infectious disease.
- Steering Committee members noted the many linkages between housing and health conditions and argued that policy changes are likely necessary to address varied challenges with the availability and affordability of different types of housing in Franklin County. Furthermore, Steering Committee members noted that cost-burdened households – those that spend more than 30% of their income on housing costs – tend to

be concentrated in zip codes that are associated with greater levels of racial and financial inequities, likely reflecting the historical practice of redlining in central Ohio.

Relevant indicators	See pages
Cost-burdened household prevalence	36
Unhoused community members (point-in-time count)	37

Priority #2: Mental Health

- According to the National Alliance on Mental Illness (NAMI), 23% of U.S. adults (1 in 5 adults) experienced mental illness in 2021 with 5.5% of adults (1 in 20 adults) experiencing a serious mental illness. And per the CDC, social isolation and loneliness are widespread problems in the U.S. and pose a serious threat to both mental and physical health. Social isolation can increase a person's risk for heart disease, self-harm, dementia and eventually may lead to an earlier death.
- Steering Committee members mentioned loneliness and depression as areas of concern, noting that over a quarter of residents report feeling lonely, and that the prevalence of loneliness is higher among recently pregnant women, individuals who have a household income that places them at or under the 100% federal poverty level, and among individuals with a disability. Furthermore, females, white (non- Hispanic) individuals, adults under the age of 65, and individuals with a disability are more likely than other groups to report ever being told by a healthcare professional that they have a depressive disorder (e.g., depression).
- Hospitalizations due to self-harm and deaths from suicide have both increased in Franklin County since the last HealthMap. The Franklin County Suicide Prevention Coalition has identified high-risk populations, including the Black and African-American community, older adults, refugees and immigrants, veterans, and youth.

Relevant indicators	See pages
Depression prevalence	136
Loneliness prevalence	135
Suicide death rate	135

Priority #3: Adverse Childhood Experiences (ACEs)

- Adverse childhood experiences, or ACEs, are traumatic events that occur during childhood (i.e., before age 18) and impact mental health. Examples of ACEs include violence, abuse, or neglect, as well as contextual factors that might negatively affect a child's sense of safety or stability, such as growing up in a household with people who have substance use problems, mental health problems, or parents who were separated or in jail. Research shows that ACEs can have lasting effects on health and wellbeing in childhood, as well as impact one's education and job potential into adulthood. These experiences can increase the risks of injury, maternal and child health problems including teen pregnancy, pregnancy complications, and fetal death. Also impacted are a range of chronic diseases and leading causes of death, such as cancer, diabetes, heart disease, and suicide.

- Steering Committee members noted that the prevalence of those who report having 4 or more ACEs when they were children is highest among black (non-Hispanic) individuals, those who are younger than age 65, and individuals with a disability. Furthermore, Steering Committee members noted that ACEs are considered a root cause for many physical and mental health issues and social determinant of health outcomes.

Relevant indicators	See pages
Adverse childhood indicators prevalence	52
Depression prevalence	136

Priority #4: Maternal and Infant Health

- Healthy children need healthy parents. The health of the mother – before, during, and after pregnancy – has a direct impact on the health of the child. Biological and neurological sciences show that the predictors of healthy child development begin before pregnancy, with the health of the mother, and continue after the birth, with the mother-child relationship.
- According to the CDC, each year, more than 50,000 pregnant people are affected by severe maternal morbidity, 800 women die due to pregnancy-related complications and over 20,000 infants die. And per CelebrateOne, a public/private impact collaborative addressing and reducing infant mortality, 126 babies died in Franklin County before their first birthday in 2023, with 20 due to sleep-related conditions.
- From the Steering Committee members' perspective, an increased focus on maternal health could lead to a reduction of the infant mortality rate, which unfortunately has not decreased significantly in recent years. Steering Committee members also suggested broadening the focus of maternal health to include the pre-pregnancy period, prenatal period, and well after delivery. Furthermore, Steering Committee members noted that many pregnant women report racial bias in the prenatal health care they received, which is a cross-cutting factor that also must be addressed.

Relevant indicators	See pages
Maternal health (multiple indicators)	96-112
Infant mortality rate	108

Priority #5: Violence and Injury-related Deaths

- Injury and violence affect everyone, regardless of age, race, or economic status. According to the CDC, Americans aged 1 to 44 die from injuries and violence – such as motor vehicle crashes, suicide, overdoses, or homicides - more than any other cause. Suicide is the second leading cause of death for this age group, while homicide remains in the top five leading causes of death. Overall, drug overdose remains the leading cause of injury-related death among adults in the United States.
- Steering Committee members noted that both drug overdose deaths and deaths from alcohol-attributable causes have increased since the last HealthMap. Additionally, Steering Committee members were concerned about traumatic injuries and the presence of numerous disparities by age, gender, and race.

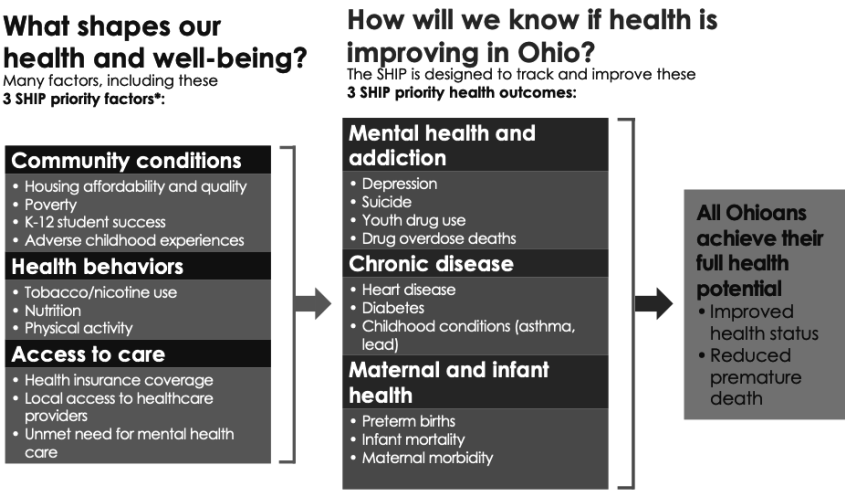
Relevant indicators	See pages
Drug overdose death rate	164
Alcohol-attributable death rate	138
Traumatic injury prevalence	151-157
Violent crime	162

Page 183 of this report presents a list of community assets and resources that could potentially help to address these prioritized health needs.

Note that these prioritized health needs are interrelated, and in many cases likely co-occur. Furthermore, the Steering Committee acknowledges that large scale coalitions currently address **infant mortality** and **addiction**, and that those efforts could be supplemented with an increased focus on the potential causes of those issues.

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three cross-cutting factors (i.e., social determinants of health that include community conditions, health behaviors, and access to care) as well three health outcome categories (i.e., mental health and addiction, chronic disease, and maternal and infant health) that should be considered when planning to improve the community's health (see next page). Overall, there is good alignment between *HealthMap2025's* prioritized health needs and Ohio's 2020-2022 SHIP.

Priority Factors And Outcomes Identified By Ohio's 2020-2022 SHIP



Source: Ohio's 2020-2022 State Health Improvement Plan (SHIP), available at https://dam.assets.ohio.gov/image/upload/odh.ohio.gov/SHIP/2020-2022/2020-2022-SHIP.pdf

Lastly, it should be noted that several other health issues were also considered by the Steering Committee as part of this prioritization process. Although these other issues play an important role in affecting the health of Franklin County residents, they did not receive the same level of endorsement as compared to the priority health needs reviewed previously.

The other health issues considered by the Steering Committee are listed below in no particular order.

- Racial bias in health care (note: this is mentioned as a cross-cutting factor affecting maternal health, above)
- Access to dental care
- Accessing care in the appropriate setting
- Overweight and obesity status
- Tobacco use (smoking and vaping)
- Life expectancy
- Cancer screening
- Motor vehicle accidents
- Food preparation knowledge
- Diversity of housing stock
- Asthma / respiratory disease
- Maternal & child health: Access to care; Cultural competence
- Maternal & child health: Chronic conditions
- Maternal & child health: Infant mortality
- Heart disease
- Stroke
- Diabetes
- Transportation
- Suicide deaths | Self-harm hospitalizations

Community Health Needs Assessment Steering Committee

Work on *Franklin County HealthMap2025* was overseen by a Steering Committee consisting of the following community members. Consistent with federal requirements for conducting health needs assessments, entities which represent specific populations within the community are identified. Executive Committee members are indicated with a * symbol.

ADAMH Board (Mental Health)
Kelly Bragg

B.R.E.A.D. Organization (Faith Communities)
Blanche Luczyk, Cora Harrison

Central Ohio Hospital Council (Hospital/Medical)
*Jeff Klingler**

Center for Public Health Practice at The Ohio State University (University System)
Andy Wapner

City of Columbus (Government)
Hannah Jones

Columbus City Schools (Education)
Sara Bode

Columbus Public Health (Public Health)
Kathy Cowen, Ann Mehl, Laurie Dietsch, Michelle Groux*

Community Shelter Board (Housing Insecure Community)
Steven Skovensky

Directions for Youth & Families (Mental Health)
Duane Casares

Educational Service Center (Education)
Wade Lucas

Equitas Health (LGBTQ+)
Francisco Caro

Ethiopian Tewahedo Social Services (Social Services; New American Communities)
Seleshi Ayalew Asfaw

Franklin County Coroner (Hospital/Medical)
Nathaniel Overmire, Patrick McLean, Jeremy Blake

Franklin County Office of Aging (Senior Community)
Caroline Rankin, Chanda Wingo

Franklin County Public Health (Public Health)
Joe Mazzola, Theresa Seagraves, Abby Boeckman, Sierra MacEachron*

Future Ready Five (Education)
Vanisa Turney

Health Impact Ohio (Public Health)
Tanikka Price

Human Services Chamber (Social Services)
Bhumika Patel

Mid-Ohio Food Collective (Food Insecure Community)
Amy Headings

Mid-Ohio Regional Planning Commission (Transportation, Data)
Melinda Vonstein

Mount Carmel Health System (Hospital/Medical)
Candice Coleman, Brian Pierson

Nationwide Children's Hospital (Hospital/Medical)
Libbey Hoang, Brittany Kremer, Laura McLaughlin

Ohio Association of Community Health Centers (Medical)
Dana Vallangeon

Ohio Department of Health Disability and Health Program (Disabled Community)
David Ellsworth

OhioHealth (Hospital/Medical)
Rebecca Barbeau, Jeff Kasler

OSU Extension - The Ohio State University (Education/Rural Community)
Brian Butler

The Ohio State University Wexner Medical Center (Hospital/Medical)
Annie Marsico, Ben Anthony

United Way of Central Ohio (Low-income/Medically Underserved Communities)
Lisa Courtice

Workforce Development Board (Workforce Development)
Lauren Rummel

The following hospitals (listed by health system) participated in the *HealthMap2025* process:

Mount Carmel Health System
Mount Carmel East Hospital
Mount Carmel Grove City Hospital
Mount Carmel St. Ann's Hospital

Nationwide Children's Hospital

OhioHealth
OhioHealth Doctors Hospital
OhioHealth Dublin Methodist Hospital
OhioHealth Grant Medical Center
OhioHealth Grove City Methodist Hospital
OhioHealth Riverside Methodist Hospital

OSU Wexner Medical Center
University Hospital, Main Campus
University Hospital East
The James Cancer Hospital and Solove Research Institute

Input from all required sources was obtained for this report.

COHC, CPH, and FCPH contracted with various organizations to help create *Franklin County HealthMap2025*. Representatives of those organizations, along with their qualifications and addresses, are provided below.

Illuminology – located at 5258 Bethel-Reed Park, Columbus, OH 43220. Illuminology, represented by Orie V. Kristel, Ph.D., led the process for locating health status indicator data, for designing and moderating the focus groups, and for creating the summary report. Dr. Kristel is Illuminology's principal researcher and has 27 years of experience related to research design, analysis, and reporting, with a focus on community health assessments.

Center for Public Health Practice – located within the College of Public Health at The Ohio State University, 1841 Neil Avenue, Columbus, OH 43210. The Center, represented by Andy Wapner and Georgia Sasser, provided data collection, analysis support, and contributed to the summary report. The Center was also represented on the Steering Committee. Center staff combine for over 30 years of experience in local, state, and academic public health and routinely provide health needs assessment services.

INCompliance, an affiliate law firm of Bricker Graydon LLP – located at 100 South Third Street, Columbus, Ohio 43215. INCompliance provided overall guidance in ensuring that the conduct of the CHNA was compliant with the Internal Revenue Service regulations. Jim Flynn is a managing partner with Bricker Graydon and senior consultant to INCompliance. He and has 34 years of practice experience related to health planning matters, certificate of need, non-profit and tax-exempt health care providers, and federal and state regulatory issues. Christine Kenney is Director of Regulatory Services for INComplaince and has over 44 years of experience in health care planning and policy development, federal and state regulations, certificate of need, and assessment of community need.

The Community Health Needs Assessment Steering Committee wishes to acknowledge and thank the following people who contributed their time and expertise to assist with some of the analyses and maps included in *HealthMap2025*: Sierra MacEachron (Franklin County Public Health); Kathy Cowen, Michelle Groux, Emily Alexy, and Becky Zwickl (Columbus Public Health's Office of Epidemiology).

Community Profile

Overall, Franklin County's total population continues to increase. Compared to the last *HealthMap*, the county's demographic profile has remained similar, with three notable exceptions: the proportion who identify as Hispanic or Latino has increased; the proportion who were born in another country has increased; and the proportion of people age 5+ who speak English less than "very well" has increased.

Franklin County Residents[1-3]

		Franklin County		
		HM2019	**HM2022**	**HM2025**
Total population	Population of Franklin County	1,264,518	1,316,756	1,321,820
Sex	Male	48.8%	48.8%	49.2%
	Female	51.2%	51.2%	50.8%
Age	Under 5 years	7.3%	7.0%	6.5%
	5-19 years	19.0%	19.1%	19.2%
	20-64 years	62.3%	61.4%	61%
	65 years and over	11.3%	12.4%	13.3%
Race (any ethnicity)	White	68.1%	66.5%	65.1%
	Black	23.1%	23.9%	24.9%
	Asian-American/Pacific Islander	5.4%	6.0%	6.0%
	American Indian/Alaskan Native	0.1%	0.3%	0.4%
	Two or more races	3.2%	3.4%	3.7%
Ethnicity	Hispanic or Latino (of any race)	5.4%	5.8%	7.3% ▲
Foreign-born	Foreign-born	-	11.4%	12.6% ▲
	(Among foreign-born) Naturalized	-	*48.2%*	*45.4%*
	(Among foreign-born) Not a U.S. citizen		*51.8%*	*54.6%*
English proficiency	Percent of people age 5+ who speak English less than "very well"	-	5.3%	6.4% ▲
Most common languages spoken by people who speak a non-English language at home	Spanish	-	49,949	56,793▲
	Amharic, Somali, or other Afro-Asiatic languages	-	25,051	27,074
	Arabic	-	8,437	15,285▲
	Yoruba, Twi, Igbo, or other languages of Western Africa	-	10,904	12,435▲
	Nepali, Marathi, or other Indic languages	-	9,668	11,076▲
	Chinese (incl. Mandarin, Cantonese)	-	13,072	8,188 ▼
	French (incl. Cajun)	-	5,789	7,579 ▲
	Swahili or other languages of Central, Eastern, and Southern Africa	-	3,608	6,634▲

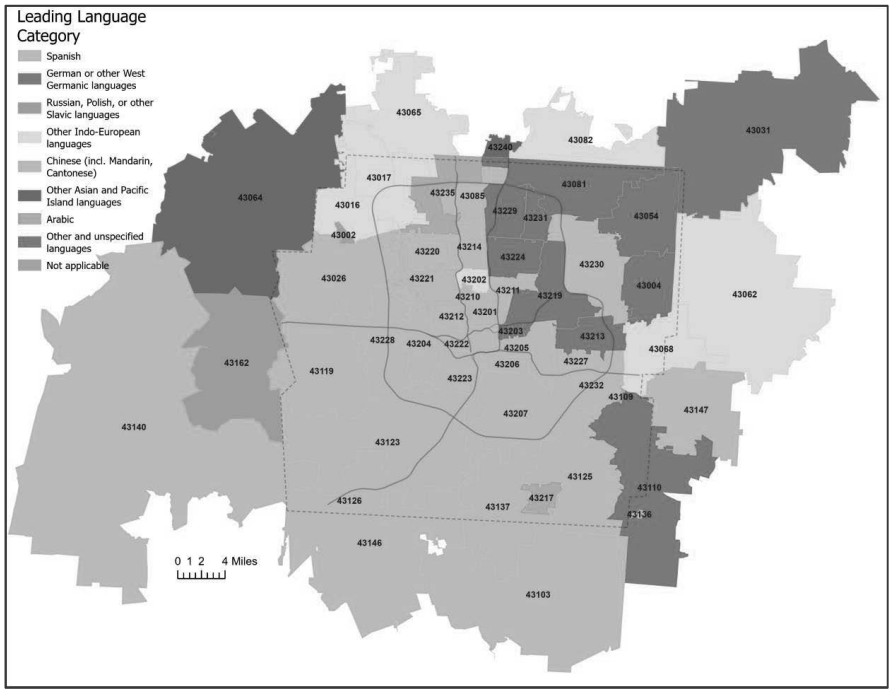
		Franklin County		
		HM2019	HM2022	HM2025
Educational Attainment	No/Some high school, no degree	9.7%	8.8%	8.7%
	High school graduate	25%	24.6%	24.5%
	Some college (no degree)	20.2%	19.6%	18%
	Associate's degree	6.8%	6.9%	6.5%
	Bachelor's degree	24.4%	25.3%	25.8%
	Graduate/Professional degree	14%	14.8%	16.5% ▲

Although the number of households in Franklin County has increased over time, other household characteristics remained relatively stable over time (e.g., household size, household type).

Franklin County Households[1]

		Franklin County		
		HM2019	HM2022	HM2025
Total households	Number of households	502,932	522,383	550,153
Household size	Average household size	2.5	2.5	2.4
	Average family size	3.2	3.2	3.1
Household type	Family households	58.0%	58.5%	55.8%
	Nonfamily households	42.0%	41.5%	44.2%
	Single parent households	-	18.4%	18.3%

The leading non-English language category spoken at home[4] in each Franklin County zip code is shown below.

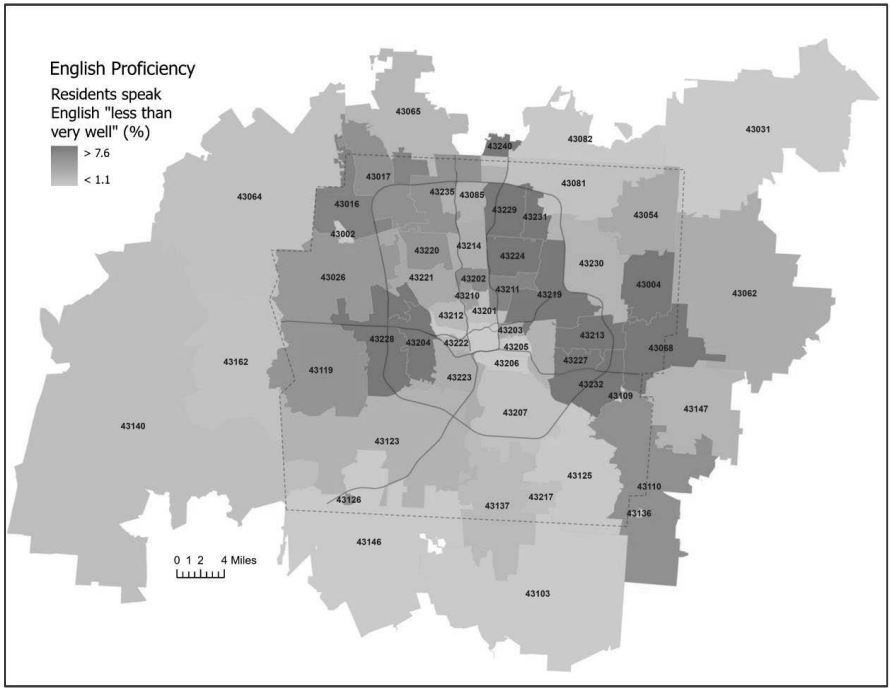


The following zip codes have the highest percentage of residents who speak a non-English language at home. Per the United States' Census Bureau[4]:

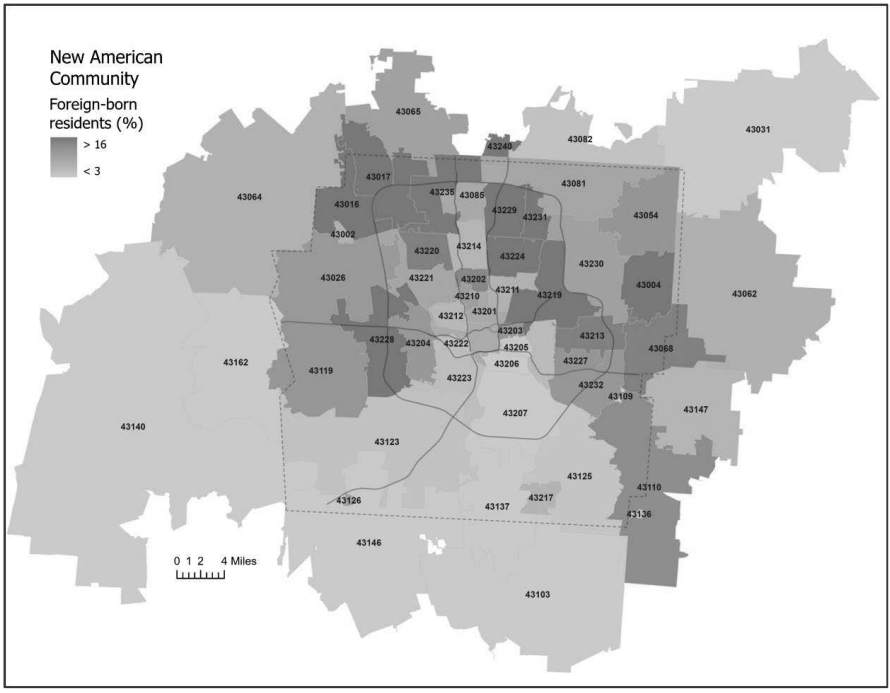
- 26% of residents in zip code **43231** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Somalia, Ghana, and Kenya.
- 21% of residents in zip code **43229** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Ghana, El Salvador, and Somalia.
- 20% of residents in zip code **43224** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Somalia, Ghana, and Mexico.
- 16% of residents in zip code **43219** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Somalia, Mexico, and India.

- 14% of residents in zip code **43068** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Bhutan, Nepal, and Ethiopia.

As shown in the map below, those residents who speak English less than "very well" are relatively more likely to be located in Franklin County's far eastern zip codes (e.g., 43068, 43004, 43232, 43227, 43213), its western zip codes (e.g., 43204, 43228, 43119), and its north-central zip codes (e.g., 43219, 43224, 43229, 43231).



Those residents who report being born in another country are relatively more likely to be located in Franklin County's north-central zip codes (e.g., 43219, 43224, 43229, 43231), in the 43228 zip code, and its northwestern zip codes (e.g., 43016, 43017, 43220, 43235).



Additional Information & References

Over the past 15 years, the U.S. Census Bureau has been working to improve how it measures race in America, including those who identify with two or more racial groups. This process resulted in numerous changes to the questionnaires it uses, starting in 2020. If HM2025 used recent American Community Survey data (i.e., 2022 vintage) to estimate the proportion of Franklin County residents who identify with two or more racial groups, that statistic would be 9.3%, representing a 250% increase from what was measured in 2019 (i.e., 3.7%). Because those questionnaire changes produced a substantial change in this statistic over time, HM2025 used a different U.S. Census Bureau dataset to estimate Franklin County residents' race/ethnicity status.[2,3]

Household size includes all people occupying a housing unit, while family size includes the family householder and all other people in the housing unit related to the householder by birth, marriage, or adoption.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.[4]

Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the proportion of residents who obtained technical training / certification. Unfortunately, the U.S. Census Bureau does not appear to measure that type of vocational activity.

[1] U.S. Census Bureau, American Community Survey 1-Year Estimates, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)
[2] U.S. Census Bureau. (2020). *County Population by Characteristics: 2010-2020, Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin [Dataset]. https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-county-detail.html*
[3] U.S. Census Bureau. (2022). *County Population by Characteristics: 2020-2023, Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin [Dataset]. https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html*
[4] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022 (HM2025)


BASIC NEEDS

Income And Poverty

Socioeconomic status is one of the most well documented influences on health. Lower income is associated with greater chronic illness, more healthcare needs, worse health-related quality of life, and higher mortality.[1-4]

The median household **income** in Franklin County in 2022 was **$69,681**.	≈ Similar to HM2022 ($64,713)
18.8% of Franklin County residents have an income below 125% of the **poverty level**.	≈ Similar to HM2022 (17.7%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Children more likely	None observed	Non-white more likely	Observed (see map)

Community Voices

Many Franklin County residents feel they are vulnerable to poverty, perceiving basic needs as increasingly expensive and their overall financial stability as precarious.

> *"Most of us now, with inflation rates and the way everything is mildly expensive, we are all a couple bad weeks away from being as homeless as the other people on Broad Street. People who feel like they have had a more stable setup or a more conventional foundation, I don't think that is the same as it maybe was five or ten years ago."*

Community members feel that the effort to make ends meet precludes individuals from thinking about their health needs, as well as financially prevents them from accessing health care, nutritious food, and other things needed to lead healthy lives.

> *"If you are someone who's trying to make ends meet and you're working several jobs, oftentimes it's really hard to find the time, to find the motivation to do the things that are ultimately going to improve your health. So you might be fully employed, working 60, 80 hours a week just to keep a roof over your head. And the other things kind of take a back seat to that. You don't have access necessarily to healthy food. You don't have access to doctors in your area where it's a quick trip to that. And our society really pats people on the back who work a lot, basically themselves to death."*

> *"Being stuck on that bottom rung of Maslow's hierarchy of needs. Yes, healthcare should be down there, but it isn't. It's another step up. If you're trying to just subsist and you can't get out of that, you're not going to think about things that are actually problems with your body or mental health."*
>
> *"You can't afford everything. You try to do one thing, because if you try to do it all, and then it's a trickle-down effect and you're in a hole, you can't get yourself out of it. So, you can only do so much for yourself. And if you have a family, it's even harder. You just have to pick and choose what's most important at that right time."*
>
> *"If you're sick, you're not gonna have the energy to make healthy meals, you're not gonna follow the doctor's orders, like take a rest, or do this type of treatment, because you have to work and make money to provide for your family."*

While resources exist to help individuals in poverty, community members say that accessing them is not easy enough; individuals may be unaware what resources exist and unable to get connected to an individual who can help them in a timely manner.



> *"If you are living in poverty, you may not have the ability to know where to access the resources. Because I do think that there are a lot of resources, but I don't think people know how to get to the resources, and people are not helping them get to those resources."*
>
> *"A lot of people are having such a hard time getting a hold of, like, [government agency]. I've heard people call and call. You put your request in for a call back. You never get a call back. There's just no communication. And I don't feel like there's really a willingness to help either."*

There are social ramifications to living in poverty as well, as a community member pointed out. It is difficult for families to spend time together when parents must work multiple jobs to maintain financial stability.



> *"And people working multiple jobs to bridge the gap between the generations, [there's a gap] between parents and their kids. It's hard to see the kids because I'm working multiple jobs and my kid goes to bed before I come back from work. Stuff like that creates this huge gap among ourselves."*

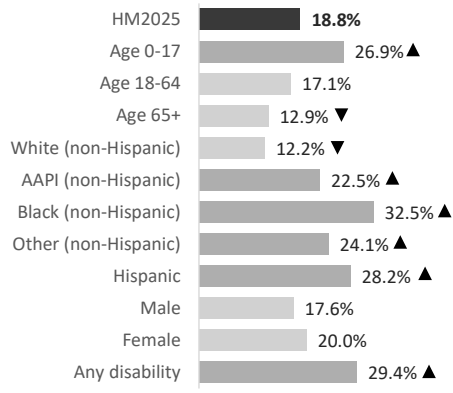
Overall, the median household income among Franklin County residents is higher than Ohio residents overall but lower than US residents overall. However, after adjusting for inflation, the average household income in Franklin County for HM2025 is *slightly less* than what was observed six years ago (i.e., HM2019).

Children, non-white individuals (especially those who are black non-Hispanic, those who are Hispanic, and those who have an other non-Hispanic racial background), and disabled individuals are at increased risk of living near or below the federal poverty level.

Median Income

	Average income	Adjusted for inflation
HM2025	**$69,681**	**$69,681**
HM2022	**$64,713**	**$76,170**
HM2019	**$56,055**	**$70,100**
Ohio	**$65,720 ▲**	**$65,720**
US	**$74,755 ▲**	**$74,755**

Less than 125% Federal Poverty Level

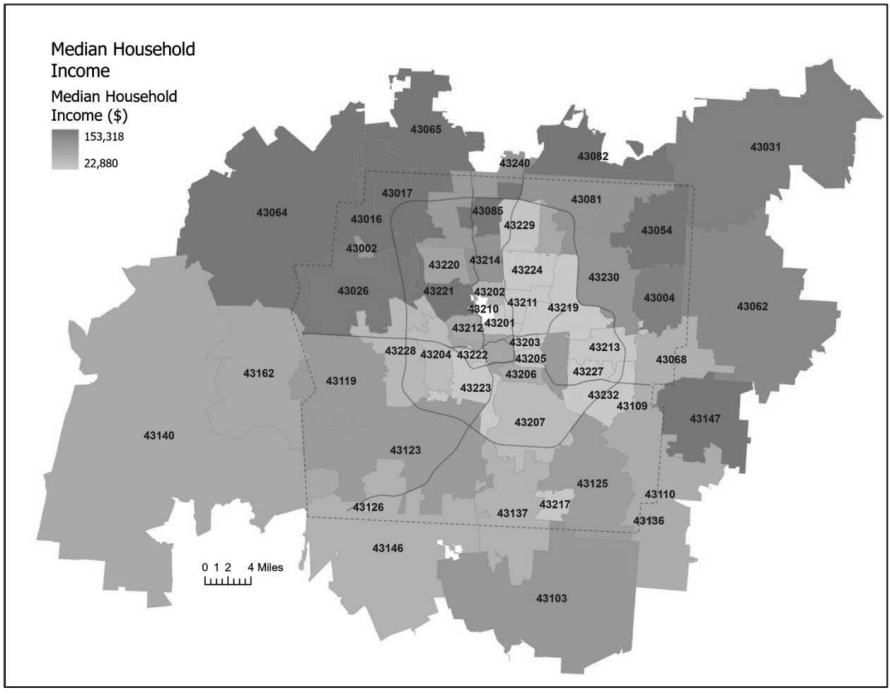


As shown below, income distribution near a variety of federal poverty level thresholds has remained relatively consistent over time. Compared to both the United States and Ohio, Franklin County does have a slightly higher proportion of people in the below 125% bracket.

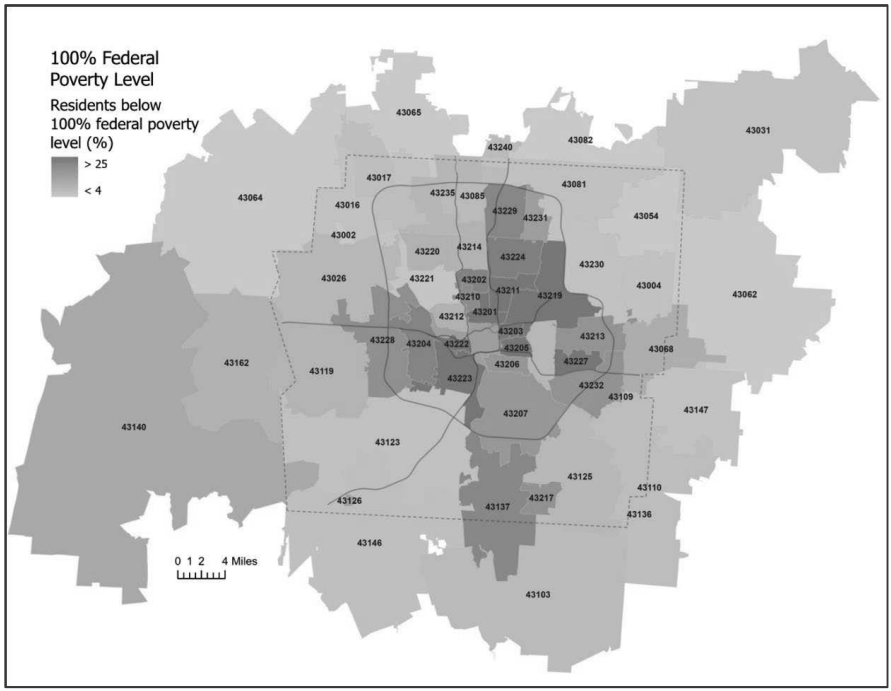
Income Distribution

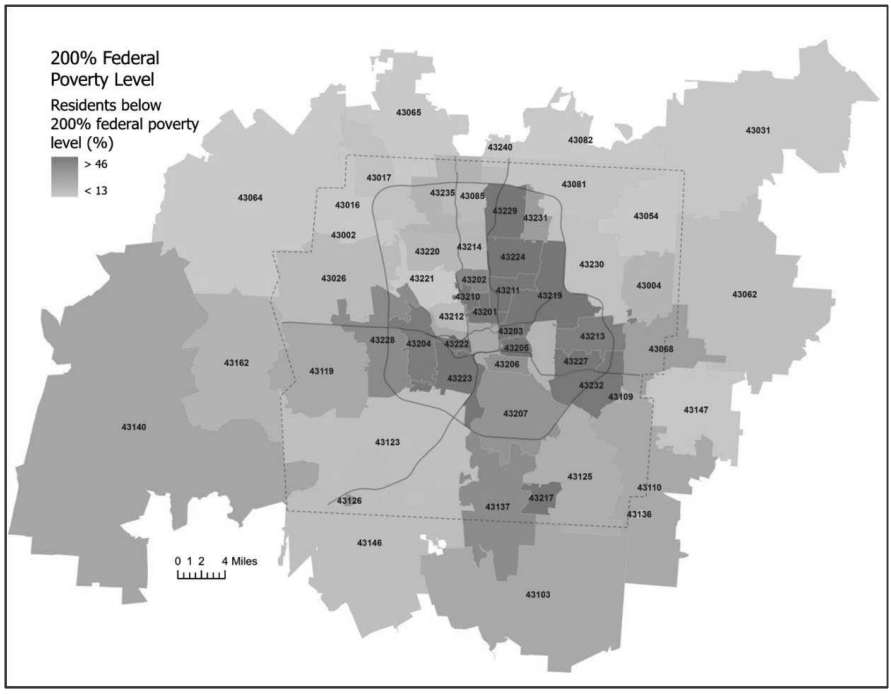
	Below 125% FPL	125%-200% FPL	200% FPL or Below	201%-400% FPL
HM2025	**243,546 (18.8%)**	**147,662 (11.4%)**	**391,208 (30.3%)**	**377,029 (29.2%)**
HM2022	**227,330 (17.7%)**	**162,267 (12.6%)**	**389,597 (30.3%)**	**379,629 (29.5%)**
HM2019	**263,627 (21.4%)**	**143,589 (11.7%)**	**407,216 (33.0%)**	**365,366 (29.6%)**
Ohio	**1,955,282 (17.0%)**	**1,400,699 (12.2%)**	**3,355,981 (29.3%)**	**3,653,884 (31.8%)**
US	**53,141,624 (16.3%)**	**39,178,320 (12.1%)**	**92,319,944 (28.6%)**	**96,703,365 (29.9%)**

As shown in the map below, the zip codes with the lowest median household incomes are concentrated in the north-central part of Franklin County (e.g., 43229, 43224, 43211, 43219), some eastern zip codes (e.g., 43213, 43227, 43232), and some central zip codes (e.g., 43222, 43223).



The next two maps show the percentage of central Ohio residents in each zip code who have an income that is (1) below 100% of the federal poverty level and (2) below 200% of the federal poverty level. Each map tells a similar story: zip codes located in the central-east and central-north areas of Franklin County have greater percentages of residents in poverty.





Additional Information & References

Readers who are interested in learning more about this topic should also read the *HealthMap2025* section that focuses on individuals with disabilities (see page 65).

Data about income and poverty were obtained from the American Community Survey (ACS).[5-7] For *HealthMap2025*, special attention is paid to median income, the percent of individuals near or below the Federal Poverty Level (FPL) as determined by the U.S. Census Bureau, and the number of individuals at specified income brackets.

The income categories 125-200% and 200-400% of the FPL were calculated by subtracting the numbers for 200%-125% and 400%-200%, respectively. Total numbers at each income category were converted into percentages by dividing by the total number for which poverty status was determined in the applicable geographic unit and year.

$$\%(125-200\%\ FPL) = \frac{[(n = 200\%FPL) - (n = 125\%FPL)]}{Total\ population\ for\ whom\ poverty\ status\ is\ determined}$$

For example, the HM2025 Franklin County estimate for those with an income at or below the 125-200% FPL was calculated as follows:

$$11.4\% = \frac{[391{,}208 - 243{,}546]}{1{,}290{,}258}$$

The Bureau of Labor Statistics CPI Inflation Calculator[8] was used to adjust the average income values for HM2022 and HM2019 for inflation.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.[9]

[1] Bosworth B. (2018). Increasing Disparities in Mortality by Socioeconomic Status. *Annual review of public health*, *39*, 237–251. https://doi.org/10.1146/annurev-publhealth-040617-014615

[2] Robert, S. A., Cherepanov, D., Palta, M., Dunham, N. C., Feeny, D., & Fryback, D. G. (2009). Socioeconomic status and age variations in health-related quality of life: results from the national health measurement study. *The journals of gerontology. Series B, Psychological sciences and social sciences*, *64*(3), 378–389.

[3] Kivimäki, M., Batty, G. D., Pentti, J., Shipley, M. J., Sipilä, P. N., Nyberg, S. T., Suominen, S. B., Oksanen, T., Stenholm, S., Virtanen, M., Marmot, M. G., Singh-Manoux, A., Brunner, E. J., Lindbohm, J. V., Ferrie, J. E., & Vahtera, J. (2020). Association between socioeconomic status and the development of mental and physical health conditions in adulthood: a multi-cohort study. *The Lancet. Public health*, *5*(3), e140–e149. https://doi.org/10.1016/S2468-2667(19)30248-8

[4] Begley, C., Basu, R., Lairson, D., Reynolds, T., Dubinsky, S., Newmark, M., Barnwell, F., Hauser, A., & Hesdorffer, D. (2011). Socioeconomic status, health care use, and outcomes: persistence of disparities over time. *Epilepsia*, *52*(5), 957–964. https://doi.org/10.1111/j.1528-1167.2010.02968.x

[5] U.S. Census Bureau. (2022). Median Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars). *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1903*. https://data.census.gov/table/ACSST1Y2022.S1903?q=Income and Poverty&g=010XX00US_040XX00US39_050XX00US39049.

[6] U.S. Census Bureau. "Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1703*, 2022, https://data.census.gov/table/ACSST1Y2022.S1703?q=s1703&g=010XX00US_040XX00US39_050XX00US39049.

[7] U.S. Census Bureau. (2022). Poverty Status in the Past 12 Months. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1701*. https://data.census.gov/table/ACSST1Y2022.S1701?q=s1701&g=010XX00US_040XX00US39_050XX00US39049.

[8] U.S. Bureau of Labor Statistics. CPI Inflation Calculator. Accessed September 1, 2024 at https://data.bls.gov/cgi-bin/cpicalc.pl?

[9] U.S. Census Bureau. American Community Survey 5-Year Estimates, 2022 (HM2025)

Housing Insecurity

Housing insecurity is associated with decreased healthcare access, increased hospital and emergency department utilization, and worse overall health.[1,2] When individuals must focus on basic needs such as housing, the seemingly "secondary" needs of healthcare may be neglected and cause further downstream health challenges.

31.9% of Franklin County households spend at least 30% of income on **housing**.

↑ Up from HM2022 (28.2%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Unavailable	Unavailable	Observed (see map)

47.5% of Franklin County households are **renting** their housing.

≈ Similar to HM2022 (46.6%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Unavailable	Black, Hispanic more likely	Observed (see map)

2,337 Franklin County residents are **unhoused**.

↑ Up from HM2022 (2,036)

There were **8.7 eviction filings per 100 renter-occupied households in** Franklin County.

↑ Up from HM2022 (7.5)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Unavailable	Unavailable	Observed (see map)

Community Voices

Community members believe it is far too difficult to find an affordable apartment, due not only to the cost of rent, but also to the stipulations of being accepted for low-income apartment options and apartments in general.



> *"I was in an apartment for 18 years, and they put a note on my door and said, we sold the apartment complex, and you have 60 days to move. I had just had surgery, and I found my new apartment, and it was $800 more than what I was paying. And it was the cheaper option. And they sold my apartment to make it low-income housing. But I was out of range for that apartment. But then I wind up paying almost double what I was paying in the old apartment. And it's smaller. I had to rent a garage because I couldn't even fit everything I had in the new apartment, but I'm paying almost double. The pricing is ridiculous."*
>
> *"If you go to just a regular apartment complex and you try to get an apartment, they want you to have a 720 credit score and they want you to have three times the amount of rent every month. And it's like, I don't know anybody who can pay $1,500 or $1,800 and have three times that amount of money a month…and the amount to move in which is like six or seven thousand, because you have to have first month's rent, last month's rent, and security deposit."*

Community members see housing being purchased in their communities by outside investors and say this contributes to the inability of people to buy homes in Franklin County.



> *"There's a guy over here. His name is on everything. I looked him up. He's an investor from New York, and he is buying up everything. Everything. And setting those prices stupid high…I asked the mayor, why can't you guys control [that]? They can't control who buys. I don't know why, but I think that's a horrible thing."*
>
> *"Half of the housing has been bought up by corporations to rent them out. They'll come in all cash, 20% above asking. There's no way in which a person can afford to buy."*
>
> *"Even here on the South Side, it's a lot of gentrification. Houses over here on Thurman Ave, back in the day, you could easily get one of those houses. Now there's nowhere for regular working folks to go."*

Community members believe the quality of housing that is more "affordable" is in poor condition; structural, aesthetic, and security issues go unaddressed by landlords, and the environment overall negatively impacts mental and physical health.



> *"Say you don't have the money to get the thing that you want. So you only make $1,000 in your paycheck. So you can only afford $500. But the $500 [place], the wall is coming down, the paint peeling. The landlord doesn't care about what it looks like. So now you're living in something that you really don't want to be there. You're stressing about it. 'Oh my God, I need to get out of here. But I can't afford to get out of here.'"*
>
> *"From what I heard, they're closing all the housing down because they haven't been taking care of it. They've been ran down. Yeah there's affordable housing. At what price? You don't have running water, the hot water goes out, or the locks don't work. And then what? Then you got the people that live there who don't care, who just terrorize the neighborhood. So do you want to live [in] affordable housing where you might get shot when you walk outside, you might have mice, the health department might not even come when you call them? It's one thing if it's just you, but if you got your family, you got kids, you don't want your kids to live like that."*
>
> *"A lot of these affordable housing units don't have access to doctor's offices that you can get to using public transportation or by walking, or even grocery stores. You can't get fresh food. And so it becomes really difficult for people who maybe don't always have access to a car to get to places where they can take care of their physical or mental health or have access to other things that will improve those things."*
>
> *"So landlords are just renting and the places are terrible, which is affecting the kids. We have them sign they don't have a lead-based paint, but it doesn't matter because they're not even really doing the repairs, the plumbing. They're letting water sit and kids are coming in with asthma. Our clients have something with the lungs because of black mold. The lack of affordable housing [relates to] the health disparities, especially in the black and brown communities."*

Community members also spoke to the difficulty of finding accessible housing for individuals with mobility issues. This causes extra stress on caretakers and can cause unhoused individuals to spend more time in shelters due to the lack of accessible housing in the county.



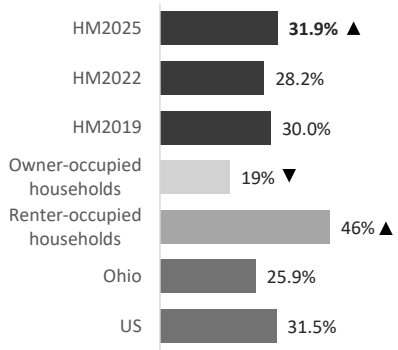
> *"I work for the homeless shelter, so when it comes to housing, the ones that are on canes, using walkers, it's very hard to find handicap accessible housing. It's not that many options. And the ones that are, they're already filled. So we might have someone who is on a walker who, their stay might be a year and a half because we've been looking for handicapped accessible housing."*

> *"Finding housing that's even suitable for somebody who has a lot of healthcare issues has been hard. For example, my mom, she has mobility issues and can't do steps. So finding a ranch home or something just one story was really hard for a long time. And then once you do find a one-story place, you need hallways to be wider to get wheelchairs through. And then you need shower stalls. So I think just in general, if you're disabled and you need housing, where can you find something that's accessible to your needs? That's really hard."*

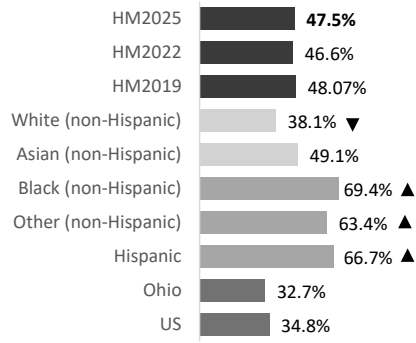
Unfortunately, housing insecurity has not improved since *HealthMap2022*. The percentage of cost-burdened households – those that spend 30% or more of their monthly household income on housing costs – has increased. Furthermore, nearly half of renter-occupied households in Franklin County are cost-burdened.

Homeownership offers an opportunity to for individuals and families to build wealth and economic security.[4] Unfortunately, significant racial disparities were noted among those who don't yet live in (or choose not to live in) owner-occupied housing. Black (non-Hispanic) individuals, Hispanic individuals, and individuals with an other (non-Hispanic) racial background were more likely than white (non-Hispanic) individuals or individuals with an Asian racial background to be renters.

Cost Burdened Households (≥30%)



Renter-occupied Housing Units



The most recent "point-in-time" estimate of unhoused individuals in Franklin County found that this number has increased substantially compared to previous years. Relatedly, the eviction rate in Franklin County has increased since *HealthMap2022* and is above the state average. Per data provided by the Franklin County Municipal Court and collated by the Eviction Lab[3], there were 23,762 evictions in 2023, a 14% increase from 2022.

Unhoused Community Members

	Point in Time Estimate
HM2025	**2,380 ▲**
HM2022	**2,036**
HM2019	**1,229**
Ohio	**11,386**
US	**653,104 ▲**

Eviction Filing Rate

	Rate per 100 renter households
HM2025	**8.7% ▲**
HM2022	**7.5%**
Ohio	**6.2%**

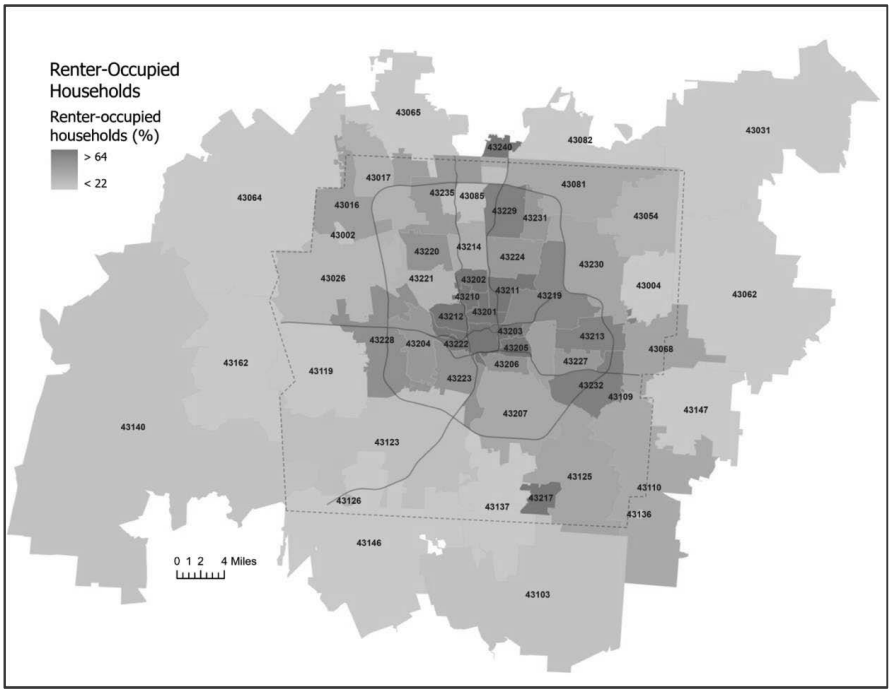
Healthy People 2030

Unfortunately, Franklin County is moving further away from the Healthy People 2030 objective on housing cost burden.[5] Further intervention is likely needed to address this issue facing many Franklin County residents.

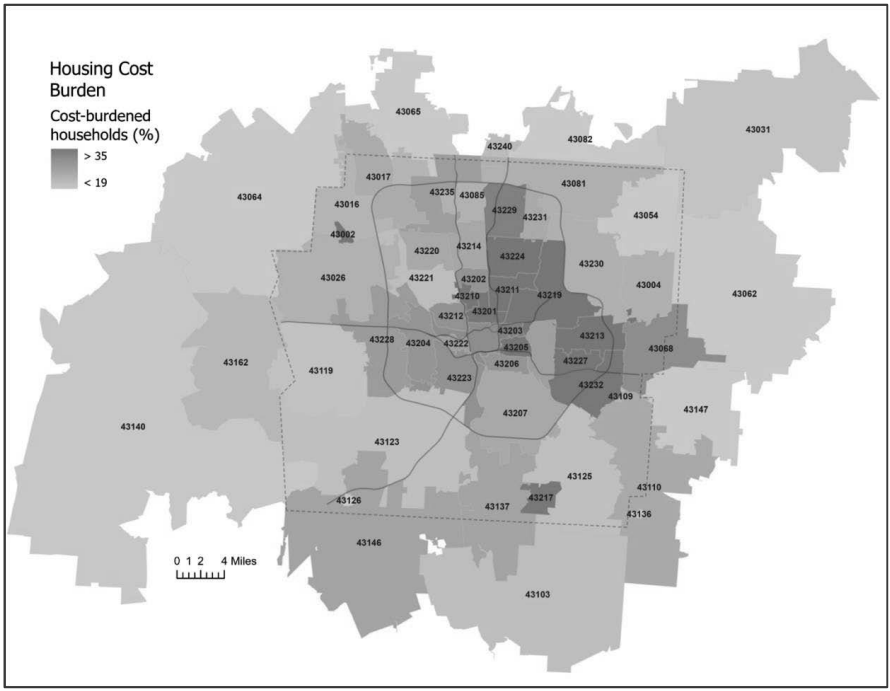
HP2030 objective for families spending ≥ 30% of income on housing: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
25.5%	**31.9%**

As shown in the map below, the zip codes with the greatest percentage of renter-occupied housing units are concentrated in the central part of Franklin County (e.g., 43222, 43212, 43201, 43203, 43205, 43210, 43202, 43211).



The zip codes with the greatest percentage of cost burdened households (i.e., an overall burden of 30% or higher) are concentrated in the eastern and north-central parts of Franklin County (e.g., 43213, 43227, 43232, 43219, 43211, 43224).



The map below is a screenshot of the eviction filing rate across Franklin County's census tracts since August 1, 2023, as mapped by the Eviction Lab. Census tracts with relatively higher rates of eviction filings are shown in darker colors.

Additionally, the "top 100 eviction hotspots" in the county are shown in the map as circles, with each circle representing a building that had a relatively large number of eviction filings. As the size of a circle increases, the number of evictions associated with that building also increases. Within Franklin County, many eviction hotspots are in east-central and far eastern census tracts (corresponding roughly to zip codes 43205, 43206, 43213, 4327, 43232, and 43068) as well as in western census tracts (corresponding roughly to zip codes 43228, 43123, 43119).

Readers who are interested in learning more about this topic are encouraged to visit the Eviction Lab's interactive map, which can be accessed by **clicking here**.



Additional Information & References

Readers who are interested in learning more about this topic should also read the *HealthMap2025* section that focuses on individuals with disabilities (see page 65).

Data about housing insecurity were obtained from the American Community Survey.[6,7] To assess the count of unhoused individuals, Point-In-Time (PIT) estimates were sourced from the Community Shelter Board of Franklin County and the U.S. Department of Housing Annual Homeless Assessment Report to Congress.[8,9] In this assessment, "unhoused" includes sheltered, unsheltered, and transitional housing residents. Eviction data were obtained from the Ohio Housing Finance Agency and from the Eviction Lab.[3,10,11]

Readers should be cautious when comparing estimates between different geographic regions such as Franklin County and Ohio. For example, estimates of people in renter-occupied housing may differ simply due to how Franklin County is largely a dense, urban/suburban area. The statewide estimate, of course, includes many rural areas that are less populated as well as highly populated urban/suburban areas.

The eviction filing rate is the number of new eviction filings per 100 renter-occupied households. Unfortunately, there are no centralized, recent sources of eviction data at the national level. At the time of this report's writing, the best source for information at that geographic level was the Eviction Lab, which offered nationwide estimates from 2018.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.[12]

[1] Bhat, A. C., Almeida, D. M., Fenelon, A., & Santos-Lozada, A. R. (2022). A longitudinal analysis of the relationship between housing insecurity and physical health among midlife and aging adults in the United States. *SSM - population health*, *18*, 101128. https://doi.org/10.1016/j.ssmph.2022.101128

[2] Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of general internal medicine*, *21*(1), 71–77. https://doi.org/10.1111/j.1525-1497.2005.00278.x

[3] Eviction Lab. Eviction Tracking > Columbus, OH. https://evictionlab.org/eviction-tracking/columbus-oh/

[4] Urban Institute. (2021). Tracking Homeownership Wealth Gaps. https://apps.urban.org/features/tracking-housing-wealth-equity/

[5] Healthy People 2030 objective SDOH-04, U.S. Department of Health and Human Services

[6] U.S. Census Bureau. (2022). Financial Characteristics. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2503. https://data.census.gov/table/ACSST1Y2022.S2503?q=housing&g=010XX00US_040XX00US39_050XX00US39049.

[7] U.S. Census Bureau. (2022). Demographic Characteristics for Occupied Housing Units. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2502. https://data.census.gov/table/ACSST1Y2022.S2502?q=housing&g=010XX00US_040XX00US39_050XX00US39049&y=2022.

[8] Community Shelter Board. (2023). *Columbus region leaders introduce new action on homelessness*. https://www.csb.org/cdn/files-Columbus-region-leaders-introduce-new-action-as-data-shows-increase-in-homeless-count.pdf

[9] De Sousa, T., Andrichik, A., Cuellar, M., Marson, J., Prestera, E., & Rush, K. (2022). *The 2022 annual homelessness assessment report (AHAR) to Congress.* US Department of Housing and Urban Development.

[10] Ohio Housing Finance Agency. (2023) FY 2024 Housing Needs Assessment [Interactive Tool]. Retrieved in 2024 from https://ohiohome.org/research/housinginsecurity-23.aspx

[11] Ohio Housing Finance Agency. (2021) FY 2021 Housing Needs Assessment [Interactive Tool]. Retrieved in 2024 from https://ohiohome.org/research/housinginsecurity-hna.aspx

[12] U.S. Census Bureau. American Community Survey 5-Year Estimates, 2022 (HM2025)

The Eviction Lab's interactive map can be accessed at https://evictionlab.org/eviction-tracking/columbus-oh/.

Food Insecurity

Food insecurity increases the risk for a variety of physical and psychological illnesses, including heart disease and depression.[1,2] This risk is particularly notable for children, who are at risk for developmental and health consequences related to prenatal and early childhood food insecurity.[3]

13.5% of Franklin County residents experience **food insecurity**.

≈ Similar to HM2022 (12.8%)

Community Voices

Community members emphasized that being able to source and prepare healthy foods is related to income status. While the expense of healthy food is one thing that precludes food security, the energy and time it takes to ensure that their families eat healthy also hinders families' efforts to eat nutritious meals.

> *"It takes a certain amount of bandwidth to deal with nutrition. Like if you're already worn out from your day working and you have all these other stresses going on, and you might not necessarily have the finances to buy the more expensive food that's organic or healthier for you…So in our experience, you only have so much energy, whether it's physical, emotional… and you spend it where you spend it. Maybe it would better to spend it on nutrition, but that's usually the last thing or one of the last things that we think about."*
>
> *"In my family, I've seen children who are in a lower income status that [their] parents have to work these multiple jobs, so then they're left to their own devices of microwavable things, air fry things, quick things. So then you're not getting proper nutrition. So then your brain is not even really developing to be of attention at school. So it's all connected."*

Many community members mentioned that their neighborhoods in Franklin County are still healthy food deserts, because grocery stores and healthy restaurant options are not accessible within a short distance of their homes. Residents also mentioned that the quality and variety of healthy food sold by grocery stores is lacking in lower income communities as compared to more affluent communities.

> *"I noticed in my neighborhood, I'm not in a bad area, but it's a lot of fast food and fried stuff. So, when we go out to eat, we go to Bexley, eight minutes' drive west of us. We go there. I grocery shop there. I do everything there."*

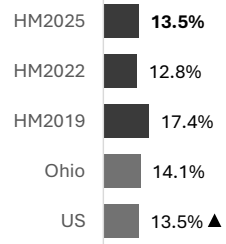
> *"This [grocery store] down here is like the nearest thing to me that has a variety, but they don't have that much either. They limit what we can get there. If you go to another [grocery store], they've got so much more."*
>
> *"A grocery store is here, but it's far away from the inner community, so they either have to have somebody bring it to them, or they have to drive. It's not within walking distance. And then there's not a lot of fresh stuff. Like, everything is packaged or processed."*

Personal work schedules and transportation issues also contribute to the ability of community members to access nutritious food easily.

> *"I get off work usually late at night, sometimes 10:00 p.m., even later. There's very few restaurants open that late, especially on weekdays. And your choices if you need to pick up a bite to eat on the way home from work are—since the pandemic, most restaurants I used to go to, they've cut their hours just in order to save money, but that doesn't help me."*
>
> *"I didn't have a car for three months, and I found myself trying to figure out dinner from Family Dollar because it was the only thing I could walk to. Sometimes you just can't get to some of the other places to do that."*

Although food insecurity prevalence in Franklin County has improved since *HM2019* (which reported 2016 data), progress has seemingly stalled since *HM2022* (which reported 2019 data). The slight increase from *HealthMap2022* and *HealthMap2025* (which reports 2022 data) may be attributable in part to the onset of the COVID-19 pandemic, which disrupted food systems for many households. Food insecurity has risen significantly nationwide.

Food Insecurity Prevalence



Healthy People 2030

As communities continue their recovery from the COVID-19 pandemic, Franklin County's progress towards the Healthy People 2030 objective for reducing food insecurity should be monitored. [5]

HP2030 objective for Food Insecurity: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
6%	**13.5%**

Additional Information & References

Readers who are interested in learning more about this topic should also read the *HealthMap2025* section that focuses on individuals with disabilities (see page 65).

Food insecurity data were gathered from the Feeding America interactive tool. That report estimates the percentage of individuals who lack access, at times, to enough food for an active, healthy life, per a set of variables that correspond with the U.S. Department of Agriculture's definition of "food security" as well as known risk factors.

Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the proportion of residents who qualify for WIC but who are not enrolled. Unfortunately, the Ohio Department of Health does not currently have a method for estimating the number of eligible WIC participants at the county level; such an estimate can only be generated for the state overall.

[1] Parekh, T., Xue, H., Cheskin, L. J., & Cuellar, A. E. (2022). Food insecurity and housing instability as determinants of cardiovascular health outcomes: A systematic review. *Nutrition, metabolism, and cardiovascular diseases : NMCD*, *32*(7), 1590–1608. https://doi.org/10.1016/j.numecd.2022.03.025

[2] Pourmotabbed, A., Moradi, S., Babaei, A., Ghavami, A., Mohammadi, H., Jalili, C., Symonds, M. E., & Miraghajani, M. (2020). Food insecurity and mental health: a systematic review and meta-analysis. *Public health nutrition*, *23*(10), 1778–1790. https://doi.org/10.1017/S136898001900435X

[3] Simonovich, S. D., Pineros-Leano, M., Ali, A., Awosika, O., Herman, A., Withington, M. H. C., Loiacono, B., Cory, M., Estrada, M., Soto, D., & Buscemi, J. (2020). A systematic review examining the relationship between food insecurity and early childhood physiological health outcomes. *Translational behavioral medicine*, *10*(5), 1086–1097. https://doi.org/10.1093/tbm/ibaa021

[4] Feeding America. (2022) Food Insecurity among the Overall Population in the United States [Interactive Map]. Retrieved in 2024 from https://map.feedingamerica.org/

[5] Healthy People 2030 objective NWS-01, U.S. Department of Health and Human Services

Health Insurance

Health insurance is a vital component of healthcare, particularly in the market-based healthcare model of the United States. Individuals who do not have insurance receive less and poorer quality healthcare, worse health outcomes, and a lower life expectancy.[1] A high proportion of uninsured patients also strains the healthcare system when services are used without subsequent payment, which can reduce overall healthcare availability in the community.[1]

92.4% of Franklin County residents are **insured**.

≈ Similar to HM2022 (92%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 less likely	Male less likely	Black, Hispanic less likely	Observed (see map)

Community Voices

Members of the community who have Medicaid or Medicare find it difficult to get reliable health care because many organizations do not accept their insurance, or they stop taking it.

> *"Most of our clients have Medicaid, but some of our clients are still under parents' insurance, which that doesn't help. So it doesn't matter if you have Medicaid or private insurance, because a lot of the places that accept private insurance, they don't accept Medicaid, or they accept Medicaid, but they don't accept private insurance. And either way, the waitlist is over six months."*
>
> *"When I moved here trying to get a counselor, I found a counselor and I have insurance from my retirement which is Medicare, but through an employer. So it's decent insurance. Well, then they stopped taking it."*

Community members spoke about the difficulty of affording medications whether they do or do not have insurance.

> *"I have a friend who has to work a second job just for her insulin, just to pay for her insulin. Like, that's it. Her primary job is a good job."*
>
> *"Not being able to afford certain medications or you have a certain medication, they take you off that medication because they can't cover it anymore."*

> *"One of the medications that I was on when we lost our insurance and we didn't have any insurance, it was $1,646 for one month. So obviously, I stopped taking it, and I couldn't even afford to go to the doctor to get a replacement sort of thing. So it's ridiculous how much things cost."*
>
> *"You have to go through this step-by-step process for the insurance to cover it."*

Franklin County residents also perceive that the quality of health care they receive depends on their health insurance. Specifically, they think those with Medicaid are more likely to experience rudeness from medical staff and inadequate treatment.

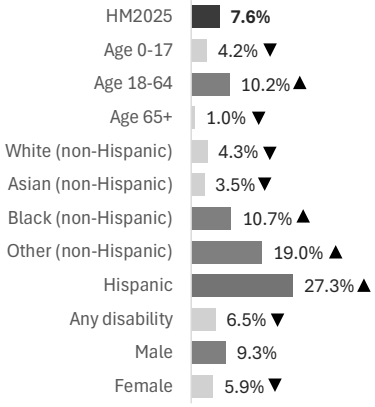


> *"Because they know that you're on Medicaid, 'Oh this your fifth baby. We tired of you.' I'm a staff member. I see it so much. Because what happens is, 'Is this your fifth baby? You should know what you're doing. You should get your tubes tied.' I've seen a lot of judgment."*
>
> *"I've had [this child] for a year now and with the insurance, you do get different treatment. I found out just last week that she has a brain bleed that has gone untreated for a whole year. So now I'm fighting with them about that. Like, why haven't we seen neurology? Why hasn't there been a follow up MRI or anything? So, yeah, I don't feel confident with the hospital. My kids always had private insurance. So when I would hear people tell me the horror stories about children and the care they've received, I was like, 'we don't go through that.' But since having her I've seen it."*

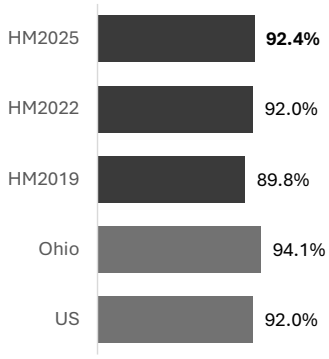
The vast majority of Franklin County residents are insured. The greatest disparities can be seen through the lenses of race and ethnicity, with Hispanic residents being significantly more likely to be uninsured than any other group. This may indicate the presence of cultural, language, or legal/political barriers. Adults age 18-64 are more likely to be uninsured than children or elderly people, which likely reflects the differences in eligibility for government-subsidized insurance plans.

Compared to Ohio or the United States, Franklin County has a higher rate of insured children as well as higher Group VIII Medicaid participation (i.e., an expansion that provided insurance access to adults who were between the ages of 19-64, who had an income less than 138% FPL, and who weren't eligible for another Medicaid category).

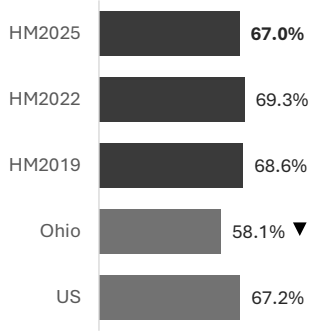
Uninsured Rate



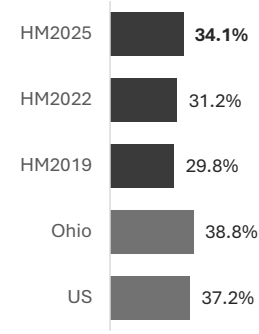
Insured Rate



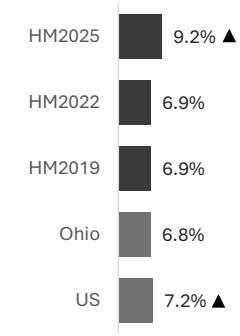
Private Health Insurance



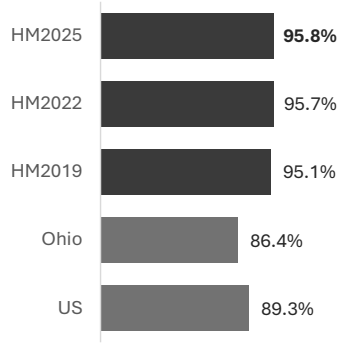
Public Health Insurance



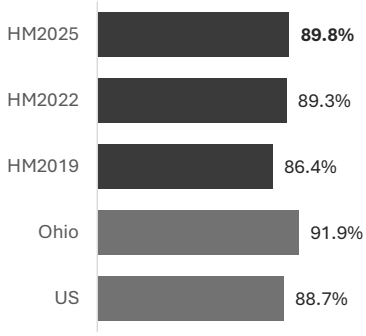
Group VIII Medicaid Insured



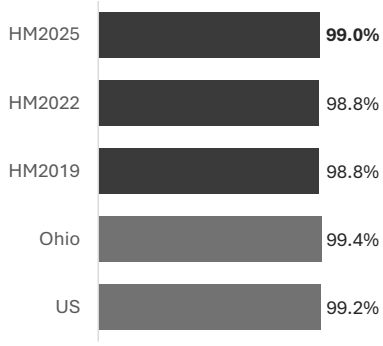
Insured Rate (ages 0-17)



Insured Rate (ages 18-64)



Insured Rate (ages 65+)



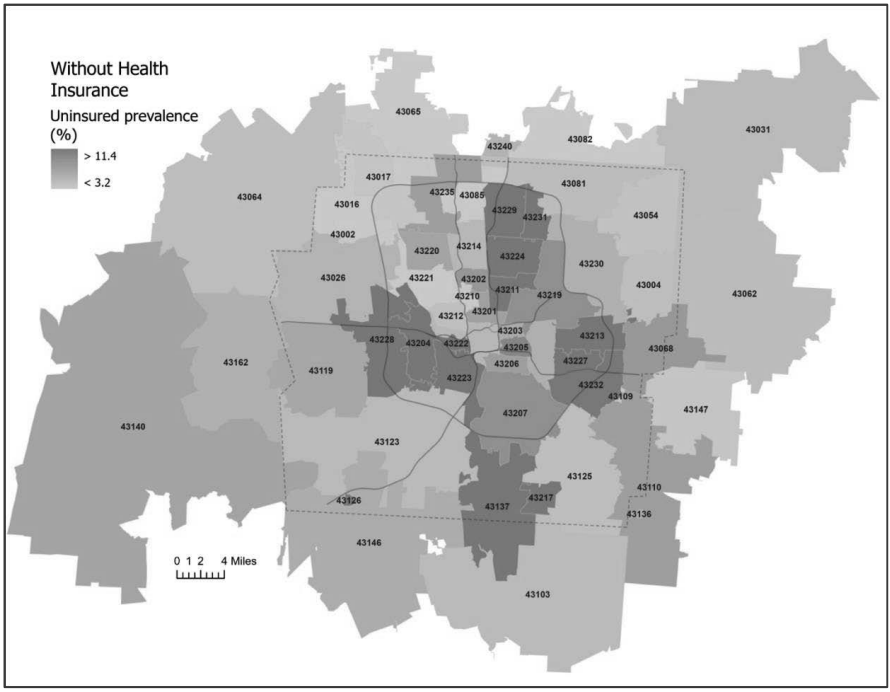
Healthy People 2030

Since HM2022, Franklin County has officially met the Healthy People 2030 objective for health insurance rates.[2] There is still progress to be made among adults age 18-64 as well as for racial and ethnic minorities, but this is a significant achievement for Franklin County.

HP2030 objective for proportion of people with health insurance: Met

Healthy People Objective:	Most recent Franklin County data (HM2025)
92.4%	**92.4%**

Franklin County zip codes with the greatest percentage of people without health insurance are concentrated in west-central zip codes (e.g., 43222, 43223, 43204, 43228), north-central zip codes (e.g., 43211, 43224, 43229, 43231), far eastern zip codes (e.g., 43213, 43227, 43232), and far southern zip codes (e.g., 43137, 43217).



Additional Information & References

To measure the insured status of residents, we used data from the American Community Survey.[3-5] For Medicaid Group VIII (Medicaid Expansion), we used the Ohio Department of Medicaid Annual Enrollment Dashboard and the federal Medicaid enrollment dataset.[6,7] The data for all metrics were collected for 2022, 2019, and 2016.

To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.[8]

[1] Institute of Medicine (US) Committee on the Consequences of Uninsurance. (2004). *Insuring America's Health: Principles and Recommendations*. National Academies Press (US).

[2] Healthy People 2030 objective AHS-01, U.S. Department of Health and Human Services

[3] U.S. Census Bureau. (2022). Selected Characteristics of Health Insurance Coverage in the United States. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701*. https://data.census.gov/table/ACSST1Y2022.S2701?q=s2701&g=010XX00US_040XX00US39_050XX00US39049.

[4] U.S. Census Bureau. (2022). Private Health Insurance Coverage by Type and Selected Characteristics. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2703*. https://data.census.gov/table/ACSST1Y2022.S2703?q=Health Insurance&g=010XX00US_040XX00US39_050XX00US39049&y=2022.

[5] U.S. Census Bureau. (2022). Public Health Insurance Coverage by Type and Selected Characteristics. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2704*. https://data.census.gov/table/ACSST1Y2022.S2704?q=Health Insurance&g=010XX00US_040XX00US39_050XX00US39049&y=2022.

[6] Ohio Department of Medicaid. (2022). Annual Medicaid Demographic and Expenditure Dashboard [interactive tool]. Retrieved in 2024 from https://analytics.das.ohio.gov/t/ODMPUB/views/MDE-AnnualView/Home?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y

[7] U.S. Centers for Medicare & Medicaid Services. (2022). Medicaid Enrollment - New Adult Group [interactive tool]. Retrieved in 2024 from https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9

[8] U.S. Census Bureau. American Community Survey 5-Year Estimates, 2022 (HM2025)

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are traumatic events that occur during childhood (i.e., before age 18), including violence, abuse, or neglect.[1] ACEs also include contextual factors that might negatively affect a child's sense of safety or stability, such as growing up in a household with people who have substance use problems, mental health problems, or parents who were separated or in jail.

Per the Center on the Developing Child at Harvard University, "There is a powerful, persistent correlation between the more ACEs experienced and the greater the chance of poor outcomes later in life, including dramatically increased risk of heart disease, diabetes, obesity, depression, substance abuse, smoking, poor academic achievement, time out of work, and early death."[2]

17% of Franklin County adults have **4 or more ACEs**.

New metric for HM2025

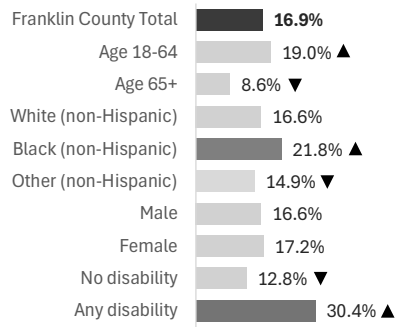
Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 more likely	None observed	Black more likely	Observed (see map)

Adults with any type of disability are more likely than others to report having 4 or more ACEs when they were children, as are those aged 18-64 and black (non-Hispanic) individuals.[4]

As shown on the next page, the four most frequently reported types of ACEs among Franklin County adults include (1) emotional abuse; (2) parents' separation/divorce; (3) living with someone who was a problem drinker / used illegal drugs / abused prescription medication; and (4) physical abuse.

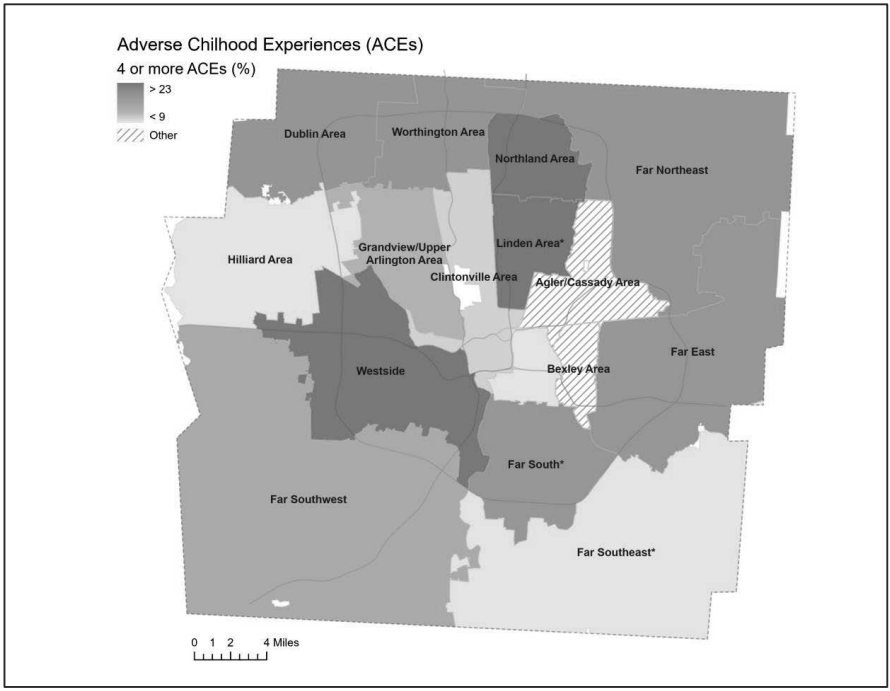
Four or more ACEs among adults 18+ in Franklin County



ACEs prevalence among adults 18+ in Franklin County

Experienced emotional abuse	**40.8%**
Parents separated or divorced (*excludes those whose parents were not married)*	**35.1%**
Someone in household was a problem drinker or alcoholic, or used illegal drugs or abused prescription medication	**30.7%**
Experienced physical abuse	**29.8%**
Someone in household was depressed, mentally ill, or suicidal	23.7%
Parents physically hurt each other	18.2%
Someone in household served time in prison, jail, or other correctional facility	10.9%
Experienced sexual abuse	5.9%

As shown in the map below, a greater percentage of adults in the Linden, Northland, or Westside areas report having experienced 4 or more ACEs as a child, compared to adults in other areas. Estimates marked by an asterisk (*) are based on fewer than 50 respondents and are considered statistically unreliable; therefore, caution should be used when interpreting these estimates.



The Agler/Cassady and Bexley areas are shown in a crosshatch pattern because the estimates for those areas are based on <40 respondents, and therefore are not reported.

Additional Information & References

To assess the prevalence of ACEs among Franklin County's adult population, Columbus Public Health staff obtained recent data from the Behavioral Risk Factor Surveillance System, which completes structured survey interviews with residents via telephone. In addition to combining and analyzing several years of data (2019, 2021, 2022), Columbus Public Health also combined the data from several contiguous zip codes in order to create larger geographic areas; most of those geographic areas then had a sufficient sample size that would permit an analysis and mapping of the indicator.[3] Franklin County Public Health staff then mapped the prevalence of this indicator across the selected geographic areas that had a sufficient sample size.

[1] Centers for Disease Control and Prevention. (n.d.) About Adverse Childhood Experiences. https://www.cdc.gov/aces/about/index.html

[1] Harvard University, Center on the Developing Child. (n.d.) ACEs and Toxic Stress: Frequently Asked Questions. https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/

[3] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

[4] Swedo EA, Aslam MV, Dahlberg LL, et al. Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020. MMWR Morb Mortal Wkly Rep 2023;72:707–715. DOI: http://dx.doi.org/10.15585/mmwr.mm7226a2

CHRONIC CONDITIONS

Chronic Condition Prevalence

The U.S. Centers for Disease Control and Prevention defines chronic diseases as conditions that last 1 year or more and require ongoing medical attention and/or place limits on one's daily activities. Such diseases are thought to be a major contributor to the nation's annual health care costs, which in recent years has approached $4.5 trillion.[1]

32% of Franklin County adults reported having **high cholesterol**.

≈ Similar to HM2022 (30.2%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	None observed	White more likely	Observed (see map)

32% of Franklin County adults reported having **high blood pressure**.

⬇ Down from HM2022 (36.2%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	None observed	Black more likely	Observed (see map)

25.4% of Franklin County adults reported ever having **arthritis**.

≈ Similar to HM2022 (27.5%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	Female more likely	White more likely	Observed (see map)

11.2% of Franklin County adults reported ever having **diabetes**.

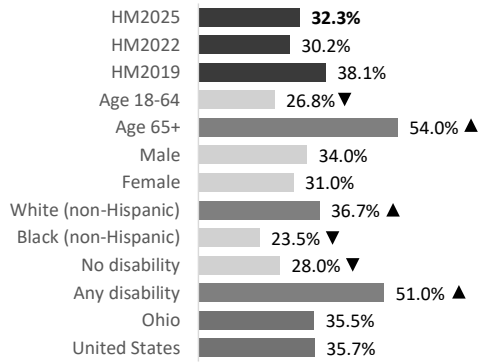
≈ Similar to HM2022 (10.6%)

Disparities by selected social determinants of health

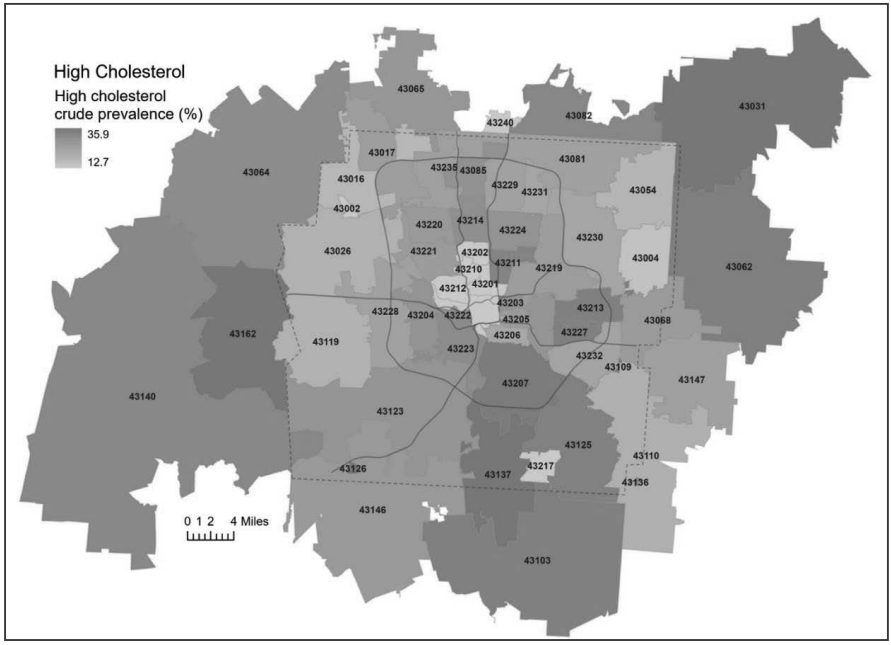
Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	None observed	Black more likely	Observed (see map)

HIGH CHOLESTEROL

Older adults and individuals with a disability are more likely to report this health condition. Note there is an increased rate of high cholesterol among white (non-Hispanic) residents as opposed to black (non-Hispanic) residents. This is a condition that may not present with urgent symptoms, instead being caught via blood tests that often occur in the context of primary/preventative care. Therefore, the disparities observed among racial groups might also partially reflect healthcare access disparities.[2]



High cholesterol prevalence is higher in most Franklin County zip codes that are to the east and south, especially 43211, 43213, 43227, 43207, and 43137.

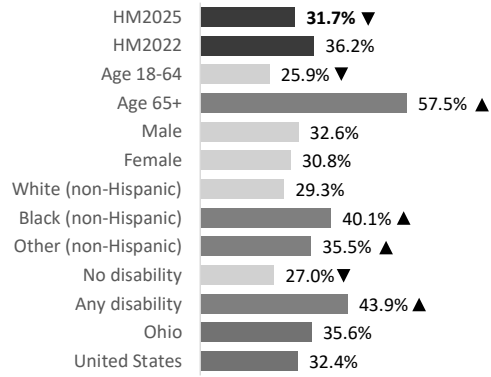


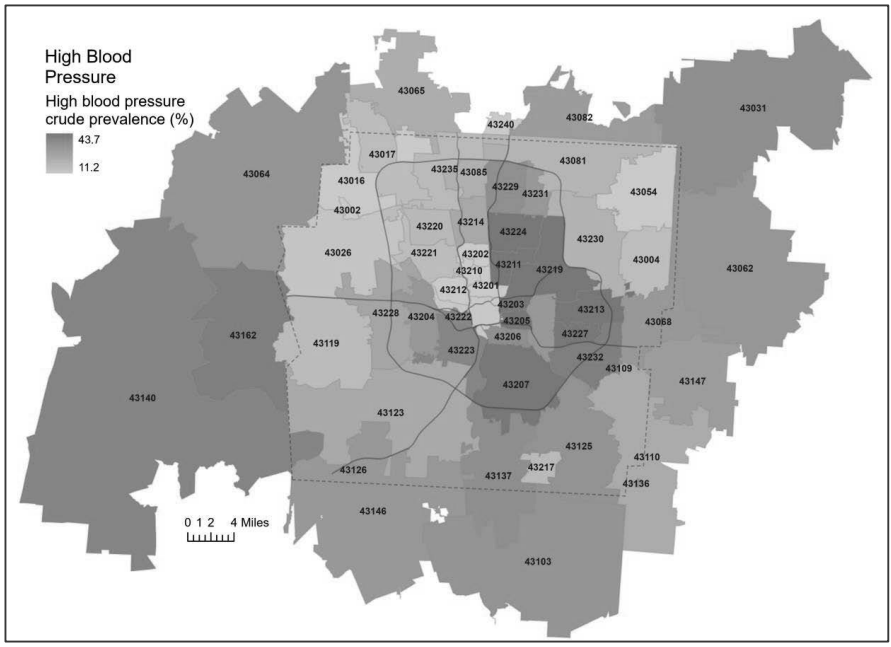
HIGH BLOOD PRESSURE

Older adults, black (non-Hispanic) residents, and individuals with a disability are more likely to report this health condition.

Fortunately, recent data suggest that among those Franklin County residents who have been diagnosed with high blood pressure, most (73%) are taking medicine to address/manage this health condition.

High blood pressure prevalence is higher in east-central Franklin County, especially 43224, 43211, 43219, 43203, 43205, 43213, 43227, and in 43207

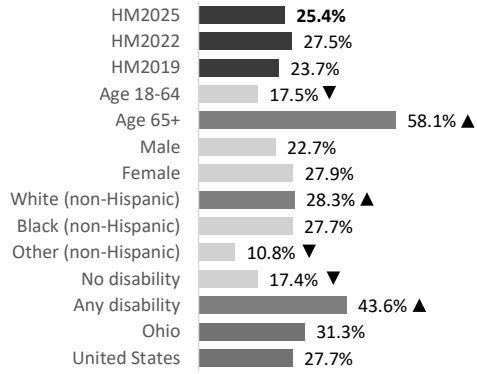


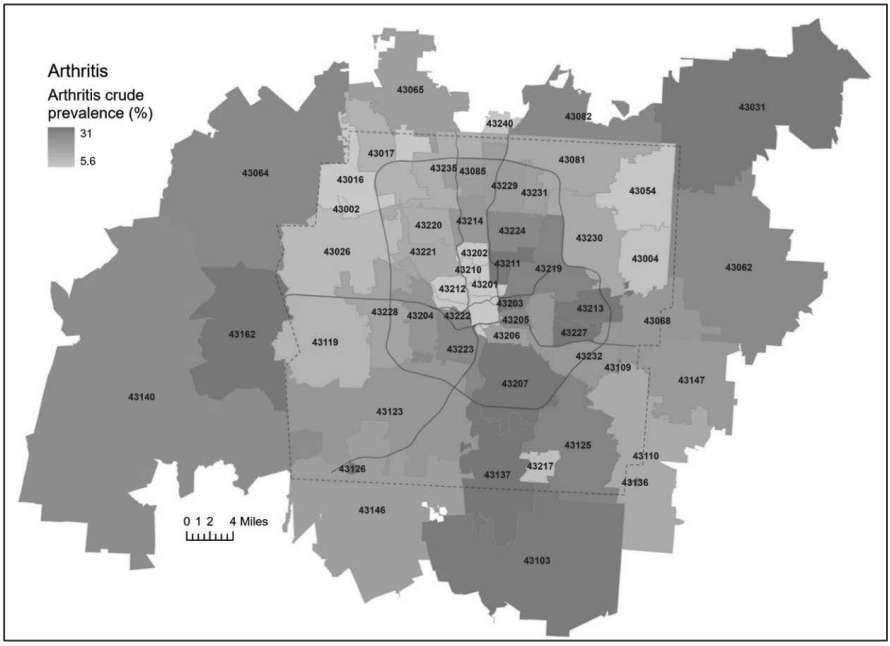


ARTHRITIS

As expected, older adults have a far higher prevalence of arthritis than younger adults, and individuals with a disability are also more likely to report this chronic health condition. Interestingly, individuals with an other (non-Hispanic) racial background had a significantly lower rate of arthritis than either the white or black (non-Hispanic) populations.

Arthritis prevalence is higher in Franklin County zip codes that are east of I-71 and west of I-270, and is especially high in 43211, 43213, 43227, and 43207.

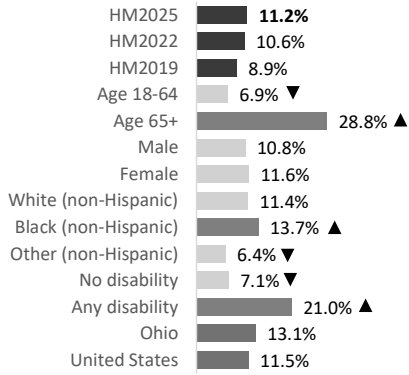


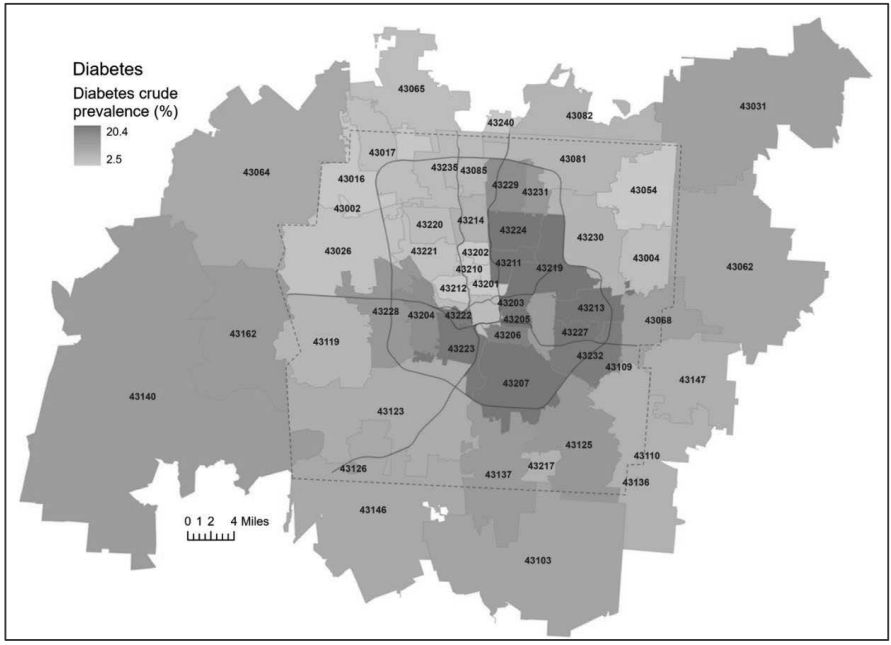


DIABETES

Diabetes is more common among older adults than younger adults. Note that this analysis does not distinguish between type 1 and type 2 diabetes. As was the case with arthritis prevalence, individuals with an other (non-Hispanic) racial background were significantly less likely than those in other groups to have been diagnosed with diabetes.

Diabetes prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant.





Community Voices: Diabetes

For community members, diabetes is at the forefront of their chronic condition concerns in the community. They perceive this condition to be increasing among the community's youth, and also noted how this condition co-occurs with other chronic conditions.

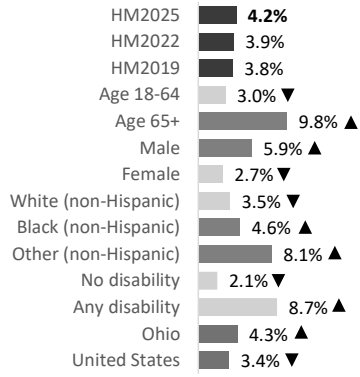


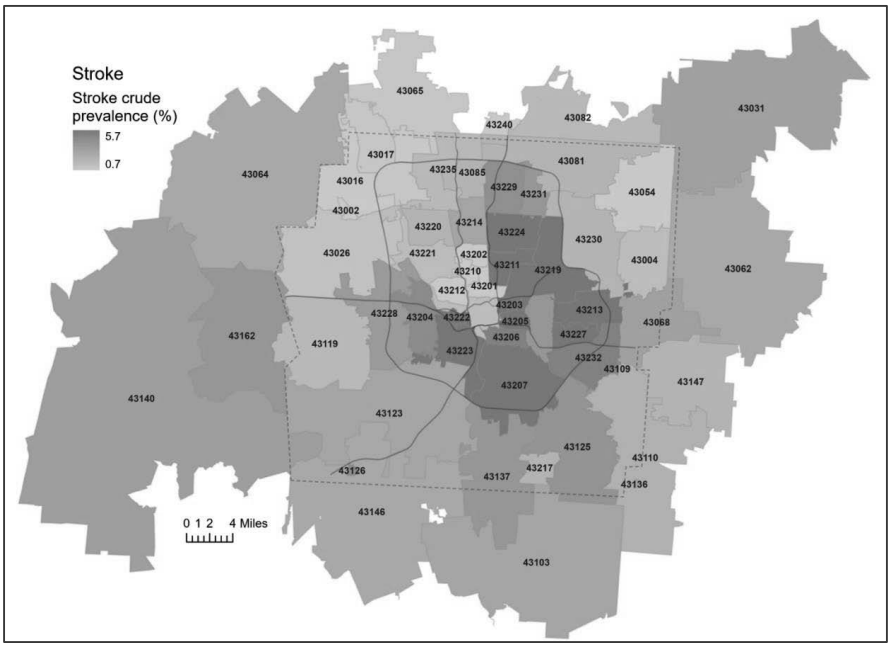
> *"Type two diabetes has become more prevalent than before…And insulin resistance can start younger. Even if type two is not there, we can have the metabolic syndrome. The hypertension strokes are even happening younger, and it seems that doctors will focus on an older population. A lot of kids won't be heard."*
>
> *"A lot of kids I see have juvenile diabetes, probably more than what I even remember. And if you have a disability, you tend to have those kind of issues."*

STROKE

Lifetime experience of stroke is more common among older adults. Disparities between gender and racial groups are likely due in part to disparities in risk factors such as heart disease.

Stroke prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the central and northwestern quadrants.

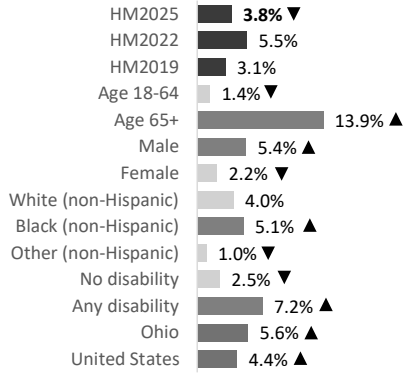


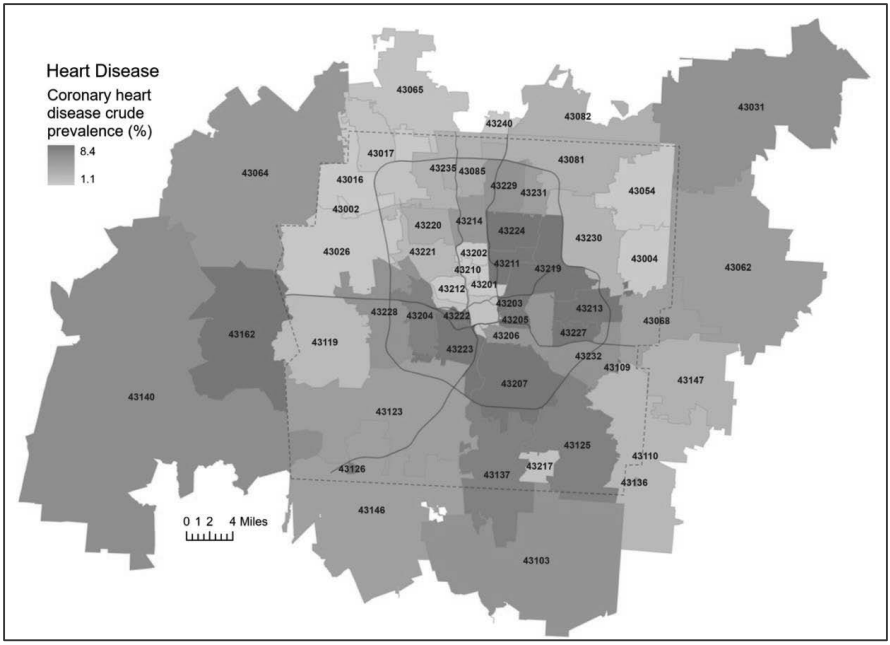


HEART DISEASE

Within Franklin County, the prevalence of heart disease is highest among older adults. Heart disease prevalence is also higher among males, which is consistent with national research on this topic. Lastly, the prevalence of heart disease is also higher among the black (non-Hispanic) population than among the white (non-Hispanic) population.

Heart disease prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant.





Community Voices: Other Chronic Conditions

Community members also spoke about other chronic conditions that affect the black community disproportionately, including sickle cell traits, HIV, and fibroids.



> *"There's a lot of people in the black community who don't realize the difference between sickle cell traits, sickle cell, or that they even have sickle cell. They don't have the educational component. So they're just out there, trying to figure out what's best. And with sickle cell, you can actually die. And a lot of people don't know that. If one parent has it and the other one doesn't, it doesn't necessarily mean you're going to get it versus two parents having it. And so a lot of people have unnecessary worry."*
>
> *"I've experienced family members with sickle cell, and when they go into hospitals, they're looked at as drug seekers. It's because they're not educated on what exactly they are supposed to be doing. So when they're having a crisis and they are in pain and really do need those medications, it's like, 'Well, the only time we see you is when you're in pain.'"*
>
> *"There are a lot of healthcare disparities with race, specifically with African Americans. I would say HIV is one, too."*
>
> *"A big one that affects African American women is fibroids. And they often get overlooked or mistreated when they are going to the doctor."*

Additional Information & References

Readers should note that data focusing on another chronic condition – asthma – is presented in the environmental health chapter of *HealthMap2025* (see page 166).

To assess the prevalence of these chronic conditions, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[3] In most cases, survey respondents were asked if a doctor, nurse, or other health professional ever told them that they had a specific chronic health condition.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[4] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

[1] Centers for Disease Control and Prevention. (n.d.) About Chronic Disease. https://www.cdc.gov/chronic-disease/about/index.html

[2] Nelson K, Norris K, Mangione CM. Disparities in the Diagnosis and Pharmacologic Treatment of High Serum Cholesterol by Race and Ethnicity: Data from the Third National Health and Nutrition Examination Survey. Arch Intern Med. 2002;162(8):929–935. doi:10.1001/archinte.162.8.929

[3] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2018 (HM2022), 2016 (HM2019). [Note: For high blood pressure prevalence, HM2025 data were collected in 2021 and HM2022 data were collected in 2019.]

[4] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.). https://www.cdc.gov/places/index.html

Disability Status

Disability is a significant public health concern. As the mean age of the United States population increases, older adults who have a disproportionately higher likelihood of disability become a greater proportion of the population. Individuals with disabilities face a variety of increased costs of living, barriers to engaging in work and the community, and additional health disparities than the rest of the population.[1,2]

12.2% of Franklin County residents reported **any disability**.

≈ Similar to HM2022 (11.1%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	None observed	None observed	Observed (see map)

Community Voices

Members of the disability community think how others in the broader community perceive and react to disability causes their overall wellbeing to be unconsidered or ignored.

> *"Our wellbeing as people with disabilities is grossly ignored. Grossly overlooked and never considered. Whether it's the mental wellbeing, or the physical wellbeing, or the emotional wellbeing, or the economic wellbeing, we're not considered."*

Community members spoke to the specific challenges faced by individuals who identify as DeafBlind or have multiple disabilities.

> *"DeafBlind people suffer the most in my experience, in my community. They do not have a lot of the training. For example, they do not have access to braille training."*
>
> *"Developmental disability services here in Ohio, they are not accessible to DeafBlind people, not friendly to them at all. Takes a long time to get services. People who are deaf and have additional disabilities are very isolated. They haven't been able to find the place where they feel that they belong."*
>
> *"I fit into the DeafBlind community. And I will agree there's not a lot of acknowledgement of those who have dual disabilities, whether it's deaf and blind or any other combination of one or more disabilities. And there's not enough acknowledgement of, even though one disability may be the dominant disability, that doesn't mean you should ignore the other ones."*

Community members spoke about how there are some conditions that are not classified as a disability, even though they affect people's lives in similar ways.



> *"Ehlers Danlos syndrome. It's a connective tissue disorder, and most people will think of it as hypermobile. But the connective tissue is with the heart, with the brain, with the eyes, the spine, everything. [She has] a list of like ten different mini diagnoses that don't count as a developmental disability. So she's in bed a lot, wearing an eye mask or unable to function in a normal life, and then people are telling me, she doesn't have a developmental disability because she doesn't fit in that umbrella."*

Members of the wider Franklin County community also mentioned how caretaking responsibilities for family members who are disabled impact them.



> *"My mother has dementia. I know an awful lot of folks who are in their late sixties, mid-seventies, and older with that. Her husband is caring for her now, but when the day comes, he can't do that, she'll be moving in with me, and I will not be able to really leave her. She can be left home a little bit at home now, but that won't last for long, and I'll be her primary caretaker. So it's something I have to plan for because it's coming down the road."*
>
> *"I would say as a caregiver, that impacts me, my health. I constantly worry about my mom. Back in March, she had a fall. I was in the house, she got dizzy, she fell, and we had to take her to the hospital. It was really scary. So as a caregiver, I've experienced a lot of mental health issues through that, and I think through that, a lot of physical health issues have bubbled up."*

Community Voices: Issues related to accessing health care

Disabled individuals face difficulty filling out paperwork and accessing information about their health due to the high reliance on technology that many medical providers have. When it comes to having interpreters for health appointments, disabled individuals say lack of resources prevents best practices of using co-interpreters to ensure patient understanding.



> *"One issue when it comes to accessing care is accessing information. So, for example, if you go to the doctor and they want to give you a summary of your doctor's visit, a lot of times doctors just want to hand you paperwork and they're not always explaining things with you or to you."*
>
> *"A lot of systems such as computer systems at doctor's offices and things are not digitally accessible. Medicare professionals still don't know a lot of times how to help you as far as filling out paperwork. They don't see the value of doing certain things over the phone. There's always this thing that if one person with a disability can get it...There's no looking at each patient on a case-by-case basis."*

> *"So many doctors are moving to putting things on an iPad, but still, that's just as bad as traditional paperwork. If you're blind and you can't fill that out on your own, you got to have somebody to help you. And some doctors, they always think you come with a caregiver. They don't understand, that's really your job as the nurse. Your job is to take down the health information and help the patient out."*
>
> *"We encourage having co-interpreters. One hearing interpreter who signs to a deaf interpreter, and that deaf interpreter would sign to the deaf individual. And it's very effective, and it makes communication so much easier. It can be expensive, you know, having those two interpreters, but it will save you time in terms of effective communication and the [medical] provider being able to make that connection with their patients and make sure that their language needs are met. It's focusing on respect for that patient, and it's very effective, and that's something that providers need to accept more and provide."*

Finding providers who are competent and respectful when providing care for disabled individuals can be difficult.



> *"My problem is I've been with established care people for 14 years, and what happened was I just had some retire, and I'm having a problem finding doctors that take my insurance, let alone help with my medical needs."*
>
> *"I've even been turned away from a local hospital, because they said that none of the doctors here understand disability at all, and we should not be seeing that in 2024. And most of the things that I go in for are not even related to my disability. They're just normal things…I even left the medical space for 20 years because of the difficulty I was having. I didn't see doctors until I turned 40 again…A lot of times, people with disabilities have to search and search before we find a doctor that will, in fact, listen to us and realize that we know more about our own bodies than they might."*
>
> *"I just changed my primary care doctor because she started making me feel like I was a problem for her."*
>
> *"We become so afraid to even seek help sometimes."*

Disabled individuals face a number of other specific issues with health care, including providers' unwillingness to provide telehealth appointments, misdiagnosis and lack of understanding of complex care needs, difficulty getting health screenings, and difficulty providing feedback on health care surveys about their experiences.



> *"If you're an established patient and staff changes, there's no real training or continuity kind of training that teaches them that not everybody that's coming here may come here in person. Some people are using telehealth*

> *for various reasons. I've been almost threatened that I got to come into the office. And I've been told to my face that, well, another client with a disability is able to make it in, but that client may live in the Dublin area, and I don't. And I don't have the money all the time to travel across town."*
>
> *"People who perhaps have low language within the deaf community, meaning they are a deaf child raised within a hearing family and that family does not provide access to American Sign Language, they face language deprivation...that leads to mental health issues. So counselors then are saying he has a diagnosis of learning disabilities. Well, really, it's not the learning disability. The problem is the language deprivation, the exposure that they never had. And so that diagnosis doesn't really fit the situation in and of itself. There is a lack of advocacy and the resources that are needed for individuals to learn about the diverse community."*
>
> *"I think there needs to be doctors out there, individuals who understand complex care. My daughter has multiple disabilities. She has seven specialists. And when I went from trying to move her from pediatric care to adult care, I'm going through doctors like water because they can't handle the complexity of her needs…We need to have adult hospitals with complex care units that are willing to provide healthcare for these individuals."*
>
> *"We are still so behind the times when it comes to treating people with disabilities, any disability, really, with the machinery that they use. I mean, I'm 55 and have only had half of a mammogram done because the machines are still not accessible. And when you go there and you ask for them to help position you, they yell at you and ask if you've brought a caregiver with you to be able to do that. That's just one experience. But they are not trained to understand disability. They get a very short training period to learn about disability."*
>
> *"When we try to take the surveys that speak to our experience, if you're blind and depend on screen readers, you have to get your PIN number from your discharge papers first by using app to read that or have someone come over and do it for you. Then you have to enter that online. And then the online surveys are not accessible with the voiceover screen readers that we're using. The only other alternative is to bother someone, have them take the survey for us. Well, that violates our own privacy."*

Community Voices: Stigmas related to disabilities and/or mental health

Disabled individuals say that mental health issues like anxiety and depression are common due to the misperceptions people have about them.



> *"There's a big myth when you're dealing with the medical professional or people in general, that because we're blind, we're also dumb. Like our brain*

> *doesn't work. And that's not a fair assumption. Just because someone is blind doesn't mean they have a cognitive disability as well."*
>
> *"Anxiety and depression are two big ones [we suffer with]. I suffer from clinical depression and clinical anxiety. And that comes from the way that we are isolated, left out and beaten up for things that we don't have any control over, whether it's our economic status, our employment status, our housing status, or just the fact that we simply are asking for help and people make us feel bad for wanting help…the perception and assumptions are just wrong and rude."*
>
> *"Anxiety is a huge problem. And then in our culture, disability is too often seen as inferior or frightening, and the wellbeing of a disabled person is sometimes seen as not all that important."*
>
> *"Medical providers, in particular, live with that same fear and fright of people with disabilities. And when they focus on the, 'You must need home health services. There must be someone who has to do for you and speak for you.' At times it's very distressing when you're already not feeling good about yourself and you're there to get help, to have that magnified by other people's fears and perceptions, because they can't imagine how they would live with our disabilities, but they're directly not understanding how we adapt."*

These misperceptions also influence the ability of disabled individuals to find employment, even though they have valuable experience and skills to offer.



> *"We have to deal with employer perception all the time. They'll put us through trial periods. They'll ask us if we can find the restrooms and things that someone equal to us without obvious disabilities doesn't have to go through. All these excuses will be made about why we're not interviewed or why we're not contacted after the interview. Hospitality, caregiving and advocacy, independent living help. I'm good at all these things, especially environments that I'm familiar with. And I started getting experience around 16 years old, and I cannot prove that because so many people think that I need things done for me."*

Community Voices: Issues accessing social services/resources

Lack of knowledge about available resources are an issue, not only among disabled individuals but among case managers meant to help them access these resources. Some individuals also perceive there is an unwillingness to provide pathways to these resources.



> *"I think lack of resources is an issue, but also knowledge about the resources available to people is an issue."*

> *"It's knowing what programs are out there, whether it's for finding a job, whether it's for getting food, whether it's for getting help with paying for medical costs, just knowing those resources and where they are and how to apply for them, and people giving you the honest answer about how to apply for them, that's one of the biggest challenges."*
>
> *"When I'm advocating for others, people think I'm wonderful, I am knowledgeable, I'm skillful. When I advocate for myself, there's always this push because, no, we can't do that. But at my office, I get calls from other case managers asking me to do the things I'm wanting and they are doing for other people, but they don't want to do for me because I'm intimidating. And when I say, 'You can do this,' I get a very negative pushback and the dragging of the feet and the, 'Oh, I'm sorry, I'm busy. I've had too many crises to deal with.' I don't regret doing the work to get an MSW, but it doesn't necessarily help you as an individual get your services."*

Community members with disabilities also pointed out that many available resources have restrictions about who can qualify. They believe income-based programs effectively keep them in poverty and from making life changes like moving in with others or obtaining better employment that could improve their quality of life.



> *"People assume because you have a disability, that you're qualified for all of these things in the community that you're not. People assume because I had SSI when I had that, and then I eventually got SSDI, that I should get section eight housing, I should get a whole bunch of food stamps. I should be able to have all these things."*
>
> *"There is a program called iCanConnect, but that is federally funded and that's income based, which is really ridiculous because there are a lot of people that are suffering that can't hear, can't see, and they have a lack of services."*
>
> *"If our legislators got ill, they would never go through the same thing that a lot of us do because they have the money to hire the best doctors and providers so they could never thoroughly understand disability like us that really are in the poverty level and are kept in the poverty level because of rules governing SSI and SSDI. And the other programs like Medicaid, you can only have so much money to be able to qualify. People who have a disability and are fortunate to get a job and have a good job and good insurance, they can afford the money [for good care]."*
>
> *"The way SSI is set up now is if you want to make more money, you're scared to take that because you know they're going to take all your benefits versus there's not any program that allows for people to gradually grow away from the SSI to SSDI because they now have a job and they're starting to make more money. They just snatch the whole check away instead of*

> *taking away a dollar or two at a time as your income grows, so you have a chance to grow into that and save and be able to take care of your needs."*
>
> *"Right now, I have a friend who is terminal who has 28+ additional conditions besides blindness. We're both having the issue of Social Security and perception and all this keeping us from moving together and combining resources. Maybe we could make it if we had each other. We could both save each other's lives because we've experienced a lot of the same systemic troubles and find commonality."*

Individuals with disabilities also say they are prevented from accessing helpful resources due to where they live, and some see evidence that race impacts who receive resources.



> *"Some of the programs that are out there, whether they're for people with disabilities or for people who are on lower income, if you don't live in that area, you can't get those services. Just because I live in the suburbs doesn't mean I don't need them."*
>
> *"We get less of the resources that somebody in our same condition [gets] who happens to be white or maybe of another nationality or race. I have a friend that's in the same situation as me, but he's getting things that I can't get. We're both blind, we both have SSDI, but he's white and I'm black."*

Community Voices: Resources needed for the disabled community

Access to food and affordable housing are specific areas of need for the disability community. For example, they need people who can help them access healthy food more easily, and more accessible housing options.



> *"Food stamps doesn't buy you much, especially when you only get less than $100 a month because they assume, based on your bills, that as one person that you don't need a lot of money for food. If you don't cook that food fast enough, it's going to spoil in two days…I don't eat food as fast as probably maybe I should, because I'm blind and I'm teaching myself how to cook…there's no food service that if you need to go to the pantry [as a blind person], that somebody can get you there or that the food can be delivered only. The delivered food is frozen with all the sodium in it…And that's not always a healthy option for everybody either."*
>
> *"The DeafBlind community does not have access to someone who could go food shopping with the individual or perhaps read something to them if necessary, so on and so forth. We want to be able to bring that to the attention of the Ohio legislation within this year. And our goal is to convince legislation really to wake up to the needs, provide that funding, provide those outreach services in the near future."*

> *"Affordable housing. That's what I have a problem with. [For] people with special needs or people with low income families."*
>
> *"I find sometimes that it's hard to get a wheelchair around anywhere…they built new apartments about seven years ago in downtown, and there's no elevator. How is that fair to anyone with a disability who can't physically walk downstairs? It seems like we've been pushed aside…we're not seeing the things that should be in place to allow people like my daughter to go and live a full life and go to the places that we'd like to go."*

Individuals with disabilities had specific advice about how to improve their experiences in Franklin County: better training for all medical professionals about working with the disability community, connecting individuals with people who can advocate for them, providing better pathways to existing resources, and providing more help accessing the wider community for those with limited mobility options.



> *"Public health departments, to me, need to work with the disability community to start creating educational things for doctors. Whether you're a nurse, whether you're a nurse practitioner, whether you're a surgeon, whether you're a medical tech assistant. The whole medical community, from the bottom to the top of it, needs some serious long-term disability training. To me, public health department needs to even push, if they can, for it to be stuck in the medical school curriculum…They need to come to our community and hear from us the things people need to know, not make up your own disability training for doctors and medical professionals in your own head."*
>
> *"I think they need to provide advocators for those who don't have family or friends that can help advocate for them."*
>
> *"If doctors or PCPs have an individual who has several complex issues, the health department [could] create a database that the doctor. With the patient's permission, can put that person in the database, and then there's a case manager or someone there that reaches out to them and helps them find the services and the things that are available to them…I find a lot of the service coordinators just aren't educated on what's out there…Advocation, and maybe a database that doctors can refer people to the health department, and they can help.*
>
> *"Collaborate with the local centers of independent living. Independent living, housing for people with disabilities is often nowhere near resources like transportation and bus stops, communities, doctors. This is a physical divide between people with disabilities and non-disabled people."*

To assess the disability status of Franklin County, Ohio, and US residents, *HealthMap2025* obtained recent data from the American Community Survey.[3] The ACS estimates the prevalence of many different types of disabilities:

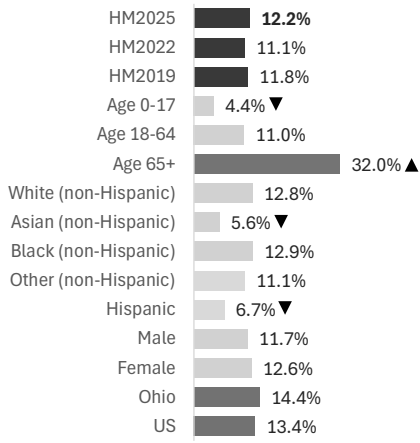
- *Hearing difficulty*, which is defined as "deaf or [having] serious hearing difficulty") and is measured among people of all ages;
- *Vision difficulty*, which is defined as "blind or [having] serious difficulty seeing even while wearing glasses" and is measured among people of all ages;
- *Cognitive difficulty*, which is defined as having "serious difficulty concentrating, remembering, or making decisions") and is measured among people aged 5 years or older;
- *Ambulatory difficulty*, which is defined as having "serious difficulty walking or climbing stairs" and is measured among people aged 5 years or older;
- *Self-care difficulty*, which is defined as having "difficulty dressing or bathing" and is measured among people aged 5 years or older;
- *Independent living difficulty*, which is defined as having "difficulty doing errands alone such as visiting a doctor's office or shopping" and is measured among people aged 15 years or older (but only reported for those aged 18 years and older).

Franklin County has a slightly lower rate of disabled individuals as compared to Ohio or the United States.

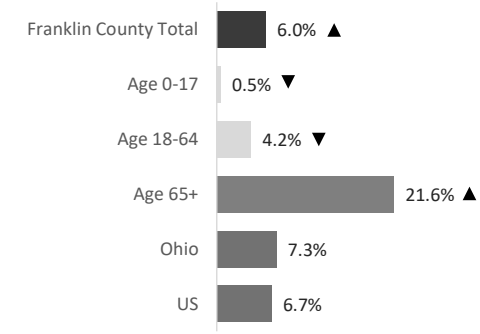
Those aged 65 or over have the highest percentage of residents with at least one disability, with ambulatory difficulties and independent living difficulties being most prevalent. Among children and younger adults, cognitive difficulties are more prevalent.

Of note, Asian (non-Hispanic) individuals and Hispanic individuals have less than half the disability rate as the general population and multiple subgroups.

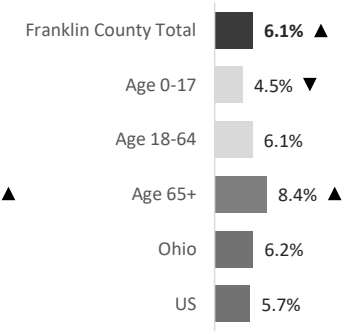
Disability Status Prevalence



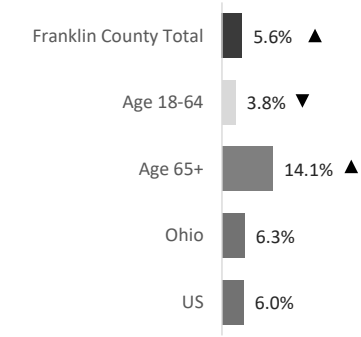
Ambulatory Difficulty



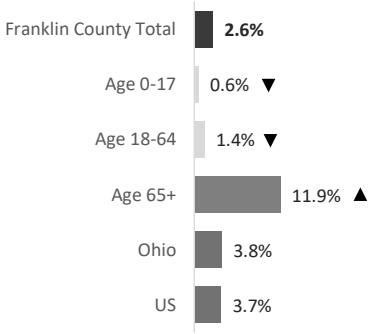
Cognitive Difficulty



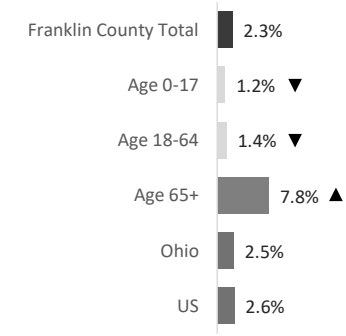
Independent Living Difficulty Age 18+



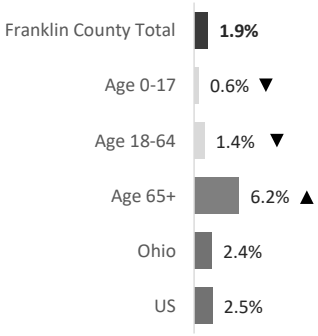
Hearing Difficulty



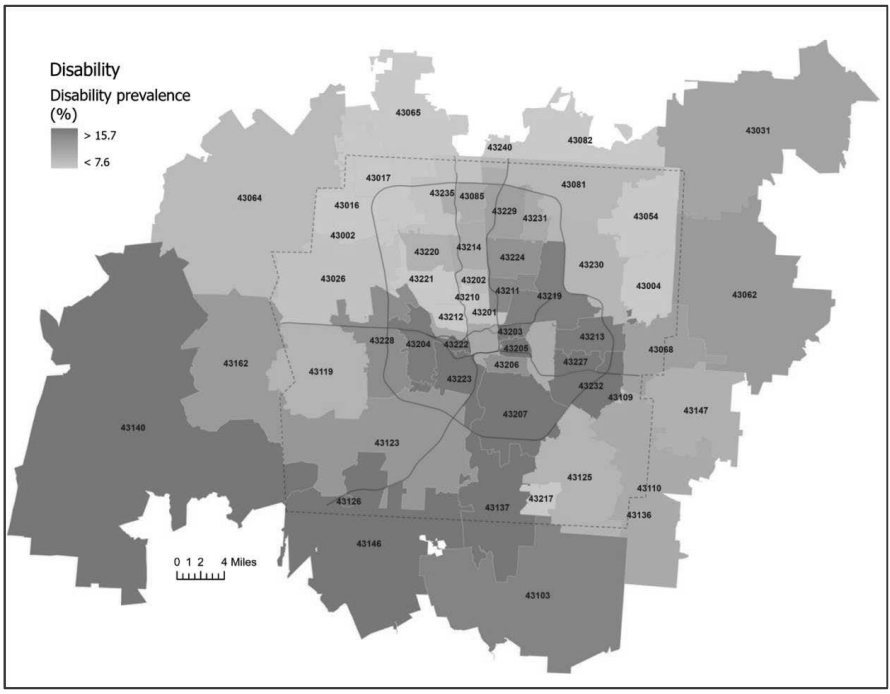
Self-Care Difficulty



Vision Difficulty)



As shown in the map below, disability prevalence is greater in eastern zip codes within I-270, western zip codes within I-270, and in southern / southwestern zip codes.



Additional Information & References

To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.[3]

[1] Carrie L Shandra, Disability as Inequality: Social Disparities, Health Disparities, and Participation in Daily Activities, Social Forces, Volume 97, Issue 1, September 2018, Pages 157–192, https://doi.org/10.1093/sf/soy031

[2] Mitra, S., Palmer, M., Kim, H., Mont, D., & Groce, N. (2017). Extra costs of living with a disability: A review and agenda for research. *Disability and health journal*, *10*(4), 475–484. https://doi.org/10.1016/j.dhjo.2017.04.007

[3] U.S. Census Bureau. (2022). Disability Characteristics. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1810. Retrieved May 29, 2024, from https://data.census.gov/table/ACSST1Y2022.S1810?q=disability&g=010XX00US_040XX00US39_050XX00US39049.

HEALTH BEHAVIORS

Cancer Screening

Breast cancer and colorectal cancer are among the leading causes of cancer death in the United States.[1,2] Regular and timely screening are among the most powerful tools for prevention and early detection of both breast and colorectal cancers.

61% of Franklin County adults aged 45-75 reported having a **colonoscopy** in the last 10 years.

Metric changed since HM2022

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Unavailable	None identified	Observed (see map)

69.7% of Franklin County women age 40+ reported having a **mammogram** in the last 2 years.

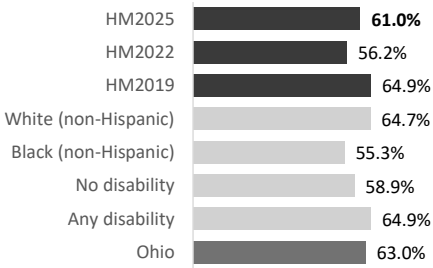
≈ Similar to HM2022 (74%)

Disparities by selected social determinants of health

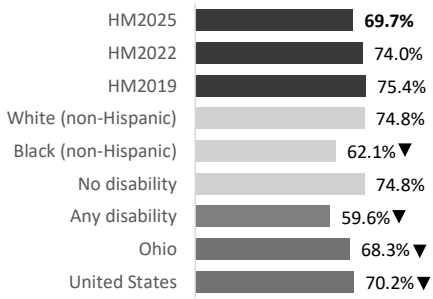
Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	N/A	Black less likely	Observed (see map)

For both types of cancer screening, black (non-Hispanic) residents were less likely than white (non-Hispanic) residents to have completed the recommended screening. Franklin County's screening rates were fairly similar to the screening rates for Ohio and the United States.

Colorectal Cancer Screening



Breast Cancer Screening



Healthy People 2030

The Healthy People 2030 objectives for both colorectal cancer screening and breast cancer screening are designated as the number of adults who are meeting the current guidelines for cancer screening.[3,4]

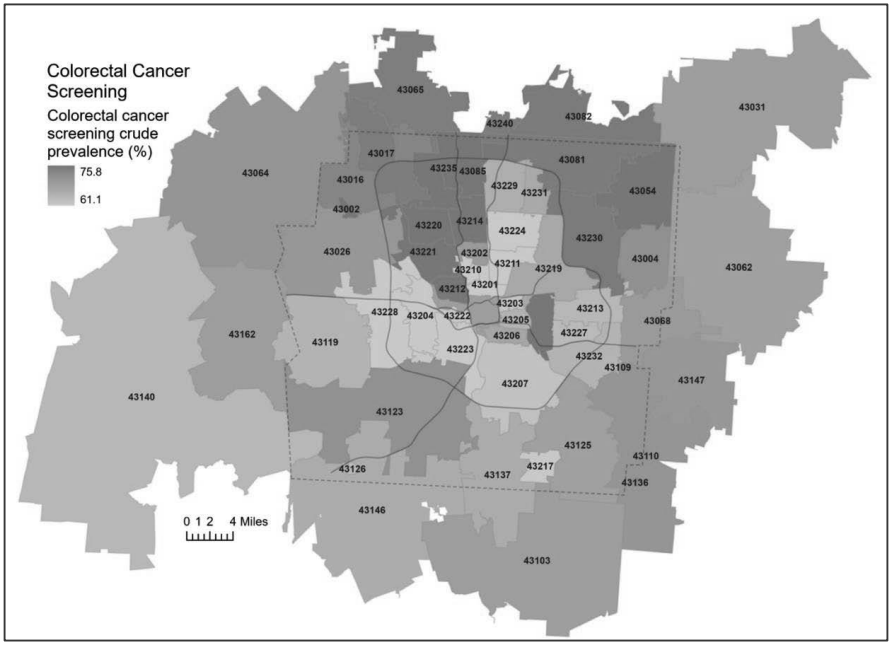
HP2030 objective for Colorectal Cancer Screening: Not met (but improving)

Healthy People Objective:	Most recent Franklin County data (HM2025)
68.3%	**61%**

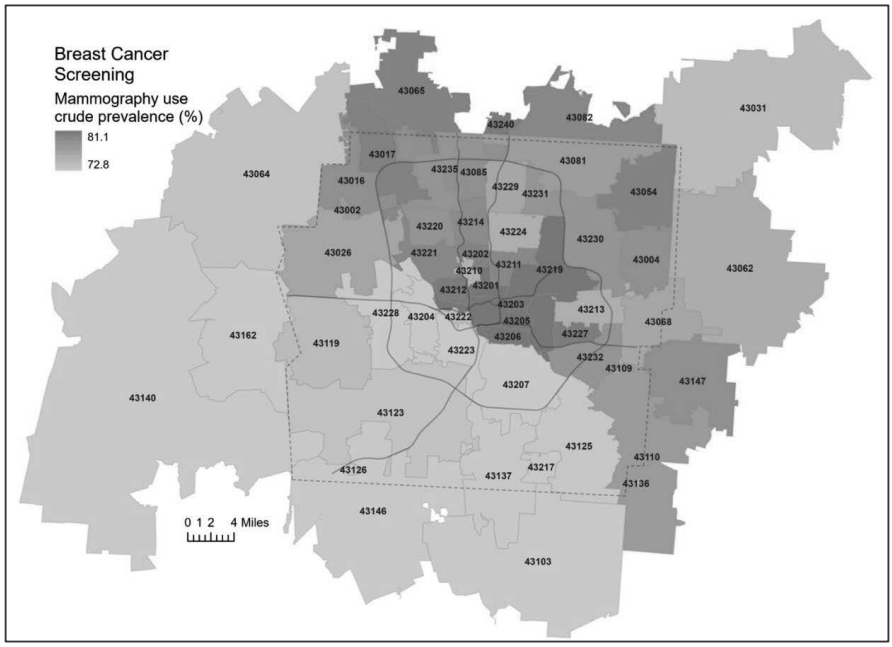
HP2030 objective for Breast Cancer Screening: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
80.3%	**69.7%**

Colorectal cancer screening rates are lowest in Franklin County's north-central zip codes (e.g., 43211, 43224), western zip codes (e.g., 43222, 43223, 43204, 43228), and some southern zip codes (e.g., 43207, 43217).



Breast cancer screening rates are lower in nearly all of Franklin County's southern and southwestern zip codes.



Additional Information & References

To assess the prevalence of this health behavior, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[5] For colorectal cancer screening, survey respondents were asked if they had ever received either a colonoscopy or sigmoidoscopy, and how long it had been since their last colonoscopy. Survey respondents aged 45-75 and who had received a colonoscopy within the last 10 years were considered up to date. For breast cancer screening, women were asked whether they had received a mammogram, and how long it had been since their last mammogram. Survey respondents aged 40+ and who had received a mammogram in the last 2 years were considered up to date.

In 2021, the United States Preventative Services Task Force (USPSTF) recommended changing the screening age for colorectal cancer from 50-75 to 45-75. Because the HM2022

indicator reflected a narrower age range, it would be misleading to compare that estimate to the one for HM2025, which reflects a wider age range.[2]

Over the last 10 years, breast cancer screening recommendations for individuals aged 40-50 have changed multiple times. Previously, the USPSTF recommended that women aged 50-75 receive mammograms every 2 years and that women aged 40-49 receive mammograms based on their personal health history and status.[1] This was updated in 2024 to recommend mammograms every 2 years for all women aged 40+, and the data for HM2022 and for HM2025 reflect that recent recommendation. These guidelines are also intended for generally healthy adults with no prior cancer history or family cancer history. There are separate guidelines for those at higher risk due to their individual medical and family history, which may involve screening earlier or more frequently.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). Due to small sample sizes, only white (non-Hispanic) and black (non-Hispanic) residents of Franklin County could be compared to one another.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[6] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

[1] US Preventive Services Task Force. Screening for Breast Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2024;331(22):1918–1930. doi:10.1001/jama.2024.5534

[2] US Preventive Services Task Force. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2021;325(19):1965–1977. doi:10.1001/jama.2021.6238

[3] Healthy People 2030 objective C-07, U.S. Department of Health and Human Services

[4] Healthy People 2030 objective C-05, U.S. Department of Health and Human Services.

[5] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2018 (HM2022), 2016 (HM2019)

[6] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.) https://www.cdc.gov/places/index.html

Alcohol Use

Excessive alcohol use – which includes binge drinking – can lead to several chronic diseases and other serious health problems, including heart disease, liver disease, stroke, mental health problems, and alcohol use disorders, among others. Excessive alcohol use has been associated with 178,000 deaths in the United States each year.[1]

17.8% of Franklin County adults reported **binge drinking**.

≈ Similar to HM2022 (18.5%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 more likely	None identified	White more likely	Observed (see map)

Community Voices

Members of the community perceive alcohol to be too easy to access in their communities. They see its broad acceptance as a socializing activity to be a barrier to healthier consumption.

> *"There's a liquor store in every corner. You don't have to go far to find liquor or beer or cheap alcohol."*
>
> *"Even our events truly are centered around alcohol. We have wine and arts, tequila and tacos…There's this conception of family and hometown, and all I see personally is people walking around with their kids in strollers and getting drunk."*
>
> *"It feels like no matter what you're doing with your friends, there's people drinking. And I know if I'm ever like, 'Oh, I'm just like, not gonna drink tonight.' Like, people will start asking me if I'm pregnant…the pressure is so intense and ridiculous."*

Community members also believe that overconsumption of alcohol stems from using it as a coping method for stress.

> *"Life is so stressful, people just drink. I definitely think that a lot of us are functionally alcoholics. And I'm speaking for 20 to 30 [year-olds].".*
>
> *"People overindulge. Some people drink because they can't cope with things that are going on, it's a comfort thing to them. I see a lot of people who come back from the military and just can't cope. And that's a coping skill. It's not a healthy coping skill, but it's a coping skill a lot of people use."*

> *"I know that this affects people of all financial statuses, situations. I met somebody who I look up to a lot, and [asked] a question about how he manages stress, and he said he was really good at managing stress, but in the times of his life where he really had a lot of stress at work and stuff, he just leaned really heavily on the alcohol. And I think that a lot of people don't realize that they are coping with whatever is going on in their life. It's like the easiest way to numb it."*

COVID-19 is perceived to have resulted in an increase of alcohol overconsumption at home.

> *"I think especially with in the house drinking, people used to be a little more responsible. So they were going out, maybe having a drink or two. Once COVID came, bars closed. It went to, I'm gonna go to the liquor store and grab me a pint or a fifth. So now you're sitting at home and instead of having one or two that you would usually have at happy hour, you're drinking a whole bottle."*

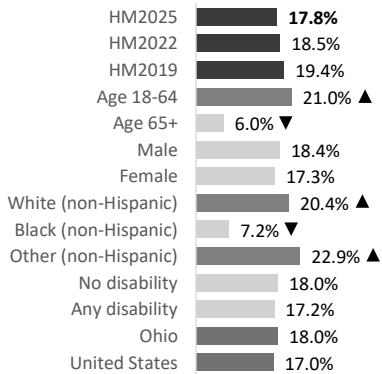
The negative effects of overconsuming alcohol mentioned by community members included worsened mental health and violence in the community.

> *"So I think people don't know the consequences yet of the type of drinking we're doing now. I was one of those weekend people with the fifth, but I stopped. And before I stopped, I started experiencing depression, anxiety, and not being able to focus and no motivation. All that changed, my life changed dramatically just from cutting that weekend use."*
>
> *"No good can come from too much alcohol. And you can see all the violence downtown when places are closing. People lose all sense of reason."*

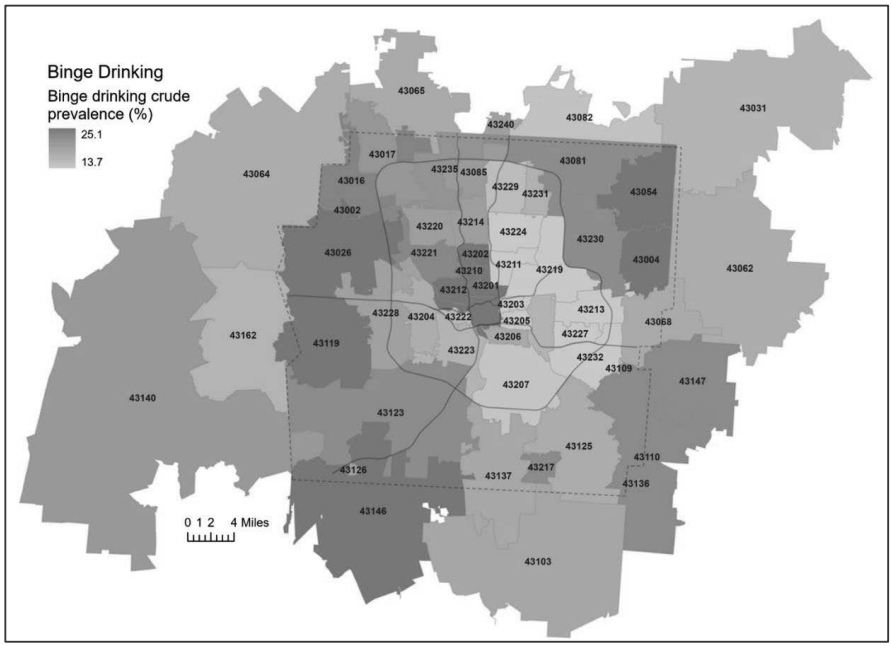
The prevalence of self-reported binge drinking has decreased slightly over time as compared to previous *HealthMaps*.

People aged 18-64 are more likely than those aged 65+ to report binge drinking, as are those who identify as white (non-Hispanic).

Binge Drinking Prevalence



Binge drinking prevalence is higher in Franklin County's far western zip codes, in the zip codes that span the Grandview, Upper Arlington, OSU, and Clintonville areas, and in the county's far northeastern zip codes.



Additional Information & References

To assess the prevalence of this health behavior, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[2] For men, binge drinking is defined as having five or more drinks on one occasion in the past 30 days; for women, binge drinking is defined as having four or more drinks on one occasion in the past 30 days.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[3] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

Data Gap: Because the BRFSS uses telephone interviewing methods to collect this information, it is likely that these statistics *underestimate* the amount of binge drinking occurring in the community. This is because some people might wish to be viewed favorably by the person interviewing them, and therefore not accurately report the full extent to which they engage in a socially unacceptable behavior (e.g., a social desirability bias).

Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the rates of binge drinking, cigarette use, and e-cigarette use among Franklin County's youth (e.g., those between the ages of 11 and 17). Unfortunately, Ohio's Youth Risk Behavior Survey does not calculate statistical estimates at the county level.

[1] Centers for Disease Control and Prevention, *What is Excessive Drinking?* https://www.cdc.gov/drinklessbeyourbest/excessivedrinking.html

[2] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019),

[3] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.) https://www.cdc.gov/places/index.html

Tobacco Use

Cigarette use is one of the highest contributors to mortality, disease, disability, and overall health status worldwide and in the United States.[1] Aside from the approximately 480,000 smoking-attributable deaths in smokers every year, there are also approximately 41,000 deaths from secondhand smoke exposure. Although decades of intervention have successfully decreased cigarette smoking rates, there is still progress to be made.

Originally marketed as a smoking cessation tool with fewer risks than traditional cigarettes, e-cigarettes increased in popularity over the past 10-15 years, especially among youth and young adults. Early evidence already suggests that there may be significant long and short term risks to e-cigarette use, particularly for the respiratory system.[2]

15.2% of Franklin County adults reported currently **smoking cigarettes**.

Down from HM2022 (22.7%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 more likely	Male more likely	Other races (non-Hispanic) more likely	Observed (see map)

9.1% of Franklin County adults reported currently **using e-cigarettes**.

Up from HM2022 (6.8%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 more likely	Female more likely	Other races (non-Hispanic) more likely	Observed (see map)

Community Voices

Community members worry less about traditional cigarette use in their communities, and more about e-cigarette use, which they perceive as overwhelmingly common among ex-smokers and people who have never smoked. They are highly concerned about misconceptions surrounding the healthiness of vaping.

> *"Some people are trying to go to vaping to quit smoking, but it's having the exact opposite effect. They're more addicted to it. They are using it more often. They're having to go to higher nicotine levels. It's doing the exact opposite."*

> *"I see a lot of people giving up tobacco think that the e-cigarettes are going to are safer. That to me is the big problem. They really aren't. But people really have that belief that, well, I don't really smoke."*
>
> *"And a lot of people who weren't smoking in any capacity, over time, have gotten hooked on vapes because it's like, you have a drink, you're at a party, and this isn't a cigarette. This thing tastes like candy, and you smell the cloud of it. And you're like, this is harmless. This is vapor."*
>
> *"That's really troubling to somebody my age to see young people vaping, when so much information has not come out or been made available. The oils and how that goes into your lungs and stuff. That really concerns me for young people."*

Ease of access, misconceptions about the safety of vaping, and its use as a coping mechanism for stress and anxiety contribute to the pervasiveness of vaping amount the county's youth.



> *"I used to do substance use prevention in middle schools, and that was a big thing…so many kids knew about vapes and have them. Not even be able to make it through class without needing a vape. Like, going to the bathroom and taking a vape."*
>
> *"For my daughter, she never, we never smoked or drank or anything growing up. And then when she went to college 2 hours away, she ended up starting smoking. And she said it calms her nerves."*

While encouraging residents and businesses to follow laws around vape sales and spreading accurate information about the health risks is necessary to decrease this behavior, efforts must also contend with how appealing vapes are compared to traditional cigarettes, and the difficulty of regulating the industry.



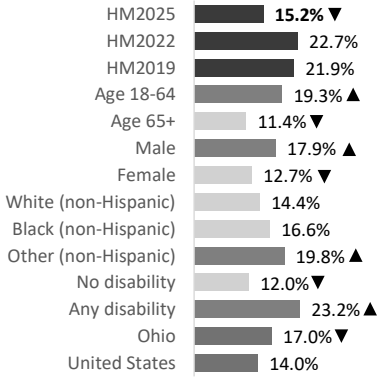
> *"It's the taste, you know, they don't feel as bad. It doesn't taste like a regular cigarette."*
>
> *"There's no social drawback of just vaping a mango kiwi."*
>
> *"I think the oversight is the piece that's slow. Technology is moving fast. The amount of nicotine that you're getting, the size of the e-cigarettes…the vaping and the nicotine is moving faster than the government can say, 'Hey, let's regulate this. Hey, let's put a study on this, or let's try to stop this.'"*
>
> *"They banned that brand. But then there's so many other brands. And the reason why they banned that brand is because you had a lot of people, like, getting stuff wrong with their esophagus…but it's like, why would you ban the brand and then there's 20 other brands? People still have access."*

Some community members perceive attempts to curb smoking and vaping as futile, ineffective solutions that impose unreasonable burdens.

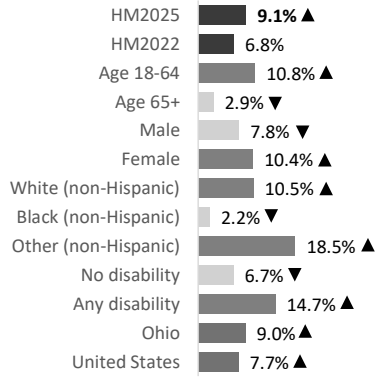
> *"It makes me so mad that our legislators are trying to deal with these issues by banning certain things or by dealing with the symptoms or the superficial. Like, they're gonna ban menthol cigarettes, but you're not really dealing with tobacco use. You're not taking on the big tobacco companies. You're not doing anything except making it harder for me to get a new pack…And you're not stopping anything. You're just putting more stress and making it harder on communities that are already vulnerable, already at risk, already stressed out…"*
>
> *"My community just made everything nonsmoking. You can't smoke in your house. You can't smoke out on the premises anywhere. And I'm like, you're paying almost $2,000 to live in these so-called luxury apartments, and you telling me I can't smoke a cigarette, that just blows my mind."*

As shown below, current cigarette use has dropped significantly since *HealthMap2022*. However, although the Franklin County adult smoking rate is lower than that for Ohio, it is still above the US average. Furthermore, e-cigarette use among Franklin County adults has increased since *HealthMap2022*.

Cigarette Smoking



E-Cigarette Use



The demographic patterns are stark: individuals with an other (non-Hispanic) racial background use e-cigarettes as often as cigarettes. Additionally, males are more likely than females to smoke cigarettes, while females are more likely than males to use e-cigarettes. Black (non-Hispanic) individuals were distinctly unlikely to use e-cigarettes, which is an

interesting trend given that cigarette use among black (non-Hispanic) adults was higher than the average. As expected, e-cigarette use among older adults was very low.

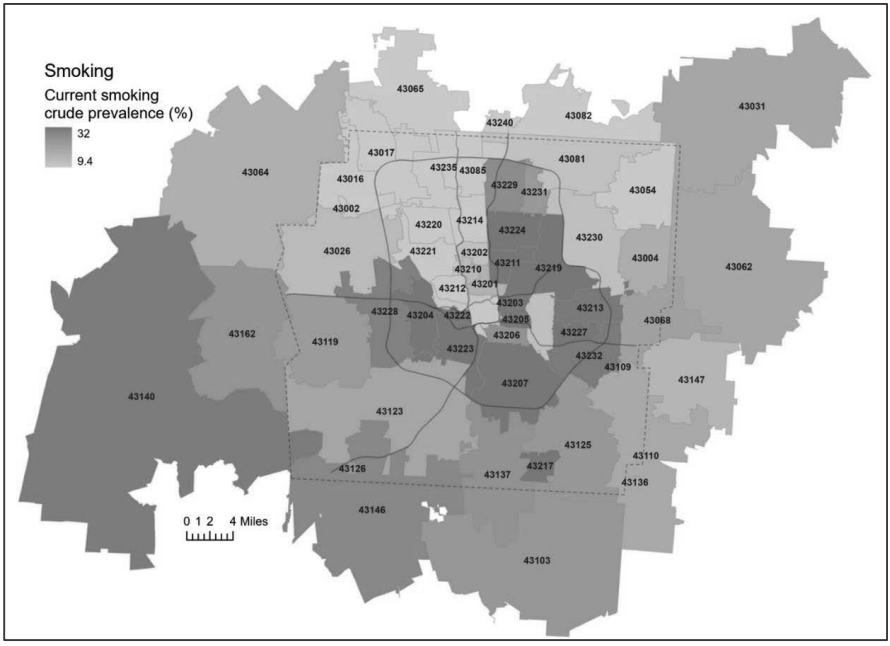
Healthy People 2030

While Franklin County does not meet the Healthy People 2030 standard, there has been significant improvement from HM2022, which estimated that 22.7% of Franklin County adults were current smokers.[3] Unfortunately, there is no HP2030 goal for e-cigarette use among adults.

HP2030 objective for Adults Currently Smoking Cigarettes: Not met (but improving)

Healthy People Objective:	Most recent Franklin County data (HM2025)
6.1%	**15.2%**

Smoking prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant. Prevalence rates are also higher in many of the county's southern zip codes.



Additional Information & References

To assess the prevalence of this health behavior, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[4] To assess cigarette use, adults were asked whether they smoke cigarettes every day, some days, or not at all. To assess e-cigarette use, adults were asked whether they have never used e-cigarettes, use every day, use some days, or used them in the past but not now. Participants were classified as current users if they used the product some days or every day.

Note that the question on e-cigarette use changed slightly in BRFSS' 2022 version of the survey questionnaire. In 2021, the question read "Do you now use e-cigarettes or other electronic vaping products every day, some days or not at all?" and in 2022 became "Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?" Both questions result in the same group being categorized as current users (every day or some days), however the new question allows further clarification of "never users" compared to "past users".[4] Still, considering there was a change in question wording, readers should be cautious when drawing conclusions about changes over time.

It is also important to note that multiple cities in Franklin County (e.g., Columbus, Bexley, Dublin, Grandview Heights) instituted a ban on the sale of all flavored nicotine products as of January 1, 2024. This measure has faced several legal challenges, and it is unclear whether it will withstand scrutiny from higher courts.[5] There is not yet data to discern whether this measure has or will have any effect on tobacco use in Franklin County, but this will be a critical issue in future *HealthMap* assessments.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[6] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

[1] National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. (2014). *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Centers for Disease Control and Prevention (US).

[2] Marques, P., Piqueras, L., & Sanz, M. J. (2021). An updated overview of e-cigarette impact on human health. *Respiratory research*, *22*(1), 151. https://doi.org/10.1186/s12931-021-01737-5

[3] Healthy People 2030 objective TU-02, U.S. Department of Health and Human Services

[4] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

[5] Shipkowski, Bruce. (2024, May 20). *Judge rules Ohio law that keeps cities from banning flavored tobacco is unconstitutional*. Associated Press. https://apnews.com/article/ohio-tobacco-regulations-local-vaping-bans-41396258b60c26798ec128e85851dfac

[6] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.) https://www.cdc.gov/places/index.html

Weight Status

Weight is an important health indicator for mortality, chronic health conditions, and quality of life. Individuals at a higher weight are at greater risk for conditions such as cancer, heart disease, and diabetes. In 2015, high body mass index (BMI) contributed to 7.1% of deaths and 4.9% of disability-adjusted life years globally.[1]

29% of Franklin County adults reported **being overweight**.

≈ Similar to HM2022 (30.6%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
65+ more likely	Male more likely	White more likely	Observed (see map)

37% of Franklin County adults reported **being obese**.

≈ Similar to HM2022 (35.7%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
None observed	Female more likely	Black more likely	Observed (see map)

Community Voices

Community members noted that weight status contributes to many other physical health issues, and that achieving a healthier weight status becomes even more difficult due to the compounded issues.

> *"I think that obesity led to issues in my knees. So now I have arthritis in my knees. They would always say, if you lose some of that weight, it'll take less off of your knees and your ankles and that kind of thing…Diabetes and blood pressure can also lead to swelling and inflammation. But to [lose weight], you got to have the ability to. Like, I would never go anywhere because I would be out of breath in ten minutes. I couldn't walk up that hill, so I wasn't going there."*

Community members cited difficulty achieving adequate physical activity as a primary contributor to overweight status. Contributors to inadequate physical activity mentioned included the lack of affordable places to exercise, work schedules, work environments, and a culture that prioritizes cars, among others.

"Health wise, weight gain and things like that, there's not many other things except for expensive gyms to go to. I get off late at night. I'm not gonna go walk around at 10:00 at night and get my exercise."

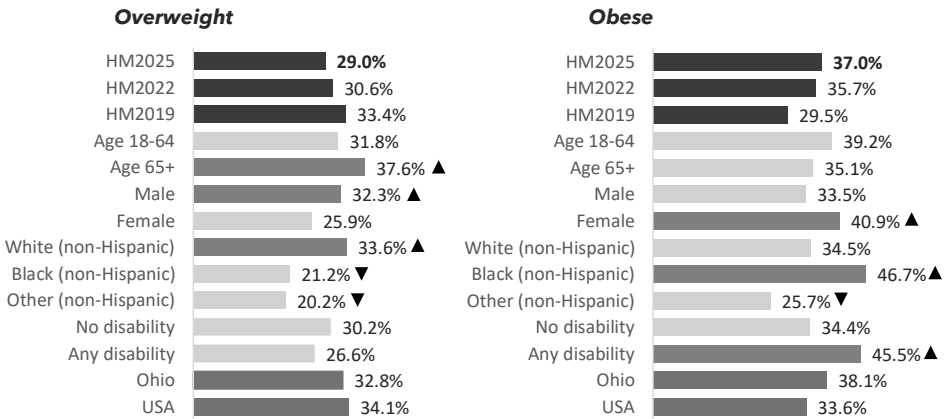
"My neighborhood stays quiet. There's a lot of kids, but I think most of the time they're either on their phones or in the house, playing video games…so it's creating a lazier, more unhealthier child that's [creating a cycle]…they'll have kids, and they just see their parents doing nothing."

"I work in an office environment…. [A lot of us are] sitting all day and possibly not getting the exercise or the movement that we might need…we have little stand up desks, but we're not moving around all day. We're literally just sitting there."

"Our country, our nation is gearing towards driving to get to places. Bikes are actually fading away. We barely see people biking around. Walking is not safe anymore. So people barely walk and stuff. So I think that lack of mobility is causing the obesity and overweight."

"The cost, yeah, Silver Sneakers is free. But then you get into knowing that our high schools uses that pool for their swimming…if you want a lap lane, you have to now reserve it. So it's like you have the initiative to go do something, but you kind of get detoured."

In Franklin County, black (non-Hispanic) individuals are more likely to be obese than overweight, indicating that there may be unmet needs for intervention for this population. Women are also more likely to be obese than overweight compared to men. Hispanic individuals were excluded from this analysis due to low sample size.



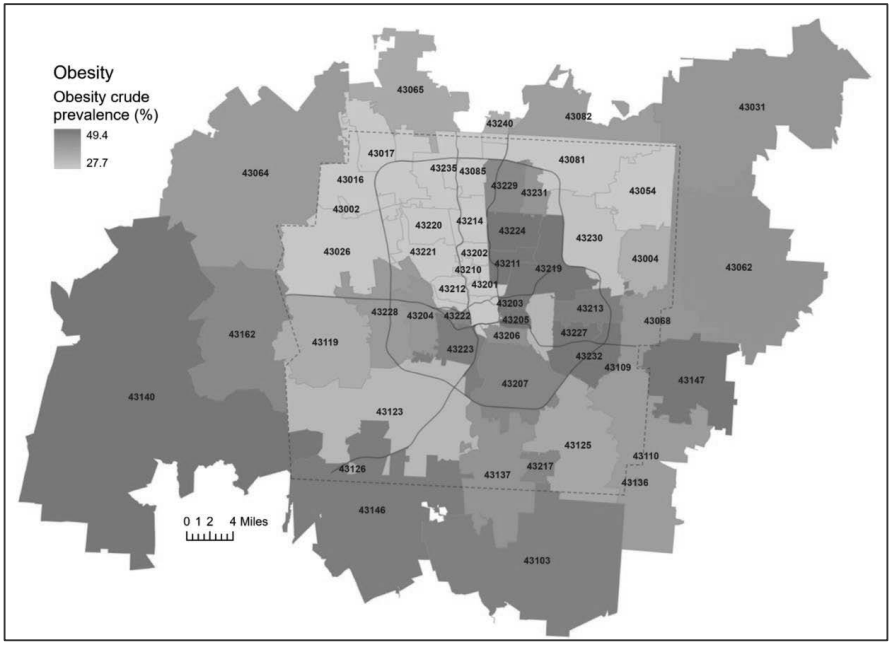
Healthy People 2030

Healthy People 2030 uses data from the National Health and Nutrition Examination Survey, which estimated that 38.6% of US adults were obese from 2013-2016. The BRFSS data used in HM2025 has a more conservative US estimate of 33.6% from 2021-2022. On either measure, the rate of obesity is rising locally and nationwide. There is no Healthy People 2030 goal for overweight status.

HP2030 objective for Obesity: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
36%	**37%**

Obesity prevalence is higher in many Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant and the far northeastern areas. Prevalence rates are also higher in some of the county's southern zip codes.



Additional Information & References

To assess the prevalence of this health status, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[3] A body mass index (BMI) of less than 18.5 is considered underweight, 18.5-24.9 is considered normal, 25-29.9 is considered overweight, and 30+ is considered obese.[4]

Although BMI is a commonly used measure of overweight/obesity status, it has been criticized as an outdated and discriminatory marker of health. This measure was developed in the 1800s and based primarily on male bodies, which are not the standard for all humans. Because BMI is a ratio of height to weight, the measure cannot differentiate between lean (muscle) mass and fat mass. Therefore, an elite athlete may be classified as overweight or obese despite being very fit and healthy. However, there are no other standardized measures of body composition that are as widely known and used.[5]

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[6] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the proportion of adult residents who meet physical activity guidelines. Unfortunately, the BRFSS stopped measuring this metric in 2019.

[1] GBD 2015 Obesity Collaborators, Afshin, A., Forouzanfar, M. H., Reitsma, M. B., Sur, P., Estep, K., Lee, A., Marczak, L., Mokdad, A. H., Moradi-Lakeh, M., Naghavi, M., Salama, J. S., Vos, T., Abate, K. H., Abbafati, C., Ahmed, M. B., Al-Aly, Z., Alkerwi, A., Al-Raddadi, R., Amare, A. T., … Murray, C. J. L. (2017). Health Effects of Overweight and Obesity in 195 Countries over 25 Years. *The New England journal of medicine*, *377*(1), 13–27. https://doi.org/10.1056/NEJMoa1614362

[2] Healthy People 2030 objective NWS-03, U.S. Department of Health and Human Services.

[3] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

[4] Weir, C. B., & Jan, A. (2023). BMI Classification Percentile And Cut Off Points. In *StatPearls*. StatPearls Publishing.

[5] Nuttall F. Q. (2015). Body Mass Index: Obesity, BMI, and Health: A Critical Review. *Nutrition today*, *50*(3), 117–128. https://doi.org/10.1097/NT.0000000000000092

[6] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.) https://www.cdc.gov/places/index.html

MATERNAL AND INFANT HEALTH

Pre-pregnancy And Pregnancy Health

The health of pregnant individuals before and during their pregnancy is a significant opportunity for meaningful intervention. Pregnant individuals with medical comorbidities are at significantly increased risk for complications for both parent and child, including severe morbidity such as placental abruption, eclampsia, and neonatal intensive care unit (NICU) admission.[1]

43.7% of women who had a live birth had a **chronic health condition**.

≈ Similar to HM2022 (42.8%)

Disparities by selected social determinants of health: *White more likely*

44.9% of women who had a live birth were not taking **vitamins** before pregnancy.

≈ Similar to HM2022 (48.8%)

Disparities by selected social determinants of health: *Hispanic, Black more likely*

18.4% of women who had a live birth had pre-pregnancy **depression**.

≈ Similar to HM2022 (17.7%)

Disparities by selected social determinants of health: *White more likely*

6.1% of women who had a live birth had pre-pregnancy **hypertension**.

↑ Up from HM2022 (5.4%)

Disparities by selected social determinants of health: *Black more likely*

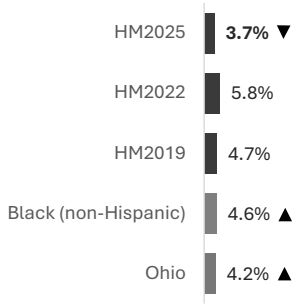
24.9% of live births were from **unintended pregnancies**.

≈ Similar to HM2022 (23.9%)

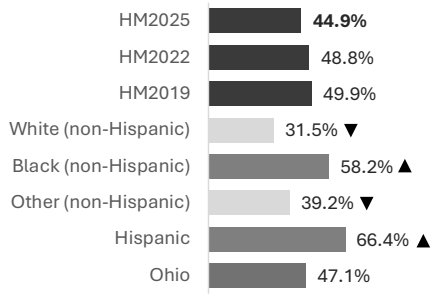
Disparities by selected social determinants of health: *Black, Hispanic more likely*

Although pre-pregnancy diabetes has decreased in recent years, black (non-Hispanic) residents are at increased risk for that health condition. Both black (non-Hispanic) and Hispanic residents were more likely to report not taking vitamins prior to pregnancy, as compared to white (non-Hispanic) residents or individuals who have an other (non-Hispanic) racial background.

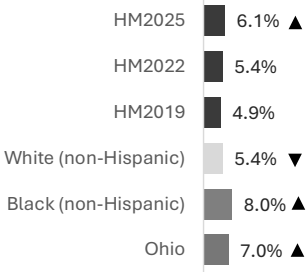
Pre-pregnancy Diabetes



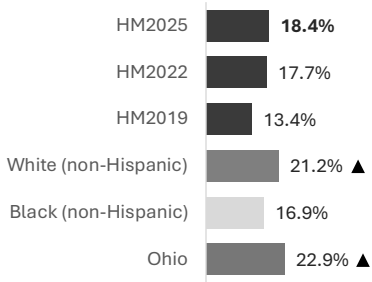
No Vitamins Pre-pregnancy



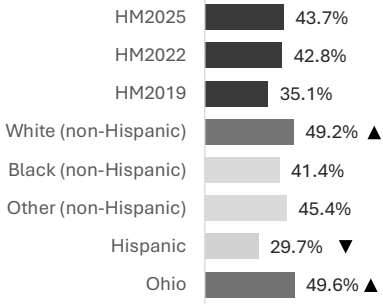
Pre-pregnancy Hypertension



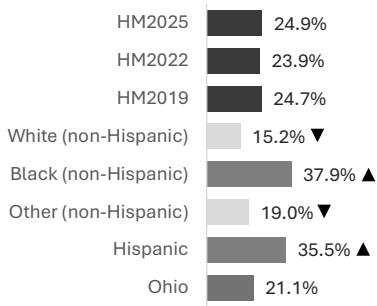
Pre-pregnancy Depression



Prenatal Chronic Conditions



Unintended Pregnancy



Additional Information & References

Data for this section were sourced from the Ohio Pregnancy Assessment Survey (OPAS), which asks questions of women who had a live birth.[2] Pre-conception vitamin usage was defined as taking multivitamins, prenatal vitamins, or other folic acid vitamins in the month before conception. Pre-pregnancy diabetes was defined as type 1 or 2 diabetes in the past 3 months before conception. Similarly, pre-pregnancy hypertension and depression were measured in the 3 months before conception. Prenatal chronic health conditions were defined as one or more conditions of anxiety, depression, gestational diabetes, or pregnancy-onset hypertension. Finally, unintended pregnancy was defined as either wanting to be pregnant later or not wanting to be pregnant at all prior to conception.

Readers might notice that pre-pregnancy overweight and obesity status was reported in *HealthMap2022* but not in *HealthMap2025*. This is because these data are no longer publicly reported by OPAS. This may be due in part to the increasing normalization of pregnancy at a higher BMI.

Data Gap: Future HealthMaps should consider obtaining data about pregnancy-related / maternal mortality.

[1] Tanner, M. S., Malhotra, A., Davey, M. A., Wallace, E. M., Mol, B. W., & Palmer, K. R. (2022). Maternal and neonatal complications in women with medical comorbidities and preeclampsia. *Pregnancy hypertension*, *27*, 62–68. https://doi.org/10.1016/j.preghy.2021.12.006

[2] Ohio Department of Health. *Ohio Pregnancy Assessment Survey* [Interactive Dashboard]. Retrieved from https://grcapps.osu.edu/app/opas, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

Prenatal Racial Bias

Health disparities by race have been increasingly highlighted as a contributor to the maternal-child health crisis in the United States.[1] One proposed mechanism for why certain groups experience greater risks is bias or discrimination in healthcare. This may result in patients receiving substandard medical care or avoiding prenatal care altogether.[1]

9.9% of **pregnant individuals** reported **experiencing racial bias** from a healthcare provider.

Up from HM2022 (6.4%)

Disparities by selected social determinants of health: *Black, Hispanic more likely*

Community Voices

Community members spoke about the issue of maternal mortality, and how inadequate treatment by health care professionals contributes to higher rates for black mothers.

> *"The maternal death rates. If you're white middle class, your average chance of survival [in pregnancy and childbirth] is much greater than ours. I think it's like twice. The difference is pretty high. And that's just egregious. We have needs, we have the ability, we're just not putting the resources in."*
>
> *"Moms are going into hospitals and they're not believing in their pain. My aunt's friend went into the hospital, and she had her baby. She kept telling there was something wrong, and they left her for 4 hours…She passed away. She had an aneurysm. And she has been telling them all this time…the migraine, the headache she was having, it was so bad. They just told her, 'It's from the epidural.' And that's probably true…I'm pretty sure she would have been a great advocate for herself, but she was just in so much pain, she couldn't do it."*

Community members also gave other specific examples of how they have seen racial bias within the health care system, including health care professionals not listening to their wishes for labor and delivery, inadequate treatment of health issues resulting from pregnancy, and unfair assumptions that young black women are sexually promiscuous.

> *"I just had a baby eight months ago. And if it wasn't for the doula putting a birth plan and being an advocate for me, things could have went left several times during the delivery process. So you just think that not everyone has access to someone who can advocate for you in that process. They were trying to push a lot of stuff. I was very much like, I don't want any medication unless medically necessary…They'll go out the room and have those*

> *conversations, come back and try to still push it. And so it was frustrating at times…"*
>
> *"I had gallstones for the whole time I was pregnant. Found out that they were gallstones after I had my son. And then I'm still complaining of pain. It's like up to a year and a half later, maybe two years, and I was in the hospital four or five times. Then guess what? I had pancreatitis, because they never cleaned out my bioduct from the gallstones when I was 16. They never listened to me. And I really do think it's because I'm half black, half Hispanic."*
>
> *"The first time I had sex, I got pregnant, and I had my exam at the hospital. The first thing that they did was check me for STD's and ask me, how many people have I been with, and I have had other friends say, 'that's never happened to us.' I just wonder if the same thing would have happened if I had walked in white."*

Community members suspect that they experience racial bias in the health care system due to historical myths that black women feel less pain, as well as assumptions by health care professionals that their health issues are due to inherent genetic differences.



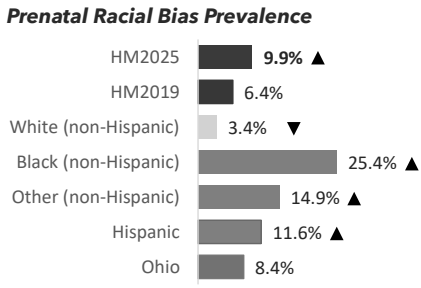
> *"It's obviously not true, but for the longest time in doula training, when you read the books, they were told that black women can accept more pain than a woman that's not black."*
>
> *"I've gone to a doctor and I've actually had them say, 'With you being an African American female, this is probably hereditary, you're probably having diabetes or it's high blood pressure' or something…they're making that assumption without doing the testing. They didn't afford me the opportunity to be tested…'It's probably just this. I don't think you have anything to worry about.' When I tell you I've heard that so many times, and then it develops into something."*

Lastly, a black community member highlighted how the historical treatment of people of color by the health care system and their preclusion from knowledge about their health still impacts the ability of healthcare to be equitable today:



> *"Knowledge is power. I mean, you can advocate better for yourself and for others when you know better. And I think it can be a class issue, it could be a socioeconomic issue. But if we consider racial discrimination or any of those factors…Even if I have access today, the reality is that two, three, four generations ago, it was withheld. Or even if my ancestors had the knowledge, they couldn't do anything with it because they were barred from being able to do so…We're behind. We have to try to play catch up as it pertains to a lot of things that can speak to our physical health, our mental health."*

As would be expected, experiences of racial bias are most common among racial and ethnic minorities. This was particularly prominent for black (non-Hispanic) patients, even compared to other racially minoritized groups. Concerningly, these experiences increased since the last *HealthMap*.



Additional Information & References

To assess the experience of racial bias in prenatal care, data from the Ohio Pregnancy Assessment Survey (OPAS) were used.[2] Participants were asked "During your most recent pregnancy, did you experience discrimination or were you made to feel inferior while getting any type of health or medical care because of the things listed below", where one of the options was "My race, ethnicity, or culture". This measure is only reported periodically, with the most recent publicly available data collected in 2020.

[1] ACOG Committee Statement No. 10: Racial and Ethnic Inequities in Obstetrics and Gynecology. (2024). *Obstetrics and gynecology*, *144*(3), e62–e74. https://doi.org/10.1097/AOG.0000000000005678

[2] Ohio Department of Health. *Ohio Pregnancy Assessment Survey* [Interactive Dashboard]. Retrieved from https://grcapps.osu.edu/app/opas, 2020 (HM2025), 2016 (HM2019)

Maternal Healthcare

Pre-pregnancy healthcare visits offer expectant mothers and their doctors an opportunity to discuss healthy diet choices, folic acid supplementation, and other interventions that help to build the foundation for a healthy pregnancy.[1] Postpartum visits allow mothers who recently delivered a baby to be screened for postpartum depression, to have their overall health examined, and to discuss possible pregnancy complications such as gestational diabetes.[2]

72.3% of pregnant individuals had a **healthcare visit** in the year before their pregnancy.

≈ Similar to HM2022 (67.6%)

Disparities by selected social determinants of health: *Hispanic less likely*

90.2% of postpartum individuals had a **postpartum healthcare visit**.

≈ Similar to HM2022 (93.2%)

Disparities by selected social determinants of health: *Hispanic less likely*

Community Voices

Community members are aware that pregnant and postpartum individuals may not seek out health care when they should. They also drew attention to how specific health issues like preeclampsia and postpartum depression can worsen if not addressed by a health care professional.

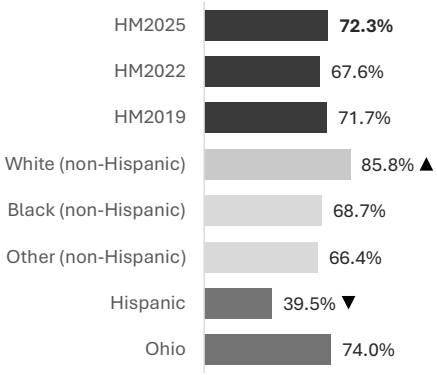
> *"I hear that they don't get the prenatal [checks], they don't see the doctor like they should."*
>
> *"Postpartum preeclampsia, not knowing that they even have it until after they have the baby and then they're home for like a few days and then they're nearly about to die. But it wasn't caught during pregnancy."*
>
> *"I know I was almost psychotic after I had my child many years ago, and they're all safely grown now. But it was bad. I mean, I literally shudder when I think of the thoughts that would go through your mind. You had no control. And there was just nothing. There was no resources. If you go tell your doctor that, they're going to lock you up, take your kid away. I don't want to lose my child. But there was no help."*

Community members mentioned that one of the reasons pregnant individuals don't seek health care is out of fear they will not receive adequate care. These fears appear to be especially prevalent in black communities.

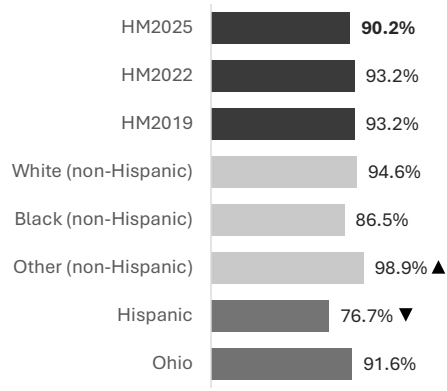
> *"A lot of us were scared of doctors because of situations in the past. We really don't trust doctors. It's hard to even find one that we can really bond with…so many black women are dying during childbirth because they're not getting adequate care. They say we were better off back when we caught them ourselves than going to the hospital."*
>
> *"There's just a lot of stories that you hear out here, where mostly black women are telling horror stories of how they're just not getting the proper care."*

Pre-pregnancy healthcare visits were higher among white (non-Hispanic) individuals than all other racial groups and were particularly low among Hispanic individuals. Postpartum healthcare visits are high for all groups but are similarly lowest for Hispanic individuals. This could indicate a cultural or language barrier that can be further addressed.

Pre-pregnancy Healthcare visit



Postpartum Healthcare Visit



Additional Information & References

To assess the healthcare visit status of Franklin County mothers with a recent live birth, *HealthMap2025* used data from the Ohio Pregnancy Assessment System (OPAS).[3] Pre-pregnancy healthcare visits were defined as any visit with a healthcare professional in the 12 months prior to conception. Postpartum healthcare visits were defined as a checkup for the postpartum individual that occurs around 4-6 weeks after delivery.

[1] Berghella, V., Buchanan, E., Pereira, L., & Baxter, J. K. (2010). Preconception care. *Obstetrical & gynecological survey*, *65*(2), 119–131. https://doi.org/10.1097/OGX.0b013e3181d0c358

[2] ACOG Committee Opinion No. 736: Optimizing Postpartum Care. (2018). *Obstetrics and gynecology*, *131*(5), e140–e150. https://doi.org/10.1097/AOG.0000000000002633

[3] Ohio Department of Health. (2022). *Ohio Pregnancy Assessment Survey* [Interactive Dashboard]. Retrieved from https://grcapps.osu.edu/app/opas, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

Infant Health and Adolescent Pregnancy

Infant health and mortality is a global concern, even in high-income countries such as the United States. Worldwide, the leading cause of death among those under age 5 is preterm birth, with the third cause of death being intrapartum-related events.[1] Adolescent pregnancy, along with increasing the risk for adverse infant outcomes, is also associated with serious physical and social consequences for the mother.[2]

7.4 infants died per 1,000 live births.	≈ Similar to HM2022 (6.9)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	N/A	Black more likely	Observed (see map)

9.4% of infants were **born with a low birthweight**.	≈ Similar to HM2022 (9.5%)
10.6% of infants were **born prematurely**.	≈ Similar to HM2022 (10.9%)
12.1 infants had **neonatal abstinence syndrome** per 1,000 live births.	≈ Similar to HM2022 (11.4)
The **teen birth rate** was **15.2** per 1000 adolescent females.	⬇ Down from HM2022 (17.2)

Community Voices

Community members are concerned that the county's youth are unable to access reproductive health care like birth control or abortion. They emphasized the importance of options and choices for teens who become pregnant. Abstinence-only education is not sufficient in their minds to reduce the issue of teen pregnancy.

> *"What concerns me now is there is not the access to care for young women that there used to be when I was that age. I can remember in high school, driving down to campus to go to Planned Parenthood with friends so that they could get on the pill or do whatever…We always knew in the back of our mind that if something came up, there were options."*
>
> *"So as far as options, I think that if my mom would have had those options back then, I probably wouldn't be here, but it was an option, and it was a choice. She just did not have that. And there was not even birth control, birth control was not an option for her. From what she told me, it's because she was taught abstinence [only]."*
>
> *"In high school, they have to take health. The kids consider it a joke. But if the kids think it's a joke, whether it's a valid program or not, then they're not getting anything from it. You're a freshman and you are getting a pregnancy test. And it happens all the time, but I think that means that what we're teaching them, it's not enough."*

Community members also think that perceptions that gynecologists should only be seen once a person becomes sexually active are contributing to youth not having enough knowledge or access when it comes to reproductive health.

> *"A lot of the OBs, they don't even want to see the kids until they're 21. I called her because my daughter had extremely heavy bleeding several days, I wanted to get her on something that could help reduce that. And she's like, 'Well, we don't normally see them until they're 21.' If the health providers in that world are even saying this isn't really the age that we start to see them at, then you reduce the number of places that you can get help."*
>
> *"One of my friends said to her daughter, 'Now that you've got a boyfriend, we should go to the gynecologist.' And I was standing right there, 'No, no. You go to the gynecologist because you're a woman and you take care of yourself. The boyfriend has nothing to do with this.' And I don't know if that is the message that they're getting."*

A lack of education about sex and reproductive health can ultimately result in young parents being unequipped to adequately care for children.

> *"Young moms don't have the knowledge that they need. Years ago, they would have classes so when you got pregnant, you had a class that taught you the things that you needed, just the stuff you would need to know. Now they have these kids having babies and they don't know anything…they don't have a formula for the baby. Like, she was feeding the baby actual 2% milk because she didn't have any formula. She didn't know she needed the formula. She didn't have a means to get the formula, and her and the baby is just out. They didn't have Pampers."*

Relatedly, families' unwillingness to broach the subject of sex and reproduction with their children may prevent youth from accessing birth control when it could be helpful for them.



> *"They don't teach them about their bodies. We have 8, 9-year-old girls who have started their periods, and their parents don't tell them. I remember a little girl, when she was eight, she said, 'I need a pad.' I'm not thinking like a sanitary pad. I'm thinking she was talking about paper… Some of the parents are talking to them, but a lot of them, they're not teaching. And the boys too, they're not teaching them about puberty, how their body's changing, how it's normal to feel what you're feeling."*
>
> *"My family was very closed [off], 'don't talk [about it]'. I don't think we ever even talked about sex, honestly. And when I got to college, the doctor was recommending for my migraines the Depo shot, which is a birth control. And I didn't want to have to tell my parents I needed birth control because I didn't think they would believe me that it wasn't about sex. And so I went to Planned Parenthood, and I used the money I earned working in school, and I got the Depo for $65 every three months."*

The infant health indicators have not changed significantly in recent years; not only does infant mortality remain relatively high, and is especially high among black (non-Hispanic) babies. Franklin County's neonatal abstinence syndrome (NAS) rate is slightly higher than that for Ohio.

Infant Mortality Rate

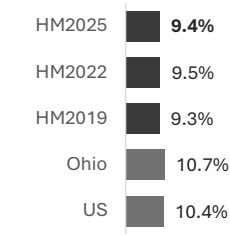
	Rate per 1,000 babies born
HM2025	**7.4**
HM2022	**6.9**
HM2019	**8.7**
White (non-Hispanic)	3.7 ▼
Black (non-Hispanic)	12.6 ▲
Hispanic	7.8
Ohio	**7.1**
US	**5.6**

Neonatal Abstinence Syndrome

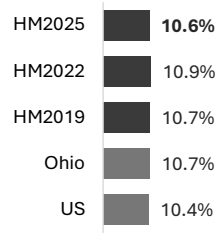
	Rate per 1,000 babies born
HM2025	**12.1**
HM2022	**11.4**
HM2019	**12.3**
Ohio	**10.1** ▼

Although Franklin County is similar to Ohio and the United States with regard to low birthweight and preterm birth rates, the teen birth rate has significantly declined across all geographies.

Low Birthweight



Preterm Birth



Teen Birth Rate

	Rate per 1,000 girls age 15-19
HM2025	**15.2 ▼**
HM2022	**17.2**
HM2019	**23.4**
Ohio	**15.4 ▼**
US	**13.6 ▼**

Healthy People 2030

There is still progress to be made on infant mortality[3] and preterm births[4] in order to achieve the Healthy People 2030 goals. However, the adolescent pregnancy goal[5] has been exceeded and is currently less than half the target rate for that objective.

HP2030 objective for Infant Mortality: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
5.0 per 1000 live births	**7.4**

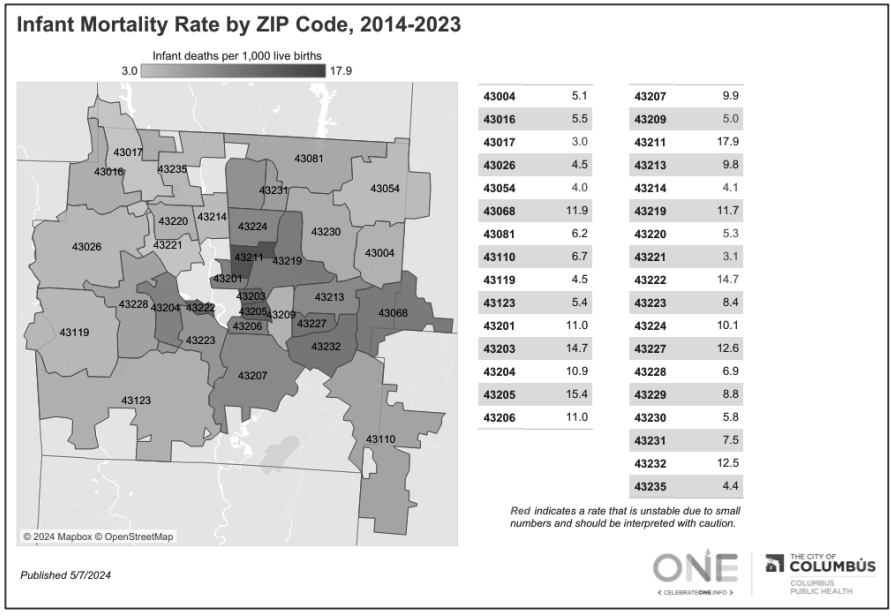
HP2030 objective for Preterm Births: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
9.4%	**10.6%**

HP2030 objective for Adolescent Pregnancy: Met

Healthy People Objective:	Most recent Franklin County data (HM2025)
31.4 per 1000 females aged 15-19	**15.2**

The map below is a screenshot of the infant mortality rate across Franklin County's zip codes from 2014-2023, as mapped by Celebrate One and Columbus Public Health. The zip codes with the highest infant mortality rates are 43211, 43205, 43203, and 43222.[6] Readers who are interested in learning more about this topic are encouraged to visit Celebrate One and Columbus Public Health's interactive map, which can be accessed by **clicking here**.



43004	5.1
43016	5.5
43017	3.0
43026	4.5
43054	4.0
43068	11.9
43081	6.2
43110	6.7
43119	4.5
43123	5.4
43201	11.0
43203	14.7
43204	10.9
43205	15.4
43206	11.0
43207	9.9
43209	5.0
43211	17.9
43213	9.8
43214	4.1
43219	11.7
43220	5.3
43221	3.1
43222	14.7
43223	8.4
43224	10.1
43227	12.6
43228	6.9
43229	8.8
43230	5.8
43231	7.5
43232	12.5
43235	4.4

Additional Information & References

Infant mortality refers to deaths that occur before someone is 1 year of age. Low birthweight is defined as less than 2500 grams (i.e., ~5.5 pounds) and preterm births are births that occur before 37 weeks gestation. NAS hospitalization rates were calculated from the number of reported NAS hospitalizations divided by the number of births in the same year. Adolescent fertility rates were defined as the birth rate of adolescent females aged 15-19 per 1000 in the same age range.

Adolescent pregnancy is challenging to measure both because there is no standard age when an individual becomes fertile and because abortions and miscarriages may be underreported. The most typical age range for reporting adolescent pregnancy and birth is

15-19; although pregnancies can and do occur under 15 years old, they constitute a very small number and are not frequently reported.

Franklin County infant mortality data were sourced from the City of Columbus' Infant Mortality Report for 2023, which in turn obtained data from Ohio Department of Health's Bureau of Vital Statistics about all births in which the mother was a resident of Franklin County.[7] Ohio and US infant mortality were sourced from the National Center for Health Statistics for 2022.[8] Low birthweight and preterm delivery for Franklin County and Ohio were sourced through the DataOhio Birth tool for 2023, while US statistics were again pulled from the National Center for Health Statistics for 2022.[9,10] Neonatal abstinence syndrome data were pulled from the Ohio Department of Health Violence and Injury Prevention division for 2022, 2020, and 2017.[11-14] Finally, adolescent pregnancy rates were sourced from the Centers for Disease Control and Prevention's WONDER database.[15]

[1] Perin, J., Mulick, A., Yeung, D., Villavicencio, F., Lopez, G., Strong, K. L., Prieto-Merino, D., Cousens, S., Black, R. E., & Liu, L. (2022). Global, regional, and national causes of under-5 mortality in 2000-19: an updated systematic analysis with implications for the Sustainable Development Goals. *The Lancet. Child & adolescent health*, *6*(2), 106–115.

[2] Maheshwari, M. V., Khalid, N., Patel, P. D., Alghareeb, R., & Hussain, A. (2022). Maternal and Neonatal Outcomes of Adolescent Pregnancy: A Narrative Review. *Cureus*, *14*(6), e25921. https://doi.org/10.7759/cureus.25921

[3] Healthy People 2030 objective MICH-02, U.S. Department of Health and Human Services

[4] Healthy People 2030 objective MICH-07, U.S. Department of Health and Human Services

[5] Healthy People 2030 objective FP-03, U.S. Department of Health and Human Services

[6] Celebrate One and Columbus Public Health (2023). Infant Mortality Report. https://public.tableau.com/app/profile/columbus/viz/InfantMortalityReport/P1Home

[7] City of Columbus. (2023). *Infant Mortality Report Franklin County, Ohio* [Interactive Dashboard]. Retrieved in 2024 from https://public.tableau.com/app/profile/columbus/viz/InfantMortalityReport/P1Home

[8] Ely DM, Driscoll AK. Infant mortality in the United States: Provisional data from the 2022 period linked birth/infant death file. National Center for Health Statistics. Vital Statistics Rapid Release; no 33. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: https://doi.org/10.15620/cdc:133699

[9] DataOhio. (2023). *Birth* [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/ohio_births

[10] Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2022. National Vital Statistics Reports; vol 73, no 2. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: https://dx.doi.org/10.15620/cdc:145588.

[11] Violence and Injury Prevention Section, Ohio Department of Health. (n.d.). *2022 Ohio Neonatal Abstinence Syndrome County Report*. https://odh.ohio.gov/wps/wcm/connect/gov/c9ba2f12-7d0a-4c4d-a7fd-ac9df2841c4a/Ohio+NAS+Data+by+County%2C+2018-2022.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-c9ba2f12-7d0a-4c4d-a7fd-ac9df2841c4a-oHsSMQB

[12]Violence and Injury Prevention Section, Ohio Department of Health. (n.d.). *2020 Ohio Neonatal Abstinence Syndrome County Report*. https://odh.ohio.gov/wps/wcm/connect/gov/7105d74d-7647-4dd6-83f9-9cbd0bba0d1c/Ohio+NAS+Data+by+County%2C+2016-2020.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-7105d74d-7647-4dd6-83f9-9cbd0bba0d1c-nNqG8oP

[13]Violence and Injury Prevention Section, Ohio Department of Health. (n.d.). *2017 Ohio Neonatal Abstinence Syndrome County Report*. https://odh.ohio.gov/wps/wcm/connect/gov/4cad708c-ba99-4b8b-b425-01cfef119c5d/2017+NAS+County+Table+12.3.2018.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-4cad708c-ba99-4b8b-b425-01cfef119c5d-oNFlFoC

[14]Violence and Injury Prevention Section, Ohio Department of Health. (n.d.). *2022 Ohio Neonatal Abstinence Syndrome Report*. https://odh.ohio.gov/wps/wcm/connect/gov/bb7407ed-f681-4ec0-b73e-572ffe05bb31/2022+NAS+Hospital+Discharge+Data+Summary+Table.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-bb7407ed-f681-4ec0-b73e-572ffe05bb31-oHsSFwF

[15]Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/natality-expanded-current.html

Celebrate One and Columbus Public Health's interactive map can be accessed at https://public.tableau.com/app/profile/columbus/viz/InfantMortalityReport/P1Home.

INFECTIOUS DISEASES

Common Infectious Diseases

Infectious diseases are among the leading causes of death worldwide, even in high income countries.[1] COVID-19, which emerged in 2019, has become the most commonly reported infectious disease, one that has long-term and severe health effects (including serious illness and/or death), especially among vulnerable members of the population. Community members continue to be at risk for COVID-19, and preventing the spread of this and other diseases continues to be a public health concern in Franklin County.

The most commonly reported **infectious diseases** for both adults and children were **COVID-19, Chlamydia,** and **Gonorrhea**

New metrics for HM2025

The most commonly reported infectious disease was COVID-19 for both adults and children/adolescents, followed by several sexually transmitted diseases and foodborne pathogens. Pertussis is a vaccine preventable disease, so the ongoing infection rate underscores the importance of continuing vaccination efforts. Interventions regarding sexually transmitted and foodborne illnesses continue to be important as well.

Adults (18+)

Disease	Rate per 1,000
COVID-19	**28.37**
Chlamydia	**9.16**
Gonorrhea	**3.99**
Syphilis (Primary and Secondary)	0.56
Campylobacter	0.27
Salmonella	0.15
Streptococcal disease, group a invasive (IGAS)	0.14
Streptococcus pneumoniae, invasive disease (ISP)	0.14
Legionella	0.08
Ecoli	0.08

Children (0-17)

Disease	Rate per 1,000
COVID-19	**14.45**
Chlamydia	**3.50**
Gonorrhea	**1.00**
Campylobacter	0.24
Giardia	0.19
Salmonella	0.17
Pertussis	0.13
Shigella	0.12
Ecoli	0.11
Lyme Disease	0.09

In *HealthMap2022*, infectious diseases were measured for the total population (instead for separately for adults and for children), resulting in a rate of 7.86 per 1,000 for chlamydia and 3.78 per 1,000 for gonorrhea. By recalculating these infectious diseases for the total

population in *HealthMap2025*, the rate of chlamydia is observed to be similar (7.84 per 1,000) while the rate of gonorrhea has decreased (3.30 per 1,000).

Additional Information & References

Using data from the Ohio Disease Reporting System, Columbus Public Health's Office of Epidemiology provided the total number of infectious disease cases in 2023 for each of the top 10 reported diseases among adults and children (separately). Case numbers were then converted into crude rates based on the age-specific population of Franklin County, using 2023 population estimates provided by Ohio's Department of Public Safety.[2]

The data in this report are based on counts of infectious diseases that were reported to the Ohio Department of Health. Some illnesses, such as influenza, are not reportable unless there is a severe outbreak, novel infectious, or severe morbidity or mortality. Other diseases may not be reported if the individual is asymptomatic or manages symptoms at home without medical intervention. Influenza was excluded from these data, as the counts would only include hospitalizations or mortality and would be a misleading presentation of influenza rates.

Data Gap: Readers might be surprised to learn about the prevalence of sexually transmitted infections among youth aged 0-17. One possible data source that could potentially add context to this finding is the High School Youth Risk Behavior Survey (YRBS). Although 2023 YRBS data for Ohio were not available in time for inclusion in this report, they are now available online at https://youthsurveys.ohio.gov/reports-and-insights/yrbs-yts-reports. Those data could be analyzed to determine if there have been changes in the percentage of high school youth who reported ever having sexual intercourse, current sexual activity, or condom use.

[1] World Health Organization. (2024). *The Top 10 Causes of Death.* https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death

[2] Ohio Division of Emergency Medical Services, Ohio Department of Public Safety. (2024). Personal communication.

Human Immunodeficiency Virus (HIV)

Human Immunodeficiency Virus (HIV) was first identified in 1981, exponentially rising to over 130,000 cases annually by 1984 in the United States before being controlled by greater surveillance and treatment.[1] Rapid advancements in prophylactic and antiretroviral therapies have both decreased transmission rates and extended the expected lifespan of HIV infected individuals to be close to non-HIV infected individuals.[2]

There were **14.8 new HIV diagnoses** per 100,000 Franklin County residents.

≈ Similar to HM2022 (16.3)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Male more likely	Black more likely	Unavailable

Although Franklin County's overall HIV incidence rate has not changed significantly in recent years, it remains higher than the rates for Ohio and the United States.

Within Franklin County, there are vast disparities by both race and sex: individuals who do not have a white racial background and males are much more likely to have been diagnosed with HIV.

HIV Incidence	**Rate per 100,000**
HM2025	**14.8**
HM2022	**16.3**
White	6.7 ▼
Black/African American	34.5 ▲
Multi-Race	20.7 ▲
Hispanic	24.8 ▲
Male	22.6 ▲
Female	7.3 ▼
Ohio	**7.4**
US	**13.3**

Healthy People 2030

The Healthy People 2030 goal for HIV is a total of 3000 new infections per year nationally, which is equivalent to a rate of 0.9 per 100,000 population.[3] Franklin County (indeed, the United States as a whole) still has much progress that needs to be made toward this objective.

HP2030 objective for New HIV Infection: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
0.9	**14.8**

Additional Information & References

To assess HIV incidence in Franklin County and Ohio, *HealthMap2025* sourced data about new infections from the Ohio Department of Health HIV/AIDS Surveillance Program for 2022 and 2019.[4,5] For the United States rates, data were obtained from the Centers for Disease Control and Prevention HIV Surveillance Report for the same years.[6]

Data Gap: Future *HealthMaps* should explore the possibility of calculating HIV incidence within each Franklin County zip code (or other sub-county geography).

[1] Bosh, K. A., Hall, H. I., Eastham, L., Daskalakis, D. C., & Mermin, J. H. (2021). Estimated Annual Number of HIV Infections — United States, 1981-2019. *MMWR. Morbidity and mortality weekly report*, *70*(22), 801–806. https://doi.org/10.15585/mmwr.mm7022a1

[2] Samji, H., Cescon, A., Hogg, R. S., Modur, S. P., Althoff, K. N., Buchacz, K., Burchell, A. N., Cohen, M., Gebo, K. A., Gill, M. J., Justice, A., Kirk, G., Klein, M. B., Korthuis, P. T., Martin, J., Napravnik, S., Rourke, S. B., Sterling, T. R., Silverberg, M. J., Deeks, S., … North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) of IeDEA (2013). Closing the gap: increases in life expectancy among treated HIV-positive individuals in the United States and Canada. *PloS one*, *8*(12), e81355. https://doi.org/10.1371/journal.pone.0081355

[3] Healthy People 2030 objective HIV-01, U.S. Department of Health and Human Services

[4] HIV Surveillance Program, Ohio Department of Health. (2023). *New Diagnoses of HIV Infection Reported in Franklin County*. https://odh.ohio.gov/wps/wcm/connect/gov/cac882ed-d27b-42ff-9d14-2e60a4c7e366/Franklin2022.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-cac882ed-d27b-42ff-9d14-2e60a4c7e366-oFCnYED

[5] HIV Surveillance Program, Ohio Department of Health. (2023). *New Diagnoses of HIV Infection Reported in Ohio*. https://odh.ohio.gov/wps/wcm/connect/gov/6ceaf279-cee6-4254-b899-386b585f0e5a/Ohio2022.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-6ceaf279-cee6-4254-b899-386b585f0e5a-oFCmzk1

[6] Centers for Disease Control and Prevention. (2024). *Diagnoses, deaths, and prevalence of HIV in the United States and 6 territories and freely associated states, 2022*. http://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html

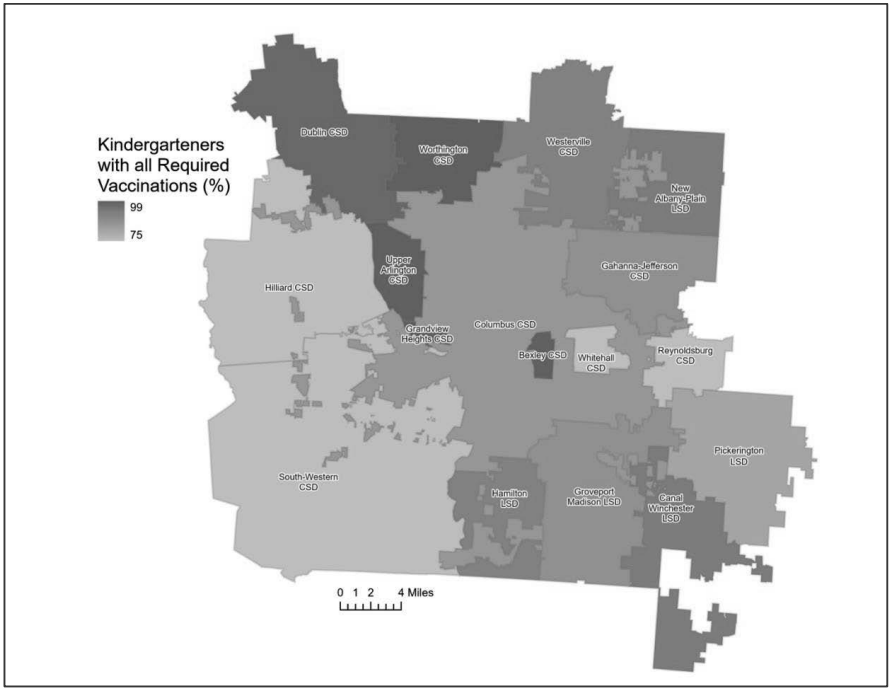
Kindergarten Vaccinations

Vaccinations are one of the most powerful, lifesaving health innovations of the 20th century. Globally, an estimated 154 million lives have been saved in the past 50 years due to vaccination, 146 million of which were children younger than 5.[1]

86.6% of Franklin County kindergarteners received all required **vaccines**.

New metric for HM2025

The Grandview Heights, Upper Arlington, Bexley, Worthington, and Dublin school districts reported that ≥95% of their kindergarteners entered school with all required vaccinations complete. The Columbus, Pickerington, Reynoldsburg, Hilliard, South-Western, and Whitehall school districts reported that ≤89% of their kindergarteners entered school with all required vaccinations complete.



Additional Information & References

The required vaccinations for a kindergarten student in Ohio includes 4+ doses of Diphtheria, Tetanus, and Pertussis (DTaP); 3+ doses of Hepatitis B; 2 doses of Measles, Mumps, and Rubella (MMR); 3+ doses of Polio; and 2 doses of Varicella.[2] More doses than the minimum may be required depending on the age of the child and when the child received their vaccines.

For this metric, Columbus Public Health's Office of Epidemiology requested data from Ohio Department of Health's Immunization Program. These data are a composite measure of kindergarteners in Franklin County public and private schools who had received all required vaccines for the 2022-2023 school year. Columbus Public Health staff then aggregated the data to calculate an estimate for each school district. Franklin County Public Health staff then mapped the prevalence of this indicator across the various school districts.

[1] Shattock, A. J., Johnson, H. C., Sim, S. Y., Carter, A., Lambach, P., Hutubessy, R. C. W., Thompson, K. M., Badizadegan, K., Lambert, B., Ferrari, M. J., Jit, M., Fu, H., Silal, S. P., Hounsell, R. A., White, R. G., Mosser, J. F., Gaythorpe, K. A. M., Trotter, C. L., Lindstrand, A., O'Brien, K. L., … Bar-Zeev, N. (2024). Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. *Lancet (London, England)*, *403*(10441), 2307–2316. https://doi.org/10.1016/S0140-6736(24)00850-X

[2] Vanderhoff, B. (2023). *In Re: Approved Means of Immunization Pursuant to Sections 3701.13 and 3313.671 of the Ohio Revised Code Director's Journal Entry*. Ohio Department of Health. https://odh.ohio.gov/wps/wcm/connect/gov/8e6d4c5d-7b45-4a0a-80cb-a1d8d00f4073/%28JE%29+%28131628%29+10-23-23+Directors-Journal-School-Requirements+10.16.2023+CERTIF.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-8e6d4c5d-7b45-4a0a-80cb-a1d8d00f4073-oJII3Hj

HEALTH CARE ACCESS

Emergency Department Utilization

Emergency department (ED) volume is an important metric for allocating appropriate resources and preventing overcrowding.[1] Frequent use of the emergency department is more common among women, patients with Medicare/Medicaid, black, and those who abuse prescriptions drugs.[2] Many patients report visiting the emergency department multiple times for the same condition, indicating that there may be a gap in either inpatient or follow-up care that drives frequent ED visits.[2]

There were **470.6 total emergency department visits** per 1,000 residents.

≈ Similar to HM2022 (511.3)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Older more likely	Female more likely	Black more likely	Observed (see maps)

There were **410.5 treated-and-released emergency department visits** per 1,000 residents.

≈ Similar to HM2022 (449.7)

There were **60.2 hospital admissions from an emergency department** per 1,000 residents.

≈ Similar to HM2022 (61.6)

Community Voices

Community members spoke about how difficulties finding providers who accept their insurance and long waitlists for appointments can lead individuals to use the emergency room for issues that could have been treated more affordably elsewhere. Additionally, many community members may not know about Federally Qualified Health Centers where they can get more affordable care if they are uninsured.

> *"So [the insurance companies] give you a list of who will take you. Well, then when you call them, they don't want to take you. Then I looked at [medical center] for what they offered, and they don't do it during the summer and then they're backed up forever. So I actually made a complaint to my insurance company and I said, 'I have this benefit, but no one will take me.' So they refer me to online counseling. So that finally came through. Don't know how long it's going to last, but I can see where, especially young people who need someone immediately, they end up in the hospital so*

> *many times."*
> *"There is availability for access to healthcare for people that do not have insurance that is affordable. I just think that it's not advertised enough. I know that it's not advertised enough. I went eleven years with no health care until I found out about FQHCs. I could have been going, because I was that person that only went to the emergency room when it was absolutely necessary. People don't know that they're available and they can help with 340b access to medications and PAPs through pharmaceutical companies. They're just not advertised enough."*

Community members also pointed out that a general lack of education about the medical system can lead individuals to use the ER for minor issues, and that more education is needed to ensure people seek the appropriate level of care for their health issues.



> *"I remember I sprained my ankle and I made the mistake of going to the emergency room at [medical center]. I think I got billed $4,000 and that's with health insurance."*
>
> *"I couldn't get insurance because I was working and it was so expensive. I was working two jobs and I would go to the ER all the time. Now every year when I get my taxes, I have to pay the emergency room for all this stuff that I was doing when I was 18, 19, 20, and I didn't know anything about the medical system. I just know I'm sick and I need to go to the doctor. So I just don't think they educate people enough and they aren't helping people enough with the medical assistance."*

The overall rates of total emergency department visits, treated and released visits, and admissions to the hospital from the emergency department have not significantly changed in Franklin County or Ohio since HM2022 (see tables on this page and the next page).

Children had a lower rate of all visit types, whereas older adults had higher rates of total ED visits and ED visits that resulted in hospital admission. Additionally, black (non-Hispanic) individuals had higher rates for all visit types, whereas white (non-Hispanic) individuals had lower rates of total ED visits and treated/released ED visits.

Lastly, males had lower rates of total ED visits and treated/released ED visits whereas females had higher rates for those types of visits.

Total ED Visits

	Rate per 1,000
HM2025	**470.6**
HM2022	**511.3**
HM2019	**608.8**
Age 0-17	299.1 ▼
Age 18-64	499.1
Age 65+	630.9 ▲
White (non-Hispanic)	371.4 ▼
Black (non-Hispanic)	683.9 ▲
Other (non-Hispanic)	541.5
Hispanic	464.2
Male	410.8 ▼
Female	528.2 ▲
Ohio	**492.3**

Treated and Released ED visits

	Rate per 1,000
HM2025	**410.5**
HM2022	**449.7**
HM2019	**546.3**
Age 0-17	280.4▼
Age 18-64	450.9
Age 65+	443.6
White (non-Hispanic)	312.1▼
Black (non-Hispanic)	609.2▲
Other (non-Hispanic)	492.9▲
Hispanic	430.0
Male	352.3▼
Female	466.5▲
Ohio	**423.4**

Hospital Admissions from ED Visits

	Rate per 1,000
HM2025	**60.2**
HM2022	**61.6**
HM2019	**62.4**
Age 0-17	18.8▼
Age 18-64	48.2▼
Age 65+	187.3▲
White (non-Hispanic)	59.3
Black (non-Hispanic)	74.7▲
Other (non-Hispanic)	48.6▼
Hispanic	34.2▼
Male	58.6
Female	61.7
Ohio	**69.0**

The rate of minor severity (level 1) visits to the emergency department has increased among Franklin County residents while the rate of high severity (level 4) visits has decreased since HM2022. Elsewhere in Ohio, the rates of both low-moderate (level 2) and moderate severity (level 3) visits have decreased since HM2022.

Severity of ED Visits (per 1,000 patients treated)

	HM2025	HM2022	HM2019	Ohio
Level 1 (minor severity)	**10.0▲**	**8.0**	**10.1**	**7.1**
Level 2 (low to moderate severity)	**52.8**	**51.7**	**50.2**	**30.5▼**
Level 3 (moderate severity)	**161.3**	**162.0**	**149.9**	**140.5▼**
Level 4 (high severity, urgent evaluation required)	**142.7▼**	**134.9**	**121.1**	**136.2**
Level 5 (high severity, immediate threat to life or function)	**94.1▼**	**92.2**	**77.3**	**109.0**

The diagnoses associated with emergency department use are an important indicator of healthcare access in the community. For example, many concerns treated in the emergency department might have been treated by a primary care provider, but oftentimes patients report being unable to access that first line of treatment in a timely manner. Demographic

variables such as low socioeconomic status are also associated with non-urgent use of the emergency department.[3,4]

Overall, the leading cause of visits to an emergency department that resulted in patients being treated-and-released was acute upper respiratory infection (unspecified), which is a catch-all term for a nose/throat infection that does not have a known cause. This was followed by two different types of chest pain and COVID-19. The rates of these diagnoses among Franklin County residents who visited EDs were similar to Ohioans who visited EDs.

Top Diagnoses Among Those Who Were Treated & Released By An Emergency Department (Total Population; rate per 1,000)

	HM2025	HM2022	Ohio
1st	Nose/throat infection (acute upper respiratory infection; unspecified): 10.3▼	Nose/throat infection (acute upper respiratory infection; unspecified): 12.0	Other chest pain: 11.0
2nd	Other chest pain: 9.9	Chest pain (unspecified): 10.9	Nose/throat infection (acute upper respiratory infection; unspecified): 9.4
3rd	Chest pain (unspecified): 6.6▼	Other chest pain: 9.8	Chest pain (unspecified): 7.1
4th	COVID-19: 6.5	Headache: 8.7	COVID-19: 6.6
5th	Headache (unspecified): 5.7	Abdominal pain (unspecified): 8.1	Urinary tract infection: 6.0

Among youth, the leading cause of treated-and-released visits to an emergency department was also upper respiratory infections (unspecified), followed by other infectious diseases.

Top Diagnoses Among Those Who Were Treated & Released By An Emergency Department (Ages 0-17; rate per 1,000)

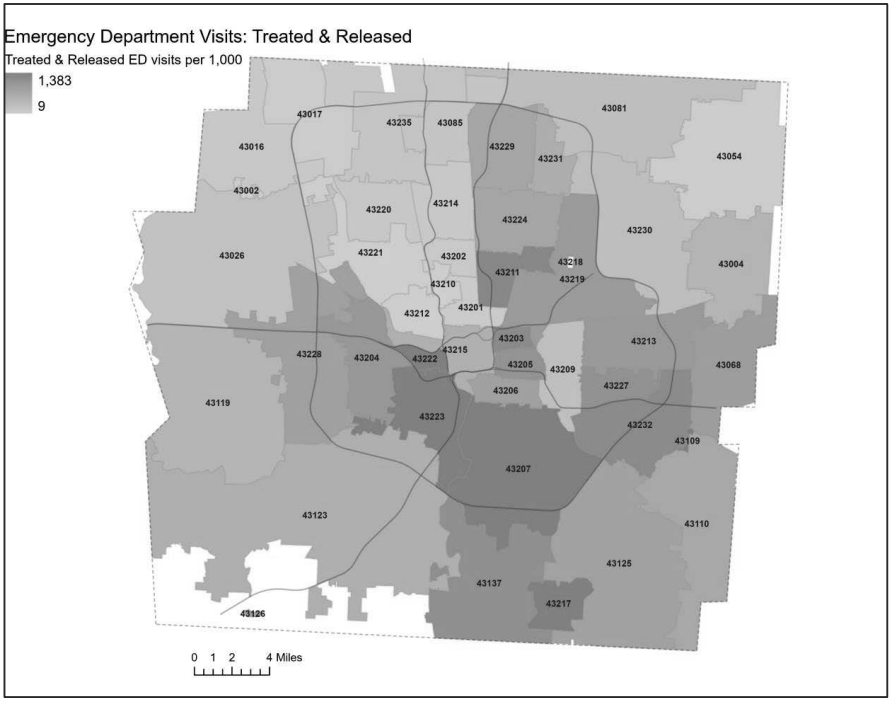
	HM2025	HM2022	Ohio
1st	Nose/throat infection (acute upper respiratory infection; unspecified): 19.1▼	Nose/throat infection (acute upper respiratory infection; unspecified): 24.7	Nose/throat infection (acute upper respiratory infection; unspecified): 21.7
2nd	Strep throat (streptococcal pharyngitis): 12.3	Fever (unspecified): 8.9	Strep throat (streptococcal pharyngitis): 11.7
3rd	Viral infection (unspecified): 8.9	Viral infection (unspecified): 8.9	Viral infection (unspecified): 9.0
4th	Vomiting (unspecified): 4.9▼	Vomiting (unspecified): 6.9	Fever (unspecified): 7.6
5th	Upper airway infection causing breathing difficulty (acute obstructive laryngitis; croup): 4.7	Influenza: 6.2	Injury to the head (unspecified): 6.6

Among older adults, the leading cause of treated-and-released visits to an emergency department was chest pain followed by urinary tract infection.

Top Diagnoses Among Those Who Were Treated & Released By An Emergency Department (Ages 65+; rate per 1,000)

	HM2025	Ohio
1st	Other chest pain: 11.9	Other chest pain: 13.1
2nd	Urinary tract infection: 11.2	Urinary tract infection: 12.3
3rd	COVID-19: 9.9	COVID-19: 10.7
4th	Chest pain (unspecified): 9.3	Chest pain (unspecified): 9.1
5th	Vertigo/light headedness (dizziness and giddiness): 9.1	Vertigo/light headedness (dizziness and giddiness): 8.9

As shown below, the rate of emergency department visits that led to patients being treated and released was highest in southern zip codes (43207, 43217, 43137), west-central zip codes (43222, 43223), and 43211.



Overall, the leading cause of visits to an emergency department that resulted in patients being admitted into a hospital was sepsis and hypertensive heart and chronic kidney disease (with heart failure) or chronic kidney disease, followed by hypertensive heart disease (with heart failure) and kidney failure. The rates of these diagnoses among Franklin County residents who visited EDs were similar to Ohioans who visited EDs.

Top Diagnoses Among Those Who Were Admitted Into A Hospital From An Emergency Department (Total Population; rate per 1,000)

	HM2025	HM2022	Ohio
1st	Sepsis (unspecified organism): 4.4▼	Sepsis (unspecified organism): 5.6	Sepsis (unspecified organism): 4.7
2nd	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 1.6▼	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 2.0	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 1.9
3rd	Hypertensive heart disease with heart failure: 1.4▼	Hypertensive heart disease with heart failure: 1.7	Hypertensive heart disease with heart failure: 1.7
4th	Acute kidney failure (unspecified): 1.2▼	Acute kidney failure (unspecified): 1.4	Acute kidney failure (unspecified): 1.5
5th	COPD (with acute exacerbation): 0.9	Heart attack (NSTEMI): 1.3	Pneumonia (unspecified organism): 1.4

Among youth, two of the top 5 leading causes of visits to an emergency department that resulted in a hospital admission were related to lung infections, and two of the other top 5 leading causes were related to major depression.

Top Diagnoses Among Those Who Were Admitted Into A Hospital From An Emergency Department (Ages 0-17; rate per 1,000)

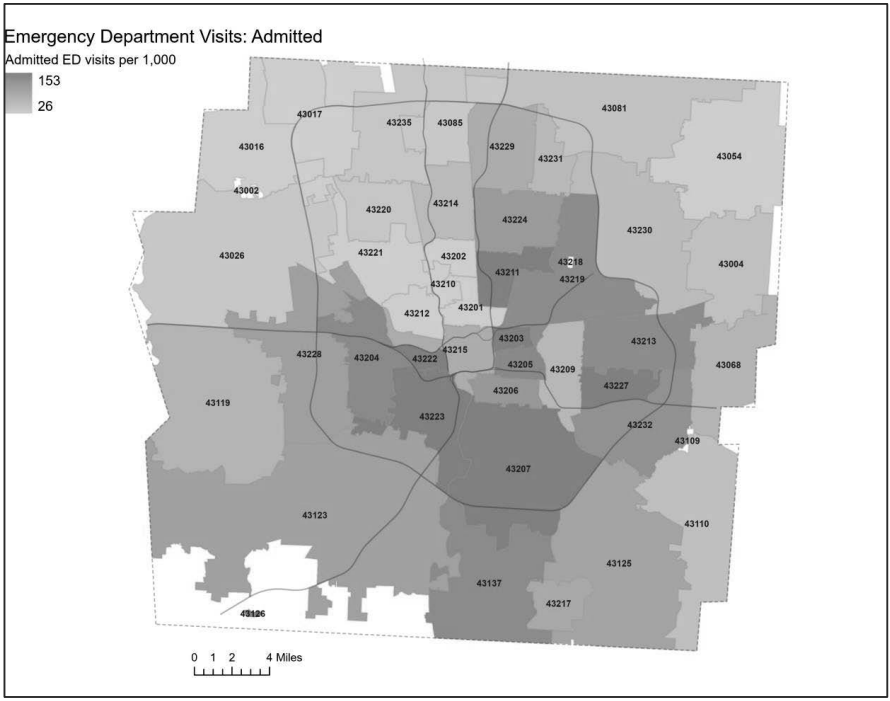
	HM2025	HM2022	Ohio
1st	Lung infection (acute bronchiolitis; RSV): 1.6	Lung infection (acute bronchiolitis; RSV): 1.5	Lung infection (acute bronchiolitis; RSV): 0.6
2nd	Recurrent major depression (without psychosis): 0.5	Dehydration: 1.4	Dehydration: 0.5
3rd	Lung infection (bronchiolitis; specified organism): 0.5▼	Lung infection (acute bronchiolitis;unspecified): 1.1	Recurrent major depression (without psychosis): 0.3
4th	Major depression (single episode): 0.4	Lung infection (bronchiolitis; specified organism): 1.0	Lung infection (acute bronchiolitis; unspecified):0.3
5th	Type 1 diabetic ketoacidosis (without coma): 0.4▼	Type 1 diabetic ketoacidosis (without coma): 0.7	Disruptive mood dysregulation: 0.3

Among older adults, the leading cause of visits to an emergency department that resulted in a hospital admission was sepsis, followed by hypertensive heart and chronic kidney disease, hypertensive heart disease (with heart failure), and kidney failure.

Top Diagnoses Among Those Who Were Admitted Into A Hospital From An Emergency Department (Ages 65+; rate per 1,000)

	HM2025	Ohio
1st	Sepsis (unspecified organism): 20.6▲	Sepsis (unspecified organism): 15.7
2nd	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 10.8▲	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 8.9
3rd	Hypertensive heart disease with heart failure: 7.8▲	Hypertensive heart disease with heart failure: 6.6
4th	Acute kidney failure (unspecified): 6.4	Acute kidney failure (unspecified): 6.1
5th	Heart attack (NSTEMI): 5.3	COVID-19: 5.2

As shown below, the rate of emergency department visits that led to patients being admitted to a hospital was highest in southern zip codes (43207, 43137), west-central zip codes (43222, 43223), 43203, and 43211.



Additional Information & References

Readers who are interested in learning more about this topic should also read the *HealthMap2025* section that focuses on individuals with disabilities (see page 65).

To measure emergency department utilization, *HealthMap2025* requested data from the Ohio Hospital Association for calendar year 2023.[5] Franklin County residents who visited any Ohio hospital's emergency department are counted in these data. The raw data from each category was divided by the total population for the appropriate year and geographic region, and then converted into a rate per 1,000. For sample size reasons, the "other (non-Hispanic)" racial category includes all racial/ethnic groups other than black (non-Hispanic), white (non-Hispanic), and Hispanic. Franklin County Public Health staff then mapped these data for each zip code in Franklin County.

The Ohio Hospital Association also provided data for the most frequent diagnoses (i.e., the primary ICD-10 codes) among Franklin County and Ohio residents who either (1) were treated and released from an emergency department (i.e., without being admitted to the hospital) in 2023 or (2) were admitted to a hospital from an emergency department in 2023.[5] The raw numbers that were provided were converted into crude rates for the appropriate geographic and age group.

Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about patients who went to emergency departments for the same underlying health need(s) on multiple occasions over some duration of time (i.e., "emergency department readmissions"). Unfortunately, that type of data is unavailable.

[1] Kenny, J. F., Chang, B. C., & Hemmert, K. C. (2020). Factors Affecting Emergency Department Crowding. *Emergency medicine clinics of North America*, *38*(3), 573–587. https://doi.org/10.1016/j.emc.2020.04.001

[2] Behr, J. G., & Diaz, R. (2016). Emergency Department Frequent Utilization for Non-Emergent Presentments: Results from a Regional Urban Trauma Center Study. *PloS one*, *11*(1), e0147116. https://doi.org/10.1371/journal.pone.0147116

[3] Unwin, M., Kinsman, L., & Rigby, S. (2016). Why are we waiting? Patients' perspectives for accessing emergency department services with non-urgent complaints. *International emergency nursing*, *29*, 3–8. https://doi.org/10.1016/j.ienj.2016.09.003

[4] Montoro-Pérez, N., Richart-Martínez, M., & Montejano-Lozoya, R. (2023). Factors associated with the inappropriate use of the pediatric emergency department. A systematic review. *Journal of pediatric nursing*, *69*, 38–46. https://doi.org/10.1016/j.pedn.2022.12.027

[5] Ohio Hospital Association. (2023). *Ohio Hospital Association* [Dataset].

Dental Care Access

Oral health, which includes the mouth, teeth, and other maxillofacial elements, allows people to eat, breathe, and speak, granting it an important role in individuals' physical, mental, social, and economic well-being.[1,2] Poor oral health has been associated with a variety of health conditions, including cardiovascular disease, pregnancy and birth complications, and pneumonia.[3] Therefore, equitable access to dental care is critical to ensure optimal health.[4]

3.3% of children age 3-18 **needed dental care but could not secure it**.	⬇ Down from HM2022 (3.9%)
12.8% of adults age 19-64 **needed dental care but could not secure it**.	⬇ Down from HM2022 (16.1%)

Community Voices

Community members identified how fear and embarrassment can influence residents to avoid seeking dental care. Alternatively, people may not place a high priority on visiting a dentist if they have not experienced any teeth "problems."

> *"People are worried, if this goes wrong, my teeth are going to be gone."*
>
> *"To get dentures, you get an appointment, and they'll say you have to go get them pulled. Then come back here. Who wants to go eight weeks without teeth?…it needs to be more convenient."*
>
> *"I think another thing is embarrassment. So if you haven't gone to the dentist in a long time, it might feel sort of just scary to go into the dentist after a while because of fear of judgment from healthcare practitioners."*
>
> *"The fear of like not being treated well, being stigmatized, being seen as a drug addict, being seen as like we'll do all these procedures, we'll take out all your teeth, but we're not going to give you any pain medication because you struggle with addiction…"*
>
> *"I was one of those people that had good teeth anytime I went for cleaning. There were never any issues, so I held off for a really long time. And then I was finally like I need to go. And I got my first cavity…I was scared to go back again because you gotta get it fixed, right. And it's actually considered dental surgery…So I was really worried about pain. And then also this really weird thing, if I have easy teeth for such a long time, why do I need to go?"*

Dental care costs also play a large role in residents' willingness to see a dentist or orthodontist, whether they have insurance or not.



> *"But those [insurance] costs are not covering anything for the kids. The kids need braces. They're only covering $2,000 for the braces. But the average cost of braces was starting at $5,000."*
>
> *"Even if you have insurance, it's outrageous. It really is. Like, if you need to have an implant, you might as well count on $5,000, and that's with insurance, though. They're just not covered."*
>
> *"My husband just recently cracked a tooth about a month ago, and we don't have dental because he unfortunately lost his position where he was at. He went to a local dentist here. They told him what they could do, and then they started adding on different things and a health plan. 'This is what you can do, a yearly plan.' He goes, 'Wait a minute. Am I buying a condo, and I don't know about it?' That's exactly what he felt like. He left, and we went back to where I grew up in Galloway. They're working with us for him, just for a payment plan. Just for a broken molar, it's $3,000 to fix when you don't have any insurance."*
>
> *"So for the past four years, I've been trying to get my mouth fixed affordably, which is impossible because I have no insurance. I don't have Medicaid anymore either, because I don't qualify. I can't afford the insurance either. I go to different places to check, and they want for one root canal, one crown; it was over $3,000…There could be a lot of work done in regard to affordability, dental care, especially for the self-pay."*
>
> *"They want you to take that credit, that CareCredit, and the interest rates on those are outrageous. If you can't afford it to begin with, and you're saying you need to pay $3,000 back in two years. That's not going to happen. So you just don't do it at all, and you live with the pain."*

Finding a dentist that will accept their insurance and being able to schedule appointments that do not conflict with work schedules are additional barriers to dental care.



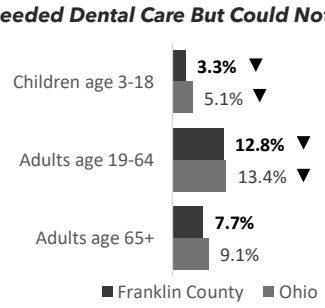
> *"And then it's finding a dentist that will accept you. It's hard to find a dentist that will accept your insurance or if you don't have insurance, and it's just hard to find one and keep one."*
>
> *"And the insurance changes whether you can stay with your dentist. I was with my dentist for almost 30 years, and then all of a sudden, they don't accept your insurance anymore. You already have a relationship, a rapport with them, and then you got to start all over again."*

> *"Scheduling, too. It's hard to get into a dentist around a time that works for you, especially when you're working. A lot of places aren't open after five. I don't want to go on my lunch break because they always have me sitting there forever. And, after that, 'Oh, well, we can do your cleaning today but you have to schedule another appointment and miss work, use PTO to get your teeth pulled.'"*

Franklin County residents also think there needs to be expanded emergency dental services in the community.

> *"[medical center] has emergency dental, but they only take the first ten people…So it's one of these, there is an emergency dental clinic, but again, if you're not right there when it first opens…"*
>
> *"I don't understand why we've never had better emergency services for a dental situation. Because my mom had that and she had to run to a different one every Saturday. Now my particular dentist is pretty good. You call him at 7:00 in the morning and end up going, but it's not guaranteed the way Urgent Care is. "*
>
> *"You go out with your friends and you get a tooth knocked out. Your dentist probably isn't going to answer either on a Friday or Saturday…where do you go?"*

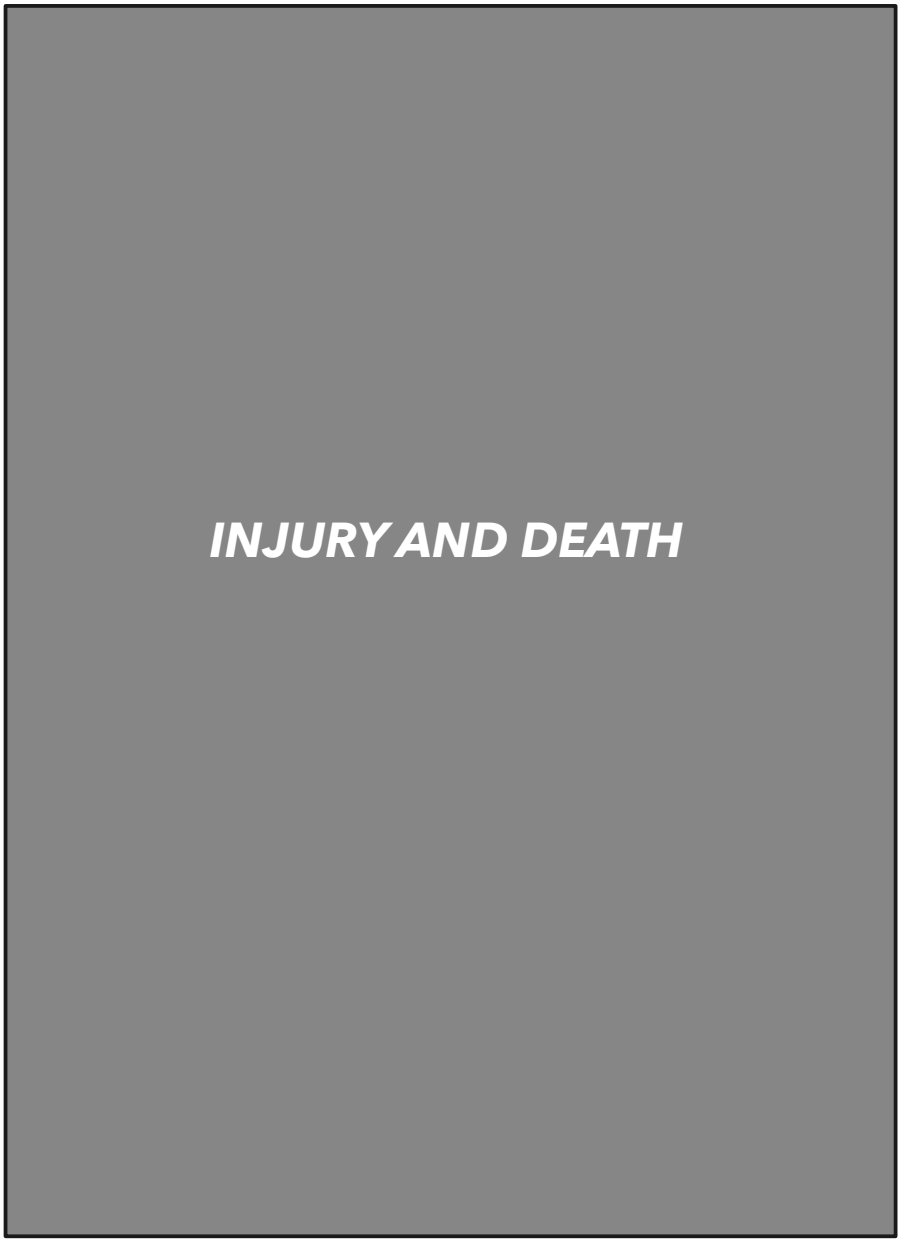
From HM2022 to HM2025, fewer children age 3-18 and adults age 19-64 needed dental care but could not secure it.



Additional Information & References

Data for this indicator were obtained from the Ohio Medicaid Assessment Survey.[5]

[1] World Health Organization. (n.d.) Oral health. https://www.who.int/health-topics/oral-health#tab=tab_1
[2] Peres MA, Macpherson LMD, Weyant RJ et al. Oral diseases: a global public health challenge. *The Lancet*. 2019;394(10194):249–60.
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[4] Hannan CJ, Ricks TL, Espinoza L, Weintraub JA. Addressing Oral Health Inequities, Access to Care, Knowledge, and Behaviors. Prev Chronic Dis 2021;18:210060. DOI: http://dx.doi.org/10.5888/pcd18.210060
[5] The Ohio Medicaid Assessment Survey Dashboard. https://grcapps.osu.edu/app/omas, 2021 (HM2025), 2019 (HM2022)


INJURY AND DEATH

Mental and Social Health

Mental and social health are increasingly recognized as both direct and indirect contributors to overall health. Experiencing violence or being exposed to violence in the home has long-term physical and mental health impacts.[1,2] In addition to the direct impact on an individual's mortality, suicide also has rippling negative effects among other community members, from family members to peers to first responders.[3]

13.8 per 100,000 residents died by **suicide**.

↑ Up from HM2022 (10.8)

26.4% of Franklin County residents reported feeling **lonely**.

New metric for HM2025

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
None observed	Recently pregnant females more likely	Unavailable	Unavailable

23.7% of Franklin County adults reported ever having **depression**.

≈ Similar to HM2022 (23.1%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
18-64 more likely	Female more likely	White more likely	Observed (see map)

14.7 per 100,000 residents died from **100% alcohol-attributable causes**.

↑ Up from HM2022 (12.9)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
60+ more likely	Male more likely	White more likely	Unavailable

5,729 children were victims of **child abuse**.

↓ Down from HM2022 (7,240)

5,495 residents were victims of **domestic violence**.

↓ Down from HM2022 (7,471)

Unfortunately, hospitalizations due to self-harm and deaths from suicide have both increased in Franklin County since the last *HealthMap*.

Self-Harm and Suicide

	Self-harm hospitalization (rate per 100,000)	Suicide death (rate per 100,000)
HM2025	**7.6 ▲**	**13.8 ▲**
HM2022	**6.8**	**10.8**
HM2019	**4.9**	**12.5**
Ohio	-	**15.2**
US	-	**14.8**

Healthy People 2030

Unfortunately, the suicide rate in Franklin County has risen above the Healthy People 2030 objective in recent years. Further research and interventions should examine what has caused this change.

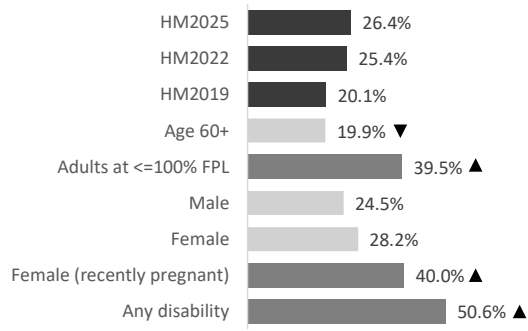
HP2030 objective for Suicide Deaths: Not met

Healthy People Objective:	Most recent Franklin County data (HM2025)
12.8	**13.8**

In 2023, the United States Surgeon General issued an advisory notice that warned Americans about an emerging public health crisis: the epidemic of loneliness, isolation, and lack of connection.[4]

Unfortunately, over a quarter of Franklin County adult (ages 19+) report feeling isolated from others (i.e., lonely). Those individuals who have a household income that places them at or under the 100% federal poverty level, recently pregnant females, and individuals with disabilities are most likely to report feeling lonely.

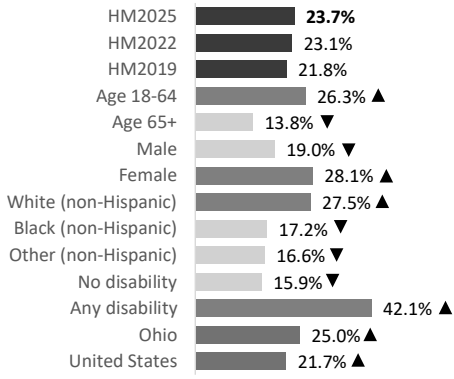
Loneliness

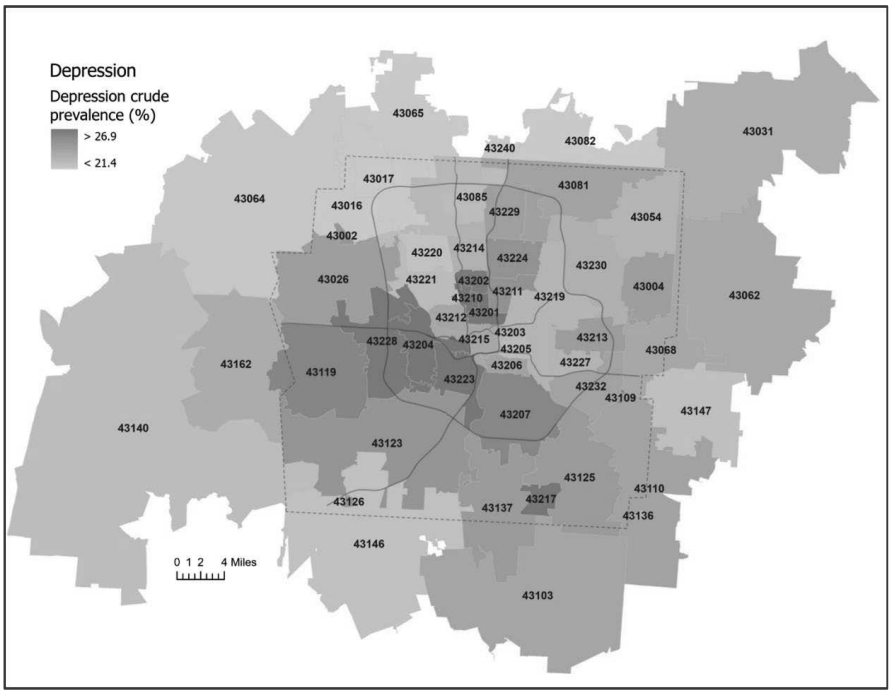


Females, white (non-Hispanic) individuals, adults under the age of 65, and individuals with a disability are more likely than other groups to report ever being told by a healthcare professional that they have a depressive disorder (e.g., depression).

Depression prevalence is higher in Franklin County's western and north-central zip codes.

Depression





Community Voices: Depression

Community members perceive that anyone can be vulnerable to depression, and that economic hardships contribute to depression in their community. They believe depression is hard to address because it is not easy to always tell when someone is suffering. Although residents say mental health issues seem to be losing some of the stigma they once held, depressed individuals are still met with perceptions that they just need to "get over it."



"The best-looking person is on the edge. [Mental health], it's so fragile and it has to be taken way more seriously. That commercial that says there's no way he's depressed, he's young, you know, those type of stigmas, it's terrible. And that's why we see a lot of people out on the street or a lot of people doing what they're doing because their mental health issues have not been addressed or they've been temporarily addressed."

"I see it with my job that I totally despise…does it affect my mental health? Absolutely. Can I pay the mortgage this month? Can I buy food this week? It's just a lot…I have a lot of breaking points."

"Mental health is something that you don't see a lot as well. It could be a neighbor that you think is okay, but they may get evicted or, you know, their property taxes went up too high and can't afford it. So those aren't physical things, you may not even be able to see [even with] neighbors that you probably thought you were close to."

"There's a lot of people who say 'mental health is so important to us and we're working on it.' But then if you do have some kind of issue with depression, there's still this like, 'Okay, well, I guess you better get over it.' You still have to keep going. And you're just kind of hopeless."

Meanwhile, community members also said that stigma around depression can prevent people from getting help they need. For example, it may still be perceived negatively to be medicated for depression, and generational attitudes around depression may prevent helpful conversations around mental health from happening.



"I could say in my community, I believe that it was always, 'don't get put on that medicine.' It was a bad thing if you got medicated. So some people have been diagnosed, but they're not being treated because they don't want to be on that medication."

"I have tried to talk with a lot of older people [in my community]…They have been through traumas, like they've been through wars, running from people and fleeing to a new country. That's a lot of trauma. But they don't agree that it's trauma. And I don't know how to tell [them] because I have not been in that place. I just came with them. And when I tried to tell them that, 'You

> *got to talk about this, so it gets out of your head.' They just don't want to talk about it."*
>
> *"Depression is big…And it's all ages. I live with my grandma. She doesn't believe in depression, and I'm sure she's been depressed for most of her life. But back in the day it was more like, you just gotta push through it and fight through it. You gotta be strong. 'Everybody's depressed.'"*
>
> *"The kids, they can't talk about mental health problems with their parents because the parents will think that it's a disease and that's not good. So they will try to do substances, which just goes down the wrong path. And the parents can't take control of the kids, and the kids are now alone in their [mind], and it's hard."*

Alcohol use disorder frequently co-occurs with other mental health disorders. Compared to the last *HealthMap*, Franklin County residents whose deaths were 100% alcohol-attributable have increased and are particularly high among males, white (non-Hispanic) individuals, and the elderly.

Alcohol Attributable Deaths

	Rate per 100,000
HM2025	**14.7 ▲**
HM2022	**12.9**
HM2019	**9.1**
Age 20-59	13.6
Age 60+	38.1 ▲
White (non-Hispanic)	18.4 ▲
Black (non-Hispanic)	11.9
Male	21.4 ▼
Female	8.2 ▲
Ohio	**14.1 ▼**
US	**14.4**

The number of child abuse victims and abuse reports have declined across all geographic groups; the number of domestic violence reports has remained stable while the number of domestic violence victims in Franklin County has dropped dramatically. A unique victim is only counted once but could be associated with multiple reports of violence in a year.

Family Violence

	Child maltreatment (unique victims)	Child maltreatment (substantiated reports)	Domestic violence (unique victims)	Domestic violence (substantiated reports)
HM2025	**5,729 ▼**	**16,784 ▼**	**5,495 ▼**	**3,505**
HM2022	**7,240**	**19,801**	**7,471**	**3,636**
HM2019	**6,243**	**18,060**	**11,224**	**3,157**
Ohio	**22,439 ▼**	**17,037 ▼**	**58,822 ▲**	**31,142 ▼**
US	**558,899 ▼**	**553,479 ▼**	**598,490 ▲**	**1,370,440 ▲**

Additional Information & References

Relatedly, who are interested in learning more about this topic are encouraged to read the Franklin County Suicide Prevention Coalition's 2023 Report, which can be accessed by **clicking here**. Additionally, readers who are interested in learning more about this topic should also read the *HealthMap2025* sections that focus on alcohol use (see page 81), overdose deaths (see page 163), and individuals with disabilities and their mental health experiences (see page 133).

For HealthMap2025, data on suicides and alcohol-attributable deaths were collected from the CDC WONDER database for 2023, 2020, and 2017, and self-harm hospitalizations were provided by the Ohio Department of Public Safety, which accessed the Trauma Acute Care Registry (TACR) system for 2022 and 2019.[5-7] Loneliness statistics were provided by Franklin County Public Health, which accessed the Ohio Medicaid Assessment Survey for 2023.

To assess the prevalence of depression, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[8] In most cases, survey respondents were asked if a doctor, nurse, or other health professional ever told them that they had a specific chronic health condition (i.e., a depressive disorder). To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[9] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

Alcohol-attributable deaths were defined using the National Center for Health Statistics definition, which includes immediate deaths such as overdose as well as long-term chronic conditions such as alcoholic fatty liver.[5]

In both categories of violence, a "report" refers to a single instance where abuse or neglect was alleged to authorities. These reports are then investigated, and charges or action may be taken if there is enough evidence. A unique victim is counted only once in a calendar year, but they may be the subject of multiple reports if they experienced multiple acts of violence. Child maltreatment victims and reports were included if the abuse or neglect was classified as either "substantiated" or "indicated" in 2022, 2019, and 2016. Franklin County statistics were provided by the Ohio Department of Job and Family Services.[10] Statistics about child maltreatment from the United States and Ohio were sourced from the US Department of Health and Human Services annual Child Maltreatment report.[11]

Domestic violence statistics included all victim/perpetrator relationships, including married couples, life partners, and other eligible categories. Ohio and Franklin County statistics were sourced from an Ohio Bureau of Criminal Investigation report, where statistics were reported from all police agencies.[12,13] Reports were included if a charge was filed, and the included years were 2023, 2020, and 2017. For the United States, data were sourced from the Bureau of Justice Statistics for 2022.[14]

- Data Gap: The child maltreatment and domestic violence statistics reviewed here likely *underestimate* the full extent of those issues in the population, due to underreporting. Future HealthMaps should attempt to obtain different/more accurate data.
- Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the mental health of Franklin County's youth (e.g., those between the ages of 11 and 17). Unfortunately, Ohio's Youth Risk Behavior Survey does not calculate statistical estimates at the county level.
- Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about resiliency. Unfortunately, this construct has not been measured quantitatively at the county level.
- Data Gap: Future *HealthMaps* should explore the possibility of calculating the percentage of adults who recently had an alcohol attributable death within each Franklin County zip code (or other sub-county geography).

[1] Potter, L. C., Morris, R., Hegarty, K., García-Moreno, C., & Feder, G. (2021). Categories and health impacts of intimate partner violence in the World Health Organization multi-country study on women's health and domestic violence. *International journal of epidemiology*, *50*(2), 652–662. https://doi.org/10.1093/ije/dyaa220

[2] Clarke, A., Olive, P., Akooji, N., & Whittaker, K. (2020). Violence exposure and young people's vulnerability, mental and physical health. *International journal of public health*, *65*(3), 357–366. https://doi.org/10.1007/s00038-020-01340-3

[3] Lyra, R. L., McKenzie, S. K., Every-Palmer, S., & Jenkin, G. (2021). Occupational exposure to suicide: A review of research on the experiences of mental health professionals and first responders. *PloS one*, *16*(4), e0251038. https://doi.org/10.1371/journal.pone.0251038

[4] U.S. Department of Health and Human Services. (2023). Our epidemic of loneliness and isolation. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

[5] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-provisional.html

[6] 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.

[7] Ohio Division of Emergency Medical Services, Ohio Department of Public Safety. (2024). *Trauma Acute Care Agency* [Dataset].

[8] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2015 (HM2019)

[9] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.). https://www.cdc.gov/places/index.html

[10] Ohio Department of Job and Family Services, Ohio Department of Health. (2024). *Foster Care and Adult Protective Services* [Dataset].

[11] U.S. Department of Health & Human Services, A. for C., Families, Y., Administration on Children, & Families, C. B. (2023). Child Maltreatment 2022. https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf

[12] Ohio Bureau of Criminal Investigation. (2024). *Victims of Domestic Violence by County and Agency*.

[13] Ohio Bureau of Criminal Investigation. (2024). *Domestic Violence Incidents by County and Agency*.

[14] Thompson, A., & Tapp, S. N. (2023). *Criminal Victimization, 2022.* Bureau of Justice Statistics, US Department of Justice. https://bjs.ojp.gov/document/cv22.pdf

Franklin County Suicide Prevention Coalition's 2023 Report can be accessed at https://franklincountyspc.org/wp-content/uploads/2024/04/2023-Franklin-County-Suicide-Report-Updated-4.22.24.pdf.

Mortality

With advances in medicine, technology, and sanitation, life expectancy at birth (i.e., the average number of years that a person can expect to live) has risen substantially over the last century.[1] However, significant disparities in life expectancy at birth and in mortality rates exist by sex, race, and geography, among others.[2]

The **life expectancy** at birth was **75.9 years** in Franklin County.

Down from HM2022 (77.1)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
n/a	Unavailable	None observed	Observed (see map)

The **mortality rate** (all causes) was **891.5 per 100,000 residents** in Franklin County.

New metric for HM2025

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Older adults highest	None observed	Black higher	Observed (see map)

As shown on the next page, Franklin County residents' life expectancy has decreased slightly since the last *HealthMap* and is similar to residents throughout Ohio and the United States. Asian and Hispanic individuals have a higher life expectancy than Franklin County overall, whereas black (non-Hispanic) individuals have the lowest life expectancy.

The next page also displays a table that presents data regarding the all-cause mortality rate (age-adjusted) among Franklin County residents. As expected, the mortality rate is lower among children and much higher among older adults. Black (non-Hispanic) individuals in Franklin County have an all-cause mortality rate that is substantially higher than the county as a whole; Asian (non-Hispanic) individuals have a mortality rate that is substantially lower than the county as a whole.

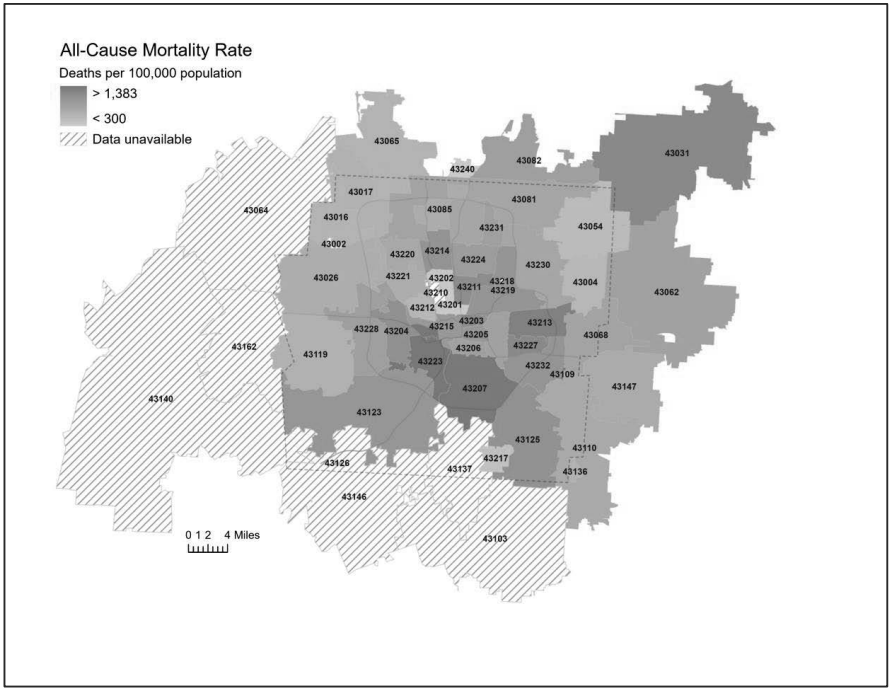
Life Expectancy at Birth

	Years
HM2025	**75.9**
HM2022	**77.1**
White (non-Hispanic)	76.6
Black (non-Hispanic)	72.9
Asian (non-Hispanic)	84.9 ▲
Hispanic	84.7 ▲
Ohio	**74.5**
US	**77.5**

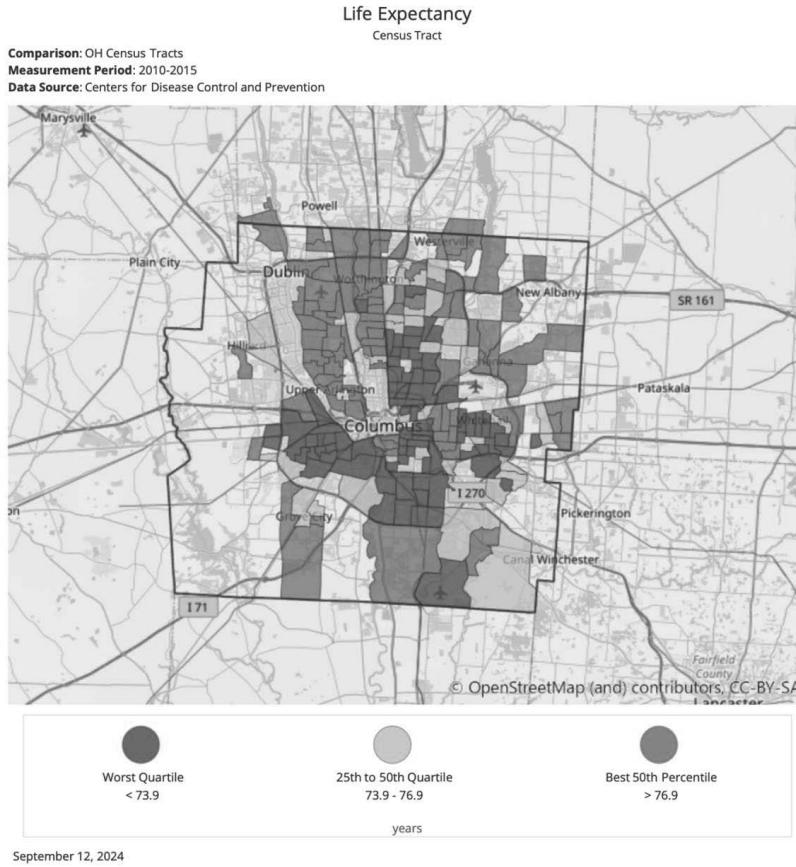
All-Cause Mortality Rate

	Age-adjusted rate per 100,000
HM2025	**891.5**
Ages 1-19	30.8 ▼
Age 65+	4,969.0 ▲
White (non-Hispanic)	880.8
Black (non-Hispanic)	1,031.6 ▲
Asian (non-Hispanic)	471.7 ▼
Hispanic	486.6 ▼
Male	1,067.6 ▲
Female	750.3 ▼
Ohio	**849.1** ▼
US	**753.3**

The map below shows the all-cause mortality rate (crude) for those Franklin County zip codes that have data available for mapping. The all-cause mortality rate is highest in 43223 (Franklinton area), 43207 (southern Franklin County), and 43213 (Whitehall area).



The map below is a screenshot of residents' life expectancy across Franklin County's census tracts during the period from 2010-2015 (the most recent data available), as mapped by Franklin County CARES.[3] The census tracts with the lowest quartiles of life expectancy (e.g., less than 73.9 years) are concentrated in the Franklinton, Hilltop, South Side, Linden, and Whitehall areas of Franklin County. Readers who are interested in learning more about this topic are encouraged to visit Franklin County CARES' interactive map, which can be accessed by **clicking here**.



Additional Information & References

To report life expectancy in Franklin County, *HeathMap2025* referenced County Health Rankings reports from 2024 (data 2019-2021) and 2020 (data 2016-2018).[4] For Ohio and the

United States, we used data from the Centers for Disease Control and Prevention Mortality Reports in 2021 and 2022, respectively.[5,6] Note that the methodology for the County Health rankings has changed in recent years to reflect updated race categories.

The age-adjusted mortality rate for Franklin County was obtained from the National Institute on Minority Health and Health Disparities for the 2018-2022 period.[7] The mortality rates for Ohio and for the US relied on provisional data obtained from the CDC WONDER system for 2023.[8,9] Franklin County Public Health staff mapped the all-cause mortality rate for each zip code in Franklin County that had those data.

[1] Kinsella K. G. (1992). Changes in life expectancy 1900-1990. *The American journal of clinical nutrition*, *55*(6 Suppl), 1196S–1202S. https://doi.org/10.1093/ajcn/55.6.1196S

[2] Woolf, S. H., & Schoomaker, H. (2019). Life Expectancy and Mortality Rates in the United States, 1959-2017. *JAMA*, *322*(20), 1996–2016. https://doi.org/10.1001/jama.2019.16932

[3] Franklin County CARES. (n.d.) Life Expectancy (2010-2015). https://www.franklincocares.org/indicators/index/view?indicatorId=8195&localeTypeId=4&comparisonId=6807

[4] Population Health Institute, University of Wisconsin. (2023) County Health Rankings [Interactive Tool]. Retrieved in 2024 from https://www.countyhealthrankings.org/health-data/health-outcomes/length-of-life/life-expectancy?year=2024

[5] Kochanek, K. D., Murphy, S. L., Xu, J., & Arias, E. (2024). Mortality in the United States, 2022. NCHS data brief, (492), 1–8. https://www.cdc.gov/nchs/data/databriefs/db492.pdf

[6] Arias, E., Xu, J., Tejada-Vera, B., & Bastian, B. (2024). U.S. State Life Tables, 2021. National vital statistics reports : from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, 73(7), 1–18. https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-07.pdf

[7] HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Data are from 2018-2022. Available from https://hdpulse.nimhd.nih.gov

[8] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-provisional.html

[9] 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.

Franklin County CARES' interactive map can be accessed at https://www.franklincocares.org/indicators/index/view?indicatorId=8195&localeTypeId=4&comparisonId=6807.

Leading Causes of Death

Leading causes of death are an important metric for population health. These data can assist in identifying the impact of emerging health concerns such as COVID-19, provide an ecologic view of the outcomes of exposures such as environmental toxins, and illustrate health disparities by age and race.

The leading cause of death among those aged 0-17 was a **perinatal health condition** (**21.5** per 100,000).	⬆ Up from HM2022 (19.2)
The leading cause of death among those aged 18-59 was an **accident** (**94.8** per 100,000).	⬇ Down from HM2022 (114)
The leading cause of death among those aged 60+ was **heart disease** (**689.7** per 100,000).	⬇ Down from HM2022 (743.1)

The leading causes of death among Franklin County children have remained consistent over time, with the most frequent cause of death being perinatal conditions, a label that includes deaths that occur after preterm births, birth complications, or birth defects, among others. Other leading causes of death for assault children include accidents, congenital conditions, and assault. Note: although the top two causes of death for black children were also perinatal conditions and accidents, those occurred at much higher rates (30.8 and 24.9, respectively) than the population averages reported below.

Leading Causes of Death – Children (age 0-17; rate per 100,000)

	HM2025	HM2022	Ohio	US
1st	Perinatal conditions: 21.5	Perinatal conditions: 19.2	Perinatal conditions: 18	Perinatal conditions: 13.7
2nd	Accidents: 9.8	Congenital Conditions: 10.9	Accidents: 10	Accidents: 8.5
3rd	Congenital conditions: 8.5	Assault: 8.3	Congenital conditions: 6.9	Congenital conditions: 6.8
4th	Assault: 5.5	Accidents: 7.6	Assault: 4.4	Assault: 3.1
5th			Cancer (malignant neoplasms): 2.5	Intentional self-harm: 2.2

	HM2025	HM2022	Ohio	US
6th			Intentional self-harm: 2.4	Cancer (malignant neoplasms): 2.2
7th			Heart diseases: 1.4	Heart diseases: 1.0
8th			Influenza & pneumonia: 0.9	Influenza & pneumonia: 0.6
9th				Sepsis (septicemia): 0.5
10th				Cerebrovascular diseases: 0.4

The leading cause of death among Franklin County adults aged 18-59 was accidents, followed by heart diseases, cancer, suicide, and assault.

Leading Causes of Death – Adults (age 18-59; rate per 100,000)

	HM2025	HM2022	Ohio	US
1st	Accidents: 94.8	Accidents: 113.98	Accidents: 82.7	Accidents: 67.4
2nd	Heart diseases: 40.6	Heart diseases: 51.03	Cancer (malignant neoplasms): 55.3	Cancer (malignant neoplasms): 47.3
3rd	Cancer (malignant neoplasms): 39.1	Cancer (malignant neoplasms): 46.5	Diseases of heart: 49.0	Diseases of heart: 42.2
4th	Intentional self-harm: 17.4	Assault: 20.21	Intentional self-harm: 19.3	Intentional self-harm: 18.0
5th	Assault: 16.7	COVID-19 : 14.77	Chronic liver disease and cirrhosis: 12.4	Chronic liver disease and cirrhosis: 12.2
6th	Chronic liver disease & cirrhosis: 9.4	Intentional self-harm: 13.86	Diabetes mellitus: 11.2	Diabetes mellitus: 9.4
7th	Diabetes mellitus: 8.6	Chronic liver disease & cirrhosis: 10.88	Assault: 10.6	Assault: 9.8
8th	Cerebrovascular diseases: 5.5	Diabetes mellitus: 8.55	Cerebrovascular diseases: 7.1	Cerebrovascular diseases: 7.2
9th	Chronic lower respiratory diseases: 5.2	Chronic lower respiratory diseases: 8.03	Chronic lower respiratory diseases: 6.2	Chronic lower respiratory diseases: 4.6
10th	Sepsis (septicemia): 4.7	Cerebrovascular diseases: 7.38	Sepsis (septicemia): 4.7	Nephritis, nephrotic syndrome & nephrosis: 3.4

Black (non-Hispanic) individuals between the ages of 20 and 59 were more likely than white (non-Hispanic) individuals to die due to many of these leading causes; this was especially the case for accidents, heart diseases, and diabetes.

Leading Causes of Death by Race – Adults (age 20-59; rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)	Hispanic
1st	Accidents: 94	Accidents: 134.4	Accidents: 122.8
2nd	Cancer (malignant neoplasms): 46.8	Heart diseases: 68.7	
3rd	Heart diseases: 40.1	Assault: 47.1	
4th	Intentional self-harm: 18.5	Cancer (malignant neoplasms): 39.6	
5th	Chronic liver disease & cirrhosis: 12.5	Intentional self-harm: 16.9	
6th	Diabetes mellitus: 7.6	Diabetes mellitus: 15.7	
7th	Chronic lower respiratory diseases (includes COPD, asthma, others): 6.2	Cerebrovascular diseases: 12.2	
8th	Assault: 5.8		

The leading cause of death among Franklin County adults age 60+ was heart diseases, followed by cancer, cerebrovascular disease, accidents, chronic lower respiratory disease, and Alzheimer's disease.

Leading Causes of Death – Older Adults (age 60+; rate per 100,000)

	HM2025	HM2022	Ohio	US
1st	Heart diseases: 689.7	Heart diseases: 772.2	Heart diseases: 849.6	Heart diseases: 764.4
2nd	Cancer (malignant neoplasms): 673.4	Cancer (malignant neoplasms): 627.9	Cancer (malignant neoplasms): 721.2	Cancer (malignant neoplasms): 666.3
3rd	Cerebrovascular diseases: 212.1	COVID-19: 372.7	Cerebrovascular diseases: 226.4	Cerebrovascular diseases: 189.1
4th	Accidents: 185.7	Cerebrovascular diseases: 187.2	Chronic lower respiratory diseases (includes COPD, asthma, others):203.5	Chronic lower respiratory diseases (includes COPD, asthma, others):173.2
5th	Chronic lower respiratory diseases (includes COPD, asthma, others):171.3	Chronic lower respiratory diseases (includes COPD, asthma, others):177.0	Alzheimer's disease: 163.8	Alzheimer's disease: 143.9

	HM2025	HM2022	Ohio	US
6th	Alzheimer's disease: 135.0	Alzheimer's disease: 157.2	Accidents: 128.4	Accidents: 111.5
7th	Diabetes mellitus: 77.1	Accidents: 126.0	Diabetes mellitus: 113.5	Diabetes mellitus: 98.8
8th	Nephritis, nephrotic syndrome & nephrosis: 64.7	Diabetes mellitus: 104.1	Nephritis, nephrotic syndrome & nephrosis: 70.8	Nephritis, nephrotic syndrome & nephrosis: 62.1
9th	Sepsis (septicemia): 52.7	Influenza & pneumonia: 57.5	COVID-19: 68.7	COVID-19: 58.9
10th	Parkinson's disease: 51.5	Nephritis, nephrotic syndrome & nephrosis: 57.1	Sepsis (septicemia): 56.4	Parkinson's disease: 50.5

The leading causes of death for black and white residents age 60 and over are relatively similar to another. However, Asian residents were significantly less likely to die of heart disease or cancer.

Leading Causes of Death by Race – Older Adults (age 60+; rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)	Asian
1st	Heart diseases: 743.1	Cancer (malignant neoplasms): 732.1	Heart diseases: 308.4
2nd	Cancer (malignant neoplasms): 710.8	Heart diseases: 695.8	Cancer (malignant neoplasms): 275.4
3rd	Cerebrovascular diseases: 211.4	Cerebrovascular diseases: 258.3	
4th	Accidents: 195	Accidents: 209.2	
5th	Chronic lower respiratory diseases (includes COPD, asthma, others): 193.9	Chronic lower respiratory diseases (includes COPD, asthma, others): 145.1	
6th	Alzheimer's disease: 156.6	Diabetes mellitus: 119.5	
7th	Diabetes mellitus: 71.2	Nephritis, nephrotic syndrome and nephrosis: 119.5	
8th	Parkinson's disease: 63.5	Alzheimer's disease: 91.8	
9th	Nephritis, nephrotic syndrome & nephrosis: 55.3	Sepsis (septicemia): 72.6	
10th	Nutritional deficiencies: 53.1	Essential hypertension & hypertensive renal disease: 51.2	

Additional Information & References

To measure leading causes of death in Franklin County, raw numbers of the leading causes of death were obtained from the Ohio Department of Health Mortality tool,[1] which were then

converted into crude rates using the age and year appropriate population. Among children, the numbers for certain causes of death were particularly small. Therefore, only those causes of death that had at least 15 observations were included; that is the reason why only 4 leading causes of death are included in the table titled, "Leading Causes of Death – Children (age 0-17; rate per 100,000)."

In Ohio and the United States, the crude rates of leading causes of death are from the Centers for Disease Control WONDER database.[2]

For the overall leading causes of death, we defined children as age 0-17, adults as age 18-59, and older adults as age 60+. However, due to the age categories reported by the U.S. Census Bureau, it was not possible to obtain rates by race using the same age categories. Therefore, the age categories for leading causes of death by race were defined as 0-19, 20-59, and 60+.

[1] DataOhio. (2023). *Mortality* [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/mortality

[2] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-provisional.html

Traumatic Injury

A traumatic injury is a severe physical injury that occurs suddenly and requires hospital admission. Examples of such injuries include musculoskeletal injuries, visceral injuries, nerve injuries, soft tissue damage, spinal injuries, and limb loss, all of which might be caused by a variety of blunt, penetrating, or other mechanisms.[1,2] Major traumatic injuries like these are one of the leading causes of death in children and adults under the age of 40, both nationally and here in Franklin County (see page 145).

57% of residents who were hospitalized due to trauma **experienced a fall**.

≈ Similar to HM2022 (53.7%)

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Older adults more likely (falls)	Male more likely (firearms, being struck, being cut/pierced)	Black more likely (firearms)	Observed (see maps)

Among those Franklin County residents who were hospitalized due to bodily trauma, the most common type of trauma was a fall. The next most common types of trauma hospitalizations were accidents involving an occupant of a motor vehicle and being struck (either by something or against something).

Leading Causes of Trauma Hospitalizations

	HM2025	**HM2022**	**HM2019**
1st	Fall: 56.6%	Falls: 53.7%	Falls: 48.5%
2nd	Motor vehicle accident (occupant): 12.2%	Motor vehicle accident (occupant): 12.7%	Motor vehicle accident (occupant): 15.5%
3rd	Struck by or against: 7.9%▼	Struck by or against: 9.6%	Struck by or against: 9.2%
4th	Firearm: 5.1%▲	Firearm: 4%	Firearm: 5.5%
5th	Cut or Pierce: 2.6%	Cut or Pierce: 2.6%	Cut or Pierce: 2.6%

As shown below, fall injuries that lead to hospitalization occur more frequently among older adults (age 65+), whereas most other types of injuries that lead to hospitalization occur among adults aged 18-64.

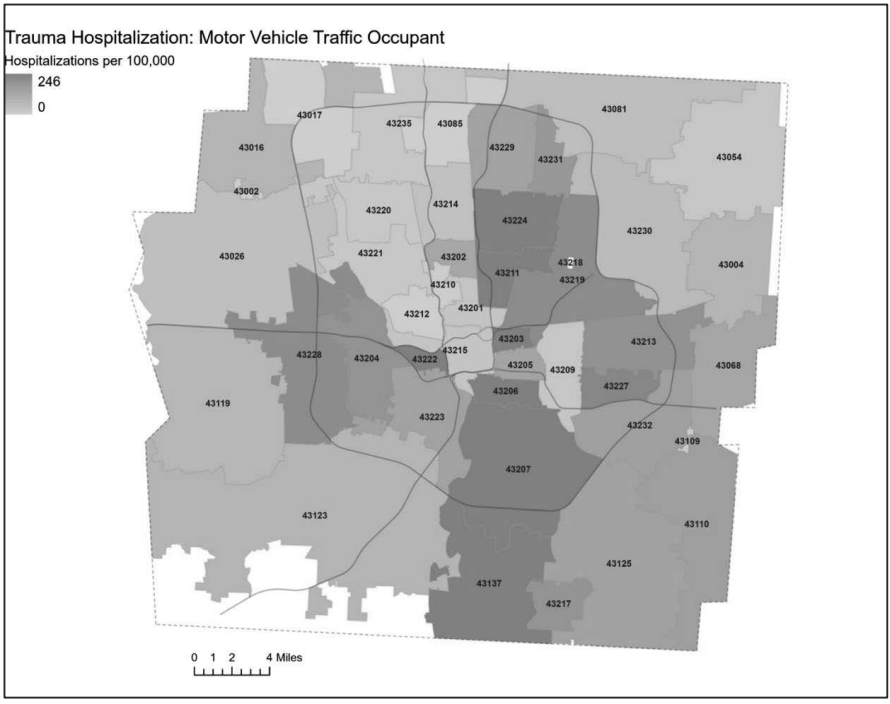
Injuries due to firearms, being struck (by or against something), or cutting/piercing that lead to hospitalization all occur more frequently among males than females. Injuries due to firearms that lead to hospitalization occur more frequently among black individuals.

Leading Causes of Trauma Hospitalizations (by Key Demographics)

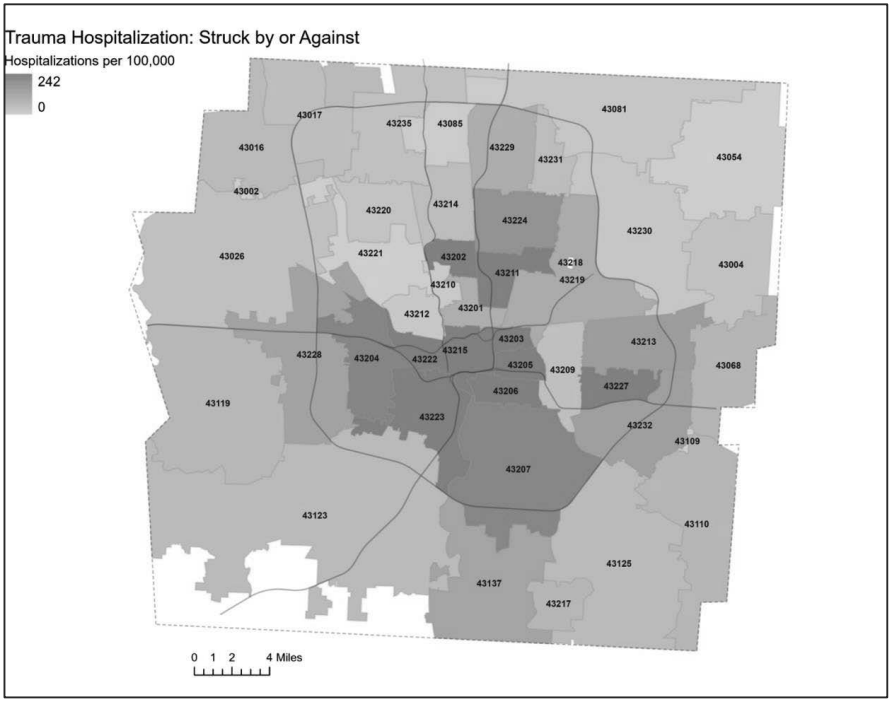
	Fall	Motor vehicle (occupant)	Struck by or against	Firearm	Cut or pierce	All others
Total	**5,766**	**1,245**	**805**	**521**	**266**	**1,577**
	56.6%	**12.2%**	**7.9%**	**5.1%**	**2.6%**	**15.5%**
Age						
0-17 Years	6.9%	7.4%	12.4%	14.8%	10.2%	
18-64 Years	30.8%	***75.8%***	***81.1%***	***83.5%***	***83.1%***	
65+ years	***62.4%***	16.8%	6.5%	1.3%	6.8%	
Gender						
Female	54.7%	48.8%	23.6%	14.0%	21.1%	
Male	44.8%	51.0%	***76.0%***	***85.8%***	***79.0%***	
Race						
American Indian	0.1%	0.1%	0.1%	0.2%	-	
Asian	2.2%	2.3%	1.4%	0.8%	2.3%	
Black/African American	14.9%	35.3%	42.6%	***74.7%***	44.7%	
Native Hawaiian, Other	0.1%	0.2%	0.1%	0.2%	0.8%	
Unknown	5.3%	9.6%	8.9%	5.8%	13.5%	
White	***77.4%***	52.6%	46.8%	18.4%	38.7%	

The rate of trauma hospitalizations due to falls seems to be relatively evenly distributed throughout Franklin County; that said, rates for that type of injury tend to be lower in northwestern zip codes, western zip codes, and far northeastern zip codes.

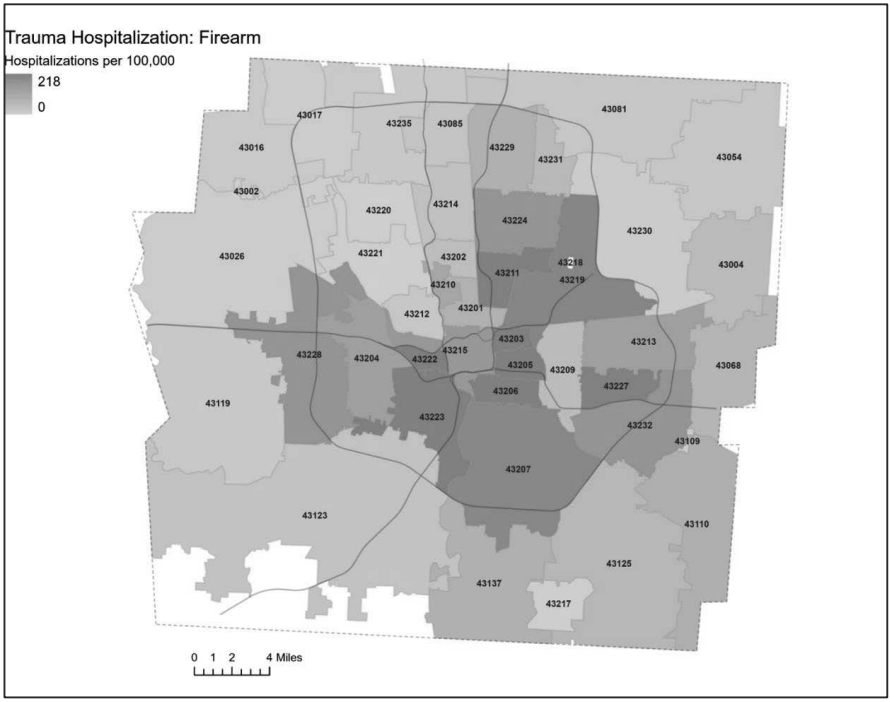
The rate of trauma hospitalizations involving an occupant of a motor vehicle that was in an accident is greater in north-central zip codes (43211, 43224), west-central zip codes (43222, 43204, 43228), and southern zip codes (43206, 43207).



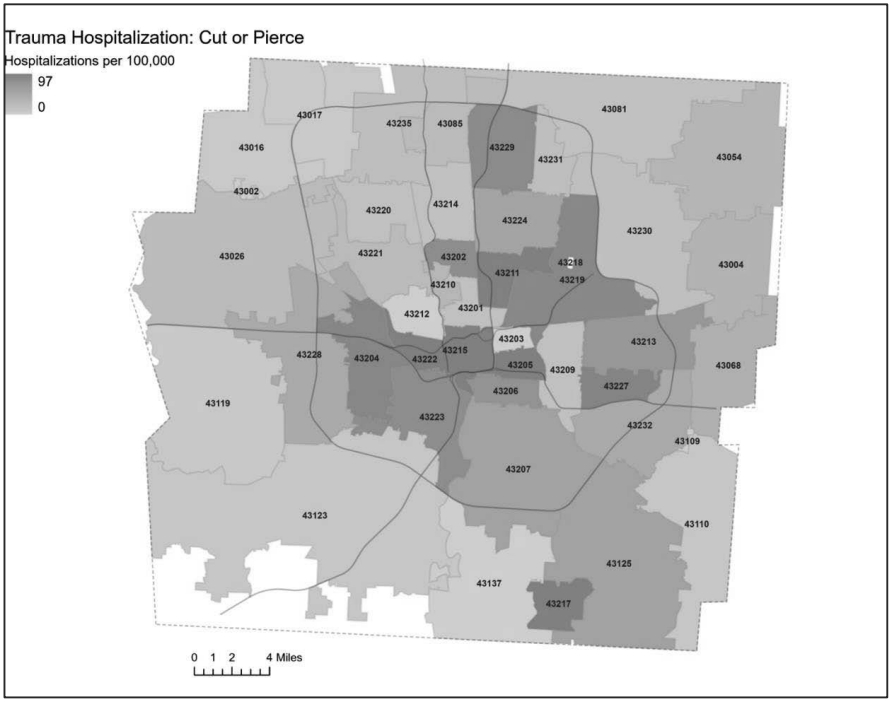
The rate of trauma hospitalizations due to being struck by or against something is greater in north-central zip codes (43202, 43211), central zip codes (43203, 43208, 43215, 43222, 43204, 43223), southern zip codes (43206, 43207), and the Whitehall area (43227).



The rate of trauma hospitalizations due to firearms is greater in north-central zip codes (43211, 43218, 43219), east-central zip codes (43203, 43205), west-central zip codes (43222, 43223), southern zip codes (43206, 43207), and the Whitehall area (43227).



The rate of trauma hospitalizations due to being cut or pierced is greater in north-central zip codes (43211, 43202, 43218, 43219), east-central zip codes (43215, 43205), west-central zip codes (43222, 43204), and the Whitehall area (43227).



Additional Information & References

Trauma-related hospitalization data were provided by the Ohio Department of Public Safety, which accessed the Trauma Acute Care Registry (TACR) system for 2022, 2019, and 2016. [3]

Franklin County Public Health staff then mapped these data for each zip code in Franklin County.

[1] Rehabilitation after traumatic injury. London: National Institute for Health and Care Excellence (NICE); 2022 Jan 18. (NICE Guideline, No. 211.) Available from: https://www.ncbi.nlm.nih.gov/books/NBK579697/

[2] Dumovich J, Singh P. Physiology, Trauma. [Updated 2022 Sep 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK538478/

[3] Ohio Division of Emergency Medical Services, Ohio Department of Public Safety. (2024). *Trauma Acute Care Agency* [Dataset].

Cancer

During their lifetime, 1 in 3 people in the United States will be diagnosed with cancer – a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body.[1,2] As noted in *HealthMap2025's* Leading Causes of Death section, cancer ("malignant neoplasms") is the 3rd leading cause of death among Franklin County adults aged 18-59 and the 2nd leading cause of death among Franklin County adults aged 60+.

The incidence for two leading types of cancers (**lung & bronchus; colon and rectum**) has decreased.	⬇ Down from HM2022
The incidence for one leading types of cancers (**breast**) has increased.	⬆ Up from HM2022
The cancer that most frequently led to the death of Franklin County residents is **lung & bronchus**.	≈ Similar to HM2022

Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Unavailable	Unavailable	Observed (see below)	Observed (see map)

Prostate cancers and breast cancers continue to have the highest incidence rates[3] among Franklin County residents, followed by lung and bronchus cancers.

Cancer Incidence (age-adjusted rate per 100,000)

	HM2025	**HM2022**	**HM2019**	**Ohio**	**US**
1st	Prostate: 133.5	Prostate: 140.1	Prostate: 124.7	Prostate: 121.3	Prostate: 114.7
2nd	Breast: 81.4 ▲	Breast: 72.2	Breast: 74.9	Breast: 73.0	Breast: 70.4
3rd	Lung & Bronchus: 56.4 ▼	Lung & Bronchus: 63.1	Lung & Bronchus: 71.3	Lung & Bronchus: 60.6▼	Lung & Bronchus: 49.1▼
4th	Other Sites/Types:38.6	Colon & Rectum: 38	Colon & Rectum: 40	Colon & Rectum: 38.3	Colon & Rectum: 36.0
5th	Colon & Rectum: 32.5 ▼	Other Sites/ Types:35.8	Other Sites/ Types: 37.1	Uterus: 29.8	Uterus: 27.3

Cancer Incidence by Race (age-adjusted rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)	Asian	Hispanic
1st	Prostate: 118.9 ▼	Breast: 62.1 ▼	Prostate: 183.1 ▲	Prostate: 60 ▼
2nd	Breast: 81.9	Prostate: 25.4 ▼	Breast: 76.9	Uterus: 44.7
3rd	Lung & Bronchus: 56.9	Other Sites/Types: 25.2▼	Lung & Bronchus: 61.5	Breast: 32.5 ▼
4th	Other Sites/Types: 37.6	Lung and Bronchus: 17.2▼	Other Sites/Types: 38.8	Kidney & Renal Pelvis: 24.2
5th	Colon & Rectum: 33.9	Non-Hodgkins Lymphoma: 14.4	Colon & Rectum: 29.9	Other Sites/Types: 22.1▼

Lung and bronchus cancers have the highest mortality rate among Franklin County residents, followed by other sites/types of cancers.

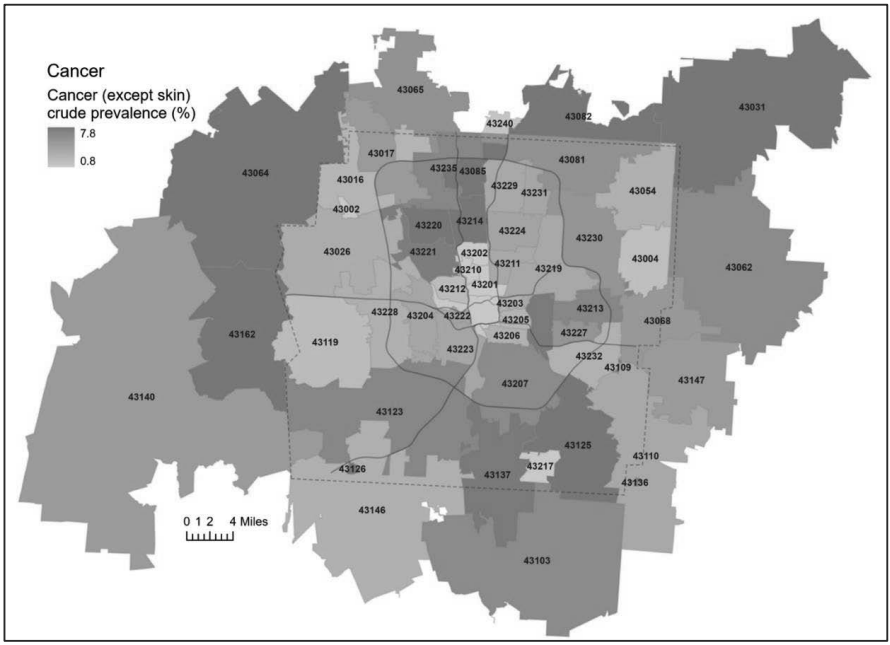
Cancer Mortality (age-adjusted rate per 100,000)

	HM2025	HM2022	HM2019	Ohio	US
1st	Lung & Bronchus: 33.1	Lung & Bronchus: 34.3	Lung & Bronchus: 41.6	Lung & bronchus: 38.8▼	Lung & Bronchus: 31.3▼
2nd	Other Sites/ Types: 21.3	Other Sites/ Types: 20	Other Sites/ Types: 15.6	Prostate: 19.7	Prostate: 18.8
3rd	Pancreas: 11.1	Pancreas: 13.1	Colon & Rectum: 12.8	Colon & Rectum: 13.8	Colon & Rectum: 12.8
4th	Colon & Rectum: 11.1	Breast: 11.5	Breast: 11.9	Pancreas: 11.6	Pancreas: 11.2
5th	Breast: 10.1 ▼	Colon & Rectum: 10.4	Pancreas: 11.1	Breast: 11.1	Breast: 10.5

Cancer Mortality by Race (age-adjusted rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)
1st	Lung & Bronchus: 45.98 ▲	Lung & Bronchus: 29.14
2nd	Pancreas: 15.2 ▲	Breast: 12.17 ▲
3rd	Colon & Rectum: 13.81 ▲	Pancreas: 9.61 ▼
4th	Breast: 12.79 ▲	Liver & Intrahepatic Bile Duct: 8.97
5th	Prostate: 8.99	Colon & Rectum: 8.65 ▼

As shown in the map below, cancer prevalence is highest among Franklin County residents in northwest-central zip codes (43221, 43220), north-central zip codes (43214, 43085), and southern zip codes (43137, 43125).



Additional Information & References

Cancer incidence rates were obtained from a variety of sources. For Franklin County, age-adjusted rates from ODH's Invasive Cancer Report were used for the years 2021, 2018, and 2015.[3] For Ohio and the United States, age-adjusted data from Centers for Disease Control and Prevention's WONDER database were used for 2021.[4] Likewise, cancer mortality rates were obtained from a variety of sources. For Franklin County, data from ODH's Mortality Report were used for the years 2022, 2019, and 2016 overall, and 2021 for race.[3] These data were then converted into crude rates by dividing the total number of deaths by the total population in that year. For Ohio and the United States, age-adjusted data from Centers for Disease Control and Prevention's WONDER database were used for the year 2021.[4]

To map cancer prevalence at the zip code level, Franklin County Public Health staff obtained estimates from the CDC's PLACES resource, which uses BRFSS data (2021 or 2022), Census

Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

[1] National Cancer Institute. (n.d.) What is cancer? https://www.cancer.gov/about-cancer/understanding/what-is-cancer

[2] American Cancer Society. (n.d.) Understanding cancer. https://www.cancer.org/cancer/understanding-cancer.html

[3] DataOhio. (2021). Invasive Cancer Report [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/ohio_births

[4] Centers for Disease Control and Prevention, CDC WONDER Online Database. United States and Puerto Rico Cancer Statistics, 1999-2021 Incidence Results. Accessed at https://wonder.cdc.gov/cancer-v2021.html

[5] DataOhio. (2022). Mortality [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/ohio_births

[6] Centers for Disease Control and Prevention, CDC WONDER Online Database. United States and Puerto Rico Cancer Statistics, 1999-2021 Mortality Request. Accessed at https://wonder.cdc.gov/cancermort-v2021.html

Violent Crime

High rates of local violent crime are associated with health impacts such as increased cardiovascular disease and lower self-rated health.[1,2] This is theorized to be due in part to greater stress from feeling unsafe, as well as co-occurrence with related risk factors such as poverty and lack of access to healthcare.

There were **401.3 violent crimes** per 100,000 Franklin County residents.

≈ Similar to HM2022 (424.1)

The overall incidence of violent crime has not changed significantly since HM2022, but there is a steady downward trajectory since HM2019. Unfortunately, Franklin County still has higher rates of overall violent crime as well as each individual crime. Murder has risen across Franklin County, Ohio, and the US while robbery has decreased in the same geographies. Rape has increased in Franklin County and aggravated assault has risen in Ohio.

Violent Crime (rate per 100,000)

	Overall	Murder	Rape	Robbery	Aggravated Assault
HM2025	**401.3**	**10.7 ▲**	**85.1 ▲**	**113.5 ▼**	**191.9**
HM2022	**424.1**	**9.4**	**76.9**	**159.2**	**178.5**
HM2019	**455.9**	**8.9**	**85.7**	**206.2**	**155.1**
Ohio	**293.6**	**6.1 ▲**	**48.4**	**53.1 ▼**	**185.9**
US	**380.7**	**6.3 ▲**	**40**	**66.1 ▼**	**268.2 ▲**

Additional Information & References

Overall violent crime is defined as the combined rate of four different offences: murder, rape, robbery, and aggravated assault. To assess violent crime in Franklin County, we used the Ohio Office of Criminal Justice Services dashboard for crime by county for 2022, 2019, and 2016.[3] Crime rates in Ohio and the United States were sourced from the Federal Bureau of Investigation Crime Data Explorer tool.[4]

Crime rates in Franklin County were calculated by dividing the raw number of incidents reported by the total population and multiplying by 100,000. Overall violent crime was calculated by first adding the individual numbers of murder, rape, robbery, and aggravated assault for the year in question and then converting into a rate.

Data Gap: Future HealthMaps should consider obtaining demographic data (e.g., age, gender, racial/ethnic background) about those who experience violent crime.

Data Gap: Since 2013, the Columbus Division of Police did not report ~119,000 crimes to the Ohio Office of Criminal Justice Services' Incident-Based Reporting System (OIBRS). Because of this, readers should exercise care when interpreting Franklin County's crime rates over time. For more information about this, readers are encouraged to visit the Columbus Division of Police's webpage, which can be accessed at https://www.columbus.gov/Services/Public-Safety/Police.

[1] Eberly, L. A., Julien, H., South, E. C., Venkataraman, A., Nathan, A. S., Anyawu, E. C., Dayoub, E., Groeneveld, P. W., & Khatana, S. A. M. (2022). Association Between Community-Level Violent Crime and Cardiovascular Mortality in Chicago: A Longitudinal Analysis. *Journal of the American Heart Association*, *11*(14), e025168.

[2] Dong, B., White, C. M., & Weisburd, D. L. (2020). Poor Health and Violent Crime Hot Spots: Mitigating the Undesirable Co-Occurrence Through Focused Place-Based Interventions. *American journal of preventive medicine*, *58*(6), 799–806. https://doi.org/10.1016/j.amepre.2019.12.012

[3] Ohio Office of Criminal Justice Services. (2022). *OIBRS Data Dashboard: Crime in Ohio Counties 2016-2022 [Interactive Dashboard]*. Retrieved in 2024 from https://ocjs.ohio.gov/research-and-data/data-reports-and-dashboards/crime-in-ohio-counties

[4] Federal Bureau of Investigation. (2022). *Crime Data Explorer [Interactive Dashboard]*. Retrieved in 2024 from https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend

Overdose Deaths

During the past 20 years, drug overdose deaths have increased exponentially, with a particular spike noted during the COVID-19 pandemic.[1,2] The rise in deaths is attributed to opioids, which includes prescription medications, heroin, fentanyl, and other synthetic opioids.[3] The combination of opioids and other substances, for example the veterinary sedative xylazine, is a rising trend that can increase the potential of fatal overdose.[4]

135.3 per 100,000 residents in Franklin County died of an **overdose**.

⬆ Up from HM2022 (115.1)

45.2 per 100,000 residents in Franklin County died of an overdose of a synthetic narcotic such **as fentanyl**.

⬇ Down from HM2022 (54.0)

Across all geographies for the last several HealthMap assessments, the leading cause of overdose death has been "other synthetic narcotics", a category that includes fentanyl. In Franklin County, that type of overdose death decreased since the last *HealthMap*; however, it is still much higher than the estimates for Ohio, US, or HM2019.

In Franklin County, overdose deaths due to cocaine use have increased rapidly over time.

Overdose Mortality (rate per 100,000)

	HM2025	HM2022	HM2019	Ohio	US
Total	**135.3▲**	**115.1**	**63.5**	**98.1**	**70.9▲**
1st	Other synthetic narcotics: 45.2▼	Other synthetic narcotics: 54.0	Other synthetic narcotics: 25.2	Other synthetic narcotics: 30.5	Other synthetic narcotics: 21.8
2nd	Cocaine: 28.2▲	Cocaine: 20.1	Cocaine: 13.7	Cocaine: 15.1	Psychostimulants with abuse potential: 10.5
3rd	Psychostimulants with abuse potential: 10.2▲	Psychostimulants with abuse potential: 9.1	Other opioids: 6.8	Psychostimulants with abuse potential: 11.2	Cocaine: 8.8
4th	Other opioids: 4.8▼	Other opioids: 5.4	Heroin: 5.4	Benzodiazepines: 3.5	Benzodiazepines: 3.2
5th	Benzodiazepines: 4.2▲	Benzodiazepines: 3.6	Benzodiazepines: 1.9	Antiepileptic and sedative-hypnotic drugs, unspecified: 3.3	Other opioids: 3.0

Additionally, overdose deaths from psychostimulants with abuse potential (which includes methamphetamines) have increased since the last *HealthMap*, as have overdose deaths from benzodiazepines (e.g., depressants that sedate, relieve anxiety, and reduce seizures, such as Valium®, Xanax®, Klonopin®, and others).



Franklin County has progress to make regarding overdose deaths, particularly from synthetic opioids. Drug abuse is a nationwide crisis, and a comprehensive federal, state, and local approach will be needed to address drug supply, law enforcement, and addiction treatment.

HP2030 objective for Overdose Deaths: Not met[7]

Healthy People Objective:	Most recent Franklin County data (HM2025)
20.7	**135.3**

HP2030 objective for Synthetic Opioid Deaths: Not met[8]

Healthy People Objective:	Most recent Franklin County data (HM2025)
8.9	**45.2**

HP2030 objective for Other Opioid Deaths: Not met[9]

Healthy People Objective:	Most recent Franklin County data (HM2025)
3.4	**4.8**

Additional Information & References

Readers who are interested in learning more about local efforts to decrease overdoses, overdose deaths, and infectious diseases like Hepatitis C and HIV/AIDS should visit the Columbus and Franklin County Addiction Plan, which can be accessed by **clicking here**.

To measure overdose mortality in Franklin County, we sourced data from the Centers for Disease Control and Prevention WONDER portal.[5,6] In alignment with the Healthy People 2030 goals, these statistics included deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as well as drug poisoning as a multiple cause of death (ICD-10 codes T36-T50).

Note that "Other synthetic narcotics" includes fentanyl deaths, "Psychostimulants with abuse potential" includes methamphetamines, and "Other opioids" includes prescribed opioids such as oxycodone.

[1] Fujita-Imazu, S., Xie, J., Dhungel, B., Wang, X., Wang, Y., Nguyen, P., Khin Maung Soe, J., Li, J., & Gilmour, S. (2023). Evolving trends in drug overdose mortality in the USA from 2000 to 2020: an age-period-cohort analysis. *EClinicalMedicine*, *61*, 102079. https://doi.org/10.1016/j.eclinm.2023.102079

[2] DiGennaro, C., Garcia, G. P., Stringfellow, E. J., Wakeman, S., & Jalali, M. S. (2021). Changes in characteristics of drug overdose death trends during the COVID-19 pandemic. *The International journal on drug policy*, *98*, 103392. https://doi.org/10.1016/j.drugpo.2021.103392

[3] Ciccarone D. (2019). The triple wave epidemic: Supply and demand drivers of the US opioid overdose crisis. *The International journal on drug policy*, *71*, 183–188. https://doi.org/10.1016/j.drugpo.2019.01.010

[4] Hays, H. L., Spiller, H. A., DeRienz, R. T., Rine, N. I., Guo, H. T., Seidenfeld, M., Michaels, N. L., & Smith, G. A. (2024). Evaluation of the relationship of xylazine and fentanyl blood concentrations among fentanyl-associated fatalities. *Clinical toxicology (Philadelphia, Pa.)*, *62*(1), 26–31. https://doi.org/10.1080/15563650.2024.2309326

[5] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-provisional.html

[6] 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.

[7] Healthy People 2030 objective SU-03, U.S. Department of Health and Human Services

[8] Healthy People 2030 objective IVP-22, U.S. Department of Health and Human Services.

[9] Healthy People 2030 objective IVP-21, U.S. Department of Health and Human Services.

The Columbus and Franklin County Addiction Plan can be accessed at https://cfcap-columbus.hub.arcgis.com/.

ENVIRONMENTAL HEALTH

Elevated blood lead levels (EBLL)

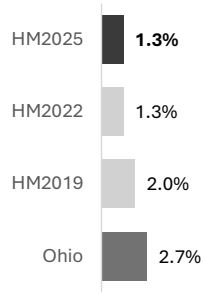
Although elevated blood lead levels (EBLL) are detrimental to all people, they are particularly harmful to children. Young children exposed to high levels of lead are at increased risk for brain damage and developmental delays, lower muscle function, and damage to the kidneys and other organs.[1] Children are primarily exposed to lead by consuming contaminated paint, dust, or water.[1]

1.3% of tested children under 6 years old had an **elevated blood lead level**.

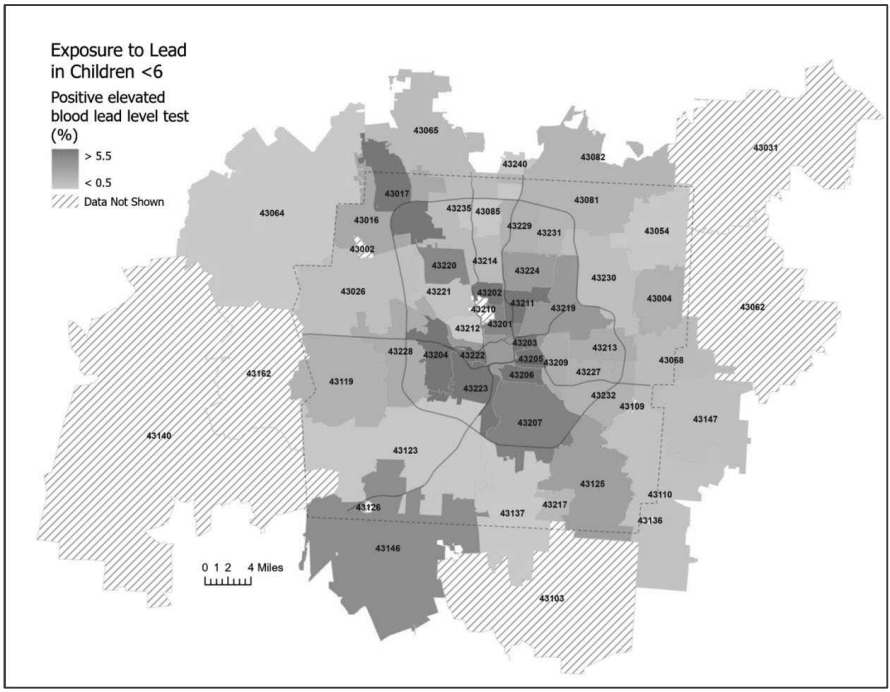
≈ Similar to HM2022 (1.3%)

Since HM2019, the percentage of tested young children with elevated blood lead levels has decreased. Currently, the percentage of tested young children with elevated blood lead levels in Franklin County is less than half that of tested young children in Ohio overall.

Elevated Blood Lead Levels (≥5 µg/dL) among children under age 6 who were tested for lead



As shown in the map on the next page, greater percentages of children under age 6 in the following areas have elevated blood lead levels: east-central Franklin County (43203, 43205), southern Franklin County (43206), west-central Franklin County (43222, 43223, 43204), northern Columbus (43202, 43211), and far northwestern Franklin County/Dublin (43017).



Additional Information & References

To assess elevated blood lead levels in children under 6 years old, data were obtained from Ohio's Blood Lead Testing Program.[2] Although the threshold for determining elevated blood lead levels in Ohio changed in 2023 (i.e., from ≥5 µg/dL to ≥3.5 µg/dL), for the sake of historical comparisons *HealthMap2025* retained the threshold of ≥5 µg/dL. In the map visualizations for 2023, the updated threshold of ≥3.5 µg/dL was used. Franklin County Public Health staff then mapped these data for each zip code in Franklin County.

[1] Abadin, H., Ashizawa, A., Stevens, Y. W., Llados, F., Diamond, G., Sage, G., Citra, M., Quinones, A., Bosch, S. J., & Swarts, S. G. (2007). *Toxicological Profile for Lead*. Agency for Toxic Substances and Disease Registry (US).

[2] DataOhio. (2023). *Blood Lead Testing Public (2016-present)* [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/blood-lead-testing-public-_2016-present_?visualize=true

Asthma

Asthma is a chronic disease that affects people's lungs, and is one of the most common long-term diseases among children.[1] Because environmental health factors such as outdoor air pollution (e.g., ozone, particulate matter) has been associated with increased asthma symptoms, asthma is included in this section of *HealthMap2025*.[2]

9.9% of Franklin County adults reported asthma.

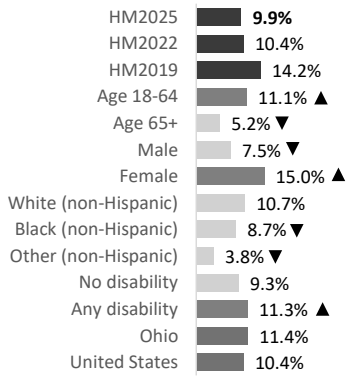
≈ Similar to HM2022 (10.4%)

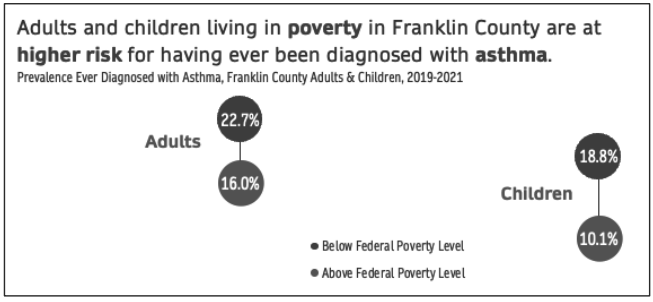
Disparities by selected social determinants of health

Age:	**Sex:**	**Race/Ethnicity:**	**Geography:**
Younger more likely	Female more likely	None observed	Observed (see map)

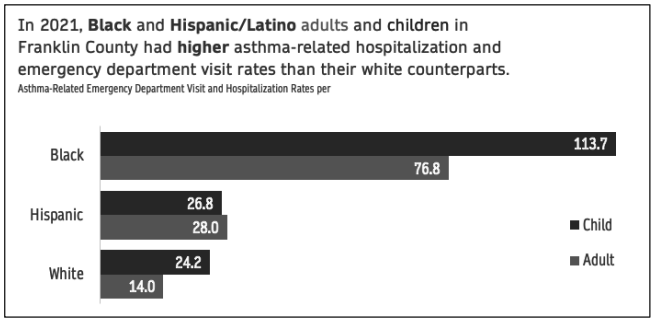
Asthma is lower among older adults than younger adults, which could be due to either changes in diagnoses or superseding respiratory diagnoses in the elderly (e.g., chronic obstructive pulmonary disease, or COPD). Females and individuals with disabilities are both more likely to report this health condition.

A recent analysis of asthma prevalence by poverty status revealed that among Franklin County residents living in poverty, 22.7% of adults and 18.8% of children have ever been diagnosed with asthma (see below).

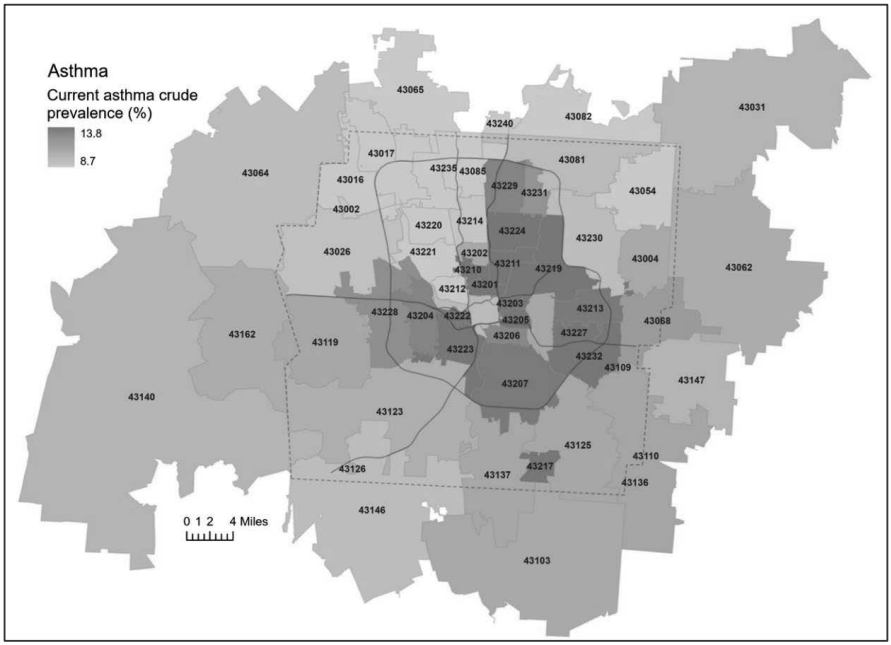




Additionally, a recent analysis revealed that black and Hispanic adults and children in Franklin County had much higher rates of asthma-related hospitalization and emergency department visits as compared to white individuals.



As shown in the map below, asthma prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant.



Additional Information & References

Readers who are interested in learning more about this topic should also consider visiting the Mid-Ohio Regional Planning Commission's 2023 Report on Central Ohio's Air Quality, which can be accessed by **clicking here**, as well as Franklin County Public Health's Data Hub Climate & Health webpage which can be accessed by **clicking here**.

To assess the prevalence of this chronic condition, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.[3] In most cases, survey respondents were asked if a doctor, nurse, or other health professional ever told them that they had a specific chronic health condition.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES[4] resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

Franklin County Public Health staff conducted the analyses of asthma prevalence by poverty status and rates of asthma-related hospitalization by racial/ethnic background and created the visuals depicting the key findings from those analyses.[5]

[1] Centers for Disease Control and Prevention. (n.d.) About Asthma. https://www.cdc.gov/asthma/about/index.html

[2] Centers for Disease Control and Prevention. (n.d.) Environmental Triggers of Asthma. https://www.atsdr.cdc.gov/csem/asthma/treatment_management_prevention.html#outdoor

[3] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2015 (HM2019)

[4] Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.). https://www.cdc.gov/places/index.html

[5] Franklin County Public Health. (2024). Personal communication: Asthma Grant Statement of Need.

The Mid-Ohio Regional Planning Commission's 2023 Report on Central Ohio's Air Quality can be accessed at https://www.morpc.org/2023/wp-content/uploads/2024/03/MORPC_End-of-season-AQ-report-2023-updated.pdf.
Franklin County Public Health's Data Hub Climate & Health webpage can be accessed at https://fcph-data-hub-fca.hub.arcgis.com/pages/climate.

Lyme Disease

Lyme disease is a bacterial infection that can occur after a person is bit by a tick. The Annual Summary of Reportable Diseases (2022) for Columbus and Franklin County, Ohio, which can be accessed by **clicking here**, presented recent data about the number of Lyme disease cases, along with various rate calculations. A snippet from that report is displayed below.

DISEASE SPOTLIGHT:

LYME DISEASE

LYME DISEASE		2022
Number of Cases		38
Rate*	*Overall*	2.9
	Female	2.4
	Male	3.4
Age of cases (in years)	*Mean*	29
	Median	18
	Range	4-72

* Rate per 100,000 population

LOCAL FACTS:

In Columbus and Franklin County in 2022:

- The Lyme disease rate among males was higher than the rate among females.
- 50% of confirmed and probable cases were pediatric cases.
- 96.8% of confirmed and probable cases were among whites of non-Hispanic or non-Latino descent.

EPIDEMIOLOGY[3]

Infectious Agent: *Borrelia burgdorferi* or *Borrelia mayonii*, spirochete-type bacteria

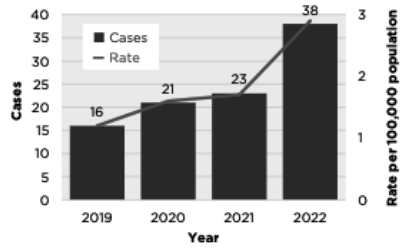
Case Definition: Please see the Ohio Infectious Disease Control Manual: Lyme Disease.

Mode of Transmission: The spirochete-type bacteria is transmitted through the bite of a tick: *Ixodes pacificus* in the western and *Ixodes scapularis* in the eastern and midwestern United States.

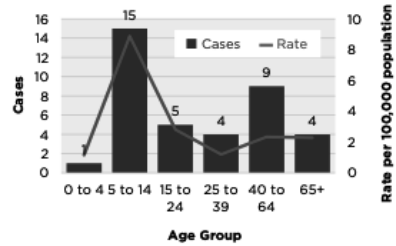
Incubation Period: Erythema migrans rash appears 3-32 days after tick bite (mean 7-10 days); early stages of the illness may be unapparent and the patient may present with later manifestations.

Symptoms: Approximately 70-80% of infected persons develop a circular rash called erythema migrans (EM) that begins at the site of a tick bite after a delay of 3-32 days (average is 7 days). The rash gradually expands over a period of several days, reaching up to 12 inches (30 cm) across. Other symptoms include fatigue, chills, fever, headache, muscle and joint aches, and swollen lymph nodes.

LYME DISEASE CASES AND RATES BY YEAR, FRANKLIN COUNTY, 2019-2022



LYME DISEASE CASES AND RATES BY AGE GROUP, FRANKLIN COUNTY, 2022



VISION OF A HEALTHY FRANKLIN COUNTY

Vision of a Healthy Franklin County

Over the course of eleven community focus groups and multiple Steering Committee meetings, Franklin County residents shared their perceptions of and vision for a healthy community.

According to community members, a healthy community is one in which:

- Residents have **financial stability** at a level that allows them **to meet their basic needs**. In this vein, residents also believe that a healthy community is one in which it is easier to access financial assistance when needed.
- Residents **feel connected to their community**; they know their neighbors and have open communication with members of the community, including government officials.
- Residents can **move more easily around Franklin County**, which includes having better public transportation options and more walkable communities.
- Residents' **health needs are reflected in the built environment,** which would contain more green spaces, spaces to socialize with neighbors, grocery stores, and medical offices.
- Residents feel **safe** in their homes and neighborhoods.
- Residents can **easily access healthy food**, specifically unprocessed and nutritious food.
- The community's **youth have resources they need to thrive.** This includes ensuring youth can access safe and engaging parks and playgrounds. It also includes ensuring parents and others in the community provide youth with the needed support to achieve good outcomes in terms of mental health, education, and jobs.

Community Voices: Financial Stability

Franklin County residents believe that addressing poverty and income inequality is necessary to have a healthy community. They know that residents cannot focus on improving their health when they are worried about finances, and also that a lack of financial stability is related to crime in their communities.



> *"You have to eliminate poverty in order to have a healthy community so that people will see opportunity. They don't see opportunity as long as they don't have any [resources]. If you don't have any resources, then your whole day is taken, scrambling. You only see the next 10 hours, the next 12 hours, the next maybe 24 if you're feeling good on that day. And that's not a way to have a healthy community."*
>
> *"I think where everybody's needs are met, whatever they may be, at whatever level they are at, from the very wealthy to those with pennies. It shouldn't be such a struggle for so many. I think about the single moms…rent is astronomical, and people want to be independent, but they*

> *can't because it's prohibitive. And the equality of just a standard of living, I think should be more easily reachable than it is."*
>
> *"Healthy looks like everybody being able to go 8 hours and be able to pay your bills, because a lack of resources or money leads to crime. Everything is a trickledown effect, and until people that are sitting high and looking low meet people where they're at, it will always look unhealthy because people don't have what they need."*
>
> *"Everybody being able to survive. Not so much worrying about, "I got this, but my neighbor doesn't. So are they gonna try to come and get it?" If everybody was able to, not so much have the same thing, but to be able to afford the same things…being able to get your groceries weekly, being able to keep your lights on, keeping your roof over your head without having to worry…"*

Many Franklin County residents need help securing basic needs due to a lack of financial stability. Residents believe that a healthy community would better promote the resources available to help residents.



> *"I think a healthy community could be a community that is well educated and knows what resources are available to them. And because we've got all these generational gaps, the information is given in certain ways that it's hard to say for the masses, 'This is where you can go get food at Mid-Ohio. These are the times that this church will let you come and get clothing, or this is what the Buckeye Ranch is for. This is what the Lions International does here in Grove City or our Rotary department.' Like, what are all our nonprofits that are available throughout Franklin County, and what they do."*
>
> *"I noticed that my whole community is families. And at one point in time, I was just gonna put my feet on the ground, just go out there and just start passing off flyers because there's so much stuff that goes on that people don't know about. We have people out there who are not computer literate. You have grandparents raising their grandkids that don't know about resources or that need help with certain things and they can't get it because how can they know if you're not out there advocating in the community?"*
>
> *"Resources, like the community just coming out advocating— I noticed in my neighborhood we have churches, and those churches do not come out there and say, 'Hey, we're having this or we're having that.' None of that. I stay in the area which is off of Fairwood. I get most of my resources over off of Parsons. It's really bad."*

Residents also think that in a healthy community, it would be easier to access resources for assistance. They named specific barriers to utilizing childcare support and housing support that need to be addressed in Franklin County.



"A lot of the older community doesn't know how to access [things], because it used to be picking up the phone. They don't know how to text, and now you have to text or you have to use your laptop or your computer."

"Don't make them beg for it, if they need it. It takes six months [to get assistance], when they was hungry six months ago. Don't do that."

"Even with Title 20, I could not afford work because daycare for my two babies cost me $2,600 a month. I think they work backwards. I understand that you have to have the job, but you take forever to process my application to put my kids in daycare. So if I say I start work this day and you say, 'Well, your application is not processed,' then what am I supposed to do with my kids? So there goes my job. Now I got to start back over again."

"They were supposed to have something set up within the city where landlords could not restrict certain people who did not meet the income criteria if they had a voucher. Well, they've gotten around that. [housing program] just recently gave over 10,000 vouchers. And so you look at all the people who have had vouchers before on top of that, and then when [housing program] switched over to [housing program], people have just been losing places where they live because the process has not been set straight properly yet, and so it's just not a good thing all the way."

Community Voices: Feeling Connected to their Community

Franklin County residents think a healthy community is one where people feel connected with each other, where lines of communication between neighbors and others in the community are open and mutually beneficial.



"I think it's a community where you feel safe to share what you truly need, and you can go to any neighbor for what that need is. Maybe they can help, maybe they can't. But you feel safer to share what you need and who you are."

"The ability to interact with other people and meet people. It's really important to have a social community."

"I think a healthy community is what people make it. So I feel like a lot of togetherness and a lot of people coming together to promote healthiness, do group walks or things like that."

"Communication in the community. I grew up, we were never friends with our neighbor. She told us the neighbors just want to be in your business. It was like a 'hi', 'bye.' But I think now, as I got older, I realized that communicating with other people in the community actually helps the neighborhood. We're all on the court, let's help clean this up. Like, we had

> *an older gentleman who couldn't cut his grass. So we started taking turns helping him out with his yard."*
>
> *"There's more and more interaction between the people living there…when we think about our government officials and making decisions about laws and financial decisions, even involving property taxes and all those types of things. It feels like there's a big disconnect in many different levels between community members, legislators, neighbors. And it'd be great if we could all just get along."*

Residents believe that in a healthy community, neighbors feel safe talking to each other about issues in the community and ways that they can better coexist.



> *"Being able to communicate with your neighbors. Just having that dialogue, if something's going on, knowing that you are safe to go to that person and say, 'Hey.'…Just being able to have that, without a fear of retaliation kind of thing."*
>
> *"Sensitivity and respect to boundaries. I think that a simple one could be, 'Hey, I would prefer you not to walk through my grass.' And picking up after dogs. Some people can just be completely disrespectful, disregard things like that."*

Residents also feel that in a healthy community, residents would not fear or stigmatize people based on their race, religion, or past incarceration.



> *"Neighborhoods where anybody can belong, no matter what color, what religion."*
>
> *"People don't trust each other anymore. People, they need to talk and come together. And I think it's almost like a racial divide… A lot of times I'm profiled…Just assuming 'she got a bookbag, she must be—' It happens, especially in the summertime. I love books. I'm in [a neighborhood bookstore]. A lot of people [there], they're scared of me. Why are you scared of me? That's why people need to come and talk to each other, period."*
>
> *"Breaking stigmas [around] restored citizens, no matter what their background is. Normalizing, getting over a stigma for your neighbors, like, what if it is your brother? What if it is your sister? I think helps build relationships and be more accepting. Because I do believe, even if they have done some of the most egregious crimes…they still have to be our neighbors, and they still deserve a second chance, in my opinion."*

Community Voices: Mobility in Franklin County

Franklin County residents believe that public transportation needs to be improved for the community to be healthy.



> *"I think there has to be good transportation. It's great if you have a car, but if you don't have a car, it's hard to get places. It takes a long time. You really have to think about it. Like, it's a task. And I think that's detrimental to getting people where they need to be. And I just think that it would be nice if there was some sort of transportation that would make getting places easier."*
>
> *"[public transportation provider] is not always the best. They have some sketchy characters and different things that don't make you feel as safe."*

Residents also think their communities could be healthier if they were more walkable. Along with having more resources within walking distance, residents say sidewalks need to be improved for people to feel safe walking in their communities.



> *"Walkability to do your errands, like grocery shopping, post office, or whatever it could be."*
>
> *"Where I live at, there's not a lot of sidewalks. So a lot of times you see people walking the brims or drain part or whatnot. There's accidents that be out there. You walk at night, there's not a lot of lights. So you could be out there and nobody sees you."*
>
> *"I live in a really more aging community. Even though I find it walkable, because we do have sidewalks, a lot of people have a hard time getting around if the sidewalks aren't fixed or if they can't necessarily drive themselves. And we don't have a lot of public transportation where I live."*
>
> *"When I think of a healthy community, I think of places where there are sidewalks, the sidewalks are accessible, and ideally clean. Not only that, but walkable access to resources. So it's not mandatory that you have to have a car to be able to get to those resources."*

Community Voices: A Healthy Built Environment

A healthy community would also have improvements to the built environment, including more parks, more places to socialize aside from bars, and more grocery stores, daycares, and medical facilities. Overall, the residents would be more mindful of the environment, keeping it clean and quiet.

> *"Having a lot of places where neighbors can gather, even if that's like a park or coffee shop or like, a grassy space available. And ideally, places where neighbors can gather that aren't always driven by alcohol, like a bar. Both of those options…those physical elements can kind of facilitate those social elements. So I'm thinking, like, unless I'm going door to door, how would I meet my neighbors if I'm not going for a walk in my neighborhood or something like that?"*
>
> *"Access to green space."*
>
> *"We don't have any grocery stores. We don't have daycares. I've got to go over to OSU East in order to find medical care. I mean, there's a clinic on Main Street, but it's just overflowing."*
>
> *"People take care of their yards or, you know, keeping the trash off the streets. [No] noise pollution. That drives me crazy."*

Community Voices: Accessing Nutritious Food

Residents believe that for the community to be healthier, it needs to be easier to access quality and nutritious foods. Multiple residents brought up the fact that their neighborhoods are currently in food deserts, and more opportunities to access food need to be brought into the community.

> *"The community has quality food, accessible grocery stores, farmers markets and things like that."*
>
> *"A healthy neighborhood for me is in my neighborhood they provide pantries, and a lot of things go on in our community center, like a fish fry Friday and stuff like that. So they provide to those that have lower incomes."*
>
> *"Having access to free produce."*
>
> *"Natural foods being grown and sold."*
>
> *"Healthy neighborhood has diversity and resources. But we are in a food desert."*
>
> *"We're still in a food desert, obviously. I gotta drive to, like, Whitehall or wherever is closest cause I live off of Fairwood. We just need more resources."*

Community Voices: Feelings of Safety

Residents think that there could be improvements to how safe they feel in their homes and out in their communities. In a healthy community, they would see more evidence that crimes are addressed, and they would feel it is safer for children to play outside. Community members also worry about how safe youth are at school.



"Some sense of security, like physical security. If there is some type of crime, to have an actual response. Currently, if there's an issue that happens in our neighborhood, it's very rare that an officer comes out. You do an online report which just kind of disappears. I think that's a concern from an officer's standpoint. But security makes your neighborhood feel healthy."

"I think feeling safe in your community. And in your house and walking."

"Children feel safe to play in a neighborhood. Where they don't have to be concerned about what's happening around them. They can just be kids and play."

"We really want our kids to be outdoors and walk or ride their bikes and stuff. That's a health thing, right? That helps your health a lot. But all these speeding drivers on your streets, that's a barrier for our kids to be outside. Or for us to be outside."

"A safe and adequate education. Shouldn't have to worry they are gonna die every day they walk out the door. Safe getting there. Safe in the building. Safe."

Community Voices: Resources for Youth to Thrive

Many Franklin County residents say that a community looks healthy when they see children playing outside. They think that to encourage more children to do this, they need more opportunities and better infrastructure for playgrounds and parks.



"I was able to buy a house. And the street's awesome. And there's kids playing outside. And to me seeing kids playing and having fun, that's a sign of a healthy community."

"Kids really don't play outside. The engagement of kids being outside and them knowing their neighbors and being able to go to the park…But even parks nowadays need to be updated, they're run down, rusting, or have been torn down completely. So even when they're going to the park, they don't have anything to entertain them."

> *"Something as simple as having sidewalks in all communities, so kids can get up and get out all around…just playgrounds, sports courts, things like that to get kids outside active."*

Residents also believe a healthy community better supports youth when it comes to their education. They believe that the issues that keep kids from having good grades, school attendance, and future success are part of larger problems that need to be addressed.



> *"We lost the slogan of 'It Takes a Village.' I honestly believe that even with the school system, I feel like the support is just not there. Even when COVID happened, they threw these kids in homes talking about 'get on the computer and do the work.'"*
>
> *"Y'all don't know who they're staying with. Y'all don't know their living situations. Y'all don't even know if they're even living anywhere. Y'all don't even know what's going on. So I just feel like the support is just not there like it used to be…You're worried about attendance and kids coming to school every day, but y'all really need to be asking, why aren't these kids coming?...Because you've got older kids that have to stay home with the younger kids so that parents and guardians can go to work to keep a roof over their head. And these are problems that this town is not looking at."*
>
> *"We work in this school system…and school is nothing like it used to be. Because you have so many kids that are traumatized…You have more children with behavioral problems and emotional problems. And you can look at each classroom, maybe six or seven in each classroom that are doing what you're supposed to be doing. And it's a zoo. I mean, all the resources are there. You have psychologists, you have counselors, you have all this, and then you have a lot of wonderful parents. But then you got parents that don't care."*
>
> *"I work with the kids who have been kicked out of their home schools. And it is just really hard to get them motivated in this day and age to want to work or to learn a new skill. If we could have more resources to get them those hands-on skills to work jobs…I mean, I have a student who's 18, I've tried to get him to get his temps. I tried to get him to get a job or to volunteer, and they just say, 'I don't want to work fast food. I don't want this.' And I'm like, you have to try something."*

Other features of healthy communities brought up by community members included:

- A greater variety of small businesses in their communities.
- More accessible and affordable health care options throughout the county, such as mobile clinics that they typically only see in the inner city.
- Better access to mental health resources.

Community Assets and Resources

The list of non-profit and private organizations working to impact the priority health needs reviewed in this document is endless. The Central Ohio community is well positioned to impact adverse health outcomes because of these collective efforts.

The partners and multi-sector partnerships described in this section are currently working to address aspects of each prioritized health need identified by *HealthMap2025*; see page 185 for a visualization of the interrelated nature of this work. A more extensive resource list will be identified during subsequent health improvement planning; it will be included in future documents and at centralohiohospitals.org.

- **Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH)** - plans, funds, and evaluates behavioral health care services that address mental health, addiction, and substance abuse. More information can be found at www.adamhfranklin.org.
- **Beautiful Beginnings** - a program funded by the Franklin County Board of Commissioners that provides home visiting and care coordination services to pregnant and postpartum individuals and their infants up to age 3. This program is one of several home visiting programs that are focused on serving Black community members and community members of color to impact racial disparities in maternal and child health outcomes. Examples of key focus areas include reducing infant mortality, reducing maternal mortality and other maternal complications, and increasing access to social determinants of health.
- **CelebrateOne** - created in November 2014 as a collective impact approach to carry out the Greater Columbus Infant Mortality Task Force's recommendations and to ensure Franklin County meets its ambitious goal. More information can be found at https://www.columbus.gov/Government/Mayors-Office/Initiatives/CelebrateOne/CelebrateOne-About-Us .
- **Columbus and Franklin County Addiction Plan** - a collaborative, multi-sector, comprehensive effort to address addiction and behavioral health issues impacting Franklin County residents. More information can be found at https://cfcap-columbus.hub.arcgis.com/.
- **Columbus Community Action Resilience Coalition (CARE)** - the CARE Coalition works to build a resilient community that honors survival and fosters hope by strengthening trauma-related policies, programs, and practices through collaboration and collective impact, and by mitigating the impact trauma has on the health and wellbeing of individuals and communities. More information can be found at

https://www.columbus.gov/Services/Public-Health/Find-Health-Care-Resources/Neighborhood-Social-Services/Columbus-CARE-Coalition.

- **Columbus Urban League** - the mission of the local affiliate of National Urban League is to empower African Americans and disenfranchised groups through economic, educational, and social progress. Visit www.cul.org for more information.
- **Community Shelter Board** - Community Shelter Board (CSB) leads a coordinated, community effort to make sure everyone has a place to call home, and is a collective impact organization driving strategy, accountability, collaboration, and resources to achieve the best outcomes for people facing homelessness in Columbus and Franklin County. More information on CSB can be found at https://www.csb.org.
- **Franklin County Human Service Chamber** - serves and represents over 200 health and human service nonprofit organizations that prioritize public policies that include food and nutrition, health, housing, transportation, legal and reentry services, refugee and immigration services, workforce development, as well as youth and education policy. A comprehensive list of members can be found at www.humanservicechamber.org.
- **Franklin County Suicide Prevention Coalition** – aims to increase communication, coordination, and collaboration efforts in Franklin County to prevent suicide and bring hope and support to those affected by suicide. It bridges organizations together with the end goal of enhancing the overall success of our collective suicide prevention efforts. These efforts include decreasing stigma, increasing awareness of available support, promoting suicide prevention education, and improving suicide data quality. Visit https://franklincountyspc.org for more information.
- **Ohio Better Birth Outcomes** - The Ohio Better Birth Outcomes (OBBO) collaborative is dedicated to reducing the infant mortality rate in Franklin County by improving the delivery of health care services for women and their families using quality improvement science to guide our work. OBBO is focused on three key initiatives: Improving reproductive health; Expanding access to prenatal care; and Enhancing clinical quality initiatives to help reduce prematurity. Visit https://ohiobetterbirthoutcomes.org for more information
- **Rise Together Innovation Center** - oversees implementation of "A Blueprint for Reducing Poverty in Franklin County," which was released by the Franklin County Commissioners in 2019 and includes 13 overarching goals and 120 action plans to address jobs, housing, health, and youth. More information on the Center can be found at https://risetogether.franklincountyohio.gov/.
- **The Kirwan Institute for the Study of Race and Ethnicity** - an interdisciplinary research institute at The Ohio State University that strives to connect individuals and communities with opportunities needed to thrive. More information can be found at https://kirwaninstitute.osu.edu.
- **United Way of Central Ohio** - fights poverty by funding and coalescing a network of more than 90 non-profit partners providing opportunities and resources to meet basic needs. More information can be found at www.liveunitedcentralohio.org.

Organization / Collective Impact Effort	Mental Health	Adverse Childhood Experiences (ACEs)	Maternal and Infant Health	Violence and Injury-related Deaths	Social Drivers of Health (with a focus on housing)
Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH)	✓	✓		✓	
Beautiful Beginnings			✓		
CelebrateOne			✓		
Columbus and Franklin County Addiction Plan	✓	✓		✓	
Columbus Community Action Resilience Coalition (CARE)	✓	✓		✓	
Columbus Urban League	✓	✓	✓	✓	✓
Community Shelter Board					✓
Franklin County Human Service Chamber		✓		✓	✓
Franklin County Suicide Prevention Coalition	✓	✓			
Ohio Better Birth Outcomes			✓		
Rise Together Innovation Center		✓		✓	✓
The Kirwan Institute for the Study of Race and Ethnicity	✓	✓	✓	✓	✓
United Way of Central Ohio		✓			✓

Summary

Franklin County HealthMap2025 provides a comprehensive overview of our community's health status and needs. There are numerous indicators that suggest the health of Franklin County, Ohio's residents compares favorably with the state and country.

Franklin County HealthMap2025 also uncovered several indicators that suggest areas in which the health of Franklin County's residents either has diminished over time or compares unfavorably to Ohio or the nation.

Consistent with requirements, the participating hospitals and health departments will use this report to inform development and implementation of strategies to address its findings. It is intended that a wide range of stakeholders – many more than are represented on *Franklin County HealthMap2025's* Community Health Needs Assessment Steering Committee – will also use this report for their own planning efforts. Subsequent planning documents and reports will be shared with stakeholders and with the public.

Users of *Franklin County HealthMap2025* are encouraged to send feedback and comments that can help to improve the usefulness of this information when future editions are developed.

Questions and comments about *Franklin County HealthMap2025* may be shared with:

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Central Ohio Hospital Council

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
COLUMBUS PUBLIC HEALTH

Franklin County Public Health



Navigating Our Way to a Healthier Community Together

The Ohio State University Board of Trustees
Internal Audit Charter

Purpose

The purpose of The Ohio State University's internal audit function is to strengthen The Ohio State University's ability to create, protect, and sustain value by providing The Ohio State University's Board of Trustees and management with independent, risk-based, and objective assurance, advice, insight, and foresight.

The Ohio State University's internal audit function enhances The Ohio State University's:

- Successful achievement of its objectives.
- Governance, risk management, and control process.
- Decision-making and oversight.
- Reputation and credibility with its stakeholders.
- Ability to serve the public interests.

The Ohio State University's internal audit function is most effective when:

- Internal auditing is performed by competent professionals in conformance with The Institute of Internal Auditors' Global Internal Audit Standards™, which are set in the public interest.
- The internal audit function is independently positioned with direct accountability to The Ohio State University's Board of Trustees through its Legal, Audit, Risk, and Compliance (LARC) Committee.
- Internal auditors are free from undue influence and committed to making objective assessments.

Commitment to Adhering to the Global Internal Audit Standards

The Ohio State University's internal audit function will adhere to the mandatory elements of The Institute of Internal Auditors' International Professional Practices Framework, which are the Global Internal Audit Standards and Topical Requirements. The Chief Audit Executive will report annually to the LARC Committee and senior management regarding the internal audit function's conformance with the Global Internal Audit Standards, which will be assessed through a quality assurance and improvement program.

Mandate

Authority

The authority of The Ohio State University's internal audit function is created by its direct reporting relationship to The Ohio State University's Board of Trustees through its LARC Committee (defined within Ohio Administrative Code 3335). With this authority, the internal audit function has unrestricted access to the LARC Committee.

The LARC Committee authorizes the internal audit function to:

- Have full and unrestricted access to all functions, data, records, information, physical property, and personnel pertinent to carrying out internal audit responsibilities. Internal auditors are accountable for confidentiality and safeguarding records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques, and issue communications to accomplish its objectives.

- Obtain assistance from the necessary personnel of The Ohio State University and other specialized services from within or outside The Ohio State University to complete internal audit services, as deemed necessary.

Independence, Organization Position, and Reporting Relationships

The Chief Audit Executive will be positioned at a level in the organization that enables internal audit services and responsibilities to be performed without interference from management, thereby establishing the independence of the internal audit function. The Chief Audit Executive will report functionally to The Ohio State University Board of Trustees through its LARC Committee and the President and administratively (for example, day-to-day operations) to the Senior Vice President for Business and Finance. This positioning provides the organizational authority and status to bring matters directly to senior management and escalate matters to the LARC Committee, when necessary, without interference and supports the internal audit function's ability to maintain objectivity.

The Chief Audit Executive will confirm to the LARC Committee, at least annually, the organizational independence of the internal audit function. If the governance structure does not support organizational independence, the Chief Audit Executive will document the characteristics of the governance structure limiting independence and any safeguards employed to achieve the principle of independence. The Chief Audit Executive will disclose to the LARC Committee any interference internal auditors encounter related to the scope, performance, or communication of internal audit work and results. The disclosure will include communicating the implications of such interference on the internal audit function's effectiveness and ability to fulfill its mandate.

Changes to the Mandate and Charter

Circumstances may justify a follow-up discussion between the Chief Audit Executive, the LARC Committee, and senior management on the internal audit mandate or other aspects of the internal audit charter. Such circumstances may include but are not limited to:

- A significant change in the Global Internal Audit Standards.
- A significant reorganization within the organization.
- Significant changes in the Chief Audit Executive, composition of the LARC Committee, and/or senior management.
- Significant changes to the organization's strategies, objectives, risk profile, or the environment in which the university operates.
- New laws or regulations that may affect the nature and/or scope of internal audit services.

LARC Committee Oversight

To establish, maintain, and ensure The Ohio State University's internal audit function has sufficient authority to fulfill its duties, the LARC Committee will:

- Maintain a direct reporting line with the internal audit function to enable internal audit services and responsibilities to be performed independently without interference from management.
- Discuss with the Chief Audit Executive and senior management the appropriate authority, role, responsibilities, scope, and services (assurance and/or advisory) of the internal audit function.
- Participate in discussions with the Chief Audit Executive and senior management about the "essential conditions," described in the Institute of Internal Auditors' Global Internal Audit Standards, which establish the foundation that enables an effective internal audit function.

- Review and approve the internal audit charter, which includes the internal audit mandate and the scope and types of internal audit services, as well as any changes or updates to the charter.
- Annually review and approve the risk-based internal audit plan with the Chief Audit Executive.
- Annually confer with senior management and the Chief Audit Executive on the internal audit function's activities, staffing, organizational structure, and budgets.
- Obtain periodic updates from the Chief Audit Executive on the performance of the internal audit function relative to its risk-based internal audit plan and discuss the reasonableness of any existing scope or resource limitations.
- Consider the effectiveness of the internal audit function, including conformance with the Institute of Internal Auditors' Global Internal Audit Standards, based on the internal audit function's quality assurance and improvement program.
- Confer with senior management and concur with the appointment or removal of the Chief Audit Executive, with specific consideration of competencies, qualifications, and performance.
- Annually confer with senior management on the performance review and associated compensation and salary adjustment of the Chief Audit Executive.
- At each meeting of the Committee, provide the Chief Audit Executive an opportunity to report significant findings and management's response and to discuss privately with the Committee any matters that the Committee or Chief Audit Executive believe should be raised.

Chief Audit Executive Roles and Responsibilities

Ethics and Professionalism

The Chief Audit Executive will ensure that internal auditors:

- Conform with the Global Internal Audit Standards, including the principles of Ethics and Professionalism: integrity, objectivity, competency, due professional care, and confidentiality.
- Understand, respect, meet, and contribute to the legitimate and ethical expectations of the organization and be able to recognize conduct that is contrary to those expectations.
- Encourage and promote an ethics-based culture in the organization.
- Report organizational behavior that is inconsistent with the organization's ethical expectations, as described in applicable policies and procedures.

Objectivity

The Chief Audit Executive will ensure the internal audit function remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of engagement selection, scope, procedures, frequency, timing, and communication. If the Chief Audit Executive determines that objectivity may be impaired in fact or appearance, the details of the impairment will be disclosed to appropriate parties.

Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively such that they believe in their work product, do not compromise quality, and do not subordinate their judgment on audit matters to others, either in fact or appearance.

Internal auditors will have no direct operational responsibility or authority over any of the activities they review. Accordingly, internal auditors will not implement internal controls, develop procedures, install

systems, or engage in other activities that may impair their judgment, including:

- Assessing specific operations for which they had responsibility within the previous year.
- Performing operational duties for The Ohio State University or its affiliates.
- Initiating or approving transactions external to the internal audit function.
- Directing the activities of any Ohio State University employees who are not employed by the internal audit function, except to the extent that such employees have been appropriately assigned to internal audit teams or to assist internal auditors.

Internal auditors will:

- Disclose impairments of independence or objectivity, in fact or appearance, to appropriate parties and at least annually, such as the Chief Audit Executive, the LARC Committee, management, or others.
- Exhibit professional objectivity in gathering, evaluating, and communicating information.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid conflicts of interest, bias, and undue influence.

Managing the Internal Audit Function

The Chief Audit Executive has the responsibility to:

- Annually develop a risk-based internal audit plan that considers input of the LARC Committee and senior management. Discuss the plan with the LARC Committee and senior management and submit the plan to the LARC Committee for review and approval.
- Communicate the impact of resource limitations on the internal audit plan to the LARC Committee and senior management.
- Review and adjust the internal audit plan, as necessary, in response to changes in The Ohio State University's business, risks, operations, programs, systems, and controls.
- Communicate with the LARC Committee and senior management if there are significant interim changes to the internal audit plan.
- Ensure internal audit engagements are performed, documented, and communicated in accordance with the Global Internal Audit Standards and laws and/or regulations.
- Follow up on engagement findings and confirm the implementation of recommendations or action plans and communicate the results of internal audit services to the LARC Committee and senior management periodically and for each engagement as appropriate.
- Ensure the internal audit function collectively possesses or obtains the knowledge, skills, and other competencies and qualifications needed to meet the requirements of the Global Internal Audit Standards and fulfill the internal audit mandate.
- Identify and consider trends and emerging issues that could impact The Ohio State University and communicate to the LARC Committee and senior management as appropriate.
- Establish and ensure adherence to methodologies designed to guide the internal audit function.
- Ensure adherence to The Ohio State University's relevant policies and procedures unless such policies and procedures conflict with the internal audit charter or the Global Internal Audit

Standards. Any such conflicts will be resolved or documented and communicated to the LARC Committee and senior management.

- Coordinate activities and consider relying upon the work of other internal and external providers of assurance and advisory services. If the Chief Audit Executive cannot achieve an appropriate level of coordination, the issue must be communicated to senior management and if necessary escalated to the LARC Committee.

Communication with the LARC Committee and Senior Management

The Chief Audit Executive will report periodically to the LARC Committee and senior management regarding:

- The internal audit function's mandate.
- The internal audit plan and performance relative to its plan.
- Internal audit budget and resource requirements.
- Significant revisions to the internal audit plan and budget.
- Potential impairments to independence, including relevant disclosures as applicable.
- Results from the quality assurance and improvement program, which include the internal audit function's conformance with the Global Internal Audit Standards and action plans to address the internal audit function's deficiencies and opportunities for improvement.
- Significant risk exposures and control issues, including fraud risks, governance issues, and other areas of focus for the LARC Committee that could interfere with the achievement of The Ohio State University's strategic objectives.
- Results of assurance and advisory services.
- Management's responses to risk that the internal audit function determines may be unacceptable or acceptance of a risk that is beyond The Ohio State University's risk appetite.

Quality Assurance and Improvement Program

The Chief Audit Executive will develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the internal audit function. The program will include external and internal assessments of the internal audit function's conformance with the Global Internal Audit Standards, as well as performance measurement to assess the internal audit function's progress toward the achievement of its objectives and promotion of continuous improvement. The program also will assess, if applicable, compliance with laws and/or regulations relevant to internal auditing. Also, if applicable, the assessment will include plans to address the internal audit function's deficiencies and opportunities for improvement.

Annually, the Chief Audit Executive will communicate with the LARC Committee and senior management about the internal audit function's quality assurance and improvement program, including the results of internal assessments (ongoing monitoring and periodic self-assessments) and external assessments. External assessments will be conducted at least once every five years by a qualified, independent assessor or assessment team from outside The Ohio State University. Qualifications must include at least one assessor holding an active Certified Internal Auditor® credential. Public sector competencies and knowledge as well as knowledge of the Global Internal Audit Standards will be considered when selecting external assessors.

The Ohio State University Board of Trustees
Internal Audit Charter

Scope and Types of Internal Audit Services

The scope of internal audit services covers the entire breadth of the organization, including all of The Ohio State University's activities, assets, and personnel. The scope of internal audit activities also encompasses, but is not limited to, objective examinations of evidence to provide independent assurance and advisory services to the LARC Committee and management on the adequacy and effectiveness of governance, risk management, and control processes for The Ohio State University.

The nature and scope of advisory services may be agreed with the party requesting the service, provided the internal audit function does not assume management responsibility. Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during advisory engagements. These opportunities will be communicated to the appropriate level of management.

Internal audit engagements may include evaluating whether:

- Risks relating to the achievement of The Ohio State University's strategic objectives are appropriately identified and managed.
- The actions of The Ohio State University's officers, directors, management, employees, and contractors or other relevant parties comply with The Ohio State University's policies, procedures, and applicable laws, regulations, and governance standards.
- The results of operations and programs are consistent with established goals and objectives.
- Operations and programs are being carried out effectively, efficiently, ethically, and equitably.
- Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact The Ohio State University.
- The integrity of information and the means used to identify, measure, analyze, classify, and report such information is reliable.
- Resources and assets are acquired economically, used efficiently and sustainably, and protected adequately.

Internal audit engagements also may include conducting or assisting in the investigation of significant suspected fraudulent activities within or against The Ohio State University and notifying management and the LARC Committee of the results, as well as The Ohio State University Police Division as appropriate.

THE OHIO STATE UNIVERSITY

Legal, Audit, Risk & Compliance Committee Charter

Purpose of Committee

The Legal, Audit, Risk and Compliance Committee is a standing committee of The Ohio State University Board of Trustees established to assist the Board in fulfilling its role in providing oversight of the university's legal, audit, risk and compliance functions. Matters to be brought before the Committee may include, but shall not be limited to: reports regarding significant legal, legislative and regulatory matters and initiatives; potential and active litigation; oversight and monitoring of compliance programs and activities; university and OSU Wexner Medical Center enterprise risk management programs and business continuity planning; approval and monitoring of affiliated entities; and any other matter assigned to the Committee by the Board or the chair of the Board. Additionally, the Committee will:

- Monitor and discuss with management the financial operations of the University including the effectiveness of internal control over financial reporting.
- Focus on maintaining the integrity of the external auditor's qualifications and independence and the performance of the internal audit function and the external auditors.
- Interface with administration, outside auditors and internal auditors to evaluate financial integrity of University operations and resolve any issues raised by the University's auditors.

Although the Committee has the powers and responsibilities articulated in this charter, the Committee's core function is oversight. It is not the duty or responsibility of the Committee to plan or conduct audits. Management is responsible for the quality, accuracy and integrity of the organization's accounting practices, financial statements and reporting, and system of internal controls. The external auditor is responsible for performing an audit of the organization's financial statements.

Committee Authority and Responsibilities

In furtherance of its purpose set forth above, the Committee shall have the authority to conduct or authorize investigations into any matters within its scope of responsibility. Specifically, it is empowered to:

- Seek access through the university to obtain counsel, accountants, or other expertise to advise the Committee or assist in the conduct of an investigation;
- Seek any information it requires from employees - all of whom are directed to cooperate with the Committee's requests - or external parties;
- Meet with university board members, officers, compliance officer, university counsel, or outside counsel, as necessary;
- Serve as an objective party, independent of management, to monitor the university's compliance with laws and regulations;
- Review all accounting operations and decisions of the University;
- Institute and oversee special financial or fraud investigations as needed and obtain accountants or other expertise to advise the Committee or assist in the conduct of an investigation; and,
- Perform any other activities consistent with this charter, the University's Bylaws, and governing law, as the Committee or the Board of Trustees deems necessary or appropriate.

The Committee will carry out the following responsibilities:

Legal

- Review prospective and active litigation and ongoing legal and regulatory risks of the university.

THE OHIO STATE UNIVERSITY

Legal, Audit, Risk & Compliance Committee Charter

- Ensure there are no unjustified restrictions or limitations on, and review and concur in the appointment, review, replacement, or dismissal of the general counsel.
- Review periodically with the general counsel the guidelines, plans, activities, staffing, and organizational structure of the legal function.
- Review the effectiveness of the legal function.
- On a regular basis, meet separately with the general counsel to discuss any matters that the Committee or general counsel believes should be discussed privately.
- Ensure there are no unjustified restrictions or limitations on the legal function.

Audited Financial Statements

- Review with management and the external auditors the results of the audit and resolve any disagreements.
- Review and discuss the University's annual audited financial statements with management and the external auditors prior to submission to the appropriate regulatory officials.
- Evaluate annually the external auditor's qualifications, performance, and independence, including a review and evaluation of the lead partner, taking into account the opinions of the University's management and the ~~internal audit director~~ chief audit executive, and report its conclusions to the Board of Trustees.
- Review with management and the auditors the status of the University's internal control over financial reporting, including reports on significant findings and recommendations, together with management's response.

Internal Audit

- ~~Internal audit reports directly to the Committee.~~
- ~~Approve the internal audit charter and assure the independence of the internal audit function.~~
- Maintain a direct reporting line with the internal audit function to enable internal audit services and responsibilities to be performed independently without interference from management.
- ~~Review annually with the director of internal audit the guidelines, plans, activities, staffing, and organizational structure~~ Discuss with the chief audit executive and senior management the appropriate authority, role, responsibilities, scope, and services (assurance and/or advisory) of the internal audit function.
- ~~Review the effectiveness of the internal audit function, including conformance with the Institute of Internal Auditors' Definition of Internal Auditing, Code of Ethics, and the International Standards for the Professional Practice of Internal Auditing.~~
- ~~Have final approval authority regarding the appointment, review, and removal of the director of internal audit. At least once per year, review the performance of the internal audit director and concur with the annual compensation and salary adjustment.~~
- Participate in discussions with the chief audit executive and senior management about the "essential conditions," described in the Institute of Internal Auditors' Global Internal Audit Standards, which establish the foundation that enables an effective internal audit function.
- Review and approve the internal audit charter, which includes the internal audit mandate and the scope and types of internal audit services, as well as any changes or updates to the charter.
- Annually review and approve the risk-based internal audit plan with the chief audit executive.
- Annually confer with senior management and the chief audit executive on the internal audit function's activities, staffing, organizational structure, and budgets.

THE OHIO STATE UNIVERSITY

Legal, Audit, Risk & Compliance Committee Charter

- Obtain periodic updates from the chief audit executive on the performance of the internal audit function relative to its risk-based internal audit plan and discuss the reasonableness of any existing scope or resource limitations.
- Consider the effectiveness of the internal audit function, including conformance with the Institute of Internal Auditors' Global Internal Audit Standards, based on the internal audit function's quality assurance and improvement program.
- Confer with senior management and concur with the appointment or removal of the chief audit executive, with specific consideration of competencies, qualifications, and performance.
- Annually confer with senior management on the performance review and associated compensation and salary adjustment of the chief audit executive.
- At each meeting of the Committee, provide the ~~director of internal audit~~ chief audit executive an opportunity to report significant findings and management's response and, if needed, discuss privately with the Committee any matters that the Committee or ~~internal audit~~ chief audit executive believes should be raised.

External Audit

- The external auditors report directly to the Committee and provide all required audit communications to it.
- Approve the contract with the external auditor for the annual audit of the University, subject to ultimate approval of the Auditor of State.
- Pre-approve all auditing and non-audit services to be provided by the external auditor and/or delegate this authority to the Committee Chair.
- Review and approve the external auditor engagement letter.
- Review the external auditors' proposed audit scope and approach, including coordination of audit effort with internal audit.
- Review the performance of the external auditors, and with input from the administration, determine appointment or discharge of the external auditors.
- Review and confirm the independence of the external auditors by obtaining statements from the auditors on relationships between the auditors and the University, including non-audit services.
- Provide oversight for the rotation of the lead external audit partner.
- At each meeting of the Committee, provide the external auditors an opportunity to discuss privately with the Committee any matters that the Committee or auditors believe should be raised.

Risk

- Discuss university policies with respect to risk assessment and risk management.
- Discuss significant risk exposures and steps to monitor, mitigate, and control these risks.
- Provide oversight of the university's insurance, business continuity, and risk management programs.
- Periodically review the university's enterprise risk management program, the OSU Wexner Medical Center risk program, major insurance policies, and related issues.

THE OHIO STATE UNIVERSITY

Legal, Audit, Risk & Compliance Committee Charter

Compliance

- Review the effectiveness of the system for monitoring compliance with laws and regulations and the results of management's investigation and follow-up (including disciplinary action) of any instances of noncompliance.
- Obtain regular updates from the chief compliance officer and university legal counsel regarding compliance and legal matters.
- Review the findings of any examinations by regulatory agencies, and any auditor observations.
- Review compliance with Related Party/Conflict of Interest Disclosure Statements for senior management annually.
- Ensure there are no unjustified restrictions or limitations on, and review and concur in the appointment, review, replacement, or dismissal of the chief compliance officer.
- Review periodically with the chief compliance officer the guidelines, plans, activities, staffing, and organizational structure of the compliance function.
- Review the effectiveness of the compliance function.
- On a regular basis, meet separately with the chief compliance officer to discuss any matters that the Committee or compliance believes should be discussed privately.
- Ensure there are no unjustified restrictions or limitations on the compliance function.

Reporting Responsibilities

- Regularly report to the Board of Trustees about Committee activities, issues, and related recommendations.
- Provide an open avenue of communication between the general counsel, risk management, government affairs, compliance and integrity, and the Board of Trustees.
- Review any other reports the university issues that relate to the Committee's responsibilities.

Other Responsibilities

- Perform other activities related to this charter as requested by the Board of Trustees.
- Receive periodic updates and an annual legislative report from the office of government affairs.
- Given the reporting relationship, receive regular reports from the general counsel, director of risk management, chief audit executive and chief compliance officer and provide opportunity for them to meet separately to discuss any matters that the Committee or general counsel, director of risk management, chief audit executive and chief compliance officer believes should be discussed privately.
- Establish standards for ethical conduct, and ensure that management has established processes to meet these standards.
- Perform any other activities consistent with this charter, the university's Bylaws and governing law, as the Committee or the Board of Trustees deems necessary or appropriate.
- Review and assess the adequacy of this Committee charter annually, requesting the Board of Trustees approval for proposed changes, and ensure appropriate disclosure as may be required by law or regulation.
- Report to the Board of Trustees, at least annually, regarding the Committee's activities in discharge of its duties as described in this Committee charter.

THE OHIO STATE UNIVERSITY

Legal, Audit, Risk & Compliance Committee Charter

- Evaluate the Committee's and individual members' performance on a regular basis.

Committee Meetings

The Committee generally shall meet in conjunction with the regularly scheduled meetings of the full Board, and at such other times and places as it deems necessary to carry out its responsibilities. The Committee has the authority to convene additional meetings as circumstances require. As necessary or desirable, the chair of the Committee may request that members of management, the general counsel, the director of risk management, the chief compliance officer, the ~~director of internal audit~~ chief audit executive and representatives of the external auditor be present at a meeting of the Committee. Meeting agendas will be prepared and provided in advance to members, along with the appropriate briefing materials.

As part of its job to foster open communication, the Committee shall meet at least annually with management, the senior vice president and general counsel, and the chief compliance officer in separate executive sessions to discuss any matters that the Committee or each of these groups believe should be discussed privately.

A majority of the voting members of the Committee shall be present in person, or as otherwise permitted under Ohio law, at any meeting of the Committee in order to constitute a quorum for the transaction of business at such meeting.

Committee Membership

All members of the Committee, as well as the Committee chair and vice chair, shall be appointed by the chair of the Board. The chair and vice chair of the Committee shall be trustees or charter trustees. Trustees, student trustees, charter trustees and non-trustee Committee members shall all be voting members of the Committee.

In addition to the trustees appointed to the Committee, the Committee shall also consist of at least one student trustee and up to three additional non-trustee members, with majority membership by trustees at all times. Each member of the Committee shall serve for such term or terms as the chair of the Board may determine or until his or her earlier resignation, removal or death.

All Committee members must be independent of management and the external auditor. In order to be deemed independent, the Committee member:

- Does not directly have a business relationship with the University.
- Is not an executive of another corporation/university where any of the corporation's/university's executive officers serve on that corporation's/university's compensation committee.
- Does not have an immediate family member who is an executive officer of the University.

At least one member of the Committee must be designated as the "audit expert," In order to be deemed an "audit expert," at least one member of the Committee must have:

- An understanding of GAAP and financial statements.
- The ability to assess the general application of such principles in connection with the accounting for estimates, accruals, and reserves.

- Experience in preparing, auditing, analyzing, or evaluating financial statements that present a breadth and level of complexity of accounting issues that are generally comparable to the issues that can reasonably be expected to be raised by the University's financial statements (or experience actively supervising one or more persons engaged in such activities).
- An understanding of internal controls and procedures for financial reporting.
- An understanding of audit committee functions.

Staff and Other Support

Primary staff support for the committee shall be provided by the Office of Legal Affairs with support from the Office of University Compliance and Integrity and the Office of Government Affairs. Further, the Committee shall obtain advice and assistance as needed from other advisors as deemed necessary by the Committee.

University Bylaws

The provisions of this charter are intended to comport with the bylaws of the university. To the extent that these provisions conflict, the university bylaws shall control.

Approval of the Fifth Amendment to
The Ohio State University Retirement Continuation Plan
Summary

Background on the Plan:

The University maintains The Ohio State University Retirement Continuation Plan ("Plan") for faculty and staff members whose retirement contributions to the state retirement systems (OPERS, STRS) or alternative retirement plan ("ARP") are limited under IRS rules and whose compensation, as determined by the University, exceeds those IRS limits. The Plan is a "tax-qualified" retirement plan – i.e., participants do not pay income taxes on their contributions or accounts until those balances are distributed.

Summary of Changes:

The Fifth Amendment to The Ohio State University Retirement Continuation Plan ("Amendment") makes changes as required or allowed under the SECURE 2.0 Act of 2022. The Amendment also includes a number of technical updates to reference the latest version of the SECURE Act, remove COVID-related provisions that have since expired, and adopting an "applicable age" term rather than listing particular ages for Required Beginning Dates throughout the Plan Document. Note, the age to exercise the in-service distribution right remains 72. The Amendment further eliminates in-service distributions for an Unforeseeable Financial Emergency, effective January 1, 2025.

Under the Amendment, effective May 1, 2025, mandatory contributions at the rate of 10% will be required automatically when an employee reaches the annual compensation limit ($350,000 in 2025). Mandatory contributions will not be required of employees who elected or defaulted to a contribution rate prior to May 1, 2025.

The Office of Human Resources, the Office of Legal Affairs and outside counsel have approved the Amendment.

Purpose of the Resolution:

- Approve the Amendment, effective as of January 1, 2023; and
- Authorize the Senior Vice President for Business and Finance and Chief Financial Officer to sign the Amendment and any other documents needed to carry out the resolution.

FIFTH AMENDMENT TO
THE OHIO STATE UNIVERSITY RETIREMENT CONTINUATION PLAN
AMENDED AND RESTATED EFFECTIVE AS OF FEBRUARY 1, 2016

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Retirement Continuation Plan ("Plan"), as amended and restated, most recently effective February 1, 2016, and amended four times thereafter;

WHEREAS, pursuant to Section 15.01(a) of the Plan, the Employer has the right to amend the Plan; and

WHEREAS, the Employer desires to amend the Plan to effect mandatory changes pursuant to the SECURE 2.0 Act and other discretionary changes, as described herein.

NOW, THEREFORE, effective as of January 1, 2023, or such later date specified herein (the "Effective Date"), the Employer hereby amends the Plan as follows:

1. Effective May 1, 2025, Section 3.01 of the Plan is hereby deleted in its entirety and replaced with the following:

Section 3.01. Participation for Pick-Up Contributions.

(a) An Eligible Employee shall become a Participant for purposes of Pick-Up Contributions as designated by the Administrator as set forth on Attachment A. Subject to paragraph (b), participation shall be automatic.

(b) Notwithstanding paragraph (a), in order to become a Participant under the Plan for purposes of Pick-Up Contributions, an Employee who is first designated as an Eligible Employee on or before April 30, 2025 must make a one-time irrevocable election on the Applicable Form to have his or her Adjusted Compensation reduced by a specified percentage, and submit the election to the Administrator within sixty (60) days of the date that he or she is designated as an Eligible Employee under this Section 3.01. If the Participant fails to file an Applicable Form in a timely manner, the Participant shall be deemed to have forever waived the right to have Pick-Up Contributions made on his or her behalf to the Plan.

2. Effective May 1, 2025, Section 4.01(a) of the Plan is hereby deleted in its entirety and replaced with the following:

(a) The University shall make Pick-Up Contributions to the Pick-Up Contribution Account on behalf of each Eligible Employee who is a Participant pursuant to Section 3.01, subject to the limitations in Article V. For an Employee who is first designated as an Eligible Employee on or before April 30, 2025, the Pick-Up Contributions shall be equal to the percentage of Adjusted Compensation irrevocably elected by the Eligible Employee on the Applicable Form. For an

Employee who is first designated as an Eligible Employee on or after May 1, 2025, the Pick-Up Contributions shall be equal to ten percent (10%) of Adjusted Compensation.

3. Section 10.04 of the Plan is hereby deleted in its entirety and replaced with the following:

Section 10.04. Required Minimum Distributions. The provisions of this Section 10.04 take precedence over any inconsistent provisions of the Plan or of any Funding Vehicle. All distributions under this Plan shall be made in accordance with a reasonable, good faith interpretation of Code Section 401(a)(9) and the regulations promulgated thereunder, including the incidental death benefit rules under Code Section 401(a)(9)(G) and the changes under the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019, SECURE 2.0 of 2022, and the Treasury Regulation Sections 1.401(a)(9)-1 through -9, as each may be amended from time to time.

(a) Distributions may only be made over one of the following periods (or a combination thereof):

(1) the life of the Participant;

(2) the life of the Participant and a designated Beneficiary;

(3) a period certain not extending beyond the life expectancy of the Participant; or

(4) a period certain not extending beyond the joint and last survivor life expectancy of the Participant and a designated Beneficiary.

(b) An amount equal to the required minimum distribution under Code Section 401(a)(9) shall begin to be distributed to the Participant from his or her Vested Accounts by no later than April 1 of the calendar year following the calendar year in which the Participant attains the applicable age within the meaning of Code Section 401(a)(9)(C)(v).

(c) The Provider(s) shall be solely responsible for complying with the provisions of this Section 10.04. The Provider(s) shall calculate the amounts required to be distributed to a Participant under this Section and notify such Participant of such distributions at least sixty (60) days prior to the date distributions must begin.

4. Effective January 1, 2025, Section 10.07(a) is hereby deleted in its entirety and replaced with the following:

(a) Subject to paragraph (h), if approved by the Administrator, a Participant who has not had a Severance from Employment may receive a

distribution for an Unforeseeable Financial Emergency from his or her Vested Account.

5. Effective January 1, 2025, a new paragraph (h) is hereby added to Section 10.07 as follows:

(h) Notwithstanding the foregoing, a Participant who has not had a Severance from Employment may not receive a distribution for an Unforeseeable Financial Emergency on or after January 1, 2025.

6. Capitalized terms not otherwise defined in this Fifth Amendment shall have the meanings ascribed to them in the Plan.

7. All other terms and conditions in the Plan shall remain in full force and effect.

IN WITNESS WHEREOF, the University hereby adopts this Fifth Amendment effective as the Effective Date.

THE OHIO STATE UNIVERSITY

_____

By: Michael Papadakis
Title: Senior Vice President for Business and Finance and Chief Financial Officer

Date: _____

Approval of the Fifth Amendment to
The Ohio State University Retirement Continuation Plan II

Summary

Background on the Plan:

The University maintains The Ohio State University Retirement Continuation Plan II ("Plan") for faculty and staff members whose retirement contributions to the state retirement systems (OPERS, STRS) or alternative retirement plan ("ARP") are limited under IRS rules and whose compensation, as determined by the University, exceeds those IRS limits. The Plan is a "tax-qualified" retirement plan – i.e., participants do not pay income taxes on their contributions or accounts until those balances are distributed.

Summary of Changes:

The Fifth Amendment to The Ohio State University Retirement Continuation Plan II ("Amendment") makes changes as required or allowed under the SECURE 2.0 Act of 2022. The Amendment also includes a number of technical updates to reference the latest version of the SECURE Act, remove COVID-related provisions that have since expired, and adopting an "applicable age" term rather than listing particular ages for Required Beginning Dates throughout the Plan Document. Note, the age to exercise the in-service distribution right remains 72. The Amendment further eliminates in-service distributions for an Unforeseeable Financial Emergency, effective January 1, 2025.

The Office of Human Resources, the Office of Legal Affairs and outside counsel have approved the Amendment.

Purpose of the Resolution:

- Approve the Amendment, effective as of January 1, 2023; and

- Authorize the Senior Vice President for Business and Finance and Chief Financial Officer to sign the Amendment and any other documents needed to carry out the resolution.

FIFTH AMENDMENT TO
THE OHIO STATE UNIVERSITY RETIREMENT CONTINUATION PLAN II
AMENDED AND RESTATED EFFECTIVE AS OF FEBRUARY 1, 2016

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Retirement Continuation Plan II ("Plan"), as amended and restated, most recently effective February 1, 2016, and amended four times thereafter;

WHEREAS, pursuant to Section 15.01(a) of the Plan, the Employer has the right to amend the Plan; and

WHEREAS, the Employer desires to amend the Plan to effect mandatory changes pursuant to the SECURE 2.0 Act and other discretionary changes, as described herein.

NOW, THEREFORE, effective as of January 1, 2023, or such later date specified herein (the "Effective Date"), the Employer hereby amends the Plan as follows:

1. Section 10.04 of the Plan is hereby deleted in its entirety and replaced with the following:

> **Section 10.04. Required Minimum Distributions.** The provisions of this Section 10.04 take precedence over any inconsistent provisions of the Plan or of any Funding Vehicle. All distributions under this Plan shall be made in accordance with a reasonable, good faith interpretation of Code Section 401(a)(9) and the regulations promulgated thereunder, including the incidental death benefit rules under Code Section 401(a)(9)(G) and the changes under the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019, SECURE 2.0 of 2022, and the Treasury Regulation Sections 1.401(a)(9)-1 through -9, as each may be amended from time to time.
>
> (a) Distributions may only be made over one of the following periods (or a combination thereof):
>
> (1) the life of the Participant;
>
> (2) the life of the Participant and a designated Beneficiary;
>
> (3) a period certain not extending beyond the life expectancy of the Participant; or
>
> (4) a period certain not extending beyond the joint and last survivor life expectancy of the Participant and a designated Beneficiary.
>
> (b) An amount equal to the required minimum distribution under Code Section 401(a)(9) shall begin to be distributed to the Participant from his or her Vested Accounts by no later than April 1 of the calendar year following the calendar year in which the Participant attains the applicable age within the meaning of Code Section 401(a)(9)(C)(v).

(c) The Provider(s) shall be solely responsible for complying with the provisions of this Section 10.04. The Provider(s) shall calculate the amounts required to be distributed to a Participant under this Section and notify such Participant of such distributions at least sixty (60) days prior to the date distributions must begin.

2. Effective January 1, 2025, Section 10.07(a) is hereby deleted in its entirety and replaced with the following:

(a) Subject to paragraph (h), if approved by the Administrator, a Participant who has not had a Severance from Employment may receive a distribution for an Unforeseeable Financial Emergency from his or her Vested Account.

3. Effective January 1, 2025, a new paragraph (h) is hereby added to Section 10.07 as follows:

(h) Notwithstanding the foregoing, a Participant who has not had a Severance from Employment may not receive a distribution for an Unforeseeable Financial Emergency on or after January 1, 2025.

4. Capitalized terms not otherwise defined in this Fifth Amendment shall have the meanings ascribed to them in the Plan.

5. All other terms and conditions in the Plan shall remain in full force and effect.

IN WITNESS WHEREOF, the University hereby adopts this Fifth Amendment effective as the Effective Date.

THE OHIO STATE UNIVERSITY

_____

By: Michael Papadakis
Title: Senior Vice President for Business and Finance and Chief Financial Officer

Date: _____

Approval of the First Amendment to
The Ohio State University 403(b) Plan

Summary

Background on the Plan:

The Ohio State University 403(b) Plan ("Plan"), which is voluntary, is designed to assist faculty and staff in supplementing their retirement benefits. It allows employees to contribute a portion of their compensation to the Plan and to exclude the contribution from taxable income. The funds are invested with various vendors in annuity and custodial account options at the employee's election.

Summary of Changes:

The First Amendment to the Ohio State University 403(b) Plan, as amended and restated, ("Amendment") makes changes as required or allowed under the SECURE 2.0 Act of 2022. The Amendment includes an increased annual catch-up contribution limit of $11,250 for participants ages 60 through 63, in addition to the Plan's current $23,500 limit. In addition, distributions to commence no later than the Required Beginning Date will exclude Roth accounts from RMD calculations.

The Amendment updates the Plan's hardship distribution language to allow for self-certification of hardship and allow the earnings from elective deferrals to be included in hardship distributions. The Amendment also includes a number of technical updates to reference the latest version of the SECURE Act, remove COVID-related provisions that have since expired, and adopt an "applicable age" term rather than listing particular ages for Required Beginning Dates throughout the Plan Document. The Amendment further removes the small account balance cash out provision.

Finally, the Amendment further adds an after-tax automatic Roth conversion retirement savings option, which is voluntary.

The Office of Human Resources, the Office of Legal Affairs and outside counsel have approved the Amendment.

Purpose of the Resolution:

- Approve the Amendment, effective as of January 1, 2023; and

- Authorize the Senior Vice President for Business and Finance and Chief Financial Officer to sign the Amendment and any other documents needed to carry out the resolution.

FIRST AMENDMENT TO
THE OHIO STATE UNIVERSITY 403(b) PLAN

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University 403(b) Plan, as amended and restated, most recently effective as of January 1, 2022 (the "Plan");

WHEREAS, pursuant to Section 12.2 of the Plan, the Employer has the right by action of its Chief HR Officer to amend the Plan; and

WHEREAS, the Employer desires to amend the Plan to effect mandatory and discretionary changes pursuant to the SECURE 2.0 Act of 2022 and other discretionary changes, as described herein.

NOW, THEREFORE, effective as of January 1, 2023, or such later date specified herein (the "Effective Date"), the Employer hereby amends the Plan as follows:

1. Effective September 1, 2025, a new paragraph (i) is hereby added to 3.1 of the Plan, defining "Account", as follows:

> (i) "After-Tax Contribution Account" means the record established and maintained for each Participant with respect to the Participant's total interest in the Plan attributable to After-Tax Contributions pursuant to Section 5.5. A Participant's After-Tax Contribution Account shall include a record of his or her "investment in the contract" in accordance with Code Section 72 and the regulations thereunder.

2. Section 3.34 of the Plan is hereby deleted in its entirety and replaced with the following:

> **3.34 Required Beginning Date.** "Required Beginning Date" means April 1 of the calendar year following the later of (a) the calendar year in which the Participant attains the applicable age within the meaning of Code Section 401(a)(9)(C)(v), or (b) the calendar year in which the Participant retires from employment with the Employer.

3. Effective September 1, 2025, a new Section 3.42 is hereby added to the Plan as follows:

> **3.42. After-Tax Contribution.** "After-Tax Contribution" means an after-tax contribution made to the Plan by the Employer at the election of a Participant in lieu of receiving cash compensation and pursuant to the requirements of Section 5.5.

4. Effective September 1, 2025 Section 4.1.1 is hereby deleted in its entirety and replaced with the following:

> **4.1.1. Eligibility to Participate in Elective Deferrals and After-Tax Contributions.** Each Employee shall be eligible to make Elective Deferrals and, subject to Section 5.5, After-Tax Contributions to the Plan as of the first day of the

first pay period beginning on or after the date that the individual becomes an Employee.

5. Effective September 1, 2025, Section 4.2 is hereby deleted in its entirety and replaced with the following:

4.2 Subsequent Eligibility. Each Employee shall continue to be eligible to make Elective Deferrals and After-Tax Contributions until the date that the individual ceases to be an Employee. An Employee (or, to the extent provided under Section 5.4, a former Employee) who has become eligible to participate in Discretionary Matching Contributions or Discretionary Non-elective Contributions for any period or periods shall not be eligible to participate in such contributions for any other period or periods unless the Employer, in its discretion, specifically designates the Employee or former Employee as eligible to participate in such contributions for such other period or periods.

6. Effective January 1, 2026, Section 5.1.4 of the Plan is hereby deleted in its entirety and replaced with the following:

5.1.4 Allocation to Accounts. As of the date on which the amount is deducted and withheld from the Participant's Credited Compensation, any amount contributed for a Participant pursuant to this Section 5.1 as Pre-Tax Contributions shall be allocated to the Participant's Pre-Tax Contribution Account, and any amount contributed for a Participant pursuant to this Section 5.1 as Roth Contributions shall be allocated to the Participant's Roth Contribution Account. If the Participant fails to designate whether Elective Deferrals are Pre-Tax Contributions or Roth Contributions, the Participant will be deemed to have designated the Participant's Elective Deferrals as Pre-Tax Contributions; provided, however, that effective January 1, 2026, or such later effective date determined by the Secretary of the Treasury through guidance and subject to such guidance, in the case of a Participant who is subject to Code Section 414(v)(7), the Participant will be deemed to have designated his or her Elective Deferrals that are made pursuant to Code Section 414(v) as Roth Contributions.

7. Effective January 1, 2025, Section 5.2 of the Plan is hereby deleted in its entirety and replaced with the following:

5.2 Age 50 Catch-Up Contributions.

5.2.1 Subject to Section 5.2.2, all Participants who are eligible to make Elective Deferrals under the Plan and who will attain age fifty (50) or more by the end of the Plan Year shall be permitted to elect an additional amount of Elective Deferrals, up to the applicable dollar amount under Code Section 414(v)(2). Effective January 1, 2025, the adjusted dollar amount under Code Section 414(v)(2)(E) shall apply to Participants who will attain age sixty (60) but will not attain age sixty-four (64) by the end of the Plan Year. The applicable dollar

amount and adjusted dollar amount under this Section shall be adjusted for cost-of-living pursuant to Code Section 414(v)(2)(C).

5.2.2 Effective January 1, 2026, or such later effective date determined by the Secretary of the Treasury through guidance and subject to such guidance, with respect to a Participant whose wages within the meaning of Code Section 3121(a) for the preceding calendar year from the Employer exceed the limitation under Code Section 414(v)(7)(A), Section 5.2.1 shall apply only if the Participant elects or is deemed to have elected the additional amount of Elective Deferrals to be made as Roth Contributions. This Section 5.2.2 shall not apply to any Participant who does not have wages within the meaning of Code Section 3121(a), which, for the avoidance of doubt, includes any Participant in The Ohio State University Alternative Retirement Plan, the Public Employees Retirement System, the State Teachers Retirement System, or the School Employees Retirement System. The wage limitation under this Section shall be adjusted for cost-of-living pursuant to Code Section 414(v)(7)(E).

5.2.3 Catch-up contributions made pursuant to Section 5.2 shall not be taken into account for purposes of the provisions of the Plan implementing the required limitations of Code Sections 402(g) and 415. The Plan shall not be treated as failing to satisfy the provisions of the Plan implementing the requirements of Code Section 403(b) by reason of the making of such catch-up contributions.

8. Effective September 1, 2025, a new Section 5.5 is hereby added to the Plan as follows:

5.5 After-Tax Contributions.

5.5.1 After-Tax Contributions. Subject to the limitations of Article VI hereof, the Employer shall contribute to the Provider designated by the Employer as eligible to receive After-Tax Contributions for each Plan Year an amount equal to the amount deducted and withheld from the Participant's Credited Compensation during the Plan Year as an After-Tax Contribution pursuant to the Participant's election. A Participant may make After-Tax Contributions as provided in this Section only after he has made the maximum permissible Elective Deferrals to the Plan for such Plan Year under Section 6.1, plus any additional Elective Deferrals permitted by Section 5.2.

5.5.2 After-Tax Contribution Election. Each Participant may execute and file with the Employer or its designee an election to reduce Credited Compensation for the Plan Year that would be paid on or after the effective date of the election and to have the reduction contributed by the Employer on the Participant's behalf to the Participant's After-Tax Contribution Account. The election shall be made on a salary reduction agreement provided by the Employer or its designee under which the Employee agrees to be bound by the terms and conditions of the Plan.

Elections shall be made by such dates and in such manner as the Employer may require in accordance with uniform, nondiscriminatory rules (which may include provision for making elections, and any changes thereto, electronically), and shall become effective as soon as administratively practicable following the Employee's election. Any election shall remain in effect until a new election is filed in accordance with the terms of the Plan.

After-Tax Contribution elections shall be further subject to the following rules and limitations:

(a) **After-Tax Contribution Maximum.** A Participant may make an After-Tax Contribution election (in aggregate with other Annual Additions) up to the maximum limitations set forth in Section 6.2.

(b) **Designation of Provider and Funding Vehicles; Beneficiary.** The Employee's election to reduce Credited Compensation to make After-Tax Contributions shall only be permitted to be made to the Provider designated by the Employer, in its sole discretion, as eligible to receive After-Tax Contributions under the Plan. Such election shall include a designation of the Funding Vehicle and accounts therein to which After-Tax Contributions are to be made and a Beneficiary designation.

(c) **Changes in After-Tax Contribution Elections.** Subject to the provisions of the applicable Individual Agreement(s), after a Participant's initial entry into the Plan, the Participant may change the amount to be contributed to his or her After-Tax Contribution Account by giving the Employer prior written or electronic notice by such date and in such manner as the Employer may require in accordance with uniform, nondiscriminatory rules. A change in the Participant's After-Tax Contribution election shall become effective as soon as administratively practicable following the Participant's election.

(d) **Termination of After-Tax Contribution Elections.** A Participant may terminate his or her After-Tax Contribution election as of the beginning of a pay period, by giving the Employer (or Administrator, if designated by the Employer) prior written or electronic notice by such date and in such manner as the Employer may require in accordance with uniform, nondiscriminatory rules. An election to terminate After-Tax Contributions shall become effective as soon as administratively practicable following the Participant's election. Upon termination of a Participant's After-Tax Contribution election, no further After-Tax Contributions will be made to the Participant's After-Tax Contribution Account until

the Participant makes a new After-Tax Contribution election, but such termination shall not affect any amounts which have already been allocated to the Participant's After-Tax Contribution Account, as applicable, pursuant to Section 5.5.4. Any Participant who has so terminated an After-Tax Contribution election may enter into a new election as of the beginning of a succeeding pay period by completing a new salary reduction agreement pursuant to the rules set forth in this Section 5.5.2.

(e) **Leave of Absence.** Unless an After-Tax Contribution election is otherwise revised, if an Employee is absent from work by reason of a leave of absence, After-Tax Contributions under the Plan shall continue to the extent that Credited Compensation continues.

(f) **Contributions Made Promptly.** After-Tax Contributions under the Plan shall be transferred to the applicable Funding Vehicle within fifteen (15) business days following the end of the month in which the amount would otherwise have been paid to the Participant.

5.5.3 Payment. The amount designated by the Participant for contribution to an After-Tax Contribution Account shall be reflected in one or more payroll deductions during the Plan Year or through such other means as the Employer shall prescribe under rules of uniform application. The Participant's contributions so collected shall be remitted to the Provider as of the earliest date on which the contributions can reasonably be transferred, but in no event later than the time specified in Section 5.5.2(f).

5.5.4 Allocation to Accounts. As of the date on which the amount is deducted and withheld from the Participant's Credited Compensation, any amount contributed for a Participant pursuant to this Section 5.5 as After-Tax Contributions shall be allocated to the Participant's After-Tax Contribution Account.

9. Effective January 1, 2026, a new Section 6.1.5 is hereby added to the Plan as follows:

6.1.5 Correction of Code Section 414(v)(7) Failure. With respect to a Participant who is subject to Code Section 414(v)(7) for any calendar year, if the Elective Deferrals of such Participant that exceed the applicable dollar limit under Code Section 402(g)(1)(B) are not designated Roth Contributions, then the failure may be corrected in accordance with Proposed Treasury Regulation Section 1.414(v)-2(c)(2)(ii) or (iii), or such other guidance issued by the Secretary of the Treasury, provided that the same correction method shall apply to all such Participants for any Plan Year.

10. Effective September 1, 2025, Section 8.2.2 of the Plan is hereby deleted in its entirety and replaced with the following:

8.2.2 Distributions of After-Tax Contributions, Discretionary Matching Contributions, and Discretionary Non-elective Contributions. Except as otherwise permitted in the case of termination of the Plan, a Participant may not elect to receive a distribution of the Participant's After-Tax Contribution Account, Matching Contribution Account, or Non-elective Contribution Account earlier than the earliest date on which the Participant (a) has a Severance from Employment, (b) dies, (c) becomes Disabled or (d) attains age 59 ½.

11. Effective May 1, 2025, Section 8.3 of the Plan, regarding Small Account Balances, is hereby deleted in its entirety and hereafter reserved.

12. Section 8.5.1 of the Plan is hereby deleted in its entirety and replaced with the following:

8.5.1 The provisions of this Section 8.5 take precedence over any inconsistent provisions of the Plan or of any Funding Vehicle. All distributions under this Plan shall be made in accordance with a reasonable, good faith interpretation of Code Section 401(a)(9) and the regulations promulgated thereunder, including the incidental death benefit rules under Code Section 401(a)(9)(G) and the changes under the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019, SECURE 2.0 of 2022, and Treasury Regulation Sections 1.401(a)(9)-1 through -9, as each may be amended from time to time.

13. Section 8.5.2 of the Plan is hereby deleted in its entirety and replaced with the following:

8.5.2 For purposes of applying the distribution rules of Code Section 401(a)(9), each Funding Vehicle is treated as an individual retirement account and distributions shall be made in accordance with the provisions of Treasury Regulation Section 1.408-8, except as provided in the Treasury Regulations under Code Section 403(b). In no event shall benefits commence later than a Participant's Required Beginning Date; provided, however, that effective for distributions required under Code Section 401(a)(9) for calendar years 2024 and later during the lifetime of the Participant, the preceding shall not apply to a Participant's Roth Contribution Account or Roth Rollover Contribution Account.

14. Section 8.5.4 of the Plan is hereby deleted in its entirety.

15. Section 8.7 of the Plan is hereby deleted in its entirety and replaced with the following:

8.7 Hardship Distributions. Hardship distributions may be made to a Participant to the extent permitted by the Individual Agreements controlling the Account assets to be withdrawn to satisfy the hardship and this Section 8.7. Notwithstanding anything in this Plan to the contrary, no hardship distribution shall be made to a Participant following the Participant's Separation from Employment or following the elimination of the applicable Provider.

If permitted by the Funding Vehicle(s) in which the Participant's Account is invested, and subject to the requirements of the Plan, hardship distributions may be made from a Participant's Pre-Tax Contribution Account and/or Roth Contribution Account (prior to January 1, 2024, excluding any earnings on such Accounts after December 31, 1988). For purposes of this Section 8.7, a hardship distribution may be made only on account of an immediate and heavy financial need of the Participant and where the distribution is necessary to satisfy such immediate and heavy financial need.

A Participant must provide substantiation of the reason for and the amount of the immediate and heavy financial need to the Provider; provided, however, that unless it has actual knowledge to the contrary, the Provider can rely on the Participant's self-certification that the withdrawal satisfies Section 8.7.1 and Section 8.7.2. The Provider shall approve all hardship distributions under this Section 8.7.

16. Effective September 1, 2025, Section 8.8 is hereby deleted in its entirety and replaced with the following:

8.8 In-Plan Roth Rollovers. Notwithstanding any other provision of the Plan: (a) any amount held in a Participant's Pre-Tax Contribution Account, Matching Contribution Account, Non-elective Contribution Account, or After-Tax Contribution Account is eligible for direct transfer to a Roth Contribution Account, even if not otherwise eligible for distribution under this Article VIII; and (b) any amount held in a Participant's Rollover Contribution Account is eligible for direct transfer to a Roth Rollover Contribution Account. Such transfer shall be treated as a qualified rollover contribution (within the meaning of Code Section 408A(e)) to such Account. A Participant's election under this Section 8.8 shall be subject to the reasonable administrative procedures established by the Provider, Code Section 402A(c)(4) and the regulations thereunder, and subsequent guidance from the Internal Revenue Service. The taxable portion of the Participant's Accounts transferred under this Section 8.8 to a Roth Contribution Account or Roth Rollover Contribution Account, as applicable, shall be included in the Participant's gross income for the tax year in which the transfer occurs.

17. Capitalized terms not otherwise defined in this First Amendment shall have the meanings ascribed to them in the Plan.

18. All other terms and conditions of the Plan shall remain in full force and effect.

IN WITNESS WHEREOF, the University hereby adopts this First Amendment effective as of the Effective Date.

THE OHIO STATE UNIVERSITY

_____

By: Michael Papadakis
Title: Senior Vice President for Business and Finance and Chief Financial Officer

Date: _____

Approval of the First Amendment to
The Ohio State University 457(b) Deferred Compensation Plan

Summary

Background on the Plan:

The Plan, which is voluntary, is designed to assist faculty and staff in supplementing their retirement benefits. It allows employees to contribute a portion of their compensation to the Plan and to exclude the contribution from taxable income. The funds are invested with various vendors in annuity and custodial account options at the employee's election.

Summary of Changes:

The First Amendment to the Ohio State University 457(b) Deferred Compensation Plan, as amended and restated, ("Amendment") makes changes as required or allowed under the SECURE 2.0 Act of 2022. The Amendment includes an increased annual catch-up contribution limit of $11,250 for participants ages 60 through 63, in addition to the Plan's current $23,500 limit. In addition, distributions to commence no later than the Required Beginning Date will exclude Roth accounts from RMD calculations.

The Amendment updates the Plan's hardship distribution language to allow for self-certification and allows earnings from elective deferrals to be included in hardship distributions. The Amendment also includes several technical updates to reference the latest version of the SECURE Act, remove expired COVID-related provisions, and adopt an "applicable age" term rather than listing particular ages for Required Beginning Dates throughout the Plan Document.

Finally, the Amendment adjusts the in-service distribution age from 72 to 59 ½ to be consistent with The Ohio State University 403(b) Plan, effective May 1, 2025.

The Office of Human Resources, the Office of Legal Affairs and outside counsel have approved the Amendment.

Purpose of the Resolution:

- Approve the Amendment, effective as of January 1, 2023; and

- Authorize the Senior Vice President for Business and Finance and Chief Financial Officer to sign the Amendment and any other documents needed to carry out the resolution.

FIRST AMENDMENT TO
THE OHIO STATE UNIVERSITY
457(b) DEFERRED COMPENSATION PLAN

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University 457(b) Deferred Compensation Plan, as amended and restated, most recently effective as of January 1, 2022 (the "Plan");

WHEREAS, pursuant to Section 10.01 of the Plan, the Employer has the right to amend the Plan; and

WHEREAS, the Employer desires to amend the Plan to effect mandatory and discretionary changes pursuant to the SECURE 2.0 Act and other discretionary changes, as described herein.

NOW, THEREFORE, effective as of January 1, 2023, or such later date specified herein (the "Effective Date"), the Employer hereby amends the Plan as follows:

1. A new Section 1.31 is hereby added to the Plan as follows:

   1.31 **Applicable Age** shall mean the applicable age for purposes of required minimum distributions, within the meaning of Code Section 401(a)(9)(C)(v).

2. Section 2.02(b) of the Plan is hereby deleted in its entirety and replaced with the following:

   (b) The date as of which reduction and deferral of Compensation pursuant to the Participation Agreement shall begin, which date shall be as early as administratively practicable following execution of the Participation Agreement (but not earlier than the first day of the first calendar month following execution of the Participation Agreement with respect to Participation Agreements entered into prior to April 1, 2023); and

3. Section 3.02(b) of the Plan is hereby deleted in its entirety and replaced with the following:

   (b) **Age 50 Catch-Up Contributions.**

      (i) In addition to the Deferral provided in subsection (a), and subject to paragraph (ii) below, an Active Participant who has attained age 50 or older by the end of the Plan Year may elect to make Age 50 Catch-up Contributions to a Pre-Tax Contribution Account and/or Roth Contribution Account via a Participation Agreement, up to the applicable dollar amount under Code Section 414(v)(2). Effective January 1, 2025, the adjusted dollar amount under Code Section 414(v)(2)(E) shall apply to Participants who will attain age

60 but will not attain age 64 by the end of the Plan Year. The applicable dollar amount and adjusted dollar amount under this paragraph shall be adjusted for cost-of-living pursuant to Code Section 414(v)(2)(C).

(ii) Effective January 1, 2026, or such later effective date determined by the Secretary of the Treasury through guidance and subject to such guidance, with respect to a Participant whose wages within the meaning of Code Section 3121(a) for the preceding calendar year from the Employer exceed the limitation under Code Section 414(v)(7)(A), paragraph (i) above shall apply only if the Participant elects or is deemed to have elected the Age 50 Catch-up Contributions to be made as Roth Contributions. This paragraph (ii) shall not apply to any Participant who does not have wages within the meaning of Code Section 3121(a), which, for the avoidance of doubt, includes any Participant in The Ohio State University Alternative Retirement Plan, the Public Employees Retirement System, the State Teachers Retirement System, or the School Employees Retirement System. The wage limitation under this paragraph (ii) shall be adjusted for cost-of-living pursuant to Code Section 414(v)(7)(E).

(iii) Age 50 Catch-up Contributions are in addition to the basic annual deferrals described in Treasury Regulation Section 1.457-4(c)(1) (and described in subsection (a) above).

4. Effective January 1, 2026, a new paragraph (f) is hereby added to Section 3.02 as follows:

(f) **Correction of Code Section 414(v)(7) Failure.** With respect to a Participant who is subject to Code Section 414(v)(7) for any calendar year, if the Deferrals of such Participant that exceed the applicable dollar limit under Code Section 457(e)(15) are not designated Roth Contributions, then the failure may be corrected in accordance with Proposed Treasury Regulation Section 1.414(v)-2(c)(2)(ii) or (iii), or such other guidance issued by the Secretary of the Treasury, provided that the same correction method shall apply to all such Participants for any Plan Year.

5. Section 3.03 of the Plan is hereby deleted in its entirety and replaced with the following:

(a) The election of a Participant to participate under the Plan is irrevocable as to all amounts actually deferred under the Participation Agreement, except as may be permitted under regulations issued by the Secretary of the Treasury with respect to an election to make Age 50 Catch-up Contributions as Roth Contributions by a Participant whose compensation is determined to exceed the wage limitation under Code Section

414(v)(7)(A). The Participant may, by amendment of the Participation Agreement or by any manner as the Plan Administrator may prescribe, do any of the following prospectively: (i) change the Investment Option allocation of amounts to be deferred in the future; (ii) terminate the election to be an Active Participant; (iii) change the amount of Compensation to be deferred; (iv) change the designation of a Deferral from a Pre-Tax Contribution to a Roth Contribution, or vice versa.

(b) An amendment or termination of a Participation Agreement shall be effective as early as administratively practicable following execution of the Participation Agreement (but not earlier than the first day of the first calendar month following execution of the Participation Agreement with respect to Participation Agreements entered into prior to April 1, 2023).

6. Section 5.01(b) of the Plan is hereby deleted in its entirety and replaced with the following:

(b) Except as otherwise permitted in the case of an approved unforeseeable emergency pursuant to Section 5.09 or Plan termination under Section 10.01, distributions from a Participant's Account shall not be made to the Participant or Beneficiary until the earlier of (i) the Participant's Severance from Employment or (ii) the calendar year in which a Participant attains age 72 (effective May 1, 2025, age 59 ½).

7. Section 5.02 of the Plan is hereby deleted in its entirety and replaced with the following:

5.02 **Participant Election of a Benefit Commencement Date and Benefit Payment Option.**

(a) **Severance from Employment.** A Participant who becomes entitled to a distribution under the Plan by reason of the Participant's Severance from Employment may elect a Benefit Commencement Date upon Severance from Employment. Benefit payments may begin as soon as practicable after the Provider's receipt of verification of Severance from Employment in such form as may be determined by the Employer (if applicable), the final deferral amount, and the election form for the Benefit Payment Option. The Benefit Commencement Date must be no later than April 1 of the year following the year in which the Participant attains the Applicable Age. A Participant may elect a Benefit Payment Option as permitted in Section 5.07 of the Plan and the applicable Investment Option or change a Benefit Payment Option previously elected if permitted by the applicable Investment Option.

(b) **In-Service Distribution.** A Participant who becomes entitled to a distribution under the Plan by reason of attaining age 72 (effective May 1, 2025, age 59 ½) and who has not had a Severance from Employment or reached the Applicable Age may elect a Benefit Payment Option as permitted in Section 5.07 of the Plan and the applicable Investment Option, provided that, once the Participant attains the Applicable Age, subsection (c) shall apply if the Participant has not had a Severance from Employment.

(c) **Applicable Age.** A Participant who is required to receive a distribution under the Plan by reason of attaining the Applicable Age (and who has not had a Severance from Employment) must begin receiving annual distributions under the Plan in an amount that is required to satisfy Code Section 401(a)(9) by a Benefit Commencement Date that is no later than April 1 of the year following the year in which the Participant attains the Applicable Age. The Participant may instead elect a Benefit Payment Option as permitted in Section 5.07 of the Plan and the applicable Investment Option, provided that the election provides for an annual distribution amount required to satisfy Code Section 401(a)(9).

8. Section 5.03 of the Plan is hereby deleted in its entirety and replaced with the following:

5.03 **Default Benefit Commencement Date and Benefit Payment Option for Participant.** If a Participant does not elect a Benefit Commencement Date in the manner provided for in Section 5.02(a), or if a Participant does not elect a Benefit Payment Option in the manner provided for in Section 5.02(b) or (c), as applicable, the Benefit Commencement Date shall be December 31 of the year in which the Participant attains the Applicable Age, and benefits shall be paid in a Benefit Payment Option that provides for distributions over the maximum number of years allowed by Code Section 401(a)(9).

9. Section 5.05(a) of the Plan is hereby deleted in its entirety and replaced with the following:

(a) If a Spousal Beneficiary does not elect a Benefit Commencement Date, benefit payments to the Spousal Beneficiary shall begin by the later of December 31 of the calendar year in which the Participant would have attained the Applicable Age or December 31 of the calendar year immediately following the calendar year in which the Participant dies.

10. Section 5.08 of the Plan is hereby deleted in its entirety and replaced with the following:

5.08. **Required Minimum Distributions.**

(a) The provisions of this Section 5.08 take precedence over any inconsistent provisions of the Plan or of any Investment Option. All distributions under this Plan shall be made in accordance with a reasonable, good faith interpretation of Code Section 401(a)(9) and the regulations promulgated thereunder, including the incidental death benefit rules under Code Section 401(a)(9)(G) and the changes under the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019, SECURE 2.0 of 2022, and Treasury Regulation Sections 1.401(a)(9)-1 through -9, as each may be amended from time to time.

(b) The Provider(s) shall be solely responsible for complying with the provisions of this Section 5.08. The Provider(s) shall calculate the amounts required to be distributed to a Participant under this Section, notify such Participant of such distributions at least 60 days prior to the date distributions must begin, and make such required minimum distribution by no later than April 1 of the year following the year in which the Participant attains the Applicable Age; provided, however, that effective for distributions required under Code Section 401(a)(9) for calendar years 2024 and later during the lifetime of the Participant, this paragraph (b) shall not apply to a Participant's Roth Contribution Account or Roth Rollover Contribution Account.

11. A new paragraph is hereby added to Section 5.09 of the Plan as follows:

A Participant must provide substantiation of the unforeseeable emergency to the Provider; provided, however, that unless it has actual knowledge to the contrary, the Provider can rely on the Participant's self-certification that the withdrawal satisfies the requirements of this Section 5.09.

12. Capitalized terms not otherwise defined in this First Amendment shall have the meanings ascribed to them in the Plan.

13. All other terms and conditions of the Plan shall remain in full force and effect.

IN WITNESS WHEREOF, the Employer hereby adopts this First Amendment effective as of the Effective Date.

THE OHIO STATE UNIVERSITY

_____

By: Michael Papadakis
Title: Senior Vice President for Business and Finance and Chief Financial Officer

Date: _____

Approval of the First Amendment to
The Ohio State University Alternative Retirement Plan

Summary

Background on the Plan:

The Ohio State University Alternative Retirement Plan ("Plan"), which may be elected in lieu of mandatory participation in the Ohio Public Employees Retirement System ("OPERS") or the State Teachers Retirement System of Ohio ("STRS"), is a defined contribution plan. The Plan allows employees to contribute a specified percentage of their compensation (10% if otherwise eligible for OPERS and 14% if otherwise eligible for STRS) to the Plan and to exclude the contributions from taxable income. The funds are invested with various vendors in annuity and custodial account options at the employee's election.

Summary of Changes:

The First Amendment to the Plan ("Amendment") makes changes as required or allowed under the SECURE 2.0 Act of 2022. Under SECURE 2.0, the Required Minimum Distribution Date ("RMD") has been increased.

The Office of Human Resources, the Office of Legal Affairs and outside counsel have approved the amendment to the Plan.

Purpose of the Resolution for the Plan:

- Approve the First Amendment to the Plan (2022) effective January 1, 2023; and
- Authorize the Senior Vice President for Business and Finance and Chief Financial Officer to sign the amendment and any other documents needed to carry out the resolution.

FIRST AMENDMENT TO
THE OHIO STATE UNIVERSITY
ALTERNATIVE RETIREMENT PLAN

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Alternative Retirement Plan ("Plan"), which was established on February 5, 1999, and was most recently restated January 1, 2022;

WHEREAS, the Plan is a pre-approved plan maintained by The Ohio State University (the "Pre-Approved Plan Provider") as the Alternative Retirement Plan ("Pre-Approved Plan"), and is the subject of an Opinion Letter issued by the Internal Revenue Service dated June 30, 2020;

WHEREAS, the Pre-Approved Plan Provider previously adopted the First Amendment to the Pre-Approved Plan to reflect changes made pursuant to the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act") and the Coronavirus Aid, Relief, and Economic Security Act of 2020 ("CARES Act"), the Second Amendment to the Pre-Approved Plan to reflect additional changes made pursuant to the SECURE Act and other technical changes, and more recently adopted the Third Amendment to the Pre-Approved Plan to reflect changes made pursuant to the SECURE 2.0 Act of 2022;

WHEREAS, pursuant to Section 8.3 of the Plan, the Employer has the right to amend the Plan; and

WHEREAS, the January 1, 2022 restatement of the Plan fully incorporates changes consistent with the First Amendment to the Pre-Approved Plan and the Second Amendment to the Pre-Approved Plan; and

WHEREAS, the Employer desires to amend the Plan, as set forth below, to reflect changes made pursuant to the SECURE 2.0 Act of 2022, in accordance with the Third Amendment to the Pre-Approved Plan.

NOW, THEREFORE, effective as of January 1, 2023 (the "Effective Date"), the Employer hereby amends the Plan as follows:

1. Section 7.5 of the Plan is hereby amended as follows:

Section 7.5. Required Distribution Rules

(a) General Rules

(1) The requirements of this Section 7.5 will take precedence over any inconsistent provisions of the Plan.

(2) All distributions required under this Section 7.5 will be determined and made in accordance with a reasonable, good faith interpretation of IRC Section 401(a)(9) and the regulations promulgated thereunder, including the incidental death benefit rules under IRC Section 401(a)(9)(G) and the changes under the Setting Every Community Up for

Retirement Enhancement ("SECURE") Act of 2019, SECURE 2.0 of 2022, and Treasury Regulation Sections 1.401(a)(9)-1 through -9, as each may be amended from time to time.

(3) Spousal consent under Section 7.2 is not required if the Plan is required to make a distribution under the Plan to satisfy IRC Section 401(a)(9) because the Participant or Beneficiary has failed to timely request such a distribution. In such case, notwithstanding any other provision of the Plan, IRC Section 401(a)(9) may be satisfied by a lump sum distribution of the required minimum amount to the Participant or Beneficiary.

(b) Time and Manner of Distribution

(1) Required Beginning Date. The Participant's entire interest will be distributed, or begin to be distributed, to the Participant no later than the Participant's required beginning date. "Required beginning date" shall mean the April 1 of the calendar year following the calendar year in which the Participant attains the applicable age within the meaning of IRC Section 401(a)(9)(C)(v), subject to ORC Section 3305.07.

(2) The Provider(s) shall be solely responsible for calculating the amounts required to be distributed to a Participant under this Section and notifying such Participant of such distributions at least 60 days prior to the date distributions must begin.

2. Capitalized terms not otherwise defined in this First Amendment shall have the meanings ascribed to them in the Plan.

3. All other terms and conditions of the Plan shall remain in full force and effect.

IN WITNESS WHEREOF, the Employer hereby adopts this First Amendment effective as of the Effective Date.

THE OHIO STATE UNIVERSITY

_____

By: Michael Papadakis
Title: Senior Vice President for Business and Finance and Chief Financial Officer

Date: _____

Third Amendment to
the Alternative Retirement Plan

Summary

Background on the Plan:

The ARP is a Volume Submitter Plan maintained by The Ohio State University (the "Pre-Approved Plan Provider") as the Alternative Retirement Plan ("Plan") and is the subject of favorable Opinion Letters issued by the Internal Revenue Service dated March 31, 2014 (for the 2016 restatement) and June 30, 2020 (for the 2022 restatement). As the Pre-Approved Plan Provider, the University maintains the Volume Submitter Plan on behalf of Ohio public education institutions that adopt the Plan.

Summary of Changes:

The Third Amendment to the Plan ("Amendment") makes changes as required or allowed under the SECURE 2.0 Act of 2022. Under SECURE 2.0, the Required Minimum Distribution Date ("RMD") has been increased. As the Plan allows employers to choose when RMDs must commence (either the later of the applicable age or retirement or the applicable age), the Amendment provides a customization option for each employer to designate which option is being elected.

The Office of Human Resources, the Office of Legal Affairs and outside counsel have approved the amendment to the Plan.

Purpose of the Resolution for the Plan:

- Approve the Third Amendment to the Plan, effective January 1, 2023; and
- Authorize the Senior Vice President for Business and Finance and Chief Financial Officer to sign the amendment and any other documents needed to carry out the resolution.

THIRD AMENDMENT TO
ALTERNATIVE RETIREMENT PLAN

WHEREAS, The Ohio State University (the "Pre-Approved Plan Provider") maintains the Alternative Retirement Plan ("Plan") as a pre-approved plan on behalf of Ohio public education institutions that adopt the Plan;

WHEREAS, the Plan is the subject of an Opinion Letter issued by the Internal Revenue Service dated June 30, 2020, and has been amended twice thereafter;

WHEREAS, pursuant to Section 8.3 of the Plan, the Pre-Approved Plan Provider has authority to amend the Plan on behalf of all adopting employers, including those employers that have adopted the Plan prior to this amendment, for changes in the Internal Revenue Code, Treasury Regulations, Revenue Rulings, other statements published by the Internal Revenue Service, including model, sample or other required good faith amendments; and

WHEREAS, the Pre-Approved Plan Provider desires to amend the Plan, as set forth below, to reflect changes made pursuant to the SECURE 2.0 Act of 2022.

NOW, THEREFORE, effective as of January 1, 2023, unless otherwise stated herein (the "Effective Date"), the Pre-Approved Plan Provider hereby amends the Plan as follows:

1. Section 7.5 of the Plan is hereby amended as follows:

Section 7.5. <u>Required Distribution Rules</u>

(a) <u>General Rules</u>

(1) The requirements of this Section 7.5 will take precedence over any inconsistent provisions of the Plan.

(2) All distributions required under this Section 7.5 will be determined and made in accordance with a reasonable, good faith interpretation of IRC Section 401(a)(9) and the regulations promulgated thereunder, including the incidental death benefit rules under IRC Section 401(a)(9)(G) and the changes under the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019, SECURE 2.0 of 2022, and Treasury Regulation Sections 1.401(a)(9)-1 through -9, as each may be amended from time to time.

(3) Spousal consent under Section 7.2 is not required if the Plan is required to make a distribution under the Plan to satisfy IRC Section 401(a)(9) because the Participant or Beneficiary has failed to timely request such a distribution. In such case, notwithstanding any other provision of the Plan, IRC Section 401(a)(9) may be satisfied by a lump sum distribution of the required minimum amount to the Participant or Beneficiary.

(b) Time and Manner of Distribution

(1) Required Beginning Date. The Participant's entire interest will be distributed, or begin to be distributed, to the Participant no later than the Participant's required beginning date. "Required beginning date" shall mean the April 1 of the calendar year following **(*SELECT ONE*)** [the later of the calendar year in which the Participant attains the applicable age within the meaning of IRC Section 401(a)(9)(C)(v) or the calendar year in which the Participant retires.] [the calendar year in which the Participant attains the applicable age within the meaning of IRC Section 401(a)(9)(C)(v), subject to ORC Section 3305.07.]

(2) The Provider(s) shall be solely responsible for calculating the amounts required to be distributed to a Participant under this Section and notifying such Participant of such distributions at least 60 days prior to the date distributions must begin.

2. Capitalized terms not otherwise defined in this Third Amendment shall have the meanings ascribed to them in the Plan.

3. All other terms and conditions of the Plan shall remain in full force and effect.

IN WITNESS WHEREOF, the Pre-Approved Plan Provider hereby adopts this Third Amendment effective as of the Effective Date.

THE OHIO STATE UNIVERSITY

_____

By: Michael Papadakis
Title: Senior Vice President for Business and Finance and Chief Financial Officer
Date: _____

3335-7-35: Modification of salary recovery percentage for research faculty.

(A) Contracts will be for a period of at least one year and for no more than five years.

(B) Contracts must explicitly state the expectations for salary support ~~and generally will require one hundred per cent salary recovery~~. The faculty member will be expected to cover no more than ninety-five percent of their salary. It is expected that salary recovery/support will be derived from extramural funds.

(C) The initial contract is probationary, and a research faculty member will be informed by the end of each probationary year as to whether they will be reappointed for the following year. By the end of the penultimate year of the probationary contract, the research faculty member will be informed as to whether a new contract will be extended at the conclusion of the probationary contract period. In the event that a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of a contract may be renegotiated at the time of reappointment.

(D) During and until the end of the second and subsequent contract periods, research faculty appointments may be terminated for not meeting the terms of the contract (e.g. failure to obtain extramural support for the research). Appointments may also be terminated during a contract period for cause (see rule 3335-5-04 of the Administrative Code), or financial exigency (see rule 3335-5-02.1 of the Administrative Code), and the termination decision for either of these reasons shall result from procedures established by faculty rules. In addition, a contract may be renegotiated during a contract period only with the voluntary consent of the research faculty member. By the end of the penultimate year of each contract period, the research faculty member will be informed as to whether a new contract will be extended at the conclusion of the current contract period. If a new contract is not extended, the final year of the current contract is a terminal year of employment. There is no presumption that a new contract will be extended. In addition, the terms of a contract may be renegotiated at the time of reappointment.

(E) The standards of notice set forth in rule 3335-6-08 of the Administrative Code apply to research faculty appointments.

APPENDIX LXX

Appointments/Reappointments of Chairpersons

ADELEKE ADEEKO, Acting Chair, Department of African American and African Studies, January 5, 2025, through May 31, 2025

ANIL ARYA (extension), Chair, Department of Accounting and Management Information Science, June 1, 2025, through August 14, 2025

KURT FREDRICK**, Chair, Department of Microbiology, July 1, 2025, through June 30, 2029

KELLY GARRETT**, Director, School of Communication, July 1, 2025, through June 30, 2027

ALLISON MACKAY**, Chair, Department of Civil, Environmental and Geodetic Engineering, June 1, 2025, through May 31, 2029

MONA MAKHIJA, Chair, Department of Management and Human Resources, June 1, 2025, through August 14, 2029

SCOTT MCGRAW**, Chair, Department of Anthropology, July 1, 2025, through June 30, 2029

RYAN NASH, Interim Chair, Department of Biomedical Education and Anatomy, March 1, 2025, through December 31, 2025, or until a permanent chair is named

ERIK PORFELI**, Chair, Department of Human Sciences, July 1, 2025, through June 30, 2029

FARHANG POURBOGHRAT**, Chair, Department of Integrated Systems Engineering, June 1, 2025, through May 31, 2029

LEAH PYTER, Director, Institute for Behavioral Medicine Research, February 1, 2025, through June 30, 2029

EJ WESTLAKE**, Chair, Department of Theatre, Film, and Media Arts, July 1, 2025, through June 30, 2029

JONATHAN WITTER, Interim Director, The Ohio State Agricultural Technical Institute, April 1, 2025, through June 30, 2026, or until a new Director is named

**Reappointment
*New Hire

Faculty Professional Leaves

GEORGIOS ANAGNOSTOU, Professor, Department of Classics, FPL for Fall 2025 and Spring 2026

DAWN ANDERSON-BUTCHER, Professor, College of Social Work, FPL for Fall 2025 and Spring 2026

LOREN BABCOCK, Professor, School of Earth Sciences, FPL for Fall 2025

YOUKYUNG BAE, Associate Professor, Department of Speech and Hearing Science, FPL for Fall 2025

HARMONY BENCH, Associate Professor, Department of Dance, FPL for Fall 2025 and Spring 2026

MICAH BERMAN, Professor, College of Public Health, FPL for Fall 2025 and Spring 2026

MARC BOCKRATH, Professor, Department of Physics, FPL for Spring 2026

DENNIS BONG, Professor, Department of Chemistry and Biochemistry, FPL for Fall 2025

JACOB BOSWELL, Associate Professor, Knowlton School of Architecture, FPL for Spring 2026

NICHOLAS BRUNELLI, Professor, Department of Chemical and Biomolecular Engineering, FPL for Fall 2025 and Spring 2026

BRAD BUSHMAN, Professor, School of Communication, FPL for Spring 2026

BENJAMIN CAMPBELL, Professor, Department of Management and Human Resources, FPL for Fall 2025

JENNIFER CHEAVENS, Professor, Department of Psychology, FPL for Fall 2025

BENJAMIN COIFMAN, Professor, Department of Civil, Environmental and Geodetic Engineering, FPL for Fall 2025

DANIEL COLLINS, Associate Professor, Department of Slavic and East European Languages and Cultures, FPL for Spring 2026

OVIDIU COSTIN, Professor, Department of Mathematics, FPL for Fall 2025 and Spring 2026

SKYLER CRANMER, Professor, Department of Political Science, FPL for Fall 2025 and Spring 2026

ANDREW CRUSE, Associate Professor, Knowlton School of Architecture, FPL for Fall 2025 and Spring 2026

MARIA CUETO, Associate Professor, Department of Mathematics, FPL for Fall 2025 and Spring 2026

MICHAEL DEKAY, Associate Professor, Department of Psychology, FPL for Fall 2025

JUSTIN DILES, Associate Professor, Knowlton School of Architecture, FPL for Fall 2025

GRAHAM DIXON, Associate Professor, School of Communication, FPL for Spring 2026

DOUGLAS DOWNEY, Professor, Department of Sociology, FPL for Fall 2025 and Spring 2026

SIMONE DRAKE, Professor, Department of English, FPL for Spring 2026

TOM DUGDALE, Associate Professor, Department of Theatre, Film, and Media Arts, FPL for Fall 2025

MADHUMITA DUTTA, Associate Professor, Department of Geography, FPL for Fall 2025 and Spring 2026

BARTOW ELMORE, Professor, Department of History, FPL for Spring 2026

ATILLA ERYILMAZ, Professor, Department of Electrical and Computer Engineering, FPL for Fall 2025

MOLLY FARRELL, Associate Professor, Department of English, FPL for Fall 2025 and Spring 2026

AYMAN FAYED, Professor, Department of Electrical and Computer Engineering, FPL for Spring 2026

SACHIN GAUTAM, Associate Professor, Department of Mathematics, FPL for Fall 2025 and Spring 2026

XIN FENG, Professor, Department of Human Sciences, FPL for Spring 2026

YVONNE GODDARD, Associate Professor, Department of Educational Studies, FPL for Fall 2025

MATTHEW GRIZZARD, Associate Professor, School of Communication, FPL for Spring 2026

DEBBIE GUATELLI-STEINBERG, Professor, Department of Anthropology, FPL for Fall 2025

JULIA HAWKINS, Associate Professor, Department of Classics, FPL for Fall 2025

BRUCE HENNISS, Associate Professor, School of Music, FPL for Spring 2026

BENJAMIN HOFFMANN, Professor, Department of French and Italian, FPL for Spring 2026

DAVID HOFFMANN, Professor, Department of History, FPL for Fall 2025 and Spring 2026

JIM HOOD, Associate Professor, Department of Evolution, Ecology and Organismal Biology, FPL for Fall 2025 and Spring 2026

STEPHEN HOVICK, Associate Professor, Department of Evolution, Ecology and Organismal Biology, FPL for Fall 2025

AMANDA HUMMON, Professor, Department of Chemistry and Biochemistry, FPL for Spring 2026

DOROTHÉE IMBERT, Professor, Knowlton School of Architecture, FPL for Fall 2025 and Spring 2026

RICHARD JAGACINSKI, Professor, Department of Psychology, FPL for Spring 2026

RACHEL KAJFEZ, Associate Professor, Department of Engineering Education, FPL for Fall 2025

JAY KANDAMPULLY, Professor, Department of Human Sciences, FPL for Fall 2025

ERIC KATZ, Professor, Department of Mathematics, FPL for Spring 2026

LAURIE KATZ, Professor, Department of Teaching and Learning, FPL for Fall 2025 and Spring 2026

JUNG HYUN KIM, Associate Professor, Department of Mechanical and Aerospace Engineering, FPL for Fall 2025

MINJUNG KIM, Associate Professor, Department of Educational Studies, FPL for Spring 2026

CAN EMRE KOKSAL, Professor, Department of Electrical and Computer Engineering, FPL for Spring 2026

KWAKU KORANG, Associate Professor, Department of African American and African Studies, FPL for Fall 2025 and Spring 2026

ROBERT KRAUT, Professor, Department of Philosophy, FPL for Fall 2025

CHUN NING (JEANIE) LAU, Professor, Department of Physics, FPL for Fall 2025 and Spring 2026

ADAM LEROY, Professor, Department of Astronomy, FPL for Fall 2025 and Spring 2026

ROBERT LEVINE, Professor, Department of Linguistics, FPL for Fall 2025

MATTHEW LEWIS, Associate Professor, Department of Design, FPL for Fall 2025 and Spring 2026

GUOQING LI, Professor, University Libraries, FPL for Fall 2025 and Spring 2026

LISA LIBBY, Professor, Department of Psychology, FPL for Spring 2026

ERIN LIN, Associate Professor, Department of Political Science, FPL for Fall 2025 and Spring 2026

MICHAEL LISA, Professor, Department of Physics, FPL for Spring 2026

DESHENG LIU, Professor, Department of Geography, FPL for Fall 2025 and Spring 2026

JUN LIU, Professor, Department of Biomedical Engineering, FPL for Fall 2025

BO LU, Professor, College of Public Health, FPL for Fall 2025 and Spring 2026

RAGHU MACHIRAJU, Professor, Department of Computer Science and Engineering, FPL for Fall 2025 and Spring 2026

SANDRA MACPHERSON, Associate Professor, Department of English, FPL for Fall 2025 and Spring 2026

PETER MANSOOR, Professor, Department of History, FPL for Spring 2026

LEE MARTIN, Professor, Department of English, FPL for Spring 2026

NYAMA MCCARTHY-BROWN, Associate Professor, Department of Dance, FPL for Fall 2025 and Spring 2026

LAUREN MCINROY, Associate Professor, College of Social Work, FPL for Fall 2025

ROBERTO MYERS, Professor, Department of Materials Science and Engineering, FPL for Fall 2025

STEPHEN NIEZGODA, Professor, Department of Materials Science and Engineering, FPL for Fall 2025 and Spring 2026

CHRISTOPHER OTTER, Professor, Department of History, FPL for Fall 2025

JENNIFER PARK, Associate Professor, Department of Mathematics, FPL for Spring 2026

SRINIVASAN PARTHASARATHY, Professor, Department of Computer Science and Engineering, FPL for Fall 2025 and Spring 2026

LAURA PODALSKY, Professor, Department of Spanish and Portuguese, FPL for Fall 2025 and Spring 2026

LAURA POMEROY, Assistant Professor, College of Public Health, FPL for Fall 2025 and Spring 2026

FARHANG POURBOGHRAT, Professor, Department of Integrated Systems Engineering, FPL for Fall 2025

HEATHER POWELL, Professor, Department of Materials Science and Engineering, FPL for Fall 2025

ANIL PRADHAN, Professor, Department of Astronomy, FPL for Fall 2025

TOWNSAND PRICE-SPRATLEN, Professor, Department of Sociology, FPL for Fall 2025 and Spring 2026

KELLY PURTELL, Associate Professor, Department of Human Sciences, FPL for Fall 2025 and Spring 2026

SIDDHARTH RAJAN, Professor, Department of Electrical and Computer Engineering, FPL for Fall 2025

EDUARDO REATEGUI, Associate Professor, Department of Chemical and Biomolecular Engineering, FPL for Fall 2025

PAUL REITER, Professor, College of Public Health, FPL for Fall 2025 and Spring 2026

JANELLE RICKS, Associate Professor, College of Public Health, FPL for Fall 2025 and Spring 2026

COURTLYN ROSER-JONES, Associate Professor, College of Law, FPL for Spring 2026

DARREN ROULSTONE, Professor, Department of Accounting and MIS, FPL for Spring 2026

GEORGE RUSH, Professor, Department of Art, FPL for Fall 2025

PHILIP SCHNITER, Professor, Department of Electrical and Computer Engineering, FPL for Fall 2025

ZACHARY SCHULTZ, Professor, Department of Chemistry and Biochemistry, FPL for Fall 2025

CHRISTO SEVOV, Associate Professor, Department of Chemistry and Biochemistry, FPL for Fall 2025

VLADIMIR SLOUTSKY, Professor, Department of Psychology, FPL for Fall 2025 and Spring 2026

ALEXANDER SOKOLOV, Associate Professor, Department of Chemistry and Biochemistry, FPL for Spring 2026

MARC SPINDELMAN, Professor, College of Law, FPL for Fall 2025 and Spring 2026

KANNAN SRIKANTH, Associate Professor, Department of Management and Human Resources, FPL for Spring 2026

HUAN SUN, Associate Professor, Department of Computer Science and Engineering, FPL for Fall 2025 and Spring 2026

SAM DAVANLOO TAJBAKHSH, Associate Professor, Department of Integrated Systems Engineering, FPL for Spring 2026

JUDITH TATE, Associate Professor, College of Nursing, FPL for Fall 2025

FERNANDO TEIXEIRA, Professor, Department of Electrical and Computer Engineering, FPL for Fall 2025

MARY THOMAS, Professor, Department of Women's, Gender and Sexuality Studies, FPL for Spring 2026

HSIAN-HUA TSENG, Professor, Department of Mathematics, FPL for Spring 2026

PIERS TURNER, Associate Professor, Department of Philosophy, FPL for Fall 2025 and Spring 2026

KAREEM USHER, Associate Professor, Knowlton School of Architecture, FPL for Spring 2026

CASEY WADE, Associate Professor, Department of Chemistry and Biochemistry, FPL for Fall 2025

JI WANG, Associate Professor, Department of Astronomy, FPL for Fall 2025 and Spring 2026

ANDREÁ WILLIAMS, Associate Professor, Department of English, FPL for Spring 2026

CARMEN WINANT, Professor, Department of Art, FPL for Fall 2025 and Spring 2026

PATRICK WOODWARD, Professor, Department of Chemistry and Biochemistry, FPL for Fall 2025

ALPER YILMAZ, Professor, Department of Civil, Environmental and Geodetic Engineering, FPL for Fall 2025

SHIRLEY YU, Associate Professor, Department of Educational Studies, FPL for Fall 2025

Faculty Professional Leave Changes/Cancellations

JOHN KAGEL, Professor, Department of Economics, change FPL from Spring 2025 to Fall 2024

Emeritus Titles

LEI BAO, Department of Physics, with the title of Professor Emeritus, effective August 1, 2025

CYNTHIA BECKETT, College of Nursing, with the title of Assistant Professor-Clinical Emeritus, effective June 14, 2025

CYNTHIA BURACK, Department of Women's Gender and Sexuality Studies, with the title of Professor Emeritus, effective June 1, 2025

RUTH COLKER, College of Law, with the title of Professor Emeritus, effective August 1, 2025

JAMES DAVIS, Department of Computer Science and Engineering, with the title of Professor Emeritus, effective August 15, 2025

MICHAEL EARLEY, College of Optometry, with the title of Professor-Clinical Emeritus, effective June 1, 2025

KATHY FAGAN GRANDINETTI, Department of English, with the title of Professor Emeritus, effective June 1, 2025

KATHERINE FEDERLE, College of Law, with the title of Professor Emeritus, effective January 1, 2025

JACQUELINE GOODWAY, Department of Human Sciences, with the title of Professor Emeritus, effective January 1, 2025

PETER HAHN, Department of History, with the title of Professor Emeritus, effective June 1, 2025

DANIEL JONES, Department of Pathology, with the title of Professor Emeritus, effective September 1, 2025

ANNE DILLMAN KLOOS, School of Health and Rehabilitation Sciences, with the title of Professor-Clinical Emeritus, effective June 1, 2025

GERALD KOSICKI, School of Communication, with the title of Associate Professor Emeritus, effective January 1, 2025

JOHN LOW, Department of Comparative Studies, Newark, with the title of Professor Emeritus, effective August 16, 2025

WILLIAM BERRY LYONS, School of Earth Sciences, with the title of Professor Emeritus, effective June 1, 2025

ELLEN MOSLEY-THOMPSON, Department of Geography, with the title of Professor Emeritus, effective June 1, 2025

MARK PARTRIDGE, Department of Agricultural, Environmental and Development Economics, with the title of Professor Emeritus, effective January 1, 2025

ALI RIKABI, Department of Radiology, with the title of Assistant Professor-Clinical Emeritus, effective April 8, 2025

HARALD VAESSIN, Department of Molecular Genetics, with the title of Professor Emeritus, effective July 1, 2025

STEFFANIE WILK, Department of Management and Human Resources, with the title of Professor Emeritus, effective June 1, 2025

JOYCE ZURMEHLY, College of Nursing, with the title of Professor-Clinical Emeritus, effective July 1, 2025

2024/2025 Hires

COLLEGE OF ARTS AND SCIENCES
DIVISION OF ARTS AND HUMANITIES

PROMOTION TO PROFESSOR WITH TENURE
Fantl, Jeremy, Philosophy, August 15, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Halpern, Faye, English, August 15, 2025

DIVISION OF NATURAL AND MATHEMATICAL SCIENCES

PROMOTION TO PROFESSOR
Sevov, Christo, Chemistry and Biochemistry, May 20, 2025

PROMOTION TO PROFESSOR WITH TENURE
van Hoof, Ambro, Molecular Genetics, August 15, 2025

COLLEGE OF MEDICINE

PROMOTION TO PROFESSOR WITH TENURE
Margolis, Amy, Psychiatry and Behavioral Health, February 2, 2025
Pai, Ahna, Pediatrics, March 19, 2025
Turner, Joanne, Pediatrics, March 19, 2025

VETERINARY MEDICINE

PROMOTION TO PROFESSOR WITH TENURE
Naugle, Alecia, Veterinary Preventive Medicine, January 1, 2025

2024/2025 Promotion, Tenure and Reappointment Results

COLLEGE OF THE ARTS AND SCIENCES

DIVISION OF ART AND HUMANITIES

PROMOTION TO PROFESSOR
Hedgecoth, David, Music, May 21, 2025
Hughes, Robert, English, Newark, May 21, 2025
Joyce, Steven, Germanic Languages and Literatures, Mansfield, May 21, 2025
Koehnlein, Bjoern, Linguistics, May 21, 2025
Price, Margaret, English, May 21, 2025
Pyun, Danielle, East Asian Languages and Literatures, May 21, 2025
Young, Margaret, Music, Lima, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Calamoneri, Tanya, Dance, May 21, 2025
Dillenburg, Elizabeth, History, Newark, May 21, 2025
Fertik, Harriett, Classics, May 21, 2025
Lin, Alisa, Slavic and East European Lang and Cult, May 21, 2025
Parrott, Joseph, History, May 21, 2025
Skaggs, Rachel, Art Administration, Education and Policy, May 21, 2025
Tjon Soei Len, Lyn, Women's, Gender and Sexuality Studies, May 21, 2025
Tuxbury-Gleissner, Philip, Slavic and East European Lang and Cult, May 21, 2025

DIVISION OF ART AND HUMANITIES
CLINICAL

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT
Mozingo, Karen, Theatre, Film and Media Arts, May 21, 2025, and August 15, 2026

DIVISION OF NATURAL AND MATHEMATICAL SCIENCES

PROMOTION TO PROFESSOR
Anderson, David, Mathematics, May 21, 2025
Griffith, Elizabeth, Earth Sciences, May 21, 2025
Harper, John, Mathematics, Newark, May 21, 2025
Hiary, Ghaith, Mathematics, May 21, 2025
Lam, Adrian, Mathematics, May 21, 2025
Lopez, Laura, Astronomy, May 21, 2025
Rich, Virginia, Microbiology, May 21, 2025
Sawyer, Derek, Earth Sciences, May 21, 2025
Sivakoff, David, Statistics, May 21, 2025
Yoder, Ryan, Chemistry and Biochemistry, Marion, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Bouley, Renee, Chemistry and Biochemistry, Marion, May 21, 2025
Gomez, Demian, Earth Sciences, May 21, 2025
Holmes, John, Mathematics, May 21, 2025
Lipnowski, Michael, Mathematics, May 21, 2025
Zimmerman, Scott, Mathematics, Marion, May 21, 2025

DIVISION OF NATURAL AND MATHEMATICAL SCIENCES
CLINICAL

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT
Metzger, Thomas, Statistics, May 21, 2025, and August 15, 2026

DIVISION OF NATURAL AND MATHEMATICAL SCIENCES
ASSOCIATED

PROMOTION TO ASSOCIATE PROFESSOR
Schlingman, Wayne, Astronomy, May 21, 2025

DIVISION OF SOCIAL AND BEHAVIORAL SCIENCES

PROMOTION TO PROFESSOR
Blevins, Jason, Economics, May 21, 2025
Bond, Robert, Communication, May 21, 2025
Field, Julie, Anthropology, May 21, 2025
Fox, Jesse, Communication, May 21, 2025
Huang, Haifeng, Political Science, May 21, 2025
Nyseth Nzitatira, Hollie, Sociology, May 21, 2025
Pek, Jolynn, Psychology, May 21, 2025
Robinson, Amanda, Political Science, May 21, 2025
Weinberg, Matthew, Economics, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Kowalsky, Jennifer, Psychology, Newark, May 21, 2025
Le, Huyen, Geography, May 21, 2025
Park, Ju Yeon, Political Science, May 21, 2025
Yadon, Nicole, Political Science, May 21, 2025

DIVISION OF SOCIAL AND BEHAVIORAL SCIENCES
CLINICAL

PROMOTION TO PROFESSOR-CLINICAL
Brello, Jennifer, Speech and Hearing Science, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT
Hazelbaker, Julie, Speech and Hearing Science, May 21, 2025, and August 15, 2026

COLLEGE OF DENTISTRY

PROMOTION TO PROFESSOR
Azer, Shereen, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Azadani, Ehsan, May 21, 2025
Meirelles, Luiz, May 21, 2025

COLLEGE OF DENTISTRY
CLINICAL

PROMOTION TO PROFESSOR-CLINICAL
Mendel, Debra, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT
Gross, Erin, May 21, 2025, and August 15, 2026

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL
Amer, Rafat, May 21, 2025
Reyes-Perez, Elisandra, May 21, 2025

REAPPOINTMENT
Henderson, Rebecca, August 15, 2026
Jatana, Courtney, August 15, 2026
Kissell, Denise, August 15, 2026

COLLEGE OF EDUCATION AND HUMAN ECOLOGY

PROMOTION TO PROFESSOR
Orchard, Tonya, Human Sciences, May 21, 2025
Pratt, Keeley, Human Sciences, May 21, 2025
Thompson, Winston, Educational Studies, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Hagge, Julia, Teaching and Learning, Marion, May 21, 2025
Jeong, Sophia, Teaching and Learning, May 21, 2025
Lang, Sarah, Human Sciences, May 21, 2025
Pierson, Ashlyn, Teaching and Learning, May 21, 2025
Plasman, Jay, Educational Studies, May 21, 2025

COLLEGE OF EDUCATION AND HUMAN ECOLOGY
CLINICAL

PROMOTION TO PROFESSOR-CLINICAL
Kennel, Julie, Human Sciences, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT
Lipp, Jamie, Teaching and Learning, May 21, 2025, and August 15, 2026

COLLEGE OF ENGINEERING

PROMOTION TO PROFESSOR
Ahmad, Rizwan, Biomedical Engineering, May 21, 2025
D'Souza, Kiran, Mechanical and Aerospace Engineering, May 21, 2025
Duan, Lian, Mechanical and Aerospace Engineering, May 21, 2025
Groeber, Michael, Integrated Systems Engineering, May 21, 2025
Hoelzle, David, Mechanical and Aerospace Engineering, May 21, 2025
Hwang, Jinwoo, Materials Science and Engineering, May 21, 2025
Nandi, Arnab, Computer Science and Engineering, May 21, 2025
Qin, Rongjun, Civil, Environmental, and Geodetic Engineering, May 21, 2025
Song, Jonathan, Mechanical and Aerospace Engineering, May 21, 2025
Veeraraghavan, Rengasayee, Biomedical Engineering, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Arafin, Shamsul, Electrical and Computer Engineering, May 21, 2025
Chao, Wei-Lun, Computer Science and Engineering, May 21, 2025
Chen, Chen, Integrated Systems Engineering, May 21, 2025
Chowdhury, Enam, Materials Science and Engineering, May 21, 2025
Clark, Jordan, Civil, Environmental, and Geodetic Engineering, May 21, 2025
Fink, Carolin, Materials Science and Engineering, May 21, 2025
Hatami, Pooya, Computer Science and Engineering, May 21, 2025
Paulson, Joel, Chemical and Biomolecular Engineering, May 21, 2025
Stagge, Jim, Civil, Environmental, and Geodetic Engineering, May 21, 2025
Stockar, Stephanie, Mechanical and Aerospace Engineering, May 21, 2025
Su, Yu, Computer Science and Engineering, May 21, 2025
Sutradhar, Alok, Mechanical and Aerospace Engineering, May 21, 2025
Talbot, David, Mechanical and Aerospace Engineering, May 21, 2025

COLLEGE OF ENGINEERING
CLINICAL

PROMOTION TO PROFESSOR-CLINICAL
Kennedy, Kristina, Engineering Education, May 21, 2025
Soto-Caban, Sandra, Electrical and Computer Engineering, Newark, May 21, 2025

Villarroel, Wladimiro, Electrical and Computer Engineering, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL
Eryilmaz, Irem, Electrical and Computer Engineering, May 21, 2025

COLLEGE OF ENGINEERING
RESEARCH

PROMOTION TO RESEARCH ASSOCIATE PROFESSOR
YARDIM, CAGLAR, Electrical and Computer Engineering, May 21, 2025

MAX M. FISHER COLLEGE OF BUSINESS

PROMOTION TO PROFESSOR
Birru, Justin, Finance, May 21, 2025
Srikanth, Kannan, Management and Human Resources, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Donnelly, Grant, Marketing and Logistics, May 21, 2025

MAX M. FISHER COLLEGE OF BUSINESS
CLINICAL

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL
Bailey, Roger, Marketing and Logistics, May 21, 2025

REAPPOINTMENT
de Jong, Jurriaan, Operations and Business Analytics, September 1, 2026
Draper, John, Operations and Business Analytics, September 1, 2026

COLLEGE OF FOOD, AGRICULTURAL AND ENVIRONMENTAL SCIENCES

PROMOTION TO PROFESSOR
Barrett, Eric, OSU Extension, May 21, 2025
Bates, Jim, OSU Extension, May 21, 2025
Fox, Julie, OSU Extension, May 21, 2025
Simons, Christopher, Food Science and Technology, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Drewry, Darren, Food, Agricultural, and Biological Engineering, May 21, 2025
Short, Sarah, Entomology, May 21, 2025
Van Gray, Jon, Agricultural Technical Institute, May 21, 2025

COLLEGE OF FOOD, AGRICULTURAL AND ENVIRONMENTAL SCIENCES
CLINICAL

PROMOTION TO PROFESSOR-CLINICAL AND REAPPIONTMENT
Kieffer, Justin, Animal Sciences, May 21, 2025, and August 15, 2026

REAPPOINTMENT
Cakmak, Adem, Agricultural Technical Institute, August 15, 2026

COLLEGE OF LAW

PROMOTION TO PROFESSOR
Choi, Bryan, May 21, 2025
Helal, Mohamed, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Saito, Blaine, May 21, 2025

COLLEGE OF LAW
CLINICAL

PROMOTION TO PROFESSOR-CLINICAL
Settineri, Colleen, May 21, 2025
Wilson, Paige, May 21, 2025

COLLEGE OF MEDICINE

PROMOTION TO PROFESSOR
Agrawal, Amit, Otolaryngology-Head and Neck Surgery, May 21, 2025
Brill, Seuli, Internal Medicine, May 21, 2025
Christian, Lisa, Psychiatry and Behavioral Health, May 21, 2025
Cruz-Monserrate, Zobeida, Internal Medicine, May 21, 2025
Das, Jayajit, Pediatrics, May 21, 2025
Deora, Rajendar, Microbial Infection and Immunity, May 21, 2025
Dubey, Purnima, Microbial Infection and Immunity, May 21, 2025
Lynch, Courtney, Obstetrics and Gynecology, May 21, 2025
Mays, Darren, Internal Medicine, May 21, 2025
Pyter, Leah, Psychiatry and Behavioral Health, May 21, 2025
Shimamura, Masako, Pediatrics, May 21, 2025
Terentyev, Dmitry, Physiology and Cell Biology, May 21, 2025
Tillman, Bryan, Surgery, May 21, 2025
Townsend, Kristy, Neurological Surgery, May 21, 2025
Tso, Ivy, Psychiatry and Behavioral Health, May 21, 2025

PROMOTION TO PROFESSOR WITH TENURE
Cray, James, Biomedical Education and Anatomy, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Beane, Joal, Surgery, May 21, 2025
Bedrosian, Tracy, Pediatrics, May 21, 2025
Blaser, Brad, Internal Medicine, May 21, 2025
Bradbury, Allison, Pediatrics, May 21, 2025
Buck, Katherine, Emergency Medicine, May 21, 2025
Caccese, Jaclyn, Health and Rehabilitation Sciences, May 21, 2025
Chinthalapudi, Krishna, Physiology and Cell Biology, May 21, 2025
Cosgrove, Casey, Obstetrics and Gynecology, May 21, 2025
Dedhia, Priya, Surgery, May 21, 2025
Fu, Harry, Neuroscience, May 21, 2025
Heissler, Sarah, Physiology and Cell Biology, May 21, 2025
Hester, Mark, Pediatrics, May 21, 2025
Keller-Hamilton, Brittney, Internal Medicine, May 21, 2025
Kokiko-Cochran, Olga, Neuroscience, May 21, 2025
Liyanage, Namal Malimbada, Microbial Infection and Immunity, May 21, 2025
Michaels, Nichole, Pediatrics, May 21, 2025
Papandreou, Ioanna, Radiation Oncology, May 21, 2025
Rajappa, Prajwal, Pediatrics, May 21, 2025
Sehgal, Lalit, Internal Medicine, May 21, 2025
Stacy, Mitchel, Surgery, May 21, 2025
Stanton, Benjamin, Pediatrics, May 21, 2025
Stratton, Matthew, Physiology and Cell Biology, May 21, 2025
Sundi, Debasish, Urology, May 21, 2025
Tabung, Fred, Internal Medicine, May 21, 2025
Tang, Wen, Biological Chemistry and Pharmacology, May 21, 2025
Vilgelm, Anna, Pathology, May 21, 2025
Vonder Haar, Cole, Neuroscience, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITHOUT TENURE
Huang, Emily, Surgery, May 21, 2025

TENURE [AT THE CURRENT RANK OF ASSOCIATE PROESSOR]
Tamiya, Shigeo, Ophthalmology and Vision Sciences, May 21, 2025

COLLEGE OF MEDICINE
CLINICAL

PROMOTION TO PROFESSOR-CLINICAL
Baria, Michael, Physical Medicine and Rehabilitation, May 21, 2025
Bode, Ryan, Pediatrics, May 21, 2025

Bode, Sara, Pediatrics, May 21, 2025
Bodin, Steven, Pediatrics, May 21, 2025
Bonachea, Liz, Pediatrics, May 21, 2025
Boyle, Brendan, Pediatrics, May 21, 2025
Carpenter, Kristen, Psychiatry and Behavioral Health, May 21, 2025
Chen, Wei, Pathology, May 21, 2025
Chung, Catherine, Pathology, May 21, 2025
Clark, Aaron, Family and Community Medicine, May 21, 2025
Grandominico-Bradford, Jodi, Internal Medicine, May 21, 2025
Grischkan, Jonathan, Otolaryngology-Head and Neck Surgery, May 21, 2025
Guirgis, Hossam, Psychiatry and Behavioral Health, May 21, 2025
Hersey, Stephen, Pediatrics, May 21, 2025
Hundley, Andrew, Obstetrics and Gynecology, May 21, 2025
Ing, Steven, Internal Medicine, May 21, 2025
Kalnin, Andrew, Radiology, May 21, 2025
Kalra, Maninder, Pediatrics, May 21, 2025
Lujan, Giovanni, Pathology, May 21, 2025
Mah, May, Pediatrics, May 21, 2025
Malvestutto, Carlos, Internal Medicine, May 21, 2025
Mitzman, Jennifer, Emergency Medicine, May 21, 2025
Nguyen, Xuan, Radiology, May 21, 2025
O'Dorisio, Nathan, Internal Medicine, May 21, 2025
Orion, Kristine, Surgery, May 21, 2025
Ostendorf, Adam, Pediatrics, May 21, 2025
Otto, Bradley, Otolaryngology-Head and Neck Surgery, May 21, 2025
Palmer, Joshua, Radiation Oncology, May 21, 2025
Patel, Alpa, Pediatrics, May 21, 2025
Reed, Suzanne, Pediatrics, May 21, 2025
Shana'ah, Arwa, Pathology, May 21, 2025
Sofowora, Gbemiga, Internal Medicine, May 21, 2025
Sribnick, Eric, Neurological Surgery, May 21, 2025
Teater, Julie, Psychiatry and Behavioral Health, May 21, 2025
Wallihan, Rebecca, Pediatrics, May 21, 2025
Walrod, Bryant, Family and Community Medicine, May 21, 2025
Witwer, Andrea, Psychiatry and Behavioral Health, May 21, 2025
Yacob, Desale, Pediatrics, May 21, 2025
Yu, Elizabeth, Orthopaedics, May 21, 2025

PROMOTION TO PROFESSOR-CLINICAL AND REAPPOINTMENT
D'Souza, Desmond, Surgery, May 21, 2025, and July 1, 2026
Hanks, Christopher, Internal Medicine, May 21, 2025, and July 1, 2026
Humphrey, Lisa, Pediatrics, May 21, 2025, and July 1, 2026
Kim, Leslie, Otolaryngology-Head and Neck Surgery, May 21, 2025, and July 1, 2026
Larry, John, Internal Medicine, May 21, 2025, and July 1, 2026

Noonan, Anne, Internal Medicine, May 21, 2025, and July 1, 2026
Renton, David, Surgery, May 21, 2025, and July 1, 2026
Setty, Bhuvana, Pediatrics, May 21, 2025, and July 1, 2026
Shane-Carson, Kate, Internal Medicine, May 21, 2025, and July 1, 2026
Thakkar, Rajan, Surgery, May 21, 2025, and July 1, 2026
Yeager, Nicholas, Pediatrics, May 21, 2025, and July 1, 2026

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT
Adeli, Amir, Neurology, May 21, 2025, and July 1, 2026
Anantaraman, Lekshmi, Internal Medicine, May 21, 2025, and July 1, 2026
Bumma, Naresh, Internal Medicine, May 21, 2025, and July 1, 2026
Carrillo, Sergio, Surgery, May 21, 2025, and July 1, 2026
Chiplunker, Adeeti, Internal Medicine, May 21, 2025, and July 1, 2026
Crescenze, Irene, Urology, May 21, 2025, and July 1, 2026
Culp, Stacey, Biomedical Informatics, May 21, 2025, and July 1, 2026
Fielder, Angela, Internal Medicine, May 21, 2025, and July 1, 2026
Grieco, Alex, Biomedical Education and Anatomy, May 21, 2025, and July 1, 2026
Hackett, Caitlin, Radiology, May 21, 2025, and July 1, 2026
Job, Joici, Radiology, May 21, 2025, and July 1, 2026
Kelly, Kathleen, Otolaryngology-Head and Neck Surgery, May 21, 2025, and July 1, 2026
Khan, Abdullah, Internal Medicine, May 21, 2025, and July 1, 2026
Korman, Abe, Dermatology, May 21, 2025, and July 1, 2026
Kraft, Monica, Otolaryngology-Head and Neck Surgery, May 21, 2025, and July 1, 2026
McCutcheon, Matthew, Internal Medicine, May 21, 2025, and July 1, 2026
McKnight, Lucas, Internal Medicine, May 21, 2025, and July 1, 2026
Mousa, Luay, Internal Medicine, May 21, 2025, and July 1, 2026
Ouellette, Christopher, Pediatrics, May 21, 2025, and July 1, 2026
Pannu, Jasleen, Internal Medicine, May 21, 2025, and July 1, 2026
Patel, Chirag, Internal Medicine, May 21, 2025, and July 1, 2026
Patel, Hiten, Family and Community Medicine, May 21, 2025, and July 1, 2026
Ranalli, Mark, Pediatrics, May 21, 2025, and July 1, 2026
Rauck, Ryan, Orthopaedics, May 21, 2025, and July 1, 2026
Rink, Trenton, Radiology, May 21, 2025, and July 1, 2026
Satturwar, Swati, Pathology, May 21, 2025, and July 1, 2026
Singh, Jay, Neurology, May 21, 2025, and July 1, 2026
Sobotka, Lindsay, Internal Medicine, May 21, 2025, and July 1, 2026
Ulrich, Lisa, Pediatrics, May 21, 2025, and July 1, 2026
Youssef, George, Radiology, May 21, 2025, and July 1, 2026

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL
Avenarius, Matthew, Pathology, May 21, 2025
Bali, Neetu, Pediatrics, May 21, 2025
Barterian, Justin, Psychiatry and Behavioral Health, May 21, 2025
Beatty, Christopher, Pediatrics, May 21, 2025

Bertrand, John, Internal Medicine, May 21, 2025
Branditz, Lauren, Emergency Medicine, May 21, 2025
Brown, Jordan, Internal Medicine, May 21, 2025
Bunch, Dustin, Pathology, May 21, 2025
Chae, Floria, Anesthesiology, May 21, 2025
Chaves, Eileen, Pediatrics, May 21, 2025
Dasgupta, Alana, Pathology, May 21, 2025
Dawson, Anne, Pediatrics, May 21, 2025
Doraiswamy, Vignesh, Internal Medicine, May 21, 2025
Duncan, Philicia, Internal Medicine, May 21, 2025
Durick, Tom, Anesthesiology, May 21, 2025
Eby, Meika, Pediatrics, May 21, 2025
Ford, Carla, Ophthalmology and Vision Sciences, May 21, 2025
Fortier, Sarah Wall, Internal Medicine, May 21, 2025
Friedman, Susan, Internal Medicine, May 21, 2025
Gauntt, Jennifer, Pediatrics, May 21, 2025
Gebhard, Robyn, Radiology, May 21, 2025
Gokozan, Hamza, Pathology, May 21, 2025
Gundroo, Aijaz, Internal Medicine, May 21, 2025
Hahn, Amy, Pediatrics, May 21, 2025
Hays, Hannah, Pediatrics, May 21, 2025
Henn, Matthew, Surgery, May 21, 2025
Hoehn, Jessica, Pediatrics, May 21, 2025
Hollander, Ephraim, Radiology, May 21, 2025
Hollingshead, Nicole, Psychiatry and Behavioral Health, May 21, 2025
Hughes, Daralee, Emergency Medicine, May 21, 2025
Ibrahim, Gehan, Radiology, May 21, 2025
Jacobson-Kelly, Amanda, Pediatrics, May 21, 2025
Johns, Kevin, Psychiatry and Behavioral Medicine, May 21, 2025
Kalady, Skyler, Pediatrics, May 21, 2025
Kasick, Rena, Pediatrics, May 21, 2025
Kielt, Matthew, Pediatrics, May 21, 2025
Konieczkowski, David, Radiation Oncology, May 21, 2025
Kunar, Jillian, Pediatrics, May 21, 2025
Larkin, Karilyn, Internal Medicine, May 21, 2025
Lastinger, Lauren, Internal Medicine, May 21, 2025
Lee, Jennifer, Pediatrics, May 21, 2025
Lester, Jesse, Anesthesiology, May 21, 2025
Leung, Marco, Pathology, May 21, 2025
Lin, Judith, Internal Medicine, May 21, 2025
Little, Kevin, Radiology, May 21, 2025
Lovett, Marlina, Pediatrics, May 21, 2025
Malone, Matt, Emergency Medicine, May 21, 2025
Manne, Ashish, Internal Medicine, May 21, 2025

Manning, Amy, Otolaryngology-Head and Neck Surgery, May 21, 2025
Martinez, Christine, Ophthalmology and Vision Sciences, May 21, 2025
Michel, Hilary, Pediatrics, May 21, 2025
Miller, Cecelia, Pathology, May 21, 2025
Mrozek, Jenn, Pediatrics, May 21, 2025
Nowacki, Nicholas, Pathology, May 21, 2025
Oyeniran, Sophonie, Pathology, May 21, 2025
Perry, Michael, Pediatrics, May 21, 2025
Petri-Pickstone, Benita, Family and Community Medicine, May 21, 2025
Ralls, Matthew, Surgery, May 21, 2025
Rosen, Maggie, Obstetrics and Gynecology, May 21, 2025
Russo, John, Pediatrics, May 21, 2025
Saigal, Taru, Internal Medicine, May 21, 2025
Salavitabar, Arash, Pediatrics, May 21, 2025
Sawalha, Yazeed, Internal Medicine, May 21, 2025
Schmerge, Christine, Pediatrics, May 21, 2025
Schumacher, Melinda, Pathology, May 21, 2025
Sinay, Anne-Marie, Obstetrics and Gynecology, May 21, 2025
Singh, Priya, Internal Medicine, May 21, 2025
Stieglitz, Heather, Pathology, May 21, 2025
Strothman, Kasey, Pediatrics, May 21, 2025
Sukrithan, Vineeth, Internal Medicine, May 21, 2025
Tracy, Brett, Surgery, May 21, 2025
Tscholl, Jennifer, Pediatrics, May 21, 2025
Vallabh, Jay, Physical Medicine and Rehabilitation, May 21, 2025
Vaughn, Jennifer, Internal Medicine, May 21, 2025
Venkatesh, Rajitha, Pediatrics, May 21, 2025
Vilensky, Michael, Psychiatry and Behavioral Health, May 21, 2025
Wang, Shang-Jui, Radiation Oncology, May 21, 2025
Weingart, Caroline, Pediatrics, May 21, 2025
Wilson, Camille, Pediatrics, May 21, 2025
Wu, Richard, Internal Medicine, May 21, 2025
Young, Andrew, Surgery, May 21, 2025
Zepeda-Orozco, Diana, Pediatrics, May 21, 2025

<u>REAPPOINTMENT</u>
Abou Assalie, Nour, Internal Medicine, July 1, 2026
Abu Alhana, Farouk, Internal Medicine, July 1, 2026
Ahmadian, Saman, Pathology, July 1, 2026
Ajam, Ali, Internal Medicine, July 1, 2026
Alahmadi, Asrar, Internal Medicine, July 1, 2026
Aldrich, Julie, Pediatrics, July 1, 2026
Alebrahim, Musab, Surgery, July 1, 2026
Alexander, Michael, Family and Community Medicine, July 1, 2026

Ali, Naeem, Internal Medicine, July 1, 2026
Alqudah, Elham, Pediatrics, July 1, 2026
Alwan, Dhuha, Internal Medicine, July 1, 2026
Al-Zoubi, Ahmad, Internal Medicine, July 1, 2026
Anam, Karina, Anesthesiology, July 1, 2026
Appiah-Kubi, Emmanuel, Radiology, July 1, 2026
Aranguren, Ines, Internal Medicine, July 1, 2026
Aravapalli, Srikanth, Pediatrics, July 1, 2026
Ardura, Monica, Pediatrics, July 1, 2026
Argraves, Melissa, Pediatrics, July 1, 2026
Ataya, Samy, Internal Medicine, July 1, 2026
Attaar, Adam, Internal Medicine, July 1, 2026
Bahner, David, Emergency Medicine, July 1, 2026
Bais, Kimmy, Anesthesiology, July 1, 2026
Baker, Lauren, Obstetrics and Gynecology, July 1, 2026
Bapat, Roopali, Pediatrics, July 1, 2026
Barnhardt, Elizabeth, Pediatrics, July 1, 2026
Bechtel, Mark, Dermatology, July 1, 2026
Becker, Dirk, Internal Medicine, July 1, 2026
Beltran, Ralph, Anesthesiology, July 1, 2026
Bjorklund, Kim, Plastic and Reconstructive Surgery, July 1, 2026
Blais, Benjamin, Pediatrics, July 1, 2026
Blais, Rachel, Pediatrics, July 1, 2026
Blower, Krayton, Internal Medicine, July 1, 2026
Bole, Indra, Internal Medicine, July 1, 2026
Bouchachi, Soumya, Neurology, July 1, 2026
Boue, Daniel, Pathology, July 1, 2026
Boulger, Creagh, Emergency Medicine, July 1, 2026
Bowman, Mary, Pediatrics, July 1, 2026
Box, Geoffrey, Urology, July 1, 2026
Brannock, Kristina, Pathology, July 1, 2026
Bridge, Laura, Internal Medicine, July 1, 2026
Brown, Ronald, Plastic and Reconstructive Surgery, July 1, 2026
Bubolz, Beth, Pediatrics, July 1, 2026
Buettner, Benjamin, Internal Medicine, July 1, 2026
Butter, Eric, Pediatrics, July 1, 2026
Butz, Catherine, Pediatrics, July 1, 2026
Byrd, Ashley, Psychiatry and Behavioral Health, July 1, 2026
Carr, David, Dermatology, July 1, 2026
Cetnar, Ashley, Radiation Oncology, July 1, 2026
Chan, Megan, Internal Medicine, July 1, 2026
Chang, Edith, Family and Community Medicine, July 1, 2026
Chang, Jonathan, Pediatrics, July 1, 2026
Chao, Albert, Plastic and Reconstructive Surgery, July 1, 2026

Chen, Sonja, Pathology, July 1, 2026
Chitnis, Saurabh, Internal Medicine, July 1, 2026
Chiu, Christopher, Internal Medicine, July 1, 2026
Cho, Min-Jeong, Plastic and Reconstructive Surgery, July 1, 2026
Cho, Ray, Ophthalmology and Vision Sciences, July 1, 2026
Christian, Beth, Internal Medicine, July 1, 2026
Colachis, Sam, Physical Medicine and Rehabilitation, July 1, 2026
Collier, Allison, Psychiatry and Behavioral Health, July 1, 2026
Connors, Dean, Anesthesiology, July 1, 2026
Conroy, Mark, Emergency Medicine, July 1, 2026
Cooper, Robert, Emergency Medicine, July 1, 2026
Coury, Daniel, Pediatrics, July 1, 2026
Coyle, Courtney, Pediatrics, July 1, 2026
Cvetanovich, Greg, Orthopaedics, July 1, 2026
Dalton, Ryan, Anesthesiology, July 1, 2026
Damilano, Cecilia, Pediatrics, July 1, 2026
Das, Jishu, Internal Medicine, July 1, 2026
Davila, Amanda Sofia, Pediatrics, July 1, 2026
Delatore, Luca, Emergency Medicine, July 1, 2026
Delerme, Anyelika, Internal Medicine, July 1, 2026
Dial, Michael, Internal Medicine, July 1, 2026
Diez, Alejandro, Internal Medicine, July 1, 2026
Donham, Nathan, Internal Medicine, July 1, 2026
Earl, Christian, Internal Medicine, July 1, 2026
Elmaraghy, Charles, Otolaryngology-Head and Neck Surgery, July 1, 2026
Esteban, Ysabella, Pediatrics, July 1, 2026
Exline, Matthew, Internal Medicine, July 1, 2026
Fabia, Renata, Surgery, July 1, 2026
Faieta, Antonio, Internal Medicine, July 1, 2026
Fan, Rita, Pediatrics, July 1, 2026
Fang, Ashley, Internal Medicine, July 1, 2026
Farmer, Zachary, Pediatrics, July 1, 2026
Farrell, Matthew, Family and Community Medicine, July 1, 2026
Farris, Roopan, Internal Medicine, July 1, 2026
Fei, Yueyang, Obstetrics and Gynecology, July 1, 2026
Fernandez, Rick, Pediatrics, July 1, 2026
Fernandez Faith, Esteban, Pediatrics, July 1, 2026
Findlen, Ursula, Otolaryngology-Head and Neck Surgery, July 1, 2026
Fleming, Gloria, Ophthalmology and Vision Sciences, July 1, 2026
Foley, Kristin, Radiology, July 1, 2026
Foreman, Beth, Internal Medicine, July 1, 2026
Fussner, Lynn, Internal Medicine, July 1, 2026
Gallastegui Crestani, Nicolas, Internal Medicine, July 1, 2026
Garbacz, Lauren, Pediatrics, July 1, 2026

Gathof, Andrew, Emergency Medicine, July 1, 2026
Gauthier, Amythest, Family and Community Medicine, July 1, 2026
Gelfius, Carl, Physical Medicine and Rehabilitation, July 1, 2026
Giglio, Pierre, Neurology, July 1, 2026
Goldberg, Adam, Psychiatry and Behavioral Health, July 1, 2026
Gorgas, Diane, Emergency Medicine, July 1, 2026
Graham, Emily, Internal Medicine, July 1, 2026
Graul, Thomas, Anesthesiology, July 1, 2026
Greene, Michelle, Pediatrics, July 1, 2026
Grossbach, Andrew, Neurological Surgery, July 1, 2026
Grove, Sarah, Physical Medicine and Rehabilitation, July 1, 2026
Guinipero, Terri, Pediatrics, July 1, 2026
Gutmann, Rebecca, Anesthesiology, July 1, 2026
Haidar, Atteqa, Internal Medicine, July 1, 2026
Hake, Timothy, Physical Medicine and Rehabilitation, July 1, 2026
Hall, Orman, Psychiatry and Behavioral Health, July 1, 2026
Hamilton, Charles, Anesthesiology, July 1, 2026
Hanel, Walter, Internal Medicine, July 1, 2026
Hart, Jocelyn, Psychiatry and Behavioral Health, July 1, 2026
Hasan, Ayesha, Internal Medicine, July 1, 2026
Hayes, Emily, Pediatrics, July 1, 2026
Hem, Derek, Internal Medicine, July 1, 2026
Hicks, Ryan, Internal Medicine, July 1, 2026
Hintenlang, David, Radiology, July 1, 2026
Ho, Kevin, Internal Medicine, July 1, 2026
Holtzlander, Melissa, Pediatrics, July 1, 2026
Hooper, Alex, Internal Medicine, July 1, 2026
Hostutler, Cody, Pediatrics, July 1, 2026
Hoyle, Chad, Neurology, July 1, 2026
Hu, Jian, Internal Medicine, July 1, 2026
Hu, Yan, Pathology, July 1, 2026
Hughes, Jennifer, Psychiatry and Behavioral Health, July 1, 2026
Isfort, Michael, Neurology, July 1, 2026
Jackson, Kelsey, Pediatrics, July 1, 2026
Jackson, Kristen, Physical Medicine and Rehabilitation, July 1, 2026
Jadcherla, Yamini, Pediatrics, July 1, 2026
Jahan, Ishrat, Internal Medicine, July 1, 2026
Jatana, Kris, Otolaryngology-Head and Neck Surgery, July 1, 2026
Jennings, John, Pediatrics, July 1, 2026
Jeong, Hazel, Pediatrics, July 1, 2026
Jonas, Maya, Dermatology, July 1, 2026
Kallash, Mahmoud, Pediatrics, July 1, 2026
Kamboj, Manmohan, Pediatrics, July 1, 2026
Kane, Frankie, Internal Medicine, July 1, 2026

Kang, Stephen, Otolaryngology-Head and Neck Surgery, July 1, 2026
Kellermier, Cyrus, Anesthesiology, July 1, 2026
Kelly, Sean, Internal Medicine, July 1, 2026
Kendra, Kari, Internal Medicine, July 1, 2026
Kerestes, Courtney, Obstetrics and Gynecology, July 1, 2026
Khan, Farah, Pediatrics, July 1, 2026
Khandelwal, Sorabh, Emergency Medicine, July 1, 2026
Kisanuki, Yaz, Neurology, July 1, 2026
Klee, Victoria, Internal Medicine, July 1, 2026
Kobalka, Peter, Pathology, July 1, 2026
Kostyk, Sandra, Neurology, July 1, 2026
Ladd, Jennifer, Pediatrics, July 1, 2026
Larrimore, Ashley, Emergency Medicine, July 1, 2026
Leber, Amy, Pathology, July 1, 2026
Lecerf, Kelsey, Pediatrics, July 1, 2026
Leonard, Jeffrey, Neurological Surgery, July 1, 2026
Li, Lin, Anesthesiology, July 1, 2026
Li, Sara, Internal Medicine, July 1, 2026
Lightfoot, Eden, Internal Medicine, July 1, 2026
Lin, Ada, Pediatrics, July 1, 2026
Lindsey, Sommer, Emergency Medicine, July 1, 2026
Lipps, Jonathan, Anesthesiology, July 1, 2026
L'Italien, Kaitlin, Pediatrics, July 1, 2026
Litrizza, Anne, Internal Medicine, July 1, 2026
Lo, Warren, Pediatrics, July 1, 2026
Lopata, Susan, Pediatrics, July 1, 2026
Lu, Peter, Pediatrics, July 1, 2026
Macklin, Jamie, Internal Medicine, July 1, 2026
Magalang, Ulysses, Internal Medicine, July 1, 2026
Maki, Aaron, Pediatrics, July 1, 2026
Marschalk, Nicholas, Internal Medicine, July 1, 2026
Martin, Daniel, Emergency Medicine, July 1, 2026
Marzec, Sarah, Pediatrics, July 1, 2026
McCafferty, Michael, Internal Medicine, July 1, 2026
McCamey, Kendra, Family and Community Medicine, July 1, 2026
McClung, Timothy, Internal Medicine, July 1, 2026
McElroy, Joseph, Biomedical Informatics, July 1, 2026
McVey, Anne, Psychiatry and Behavioral Health, July 1, 2026
Meara, Michael, Surgery, July 1, 2026
Melvin, Jennifer, Pediatrics, July 1, 2026
Meyer, Melissa, Pediatrics, July 1, 2026
Michalsky, Marc, Surgery, July 1, 2026
Mikolaj, Zachary, Ophthalmology and Vision Sciences, July 1, 2026
Miller, Christopher, Pediatrics, July 1, 2026

Misal, Meenal, Obstetrics and Gynecology, July 1, 2026
Mishra, Samir, Pediatrics, July 1, 2026
Mo, Xiaokui, Biomedical Informatics, July 1, 2026
Mobin-Uddin, Asma, Biomedical Education and Anatomy, July 1, 2026
Moore, Courtenay, Urology, July 1, 2026
Moore, Steve, Pathology, July 1, 2026
Moran, Ken, Anesthesiology, July 1, 2026
Morgan, Jennah, Emergency Medicine, July 1, 2026
Mull, Eric, Pediatrics, July 1, 2026
Mundy, Chantelle, Ophthalmology and Vision Sciences, July 1, 2026
Nagel, Christa, Obstetrics and Gynecology, July 1, 2026
Nasser, Abdulla, Internal Medicine, July 1, 2026
Nasser, Samiha, Anesthesiology, July 1, 2026
Neltner, Kurt, Emergency Medicine, July 1, 2026
Nguyen, Anthony, Anesthesiology, July 1, 2026
Nguyen, Tran, Internal Medicine, July 1, 2026
Nichols, Courtney, Internal Medicine, July 1, 2026
Niktash, Mohammedreza, Emergency Medicine, July 1, 2026
Nolan, Eric, Internal Medicine, July 1, 2026
Noritz, Garey, Pediatrics, July 1, 2026
Norman, Josh, Psychiatry and Behavioral Health, July 1, 2026
Norton, John, Anesthesiology, July 1, 2026
Odackal, Namrita, Pediatrics, July 1, 2026
Oh, Christine, Psychiatry and Behavioral Health, July 1, 2026
Ohr, Matthew, Ophthalmology and Vision Sciences, July 1, 2026
Ohri, Vandana, Internal Medicine, July 1, 2026
Ojha, Devicka, Internal Medicine, July 1, 2026
Olcese, Vanessa, Neurological Surgery, July 1, 2026
Orsinelli, David, Internal Medicine, July 1, 2026
Ortiz, Guillermo, Internal Medicine, July 1, 2026
Ozer, Enver, Otolaryngology-Head and Neck Surgery, July 1, 2026
Palacios, Sabrina, Pediatrics, July 1, 2026
Palanichamy, Kamalakannan, Radiation Oncology, July 1, 2026
Panchal, Ashish, Emergency Medicine, July 1, 2026
Panchal, Bethany, Family and Community Medicine, July 1, 2026
Park, Ariane, Neurology, July 1, 2026
Pastis, Nicholas, Internal Medicine, July 1, 2026
Patel, Anup, Pediatrics, July 1, 2026
Patel, Jaimie, Internal Medicine, July 1, 2026
Patel, Janaki, Internal Medicine, July 1, 2026
Patel, Madhvi, Psychiatry and Behavioral Health, July 1, 2026
Patel, Vaiibhav, Internal Medicine, July 1, 2026
Patel, Yesha, Internal Medicine, July 1, 2026
Patrick, Michael, Pediatrics, July 1, 2026

Patterson, Darryll, Internal Medicine, July 1, 2026
Peng, Kate, Surgery, July 1, 2026
Perez, William, Anesthesiology, July 1, 2026
Pfeil, Sheryl, Internal Medicine, July 1, 2026
Phieffer, Laura, Orthopaedics, July 1, 2026
Potter, Samara, Pediatrics, July 1, 2026
Prevedello, Luciano, Radiology, July 1, 2026
Prosek, Jason, Internal Medicine, July 1, 2026
Prudent, Joshua, Pediatrics, July 1, 2026
Purcell, Michael, Emergency Medicine, July 1, 2026
Quick, Adam, Neurology, July 1, 2026
Rai, Nina, Internal Medicine, July 1, 2026
Raja, Rama, Internal Medicine, July 1, 2026
Rajpal, Saurabh, Internal Medicine, July 1, 2026
Ramaswamy, Apoorva, Otolaryngology-Head and Neck Surgery, July 1, 2026
Richards, Rebekah, Emergency Medicine, July 1, 2026
Rogers, Barbara, Anesthesiology, July 1, 2026
Ruda, James, Otolaryngology-Head and Neck Surgery, July 1, 2026
Runkle, Anne, Pediatrics, July 1, 2026
Ryan, John, Orthopaedics, July 1, 2026
Saklayen, Samiya, Anesthesiology, July 1, 2026
Saleh, Mohamed, Internal Medicine, July 1, 2026
Salvador, Anthony, Radiology, July 1, 2026
San Miguel, Christopher, Emergency Medicine, July 1, 2026
Sandhu, Gurneet, Anesthesiology, July 1, 2026
Satoskar, Anjali, Pathology, July 1, 2026
Sawchyn, Andrea, Ophthalmology and Vision Sciences, July 1, 2026
Scharre, Douglas, Neurology, July 1, 2026
Schieffer, Kathleen, Pathology, July 1, 2026
Schirtzinger, Matthew, Internal Medicine, July 1, 2026
Schultz, Katlin, Physical Medicine and Rehabilitation, July 1, 2026
Schwartz, Dana, Surgery, July 1, 2026
Scott, Stephen, Psychiatry and Behavioral Health, July 1, 2026
Sergakis, Georgianna, Health and Rehabilitation Sciences, July 1, 2026
Shadchehr, Ali, Internal Medicine, July 1, 2026
Shah, Nilay, Pediatrics, July 1, 2026
Sharkey-Toppen, Travis, Emergency Medicine, July 1, 2026
Shellman, Sondra, Emergency Medicine, July 1, 2026
Simsic, Janet, Pediatrics, July 1, 2026
Singh, Navdeep, Surgery, July 1, 2026
Singh, Varun, Orthopaedics, July 1, 2026
Skaug, Melissa, Pediatrics, July 1, 2026
Skoracki, Roman, Plastic and Reconstructive Surgery, July 1, 2026
Slabaugh, Mark, Ophthalmology and Vision Sciences, July 1, 2026

Soghomonyan, Suren, Anesthesiology, July 1, 2026
Sorkin, Tsovinar, Pediatrics, July 1, 2026
Southerland, Lauren, Emergency Medicine, July 1, 2026
Souza, Jason, Plastic and Reconstructive Surgery, July 1, 2026
Spetie, Dan, Internal Medicine, July 1, 2026
Stasek, Jerome, Internal Medicine, July 1, 2026
Stephens, Lauren, Psychiatry and Behavioral Health, July 1, 2026
Stukus, David, Pediatrics, July 1, 2026
Stukus, Kristin, Pediatrics, July 1, 2026
Sutton, Scott, Pediatrics, July 1, 2026
Taylor, Clayton, Radiology, July 1, 2026
Thornton, Lisa, Psychiatry and Behavioral Health, July 1, 2026
Thurin, Kristina, Psychiatry and Behavioral Health, July 1, 2026
Tiso, Michael, Internal Medicine, July 1, 2026
Tozbikian, Gary, Pathology, July 1, 2026
Trouten, Jasmine, Internal Medicine, July 1, 2026
Turner, Katja, Anesthesiology, July 1, 2026
Valdez, Carrie, Surgery, July 1, 2026
Veneziano, Giorgio, Anesthesiology, July 1, 2026
Venkatesan, Thangam, Internal Medicine, July 1, 2026
Viljoen, Jill, Internal Medicine, July 1, 2026
Visovatti, Scott, Internal Medicine, July 1, 2026
Vondra, Mary, Internal Medicine, July 1, 2026
Voorhees, Timothy, Internal Medicine, July 1, 2026
Vundavalli, Shravani, Pediatrics, July 1, 2026
Wei, Lai, Biomedical Informatics, July 1, 2026
Welker, Mary, Family and Community Medicine, July 1, 2026
Wellner, Michael, Internal Medicine, July 1, 2026
Wernick, Hunter, Pediatrics, July 1, 2026
Wert, Michael, Internal Medicine, July 1, 2026
Wesolowski, Robert, Internal Medicine, July 1, 2026
Westphal, Kathryn, Pediatrics, July 1, 2026
Weymann, Alexander, Pediatrics, July 1, 2026
White, Aisha, Pediatrics, July 1, 2026
White, Nicole, Psychiatry and Behavioral Health, July 1, 2026
Wilkerson, Jessica, Internal Medicine, July 1, 2026
Williams, Kent, Pediatrics, July 1, 2026
Williams, Laura, Psychiatry and Behavioral Health, July 1, 2026
Williams, Margaret, Internal Medicine, July 1, 2026
Witman, Patricia, Pediatrics, July 1, 2026
Xu, David, Neurological Surgery, July 1, 2026
Yester, Jessie, Pediatrics, July 1, 2026
Yilanli, Musa, Psychiatry and Behavioral Health, July 1, 2026
Yong, Chiaothong, Family and Community Medicine, July 1, 2026

Yu, Lianbo, Biomedical Informatics, July 1, 2026
Zapanta, Bianca, Pediatrics, July 1, 2026
Zha, Alicia, Neurology, July 1, 2026
Zhu, Matthew, Internal Medicine, July 1, 2026
Zimm, Cynthia, Pediatrics, July 1, 2026

COLLEGE OF MEDICINE
RESEARCH

PROMOTION TO RESEARCH PROFESSOR
Rausch, Joseph, Pediatrics, May 21, 2025

PROMOTION TO RESEARCH ASSOCIATE PROFESSOR
Alfano, Lindsay, Pediatrics, May 21, 2025

PROMOTION TO RESEARCH ASSOCIATE PROFESSOR AND REAPPOINTMENT
Miller, Katie, Pediatrics, May 21, 2025, and July 1, 2026
Prabha Ganesan, Latha, Internal Medicine, May 21, 2025, and July 1, 2025

REAPPOINTMENT
Babetto, Elisabetta, Neurology, July 1, 2026
Bare, Dan, Physiology and Cell Biology, July 1, 2026
Childerhose, Janet, Internal Medicine, July 1, 2025
Chung, Sangwoon, Internal Medicine, July 1, 2025
Dong, Erbo, Psychiatry and Behavioral Health, July 1, 2025
Green, Jessie, Psychiatry and Behavioral Health, July 1, 2026
Gushchina, Liubov, Pediatrics, July 1, 2026
Hall-Stoodley, Luanne, Microbial Infection and Immunity, July 1, 2025
Huang, Wei, Cancer Biology and Genetics, July 1, 2025
Karpurapu, Manjula, Internal Medicine, July 1, 2025
Keiser, Megan, Neurological Surgery, July 1, 2026
Khazem, Lauren, Psychiatry and Behavioral Health, July 1, 2025
Kolacz, Jacek, Psychiatry and Behavioral Health, July 1, 2025
Larue, Ross, Cancer Biology and Genetics, July 1, 2025
Le, Nhat, Cancer Biology and Genetics, July 1, 2025
Li, Ning, Physiology and Cell Biology, July 1, 2026
Lin, Anna, Neurology, July 1, 2026
Lin, Pei, Internal Medicine, July 1, 2025
Nho, Richard, Internal Medicine, July 1, 2025
Pancholi, Vijay, Pathology, July 1, 2025
Pekarsky, Yuri, Cancer Biology and Genetics, July 1, 2025
Pietrzak, Maciej, Biomedical Informatics, July 1, 2026
Saad, Nizar, Pediatrics, July 1, 2026
Sezgin, Emre, Pediatrics, July 1, 2026
Song, Chunhua, Internal Medicine, July 1, 2025

Tikunova, Svetlana, Physiology and Cell Biology, July 1, 2026
Toris, Carol, Ophthalmology and Vision Sciences, July 1, 2025
Vicetti Miguel, Rodolfo, Otolaryngology-Head and Neck Surgery, July 1, 2026

COLLEGE OF NURSING

PROMOTION TO PROFESSOR
Hu, Jie, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Gillespie, Shannon, May 21, 2025
Herbell, Kayla, May 21, 2025
Morgan, Ethan, May 21, 2025
Moss, Karen, May 21, 2025

COLLEGE OF NURSING
CLINICAL

PROMOTION TO PROFESSOR-CLINICAL
Gawlik, Kate, May 21, 2025
Sharpe, Elizabeth, May 21, 2025
Tornwall, Joni, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT
Hoying, Jacqueline, May 21, 2025, and August 15, 2026
Tussing, Todd, May 21, 2025, and August 15, 2026

REAPPOINTMENT
Alston, Angela, August 15, 2026
Ault, Samantha, August 15, 2026
Dush, Jennifer, August 15, 2026
Hanners, Audra, August 15, 2026
McGhee, Stephen, August 15, 2026
Shihabuddin, Courtney, August 15, 2026
Zellefrow, Cindy, August 15, 2026

COLLEGE OF NURSING
RESEARCH

REAPPOINTMENT
Monroe, Todd, August 15, 2026

COLLEGE OF OPTOMETRY

PROMOTION TO PROFESSOR
Anderson, Heather, May 21, 2025

Plageman, Timothy, May 21, 2025
Yu, Deyue, May 21, 2025

COLLEGE OF OPTOMETRY
CLINICAL

PROMOTION TO PROFESSOR-CLINICAL AND REAPPOINTMENT
Lai, Nicky, May 21, 2025, and August 15, 2026

COLLEGE OF OPTOMETRY
RESEARCH

REAPPOINTMENT
Jordan, Lisa, August 15, 2026

COLLEGE OF OPTOMETRY
ASSOCIATED

PROMOTION TO PROFESSOR-PRACTICE
Hopkins, Greg, May 21, 2025

COLLEGE OF PHARMACY
CLINICAL

PROMOTION TO PROFESSOR-CLINICAL AND REAPPOINTMENT
Coyle, Maria, May 21, 2025, and August 15, 2026

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT
Neidecker, Margie, May 21, 2025, and August 15, 2026

REAPPOINTMENT
Murphy, Michael, August 15, 2026
Pai, Vinita, August 15, 2026

COLLEGE OF PHARMACY
RESEARCH

REAPPOINTMENT
Shu, Dan, August 15, 2026

COLLEGE OF PHARMACY
ASSOCIATED

PROMOTION TO ASSOCIATE PROFESSOR-PRACTICE
Woods, Zach, May 21, 2025

COLLEGE OF PUBLIC HEALTH

PROMOTION TO PROFESSOR
Kenah, Eben, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Pomeroy, Laura, May 21, 2025

COLLEGE OF SOCIAL WORK

PROMOTION TO PROFESSOR
Meshelemiah, Jacquelyn, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Bates, Samantha, May 21, 2025

UNIVERSITY LIBRARIES

PROMOTION TO PROFESSOR
Chen, Sherab, May 21, 2025
Folk, Amanda, May 21, 2025
Wiener, Judith, May 21, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Hunt, Courtney, May 21, 2025
Sadvari, Joshua, May 21, 2025

COLLEGE OF VETERINARY MEDICINE

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Pesapane, Risa, Veterinary Preventive Medicine, May 21, 2025
Winston, Jenessa, Veterinary Clinical Sciences, May 21, 2025

COLLEGE OF VETERINARY MEDICINE
CLINICAL

PROMOTION TO PROFESSOR-CLINICAL AND REAPPOINTMENT
Knoblaugh, Sue, Veterinary Biosciences, May 21, 2025, and August 15, 2026
O'Quinn, Jeanette, Veterinary Preventive Medicine, May 21, 2025, and August 15, 2026
Runcan, Erin, Veterinary Clinical Sciences, May 21, 2025, and August 15, 2026

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT
Burge, Rhonda, Veterinary Clinical Sciences, May 21, 2025, and August 15, 2026
Carson, Brittney, Veterinary Clinical Sciences, May 21, 2025, and August 15, 2026
Corps, Kara, Veterinary Biosciences, May 21, 2025, and August 15, 2026
Lapsley, Janis, Veterinary Clinical Sciences, May 21, 2025, and August 15, 2026
Wanstrath, Audrey, Veterinary Clinical Sciences, May 21, 2025, and August 15, 2026
Youngblood, Brad, Veterinary Preventive Medicine, May 21, 2025, and August 15, 2026

REAPPOINTMENT
Feyes, Emily, Veterinary Preventive Medicine, August 15, 2026
Jacque, Kevin, Veterinary Preventive Medicine, August 15, 2026
Metzler, Anne, Veterinary Clinical Sciences, August 15, 2026
Schroeder, Eric, Veterinary Clinical Sciences, August 15, 2026
Urion, Rebecca, Veterinary Clinical Sciences, August 15, 2026
Wisecup, Michelle, Veterinary Clinical Sciences, August 15, 2026

COLLEGE OF VETERINARY MEDICINE
ASSOCIATED

PROMOTION TO ASSOCIATE PROFESSOR-PRACTICE
Habing, Amy, Veterinary Clinical Sciences, May 21, 2025

LeBron James

PROFESSIONAL BASKETBALL PLAYER AND COMMUNITY LEADER



Born in Akron, Ohio, LeBron Raymone James Sr. is a professional basketball player with a dedication to community engagement and improving the lives of children and families through education, opportunities, and community resources.

He led St. Vincent-St. Mary High School to three state championships and was named the 2003 National High School Player of the Year. Drafted by the Cleveland Cavaliers in the first overall pick in the 2003 NBA draft, James was named NBA Rookie of the Year. He is a four-time NBA champion, including with the Cavaliers in 2016, and helped lead Team USA to gold medals at the 2008, 2012 and 2024 Olympics.

Just as he's elevated the game of basketball, LeBron has redefined philanthropy to create a revolutionary model for community building in his hometown of Akron, Ohio. Launched before he stepped foot in the NBA in 2004, the LeBron James Family Foundation invests its time, resources and passion into creating generational change for kids and families that has yielded a visible footprint and viable model for the world on what it means to build community from the ground up.

With its foundational I PROMISE Program, the Foundation serves more than 1,600 students and their entire families by providing them with the fundamental resources, wraparound supports and family programming they need for success in school and beyond. In 2018, the Foundation partnered with Akron Public Schools to build all of its family-first programming and academic interventions into the groundbreaking I PROMISE School that has created a new model for urban, public education. The Foundation has since layered in additional supports including higher education and family programming at the I PROMISE Institute, transitional housing at the I PROMISE Village, long-term affordable housing at I PROMISE Housing, job training and financial health programming at House Three Thirty, medical and mental health services at I PROMISE HealthQuarters, and other impactful activations that are transforming the Akron community, creating a movement that can positively impact the entire country.

With his trail-blazing achievements in sports, business, and philanthropy, James has established himself as one of the most influential figures in the world.

APPENDIX LXXII

FY 2026-2030 Interim Capital Investment Plan
May 2, 2025



Total FY26 CIP: $1,480.4

Table 1 - Prior Commitments - Remaining Spend (As of April 14 Actuals) **$ in Millions**

Line	Capital Priority	Projected Capital Expenditures					
		FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	Total
1	ABA - Schottenstein Center - Main Roof Replacement	$ 2.2	$ 5.5	$ 0.5	$ -	$ -	$ 8.2
2	ABA - Schottenstein Center - Scoreboard Replacement	$ 1.0	$ 2.8	$ 1.2	$ -	$ -	$ 5.0
3	A&S – Biological Sciences Building Upgrades	$ -	$ 1.8	$ 5.3	$ 4.7	$ 2.3	$ 14.0
4	A&S – Department of Economics Relocation	$ 4.5	$ 4.9	$ -	$ -	$ -	$ 9.4
5	COE – BEMC Phase 2	$ 32.1	$ 9.4	$ 1.4	$ -	$ -	$ 42.9
6	COE – Bus Testing Facility	$ 2.7	$ 12.6	$ 0.7	$ -	$ -	$ 16.0
7	EHE – Campbell Hall Renovation	$ 16.1	$ 20.5	$ 6.3	$ -	$ -	$ 42.9
8	ERIK – Battery Cell Research and Demonstration Center	$ 6.0	$ 1.3	$ -	$ -	$ -	$ 7.4
9	ERIK - Microelectronic Commons	$ 2.4	$ -	$ -	$ -	$ -	$ 2.4
10	FAES – Waterman Infrastructure Project	$ -	$ 4.1	$ 2.8	$ -	$ -	$ 7.0
11	FAES – Waterman Multispecies Animal Learning Center	$ 21.9	$ 18.3	$ -	$ -	$ -	$ 40.2
12	VET – PET/CT Space Renovation	$ 0.3	$ 0.8	$ 1.4	$ -	$ -	$ 2.5
13	WMC – Inpatient Hospital	$ 201.3	$ 88.6	$ -	$ -	$ -	$ 289.9
14	WMC – James Cellular Therapy Lab	$ 1.3	$ 3.8	$ 1.7	$ -	$ -	$ 6.8
15	WMC – James Outpatient Care	$ 7.5	$ -	$ 12.7	$ -	$ -	$ 20.2
16	WMC – James Outpatient Care Buildout	$ 1.0	$ 3.8	$ 1.7	$ -	$ -	$ 6.5
17	WMC – Magnetic Resonance Linear Accelerator & Housing	$ 0.9	$ 3.2	$ 3.6	$ 2.3	$ 0.3	$ 10.3
18	WMC – OSU East 4th Floor OR Renovation	$ 0.8	$ 7.0	$ 10.6	$ -	$ -	$ 18.4
19	WMC – Outpatient Care Powell	$ 58.3	$ 46.3	$ -	$ -	$ -	$ 104.6
20	Roll Up Other Projects	$ 196.8	$ 179.2	$ 160.1	$ 13.9	$ 8.5	$ 558.4
21	**Subtotal**	**$ 557.1**	**$ 413.9**	**$ 209.8**	**$ 20.9**	**$ 11.1**	**$ 1,212.8**

FY 2026-2030 Interim Capital Investment Plan
May 2, 2025

Table 2 - New Projects Beginning in FY2026 **$ in Millions**

Line	Capital Priority	Projected Capital Expenditures FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	Total
1	**Anticipated Spend for CIP Changes**	$ 10.0	$ -	$ -	$ -	$ -	$ 10.0
2	**Roll up of Small Infrastructure RDM Projects**	$ 2.4	$ 7.3	$ 7.5	$ 4.8	$ -	$ 22.0
3	**Small Programmatic Cash Ready**	$ 2.2	$ 10.9	$ 7.7	$ 1.5	$ -	$ 22.3
4	**WMC/COM - Roll up of Multiple Cash Ready**	$ 173.6	$ 7.9	$ 5.3	$ -	$ -	$ 186.9
5	**New Major Projects**						
6	NURS - Newton Hall Space Upgrades	$ 0.2	$ 1.4	$ 2.1	$ 0.4	$ -	$ 4.0
7	NURS - Newton Hall AHU Replacements	$ 0.3	$ 2.7	$ 4.2	$ 0.8	$ -	$ 8.0
8	SL - North Towers Upgrades - Jones, Taylor, Drackett (Design)	$ 2.2	$ 6.7	$ 1.1	$ -	$ -	$ 10.0
9	OAA - Ramseyer Hall Chase Center	$ 0.2	$ 1.5	$ 2.3	$ 0.4	$ -	$ 4.4
10	**Grand Total**	**$ 191.1**	**$ 38.4**	**$ 30.1**	**$ 7.9**	**$ -**	**$ 267.6**

Table 3 - Funding for New Projects by Type and Funding Source **$ in Millions**

Line	Unit	Projected Capital Expenditures Local	WMC	State	Grant	University Debt	Grand Total	% By Unit	Def. Maint. Addressed	Def. Maint. %
1	Academic Support	$ 20.8	$ -	$ 4.4	$ -	$ -	$ 25.2	9.4%	$ 11.9	47.0%
2	Athletics	$ 9.2	$ -	$ -	$ -	$ -	$ 9.2	3.4%	$ 2.7	29.6%
3	Infrastructure	$ 23.9	$ -	$ -	$ -	$ -	$ 23.9	8.9%	$ 11.7	48.8%
4	Regional Campuses	$ -	$ -	$ -	$ 0.4	$ -	$ 0.4	0.1%	$ -	0.0%
5	Student Life	$ 12.0	$ -	$ -	$ -	$ 10.0	$ 22.0	8.2%	$ 19.8	90.0%
6	WMC/COM	$ 15.9	$ 171.0	$ -	$ -	$ -	$ 186.9	69.8%	$ 45.9	24.6%
7	**Grand Total**	**$ 81.8**	**$ 171.0**	**$ 4.4**	**$ 0.4**	**$ 10.0**	**$ 267.6**	**100.0%**	**$ 92.0**	**34.4%**

BACKGROUND

TOPIC: Approval of Fiscal Year 2026 Ohio State Energy Partners Utility System Interim Capital Improvements Plan

CONTEXT: Pursuant to the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the "Agreement"), Ohio State Energy Partners LLC ("OSEP") will fund and implement capital improvements to the Utility System. Capital investments made by OSEP will be tied to the annual Utility Fee structure pursuant to the Agreement.

Proposed capital projects are evaluated for alignment with applicable strategic, financial, and physical plans and to ensure continued reliability, safety, and compliance.

Approval of these projects is pursuant to project scopes, project cost breakdowns, and total project costs outlined below, any applicable university directives, applicable project approval request forms, and supporting documentation submitted pursuant to the Agreement.

These OSEP interim capital plan projects are Life-Cycle Renovations, Repairs, and Replacement Projects ("LFC"), for improvements to existing campus utility system plants and distribution networks.

SUMMARY:

Heating Hot Water Pipe Replacement 36-24-LFC

Scope: The replacement and upgrade of approximately 1,400 feet of end-of-life and/or failing heating hot water distribution piping and associated equipment that serve Arps and Ramseyer. It is necessary to begin this project promptly to assure that heating service is restored prior to the 2025-2026 heating season. This project was previously approved for design.

Construction Cost Request: $ 3.987 M

Project Cost Breakdown	Cost
FY 2024 – Design	$ 0.463 M
FY 2026 – Construction	$ 3.987 M
Total Project Cost	**$4.450 M**

South Neil Tunnel Utility Upgrades – 198-26-LFC

Scope: Design of utility system improvements in coordination with the university's project to repair the South Neil Tunnel, project OSU-230499. It's necessary to begin this design work promptly to align with the university's project schedule.

Design Request: $ 1.215 M

Project Cost Breakdown	Cost
FY 2026 – Design	$ 1.215 M
FY 2027 – Construction Estimate	$10.938 M
Total Project Cost Estimate	**$12.153 M**

REQUESTED OF THE MASTER PLANNING & FACILITIES AND THE FINANCE & INVESTMENT COMMITTEES: Approval of the resolution.

Project Data Sheet for Board of Trustees Approval

Hot Water Pipe Replacement

036-24-LFC

Project Location: Ramseyer and Arps Tunnels

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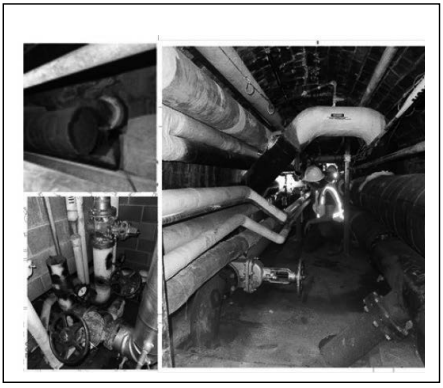
- **Approval(s) Requested and Amount**

Design	$ 0.463
Construction w/contingency	$3.987 M (1)
Total requested	$4.450 M (1)

- **Project Budget**

Design	$ 0.463
Construction w/contingency	$3.987 M (1)
Total project budget	$4.450 M (1)

(1) Construction costs are based on proposals received in March 2025.



- **Project Funding**

OSEP Financed	$4.450 M (1)
University	$0

- **Project Schedule**

BoT design Approval	05/23
Design	07/24 – 03/24
BoT construction approval	05/25
Construction	06/25 – 11/25
Completion /full operation	03/26

- **Project Delivery Method**
  Design-Bid-Build

- **Project Scope**
  - Replace approx. 1,400 ft of heating hot water pipes
  - Abate the heating hot water piping system in Ramseyer and Arps Tunnels.

- **Project Risks and Impacts**
  - Outages to be coordinated with university stakeholders.
  - Vehicle and pedestrian traffic reroute.
  - Labor shortage and supply chain issues.

- **Approval Requested**
  - Approval for design received in FY24. Requesting approval for construction in FY26.

project team

- OSEP project manager: Francisco D. Saavedra
- AE/design architect: Osborn Engineering
- General Contractor: DBB – To be determined

Project Data Sheet for Board of Trustees Approval

Tunnel Utility Upgrades – South Neil Tunnel

198-26-LFC

Project Location: South Tunnel

- **Approval(s) Requested and Amount**

Design Only	$1.215 M (1)
Total requested	$1.215 M (1)

- **Project Budget**

Design Only w/o contingency	$1.215 M (1)
Total project budget	$1.215 M (1)

(1) Updated prices based on estimate provided by OSU.



- **Project Funding**

OSEP Financed	$1.215M (1)
University	$0

- **Project Schedule**

BoT Approval for Design	05/25
Completion of Design operation	07/25 – 10/25

- **Project Delivery Method**
  Design-Bid-Built

- **Project Scope**
  - The university is performing structural repairs/improvements to the South Neil tunnel. This request for OSEP funds will be used to design utility system upgrades associated with the university's tunnel project. This is a coordination project led by OSU-230499.
  - Project scope includes the replacement of sections of steam and condensate pipes, including anchors, isolation valves, steam traps, pipe supports, and insulation.

- **Project Risks and Impacts**
  - Outages to be coordinated with university stakeholders.

- **Approval Requested**
  - Requesting approval for design in FY26.

project team

- OSEP project manager: Firas S. Oueis
- AE/design architect: RMF Engineering
- General Contractor: DBB – To be determined

May 2025

Project Data Sheet for Board of Trustees Approval

Athletics Technology Modernization

OSU-250319 (REQ ID# ABA260006)

Project Location: Athletics District/Ohio Stadium

- **Approval Requested and Amount**

Professional services	$1.7M
Total requested	$1.7M

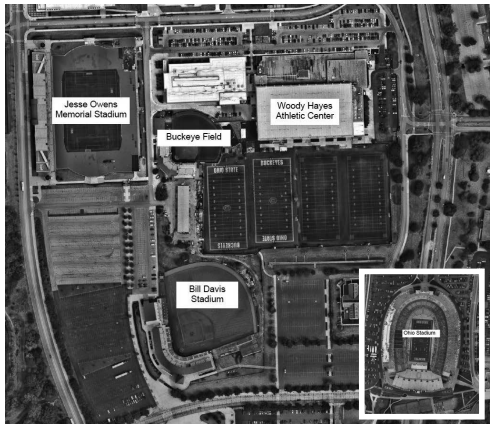
- **Project Budget**

Professional services	$1.7M
Construction w/contingency	TBD
Total project budget	TBD

- **Project Funding**
  Auxiliary Funds

- **Project Schedule**

BoT professional services approval	05/25
Design	08/25 – 05/26
BoT construction approval	TBD
Construction	TBD
Facility opening	TBD



- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project is included in the FY26 Capital Investment Plan.
  - Two prior studies, completed in 2022 and 2023, have guided the planning and development of this project.

- **Project Scope**
  - The project will upgrade technology to elevate the student-athlete and fan experience. Scope includes scoreboard modernization and audio system improvements at Ohio Stadium, Bill Davis Stadium, Buckeye Field, Jesse Owens Memorial Stadium, and the Woody Hayes Athletic Center.
  - Total project cost will be confirmed during design.

- **Approval Requested**
  - Approval is requested to enter into professional services contracts.

- **project team**
  University project manager: Lytle, Sara
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

North Towers Building Upgrades

OSU-250125 (REQ ID# SL260001)

Project Location: Drackett Tower (0189), Jones Tower (0267), Taylor Tower (0268)

- **Project Budget**

Professional services	$10.0M
Total project budget	$10.0M

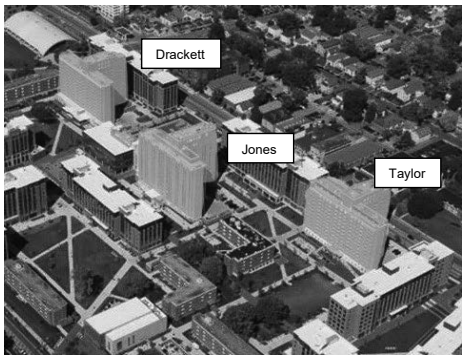
- **Project Budget**

Professional services	TBD
Construction w/contingency	TBD
Total project budget	TBD

- **Project Funding**
  University debt

- **Project Schedule**

BoT professional services approval	05/25
Design (Phased)	05/25 – 05/27
BoT construction approval	02/26
Construction (Phased)	11/26 – 08/30



- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project is included in the FY26 Capital Investment Plan.

- **Project Scope**
  - This project will address deferred maintenance of aging mechanical systems and infrastructure while improving the student living environment.
  - Plumbing systems, including domestic supply, heating, and sanitary lines, will be fully replaced. The main electrical distribution will be upgraded, and sprinkler systems will be installed to meet current codes.
  - Main entry levels in Jones, Taylor, and Drackett residence halls will be reconfigured and renovated. Finishes will be updated on all floors. The updated finishes will align these residence halls with other nearby campus facilities, enhancing the overall student experience.

- **Approval Requested**
  - Approval is requested to enter into professional services contracts.

- **project team**
  University project manager: Henderly, Todd
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Tunnel Rehabilitation Phase I

OSU-230499 (REQ ID# FOD230015)

*Project Location: **Site-see project information*



- **Approval Requested and Amount**

Professional services	$1.0M
Total requested	$1.0M

- **Project Budget**

Professional services	$2.7M
Construction w/contingency	$26.3M
OSEP/ENGIE scope	$13.0M
Total project budget	$42.0M

- **Project Funding**
  University debt, University funds, State funds, Partner funds (OSEP/ENGIE)

- **Project Schedule**

Design	04/23 – 10/24
BoT professional services approval	11/23
BoT construction approval	11/23
Construction	05/24 – 12/26
BoT prof services approval (increase)	05/25
Facility opening	12/26

- **Project Delivery Method**
  General Contracting

- **Planning Framework**
  - This project is included in the FY23, FY24 and FY25 Capital Investment Plans.

- **Project Scope**
  - This request is for design of the South Neil tunnel scope in coordination with OSEP/ENGIE.
  - Bid favorability allows the highest priority of Phase 2, the South Neil tunnel, to be moved to Phase 1.
  - This is the first phase of a three-phase project addressing deferred maintenance, including structural repairs, asbestos removal, and drainage/water infiltration issues. Phases 2 and 3 have not been funded.
  - Work will include structural repairs and piping replacements from 19th Avenue to an area near Lazenby Hall on South Neil.

- **Approval Requested**
  - Approval is requested to increase professional services contracts.

- **project team**
  University project manager: Stazzone, Al
  AE/design architect: RMF Engineering
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

UH-Doan Hall Sprinkler Installation

OSU-255353 (REQ ID# WMC240003)

Project Location: Doan Hall (0089)



- **Approval Requested and Amount**

Professional services	$1.2M
Total requested	$1.2M

- **Project Budget**

Professional services	$1.2M
Construction w/contingency	TBD
Total project budget	TBD

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	05/25
Design	08/25 – 01/26
BoT construction approval	TBD
Construction	TBD
Facility opening	TBD

- **Project Delivery Method**
  Design Build - Competitive GMP

- **Planning Framework**
  - This project was included in the FY24 Capital Investment Plan.

- **Project Scope**
  - This project will upgrade the existing sprinkler coverage in Doan Hall to meet new code requirements, with compliance required by June 2028.
  - The renovation scope includes removing all medical gas and plumbing fixtures on floors 6-11.
  - Final scope and total project cost will be confirmed during design.

- **Approval Requested**
  - Approval is requested to enter into professional services contracts.

- **project team**
  University project manager: Radabaugh, Alexandra
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Doan - Replace SPECT CTs

OSU-240329 (REQ ID# WMC240003)

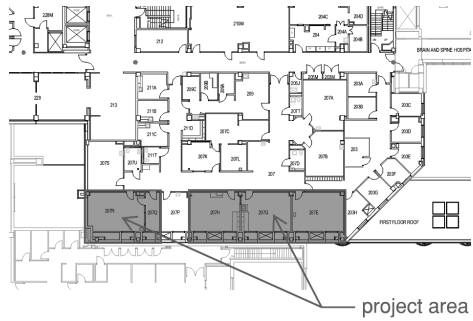
Project Location: Doan Hall (0089)

- **Approval Requested and Amount**

Professional services	$0.3M
Construction w/contingency	$4.3M
Total requested	$4.6M

- **Project Budget**

Professional services	$0.3M
Construction w/contingency	$4.3M
Total project budget	$4.6M



- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	05/25
BoT construction approval	05/25
Design	06/25 – 10/25
Construction	11/25 – 03/26
Facility opening	04/26

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project is included in the FY24 Capital Investment Plan.

- **Project Scope**
  - The project will remove four SPECT-CTs and re-install three new SPECT-CTs in Doan Hall within the Nuclear Medicine suite.
  - The space will be renovated to include infrastructure upgrades that accommodate a larger footprint and meet the criteria outlined by the Facility Guidelines Institute for Design & Construction of Health Facilities.

- **Approval Requested**
  - Approval is requested to enter into professional services and construction contracts.

- **project team**
  University project manager: Cashman, Catie
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Outpatient East - Existing Lot Renovation

OSU-240249 (REQ ID# EAS240017)

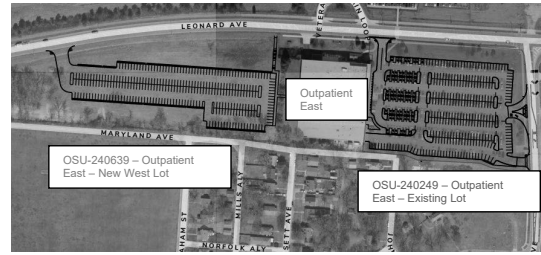
Project Location: Outpatient Care East (0837)

- **Approval Requested and Amount**

Professional services	$0.8M
Construction w/contingency	$4.7M
Total requested	$5.5M

- **Project Budget**

Professional services	$0.8M
Construction w/contingency	$4.7M
Total project budget	$5.5M



- **Project Funding**
  Auxiliary funds

- **Project Schedule**

Design	08/24 – 01/26
BoT professional services approval	05/25
BoT construction approval	05/25
Construction	03/26 – 09/26
Facility opening	09/26

- **Project Delivery Method**
  General Contracting

- **Planning Framework**
  - This project is included in the FY24 Capital Investment Plan.
  - This project was originally below Board of Trustees threshold for approval.

- **Project Scope**
  - During design, the extent of the rehabilitation was expanded which increased the total project cost above the Board of Trustees threshold for approval.
  - The project will reconstruct the existing parking lot on the east side of the Outpatient Care East facility.
  - The new layout will enhance traffic flow and improve patient access by optimizing both pedestrian pathways and vehicular travel lanes.
  - Construction is contingent upon the approval and completion of the New West Parking Lot (OSU-240639), which will provide temporary parking during the east lot's renovation.

- **Approval Requested**
  - Approval is requested to enter into professional services and construction contracts.

- **project team**
  University project manager: Kitchen, Donovan
  AE/design architect: Korda
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Outpatient East - New West Parking Lot

OSU-240639 (REQ ID# EAS240043)

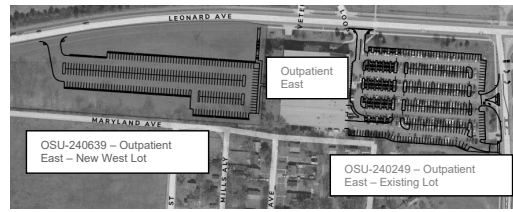
Project Location: Outpatient Care East (0837)

- **Approval Requested and Amount**

Professional services	$1.1M
Construction w/contingency	$6.1M
Total requested	$7.2M

- **Project Budget**

Professional services	$1.1M
Construction w/contingency	$6.1M
Total project budget	$7.2M



- **Project Funding**
  Auxiliary funds

- **Project Schedule**

Design	08/24 – 04/25
BoT professional services approval	05/25
BoT construction approval	05/25
Construction	07/25 – 12/25
Facility opening	12/25

- **Project Delivery Method**
  General Contracting

- **Planning Framework**
  - This project is included in the FY24 Capital Investment Plan.
  - This project was originally below Board of Trustees threshold for approval.

- **Project Scope**
  - Due to contaminated soils on-site, the total project cost increased above the Board of Trustees threshold for approval.
  - A new staff parking lot will be built on the vacant lot west of the Outpatient Care East building to address parking concerns and serve as temporary parking during the renovation of the existing lot reconstruction project (OSU-240249).

- **Approval Requested**
  - Approval is requested to enter into professional services and construction contracts.

- **project team**
  University project manager: Kitchen, Donovan
  AE/design architect: EMH&T
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Schottenstein Center - Scoreboard Replacement

OSU-250201 (REQ ID# ABA240003)

Project Location: Schottenstein Center (0081)



- **Approval Requested and Amount**

Professional services	$0.6M
Construction w/contingency	$4.6M
Total requested	$5.2M

- **Project Budget**

Professional services	$0.6M
Construction w/contingency	$4.6M
Total project budget	$5.2M

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	05/25
BoT construction approval	05/25
Design	06/25 – 09/25
Construction	04/26 – 09/26
Facility opening	10/26

- **Project Delivery Method**
  General Contracting

- **Planning Framework**
  - This project is included in the FY25 Capital Investment Plan.

- **Project Scope**
  - This project will replace the existing scoreboard, the 360-degree ribbon board, and all outdated LED boards and signs. The new scoreboard will fit within the existing footprint and reuse the hoist.
  - To accommodate event schedules, this project was separated from the Athletics Technology Modernization initiative, allowing for greater flexibility in scheduling construction.
  - The gap between design and construction provides time to order materials in advance, ensuring installation does not disrupt scheduled events.

- **Approval Requested**
  - Approval is requested to enter into professional services and construction contracts.

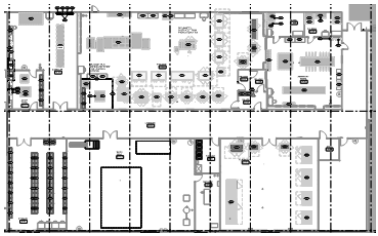
- **project team**
  University project manager: Quellhorst, Ross
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Battery Cell Research & Demonstration Center

OSU-230897 (REQ ID# RCH230011)

Project Location: Kinnear Rd, 1275-1305 (0395)





- **Approval Requested and Amount**

Construction w/contingency	$1.7M
Total requested	$1.7M

- **Project Budget**

Professional services	$2.3M
Construction w/contingency	$21.4M
Total project budget	$23.7M

- **Project Funding**
  University funds, Partner funds (Honda, Schaeffler)

- **Project Schedule**

BoT professional services approval	08/23
Design	11/23 – 07/24
BoT construction approval	11/23
Construction	06/24 – 08/25
BoT construction approval (increase)	05/25
Facility opening	09/25

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project is included in the FY24 Capital Investment Plan.

- **Project Scope**
  - The requested increase is to accommodate building modifications due to additional equipment required in the battery formation room, as well as changes to the specifications of user-provided equipment.
  - This project will renovate 21,897 square feet of warehouse space at 1305 Kinnear Road facility into a dedicated battery cell research, production and support space for the Institute of Materials Research.
  - The Battery Pilot and Prototyping Lab will contain a 4,148 square foot -40c dry room and a 1,257 square foot -60c super dry room to accommodate solid state battery production.
  - The project will accelerate the domestic development of battery cell materials and manufacturing technologies while providing an experiential learning setting for advanced battery technology workforce development.

- **Approval Requested**
  - Approval is requested to increase construction contracts.

- **project team**
  University project manager: Flaherty, Brendan
  AE/design architect: Wellogy
  CM at Risk or Design Builder: Whiting Turner

APPENDIX LXXV

APPROVAL FOR ACQUSITION OF REAL PROPERTY
1800 ZOLLINGER ROAD
UPPER ARLINGTON, FRANKLIN COUNTY, OHIO
BOARD BACKGROUND

Background

In 2015, Medstone Realty Company, LLC (Medstone), a subsidiary of Campus Partners, acquired unimproved property located at 1800 Zollinger Road, Upper Arlington, Ohio for the purpose of constructing a medical office facility that would be leased to The Ohio State University (OSU). In 2016, OSU entered into a long-term lease with Medstone for the building now known as The Ohio State Outpatient Care Upper Arlington and pre-paid rent to Medstone in the amount of $20,867,000. The lease contained a purchase option for OSU to acquire the property from Medstone for one dollar ($1.00). The university would like to exercise its purchase right.

Location and Description

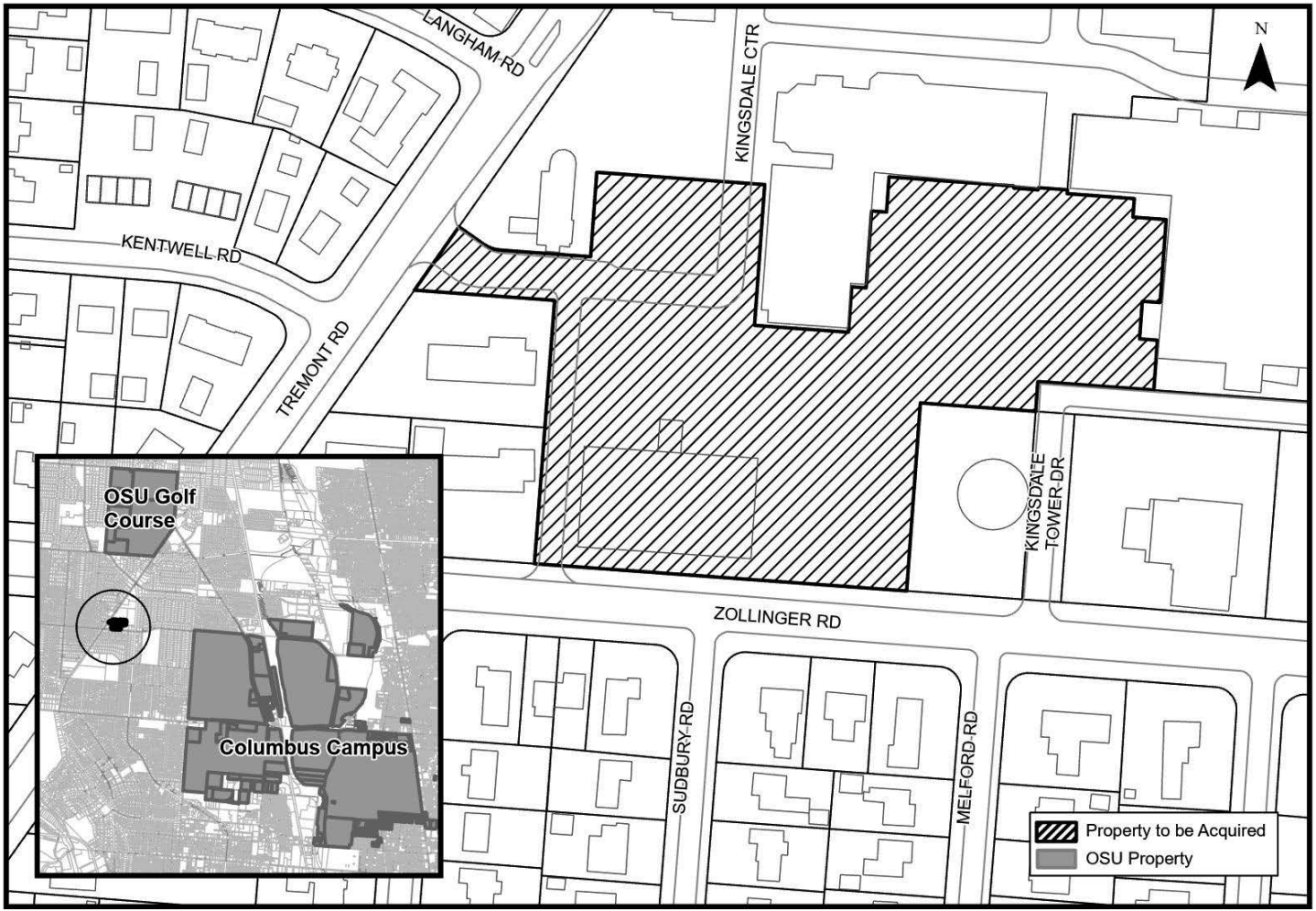
The subject property consists of approximately 5.070 acres of improved real property situated at 1800 Zollinger Road, Upper Arlington, Ohio. The property is Franklin County parcel number 070-003229 and located in the Kingsdale Shopping Center area of Upper Arlington.

Property History

In 2009, the City of Upper Arlington entered into a development agreement with Continental Real Estate Companies (Continental) to bring new investment and business to the Kingsdale shopping center. As part of that agreement, Upper Arlington purchased approximately five acres of the Kingsdale property from Continental to facilitate the development of new professional or medical office space. Continental retained a right to repurchase the office parcel and held the exclusive right to market it for development through November 2014. In order to react in a quickly evolving market, Upper Arlington, Medstone, and the university entered into a Tri-Party Agreement to develop the site. Medstone acquired the property and has held ownership since May 14, 2015.

Purchase of Property

Planning, Architecture and Real Estate recommends that the above referenced property be acquired under terms and conditions that are deemed to be in the best interest of the university.



THE OHIO STATE UNIVERSITY

5.070 Acres
1800 Zollinger Road Acquisition
Upper Arlington, Franklin County, Ohio

Prepared By: The Ohio State University
Office of Planning, Architecture and Real Estate
Issue Date: March 12, 2025
The Ohio State University Board of Trustees

**PERPETUAL GAS TRANSMISSION EASEMENT
BETWEEN THE OHIO STATE UNIVERSITY
AND COLUMBIA GAS OF OHIO, INC.
ACKERMAN ROAD, COLUMBUS, FRANKLIN COUNTY, OHIO
BOARD BACKGROUND**

Background

In December 2024, The Ohio State University (OSU) granted Columbia Gas of Ohio, Inc. (Columbia Gas) a 25-year gas pipeline easement to replace an existing 20-inch-high pressure gas line that crosses Waterman Agricultural and Natural Resources Laboratory ("Waterman Lab") and adjacent areas along Ackerman/Kenny Road through the Columbus campus.

This is a large, several phase project for Columbia Gas that will cross the City of Columbus, City of Upper Arlington, and other municipalities and is being undertaken to comply with federal safety mandates. Columbia Gas initially proposed a replacement alignment path bifurcating Waterman Lab that would impact research areas and affect long term strategic use of the research facility. To protect research and future conditions, OSU requested an alignment located along the university's northern boundary abutting an unbuilt City of Columbus 40-foot right of way corridor to which Columbia Gas agreed. The alignment and transaction terms were fully vetted through a rigorous university review process.

Columbia Gas has requested that the easement be granted in perpetuity. Consequently, the 25-year easement that was granted was intended to serve as an interim step until approval for a perpetual easement could be granted. Once Board of Trustees approval is obtained, the university will move forward with obtaining legislative authority to grant the perpetual easement.

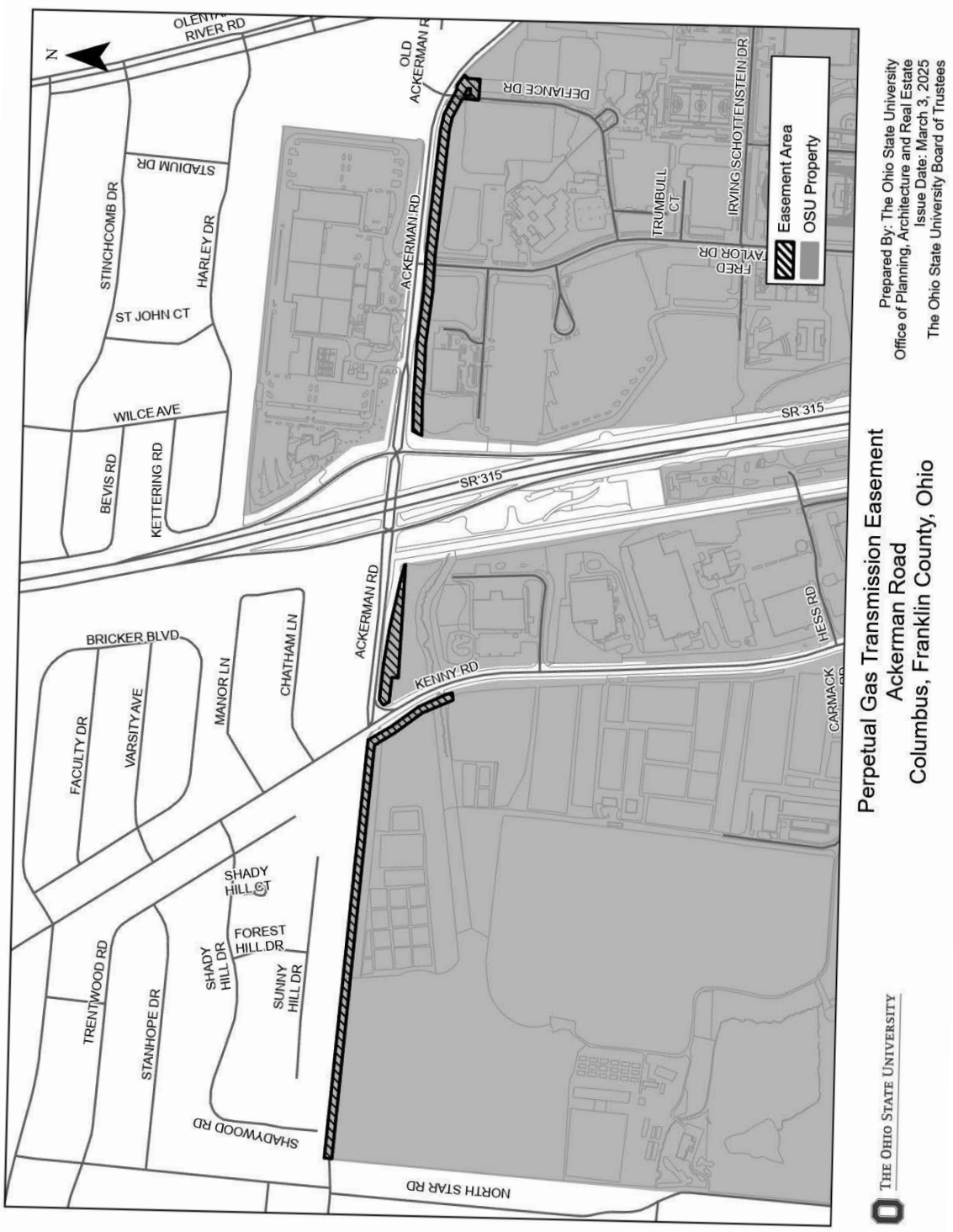
Location and Description

The properties to be impacted by the proposed perpetual easement are Franklin County parcel identification numbers 010-203996, 010-204024, and 010-062731. The property is in the City of Columbus and lies within land utilized by the College of Food, Agricultural, and Environmental Sciences, Wexner Medical Center, and Athletics.

The easement area comprises 6.069 acres and Columbia Gas will be responsible for the installation, maintenance, and ongoing operation of the replacement line, and they will release all easements associated with the location of the old line.

Easement Recommendation

Planning, Architecture and Real Estate (PARE) recommends execution of the perpetual easement under terms and conditions in the best interest of the university. This action is being brought before the Board of Trustees because easements for terms greater than 25 years require Board approval.


N
OLENTANGY RIVER RD
OLD ACKERMAN RD
DEFIANCE DR
IRVING SCHOTTENSTEIN DR
TRUMBULL CT
FRED TAYLOR DR
STADIUM DR
STINCHCOMB DR
HARLEY DR
ST JOHN CT
WILCE AVE
BEVIS RD
KETTERING RD
ACKERMAN RD
SR 315
BRICKER BLVD
FACULTY DR
VARSITY AVE
MANOR LN
CHATHAM LN
KENNY RD
HESS RD
CARMACK RD
SHADY HILL CT
FOREST HILL DR
SHADY HILL DR
SUNNY HILL DR
TRENTWOOD RD
STANHOPE DR
SHADYWOOD RD
NORTH STAR RD
Easement Area
OSU Property
Perpetual Gas Transmission Easement
Ackerman Road
Columbus, Franklin County, Ohio
Prepared By: The Ohio State University
Office of Planning, Architecture and Real Estate
Issue Date: March 3, 2025
The Ohio State University Board of Trustees
THE OHIO STATE UNIVERSITY

**PERPETUAL ROAD RIGHT OF WAY EASEMENT
BETWEEN THE OHIO STATE UNIVERSITY
AND THE BOARD OF COMMISSIONERS OF WAYNE COUNTY
MESSNER ROAD, WOOSTER, WAYNE COUNTY, OHIO
BOARD BACKGROUND**

Background

In 2000, The Ohio State University (OSU) granted the Wayne County Commissioners a 25-year roadway easement to improve the intersection of Messner Road and Oil City Road. The easement is set to expire August 31, 2025. University staff recommend that this easement be replaced with a perpetual roadway easement due to the planned, permanent use as a county roadway.

Location and Description

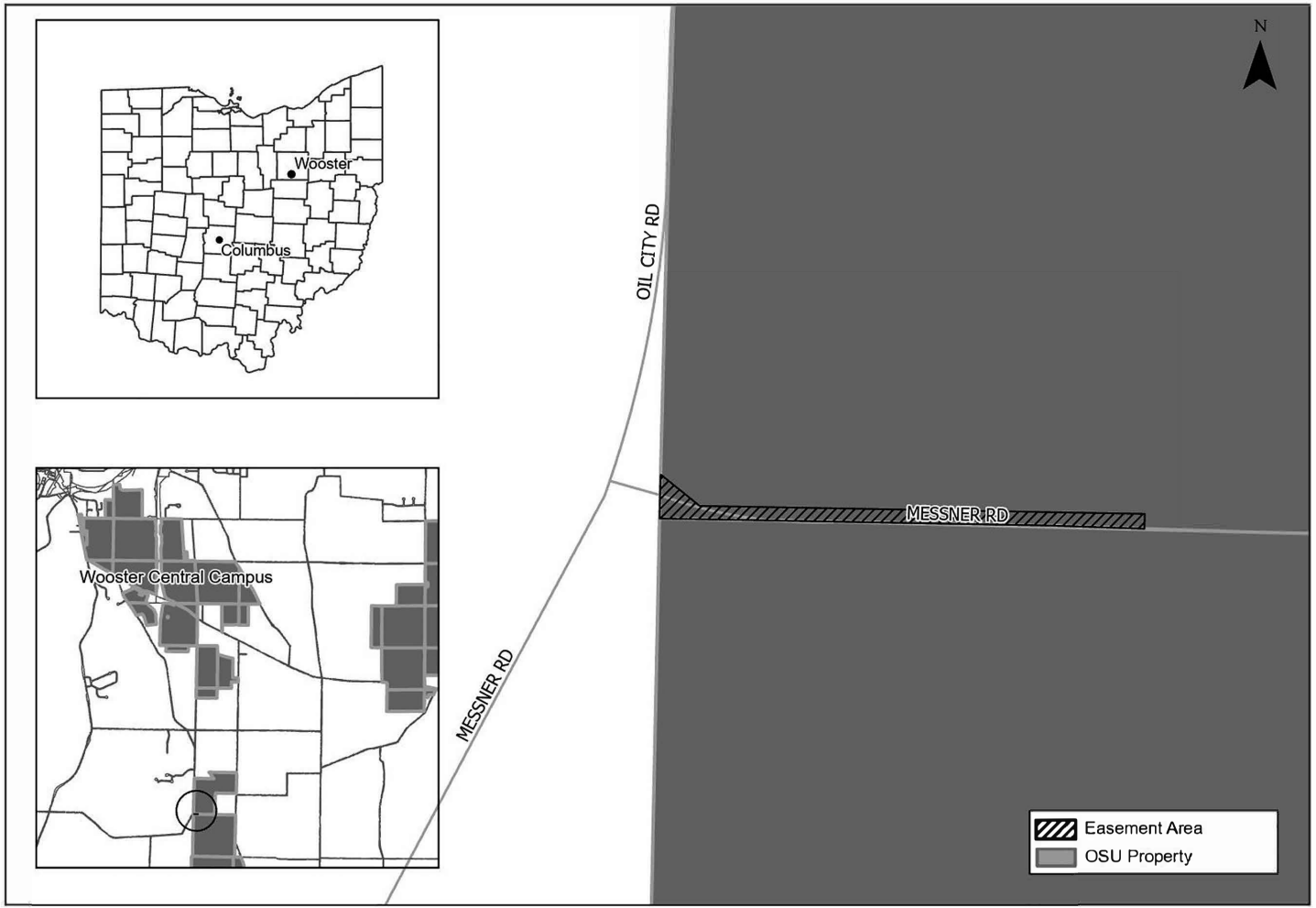
The property to be impacted by the proposed perpetual easement is Wayne County parcel identification number 30-01370.000. The property is in Franklin Township and lies within land administered by the College of Food, Agricultural, and Environmental Sciences (CFAES). Granting the easement will not impact CFAES operations.

The easement area comprises 0.082 acres and the Board of County Commissioners of Wayne County will be responsible for the maintenance and operation of the roadway.

The monetary consideration for the proposed perpetual easement is $1.00 as the surrounding university operations will benefit from the roadway infrastructure.

Easement Recommendation

Planning, Architecture and Real Estate (PARE) recommends execution of the perpetual easement under terms and conditions in the best interest of the university. This action is being brought before the Board of Trustees because easements for terms greater than 25 years require Board approval.



THE OHIO STATE UNIVERSITY

Perpetual Roadway Easement
Messner Road
Wooster, Wayne County, Ohio

Prepared By: The Ohio State University
Office of Planning, Architecture and Real Estate
Issue Date: January 17, 2025
The Ohio State University Board of Trustees

**PERPETUAL SANITARY SEWER EASEMENT
BETWEEN THE OHIO STATE UNIVERSITY
AND THE CITY OF COLUMBUS, OHIO
WOODY HAYES DRIVE, COLUMBUS, FRANKLIN COUNTY, OHIO
BOARD BACKGROUND**

Background

To support current and planned development on west campus, the university negotiated an agreement with the City of Columbus (City), which was finalized in 2021, that included new City sewer and water trunk lines.

The City has requested that an easement be granted in perpetuity. The easement width is generally 25-feet, and the sanitary line will be 30-inches in diameter. The university is responsible for the sewer design, and the City will be responsible for the construction.

In September 2024, the university granted the City a 25-year sanitary sewer easement within Woody Hayes Drive from Kenny Road to east of Coffey Road. The 25-year easement that was granted was intended to serve as an interim step until approval for a perpetual easement could be granted by the State of Ohio. Once Board of Trustees approval is obtained, the university will move to obtain legislative authority to grant the perpetual easement.

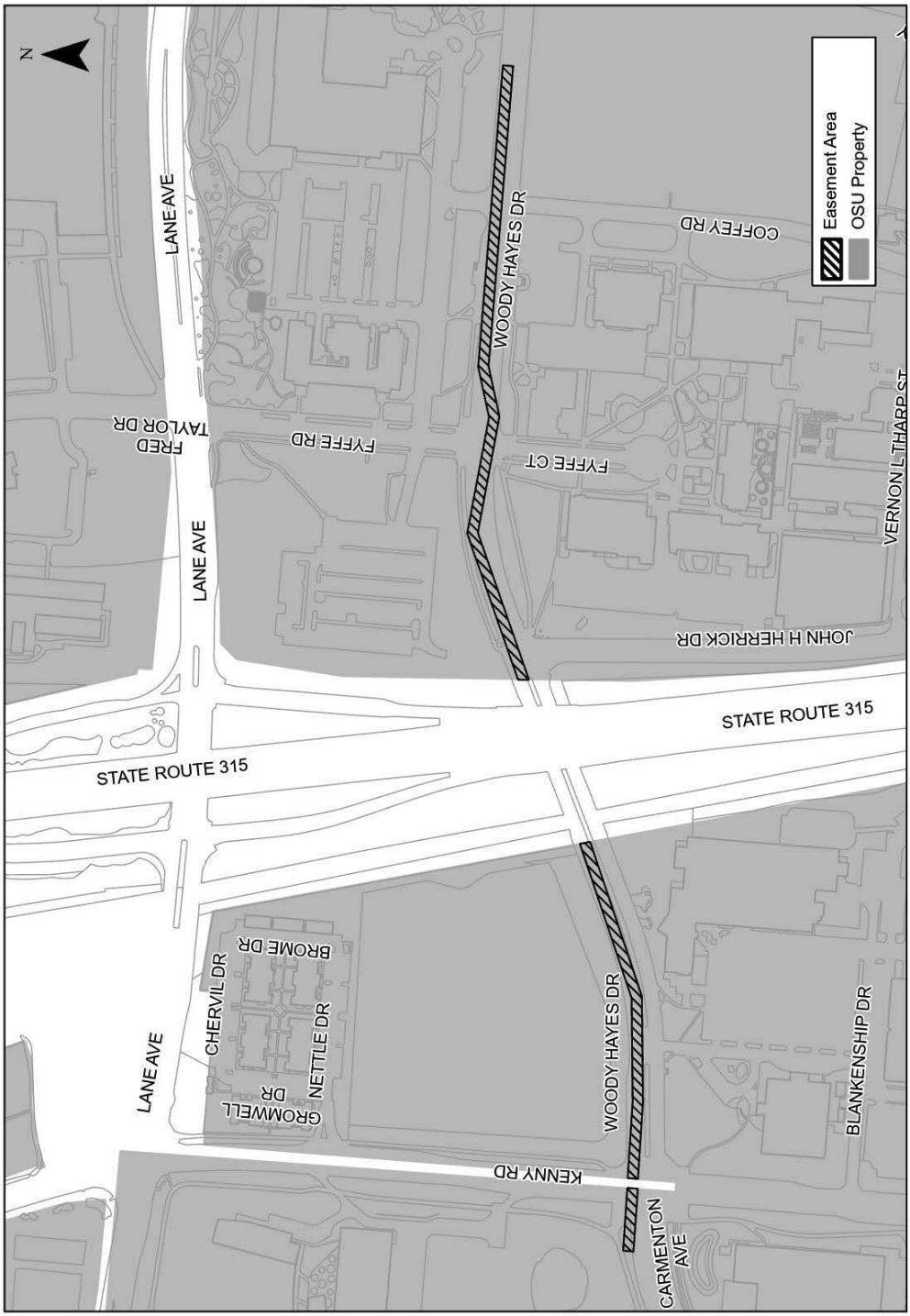
Location and Description

The properties to be impacted by the proposed perpetual easement are Franklin County parcel identification numbers 010-203994 and 010-204047. The property is in the City of Columbus within Woody Hayes Drive, which is a university street.

The easement area comprises 1.438 acres, and the City will be responsible for the installation, maintenance, and ongoing operation of the sanitary line.

Easement Recommendation

Planning, Architecture and Real Estate (PARE) recommends execution of the perpetual easement under terms and conditions in the best interest of the university. This action is being brought before the Board of Trustees because easements for terms greater than 25 years require Board approval.



Perpetual Sanitary Sewer Easement
Woody Hayes Drive
Columbus, Franklin County, Ohio

Prepared By: The Ohio State University
Office of Planning, Architecture and Real Estate
Issue Date: March 13, 2025
The Ohio State University Board of Trustees

THE OHIO STATE UNIVERSITY

BACKGROUND

Topic:

2025-2026 Academic Year User Fees & Charges

Context:

Beyond tuition and mandatory fees, the university charges other fees for specific purposes, including differential instructional and non-resident surcharge for graduate and professional programs, as well as student health insurance.

Differential fees for graduate and professional programs are market-based and reflect the need to continually invest in the academic excellence of Ohio State programs. Proposals for Academic Year 2025-2026 include new or changed differential fees for fourteen programs, and new or changed program, course, and clinical fees for eight programs.

Ohio State requires students to carry health insurance, but students are not required to use the university's health plans if they have other applicable coverage. The proposed 3.98% increase reflects the cost charged by a third-party vendor. The university uses the fee to cover the costs of the third-party provider.

Summary:

- Approval of differential, program, course, and clinical fees for graduate and professional programs
- Approval of student health insurance rates

Requested of Board of Trustees:

Approval of the attached resolution regarding 2025-2026 Academic Year User Fees and Charges

The Ohio State University Board of Trustees
May 21, 2025

Approval of 2025-2026 Academic Year User Fees and Charges

I. Graduate and professional programs:

A. Differential instructional and non-resident surcharge fees

B. Other fees:

a. Business Program Fee – Korean Advanced Institute of Science and Technology (KAIST) Fees
b. Dentistry Clinical Fee – Education Support Fees
c. Medicine Course Fee – Intro to PT Profession Course Fees
d. Medicine Program Fee – Doctor of Physical Therapy Fees
e. Medicine Course Fee – Occupational Therapy Foundations and Theory Course Fees
f. Medicine Program Fee – Doctor of Occupational Therapy Fees
g. Medicine Course Fee – Lower Extremity Exam & Diagnosis Course Fees
h. Nursing Program Fee – Graduate Program Fees

C. Ohio Revised Code Section 3333-1-10 Excluded Programs

II. Student Health Insurance

III. Summary and conclusions

I. Differential Fee Requests and Specific Professional School Non-Resident Surcharge, Deposit and Clinical requests

A. Differential Instructional and Non-Resident Surcharge Fees

University policy allows professional programs and Ohio Department of Higher Education-approved tagged master's programs to charge differential instructional fee rates based on market demand and pricing.

Nine programs across seven colleges are seeking changes to differential instructional fees:

- The College of Business is requesting a 46.1% decrease for the Specialized Master of Finance program
- The College of Dentistry is requesting a 5.0% increase for all ranks
- The College of Law is requesting a 2.5% increase for Doctor of Jurisprudence (J.D.) and Master of Law (LLM) programs
- The College of Medicine is requesting a 2.5% increase for the Master of Genetic Counseling program
- The College of Medicine is requesting a 10.0% increase for Rank 1 and a 1.3% increase for Ranks 2-3 for their Doctor of Occupational Therapy program.
- The College of Medicine is requesting a 42.9% increase for Rank 1 and a 3.0% increase for Ranks 2-3 for their Doctor of Physical Therapy program.
- The College of Optometry is requesting a 2.0% increase for all ranks
- The College of Pharmacy is requesting a 3.5% increase for all ranks
- The College of Veterinary Medicine is requesting a 5.0% increase for all ranks

Four colleges are seeking changes to the non-resident surcharge. These changes would apply instead of the standard increase (4.0%) proposed for Fiscal Year 2026:

- The College of Business is requesting an increase of $6,995 for the Specialized Master of Finance program
- The College of Dentistry is requesting a 5.0% increase for all ranks
- The College of Medicine is requesting a 10.0% increase for Rank 1 and a 98.1% decrease for Ranks 2-3 for their Doctor of Occupational Therapy program.
- The College of Medicine is requesting a 25.4% decrease for Rank 1 and a 72.6% decrease for Ranks 2-3 for their Doctor of Physical Therapy program.
- The College of Veterinary Medicine is requesting a 5.0% increase for Rank 1 and no change for Ranks 2-4

In addition, two colleges are seeking to establish a differential instructional fee and non-resident surcharge for five new programs.

- The College of Engineering is requesting a new Master of Applied Aeronautics with a differential instructional fee of $9,360 per semester and non-resident surcharge of $200 per semester

- The College of Engineering is requesting a new Master of Systems Engineering with a differential instructional fee of $9,360 per semester and non-resident surcharge of $200 per semester
- The College of Law is requesting a new Master in the Study of Law (MSL) – Business Law Certificate with a differential instructional fee of $8,350 per semester and non-resident surcharge of $200 per semester
- The College of Law is requesting a new Master in the Study of Law (MSL) – Compliance Certificate with a differential instructional fee of $8,350 per semester and non-resident surcharge of $200 per semester
- The College of Law is requesting a new Master in the Study of Law (MSL) – Health Law Certificate with a differential instructional fee of $8,350 per semester and non-resident surcharge of $200 per semester

Differential Fees and Non-Resident Surcharges are shown at the per-semester rate in the chart below

		Instructional (per semester)				Non-Resident Surcharge (per semester)			
College	Fee Name	Current Fee	Proposed Fee	Proposed Increase	Proposed Increase%	Current Fee	Recommended Fee	Fee Increase Requested:	Fee Increase %
Business	Specialized Master of Finance	$27,632	$14,900	-$12,732	-46.1%	$5	$7,000	$6,995	>100.0%
Dentistry	Dentistry - Rank 1	$22,976	$24,128	$1,152	5.0%	$25,800	$27,090	$1,290	5.0%
	Dentistry - Ranks 2 - 4	$19,328	$20,296	$968	5.0%	$22,878	$24,022	$1,144	5.0%
Engineering	Master of Applied Aeronautics	New Program	$9,360	NA	NA	New Program	$200	NA	NA
	Master of Systems Engineering	New Program	$9,360	NA	NA	New Program	$200	NA	NA
Law	MSL - Business Law Certificate	New Program	$8,350	NA	NA	New Program	$200	NA	NA
	MSL - Compliance Certificate	New Program	$8,350	NA	NA	New Program	$200	NA	NA
	MSL - Health Law Certificate	New Program	$8,350	NA	NA	New Program	$200	NA	NA
	Law - JD/LLM	$16,883	$17,304	$421	2.5%	$7,626	$7,626	$0	0.0%
Medicine	Master of Genetic Counseling	$9,568	$9,808	$240	2.5%	$7,120	$7,120	$0	0.0%
	Doctor of Occupational Therapy - Rank 1	$6,556	$7,212	$656	10.0%	$10,738	$11,812	$1,074	10.0%
	Doctor of Occupational Therapy - Rank 2-3	$6,556	$6,638	$82	1.3%	$10,738	$200	-$10,538	-98.1%
	Doctor of Physical Therapy - Rank 1	$6,720	$9,600	$2,880	42.9%	$11,254	$8,400	-$2,854	-25.4%
	Doctor of Physical Therapy - Ranks 2-3	$6,720	$6,920	$200	3.0%	$11,254	$3,080	-$8,174	-72.6%
Optometry	Optometry - Rank 1	$14,432	$14,721	$289	2.0%	$10,528	$10,528	$0	0.0%
	Optometry - Rank 2	$14,432	$14,721	$289	2.0%	$5	$5	$0	0.0%
	Optometry - Ranks 3 - 4	$12,812	$13,068	$256	2.0%	$5	$5	$0	0.0%
Pharmacy	Pharmacy - Rank 1	$13,489	$13,961	$472	3.5%	$14,006	$14,006	$0	0.0%
	Pharmacy - Ranks 2 - 4	$13,489	$13,961	$472	3.5%	$5	$5	$0	0.0%
Veterinary Medicine	Vet Med - Rank 1	$17,921	$18,817	$896	5.0%	$21,908	$23,004	$1,095	5.0%
	Vet Med - Ranks 2 - 4	$17,921	$18,817	$896	5.0%	$5	$5	$0	0.0%

B. Other fees:

In addition to the differential instructional fees, four colleges have proposed changes to their other fees:

- The College of Business is requesting an increase in Korean Advanced Institute of Science and Technology (KAIST) Fees of 6.5% for the Spring semester and 33.3% for the Summer Semester
- The College of Dentistry is requesting a 2.0% increase in education support fees for Ranks 1 – 4

- The College of Medicine is requesting to discontinue the one-time Intro to PT Profession Course Fee
- The College of Medicine is requesting a new program fee of $117 per semester for students in the Doctor of Physical Therapy program
- The College of Medicine is requesting to discontinue the one-time Occupational Therapy Foundations and Theory Course Fee
- The College of Medicine is requesting a new program fee of $88 per semester for students in the Doctor of Occupational Therapy program
- The College of Medicine is requesting a new course fee of $150 for students enrolled in the Lower Extremity Exam & Diagnosis Course
- The College of Nursing is requesting a 60.1% increase in program fees for all graduate students (with the exception of those enrolled in the Certified Registered Nurse Anesthetist track)

Other Fees are shown at the per-semester rate in the chart below

College	Fee Type	Fee Name	Current Fee	Proposed Fee	Proposed Increase	Proposed Increase%
Business	Program Fee	Korea Advanced Institute of Science and Technology (KAIST) - Spring	$15,500	$16,500	$1,000	6.5%
		Korea Advanced Institute of Science and Technology (KAIST) - Summer	$3,000	$4,000	$1,000	33.3%
Dentistry	Education Support Fee	Rank 1	$2,721	$2,775	$54	2.0%
		Ranks 2 - 4	$2,007	$2,047	$40	2.0%
Medicine	Course Fee	Intro to PT Profession Course Fee	$500	$0	-$500	-100.0%
	Program Fee	Doctor of Physical Therapy Program Fee	New Program Fee	$117	NA	NA
	Course Fee	Occupational Therapy Foundations and Theory	$375	$0	-$375	-100.0%
	Program Fee	Doctor of Occupational Therapy Program Fee	New Program Fee	$88	NA	NA
	Course Fee	Lower Extremity Exam & Diagnosis Course Fee	New Course Fee	$150	NA	NA
Nursing	Program Fee	Nursing Graduate Program Fees	$1,250	$2,000	$750	60.1%

C. Ohio Revised Code Section 3333-1-10 Excluded Programs

Ohio Revised Code section 3333-1-10 (C) 11 provides for exclusions of post-baccalaureate professional programs related to residency for subsidy and tuition surcharge purposes. We are excluding all post-baccalaureate professional programs as permitted under 3333-1-10 (C) 11 including all juris doctorate, medical, dentistry, veterinary, optometry, pharmaceutical doctoral programs, all tagged master's programs, and any other similar post-baccalaureate professional programs. These excluded programs will be posted on our website and will be reported to the Chancellor of the Ohio Department of Higher Education.

II. Student Health Insurance

Background: All Ohio State students are required to have health insurance. However, 86% of the domestic students choose outside insurance options. International students typically purchase Ohio State's plan.

The university uses fee revenue to cover the cost of third-party insurance. Rates are designed to be affordable and keep up with health care costs.

The recommendation for Academic Year 2025-2026, based on third-party costs, is a 3.98% increase for students.

Plan Level	FY 2025	FY 2026	Change $	Change %
Student	$3,768	$3,918	$150	3.98%
Student & Spouse	$7,536	$7,836	$300	3.98%
Student & Children	$11,304	$11,754	$450	3.98%
Student & Family	$15,072	$15,672	$600	3.98%

III. Summary and Conclusions

A. Differentials for professional programs are market-driven.

B. Student health insurance rates will increase 3.98%.

APPENDIX LXXX

BACKGROUND

Topic:

2025-2026 Academic Year Digital Textbook Pass-through Fees

Context:

The university collects certain fees, known as pass-through fees, that are used to pay a third party for the cost of goods and services that directly benefit students. The university does not seek to financially benefit from these fees but collects them because Ohio State's involvement benefits students by reducing their costs, simplifying billing, or other means.

The university's use of digital textbook pass-through fees has dramatically expanded because of the CarmenBooks affordability initiative, which reduces the cost of course materials, often by 80 percent or more. By using CarmenBooks, the university charges a digital textbook fee that covers the cost of significantly discounted course materials. The Board of Trustees previously approved a pilot in Spring semester 2019 in nine courses and this program has expanded to 467 course offerings which is projected to save students approximately $5.2 million during the 2025-2026 academic year.

Requested of The Board of Trustees:

Approval of the attached resolution.

The CarmenBooks textbook affordability initiative is expected to save students approximately $5.2 million during the 2025-2026 academic year. The university utilizes the *RedShelf* digital book platform to access digital textbooks which will result in more than 29% of savings for students when compared to the cost of traditional textbooks. Students pay a digital textbook fee, which is a pass-through fee that covers the cost of these materials.

The university does not set the rates for pass-through fees, although it can make the cost more affordable as in the case of digital textbooks offered through the CarmenBooks program (by utilizing RedShelf). A list of digital textbook pass-through fees by course is provided below as an example of projected savings for Autumn 2025:

Course Number	Number of Sections	Number of Students	Retail Price	Discount Price (Fee)	Student Savings	Course Savings
ACCTMIS 2200	2	56	$62.33	$38.89	$23.44	$1,312.64
ACCTMIS 2200H	1	26	$62.33	$38.89	$23.44	$609.44
ACCTMIS 2200H	1	52	$62.33	$38.89	$23.44	$1,218.88
ACCTMIS 3200	4	144	$184.52	$84.21	$100.31	$14,444.64
ACCTMIS 3300 (eBook)	1	36	$50.94	$44.43	$6.51	$234.36
ACCTMIS 3300 (Mastering)	1	36	$119.99	$103.99	$16.00	$576.00
ACCTMIS 3400	4	144	$171.87	$73.68	$98.19	$14,139.36
ACCTMIS 3620	2	72	$119.99	$109.46	$10.53	$758.16
ACCTMIS 4200	1	36	$171.87	$109.46	$62.41	$2,246.76
ACCTMIS 4200	2	72	$140.00	$136.84	$3.16	$227.52
ACCTMIS 4410	1	36	$171.87	$73.68	$98.19	$3,534.84
ACCTMIS 4500	2	72	$153.50	$38.89	$114.61	$8,251.92
ACCTMIS 4510	1	36	$129.99	$113.20	$16.79	$604.44
ACCTMIS 6001	1	56	$171.87	$73.68	$98.19	$5,498.64
ACCTMIS 7200	1	36	$171.87	$73.68	$98.19	$3,534.84
ACCTMIS 7230	1	40	$140.00	$136.84	$3.16	$126.40
ACEL 8200	1	16	$79.00	$41.00	$38.00	$608.00
AEDECON 2001	2	120	$129.99	$78.00	$51.99	$6,238.80
AEDECON 2105	1	72	$119.99	$101.04	$18.95	$1,364.40
AEDECON 2400	1	20	$312.95	$69.00	$243.95	$4,879.00
AEDECON 4106	1	40	$62.33	$38.89	$23.44	$937.60
AEROENG 2200	1	120	$110.31	$38.89	$71.42	$8,570.40
ANATOMY 2300	1	720	$100.10	$73.68	$26.42	$19,022.40
ANATOMY 2300 (Mansfield)	1	16	$65.94	$44.43	$21.51	$344.16
ANATOMY 3300.01	1	192	$100.10	$73.68	$26.42	$5,072.64
ANIMSCI 2260 (Packback)	1	81	$39.00	$36.61	$2.39	$193.59
ANIMSCI 2260 (textbook)	1	81	$50.94	$44.43	$6.51	$527.31
ANIMSCI 3140	1	88	$39.00	$36.61	$2.39	$210.32
ANIMSCI 3150	1	140	$39.00	$36.61	$2.39	$334.60
ANTHROP 2200	10	640	$45.00	$42.63	$2.37	$1,516.80
ANTHROP 2200	2	28	$69.96	$55.90	$14.06	$393.68
ANTHROP 2200H	2	20	$45.00	$42.63	$2.37	$47.40
ANTHROP 2200H	1	5	$69.96	$55.90	$14.06	$70.30
ANTHROP 2201	5	168	$52.50	$41.95	$10.55	$1,772.40
ANTHROP 2201H	1	20	$52.50	$41.95	$10.55	$211.00
ANTHROP 2202	3	124	$69.00	$48.00	$21.00	$2,604.00
ANTHROP 2202H	2	20	$69.00	$48.00	$21.00	$420.00
ANTHROP 3305 (Textbook)	1	80	$55.95	$48.33	$7.62	$609.60
ANTHROP 3305 (Lab Manual)	1	80	$43.44	$21.05	$22.39	$1,791.20
ANTHROP 5644 (Textbook)	1	36	$55.95	$48.33	$7.62	$274.32
ANTHROP 5644 (Lab Manual)	1	36	$43.44	$21.05	$22.39	$806.04
ARTEDUC 2700	15	320	$51.00	$35.00	$16.00	$5,120.00
ASTRON 2143	1	39	$48.00	$38.35	$9.65	$376.35
BIOCHEM 2210	1	109	$84.99	$75.78	$9.21	$1,003.89
BIOCHEM 4511	6	578	$109.99	$59.99	$50.00	$28,900.00
BIOCHEM 5613	2	42	$94.99	$64.29	$30.70	$1,289.40
BIOCHEM 5721	2	112	$233.32	$44.43	$188.89	$21,155.68

Course Number	Number of Sections	Number of Students	Retail Price	Discount Price (Fee)	Student Savings	Course Savings
BIOLOGY 1101	3	326	$112.47	$73.68	$38.79	$12,645.54
BIOLOGY 1101 (Marion)	2	38	$65.94	$44.43	$21.51	$817.38
BIOLOGY 1101 (Newark)	1	38	$44.99	$44.43	$0.56	$21.28
BIOLOGY 1101 (Wooster)	1	64	$87.99	$74.33	$13.66	$874.24
BIOLOGY 1102	1	120	$109.99	$96.83	$13.16	$1,579.20
BIOLOGY 1110	1	173	$97.34	$73.68	$23.66	$4,093.18
BIOLOGY 1113.01 (Lab Manual)	2	35	$48.00	$37.50	$10.50	$367.50
BIOLOGY 1113.01 (Lab Manual)	2	730	$48.00	$43.16	$4.84	$3,533.20
BIOLOGY 1113.01 (Mastering)	4	908	$84.99	$75.78	$9.21	$8,362.68
BIOLOGY 1113.02 (Lab Manual)	1	58	$48.00	$43.16	$4.84	$280.72
BIOLOGY 1113.02 (Mastering)	1	58	$84.99	$75.78	$9.21	$534.18
BIOLOGY 1113H	1	80	$84.99	$75.78	$9.21	$736.80
BIOLOGY 1114.01 (Lab Manual)	2	614	$48.00	$44.21	$3.79	$2,327.06
BIOLOGY 1114.01 (textbook)	3	634	$84.99	$75.78	$9.21	$5,839.14
BIOLOGY 1114.02 (Lab Manual)	1	60	$48.00	$44.21	$3.79	$227.40
BIOLOGY 1114.02 (textbook)	1	60	$84.99	$75.78	$9.21	$552.60
BIOLOGY 1114H (Lab Manual)	1	48	$48.00	$44.21	$3.79	$181.92
BIOLOGY 1114H (textbook)	1	48	$84.99	$75.78	$9.21	$442.08
BIOLOGY 2105	1	48	$112.47	$73.68	$38.79	$1,861.92
BIOMEDE 2800	1	64	$84.99	$75.78	$9.21	$589.44
BIOPHRM 3311	1	80	$293.32	$42.10	$251.22	$20,097.60
BUSFIN 3120	1	168	$162.52	$73.68	$88.84	$14,925.12
BUSFIN 3220	6	1040	$187.62	$73.68	$113.94	$118,497.60
BUSFIN 3300	2	72	$65.94	$44.43	$21.51	$1,548.72
BUSFIN 3400	5	180	$162.52	$74.38	$88.14	$15,865.20
BUSFIN 3500 (Connect)	5	282	$162.52	$74.38	$88.14	$24,855.48
BUSFIN 3500 (McGraw text)	2	128	$62.33	$38.89	$23.44	$3,000.32
BUSFIN 4211	10	360	$182.00	$69.00	$113.00	$40,680.00
BUSFIN 4221	7	252	$262.00	$74.38	$187.62	$47,280.24
BUSFIN 4250	1	400	$129.99	$49.60	$80.39	$32,156.00
BUSFIN 4255	3	72	$129.99	$49.60	$80.39	$5,788.08
BUSFIN 4510 (Connect)	2	72	$162.52	$74.38	$88.14	$6,346.08
BUSFIN 4510 (Engage)	2	72	$62.33	$38.89	$23.44	$1,687.68
BUSMHR 2000	8	1124	$109.99	$96.83	$13.16	$14,791.84
BUSMHR 2500 (Packback)	2	372	$39.00	$36.61	$2.39	$889.08
BUSMHR 2500 (textbook)	2	372	$95.00	$76.14	$18.86	$7,015.92
BUSMHR 3200	6	500	$250.00	$72.63	$177.37	$88,685.00
BUSMHR 4323	1	36	$77.99	$68.09	$9.90	$356.40
BUSMHR 4490	3	652	$156.20	$74.38	$81.82	$53,346.64
BUSMHR 4490H	1	24	$156.20	$74.38	$81.82	$1,963.68
BUSMHR 7222	2	80	$39.00	$36.61	$2.39	$191.20
BUSML 3150	2	240	$109.99	$59.99	$50.00	$12,000.00
BUSML 3250	4	765	$109.99	$59.99	$50.00	$38,250.00
BUSML 3250H	1	28	$109.99	$59.99	$50.00	$1,400.00
BUSML 3380	4	832	$77.99	$44.45	$33.54	$27,905.28
BUSML 4201 (eBook)	3	104	$77.99	$68.09	$9.90	$1,029.60

Course Number	Number of Sections	Number of Students	Retail Price	Discount Price (Fee)	Student Savings	Course Savings
BUSML 4201 (MindTap)	5	172	$125.00	$99.05	$25.95	$4,463.40
BUSML 4254	2	72	$109.99	$96.83	$13.16	$947.52
BUSML 4381	2	72	$39.00	$36.61	$2.39	$172.08
BUSML 4387	1	32	$39.00	$36.61	$2.39	$76.48
BUSML 7387	1	40	$39.00	$36.61	$2.39	$95.60
BUSOBA 2320	4	832	$119.99	$75.78	$44.21	$36,782.72
BUSOBA 3230	5	848	$162.52	$74.38	$88.14	$74,742.72
BUSOBA 4242	1	36	$39.00	$36.61	$2.39	$86.04
BUSOBA 4250	3	48	$60.00	$49.41	$10.59	$508.32
BUSTEC 1202T	2	48	$225.95	$68.09	$157.86	$7,577.28
BUSTEC 2232T	1	20	$65.00	$45.99	$19.01	$380.20
BUSTEC 2240T	1	16	$155.00	$119.57	$35.43	$566.88
BUSTEC 2244T	1	32	$129.99	$106.13	$23.86	$763.52
BUSTEC 2247T	1	24	$162.52	$74.38	$88.14	$2,115.36
CBE 2345	2	96	$127.60	$73.68	$53.92	$5,176.32
CHEM 1101	3	88	$109.99	$96.83	$13.16	$1,158.08
CHEM 1110 (textbook)	7	540	$109.99	$96.83	$13.16	$7,106.40
CHEM 1110 (lab manual)	7	540	$54.00	$51.08	$2.92	$1,576.80
CHEM 1110 (Marion)	1	20	$119.00	$100.47	$18.53	$370.60
CHEM 1206 (Columbus)	3	280	$199.99	$73.33	$126.66	$35,464.80
CHEM 1206 (Regional)	4	95	$84.99	$75.78	$9.21	$874.95
CHEM 1210 (textbook)	18	2614	$84.99	$71.57	$13.42	$35,079.88
CHEM 1210 (lab manual)	17	2582	$54.00	$51.08	$2.92	$7,539.44
CHEM 1220 (textbook)	6	868	$84.99	$71.57	$13.42	$11,648.56
CHEM 1220 (lab manual)	6	868	$54.00	$51.08	$2.92	$2,534.56
CHEM 1250 (textbook)	2	38	$119.00	$84.19	$34.81	$1,322.78
CHEM 1250 (lab manual)	2	38	$48.00	$45.79	$2.21	$83.98
CHEM 1610 (textbook)	1	180	$84.99	$71.57	$13.42	$2,415.60
CHEM 1610 (lab manual)	1	180	$59.50	$51.08	$8.42	$1,515.60
CHEM 1910H (textbook)	2	80	$104.99	$86.07	$18.92	$1,513.60
CHEM 1910H (lab manual)	2	80	$59.50	$51.08	$8.42	$673.60
CHEM 2210	1	42	$119.99	$97.81	$22.18	$931.56
CHEM 2310	1	120	$84.99	$75.78	$9.21	$1,105.20
CHEM 2510	8	1460	$119.99	$97.81	$22.18	$32,382.80
CHEM 2510 (Wooster, 1/2)	1	20	$333.32	$44.43	$288.89	$5,777.80
CHEM 2510 (Wooster, 2/2)	1	20	$45.00	$37.17	$7.83	$156.60
CHEM 2520	2	422	$119.99	$97.81	$22.18	$9,359.96
CHEM 2540	9	955	$70.00	$60.00	$10.00	$9,550.00
CHEM 2550	2	320	$70.00	$60.00	$10.00	$3,200.00
CHEM 2610	1	60	$119.99	$97.81	$22.18	$1,330.80
CHEM 2910H	1	80	$101.00	$80.75	$20.25	$1,620.00
CHEM 6110	1	24	$200.95	$68.09	$132.86	$3,188.64
CIVILEN 2410	1	64	$119.99	$109.46	$10.53	$673.92
CIVILEN 5571	2	24	$50.94	$44.43	$6.51	$156.24
CLAS 2205	1	60	$52.95	$42.00	$10.95	$657.00
COMLDR 2100.01	1	5	$63.00	$50.00	$13.00	$65.00

Course Number	Number of Sections	Number of Students	Retail Price	Discount Price (Fee)	Student Savings	Course Savings
COMLDR 3530 (Columbus)	1	40	$39.00	$36.61	$2.39	$95.60
COMLDR 3530E	1	20	$39.00	$36.61	$2.39	$47.80
COMM 1100	2	78	$112.47	$63.16	$49.31	$3,846.18
COMM 1101	1	400	$34.15	$26.01	$8.14	$3,256.00
COMM 2110	10	232	$57.33	$38.89	$18.44	$4,278.08
COMM 2331	1	28	$62.33	$38.89	$23.44	$656.32
COMM 2367	24	576	$66.15	$63.00	$3.15	$1,814.40
COMM 2850	1	400	$49.00	$38.83	$10.17	$4,068.00
COMM 2850 (Lima)	1	24	$49.00	$43.00	$6.00	$144.00
COMM 3325	1	160	$44.00	$32.30	$11.70	$1,872.00
COMM 3442	2	24	$55.99	$27.90	$28.09	$674.16
COMM 3620	1	160	$59.99	$44.43	$15.56	$2,489.60
COMM 4337	1	32	$82.44	$45.00	$37.44	$1,198.08
COMM 4820	1	38	$54.95	$24.75	$30.20	$1,147.60
COMM 7715	1	12	$51.00	$36.00	$15.00	$180.00
CRPLAN 5001	2	30	$93.01	$73.68	$19.33	$579.90
CSE 1110	1	120	$127.99	$134.73	-$6.74	-$808.80
CSE 1111	2	112	$141.00	$89.47	$51.53	$5,771.36
CSE 2111	13	1184	$141.00	$84.20	$56.80	$67,251.20
CSFRST 2100	1	24	$119.99	$101.04	$18.95	$454.80
CSHSPMG 2100	1	24	$119.99	$101.04	$18.95	$454.80
CSHSPMG 2990	1	48	$65.94	$44.43	$21.51	$1,032.48
CSHSPMG 4610	1	48	$166.65	$44.43	$122.22	$5,866.56
EARTHSC 2206	1	96	$75.00	$57.44	$17.56	$1,685.76
ECE 2060	1	464	$69.99	$57.44	$12.55	$5,823.20
ECE 2300	1	176	$62.33	$27.78	$34.55	$6,080.80
ECE 3010	2	148	$65.94	$44.43	$21.51	$3,183.48
ECE 3030	2	112	$64.99	$44.43	$20.56	$2,302.72
ECE 3551	1	68	$65.94	$44.43	$21.51	$1,462.68
ECE 3561	1	88	$69.99	$57.44	$12.55	$1,104.40
ECE 5460	2	32	$94.99	$44.43	$50.56	$1,617.92
ECE 6010	1	16	$164.00	$88.00	$76.00	$1,216.00
ECON 2001.01	1	528	$129.45	$86.32	$43.13	$22,772.64
ECON 2001.01	5	203	$129.99	$78.00	$51.99	$10,553.97
ECON 2001.01	1	512	$119.99	$109.46	$10.53	$5,391.36
ECON 2001.01	1	64	$119.99	$101.04	$18.95	$1,212.80
ECON 2001.01	3	112	$119.99	$97.81	$22.18	$2,484.16
ECON 2001.01	1	68	$84.95	$67.90	$17.05	$1,159.40
ECON 2001.03H	2	32	$129.99	$78.00	$51.99	$1,663.68
ECON 2002.01	1	530	$119.99	$97.81	$22.18	$11,755.40
ECON 2002.01	1	530	$15.00	$13.04	$1.96	$1,038.80
ECON 2002.01	2	64	$129.99	$78.00	$51.99	$3,327.36
ECON 2002.01	2	466	$119.99	$109.46	$10.53	$4,906.98
ECON 2002.01	1	40	$119.99	$78.00	$41.99	$1,679.60
ECON 2002.03H	1	28	$119.99	$109.46	$10.53	$294.84
ECON 4001.01	1	56	$119.99	$109.46	$10.53	$589.68
ECON 4001.01	2	112	$89.95	$71.90	$18.05	$2,021.60

Course Number	Number of Sections	Number of Students	Retail Price	Discount Price (Fee)	Student Savings	Course Savings
ECON 4001.02	1	56	$89.95	$71.90	$18.05	$1,010.80
ECON 4300	1	48	$75.00	$68.09	$6.91	$331.68
ECON 4400	2	117	$119.99	$109.46	$10.53	$1,232.01
ECON 4560	1	40	$124.99	$97.81	$27.18	$1,087.20
ECON 6711	1	24	$89.95	$71.90	$18.05	$433.20
EDUTL 5137	1	20	$50.98	$44.43	$6.55	$131.00
EEOB 2511	1	20	$109.99	$96.83	$13.16	$263.20
EEOB 2520 (Mansfield)	1	20	$57.33	$38.89	$18.44	$368.80
EEOB 2520 (Marion)	1	20	$109.99	$109.46	$0.53	$10.60
EEOB 2520 (Newark)	1	28	$109.99	$96.83	$13.16	$368.48
EEOB 3310.20	1	20	$74.95	$59.90	$15.05	$301.00
ENGLISH 1110.01 (Cengage)	6	82	$62.99	$47.93	$15.06	$1,234.92
ENGLISH 1110.01 (Macmillan)	1	16	$29.99	$22.16	$7.83	$125.28
ENGLISH 1110.03 (Cengage)	2	15	$62.99	$47.93	$15.06	$225.90
ENGLISH 1110.03 (Macmillan)	2	24	$29.99	$22.16	$7.83	$187.92
ENGLISH 2201	1	28	$19.99	$11.52	$8.47	$237.16
ENGLISH 3019	1	20	$43.95	$33.45	$10.50	$210.00
ENGLISH 3271	4	44	$55.99	$24.10	$31.89	$1,403.16
ENGRTEC 2300 (Courseware)	2	48	$129.99	$117.88	$12.11	$581.28
ENGRTEC 2300 (eBook)	1	20	$50.94	$44.43	$6.51	$130.20
ENR 5350.01 (1/2)	2	8	$41.95	$29.61	$12.34	$98.72
ENR 5350.01 (1/2)	2	8	$149.95	$105.85	$44.10	$352.80
ENTMLGY 2102	1	80	$39.00	$36.61	$2.39	$191.20
ENTMLGY 4000	1	68	$113.95	$63.00	$50.95	$3,464.60
ENTMLGY 4600	2	480	$39.00	$36.61	$2.39	$1,147.20
ENTMLGY 5350.01 (1/2)	2	8	$41.95	$29.61	$12.34	$98.72
ENTMLGY 5350.01 (1/2)	2	8	$149.95	$105.85	$44.10	$352.80
ENVENG 3200	1	41	$54.00	$42.00	$12.00	$492.00
ENVENG 6200	1	41	$54.00	$42.00	$12.00	$492.00
ESEPSY 1259	19	432	$54.99	$43.03	$11.96	$5,166.72
ESEPSY 2059	7	134	$62.99	$27.39	$35.60	$4,770.40
ESEPSY 2309	6	168	$101.94	$42.10	$59.84	$10,053.12
ESEPSY 2309 (Lima)	1	20	$65.94	$44.43	$21.51	$430.20
ESPHE 3206	10	132	$89.95	$49.00	$40.95	$5,405.40
ESQREM 6641	1	32	$75.00	$62.76	$12.24	$391.68
ESQREM 7648	1	24	$73.00	$50.00	$23.00	$552.00
ESSPED 2251	1	24	$50.94	$44.43	$6.51	$156.24
ESSPED 2251	1	24	$50.94	$42.10	$8.84	$212.16
ESSPED 4350 (1/2)	1	40	$49.95	$41.14	$8.81	$352.40
ESSPED 4350 (2/2)	1	40	$50.94	$44.43	$6.51	$260.40
FABENG 3120	1	96	$158.62	$73.68	$84.94	$8,154.24
FABENG 5160	2	75	$91.35	$73.68	$17.67	$1,325.25
FDSCTE 2200	1	100	$34.99	$29.46	$5.53	$553.00
FDSCTE 2300	3	208	$34.99	$29.46	$5.53	$1,150.24
FRENCH 1101.01	7	96	$100.00	$72.87	$27.13	$2,604.48
FRENCH 1101.21	1	32	$100.00	$72.87	$27.13	$868.16
FRENCH 1101.61	3	40	$100.00	$72.87	$27.13	$1,085.20

Course Number	Number of Sections	Number of Students	Retail Price	Discount Price (Fee)	Student Savings	Course Savings
FRENCH 1102.01	5	80	$100.00	$72.87	$27.13	$2,170.40
FRENCH 1102.21	2	32	$100.00	$72.87	$27.13	$868.16
FRENCH 1102.61	3	120	$100.00	$72.87	$27.13	$3,255.60
FRENCH 1103.01	8	128	$100.00	$72.87	$27.13	$3,472.64
FRENCH 1103.21	2	32	$100.00	$72.87	$27.13	$868.16
FRENCH 1103.61	3	40	$100.00	$72.87	$27.13	$1,085.20
FRENCH 1155.01	4	64	$100.00	$72.87	$27.13	$1,736.32
GENBIOL 1250T	1	32	$266.00	$38.89	$227.11	$7,267.52
GENCHEM 1100T	1	28	$109.99	$92.37	$17.62	$493.36
GENMATH 1141T	1	40	$129.99	$113.20	$16.79	$671.60
GENMATH 1145T	1	20	$89.99	$79.99	$10.00	$200.00
GEOG 1900	3	184	$69.99	$57.44	$12.55	$2,309.20
GEOG 2750	2	40	$50.94	$44.43	$6.51	$260.40
GEOG 2750H	1	12	$50.94	$44.43	$6.51	$78.12
GEOG 5900	2	160	$50.94	$42.10	$8.84	$1,414.40
GEOG 6226	1	8	$67.00	$46.00	$21.00	$168.00
HCS 2204	1	80	$39.00	$36.61	$2.39	$191.20
HCS 2270	1	200	$39.00	$36.61	$2.39	$478.00
HCS 3475	1	440	$39.00	$36.61	$2.39	$1,051.60
HDFS 2101	1	120	$92.00	$51.75	$40.25	$4,830.00
HDFS 2210	1	48	$69.99	$53.25	$16.74	$803.52
HDFS 2350	1	120	$85.00	$68.18	$16.82	$2,018.40
HDFS 2410	1	120	$128.00	$68.18	$59.82	$7,178.40
HDFS 2420	2	96	$65.94	$44.43	$21.51	$2,064.96
HDFS 2900	1	48	$74.95	$35.10	$39.85	$1,912.80
HDFS 3300	1	48	$50.94	$44.43	$6.51	$312.48
HDFS 3450	1	48	$50.94	$44.43	$6.51	$312.48
HDFS 4370	1	52	$135.00	$51.00	$84.00	$4,368.00
HIMS 5648	2	48	$141.00	$79.69	$61.31	$2,942.88
HISTART 2001	3	240	$69.99	$57.44	$12.55	$3,012.00
HISTART 2001H	1	20	$69.99	$57.44	$12.55	$251.00
HISTART 2002	2	136	$75.00	$57.44	$17.56	$2,388.16
HISTART 2002H	1	20	$75.00	$57.44	$17.56	$351.20
HTHRHSC 2500	4	540	$103.00	$75.70	$27.30	$14,742.00
HTHRHSC 2530 (1/2)	3	140	$38.00	$7.65	$30.35	$4,249.00
HTHRHSC 2530 (2/2)	3	140	$24.99	$9.87	$15.12	$2,116.80
HTHRHSC 3400	5	368	$43.99	$24.70	$19.29	$7,098.72
HTHRHSC 3400 (Bundle)	4	192	$49.00	$46.00	$3.00	$576.00
HTHRHSC 3500	4	176	$57.33	$38.89	$18.44	$3,245.44
HTHRHSC 4370	4	160	$39.00	$36.61	$2.39	$382.40
HTHRHSC 4700	2	40	$89.99	$91.76	-$1.77	-$70.80
HTHRHSC 5350	2	28	$39.00	$36.61	$2.39	$66.92
HTHRHSC 5350	2	36	$49.00	$46.00	$3.00	$108.00
HTHRHSC 5500	4	332	$143.99	$130.66	$13.33	$4,425.56
HTHRHSC 5510	3	104	$65.94	$44.43	$21.51	$2,237.04
HTHRHSC 5650	2	32	$61.19	$27.90	$33.29	$1,065.28

Course Number	Number of Sections	Number of Students	Retail Price	Discount Price (Fee)	Student Savings	Course Savings
HTHRHSC 5900	4	200	$44.09	$13.24	$30.85	$6,170.00
HTHRHSC 5900E	1	8	$44.09	$13.24	$30.85	$246.80
HTHRHSC 6700	1	4	$89.99	$91.76	-$1.77	-$7.08
HUMNNTR 2410	8	822	$118.80	$73.68	$45.12	$37,088.64
HUMNNTR 2410	2	20	$102.74	$74.38	$28.36	$567.20
HUMNNTR 3704	1	80	$78.49	$53.25	$25.24	$2,019.20
HUMNNTR 5611 (book 1/2)	1	32	$215.95	$62.76	$153.19	$4,902.08
HUMNNTR 5611 (book 2/2)	1	32	$250.95	$50.99	$199.96	$6,398.72
ISE 2040.01	2	240	$87.95	$76.95	$11.00	$2,640.00
ISE 2040.02	2	166	$87.95	$76.95	$11.00	$1,826.00
ISE 5830	2	48	$85.49	$68.09	$17.40	$835.20
ITALIAN 1101.03	5	80	$126.42	$102.63	$23.79	$1,903.20
ITALIAN 1101.71	7	16	$126.42	$102.63	$23.79	$380.64
KNSFHP 1104	3	115	$69.99	$38.80	$31.19	$3,586.85
KNSFHP 1150.01	2	48	$166.33	$63.83	$102.50	$4,920.00
KNSFHP 1150.02	3	104	$166.33	$63.83	$102.50	$10,660.00
KNSFHP 3312	3	106	$166.33	$63.16	$103.17	$10,936.02
MATH 1050 (Cengage)	13	176	$92.00	$67.21	$24.79	$4,363.04
MATH 1075	7	606	$103.95	$68.42	$35.53	$21,531.18
MATH 1125	3	100	$79.99	$44.43	$35.56	$3,556.00
MATH 1135	2	24	$79.99	$44.43	$35.56	$853.44
MATH 1148	13	989	$103.95	$68.42	$35.53	$35,139.17
MATH 1149	3	306	$103.95	$32.90	$71.05	$21,741.30
MATH 1150	6	480	$103.95	$68.42	$35.53	$17,054.40
MATH 1156	1	112	$89.99	$79.99	$10.00	$1,120.00
MATH 2153	5	336	$89.99	$79.99	$10.00	$3,360.00
MATH 2173	4	202	$89.99	$79.99	$10.00	$2,020.00
MBA 6211	3	120	$142.22	$73.68	$68.54	$8,224.80
MBA 6223	1	40	$129.99	$96.00	$33.99	$1,359.60
MBA 6233	2	80	$146.65	$44.43	$102.22	$8,177.60
MBA 6243	2	80	$312.95	$68.09	$244.86	$19,588.80
MBA 6253	3	120	$54.99	$44.43	$10.56	$1,267.20
MBA 6281.01	1	40	$39.00	$36.61	$2.39	$95.60
MDN 6000 (book 1/2)	1	32	$215.95	$62.76	$153.19	$4,902.08
MDN 6000 (book 2/2)	1	32	$250.95	$50.99	$199.96	$6,398.72
MDN 6400	1	24	$250.95	$50.99	$199.96	$4,799.04
MECHENG 3670	1	220	$125.12	$73.68	$51.44	$11,316.80
MECHENG 3870	1	176	$125.12	$73.68	$51.44	$9,053.44
MECHENG 4901.01	2	24	$50.99	$40.00	$10.99	$263.76
MEDDIET 4900	1	24	$250.95	$50.99	$199.96	$4,799.04
MICRBIO 4000.01	3	560	$59.95	$42.35	$17.60	$9,856.00
MICRBIO 4010	1	140	$118.80	$73.68	$45.12	$6,316.80
MICRBIO 4100	1	51	$88.95	$71.10	$17.85	$910.35
MOLGEN 4500.01	2	360	$109.99	$92.62	$17.37	$6,253.20
MOLGEN 4500E	2	32	$109.99	$92.62	$17.37	$555.84
MOLGEN 4606	1	48	$74.99	$64.29	$10.70	$513.60
MOLGEN 5607	2	64	$88.95	$71.10	$17.85	$1,142.40

Course Number	Number of Sections	Number of Students	Retail Price	Discount Price (Fee)	Student Savings	Course Savings
MOLGEN 5607E	1	12	$88.95	$71.10	$17.85	$214.20
MOLGEN 5650	2	32	$99.99	$78.25	$21.74	$695.68
MUSIC 2250	2	60	$97.00	$68.63	$28.37	$1,702.20
NRSPRCT 8890	3	24	$30.00	$26.00	$4.00	$96.00
PHYSICS 1200	8	622	$84.99	$59.99	$25.00	$15,550.00
PHYSICS 1200 (Marion)	1	20	$42.95	$30.39	$12.56	$251.20
PHYSICS 1201	3	538	$84.99	$59.99	$25.00	$13,450.00
PHYSICS 1248	1	89	$84.99	$75.78	$9.21	$819.69
PHYSICS 1250	11	1219	$114.00	$53.00	$61.00	$74,359.00
PHYSICS 1251	4	556	$114.00	$27.00	$87.00	$48,372.00
PHYSICS 1260	2	45	$84.99	$75.78	$9.21	$414.45
PHYSICS 1270	1	39	$101.20	$42.11	$59.09	$2,304.51
PHYSIO 3200	1	214	$137.50	$73.68	$63.82	$13,657.48
POLITSC 1200	1	160	$85.00	$68.18	$16.82	$2,691.20
POLITSC 1300	1	80	$45.95	$36.70	$9.25	$740.00
POLITSC 4120	1	64	$63.00	$50.00	$13.00	$832.00
POLITSC 4135	1	128	$66.00	$58.00	$8.00	$1,024.00
POLITSC 4135E	1	20	$66.00	$58.00	$8.00	$160.00
PSYCH 1100	24	1480	$112.47	$49.47	$63.00	$93,240.00
PSYCH 1100 (Hadeed)	2	56	$94.99	$74.33	$20.66	$1,156.96
PSYCH 1100 (Lima)	2	40	$84.99	$79.15	$5.84	$233.60
PSYCH 1100 (Mansfield)	1	32	$109.00	$50.39	$58.61	$1,875.52
PSYCH 1100 (Newark)	5	84	$121.95	$62.76	$59.19	$4,971.96
PSYCH 1100 (Norton)	6	134	$65.00	$51.50	$13.50	$1,809.00
PSYCH 1100E (Lima, book 1/2)	1	8	$84.99	$79.15	$5.84	$46.72
PSYCH 1100E (Lima, book 2/2)	1	8	$97.79	$42.00	$55.79	$446.32
PSYCH 1100H	2	48	$112.47	$49.47	$63.00	$3,024.00
PSYCH 1100H (Norton)	1	10	$65.00	$51.50	$13.50	$135.00
PSYCH 1375	2	192	$112.47	$63.16	$49.31	$9,467.52
PSYCH 1375	1	28	$112.47	$63.16	$49.31	$1,380.68
PSYCH 2220	6	472	$129.99	$61.00	$68.99	$32,563.28
PSYCH 2220 (Newark)	1	16	$237.95	$62.76	$175.19	$2,803.04
PSYCH 2300	6	414	$73.95	$59.10	$14.85	$6,147.90
PSYCH 2300 (Newark)	1	20	$57.33	$38.89	$18.44	$368.80
PSYCH 2303	1	84	$65.99	$44.77	$21.22	$1,782.48
PSYCH 2311	2	48	$27.00	$21.00	$6.00	$288.00
PSYCH 2376	1	96	$57.33	$38.89	$18.44	$1,770.24
PSYCH 3310	2	132	$69.99	$53.25	$16.74	$2,209.68
PSYCH 3310 (MindTap)	1	24	$109.00	$82.07	$26.93	$646.32
PSYCH 3312 (InQuizitive)	4	216	$81.95	$65.50	$16.45	$3,553.20
PSYCH 3313 (Cengage)	2	208	$69.99	$53.25	$16.74	$3,481.92
PSYCH 3313 (Pearson)	1	96	$89.99	$79.15	$10.84	$1,040.64
PSYCH 3325	1	68	$81.95	$65.50	$16.45	$1,118.60
PSYCH 3325 (Newark)	1	20	$69.99	$62.76	$7.23	$144.60
PSYCH 3331	1	80	$65.94	$44.43	$21.51	$1,720.80
PSYCH 3331 (Cengage courseware)	1	24	$109.00	$82.07	$26.93	$646.32

Course Number	Number of Sections	Number of Students	Retail Price	Discount Price (Fee)	Student Savings	Course Savings
PSYCH 3331 (Cengage)	1	84	$73.99	$62.76	$11.23	$943.32
PSYCH 3340 (McGraw-Hill)	1	67	$112.47	$63.16	$49.31	$3,303.77
PSYCH 3340 (Norton)	1	16	$66.00	$60.00	$6.00	$96.00
PSYCH 3340H	1	4	$66.00	$60.00	$6.00	$24.00
PSYCH 3375	1	112	$120.00	$67.50	$52.50	$5,880.00
PSYCH 3513	3	224	$81.95	$54.30	$27.65	$6,193.60
PSYCH 3530	1	120	$69.95	$55.90	$14.05	$1,686.00
PSYCH 3550	1	84	$109.99	$86.07	$23.92	$2,009.28
PSYCH 3550 (Newark)	1	20	$97.79	$44.43	$53.36	$1,067.20
PSYCH 4305	1	64	$108.00	$38.89	$69.11	$4,423.04
PSYCH 4540	1	20	$69.99	$57.44	$12.55	$251.00
SOCIOL 1101	1	48	$39.95	$35.90	$4.05	$194.40
SOCIOL 1101	1	36	$44.95	$35.90	$9.05	$325.80
SOCIOL 1102	1	400	$85.00	$60.00	$25.00	$10,000.00
SOCIOL 1102	3	84	$135.00	$50.00	$85.00	$7,140.00
SOCIOL 2209	2	104	$50.94	$44.43	$6.51	$677.04
SOCIOL 2210 (1/2)	1	52	$65.94	$44.43	$21.51	$1,118.52
SOCIOL 2210 (2/2)	1	52	$65.94	$62.76	$3.18	$165.36
SOCIOL 2290 (1/2)	2	112	$57.33	$38.89	$18.44	$2,065.28
SOCIOL 2290 (2/2)	2	112	$15.95	$12.71	$3.24	$362.88
SOCIOL 2309	2	160	$32.00	$22.97	$9.03	$1,444.80
SOCIOL 2309	1	48	$73.00	$57.96	$15.04	$721.92
SOCIOL 2463	2	80	$49.00	$43.00	$6.00	$480.00
SOCIOL 2463	1	48	$49.00	$36.00	$13.00	$624.00
SOCIOL 3410 (1/2)	1	80	$50.94	$44.43	$6.51	$520.80
SOCIOL 3410 (2/2)	1	80	$75.00	$62.76	$12.24	$979.20
SOCIOL 3487 (Cengage)	1	48	$62.99	$52.11	$10.88	$522.24
SOCIOL 3487 (Martin)	1	80	$187.95	$52.11	$135.84	$10,867.20
SOCIOL 3597.02	1	32	$62.99	$52.11	$10.88	$348.16
SOCIOL 3630 (1/2)	2	88	$45.99	$22.50	$23.49	$2,067.12
SOCIOL 3630 (2/2)	2	88	$20.00	$6.15	$13.85	$1,218.80
SOCIOL 4505	1	28	$24.46	$9.67	$14.79	$414.12
SOCIOL 4509	1	40	$58.50	$42.82	$15.68	$627.20
SOCIOL 4511	1	64	$69.99	$62.76	$7.23	$462.72
SOCWORK 1120	7	140	$69.99	$57.44	$12.55	$1,757.00
SOCWORK 1130	10	200	$73.00	$57.96	$15.04	$3,008.00
SOCWORK 1130H	1	20	$73.00	$57.96	$15.04	$300.80
SOCWORK 3101	9	180	$69.99	$57.44	$12.55	$2,259.00
SOCWORK 3201 (1/2)	3	48	$69.00	$60.00	$9.00	$432.00
SOCWORK 3201 (2/2)	3	48	$23.00	$20.00	$3.00	$144.00
SOCWORK 3301	2	40	$65.94	$44.43	$21.51	$860.40
SOCWORK 3401	11	220	$135.00	$51.00	$84.00	$18,480.00
SOCWORK 3401H	1	20	$135.00	$51.00	$84.00	$1,680.00
SOCWORK 3501	12	240	$75.00	$53.25	$21.75	$5,220.00
SOCWORK 3502	3	48	$65.94	$44.43	$21.51	$1,032.48
SOCWORK 3597	2	40	$75.00	$62.76	$12.24	$489.60
SOCWORK 3600	6	120	$69.99	$57.44	$12.55	$1,506.00

Course Number	Number of Sections	Number of Students	Retail Price	Discount Price (Fee)	Student Savings	Course Savings
SOCWORK 4501	12	240	$135.00	$51.00	$84.00	$20,160.00
SOCWORK 4502	11	220	$50.94	$44.43	$6.51	$1,432.20
SOCWORK 4503	2	40	$86.95	$74.37	$12.58	$503.20
SOCWORK 5014	2	20	$135.00	$51.00	$84.00	$1,680.00
SOCWORK 5015 (1/2)	4	40	$69.99	$51.00	$18.99	$759.60
SOCWORK 5015 (2/2)	4	40	$17.95	$14.31	$3.64	$145.60
SOCWORK 5016	2	20	$41.99	$30.15	$11.84	$236.80
SOCWORK 6201	11	220	$36.00	$25.84	$10.16	$2,235.20
SOCWORK 6301	10	200	$65.94	$44.43	$21.51	$4,302.00
SOCWORK 6302	5	100	$65.94	$44.43	$21.51	$2,151.00
SOCWORK 6501	11	220	$57.00	$51.00	$6.00	$1,320.00
SOCWORK 6601	11	220	$57.95	$49.57	$8.38	$1,843.60
SOCWORK 7401	13	260	$65.94	$44.43	$21.51	$5,592.60
SOCWORK 7512	2	40	$69.99	$57.44	$12.55	$502.00
SOCWORK 7530	3	60	$49.00	$44.00	$5.00	$300.00
SOCWORK 7531	1	20	$30.00	$27.00	$3.00	$60.00
SOCWORK 7621	1	20	$65.94	$44.43	$21.51	$430.20
STAT 1350.01	5	312	$96.99	$78.25	$18.74	$5,846.88
STAT 1350.02	4	357	$96.99	$78.25	$18.74	$6,690.18
STAT 1430.01	6	680	$119.99	$101.04	$18.95	$12,886.00
STAT 1430.01 (Lima)	1	24	$65.94	$44.43	$21.51	$516.24
STAT 1430.02	1	48	$119.99	$101.04	$18.95	$909.60
STAT 1450.01	3	148	$96.99	$78.25	$18.74	$2,773.52
STAT 1450.02	1	84	$96.99	$78.25	$18.74	$1,574.16
STAT 2450.01	1	108	$96.99	$78.25	$18.74	$2,023.92
STAT 2480.01	1	88	$96.99	$78.25	$18.74	$1,649.12
STAT 2480.02	2	52	$96.99	$78.25	$18.74	$974.48
STAT 3201	4	122	$78.49	$62.76	$15.73	$1,919.06
STAT 3440	4	48	$287.00	$38.89	$248.11	$11,909.28
STAT 3450.01	1	148	$127.60	$73.68	$53.92	$7,980.16
STAT 3450.02	1	84	$127.60	$73.68	$53.92	$4,529.28
STAT 3470.01	4	440	$129.99	$75.70	$54.29	$23,887.60
STAT 3470.02	1	116	$129.99	$75.70	$54.29	$6,297.64
STAT 4201	1	72	$65.94	$44.43	$21.51	$1,548.72
STAT 4202	1	84	$65.94	$44.43	$21.51	$1,806.84
STAT 5301	2	40	$77.99	$62.76	$15.23	$609.20
THEATRE 2100	2	164	$74.00	$54.48	$19.52	$3,201.28
THEATRE 2100H	1	20	$74.00	$54.48	$19.52	$390.40
TI.TED 5468	4	80	$89.99	$84.20	$5.79	$463.20
TI.TED 5468 (Mansfield 1/2)	1	20	$89.99	$84.20	$5.79	$115.80
TI.TED 5468 (Mansfield 2/2)	1	20	$51.00	$42.00	$9.00	$180.00
TI.TED 5469 (1/3)	1	20	$50.94	$44.43	$6.51	$130.20
TI.TED 5469 (2/3)	1	20	$51.00	$42.00	$9.00	$180.00
TI.TED 5469 (3/3)	1	20	$44.95	$37.02	$7.93	$158.60
WEI.DENG 4602	1	20	$119.99	$90.58	$29.41	$588.20
WGSST 1110 (1/2)	2	28	$51.99	$37.32	$14.67	$410.76
WGSST 1110 (2/2)	2	28	$45.00	$32.30	$12.70	$355.60

Course Number	Number of Sections	Number of Students	Retail Price	Discount Price (Fee)	Student Savings	Course Savings
Totals:	1,229	74,896				$2,398,243.87

BACKGROUND

TOPIC:

Continuation of tuition waiver for students participating in study abroad programs through a third-party provider or direct enrollment. This waiver has been in effect since Fiscal Year 2015.

CONTEXT:

Ohio State students are involved in three types of approved study-abroad programs:

- Reciprocal Exchange Programs
  - Formal university-level agreement with a foreign university where students from one university study at the other and vice versa.
  - Students pay tuition to their home institution only.
- Ohio State-Sponsored Programs
  - Programs designed by Ohio State faculty.
  - Students are enrolled for graded Ohio State credit and pay tuition and fees to Ohio State.
- Third-Party Provider/Direct Enroll Programs
  - Programs that have been approved by Ohio State but are offered by another university or provider.
  - Students enroll and pay fees to the other university or provider. (To maintain access to financial aid, a student must also enroll at Ohio State for graded academic credit.)

Before the university implemented a tuition waiver in Fiscal Year 2015, students participating in study abroad programs through third-party providers or direct enrollment programs were required to pay the tuition or charge for these programs — in addition to Ohio State tuition and fees if they wished to remain enrolled at the university.

As a result, students either paid two tuition payments for the term (one to the host institution and one to Ohio State) or de-enrolled from Ohio State when they were involved in study abroad. De-enrollment was not an option for those utilizing financial aid. De-enrolling also caused students to be “off our radar,” inhibiting Ohio State’s ability to provide assistance in the case of situations such as natural disasters and medical emergencies.

On April 4, 2014, the Board of Trustees approved the establishment of a waiver of tuition and fees for students enrolled in these programs and the establishment of a fee of $400 for program services. The board-approved tuition waiver was submitted to the state in accordance with procedures established by the Ohio Department of Higher Education and approved on August 6, 2014.

This waiver has been renewed by the Board of Trustees and the state consistently since, as it must be renewed every two years to remain in effect.

We are requesting approval of the enclosed resolution approving the continuation of the tuition and fee waiver for third-party provider/direct enroll programs.

BACKGROUND

TOPICS: Authorization of Multiyear Debt Issuance Program III and authorization for the issuance of general receipts obligations of the University.

CONTEXT: Pursuant to prior resolutions adopted by the Board of Trustees on August 19, 2021, and on May 18, 2023, (collectively, the “Program II Resolution”), the Board of Trustees authorized the establishment of a Multiyear Debt Issuance Program II and the issuance of The Ohio State University General Receipts Bonds and Commercial Paper Notes (the "Senior Obligations") and subordinated bonds and notes (the "Subordinated Obligations" and, together with the Senior Obligations, the “Obligations”) in an aggregate principal amount not to exceed $1 billion by no later than June 30, 2025. Under such Program II Resolution, the Board of Trustees authorized the issuance of Obligations pursuant to the Amended and Restated Trust Indenture by the president and/or the senior vice president for business and finance after consultation with the chair of the Finance and Investment Committee and legal counsel over the time period of such resolution. The University issued $865.570 million of Obligations pursuant to such Program II Resolution. The existing authorization expires on June 30, 2025, necessitating a new authorization. It has been the practice to authorize a not-to-exceed amount for a period of two years based on known and anticipated bondable capital project needs.

SUMMARY: Under the proposed resolution, it is requested that the Board of Trustees authorize the establishment of a Multiyear Debt Issuance Program III and, through June 30, 2027, authorize the issuance of up to $400 million of Obligations. This resolution, like the prior Program II Resolution, provides that the issuance limitation does not apply to Obligations issued to refund or retire any Outstanding Obligations or any capital lease or other type of indebtedness that does not constitute an Obligation as defined in the Amended and Restated Trust Indenture. This resolution, like the prior Program II Resolution, also authorizes the president or senior vice president for business and finance to determine appropriate terms and conditions and negotiate and execute related transaction documents. It is in the best interest of the University that the University be authorized to issue up to $400 million of Obligations through June 30, 2027, to provide flexibility for the University to issue debt to pay for facilities and enter into interest rate management or hedging contracts to take advantage of favorable interest rate environments and to be managed through a new Multiyear Debt Issuance Program III.

REQUESTED OF THE FINANCE AND INVESTMENT COMMITTEE: Approval of the resolution.

BACKGROUND

TOPICS: Annual resolution to authorize the university treasurer and/or the university Senior Vice President for the Office of Business and Finance to undertake a variety of financial transactions on behalf of the university.

CONTEXT: This annual resolution is required by the institutions with which the university does business. There are no changes from last year's annual resolution.

SUMMARY: This resolution will continue the current policies that authorize the university Treasurer and/or Senior Vice President for the Office of Business and Finance or their designees to provide oversight and signature authority over the function of buying, selling, and transferring of stocks, bonds, and other financial instruments. The resolution continues the authorization that allows the university Treasurer and/or Senior Vice President for the Office of Business and Finance or their designees to designate depositories and custodians and to open and maintain accounts at various financial institutions. It allows the university Treasurer or the treasurer's designees to be authorized to enter into agreements with institutions providing financial products and services on behalf of the university. In addition, the university Treasurer and/or Senior Vice President for the Office of Business and Finance or their designees retain the authorization to sign agreements for bank financing, underwriting, brokerage, leasing, equipment financing, deposits, foreign currency exchange, hedging vehicles including forwards, futures, swaps and options, and other financial advisory services. The resolution also will continue the current authorization that allows the university Treasurer and/or Senior Vice President for the Office of Business and Finance or their designees to enter into insurance-related agreements which include emergency response service agreements.

REQUESTED OF THE FINANCE & INVESTMENT COMMITTEE: Approval of the resolution.

APPENDIX LXXXIV

	Amount Establishing Endowment*	Total Commitment
Establishment of Named Endowed Funds (University)		
WOSU Public Media Impact Fund Established May 22, 2025, with a fund transfer by WOSU Public Media of unrestricted gifts from donors; used at the discretion of the highest ranking official in WOSU Public Media, or his/her designee, to support the programs, priorities, and operations of WOSU Public Media.	$60,650.00	$60,650.00
Change in Name and Description of Named Endowed Fund (University)		
From: Warren Harding – Norman Thomas Fund To: Warren G. Harding Symposium Fund		
From: Ben and Florence Nichols Endowment Fund To: The Ben and Florence (née Vacca) Nichols Veterans' Scholarship Fund		
Change in Description of Named Endowed Fund (University)		
Eminent Scholarship and Student Support Endowment Fund		
The Dr. Lori Gill-Grennan Inflammatory Breast Cancer Fund		
Surendra and Karen Gupta ARC Foundation Endowed Physics Student Support Fund		
The Howard R. Hill Scholarship Fund		
Establishment of Named Endowed Chair (Foundation)		
Dr. Lee E. Shackelford Chair in Psychiatry and Behavioral Health Established August 30, 2019, with gifts from Dr. Lee E. Shackelford (MD 1988); supports a chair position in the Department of Psychiatry and Behavioral Health. Revised May 22, 2025.	$3,500,000.00	$3,500,000.00
Establishment of Named Endowed Professorship (Foundation)		

The Dr. Frederick H. Davidorf Honorary Professorship Established May 22, 2025, with gifts from Patricia A. Saad and Michael D. Saad (BS 1963, JD 1966); supports a professorship position in the Department of Ophthalmology and Visual Sciences. The recipient shall be a physician, clinician scientist or vision scientist who will focus on either research or clinical advances to improve sight. If the position is vacant the annual distribution may be used to support faculty in the department.	$1,000,000.76	$1,000,000.76
Margaret Bowers Hardymon Professorship in Surgery Established May 22, 2025, with a gift from the Dawson Fund given in memory of Mimi Hardymon, the wife of Dr. Philip Hardymon, a thoracic surgeon; supports a professorship position in the Department of Surgery. If the position is vacant, the annual distribution will be reinvested in the endowment principal. If the gifted principal balance reaches $3,500,000 by January 31, 2030, the fund name and purpose will be revised and the annual distribution shall support a chair position in the Department of Surgery. If the position is vacant, the annual distribution will be reinvested in the endowment principal.	$1,000,000.00	$1,000,000.00
Honda Endowed Professorship in Automotive Manufacturing Established May 22, 2025, with a gift from American Honda Motor Co., Inc.; supports a professorship position in the College of Engineering. The person appointed to such professorship shall be a clinical, teaching, and/or practice faculty in the college with an expertise in automotive manufacturing with preference for a faculty member in (1) the Department of Mechanical and Aerospace Engineering and/or the Department of Integrated Systems Engineering and (2) who will provide leadership and directions, such as working with the participating departments to assist in coordinating courses, for the Automotive Manufacturing Certificate Program. If the position is vacant, the annual distribution may be used to support administration of the Automotive Manufacturing Certificate Program, and/or to support faculty in the college who are focused on manufacturing.	$1,000,000.00	$1,000,000.00
The Drs. Malati and Ganesh Potdar Professorship in Radiation Oncology-Proton Therapy Established February 20, 2025, with gifts from Dr. Malati Potdar; supports a professorship position in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC-James). Preference shall be given to candidates focused on radiation oncology-proton therapy and/or innovative advancement of research and clinical care. If the position is vacant, the annual distribution may be used to support faculty in the OSUCCC-James with preference given to faculty focused on radiation oncology-proton therapy and/or innovative advancement of research and clinical care. Revised May 22, 2025.	$1,000,000.00	$1,000,000.00
<u>Establishment of Named Endowed Funds</u> <u>(Foundation)</u>		

The Pat and Mona Finlay Undergraduate Music Education Scholarship Fund Established May 22, 2025, with gifts from Arthur P. (Pat) and Mona L. Finlay of St. Petersburg, Florida; provides a music education scholarship to be phased in over four academic years, with one quarter of the fund's annual distribution to be available for scholarships the first year, one half the second year, three quarters the third year and all of it the fourth year and beyond. Awards are to be for an amount equal to full in-state tuition and fees, whether or not it should become governmental practice to fund any portion of those same expenses. The scholarships shall be awarded regardless of financial need. Recipients shall be in-state students enrolled, or planning to enroll, in a program leading to an undergraduate degree in Music Education. Students shall be selected as incoming freshmen and continue to receive annual awards through their senior year, so long as they continue to pursue and qualify for a degree in Music Education. Preference shall be given to eligible graduates of East Liverpool, Ohio High School, or any school(s) that may replace it. If awarded to graduates of East Liverpool, Ohio, High School, the Director of the School of Music shall provide an annual report on the recipients of the scholarships from this fund to the East Liverpool, Ohio, Superintendent of Schools, or his or her successor. The donors desire that the initial scholarship awards be made only after the fund has been in existence for one full academic year. If in any year the fund's annual distribution is insufficient to fund both previously awarded and new scholarships, only the preferential East Liverpool High School (or replacement school) scholarship shall be awarded to a new student that year. The remaining annual distribution shall be divided equally among the then qualifying students.	$3,488,939.48	$3,488,939.48
Dr. Rattan Lal Scientific Scholar Exchange Fund Established May 22, 2025, with gifts from Dr. Rattan Lal (PhD 1968) and Sukhvarsha Lal (BS 1997); supports the international exchange of research scientists and scholars, which may include without limitation undergraduate and graduate students, between the CFAES Rattan Lal Center for Carbon Management and Sequestration (Lal Center) and educational institutions outside the United States including without limitation institutions located in Asia and Africa. The donors desire that the distribution enable scientists and scholars associated with the Lal Center to study or pursue research overseas, and scientists and scholars associated with institutions outside the United States to study or pursue research at the University in association with the Lal Center. Expenditures may be used for, but are not limited to, scholarships, travel, research, program, and stipend expenses, subject to all applicable laws and University policies as in effect from time to time. If in any given year the annual distribution is not fully utilized for the purpose, or the purpose above cannot be achieved, the annual distribution may be used to support faculty in the Lal Center. If at any time the gifted principal of the fund ever reaches the then current minimum required to establish an endowed fellowship, the fund name shall be revised to the Dr. Rattan Lal Scientific Fellowship Fund and the fund purpose shall be revised to support a graduate fellowship in the Lal Center.	$340,505.18	$349,684.65

College of Engineering Endowed Scholarship Fund Established May 22, 2025, with gifts from the estate of John Roger Kearns (BS 1958); provides one or more scholarships to students who are enrolled in the College of Engineering.	$291,894.26	$291,894.26
Kalucis Family Scholarship Fund Established May 22, 2025, with gifts from Dr. Chris J. Kalucis (BS 1982) and Susan R. Kalucis and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; supplements the grant-in-aid costs of undergraduate student-athletes who are members of the varsity women's ice hockey team. If no students meet the selection criteria, support will be open to all undergraduate student-athletes.	$210,000.00	$210,000.00
The Hesche Family Scholarship Fund Established May 22, 2025, with gifts from Douglas Hesche (BS 1985) and Kelly Hesche and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are enrolled in the Max M. Fisher College of Business and demonstrate financial need.	$199,699.16	$199,699.16
Janet Peckinpaugh Pry and James W. Pry II Stone Lab Scholarship Fund Established May 22, 2025, with gifts from Janet Peckinpaugh Pry and James W. Pry II and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are enrolled in the School of Environment and Natural Resources and studying at the Franz Theodore Stone Laboratory with preference given to students from Crawford County, Ohio. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the school. The donors' desire scholarships be awarded in amounts equal to the full cost of attending courses at the Stone Lab. Scholarships may be awarded in varying amounts based on student enrollment, available funding, and other factors.	$175,000.00	$175,000.00
The Deborah K. Kayser Scholarship Fund Established May 22, 2025, with gifts from Roger Kayser; provides one or more scholarships to MD students. Preference shall be given to candidates who demonstrate an interest in pursuing a career in cancer research. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarships may be renewable as long as recipients remain in good academic standing and continue to meet the selection criteria.	$165,000.00	$250,000.00
The Arlene C. Marx, MD Endowed Athletic Scholarship for Football Established May 22, 2025, with an estate gift from Dr. Arlene C. Marx (BS 1970); supplements the grant-in-aid costs of undergraduate student-athletes who are members of the football team. If no students meet the selection criteria, the scholarship(s) will be open to all student-athletes.	$160,000.00	$160,000.00

The Doug Garver and Jan Hazlett Garver Endowed Scholarship Fund Established May 22, 2025, with gifts from Janis H. Garver (BS 1975) and Douglas A. Garver (MCRP 1976) matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; Fifty percent (50%) of the annual distribution from this fund provides one or more scholarships to undergraduate students enrolled in the College of Nursing with preference given to students who graduated from Boardman High School in Boardman, Ohio. Fifty percent (50%) of the annual distribution from this fund provides one or more scholarships to undergraduate students enrolled in the College of Engineering and studying City and Regional Planning with preference given to students who graduated from Boardman High School in Boardman, Ohio.	$150,014.68	$150,014.68
The Ague Family Scholarship Fund Established May 22, 2025, with gifts from Barbara Jo Ague (BS 1977) and Dr. Mary Ellen Roth (OD 1985), in memory of Charles William Ague, Elma Haushalter Ague, William Hunter Ague, and Frederick Lee Haushalter, and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who graduated from a high school in the state of Ohio and demonstrate financial need.	$150,000.00	$150,000.00
Michael and Heather Isler Professional Sales Support Fund Established May 22, 2025, with grants from The Columbus Foundation as recommended by Michael John Isler (BS 1990, MBA 1996) and Heather Arntz Isler (BS 1991); provides operational support for professional sales programs and initiatives in the Max M. Fisher College of Business. Expenditures may be used for, but are not limited to, enhancing the curricular offerings, programmatic offerings, technology enhancements for use in the classroom related to sales, and salary support for staff of professional sales programs.	$150,000.00	$300,000.00
Franklin D. McMillan Animal Mental Health Scholarship Fund Established May 22, 2025, with a gift from Franklin D. McMillan (BS 1977, DVM 1981); provides one or more scholarships to fourth-year DVM students who are enrolled in the College of Veterinary Medicine. Preference shall be given to candidates who demonstrate an interest in psychological well-being and welfare of animals. If no students meet the selection criteria, the scholarship(s) will be open to all DVM students who are enrolled in the college and are interested in animal behavior.	$118,000.00	$118,000.00
The Ray A. Miller CFAES Council Endowed Scholarship Fund Established May 18, 2023, with gifts from Linda S. Miller (BS 1968, MA 1994); provides one or more scholarship(s) to students who are members of the Student Council in the College of Food, Agricultural, and Environmental Sciences. Preference shall be given to candidates who demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. Revised May 22, 2025.	$111,775.00	$111,775.00

The William L. Gasch Endowment Fund to Promote Mental Wellness Established May 22, 2025, with gifts from Dr. Laurie Jean Kirsch (BS 1976) and Rodney Joseph Gasch; supports the EPICENTER – Early Psychosis Intervention Center (or successor) - to diagnose and treat mental health challenges, with a preference for holistic diagnostic and treatment efforts that involve researchers, families, and the broader community.	$110,066.00	$110,066.00
Dr. Robert E. and Carol S. Roth Environmental Education Endowed Fund Established May 22, 2025, with gifts from Carol S. Roth; Fifty percent (50%) of the annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the School of Environment and Natural Resources. Fifty percent (50%) of the annual distribution from this fund supports experiential learning opportunities for undergraduates and graduate students enrolled in the school. Support shall include, but not be limited to, internships, study abroad expenses, conferences, seminars, Franz Theodore Stone Laboratory engagement, field course work, research materials and travel, and more.	$110,000.00	$110,000.00
Fredrich Family Endowed Scholarship Fund Established May 22, 2025, with gifts from Dorene Fredrich Henschen (MA 1983), Carol Fredrich, and Terry Fredrich (BS 1975), and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are current or former 4-H members from Wood County, Ohio, and are enrolled in one of the following colleges: Food, Agricultural, and Environmental Sciences; Social Work; Engineering; or Education and Human Ecology. If no students meet the selection criteria above, second preference is that the scholarship(s) will be open to all undergraduate students who are current or former 4-H members from Wood County, Ohio. If no students meet the second preference, third preference is that the scholarship(s) will be open to all undergraduate students who are current or former 4-H members from Clark County, Ohio. If no students meet the third preference, the scholarship(s) will be open to all undergraduate students who are current or former 4-H members from any Ohio county.	$108,000.00	$108,000.00
Gisele and Neil Robertson Award Fund Established May 22, 2025, with gifts from Dr. George Neil Robertson and Gisele M. Robertson; provides one or more awards to PhD students in the Department of Mathematics to recognize dissertations that demonstrate creativity, intellectual independence, and/or determination to originate ideas that can be impactful in their domain of specialization.	$108,000.00	$108,000.00
The Brian S. Casey Scholarship Fund Established May 22, 2025, with a gift from Sharon Casey who, along with her children, Matt and Molly, wish to honor the memory of her husband, Brian S. Casey (BS 1989); provides one or more scholarships to students who are enrolled in the College of Engineering and are majoring in civil engineering. Preference shall be given to candidates who demonstrate high financial need.	$104,597.37	$104,597.37

The Jay Family NICU, Children's Health and Environment Nursing Scholarship Fund Established May 22, 2025, with gifts from Stephen J. Jay in honor of Anne Marie Jay, BSN 1966, MS, who was a United States Navy RN aboard the USS Repose AH-16 during the Vietnam War. Anne Marie, a pediatric nurse and mother of four children, was known for being kind, caring, inclusive, loving, and her love for gardening and the outdoors; provides one or more scholarships to students who are enrolled in the College of Nursing and demonstrate high financial need. Preference shall be given to candidates who are specializing in neonatal or pediatric nursing.	$102,450.00	$102,450.00
The Pathways to Supply Chain Scholarship Fund Established May 22, 2025, with gifts from alumni, corporations and friends of the Max M. Fisher College of Business; provides scholarship support to undergraduate students enrolled in the Max M. Fisher College of Business to introduce and encourage them to consider careers in supply chain. Students must maintain good academic standing and participate in most of the Pathways Program events. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college and are majoring in supply chain and/or logistics management. Should the Pathways Program no longer exist, scholarships are awarded to students who are enrolled in the college and are majoring in supply chain and/or logistics management.	$100,435.18	$100,435.18
The Guilfoos Family Endowed Engineering Scholarship Established May 22, 2025, with gifts from Stephen J. Guilfoos (BS 1970) and Mary J. Guilfoos (BS 1971); provides one or more scholarships to students who are enrolled in the College of Engineering, display academic excellence and display high financial need. Preference shall be given to candidates who graduated from a high school in one of the following Ohio counties: Montgomery, Greene, Preble, Clark, Miami, Darke, Champaign, Shelby, Logan, Butler, Warren, Mercer, Auglaize; and Wayne County, Indiana. Second preference shall be given to candidates from Hamilton County, Ohio. Scholarships may be renewable as long as recipients remain in good academic standing. If no students meet the selection criteria, scholarships will be open to all students who are enrolled in the college and display academic excellence.	$100,300.00	$100,300.00

The Fredric "Fritz" Kohmann Scholarship Fund Established May 22, 2025, with gifts from Beth Ann Kohmann (BS 1994 – Summa Cum Laude) given in memory of her husband, Fredric Kohmann (BS 1994 – Summa Cum Laude); provides one or more scholarships to incoming first-year undergraduate students who are majoring or are planning to study a major in the Max M. Fisher College of Business, College of Engineering, and/or the College of Arts and Sciences. Preference shall be given to candidates who graduated from a high school in Medina County, Ohio, with a minimum 3.5 grade point average in high school (on a 4.0 scale), demonstrate participation in leadership activities and/or extracurriculars, and demonstrate financial need. Scholarships may be renewable for up to an additional three academic years (or six semesters) as long as recipients maintain a 3.0 grade point average on a 4.0 scale and remain in good academic standing.	$100,153.33	$100,153.33
The Dr. Georgia Benkart Legacy Fund for Undergraduate Mathematics Research Established May 22, 2025, with gifts from Dr. Paula Benkart (BS 1970); provides one or more scholarships to undergraduate students who are majoring in math, are enrolled in honors math courses in the College of Arts and Sciences, and are conducting academic year or summer mathematics research. Among closely qualified candidates, preference shall be given to candidates who served as a math tutor in the STEM Learning Center (or successor or similar setting). If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college and are pursuing a major in mathematics.	$100,092.40	$100,092.40
Marilyn J. Gibbs and Susan J. Lawless Scholarship Fund Established May 22, 2025, with gifts from Dr. Marilyn J. Gibbs (PhD 1983) and Dr. Susan J. Lawless (BS 1973, PhD 1984) in gratitude for the support they received throughout their careers. They have a passion to help those who often have had fewer opportunities available to them, especially women.; provides one or more scholarships to students who are enrolled in the College of Education and Human Ecology, majoring in education, and in good academic standing. Preference shall be given to candidates who are undergraduate students.	$100,000.54	$100,000.54
Donna M. Alvarado Honorary Endowed Scholarship Fund Established May 22, 2025, with gifts from Donna M. Alvarado (BA 1969, MA 1970); provides one or more scholarships to undergraduate or graduate students who are enrolled in the College of Arts and Sciences and are studying in the Department of Spanish and Portuguese.	$100,000.00	$100,000.00

Stephen P. Anway International Law and Arbitration Scholarship Fund Established May 22, 2025, with a gift from Stephen Patrick Anway (JD 2002) and Amanda Lee Anway; provides one or more scholarships to students who are enrolled in the Michael E. Moritz College of Law and were in the top 25% of the admitted applicant pool. Preference shall be given to candidates who demonstrate an interest in practicing international law and/or international arbitration upon graduation. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college.	$100,000.00	$100,000.00
Boutilier Family Endowed Scholarship Fund Established May 22, 2025, with gifts from Dr. Glenn Boutilier and Donna Boutilier; provides one or more scholarships to students who are enrolled in the College of Engineering. The donors desire that when awarding this scholarship special consideration be given for students who participate in programming offered by the Community, Access, Retention and Empowerment Office in the college (or its successor). The donors desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college.	$100,000.00	$100,000.00
Ruth Cardwell Brown, '65 BS, '69 MD Endowed Scholarship Established May 22, 2025, with gifts from Dr. Ruth Cardwell Brown; provides one or more scholarships to students who are enrolled in the College of Medicine, demonstrate financial need, and graduated from a high school in the state of Ohio. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college.	$100,000.00	$100,000.00
Dr. Sandra Cornett Fund for Research & Education in Health Literacy Established May 22, 2025, with gifts from Dr. Sandra Jean Cornett (BS 1965, MS 1970, PhD 1981); supports faculty research, education, and programmatic support in health literacy.	$100,000.00	$100,000.00
Robert H. Gast, Jr. Student Tutoring Fund in Electrical and Computer Engineering Established May 22, 2025, with gifts from Robert H. Gast Jr. (BS 1970); supports tutoring programs in the Department of Electrical & Computer Engineering.	$100,000.00	$100,000.00

Surendra and Karen Gupta ARC Foundation Endowed Physics Scholarship Fund Established May 22, 2025, with gifts from Karen Gupta and Dr. Surendra Gupta; provides one or more scholarships to students who are enrolled in the College of Arts and Sciences, are majoring in physics, have a minimum 3.0 grade point average on a 4.0 scale, and demonstrate financial need. Both international and domestic students are eligible for this scholarship. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college and are majoring in physics. Scholarships may be renewable as long as recipients remain in good academic standing with the University and continue to meet the selection criteria.	$100,000.00	$300,000.00
IICA Lal Carbon Center Endowed Support Fund Established May 22, 2025, with donations from the Inter-American Institute for Cooperation on Agriculture; supports the CFAES Rattan Lal Center for Carbon Management and Sequestration at the discretion of the highest ranking official in the center or his/her designee.	$100,000.00	$100,000.00
Robert F. Kepley, MD Endowment for The Ohio State University College of Medicine Established May 22, 2025, with gifts from Dr. Robert F. Kepley (BS 1972, MD 1975); supports the College of Medicine at the discretion of the highest ranking official in the college or his/her designee.	$100,000.00	$400,000.00
The Dr. Norman Lockshin and Sheila Lockshin Medical Endowed Scholarship Fund Established May 22, 2025, with gifts from Dr. Norman A. Lockshin (MD 1967), in memory of his wife, Sheila Lockshin; provides one or more scholarships to MD students who are enrolled in the College of Medicine. Preference shall be given to candidates who graduated from a high school in one of the following Ohio counties: Ashland, Ashtabula, Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, or Wayne.	$100,000.00	$250,000.00
Steven W. Miller Intellectual Property Scholarship Fund Established May 22, 2025, with gifts from Steven W. Miller (BS 1981, JD 1984); provides one or more scholarships to students who are enrolled in the Michael E. Moritz College of Law. First preference shall be given to candidates who are interested in intellectual property, patent, trademark, or copyright law. Second preference shall be given to candidates who have an undergraduate degree and/or a background in science, technology, engineering, mathematics or computer science. Third preference shall be given to candidates who demonstrate leadership through involvement in student organizations or other activities.	$100,000.00	$100,000.00

John and Grace Murphy Engineering Merit Scholarship Fund Established May 22, 2025, with gifts from Dr. John Allen Murphy (B Aero Eng 1955, MS, 1955, PhD 1970); provides one or more scholarships to students who are enrolled in the College of Engineering and demonstrate financial need and academic merit. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college.	$100,000.00	$100,000.00
Mr. and Mrs. Dy Siong Peck and Mr. and Mrs. Yung-Chang Huang Scholarship Fund Established May 22, 2025, with gifts from Dr. Sai Chi Wong (PhD 1978) and Dr. Yun Hua Huang Wong (PhD 1978); provides one or more scholarships to third or fourth-year undergraduate students who are enrolled in the College of Arts and Sciences, majoring in chemistry or biochemistry, and demonstrate financial need. If no students meet the selection criteria, scholarship(s) will be open to first and second-year undergraduate students who otherwise meet the selection criteria. The donors desire to equally support one eligible chemistry student and one eligible biochemistry student each year. Scholarships may be awarded in varying amounts and numbers based on student enrollment, available funding, and other factors.	$100,000.00	$100,000.00
Enhancing Wellness at Marion Endowed Fund Established May 22, 2025, with gifts from Dr. James Bazzoli and Ellen M. Bazzoli; supports health and wellness programs at The Ohio State University at Marion to benefit all Marion campus students at the discretion of the highest ranking official in Marion Campus or his/her designee.	$100,000.00	$100,000.00
The William P. Zitter, MD, and Mary L. Zitter Scholarship in Medicine Endowed Fund Established May 22, 2025, with gifts from Dr. William Palmer Zitter (MD 1975); provides one or more scholarships to students who are enrolled in the College of Medicine's MD program. Preference shall be given to candidates who graduated from high schools in West Virginia.	$100,000.00	$100,000.00

Adam Doleh Memorial Fund Established May 22, 2025, with gifts from family, friends, and colleagues of Dr. Yaser Doleh and Dawn Doleh and matching gifts from their employers given in memory of the Doleh's son, Adam Doleh (BS 2017), who passed away unexpectedly; used at the discretion of the highest ranking official in the College of Engineering or his/her designee. The endowment shall be revised when the gifted endowment principal reaches the minimum funding level required at that date for a restricted endowment. Thereafter, the annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the college, majoring in chemical engineering and have a minimum 3.4 grade point average on a 4.0 scale. Preference shall be given to candidates who demonstrate community involvement. Special consideration shall be given to candidates who graduated from North Royalton High School in North Royalton, Ohio. It is the donors' desire to provide two $2,500 scholarships - one scholarship to a third-year student and one to a fourth-year student. If no students meet the selection criteria, the scholarship(s) will be open to undergraduate students who enrolled in the college. Scholarships may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors.	$37,241.00	$37,241.00
Change in Name and Description of Named Endowed Fund (Foundation)		
From: Daniel A. Busch Petroleum Graduate Student Assistance Fund To: Daniel A. Busch Graduate Student Assistance Fund		
Change in Description of Named Endowed Fund (Foundation)		
The R. Kirby Barrick Agricultural Education Fund		
Folds Family Endowment Fund for the Benefit of the College of Social Work		
The Captain Jonathan D. Grassbaugh Veterans Project Fund		
Guzzo Endowed Scholarship Fund		
The Isler Family Scholarship Fund		
The Supply Chain Management Endowed Scholarship Fund		
Total	$15,952,814.34	

*Amounts establishing endowments as of March 31, 2025, unless notated otherwise.

APPENDIX LXXXV

BACKGROUND

TOPIC: Ratification of that certain Settlement Agreement and Amendments to Cost Allocation Agreement regarding the CHP plant

CONTEXT: The University previously entered into a Settlement Agreement and Amendments to Cost Allocation Agreement and is requesting the Board to ratify the Agreement. The Agreement caps the University's responsibility for existing and future cost overruns and provides for extended warranties for the CHP plant and includes an agreement to cooperate to establish stand-alone KPIs for the CHP plant.