TUESDAY, MAY 17, 2022
WEXNER MEDICAL CENTER BOARD MEETING

Leslie H. Wexner
Abigail S. Wexner
Erin P. Hoeflinger
Hiroyuki Fujita
Alan A. Stockmeister
John W. Zeiger
Carly G. Sobol
Stephen D. Steinour
Robert H. Schottenstein
W.G. Jurgensen
Cindy Hilsheimer
Amy Chronis
Gary R. Heminger (ex officio, voting)
Kristina M. Johnson (ex officio, voting)
Melissa L. Gilliam (ex officio, voting)
Michael Papadakis (ex officio, voting)
Mark Larmore / Andrew Thomas (ex officio, voting)

Location: WOSU Livestream or Sanders Grand Lounge, Longaberger Alumni House 1:00-5:00pm

Public Session

1. Approval of February 2022 Wexner Medical Center Board Meeting Minutes
2. Interim Co-Leaders' Report – Mr. Mark Larmore, Dr. Andrew Thomas 1:00-1:20pm
3. Leading the Way: Research and Innovation – Dr. Carol Bradford, Dr. Peter Mohler 1:20-1:35pm
4. James Cancer Hospital Report – Dr. William Farrar 1:35-1:40pm
5. Wexner Medical Center Financial Report – Mr. Mark Larmore 1:40-1:45pm
6. Recommend for Approval the Wexner Medical Center FY23 Budget – Mr. Mark Larmore 1:45-1:50pm
7. Recommend for Approval to Enter Into Professional Services Contracts – Mr. Frank Aucremanne 1:50-1:55pm
8. Quality & Professional Affairs Committee Items for Approval – Mr. Alan Stockmeister, Dr. Andrew Thomas, Dr. David Cohn 1:55-2:00pm
   - Ratification of Committee Appointments FY2022-2023
   - Resolution of Support for the Wexner Medical Center's Application for a Level 1 Trauma Verification
   - Revisions to the Patient Complaint & Grievance Management Policy for the Wexner Medical Center and the James Cancer Hospital
   - Approval of the Wexner Medical Center Direct Patient Care Services Contracts and Patient Impact Service Contracts Evaluation
   - Approval of the James Cancer Hospital Direct Patient Care Services Contracts and Patient Impact Service Contracts Evaluation
9. Approval of the Community Health Needs Assessment and Implementation Strategy – Dr. Andrew Thomas, Ms. Stephanie Milburn 2:00-2:05pm

Executive Session 2:05-5:00pm

Board of Trustees

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190 North Oval Mall
Columbus, OH 43210-1388

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SUMMARY OF ACTIONS TAKEN

February 8, 2022 - Wexner Medical Center Board Meeting

Members Present:

Hiroyuki Fujita
Alan A. Stockmeister
John W. Zeiger
Carly G. Sobol
Robert H. Schottenstein
Cindy Hilsheimer
Gary R. Heminger (ex officio)
Kristina M. Johnson (ex officio)
Melissa L. Gilliam (ex officio)
Michael Papadakis (ex officio)
Mark Larmore (ex officio)
Andrew Thomas (ex officio)

Members Present via Zoom:

Leslie H. Wexner
Abigail S. Wexner
Erin P. Hoeflinger
Stephen D. Steinour
Amy Chronis (joined late)

Members Absent:

W.G. “Jerry” Jurgensen

PUBLIC SESSION

The Wexner Medical Center Board convened for its 41st meeting on Tuesday, February 8, 2022, in person at the Longaberger Alumni House on Ohio State’s Columbus campus and virtually over Zoom. Board Secretary Jessica A. Eveland called the meeting to order at 1:02 p.m. As co-interim leaders of the Wexner Medical Center, both Mark Larmore, CFO, and Andrew Thomas, Chief Clinical Officer, were in attendance, but only Dr. Thomas served as a voting member for this meeting.

Item for Action

1. Approval of Minutes: No changes were requested to the November 16, 2021, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

Items for Discussion

2. Interim Co-Leaders’ Report: Dr. Thomas noted that, since the November meeting, Ohio had faced another surge in the COVID-19 pandemic, and he expressed sincere appreciation for the support the medical center had received from CAS (formerly Chemical Abstracts) and the Ohio National Guard. CAS allowed the medical center to open a drive through COVID-19 testing site in its parking garage, which allowed for the testing of more than 1,000 patients per day during the peak of the surge, which had since dropped down to around 200 to 300 patients per day. Meanwhile, members of the Ohio National Guard provided support mainly in non-clinical areas – delivering food trays, cleaning rooms, transporting patients and sitting at their bedsides. They also worked in the Emergency Department and helped at testing sites. Dr. Thomas and Mr. Larmore both commented that the assistance the medical center received from the Ohio National Guard during this time was invaluable. Trustee John Zeiger requested that a resolution be drawn up honoring the service of the Ohio National Guard as well as Governor Mike DeWine for the role he played in making the guard members available. This resolution was added to the University Board of Trustees’ consent agenda and approved on February 10.

Dr. Thomas also shared that, six months into the fiscal year, the medical center was already tracking 20% ahead of the previous fiscal year's record-setting targets in terms of new federal research grants. And in calendar year 2021, the medical center had performed a record number of transplant procedures, with the organization now ranking No. 7 out of 250 transplant programs nationwide. Finally, the medical center also launched the Ohio State Health & Discovery website (health.osu.edu), which serves as the primary source for external consumers of health, wellness, innovation, research and science news from the experts at Ohio State.

Mr. Larmore then thanked everyone at the medical center who was involved in quickly responding to a ransomware attack against workforce management company Ultimate Kronos Group. The attack on Kronos, which is a major timekeeping organization for health systems across the country, forced the medical center to develop a new, manual timekeeping process for 24,000 employees to ensure they were paid for the resulting two-week period. Mr. Larmore also acknowledged the third anniversary of the medical center's Healthy State Alliance with Bon Secours Mercy Health, and he commented on the great progress being made in developing new facilities on campus and across Ohio, even amidst the significant economic challenges posed by the pandemic.

3. James Cancer Hospital Report: William Farrar, CEO of the James Cancer Hospital, shared a variety of updates, including the recognition of Ohio State's Dr. Electra Paskett, the Marion N. Rowley Professor of Cancer Research, who was named a Top 50 Change Maker by the National Cancer Institute's Division of Cancer Prevention for her work to address health disparities in cancer prevention, early detection and symptom science. He also highlighted a new collaboration with the Dayton Physicians Network as part of the James Cancer Network.

   Dramatic progress has been made in treating cancer over the past three decades, predominantly coming from scientific research. The OSUCCC-James has 325 cancer researchers and more than 600 open clinical trials at any given time, with some of the world's latest discoveries available to clinical trial patients. The medical center's Outpatient Care West Campus facility, which is slated to open in 2023, will play a vital role in enhancing access to these cutting edge cancer services, such as the new proton therapy unit and the FLASH Mobetron device.

   Halfway through FY22, the OSUCC-James has achieved a 7 percent increase in total surgeries, a 14 percent increase in new patient clinic visits, and a 10 percent increase in overall clinic visits. It has also enrolled 961 patients in its more than 600 clinical trials, and researchers have received $76 million in total funding from the National Cancer Institute, representing some incredible accomplishments despite a very challenging year.

   (See Attachment X for background information, page XX)

4. Wexner Medical Center Financial Report: Mr. Larmore shared the medical center's financial results for the first half of the fiscal year through December 31, 2021. The health system – which includes the seven hospitals – saw an excess of revenue over expenses of $134 million, which was approximately $27 million more than anticipated. This was a 2.8% improvement over the same time last year, and he commented that it was impressive to still see growth even during the pandemic surge. The combined Wexner Medical Center results, consisting of the health system, College of Medicine and OSU Physicians, showed $165 million excess of revenue over expenses, which was approximately $48 million more than anticipated, and a 12.5% improvement year-over-year. Additionally, the university executed a bond offering that generated $715 million in proceeds, increasing long-term debt. Cash from that offering went into assets limited as to use.

   (See Attachment X for background information, page XX)

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Items for Action

5. Resolution No. 2022-73, Recommend Approval to Enter Into Construction Contracts:

Synopsis: Authorization to 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 increase professional services and construction contracts for the following project:

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
East Hospital Dock Expansion	$0.6M	$4.9M	$5.5M	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 project listed above be recommended to the University Board of Trustees for approval, and;

BE IT FURTHER RESOLVED, That the Wexner Medical Center Board hereby recommends that the President and/or Senior Vice President for Business and Finance be authorized to increase professional services and construction contracts for the project 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 X for background information, page XX)

6. Resolution No. 2022-74, Recommend for Approval the Acquisition of Real Property:

Synopsis: Authorization to acquire property located adjacent to Outpatient Care East, on Leonard Avenue, City of Columbus, Franklin County, Ohio, for the development of parking facilities, is proposed.

WHEREAS The Ohio State University seeks to acquire approximately 5 acres of unimproved real property located at Outpatient Care East, on Leonard Avenue in the City of Columbus, Ohio; and

WHEREAS the ground will be developed into parking facilities for the Outpatient Care East facility:

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

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BE IT FURTHER RESOLVED, That the Wexner Medical Center Board hereby recommends 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 this property upon terms and conditions deemed to be in the best interest of the university.

7. Resolution No. 2022-75, Ratification of Committee Appointments FY2022-2023:

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves that the ratification of appointments to the Quality and Professional Affairs Committee for FY2022-2023 are as follows:

Quality and Professional Affairs Committee

Alan A. Stockmeister, Chair
Erin P. Hoeflinger
Carly G. Sobol
Melissa L. Gilliam
Michael Papadakis
Jay M. Anderson
Mark E. Larmore
Andrew M. Thomas
David E. Cohn
Elizabeth Seely
Scott A. Holliday
Iahn Gonsenhauser
Jacalyn Buck
Kristopher M. Kipp
Lisa Keder
PAUL MONK
Abigail S. Wexner (ex officio)

8. Resolution No. 2022-76, Delegation of Oversight and Management of the Food & Dietetic Services for the Wexner Medical Center

Synopsis: Approval of the oversight and management of the Food and Dietetic Services for the hospitals at the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including: Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the Food and Dietetic Services for the Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital must have a full-time employee who serves as the Director of the Food and Dietetic Services; and

WHEREAS the Director of the Food and Dietetic Services is responsible for the daily management of the dietary services, and must be qualified by experience or training; and

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WHEREAS on November 10, 2021, the University Hospital Medical Staff Administration Committee granted the authority and delegated the responsibility to the Director of the Food and Dietetic Services for: the daily management of the food and dietetic services, the implementation of training programs for the dietary staff, and the establishment and maintenance of policies and procedures addressing safety practices for food handling; and

WHEREAS the University Hospital Medical Staff Administration Committee's delegation of oversight of the Food and Dietetic Services to the Director of the Food and Dietetic Services is contingent on final approval by the Wexner Medical Center Board; and

WHEREAS on November 23, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board delegate the oversight and management of the Food and Dietetic Services to the Director of Food and Dietetic Services:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby delegates the oversight and management of the Food and Dietetic Services to the Director of Food and Dietetic Services for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital.

9. Resolution No. 2022-77, Delegation of Oversight and Management of the Food & Dietetic Services for the James Cancer Hospital

Synopsis: Approval of the oversight and management of the Food and Dietetic Services for the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

WHEREAS the mission of The James is to eradicate cancer from individuals' lives by generating knowledge and integrating groundbreaking research with excellence in education and patient-centered care; and

WHEREAS the Food Services Director must have a full-time employee who serves as the Director of the Food and Dietetic Services at The James; and

WHEREAS the Director of the Food and Dietetic Services is responsible for the daily management of the dietary services, and must be qualified by experience or training; and

WHEREAS on November 19, 2021, The James Medical Staff Administration Committee granted the authority and delegated the responsibility to the Director of the Food and Dietetic Services for: the daily management of the food and dietetic services, the implementation of training programs for the dietary staff, and the establishment and maintenance of policies and procedures addressing safety practices for food handling; and

WHEREAS The James Medical Staff Administration Committee's delegation of oversight of the Food and Dietetic Services to the Director of the Food and Dietetic Services is contingent on final approval by the Wexner Medical Center Board; and

WHEREAS on November 23, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board delegate the oversight and management of the Food and Dietetic Services to the Director of Food and Dietetic Services:

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NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby delegates the oversight and management of the Food and Dietetic Services to the Director of Food and Dietetic Services for The James.

10. Resolution No. 2022-78, Amendments to the *Bylaws* and *Rules & Regulations of the Medical Staff* of University Hospitals

Synopsis: The amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals are recommended for approval.

WHEREAS a summary of the proposed amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed 2021 amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals were approved by a joint University Hospitals and James Medical Staff Bylaws Committee on September 29, 2021; and

WHEREAS the proposed 2021 amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals were approved by the University Hospitals Medical Staff Administrative Committee on October 13, 2021; and

WHEREAS the proposed 2021 amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals were approved by vote of the University Hospitals Medical Staff on November 18, 2021; and

WHEREAS on December 8, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals.

(See Attachment X for background information, page XX)

11. Resolution No. 2022-79, Approval of Amendments to the *Bylaws* and *Rules & Regulations of the Medical Staff* of James Cancer Hospital

Synopsis: The amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are recommended for approval.

WHEREAS a summary of the proposed amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of the James Cancer Hospital is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed 2021 amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of the James Cancer Hospital were approved by a joint University Hospitals and James Medical Staff Bylaws Committee on September 29, 2021; and

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WHEREAS the proposed 2021 amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of the James Cancer Hospital were approved by the James Cancer Hospital Medical Staff Administrative Committee on October 15, 2021; and

WHEREAS the proposed 2021 amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of the James Cancer Hospital were approved by vote of the James Cancer Hospital Medical Staff on November 18, 2021; and

WHEREAS on December 8, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of the James Cancer Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the amendments to the *Bylaws* and *Rules and Regulations of the Medical Staff* of the Medical Staff of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute.

(See Attachment X for background information, page XX)

Action: Upon the motion of Mr. Zeiger, seconded by Mr. Stockmeister, the Wexner Medical Center Board recommended agenda items No. 5 – Recommend for Approval to Increase Professional Services and Construction Contracts, and No. 6 – Recommend for Approval the Acquisition of Real Property, to the University Board of Trustees by unanimous roll call vote with the following members present and voting: Mr. Wexner, Mrs. Wexner, Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Sobol, Mr. Steinour, Mr. Schottenstein, Ms. Hilsheimer, Mr. Heminger, Dr. Johnson, Dr. Gilliam, Mr. Papadakis and Dr. Thomas. Ms. Chronis was not present for this vote.

Action: Upon the motion of Mrs. Wexner, seconded by Mrs. Hoeflinger, the Wexner Medical Center Board approved the remaining motions – all related to the Quality and Professional Affairs Committee – by roll call vote with only the votes of the following members used for approval: Mrs. Wexner, Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Sobol, Mr. Heminger, Dr. Johnson, Dr. Gilliam, Mr. Papadakis and Dr. Thomas.

EXECUTIVE SESSION

It was moved by Mr. Heminger and seconded by Ms. Hilsheimer 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, to consult with legal counsel regarding pending or imminent litigation, 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, Mrs. Wexner, Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Sobol, Mr. Steinour, Mr. Schottenstein, Ms. Hilsheimer, Mr. Heminger, Dr. Johnson, Dr. Gilliam, Mr. Papadakis and Dr. Thomas. Ms. Chronis was not present for this vote.

The Wexner Medical Center Board entered executive session at 1:28 p.m. and adjourned at 3:13 p.m.

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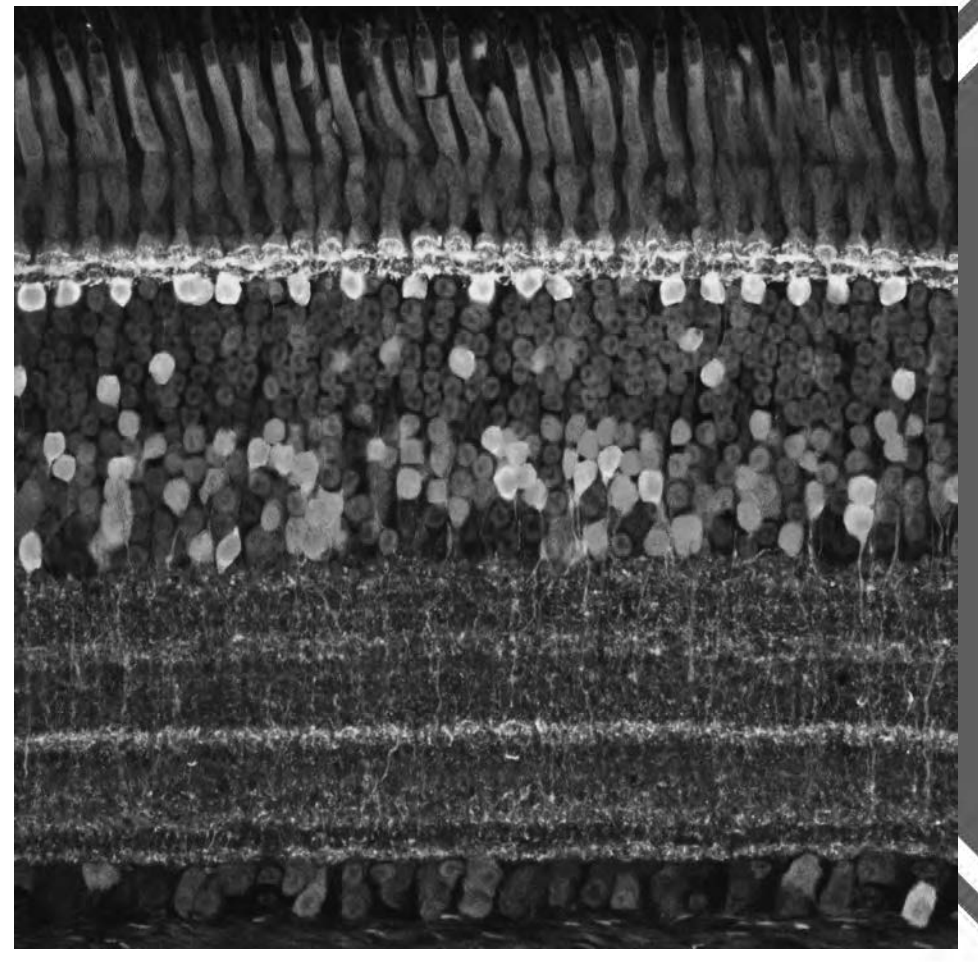
Research and Innovation



Cell layers of the retina
Photo by Dr. Andy Fischer, Dept of Neuroscience

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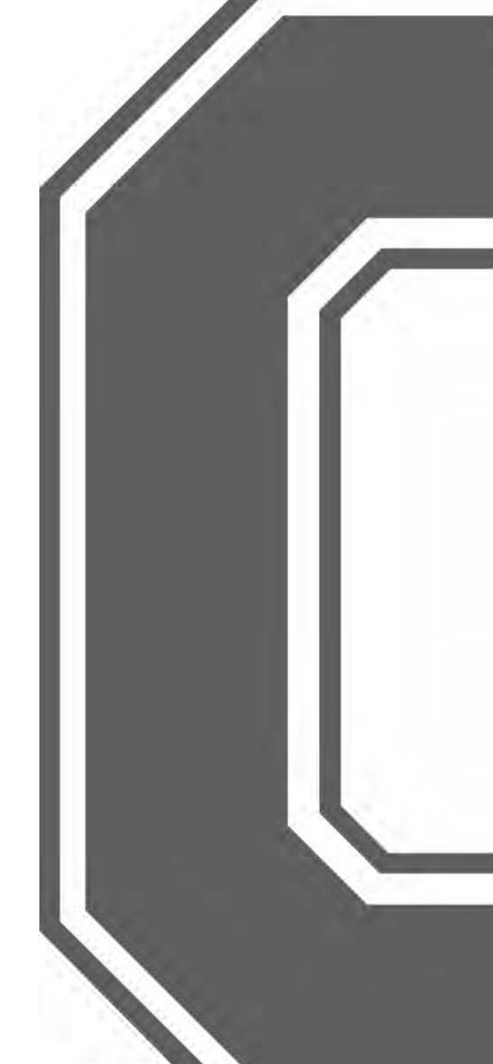
Ambition

To be a top 20 academic health center **driving** breakthrough **health care** solutions to improve people's lives **and** the communities in which we live

Agenda

- Historical and current state of Wexner Medical Center and College of Medicine research
- Guiding principles, investments and portfolio diversification
- Metrics for growth
- Examples of best in class
- Moving forward



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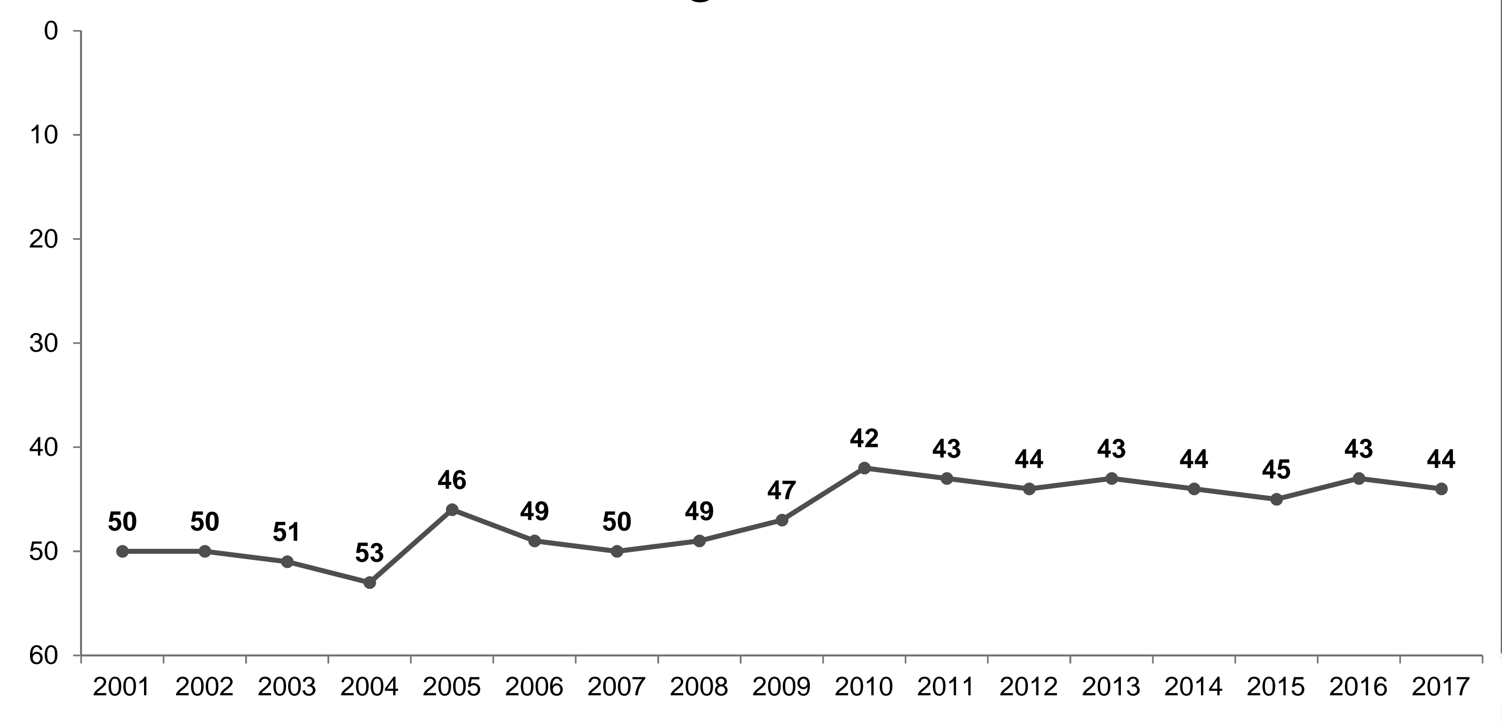
2018 Review: Gap to ambition



Source: Research Awards NIH Reporter

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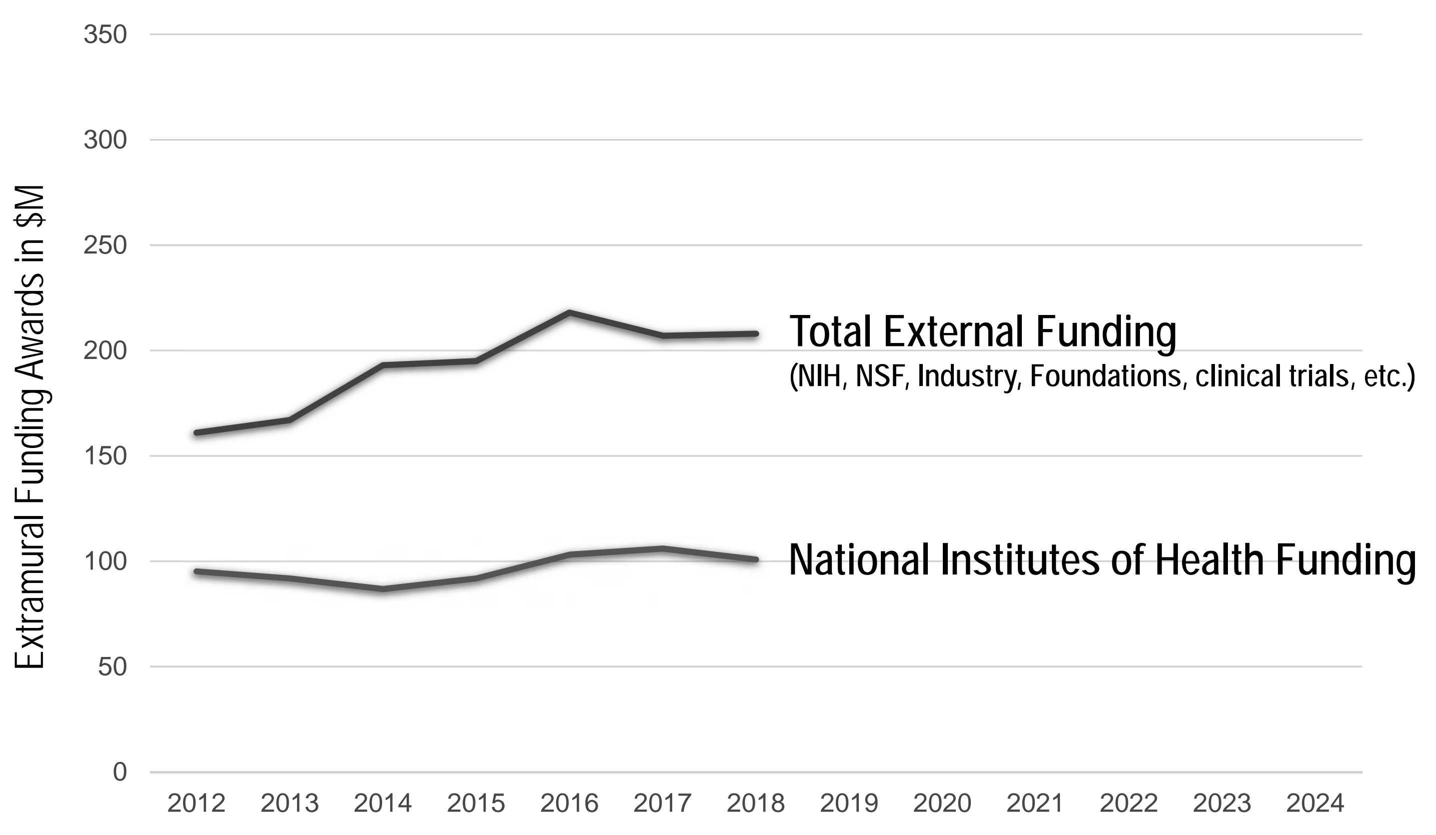
FY18: State of WMC/CoM Research Portfolio



Source: CoM Office of Research Database

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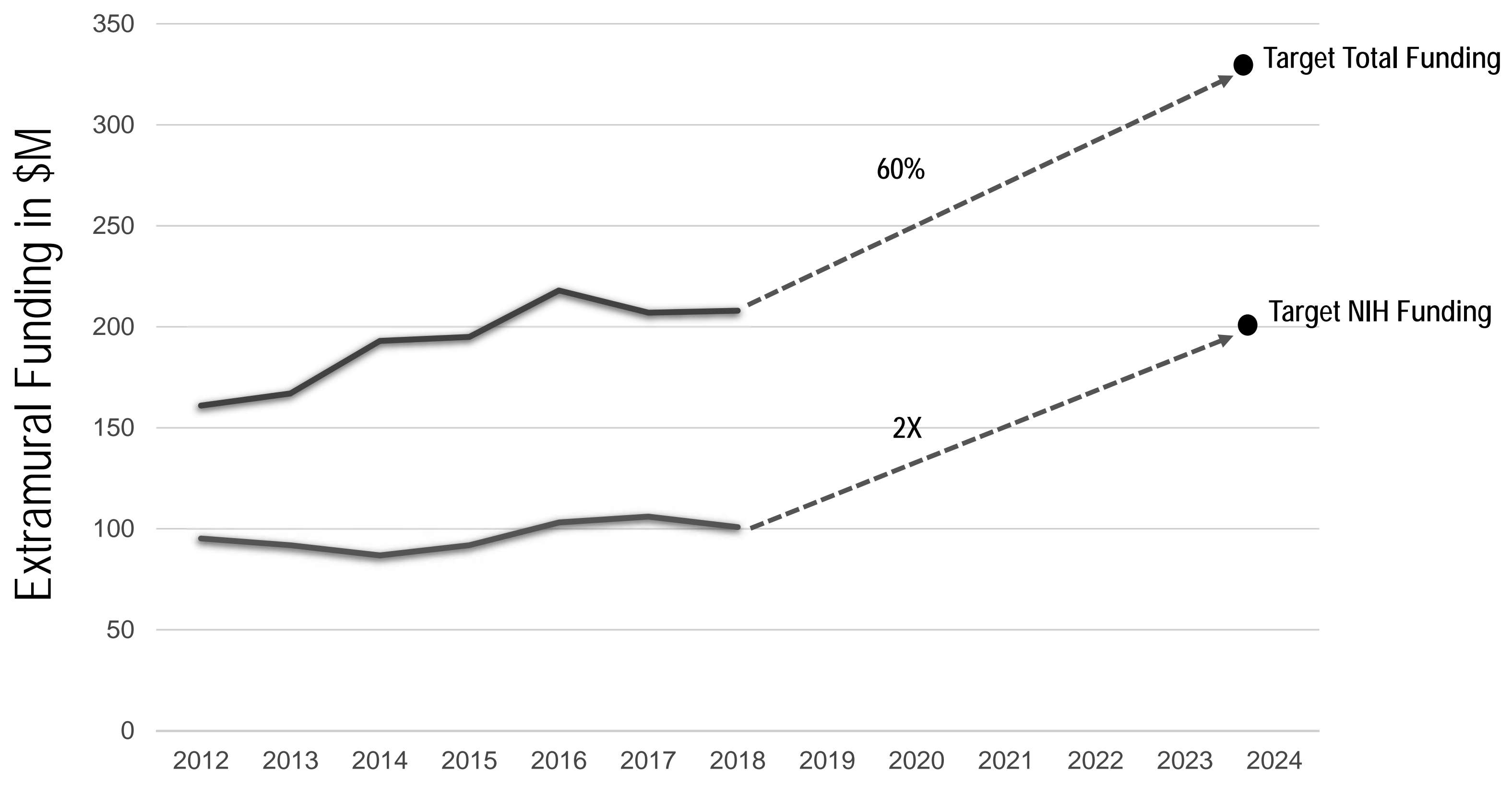
2018: Research Awards Stretch Goal for FY24



Source: WMC Strategic Plan

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Growth vs. Targets for WMC/CoM Research Enterprise

Source: CoM Office of Research Database

Since 2018, OSU has moved up ten positions in School of Medicine funding from the National Institutes of Health.

Source: NIH Reporter

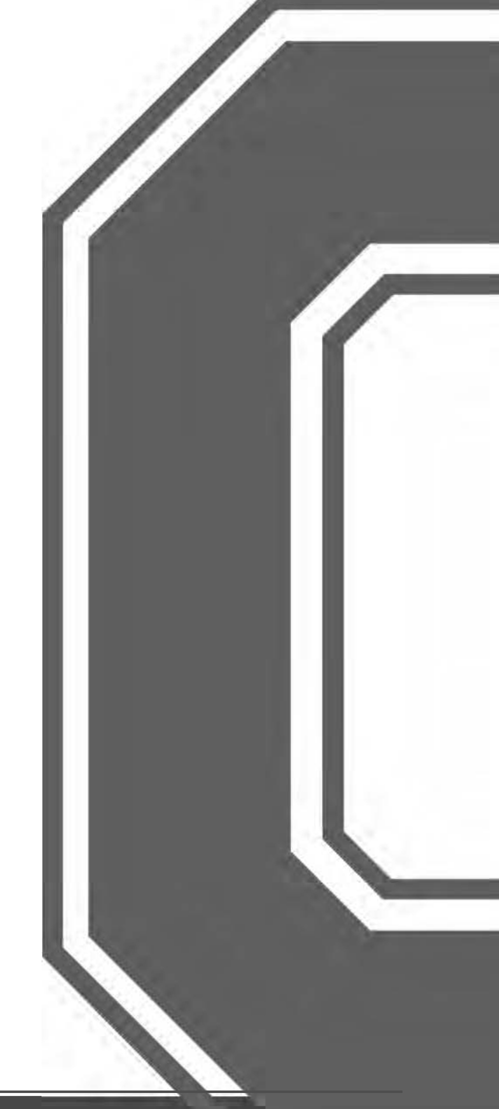
Guiding principles

- Science first, second, and third.

  Culture of ideas, innovation and accountability
- Leadership and mentoring
- Talent pipeline
- Portfolio diversification
- Infrastructure
- Growth of gap areas
- Alignment of portfolio with clinical/university strengths

1. Investment in Infrastructure

- Health Services and Implementation Research
- Research Informatics
- Clinical Trials
- Grants Management
- Biostatistics
- BSL3 Facilities
- Research time for Physician-Scientists



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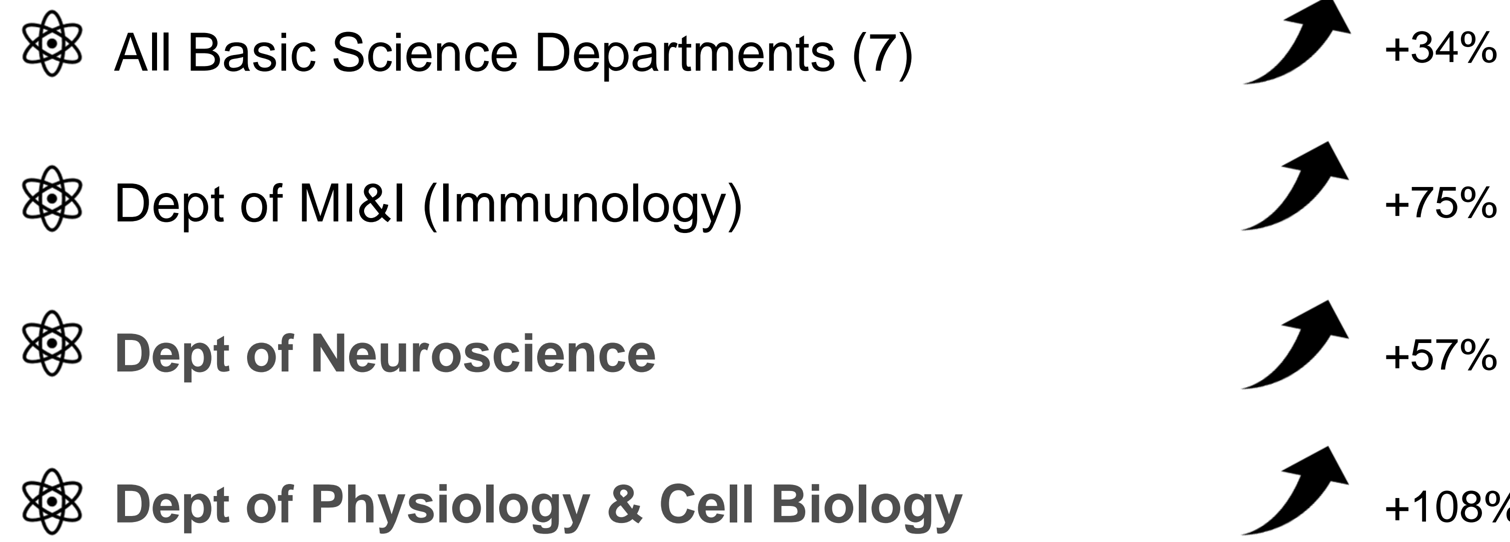
2. Growth of foundational research platforms



- All Basic Science Departments (7) — +34%
- Dept of MI&I (Immunology) — +75%
- **Dept of Neuroscience** — +57%
- **Dept of Physiology & Cell Biology** — +108%

Total Funding Growth from FY17
Red Bold denotes top 20 program

3. Growth of clinical department research

Department	Growth	Department	Growth
Emergency Medicine	+83%	**Otolaryngology**	+178%
Family Medicine	+84%	**Plastic Surgery**	+374%
Internal Medicine	+30%	Psychiatry	+200%
OB-GYN	+108%	**Radiation Oncology**	+130%
Surgery	+108%	**Neurosurgery**	+199%
Physical Medicine & Rehabilitation	+200%		

Total Dept Funding Growth from FY17
Red Bold denotes top 20 program

4. Growth of Clinical Trial Platform for all disciplines

$ R&D Expenditures from Clinical Trials

University	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Michigan State University	$ 1,024	$ 1,434	$ 1,857	$ 2,300	$ 4,606	$ 4,466	$ 4,588	$ 5,135	$ 4,731	$ 5,363
Ohio State University--Columbus	$ 24,045	$ 25,384	$ 26,255	$ 26,446	$ 27,009	$ 37,529	$ 46,780	$ 49,163	$ 51,360	$ 61,782
University of Michigan--Ann Arbor	$ 10,021	$ 10,335	$ 9,917	$ 10,293	$ 14,135	$ 18,363	$ 21,830	$ 23,527	$ 27,148	$ 29,859
University of North Carolina--Chapel Hill	$ 13,148	$ 24,757	$ 26,343	$ 33,839	$ 31,647	$ 26,033	$ 30,778	$ 32,648	$ 34,809	$ 38,108
University of Virginia	$ 3,346	$ 7,886	$ 8,280	$ 7,704	$ 10,206	$ 11,004	$ 12,701	$ 3,756	$ 3,915	$ 4,624

5. Team Science: Growth of Number & Size of Awards

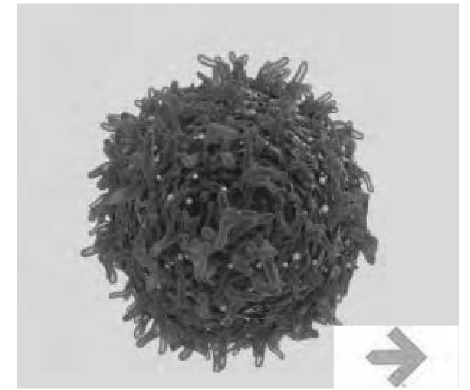
FY22 Wins in Key Areas:

$17.1M NIH – AI for Health Care: Maternal and pediatric drug research center

$16M NIH – Traumatic brain injury

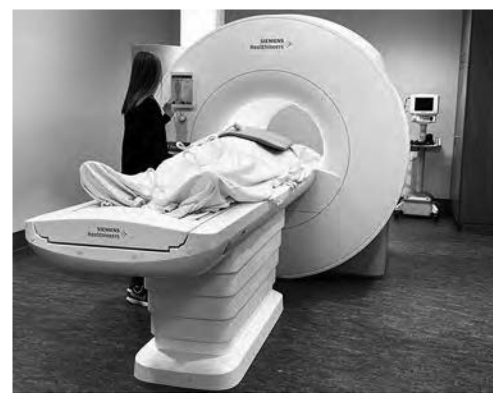
$14.6M NIH – Gene therapy for pediatric Parkinson's disease

Interdisciplinary Science, Partnerships & Impact

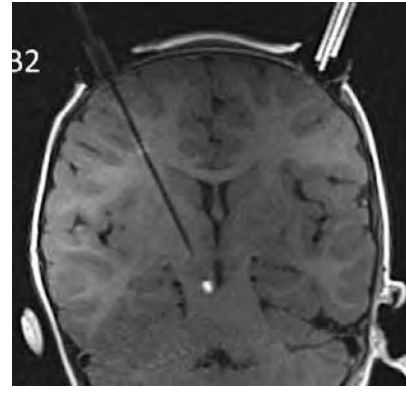


CAR T-Cell Therapy

AI/Advanced Manufacturing

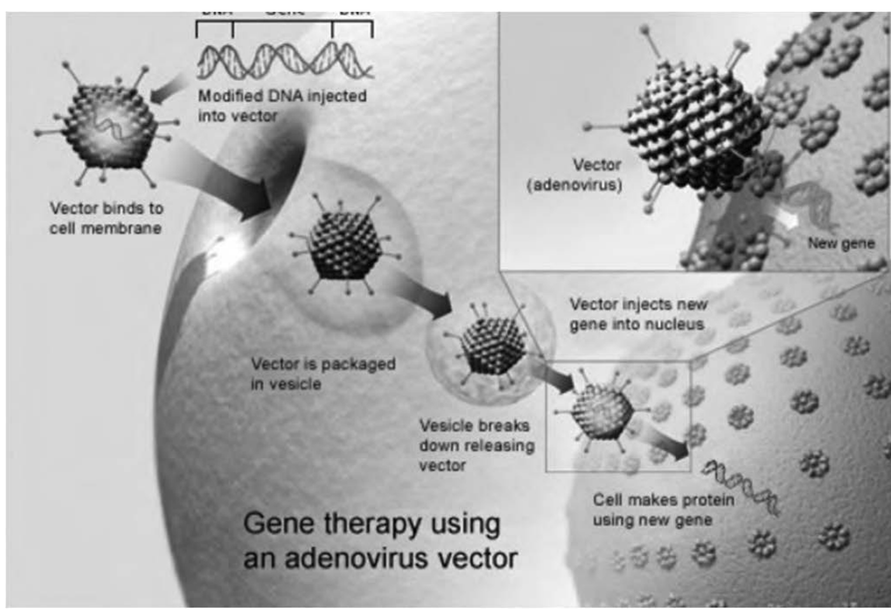


Advanced Imaging



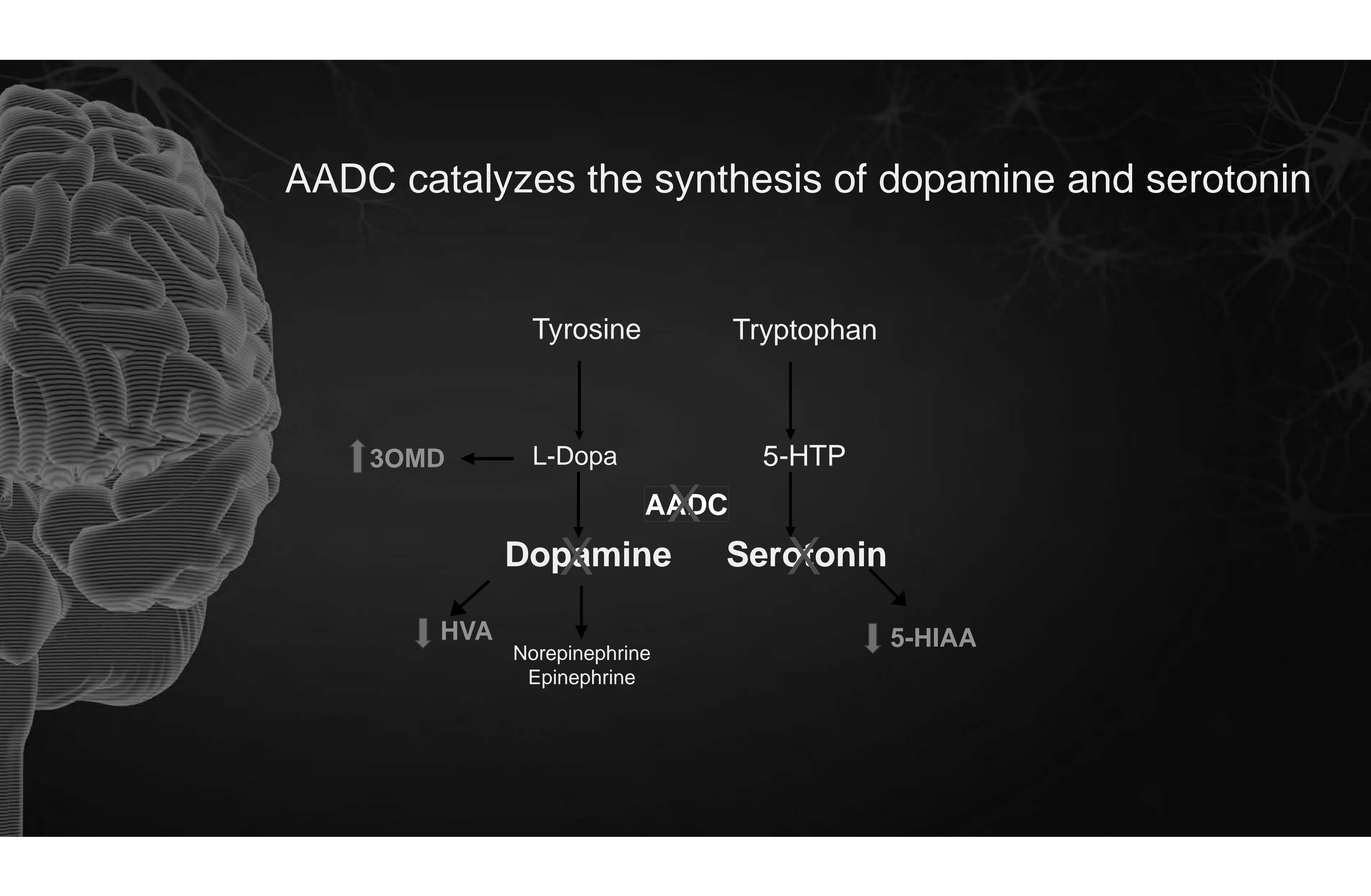
Gene Therapy

Research with Impact: Next Generation Gene Therapy



Creation of University Institute for Gene Therapy

Neurological disorders
Muscle disorders
Eye disorders
Delivery mechanisms


AADC catalyzes the synthesis of dopamine and serotonin
Tyrosine
Tryptophan
3OMD
L-Dopa
5-HTP
AADC
Dopamine
Serotonin
HVA
Norepinephrine
Epinephrine
5-HIAA

AADC Deficiency

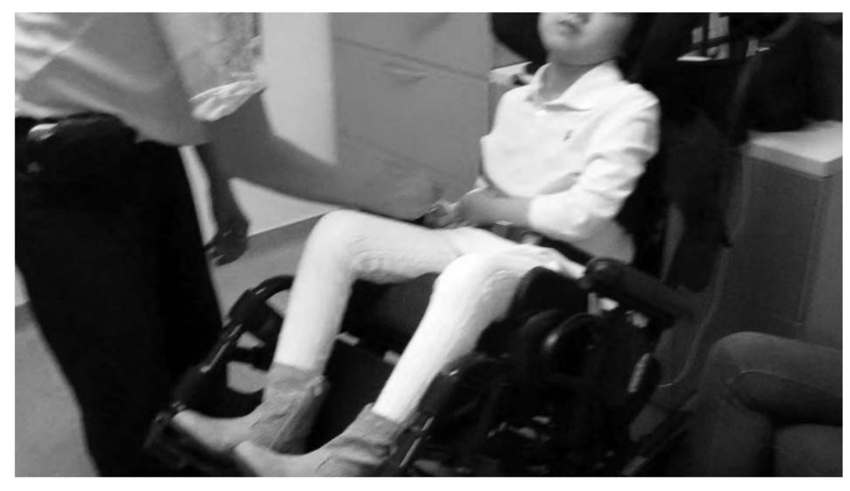
- Autosomal recessive neurodevelopmental disorder

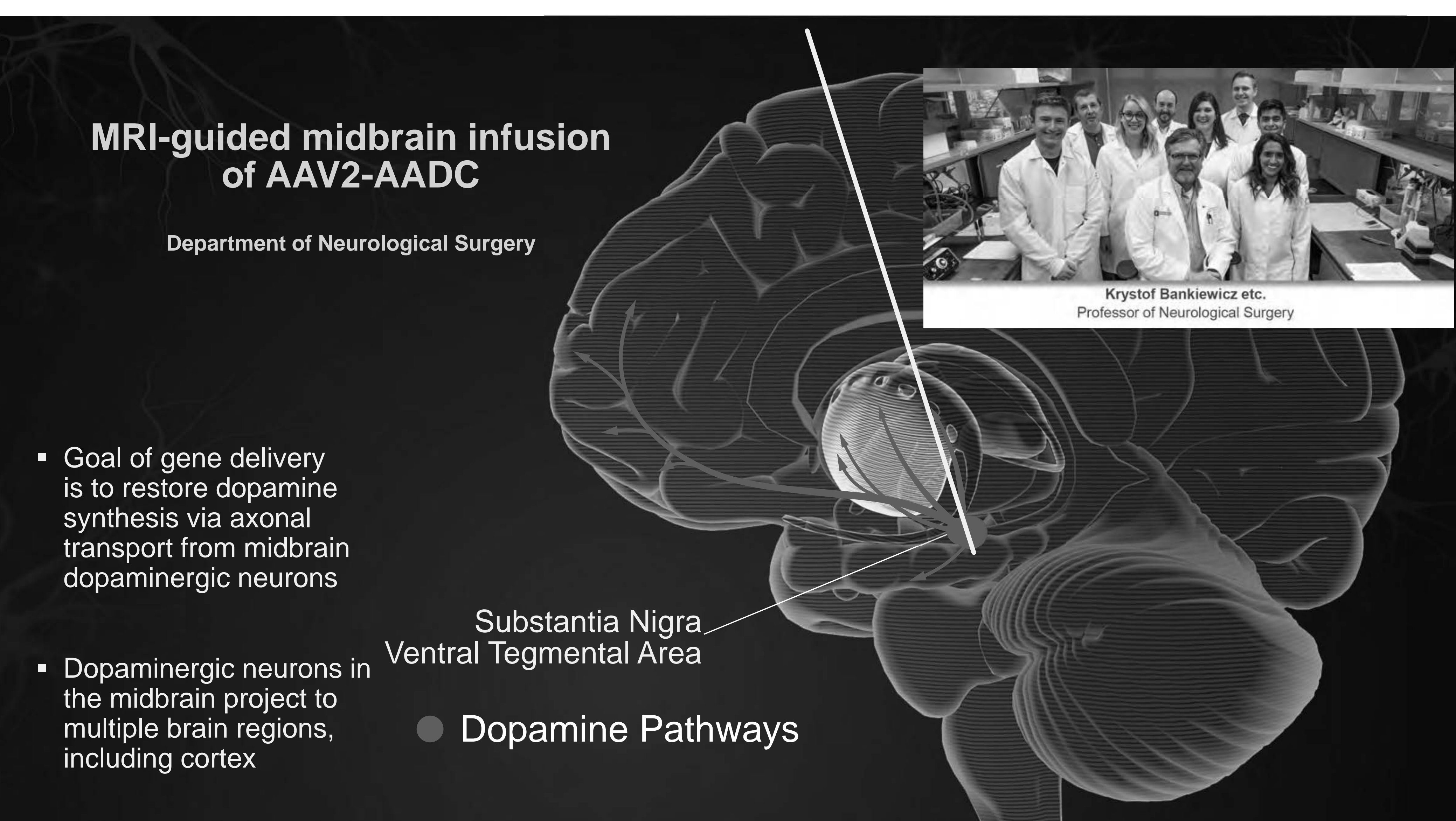
- Congenital deficiency of dopamine and serotonin

- Motor features: Hypotonia, hypokinesia, dystonia, oculogyric crises
- Non-motor features: irritability, sleep disturbance, autonomic dysfunction, intellectual disability

- Poor efficacy of medical treatment

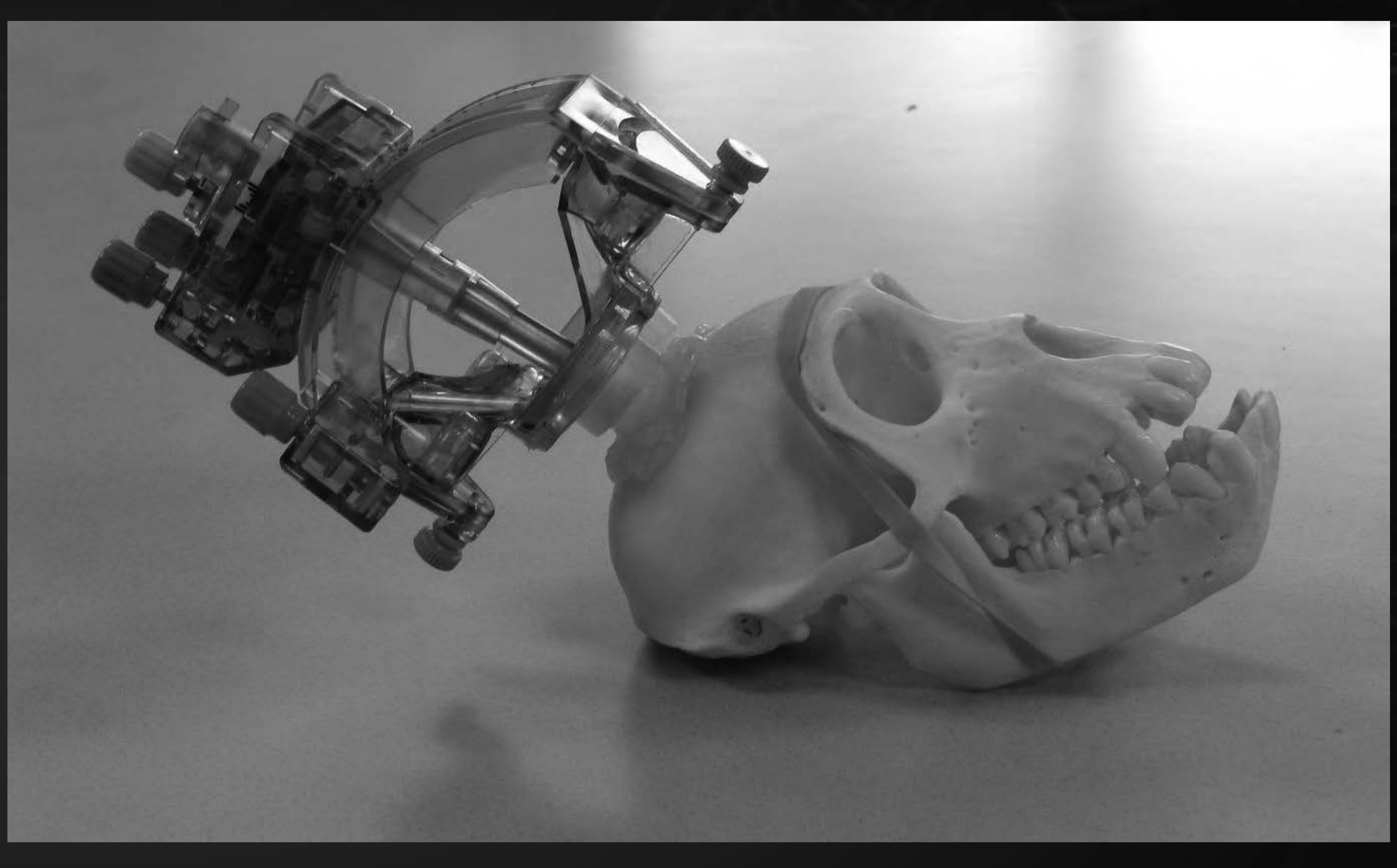
AADC Deficiency





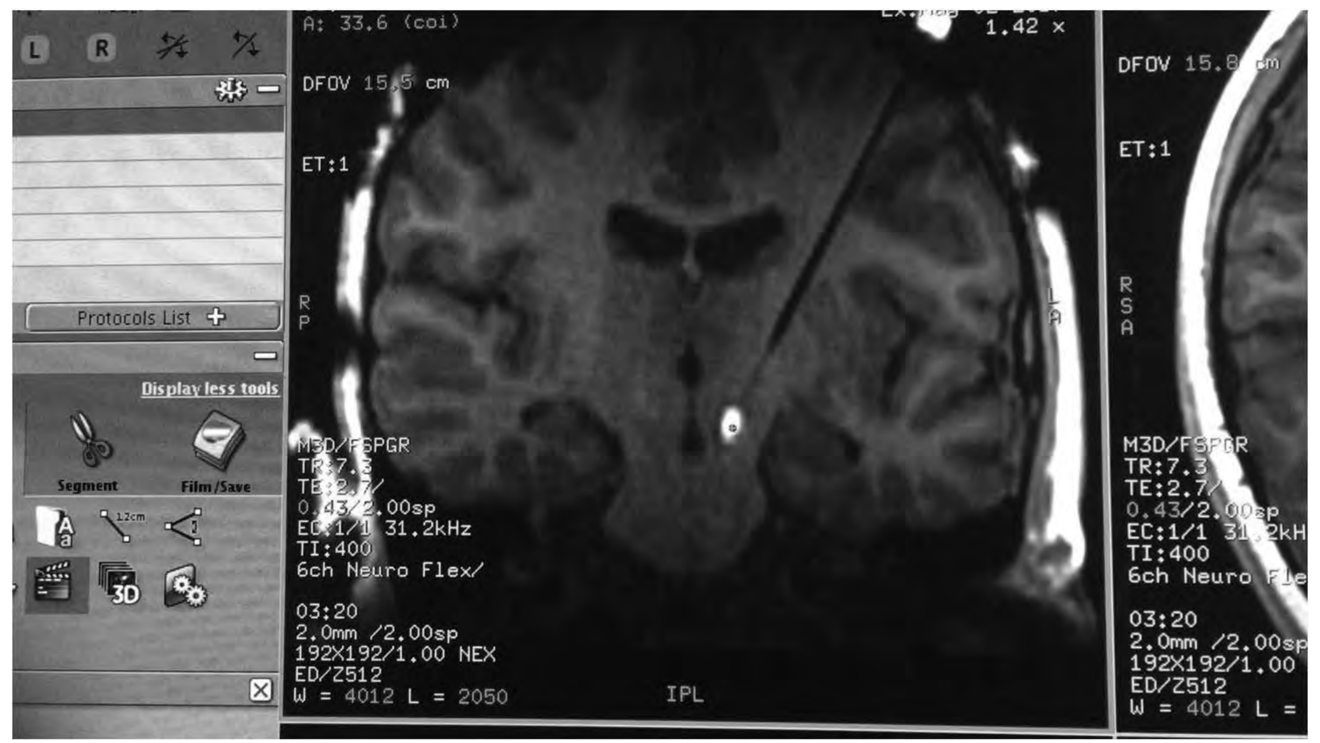
MRI-guided midbrain infusion of AAV2-AADC
Department of Neurological Surgery
Krystof Bankiewicz etc.
Professor of Neurological Surgery
Goal of gene delivery is to restore dopamine synthesis via axonal transport from midbrain dopaminergic neurons
Dopaminergic neurons in the midbrain project to multiple brain regions, including cortex
Substantia Nigra
Ventral Tegmental Area
Dopamine Pathways

Skull-mounted Targeting System for MRI based delivery



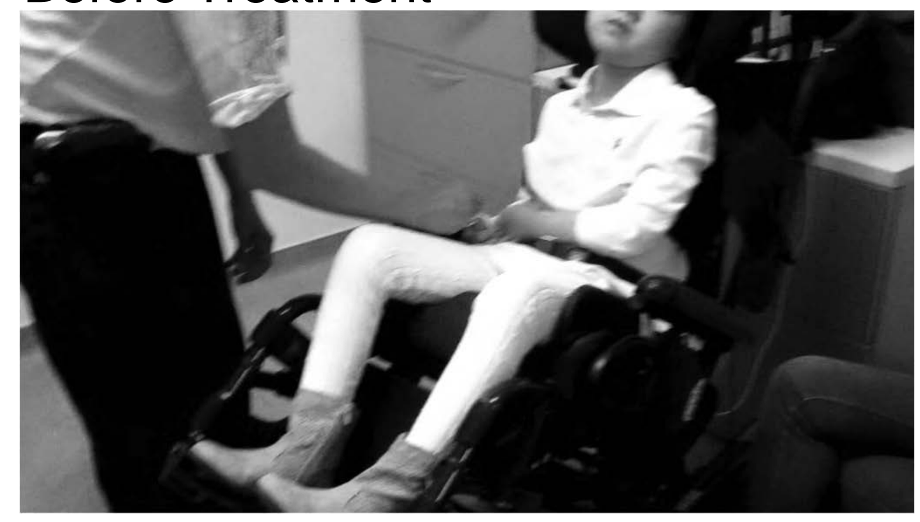
Integrated MR-compatible clinical system for gene therapy

MR-guided delivery of AAV2-AADC



18 months after treatment

Before Treatment



24 months

Before Treatment

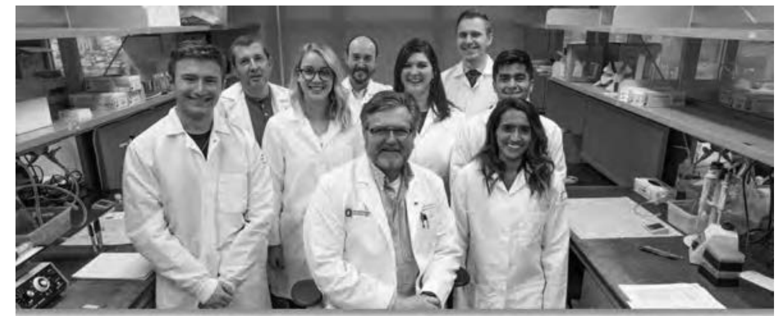
'Best in Class' driving national reputation

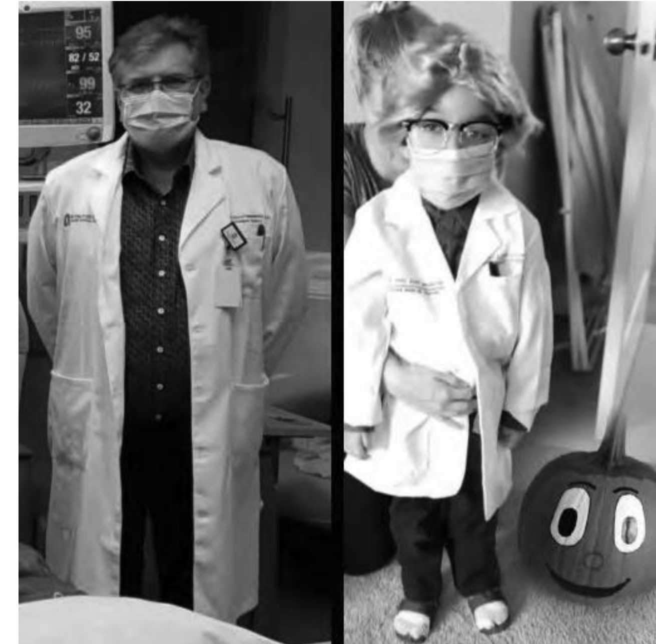
TODAY ON THE SHOW COVID-19 & KIDS SHOPPING HEALTH PARENTS FOOD TRENDING BLACK VOICES • TODAY *all day*

HEALTH & WELLNESS

Gene therapy is 'nothing short of a miracle' for 6-year-old with rare health condition

"This is nothing short of a miracle," mom Shante Stagg told TODAY of a gene therapy that has helped her son who has a rare health condition.





Krystof Bankiewicz, Russell Lonser and team
Department of Neurological Surgery

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

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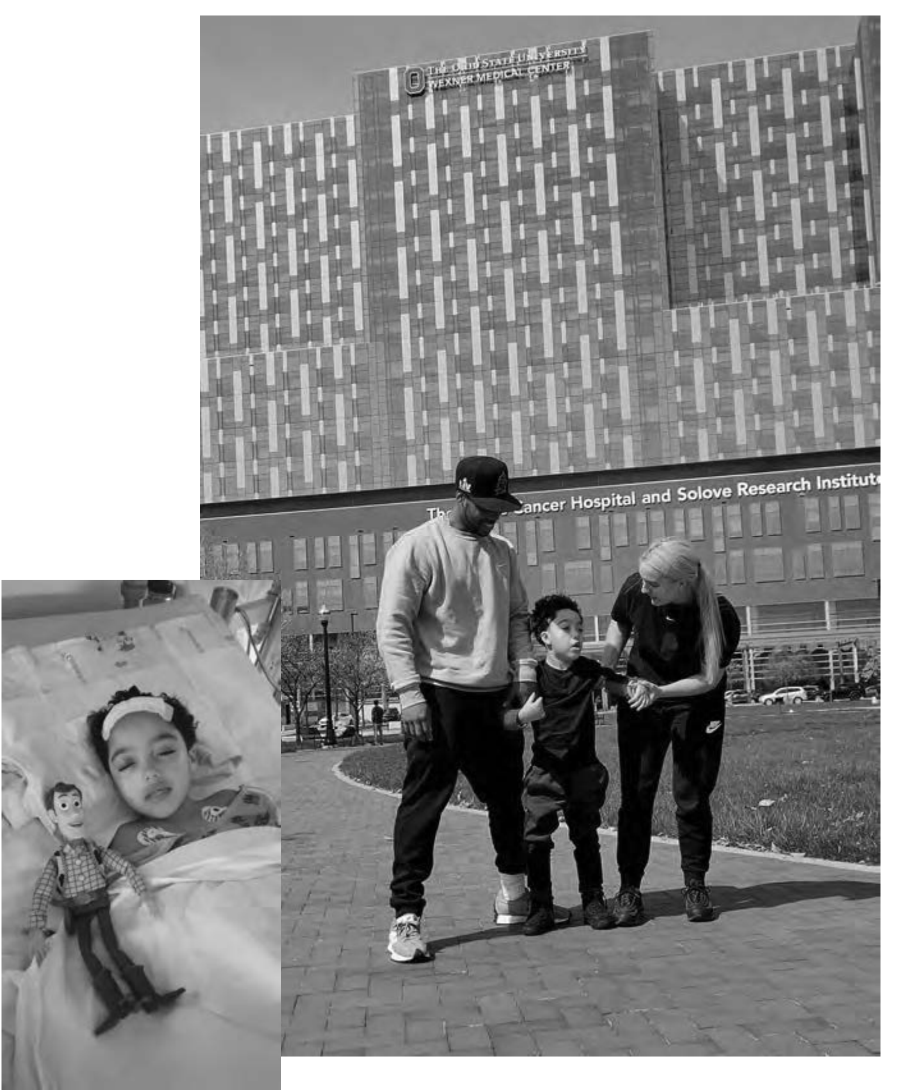
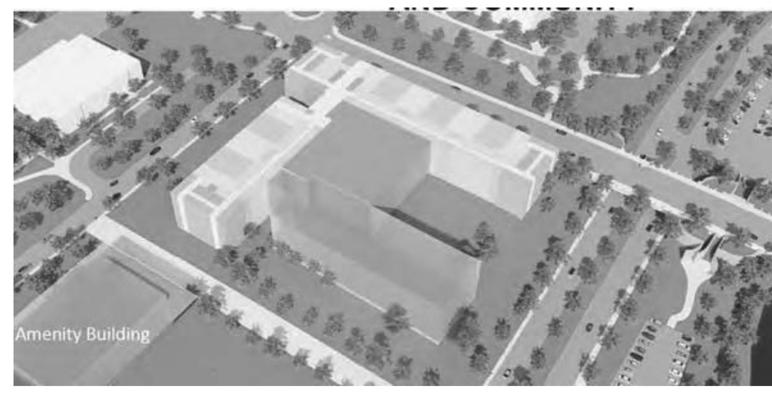


“Here’s a picture of Juju standing in front of the place where you changed his life”

Driving forward: Ohio State as national research leader



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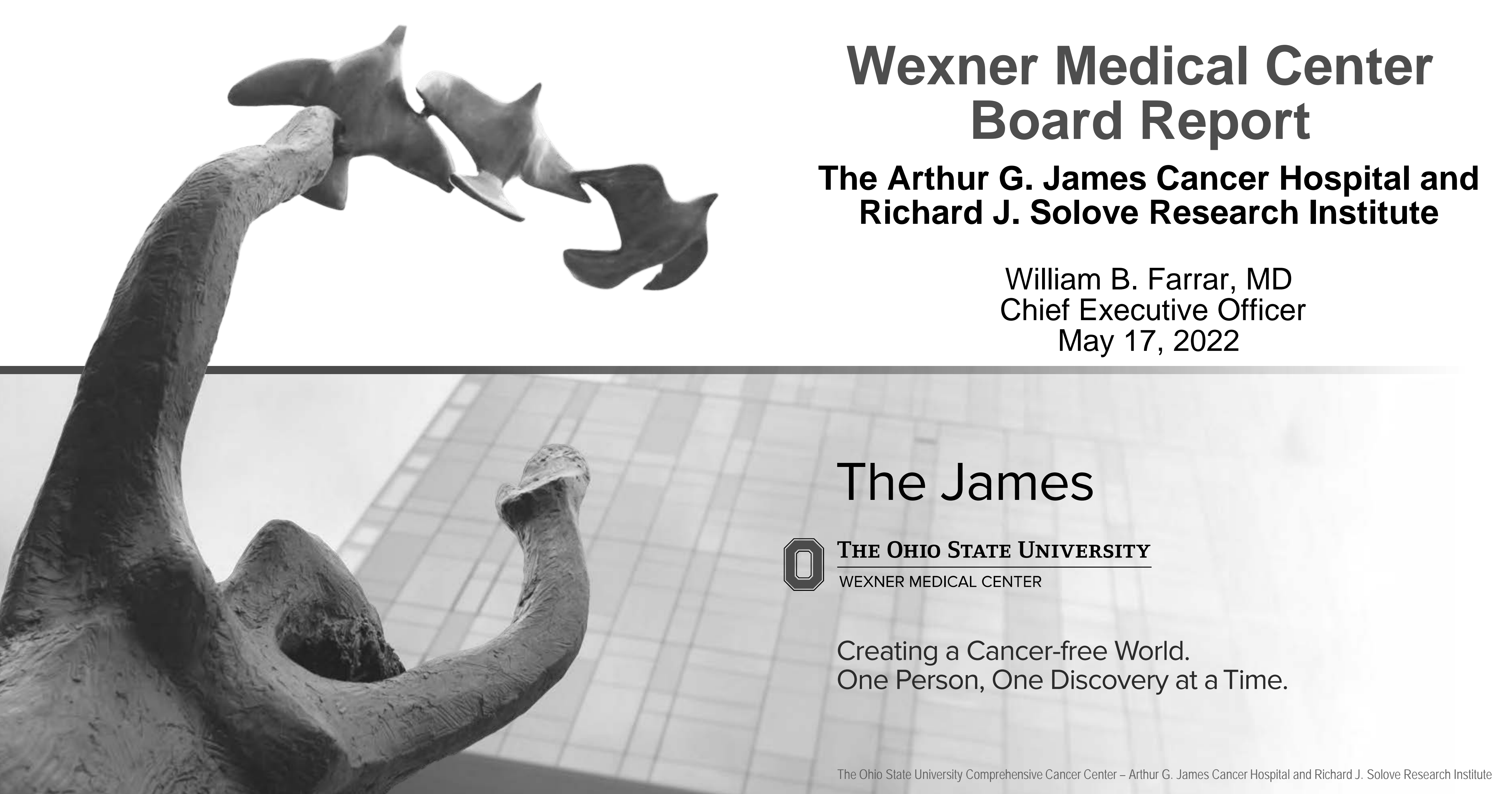
Wexner Medical Center Board Report

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

William B. Farrar, MD
Chief Executive Officer
May 17, 2022



The James

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Creating a Cancer-free World.
One Person, One Discovery at a Time.

The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Welcome Our New Chief Nursing Officer

Corrin Steinhauer, DNP, RN, NEA-BC, CPPS

The James

Adolescent and Young Adult (AYA) Cancer Program

- Adolescents and young adults with cancer have different needs and challenges than children or older adults
- Highest volume: hematology, neurosciences, endocrine, breast, musculoskeletal and digestive
- Strong collaboration with Nationwide Children's Hospital
- OSUCCC – James Young Adult Cancer Support Services
  - Social Worker
  - Fertility Preservation and Sexual Health
  - Financial Counseling
  - Genetics
  - Programs and Peer Support
  - Palliative Care
  - Physical Therapy
  - Psychosocial Oncology
  - Supportive Care Clinic
- AYA research remains a priority: Columbus Mac & Cheese Festival has raised over $300,000 for AYA research

Watch as OSUCCC – James leaders share their vision and commitment to serving the needs of AYA patients.

The James

New Initiative: At-home Screening Program Aims to Reduce Colorectal Cancer Rates

- Black patients are 20% more likely to be diagnosed with colon cancer and are 40% more likely to die of the disease compared with non-Hispanic White patients
- Pilot program focused on reducing racial disparities in cancer care
- Initiatives:
  - Increasing colorectal screening rates for Black patients
  - Using patient navigation to promote access to screening and follow-up care
  - Providing timely follow up on abnormal results and initiating high quality, immediate treatment

The James

James Oncologic Physical Therapy Gains National Accreditation

- The James Oncologic Physical Therapy (PT) Residency recently became the **first oncology PT residency in Ohio** — and only the **sixth in the United States** — to gain accreditation by the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).
- The goal of The James Oncologic Physical Therapy Residency is to provide extensive training for the successful treatment of patients with cancer.

The James

Pelotonia Institute for Immuno-Oncology: Creating a new level of collaboration, research and discovery

Led by inaugural Director Dr. Zihai Li, this research initiative focuses on harnessing the body's immune system to fight cancer at all levels.

Since 2019, the PIIO has achieved the following milestones:

- 103 Members
- $32M+ in Funding (Annual funding $19M)
- 564 Publications (2019-2021)
- 99 Human Clinical Trials Underway
- 53 Inventions Disclosed (2019-2021)

The James

Exciting Milestone at James Outpatient Care West Campus: Delivery of our proton cyclotron

- Used alone or in combination with other therapies, proton therapy can be used to treat several localized cancers, including:
  - prostate, brain, head and neck, lung, spine and gastrointestinal in adults, as well as brain cancer, lymphoma, retinoblastomas and sarcomas in children.

- Allows delivery of the highest concentration of treatment directly to cancerous tissue, while sparing delicate surrounding tissue.

The OSUCCC – James and The Ohio State University Wexner Medical Center are collaborating with Nationwide Children's Hospital (NCH) to bring the first proton therapy treatment facility to central Ohio.

OSUCCC – James Engagement Opportunities

Upcoming opportunities to raise awareness and much-needed funds to support cancer research, education and patient care at the OSUCCC – James.

Herbert J. Block Memorial Tournament

Harvest of Hope

Columbus Mac and Cheese Festival

Stefanie Spielman Step Up for Breast Cancer 5K

Celebration for Life

Pelotonia

Thank You!

Wexner Medical Center Finance Report Public Session

May 17, 2022

The Ohio State University Health System

Consolidated Statement of Operations
For the YTD ended: March 31, 2022
(in thousands)

OSUHS						
	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	$ 2,832,026	$ 2,791,013	$ 41,013	1.5%	$ 2,637,861	7.4%
Operating Expenses						
Salaries and Benefits	1,212,343	1,205,530	(6,813)	-0.6%	1,119,649	-8.3%
Resident/Purchased Physician Services	98,502	97,077	(1,425)	-1.5%	94,290	-4.5%
Supplies	311,939	305,214	(6,725)	-2.2%	305,827	-2.0%
Drugs and Pharmaceuticals	387,362	369,550	(17,812)	-4.8%	345,565	-12.1%
Services	283,547	289,582	6,035	2.1%	243,090	-16.6%
Depreciation	148,355	148,355	-	0.0%	132,734	-11.8%
Interest	30,641	20,455	(10,186)	-49.8%	22,310	-37.3%
Shared/University Overhead	56,004	56,030	26	0.0%	54,458	-2.8%
Total Expense	2,528,693	2,491,793	(36,900)	-1.5%	2,317,923	-9.1%
Gain (Loss) from Operations (pre MCI)	303,333	299,219	4,114	1.4%	319,938	-5.2%
Medical Center Investments	(146,562)	(146,562)	-	0.0%	(137,973)	-6.2%
Income from Investments	21,539	12,825	8,714	67.9%	17,555	22.7%
Other Gains (Losses)	20,937	18,674	2,263	---	17,239	---
Excess of Revenue over Expense	$ 199,248	$ 184,157	$ 15,091	8.2%	$ 216,759	-8.1%
Margin Percentage	7.0%	6.6%	0.4%	6.6%	8.2%	-1.2%

The OSU Wexner Medical Center

Combined Statement of Operations
For the YTD ended: March 31, 2022
(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Revenue	$3,634,686	$3,555,484	$ 79,202	2.2%	$3,356,415	8.3%
Operating Expenses						
Salaries and Benefits	1,945,019	1,923,814	(21,205)	-1.1%	1,779,958	-9.3%
Resident/Purchased Physician Services	98,502	97,077	(1,425)	-1.5%	94,290	-4.5%
Supplies	344,761	345,988	1,227	0.4%	336,315	-2.5%
Drugs and Pharmaceuticals	395,063	376,540	(18,523)	-4.9%	352,373	-12.1%
Services	386,249	381,144	(5,105)	-1.3%	319,039	-21.1%
Depreciation	156,380	163,470	7,090	4.3%	146,131	-7.0%
Interest/Debt	30,812	20,679	(10,133)	-49.0%	22,497	-37.0%
Other Operating Expense	43,815	43,263	(552)	-1.3%	35,551	-23.2%
Medical Center Investments	1,854	1,372	(482)	-35%	21,276	91.3%
Total Expense	3,402,455	3,353,346	(49,109)	-1.5%	3,107,430	-9.5%
Excess of Revenue over Expense	$ 232,231	$ 202,138	$ 30,093	14.9%	$ 248,986	-6.7%
Financial Metrics						
Integrated Margin Percentage	6.4%	5.7%	0.7%	12.4%	7.4%	-1.0%
Adjusted Admissions	94,777	102,267	(7,491)	-7.3%	96,311	-1.6%
Operating Revenue per AA	$ 29,881	$ 27,291	$ 2,590	9.5%	$ 27,389	9.1%
Total Expense per AA	$ 26,681	$ 24,365	$ (2,315)	-9.5%	$ 24,067	-10.9%

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.

The OSU Wexner Medical Center

Combined Balance Sheet
As of: March 31, 2022
(in thousands)

	Mar 2022	June 2021	Change
Cash	$ 1,609,755	$ 1,747,406	$ (137,651)
Net Patient Receivables	489,821	463,625	26,195
Other Current Assets	714,069	747,000	(32,931)
Assets Limited as to Use	1,096,743	511,090	585,653
Property, Plant & Equipment - Net	2,487,090	2,097,748	389,342
Other Assets	628,469	527,245	101,224
Total Assets	$ 7,025,947	$ 6,094,115	$ 931,833
Current Liabilities	$ 909,331	$ 907,805	$ 1,526
Other Liabilities	229,565	204,138	25,427
Long-Term Debt	1,249,403	602,438	646,965
Net Assets - Unrestricted	3,824,347	3,598,758	225,590
Net Assets - Restricted	813,302	780,977	32,325
Liabilities and Net Assets	$ 7,025,947	$ 6,094,115	$ 931,833

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

Wexner Medical Center FY2023 Budget Public Session

May 17, 2022

Draft

The OSU Wexner Medical Center

Combined Income Statement
For the Years ended June 30

	Forecast 2022	Budget 2023	% Change
OPERATING STATEMENT (in thousands)			
Total Operating Revenue	$ 4,982,597	$ 5,243,219	5.2%
Operating Expenses			
Salaries and Benefits	2,671,028	2,898,999	8.5%
Supplies and Pharmaceuticals	985,890	1,054,877	7.0%
Services	579,420	639,851	10.4%
Depreciation	206,892	237,206	14.7%
Interest/Debt	52,584	54,658	3.9%
Other Operating Expense	127,329	135,805	6.7%
Medical Center Investments	4,630	1,759	-62.0%
Total Expense	4,627,773	5,023,155	8.5%
Excess of Revenue over Expense	$ 354,824	$ 220,064	-38.0%

The OSU Wexner Medical Center

Combined Income Statement
For the Years ended June 30

(in thousands)	Forecast 2022	Budget 2023	% Change
Health System			
Revenues	$3,848,060	$4,031,443	4.8%
Expenses	3,545,142	3,824,119	7.9%
Net	302,918	207,324	-31.6%
OSUP			
Revenues	$ 577,882	$ 622,001	7.6%
Expenses	571,493	620,423	8.6%
Net	6,389	1,578	-75.3%
COM/OHS			
Revenues	$ 556,655	$ 589,775	5.9%
Expenses	511,138	578,613	13.2%
Net	45,517	11,162	-75.5%
Total Medical Center			
Revenues	$4,982,597	$5,243,219	5.2%
Expenses	4,627,773	5,023,155	8.5%
Net	354,824	220,064	-38.0%

 Draft

Thank You

Wexnermedical.osu.edu

RECOMMEND FOR APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS
East Hospital – Fire Suppression
WMC Outpatient Care Powell

Synopsis: Authorization to enter into professional services 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	
East Hospital - Fire Suppression	$0.8M	$0.8M	Auxiliary Funds
WMC Outpatient Care Powell	$7.4M	$7.4M	Auxiliary Funds

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proposes that the professional services contracts for the projects listed above be recommended to the University Board of Trustees for approval; and

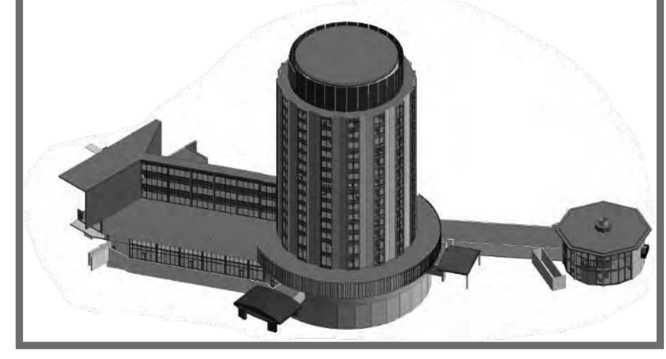
BE IT FURTHER RESOLVED, That the Wexner Medical Center recommends that the President and/or Senior Vice President for Business and Finance be authorized to enter into professional services contracts for the projects listed above in accordance with established University and State of Ohio procedures, with all actions to be reported to the Board at the appropriate time.

Project Data Sheet for Board of Trustees Approval

East Hospital - Fire Suppression

OSU-220196 (REQ ID# EAS220007)

Project Location: East Hospital - Main (398)



- **approval requested and amount**
  professional services $0.8M

- **project budget**

professional services	TBD
construction w/contingency	TBD
total project budget	TBD

- **project funding**
  auxiliary funds

- **project schedule**

BoT professional services approval	05/22
design	08/22 – 04/23
BoT construction approval	02/23
construction	TBD
facility opening	TBD

- **project delivery method**
  design/build

- **planning framework**
  - the purpose of this project is to meet NFPA requirements for the fire suppression system in the entire OSU East Hospital Complex
  - this project is included in the FY23 Capital Investment Plan

- **project scope**
  - the project will add new fire suppression systems to all non-sprinkled areas at East Hospital
  - the project will impact all floors of Main Hospital north and south wings, Connector, and Tower buildings requiring a phased approach to construction
  - the project will include installation of branch piping only and assumes existing sprinkler riser pipes are adequately sized
  - final budget will be validated during design and a phased construction schedule will be developed to maintain operations during the project

- **approval requested**
  - approval is requested to enter into professional services contracts

- **project team**

University project manager:	Dollery, Mitchell
AE/design architect:	TBD
Design Builder:	TBD

WMC Outpatient Care Powell

OSU-220880 (REQ ID#: AMB220075)

Project Location: Powell, Ohio

- **approval requested and amount**

professional services	$7.4M

- **project budget**

professional services	TBD
construction w/contingency	TBD
total project budget	TBD

- **project funding**
  auxiliary funds

- **project schedule**

BoT professional services approval	05/22
design	06/22 – 09/23
BoT construction approval	02/23
construction	05/23– 05/25
facility opening	08/25

- **project delivery method**
  construction manager at risk

- **planning framework**
  - consistent with the strategic plans of the university and Wexner Medical Center to provide medical services within community-based ambulatory facilities
  - this project is included in the FY23 Capital Investment Plan

- **project scope**
  - the project will design and construct an outpatient care building
  - the building program and total project cost will be validated during design

- **approval requested**
  - approval is requested to enter into professional services contracts

- **project team**

University project manager:	Rice, George
AE/design architect:	
CM at Risk or:	TBD

RATIFICATION OF COMMITTEE APPOINTMENTS FY2022-2023

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves that the ratification of appointments to the Quality and Professional Affairs Committee for FY2022-2023 are as follows:

Quality and Professional Affairs Committee

Alan A. Stockmeister, Chair
TANNER R. HUNT
Melissa L. Gilliam
Michael Papadakis
Jay M. Anderson
Mark E. Larmore
Andrew M. Thomas
David E. Cohn
Elizabeth Seely
Scott A. Holliday
Iahn Gonsenhauser
Jacalyn Buck
Kristopher M. Kipp
Lisa Keder
Paul Monk
Abigail S. Wexner (ex officio)

APPROVAL OF SUPPORT FOR THE WEXNER MEDICAL CENTER APPLICATION FOR A LEVEL 1 TRAUMA VERIFICATION

Synopsis: Approval of support for the Wexner Medical Center's application for a Level 1 trauma verification by the American College of Surgeons, Committee on Trauma, is proposed.

WHEREAS The Ohio State University Wexner Medical Center's mission is to improve people's lives through innovation in research, education and patient care; and

WHEREAS The Ohio State University Wexner Medical Center continues to provide emergency, specialty and subspecialty clinical trauma services, as well as professional and public education, injury prevention, research and performance improvement programs (collectively, the "Trauma Program"); and

WHEREAS The Ohio State University Wexner Medical Center intends to continue to meet all applicable requirements and criteria to maintain Level 1 trauma center verification and support its Trauma Program:

NOW THEREFORE

BE IT RESOLVED, That The Ohio State University Wexner Medical Center Board commits to maintain the high standards needed to provide optimal care of all trauma patients and supports the application for a Level 1 trauma verification by the American College of Surgeons, Committee on Trauma.

PATIENT COMPLANT AND
GRIEVANCE MANAGEMENT POLICY

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the review of the Patient Complaint and Grievance Management policy for the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS in order to promote patient satisfaction, the Wexner Medical Center is committed to resolving any patient complaints and grievances that may arise in a timely and effective manner, and as set forth in the attached Patient Complaint and Grievance Management policy; and

WHEREAS the review of the Patient Complaint and Grievance Management policy was approved by the Ohio State University Hospitals Medical Staff Administrative Committee on April 13, 2022; and

WHEREAS on April 26, 2022, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the Patient Complaint and Grievance Management policy, including the delegation of the responsibility for reviewing and resolving grievances to the Ohio State University Hospitals Grievance Committee:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the Patient Complaint and Grievance Management policy for the OSU Wexner Medical Center, including delegation of the responsibility for reviewing and resolving grievances to the Ohio State University Hospitals Grievance Committee.

PATIENT COMPLANT AND
GRIEVANCE MANAGEMENT POLICY

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
THE ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: Approval of the review of the Patient Complaint and Grievance Management policy for the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

WHEREAS the mission of The James is to eradicate cancer from individuals' lives by generating knowledge and integrating groundbreaking research with excellence in education and patient-centered care; and

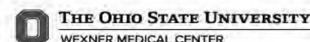
WHEREAS in order to promote patient satisfaction, The James is committed to resolving any patient complaints and grievances that may arise in a timely and effective manner, and as set forth in the attached Patient Complaint and Grievance Management policy; and

WHEREAS the review of the Patient Complaint and Grievance Management policy was approved by The James Medical Staff Administrative Committee on April 15, 2022; and

WHEREAS on April 26, 2022, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the Patient Complaint and Grievance Management policy, including delegation of the responsibility for reviewing and resolving grievances to The James Grievance Committee:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the Patient Complaint and Grievance Management policy for the James, including delegation of the responsibility for reviewing and resolving grievances to The James Grievance Committee.



Policy Name: Patient Complaint and Grievance Management 03-28

Applies to:		
☒ OSU Wexner Medical Center [University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services]	☒ Ambulatory Surgery Centers [New Albany]	☒ Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Outreach Sites

Policy Objective

The Ohio State University Wexner Medical Center and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (The James) is committed to promptly resolving complaints at the first level of contact whenever possible.

The purpose of this policy is to provide guidelines for staff to respond and manage ~~patient/family~~ complaints and grievances; and to define the process for responding to ~~patient~~ grievances according to The Joint Commission and CMS Hospital Conditions of Participation.

The Ohio State University Wexner Medical Center Board has delegated the responsibility for review and resolution of all grievances received from patients of University Hospital, East Hospital, Brain and Spain Hospital, Richard M. Ross Heart Hospital (Ross Hospital), Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services and Ambulatory Surgery Centers to the OSU Wexner Medical Center Grievance Committee and Arthur G. James and Richard J. Solove Research Institute (The James) Grievance Committee for grievances received from patients of the James Cancer Hospital and Outreach Sites.

The Patient Experience Department is responsible for supporting the complaint management process and assuring patients are adequately educated regarding their rights to register complaints and concerns.

In order to achieve the highest level of satisfaction possible, and to provide protection of their rights, patients will be encouraged to report concerns.

Concerns from patients, families, visitors, or other members of the community will be received courteously, treated seriously, and dealt with promptly. The act of voicing a concern will not jeopardize the care a patient is currently receiving, nor any future access to appropriate care.

It is expected that the staff of University Hospital (including medical staff) and the James Cancer Hospital will respond to patient concerns promptly and offer reasonable and appropriate solutions.

Definitions

Term	Definition
Staff Present	1. Includes any hospital staff present at the time of the complaint or who can quickly be at the patients location (i.e. nursing, administration, nursing supervisors, patient advocate, etc.) to resolve the patient's complaint.
Complaint	1. A clinical care issue that is verbally conveyed by a patient or the patient's representative to staff and generally resolved within twenty-four (24) hours. 2. A complaint regarding discrimination on the basis of race, color, national origin, sex, age, or disability, unless unable to resolve within 24 hours. 3. A complaint such as not having a qualified interpreter available for a patient, patients spouse, family, and/or partner, even if the patient does not require an interpreter. 4. Minor service complaints such as housekeeping, bedding, billing issues and food. 5. Complaints regarding property loss. 6. Privacy and HIPAA complaints, unless unable to be resolved within twenty-four (24) hours.

Commented [PL1]: This is what's in the university policies and the language we updated in the patient rights, so I think we need to do the same here: age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, veteran status or ability to pay

Grievance	1. Any written complaint received from a patient or the patient's representative regarding clinical care, whether from an inpatient, outpatient or released/discharged patient. An e-mail or facsimile (fax) will be considered to be "written". 2. Verbal complaints about clinical care that are not resolved by staff at the time of the complaint, generally within twenty-four (24) hours, and made by a patient or the patient's representative. 3. All verbal or written complaints regarding: a. Abuse, neglect, patient harm; b. Hospital compliance with CMS Hospital Conditions of Participation (CoP); and c. Medicare Beneficiary Billing complaints related to rights and limitations provided by 42CFR§489. 4. Any complaint that the patient, or their representative, requests be handled as a formal grievance. 5. Any complaint where a written response from the hospital is requested by the patient or their representative. 6. Post-discharge complaints, made by a patient or their representative, related to clinical care or services during a stay shall be considered grievances, unless the complaint would have routinely been handled by staff generally within ~~twenty four~~twenty-four (24) hours had the communication occurred during the stay or visit. In this instance, the communication will be considered a complaint.

Policy Details

1. Staff Reporting Complaints via the Hospital's Intranet Site (~~OneSource~~MyTools)
    1. Staff members are encouraged to enter non-clinical complaints directly into the Complaint Management Database on the hospital's intranet site, ~~OneSource~~MyTools.
    2. The Complaint Management Database provides a mechanism for tracking and reporting complaint data, as well as coordinating timely follow-up.
    3. All verbal or written complaints regarding quality of care issues, abuse, neglect or patient harm shall be entered into the Patient Safety Reporting System for appropriate investigation and follow-up.

2. Patients or Visitors Reporting Complaints via Telephone
    1. Complaints about care delivered at University Hospital, Ross Hospital, Dodd Rehabilitation and Brain and Spain Hospital, Ambulatory or the Specialty Primary Care Network may be directed to the Patient Experience Department at 1-614-293-8944.
    2. Complaints about care delivered at The James may be directed to James Patient Experience at 1-614-293-8609.
    3. Complaints about care delivered at East Hospital may be directed to East Patient Experience at 1-614-257-2310.
    4. Complaints about care delivered at Harding Hospital may be directed to Harding Patient Experience at 1-614-688-8941.
    5. After regular business hours, complaints may be escalated to the Hospital Administrative Manager or Nursing Supervisor for each location.

3. Procedures for Complaints
    1. All clinical care complaints handled within 24 hours should be referred to the attending physician or manager for appropriate follow-up and entered in the Complaint Management Database.
    2. All non-clinical complaints should be referred to the appropriate department manager for follow-up.
    3. Patient Experience will forward all issues regarding property loss to the Property Loss Committee and enter the issue into the Complaint Management Database.
    4. Privacy and HIPAA complaints will be forwarded to the HIPAA Privacy Officer.
    5. When complaints cannot be immediately resolved by the staff member to whom they were reported, the complaint should be reported to the supervisor or manager for resolution and entered into the Complaint Management Database.
    6. Patient Experience staff will act as a liaison for the patient by representing their interests and facilitating communication with appropriate individuals within the Medical Center.
    7. Any complaints under the protected classes (age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, or veteran status) will be sent over to the Office of Institutional Equity (OIE) for further collaborative review in accordance with the university Affirmative Action and ~~,~~ Equal Employment Opportunity & Non-Discrimination, ~~/~~Harassment and Sexual Misconduct policies.

OIE will serve as the primary contact for any further investigation outside of the OSUWMC/The James complaint process.

4. Procedures for Grievances
   1. When notified, Patient Experience or the appropriate manager will respond and investigate grievances regarding patients who are currently located within the hospital setting.
   2. Situations that endanger (e.g. neglect or abuse) the patient should be addressed immediately by the appropriate staff member.
   3. When appropriate, Risk Management may initiate a review of a grievance.
   4. Patient Experience will serve as the primary liaison to the patient, and may consult Risk Management as needed.
   5. If the grievance is from a written source, or reported after the patient has left the facility, Patient Experience will initiate contact with the complainant.
   6. Clinical Care Grievances
      a. Clinical care grievances should be entered in the Patient Safety Reporting System, in accordance with the Patient Safety & Event Reporting 04-05.
      b. Following initial contact with the complainant, Patient Experience will ~~arrange a meeting~~ address the grievance between the patient, or their representative, and the appropriate hospital representatives based on the nature of the grievance (e.g. attending physician, nurse manager, clinic manager) ~~attending physician~~ to assure that the patient's concerns have been addressed ~~and that the patient's expectations have been met~~.
      ~~c. Patient Experience will work collaboratively with the patient, or their representative, and the attending physician to resolve the grievance.~~
   7. Non-Clinical Care Grievances
      a. Non-clinical grievances should be entered into the Complaint Management Database.
      b. Following initial contact with the complainant, Patient Experience will facilitate communication and dialogue between the patient, or their representative, and the appropriate hospital representatives based on the nature of the non-clinical care grievance (e.g. attending physician, nurse manager, clinic manager) ~~manager~~ to assure that the patient's concerns have been addressed. ~~and their patient's expectations have been met.~~
   ~~8. Patient Experience will work collaboratively with the patient and manager to resolve the grievance.~~
   ~~9.~~8. Typically, a grievance will be considered resolved when the patient is satisfied with the actions taken on their behalf.
      a. However, there may be situations where the Hospital has taken appropriate and reasonable actions on the patient's behalf in order to resolve the patient's grievance and the patient or the patient's representative remains unsatisfied with the Hospital's actions. In these situations, the Hospital may consider the grievance to be closed.
      b. Patient Experience must maintain documentation of its efforts and demonstrate compliance with this policy.
   ~~10.~~9. A written response to all grievances shall be submitted to the patient, or their representative, by the Patient Experience representative or other appropriate individual within seven (7) business days regarding the disposition of the grievance.
      a. Included in the written response will be:
         i. The name of the hospital;
         ii. The steps taken on behalf of the patient to investigate and resolve the grievance;
         iii. The results of the grievance process; and
         iv. The date of completion.
      b. All grievance response letters will be mailed to the patient's or patient's representative's home address unless otherwise indicated.
      c. If the grievance is received via email, the response may be sent via email.
   ~~11.~~10. There may be complications or circumstances, which will not allow every grievance to be resolved during the seven (7) day timeframe.
      a. If a response will take longer than seven (7) business days, the patient should be contacted by Patient Experience and advised that the hospital is still working to resolve the grievance.
      b. The patient or the patient's representative should be contacted a minimum of every fourteen (14) business days by Patient Experience until the grievance is responded to in writing.

c. If the grievance is not resolved within 30 days, it must be reviewed by the OSU Wexner Medical Center Grievance Committee or The James Grievance Committee.

~~12.~~11. A copy of the written response shall be retained by Patient Experience.

~~13.~~12. Any grievances under the protected classes (age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, or veteran status) will be sent over to the Office of Institutional Equity for further collaborative review in accordance with the university Affirmative Action and~~,~~ Equal Employment Opportunity & Non-Discrimination, ~~/~~Harassment and Sexual Misconduct policies. OIE will serve as the primary contact for any further investigation outside of the OSUWMC/The James grievance process.

5. Reporting Complaints via Patient Satisfaction Surveys
   1. Information obtained from patient satisfaction surveys will not be considered a grievance, except:
      a. If an identified patient writes or attaches a written complaint on the survey and requests resolution (i.e. requests an act or response), then the complaint shall be considered a grievance.
      b. If an identified patient writes or attaches a written complaint on the survey and does not request resolution, then the hospital shall treat this as a grievance if the hospital would usually treat such a complaint a grievance.
   2. Patient Experience will work collaboratively with the patient, or their representative, and the appropriate business unit to resolve the grievance when resolution has been requested by the patient.

6. Grievance Committees
   1. The Ohio State University Wexner Medical Center Board has delegated oversight of the grievance management process to the Grievance Committees of~~for~~ the OSU Wexner Medical Center and the James Cancer Hospital to review and resolve the grievances of the hospital where the patient is receiving care.
   2. The OSU Wexner Medical Center Grievance Committee is comprised of the Wexner Medical Center Chief Quality Officer, Chief Clinical Officer and the hospital Chief Executive Officer or their respective designees to review and resolve the grievances the hospital receives.
   3. The James Grievance Committee is comprised of the James Executive Director of Patient Services, James Chief Medical Officer, Chief Nursing Officer, Director of James Quality and Patient Safety, Director of Patient Experience, or their respective designees to review and resolve grievances the hospital receives.
   4. The OSU Wexner Medical Center and The James Hospital Grievance Committees functions to:
      a. Facilitate grievance resolution when necessary;
      b. Review grievances quarterly to evaluate effectiveness of the resolution process;
      c. Complete an OSU Wexner Medical Center and James Cancer Hospital annual summary report for presentation to the Ohio State University Wexner Medical Center Board;
      d. Submit patterns and trends to the Quality and Patient Safety Department for possible incorporation into a hospital performance improvement plan; and
      e. Recommend operational modifications to senior hospital leadership in the event an immediate correction is necessary as a result of a patient grievance.
7. Complaints and grievances entered in the OSUWMC/The James Patient Advocacy Reporting System (PARS) may be analyzed for patterns related to professionals' behavior and performance. Refer to the Patient Advocacy Reporting System policy.

Resources

Related Policies

Affirmative Action and Equal Employment Opportunity
Non-Discrimination, Harassment, and Sexual Misconduct
Patient Advocacy Reporting System
~~Patients Rights and Responsibilities 03-23~~
Patient Rights and Responsibilities 03-23
Patient Safety & Event Reporting 04-05
~~Affirmative Action, Equal Employment Opportunity & Non-Discrimination/Harassment~~

Related References
CFR §482.13 (a)(2)

Staff Reporting Resources on OneSource
Complaint Management Database
Patient Safety Reporting System

Patient Reporting Resources
Patients may choose to go directly to one of the reporting agencies listed below:

The Ohio Department of Health (ODH)
http://www.odh.ohio.gov/contactus.aspx
Complaints – Healthcare Facilities and Nursing Homes 246 North High Street
Columbus, Ohio 43215
Toll Free: 1-800-342-0553
E-Mail: HCComplaints@odh.ohio.gov

The Ohio Department of Health
Complaints – Health Care Facility Complaint Hotline
Toll Free: 1-800-669-3534

KePRO Inc.
http://www.ohiokepro.com/aboutus/contacts.aspx
Ohio KePRO Rock Run Center, Suite 100
5700 Lombardo Center
Seven Hills, Ohio 44131 Phone: 1-216-447-9604
E-Mail: webmaster@ohiokepro.com

The Joint Commission
http://www.jointcommission.org
Office of Quality Monitoring
1 Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
Office of Quality Monitoring Toll Free: 1-800-444-6610
To File a Complaint: http://www.jointcommission.org/report_a_complaint.aspx

U.S. Department of Health and Human Services- Office for Civil Rights Region V- Ohio
http://www.hhs.gov/ocr
Office for Civil Rights
233 N. Michigan Avenue, Suite 240
Chicago, Illinois 60601
Phone: 1-312-886-2359
To File a Complaint: http://www.hhs.gov/ocr/civilrights/complaints/index.html

Ohio Department of Mental Health & Addiction Services
http://mha.ohio.gov/
Ohio Department of Mental Health 30 E. Broad Street, 8th Floor
Columbus, Ohio 43215
Phone: 1-614-466-2596
E-Mail: questions@mha.ohio.gov
For Information about Client Rights and Resources: http://mha.ohio.gov/Default.aspx?tabid=157

Disability Rights Ohio

http://www.disabilityrightsohio.org
50 W. Broad Street, Suite 1400
Columbus, Ohio 43215-5923
Phone: 1-614-466-7264
For Assistance: http://www.disabilityrighsohio.org/get-help-now

Patient Experience
For further questions regarding the hospital's policy on Patient Complaint Management, please contact either:
James Cancer Hospital Patient Experience
Phone: 1-614-293-8609 Toll Free: 1-866-993-8609
E-Mail: James.PatientExperience@osumc.edu

University Hospital Patient Experience
Phone: 1-614-293-8944

East Hospital Patient Experience
Phone: 1-614-257-2310

Harding Hospital Patient Experience
Phone: 1-614-688-8941

Contacts

Office	Telephone
Patient Experience: University Hospital	614-293-8944
Patient Experience: East Hospital	614-257-2310
Patient Experience: The James	614-293-8609

History

The Ohio State University Wexner Medical Center		
Approved By (List All Committees): 1. UH Medical Staff Administrative Committee 2. Quality Professional Affairs Committee 3. Wexner Medical Center Board 4. Policy Oversight Committee	*Approval Date:* 1. 5/17/2019 2. 5/28/2019 3. 5/29/2021 4. 8/26/2021	*Issue Date:* 10/14/1991 *Effective Date:* 9/8/2021
Review Cycle: ☐ 2 years ☒ 3 years	*Prior Approval Date(s)*: 9/10/2014; 10/5/2017; 5/29/2019	

Arthur G. James Cancer Hospital and Richard J. Solove Research Institute		
Approved By (List All Committees): 1. The James Medical Staff Administrative Committee 2. Quality Professional Affairs Committee 3. Wexner Medical Center Board 4. Policy Oversight Committee	*Approval Date:* 1. 5/17/2019 2. 5/28/2019 3. 5/29/2021 4. 8/26/2021	*Issue Date:* 10/14/1991 *Effective Date:* 9/8/2021
Review Cycle: ☐ 2 years ☒ 3 years	*Prior Approval Date(s)*: 9/10/2014; 10/5/2017; 5/29/2019	

DIRECT PATIENT CARE SERVICES CONTRACTS AND PATIENT IMPACT SERVICE CONTRACTS EVALUATION

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the annual review of the direct patient care services contracts and patient impact service contracts for the hospitals at the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the Ohio State University Hospitals direct patient care services contracts and patient impact service contracts are evaluated annually to review the scope, nature and quality of services provided to clinical departments and personnel who provide care and services for inpatient and outpatient care at University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital; and

WHEREAS the annual review of these contracts was approved by the Medical Staff Administrative Committee (University Hospitals) on April 13, 2022; and

WHEREAS on April 26, 2022, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the direct patient care services contracts and patient impact service contracts for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the annual review of the direct patient care services contracts and patient impact service contracts for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital as outlined in the attached University Hospitals Contracted Services Annual Evaluation Report.

University Hospitals
FY2022 Contracted Services Evaluation

Name of Contracted Service	Contract Category	Contract Description
ADVANCED ACCELERATOR APPLICATIONS USA	Patient Impact Service	Nuclear pharmacy drugs
American Kidney Stone Management	Direct Patient Care	Provider of lithotripsy services
American Orthopedics	Patient Impact Service	Prosthetics & orthotics provider
AMN	Direct Patient Care	Contracted Nursing Staff
ARJO Inc.	Patient Impact	Bariatric and Therapeutic Beds
ASIST Translation Services	Direct Patient Care	Translation and interpretation services
AYA	Direct Patient Care	Contracted Nursing Staff
Bellingham Aviation Services, LLC	Patient Impact Service	Transplant for air and ground
Blue Ribbon Meats	Patient Impact Service	Food supplier
Buckeye Transplant	Patient Impact Service	Process of screening organ donors, providing 24/7 services
Cardiac Health Solutions, Inc.	Direct Patient Care	Blood pressure monitoring equipment
CARDINAL HEALTH 414 LLC	Patient Impact Service	Nuclear pharmacy drugs
Chaplaincy	Patient Impact/ Professional Service	Contracted chaplaincy services providing direct pastoral / spiritual support to patients and families
Cincinnati Children's Hospital	Patient Impact Service	Reference laboratory services
Comtex	Patient Impact Service	Linen service
CURIUM PHARMA	Patient Impact Service	Nuclear pharmacy drugs
DASCO HOME MEDICAL EQUIPMENT INC/Ohio State Home Medical Equipment	Direct Patient Care	Provider of home medical supplies
Day Funeral Service	Patient Impact Service	Funeral and cremation service provider
Deaf Services Center Inc	Direct Patient Care	ASL interpreting services
DispatchHealth	Direct Patient Care	In-home medical care provider
EPIC	Patient Impact Service	Clinical care application interface

Name of Contracted Service	Contract Category	Contract Description
Fairfield Medical Center	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Freedom Medical Inc.	Direct Patient Care	Medical equipment provider
GE HEALTH NUCLEAR	Patient Impact Service	Nuclear pharmacy drugs
Genesis Health Care System	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Guardianship Service Board	Patient Impact Service	Establish guardianship for patients
Hardin Memorial Hospital	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
ICON	Direct Patient Care	Medical staffing agency providing locum tenens CRNAs
Innovative Medical Systems INC HUGS	Patient Impact Service	Infant and pediatric security service
INTERMETRO INDUSTRIES CORP	Patient Impact Service	Medical, crash and utility carts provider
Jennifer Gebhart; Michele Vale	Direct Patient Care	Yoga services
JUBILANT DRAXIMAGE	Patient Impact Service	Nuclear pharmacy drugs
Kettering Medical Center	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Knox Community Hospital	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Langer Biomechanics	Patient Impact Service	Custom orthotics provider
Language Line Solutions Inc / Pacific Interpreters	Direct Patient Care	Interpreting, translation services, localization, and interpreter training. Connect to a professional interpreter 24/7
Lantheus Medical	Patient Impact Service	Supplier of diagnostic imaging agents
Lemongrass Fusion Bistro	Patient Impact Service	Guest restaurant that provides meals for sale in the BistrOH! cafe
Lifeline of Ohio Organ Procurement, Inc.	Patient Impact Service	Organ Procurement Organization
LindeGas North America, LLC	Patient Impact	Supplier of medical gases
Mary Rutan Hospital	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
MedCare Ambulance	Direct Patient Care	Ambulance transportation services
MedFlight	Direct Patient Care	Not-for-profit, air and ground critical care transportation company
Memorial Health System	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Memorial Hospital	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Messer Inc.	Patient Impact Service	Medical gas provider

Name of Contracted Service	Contract Category	Contract Description
National Marrow Donor Program	Direct Patient Care	Blood and Marrow Transplant Program
Nationwide Children's Hospital - Reference Laboratory	Patient Impact Service	Reference laboratory services
NATIONWIDE CHILDRENS HOSPITAL INC.	Direct Patient Care	NICU physicians
NCH pediatric echo	Direct Patient Care	Pediatric echocardiograms
NORA	Patient Impact Service	Transplant for air and ground
Nuance Communications Inc.	Patient Impact Service	Radiology software to review results
Nuvasive Clinical Svcs Monitoring Inc	Direct Patient Care	Intraoperative Neurological monitoring
Ohio Health Marion General	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Premier Produce One	Patient Impact Service	Provides food supply
PRESS GANEY ASSOCIATES INC	Patient impact/ Professional Service	Patient satisfaction survey vendor
Quality Assured Services, Inc. dba Acelis Connected Health Supplies	Patient Impact Service	VAD equipment and monitoring for VAD patients
SBH Medical LTD	Patient Impact Service	Order medications weekly from the company
Sentry Imaging Services LLC	Patient Impact Service	Cleaning service of radiology equipment
Siemens Healthineers	Patient Impact	Yearly parts and labor usage for medical equipment
Siemens	Direct Patient Care	Provides agency staff until candidates are hired
SIPS CONSULTS	Patient Impact/Professional Service	Third party central sterile processing technicians
Southeastern Ohio Regional Medical Center	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Southwest General Health Center	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Thai Palace Inc	Patient Impact Service	Guest restaurant that provides meals for sale in the BistrOH! cafe
Thrive Behavioral Health	Direct Patient Care	Peer recovery support to patients in the EDs and in Talbot Hall
Towne Park Holdings	Patient Impact Service	Valet services
TxJet, Inc.	Patient Impact Service	Transplant for air and ground

Name of Contracted Service	Contract Category	Contract Description
UC Health LLC	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
University Hospitals Health System	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
US Foods Inc	Patient Impact Service	Provides food supply
US Together Inc	Direct Patient Care	Local interpretation service
Versiti	Direct Patient Care	Blood donation center
Versiti Wisconsin reference laboratory	Patient Impact Service	Transfusion service reference laboratory
Vitalent	Direct Patient Care	Collects blood from volunteer donors and provides blood, blood products and services

Services OSUWMC Purchases from The James

Service	Contract Category	Description
Apheresis Nurse Services	Direct Patient Care	On call, emergency Apheresis services for patients based on need
Chemotherapy Nurse Float Pool Services	Direct Patient Care	Patients receiving chemotherapy outside of The James
Emergency Oncology Services	Direct Patient Care	Oncology nurses, PCA, UCA, Patient Flow Coordinators, SANE nurses for ED oncology pod on 24/7 basis
Environmental Management Services	Patient Impact	Provides custodial/janitorial workers at Primary Care New Albany, Dodd/Davis, Harding Hospital, Primary Care Westerville, Primary Care Pickerington, Primary Care Dublin and McCampbell Hall
Equipment Distribution Services	Patient Impact	Maintain equipment stock, monitor inventory levels and manages all equipment needs; collaborates with purchasing and clinical engineering
High-Level Disinfection and Ambulatory Sterilization Services	Patient Impact	High-level disinfection and sterilization services
Interventional Radiology Call Services	Direct Patient Care	Radiologic services based on need outside of normal business hours
Interventional Radiology Technician Services	Direct Patient Care	Radiologic services based on need

Service	Contract Category	Description
Infusion Services	Direct Patient Care	Nursing infusion services
Nutrition Services	Direct Patient Care	Provide meals to patients, staff, and visitors
Nursing Float Pool Services	Direct Patient Care	Nursing services through James float pool
Laboratory Services	Direct Patient Care	Lab services as defined by the Test Catalog of The James laboratories; Emergency Laboratory Services
Materials Management Services	Patient Impact	Supplies acquisitions and inventory control; software execution; supply rooms for Critical Care, Progressive Care and Emergency Departments.
Officer of the Day Services	Patient Impact	Review surgical case movement on a daily basis; review predictable pattern to better utilize OR for main campus pavilions
Pastoral Care Services	Direct Patient Care	0.10 FTE Chaplain and 0.40 FTE residents providing direct pastoral / spiritual support to patients and families of OSUWMC
Perioperative Policy and Procedure Support Services	Patient Impact	Research, edit, update and educate on perioperative policies and procedures
Pharmacy Services	Direct Patient Care	Administrative and operational support; clinical pharmacist support and Quality and Safety Support
Radiologic Services	Direct Patient Care	MR, CT, X-ray, Flouroscopy, Interventional Radiology, Ultrasound, Nuclear Medicine at The James or Spielman Breast Center
Wound Ostomy Services	Direct Patient Care	Wound ostomy services

Services The James purchases from OSUWMC

Service	Contract Category	Description
Acute Hemodialysis Nurse Services	Direct Patient Care	As ordered by a nephrologist, Acute Hemodialysis Services are provided to The James' patients on a daily basis during normal business hours; Emergency Acute Hemodialysis Services are available, via on call
Central Sterile Processing Services	Patient Impact	All duties related to cleaning and decontamination of general and specialty surgical instruments, power equipment, endoscopes, as

Service	Contract Category	Description
		well sterilization, preparation & packaging, and delivery of surgical instruments and supplies to the James operating room
Clinical Engineering Services	Patient Impact	Assurance of the accuracy, safety, and proper performance of electrical and non-electrical medical equipment
Credentialing Services	Patient Impact	Facilitate initial appointments, reappointments, and privileging of Medical Staff, Limited Staff and Advance Practice Providers in addition to regulatory compliance.
Fetal and Uterine Nurse Monitoring Services	Direct Patient Care	Fetal and Uterine Monitoring Services include, but are not limited to, fetal movement assessment, auscultation, electronic fetal monitoring, non-stress test, contraction stress test, fetal biophysical profile, and modified biophysical profile
Heart and Vascular Services	Direct Patient Care	Provide cardiovascular imaging testing, vascular studies, MRI/MRAs, CT/CTAs; TEEs; nuclear studies; stress testing
Interventional Radiology Call Services	Direct Patient Care	Provide a call team, consisting of one (1) IR nurse and one (1) IR Technician, to cover all of The James' after hours calls and services
Interventional Radiology Technician Services	Direct Patient Care	Confirm and review order from an authorized practitioner; manage supplies; assist in preparation for procedures, obtain radiographic procedural imaging for patients
Laboratory Services	Direct Patient Care	Laboratory tests and emergency laboratory services
Legal Services	Professional Service	On-call legal and risk management consultative services; provision of legal consultation and legal review of new-risk related policies and policy changes for The James.
Medical Information Management Services	Patient Impact	Provide storage and retrieval, document imaging, regulatory and compliance in documentation and completion of medical records, hospital coding of diagnoses and procedures, protected health information privacy, medical record forms management and electronic health record support and development
Nursing Float Pool Services	Direct Patient Care	Provide RNs in the event of unexpected surges in case volume or low staff numbers
Nutrition Services	Direct Patient Care	Responsible for daily operation of enumerated dietary services for The James and has associated responsibility for implementing The James's vision and direction for The James's Nutrition Services.
Occupational Health and Wellness	Professional Service	Provide new hire screening, faculty and staff injuries, manage blood and body fluid exposures, annual vaccinations

Service	Contract Category	Description
Operating Room Nurse Float Pool Services	Direct Patient Care	Provide RNs and/or surgical technicians to offset unexpected surges in case volume or low staff numbers due to vacancies or use of benefit time
Pastoral Care Services	Direct Patient Care	0.30 FTE staff member shall be dedicated to providing Pastoral Care Services
Pharmacy Services	Direct Patient Care	Administrative support and leadership, drug dispensing and compounding, dispensing technology and maintenance, clinical pharmacy services, cost monitoring, Epic applications, medication error reporting
Physician Advisor Services	Direct Patient Care	Provide second-level medical necessity of review of appropriate level of care cases
Radiologic Services	Direct Patient Care	Supply diagnostic and therapeutic radiology services to The James
Registration Services	Patient Impact	Provide a complete registration for The James' patients in OSUWMC's and The James' joint EMR system according to organizational guidelines
Rehabilitation Services	Direct Patient Care	Oversees James Acute Rehab team
Respiratory and Pulmonary Services	Direct Patient Care	Delivery of all inhaled respiratory therapy medications, airway clearance techniques, ventilator management, nocturnal and continuous bilevel positive airway pressure, continuous positive airway pressure, and non-invasive mechanical ventilation.
Security Services	Patient Impact	Provide safe and secure environment to staff, patients and visitors in all areas of The James.

DIRECT PATIENT CARE SERVICES CONTRACTS AND PATIENT IMPACT SERVICE CONTRACTS EVALUATION

THE OHIO STATE UNIVERSITY HOSPITALS COMPREHENSIVE CANCER CENTER
ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: Approval of the annual review of the direct patient care services contracts and patient impact service contracts for the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

WHEREAS the mission of The James is to eradicate cancer from individuals' lives by generating knowledge and integrating groundbreaking research with excellence in education and patient-centered care; and

WHEREAS The James' direct patient care services contracts and patient impact service contracts are evaluated annually to review the scope, nature and quality of services provided to clinical departments and personnel who provide care and services for inpatient and outpatient care at The James; and

WHEREAS the annual review of these contracts was approved by the Medical Staff Administrative Committee (The James) on April 15, 2022; and

WHEREAS on April 26, 2022, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the direct patient care services contracts and patient impact service contracts for The James:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the annual review of the direct patient care services contracts and patient impact service contracts for The James as outlined in the attached James Contracted Services Annual Evaluation Report.

FY2022 Contracted Services Evaluation

Name of Contracted Service	Contract Category	Contract Description
ADVANCED ACCELERATOR APPLICATIONS USA	Patient Impact Service	Nuclear pharmacy drugs
American Kidney Stone Management	Direct Patient Care	Provider of lithotripsy services
American Orthopedics	Patient Impact Service	Prosthetics & orthotics provider
AMN	Direct Patient Care	Contracted nursing staff
ARJO Inc.	Patient Impact	Bariatric and Therapeutic Beds
ASIST Translation Services	Direct Patient Care	Translation and interpretation services
AYA	Direct Patient Care	Contracted nursing staff
Bellingham Aviation Services, LLC	Patient Impact Service	Transplant for air and ground
Blue Ribbon Meats	Patient Impact Service	Food supplier
Buckeye Transplant	Patient Impact Service	Process of screening organ donors, providing 24/7 services
Cardiac Health Solutions, Inc.	Direct Patient Care	Blood pressure monitoring equipment
CARDINAL HEALTH 414 LLC	Patient Impact Service	Nuclear pharmacy drugs
Chaplaincy	Patient Impact/ Professional Service	Contracted chaplaincy services providing direct pastoral / spiritual support to patients and families
Cincinnati Children's Hospital	Patient Impact Service	Reference laboratory services
Comtex	Patient Impact Service	Linen service
CURIUM PHARMA	Patient Impact Service	Nuclear pharmacy drugs
DASCO HOME MEDICAL EQUIPMENT INC/Ohio State Home Medical Equipment	Direct Patient Care	Provider of home medical supplies
Day Funeral Service	Patient Impact Service	Funeral and cremation service provider
Deaf Services Center Inc	Direct Patient Care	ASL interpreting services
DispatchHealth	Direct Patient Care	In-home medical care provider
EPIC	Patient Impact Service	Clinical care application interface
Fairfield Medical Center	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients

Name of Contracted Service	Contract Category	Contract Description
Freedom Medical Inc.	Direct Patient Care	Medical equipment provider
GE HEALTH NUCLEAR	Patient Impact Service	Nuclear pharmacy drugs
Genesis Health Care System	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Guardianship Service Board	Patient Impact Service	Establish guardianship for patients
Hardin Memorial Hospital	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
ICON	Direct Patient Care	Medical staffing agency providing locum tenens CRNAs
Innovative Medical Systems INC HUGS	Patient Impact Service	Infant and pediatric security service
INTERMETRO INDUSTRIES CORP	Patient Impact Service	Medical, crash and utility carts provider
Jennifer Gebhart; Michele Vale	Direct Patient Care	Yoga services
JUBILANT DRAXIMAGE	Patient Impact Service	Nuclear pharmacy drugs
Kettering Medical Center	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Knox Community Hospital	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Langer Biomechanics	Patient Impact Service	Custom orthotics provider
Language Line Solutions Inc / Pacific Interpreters	Direct Patient Care	Interpreting, translation services, localization, and interpreter training. Connect to a professional interpreter 24/7
Lantheus Medical	Patient Impact Service	Supplier of diagnostic imaging agents
Lemongrass Fusion Bistro	Patient Impact Service	Guest restaurant that provides meals for sale in the BistrOH! cafe
Lifeline of Ohio Organ Procurement, Inc.	Patient Impact Service	Organ Procurement Organization
LindeGas North America, LLC	Patient Impact	Supplier of medical gases
Mary Rutan Hospital	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
MedCare Ambulance	Direct Patient Care	Ambulance transportation services
MedFlight	Direct Patient Care	Not-for-profit, air and ground critical care transportation company

Name of Contracted Service	Contract Category	Contract Description
Memorial Health System	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Memorial Hospital	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Messer Inc.	Patient Impact Service	Medical gas provider
National Marrow Donor Program	Direct Patient Care	Blood and Marrow Transplant Program
Nationwide Children's Hospital - Reference Laboratory	Patient Impact Service	Reference laboratory services
NATIONWIDE CHILDRENS HOSPITAL INC.	Direct Patient Care	NICU physicians
NCH pediatric echo	Direct Patient Care	Pediatric echocardiograms
NORA	Patient Impact Service	Transplant for air and ground
Nuance Communications Inc.	Patient Impact Service	Radiology software to review results
Nuvasive Clinical Svcs Monitoring Inc	Direct Patient Care	Intraoperative Neurological monitoring
Ohio Health Marion General	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Premier Produce One	Patient Impact Service	Provides food supply
PRESS GANEY ASSOCIATES INC	Patient impact/ Professional Service	Patient satisfaction survey vendor
Quality Assured Services, Inc. dba Acelis Connected Health Supplies	Patient Impact Service	VAD equipment and monitoring for VAD patients
SBH Medical LTD	Patient Impact Service	Order medications weekly from the company
Sentry Imaging Services LLC	Patient Impact Service	Cleaning service of radiology equipment
Siemens Healthineers	Patient Impact	Yearly parts and labor usage for medical equipment
Siemens	Direct Patient Care	Provides agency staff until candidates are hired
SIPS CONSULTS	Patient Impact/Professional Service	Third party central sterile processing technicians
Southeastern Ohio Regional Medical Center	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Southwest General Health Center	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
Thai Palace Inc	Patient Impact Service	Guest restaurant that provides meals for sale in the BistrOH! cafe

Name of Contracted Service	Contract Category	Contract Description
Thrive Behavioral Health	Direct Patient Care	Peer recovery support to patients in the EDs and in Talbot Hall
Towne Park Holdings	Patient Impact Service	Valet services
TxJet, Inc.	Patient Impact Service	Transplant for air and ground
UC Health LLC	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
University Hospitals Health System	Direct Patient Care	Provides rehab locally for OSUWMC LVRS patients
US Foods Inc	Patient Impact Service	Provides food supply
US Together Inc	Direct Patient Care	Local interpretation service
Versiti	Direct Patient Care	Blood donation center
Versiti Wisconsin reference laboratory	Patient Impact Service	Transfusion service reference laboratory
Vitalent	Direct Patient Care	Collects blood from volunteer donors and provides blood, blood products and services

Services The James purchases from OSUWMC

Service	Contract Category	Description
Acute Hemodialysis Nurse Services	Direct Patient Care	As ordered by a nephrologist, Acute Hemodialysis Services are provided to The James' patients on a daily basis during normal business hours; Emergency Acute Hemodialysis Services are available, via on call
Central Sterile Processing Services	Patient Impact	All duties related to cleaning and decontamination of general and specialty surgical instruments, power equipment, endoscopes, as well sterilization, preparation & packaging, and delivery of surgical instruments and supplies to the James operating room
Clinical Engineering Services	Patient Impact	Assurance of the accuracy, safety, and proper performance of electrical and non-electrical medical equipment
Credentialing Services	Patient Impact	Facilitate initial appointments, reappointments, and privileging

Service	Contract Category	Description
		of Medical Staff, Limited Staff and Advance Practice Providers in addition to regulatory compliance.
Fetal and Uterine Nurse Monitoring Services	Direct Patient Care	Fetal and Uterine Monitoring Services include, but are not limited to, fetal movement assessment, auscultation, electronic fetal monitoring, non-stress test, contraction stress test, fetal biophysical profile, and modified biophysical profile
Heart and Vascular Services	Direct Patient Care	Provide cardiovascular imaging testing, vascular studies, MRI/MRAs, CT/CTAs; TEEs; nuclear studies; stress testing
Interventional Radiology Call Services	Direct Patient Care	Provide a call team, consisting of one (1) IR nurse and one (1) IR Technician, to cover all of The James' after hours calls and services
Interventional Radiology Technician Services	Direct Patient Care	Confirm and review order from an authorized practitioner; manage supplies; assist in preparation for procedures, obtain radiographic procedural imaging for patients
Laboratory Services	Direct Patient Care	Laboratory tests and emergency laboratory services
Legal Services	Professional Service	On-call legal and risk management consultative services; provision of legal consultation and legal review of new-risk related policies and policy changes for The James.
Medical Information Management Services	Patient Impact	Provide storage and retrieval, document imaging, regulatory and compliance in documentation and completion of medical records, hospital coding of diagnoses and procedures, protected health information privacy, medical record forms management and electronic health record support and development

Service	Contract Category	Description
Nursing Float Pool Services	Direct Patient Care	Provide RNs in the event of unexpected surges in case volume or low staff numbers
Nutrition Services	Direct Patient Care	Responsible for daily operation of enumerated dietary services for The James and has associated responsibility for implementing The James's vision and direction for The James's Nutrition Services.
Occupational Health and Wellness	Professional Service	Provide new hire screening, faculty and staff injuries, manage blood and body fluid exposures, annual vaccinations
Operating Room Nurse Float Pool Services	Direct Patient Care	Provide RNs and/or surgical technicians to offset unexpected surges in case volume or low staff numbers due to vacancies or use of benefit time
Pastoral Care Services	Direct Patient Care	0.30 FTE staff member shall be dedicated to providing Pastoral Care Services
Pharmacy Services	Direct Patient Care	Administrative support and leadership, drug dispensing and compounding, dispensing technology and maintenance, clinical pharmacy services, cost monitoring, Epic applications, medication error reporting
Physician Advisor Services	Direct Patient Care	Provide second-level medical necessity of review of appropriate level of care cases
Radiologic Services	Direct Patient Care	Supply diagnostic and therapeutic radiology services to The James
Registration Services	Patient Impact	Provide a complete registration for The James' patients in OSUWMC's and The James' joint EMR system according to organizational guidelines
Rehabilitation Services	Direct Patient Care	Oversees James Acute Rehab team
Respiratory and Pulmonary Services	Direct Patient Care	Delivery of all inhaled respiratory therapy medications, airway clearance techniques, ventilator management,

Service	Contract Category	Description
		nocturnal and continuous bilevel positive airway pressure, continuous positive airway pressure, and non-invasive mechanical ventilation.
Security Services	Patient Impact	Provide safe and secure environment to staff, patients and visitors in all areas of The James.

APPROVAL OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

Synopsis: Approval of the University Hospital Community Health Needs Assessment (CHNA), the James Cancer Hospital and Solove Research Institute CHNA and the implementation strategy, is proposed.

WHEREAS consistent with federal requirements, every three years a hospital organization must conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through the CHNA; and

WHEREAS the mission and strategic plan of the Wexner Medical Center is to improve health in Ohio and across the world through innovation in research, education and patient care; and

WHEREAS staff of The Ohio State University Wexner Medical Center participated in the creation of the Franklin County HealthMap 2022, which was led by the Central Ohio Hospital Council, Columbus Public Health, and Franklin County Public Health; and

WHEREAS the Franklin County HealthMap 2022 will be included in both the University Hospital CHNA and the James Cancer Hospital and Solove Research Institute CHNA, satisfying most of the federal requirements; and

WHEREAS the Franklin County HealthMap 2022 identified four priority health needs: 1) Basic Needs, 2) Racial Equity, 3) Behavioral Health, and 4) Maternal and Infant Wellness, which will be addressed through the implementation strategy; and

WHEREAS each hospital is asked to obtain approval from their respective hospital boards of the CHNA and the implementation strategy:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board approves the University Hospital Community Health Needs Assessment; and

BE IT FURTHER RESOLVED, That the Wexner Medical Center Board approves the James Cancer Hospital and Solove Research Center Community Health Needs Assessment; and

BE IT FURTHER RESOLVED, That the Wexner Medical Center Board approves the implementation strategy.

Community Health Needs Assessment and *HealthMap 2022*

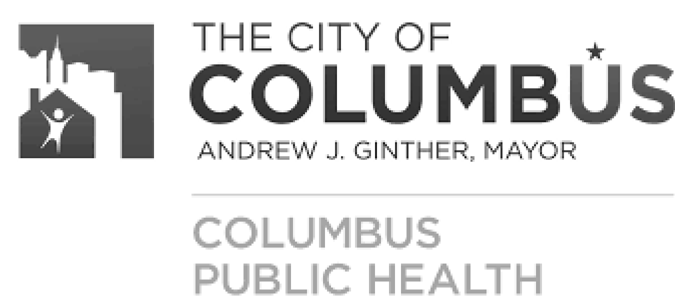
May 17, 2022

Community Health Needs Assessment (CHNA) and Implementation Strategy

Federally Mandated	Conduct Every Three Years	Approve	Make Available
As part of the Affordable Care Act, the federal government mandated hospitals conduct assessments of the wellness needs within a community.	Hospitals must conduct a CHNA every three years and use that assessment to devise a strategy to address identified needs.	Hospital governing bodies must approve the CHNA by the end of the Hospital's fiscal year.	Hospitals must make the CHNA publicly available, typically on websites.

What is the Franklin County *HealthMap?*

- The Central Ohio Hospital Council convened a steering committee representing hospitals, government, and community groups to develop the *2022 HealthMap*
- The *HealthMap*:
    - Provides the foundation for local hospitals' CHNAs
    - Helps drive initiatives that improve individual and community health



Franklin County
Public Health

Franklin County *HealthMap* 2022
Priority 1: Basic Needs

Specific indicators include:

- Housing security
- Financial stability
- Neighborhood safety (reduced crime)
- Food security
- Increased access to nutritious foods

Examples of OSU Wexner Medical Center Highlighted Projects:

- East Side Healthy Community Center
- Mid-Ohio Farmacy
- Joined the Healthcare Anchor Network
- Healthy State Alliance community health initiatives

Franklin County *HealthMap* 2022
Priority 2: Race Equity

Specific indicators include:

- Economic and housing stability
- Quality healthcare, mental health, and feelings of safety
- Maternal and infant health outcomes

Examples of OSU Wexner Medical Center Highlighted Projects:

- Anti-Racism Action Plan
- OSUCCC-James Diversity, Equity, and Inclusion Task Force
- Colorectal Cancer FIT Testing Project
- Community Valued Partners

Wexner Medical Center
and Health Science Colleges

ACTION
PLAN

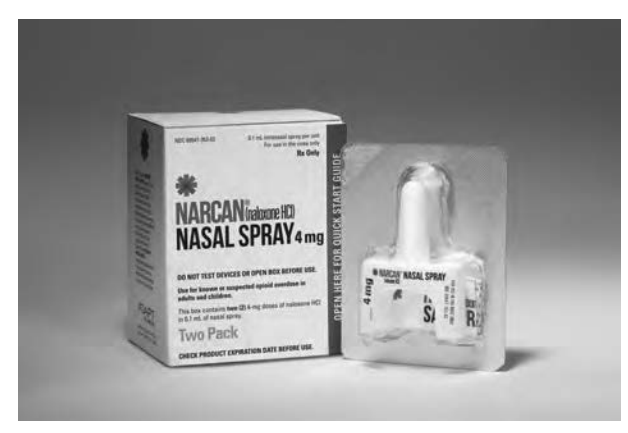
Franklin County *HealthMap* 2022
Priority 3: Behavioral Health

Specific indicators include:

- Access to mental health care resources
- Screening for mental health issues
- Decreased unintentional drug and alcohol deaths
- Youth mental health supports (clinical, social)

Examples of OSU Wexner Medical Center Highlighted Projects:

- Behavioral Health Immediate Care
- Early Psychosis Intervention Center (EPICENTER)
- Stress, Trauma and Resilience (STAR) program
- Naloxone training and distribution
- Residential treatment expansion at Talbot Hall



Franklin County *HealthMap* 2022
Priority 4: Maternal and Infant Wellness

Specific indicators include:

- Infant mortality
- Maternal pre-pregnancy health

Example of OSU Wexner Medical Center Highlighted Projects:

- Moms2B
- Maternal Fetal Medicine Expansion to Outpatient Care East
- Substance Abuse Treatment, Education and Prevention Program (STEPP)
- McCampbell Clinic Fourth Trimester Expansion

Thank You

The Ohio State University Wexner Medical Center
University Hospital

Community Health Needs Assessment 2022

As one of America's top-ranked academic health centers, our mission is to improve health in Ohio and across the world through innovation in research, education and patient care.

Mark Larmore, Interim Co-Leader and Chief Financial Officer

Andrew Thomas, MD, MBA, FACP, Interim Co-Leader and Chief Clinical Officer

410 W. 10th Ave.
Columbus, OH 43210

Board approval of CHNA Report:

Initial Web posting of CHNA Report:

Tax identification number:

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INTRODUCTION

Accreditation

- Ranked the No. 1 hospital in Columbus and No. 2 in Ohio in 2021 by *U.S. News & World Report*
- Ten nationally ranked and two high-performing specialties
- Ranked College of Medicine, seven hospitals, a network of primary and specialty care practices and more than 20 research centers and institutes
- The Most 'Top Doctors' in Central Ohio. More "Top Doctors" than any other central Ohio hospital. Our physicians were selected by Castle Connolly because they are among the very best in their specialties.
- The Ohio State Comprehensive Cancer Center – Arthur G. Cancer Hospital and Richard J. Solove Research Institute is one of only 71 National Cancer Institute-designated comprehensive cancer centers in the United States
- Named a 2021 Climate Champion by Health Care Without Harm

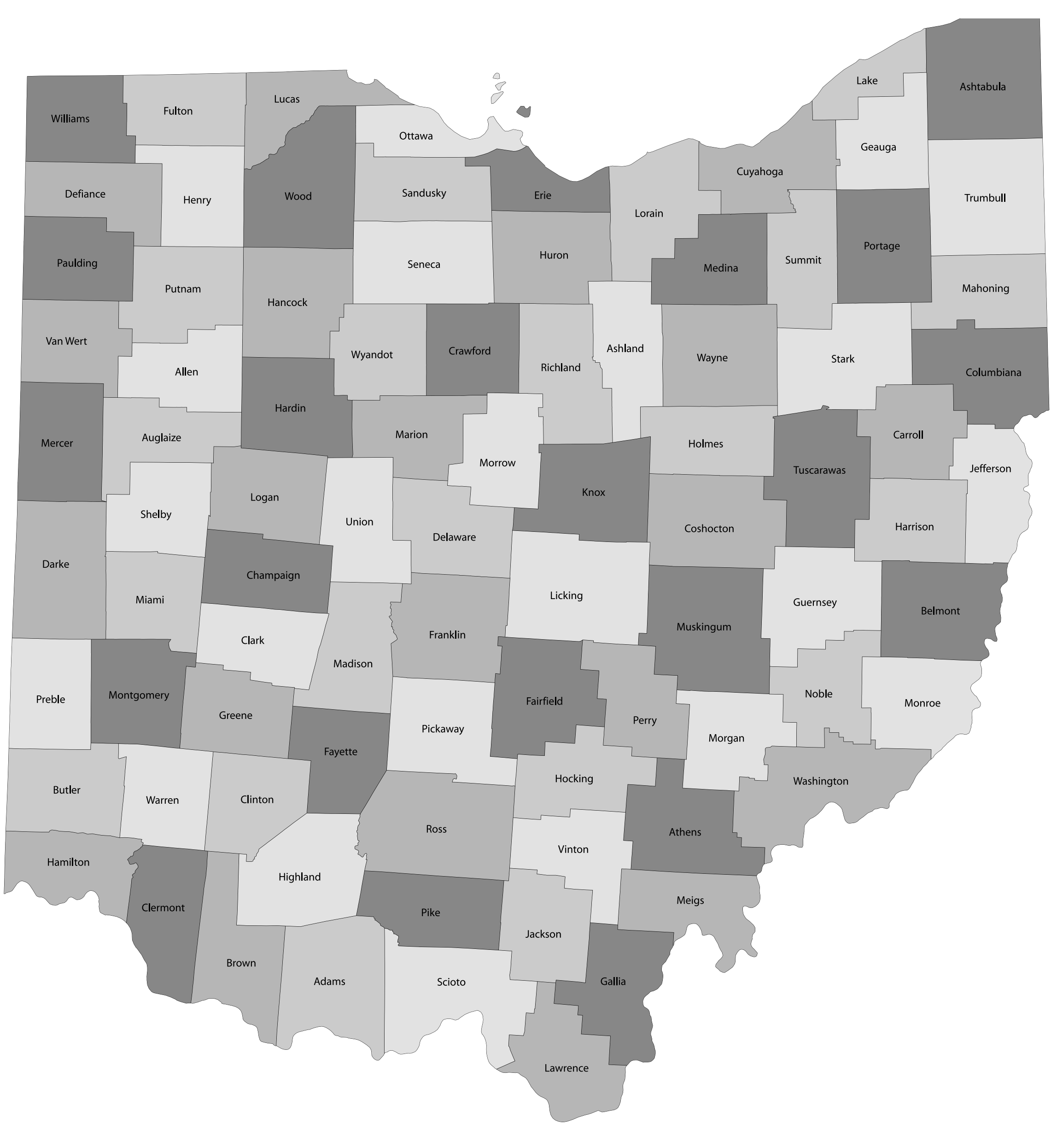
The Ohio State University Wexner Medical Center's University Hospital includes the following:

- Brain and Spine Hospital
- Dodd Rehabilitation Hospital
- East Hospital
- Harding Hospital
- Richard M. Ross Heart Hospital
- University Hospital

Ohio State's Comprehensive Cancer Center – James Cancer Hospital and Solove Research Institute (OSUCCC – James) is part of The Ohio State University and is one of the 71 comprehensive cancer centers.

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	CY21 Discharges				
Patient State	**Patient County**	**Main**	**East**	**Total**	**% of Total**
OH	Franklin	18,747	7,410	26,157	54%
	Delaware	1,308	137	1,445	3%
	Fairfield	1,303	129	1,432	3%
	Licking	1,171	163	1,334	3%
	Ross	891	65	956	2%
	Pickaway	865	56	921	2%
	Union	883	35	918	2%
	Logan	779	53	832	2%
	Madison	735	59	794	2%
	Muskingum	729	56	785	2%
	Clark	662	52	714	1%
	Richland	594	60	654	1%
	Knox	563	35	598	1%
	Scioto	472	30	502	1%
	Montgomery	465	34	499	1%
	Marion	450	37	487	1%
	Fayette	431	55	486	1%
	Allen	460	15	475	1%
	Crawford	437	22	459	1%
	Hocking	356	45	401	1%
	Perry	328	39	367	1%
	Jackson	331	32	363	1%
	Coshocton	316	23	339	1%
	Champaign	292	20	312	1%
	Belmont	279	30	309	1%
	Guernsey	282	18	300	1%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Athens	269	25	294	1%
	Highland	261	30	291	1%
	Pike	263	12	275	1%
	Gallia	222	27	249	1%
	Washington	214	18	232	0%
	Hancock	198	12	210	0%
	Miami	184	17	201	0%
	Wyandot	185	10	195	0%
	Greene	180	13	193	0%
	Warren	158	6	164	0%
	Morrow	146	10	156	0%
	Meigs	133	17	150	0%
	Lorain	148	1	149	0%
	Auglaize	138	9	147	0%
	Mercer	141	4	145	0%
	Hardin	136	5	141	0%
	Shelby	126	7	133	0%
	Vinton	123	10	133	0%
	Seneca	106	5	111	0%
	Noble	109	1	110	0%
	Wayne	95	11	106	0%
	Lawrence	91	10	101	0%
	Putnam	95	2	97	0%
	Hamilton	79	9	88	0%
	Clinton	72	7	79	0%
	Ashland	71	7	78	0%
	Monroe	67	8	75	0%
	Lucas	65	6	71	0%
	Butler	63	4	67	0%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Morgan	65	1	66	0%
	Jefferson	59	7	66	0%
	Adams	54	5	59	0%
	Van Wert	48	4	52	0%
	Tuscarawas	44	5	49	0%
	Darke	42	6	48	0%
	Preble	41	1	42	0%
	Stark	37	4	41	0%
	Cuyahoga	36	4	40	0%
	Trumbull	38		38	0%
	Clermont	36	2	38	0%
	Wood	28	6	34	0%
	Huron	24	5	29	0%
	Holmes	22	2	24	0%
	Columbiana	18	4	22	0%
	Summit	20	1	21	0%
	Mahoning	18	1	19	0%
	Medina	15		15	0%
	Harrison	11	4	15	0%
	Erie	13		13	0%
	Sandusky	12		12	0%
	Portage	6	1	7	0%
	Defiance	6		6	0%
	Lake	5	1	6	0%
	Ottawa	5	1	6	0%
	Fulton	4	2	6	0%
	Brown	5		5	0%
	Paulding	5		5	0%
	Carroll	4		4	0%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Henry	3	1	4	0%
	Ashtabula	2		2	0%
	Williams	1	1	2	0%
	Geauga	1		1	0%
Non-Ohio	673	90	763	2%	0%
Grand Total		**39,668**	**9,172**	**48,840**	**100%**

OSUCCC – JAMES

Time Frame	CY21 Discharges		
Patient State	**Patient County**	**Discharges**	**% of Total**
OH	Franklin	4,735	32%
	Delaware	707	5%
	Licking	643	4%
	Fairfield	519	4%
	Montgomery	379	3%
	Richland	328	2%
	Ross	282	2%
	Muskingum	280	2%
	Clark	270	2%
	Logan	254	2%
	Allen	252	2%
	Pickaway	239	2%
	Union	227	2%
	Scioto	223	2%
	Madison	210	1%
	Athens	198	1%

OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Knox	195	1%
	Marion	190	1%
	Crawford	161	1%
	Greene	156	1%
	Perry	149	1%
	Hocking	147	1%
	Champaign	143	1%
	Hancock	141	1%
	Jackson	140	1%
	Coshocton	130	1%
	Miami	127	1%
	Auglaize	126	1%
	Guernsey	125	1%
	Belmont	122	1%
	Mercer	120	1%
	Fayette	105	1%
	Washington	99	1%
	Morrow	96	1%
	Lawrence	95	1%
	Butler	92	1%
	Shelby	90	1%
	Pike	89	1%
	Highland	87	1%
	Gallia	81	1%
	Warren	69	0%
	Putnam	68	0%
	Hamilton	64	0%
	Darke	60	0%
	Seneca	60	0%

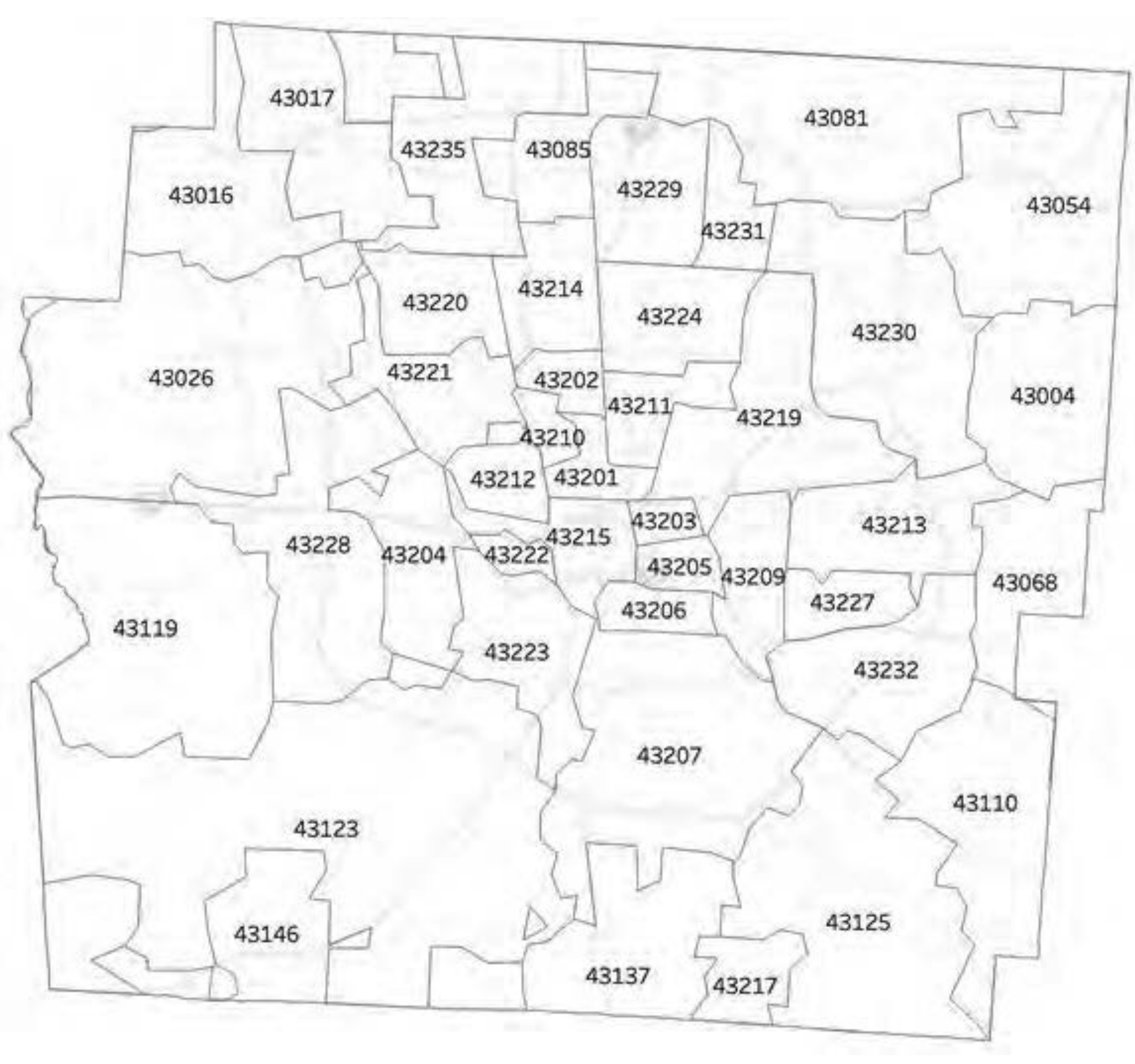
OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Wyandot	60	0%
	Meigs	58	0%
	Hardin	57	0%
	Vinton	57	0%
	Clinton	56	0%
	Jefferson	56	0%
	Ashland	51	0%
	Preble	44	0%
	Wood	42	0%
	Wayne	40	0%
	Morgan	37	0%
	Adams	33	0%
	Noble	32	0%
	Monroe	30	0%
	Lorain	29	0%
	Holmes	26	0%
	Lucas	26	0%
	Van Wert	26	0%
	Clermont	25	0%
	Tuscarawas	20	0%
	Defiance	16	0%
	Stark	16	0%
	Huron	15	0%
	Sandusky	15	0%
	Medina	13	0%
	Williams	12	0%
	Cuyahoga	11	0%
	Harrison	11	0%
	Carroll	10	0%

OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Mahoning	10	0%
	Paulding	9	0%
	Fulton	8	0%
	Summit	8	0%
	Ottawa	7	0%
	Brown	6	0%
	Erie	6	0%
	Trumbull	5	0%
	Columbiana	3	0%
	Portage	3	0%
	Henry	2	0%
	Geauga	1	0%
Non-Ohio		506	3%
Grand Total		**14,571**	**100%**

FRANKLIN COUNTY SERVED BY THE OHIO STATE WEXNER MEDICAL CENTER



UNIVERSITY HOSPITAL

Time Frame	CY21 Discharges			
County	Franklin, OH			
ZIP Code	Main	East	Total	%
43219	712	979	1,691	6%
43211	979	511	1,490	6%
43207	893	478	1,371	5%
43232	698	368	1,066	4%
43224	745	254	999	4%
43213	502	431	933	4%
43227	462	458	920	4%
43229	710	165	875	3%
43230	646	199	845	3%
43204	685	153	838	3%
43201	697	116	813	3%
43223	677	136	813	3%
43228	687	123	810	3%
43206	425	383	808	3%
43209	389	413	802	3%
43205	315	472	787	3%
43203	271	471	742	3%
43068	535	177	712	3%
43123	613	95	708	3%
43026	613	45	658	3%
43081	539	62	601	2%
43235	494	40	534	2%
43110	416	110	526	2%
43215	383	103	486	2%
43221	446	39	485	2%
43214	420	60	480	2%
43220	389	35	424	2%

UNIVERSITY HOSPITAL

ZIP Code	Main	East	Total	%
43212	375	35	410	2%
43210	282	101	383	1%
43016	330	29	359	1%
43202	334	21	355	1%
43004	277	70	347	1%
43085	314	29	343	1%
43017	304	36	340	1%
43119	301	26	327	1%
43231	244	58	302	1%
43054	244	34	278	1%
43125	180	44	224	1%
43222	134	32	166	1%
43137	39	5	44	0%
43217	30	4	34	0%
43086	5		5	0%
43236	2	3	5	0%
43109	2	2	4	0%
43216	2	2	4	0%
43226	2	2	4	0%
43126	3		3	0%
43218	2		2	0%
Grand Total	**18,747**	**7,410**	**26,157**	**100%**

OSUCCC – JAMES

Time Frame	CY21 Discharges	
County	Franklin, OH	
ZIP Code	Discharges	%
43081	244	5%
43207	226	5%
43230	200	4%
43068	196	4%
43123	186	4%
43232	181	4%
43228	180	4%
43211	169	4%
43224	161	3%
43026	155	3%
43204	154	3%
43219	154	3%
43213	151	3%
43229	148	3%
43235	144	3%
43110	142	3%
43017	132	3%
43223	132	3%
43016	130	3%
43206	118	2%
43221	115	2%
43227	115	2%
43214	113	2%
43085	105	2%
43209	101	2%
43220	87	2%

OSUCCC – JAMES

Time Frame	CY21 Discharges	
County	Franklin, OH	
ZIP Code	Discharges	%
43205	85	2%
43054	83	2%
43004	80	2%
43125	71	1%
43119	66	1%
43212	66	1%
43215	66	1%
43201	60	1%
43203	55	1%
43231	47	1%
43202	46	1%
43222	30	1%
43210	17	0%
43137	8	0%
43216	4	0%
43217	4	0%
43236	3	0%
43002	2	0%
43109	1	0%
43126	1	0%
43218	1	0%
Grand Total	**4,735**	**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 HealthMap2022. For purposes of the graphs, HealthMap has been abbreviated as HM with the corresponding year.

Franklin County Residents[1]

		Franklin County*			
		HM2016	HM2019	HM2022	
Total Population	Population of Franklin County	1,212,263	1,264,518	1,316,756	
Sex	Male	48.7%	48.8%	48.8%	
	Female	51.3%	51.2%	51.2%	
Age	Under 5 years	7.2%	7.3%	7.0%	
	5-19 years	19.4%	19.0%	19.1%	
	20-64 years	62.8%	62.3%	61.4%	
	65 years and over	10.6%	11.3%	12.4%	
Race (any ethnicity)	White	69.1%	67.6%	65.2%	
	African American	21.2%	22.2%	23.1%	
	Asian	4.2%	5.0%	5.4%	
	Other race	1.8%	1.2%	2.5%	▲
	Two or more races	3.6%	3.8%	3.7%	
Ethnicity	Hispanic or Latino (of any race)	5.0%	5.3%	5.8%	
Foreign-born	Foreign-born	-	-	11.4%	
	Naturalized (among foreign-born)	-	-	48.2%	
Marital Status	Never married	39.4%	39.7%	39.0%	
	Now married (except separated)	42.4%	42.0%	42.9%	
	Divorced or Separated	13.4%	14.1%	13.8%	
	Widowed	4.8%	4.3%	4.4%	
Veterans	Civilian veterans	6.9%	6.5%	6.0%	
Disability Status	Total with a disability	12.1%	11.8%	11.1%	
	Under 18 years with a disability	4.7%	4.6%	5.0%	
	18 to 64 with a disability	10.7%	10.3%	9.1%	▼
	65 years and over with a disability	38.0%	35.8%	33.5%	
Disability by Type	Hearing difficulty	2.9%	3.1%	2.5%	▼
	Vision difficulty	2.0%	1.8%	2.0%	
	Cognitive difficulty	5.9%	5.4%	5.0%	
	Ambulatory difficulty	6.4%	6.3%	5.3%	▼
	Self-care difficulty	2.5%	2.4%	2.1%	▼
	Independ. living difficulty (age 18+)	5.5%	4.8%	5.0%	

* 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 Households[1]

		Franklin County			
		HM2016	HM2019	HM2022	
Total	Number of households	476,532	502,932	522,383	
Household Size*	Average household size	2.5	2.5	2.5	
	Average family size	3.2	3.2	3.2	
Household Type	Family households	57.7%	58.0%	58.5%	
	Nonfamily households	42.3%	42.0%	41.5%	
	Single parent households	-	-	18.4%	
No Vehicle	Households without a vehicle	8.3%	7.8%	7.2%	
Internet Access	With an internet subscription	-	-	90.8%	
	Broadband (any type)	-	-	*90.6%*	
	Dial-up only	-	-	*0.2%*	
	Without internet subscription	-	-	9.2%	
Grandparents as Caregivers	Children living with a grandparent	5.2%	6.1%	6.4%	
	Children living with a grandparent who is responsible for them	3.2%	3.3%	3.1%	
Language Spoken at Home	English only	87.3%	86.8%	85.3%	
	Speak a language other than English	12.7%	13.2%	14.7%	▲

* 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)

Health Care Providers

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Licensed Physicians (MDs and DOs)[1]	239:1	234:1	238:1		250:1	
Licensed Advance Practice Nurses[2]	846:1	703:1	540:1	▼	617:1	▼
Licensed Physician Assistants[1]	5181:1	3321:1	2278:1	▼	2806:1	▼
Licensed Dentists[3]	1259:1	1337:1	1214:1		1561:1	
Licensed Optometrists[4]	3640:1	3639:1	3530:1		4969:1	
Licensed Opticians[5]	4376:1	4785:1	4636:1		3798:1	
Pharmacists[6]	-	-	617:1		534:1	
Licensed Dieticians[1]	-	-	1894:1		2335:1	
Licensed Psychiatrist[1]	5718:1	6836:1	7152:1		7356:1	
Licensed Psychologist[7]	2305:1	2379:1	2258:1		3306:1	▼
Licensed Social Worker (LISW, LSW)[8]	333:1	339:1	333:1		299:1	▼
Licensed Chemical Counselor[9]	1341:1	1137:1	919:1	▼	809:1	

Impact of Actions to Address Priority Needs in 2019 Community Health Needs Assessment

HealthMap2019 Priorities

The Franklin County Community Health Needs Assessment Steering Committee identified three priority areas: mental health and addiction, income/poverty and maternal and infant health.

1. Mental Health and Addiction:

- **22% of Franklin County residents have been diagnosed with depression.**
- **Mental health needs account for a significant number of emergency department admissions.**
- **Deaths from drug overdoses, especially from opiates, are increasing at alarming rates. In 2017, there were 520 overdose deaths in Franklin County, a 47% increase from the previous year.**

Key Indicators

Mental health

- **Hire additional providers**
- **Improve access to care**

Addiction

- **Narcan administrations**

Efforts by the Ohio State Wexner Medical Center to address these indicators include:

- 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.
- Use of a standardized, evidence-based tool for depression screening for adults with adequate systems in place to ensure accurate diagnosis, referral if clinically necessary, effective treatment and appropriate follow-up.
- Providing Ohio State STAR (Stress, Trauma And Resilience) services for first responders through its collaboration with ADAMH (Alcohol, Drug and Mental Health Board of Franklin County) 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 increasing the number of physicians, physician assistants and advanced practice nurses who have obtained a waiver to prescribe buprenorphine (DATA 2000 waiver) and by providing technical assistance and support to providers (both internally and externally throughout the community) who have a release to prescribe MOUD.
- 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.
- Expanding opioid-sparing protocols like Toward Opioid-Free Ambulatory Surgery (TOFAS) and Enhanced Recovery After Surgery (ERAS) that reduce the number of opiate prescriptions dispensed to patients, specifically for patients undergoing outpatient gastrointestinal surgeries, cesarean deliveries and total hip and knee replacements. Hospitals have reduced the amount of opiates prescribed to patients undergoing GI surgeries by 52% since 2017. Hospitals have reduced the amount of opiates prescribed to women undergoing cesarean birth by 22% since 2019.
- Expanded use of telehealth options due to the COVID-19 pandemic. Continuing to offer a full complement of behavioral health services through telehealth.
- Increased understanding of how self-stigma can negatively impact treatment through validation of the Brief Opioid Stigma Scale (BOSS) in a racially, ethnically and clinically diverse sample.
- Expanded use of patient-reported outcomes in clinical decision making throughout a variety of programs and across the continuum of behavioral health care.
- Growing outpatient operations from one clinic at Harding Hospital to four clinics, ensuring a behavioral health presence wherever ambulatory is expanding.

2. Income/Poverty:

- **Franklin County's poverty rate stood at 15.9% in 2017, higher than the state's rate of 14% and the nation's rate of 12.3%.**
- **The poverty rate among Black residents was 27.3%; 10.8% of white Franklin County residents lived in poverty in 2017.**
- **Struggling to pay for housing and food are determinants of health linked to a number of health issues.**
- **The number of households spending a significant percentage (at least 30%) of household income on housing has steadily increased over time in Franklin County.**

Key Indicators

- **Housing**
- **Food**
- **Access to health care**

Efforts by the Ohio State Wexner Medical Center to address these indicators include:

- Creating the Mid-Ohio Farmacy program, which combines The Ohio State University Wexner Medical Center's Family and Community Medicine Department's medical services with the Mid-Ohio Food Collective's food services. This program began in primary care and maternal fetal medicine and has expanded to include endocrinology, ophthalmology, the AIDS Education and Training Center and Talbot Hall.
- 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 to address the social determinants of health through 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.
- Continued work by the Wexner Medical Center's internal Obesity and Nutrition Steering Committee to address food insecurity.
- Opening Outpatient Care New Albany and the opening of Outpatient Care Dublin in 2022 to expand access to care to residents of Franklin County.
- Expanding telehealth options during the COVID-19 pandemic, which are now maintained and creating greater health equity for our patients. The Wexner Medical Center went from 50 telehealth visits a month before the pandemic to about 3,000 per day during 2020. We still average more than 1,000 virtual visits daily. Social determinants, behavioral determinants and environmental determinants of health are key drivers for sustaining our telehealth options.
- Launching the Community Care Coach, a mobile unit that is managed through a partnership between the Family and Community Medicine and the Obstetrics and Gynecology departments. This unit was first utilized to help bring COVID-19 testing to central Ohio residents. It now sees clients of Moms2B, a prevention program for expectant moms at high risk for infant mortality, and patients throughout the community.
- Improving flu vaccination uptake in non-white populations through targeted communications and onsite community clinics and by offering them in clinical spaces and emergency departments.
- Continuing the annual Healthy Community Day, even during the pandemic, at Outpatient Care East. For three hours, staff provide free flu vaccines, free fresh produce, free Narcan administration training and information about Ohio State primary care doctors, free clinics and telehealth.
- Screening patients for the social determinants of health and increasing care coordination to find assistance for these needs.

3. Maternal and Infant Health:

- **Overall health of pregnant women before delivery.**
- **Prevention of preterm births.**
- **While infant mortality wasn't selected here as a priority health need, it's closely related to prenatal health and preterm births.**

Key Health Needs

- **Mother's health before pregnancy/pre-conception**
- **Prevention of preterm births**
- **Address infant mortality**

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.
- Increasing access to long-acting reversible contraception (LARC) immediately postpartum, at the six-week post-partum appointment and in the primary care setting.
- Partnering with OBBO and CelebrateOne 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 and Wellness federally qualified health center (FQHC), housed at East Hospital.
- Partnering with StepOne on linking pregnant women to prenatal care.
- Creating 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.
- Launched Mom-Baby Dyad Care under the Ohio Department of Health's Mom-Baby bundle with a focus on caring for moms with gestational diabetes during babies' well-child care visits.

There were no comments on the Ohio State Wexner Medical Center's 2019 CHNA.

Navigating Our Way to a Healthier Community Together

April 2022

About *Franklin County HealthMap2022*

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 HealthMap2022*.

Franklin County HealthMap2022 is the result of a broad collaborative effort coordinated by the Central Ohio Hospital Council (COHC), Columbus Public Health (CPH), and Franklin County Public Health (FCPH). The intent of this effort is to help health departments, hospitals, social service agencies, other organizations, and community stakeholders better understand the health needs and priorities of Franklin County residents.

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 member hospitals have service areas that extend across central Ohio, for the purposes of this report, the local geographic focus area is Franklin County. 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.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, and other health issues can help direct community resources to where they will have the biggest impact. To that end, central Ohio's hospitals and health departments will begin using the data reported in *Franklin County HealthMap2022*, in collaboration with other organizations, to inform the development and implementation of strategic plans to meet the community's health needs. Consistent with federal requirements, *Franklin County HealthMap2022* will be updated in three years.

The Franklin County Community Health Needs Assessment Steering Committee hopes *Franklin County HealthMap2022* 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 HealthMap2022's Process

The process for *Franklin County HealthMap2022* reflected 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 collaboration.

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[1] See https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources

The primary phases of the Assess Needs and Resources process, as adapted for use in *Franklin County HealthMap2022*, included the following steps.

(1) Prepare to Assess. Members of the community were closely involved throughout with the design and implementation of *Franklin County HealthMap2022*. On October 29, 2020, members of the *Franklin County HealthMap2022* Community Health Needs Assessment Steering Committee[1] 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 November 20, 2020, the Steering Committee members received an email inviting them to participate in a brief community visioning survey. The purpose of this survey was to gather input on what a healthier Franklin County looks like as well as to help identify potential health indicators for inclusion in *Franklin County HealthMap2022*. The 26 Steering Committee members who responded to the survey provided their feedback regarding:

- What would a healthy Franklin County look like to you?
- Given your vision for a healthy Franklin County, what do you think are the biggest barriers or issues that are keeping the County from getting there?
- Overall, what are the five most important issues or topics that should be considered in our upcoming community health assessment work?

On January 25, 2021, the Steering Committee gathered again via Zoom 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 and the results of the community visioning survey, and to identify potential health indicators for inclusion in *Franklin County HealthMap2022*. Both small group discussions and large group "report-outs" occurred during this session.

The *Franklin County HealthMap2022* 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. 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), state sources (e.g., Ohio Department of Health's Data Warehouse, Ohio Hospital Association, Ohio Medicaid Assessment Survey), and local sources (e.g., Central Ohio Trauma System). Rates and/or percentages were calculated when necessary. In some instances, comparable state and/or national data were unavailable at the

[1] These individuals are listed on page 6 of this report.

time of report preparation and, accordingly, are not included in this report. All data sources are identified in a reference list following each section of the report.

In some cases, new secondary data indicators were identified that were not included in the previous report (*HealthMap2019*). For example, new indicators include days of pollution or excessive heat, Opportunity Index scores, and the ratio of residents to psychiatrists. In these instances, the most recent secondary data available are listed under the *HealthMap2022* heading, and previous data are listed under the *HealthMap2019* heading, even though these new data will not be found in the *HealthMap2019* report. This was done for ease of reading.

Indicators identified by the Steering Committee for inclusion in the *Franklin County HealthMap2022* were then collected and entered into a database for review and analysis.

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 HealthMap2022*, quantitative secondary data must have been collected or published in 2016 or later.

(3) Collect and Analyze Primary Data. Qualitative primary data for health indicators were obtained from a series of nine 90-minute focus groups held from July 28, 2021 through August 19, 2021. These discussion sessions were held in convenient, trusted locations in the community (e.g., Columbus Metropolitan Library branches; township buildings; Columbus Public Health's administrative headquarters) and were facilitated by professional researchers.

A combination of grassroots/volunteer and professional/paid recruiting efforts were used to identify a diverse mix of Franklin County residents to participate in these sessions. Focus group participants received a financial incentive to attend these sessions and to share their opinions and experiences with the research team.

Overall, 76 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 from these discussions can be found in the appendix.

(4) Identify Priority Heath Needs. On October 13, 2021, the Steering Committee received a draft copy of *Franklin County HealthMap2022*, along with a request to suggest comments on and edits to the report.

On October 20, 2021, the Steering Committee met via Zoom to review *Franklin County HealthMap2022* and to identify potential priority health issues. The meeting participants were divided into small groups, with each group asked to review a specific section of *Franklin*

County HealthMap2022 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 prioritizing these health issues:

- **Equity:** Degree to which specific groups are disproportionally 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, disability, and impairs one's quality of life.
- **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.

The meeting on October 20, 2021 led to the identification of 28 potential priority health issues that affect Franklin County residents.

On November 8, 2021, the 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). Each participant in this prioritization process was asked to consider the role played by social determinants of health and health inequities.

The survey questionnaire then instructed respondents to review the list of 28 potential priority health issues and select a maximum of five (5) most important health issues affecting Franklin County residents. Overall, 29 Steering Committee members completed this survey. After tabulating the responses, there was clear consensus about the community's priority health needs: these are displayed on page 19.

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 2021, 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 the *Franklin County HealthMap2022* is consistent with hospital requirements for conducting a needs assessment.

(6) Share Results with the Community. In December 2021, COHC conducted a review of *Franklin County HealthMap2022* to ensure that it was compliant with Internal Revenue Service 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 while conducting the 2022 health needs assessment for Franklin County.

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.

How To Read This Report

Franklin County HealthMap2022 is organized into multiple, distinct sections. Each section begins with a sentence that briefly describes the section and is then followed by "call-out boxes" that highlight and summarize the key findings of the data compilation and analysis, from the researchers' perspectives.

For some indicators, the related U.S. Department of Health and Human Services *Healthy People 2030* goals are included with Franklin County's status indicated by a ✓ icon if the goal is met and an ✕ icon if the goal hasn't been met.

Each section includes several tables, designed to allow the reader to easily compare the most recent Franklin County data to historical Franklin County data, as well as state and national data. Most tables include the column headers Franklin County, Ohio, and the United States. Within the Franklin County header, there are three columns, labeled HM2016, HM2019, and HM2022. HM2022 references the most recent data presented in *HealthMap2022*. HM2019 references *HealthMap2019* or relevant historical data, and HM2016 references *HealthMap2016* or relevant historical data. Throughout this report, a hyphen (-) is used within tables when data were not presented previously or are not accessible.

As noted above, there is a three-year interval between each version of *Franklin County HealthMap*. Whenever possible, 1-year or 3-year data estimates are reported in this

document; however, sometimes only 5-year data estimates were available. Comparisons of 5-year data estimates among different *HealthMap* versions should be done with caution.

In each table, the HM2022 column also includes an upward-facing triangle (▲) if the HM2022 statistic is greater than the one reported in 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.

The Community Health Needs Assessment Steering Committee

Work on *Franklin County HealthMap2022* 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)
Jonathan Thomas

B.R.E.A.D. Organization (Senior Community)
Cora Harrison

Central Ohio Area Agency on Aging (Senior Community)
Lynn Dobb

Central Ohio Hospital Council (Hospital/Medical)
*Jeff Klingler**

Central Ohio Trauma System (Hospital/Medical)
Sherri Kovach

Center for Public Health Practice at The Ohio State University (University System)
Andy Wapner

Columbus Public Health (Public Health)
Kathy Cowen, Jennifer Morel*

Educational Service Center (Education)
Dan Good

Equitas Health (LGBTQ+)
De' Juan L. Stevens

Ethiopian Tewahedo Social Services (Social Services; New American Populations)
Seleshi Ayalew Asfaw

Franklin County Department of Job and Family Services (Financial and Social Services)
Robin Harris

Franklin County Office on Aging (Senior Community)
Orvell Johns

Franklin County Public Health (Public Health)
Theresa Seagraves, Sierra MacEachron*

Human Services Chamber (Social Services)
Michael Corey

Mid-Ohio Food Collective (Food Insecure Populations)
Amy Headings

Mid-Ohio Regional Planning Commission (Transportation, Data)
Stephen Pachan

Mount Carmel Health System (Hospital/Medical)
Candice Coleman

Nationwide Children's Hospital (Hospital/Medical)
Carla Fountaine, Libbey Hoang, Elvia Suli

Ohio Asian American Health Coalition (Minority Populations)
Cora Munoz

Ohio Department of Health Disability and Health Program (Disabled Community)
David Ellsworth

OhioHealth (Hospital/Medical)
Autumn Glover, Mary Ann G. Abiado

Ohio Latino Affairs Commission (Minority Populations)
Lilleana Cavanaugh

The Ohio State University Wexner Medical Center (Hospital/Medical)
Wanda Dillard, Bill Hayes, Annie Marsico

United Way of Central Ohio (Low-income, Medically Underserved, Homeless Populations)
Lisa Courtice

Veteran's Service Commission (Veterans)
Robert Bramlish

Workforce Development Board (Workforce Development)
Stephanie Robinson

Input from all required sources was obtained for this report.

COHC, CPH, and FCPH contracted with various organizations to help create *Franklin County HealthMap2022*. 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 24 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 Kelly Bragg, MPH, provided data collection support. The Center was also represented on the Steering Committee. Center staff combine for over 40 years of experience in local, state, and academic public health and routinely provide health needs assessment services.

Bricker & Eckler LLP/Quality Management Consulting Group — located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler LLP, 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 & Eckler LLP and has 31 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 has over 42 years of experience in health care planning and policy development, federal and state regulations, certificate of need, and assessment of community need.

Franklin County's Zip Codes

A map of Franklin County, showing each of its zip codes, is shown below. When possible, maps like this are used to show how health-related issues are experienced differently across Franklin County.

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Appendix: Transcripts of Community Discussions (under separate cover)

Franklin County residents shared their perceptions of and vision for a healthy community.

Community Voices on Making a Healthy Community

Communication and social connection between residents were widely recognized across community discussions as a feature of a healthy community. Additionally, community members mentioned safety in various dimensions. Access to healthcare services, as well as access to healthy foods and recreation were mentioned in multiple community discussions about what makes a community healthy. Less frequently mentioned features of a healthy community appear in bullet points at the end of this section.

Communication and relationship building between members of the community support good mental health and feelings of safety.

> "Communication, like when you talk to people around you, you get a feeling for people and what they might need and what they're going through. You can share your experiences, I just think it's healthier when you talk to people around you, getting to know them better."
>
> "I think the relationships – Kind of tying into what you were saying is building relationships in the community, too."
>
> "I think a community that looks after each other, has good relations, is caring…And realizing that different is not bad, because we are all different, but we are all human. So the most important thing is to be caring."
>
> "A friendly community, friendly people will not develop anxiety, they will not develop depression, because of issues in the society. As long as we help each other care for each other. This will be a healthy society."
>
> "Being able to talk to your neighbor, knowing that he's going to be out there checking out for your children if something happens, and just watching the neighborhood and making sure everyone is safe."
>
> "If I see somebody at someone's door, I could say I can keep an eye out for him or something's happening. I can support them more and then they know what [I have to offer] and I know what [they have to offer]."
>
> "What she said about the old school feel, you know, knowing that you can trust the folks in your neighborhood to support or look out for each other."

In discussions around relationship building and communication, community members mentioned the value of community activities to help people get to know one another, as well as the importance of communication specifically around local governance issues, not only between residents in local community meetings, but between residents and their local government officials.

Feeling safe from crime is a feature of and a prerequisite to a healthy community, in how it benefits mental health and supports physically active lifestyles.

> "Just feeling safe, knowing that it's safe, feeling secure in your environment. Safety is primarily it. I mean, if you feel safe, then you feel free. You can pretty much go after your dreams."
>
> "You are not all stressed and there is a lot of safe places. A lot of stress creeps up a lot of anxieties and makes you worry about certain things which you have to keep outside, and you don't have to bring them in and you worried about where they are going to be in the morning and stuff like that. Any noise at night you sort of worry somebody is breaking in and so on."
>
> "Then stress levels as well. Like what's going on in the neighborhood, that kind of plays very big into the mental health aspect. Is it a loud area? Is there are a lot of a lot of stuff going on as far as trouble and whatever else, you know? Is it easy to sleep at night?"
>
> "I think a healthy community protects its children, whether that means making sure the schools are safe, or just the streets themselves, the neighborhood, the playgrounds are places where kids can play freely and feel safe."
>
> "I would say safety, we feel safe enough to walk and be outside or safe enough to let our kids be outside…"

Environmental safety, like the mitigation of air and water pollutants, pests, and uncollected trash are another important aspect of safety.

> "It would also include traffic and mitigation of traffic, a lot of cars and fumes and exhaust. That's something that doesn't necessarily lend itself to a healthy environment if there is a lot of traffic near the places where you live or congregate."
>
> "[Not] having industrial parks close by or train stations and things of that nature that pass off a lot of fumes that could impact kids, or powerline grids that might have other kinds of things like radiation that might have a history of causing things that are cancerous. The presence of those things does impact the health of the community."
>
> "The City of Columbus is doing all these initiatives to try to reduce emissions, and they didn't meet their 2020 deadline, but they have a new one for 2050. And they're introducing things like thirsty gardens to help with rainwater that pools in places that's unhealthy for children because it gets into our waterways, [more of] those types of types of incentives and things that are going on."
>
> "Your shelter has to be such that it's healthy, mitigation of lead paint, safe drinking water. So no lead in your water or no other contaminants or whatever."

> "Landlords that are responsible when it comes to pest control, bed bugs. I don't have the money to do it myself, and we don't have a landlord who helps take care of it in that way. It ruins people's lives."
>
> "So cleanliness, not just for myself, but for the neighbors in the way that it's managed by the city and trash pickup and all that stuff…Is it a physically clean neighborhood?"

Other factors of environmental safety mentioned by residents included infrastructure like sidewalks and streetlights to ensure people feel safe to walk around their community without danger from cars and traffic.

Additionally, healthy communities overcome barriers to general and behavioral health care access, like lack of transportation, financial, or language supports.

> "It has access to healthcare when necessary that's not too challenging to reach and get to."
>
> "When I think of health, I think of hospitals, like a nearby hospital."
>
> "Supportive services. Just a general healthcare center."
>
> "Access to healthcare, close facilities."
>
> "Accessible health care costs."
>
> "Not being afraid to go to the hospital just because you know that you're not going to be able to pay the bill."
>
> "Free clinics."
>
> "Mental health coverage is important."
>
> "Drug counseling."
>
> "Well, mental health is a part of being healthy too, so having those types of resources in the communities is also important, especially in our schools, where kids are dealing with a lot of things that they might not feel comfortable talking about at home."
>
> "I also think language and culture are a big disadvantage, because a lot of people don't speak the same language. There's a barrier there, communicating and like articulating all the information that we're trying to give to patients. I think that's where things fall apart, where there's not communication between the patient and the provider, there's always communication but with a translator, it doesn't always translate back to [being understood]."

Access to other community resources supporting health, like nutritious foods and recreation spaces are also present in residents' visions of a healthy community.

> "A healthy community, to me, has access to things like fresh foods and produce and groceries."
>
> "When I think healthy, I'm thinking things like fresh water, fresh food, or good food to eat. I think nutrition."
>
> "Healthy food options that are affordable."
>
> "Grocery stores, being in a place where there's not an accessible grocery store. Not a family dollar, like fresh produce."
>
> "It also has the presence of those other kind of social activities that promote health, like walking trails and bike paths, things like that."
>
> "I think physical activity."
>
> "I would say local rec centers or the availability to your neighborhood or community to utilize them."
>
> "And a healthy community should have plenty of green spaces for children to play, parks that are kept up for exercise."

In one community discussion, community members brought up the concept of co-located grocery stores and medical services, specifically a pay-what-you-can-afford concept in a Columbus neighborhood. To some who lived in the area this resource was unfamiliar, sparking discussion on how information about resources is shared within the community and the benefit of having more centralized and affordable resources in Franklin County.

Other features of healthy communities brought up by community members included:

- Funding infrastructure improvements in roads and schools
- Strong educational and job opportunities
- Diversity
- "Good" public transportation

Important Health Issues

This section details what Franklin County residents perceive to be the most important health issues in their communities.

Community Voices on Important Health Issues

Difficulty accessing health care services, poor mental health, and barriers to healthy eating habits were often mentioned in community discussions about the most important health issues facing community members.

One of the most frequently mentioned health issues was the prohibitive cost of health care and prescriptions. Community members specified this was a problem even for people who had health insurance.

> "Cost of healthcare in general. It's not only people sometimes don't have the right coverages, but out of pocket, it's just tremendously expensive."
>
> "I spent a two-year span of time where my choice was either to pay for my insurance and not be able to afford the medical care or not be insured and be able to pay for medical care kind of out of pocket, which seems crazy, but the reality was, you know, sometimes you get in a situation where even though the copay makes it easier. You can't afford both at the same time."
>
> "I am insured, but the deductible is so high, I can't afford to use it. I've needed scans for two years, but I'm still paying for the one that I had two years ago. So do I want to go have another one?"
>
> "I think another problem is people can't afford their medications, you get it and it jumps, astronomical prices. I don't know. I think some people go without it because they can't afford it or they have to make a really tough decision about what can they pay."
>
> "And personally, I've had to make the decision between do I want to go talk to the doctor or get some sort of checkup for myself to try and address what I feel like I'm dealing with? Or do I want to be able to pay for the prescriptions that I have coming up in the month?"
>
> "Can't afford their prescriptions."

Mistrust in the health care system is another issue preventing optimal community health. Community members spoke to the difficulty of feeling confident that health care services are in their best interest when the costs of this feel exploitative. People of color have additional difficulty trusting the health care system due to fear of receiving less quality care, along with fear of being stereotyped or exposed to racist behavior from health care professionals.

> "Lack of trust in the healthcare system."
>
> "Lack of trust in the healthcare professionals because a lot of people perceive healthcare industry as a business which is there just to make money off of them, so that lack of trust is a big issue."
>
> "There's a big lack of trust with doctors for me in my community. It's like we don't want to go there. Soon as we get to the hospital, somebody is diagnosed with something and then a month or two later, they're dead. We kind of either don't want to know or when we get to the hospital we're basically on our death bed. So there's a lot of lack of trust, and I think that that probably has to do with the information that we're fed. We don't know that we're poisoning ourselves or not exercising or whatever it is that our personal body needs. We don't get to help it."
>
> "The reluctance of pain doctors to provide patients medication to alleviate their pain. There was a Western Virginia University study by Caucasian interns, and the question was posed, 'Do you believe African-Americans have a higher pain threshold than anybody else around?' And they truly still believe that. That's so prevalent in our society that these stigmas are attached to individuals that look like me. And that's going to have to be something that's going to have to be changed because that statement is not getting patients adequate medication to alleviate their pain. We're not lying when we say we're in pain. We're human."

Other issues related to health care access mentioned by community members included:

- Difficulty scheduling appointments due to lack of available providers, leading to overuse of emergency services
- Difficulty keeping the same provider long-term, due to providers changing practices
- Lack of medical facilities
- Lack of community outreach on importance of breastfeeding
- Children lacking early intervention for developmental issues
- Lack of affordable in-home providers for elderly care
- Lack of affordable elder care facilities
- COVID-19 vaccine misinformation
- Scarce mental health resources / insurance coverage
- Health insurance access for the homeless population

Poor mental health was another common response across community discussions about the most important health issues. Specifically, many community members brought up depression, anxiety, and stress, and how they are caused or influenced by a variety of societal issues (including COVID-19). As one community member emphasized, mental health is important for how it affects overall health and quality of life.

> "I think right now, it's like loneliness, feeling lonely. I know kids have to spend almost all day long alone because parents are working, and now even parents have been lonely because they don't have work."
>
> "Some people may not necessarily be in the right mind space to have to go into work, especially people with some sort of disability where working from home might have been easier, and then transitioning back into the office may not be so easy for them. Yeah, I feel like there's a lot of kind of like social anxiety that comes with that, going back toward everything kind of being back to normal."
>
> "I think that COVID has caused a lot of anxiety."
>
> "People take [political issues] so seriously as to divide communities. It enables them to be divided because we believe different ideologies and stuff, all these go to put stress on the general community."
>
> "And when you have, you know, you have a lot of stress and strife, then that isn't good for your health. Because of concerns about crime, and, you know, there is just so much violence. This day that hits it's fearful for older people, especially to worry about getting out into the environment, then you don't know what's going to happen to you. So it's a very frightening time."
>
> "Depression and anxiety. So many people are suffering from depression and anxiety...because what is going on in society and that is affecting them mentally. They're talking about this lack of togetherness…race…increase in hate."
>
> "So I would say that mental health is probably the number one issue, mainly because, if you don't have good mental health, you're not going to have good physical health because you're not going to want to get up and go do anything."

Lack of affordable places to find fresh, good quality foods was also deemed an important health issue.

> "Lack of healthy food, like restaurants, but particularly grocery stores. I feel like they're hidden, and then they're small, and then they're not always the freshest. And if they are, they're very expensive."
>
> "Maybe even affordable, healthy restaurants. Most of your local restaurants are pretty expensive. I know they're above [my budget]. And I mean, I make pretty good money, but if I'm going there it's usually something special."
>
> "My grocery store immediately in my area is not good. I usually come down here and shop at Groveport. I actually, honestly, I will go into old Groveport because the Kroger in my area, the quality of food and the prices are not quality food and does not match the price."

Community members also spoke to a lack of knowledge on how to practice healthy eating behaviors, as well as the underestimation of nutrition's importance for overall health outcomes.

> "I think also it's a matter of being educated about getting healthy habits from being a young child, exercising, eating fruits and vegetables. And a lot of our people are not willing to do that. You see children going to school with chips and candy. You see teachers in school giving out candy to as an incentive. I'm from Canada, so we never do that."
>
> "We get access to these really great vegetables from these farmers markets and from these pop-ups and these food banks and whatever, but people don't know how to cook them. So it's like, 'Great. Now what?' So I feel like there's steps that are missing, in the in between and on the end."
>
> "The idea of, okay, what you put into your body on a regular basis directly correlates to, you know, how you feel, and your overall health and stuff like that. Because I think there's a lack of knowledge sometimes regarding that."
>
> "Access to healthy foods leading to food-based or consumption-based diseases like diabetes, heart disease, and certain forms of cancer like colon cancer."

Additional health issues mentioned by community members include:

- Ease of accessing alcohol and other addictive / unhealthy substances
- Drug addiction
- Cancer
- Diseases transmitted sexually or via needles
- Gun violence
- Lack of knowledge of community resources
- Proactive attitudes to change health behaviors
- Youth education outcomes suffering during COVID-19
- Lack of parenting knowledge
- Poor dental health and access to dental care
- Lack of resources supporting hygiene for homeless individuals
- Unemployment
- Poor water quality
- Lack of transportation and accessible transportation for seniors
- Lack of resources for infants' basic needs (clean diapers, formula)

Priority Health Needs

This section lists the prioritized health needs of Franklin County.

The prioritized health needs affecting Franklin County residents, as identified by the *Franklin County HealthMap2022* Steering Committee, include: basic needs; racial equity; behavioral health; and maternal-infant health. These health issues are interrelated, and in many cases are likely co-occurring. For example, the effects of redlining still impact basic needs and health care access for disadvantaged racial and ethnic groups, and those experiencing homelessness and housing insecurity may face compromised mental health as a result.

Basic needs are the first highest priority. This is comprised of the following specific and interrelated indicators: housing security; financial stability; neighborhood safety; food security; and a need for increased access to nutritious foods.

Priority #1: Basic Needs	
Specific indicators	**See pages**
• Housing security (decreased homelessness, increased affordability)	• 33-35
• Financial stability	• 32-33
• Neighborhood safety (reduced crime)	• 49-50
• Food security	• 35-36
• Increased access to nutritious foods	• 76-79

Racial equity is tied with behavioral health as the second highest priority. Practices of racial and ethnic discrimination, including redlining, preclude residents' access to economic stability, quality health care services, and optimal maternal and infant health outcomes, among other health needs.

Priority #2a: Racial Equity	
Specific indicators	**See pages**
• (Effects on) Economic and housing stability	• 32-34
• (Effects on) Quality healthcare, mental health, and feelings of safety	• 51-53
• (Effects on) Maternal and infant health outcomes	• 85-91

Behavioral health is tied with racial equity as the second highest priority. Poor mental health outcomes persist for many in Franklin County, and residents may have difficulty finding a mental health professional they trust to help them. Existing mental health care services may be underutilized due to the stigma associated with seeking mental health support.

Priority #2b: Behavioral Health	
Specific indicators	**See pages**
• Access to mental health care resources	• 31, 61-62
• Screening for mental health issues	• 95-99
• Decreased unintentional drug and alcohol deaths	• 74
• Youth mental health supports (clinical, social)	• 99-101

The third highest priority for Franklin County is maternal and infant health, which is comprised of the need to reduce the rate of infant mortality and the need to improve maternal pre-pregnancy health.

Priority #3: Maternal-Infant Health	
Specific indicators	**See pages**
• Infant mortality	• 85-87
• Maternal pre-pregnancy health	• 89-92

Page 129 of this report presents a list of potential partners, resources, and community assets that could potentially help to address these prioritized health needs.

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three priority health topics (or, general areas of focus) that communities should consider when planning to improve the population's health. These three priority health topics include mental health and addiction, chronic disease, and maternal and infant health, as shown below. For each of these priority health topics, Ohio's 2020-2022 SHIP also identified specific priority health outcomes, which are listed in the table below. Overall, there is a good alignment between the prioritized health needs identified by *HealthMap2022* and Ohio's 2020-2022 SHIP.

Health Priority Topics And Outcomes Identified By Ohio's 2020-2022 SHIP

Mental Health and Addiction	Chronic Disease	Maternal and Infant Health
• Depression • Suicide • Youth drug use • Drug overdose deaths	• Heart disease • Diabetes • Childhood conditions (asthma, lead)	• Preterm births • Infant mortality • Maternal morbidity

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.

- Cancer screening
- Decreased alcohol use (especially among youth)
- Decreased firearm injuries
- Decreased sedentary lifestyle behaviors
- Decreased tobacco use (especially among youth)
- Healthy blood pressure
- Improved high school graduation rates
- Improved pandemic readiness
- Increased access to health care
- Increased health literacy
- Increased physical activity resources
- Increased safe mobility for elderly
- Lower rates of STIs/HIV
- Reduced geographic disparities in health outcomes

This section provides demographic information about Franklin County's residents and households.

Although the population of Franklin County has increased since the last *HealthMap*, the demographic profile of its residents and households has remained similar.

Franklin County Residents[1]

		Franklin County*			
		HM2016	HM2019	HM2022	
Total Population	Population of Franklin County	1,212,263	1,264,518	1,316,756	
Sex	Male	48.7%	48.8%	48.8%	
	Female	51.3%	51.2%	51.2%	
Age	Under 5 years	7.2%	7.3%	7.0%	
	5-19 years	19.4%	19.0%	19.1%	
	20-64 years	62.8%	62.3%	61.4%	
	65 years and over	10.6%	11.3%	12.4%	
Race (any ethnicity)	White	69.1%	67.6%	65.2%	
	African American	21.2%	22.2%	23.1%	
	Asian	4.2%	5.0%	5.4%	
	Other race	1.8%	1.2%	2.5%	▲
	Two or more races	3.6%	3.8%	3.7%	
Ethnicity	Hispanic or Latino (of any race)	5.0%	5.3%	5.8%	
Foreign-born	Foreign-born	-	-	11.4%	
	Naturalized (among foreign-born)	-	-	48.2%	
Marital Status	Never married	39.4%	39.7%	39.0%	
	Now married (except separated)	42.4%	42.0%	42.9%	
	Divorced or Separated	13.4%	14.1%	13.8%	
	Widowed	4.8%	4.3%	4.4%	
Veterans	Civilian veterans	6.9%	6.5%	6.0%	
Disability Status	Total with a disability	12.1%	11.8%	11.1%	
	Under 18 years with a disability	4.7%	4.6%	5.0%	
	18 to 64 with a disability	10.7%	10.3%	9.1%	▼
	65 years and over with a disability	38.0%	35.8%	33.5%	
Disability by Type	Hearing difficulty	2.9%	3.1%	2.5%	▼
	Vision difficulty	2.0%	1.8%	2.0%	
	Cognitive difficulty	5.9%	5.4%	5.0%	
	Ambulatory difficulty	6.4%	6.3%	5.3%	▼
	Self-care difficulty	2.5%	2.4%	2.1%	▼
	Independ. living difficulty (age 18+)	5.5%	4.8%	5.0%	

**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.*

Although the number of households in Franklin County has increased over time, the characteristics of these households have remained relatively consistent.

Franklin County Households[1]

		Franklin County			
		HM2016	**HM2019**	**HM2022**	
Total	Number of households	476,532	502,932	522,383	
Household Size*	Average household size	2.5	2.5	2.5	
	Average family size	3.2	3.2	3.2	
Household Type	Family households	57.7%	58.0%	58.5%	
	Nonfamily households	42.3%	42.0%	41.5%	
	Single parent households	-	-	18.4%	
No Vehicle	Households without a vehicle	8.3%	7.8%	7.2%	
Internet Access	With an internet subscription	-	-	90.8%	
	Broadband (any type)	-	-	*90.6%*	
	Dial-up only	-	-	*0.2%*	
	Without internet subscription	-	-	9.2%	
Grandparents as Caregivers	Children living with a grandparent	5.2%	6.1%	6.4%	
	Children living with a grandparent who is responsible for them	3.2%	3.3%	3.1%	
Language Spoken at Home	English only	87.3%	86.8%	85.3%	
	Speak a language other than English	12.7%	13.2%	14.7%	▲

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)

Social Determinants of Health

This section describes the socio-economic aspects of Franklin County that impact resident health and quality of life outcomes.

Key Findings

Health Care Access

Though most residents have health insurance, Franklin County still does not meet the national goal for residents under 65 with health insurance. Community members say health insurance is not enough to make costs of health care accessible to everyone.

Income & Poverty

While various measures show increasing household incomes and decreasing rates of food insecurity since the previous *HealthMap*, these data do not yet reflect the effects of COVID-19 on these factors. More current data may present a less positive change in these indicators.

Education

The overall graduation rate of high school students in Franklin County exceeds the national goal. However, rates of graduation for Black and African American as well as Hispanic students are still lower than overall rates and rates for other groups.

Social & Community Context

Franklin County residents are affected by rates of violent and property crime similar to the previous *HealthMap*. Other social factors impeding optimal health outcomes include racism, which results in disparities in health care quality and utility, as well as mental health outcomes and access to resources.

Health Care Access Indicators

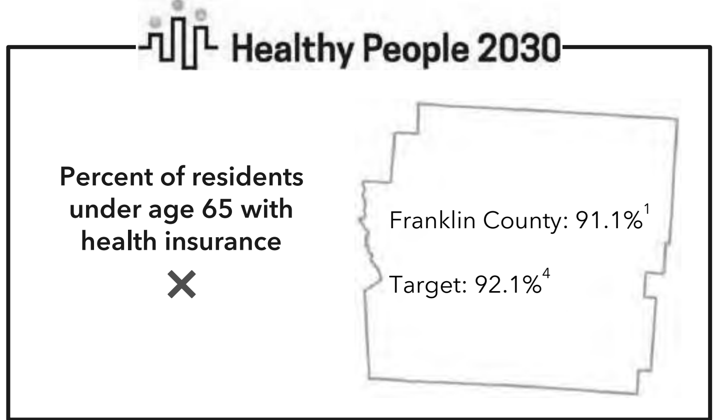
This section describes indicators of a population's access to health care: health insurance status, as well as accounts of other factors impeding access according to community members.

The percentage of Franklin County residents that have health insurance coverage has remained similar to the previous *HealthMap*.

Individuals With Health Insurance

	Franklin County				Ohio		USA	
	HM2016	**HM2019**	**HM2022**		**HM2022**		**HM2022**	
Total with insurance[1]	**86.9%**	**89.8%**	**92.0%**		**93.4%**		**90.8%**	
Private health insurance[2]	67.5%	68.6%	69.3%		68.9%		67.4%	
Public health coverage[2]	27.8%	29.8%	31.2%		37.2%		35.4%	
Group VIII Medicaid coverage[3]	-	5.6%	6.9%	▲	6.7%	▲	5.6%	▲
Under 18 years old[1]	94.0%	95.1%	95.7%		95.2%		94.3%	
18-64 years old[1]	82.4%	86.4%	89.3%		90.9%		87.1%	
65 years old+[1]	99.0%	98.8%	98.8%		99.5%		99.2%	

More Franklin County residents have private health insurance (69.3%) than public health coverage. Public health insurance rates in Franklin County have remained similar to the previous *HealthMap*. Medicaid coverage has increased since the previous *HealthMap,* and the percentage of residents with this coverage in Franklin County is higher than the national average. The total persons under 65 with health insurance in Franklin County is 91.1%, lower than the state but higher than the national average (89.2%). The state of Ohio meets the national goal at 92.2%, while Franklin County does not.



Community Voices on Health Care Costs

On the topic of health care access, community members frequently mentioned how the expenses associated with medical care can influence whether people get the care they need. As community members see it, having insurance is only part of health care access, as utilizing health care also depends on understanding their insurance, being able to find a medical provider who takes it, and being able to pay any costs left over.

Those who lack insurance for various reasons may not know how to get coverage, or how to get care if they are uninsured.

> "I know some people don't have Medicaid or Medicare. And you don't have private insurance. You don't have any insurance. They cannot afford to pay for health insurance…"
>
> "Having health insurance and the type of job that offers you benefits that will get you those type of things is another barrier to access."
>
> "And so, a lot of people can't afford that…dental and vision is very important to the elderly. But this has got to come out of your pocket."
>
> "Having the proper information about where to go to find out what insurance what you can obtain, that's also an issue. Not having the proper information and knowing exactly where to go to get that information to obtain the insurance that you may need."
>
> "Then misinformation. Like anything that you have to meet a certain criterion to have coverage, or, again, that could be coming from loved ones that don't know any better. They just kind of perpetuate that lie."

Those who have insurance may still struggle with knowing where they can go that takes their insurance, and otherwise understanding how their insurance works.

> "Yeah, so it's like something you have to deal with, but it's not so easy. Like, you have some doctors that say one thing you know. Just a lot of like, not enough specialists for her, you know, her fingers turn blue, so you get a whole breaks out in hives. So it's just like, there's not a lot of doctors that would take her insurance so it's hard to find somebody that specializes in something that she needs or medicine or anything so it's really hard like that."
>
> "There's the struggling to understand your co-pays, where you're supposed to go for your insurance, and all that jazz."
>
> "I don't know if anybody's ever actually tried to read all your insurance documents, but it's written at the senior college level, and it's like reading a court document. It's so much, mine's so thick. I can't even start to fathom to memorize all this and even know what half of it means…"

Individuals may not be able to afford the cost after insurance. Their copay or deductible can be too high, and they can have additional anxiety about what other costs they may be burdened with after a medical visit.

> "And beyond even the copay, even if you can afford the copay, there's always the anxiety once you go in what mystery bill you'll either come out with or, how much is this test you obviously didn't know about, or this medication that they prescribed. Or your deductible. Maybe you got a $2000 deductible on your medical, and that's $2000 you're going to owe anyway whether you have insurance or not."
>
> "But then on the other side is that, once you've seen the doctor, the doctor asks you to do something, the prior authorizations for medicine, the fighting back and forth to get labs or things done and covered. The fact that your doctor can say, 'This is what I want for you,' and your insurance can still say, 'Absolutely not.' "
>
> "For me personally, I won't go to a doctor's visit if I have to pay a certain amount for a copay."
>
> "Or even if you have insurance, you may be laid off and your savings account got drained because you weren't making as much. So now you can't afford the copay, and you normally would be able to. So you're wondering how to deal with that."
>
> "The cost of copays depends on your insurer. Like she was saying, you don't get the same doctor you had before the pandemic, so everything switched up. And then they find a reason to charge you more for it."

For those who have insurance, it may not cover everything they need. Especially dental care, vision care, or prescriptions. Community members expressed concern that people may put off those types of care for this reason, or ration medication due to financial concerns.

Cost concerns can also prohibit individuals from accessing needed mental health care.

> "I was only able to go to a certain number of counseling sessions that my job had paid for. So I mean, insurance only covers so much."
>
> "A lot of times you can't go and see a counselor because of the expense."
>
> "And a lot of self-diagnosis, especially going on Google and looking up your symptoms. That's the worst thing you can do. And then of course we're ruminating about the problem of the industry where costs is always going to be there for every decision. So of course you're going to go online first."

OTHER SOCIAL DETERMINANTS IMPACTING HEALTH CARE UTILIZATION

Cost is only one factor impacting individuals' access to health care. The availability of medical providers is another factor and is explored in detail in the following section *(Health Resource Availability)*. Other issues affecting residents' decisions to delay or put off needed health care are explained here.

Community Voices on General Health Care Utilization

Individuals' attitudes toward the health care system, specifically whether they have built a relationship of trust with the medical community, was regarded as a major factor impacting how individuals take advantage of health care resources. Perceiving health care as a low priority was also seen to impact this, along with various other factors (discussed below).

Racial discrimination is one reason individuals may not trust medical providers. Black and African American community members in particular spoke about their community's experiences receiving inadequate health care.

> "I think that has to do with discrimination somehow because it's been said that when you go to the emergency as a Black female, there are few chances for them to believe that you are in pain. A couple of years ago, I was dealing with a gallbladder issue. It was excruciating, and they let me sit there for hours to find out that I needed a surgery right away…So as a Black woman, any way you go to get care, even if you're about to deliver, they just don't believe it when you say that you're dying."
>
> "I went hunched over in pain. They let me wait, wait, wait, wait, and it turns out a cyst had burst in my left ovary. I needed emergency surgery. But at this point, you guys have let me sit here. It's like if I'm not screaming, blood pouring out, if I'm able to handle myself a little bit, then [they think] I must not be in that much pain. How can you look at somebody and they have something going on, on the inside, and you tell them that they're okay? So after that, I wouldn't go to the hospital. I would just tough it out. And then, once I finally did get my insurance and went to the doctor, I had another growth. It could have been taken care of if I did have that kind of trust factor and wasn't afraid that I'm just going there getting another bill. Because at that point, that's all it is, is I'm paying to get no help."
>
> "Everything's overlooked a lot of times. Even if you go to the ER and you think you know what's wrong with you, but they… You know what I mean? They could think you're just faking it, or you just want [pain medication]. They overlook a lot of patients that end up going home and finding out that they had something seriously wrong with them."

Individuals who have Medicaid or other public health insurance may have difficulty building relationships of trust with their medical providers. Community members perceived that affordable health care options for this population may be worse quality.

> "To go to a place that doesn't take your insurance, you got to pay out of pocket. That's too much, so you'll go to a place that will accept your insurance, but they kind of treat you like a number because that's how they get their funding pretty much is by how many people they see…The healthcare that you can go to for free is kind of not up to par, and that's from my personal experience over probably the last two, three years, honestly. So I think that is the biggest thing, just being treated like a number when you're going to the only place you can go to get your healthcare."
>
> "There is sometimes with some providers, a stigma that comes with having health insurance through Medicaid, public benefit, need where your quality of care is reduced, as opposed to having private insurance, where everyone is treated, you know, with equity."

In these conversations community members also spoke about issues receiving good quality medical care as influenced by the ability to see the same provider consistently. This was perceived to encourage quality care in terms of thorough knowledge of a patient's medical history and pain threshold, which in turn supported strong relationships with providers and utilization of medical care.

COVID-19 demonstrated how individuals may increasingly seek medical advice from sources other than medical professionals. This can increase confusion and negatively impact utilization of health care services that support optimal health.

> "Using Facebook as your information outlets. There's a lot of negative messages in Facebook that sometimes stops people from going and get the COVID vaccine."
>
> "I think also a lack of trust on a larger scale in the actual institutions that are handing down information like governmental organizations—Department of Health, CDC. I feel like people in our communities, they're getting all this information from the internet…Or the things that they're hearing on like TikTok and Instagram don't align with the things that hear from the CDC. They are hearing these things from people in their communities that they trust. So when those things don't align, they don't know where to turn."
>
> "I'd say a lot of it also had to do with information overload and kind of confused thing. …You have like 20 different sources telling you different things. That kind of makes you freeze in your tracks and ultimately do nothing…and making some problems worse. So I definitely think that too much information is a big problem for not getting treatment in a good amount of time."

Aside from issues of trust, individuals may be too busy with other commitments, like work and caretaking, to feel like taking time for health care. Additionally, they may fear finding out that they have a medical issue that will threaten their ability to work.

> "Busy life, they just put it off until tomorrow, tomorrow, tomorrow, until it's an emergency."
>
> "I think sometimes people who are caregivers will put themselves last. I think during COVID a lot of people put a lot of their own needs second, especially like moms, dads, people who are caring for their own family, extended families, their own aging parents. They are considering their children and their aging parents before they're considering themselves. So they kind of get the people who need care who are the most able bodied, sometimes leave mental health and also maybe smaller medical issues to just linger."
>
> "We don't do enough of the preventative care, I think, as a society, as a community. I think we only go to the doctor if something's wrong. And I think it's because of our negative experiences when there was something wrong. You don't want to hear it. I have a neighbor who is a contracted employee. If he doesn't work, he doesn't get paid. If something is wrong with him, his family goes hungry because he's the only breadwinner in the family. He doesn't go to the doctor regularly. He doesn't do what he needs to do…the time associated with taking time off do those things. Those are barriers that we don't have safeguards in place to ensure that everyone has the ability."

Community members mentioned that fear of a diagnosis, as well as family or cultural beliefs and behaviors surrounding medicine can impact whether people get health care when they need it. These responses are summarized below.

- Not wanting to deal with a diagnosis that requires ongoing care or monitoring
- Fear that they will be advised to change their lifestyle and what they consume
- Orientation of family members to going to the doctor, or not going
- Cultural beliefs that emphasize home remedies for an illness before seeking advice from a medical professional

Previously this section discussed the broader, and potentially long-term effects of COVID-19 on people's attitudes toward medical care. Some short-term impacts of COVID-19 on health care utilization were brought up in community discussions and are summarized below.

- Individuals putting off routine medical visits out of fear of exposure to COVID-19
- Individuals putting off health concerns or medical visits they deemed "not major" and choosing to wait until "things opened up"
- Individuals who formerly provided transportation assistance for their elderly family members to get to medical appointments not doing this due to fear of putting the elderly at risk

Community Voices on Mental Health Care Utilization

Access to mental health care is complicated by the stigma associated with mental illness.

People who could benefit from mental health care may not recognize they need it or be willing to accept they have an issue.

> “Sometimes you don't even know you need help. I think a lot of times, we may not even recognize when we need help.”
>
> “They think they could stop it on their own, and then that's not really how it works. The thing is people don't want to accept the fact that there's something wrong with them to get help. It hinders a lot of people.”

Being validated by others that it’s appropriate to seek help is important. This is made more difficult due to socio-cultural beliefs that link mental illness to weakness.

> “Proper emotional focus on actually taking that seriously. It used to be getting looks and misunderstood. The entire family would brush it off.”
>
> “If your family is not supportive, and those around you are not supportive, then it's hard to go.”
>
> “Black people, they don't need mental health, or...we’ve just been told you don't need that or that's for weak people or whatever…”
>
> “From my African background, where depression, things like that isn't really spoken of. Especially if you mentioned something like that, you know, they take a biblical approach. Or they’ll give you old village examples. It's like none of those are appropriate.”
>
> “Coming from a man's perspective, masculinity is [important] when it comes to not seeking help because it shows a sign of weakness…they don't discuss it with their buddies…we’re supposed to be men. We believe it on the inside.”

People may fear being judged if they open up about needing help.

> “You fear being judged if you do need to seek a therapist or counselor.”
>
> “People might be embarrassed or ashamed of certain situations, so they don't want to address it.”
>
> “Not exactly a popular thing to go and see a counselor or talk to somebody that you feel that way as well.”

Also mentioned was the general fear of trusting medical providers with information about their mental state, and fear that this information could potentially be used against them.

Income/Poverty Indicators

This section describes income and poverty indicators that affect health, including household income, rates of homelessness and other measures of housing insecurity, and food insecurity.

In Franklin County, the median net household income is $64,713, which is higher than the median in Ohio, but slightly lower than the national figure. There is a higher percentage of families living below 100% of the federal poverty level (FPL) in Franklin County than in Ohio or the United States. However, the percentages of families and children living 100% below FPL have decreased since the previous *HealthMap* (12.5% to 10.0% for families and 24.5% to 18.4% for children). A similar percentage of children enrolled in school in Franklin County are eligible for free or reduced lunch compared to the previous *HealthMap*.

Income and Poverty

	Franklin County				Ohio		USA	
	HM2016	**HM2019**	**HM2022**		**HM2022**		**HM2022**	
Household Income[5]								
Per capita income	$28,283	$30,098	$35,977	▲	$31,552	▲	$34,103	▲
Median household income	$50,877	$54,037	$64,713	▲	$58,642	▲	$65,712	▲
Mean household income	$69,197	$73,666	$87,764	▲	$76,958	▲	$88,607	▲
Total People Below Federal Poverty Levels (FPL)[2]								
Below 100% FPL	209,500	205,186	201,099		1,582,931		42,583,651	
200% FPL or below	-	-	402,028		3,531,134		98,487,667	
400% FPL or below	-	-	779,169		7,162,783		193,220,556	
Poverty Status of Families[2]								
Below 100% FPL	12.2%	12.5%	10.0%	▼	9.2%	▼	8.6%	▼
100% - 199% FPL	15.0%	15.0%	13.4%	▼	13.9%		6.1%	▼
At or above 200% FPL	72.8%	72.5%	76.6%		76.9%		85.3%	▲
Poverty Status of Those Under 18 Years Old[1]								
Below 100% FPL	24.8%	24.5%	18.4%	▼	18.4%	▼	16.8%	▼
100% - 199% FPL	20.0%	21.3%	-		-		-	
At or above 200% FPL	55.2%	54.3%	-		-		-	
Children Eligible for Free or Reduced Lunch[6]	54.2%	53.6%	52.6%		52.7%	▲	-	

FPL=Federal Poverty Level

The zip codes in the map below (43211, 43210, 43201, 43203, and 43222) have the lowest median household incomes in Franklin County. [7] Franklin County archives from 1936 show that neighborhoods within these zip codes were impacted by redlining[8], whereby credit lenders denied credit to people for reasons unrelated to creditworthiness, such as race or ethnicity[9]. This absence of opportunity is visible in the present through its impact on the health, socioeconomic, and racial/ethnic disparities of historically redlined neighborhoods[10-12].

Lowest Median Household Income in Franklin County[7]

HOUSING INSECURITY

Housing insecurity is a term encompassing many different housing challenges, including affordability, quality, and safety. Homelessness is the most severe form of housing insecurity, and is measured here using A "Point in Time Count" (PIT) estimate, a count of the total number of people experiencing homelessness (sheltered and unsheltered) on a single night of the year. A count of individuals, as well as the percentage of homeless families (denoted by "persons in families") is shown on the next page. Homeless persons were considered part of a family if they were in a group consisting of at least one adult and at least one child under age 18.

In Franklin County, the PIT estimate is higher than the previous *HealthMap*, and the percentage of homeless using an emergency shelter who are part of a family has remained similar. About three-quarters of families using emergency shelters in Franklin County are African American (75%), well over the composition of African American families in shelters in emergency shelters in Ohio (53.1%).

Housing and Homelessness[13]

	Franklin County**				Ohio		USA	
	HM2016	**HM2019**	**HM2022**		**HM2022**		**HM2022**	
Point in Time (PIT) Count of Emergency Shelter Use								
Total persons*	1,245	1,229	2,036	▲	8,811	▲	199,478	▼
Persons in families*	36.3%	32.4%	31.0%		28.0%	▼	37.9%	▼
Composition of Families Using Emergency Shelters								
Black or African American	73.0%	76.0%	75.0%		53.1%		55.4%	
White	26.0%	22.0%	24.0%		37.4%		33.8%	
Other	1.0%	2.0%	1.0%	▼	-		-	
Hispanic	-	-	3.0%		-		-	

**Columbus, not Franklin County; US data include transitional housing.*
***Columbus, not Franklin County.*

Households who spend over 30% of the total household income on housing related costs are at increased risk of housing insecurity. The percentage of Franklin County households who spent 30% or more of income on housing remains similar to the previous *HealthMap* at around 31%.

Cost-Burdened Households

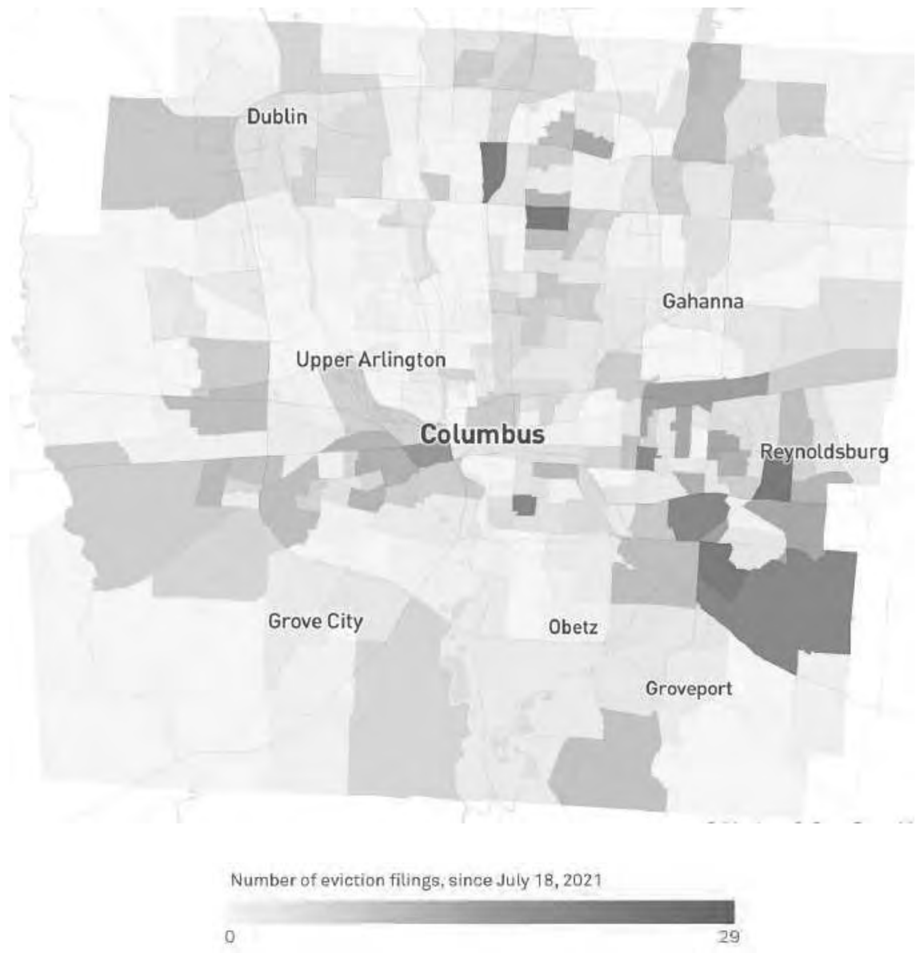
	Franklin County				Ohio		USA	
	HM2016	**HM2019**	**HM2022**		**HM2022**		**HM2022**	
Cost-burdened Households								
Housing costs ≥ 50% of income[14]	14.6%	17.2%	-		-		-	
Housing costs ≥ 30% of income[15]	26.3%	31.9%	31.4%		27.5%		28.9%	▼

Households who spend a higher proportion of their income on housing may be at a higher risk of eviction.

In 2016, the Eviction Lab at Princeton University found that Columbus' eviction rate was 4.6 per 100 renter homes, which was similar to the eviction rates in Cleveland (4.6) and Cincinnati (4.7). In other Midwestern cities, the eviction rate varies from 1.1 in Chicago, to 5.2 in Detroit,

and 7.3 in Indianapolis. More recently (from July 18, 2021 – August 23, 2021), Eviction Lab data suggests that census tracts in eastern Franklin County are associated with a large number of eviction filings.[16]

Census Tracts With Greatest Number of Eviction Filings[16]



FOOD INSECURITY

Food insecurity is another indicator of poverty. The USDA describes food insecurity as the "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways."[17] In Franklin County, 12.8% of residents are food insecure. With data reflecting 2019 rates, this percentage does not represent food insecurity experienced during the COVID-19 pandemic. More recent data may provide higher estimates of food insecurity.

Over half (53.2%) of all Franklin County SNAP households include children under the age of 18.

Food Access

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Food Insecurity[18]								
Residents	17.7%	17.4%	12.8%	▼	13.2%	▼	10.9%	▼
Children	22.3%	20.4%	17.5%	▼	17.4%	▼	14.6%	▼
SNAP Households								
Among all households[19]	15.5%	14.6%	11.9%	▼	13.7%		12.2%	
SNAP households with 1+ people 60 years and over[19*]	22.4%	23.5%	28.9%	▲	29.3%	▲	32.1%	
SNAP households with 1+ children under 18 years[19*]	51.7%	53.7%	53.2%		47.6%		51.3%	
Among households below 100% FPL[20]	-	-	54.5%		53.9%		48.4%	

**Denominator is total SNAP households*

Community Voices on Poverty's Health Impact

Community members voiced how poverty impacts access to health care: by impacting the ability to pay for health care, the quality of health care received, and how health care is prioritized compared to other financial responsibilities. Also mentioned was poverty's impact on mental health, nutrition, and housing outcomes.

Community members discussed how poverty limits the places individuals can go for health care and impacts which staff members treat them.

> "So a lot of places don't want to deal with people that have any kind of Medicaid unless it's straight up Medicaid because then they know they'll get paid. So I think a lot of people have that problem being treated badly because of that."
>
> "And I've noticed that when you go to healthcare clinics or facilities of any sort, if you don't have decent type of coverage, they'll send their students, they being the doctors who are specialists of that area or just the internists."
>
> "The quality of care you receive is based on your economic level. So that's very disheartening. So then you do get the kids who are right out of medical school. They're probably getting some incentive. They're only going to work in these clinics for a very short period of time, and then they're going to be gone."
>
> "You are experimental. Whether it's dentistry, whether it's heart surgery, it does not matter. I've seen it."

Poverty was linked with having less insurance coverage or unaffordable deductibles.

> "Part of the reason you're in poverty, too, would be a low-paying job. And being that most of our healthcare is employer tied, some of those low-paying jobs might not have the same healthcare that someone making more money might inherently have, so they're already at a disadvantage."
>
> "First of all, it causes so many health issues, because you can't afford the medication or the medical things that you need."
>
> "I feel like preventative medicine being covered by insurance is almost laughable. Like, 'Oh we've got the annual things.' Then you're like, okay, well I have a tumor in my lungs like I did last year. And they were like, 'Oh, we can't pay it. Because we could not have foreseen that this was coming.' And like, it just was so crushing to me that when I saw the list of things that were covered, and then when I needed care for something in my lung, they were like, you have to meet your $5,000 deductible."

People in poverty may have to put off health care or may practice more unhealthy behaviors in order to save money for basic needs that come first: child care, housing, and transportation.

> "From a caretaker perspective, anytime, again, you're responsible for kids or loved one and whoever it may be, your needs/desires, whatever it is, end up coming last. So it's making sure that the $9 bottle of formula or the healthier lunch alternatives for my daughter are there. All of a sudden, I'm eating ramen noodles or I'm grabbing $5 pizza from Little Caesars because I can eat twice off that. But I also know that means that I'll have the good formula for my son to eat."
>
> "The less money you have, the more financially driven your decision-making is. This country is so money driven that healthcare is going to come last when you have rent, and you have kids. Or if you work 60/80 hours a week just to take care of bills… Your first priority is always going to make sure you have a roof over your house. Like will I have a roof over my house? Do I have food to eat? Can I physically survive? Like I'm not homeless. So that's like your main concern if you're in poverty. That's what you're worrying about. You're not worrying about what's this weird bump I have on my hand? Why am I feeling different?"
>
> "That rings so true for me and people in my life too. It's just like there's so many things I need to take care of and pay for: and loans and bills. Be able to have a car to drive to work and be able to go to work. I'm like there's just so many lists of things I have to do, care for, pay for. Like my health is the absolute bottom every time. Every time."
>
> "There used to be when I was younger, you used to be able to sign off on a form for elementary school kids to be like, oh, you can give them dental care, and then they'll take them to a teeth cleaning for free vaccines or whatever. And now at most schools that won't happen. It would have made it easier for parents with

> taking off from work. Because the school takes care of it, you give consent, they're able to get it. So there's, that's often the people can't take off from work, and that's an issue with the income."

Poverty has a negative impact on the mental health of adults and youth.

> "Having a lack of resources, and the parent gets stressed out and that affects how they parent."
>
> "I also think like if you can put a roof over your family's head and dinner on the table, those are two like very stabilizing things for our family. So, you've also reduced like mental health stress…"
>
> "I think it makes it makes [mental health] worse because I think if you're in poverty, you're usually depressed."
>
> "They see these kids come with name brands, and these kids who can't afford name brands get teased, and that can cause depression. And when they go home, they're asking their parents. 'Oh, so-and-so has this. I want you to buy me this.' And the parents can't afford it."

Poverty impacts the ability of people to get adequate, nutritious food. It also limits what people are able to eat if they don't have utilities or the resources to cook food.

> "Some of the children in the poor area, they might go all day and not even have food."
>
> "You have to talk about food and either for lack of time and energy from working, they don't have opportunities to prepare food at home. Sometimes it's cheaper to get something that's not as good quality."
>
> "Healthy food is expensive. Cheap food is like fattening food. You're going to go for it if you're lacking the funds. Buy whatever's the cheapest."
>
> "It affects all of them because you have different point of view depending on how much money you have. If you have somebody that makes 200 grand and I make 50 grand, our perspective on everything's going to be different. That $20 lettuce wrap is going to be affordable. Or if you make 20 grand a year in your household, you can't even afford the cheeseburger at McDonald's."
>
> "I mean, there's just more checks and balances that need to go in place to just give people a box of food or produce. I don't know what his situation is, but one of the panhandlers, someone gave him a whole box of produce. I'm thinking, 'Well, what is he going to do?' He didn't look like he had the facilities to wash it [or cook it]."

Those affected by poverty may have increased residential mobility due to rising housing costs in gentrified areas. The standard of housing they can afford may also compromise their health outcomes.

> "Several people reported to me that they're being evicted from their apartment complex. They've stayed many years and paid their rent faithfully…But their lease is not going to be renewed, and now they're scrabbling to find places…The elderly that's in the communities that have no people that give them support…"
>
> "I think what's really sad, too, kind of like what you were saying, people live in certain apartment complex, and then someone comes in and buys them, fixes them up, and then jacks the rent up. And now they're 400 to 500 extra monthly. The people who are living there can't afford it, so they have to leave and find other places to live."
>
> "And I don't think there's a lot of HUD housing and oh there's not enough for these people that we need. So instead there's these big buildings that are like $1,200 a month for a one bedroom. Build, you know, condominiums for women and children and people who are pregnant. You know what I mean? Build all that for the communities that have so much, women, children, families out on the streets seeking shelters for hope. And then they're overcrowded, and they're pushed back, and they're pushed away. So I see a lot of that going on."
>
> "Like the gentrification issue. So it is really great that this area of Franklinton is being built up, but where all those native Franklinton people to go then? They're getting booted out."
>
> "So he says equal housing. So that means like, the place you live is the same as this person and this person, but that's not the case. They're slumlords. And there's people who just don't want to… take care of property. It's barely livable...causing all the low self-esteem for the people who live in the neighborhood."

Education Indicators

This section describes education indicators including the highest educational level attained by adult residents, kindergarten readiness, 3rd grade reading proficiency, and graduation rates.

ADULT EDUCATIONAL ATTAINMENT

As shown in the table below, 40.1% of Franklin County adult residents have a bachelor's degree or higher, similar to the last *HealthMap* (38.4%). Franklin County's percentage of adults with a bachelor's degree or higher is greater than the state and national percentages (28.3% and 32.2%, respectively).

Educational Attainment[21]

	Franklin County				Ohio	USA
	HM2016	HM2019	HM2022		HM2022	HM2022
Educational Attainment						
No high school	3.2%	3.1%	2.9%		2.8%	5.1%
Some high school (no degree)	7.1%	6.6%	5.9%	▼	6.8%	6.9%
High school graduate	25.7%	25.0%	24.6%		33.0%	27.0%
Some college (no degree)	21.0%	20.2%	19.6%		20.4%	20.4%
Associate's degree	6.7%	6.8%	6.9%		8.7%	8.5%
Bachelor's degree	23.4%	24.4%	25.3%		17.6%	19.8%
Graduate or professional degree	13.0%	14.0%	14.8%		10.7%	12.4%

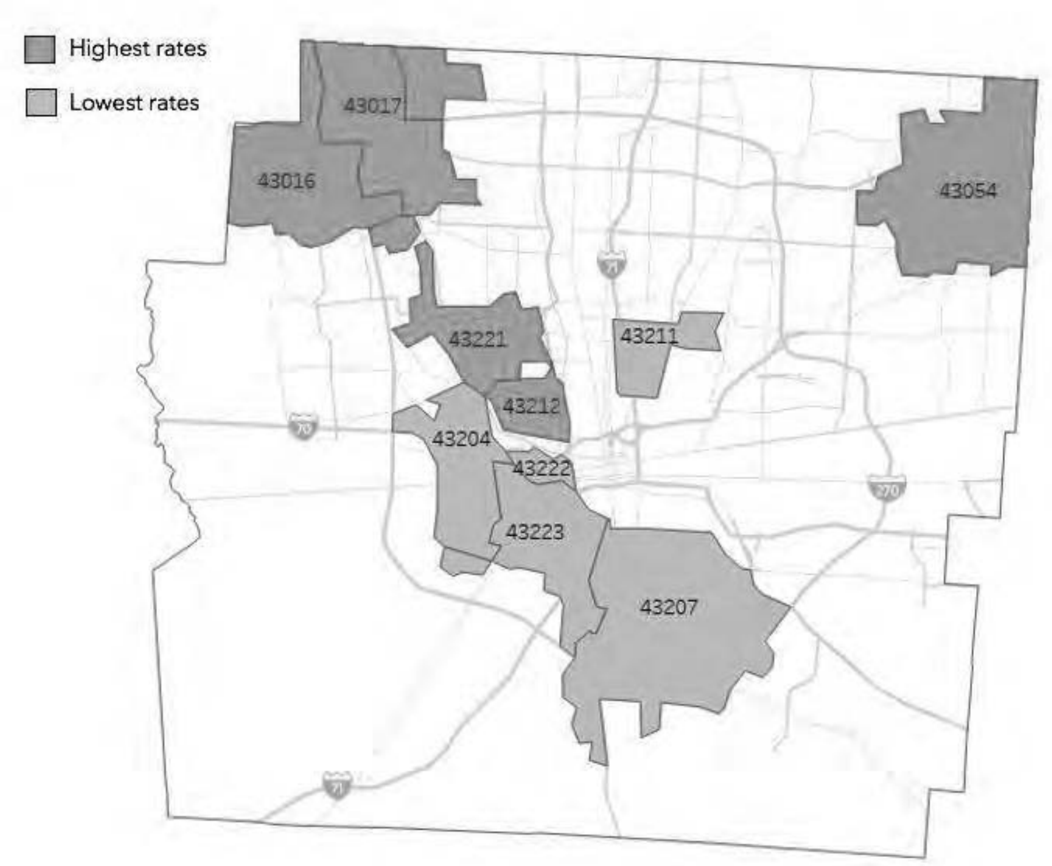
As shown in the next table, 8.8% of people in Franklin County aged 25 years and over have not graduated from high school, a decrease from 2019's *HealthMap* (9.7%). The groups with the highest percentage of members that have less than a high school diploma are those listing "Other" as their race (30.6%) and Hispanics (25.4%).

Adults With Less Than High School Education[21]

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Adults With Less Than High School Diploma (Overall)	**10.3%**	**9.7%**	**8.8%**		**22.0%**	▲	**23.5%**	▲
Male	10.5%	9.9%	8.9%	▼	23.5%	▲	25.8%	▲
Female	10.1%	9.3%	8.8%		20.5%	▲	21.2%	▲
Black or African American	14.0%	14.2%	12.6%	▼	14.1%	▼	14.0%	
Asian	16.0%	12.9%	12.3%		12.7%		12.9%	
Multiracial	10.0%	9.9%	8.9%	▼	11.5%		11.5%	
Other	40.0%	34.5%	30.6%	▼	28.4%		37.3%	
Hispanic	37.0%	30.6%	25.4%	▼	23.8%		31.3%	
White, non-Hispanic	8.0%	7.0%	6.4%		8.4%		7.1%	

The Franklin County zip codes with the lowest percentage of residents with at least a high school diploma are shaded in grey in the map below. The zip codes shaded in green have the highest percentage of residents with at least a high school diploma.

Zip Codes With Lowest and Highest Rates of Residents With High School Diploma[22]



YOUTH EDUCATIONAL ATTAINMENT

Graduation rates and future educational attainment can be impacted by a child's proficiency in school, measured as early as kindergarten.

The state of Ohio uses the Kindergarten Readiness Assessment (KRA) to determine if students are ready for kindergarten. Students' scores can place them into one of three bands, with Band 1 – Emerging in Readiness, Band 2 – Approaching Readiness, and Band 3 – Demonstrating Readiness. Those scoring in Bands 2 and 3 are considered ready for kindergarten.

As measured by the Ohio Department of Education, 76.3% of Franklin County children score in Bands 2 and 3 of Ohio's Kindergarten Readiness Assessment.

Educational Proficiency[23]

	Franklin County			Ohio
	HM2016	HM2019	HM2022	HM2022
Students Ready for Kindergarten	68.8%	73.4%	76.3%	77.3%

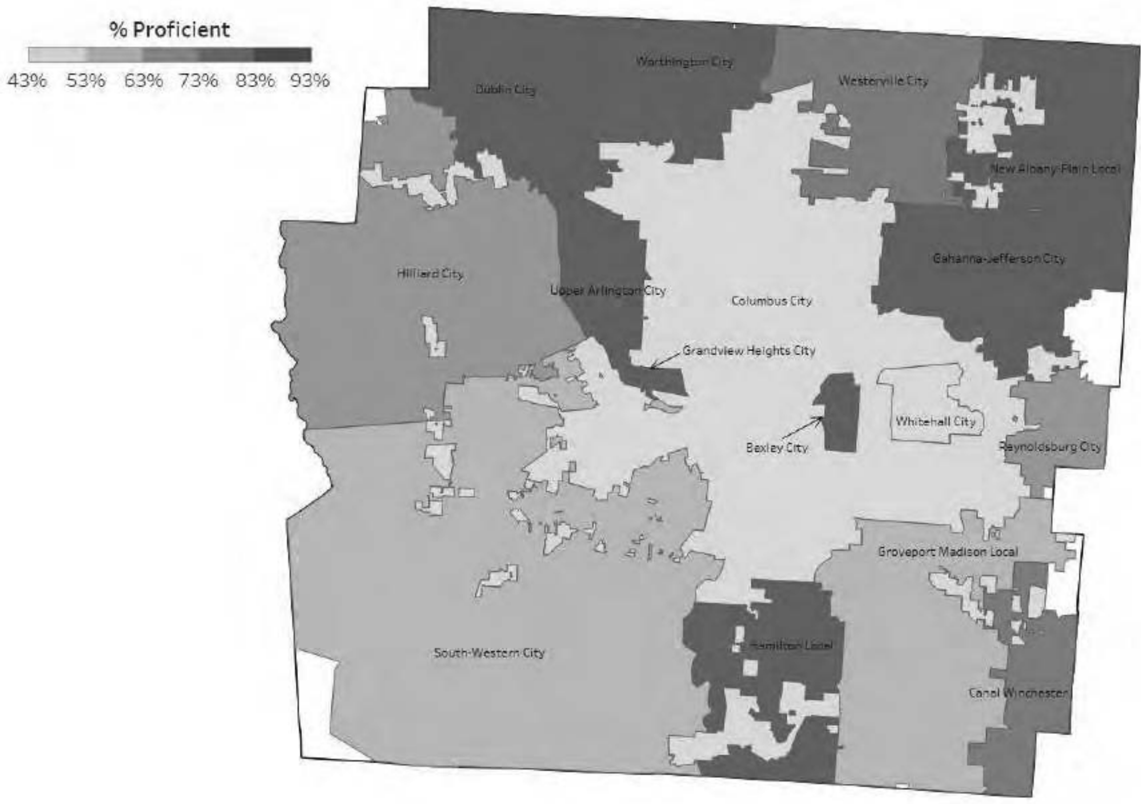
The school districts in Franklin County with the lowest rates of students who are ready for kindergarten are Columbus City, Groveport Madison Local, Reynoldsburg City, South-Western City, and Whitehall City. The school districts in Franklin County with the highest rates of students who are ready for kindergarten are Bexley City, Grandview Heights Schools, New Albany-Plain Local, Upper Arlington City, and Westerville City.[24]

Kindergarten Readiness, by School District

Special emphasis is also placed on the third grade when measuring educational outcomes of a community, because after third grade, students are expected to "read to learn," rather than "learn to read." Accordingly, educational outcomes like high school graduation can be impacted if reading proficiency is not attained.[25]

The school districts in Franklin County with the lowest rates of 3rd grade students who can read at proficient levels are Columbus City, Groveport Madison Local, Hilliard City, South-Western City, and Whitehall City.[29] The school districts in Franklin County with the highest rates of 3rd grade students who can read at proficient levels are Bexley City, Grandview Heights, Hamilton Local, New Albany-Plain Local, and Upper Arlington City.[26]

3rd Grade Reading Proficiency, by School District



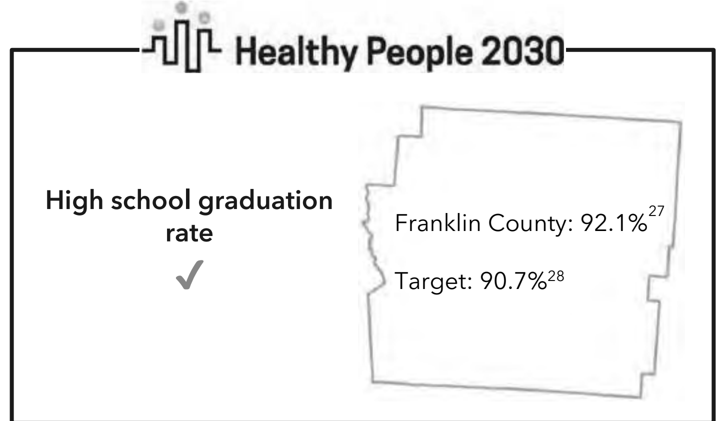
The four-year high school graduation rate is the percentage of ninth grade students that received a high school diploma in four years. Franklin County's four-year high school graduation rate is better than national figures, but slightly under Ohio's rate of 93%.

High School Graduation Rate[27]

	Franklin County			Ohio		USA
	HM2016	HM2019	HM2022	HM2022		HM2022
Four-Year High School Graduation Rate	**88.6%**	**87.8%**	**92.1%**	**93.0%**	▲	**88.0%**
Male	90.4%	>89.0%*	92.9%	92.9%		87.3%
Female	92.3%	>91.8%*	89.4%	93.3%		88.6%
Black or African American	86.8%	76.2%	72.6%	86.8%		79.6%
Asian / Pacific Islander	91.9%	81.1%	87.3%	89.2%		87.1%
Multiracial	88.8%	87.3%	90.9%	88.4%		89.2%
Hispanic	79.8%	63.7%	69.5%	77.7%		70.5%
White, non-Hispanic	92.8%	92.0%	93.8%	92.1%		93.3%

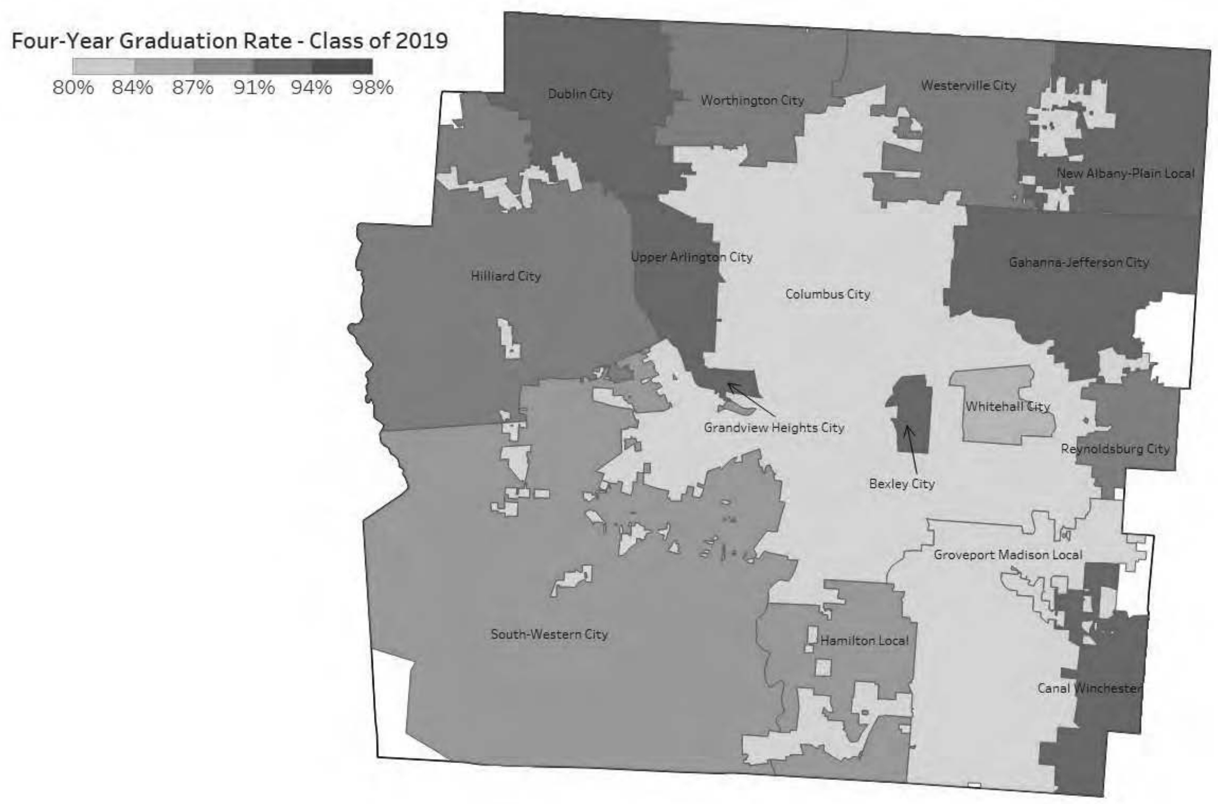
Note: Sex and racial graduation rates for Franklin County & Ohio are an average of all individual school district sex and racial graduation rates.

**Graduation rates included several ">95%", thus this is the most accurate measure possible.*



The school districts in Franklin County with the lowest high school graduation rates are Columbus City, Groveport Madison Local, Hamilton Local, South-Western City, and Whitehall City. The school districts in Franklin County with the highest high school graduation rates are Bexley City, Canal Winchester Local, Dublin City, New Albany Plain Local, and Upper Arlington City.[29]

High School Graduation Rates, by School District



Community Voices on Education's Health Impact

Community members focused less on the importance of formal education for health outcomes, and more on the importance of health education specifically. They did mention how those with lower levels of formal education may be less confident asking questions related to their health in medical visits and engaging in self-advocacy.

Communities need more accessible and quality education about how to be healthy, involving nutrition, vaccines, and life skills like money management.

> "So we have mentioned the understanding of being able to be healthy and have an understanding of nutrition, right? And that's important to know how to be healthy, but somebody has to teach you that, right? And so if people don't have that access to education, they don't have access to what I would argue is the currency of freedom...It's the freedom to be able to make decisions that you want to make versus you'd have to make. It's the freedom to understand the implications of the decisions that you make down the line."
>
> "If access to formal education is one [issue], then access to quality information is two. Whether I have a formal education or not, if I have access to the type of information that can educate myself on the things that I need, that's equally important. There's a value to that, that I think we underestimate because making information available to people, there's information in all of these informal spaces that we don't capitalize on to make sure people are able to educate themselves on the issues that matter to them."
>
> "We need to be informed in a way in which the layman can understand."
>
> "My country has a better understanding about vaccination than this country, and it's really like a third world. How is that possible? I mean, honestly, how is that possible? This country has a lot of potential to do things way better. But the point is, we're targeting political issues, money issues, instead of health issues."
>
> "I think that health information needs to be given out more consistently on a regular basis and needs to be on the TV."
>
> "But exposure to other things really lacks, you know, in some communities, where you have children, no one's ever even seen what zucchini looks like or vegetables outside of their dreams? You know, I mean, things like that. So, it's like exposure sometimes that doesn't exist in formal education, or just education period."
>
> "Sometimes in the schools, some of the stuff like that is irrelevant for some kids. Everybody's not going to be a rocket scientist, so they need to teach how to live your life after you get out of school. Daily living, how to manage your money..."

The level of self-advocacy individuals engage in when it comes to medical care may be reflective of the skills learned in formal education.

> "I know my aunt, she doesn't like to ask questions because she's not very confident. She has a high school education, so I knew she was not going to ask the right questions [at her doctor's appointment] ...I feel like when people lack education, they don't inquire. They feel a little intimidated, so they just accept whatever the medical professional tells them as the gospel truth. No, you need to question. You need to ask. This is what you need to say, and I write things down for her. She still doesn't, so I have to actually show up."
>
> "There's a sense of self advocacy that you can't necessarily express what you're thinking. When you're in these moments of high pressure, when you're hearing bad news about your child from your pediatrician, you'll just be like, 'Okay, uh-huh, yes.' But you forget to ask, 'Why am I taking this medicine? How is it going to make it better? What should I do if I see these x, y, and z?' ...They don't ask questions about who's going to be there, how long is it going to take. And that comes with this special level of training that happens from your parents, but also it happens in school to be okay to ask."
>
> "They can go all the way through whatever levels of education, but if we're not giving people the tools to think for themselves, they're thinking about asking this question, they're like, 'Well, why is that like that? What does that mean?' Even stuff like what does that mean. So that critical thinking that often happens later on in education, but can happen earlier in school, can be inserted into any curriculum. Critical thinking is important to self-advocacy."

Employment Indicators

This section describes employment indicators that are related to other social determinants and future health outcomes, namely employment status and occupation.

The unemployment rate has decreased in Franklin County since the last *HealthMap*, following statewide and national trends.

Employment Status

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
In Labor Force (Total)[5]	69.5%	69.7%	70.0%		63.3%		63.4%	
Employment Rate of Civilian Labor Force[5]								
Employed	93.4%	96.1%	96.5%		94.8%		94.8%	
Unemployed	6.6%	3.9%	3.5%		5.2%		5.2%	▲
Annual Average Unemployment Rate[30]	4.9%	4.0%	3.5%	▼	4.1%	▼	3.7%	▼

Over 40% of all Franklin County residents are employed in management, professional or related occupations.

Employment Occupations[7]

	Franklin County				Ohio	USA
	HM2016	HM2019	HM2022		HM2022	HM2022
Occupation Types						
Management, professional, and related occupations	41.4%	42.1%	43.6%		37.0%	38.5%
Sales and office	24.0%	24.9%	22.1%	▼	21.4%	21.6%
Service	17.7%	16.8%	16.3%		17.2%	17.8%
Production, transportation, and material moving	11.3%	11.1%	13.1%	▲	17.0%	13.2%
Construction, extraction, maintenance, and repair	-	-	11.6%		20.7%	16.7%
Farming, fishing, and forestry	-	-	0.2%		1.0%	1.8%
Natural resources, construction, and maintenance	5.5%	5.1%	4.9%		7.5%	8.9%

Social and Community Context

This section provides insight on crime rates in Franklin County, as well as the impact of racial and ethnic identity on health outcomes.

CRIME AND SAFETY

In Franklin County, the total rate of property crimes that occur per every 1,000 residents remains similar to the last *HealthMap*. The rate of murder has increased in this time period. The rate of both violent crime and property crime are higher for Franklin County than for Ohio or for the USA overall.

Crime and Safety

	Franklin County				Ohio		USA	
	HM2016	**HM2019**	**HM2022**		**HM2022**		**HM2022**	
Violent Crime (Total)[31]	**4.5**	**3.8**	**3.9**		**3.0**		**3.7**	
Murder*	0.1	0.1	0.2	▲	0.1	▲	0.5	▲
Rape**	0.5	0.8	0.8		0.5	▲	0.4	
Robbery	2.7	1.8	1.7		1.0		0.8	▼
Aggravated Assault	1.0	1.2	1.3		1.5	▲	2.5	
Assault/Alleged Abuse Hospitalizations[32]* **	**141.3**	**89.1**	**90.0**		-		-	
Property Crime (Total)[31]	**47.2**	**34.4**	**34.2**		**23.9**		**24.5**	

Note: Rates for Murder, Rape, and Aggravated Assault are based on Columbus data only for HM2022.
Rate per 1,000 population, unless noted otherwise.
**US data includes nonnegligent manslaughter*
***FC&OH: Defined as "Forcible Rape" for HM16 and "Rape" in HM2019 & HM2022 | US: "Legacy definition" for HM16 & "Revised definition" for HM2019 & HM2022.*
****Rate per 100,000 population.*

The map displayed on the next page shows those areas of Franklin County with the highest rates of violent crime per 1,000 of the population. These areas include zip codes 43211, 43202, 43205, 43206, and 43222.

This analysis of violent crime includes incidents of robbery (from individual or commercial owners), aggravated assault, sexual assault, and homicide.

Zip Codes With Highest Rates of Violent Crime[34]

RACIAL AND ETHNIC BARRIERS TO HEALTH EQUITY

The concept of health equity means that no person is "disadvantaged from achieving their [full health potential] because of social position or other socially determined circumstances."[35] Throughout this report, multiple references to the impact of racial and ethnic identity on health outcomes suggest that health equity for all Franklin County residents has not yet been achieved. On the following pages, non-White community members detail the impact that racial and ethnic identities have on their health outcomes, and how racism forms barriers to achieving their full health potential.

Community Voices on Racial Barriers to Health Equity

Community members spoke about their experiences being Black and African American, Asian, and Hispanic/Latino in Franklin County. They see race impacting health in the quality of medical care received, increased mental stress and untreated mental illness, and the way structural racism forms communities with inadequate basic needs: like safety and access to nutrition.

Community members recounted personal experiences of feeling their race influenced them to get a low quality of care at a medical facility. Being perceived as a racial stereotype, having their demographic unrepresented in medical staff, and needing a translator for services can result in racial and ethnic minorities having a poor experience with the health care system.

> "I heard a lot of stories where people died from lack of care in a hospital. They don't even check on you or they just treat you a certain type of way. I just heard a lot of stories this year about stuff like that happening in hospitals. And [African Americans] are not examined...However, I went to the urgent care at least two to three different times because of what was going on. At least two of those three times, I was not even examined."
>
> "She said she was near death pretty much, and they weren't believing her, and I think it probably has a lot to do with the color of her skin."
>
> "I get treated like that, like, 'Oh, it's not time yet,' or 'Oh, we do see you have a whole bunch of cysts on your ovaries, but we're going to give you some Tylenol. Go home.' And so I don't know what else it is. And I can feel it when they're in my face, I can feel it, like they think I just want medicine. And it's a big problem. And I know many, many African American women who deal with that, especially at the emergency room, in the hospital, where you're going because you don't have another choice. It's a sick, sad problem."
>
> "We don't trust our doctors because we think that they just put us in a group...or we are illegal aliens to them that don't matter. Oh, you're Hispanic and Latina? I get scared to check that mark sometimes on paper."
>
> "She touched on it a bit about not seeing people who look like you. You know, that is a big difference for people. It does perpetuate a lack of trust or that massive fear. And so, you know, I have several friends in the medical field. Like OB or nurse midwives and nurses. I think it's about less than 10% here in the state of Ohio are Black women, as far as OB. But look how many Black women there are here or even Latina women. A lot of times, you see a White man."
>
> "From what my friends have told me, some doctors are really accommodating. They really want to treat the patient well. Other doctors are annoyed that they have to try to communicate with somebody through a translator. So I think that adds another level of how well a person feels like they're being treated or how well they actually are being treated based on language barrier."

Community members spoke about the mental strain of dealing with racism and other forms of discrimination, and the compounding issue of stigma related to seeking help for poor mental health.

> "That's another reason why there's so much drug addiction, so much drinking and escapism and not watching politics, unfortunately. It's because life is so incredibly burdensome living here [as a Black person]."
>
> "Well, as an Asian person, I think that it has greatly affected the Asian community. Ever since President Trump had said that it was the Wuhan virus or the China virus, there have been so many more attacks on the Asian community and more questions to me...So I think that it does magnify the virus in that you feel like you're getting blamed for it in a way, which is very unfair, but also, you have this anxiety and stress of the virus itself. And so it just magnifies the issues."
>
> "There's a thing called the chronic stress hypothesis, which thinks about things like racism and the way that it systemically functions in our society, right? So being a Black woman in America, being a Black man in America, being an Asian woman in America, regardless, the additional stress that comes from the racism you get...So over time, the thought is that the additional stress creates a chronic stress response that is going to cause communities of color not only to have increased rates of like low birth weight and preterm babies and diabetes, but there are some other genetic predispositions that can be turned on by chronic stress, then we end up with issues like increased risk of dementia, increased risk of mental illness, increased risk of heart disease."
>
> "Especially the mixed children. They are very confused if they're White or Black. When they go to school, they're Black, but they know themselves – That's one part of it, but when someone's just saying, 'You're Black, you're Black, you're Black,' and they go in the world just confused. The parents don't talk to them about certain things that they will encounter when they get into the world. Okay, at home, you know that you're mixed, but out in the world, you're going to be labeled Black. So that gets into their brain, and they deal with that in school because they don't know if they should hang out with White children or Black children. And the White children are not as accepting."
>
> "And there's stigma associated with seeking mental health for men as well, or men of color, but different, than women because we are mainly the caretakers of the home and the kids. And so like, if you don't have yourself straight, how are you going to be like taking care of other people. And there's a major, major fear and sometimes misconception about you speaking up, and getting the help you need for saying that you're having a hard time and your kids are going to be taken away to CPS, yes, that's a real thing. Yes, people do come in and take your children away, but it's not as rampant…"
>
> "And even in like as we were growing up, we were shown not to show a lot of like emotions to other people. So we're not supposed to show any empathy, any anything like emotional wise. So I think it's like when it comes to Hispanic culture, I think that's where they come from. They're taught a lot about not showing what you're actually feeling."

Community members talked about how racism makes people feel unsafe, and how neighborhoods with large populations of racial minorities do not have access to the same resources found in predominantly White neighborhoods.

> "So the comfort some of us might feel going outside to go for a jog to stay healthy and fit might not be received the same way in different neighborhoods for people of different color. So I think police violence, obviously, as a whole is a systematic health problem to communities, too."
>
> "You walk in the door as a Black person, light, brown, dark, light, whatever, you're suddenly a criminal from the get-go. And all of a sudden, the burden is on us to try and prove to you we're one of the good ones."
>
> "Maybe it's a matter of the interpretation of the idea of a health crisis. But I mean, there's obvious systemic violence against Black bodies in all communities across America. On behalf of police, on behalf of other community members. I cannot speak to access to health care being a racial issue other than maybe socio-economic status. But I can certainly see that if we're talking about health on a broad scale, that like violence against Black and people of color is obviously an everyday issue in America everywhere."
>
> "They're looking at different pockets of areas and look at where certain money went. It was like okay; we'll look at this area. This is probably a more White area. This is probably more a nicer area. Things of that sort. So from my experience it won't play a factor face to face, but as we go and look at the stats by the numbers, you'll see a disparity where one area might be more predominantly White, or one area might be more diverse."
>
> "There's even less opportunity for healthy food than there is in more upper-class neighborhoods…most of the customers in that store are foreigners, okay? So, they can throw, they think they can throw that off on them, those old vegetables and stuff and they buy them."
>
> "You don't see the meals and the vegetables that's needed in the communities, when you know the health risks are higher. Data proves that especially in communities of color, and African American communities alone, that have high blood pressure, Diabetes, and heart disease are number one. But yet still, you take this door and accessibility away from me that now I have to travel to somewhere where I can't go. But so now we'll go over to Family Dollar, so that racism is real."
>
> "And loads of lead levels and chemical wastes in the ground affecting our health that way."

ENVIRONMENTAL HEATH

The American Public Health Association defines environmental health as the branch of public health that focuses on the relationships between people and their environment. *Franklin County HealthMap2022* explicitly considered several environmental factors that contribute to healthy, safe communities; these factors are shown in the table on the next page.

Environmental Health

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Children tested for lead (less than six years of age)[36]*	207.46	212.74	197.21		172.48	▼
Heat and Pollution Measures						
# of days with moderate or higher levels of fine particle (PM2.5) pollution[37]	44	90	43		-	
# of days with moderate or higher levels of ozone pollution (March – October)[37]	59	46	35	▼	-	
# of days with maximum temperature equal to or greater than 90 degrees Fahrenheit[38]	20	31	30	▼	-	

**Age-adjusted rate per 1,000 population.*

Readers should note that multiple environmental health factors were identified by community residents who participated in the focus group sessions. In the future, additional sources of environmental health information will be identified and shared with the community.

MEASURES OF OPPORTUNITY IN FRANKLIN COUNTY

This section ends with an overarching, multidimensional view of a variety of social determinants of health among Franklin County and Ohio residents. The Opportunity Index data shown below have scores ranging from 0-100. The two counties in Ohio with the highest opportunity scores are Delaware County (71) and Warren County (63.7).[39]

- **Opportunity Score:** the average of the economic, educational, community, and health scores presented in the table.
- **Economy Score:** reflects a variety of economic measures (e.g., unemployment rate, median household income, number of people below the federal poverty level, income inequality, access to banking services, affordable housing).
- **Education Score:** reflects a variety of educational measures (e.g., children in preschool, on-time high school graduation rate, post-secondary education rate).
- **Community Score:** reflects a variety of civic measures (e.g., voter registration, violent crime rate, incarceration, access to primary healthcare, access to healthy foods).
- **Health Score:** reflects a variety of health measures (e.g., low birth weight rate, health insurance coverage, deaths related to alcohol, substance use, and suicide).

Opportunity Index[39]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
☆ **Opportunity Score**	-	50.8	54.1		49.9	
Economy Score	-	51.2	57.1	▲	57.5	▲
Education Score	-	62.3	59.7		51.7	
Community Score	-	43.4	51.7	▲	51.0	
♡ **Health Score**	-	46.5	47.8		39.3	▼

References

[1] U.S Census Bureau, American Community Survey 5-Year Estimates, 2015-2019 (HM2022), 2012-2016 (HM2019), 2010-2014 (HM2016)

[2] U.S Census Bureau, American Community Survey 1-Year estimates, 2019 (HM2022); 2013 (HM2016); U.S Census Bureau, American Community Survey 5-Year estimates, 2012-2016 (HM2019)

[3] 2021 1Q Medicaid MBS Enrollment (US); Ohio Department of Medicaid Demographics and Enrollment Dashboard May 2021, 2021 (HM2022), 2016 (HM2019)

[4] Healthy People 2030 Objective AHS-01, U.S. Department of Health and Human Services

[5] U.S. Census Bureau, American Community Survey 1-Year Estimates, 2019 (HM2022); U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019), 2009-2013 (HM2016)

[6] Ohio Dept. of Education, Data for Free and Reduced Price Meal Eligibility, 2019-2020 (HM2022), FY2018 (HM2019), FY2016 (HM2016)

[7] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019 (HM2022); 2008-2012 (HM2016); U.S. Census Bureau, American Community Survey 1-Year Estimates, 2016 (HM2019)

[8] https://sites.owu.edu/engagingcolumbus/redlining/

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[12] Appel, I., & Nickerson, J. (2016). Pockets of poverty: The long-term effects of redlining. *Available at SSRN 2852856*.

[13] Community Shelter Board (Franklin County), 2020 (HM2022), 2017 (HM2019), 2014 (HM2016); U.S. Department of Housing and Urban Development (Ohio and United States), 2020 (HM2022), 10/1/16-9/30/17 (HM2019), 2013 (HM2016)

[14] U.S Census Bureau, American Community Survey 1-Year Estimates, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

[15] U.S Census Bureau, American Community Survey 5-Year Estimates, 2015-2019 (HM2022), 2012-2016 (HM2019), 2009-2013 (HM2016)

[16] Princeton University Eviction Lab, Top Evicting Areas, 2016. https://evictionlab.org/eviction-tracking/columbus-oh/

[17] U.S. Department of Agriculture. "Food Security in the U.S. – Measurement." https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx

[18] Feeding America, "Map the Meal Gap", 2019 (HM2022), 2015 (HM2019), 2012 (HM2016)

[19]U.S Census Bureau, American Community Survey 5-Year Estimates, 2015-2019 (HM2022), 2010-2014 (HM2019); U.S Census Bureau, American Community Survey 1-Year Estimates, 2013 (HM2016)

[20]2021 Jan. Ohio Department of Job and Family Services Caseload Summary Stat Report

[21]U.S Census Bureau, American Community Survey 5-Year Estimates, 2015-2019 (HM2022), 2012-2016 (HM2019); U.S Census Bureau, American Community Survey 1-Year Estimates, 2013 (HM2016)

[22]U.S Census Bureau, American Community Survey 1-Year Estimates, 2019 (HM2022)

[23]Ohio Department of Education 2018-2019 (HM2022), (Franklin County), 2016-2017 (HM2019), (Ohio) 2015-2016 (HM2019), 2013-2014 (HM2016)

[24]Ohio Department of Education, 2019-2020.

[25]Weyer, M. & Casares, J.E. (2019). *Pre-Kindergarten-Third Grade Literacy*. National Conference of State Legislatures. https://www.ncsl.org/research/education/pre-kindergarten-third-grade-literacy.aspx

[26]Ohio Department of Education, 2018-2019. https://reports.education.ohio.gov/overview

[27]Franklin and Ohio: Ohio Department of Education; US: U.S Department of Education. HM16: Franklin and Ohio- 2012-2013, US- 2011-2012; HM19: OH - 2016, US- 2014-2015; HM22 OH - 2020; US 2018-2019

[28]Healthy People 2030 Objective AH-08, U.S. Department of Health and Human Services

[29]Ohio Department of Education, 2019. https://reports.education.ohio.gov/report/report-card-data-4-year-longitudinal-graduation-rate-district

[30]Ohio Department of Jobs and Family Services, Ohio Labor Market Information, Civilian Labor Force estimates, 2019 (HM2022), 2017 (HM2019); 2013 (HM2016)

[31]Office of Criminal Justice Services, Crime by County Statistics (Franklin County and Ohio), 2017 (HM2022), 2016 (HM2019), 2012 (HM2016); FBI Crime in the United States, Table 1 (United States), 2016 (HM2022), 2016 (HM2019), 2012 (HM2016)

[32]Central Ohio Trauma System Registry. 2020 (HM2022), 2017 (HM2019), 2010-2012 (HM2016)

[33]RAIDS online database, 5/12/20-5/12/21

[34] https://crimegrade.org

[35]*Health Equity*. (n,d.). National Center for Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/chronicdisease/healthequity/index.htm

[36]Ohio Public Health Data Warehouse (2020)

[37]US Environmental Protection Agency. Air Quality System Data Mart available via https://www.epa.gov/airdata. (2020)

[38]Midwestern Regional Climate Center, cli-MATE: MRCC Application Tools Environment (2020)

[39]Opportunity Index, 2019 (HM2022), 2016 (HM2019). https://opportunityindex.org

This section describes the availability of health care providers and other health care resources for Franklin County residents.

Key Findings

Health Resource Availability

Franklin County residents now have greater access to certain types of health care providers (advance practice nurses, physician assistants).

Mental Health Resource Availability

Mental health providers have higher ratios of residents to a single practitioner, compared to other types of health practitioners. Community members may face additional difficulty finding a practitioner who can relate to their experiences.

Emergency Health Care Utilization

The rate of utilizing emergency rooms for the lowest severity issues decreased since the previous *HealthMap*. Combining all types of visits, Black and African American residents utilize emergency care at higher rates than other groups.

Dental Care Access

The percent of adults unable to access needed dental care increased since the previous *HealthMap*.

HEALTH RESOURCE AVAILABILITY

The ratio of Franklin County residents per licensed physicians (MDs and DOs) is similar to the last *HealthMap*, with a current ratio of 238:1, meaning one licensed physician available for every 238 residents. In 2019 the number of residents per licensed physicians was 234. However, there has been improvement in the number of advance practice nurses and physician assistants per resident, with ratios decreasing for each of these practitioners.

The ratio of Franklin County residents per optometrists has also improved slightly, with a current ratio of one optometrist per 3,530 residents, compared to one optometrist per 3,639 residents in the previous *HealthMap*.

Health Care Providers

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Licensed Physicians (MDs and DOs)[1]	239:1	234:1	238:1		250:1	
Licensed Advance Practice Nurses[2]	846:1	703:1	540:1	▼	617:1	▼
Licensed Physician Assistants[1]	5181:1	3321:1	2278:1	▼	2806:1	▼
Licensed Dentists[3]	1259:1	1337:1	1214:1		1561:1	
Licensed Optometrists[4]	3640:1	3639:1	3530:1		4969:1	
Licensed Opticians[5]	4376:1	4785:1	4636:1		3798:1	
Pharmacists[6]	-	-	617:1		534:1	
Licensed Dieticians[1]	-	-	1894:1		2335:1	
Licensed Psychiatrist[1]	5718:1	6836:1	7152:1		7356:1	
Licensed Psychologist[7]	2305:1	2379:1	2258:1		3306:1	▼
Licensed Social Worker (LISW, LSW)[8]	333:1	339:1	333:1		299:1	▼
Licensed Chemical Counselor[9]	1341:1	1137:1	919:1	▼	809:1	

Community Voices on Health Resource Availability

In addition to the number of health care professionals available per resident, health resource availability also depends on the ease of scheduling and making it to appointments.

Community members recounted difficulty finding a medical professional with hours that work with their schedule, specifically the difficulty of managing health appointments along with their work responsibilities.

> "Right now, if I needed to go to the doctor, I have so much going on. I work with a special project that I can't afford to miss a day of work right now or a couple hours of work to go to the doctor. So that's a reason. If my doctor doesn't have any evening or very late afternoon hours, then it's not likely that I would get healthcare in until my project is done."
>
> "And I think a lot of that is actual employers. I know some people would come to work sick and not go to the doctor. But I work in a new place now, and I remember feeling like, I need to take off for this. And my supervisor was like, 'Oh, great.' It's approved. Any time you need to go do something for your health, it's approved. And I'm like, 'Whoa.' But you feel like you can't take that time off. You don't feel encouraged to really take care of yourself because work comes first. And I think getting employers to understand that people feel like that, but they should not make people feel like that would be really helpful, too."
>
> "Doctors have pretty much turned into an 8 to 5 service."

Community members spoke about the benefit of having a medical professional available by phone to help when they aren't sure if they need to see a doctor, and to answer questions quickly.

> "And even being able to pick up your phone and talk to a healthcare professional who's going to tell you, 'Okay, tell me, what are your symptoms? Do you have a thermometer? Can you take your temperature?' And you see if this is happening or that is happening, and then they will make a recommendation. And sometimes they're even able to send it to a doctor in your area so that when you go to the doctor, they're prepared for what's going on with you."
>
> "Like my insurance, I do have that, but what about people who don't have health insurance? They have a number I could call and even get the best doctor or ask those type of questions to a nurse, but that's for me because I have health insurance. But if you don't, you're kind of stuck going to the emergency room or going to urgent care. And when I did not have healthcare, I would go to the emergency room if I really needed to. And sometimes I just wasn't believed that I was either this sick or in this much pain or, 'Oh, go see your primary care.' I don't have a primary care doctor, so you're the doctor I'm coming to see, but you're not believing what I'm saying. So now I'm at a loss."

While the COVID-19 pandemic led to increased use of telemedicine options in place of in person appointments, telemedicine has its own barriers to accessibility. It can be difficult for members of the population to access "virtual visits" if they have trouble utilizing the technology involved (community members mentioned this specifically for the elderly population), and if they are without the necessary equipment or Internet bandwidth to participate in a telemedicine visit.

MENTAL HEALTH RESOURCE AVAILABILITY

The table on page 59 shows the ratios of Franklin County residents per licensed psychiatrists, psychologists, and chemical counselors. While ratios have decreased (improved) for both chemical counselors and psychologists per resident, the ratio has increased for psychiatrists.

The ratio of Franklin County residents per chemical counselor is 919 residents per chemical counselor compared to 1,137 residents in the previous *HealthMap*. The ratio of residents per psychologist is 2,258 residents per psychologist compared to 2,379 residents in the previous *HealthMap*. While this hopefully represents improvements in access for those in need of psychotherapy and chemical counseling for substance abuse issues, residents with more severe mental illness requiring medical treatments and prescription drugs may have less access to this than they did in 2019. The ratio of residents per psychiatrists is 7,152:1, compared to 6,836:1 in the previous *HealthMap*.

Community Voices on Mental Health Resource Availability

For mental health treatment to be most effective, some community members want a counselor who can relate to their experiences. However, this can be hard to find.

> "One of the other things that's a challenge is, for me, for example, when my first wife died nine years ago, I went to four counselors because I could not find a counselor that shared my lived experience enough to relate to what I was going through."
>
> "So for example, in Columbus, specifically Franklin County, there's not many Black male counselors, and if that's something that you're looking for, that limitation contributes to your access."
>
> "I understand why people might say, 'I need to find somebody that looks and sounds like me that will help me navigate my issues,' but that can be a strong barrier."

Community members are unsure how to seek out help when they feel like they need treatment.

> "There still is a lack of information on what do if you think you have a substance abuse problem? What do you do if you think you're dealing with severe depression or anxiety or this or that? There's just not a lot of information on what steps to take after that."
>
> "There can be an overload of information. Because it's like you're saying how you can go to WebMD, and you can look up certain things…there's so much different information out there. It brings you back to the point where if you have some anxiety and depression, and you're looking at all of this information, it's like you're just even more...overwhelmed, confused…"

> "I don't think that people out here would know where to start if they had a mental health issue. Like if they wanted to follow up with that and see a provider, I don't know if they even know where to look, or to reach out to."
>
> "I think sometimes if you can't, like physically see the problem, you don't know when it's time to ask for help and like, look or get help."
>
> "Cities and communities need to be working together to educate what you can get help for and what is available now. But when you have eliminated all the aspects of no education, nobody really working with each other, people pushing you off, and then the healthcare industry treats it as a luxury. You just have people who are suffering and causing suffering."

EMERGENCY HEALTH CARE UTILIZATION

The ED data presented in this report are for Franklin County residents who visited any Ohio emergency department and Ohio residents who visited any Ohio emergency department in calendar year 2019.

ED utilization can be representative of health resource availability due to individuals seeking care from the ED because they lack another known place to receive treatment. This can occur if they do not have a regular health care provider or have additional issues receiving care from another source. While the prevalence of using EDs for this reason is not apparent from current data, the existence of these cases can be inferred somewhat from the data collected on ED case severity, shown in next table.

When patients are seen in the ED, they are assigned a "severity" rating between 1 and 5, with 1 being the least severe and 5 being the most severe. Level 1 health issues are "self-limited or minor," Level 2 issues are of "low to moderate severity," Level 3 issues are of "moderate severity," Level 4 issues are of "high severity, and require urgent evaluation by the physician but do not pose an immediate threat to life or physiologic function" and Level 5 issues "are of high severity and pose an immediate significant threat to life or physiologic function."

Emergency Department Visits[10]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Severity of Emergency Department Visits						
Level 1 (minor severity)	-	10.0	8.0	▼	6.7	
Level 2 (low to moderate severity)	-	52.8	51.7		43.4	▼
Level 3 (moderate severity)	-	161.3	162.0		173.2	
Level 4 (high severity, urgent evaluation required)	-	142.7	134.9		143.7	
Level 5 (high severity, immediate threat to life or function)	-	94.1	92.2		104.6	

Rate per 1,000 population who were treated and released by emergency departments

The total number of ED visits per 1,000 people in Franklin County has decreased since the last *HealthMap* (608.8 to 511.33) and is slightly less than the statewide rate. When breaking down ED visits by those who were treated and released versus those who were admitted into a hospital, the rate of patients who were treated and released decreased since the last *HealthMap,* while the rate of patients who were admitted into a hospital remained mostly similar.

The rate of individuals age 65 and older utilizing emergency departments (both treated and released and admitted into the hospital) increased since the last *HealthMap*. These individuals are more likely to be admitted into the hospital than other age groups.

Emergency Department Visits (Overall and By Age)[10]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Emergency Department Visits: Total	583.2	608.8	511.3	▼	537.4	
Emergency Department Visits: Treated & Released						
Total	-	546.3	449.7	▼	469.7	▼
0-18	-	709.7	331.1	▼	421.3	▼
19-64	-	508.9	498.1		497.4	
65+	-	427.7	550.2	▲	440.9	
Emergency Department Visits: Admitted Into Hospital						
Total	-	62.4	61.6		67.7	
0-18	-	18.6	18.9		15.0	
19-64	-	53.0	52.2		52.4	
65+	-	202.2	243.5	▲	189.6	

Rate per 1,000 population

Black or African American residents had a much higher rate of emergency department utilization than members of other racial/ethnic groups.

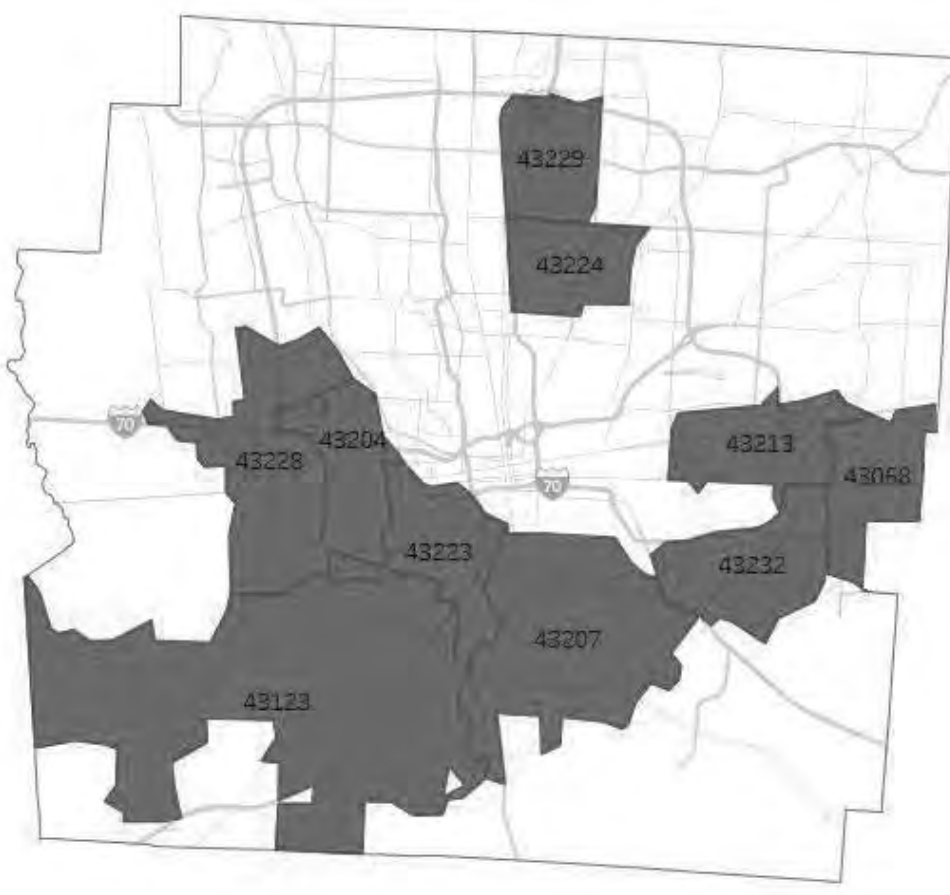
Emergency Department Visits (By Race)[10]

	Franklin County			Ohio
	HM2016	HM2019	HM2022	HM2022
Emergency Department Visits: Treated & Released				
White or Caucasian	-	-	355.8	587.9
Black or African American	-	-	719.2	875.7
Asian	-	-	0.2	0.0
Hispanic/Latino	-	-	81.9	172.4

Rate per 1,000 population

The Franklin County zip codes with the highest number of emergency department visits are shaded in red in the following map.

Emergency Department Visits (Most Frequently Reported Patient Zip Codes)[10]



Zip Codes	# of Visits
43207	37,314
43228	33,962
43232	31,923
43068	31,144
43204	30,529
43123	29,323
43229	29,163
43223	28,573
43224	25,926
43213	20,848

DENTAL CARE ACCESS & UTILIZATION

In Franklin County, fewer children aged 3-18 were unable to access needed dental care compared to the last *HealthMap* (3.9% compared to 5%). However, more adults were unable to access needed dental care during this period. In Ohio, the percentage of all age groups who could not access dental care increased since the last *HealthMap*.

Needed Dental Care But Could Not Get It[11]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Needed Dental Care But Could Not Secure It (Past 12 Months)						
Children age 3-18	4.7%	5.0%	3.9%	▼	5.9%	▲
Adults age 19-64	15.8%	11.4%	16.1%	▲	15.9%	▲
Adults age 65+	1.5%	1.3%	8.1%	▲	8.7%	▲

The percentage of residents who received dental care for any reason in the past year increased slightly from the last *HealthMap*.

Oral Health Indicators

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Oral Health Indicators						
Visited the dentist or dental clinic within the past year for any reason[12]	71.6%	69.4%	75.6%		67.4%	
Have had any permanent teeth extracted[12]	39.9%	38.3%	40.2%		45.1%	
Age 65+ who have had all of their natural teeth extracted[12]	16.4%	17.3%	17.7%		17.0%	
"Dental care" identified as a primary reason for using a hospital's emergency department[10]*	-	8.3	6.9	▼	8.0	▼

** Rate per 1,000 population.*

References

[1] Ohio State Medical Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[2] Ohio Board of Nursing, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[3] Ohio Dental Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[4] Ohio Vision Professionals Board, 2021 (HM2022), 2018 (HM2019), 2014 (HM2016)

[5] Ohio Vision Professionals Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[6] State Board of Pharmacy, 2021 (HM2022)

[7] Ohio Board of Psychology, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[8] Counselor and Social Workers Board of Ohio, 2021 (HM2022); Ohio Department of Administrative Services, 2016 (HM2019), 2014 (HM2016)

[9] Ohio Chemical Dependency Professionals Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[10] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019), 2013(HM2016)

[11] Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey, 2019 (HM2022), 2015 (HM2019), 2012 (HM2016)

[12] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2018 (HM2022), 2016 (HM2019), 2012 (HM2016).

Health Behaviors

This section describes some behaviors of Franklin County residents that affect health outcomes, including substance use and behaviors around nutrition and physical activity.

Key Findings

Substance Use

While illicit drug use appears to have decreased in Franklin County, deaths due to overdoses have increased since the last *HealthMap*.

Nutrition

Most Franklin County residents eat vegetables at least once a day, however, over 20% still do not.

Physical Activity

A majority of residents do not engage in enough physical activity to meet national guidelines.

Substance Use

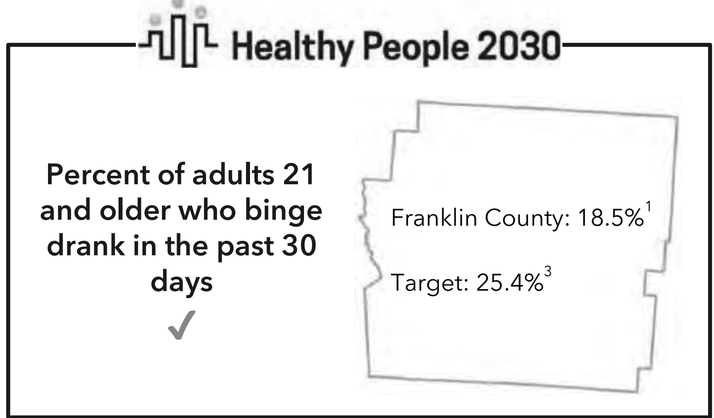
The percentage of Franklin County adults who are current smokers (22.7%) remains similar to the last *HealthMap* (21.9%). The percentage of Franklin County adults who are heavy drinkers (i.e., more than 15 drinks per week for men; more than 8 drinks per week for women) is also similar to the previous *HealthMap*.

Cigarette and Alcohol Use

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Tobacco Use[1]					
Current cigarette smokers	24.5%	21.9%	22.7%	20.5%	15.5%
Current e-cigarette users	-	-	6.8%	5.4%	4.6%
Current chew tobacco users	-	-	3.1%	4.3%	2.4%
Alcohol Consumption[1]					
Heavy drinkers	7.7%	6.2%	6.4%	6.5%	6.5%
Binge drinkers	20.5%	19.4%	18.5%	16.8%	17.5%
Driving While Impaired[2]*					
Crashes	-	113.7	114.0	111.8 ▼	-
Deaths	-	2.7	4.9 ▲	5.1 ▲	-
Injuries	-	63.3	61.7	69.9	-

**Rates of alcohol or drug related crashes per 100,000 population.*

The percentage of Franklin County adults who identify as binge drinkers (i.e., five or more drinks on one occasion in the past month for men; four or more drinks on one occasion in the past month for women) also remains similar to the last HealthMap, and similar to statewide and national percentages.



Community Voices on Alcohol Use

Community members know about the negative effects of alcohol on overall health and safety, and some have personal experience witnessing people they know dying or losing mobility and the ability to take care of themselves due to alcoholism. The major barriers community members see in terms of decreasing community alcohol abuse and its long-term health effects include a normalized drinking culture and alcohol's function as a cheap replacement to medical care for issues ranging from mental to physical.

Community members explained that the popularity of alcohol as a fun pastime along with its visibility in the community can overshadow its dangerous effects. This can also allow alcohol addiction to fly under the radar.

> "We have normalized drinking so much that it's a part of our culture."
>
> "I think there's probably a pretty big drinking culture in Columbus...you always hear about new bars and stuff opening. I just think about some people I know, like friends, neighbors that I have, who, it's a big part of life for a lot of people. And it might be at a point where they could be still getting up for their job every day and they're high functioning, but it's clearly taking -- Either they're drinking too much or it's starting to take a toll on things...but it's a lot more pervasive maybe behind closed doors that people realize."
>
> "Every Kroger's has an actual liquor store. Every Giant Eagle. It's part of your grocery shopping basically, and they put it right in the middle so you have to go by it no matter what. They act like alcohol is not alcohol or something, like it doesn't have an effect on you. It's so normalized. But then if someone is struggling with opioids, oh my God. You know what I mean?"
>
> "You celebrate, you drink. You're sad, you drink. You're mad, you drink; you want to chill, you drink."
>
> "Social media has also glamorized [alcohol]. Like Casamigos has been the drink of the year and summer."

Community members felt it was common to use alcohol to combat mental issues, and some people may use it in place of medical attention they cannot afford.

> "Talking about mental issues, too, a lot of people use alcohol to take care of their mental issues."
>
> "[They use alcohol to deal with] depression, anxiety."
>
> "I've got friends in my neighborhood who can't afford to get like a root canal done. So they'll be like, 'I'll just drink whiskey until I can't feel it.' Just using it in place of a lot of times that someone would have used medicine."

In Franklin County, trends of illicit drug use are lower than the previous *HealthMap,* apart from the use of marijuana, which has remained similar. Trends have also decreased in dependency/abuse of illicit drugs and non-medical use of pain relievers.

Illicit Drug Use*

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Illicit Drug Use (Past Month)								
Illicit Drug Use (all types)[4,5]	11.9%	13.1%	11.7%	▼	9.8%		10.3%	
Marijuana Use[6,7]	9.3%	10.6%	10.1%		8.5%		9.0%	
Illicit Drug Use Other than Marijuana[6,7]	4.3%	4.1%	3.0%	▼	2.6%	▼	2.7%	▼
Illicit Drug Use (Past Year)								
Illicit Drug Dependency/ Abuse[6]	4.0%	3.9%	3.4%	▼	-		-	
Marijuana Use[6,7]	16.0%	17.8%	16.6%		13.3%		13.9%	
Non-medical Use of Pain Relievers[6,7]	6.1%	5.6%	4.0%	▼	3.3%	▼	2.9%	▼

**Among the general civilian population aged 12 and older.*

Community Voices on Illicit Drug Use

Community members highlighted heroin, fentanyl, meth, opioids, and marijuana in their discussions about illicit substance use, and also expressed concern about overdoses from heroin and other substances. The issues community members raised related to these substances mainly focused on their use as a coping mechanism instead of mental health care, financial hardships that contribute to the sale of drugs in the community, and the difficulty of ensuring long-term recovery for those in need of treatment for substance issues.

Community members mentioned the ability of drugs to make people feel better mentally and emotionally, as a cause of drug use and abuse. Curiosity was also mentioned as a reason for drug use.

> "Using more drugs as a means of coping."
>
> "They don't really have a support system and it can be a way out."
>
> "I see people using [marijuana] in lieu of medicine sometimes. Like in times that you need, say like Zoloft or antianxiety medication, just smoking weed so that I feel more calm, or I feel like there's less going on in my mind."
>
> "To address chronic pain, you know, grieving a loss, just don't want to deal with it."
>
> "I'm so mad I'm gonna get high so I don't care about it."

> "Some just try drugs because they're curious."

Community members highlighted how financial hardships contribute to the presence of drugs in their community.

> "People buying their medication and taking what they need and then selling the rest so they can have more and get it legally, even though they're selling it illegally, whether it's ketamine or Percocet, Darvocet, any of that opioid family."
>
> "So I do know that in my neighborhood, there's at least one house that we have kind of thought maybe selling drugs from their house. And these people had jobs previously, and now they don't, so unfortunately, I think that's something that they've had to turn to."
>
> "Yes, I know there's people selling drugs, drug houses. What do you do when your neighbor stays home all day and sells drugs? What do you do? That's something you see in your communities. Do you report him every month?"

They also see addiction issues firsthand in their communities, and perceive treatment is not happening at the point it should. Community members felt that those in power could make changes to improve treatment and recovery outcomes.

> "I see a lot of people that are functioning drug addicts, and I had no idea...And it's normal, and these are hard drugs that can really do a lot of damage, and people are just doing it, going to their six-figure job and coming back home and abusing it."
>
> "There is a house in the neighborhood that the emergency squad apparently used to be at less frequently, but this specific person overdoses probably once a week."
>
> "Every off ramp and traffic light that has three or four different people with signs about being homeless or a veteran or needing help or whatever. And looking, you know that there's a there's a drug addiction issue that's going on. There's no citywide effort…There are things that can be done. It's not compassionate to let addicts live on the streets begging for money all day when there's other ways that other cities have addressed that that we're not necessarily doing here in central Ohio."
>
> "There's a lady that I've literally seen…sleeping in [the street]. During the day she just sits there. And I don't know. She's on something, obviously, but they're also asking policemen to drive by…I just don't understand how the community can't do better. It doesn't seem like the police cares. It's just like they just drive by and go, 'Well, that's normal.' "
>
> "Affordable housing [matters]. I was thinking more so like homelessness, and the people that are in the street, and then that's all they are is in the street. So they're going to meet those people that are in the street."

Community members disagreed about the amount of recovery options available but agreed that recovery is difficult if there is not attention to the underlying issues contributing to drug use and relearning healthy coping mechanisms.

> "So you start doing drugs, how do you stop. What are the options now, there's so few recovery options."
>
> "A lot of these facilities are not doing well, and they're not really getting great results so far with people that have been struggling with addiction their whole life, like they go to these things are so underfunded, they are they barely get the attention they need, and then they're back out."
>
> "There's not a lack of recovery options, but you have to make yourself clean. I can't make you get no cleaner than what you want to be. If you come back out and use drugs it's because you wanted to."
>
> "Whatever you're trying to not face by drowning into any kind of substance, you are going to have to face it, and if you want to correct it, you have to face it. So if you keep denying that that thing is happening to you, then you will not find the solution because you don't want to face it."
>
> "Like we were talking about, what options are there for you for help? That are really going to help, are you really going to be able to unlearn bad habits or unhealthy behavior and be taught other coping mechanisms?"

YOUTH SUBSTANCE USE

Thus far, the statistics for alcohol, tobacco, and other substance use presented in *HealthMap2022* have focused on Franklin County adults. Unfortunately, recent and reliable data are unavailable for these types of health behaviors among Franklin County youth. To provide a possible view into the prevalence of these health behaviors among Franklin County's high schoolers, the infographic shown on the next page presents Ohio-level information from its 2019 Youth Risk Behavior Survey.

Tobacco Use[8] *Among Ohio High School Students (2019)*			
	Measure	**Statistic**	**Racial/ethnic differences?**
	Ever tried cigarette smoking	21.5%	None observed
	Currently smoke cigarettes	4.9%	None observed
	Ever used electronic vapor products	47.7%	Higher prevalence among White or Hispanic students vs. Black students *(50.1% 46.1%, & 36.6% respectively)*
	Currently use vapor products	29.8%	Higher prevalence among White students vs. Black students *(32.1% & 19.4% respectively)*

Alcohol And Other Drug Use[9] *Among Ohio High School Students (2019)*			
	Measure	**Statistic**	**Racial/ethnic differences?**
	Currently drink alcohol	25.9%	None observed
	Currently binge drink alcohol	13.4%	None observed
	Ever used marijuana	29.7%	Higher prevalence among Black or Hispanic students vs. White students *(41.3% 37.9%, & 26.7% respectively)*
	Currently use marijuana	15.8%	Higher prevalence among Black students vs. White students *(23.9% & 13.9% respectively)*
	Ever took prescription pain medicine without a prescription	12.2%	Higher prevalence among Black students vs. White students *(23.5% & 8.9% respectively)*
	Ever used inhalants	7.8%	Higher prevalence among Black students vs. White students *(13.6% & 6.2% respectively)*
	Ever used cocaine	3.5%	Higher prevalence among Hispanic students vs. Black or White students *(10.6%, 3.7%, & 2.3% respectively)*
	Ever used heroin	2.0%	Higher prevalence among Hispanic students vs. Black or White students *(7.3%, 2.5%, & 1.2% respectively)*

MORTALITY

Despite the data that suggests the use of illicit drugs by Franklin County adults has decreased, the rate of unintentional drug/medication mortality has increased (from 24.1 to 40.6 per 100,000) since the last *HealthMap*. This means that out of 100,000 Franklin County residents, over 40 die each year due to drugs or medication. This is higher than the rate in the state of Ohio (36.4), which had a similar rate of deaths since the last *HealthMap* (36.8).

The recent increase in overdose deaths in Franklin County from fentanyl mirrors statewide patterns. In 2020, the opioid overdose antidote drug Narcan was administered 6,239 times in Franklin County. Franklin County deaths due to Opiates, Cocaine, and Alcohol also increased since the previous *HealthMap*. Rates of death due to Heroin and Benzodiazepines decreased during this same time period.

Drug Overdoses

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Narcan Administrations[10]	-	5,506	6,239	▲	45,932		-	
Unintentional Drug/ Medication Mortality[11]*	16.0	24.1	40.6	▲	36.4		-	
Drug Overdose Deaths[12]*								
Opiates	12.1	20.6	36.9	▲	30.8		-	
Heroin	7.1	9.2	3.2	▼	4.7	▼	4.4	
Fentanyl and Analogues	0.0	8.8	35.4	▲	28.1	▲	11.4	▲
Benzodiazepines	1.4	2.6	2.2	▼	4.1	▼	3.0	▲
Cocaine	4.9	9.9	16.7	▲	10.7		3.8	▲
Alcohol (all types)	2.4	2.5	6.4	▲	5.1		-	
Methadone	1.4	1.0	1.0		0.6	▼	-	
Hallucinogens	0.0	0.0	0.0		1.0		-	
Barbiturates	0.0	0.0	0.0		0.1		-	
Other Opiates	4.1	6.1	6.5		4.6	▼	-	
Other Narcotics	0.0	0.0	0.0		0.6	▼	-	
Prescription Opiates	5.8	15.0	-		-		-	
Other Synthetic Narcotics	0.9	9.0	35.1	▲	26.2	▲	-	
Other Unspecified Drugs	0.0	1.2	8.9	▲	21.7	▲	-	

**Rates per 100,000 population.*

Community Voices on Substance Abuse

For all types of substance use, the financial impacts are profound, and addiction can set off and contribute to a cycle of poverty.

> "I definitely think financial ramifications of any type of substance abuse is one of the biggest issues. If you're abusing alcohol, if you're abusing marijuana or pills or whatever the substance is, a lot of your financial resources go towards that, which causes you not to be able to sustain your home, which causes you not to buy your groceries, which in turn, you're losing your kids."
>
> "People's lives have been turned upside down because they smoke too much marijuana. They spend their whole check in a day, but that comes down to

> abuse because, on the other hand, marijuana can help someone who does not have an appetite, who can't eat, or someone who is going through chemotherapy or whatever it may be. But I do agree with what she said, it's been normalized, like the abuse of it and how much money people do spend on it because I have seen people who will spend their whole check on it. And they're fine because they're smoking it until it's gone. And now they're like, 'I have no money.' I think they do go hand in hand."

Community members expressed concern about how substance use in general impacts younger generations exposed to it through their elders.

> "If their kid comes in and sees them. And it normalizes it for that, and they think it's okay.
>
> "It's always going to go back to the kids for me. Substance abuse, I think it may be like the number two reason that kids are in the system, doesn't have a parent or a guardian. It's like the family that also causes trauma for those kids. Then they have to figure out how to cope with that trauma. And the way they know to cope with the trauma is what they've seen, and that's drugs and alcohol. So it's like this vicious cycle, but I think the biggest consequence is how it affects families, specifically kids."

Community members also expressed concern that substance use and abuse increased due to the COVID-19 pandemic. Many community members commented that either boredom from socialization decreasing, or worsened mental health brought on by isolation and increased stress led to more frequent substance use, from alcohol to drugs.

Nutrition

Over 40% of Franklin County residents eat fruit less than one time per day, similar to rates in the previous *HealthMap*. The percentage of residents eating vegetables less than once per day remains over 20%, also similar to the previous *HealthMap*.

Fruit and Vegetable Consumption[13]

	Franklin County			Ohio	USA
	HM2016	**HM2019**	**HM2022**	**HM2022**	**HM2022**
Consumed fruit less than one time per day	40.9%	45.2%	43.7%	42.7%	39.3%
Consumed vegetables less than one time per day	26.1%	24.3%	22.1%	20.2% ▼	20.3%

Community Voices on Nutrition

When asked about nutritional issues, community members spoke to numerous barriers affecting individuals' abilities to develop and/or maintain healthy eating habits. These issues can be collapsed into two broad categories: the availability of healthy foods in the community; and individuals' willingness to eat healthy foods. However, these are not discrete issues, as the difficulty in sourcing and preparing healthy foods is seen to contribute to preferences for fast food or "easier," unhealthy options. Youth suffer the nutritional consequences of these issues along with their parents or guardians.

Community members stated that having access to grocery stores is essential to eating healthy. By contrast, corner stores often don't have nutritious foods, and restaurants cannot guarantee this at an affordable price.

> "If you go to one of the corner stores, they might have it in the back, but you don't want it because you don't know how long it's been in there. If you're not in the grocery store, you're not going to find [fruits and vegetables]."
>
> "There's nowhere around me. I live in an area with tons of restaurants, tons of cafes. I try hard. There's nowhere for me to go to get a healthy meal that doesn't require hours of planning, cooking, and grocery shopping. Or that's not like $20 for a lettuce wrap."

However, grocery stores are not accessible enough, particularly in low-income neighborhoods. Healthy fast-food options are not common enough either.

> "It's a mile and a half to get to the closest grocery store by my house. But you can get the five different convenience marts or, you know, four or five different fast food places within walking and biking distance…If you've got somebody who doesn't have a vehicle, you know, and the temperature is hot, they can't get necessarily to the grocery store, but you know, they could walk to the corner store and get frozen pizza or a bag of chips a whole lot easier."
>
> "The accessibility [to grocery stores] is not equitable. It's not something that is offered. It's not something that is encouraged in certain neighborhoods."
>
> "As well as you can tell the difference of the neighborhood that you're in by your fast-food restaurants. There's not a lot of healthy fast-food options. in certain neighborhoods. You have to drive other places to get a good vegetarian meal or to get to other meals other than chicken."

Community members also mentioned access to the grocery store is an issue for the elderly population. One comment spoke about this in the context of COVID-19, where relying on other people for help grocery shopping became difficult. However, this lack of access may extend in general to this population and others with less mobility.

The food in grocery stores is also not guaranteed to be fresh and available when people need it. Some travel farther than their closest grocery to find the produce they need. The poor shelf life of produce found at some stores can also make people feel like they are wasting their money.

> "I'll drive to a grocery store farther from my house just to get the vegetables and fruit that I want because they don't even carry them at the grocery store."
>
> "And then it's not fresh, and there's no diversity. I don't want to go to my local Kroger because they have only a set amount of produce, and then that produce is not even fresh, so I have to travel farther."
>
> "The thing is, food don't last as long anymore. You go to a grocery store…In two days, you're about to cook, and it's spoiled. And that's why people rather go out or order out because it's like wasting money on the grocery store, or you feel like it's a waste."

People also questioned the "health" of different packaged foods or produce they buy from the grocery store. Concerns about false labeling and genetic modification frustrated some community members.

> "About the food, we don't know what we're eating these days. I bought salad or lettuce the other day. And when I went home and I opened up the package, it felt like plastic. I'm like, we don't know what we're consuming. It says organic…and we think we're buying organic but we're really not. It's trash."

> "And going back to what you said about greed, just the GMO, that's all about it. So they push that food overseas. They all say no, so they give it to us. So we're the ones that kind of keep all that food that's been modified. It's definitely not healthy."
>
> "I also think in the packaged foods, there's kind of sugar in everything, and so even if something's not a sugary food, there's sugar snuck into it. And that all adds up to this load of sugar that people are consuming maybe not even knowing."

Community members discussed alternative sources to the grocery store, including community gardens and farmer's markets. However, some participants expressed that the community discussion was the first time they had heard of these food sources in the community. Community gardens and farmer's markets may be unknown to a large portion of a neighborhood's population and have other barriers to utilization.

Community members said when it comes to preparing healthy food, not everyone has knowledge in cooking and nutrition to do this effectively.

> "I think there's just like a broad lack of education about what the nutrition is for people. I never learned in school or from my parents the macronutrients you should be eating or how to cook for yourself, how to source these things. It's certainly not taught in school that I'm aware of."
>
> "So you get young adults out on their own, and if you can't cook, you don't know how to make a pot of rice, some simple things. You don't come out of the womb knowing how to do that, but if you weren't taught…"
>
> "Even if you did have it, there's a lack of knowledge on how to prepare it. You could have a whole bunch of fresh produce and you're like, 'I don't know what to do with it.' So then you're stuck going to a fast-food restaurant or some other restaurant that may have it on their menu, and then they're selling at a higher price when we ourselves don't even know how to cook it."

Eating healthy by sourcing and preparing nutritious food takes effort and is work. After their actual job, people take advantage of efficient fast-food options that allow them to rest. Media may also play a role in drawing people away from cooking at home.

> "Another thing is that we want everything right now, too. People don't want to take the time to prepare a nice wholesome meal. You just want to get something real quick. You've had a long day at work. Let's just order out."
>
> "Like we're rewarded for grinding, so to speak. For constantly being moving 40/50/60/70/80 hours a week…The last thing you want to do is go home and fix anything that takes more than 20 minutes, you know. So that means that you're eating out of a vending machine. You're ordering out of a drive thru."

> "Every time we turn the TV on whatever, we're trying to work out, we have the issue where everything's like 4 for 4 so everything is so easy for people to stop making food at home and it's healthier. The fast-food option is being pushed in our faces too much."

Speaking to youth nutrition, community members emphasized that children are not taught how to practice healthy eating habits at home or at school. Media directed to kids involving fast food may also make this lesson more difficult to ingrain. If left unchecked these issues contribute to obesity and malnourishment that lead to larger health issues.

> "I think it's such a cycle, too in families. If they were brought up being like 'fast food for dinner,' they're most likely to do that with their kids."
>
> "Also, working in a school, the food they're feeding them is not good. The breakfast they're getting is like a cinnamon roll, not healthy breakfast options. I don't know. I feel like that needs to change."
>
> "Food can definitely be a barrier, especially when you have young children and you're trying to teach them how to eat properly, and they see McDonalds and happy meal places and Barbie 'works' at Starbucks."
>
> "Obesity, but malnutrition. So a kid could be morbidly obese on Twinkies. And so like vitamin, nutrient deficiency and how that affects their teeth, their vision, their hair falling out, like their attention, their ability to stay alert, or to sleep or not sleep."

To improve youth nutritional outcomes, community members pointed to examples set by other countries and other solutions to teach children about healthy foods.

> "[In Canada] they're invested heavily in educating the parents to give healthy food to their kids just so people will be healthy and the cost of healthcare doesn't rise. So it would be nice to have something similar. I don't know if I'm going to be alive when it happens…there was absolutely no candy at schools, a no candy policy. So we learned at an early age to demand those healthy habits, eating fruits and vegetables."
>
> "It would really be nice to find those farmers and get food to the schools and have some people volunteer to help chefs set up a menu that doesn't cost an arm and a leg, but yet has all the nutrients that the kids need. It might not be very expensive, but put some help from volunteers or be able to come up with some menus that are healthy for kids."
>
> "I used to work at a school, and one of the teachers actually took it upon himself to create a garden at the school. He had a garden club and taught the kids how to grow fruits and vegetables that they could eat for healthier options, but also grew stuff that could be served at the school for breakfast and lunch."

Physical Activity

Under one quarter of Franklin County residents meet aerobic and strength guidelines (22%). According to the U.S. Department of Health and Human Services, adults who meet these guidelines engage in at least 1.25 hours of vigorous-intensity exercise or 2.5 hours of moderate-intensity exercise weekly and muscle strengthening exercises at least twice a week.[14] In Franklin County and Ohio, youth aged 18-24 have the highest percentage of individuals meeting these guidelines. Similarly in both Franklin County and Ohio, the percentage of individuals meeting the guidelines tends to increase as household income and educational attainment increase.

Meets Physical Activity Guidelines[13]

	Franklin County HM2022	Ohio HM2022		Franklin County HM2022	Ohio HM2022
Total	22.0%	20.9%			
Age			**Household Income**		
18-24	28.6%	29.9%	<$15,000	-	13.5%
25-34	20.7%	22.6%	$15,000-$24,999	15.3%	16.9%
35-44	25.4%	19.1%	$25,000-$34,999	16.1%	18.6%
45-54	18.6%	18.6%	$35,000-$49,999	21.8%	18.0%
55-64	25.5%	17.6%	$50,000-$74,999	26.7%	25.3%
65+	16.4%	20.5%	$75,000+	30.9%	26.1%
Sex			**Disability Status**		
Male	23.0%	24.1%	No disability	25.7%	23.9%
Female	21.1%	17.9%	Disability	12.7%	14.0%
Race/Ethnicity			**Educational Attainment**		
White, non-Hispanic	22.5%	20.4%	Less than high school	-	11.0%
Black, non-Hispanic	20.6%	21.3%	HS diploma or GED	16.1%	18.6%
Hispanic	-	23.8%	Some college	26.3%	22.0%
Other, non-Hispanic	-	28.7%	College graduate	27.0%	26.7%
Multi-racial	-	30.6%			

Community Voices on Physical Activity

The major barriers community members see when it comes to getting adequate amounts of physical activity are cost and relatedly, the awareness of low-cost activities in their communities. For adults, physical activity comes second to their jobs, and exhaustion after

the workday can be a barrier to pursuing additional physical activity. For youth under 18, community members repeatedly mentioned the emphasis of technology on health behaviors and habits around physical activity. They also perceived a lack of community centers, like Boys and Girls Clubs, centered around youth activities at low costs for parents.

Community members explained that physical gym memberships and local recreational activities can be cost prohibitive. Those with little money to spend to go somewhere for activity may be unaware of discounted opportunities for activities in the area, and community members perceived a lack of advertising for this.

> "Gym memberships are expensive. If you want to join a gym – Well, some of them aren't expensive, I guess, but a lot of them are expensive."
>
> "More community centers…that would be like on a sliding scale. I think they don't advertise it maybe purposely. But then that kind of hindering a lot of people who don't have the funds to do stuff like that."
>
> "I also think there's a lot of information at the city don't necessarily put out that's available out there. For lower income neighborhoods, like you can get a family pass to go to the Franklin Park Conservatory for like 40 or 50 bucks. People don't know that."
>
> "Some of those places are even free right now. If you are at a library closest to like Franklin Park, there's like a limited amount of passes for seven days for your whole family for free... So though the conservatory isn't necessarily like physical fitness, right? But it's just getting you up and moving in the city and there is a park there, playground, and you could walk the grounds and get some exercise so there are options they just don't always advertise."

Community members also perceived an overemphasis on paid recreational activities, while people may not take advantage of the free opportunities, like parks, at their disposal. Transportation issues and having multiple children could make the necessary trips to community assets harder. Feeling unsafe going to a trail or park by yourself was also mentioned by a community member.

Those who are employed may prioritize rest during their time off from work, leaving them little time and energy to exercise in between other responsibilities.

> "A lot of people don't have time to work out because after work, especially with my husband. He gets so drained mentally at work that, when he comes home, he just wants to lay down. Because when you come home, you've dealt with so many things at work. "
>
> "A lot of people are at their jobs more than they're at home or you could have a physical job. And the two days that they give you off, you're like more trying to calm down from those days than you are doing something."

Community members mentioned the impact of technology on promoting sedentary lifestyles in general, but especially for youth. Community members perceive children not to be active, because they rarely see them playing outside. Instead, the children they know seem to spend a disproportionate amount of time online.

> "She mentioned something about just the health starting with our kids, with the youth. What I also feel is a huge issue for overall health, physical, emotional, social health, is the fact that our kids are not active."
>
> "They're drawn to social media. They don't go outside and play anymore. It's rare that I see children playing, so they're not getting the exercise."
>
> "I think we do a good job in Central Ohio of having those outdoor resources, but how much kids actually utilize them, I think, is just really low. And I do think the screen time thing is a huge contributor to that."
>
> "I was just amazed by how hard it was to get [my friend's son] away from his iPad. I was like, 'Let's go jump on the trampoline. Let's go for a bike ride.' And it was like I had to pull him out the door to do those things because he just wanted to be with his iPad."
>
> "My nephews are in the house, playing video games."
>
> "They're using it [the internet] more, and the more other kids don't play outside, it just dwindles the number down and down because you have less people to play with. So if only one person out of 10 will go outside and play with you, you're probably not going to ask as much."

Community members perceive a lack of low-cost after school activities for children that include different types of physical activity.

> "Growing up, they had Boys and Girls Club on every corner, and that was your after-school program, and you learned how to play a variety of sports. It was structured…there really aren't those types of resources for kids to go to unless you're willing to pay for it, and that was just a free program that was available…and I found out that I love field hockey that way, and I never would have played that without that… I feel like the only one I know of is Milo Grogan, and that's not necessarily close."
>
> "In Canada, we had a community center where everyone knew each other, like if everyone came from the same family and a lot of different activities like speed skating. They would bring up someone to teach them how to fish, all kinds of activities that my children have been exposed to when we were there, and now that I don't have it, I find it so valuable."
>
> "I know that the parks and recs, they have their programs, too, but again, that's also pay for each little thing…So I think like those types of community resources to keep kids active and give them exposure to things that they're interested in outside of the typical football, basketball, baseball, swimming."

References

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2018 (HM2022: e-cigarette and chew tobacco users), 2016 (HM2019), 2013 (HM2016).

[2] Ohio Department of Public Safety Crash Statistics System, Alcohol, Drug, & Fatal Statistics Report (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019). https://ohtrafficdata.dps.ohio.gov/crashstatistics/home

[3] Healthy People 2030 objective SU-10, U.S. Department of Health and Human Services

[4] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health (Franklin County), Average of 2018 and 2019 (HM2022), Average of 2011, 2013, and 2014 (HM2019), Average of 2010, 2011, and 2012 (HM2016)

[5] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health (Ohio and United States), Average of 2016, 2017, and 2018 (HM2022), Average of 2015 and 2016 (HM2019), Average of 2013 and 2014 (HM2016)

[6] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health Small Area Estimates (Franklin County), 2016-2018 (HM2022), 2012-2014 (HM2019), 2010-2012 (HM2016)

[7] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health (Ohio and United States), Average of 2018 and 2019 (HM 2022); Average of 2015 and 2016 (HM2019), Average of 2013 and 2014 (HM2016)

[8] Ohio Department of Health, High School Youth Risk Behavior Survey Tobacco and Electronic Vapor Product Use Report, 2019

[9] Ohio Department of Health, High School Youth Risk Behavior Survey Substance Use Report, 2019

[10] Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers By County, Ohio, 2020 (HM2022), 2017 (HM2019), 2013 (HM2016)

[11] Ohio Department of Health, Resident Mortality Data (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016); Centers for Disease Control and Prevention, WISQARS Fatal Injury Data (United States), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016)

[12] Ohio Department of Health, Resident Mortality Data (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2013 (HM2016); National Institute on Drug Abuse, Overdose Death Rates (United States), 2019 (HM2022), 2015 (HM2019), 2013 (HM2016)

[13] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2015 (HM2019), 2013 (HM2016)

[14] U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services, 2018.

Health issues facing mothers and their newborn children in Franklin County are described in this section.

Key Findings

Infant Mortality

While infant mortality has decreased since the last *HealthMap*, the rate remains above the national goal. Rates of infant mortality among Black infants remain significantly higher than other racial and ethnic groups.

Maternal Health

Lower rates of adolescent pregnancies occur at present compared to the previous *HealthMap*. Many maternal health outcomes and behaviors have not improved, with higher percentages of pregnant mothers diagnosed with diabetes, engaging in substance use while pregnant, and without health insurance.

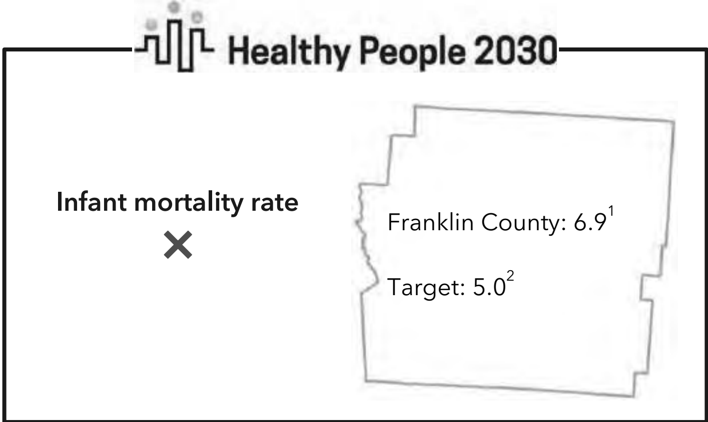
In Franklin County, 127 infants died before their first birthday in 2019. Overall, the infant mortality rate has decreased since the last *HealthMap*. However, this rate remains higher than the national rate.

The infant mortality rate among infants who are Black has decreased since the last *HealthMap* (from 15.2 to 11.4 per 1,000 live births) but remains considerably higher than infants who are White (4.3 per 1,000 live births).

Infant Mortality[1]

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Infant Mortality								
Total	8.3	8.7	6.9	▼	6.9		5.7	
Non-Hispanic White (NHW)	5.7	5.8	4.3	▼	5.1	▼	4.6	
Non-Hispanic Black (NHB)	13.7	15.2	11.4	▼	14.2		10.8	
Racial disparity (NHB:NHW)	2.4	2.6	2.7		2.8		2.3	
Asian/Other Pacific Islander	-	-	3.1		4.4		9.4	▲
Hispanic	-	-	6.7		5.4	▼	4.9	

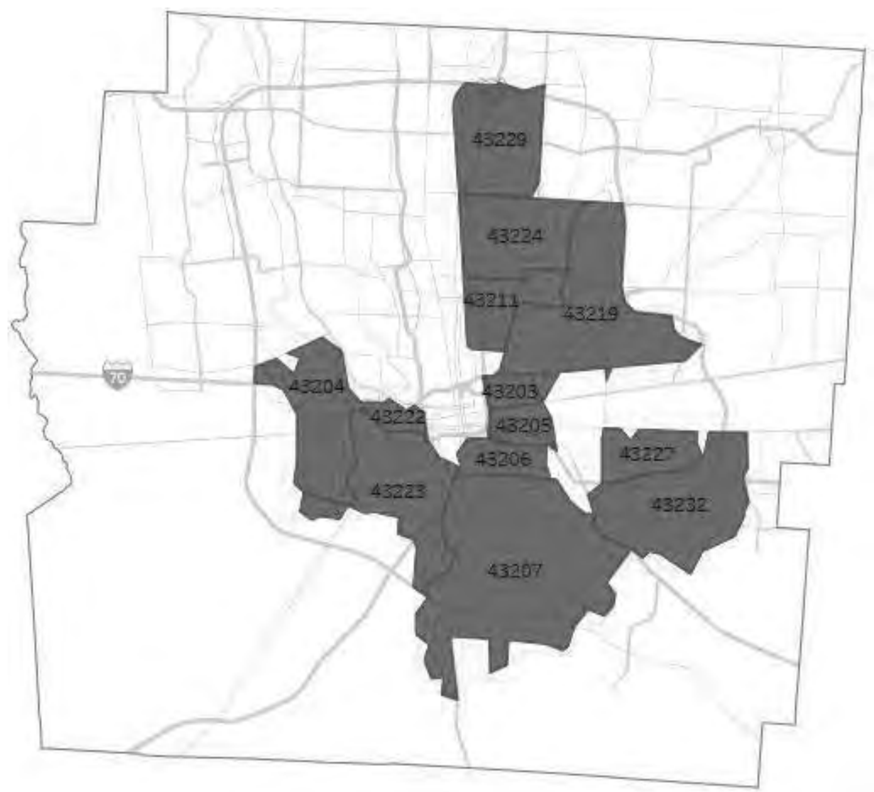
Rates per 1,000 live births.



As additional context, research by Celebrate One (a community-wide, collaborative initiative created to reduce the Franklin County infant mortality rate while also cutting in half the racial disparity with this issue) found that the infant mortality rates for both non-Hispanic White infants and non-Hispanic Black infants are substantially higher in certain Franklin County zip codes.[3]

For example, while the overall infant mortality rate in Frankin County was 6.9 in 2019, it was 50% greater (10.5) in the 13 zip codes shown in the figure below. Those zip codes correspond to Celebrate One's priority areas and tend to be those that historically have experienced high levels of poverty and low levels of outside investment.

Franklin County's Priority Areas for Infant Mortality Prevention Efforts[3]



Community Voices on Infant Health

Community members are concerned about infant mortality, and especially those causes that are avoidable – due to parental behaviors and lack of resources or health care.

> "Our infant mortality is through the roof. Like worse in the state of Ohio, worse than some third world countries."
>
> "Not making it to their first birthday for whatever reason, and it's nine times eight times out of 10 it's not because they have a medical issue."
>
> "I know some people that are like I'm just gonna like take a little nap with my baby right next to me. Which, like you're not supposed to do at all, or all of these things have some of think are not a big deal. And then something really terrible happen that you're not making into their first birthday."
>
> "If you don't have enough diapers for your baby that comes through, like if they have diarrhea that can turn into a yeast infection to an open skin wound. And you can become septic, it can go very quickly. Baby boys who are circumcised and don't get proper care of the area that can get infected and lead to terrible outcomes."
>
> "Especially for African Americans. You just don't get the same attention and care. It's crazy to me that this is our reality."

Black and African American community members said breastfeeding is not standard enough in their communities. Misconceptions may be present about the health value of bottle feeding compared to breastfeeding.

> "Things like breastfeeding, you may not have had that experience, have friends or a family member or a sister [who breastfed their children]. As a young mother, that's difficult. There are programs and there are ones in our community, but maybe there's not enough communication or outreach."
>
> "I feel like, in my community, the doctors are pushing for people to bottle feed their babies. I knew better than to do that, but they pushed for that. And I don't know if they did it in another community…"

In Franklin County, the rates of estimated pregnancies and live births among adolescents decreased for most age groups. However, Franklin County's rate of adolescent pregnancy and live births is higher than the state and national rates for those aged 15-17.

Adolescent Pregnancies and Births

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Adolescent Pregnancies[4]								
Under age 18	9.7	8.1	7.2	▼	7.1		-	
Age 18-19 years	79.9	67.8	56.4	▼	61.3		56.9	
Age 15-17 years	25.6	21.6	19.0	▼	17.9		13.6	▼
Age 10-14 years	0.8	0.6	0.7	▲	0.5	▼	-	
Adolescent Live Births[5]								
Under age 18	5.2	3.7	2.9	▼	2.7	▼	2.6	▼
Age 18-19 years	46.9	41.0	27.1	▼	36.0	▼	31.1	▼
Age 15-17 years	13.8	10.0	7.7	▼	6.9	▼	6.7	▼
Age 10-14 years	*	*	*		0.1	▲	0.2	

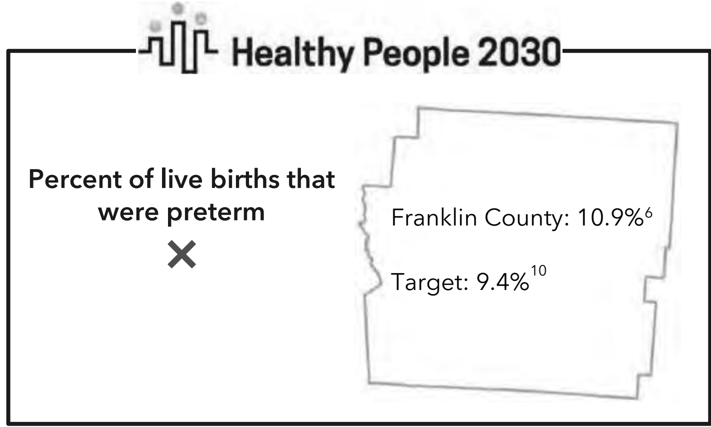
Rates per 1,000 females in same age group unless otherwise noted.
**Indicates a rate calculation was suppressed due to low counts.*

Abortion rates in Franklin County have decreased since the last *HealthMap*, and the percentage of low birth weight babies (i.e., <2,500 grams, or 5.5 pounds) and preterm births have remained relatively constant. The rate of babies hospitalized with neonatal abstinence syndrome, a result of mothers using drugs during pregnancy, is 12.9 out of every 1,000 live births in Franklin County, a rate similar to Ohio overall (12.5).

Other Neonatal Data

	Franklin County			Ohio		USA
	HM2016	HM2019	HM2022	HM2022		HM2022
Preterm Births[6]						
Preterm births (<37 weeks)	10.4%	10.7%	10.9%	10.5%		10.2%
Low Birth Weight[7]						
Low birth weight babies (<2500 grams)	7.2%	7.4%	7.6%	7.1%		8.2%
Very low birth weight babies (<1500 grams; included in above %s)	1.8%	1.9%	1.9%	1.5%		1.3%
Neonatal Abstinence Syndrome (NAS)[8]						
Rate of NAS hospitalizations*	-	12.3	12.9	12.5	▼	-
Abortion[9]						
Total induced abortions**	14.0	11.1	10.6	8.5		11.3

**Rate per 1,000 live births*
***Rate per 1,000 females age 15-44*



MATERNAL HEALTH INDICATORS

Preconception health and behavior indicators are listed in the table below. Before becoming pregnant, 5.8% of women in Franklin County had been diagnosed with diabetes, which is an increase from the last *HealthMap*. About half of women in Franklin County and Ohio overall were not taking multi-vitamins, pre-natal vitamins, or folic acid the month before becoming pregnant. In Franklin County and Ohio, about one-quarter of pregnancies were unintended, meaning these women did not want to get pregnant or wanted to get pregnant later.

Prepregnancy Health

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Prepregnancy Health						
Had hypertension[11]	-	4.9%	5.3%		5.2%	▼
Had a depression diagnosis[11]	-	-	17.6%		18.9%	
Was overweight or obese[11]	-	48.5%	-		55.3%	
Had Type 1 or Type 2 diabetes[11]	-	4.7%	5.8%	▲	3.0%	▼
Did not take multi-, prenatal, or folic acid vitamins the month before pregnancy[11]	-	49.9%	49.0%		50.7%	
No PAP test[12] (past 3 years)	15.0%	13.1%	-		-	
Did not want to be pregnant or wanted to be pregnant later[11]	-	24.8%	24.6%		25.9%	▼

The percentage of those who smoked cigarettes during their third trimester increased, though it is a smaller percentage than in Ohio overall (8.2% vs. 10.1%). The percentage of women age 18-44 without health insurance in Franklin County also increased since the last *HealthMap*.

Prenatal Health

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Prenatal Health						
Smoked cigarettes[11] (3rd trimester)	-	5.0%	8.2%	▲	10.1%	▼
Drank alcohol[11] (3rd trimester)	-	7.4%	11.7%	▲	9.3%	
No health insurance[13] (age 18-44)	16.5%	12.0%	16.8%	▲	10.7%	
No health checkup[11] (past year)	-	28.0%	32.3%	▲	30.8%	▲

Community Voices on Maternal Health Indicators

Community members commented on maternal health indicators including substance use, lack of prenatal care, and some specific health conditions. After childbirth, community members pointed to postpartum depression and lack of support for mothers as important health issues. The COVID-19 pandemic also contributed to a lower level of maternal support throughout pregnancy.

Community members felt that substance use while pregnant is not taken seriously by some members of their community.

> "A lot of your younger people, they do drugs. And of course, this is going to affect newborns."
>
> "Pregnant woman not caring about chain smoking cigarettes even though I'm pregnant. And then the baby suffers because of that."
>
> "Marijuana is a big one…I think the legalization of marijuana has made pregnant women feel a little more okay with smoking while they're pregnant. They'll smoke up into a certain month, and then they'll stop."
>
> "Mental issues because of their parents are drinking alcohol."

Pregnant mothers may also put off or have barriers to prenatal care.

> "But during the COVID time, many of the pregnant mothers were not able to visit theirs doctors in timely fashions, and they didn't know the position of the baby sometimes. And the delivery had been very complicated, and they did not get the sufficient prenatal and even the postnatal care also."

> "Lack of prenatal care. I'm noticing a lot of mothers are not going to the doctors right away. They're several months in before they'll even schedule their first doctor's appointment."
>
> "There's not a lot of clinics anymore for reproductive health for women. That is something that we didn't talk about as far as a healthy community, having a women's health clinic or reproductive health clinic. That's important to have. I mean, I drive all the way up to Westerville for mine just because she gave me so much personalized attention that I will never go to another doctor."
>
> "That was my first positive experience in a long time with a doctor going for reproductive health, and I don't think people are going to their prenatal appointments."

Community members pointed out a few physical health issues they knew impacted maternal and infant health.

> "People are not recognizing that Endometriosis is a huge issue right now. I know probably five women who have lost their babies recently. They were pregnant, and then they just lost them. So miscarriage is crazy right now in my community."
>
> "Preeclampsia is like an epidemic, especially for Black women."

Postpartum depression was regarded as a common issue in many Franklin County communities.

> "There's been an increase, I think, in postpartum depression because they don't get as much help as maybe they would have."
>
> "I feel like also a lot of people in the community that deal with postpartum depression without really being properly diagnosed with that, and it turns into mental health issues. And because of how you're perceived by your community, you don't want to address the issues and go and get help. That also can be an issue."
>
> "And we can go down another whole other rabbit hole about Black women and pregnancy and postpartum how that's just not treated."
>
> "I have a friend who's going through postpartum depression right now, and I have a niece that did the same thing when she was. And that's a rough thing to go through. It's hard on the child. It's hard on the mother."

Community members also pointed out that some maternity leave practices do not provide mothers with adequate support post-birth.

> "And related to maternal health, I mean, ours is a joke. As far as like the time you get off, you know, other countries are doing it right like giving them and their partner leave, like six months, or a year, or even three months."

> "They only gave my husband a week off of work. And like one week is nothing, I wouldn't even barely be out of bed in a week. Like that doesn't help. On top of that we got two kids at home already. So it's like, I think it's the double standard that the men don't have to be there as much as the woman. But really, we fall back on our husbands when we're down."

COVID-19 increased maternal anxiety and stress during pregnancy, as mothers faced restrictions on bringing support persons to appointments and socializing.

> "I mean anxiety. Especially throughout all of it just like being pregnant and having a baby, all within a pandemic. Maybe your partner doesn't come to an appointment with you because they're not allowed. You can't have any kind of support person."
>
> "So it makes you feel alone in your pregnancy. Sometimes you're like, I got to go through all this by myself. And then the doctors only care so much. Yeah, they only see a little bit and you get in your head sometimes. So it's very hard, especially in a pandemic."
>
> "Any news that you get that's not good news, you're used to or want to have somebody with you. So that is anxiety inducing. Anybody knows stress and anxiety is terrible for someone who's pregnant."
>
> "It's a little harder when you weren't able to have a baby shower or you weren't able to have the social supports to then bring your baby into the world and be mentally healthy afterwards."

COVID-19 also made it more difficult for mothers to receive the education and resources customarily provided during pregnancy.

> "So like childbirth, education, newborn classes, those have been canceled completely. Or you are doing your hospital tours online. And that's not why you signed up for a tour. You want to see it and like feel it right. You don't want to like see it on camera. So all of that plays into what that experience is going to be like, right?"

References

[1] Ohio Department of Health, Public Health Data Warehouse (Franklin County and Ohio), 2019 (HM2022), (Franklin County), 2016 (HM2019); National Vital Statistics Report, 69(7) (United States), 2018 (HM2022); Ohio Department of Health, Infant Mortality Data (Ohio), 2016 (HM2019); National Kids Count Data Center (United States), 2015 (HM2019), 2011 (HM2016); Ohio Department of Health, Vital Statistics (Franklin County and Ohio), 2012 (HM2016)

[2] Healthy People 2030 Objective MICH-02, U.S. Department of Health and Human Services

[3] Celebrate One, Data Dashboard January – March, 2021

[4] Ohio Department of Health, Bureau of Vital Statistics (Franklin County and Ohio), 2018 (HM2022); Guttmacher Institute, Pregnancies, Births and Abortions in the United States, 1973–2017: National and State Trends by Age (United States), 2017 (HM2022); Ohio Department of Health, Bureau of Vital Statistics Teen Pregnancy Report (Franklin County and Ohio) 2016 (HM2019); Ohio Department of Health, Bureau of Vital Statistics Teen Pregnancy Report (Franklin County and Ohio) Teen Pregnancy Report 2013 (HM2016)

[5] Ohio Department of Health, Public Health Data Warehouse (Franklin County), 2019 (HM2022), 2016 (HM2019), 2013 (HM2016); Hamilton BE, Rossen L, Lu L, Chong Y. U.S. and state trends on teen births, 1990-2019. National Center for Health Statistics. 2021. (Ohio and United States), 2019 (HM2022), 2016 (HM2019), 2013 (HM2016). Age 15 and over. National Vital Statistics Report (Ohio and United States), 70(2), 2019 (HM2022), 64(12), 2014 (HM2019), 64(1), 2013 (HM2016). Age 14 and under.

[6] Ohio Department of Health Public Data Warehouse (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2014 (HM2016); Centers for Disease Control and Prevention, Kids Count Data (United States), 2019 (HM2022), 2014 (HM2019), 2012 (HM2016)

[7] Ohio Department of Health Public Data Warehouse (Franklin County and Ohio), 2019 (HM2022), 2014 (HM2019); National Vital Statistics Report, 69(7) (United States), 2018 (HM2022); Centers for Disease Control and Prevention, Kids Count Data (United States), 2015 (HM2019); Ohio Department of Health Vital Statistics analyzed by Columbus Public Health (Franklin County and Ohio), 2012 (HM2016); National Vital Statistics Report (United States), 2012 (HM2016)

[8] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019)

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[10] Healthy People 2030 objective MICH-07, U.S. Department of Health and Human Services

[11] Ohio Department of Health, Ohio Pregnancy Assessment Survey, 2019 (HM2022), 2016 (HM2019)

[12] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data 2016 (HM2019), 2012 (HM2016)

[13] U.S. Census Bureau, American Community Survey 1-Year Estimates, 2019 (HM2022); U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019), 2008-2012 (HM2016)

This section describes issues associated with the mental and social health of Franklin County residents, including depression, suicide, and domestic violence.

Key Findings

Mental Health Issues

Rates of depression in the community remain over 20% and the rate of suicide in Franklin County still does not meet the national goal. Community members point to the amount of negativity people are exposed to in their communities and via media sources, lack of adequate emotional support for youth and adults, and the wide-ranging effects of the COVID-19 pandemic as contributors to poor mental health.

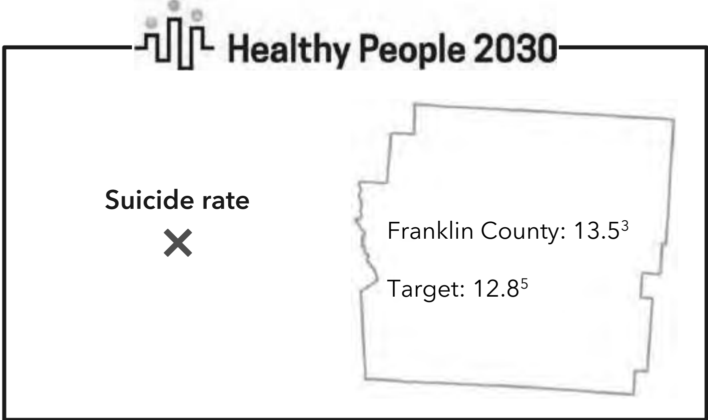
Just under a quarter of Franklin County adult residents have been told they have a form of depression.

The rate of suicide attempts leading to hospitalization has increased since the last *HealthMap,* as has the suicide rate.The rate of psychiatric admissions remains similar to that observed with the last *HealthMap*.

Mental Health Indicators

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Depression Prevalence[1]								
Ever been told have a form of depression	25.2%	21.8%	23.1%		20.3%	▲	19.7%	▲
Suicide								
Attempted suicide leading to hospitalization[2]* (self-inflicted injury)	-	4.9	6.8	▲	-		-	
Suicide[3]**	11.6	12.3	13.5		15.2	▲	14.5	
Psychiatric Admissions								
Psychiatric admissions[4]***	49.1	35.7	36.1		37.8		-	

**Rate per 100,000 population*
***Age-adjusted rate per 100,000 population*
**** Rate per 1,000 population*



Community Voices on Adult Mental Health Issues

Community members were very concerned about the mental health issues of anxiety and depression. They spoke to the various contributors to poor mental health as well as what should be done to mitigate these issues and the barriers to doing so.

Community members were most concerned with how anxiety and depression cause suicidal ideation and actions.

> "The attempts or the thoughts [of suicide] is what is prevalent, not the actual action, but that's just as bad, if you ask me, to deal day to day with feelings like that."
>
> "Anxiety is a killer also. Anxiety can drive you to suicide as easily as depression can."
>
> "I guess I can only really speak to the age groups I interact closely with, millennials probably 25 to 40. And I personally have known several people who have been victims of suicide and many more who have had those sorts of thoughts without expressing them very openly."
>
> "People killing themselves and loved ones."

As a cause of poor mental health, community members pointed to the amount of negativity people are exposed to, from tension and violence they see in their communities, to that which they see happening through social media.

> "I think something that hasn't been said, but we get a little anxiety about the gun violence and just in general, how many people are dying from violence in the community. We live downtown, so it's going to happen, but even Chicago, like 54 people were shot this weekend. It's got me a little bit more worked up recently. Columbus is like the record year."

> "Nearly every day I get a notification about [gun violence]. That just happened a while ago. I mean, it happens everywhere. It's just worrisome. That's just something I've been worried about community-wise."
>
> "I just think a lot of stresses, a lot of people have that in neighborhoods because they're afraid to get out. And that isn't good for your health at all, when you're afraid to get out in your community."
>
> "I would also say more exposure through social media or the news, just everything going on, whether it's COVID or all the things going around in the world, whether it's wildfires or unrest…I think that we just have a lot more exposure than we did prior to, say, the internet as far as what's going on. I think people can go down a spiral."
>
> "Increase in hate."
>
> "There has been a lot of racial tension."

Support from other people encourages good mental health outcomes, and not having this support can contribute to poor mental health or make existing issues worse.

> "Not having that support, I mean, I raised two sons. I'm grateful my sons are grown men now. But I can imagine having babies right now. I had so much support that I could take a mental health break by sending my kids to my friend's house, and then we would swap. I would keep hers or send them to my mother, my parents' home. But people just don't have that now. It seems like, you know, either, you know, some people are not fit, or they're just not accessible or not willing. But it's like moms are like, mom and/or dads are just like out on their own now."
>
> "Before COVID, I remember reading an article about aging and how when a person gets older, the less they experience the human touch. People don't touch them much. People avoid them."
>
> "I was active duty military, so I've seen a ton of people that had mental health issues, and they wouldn't go seek attention, and it could just turn out for the worse."

Community members also spoke about how negative valuations of self-worth impact poor mental health outcomes.

> "As a society, we struggle with knowing self-worth and self-value...Everybody struggles with that because we have media telling us this is what you need to be, this is what you need to look like, this is the way you need to dress, this is the neighborhood you need to live in, this is how much you need to make, et cetera."

> "I know one person that committed suicide in the community…a lot of times it's right in the home. The family may cause someone to want to commit suicide. I know the guy that killed himself, it was because his family, his wife, cheated on him. He found out and he just couldn't take it..."

Community members noted how COVID-19 contributed to poor mental health outcomes by hindering typical modes of receiving social support.

> "I think a lot in the past year, we haven't been able to socialize as much, and some people do need that social outlet. So it's harder to make meaningful connections and talk about things you're going through because you're at home by yourself."
>
> "And you've got this combination of people staying home, already disconnected maybe from their in-person workplace. They're also experiencing this extreme political divisiveness over the ongoing pandemic and everything."
>
> "You can't even get your nieces, nephews, sons and daughters, grandchildren, you can't even get their affection, and so the void becomes bigger."
>
> "When you talk physically, people were really separated, and we could not get to know each other and the celebration, the events, that we used to have, you know. Generally, we were totally isolated on that part. And you deal with people who started experiencing some kind of, you know, anxiety and depression."

COVID-19 also made people feel powerless as they struggled to adjust to changes to their lives.

> "I think we're trying to process all the changes that have come our way, quickly and often its difficult. Or, you know, just mentioned families earlier, whether regardless of your family structure, you've had to adjust your life in some way, shape, or form."
>
> "People don't feel they have control anymore. Their control was taken away. Kind of like a powerless thing, because we were told we had to stay and we had to wear a mask. You have to do this, or you should. There's pressure about the vaccine. There's pressure now for the children. All kind of pressure."
>
> "There were a lot of contributions in regard to job loss and loss of members of their family who they lost due to COVID or due to other things."
>
> "And that's obviously something I think my generation at least have never experienced before. So to be able to be told absolutely no to traveling or doing anything really that you wanted to do prior was a pretty sobering experience that this is the world we could live in…"

Community members pointed to the experiences of workers that suffered heightened pressure and stress during COVID-19 due to the nature of their positions.

> "I think it definitely contributed to the mental health issues because I know that there were teachers that I was pulling out of dark places who just were very frustrated with the public learning platform that we were using. And so it was very challenging for them to try to grade the students and have to try to prepare them for the testing, which they thought was ridiculous that they had to take."
>
> "I think we talk about young people when it comes to suicide…but a lot of people are dealing with a lot of issues to the point where they just want to end it. And we need special support for everyone, not just certain age groups. Parents are dealing with that. Teachers are dealing with that. Health care workers are dealing with that."
>
> "A lot of people around me work in the service industry. And a lot of them are actually have been working through this whole thing...So that's a whole other level of anxiety that they are having to deal with that…having to go through all the scary, scary information that was going on at the very beginning and not knowing just how communicable it was…There's a couple of nurses that live in my building that it impacted them pretty severely."

Community members also commented how financial concerns during the COVID-19 pandemic increased feelings of stress and anxiety.

YOUTH MENTAL HEALTH

Because the number of youth suicides (e.g., among those age 15-24) was so low in recent years, a rate cannot be calculated for this. This in itself suggests an improvement in this indicator from the last *HealthMap* (12.8 per 100,000 of the population).[6]

Community Voices on Youth Mental Health Issues

Concerns about youth suicide and suicidal ideation were common among community members.

> "I'm an educator, and I had a lot of students who had come to my office and who would talk to me about having suicidal thoughts and struggling with suicide a lot this past year and talking about how their parents were unable to help them."
>
> "I have a 17-year-old in high school who lost two people in his school to suicide within the last two years that he knows. That's something that they wanted to resort to. That's something that they talk about as an option to deal with their teenager concerns."
>
> "I think having more available health resources in school…But that would be really helpful because those people are trained to recognize those signs. Kids

> are at school for eight hours a day, and there might be that time when somebody catches somebody and could save a kid's life. A lot of the social media and the lack of activities contributes to depression and anxiety, and kids don't know what really that is or how to deal with it, but if they can get help early enough, it could possibly prevent them from having suicidal thoughts or attempting suicide."
>
> "I think our young people are going through so much pressure to be perfect, to be the best, to be famous, to be the breadwinner sometimes. And so I do think that our young in Reynoldsburg actually are facing issues with suicide, suicidal attempts, and mental health issues that have suicide ideations. Over the summer, I did get a couple of emails from the school district saying that we lost a couple of kids over the summer."

While adult residents mentioned pressure to be perfect, social media, and bullying as contributors to poor mental health for youth, these conversations lacked more specific insight from youth about contributors to suicidal ideation.

Community members were also concerned with youth "raising themselves" due to parents unwilling or unable to consistently care for them.

> "Got a lot of young parents today, so these kids is raising themselves a lot of times. Parents out there partying, on Facebook, and doing lives. And kids is doing whatever they want to do. Then they want to blame them when the teacher call saying such and such is having issues in school. You got to look at the parent."
>
> "The parents aren't taking care of them. They're not having somebody check on them or stay with them while they're out partying. So like he said before, they're raising themselves."
>
> "Yeah, a lot of kids are having to grow too fast. Again, become the support system for their siblings and it's hard because the parents are going back to work now. did a lot of stuff is still not opening. So it was like a 13 year old has to become a 20 year old overnight to take care of the family while the parents are out doing what they have to do."
>
> "And then also like something affecting kids 18 and younger is just like, like they're home alone, you know, like so their parents can't be home. They can't afford latchkey. You know, the 13-year-old walks with a six-year-old home and they just fend for themselves. And there's not necessarily anything wrong with it. But that social emotional component is important too, which leads into all kinds of issues."

Along with concern about parents being present to provide physical and emotional support for their children, community members also mentioned parental stress contributing to poor parenting, and children modeling negative behaviors of their parents when it comes to substance use.

COVID-19 affected mental health for youth in similar ways as adults, in isolating them from social circles while they faced numerous changes to their daily lives. However, youth may face additional difficulty understanding their emotions and how to articulate them or seek help during this time.

> "Maybe for kids, too. They were stuck. They were just sitting playing video games, and then they have to adjust going back to school. Some schools are hybrid. Some schools are still remote. So it's stress, and people trying to adapt to things changing faster than they can adapt to."
>
> "School was an outlet for lots of things for children for activity, socialization, and then more. With the pandemic, obviously, with people having to be at home, a lot of that was lost...So, I think it's just added a lot of different stressors for not only the parent but for the child too, because they didn't have that structure…that affects, you know, your children's health as it relates to physical and their mental health. We, as adults, who are struggling with change, think about the kids, and how they don't even have the skills to deal with the change."
>
> "Having those honest conversations with your children, even with young children, how they're feeling around COVID… All my children are under five, and… they want to know, 'Why can't we go here? Why can't we go there? Why do we have to video chat with grandma and grandpa?' That does affect them."
>
> "I feel like with COVID especially, I think a lot of children are depressed, but they don't know what it is. They don't know how to convey how they're feeling."

HOUSEHOLD AND COMMUNITY VIOLENCE

In Franklin County, the number of child abuse cases is similar to the last *HealthMap*.

Child Abuse[7]

	Franklin County			Ohio	USA
	HM2016	**HM2019**	**HM2022**	**HM2022**	**HM2022**
Child Abuse Cases*	13,353	13,580	13,737	101,243	1,945,512
Child Abuse Case Types					
Physical abuse	35%	42%	-	30%	17.5%
Neglect	22%	19%	20%	26%	74.9%
Sexual abuse	11%	9%	-	9%	9.3%
Emotional maltreatment	1%	1%	1%	1%	-
Multiple allegations of abuse and/or neglect	12%	10%	-	18% ▲	-
Family in need of services, dependency, & other	19%	19%	15% ▼	17% ▼	7.0%

**Child abuse cases are total screened in traditional or alternative response referrals for which the public children services agency completed a comprehensive assessment (CAPMIS), as well as accepted referrals for families in need of services.*

Reported domestic violence incidents decreased since the last *HealthMap,* however the total number of victims increased.

Domestic Violence[8]

	Franklin County				Ohio		USA
	HM2016	**HM2019**	**HM2022**		**HM2022**		**HM2022**
Domestic Violence (DV)							
DV incidents	10,138	11,224	7,471	▼	38,475	▼	-
DV victims	7,247	6,781	7,006		65,845		-
DV victims with injury*	53.5%	43.3%	46.9%		41.7%		-

**Percentage of all people involved in all incidents who were injured*

Reports of abuse, neglect and exploitation of adults age 60 and older in non-protective settings such as homes and apartments have decreased in Franklin County since the last *HealthMap*.

Elder Abuse[9]

	Franklin County			
	HM2016	**HM2019**	**HM2022**	
Elder Abuse Reports				
Reports of abuse, neglect, and exploitation of individuals age 60+ in non-protective settings (i.e., independent living environments such as homes and apartments)	1,258	1,635	1,229	▼

References

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2016 (HM2019), 2012 and 2013 (HM2016)

[2] Central Ohio Trauma System, 2020 (HM2022), 2017 (HM2019), 2010-2012 (HM2016)

[3] Franklin County Coroner's Office Annual Report (Franklin County), 2019-2020 (HM2022); Ohio Department of Health Suicide Fact Sheet (Ohio), 2018 (HM2022); Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database (United States) 2019 (HM2022), (Ohio and United States), 1999-2012 (HM2016); Ohio Violent Death Reporting System Annual Report (Franklin County and Ohio), 2015 (HM2019); Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS) (United States), 2015 (HM2019); Ohio Department of Health Vital Statistics, data analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016)

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[8] Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Report (Franklin County and Ohio), 2019 (HM2022), 2017 (HM2019), 2013 (HM2016)

[9] Ohio Office of Aging, 2018 (HM2022), 2016 (HM2019), 2013 (HM2016)

Death, Illness, and Injury

This section describes Franklin County residents' overall health status, along with the leading causes of death, illness, and injury.

Key Findings

Overall Health Ratings

Most Franklin County Residents rate their health good or more positively. However, nearly one-fifth rate their health fair or poor.

Mortality

Heart diseases and cancer are the leading causes of death for both males and females. The leading cause of youth mortality is unable to be determined, though overall rates of youth mortality have decreased since the previous *HealthMap*.

Chronic Disease

The percentage of adults diagnosed with arthritis, diabetes, heart disease, and high blood pressure has increased since the previous *HealthMap*. High blood pressure and high blood cholesterol remain the most common chronic disease diagnoses, with around one-third of adults affected.

Emergency Department and Hospitalization Data

The highest rate of emergency department visits, by a large margin, occur due to mental health issues. Over 50% of hospitalizations due to injury are because of falls, the rates of which have increased for adults age 65 and over since the previous *HealthMap*.

Regarding Franklin County residents' overall health, nearly one-fifth (19.2%) consider their health to be "fair" or "poor."

Perceptions of Health Status[1]

	Franklin County				Ohio	USA
	HM2016	HM2019	HM2022		HM2022	HM2022
Health Status						
Excellent, Very Good, or Good	83.0%	83.8%	80.8%		82.0%	81.8%
Fair or Poor	17.0%	16.2%	19.2%	▲	19.3%	18.2%

MORTALITY

In 2018, the average life expectancy for people born in Franklin County was 77.13 years. By comparison, the average life expectancy for those born in Ohio in 2018 was 76.8 years.

However, in the first half of 2020, Americans' life expectancy at birth decreased by a year, one of the largest observed declines since World War II.[1] Per the National Center for Health Statistics:

> *"Provisional life expectancy at birth in the first half of 2020 was the lowest level since 2006 for both the total population (77.8 years) and for males (75.1), and was the lowest level since 2007 for females (80.5)."* [2]

Moreover, these worsening life expectancy estimates were not experienced equitably across racial and ethnic groups. From 2019 through 2020, the life expectancy estimates for non-Hispanic Black males, non-Hispanic Black females, and Hispanic males each decreased by more than 2 years of life, compared to a decrease of less than a year for White males or White females.

> *"Life expectancy for the non-Hispanic Black population, 72.0, declined the most, and was the lowest estimate seen since 2001 (for the Black population regardless of Hispanic origin). The Hispanic population experienced the second largest decline in life expectancy (79.9) reaching a level lower than what it was in 2006, the first year for which… estimates by Hispanic origin were produced (80.3)"* [2]

This dramatic and inequitable decrease in life expectancy was caused, at least partially, by the COVID-19 pandemic. For more about the COVID-19 pandemic, please see the next section (Infectious Diseases).

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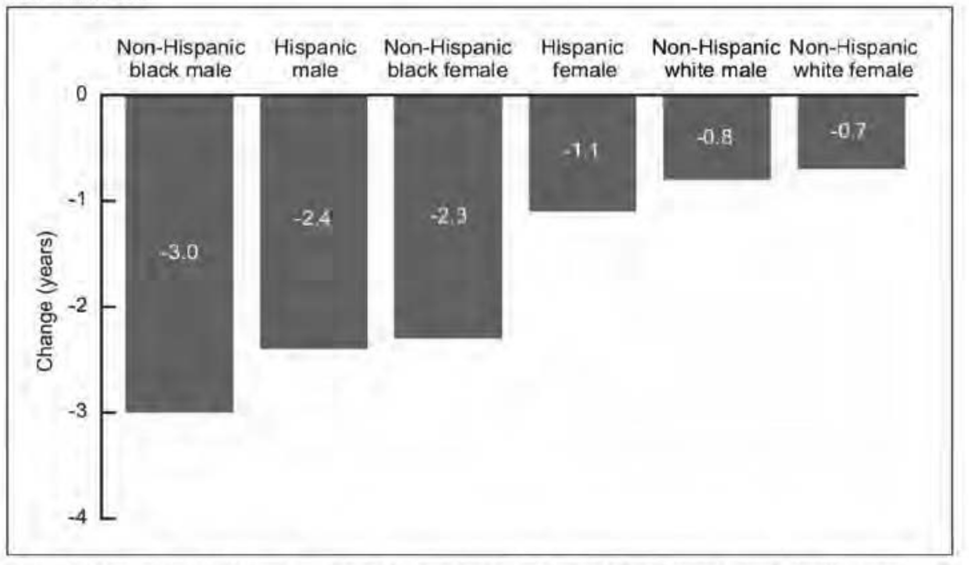
[1] https://apnews.com/article/science-health-coronavirus-pandemic-fac0863b8c252d21d6f6a22a2e3eab86

Change in Life Expectancy at Birth, by Hispanic Origin and Race and Sex (United States, 2019 And 2020)



Turning to mortality rates among Franklin County adults, heart diseases and cancer remain the top two leading causes of death.

Mortality – Leading Causes in Adults (Age 15+)[3]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Mortality - Leading Causes (Age 15+)					
Diseases of the heart	176.6	-	175.8	191.1	163.6
Malignant neoplasms (cancer)	176.1	-	153.9	165.2	149.1
Accidents, unintentional injuries	-	-	63.5	63.8	48.0
Chronic lower respiratory diseases	53.2	-	49.3	49.0	39.7
Cerebrovascular disease	-	-	47.0	42.6	37.1

Age adjusted rates per 100,000 population.

Among both Franklin County males and females, heart diseases and cancer are the most common causes of death.

Mortality – Leading Causes by Sex[3]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Mortality - Leading Causes (Males, Age 15+)					
Diseases of the heart	223.1	-	215.2	334.5	273.5
Malignant neoplasms (cancer)	210.4	-	193.4	284.4	241.2
Accidents, unintentional injuries	52.1	-	116.1	111.2	84.4
Chronic lower respiratory diseases	57.9	-	47.2	71.4	56.3
Cerebrovascular disease	43.4	-	44.4	58.0	49.1
Mortality - Leading Causes (Females, Age 15+)					
Diseases of the heart	141.5	-	175.9	276.9	219.8
Malignant neoplasms (cancer)	154.5	-	173.3	242.8	206.8
Cerebrovascular disease	43.4	-	52.5	77.2	62.5
Chronic lower respiratory diseases	50.6	-	56.6	78.2	60.7
Accidents, unintentional injuries	31.5	-	56.0	59.5	42.9

Age adjusted rates per 100,000 population.

Franklin County residents die from motor vehicle traffic injuries at a rate similar to that observed in Ohio and slightly less than that observed nationally. Perhaps relatedly, the percentage of Franklin County residents who report always (or nearly always) wearing a seat belt when driving in a vehicle is very high (93%).

Motor Vehicle Traffic Injury Mortality[4]

	Franklin County			Ohio		USA
	HM2016	HM2019	HM2022	HM2022		HM2022
Traffic Injury Mortality Rate	9.0	8.7	8.9	9.9	▼	11.5

Rate per 100,000 population.

Seat Belt Use[5]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Always or Nearly Always Wears a Seat Belt	90.7%	91.2%	93.0%	91.4%	93.7%

Among younger Franklin County residents, the age specific mortality rate for youth age 1-14 is 14.5, meaning about 15 children died per 100,000 in that subgroup population.

Youth Mortality Ages 1-14

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Youth Mortality Rate[6]	-	23.4	14.5	▼	17.6		16.2	
Youth Mortality - Leading Causes[7]								
Accidents, unintentional injuries	-	-	unreliable		7.4	▲	4.2	▼
Homicide	-	-	*		*		*	
Suicide	-	-	*		1.5		0.9	▲
Malignant neoplasms (cancer)	-	-	*		1.4	▼	1.8	▲

Age specific rates per 100,000 subgroup population.
**Indicates a rate calculation was suppressed due to low counts.*

Turning to mortality rates of cancer specifically, lung and bronchus cancers are the deadliest ones in Franklin County. Breast and prostate cancers have the next highest mortality rates, followed by colon and rectum cancer and pancreatic cancer.

Cancer Mortality Rates – Top Cancers[8]

	Franklin County			Ohio	USA	
	HM2016	HM2019	HM2022	HM2022	HM2022	
Cancer Mortality - Leading Causes						
Lung and bronchus	-	51.1	48.2	44.6	38.5	▼
Breast (female)	-	24.3	23.6	21.9	-	
Prostate	-	20.0	19.9	19.5	7.8	▼
Colon and rectum*	16.2	15.2	14.4	15.0	13.7	
Pancreas	-	11.2	11.7	12.2	11.0	

Age adjusted rates per 100,000 population.
**In HM2016, this category also included cancer of the anus.*

CANCER & OTHER CHRONIC DISEASES

Breast and prostate cancers continue to have the highest incidence rates in Franklin County.

Cancer Incidence Rates – Top Cancers[9]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Cancer Incidence - Leading Causes					
Breast (female)	-	128.4	132.0	127.4	127.5
Prostate	-	125.2	119.9	103.0	109.5
Lung and bronchus	-	69.2	67.7	68.5	54.9
Colon and rectum*	44.7	38.9	38.2	41.5	38.6
Melanoma of the skin	20.2	19.7	20.5	23.9	22.8

Age adjusted rates per 100,000 population.
**In HM2016, this category also included cancer of the anus.*

Adults often undergo routine cancer screenings in order to diagnose cancer in its early stages. To screen for cervical cancer, 72.1% of Franklin County women age 21-65 have had a pap test within the past three years, a substantial decrease from the last *HealthMap*. Similar to the previous HealthMap, 74% of Franklin County women recently had a mammogram.

Cancer Screenings[10]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Cervical Cancer Screening					
Women aged 21-65 who have had a pap test within the past three years	84.9%	86.9%	72.1% ▼	78.6%	80.2%
Colorectal Cancer Screening					
Adults aged 50-75 who have had a blood stool test within the past year	5.5%	7.1%	12.6% ▲	10.8% ▲	8.9% ▲
Adults aged 50-75 who have had a colonoscopy in the past 10 years	63.2%	64.9%	56.2% ▼	62.5%	64.3%
Breast Cancer Screening					
Women aged 40+ who have had a mammogram within the past two years	82.4%	75.4%	74.0%	77.7%	78.3%

The percentage of Franklin County adults who have been diagnosed with arthritis, diabetes, heart disease, and high blood pressure has increased since the last *HealthMap,* whereas the percentage of those who have been diagnosed with asthma and high blood cholesterol has decreased.

Chronic Health Conditions

	Franklin County				Ohio		USA	
	HM2016	**HM2019**	**HM2022**		**HM2022**		**HM2022**	
Chronic Health Conditions (Adults)[11]								
Arthritis (ever diagnosed)	26.0%	23.7%	27.5%	▲	30.5%		26.0%	
Asthma (currently have)	15.8%	14.2%	10.4%	▼	11.1%	▲	9.7%	
Diabetes (ever diagnosed)	10.0%	8.9%	10.6%	▲	12.0%		10.7%	
Heart disease (ever diagnosed)	3.9%	3.1%	5.5%	▲	4.7%	▲	3.2%	▲
Stroke (ever diagnosed)	3.2%	3.8%	3.9%		3.9%	▲	3.9%	
High blood pressure (ever diagnosed)	31.3%	31.0%	36.2%	▲	34.5%		32.3%	
High blood cholesterol (ever diagnosed)	39.7%	38.1%	30.2%	▼	32.8%	▼	33.1%	
Chronic Health Conditions (Youth)[12]								
Asthma (ever diagnosed)	15.3%	15.8%	-		11.3%	▼	22.5%	

The percentage of Franklin County residents who have body mass index values that suggest they are obese has increased since the previous *HealthMap*, mirroring the trend of obesity in Ohio overall. Although BMI values are widely used as an indicator for obesity, this measurement does have some limitations. For example, this relatively simple weight-and-height calculation cannot differentiate between a person with greater than average lean muscle mass and a person with greater than average fat mass.

Weight Status

	Franklin County				Ohio		USA
	HM2016	**HM2019**	**HM2022**		**HM2022**		**HM2022**
Overweight/Obese (Adults)[13]							
Underweight	2.0%	2.2%	2.4%		1.7%		1.8%
Healthy	34.0%	34.9%	31.3%	▼	29.0%		30.7%
Overweight	32.2%	33.4%	30.6%		34.5%		34.6%
Obese	31.8%	29.5%	35.7%	▲	34.8%	▲	32.1%
Overweight/Obese (Youth)[14]*							
Overweight or Obese	29.3%	31.1%	-		29.0%	▼	31.6%
Overweight	-	-	-		12.2%		16.1%
Obese	-	-	-		16.8%		15.5%

Franklin County prevalence for age 11-18; Ohio and United States for age 10-17.

Community Voices on Chronic Health Conditions

Specific chronic health conditions Franklin County residents see in their communities include diabetes, high blood pressure/hypertension, cancer, and chronic obstructive pulmonary disease (COPD). A common theme in community discussions was poor mobility and chronic health conditions associated with this, including obesity and disability. Community members see poor mental health, access to nutrition, access to health care, and economic inequalities as contributing to these and other chronic health conditions.

Chronic health conditions linked to loss of mobility were important to community members. Mobility was important for how it impacts physical activity and the ability to get out in the community for basic needs and socialization.

> "I'm seeing a lot of people who are struggling with weight gain or been struggling with mobility problems."
>
> "I would say obesity would be a big one. We live in an area where there are a lot of kids. And so it definitely looks, the landscape definitely looks a little bit different than when I was younger, so to speak. And there are 1,000,001 reasons for that."
>
> "I would say that there's very little activity. I feel like when we see more people in our bikes or walking around in the neighborhood, that's a good sign it's a healthy community. People are out and about, but a lot of us aren't even getting out, being social being active."
>
> "I think mobility is our biggest thing. I don't see a lot of people being able to get out and about."
>
> "Immobility, people with canes, and people in motorized wheelchairs that go up and down the street, people in regular wheelchairs or canes, things like that."
>
> "Not enough handicap parking, And the sidewalks, they have to ride their mobile wheelchairs in the street or else they will hurt themselves on these sidewalks. A lot of the people in my community are on those in the street where people are speeding by."
>
> "I think about one lady that she's older, and she's struggling now with arthritis and not being able to work. And she's still caring for her disabled, adult son. It's sad because I see her. It's hard."

Community members linked stress and poor mental health to chronic health issues.

> "Not taking care of yourself."

> "You don't have time to destress. Like, take a break. So I think that also gives you a lot of like blood pressure, or migraines. You don't have time to just to sit and breathe, or make good meals."
>
> "I read a few years ago, they did a study, and it said people that open up the newspaper to the main section or whatever first, they usually live a shorter life opposed to people that go to the sports and look at that first. Because I mean, it just puts you on edge. You're stressed out from reading all this negative stuff."
>
> "I think a lot of people, fear…Once they get kind of trapped in there and they're either by themselves and they're alone, they just keep feeding into that fear…We're talking about mobility. Fear is definitely one that keeps people from moving about."

Community members are aware of the impact of nutrition on chronic disease, and pointed out what they see barring adequate nutrition in their communities.

> "It's how people eat, and I guess the food resources that are available in certain communities might not be available in other communities. Me personally, I think it's strategically planned out like that, but nutrition is a big one."
>
> "They're struggling with, again, making the healthy decisions as far as food is concerned. I've had a lot of people telling me about, their cholesterol is up, their A1C is up, all the things that come with not having a healthy lifestyle."
>
> "But I guess the thing that keeps coming to my mind is this singular thing of what we're trying to fight: alcohol, sugary foods, soda, yada, yada, yada. Those are all the biggest sponsors for everything we see and everyone sees day to day, billboards of Coke. Everything sponsored by Coke."
>
> "Yeah, time to shop for and then make and pay for high quality ingredients."
>
> "And there are people who don't have transportation, so I see them regularly shopping at Family Dollar because it's easily accessible, versus having to walk on a busy Main Street with no sidewalk to get to Kroger's. So, there's no sidewalk for parts of that journey. It is dangerous. I probably would go to Family Dollar too if I didn't have a car."

Community members spoke to the numerous barriers that keep people from accessing health care: cost, proximity, ease of scheduling, and the ability to prioritize health.

> "Just access to community health programs or healthcare. Even as somebody with insurance, I still have difficulty finding access to care for different specialties or mental health things, just on the affordability side. Oftentimes, it's not covering enough to make it feasible for me at the time."
>
> "Do they have doctors in your area? Or, you know, doctors' offices that they would feel comfortable going to and is there insurance there."

> "I feel like it's just healthcare system, a lot of like red tape barriers because my family don't have insurance. My husband, he tried to seek his psychiatrist because he's been depressed lately. Well, the office said, 'Okay, we take walk-in appointments through this time.' And then he came in for the walk-in appointment, and they said, 'I'm sorry. You haven't been here in six months. You'll have to make an appointment.' So then he tried calling his psychiatrist, and his psychiatrist said, 'No, I'm sorry, I can't make you an appointment. I can't make my own appointments. You'll have to talk to my secretary.' So he's going to have to wait two weeks to talk to someone when he's depressed."
>
> "It's also if something hurts or like you're having like, just push through it it'll be fine, you don't have time for it, you're just going, going, going, because you think 'I will deal with it later.' [Inaudible]. And you can just ignore it and put it off."

Community members also pointed to economic inequality, which contributes to health conditions by precluding access to wealth, nutrition, and basic needs.

> "And bad health is usually based upon lack of livable wages, employment opportunities, discrimination, and the hostile work environment. These things happen. Everybody can't deal with them. And it happens so disproportionately to Black and brown people."
>
> "Economics. Greed. Right now, in the United States of America, we have the technology to house, feed, clothe, and get everybody medical attention, but greed is still here. It's a big thing. It's spawned legs and wants more and don't want to give anybody else anything. So it's going to be here for a while, but we do have the technology in existence right now. Well, if everything in society was like utopia, we could grow food. We could give everybody the right nutritional foods, a sustainable place to live, a sustainable system to where everybody is generally taken care of and live harmonious…and your health is going to be better, but like I said, greed."

REASONS FOR EMERGENCY DEPARTMENT UTILIZATION

Another way to identify high prevalence health issues that cause Franklin County residents to feel ill is to analyze data related to emergency department utilization for the four major health systems in central Ohio. A selected list of health issues, based on community interest in this topic, is shown below, along with the rate that each of those issues are associated with emergency department utilization in Franklin County.

Note the high rate of emergency department utilization due to mental health issues at both the county and state levels. Secondly, emergency department visits due to diabetes, asthma, and cardiovascular disease related issues are also relatively common

Emergency Department Visits for Selected Health Issues[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Mental health	-	165.7	170.7		139.6	
Diabetes	-	50.7	54.6		42.7	
Asthma	-	50.7	54.0		30.4	▼
Cardiovascular disease	-	29.2	32.8	▲	29.9	
Dental care	-	8.3	6.9	▼	8.0	▼
Influenza	-	6.3	6.6		6.0	▲
Hepatitis C	-	2.7	2.7		1.8	
HIV	-	2.5	2.6		1.1	
Alzheimer's	-	0.9	1.0	▲	1.0	
Sepsis	-	0.7	1.1	▲	0.9	▲
Stroke	-	0.4	0.4		1.0	
Hepatitis B	-	0.4	0.5	▲	0.2	
Gonorrhea	-	0.2	0.2		0.2	▲
Chlamydia	-	0.1	0.1		0.1	
Syphilis	-	0.1	0.1		0.04	
Pertussis	-	0.04	0.01	▼	0.02	

Rate per 1,000 population.

When patients visit an emergency room in Franklin County they can be treated and released or admitted to the hospital. The next four tables show the following information:

- The top 10 diagnoses among patients who are treated and released (total).
- The top 10 diagnoses among patients who are treated and released (youth).
- The top 10 diagnoses among patients who are admitted into a hospital (total).
- The top 10 diagnoses among patients who are admitted into a hospital (youth).

Each diagnosis includes the ICD-10 code and description.

Across all age groups, breathing-related and chest pain issues comprise the top three specific causes of emergency department visits that led to a patient being discharged. Headache and a variety of abdominal issues were also frequently diagnosed as the cause of a visit to an emergency room.

Top 10 Diagnoses – Treated and Released by Emergency Department (Total)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Acute Upper Respiratory Infection (J06.9; infection affecting the upper respiratory tract)	-	21.4	12.0	▼	11.7	▼
Chest Pain Unspecified (R07.9; chest pain)	-	11.6	10.9		9.1	▼
Other Chest Pain (R07.89; chest pain not classified elsewhere)	-	9.5	9.8		11.9	▲
Headache (R51)	-	9.8	8.7	▼	6.9	▼
Unspecified Abdominal Pain (R10.9; pain in the abdominal region)	-	9.8	8.0	▼	6.4	▼
Urinary Tract Infection Site Not Specified (N39.0; infection affecting any part of the urinary tract)	-	7.5	6.8		7.1	▼
Nausea With Vomiting, Unspecified (R11.2)	-	5.5	6.0		6.1	
Low Back Pain (M54.5; acute or chronic pain in lower back)	-	6.9	6.0	▼	5.0	▼
Cough (R05)	-	5.2	4.3	▼	-	
Syncope And Collapse (R55; temporary loss of consciousness caused by a fall in blood pressure)	-	4.2	4.2		4.4	

Rate per 1,000 population.

Among youth (age 0-18), a breathing-related issue – specifically, a respiratory infection – was the most frequent specific cause of a visit to an emergency room. Fevers, viral infections, vomiting, influenza, strep throat, and cough were also frequently diagnosed as the specific cause of a visit to an emergency room.

Top 10 Diagnoses – Treated and Released by Emergency Department (Youth Age 0-18)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Acute Upper Respiratory Infection (J06.9; infection affecting the upper respiratory tract)	-	64.6	23.5	▼	27.4	▼
Fever Unspecified (R50.9; higher than normal body temperature)	-	17.8	8.5	▼	10.9	▼
Viral Infection Unspecified (B34.9; a disease produced by a virus)	-	17.6	8.4	▼	8.7	▼
Vomiting Unspecified (R11.10; ejecting the stomach contents through the mouth)	-	9.8	6.5	▼	5.3	▼
Influenza Due To Other Identified Influenza Virus With Other Respiratory Manifestations (J10.1)	-	-	5.9		7.8	
Streptococcal Pharyngitis (J02.0; infection of the throat)	-	26.1	5.8	▼	8.3	▼
Acute Pharyngitis Unspecified (J02.9; throat inflammation)	-	18.2	5.5	▼	8.7	▼
Cough (R05)	-	12.3	5.0	▼	5.3	▼
Unspecified Injury Of Head, Initial Encounter (S09.90XA)	-	9.3	5.0	▼	6.9	▼
Acute Obstructive Laryngitis Croup (J05.0; inflammation in the larynx and barking cough)	-	11.5	4.6	▼	6.0	▼

Rate per 1,000 population.

Across all age groups, sepsis was the most frequent specific cause of a visit to an emergency room that then led to a hospital admission. A variety of health issues relating to heart, kidney, or respiratory failure were also frequently diagnosed.

Top 10 Diagnoses – Admitted to Hospital by an Emergency Department (Total)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Sepsis Unspecified Organism (A41.9; bacteria or toxins in the blood causing a rapidly progressing systemic reaction)	-	4.2	4.4		4.5	
Hypertensive Heart and Chronic Kidney Disease With Heart Failure and Stage 1 Through Stage 4 Chronic Kidney Disease (I13.0)	-	1.4	1.6	▲	2.0	▲
Hypertensive Heart Disease With Heart Failure (I11.0)	-	1.2	1.4	▲	1.6	▲
Kidney Failure Unspecified (N17.9; acute loss of kidney function)	-	1.4	1.2	▼	1.6	
Chronic Obstructive Pulmonary Disease With Acute Exacerbation (J44.1; acute flare-up of COPD)	-	1.1	0.89	▼	1.6	▼
Non-ST Elevation Myocardial Infarction (I21.4; heart attack without observable q wave abnormalities)	-	1.0	0.86	▼	1.2	▼
Acute and Chronic Respiratory Failure With Hypoxia (J96.21; respiratory failure without enough oxygen in blood)	-	0.79	0.79		0.79	
Pneumonia Unspecified Organism (J18.9; inflammation of the lung usually caused by an infection)	-	0.74	0.71		1.3	
Acute Respiratory Failure, With Hypoxia (J96.01; respiratory failure without enough oxygen in blood)	-	0.66	0.64		0.65	
Urinary Tract Infection Site Not Specified (N39.0; infection affecting any part of the urinary tract)	-	0.69	0.57	▼	0.89	

Rate per 1,000 population.

Among youth (age 0-18), respiratory issues (e.g., bronchiolitis, which is an infection of the respiratory tract, or other respiratory infections) accounted for five of the top ten specific causes of a visit to an emergency room that then led to a hospital admission. Major depressive disorders accounted for two of the top four specific causes of a visit to an emergency room that then led to a hospital admission.

Top 10 Diagnoses – Admitted to Hospital by an Emergency Department (Youth Age 0-18)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Acute Bronchiolitis Due To RSV (J21.0; respiratory infection caused by respiratory syncytial virus)	-	1.3	1.5	▲	0.79	▲
Major Depression Disorder, Recurrent And Severe Without Psychotic Features (F33.2)	-	0.46	0.48		0.44	▲
Acute Bronchiolitis Due To Other Specified Organisms (J21.8; respiratory infection)	-	0.38	0.46	▲	0.34	▲
Major Depressive Disorder, Single Episode, Unspecified (F32.9; single episode of major depression)	-	0.24	0.39	▲	0.46	
Type 1 Diabetes Mellitus With Ketoacidosis Without Coma (E10.10; type 1 diabetes when the body produces high levels of blood acids)	-	0.30	0.37	▲	0.31	
Sepsis Unspecified Organism (A41.9; bacteria or toxins in the blood causing a rapidly progressing systemic reaction)	-	0.14	0.34	▲	0.21	▲
Dehydration (E86.0; loss of too much water from the body)	-	0.25	0.32	▲	0.24	▼
Acute Bronchiolitis Unspecified (J21.9 - respiratory infection)	-	0.24	0.29	▲	0.29	
Acute Upper Respiratory Infection (J06.9; infection affecting the upper respiratory tract)	-	0.22	0.27	▲	0.16	
Moderate Persistent Asthma With Status Asthmaticus (J45.42)	-	0.20	0.23	▲	0.13	

Rate per 1,000 population.

CAUSES OF INJURY

The next several tables present data about injuries. In 2020, 9,426 injured patients were admitted to the hospital or transferred in or out of the emergency department for further evaluation in Franklin County.

The table below lists the most frequently observed categories of injury causes. For example, among the 9,426 patients who were hospitalized for injury in 2020, 55% had experienced a fall whereas 15.2% were involved in a motor vehicle crash.

Top 5 Types of Injury That Lead to Hospitalization[16]

	Franklin County			
	HM2016	HM2019	HM2022	
Trauma hospitalizations	-	*8,390*	*9,426*	▲
Falls	50.3%	50.0%	54.9%	
Motor vehicle (traffic)	20.1%	18.6%	15.2%	▼
Struck by or against	9.3%	9.9%	8.6%	▼
Firearm	5.4%	4.4%	4.8%	
Motor vehicle (non-traffic)	-	4.2%	3.0%	▼

Only the top 5 mechanisms of injury that lead to hospitalization are shown; percentages for each year will not sum to 100

The next table analyzes these top five types of trauma events by the age of the patient. Those who are age 65 and older are more likely than other age groups to experience a fall that requires a hospital visit; the rate of injuries-due-to-falls for this age group has increased from the last *HealthMap*.

Young adults between the ages of 18 and 24 often visited hospitals due to injuries sustained from motor vehicle (traffic[1]) injuries, motor vehicle (non-traffic) injuries, and firearms; their rates for these types of injuries are higher than any other age group.

[1] A motor vehicle traffic accident is any motor vehicle accident occurring on a public highway (i.e., originating, terminating, or involving a vehicle on the highway). A motor vehicle nontraffic accident is any motor vehicle accident which occurs entirely in any place other than a public highway (e.g., a driveway, a parking lot or garage).

Top Five Types of Injury, by Age[17]

	Franklin County			
	HM2016	HM2019	HM2022	
Falls				
0-17 years	134.7	141.3	137.5	
18-24 years	77.5	84.6	74.5	▼
25-44 years	134.1	128.3	115.3	▼
45-64 years	322.6	354.5	366.4	
65+ years	1595.3	1460.0	1881.2	▲
Motor vehicle (traffic)				
0-17 years	-	37.3	38.3	
18-24 years	-	215.1	170.3	▼
25-44 years	-	148.6	130.9	▼
45-64 years	-	131.0	120.6	
65+ years	-	139.6	116.5	▼
Struck by or against				
0-17 years	-	28.5	24.6	▼
18-24 years	-	118.4	80.8	▼
25-44 years	-	86.3	92.3	
45-64 years	-	68.6	65.7	
65+ years	-	34.2	31.9	
Firearm				
0-17 years	-	7.8	23.2	▲
18-24 years	-	107.2	100.4	
25-44 years	-	36.2	49.8	▲
45-64 years	-	10.6	12.2	▲
65+ years	-	5.6	4.3	▼
Motor vehicle (non-traffic)				
0-17 years	-	8.7	7.2	▼
18-24 years	-	62.8	37.7	▼
25-44 years	-	34.7	29.2	▼
45-64 years	-	26.9	20.8	▼
65+ years	-	20.2	16.5	▼

Rate per 100,000 population.

References

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

[2] National Vital Statistics Rapid Release Report No. 10, 2019-2020

[3] Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database, Detailed Mortality File, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

[4] Oho State Highway Patrol Operational Report (Franklin County and Ohio), 2020 (HM2022); Centers for Disease Control and Prevention, WISQARS (Ohio and United States), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016); Ohio Department of Public Safety Traffic Crash Facts (Franklin County), 2016 (HM2019); Ohio Department of Health Vital Statistics, data analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016)

[5] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2018 (HM2022), 2016 (HM2019), 2012 and 2013 (HM2016)

[6] Ohio Department of Health, Data Warehouse (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016); Centers for Disease Control and Prevention National Vital Statistics, WONDER Online Database, Underlying Cause of Death (United States), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016)

[7] Centers for Disease Control and Prevention National Vital Statistics, WONDER Online Database (Ohio and United States), 2019 (HM2022), 2016 (HM2019); CDC National Vital Statistics Reports (Ohio and United States), 2011 (HM2016)

[8] Ohio Department of Health Office of Health Improvement and Wellness, Ohio Annual Cancer Report (Franklin County and Ohio), 2018 (HM2022), (Ohio), 2015 (HM2019); SEER Cancer Statistics Review, National Cancer Institute (United States), 1975-2018 (HM2022), 1975-2014 (HM2019); Franklin County Cancer Profile (Franklin County), 2010-2014 (HM2019); Ohio Department of Health Vital Statistics Data Analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016); Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 1999-2012 (Ohio and United States), 2010-2012 (HM2016)

[9] Ohio Department of Health Franklin County Cancer Profile, 2018 (HM2022), (Franklin County), 2010-2014 (HM2019); Ohio Department of Health Office of Health Improvement and Wellness, Ohio Annual Cancer Report (Ohio), 2015 (HM2019); Ohio Department of Health Ohio Cancer Incidence Surveillance System, End of Year File 1996-2011 (Franklin County and Ohio), 2006-2010 (HM2016); SEER Cancer Statistics Review, 1975-2010 / 1975-2014, National Cancer Institute (United States) 2010-2014 (HM2019), 2006-2010 (HM2016)

[10] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2018 (HM2022), 2016 (HM2019), 2012 (HM2016)

[11] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2015 (HM2019), 2013 (HM2016)

[12] Ohio Department of Health Burden of Asthma in Ohio (Franklin County and Ohio), 2019 (HM2022); Centers for Disease Control and Prevention, High School Youth Risk Behavior

Surveillance System (United States), 2017 (HM2022), 2015 (HM2019), (Ohio and United States), 2013 (HM2016); Ohio Department of Health Local Asthma Profiles (Franklin County and Ohio), 2014 (HM2019); Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey (Franklin County), 2012 (HM2016)

[13] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2016 (HM2019), 2012 (HM2016)

[14] Centers for Disease Control and Prevention High School Youth Risk Behavior Surveillance System (Ohio and United States), 2019 (HM2022); Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey (Franklin County and Ohio), 2015 (HM2019), 2012 (HM2016); National Survey of Children's Health (United States), 2016 (HM2019); Centers for Disease Control and Prevention High School Youth Risk Behavior Survey (United States), 2013 (HM2016)

[15] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019)

[16] Central Ohio Trauma System, 2020 (HM2022), 2016 (HM2019); Central Ohio Trauma System, data analyzed by Columbus Public Health, 2012 (HM2016)

[17] Central Ohio Trauma System, 2020 (HM2022), 2016 (HM2019), 2014 (HM2016)

This section describes diseases caused by viruses and bacteria that enter and multiply in the body and can be transmitted from person to person.

Key Findings

COVID-19

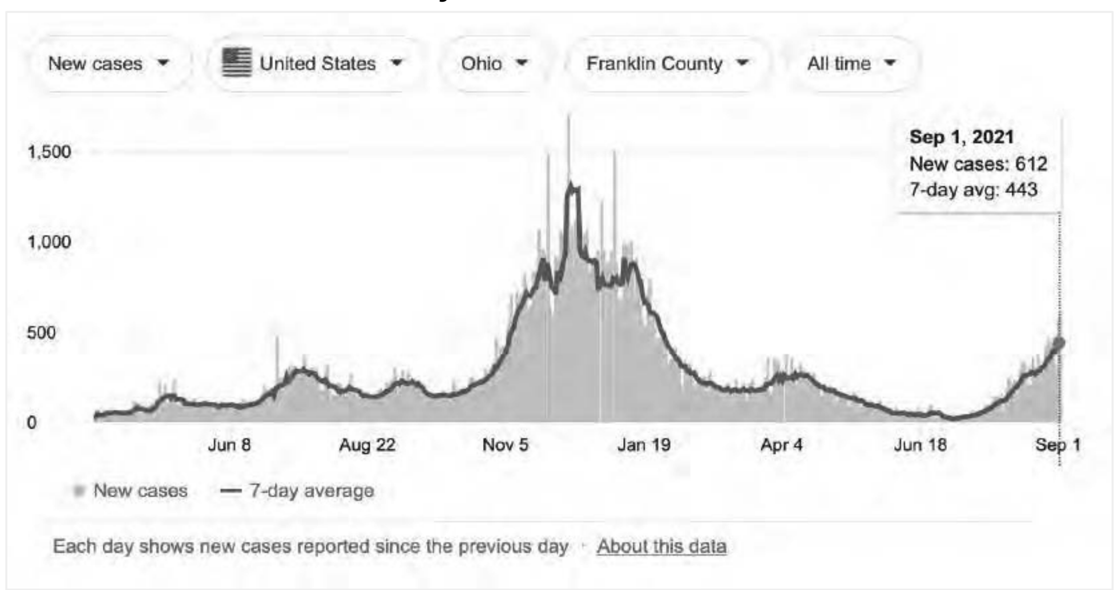
COVID-19 emerged since the previous *HealthMap* as a new infectious disease threat.

Prominent Infectious Diseases

Of many prominent infectious diseases, Hepatitis A has the highest rate of incidence in Franklin County's population. The rate of Hepatitis A increased from 0.6 to 14.8 per 100,000 of the population.

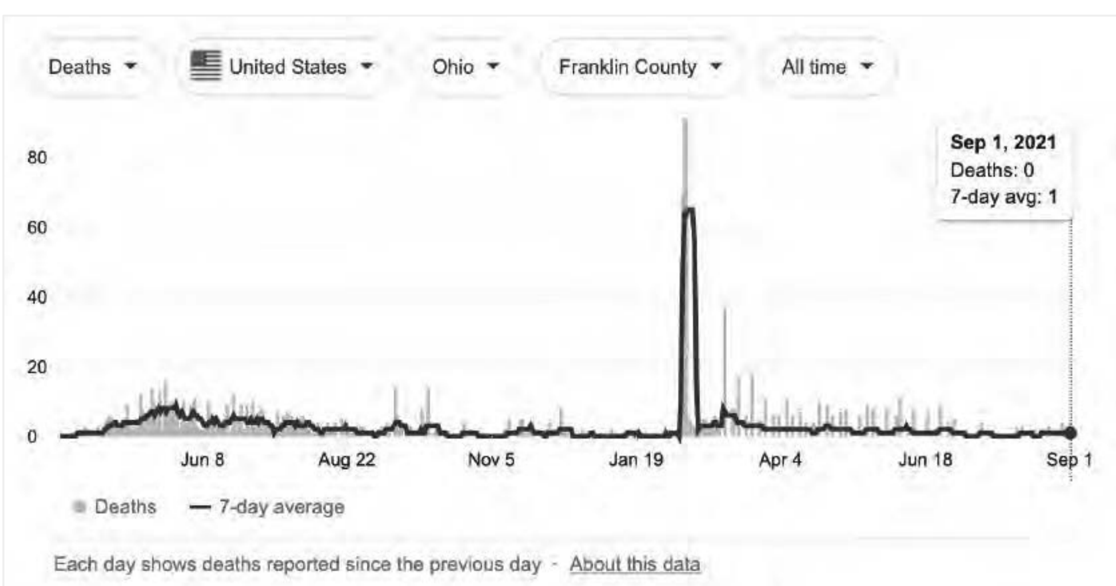
One of 2020's most prominent events was the worldwide spread of a dangerous infectious disease: COVID-19. This pandemic's social, economic, and health impacts were felt strongly here in central Ohio. As of September 1, 2021, 140,370 people in Franklin County were diagnosed as having contracted COVID-19, an amount greater than the combined seating capacities of Ohio Stadium, Lower.com Field, and Huntington Park. A graph showing COVID-19 cases over time in Franklin County is shown below.

COVID-19 Cases (Franklin County, Ohio)[1]



As of September 1, 2021, 1,516 people in Franklin County died due to the COVID-19 pandemic.[2] The graph below shows COVID-19 deaths over time in Franklin County. Per the Ohio Department of Health,[3] the median age of Ohioans whose death was caused by COVID-19 was 78 years old.

COVID-19 Deaths (Franklin County, Ohio)[2]



Overall, the prevalence of Franklin County adults who received influenza or pneumonia vaccinations is largely consistent with the previous *HealthMap*.

Vaccination Trends

	Franklin County			Ohio		USA	
	HM2016	**HM2019**	**HM2022**	**HM2022**		**HM2022**	
Adult Vaccinations							
Individuals aged 18-64 who received influenza vaccination during last influenza season[4]	-	38.7%	-	51.0%	▲	51.8%	▲
Adults aged 65+ who have ever had a pneumonia vaccination[5]	72.3%	80.9%	79.4%	74.7%		73.1%	
Adults aged 65+ who have had a flu shot within the past year[5]	68.3%	60.8%	62.3%	62.6%		64.0%	

As shown in the next chart, rates of hepatitis A and hepatitis C (acute) have increased over time in Franklin County, in Ohio, and throughout the U.S. In Franklin County, the rate of salmonellosis has also increased since the last *HealthMap*.

The rates of pertussis and hepatitis B have decreased from the last *HealthMap,* but remain higher than statewide and national rates.

Prominent Infectious Diseases

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Cryptosporidiosis[6]	-	5.1	5.2		5.5		4.3	
E. coli[7]	0.5	4.5	1.0	▼	0.6	▼	-	
Hepatitis A[7] (acute)	0.6	0.6	14.8	▲	15.7	▲	5.7	▲
Hepatitis B[7] (acute)	4.5	5.8	4.5	▼	2.7	▲	1.1	
Hepatitis C[8] (chronic)	-	170.3	-		-		0.0	
Hepatitis C[7] (acute)	0.3	3.1	5.7	▲	3.9	▲	1.7	▲
Listeriosis[7]	0.2	0.2	0.3	▲	0.3	▲	0.3	▲
Measles[7]	-	0.0	0.0		0.0	▼	0.0	
Mumps[7]	0.2	0.4	-		0.3	▼	1.2	▼
Pertussis[7]	26.7	21.2	10.1	▼	5.7	▼	5.7	
Salmonellosis[7]	12.1	11.3	14.7	▲	12.9		17.8	
Strep pneumonia[8] (drug resistant)	-	1.0	-		-		-	
Tuberculosis[9]	4.2	3.9	3.9		1.1		2.7	
Varicella[7]	6.0	3.9	0.0	▼	3.8		3.1	▼

Rates per 100,000 population.

Rates for several sexually transmitted infections (STIs) are shown next. The rate of gonorrhea among Franklin County residents continues to increase since the last *HealthMap* and remains higher than the statewide and national rates for this STI.

Sexually Transmitted Infections (STIs)[10]

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Syphilis*	13.0	22.8	16.3	▼	6.4		11.9	▲
Gonorrhea	245.5	339.0	378.3	▲	223.0	▲	188.4	▲
Chlamydia	654.5	775.9	786.2		559.4		552.8	▲

Rates per 100,000 population.
**Only reflects syphilis in the primary and secondary stages*

The rates of Franklin County residents currently living with a diagnosis of HIV infection (405 per 100,000) is higher than the last *HealthMap* (392.6), and this rate is almost double the statewide rate (210.1).

HIV/AIDS[11]

	Franklin County			Ohio
	HM2016	HM2019	HM2022	HM2022
Living With HIV/AIDS				
Persons living with a diagnosis of HIV infection	348.8	392.6	405.0	210.1
HIV incidence by race/ethnicity				
Asian/Pacific Islander	-	-	2.0%	1.0%
Black/African American	-	-	56.0%	49.0%
Hispanic/Latino	-	-	6.0%	5.0%
White	-	-	32.0%	41.0%
Multi-Race	-	-	4.0%	4.0%

Rates per 100,000 population.

Among Franklin County residents, the incidence of *Clostridium difficile* (*C. diff*) and CLABSI are comparable to the statewide rates.

Healthcare-Associated Infections[12]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
C. diff (outpatient only)	-	0.7	2.6	▲	2.0	▲
CLABSI (outpatient only)	-	0.03	0.07	▲	0.02	▼

Rates per 10,000 population.

References

[1] *The New York Times*, Tracking Coronavirus in Franklin County, Ohio, Covid-19 Cases. Retrieved from google.com, 2021

[2] *The New York Times*, Tracking Coronavirus in Franklin County, Ohio, Covid-19 Deaths. Retrieved from google.com, 2021

[3] Ohio Department of Health, COVID-19 Dashboard: Key Metrics on Mortality. Retrieved November 30th, 2021

[4] Centers for Disease Control and Prevention, Influenza Season Vaccination Coverage Dashboard, 2019-2020 (HM2022); Centers for Disease Control and Prevention, FluVaxView, 2016-2017 (HM2019); Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2012 (HM2016)

[5] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

[6] Ohio Department of Health Annual Report of Infectious Diseases (Franklin County and Ohio), 2018 (HM2022); Centers for Disease Control and Prevention Nationally Notifiable Infectious Diseases and Conditions (United States), 2019 (HM2022); Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio Fourth Quarter (Franklin County and Ohio), 2017 (HM2019); Centers for Disease Control and Prevention, WONDER Online Database, Reported Cases of Notifiable Diseases and Rates Per 100,000, Excluding U.S. Territories (United States), 2016 (HM2019)

[7] Ohio Department of Health Annual Report of Infectious Diseases (Franklin County and Ohio), 2018 (HM2022); Centers for Disease Control and Prevention Nationally Notifiable Infectious Diseases and Conditions (United States), 2019 (HM2022); Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio (Franklin County and Ohio), 2017 (HM2019); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019), 2012 (HM2016); Annual Summary of Reportable Diseases 2012-2013, Ohio Reportable Disease Data (non-TB, preliminary) – Quarterly Summary of Selected Reportable Infectious Diseases (Franklin County and Ohio), 2013 (HM2016)

[8] Ohio Department of Health Annual Report of Infectious Diseases (Franklin County and Ohio), 2018 (HM2022); Centers for Disease Control and Prevention Nationally Notifiable Infectious Diseases and Conditions (United States), 2019 (HM2022); Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio Fourth Quarter, 2017 (HM2019)

[9] Ohio Department of Health Annual Report of Infectious Diseases (Franklin County and Ohio), 2018 (HM2022); Centers for Disease Control and Prevention Nationally Notifiable Infectious Diseases and Conditions (United States), 2019 (HM2022); Ohio Department of Health TB Demographic Breakdown for Ohio and Four Selected Counties (Franklin County and Ohio), 2016 (HM2019), 2013 (HM2016); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019)

[10] Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

[11] Ohio Department of Health, New Diagnoses of HIV Infection Reported in Ohio (Franklin County and Ohio), 2020 (HM2022); Centers for Disease Control and Prevention, HIV Surveillance Report 26(1) (United States), 2015-2019 (HM2022); Ohio Department of Health, HIV Infection in Ohio (Franklin County and Ohio), 2016 (HM2019); Centers for Disease Control and Prevention, HIV in the United States by Geography (United States), 2015 (HM2019), 2011, (HM2016); Ohio Department of Health, HIV/AIDS Surveillance Program (Franklin County and Ohio), 2013 (HM2016)

[12] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019)

Community Assets and Resources

The list of non-profit and private organizations working to impact priority areas listed in this document are endless. The Central Ohio community is well positioned to impact adverse health outcomes because of these collective efforts.

Although not an exhaustive list of partners, each priority below includes community cornerstones of multi-sector partnerships that advance collective impact. A more extensive resource list will be identified during subsequent health improvement work; it will be included in future documents and at https://centralohiohospitals.org/.

Basic Needs

There is a continuously growing body of evidence that support health outcomes being linked to the environments where people are born, live, learn, work, play, worship, and age. These conditions, commonly referred to as social determinants or root causes of health, affect a wide range of health, functioning, and quality of life-outcomes and risks[1]. *Healthy People 2030* stratifies social determinants of health into 5 domains, all of which are addressed by health and social service providers affiliated with the following organizations:

- **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.

- **Franklin County Human Service Chamber** - serves and represents nearly 130 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.

- **Central Ohio Pathways HUB** - Health Impact Ohio (formerly Healthcare Collaborative of Greater Columbus) manages the Central Ohio Pathways HUB, where Community Health Workers assist clients enrolled in the HUB with multiple factors that contribute to an individual's health, including social determinants like culture, race, income, and education level. For more information on the Pathways HUB, visit http://www.hcgc.org/central-ohio-pathways-hub.html

- **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/

Racial Equity

Health and human service agencies across the county are reframing strategic plans, partnerships, and conversations to mitigate and dismantle the impact structural racism has on residents and vulnerable communities. Local organizations that have a long history of convening partners to facilitate conversations and collective impact projects to address racism include:

- **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.

- **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.

Behavioral Health

The impact of mental health, addiction, and trauma is widespread amongst almost every factor that influences individual quality of life. The following organizations have a longstanding presence in Central Ohio, and rely on a diverse collection of partnerships to improve behavioral health outcomes:

- **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.

- **The 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://www.columbus.gov/CFCAP/ .

- **The 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/publichealth/programs/neighborhood-services/community-resilience-coalition.

Infant and Maternal Health

In 2014, the Greater Columbus Infant Mortality Task Force developed eight recommendations to reduce the community's alarming infant mortality rate by 40 percent and cut the racial health disparity gap in half. CelebrateOne was created in November 2014 as a collective impact approach to carry out the Task Force's recommendations and ensure Franklin County meets its ambitious goal. More information and a list of organizational partners can be found at https://www.columbus.gov/Celebrate-One/About-CelebrateOne/.

References

1. Healthy People 2030 Social Determinants of Health: https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Summary

Franklin County HealthMap2022 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 compare favorably with the state and country.

Franklin County HealthMap2022 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.

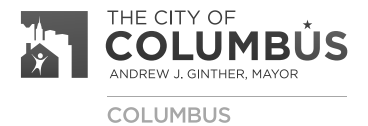
Consistent with requirements, the participating hospitals and health departments will use this report to inform development and implementation of strategies to address its findings. It is intended that a wide range of stakeholders – many more than are represented on *Franklin County HealthMap2022's* 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 HealthMap2022* are encouraged to send feedback and comments that can help to improve the usefulness of this information when future editions are developed.

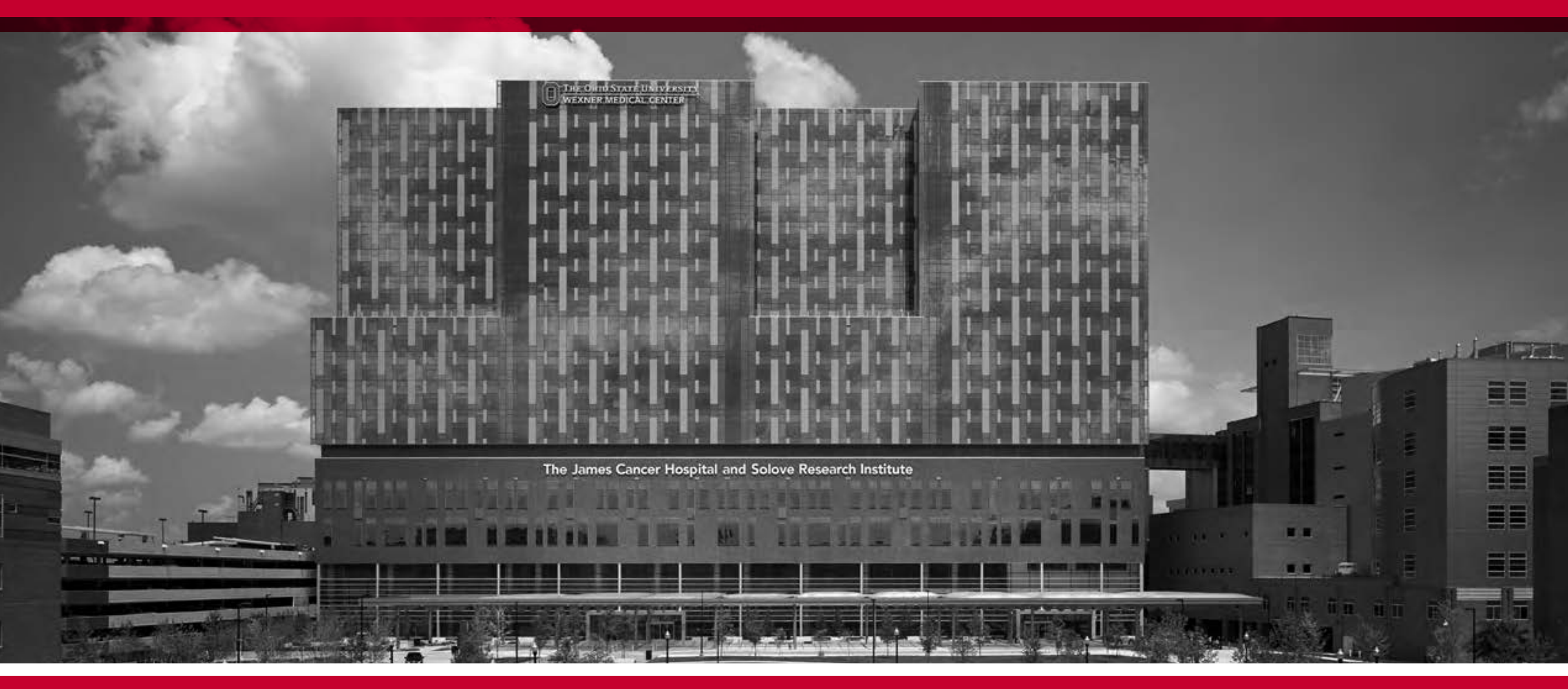
Questions and comments about *Franklin County HealthMap2022* may be shared with:

Jeff Klingler, Central Ohio Hospital Council
614-358-2710 | jeffk@centralohiohospitals.org

Orie Kristel, PhD, Illuminology
614-447-3176 | orie@illuminology.net



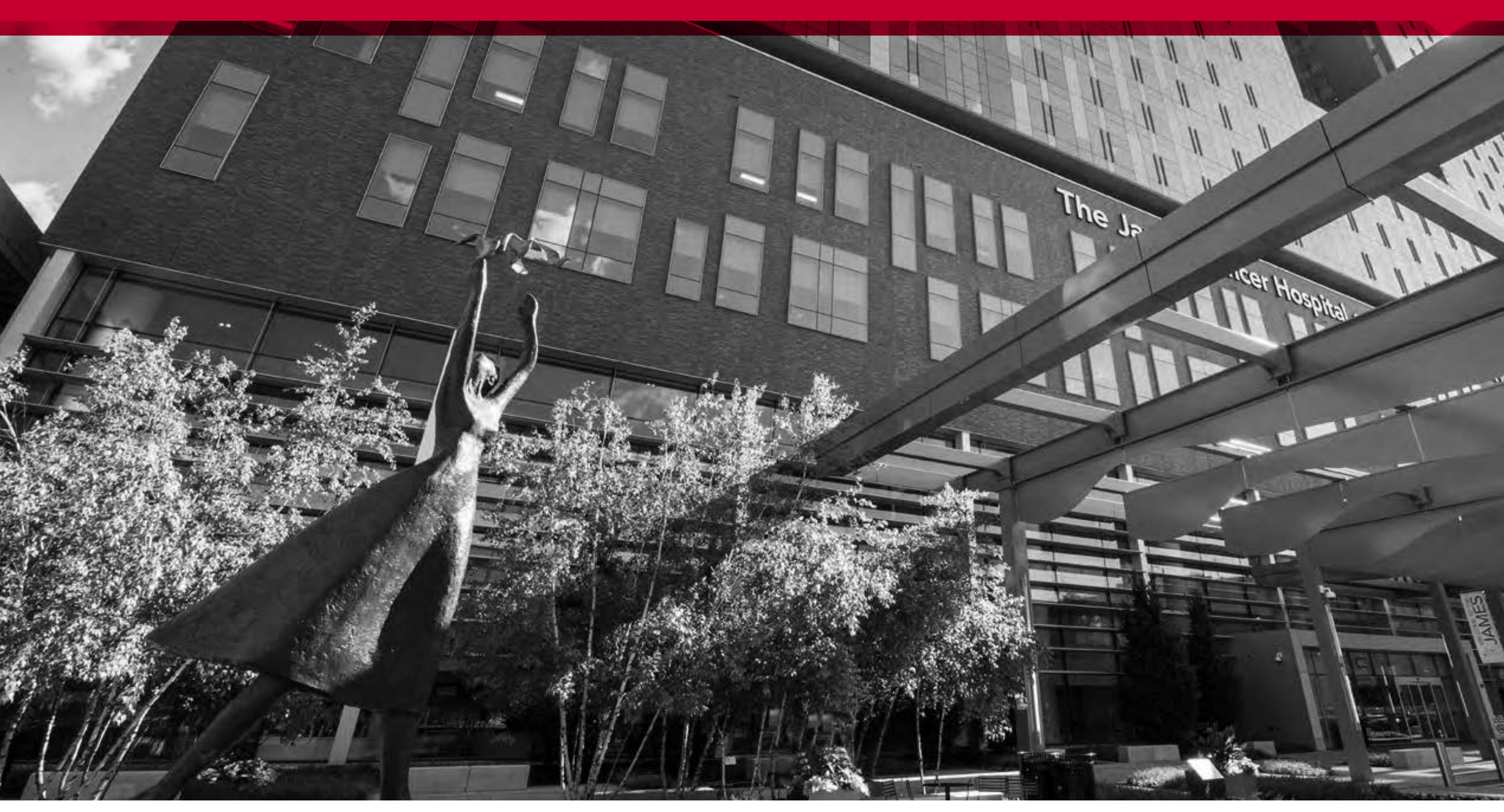
Navigating Our Way to a Healthier Community Together



The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Community Health Needs Assessment 2022

The James



Our mission is to eradicate cancer from individuals' lives by creating knowledge and integrating groundbreaking research with excellence in education and patient-centered care.

William B. Farrar, MD

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:

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INTRODUCTION

Accreditation

- Ranked the No. 1 hospital in Columbus and No. 2 in Ohio in 2021 by U.S. News & World Report
- Ten nationally ranked and two high-performing specialties
- Ranked College of Medicine, seven hospitals, a network of primary and specialty care practices and more than 20 research centers and institutes
- The Most 'Top Doctors' in Central Ohio. More "Top Doctors" than any other central Ohio hospital. Our physicians were selected by Castle Connolly because they are among the very best in their specialties.
- The Ohio State Comprehensive Cancer Center – Arthur G. Cancer Hospital and Richard J. Solove Research Institute is one of only 71 National Cancer Institute-designated comprehensive cancer centers in the United States
- Named a 2021 Climate Champion by Health Care Without Harm

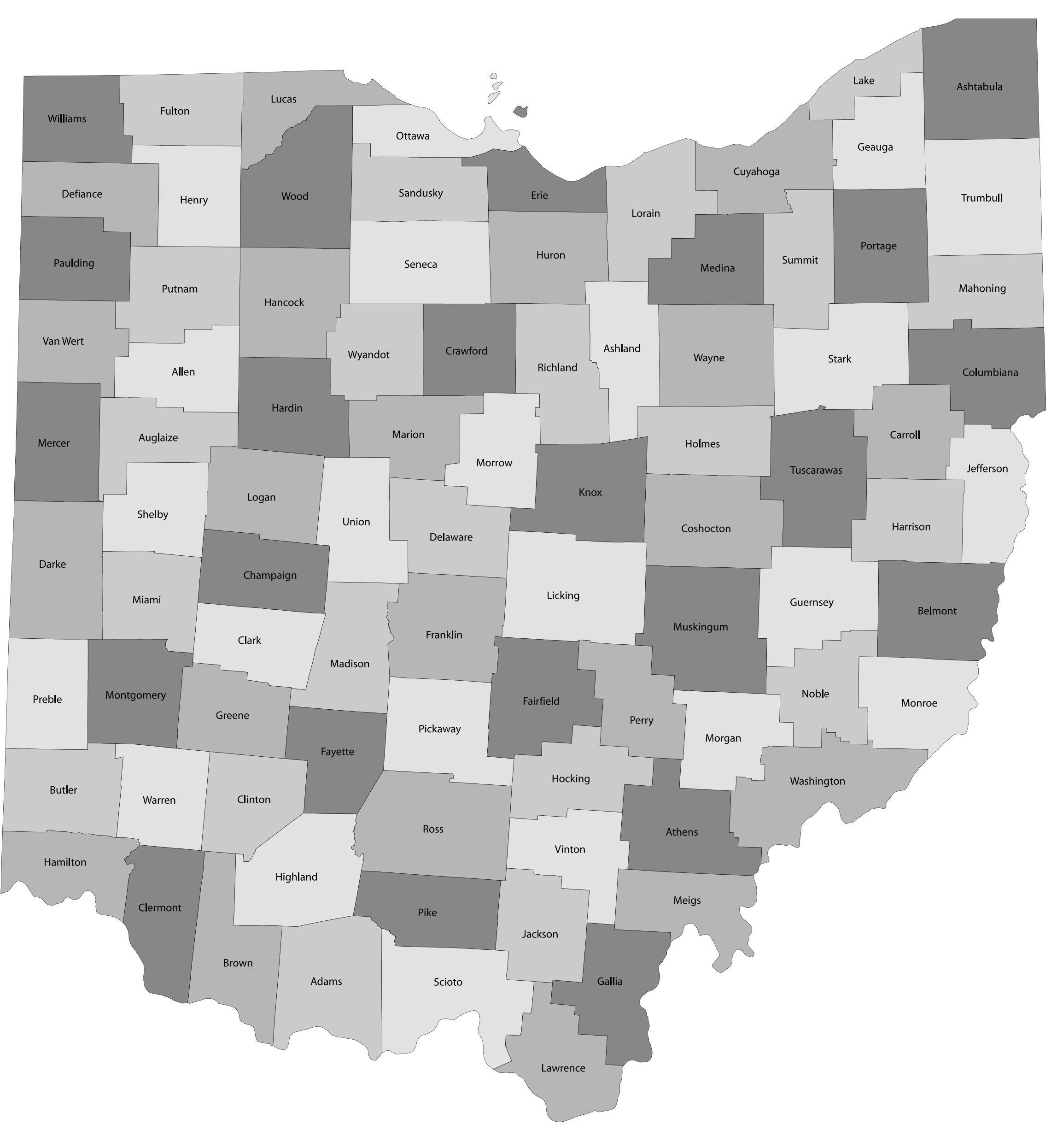
The Ohio State University Wexner Medical Center's University Hospital includes the following:

- Brain and Spine Hospital
- Dodd Rehabilitation Hospital
- East Hospital
- Harding Hospital
- Richard M. Ross Heart Hospital
- University Hospital

The James Cancer Hospital and Solove Research Institute is part of the Ohio State University and one of the 45 National Comprehensive Cancer Hospitals.

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	CY21 Discharges				
Patient State	Patient County	Main	East	Total	% of Total
OH	Franklin	18,747	7,410	26,157	54%
	Delaware	1,308	137	1,445	3%
	Fairfield	1,303	129	1,432	3%
	Licking	1,171	163	1,334	3%
	Ross	891	65	956	2%
	Pickaway	865	56	921	2%
	Union	883	35	918	2%
	Logan	779	53	832	2%
	Madison	735	59	794	2%
	Muskingum	729	56	785	2%
	Clark	662	52	714	1%
	Richland	594	60	654	1%
	Knox	563	35	598	1%
	Scioto	472	30	502	1%
	Montgomery	465	34	499	1%
	Marion	450	37	487	1%
	Fayette	431	55	486	1%
	Allen	460	15	475	1%
	Crawford	437	22	459	1%
	Hocking	356	45	401	1%
	Perry	328	39	367	1%
	Jackson	331	32	363	1%
	Coshocton	316	23	339	1%
	Champaign	292	20	312	1%
	Belmont	279	30	309	1%
	Guernsey	282	18	300	1%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Athens	269	25	294	1%
	Highland	261	30	291	1%
	Pike	263	12	275	1%
	Gallia	222	27	249	1%
	Washington	214	18	232	0%
	Hancock	198	12	210	0%
	Miami	184	17	201	0%
	Wyandot	185	10	195	0%
	Greene	180	13	193	0%
	Warren	158	6	164	0%
	Morrow	146	10	156	0%
	Meigs	133	17	150	0%
	Lorain	148	1	149	0%
	Auglaize	138	9	147	0%
	Mercer	141	4	145	0%
	Hardin	136	5	141	0%
	Shelby	126	7	133	0%
	Vinton	123	10	133	0%
	Seneca	106	5	111	0%
	Noble	109	1	110	0%
	Wayne	95	11	106	0%
	Lawrence	91	10	101	0%
	Putnam	95	2	97	0%
	Hamilton	79	9	88	0%
	Clinton	72	7	79	0%
	Ashland	71	7	78	0%
	Monroe	67	8	75	0%
	Lucas	65	6	71	0%
	Butler	63	4	67	0%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Morgan	65	1	66	0%
	Jefferson	59	7	66	0%
	Adams	54	5	59	0%
	Van Wert	48	4	52	0%
	Tuscarawas	44	5	49	0%
	Darke	42	6	48	0%
	Preble	41	1	42	0%
	Stark	37	4	41	0%
	Cuyahoga	36	4	40	0%
	Trumbull	38		38	0%
	Clermont	36	2	38	0%
	Wood	28	6	34	0%
	Huron	24	5	29	0%
	Holmes	22	2	24	0%
	Columbiana	18	4	22	0%
	Summit	20	1	21	0%
	Mahoning	18	1	19	0%
	Medina	15		15	0%
	Harrison	11	4	15	0%
	Erie	13		13	0%
	Sandusky	12		12	0%
	Portage	6	1	7	0%
	Defiance	6		6	0%
	Lake	5	1	6	0%
	Ottawa	5	1	6	0%
	Fulton	4	2	6	0%
	Brown	5		5	0%
	Paulding	5		5	0%
	Carroll	4		4	0%

UNIVERSITY HOSPITAL

Patient State	Patient County	Main	East	Total	% of Total
OH	Henry	3	1	4	0%
	Ashtabula	2		2	0%
	Williams	1	1	2	0%
	Geauga	1		1	0%
Non-Ohio	673	90	763	2%	0%
Grand Total		**39,668**	**9,172**	**48,840**	**100%**

OSUCCC – JAMES

Time Frame	CY21 Discharges		
Patient State	**Patient County**	**Discharges**	**% of Total**
OH	Franklin	4,735	32%
	Delaware	707	5%
	Licking	643	4%
	Fairfield	519	4%
	Montgomery	379	3%
	Richland	328	2%
	Ross	282	2%
	Muskingum	280	2%
	Clark	270	2%
	Logan	254	2%
	Allen	252	2%
	Pickaway	239	2%
	Union	227	2%
	Scioto	223	2%
	Madison	210	1%
	Athens	198	1%

OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Knox	195	1%
	Marion	190	1%
	Crawford	161	1%
	Greene	156	1%
	Perry	149	1%
	Hocking	147	1%
	Champaign	143	1%
	Hancock	141	1%
	Jackson	140	1%
	Coshocton	130	1%
	Miami	127	1%
	Auglaize	126	1%
	Guernsey	125	1%
	Belmont	122	1%
	Mercer	120	1%
	Fayette	105	1%
	Washington	99	1%
	Morrow	96	1%
	Lawrence	95	1%
	Butler	92	1%
	Shelby	90	1%
	Pike	89	1%
	Highland	87	1%
	Gallia	81	1%
	Warren	69	0%
	Putnam	68	0%
	Hamilton	64	0%
	Darke	60	0%
	Seneca	60	0%

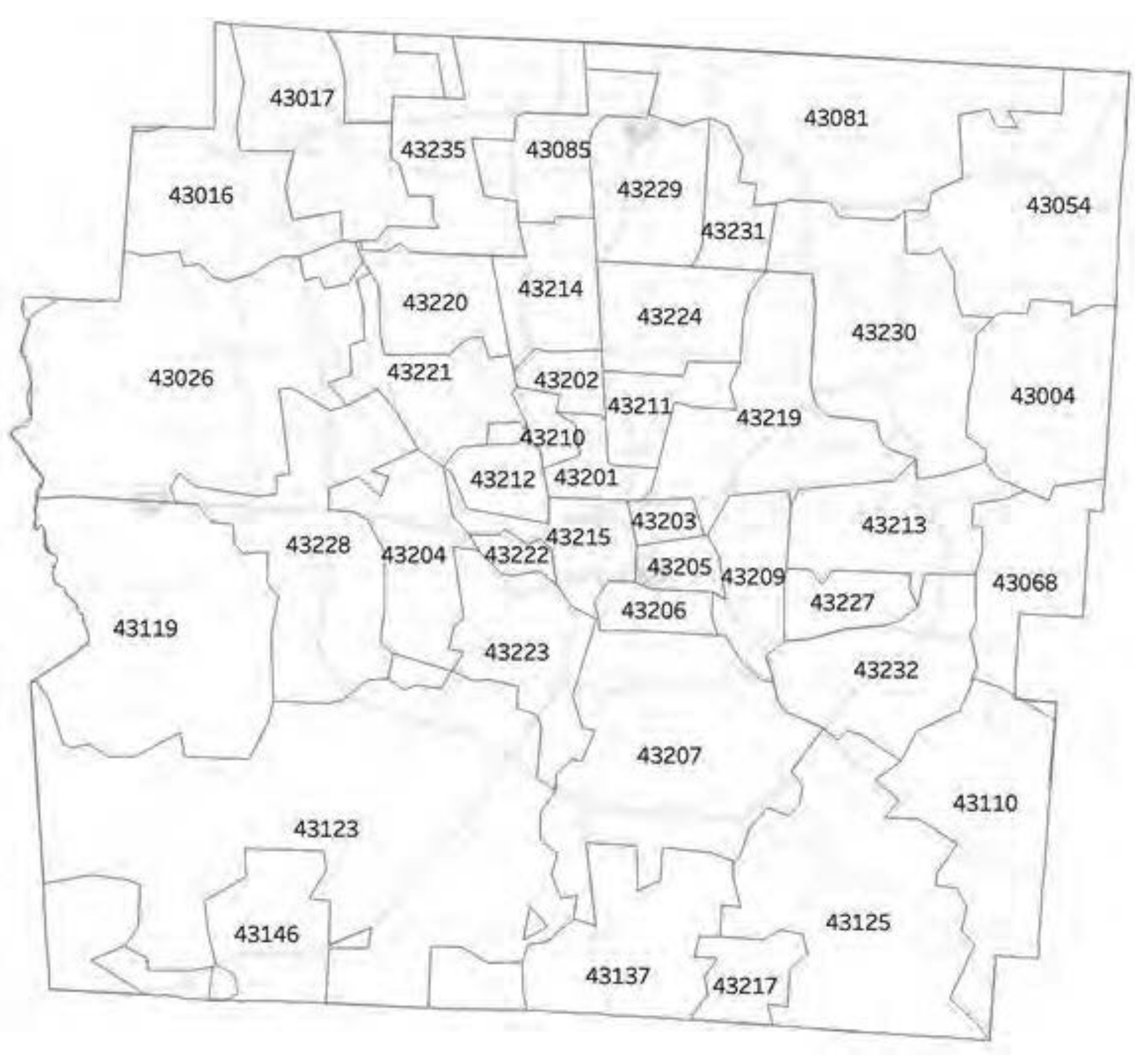
OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Wyandot	60	0%
	Meigs	58	0%
	Hardin	57	0%
	Vinton	57	0%
	Clinton	56	0%
	Jefferson	56	0%
	Ashland	51	0%
	Preble	44	0%
	Wood	42	0%
	Wayne	40	0%
	Morgan	37	0%
	Adams	33	0%
	Noble	32	0%
	Monroe	30	0%
	Lorain	29	0%
	Holmes	26	0%
	Lucas	26	0%
	Van Wert	26	0%
	Clermont	25	0%
	Tuscarawas	20	0%
	Defiance	16	0%
	Stark	16	0%
	Huron	15	0%
	Sandusky	15	0%
	Medina	13	0%
	Williams	12	0%
	Cuyahoga	11	0%
	Harrison	11	0%
	Carroll	10	0%

OSUCCC – JAMES

Patient State	Patient County	Discharges	% of Total
OH	Mahoning	10	0%
	Paulding	9	0%
	Fulton	8	0%
	Summit	8	0%
	Ottawa	7	0%
	Brown	6	0%
	Erie	6	0%
	Trumbull	5	0%
	Columbiana	3	0%
	Portage	3	0%
	Henry	2	0%
	Geauga	1	0%
Non-Ohio		506	3%
Grand Total		**14,571**	**100%**

FRANKLIN COUNTY SERVED BY THE OHIO STATE WEXNER MEDICAL CENTER



UNIVERSITY HOSPITAL

Time Frame	CY21 Discharges			
County	Franklin, OH			
ZIP Code	Main	East	Total	%
43219	712	979	1,691	6%
43211	979	511	1,490	6%
43207	893	478	1,371	5%
43232	698	368	1,066	4%
43224	745	254	999	4%
43213	502	431	933	4%
43227	462	458	920	4%
43229	710	165	875	3%
43230	646	199	845	3%
43204	685	153	838	3%
43201	697	116	813	3%
43223	677	136	813	3%
43228	687	123	810	3%
43206	425	383	808	3%
43209	389	413	802	3%
43205	315	472	787	3%
43203	271	471	742	3%
43068	535	177	712	3%
43123	613	95	708	3%
43026	613	45	658	3%
43081	539	62	601	2%
43235	494	40	534	2%
43110	416	110	526	2%
43215	383	103	486	2%
43221	446	39	485	2%
43214	420	60	480	2%
43220	389	35	424	2%

UNIVERSITY HOSPITAL

ZIP Code	Main	East	Total	%
43212	375	35	410	2%
43210	282	101	383	1%
43016	330	29	359	1%
43202	334	21	355	1%
43004	277	70	347	1%
43085	314	29	343	1%
43017	304	36	340	1%
43119	301	26	327	1%
43231	244	58	302	1%
43054	244	34	278	1%
43125	180	44	224	1%
43222	134	32	166	1%
43137	39	5	44	0%
43217	30	4	34	0%
43086	5		5	0%
43236	2	3	5	0%
43109	2	2	4	0%
43216	2	2	4	0%
43226	2	2	4	0%
43126	3		3	0%
43218	2		2	0%
Grand Total	**18,747**	**7,410**	**26,157**	**100%**

OSUCCC – JAMES

Time Frame	CY21 Discharges	
County	Franklin, OH	
ZIP Code	Discharges	%
43081	244	5%
43207	226	5%
43230	200	4%
43068	196	4%
43123	186	4%
43232	181	4%
43228	180	4%
43211	169	4%
43224	161	3%
43026	155	3%
43204	154	3%
43219	154	3%
43213	151	3%
43229	148	3%
43235	144	3%
43110	142	3%
43017	132	3%
43223	132	3%
43016	130	3%
43206	118	2%
43221	115	2%
43227	115	2%
43214	113	2%
43085	105	2%
43209	101	2%
43220	87	2%

OSUCCC – JAMES

Time Frame	CY21 Discharges	
County	Franklin, OH	
ZIP Code	Discharges	%
43205	85	2%
43054	83	2%
43004	80	2%
43125	71	1%
43119	66	1%
43212	66	1%
43215	66	1%
43201	60	1%
43203	55	1%
43231	47	1%
43202	46	1%
43222	30	1%
43210	17	0%
43137	8	0%
43216	4	0%
43217	4	0%
43236	3	0%
43002	2	0%
43109	1	0%
43126	1	0%
43218	1	0%
Grand Total	**4,735**	**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 HealthMap2022. For purposes of the graphs, HealthMap has been abbreviated as HM with the corresponding year.

Franklin County Residents[1]

		Franklin County*			
		HM2016	HM2019	HM2022	
Total Population	Population of Franklin County	1,212,263	1,264,518	1,316,756	
Sex	Male	48.7%	48.8%	48.8%	
	Female	51.3%	51.2%	51.2%	
Age	Under 5 years	7.2%	7.3%	7.0%	
	5-19 years	19.4%	19.0%	19.1%	
	20-64 years	62.8%	62.3%	61.4%	
	65 years and over	10.6%	11.3%	12.4%	
Race (any ethnicity)	White	69.1%	67.6%	65.2%	
	African American	21.2%	22.2%	23.1%	
	Asian	4.2%	5.0%	5.4%	
	Other race	1.8%	1.2%	2.5%	▲
	Two or more races	3.6%	3.8%	3.7%	
Ethnicity	Hispanic or Latino (of any race)	5.0%	5.3%	5.8%	
Foreign-born	Foreign-born	-	-	11.4%	
	Naturalized (among foreign-born)	-	-	48.2%	
Marital Status	Never married	39.4%	39.7%	39.0%	
	Now married (except separated)	42.4%	42.0%	42.9%	
	Divorced or Separated	13.4%	14.1%	13.8%	
	Widowed	4.8%	4.3%	4.4%	
Veterans	Civilian veterans	6.9%	6.5%	6.0%	
Disability Status	Total with a disability	12.1%	11.8%	11.1%	
	Under 18 years with a disability	4.7%	4.6%	5.0%	
	18 to 64 with a disability	10.7%	10.3%	9.1%	▼
	65 years and over with a disability	38.0%	35.8%	33.5%	
Disability by Type	Hearing difficulty	2.9%	3.1%	2.5%	▼
	Vision difficulty	2.0%	1.8%	2.0%	
	Cognitive difficulty	5.9%	5.4%	5.0%	
	Ambulatory difficulty	6.4%	6.3%	5.3%	▼
	Self-care difficulty	2.5%	2.4%	2.1%	▼
	Independ. living difficulty (age 18+)	5.5%	4.8%	5.0%	

* 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 Households[1]

		Franklin County			
		HM2016	HM2019	HM2022	
Total	Number of households	476,532	502,932	522,383	
Household Size*	Average household size	2.5	2.5	2.5	
	Average family size	3.2	3.2	3.2	
Household Type	Family households	57.7%	58.0%	58.5%	
	Nonfamily households	42.3%	42.0%	41.5%	
	Single parent households	-	-	18.4%	
No Vehicle	Households without a vehicle	8.3%	7.8%	7.2%	
Internet Access	With an internet subscription	-	-	90.8%	
	Broadband (any type)	-	-	*90.6%*	
	Dial-up only	-	-	*0.2%*	
	Without internet subscription	-	-	9.2%	
Grandparents as Caregivers	Children living with a grandparent	5.2%	6.1%	6.4%	
	Children living with a grandparent who is responsible for them	3.2%	3.3%	3.1%	
Language Spoken at Home	English only	87.3%	86.8%	85.3%	
	Speak a language other than English	12.7%	13.2%	14.7%	▲

* 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)

Health Care Providers

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Licensed Physicians (MDs and DOs)[1]	239:1	234:1	238:1		250:1	
Licensed Advance Practice Nurses[2]	846:1	703:1	540:1	▼	617:1	▼
Licensed Physician Assistants[1]	5181:1	3321:1	2278:1	▼	2806:1	▼
Licensed Dentists[3]	1259:1	1337:1	1214:1		1561:1	
Licensed Optometrists[4]	3640:1	3639:1	3530:1		4969:1	
Licensed Opticians[5]	4376:1	4785:1	4636:1		3798:1	
Pharmacists[6]	-	-	617:1		534:1	
Licensed Dieticians[1]	-	-	1894:1		2335:1	
Licensed Psychiatrist[1]	5718:1	6836:1	7152:1		7356:1	
Licensed Psychologist[7]	2305:1	2379:1	2258:1		3306:1	▼
Licensed Social Worker (LISW, LSW)[8]	333:1	339:1	333:1		299:1	▼
Licensed Chemical Counselor[8]	1341:1	1137:1	919:1	▼	809:1	

Impact of Actions to Address Priority Needs in 2019 Community Health Needs Assessment

HealthMap2019 Priorities

The Franklin County Community Health Needs Assessment Steering Committee identified three priority areas: mental health and addiction, income/poverty and maternal and infant health.

1. Mental Health and Addiction:

- **22% of Franklin County residents have been diagnosed with depression.**
- **Mental health needs account for a significant number of emergency department admissions.**
- **Deaths from drug overdoses, especially from opiates, are increasing at alarming rates. In 2017, there were 520 overdose deaths in Franklin County, a 47% increase from the previous year.**

Key Indicators

Mental health

- **Hire additional providers**
- **Improve access to care**

Addiction

- **Narcan administrations**

Efforts by the Ohio State Wexner Medical Center to address these indicators include:

- 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.
- Use of a standardized, evidence-based tool for depression screening for adults with adequate systems in place to ensure accurate diagnosis, referral if clinically necessary, effective treatment and appropriate follow-up.
- Providing Ohio State STAR (Stress, Trauma And Resilience) services for first responders through its collaboration with ADAMH (Alcohol, Drug and Mental Health Board of Franklin County) 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 increasing the number of physicians, physician assistants and advanced practice nurses who have obtained a waiver to prescribe buprenorphine (DATA 2000 waiver) and by providing technical assistance and support to providers (both internally and externally throughout the community) who have a release to prescribe MOUD.
- 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.
- Expanding opioid-sparing protocols like Toward Opioid-Free Ambulatory Surgery (TOFAS) and Enhanced Recovery After Surgery (ERAS) that reduce the number of opiate prescriptions dispensed to patients, specifically for patients undergoing outpatient gastrointestinal surgeries, cesarean deliveries and total hip and knee replacements. Hospitals have reduced the amount of opiates prescribed to patients undergoing GI surgeries by 52% since 2017. Hospitals have reduced the amount of opiates prescribed to women undergoing cesarean birth by 22% since 2019.
- Expanded use of telehealth options due to the COVID-19 pandemic. Continuing to offer a full complement of behavioral health services through telehealth.
- Increased understanding of how self-stigma can negatively impact treatment through validation of the Brief Opioid Stigma Scale (BOSS) in a racially, ethnically and clinically diverse sample.
- Expanded use of patient-reported outcomes in clinical decision making throughout a variety of programs and across the continuum of behavioral health care.
- Growing outpatient operations from one clinic at Harding Hospital to four clinics, ensuring a behavioral health presence wherever ambulatory is expanding.

2. Income/Poverty:

- **Franklin County's poverty rate stood at 15.9% in 2017, higher than the state's rate of 14% and the nation's rate of 12.3%.**
- **The poverty rate among Black residents was 27.3%; 10.8% of white Franklin County residents lived in poverty in 2017.**
- **Struggling to pay for housing and food are determinants of health linked to a number of health issues.**
- **The number of households spending a significant percentage (at least 30%) of household income on housing has steadily increased over time in Franklin County.**

Key Indicators

- **Housing**
- **Food**
- **Access to health care**

Efforts by the Ohio State Wexner Medical Center to address these indicators include:

- Creating the Mid-Ohio Farmacy program, which combines The Ohio State University Wexner Medical Center's Family and Community Medicine Department's medical services with the Mid-Ohio Food Collective's food services. This program began in primary care and maternal fetal medicine and has expanded to include endocrinology, ophthalmology, the AIDS Education and Training Center and Talbot Hall.
- 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 to address the social determinants of health through 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.
- Continued work by the Wexner Medical Center's internal Obesity and Nutrition Steering Committee to address food insecurity.
- Opening Outpatient Care New Albany and the opening of Outpatient Care Dublin in 2022 to expand access to care to residents of Franklin County.
- Expanding telehealth options during the COVID-19 pandemic, which are now maintained and creating greater health equity for our patients. The Wexner Medical Center went from 50 telehealth visits a month before the pandemic to about 3,000 per day during 2020. We still average more than 1,000 virtual visits daily. Social determinants, behavioral determinants and environmental determinants of health are key drivers for sustaining our telehealth options.
- Launching the Community Care Coach, a mobile unit that is managed through a partnership between the Family and Community Medicine and the Obstetrics and Gynecology departments. This unit was first utilized to help bring COVID-19 testing to central Ohio residents. It now sees clients of Moms2B, a prevention program for expectant moms at high risk for infant mortality, and patients throughout the community.
- Improving flu vaccination uptake in non-white populations through targeted communications and onsite community clinics and by offering them in clinical spaces and emergency departments.
- Continuing the annual Healthy Community Day, even during the pandemic, at Outpatient Care East. For three hours, staff provide free flu vaccines, free fresh produce, free Narcan administration training and information about Ohio State primary care doctors, free clinics and telehealth.
- Screening patients for the social determinants of health and increasing care coordination to find assistance for these needs.

3. Maternal and Infant Health:

- **Overall health of pregnant women before delivery.**
- **Prevention of preterm births.**
- **While infant mortality wasn't selected here as a priority health need, it's closely related to prenatal health and preterm births.**

Key Health Needs

- **Mother's health before pregnancy/pre-conception**
- **Prevention of preterm births**
- **Address infant mortality**

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.
- Increasing access to long-acting reversible contraception (LARC) immediately postpartum, at the six-week post-partum appointment and in the primary care setting.
- Partnering with OBBO and CelebrateOne 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 and Wellness federally qualified health center (FQHC), housed at East Hospital.
- Partnering with StepOne on linking pregnant women to prenatal care.
- Creating 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.
- Launched Mom-Baby Dyad Care under the Ohio Department of Health's Mom-Baby bundle with a focus on caring for moms with gestational diabetes during babies' well-child care visits.

There were no comments on the Ohio State Wexner Medical Center's 2019 CHNA.

Navigating Our Way to a Healthier Community Together

April 2022

About *Franklin County HealthMap2022*

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 HealthMap2022*.

Franklin County HealthMap2022 is the result of a broad collaborative effort coordinated by the Central Ohio Hospital Council (COHC), Columbus Public Health (CPH), and Franklin County Public Health (FCPH). The intent of this effort is to help health departments, hospitals, social service agencies, other organizations, and community stakeholders better understand the health needs and priorities of Franklin County residents.

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 member hospitals have service areas that extend across central Ohio, for the purposes of this report, the local geographic focus area is Franklin County. 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.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, and other health issues can help direct community resources to where they will have the biggest impact. To that end, central Ohio's hospitals and health departments will begin using the data reported in *Franklin County HealthMap2022*, in collaboration with other organizations, to inform the development and implementation of strategic plans to meet the community's health needs. Consistent with federal requirements, *Franklin County HealthMap2022* will be updated in three years.

The Franklin County Community Health Needs Assessment Steering Committee hopes *Franklin County HealthMap2022* 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 HealthMap2022*'s Process**

The process for *Franklin County HealthMap2022* reflected 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 collaboration.

[1] See https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources

The primary phases of the Assess Needs and Resources process, as adapted for use in *Franklin County HealthMap2022*, included the following steps.

(1) Prepare to Assess. Members of the community were closely involved throughout with the design and implementation of *Franklin County HealthMap2022*. On October 29, 2020, members of the *Franklin County HealthMap2022* Community Health Needs Assessment Steering Committee[1] 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 November 20, 2020, the Steering Committee members received an email inviting them to participate in a brief community visioning survey. The purpose of this survey was to gather input on what a healthier Franklin County looks like as well as to help identify potential health indicators for inclusion in *Franklin County HealthMap2022*. The 26 Steering Committee members who responded to the survey provided their feedback regarding:

- What would a healthy Franklin County look like to you?
- Given your vision for a healthy Franklin County, what do you think are the biggest barriers or issues that are keeping the County from getting there?
- Overall, what are the five most important issues or topics that should be considered in our upcoming community health assessment work?

On January 25, 2021, the Steering Committee gathered again via Zoom 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 and the results of the community visioning survey, and to identify potential health indicators for inclusion in *Franklin County HealthMap2022*. Both small group discussions and large group "report-outs" occurred during this session.

The *Franklin County HealthMap2022* 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. 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), state sources (e.g., Ohio Department of Health's Data Warehouse, Ohio Hospital Association, Ohio Medicaid Assessment Survey), and local sources (e.g., Central Ohio Trauma System). Rates and/or percentages were calculated when necessary. In some instances, comparable state and/or national data were unavailable at the

[1] These individuals are listed on page 6 of this report.

time of report preparation and, accordingly, are not included in this report. All data sources are identified in a reference list following each section of the report.

In some cases, new secondary data indicators were identified that were not included in the previous report (*HealthMap2019*). For example, new indicators include days of pollution or excessive heat, Opportunity Index scores, and the ratio of residents to psychiatrists. In these instances, the most recent secondary data available are listed under the *HealthMap2022* heading, and previous data are listed under the *HealthMap2019* heading, even though these new data will not be found in the *HealthMap2019* report. This was done for ease of reading.

Indicators identified by the Steering Committee for inclusion in the *Franklin County HealthMap2022* were then collected and entered into a database for review and analysis.

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 HealthMap2022*, quantitative secondary data must have been collected or published in 2016 or later.

(3) Collect and Analyze Primary Data. Qualitative primary data for health indicators were obtained from a series of nine 90-minute focus groups held from July 28, 2021 through August 19, 2021. These discussion sessions were held in convenient, trusted locations in the community (e.g., Columbus Metropolitan Library branches; township buildings; Columbus Public Health's administrative headquarters) and were facilitated by professional researchers.

A combination of grassroots/volunteer and professional/paid recruiting efforts were used to identify a diverse mix of Franklin County residents to participate in these sessions. Focus group participants received a financial incentive to attend these sessions and to share their opinions and experiences with the research team.

Overall, 76 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 from these discussions can be found in the appendix.

(4) Identify Priority Heath Needs. On October 13, 2021, the Steering Committee received a draft copy of *Franklin County HealthMap2022*, along with a request to suggest comments on and edits to the report.

On October 20, 2021, the Steering Committee met via Zoom to review *Franklin County HealthMap2022* and to identify potential priority health issues. The meeting participants were divided into small groups, with each group asked to review a specific section of *Franklin*

County HealthMap2022 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 prioritizing these health issues:

- **Equity:** Degree to which specific groups are disproportionally 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, disability, and impairs one's quality of life.
- **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.

The meeting on October 20, 2021 led to the identification of 28 potential priority health issues that affect Franklin County residents.

On November 8, 2021, the 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). Each participant in this prioritization process was asked to consider the role played by social determinants of health and health inequities.

The survey questionnaire then instructed respondents to review the list of 28 potential priority health issues and select a maximum of five (5) most important health issues affecting Franklin County residents. Overall, 29 Steering Committee members completed this survey. After tabulating the responses, there was clear consensus about the community's priority health needs: these are displayed on page 19.

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 2021, 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 the *Franklin County HealthMap2022* is consistent with hospital requirements for conducting a needs assessment.

(6) Share Results with the Community. In December 2021, COHC conducted a review of *Franklin County HealthMap2022* to ensure that it was compliant with Internal Revenue Service 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 while conducting the 2022 health needs assessment for Franklin County.

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.

How To Read This Report

Franklin County HealthMap2022 is organized into multiple, distinct sections. Each section begins with a sentence that briefly describes the section and is then followed by "call-out boxes" that highlight and summarize the key findings of the data compilation and analysis, from the researchers' perspectives.

For some indicators, the related U.S. Department of Health and Human Services *Healthy People 2030* goals are included with Franklin County's status indicated by a ✓ icon if the goal is met and an ✕ icon if the goal hasn't been met.

Each section includes several tables, designed to allow the reader to easily compare the most recent Franklin County data to historical Franklin County data, as well as state and national data. Most tables include the column headers Franklin County, Ohio, and the United States. Within the Franklin County header, there are three columns, labeled HM2016, HM2019, and HM2022. HM2022 references the most recent data presented in *HealthMap2022*. HM2019 references *HealthMap2019* or relevant historical data, and HM2016 references *HealthMap2016* or relevant historical data. Throughout this report, a hyphen (-) is used within tables when data were not presented previously or are not accessible.

As noted above, there is a three-year interval between each version of *Franklin County HealthMap*. Whenever possible, 1-year or 3-year data estimates are reported in this

document; however, sometimes only 5-year data estimates were available. Comparisons of 5-year data estimates among different *HealthMap* versions should be done with caution.

In each table, the HM2022 column also includes an upward-facing triangle (▲) if the HM2022 statistic is greater than the one reported in 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.

The Community Health Needs Assessment Steering Committee

Work on *Franklin County HealthMap2022* 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)
Jonathan Thomas

B.R.E.A.D. Organization (Senior Community)
Cora Harrison

Central Ohio Area Agency on Aging (Senior Community)
Lynn Dobb

Central Ohio Hospital Council (Hospital/Medical)
*Jeff Klingler**

Central Ohio Trauma System (Hospital/Medical)
Sherri Kovach

Center for Public Health Practice at The Ohio State University (University System)
Andy Wapner

Columbus Public Health (Public Health)
Kathy Cowen, Jennifer Morel*

Educational Service Center (Education)
Dan Good

Equitas Health (LGBTQ+)
De' Juan L. Stevens

Ethiopian Tewahedo Social Services (Social Services; New American Populations)
Seleshi Ayalew Asfaw

Franklin County Department of Job and Family Services (Financial and Social Services)
Robin Harris

Franklin County Office on Aging (Senior Community)
Orvell Johns

Franklin County Public Health (Public Health)
Theresa Seagraves, Sierra MacEachron*

Human Services Chamber (Social Services)
Michael Corey

Mid-Ohio Food Collective (Food Insecure Populations)
Amy Headings

Mid-Ohio Regional Planning Commission (Transportation, Data)
Stephen Pachan

Mount Carmel Health System (Hospital/Medical)
Candice Coleman

Nationwide Children's Hospital (Hospital/Medical)
Carla Fountaine, Libbey Hoang, Elvia Suli

Ohio Asian American Health Coalition (Minority Populations)
Cora Munoz

Ohio Department of Health Disability and Health Program (Disabled Community)
David Ellsworth

OhioHealth (Hospital/Medical)
Autumn Glover, Mary Ann G. Abiado

Ohio Latino Affairs Commission (Minority Populations)
Lilleana Cavanaugh

The Ohio State University Wexner Medical Center (Hospital/Medical)
Wanda Dillard, Bill Hayes, Annie Marsico

United Way of Central Ohio (Low-income, Medically Underserved, Homeless Populations)
Lisa Courtice

Veteran's Service Commission (Veterans)
Robert Bramlish

Workforce Development Board (Workforce Development)
Stephanie Robinson

Input from all required sources was obtained for this report.

COHC, CPH, and FCPH contracted with various organizations to help create *Franklin County HealthMap2022*. 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 24 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 Kelly Bragg, MPH, provided data collection support. The Center was also represented on the Steering Committee. Center staff combine for over 40 years of experience in local, state, and academic public health and routinely provide health needs assessment services.

Bricker & Eckler LLP/Quality Management Consulting Group — located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler LLP, 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 & Eckler LLP and has 31 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 has over 42 years of experience in health care planning and policy development, federal and state regulations, certificate of need, and assessment of community need.

Franklin County's Zip Codes

A map of Franklin County, showing each of its zip codes, is shown below. When possible, maps like this are used to show how health-related issues are experienced differently across Franklin County.

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Franklin County residents shared their perceptions of and vision for a healthy community.

Community Voices on Making a Healthy Community

Communication and social connection between residents were widely recognized across community discussions as a feature of a healthy community. Additionally, community members mentioned safety in various dimensions. Access to healthcare services, as well as access to healthy foods and recreation were mentioned in multiple community discussions about what makes a community healthy. Less frequently mentioned features of a healthy community appear in bullet points at the end of this section.

Communication and relationship building between members of the community support good mental health and feelings of safety.

> "Communication, like when you talk to people around you, you get a feeling for people and what they might need and what they're going through. You can share your experiences, I just think it's healthier when you talk to people around you, getting to know them better."
>
> "I think the relationships – Kind of tying into what you were saying is building relationships in the community, too."
>
> "I think a community that looks after each other, has good relations, is caring…And realizing that different is not bad, because we are all different, but we are all human. So the most important thing is to be caring."
>
> "A friendly community, friendly people will not develop anxiety, they will not develop depression, because of issues in the society. As long as we help each other care for each other. This will be a healthy society."
>
> "Being able to talk to your neighbor, knowing that he's going to be out there checking out for your children if something happens, and just watching the neighborhood and making sure everyone is safe."
>
> "If I see somebody at someone's door, I could say I can keep an eye out for him or something's happening. I can support them more and then they know what [I have to offer] and I know what [they have to offer]."
>
> "What she said about the old school feel, you know, knowing that you can trust the folks in your neighborhood to support or look out for each other."

In discussions around relationship building and communication, community members mentioned the value of community activities to help people get to know one another, as well as the importance of communication specifically around local governance issues, not only between residents in local community meetings, but between residents and their local government officials.

Feeling safe from crime is a feature of and a prerequisite to a healthy community, in how it benefits mental health and supports physically active lifestyles.

> "Just feeling safe, knowing that it's safe, feeling secure in your environment. Safety is primarily it. I mean, if you feel safe, then you feel free. You can pretty much go after your dreams."
>
> "You are not all stressed and there is a lot of safe places. A lot of stress creeps up a lot of anxieties and makes you worry about certain things which you have to keep outside, and you don't have to bring them in and you worried about where they are going to be in the morning and stuff like that. Any noise at night you sort of worry somebody is breaking in and so on."
>
> "Then stress levels as well. Like what's going on in the neighborhood, that kind of plays very big into the mental health aspect. Is it a loud area? Is there are a lot of a lot of stuff going on as far as trouble and whatever else, you know? Is it easy to sleep at night?"
>
> "I think a healthy community protects its children, whether that means making sure the schools are safe, or just the streets themselves, the neighborhood, the playgrounds are places where kids can play freely and feel safe."
>
> "I would say safety, we feel safe enough to walk and be outside or safe enough to let our kids be outside..."

Environmental safety, like the mitigation of air and water pollutants, pests, and uncollected trash are another important aspect of safety.

> "It would also include traffic and mitigation of traffic, a lot of cars and fumes and exhaust. That's something that doesn't necessarily lend itself to a healthy environment if there is a lot of traffic near the places where you live or congregate."
>
> "[Not] having industrial parks close by or train stations and things of that nature that pass off a lot of fumes that could impact kids, or powerline grids that might have other kinds of things like radiation that might have a history of causing things that are cancerous. The presence of those things does impact the health of the community."
>
> "The City of Columbus is doing all these initiatives to try to reduce emissions, and they didn't meet their 2020 deadline, but they have a new one for 2050. And they're introducing things like thirsty gardens to help with rainwater that pools in places that's unhealthy for children because it gets into our waterways, [more of] those types of types of incentives and things that are going on."
>
> "Your shelter has to be such that it's healthy, mitigation of lead paint, safe drinking water. So no lead in your water or no other contaminants or whatever."

> "Landlords that are responsible when it comes to pest control, bed bugs. I don't have the money to do it myself, and we don't have a landlord who helps take care of it in that way. It ruins people's lives."
>
> "So cleanliness, not just for myself, but for the neighbors in the way that it's managed by the city and trash pickup and all that stuff...Is it a physically clean neighborhood?"

Other factors of environmental safety mentioned by residents included infrastructure like sidewalks and streetlights to ensure people feel safe to walk around their community without danger from cars and traffic.

Additionally, healthy communities overcome barriers to general and behavioral health care access, like lack of transportation, financial, or language supports.

> "It has access to healthcare when necessary that's not too challenging to reach and get to."
>
> "When I think of health, I think of hospitals, like a nearby hospital."
>
> "Supportive services. Just a general healthcare center."
>
> "Access to healthcare, close facilities."
>
> "Accessible health care costs."
>
> "Not being afraid to go to the hospital just because you know that you're not going to be able to pay the bill."
>
> "Free clinics."
>
> "Mental health coverage is important."
>
> "Drug counseling."
>
> "Well, mental health is a part of being healthy too, so having those types of resources in the communities is also important, especially in our schools, where kids are dealing with a lot of things that they might not feel comfortable talking about at home."
>
> "I also think language and culture are a big disadvantage, because a lot of people don't speak the same language. There's a barrier there, communicating and like articulating all the information that we're trying to give to patients. I think that's where things fall apart, where there's not communication between the patient and the provider, there's always communication but with a translator, it doesn't always translate back to [being understood]."

Access to other community resources supporting health, like nutritious foods and recreation spaces are also present in residents' visions of a healthy community.

> "A healthy community, to me, has access to things like fresh foods and produce and groceries."
>
> "When I think healthy, I'm thinking things like fresh water, fresh food, or good food to eat. I think nutrition."
>
> "Healthy food options that are affordable."
>
> "Grocery stores, being in a place where there's not an accessible grocery store. Not a family dollar, like fresh produce."
>
> "It also has the presence of those other kind of social activities that promote health, like walking trails and bike paths, things like that."
>
> "I think physical activity."
>
> "I would say local rec centers or the availability to your neighborhood or community to utilize them."
>
> "And a healthy community should have plenty of green spaces for children to play, parks that are kept up for exercise."

In one community discussion, community members brought up the concept of co-located grocery stores and medical services, specifically a pay-what-you-can-afford concept in a Columbus neighborhood. To some who lived in the area this resource was unfamiliar, sparking discussion on how information about resources is shared within the community and the benefit of having more centralized and affordable resources in Franklin County.

Other features of healthy communities brought up by community members included:

- Funding infrastructure improvements in roads and schools
- Strong educational and job opportunities
- Diversity
- "Good" public transportation

Important Health Issues

This section details what Franklin County residents perceive to be the most important health issues in their communities.

Community Voices on Important Health Issues

Difficulty accessing health care services, poor mental health, and barriers to healthy eating habits were often mentioned in community discussions about the most important health issues facing community members.

One of the most frequently mentioned health issues was the prohibitive cost of health care and prescriptions. Community members specified this was a problem even for people who had health insurance.

> "Cost of healthcare in general. It's not only people sometimes don't have the right coverages, but out of pocket, it's just tremendously expensive."
>
> "I spent a two-year span of time where my choice was either to pay for my insurance and not be able to afford the medical care or not be insured and be able to pay for medical care kind of out of pocket, which seems crazy, but the reality was, you know, sometimes you get in a situation where even though the copay makes it easier. You can't afford both at the same time."
>
> "I am insured, but the deductible is so high, I can't afford to use it. I've needed scans for two years, but I'm still paying for the one that I had two years ago. So do I want to go have another one?"
>
> "I think another problem is people can't afford their medications, you get it and it jumps, astronomical prices. I don't know. I think some people go without it because they can't afford it or they have to make a really tough decision about what can they pay."
>
> "And personally, I've had to make the decision between do I want to go talk to the doctor or get some sort of checkup for myself to try and address what I feel like I'm dealing with? Or do I want to be able to pay for the prescriptions that I have coming up in the month?"
>
> "Can't afford their prescriptions."

Mistrust in the health care system is another issue preventing optimal community health. Community members spoke to the difficulty of feeling confident that health care services are in their best interest when the costs of this feel exploitative. People of color have additional difficulty trusting the health care system due to fear of receiving less quality care, along with fear of being stereotyped or exposed to racist behavior from health care professionals.

> “Lack of trust in the healthcare system.”
>
> “Lack of trust in the healthcare professionals because a lot of people perceive healthcare industry as a business which is there just to make money off of them, so that lack of trust is a big issue.”
>
> “There's a big lack of trust with doctors for me in my community. It's like we don't want to go there. Soon as we get to the hospital, somebody is diagnosed with something and then a month or two later, they're dead. We kind of either don't want to know or when we get to the hospital we’re basically on our death bed. So there's a lot of lack of trust, and I think that that probably has to do with the information that we’re fed. We don't know that we're poisoning ourselves or not exercising or whatever it is that our personal body needs. We don't get to help it.”
>
> “The reluctance of pain doctors to provide patients medication to alleviate their pain. There was a Western Virginia University study by Caucasian interns, and the question was posed, ‘Do you believe African-Americans have a higher pain threshold than anybody else around?’ And they truly still believe that. That's so prevalent in our society that these stigmas are attached to individuals that look like me. And that's going to have to be something that's going to have to be changed because that statement is not getting patients adequate medication to alleviate their pain. We’re not lying when we say we’re in pain. We’re human.”

Other issues related to health care access mentioned by community members included:

- Difficulty scheduling appointments due to lack of available providers, leading to overuse of emergency services
- Difficulty keeping the same provider long-term, due to providers changing practices
- Lack of medical facilities
- Lack of community outreach on importance of breastfeeding
- Children lacking early intervention for developmental issues
- Lack of affordable in-home providers for elderly care
- Lack of affordable elder care facilities
- COVID-19 vaccine misinformation
- Scarce mental health resources / insurance coverage
- Health insurance access for the homeless population

Poor mental health was another common response across community discussions about the most important health issues. Specifically, many community members brought up depression, anxiety, and stress, and how they are caused or influenced by a variety of societal issues (including COVID-19). As one community member emphasized, mental health is important for how it affects overall health and quality of life.

> "I think right now, it's like loneliness, feeling lonely. I know kids have to spend almost all day long alone because parents are working, and now even parents have been lonely because they don't have work."
>
> "Some people may not necessarily be in the right mind space to have to go into work, especially people with some sort of disability where working from home might have been easier, and then transitioning back into the office may not be so easy for them. Yeah, I feel like there's a lot of kind of like social anxiety that comes with that, going back toward everything kind of being back to normal."
>
> "I think that COVID has caused a lot of anxiety."
>
> "People take [political issues] so seriously as to divide communities. It enables them to be divided because we believe different ideologies and stuff, all these go to put stress on the general community."
>
> "And when you have, you know, you have a lot of stress and strife, then that isn't good for your health. Because of concerns about crime, and, you know, there is just so much violence. This day that hits it's fearful for older people, especially to worry about getting out into the environment, then you don't know what's going to happen to you. So it's a very frightening time."
>
> "Depression and anxiety. So many people are suffering from depression and anxiety...because what is going on in society and that is affecting them mentally. They're talking about this lack of togetherness…race…increase in hate."
>
> "So I would say that mental health is probably the number one issue, mainly because, if you don't have good mental health, you're not going to have good physical health because you're not going to want to get up and go do anything."

Lack of affordable places to find fresh, good quality foods was also deemed an important health issue.

> "Lack of healthy food, like restaurants, but particularly grocery stores. I feel like they're hidden, and then they're small, and then they're not always the freshest. And if they are, they're very expensive."
>
> "Maybe even affordable, healthy restaurants. Most of your local restaurants are pretty expensive. I know they're above [my budget]. And I mean, I make pretty good money, but if I'm going there it's usually something special."
>
> "My grocery store immediately in my area is not good. I usually come down here and shop at Groveport. I actually, honestly, I will go into old Groveport because the Kroger in my area, the quality of food and the prices are not quality food and does not match the price."

Community members also spoke to a lack of knowledge on how to practice healthy eating behaviors, as well as the underestimation of nutrition's importance for overall health outcomes.

> "I think also it's a matter of being educated about getting healthy habits from being a young child, exercising, eating fruits and vegetables. And a lot of our people are not willing to do that. You see children going to school with chips and candy. You see teachers in school giving out candy to as an incentive. I'm from Canada, so we never do that."
>
> "We get access to these really great vegetables from these farmers markets and from these pop-ups and these food banks and whatever, but people don't know how to cook them. So it's like, 'Great. Now what?' So I feel like there's steps that are missing, in the in between and on the end."
>
> "The idea of, okay, what you put into your body on a regular basis directly correlates to, you know, how you feel, and your overall health and stuff like that. Because I think there's a lack of knowledge sometimes regarding that."
>
> "Access to healthy foods leading to food-based or consumption-based diseases like diabetes, heart disease, and certain forms of cancer like colon cancer."

Additional health issues mentioned by community members include:

- Ease of accessing alcohol and other addictive / unhealthy substances
- Drug addiction
- Cancer
- Diseases transmitted sexually or via needles
- Gun violence
- Lack of knowledge of community resources
- Proactive attitudes to change health behaviors
- Youth education outcomes suffering during COVID-19
- Lack of parenting knowledge
- Poor dental health and access to dental care
- Lack of resources supporting hygiene for homeless individuals
- Unemployment
- Poor water quality
- Lack of transportation and accessible transportation for seniors
- Lack of resources for infants' basic needs (clean diapers, formula)

Priority Health Needs

This section lists the prioritized health needs of Franklin County.

The prioritized health needs affecting Franklin County residents, as identified by the *Franklin County HealthMap2022* Steering Committee, include: basic needs; racial equity; behavioral health; and maternal-infant health. These health issues are interrelated, and in many cases are likely co-occurring. For example, the effects of redlining still impact basic needs and health care access for disadvantaged racial and ethnic groups, and those experiencing homelessness and housing insecurity may face compromised mental health as a result.

Basic needs are the first highest priority. This is comprised of the following specific and interrelated indicators: housing security; financial stability; neighborhood safety; food security; and a need for increased access to nutritious foods.

Priority #1: Basic Needs	
Specific indicators	**See pages**
• Housing security (decreased homelessness, increased affordability)	• 33-35
• Financial stability	• 32-33
• Neighborhood safety (reduced crime)	• 49-50
• Food security	• 35-36
• Increased access to nutritious foods	• 76-79

Racial equity is tied with behavioral health as the second highest priority. Practices of racial and ethnic discrimination, including redlining, preclude residents' access to economic stability, quality health care services, and optimal maternal and infant health outcomes, among other health needs.

Priority #2a: Racial Equity	
Specific indicators	**See pages**
• (Effects on) Economic and housing stability	• 32-34
• (Effects on) Quality healthcare, mental health, and feelings of safety	• 51-53
• (Effects on) Maternal and infant health outcomes	• 85-91

Behavioral health is tied with racial equity as the second highest priority. Poor mental health outcomes persist for many in Franklin County, and residents may have difficulty finding a mental health professional they trust to help them. Existing mental health care services may be underutilized due to the stigma associated with seeking mental health support.

Priority #2b: Behavioral Health	
Specific indicators	**See pages**
• Access to mental health care resources	• 31, 61-62
• Screening for mental health issues	• 95-99
• Decreased unintentional drug and alcohol deaths	• 74
• Youth mental health supports (clinical, social)	• 99-101

The third highest priority for Franklin County is maternal and infant health, which is comprised of the need to reduce the rate of infant mortality and the need to improve maternal pre-pregnancy health.

Priority #3: Maternal-Infant Health	
Specific indicators	**See pages**
• Infant mortality	• 85-87
• Maternal pre-pregnancy health	• 89-92

Page 129 of this report presents a list of potential partners, resources, and community assets that could potentially help to address these prioritized health needs.

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three priority health topics (or, general areas of focus) that communities should consider when planning to improve the population's health. These three priority health topics include mental health and addiction, chronic disease, and maternal and infant health, as shown below. For each of these priority health topics, Ohio's 2020-2022 SHIP also identified specific priority health outcomes, which are listed in the table below. Overall, there is a good alignment between the prioritized health needs identified by *HealthMap2022* and Ohio's 2020-2022 SHIP.

Health Priority Topics And Outcomes Identified By Ohio's 2020-2022 SHIP

Mental Health and Addiction	Chronic Disease	Maternal and Infant Health
• Depression • Suicide • Youth drug use • Drug overdose deaths	• Heart disease • Diabetes • Childhood conditions (asthma, lead)	• Preterm births • Infant mortality • Maternal morbidity

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.

- Cancer screening
- Decreased alcohol use (especially among youth)
- Decreased firearm injuries
- Decreased sedentary lifestyle behaviors
- Decreased tobacco use (especially among youth)
- Healthy blood pressure
- Improved high school graduation rates
- Improved pandemic readiness
- Increased access to health care
- Increased health literacy
- Increased physical activity resources
- Increased safe mobility for elderly
- Lower rates of STIs/HIV
- Reduced geographic disparities in health outcomes

This section provides demographic information about Franklin County's residents and households.

Although the population of Franklin County has increased since the last *HealthMap*, the demographic profile of its residents and households has remained similar.

Franklin County Residents[1]

		Franklin County*			
		HM2016	HM2019	HM2022	
Total Population	Population of Franklin County	1,212,263	1,264,518	1,316,756	
Sex	Male	48.7%	48.8%	48.8%	
	Female	51.3%	51.2%	51.2%	
Age	Under 5 years	7.2%	7.3%	7.0%	
	5-19 years	19.4%	19.0%	19.1%	
	20-64 years	62.8%	62.3%	61.4%	
	65 years and over	10.6%	11.3%	12.4%	
Race (any ethnicity)	White	69.1%	67.6%	65.2%	
	African American	21.2%	22.2%	23.1%	
	Asian	4.2%	5.0%	5.4%	
	Other race	1.8%	1.2%	2.5%	▲
	Two or more races	3.6%	3.8%	3.7%	
Ethnicity	Hispanic or Latino (of any race)	5.0%	5.3%	5.8%	
Foreign-born	Foreign-born	-	-	11.4%	
	Naturalized (among foreign-born)	-	-	48.2%	
Marital Status	Never married	39.4%	39.7%	39.0%	
	Now married (except separated)	42.4%	42.0%	42.9%	
	Divorced or Separated	13.4%	14.1%	13.8%	
	Widowed	4.8%	4.3%	4.4%	
Veterans	Civilian veterans	6.9%	6.5%	6.0%	
Disability Status	Total with a disability	12.1%	11.8%	11.1%	
	Under 18 years with a disability	4.7%	4.6%	5.0%	
	18 to 64 with a disability	10.7%	10.3%	9.1%	▼
	65 years and over with a disability	38.0%	35.8%	33.5%	
Disability by Type	Hearing difficulty	2.9%	3.1%	2.5%	▼
	Vision difficulty	2.0%	1.8%	2.0%	
	Cognitive difficulty	5.9%	5.4%	5.0%	
	Ambulatory difficulty	6.4%	6.3%	5.3%	▼
	Self-care difficulty	2.5%	2.4%	2.1%	▼
	Independ. living difficulty (age 18+)	5.5%	4.8%	5.0%	

**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.*

Although the number of households in Franklin County has increased over time, the characteristics of these households have remained relatively consistent.

Franklin County Households[1]

		Franklin County			
		HM2016	**HM2019**	**HM2022**	
Total	Number of households	476,532	502,932	522,383	
Household Size*	Average household size	2.5	2.5	2.5	
	Average family size	3.2	3.2	3.2	
Household Type	Family households	57.7%	58.0%	58.5%	
	Nonfamily households	42.3%	42.0%	41.5%	
	Single parent households	-	-	18.4%	
No Vehicle	Households without a vehicle	8.3%	7.8%	7.2%	
Internet Access	With an internet subscription	-	-	90.8%	
	Broadband (any type)	-	-	*90.6%*	
	Dial-up only	-	-	*0.2%*	
	Without internet subscription	-	-	9.2%	
Grandparents as Caregivers	Children living with a grandparent	5.2%	6.1%	6.4%	
	Children living with a grandparent who is responsible for them	3.2%	3.3%	3.1%	
Language Spoken at Home	English only	87.3%	86.8%	85.3%	
	Speak a language other than English	12.7%	13.2%	14.7%	▲

**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)

Social Determinants of Health

This section describes the socio-economic aspects of Franklin County that impact resident health and quality of life outcomes.

Key Findings

Health Care Access

Though most residents have health insurance, Franklin County still does not meet the national goal for residents under 65 with health insurance. Community members say health insurance is not enough to make costs of health care accessible to everyone.

Income & Poverty

While various measures show increasing household incomes and decreasing rates of food insecurity since the previous *HealthMap*, these data do not yet reflect the effects of COVID-19 on these factors. More current data may present a less positive change in these indicators.

Education

The overall graduation rate of high school students in Franklin County exceeds the national goal. However, rates of graduation for Black and African American as well as Hispanic students are still lower than overall rates and rates for other groups.

Social & Community Context

Franklin County residents are affected by rates of violent and property crime similar to the previous *HealthMap*. Other social factors impeding optimal health outcomes include racism, which results in disparities in health care quality and utility, as well as mental health outcomes and access to resources.

Health Care Access Indicators

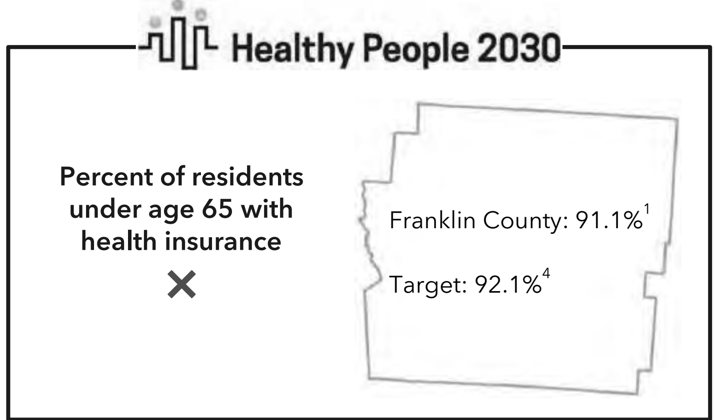
This section describes indicators of a population's access to health care: health insurance status, as well as accounts of other factors impeding access according to community members.

The percentage of Franklin County residents that have health insurance coverage has remained similar to the previous *HealthMap*.

Individuals With Health Insurance

	Franklin County				Ohio		USA	
	HM2016	**HM2019**	**HM2022**		**HM2022**		**HM2022**	
Total with insurance[1]	**86.9%**	**89.8%**	**92.0%**		**93.4%**		**90.8%**	
Private health insurance[2]	67.5%	68.6%	69.3%		68.9%		67.4%	
Public health coverage[2]	27.8%	29.8%	31.2%		37.2%		35.4%	
Group VIII Medicaid coverage[3]	-	5.6%	6.9%	▲	6.7%	▲	5.6%	▲
Under 18 years old[1]	94.0%	95.1%	95.7%		95.2%		94.3%	
18-64 years old[1]	82.4%	86.4%	89.3%		90.9%		87.1%	
65 years old+[1]	99.0%	98.8%	98.8%		99.5%		99.2%	

More Franklin County residents have private health insurance (69.3%) than public health coverage. Public health insurance rates in Franklin County have remained similar to the previous *HealthMap*. Medicaid coverage has increased since the previous *HealthMap,* and the percentage of residents with this coverage in Franklin County is higher than the national average. The total persons under 65 with health insurance in Franklin County is 91.1%, lower than the state but higher than the national average (89.2%). The state of Ohio meets the national goal at 92.2%, while Franklin County does not.



Community Voices on Health Care Costs

On the topic of health care access, community members frequently mentioned how the expenses associated with medical care can influence whether people get the care they need. As community members see it, having insurance is only part of health care access, as utilizing health care also depends on understanding their insurance, being able to find a medical provider who takes it, and being able to pay any costs left over.

Those who lack insurance for various reasons may not know how to get coverage, or how to get care if they are uninsured.

> "I know some people don't have Medicaid or Medicare. And you don't have private insurance. You don't have any insurance. They cannot afford to pay for health insurance…"
>
> "Having health insurance and the type of job that offers you benefits that will get you those type of things is another barrier to access."
>
> "And so, a lot of people can't afford that…dental and vision is very important to the elderly. But this has got to come out of your pocket."
>
> "Having the proper information about where to go to find out what insurance what you can obtain, that's also an issue. Not having the proper information and knowing exactly where to go to get that information to obtain the insurance that you may need."
>
> "Then misinformation. Like anything that you have to meet a certain criterion to have coverage, or, again, that could be coming from loved ones that don't know any better. They just kind of perpetuate that lie."

Those who have insurance may still struggle with knowing where they can go that takes their insurance, and otherwise understanding how their insurance works.

> "Yeah, so it's like something you have to deal with, but it's not so easy. Like, you have some doctors that say one thing you know. Just a lot of like, not enough specialists for her, you know, her fingers turn blue, so you get a whole breaks out in hives. So it's just like, there's not a lot of doctors that would take her insurance so it's hard to find somebody that specializes in something that she needs or medicine or anything so it's really hard like that."
>
> "There's the struggling to understand your co-pays, where you're supposed to go for your insurance, and all that jazz."
>
> "I don't know if anybody's ever actually tried to read all your insurance documents, but it's written at the senior college level, and it's like reading a court document. It's so much, mine's so thick. I can't even start to fathom to memorize all this and even know what half of it means…"

Individuals may not be able to afford the cost after insurance. Their copay or deductible can be too high, and they can have additional anxiety about what other costs they may be burdened with after a medical visit.

> "And beyond even the copay, even if you can afford the copay, there's always the anxiety once you go in what mystery bill you'll either come out with or, how much is this test you obviously didn't know about, or this medication that they prescribed. Or your deductible. Maybe you got a $2000 deductible on your medical, and that's $2000 you're going to owe anyway whether you have insurance or not."
>
> "But then on the other side is that, once you've seen the doctor, the doctor asks you to do something, the prior authorizations for medicine, the fighting back and forth to get labs or things done and covered. The fact that your doctor can say, 'This is what I want for you,' and your insurance can still say, 'Absolutely not.' "
>
> "For me personally, I won't go to a doctor's visit if I have to pay a certain amount for a copay."
>
> "Or even if you have insurance, you may be laid off and your savings account got drained because you weren't making as much. So now you can't afford the copay, and you normally would be able to. So you're wondering how to deal with that."
>
> "The cost of copays depends on your insurer. Like she was saying, you don't get the same doctor you had before the pandemic, so everything switched up. And then they find a reason to charge you more for it."

For those who have insurance, it may not cover everything they need. Especially dental care, vision care, or prescriptions. Community members expressed concern that people may put off those types of care for this reason, or ration medication due to financial concerns.

Cost concerns can also prohibit individuals from accessing needed mental health care.

> "I was only able to go to a certain number of counseling sessions that my job had paid for. So I mean, insurance only covers so much."
>
> "A lot of times you can't go and see a counselor because of the expense."
>
> "And a lot of self-diagnosis, especially going on Google and looking up your symptoms. That's the worst thing you can do. And then of course we're ruminating about the problem of the industry where costs is always going to be there for every decision. So of course you're going to go online first."

OTHER SOCIAL DETERMINANTS IMPACTING HEALTH CARE UTILIZATION

Cost is only one factor impacting individuals' access to health care. The availability of medical providers is another factor and is explored in detail in the following section *(Health Resource Availability).* Other issues affecting residents' decisions to delay or put off needed health care are explained here.

Community Voices on General Health Care Utilization

Individuals' attitudes toward the health care system, specifically whether they have built a relationship of trust with the medical community, was regarded as a major factor impacting how individuals take advantage of health care resources. Perceiving health care as a low priority was also seen to impact this, along with various other factors (discussed below).

Racial discrimination is one reason individuals may not trust medical providers. Black and African American community members in particular spoke about their community's experiences receiving inadequate health care.

> "I think that has to do with discrimination somehow because it's been said that when you go to the emergency as a Black female, there are few chances for them to believe that you are in pain. A couple of years ago, I was dealing with a gallbladder issue. It was excruciating, and they let me sit there for hours to find out that I needed a surgery right away…So as a Black woman, any way you go to get care, even if you're about to deliver, they just don't believe it when you say that you're dying."
>
> "I went hunched over in pain. They let me wait, wait, wait, wait, and it turns out a cyst had burst in my left ovary. I needed emergency surgery. But at this point, you guys have let me sit here. It's like if I'm not screaming, blood pouring out, if I'm able to handle myself a little bit, then [they think] I must not be in that much pain. How can you look at somebody and they have something going on, on the inside, and you tell them that they're okay? So after that, I wouldn't go to the hospital. I would just tough it out. And then, once I finally did get my insurance and went to the doctor, I had another growth. It could have been taken care of if I did have that kind of trust factor and wasn't afraid that I'm just going there getting another bill. Because at that point, that's all it is, is I'm paying to get no help."
>
> "Everything's overlooked a lot of times. Even if you go to the ER and you think you know what's wrong with you, but they… You know what I mean? They could think you're just faking it, or you just want [pain medication]. They overlook a lot of patients that end up going home and finding out that they had something seriously wrong with them."

Individuals who have Medicaid or other public health insurance may have difficulty building relationships of trust with their medical providers. Community members perceived that affordable health care options for this population may be worse quality.

> "To go to a place that doesn't take your insurance, you got to pay out of pocket. That's too much, so you'll go to a place that will accept your insurance, but they kind of treat you like a number because that's how they get their funding pretty much is by how many people they see…The healthcare that you can go to for free is kind of not up to par, and that's from my personal experience over probably the last two, three years, honestly. So I think that is the biggest thing, just being treated like a number when you're going to the only place you can go to get your healthcare."
>
> "There is sometimes with some providers, a stigma that comes with having health insurance through Medicaid, public benefit, need where your quality of care is reduced, as opposed to having private insurance, where everyone is treated, you know, with equity."

In these conversations community members also spoke about issues receiving good quality medical care as influenced by the ability to see the same provider consistently. This was perceived to encourage quality care in terms of thorough knowledge of a patient's medical history and pain threshold, which in turn supported strong relationships with providers and utilization of medical care.

COVID-19 demonstrated how individuals may increasingly seek medical advice from sources other than medical professionals. This can increase confusion and negatively impact utilization of health care services that support optimal health.

> "Using Facebook as your information outlets. There's a lot of negative messages in Facebook that sometimes stops people from going and get the COVID vaccine."
>
> "I think also a lack of trust on a larger scale in the actual institutions that are handing down information like governmental organizations—Department of Health, CDC. I feel like people in our communities, they're getting all this information from the internet…Or the things that they're hearing on like TikTok and Instagram don't align with the things that hear from the CDC. They are hearing these things from people in their communities that they trust. So when those things don't align, they don't know where to turn."
>
> "I'd say a lot of it also had to do with information overload and kind of confused thing. …You have like 20 different sources telling you different things. That kind of makes you freeze in your tracks and ultimately do nothing…and making some problems worse. So I definitely think that too much information is a big problem for not getting treatment in a good amount of time."

Aside from issues of trust, individuals may be too busy with other commitments, like work and caretaking, to feel like taking time for health care. Additionally, they may fear finding out that they have a medical issue that will threaten their ability to work.

> "Busy life, they just put it off until tomorrow, tomorrow, tomorrow, until it's an emergency."
>
> "I think sometimes people who are caregivers will put themselves last. I think during COVID a lot of people put a lot of their own needs second, especially like moms, dads, people who are caring for their own family, extended families, their own aging parents. They are considering their children and their aging parents before they're considering themselves. So they kind of get the people who need care who are the most able bodied, sometimes leave mental health and also maybe smaller medical issues to just linger."
>
> "We don't do enough of the preventative care, I think, as a society, as a community. I think we only go to the doctor if something's wrong. And I think it's because of our negative experiences when there was something wrong. You don't want to hear it. I have a neighbor who is a contracted employee. If he doesn't work, he doesn't get paid. If something is wrong with him, his family goes hungry because he's the only breadwinner in the family. He doesn't go to the doctor regularly. He doesn't do what he needs to do…the time associated with taking time off do those things. Those are barriers that we don't have safeguards in place to ensure that everyone has the ability."

Community members mentioned that fear of a diagnosis, as well as family or cultural beliefs and behaviors surrounding medicine can impact whether people get health care when they need it. These responses are summarized below.

- Not wanting to deal with a diagnosis that requires ongoing care or monitoring
- Fear that they will be advised to change their lifestyle and what they consume
- Orientation of family members to going to the doctor, or not going
- Cultural beliefs that emphasize home remedies for an illness before seeking advice from a medical professional

Previously this section discussed the broader, and potentially long-term effects of COVID-19 on people's attitudes toward medical care. Some short-term impacts of COVID-19 on health care utilization were brought up in community discussions and are summarized below.

- Individuals putting off routine medical visits out of fear of exposure to COVID-19
- Individuals putting off health concerns or medical visits they deemed "not major" and choosing to wait until "things opened up"
- Individuals who formerly provided transportation assistance for their elderly family members to get to medical appointments not doing this due to fear of putting the elderly at risk

Community Voices on Mental Health Care Utilization

Access to mental health care is complicated by the stigma associated with mental illness.

People who could benefit from mental health care may not recognize they need it or be willing to accept they have an issue.

> "Sometimes you don't even know you need help. I think a lot of times, we may not even recognize when we need help."
>
> "They think they could stop it on their own, and then that's not really how it works. The thing is people don't want to accept the fact that there's something wrong with them to get help. It hinders a lot of people."

Being validated by others that it's appropriate to seek help is important. This is made more difficult due to socio-cultural beliefs that link mental illness to weakness.

> "Proper emotional focus on actually taking that seriously. It used to be getting looks and misunderstood. The entire family would brush it off."
>
> "If your family is not supportive, and those around you are not supportive, then it's hard to go."
>
> "Black people, they don't need mental health, or...we've just been told you don't need that or that's for weak people or whatever…"
>
> "From my African background, where depression, things like that isn't really spoken of. Especially if you mentioned something like that, you know, they take a biblical approach. Or they'll give you old village examples. It's like none of those are appropriate."
>
> "Coming from a man's perspective, masculinity is [important] when it comes to not seeking help because it shows a sign of weakness…they don't discuss it with their buddies…we're supposed to be men. We believe it on the inside."

People may fear being judged if they open up about needing help.

> "You fear being judged if you do need to seek a therapist or counselor."
>
> "People might be embarrassed or ashamed of certain situations, so they don't want to address it."
>
> "Not exactly a popular thing to go and see a counselor or talk to somebody that you feel that way as well."

Also mentioned was the general fear of trusting medical providers with information about their mental state, and fear that this information could potentially be used against them.

Income/Poverty Indicators

This section describes income and poverty indicators that affect health, including household income, rates of homelessness and other measures of housing insecurity, and food insecurity.

In Franklin County, the median net household income is $64,713, which is higher than the median in Ohio, but slightly lower than the national figure. There is a higher percentage of families living below 100% of the federal poverty level (FPL) in Franklin County than in Ohio or the United States. However, the percentages of families and children living 100% below FPL have decreased since the previous *HealthMap* (12.5% to 10.0% for families and 24.5% to 18.4% for children). A similar percentage of children enrolled in school in Franklin County are eligible for free or reduced lunch compared to the previous *HealthMap*.

Income and Poverty

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Household Income[5]								
Per capita income	$28,283	$30,098	$35,977	▲	$31,552	▲	$34,103	▲
Median household income	$50,877	$54,037	$64,713	▲	$58,642	▲	$65,712	▲
Mean household income	$69,197	$73,666	$87,764	▲	$76,958	▲	$88,607	▲
Total People Below Federal Poverty Levels (FPL)[2]								
Below 100% FPL	209,500	205,186	201,099		1,582,931		42,583,651	
200% FPL or below	-	-	402,028		3,531,134		98,487,667	
400% FPL or below	-	-	779,169		7,162,783		193,220,556	
Poverty Status of Families[2]								
Below 100% FPL	12.2%	12.5%	10.0%	▼	9.2%	▼	8.6%	▼
100% - 199% FPL	15.0%	15.0%	13.4%	▼	13.9%		6.1%	▼
At or above 200% FPL	72.8%	72.5%	76.6%		76.9%		85.3%	▲
Poverty Status of Those Under 18 Years Old[1]								
Below 100% FPL	24.8%	24.5%	18.4%	▼	18.4%	▼	16.8%	▼
100% - 199% FPL	20.0%	21.3%	-		-		-	
At or above 200% FPL	55.2%	54.3%	-		-		-	
Children Eligible for Free or Reduced Lunch[6]	54.2%	53.6%	52.6%		52.7%	▲	-	

FPL=Federal Poverty Level

The zip codes in the map below (43211, 43210, 43201, 43203, and 43222) have the lowest median household incomes in Franklin County.[7] Franklin County archives from 1936 show that neighborhoods within these zip codes were impacted by redlining[8], whereby credit lenders denied credit to people for reasons unrelated to creditworthiness, such as race or ethnicity[9]. This absence of opportunity is visible in the present through its impact on the health, socioeconomic, and racial/ethnic disparities of historically redlined neighborhoods[10-12].

Lowest Median Household Income in Franklin County[7]

HOUSING INSECURITY

Housing insecurity is a term encompassing many different housing challenges, including affordability, quality, and safety. Homelessness is the most severe form of housing insecurity, and is measured here using A "Point in Time Count" (PIT) estimate, a count of the total number of people experiencing homelessness (sheltered and unsheltered) on a single night of the year. A count of individuals, as well as the percentage of homeless families (denoted by "persons in families") is shown on the next page. Homeless persons were considered part of a family if they were in a group consisting of at least one adult and at least one child under age 18.

In Franklin County, the PIT estimate is higher than the previous *HealthMap*, and the percentage of homeless using an emergency shelter who are part of a family has remained similar. About three-quarters of families using emergency shelters in Franklin County are African American (75%), well over the composition of African American families in shelters in emergency shelters in Ohio (53.1%).

Housing and Homelessness[13]

	Franklin County**				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Point in Time (PIT) Count of Emergency Shelter Use								
Total persons*	1,245	1,229	2,036	▲	8,811	▲	199,478	▼
Persons in families*	36.3%	32.4%	31.0%		28.0%	▼	37.9%	▼
Composition of Families Using Emergency Shelters								
Black or African American	73.0%	76.0%	75.0%		53.1%		55.4%	
White	26.0%	22.0%	24.0%		37.4%		33.8%	
Other	1.0%	2.0%	1.0%	▼	-		-	
Hispanic	-	-	3.0%		-		-	

**Columbus, not Franklin County; US data include transitional housing.*
***Columbus, not Franklin County.*

Households who spend over 30% of the total household income on housing related costs are at increased risk of housing insecurity. The percentage of Franklin County households who spent 30% or more of income on housing remains similar to the previous *HealthMap* at around 31%.

Cost-Burdened Households

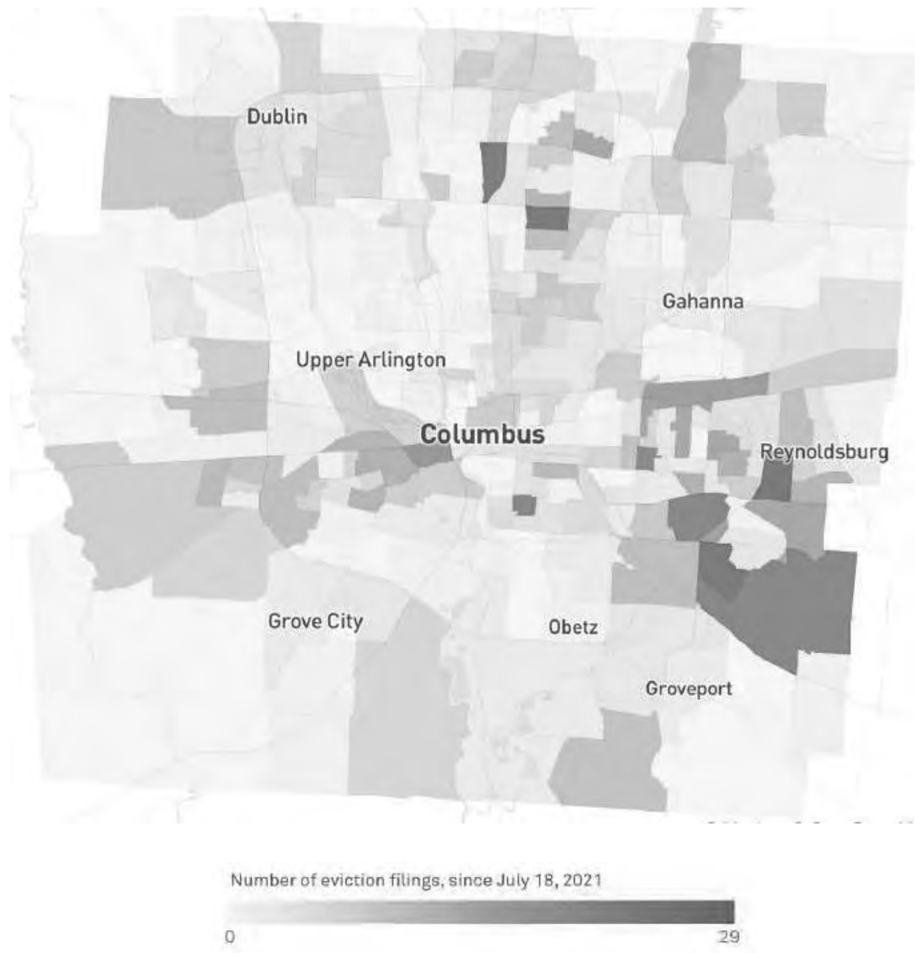
	Franklin County			Ohio	USA	
	HM2016	HM2019	HM2022	HM2022	HM2022	
Cost-burdened Households						
Housing costs ≥ 50% of income[14]	14.6%	17.2%	-	-	-	
Housing costs ≥ 30% of income[15]	26.3%	31.9%	31.4%	27.5%	28.9%	▼

Households who spend a higher proportion of their income on housing may be at a higher risk of eviction.

In 2016, the Eviction Lab at Princeton University found that Columbus' eviction rate was 4.6 per 100 renter homes, which was similar to the eviction rates in Cleveland (4.6) and Cincinnati (4.7). In other Midwestern cities, the eviction rate varies from 1.1 in Chicago, to 5.2 in Detroit,

and 7.3 in Indianapolis. More recently (from July 18, 2021 – August 23, 2021), Eviction Lab data suggests that census tracts in eastern Franklin County are associated with a large number of eviction filings.[16]

Census Tracts With Greatest Number of Eviction Filings[16]



FOOD INSECURITY

Food insecurity is another indicator of poverty. The USDA describes food insecurity as the "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways."[17] In Franklin County, 12.8% of residents are food insecure. With data reflecting 2019 rates, this percentage does not represent food insecurity experienced during the COVID-19 pandemic. More recent data may provide higher estimates of food insecurity.

Over half (53.2%) of all Franklin County SNAP households include children under the age of 18.

Food Access

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Food Insecurity[18]								
Residents	17.7%	17.4%	12.8%	▼	13.2%	▼	10.9%	▼
Children	22.3%	20.4%	17.5%	▼	17.4%	▼	14.6%	▼
SNAP Households								
Among all households[19]	15.5%	14.6%	11.9%	▼	13.7%		12.2%	
SNAP households with 1+ people 60 years and over[19*]	22.4%	23.5%	28.9%	▲	29.3%	▲	32.1%	
SNAP households with 1+ children under 18 years[19*]	51.7%	53.7%	53.2%		47.6%		51.3%	
Among households below 100% FPL[20]	-	-	54.5%		53.9%		48.4%	

**Denominator is total SNAP households*

Community Voices on Poverty's Health Impact

Community members voiced how poverty impacts access to health care: by impacting the ability to pay for health care, the quality of health care received, and how health care is prioritized compared to other financial responsibilities. Also mentioned was poverty's impact on mental health, nutrition, and housing outcomes.

Community members discussed how poverty limits the places individuals can go for health care and impacts which staff members treat them.

> "So a lot of places don't want to deal with people that have any kind of Medicaid unless it's straight up Medicaid because then they know they'll get paid. So I think a lot of people have that problem being treated badly because of that."
>
> "And I've noticed that when you go to healthcare clinics or facilities of any sort, if you don't have decent type of coverage, they'll send their students, they being the doctors who are specialists of that area or just the internists."
>
> "The quality of care you receive is based on your economic level. So that's very disheartening. So then you do get the kids who are right out of medical school. They're probably getting some incentive. They're only going to work in these clinics for a very short period of time, and then they're going to be gone."
>
> "You are experimental. Whether it's dentistry, whether it's heart surgery, it does not matter. I've seen it."

Poverty was linked with having less insurance coverage or unaffordable deductibles.

> "Part of the reason you're in poverty, too, would be a low-paying job. And being that most of our healthcare is employer tied, some of those low-paying jobs might not have the same healthcare that someone making more money might inherently have, so they're already at a disadvantage."
>
> "First of all, it causes so many health issues, because you can't afford the medication or the medical things that you need."
>
> "I feel like preventative medicine being covered by insurance is almost laughable. Like, 'Oh we've got the annual things.' Then you're like, okay, well I have a tumor in my lungs like I did last year. And they were like, 'Oh, we can't pay it. Because we could not have foreseen that this was coming.' And like, it just was so crushing to me that when I saw the list of things that were covered, and then when I needed care for something in my lung, they were like, you have to meet your $5,000 deductible."

People in poverty may have to put off health care or may practice more unhealthy behaviors in order to save money for basic needs that come first: child care, housing, and transportation.

> "From a caretaker perspective, anytime, again, you're responsible for kids or loved one and whoever it may be, your needs/desires, whatever it is, end up coming last. So it's making sure that the $9 bottle of formula or the healthier lunch alternatives for my daughter are there. All of a sudden, I'm eating ramen noodles or I'm grabbing $5 pizza from Little Caesars because I can eat twice off that. But I also know that means that I'll have the good formula for my son to eat."
>
> "The less money you have, the more financially driven your decision-making is. This country is so money driven that healthcare is going to come last when you have rent, and you have kids. Or if you work 60/80 hours a week just to take care of bills… Your first priority is always going to make sure you have a roof over your house. Like will I have a roof over my house? Do I have food to eat? Can I physically survive? Like I'm not homeless. So that's like your main concern if you're in poverty. That's what you're worrying about. You're not worrying about what's this weird bump I have on my hand? Why am I feeling different?"
>
> "That rings so true for me and people in my life too. It's just like there's so many things I need to take care of and pay for: and loans and bills. Be able to have a car to drive to work and be able to go to work. I'm like there's just so many lists of things I have to do, care for, pay for. Like my health is the absolute bottom every time. Every time."
>
> "There used to be when I was younger, you used to be able to sign off on a form for elementary school kids to be like, oh, you can give them dental care, and then they'll take them to a teeth cleaning for free vaccines or whatever. And now at most schools that won't happen. It would have made it easier for parents with

> taking off from work. Because the school takes care of it, you give consent, they're able to get it. So there's, that's often the people can't take off from work, and that's an issue with the income."

Poverty has a negative impact on the mental health of adults and youth.

> "Having a lack of resources, and the parent gets stressed out and that affects how they parent."
>
> "I also think like if you can put a roof over your family's head and dinner on the table, those are two like very stabilizing things for our family. So, you've also reduced like mental health stress…"
>
> "I think it makes it makes [mental health] worse because I think if you're in poverty, you're usually depressed."
>
> "They see these kids come with name brands, and these kids who can't afford name brands get teased, and that can cause depression. And when they go home, they're asking their parents. 'Oh, so-and-so has this. I want you to buy me this.' And the parents can't afford it."

Poverty impacts the ability of people to get adequate, nutritious food. It also limits what people are able to eat if they don't have utilities or the resources to cook food.

> "Some of the children in the poor area, they might go all day and not even have food."
>
> "You have to talk about food and either for lack of time and energy from working, they don't have opportunities to prepare food at home. Sometimes it's cheaper to get something that's not as good quality."
>
> "Healthy food is expensive. Cheap food is like fattening food. You're going to go for it if you're lacking the funds. Buy whatever's the cheapest."
>
> "It affects all of them because you have different point of view depending on how much money you have. If you have somebody that makes 200 grand and I make 50 grand, our perspective on everything's going to be different. That $20 lettuce wrap is going to be affordable. Or if you make 20 grand a year in your household, you can't even afford the cheeseburger at McDonald's."
>
> "I mean, there's just more checks and balances that need to go in place to just give people a box of food or produce. I don't know what his situation is, but one of the panhandlers, someone gave him a whole box of produce. I'm thinking, 'Well, what is he going to do?' He didn't look like he had the facilities to wash it [or cook it]."

Those affected by poverty may have increased residential mobility due to rising housing costs in gentrified areas. The standard of housing they can afford may also compromise their health outcomes.

> "Several people reported to me that they're being evicted from their apartment complex. They've stayed many years and paid their rent faithfully…But their lease is not going to be renewed, and now they're scrabbling to find places…The elderly that's in the communities that have no people that give them support…"
>
> "I think what's really sad, too, kind of like what you were saying, people live in certain apartment complex, and then someone comes in and buys them, fixes them up, and then jacks the rent up. And now they're 400 to 500 extra monthly. The people who are living there can't afford it, so they have to leave and find other places to live."
>
> "And I don't think there's a lot of HUD housing and oh there's not enough for these people that we need. So instead there's these big buildings that are like $1,200 a month for a one bedroom. Build, you know, condominiums for women and children and people who are pregnant. You know what I mean? Build all that for the communities that have so much, women, children, families out on the streets seeking shelters for hope. And then they're overcrowded, and they're pushed back, and they're pushed away. So I see a lot of that going on."
>
> "Like the gentrification issue. So it is really great that this area of Franklinton is being built up, but where all those native Franklinton people to go then? They're getting booted out."
>
> "So he says equal housing. So that means like, the place you live is the same as this person and this person, but that's not the case. They're slumlords. And there's people who just don't want to… take care of property. It's barely livable...causing all the low self-esteem for the people who live in the neighborhood."

Education Indicators

This section describes education indicators including the highest educational level attained by adult residents, kindergarten readiness, 3rd grade reading proficiency, and graduation rates.

ADULT EDUCATIONAL ATTAINMENT

As shown in the table below, 40.1% of Franklin County adult residents have a bachelor's degree or higher, similar to the last *HealthMap* (38.4%). Franklin County's percentage of adults with a bachelor's degree or higher is greater than the state and national percentages (28.3% and 32.2%, respectively).

Educational Attainment[21]

	Franklin County				Ohio	USA
	HM2016	**HM2019**	**HM2022**		**HM2022**	**HM2022**
Educational Attainment						
No high school	3.2%	3.1%	2.9%		2.8%	5.1%
Some high school (no degree)	7.1%	6.6%	5.9%	▼	6.8%	6.9%
High school graduate	25.7%	25.0%	24.6%		33.0%	27.0%
Some college (no degree)	21.0%	20.2%	19.6%		20.4%	20.4%
Associate's degree	6.7%	6.8%	6.9%		8.7%	8.5%
Bachelor's degree	23.4%	24.4%	25.3%		17.6%	19.8%
Graduate or professional degree	13.0%	14.0%	14.8%		10.7%	12.4%

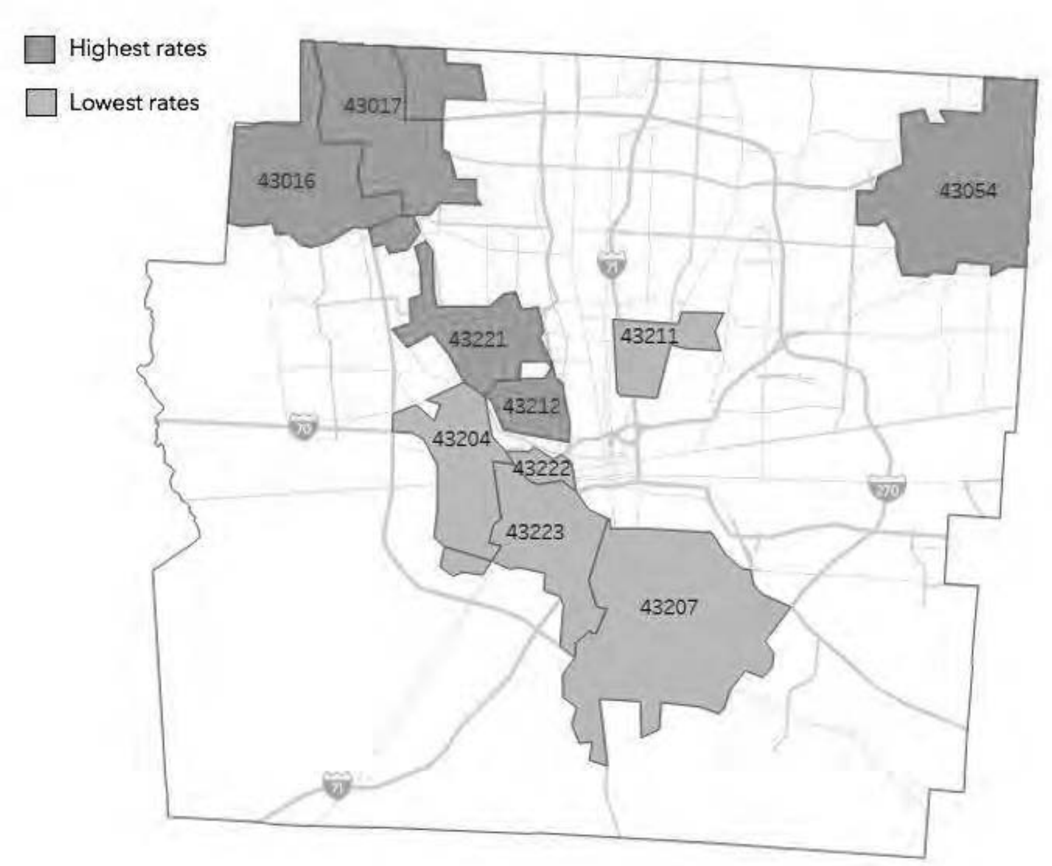
As shown in the next table, 8.8% of people in Franklin County aged 25 years and over have not graduated from high school, a decrease from 2019's *HealthMap* (9.7%). The groups with the highest percentage of members that have less than a high school diploma are those listing "Other" as their race (30.6%) and Hispanics (25.4%).

Adults With Less Than High School Education[21]

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Adults With Less Than High School Diploma (Overall)	**10.3%**	**9.7%**	**8.8%**		**22.0%**	▲	**23.5%**	▲
Male	10.5%	9.9%	8.9%	▼	23.5%	▲	25.8%	▲
Female	10.1%	9.3%	8.8%		20.5%	▲	21.2%	▲
Black or African American	14.0%	14.2%	12.6%	▼	14.1%	▼	14.0%	
Asian	16.0%	12.9%	12.3%		12.7%		12.9%	
Multiracial	10.0%	9.9%	8.9%	▼	11.5%		11.5%	
Other	40.0%	34.5%	30.6%	▼	28.4%		37.3%	
Hispanic	37.0%	30.6%	25.4%	▼	23.8%		31.3%	
White, non-Hispanic	8.0%	7.0%	6.4%		8.4%		7.1%	

The Franklin County zip codes with the lowest percentage of residents with at least a high school diploma are shaded in grey in the map below. The zip codes shaded in green have the highest percentage of residents with at least a high school diploma.

Zip Codes With Lowest and Highest Rates of Residents With High School Diploma[22]



YOUTH EDUCATIONAL ATTAINMENT

Graduation rates and future educational attainment can be impacted by a child's proficiency in school, measured as early as kindergarten.

The state of Ohio uses the Kindergarten Readiness Assessment (KRA) to determine if students are ready for kindergarten. Students' scores can place them into one of three bands, with Band 1 – Emerging in Readiness, Band 2 – Approaching Readiness, and Band 3 – Demonstrating Readiness. Those scoring in Bands 2 and 3 are considered ready for kindergarten.

As measured by the Ohio Department of Education, 76.3% of Franklin County children score in Bands 2 and 3 of Ohio's Kindergarten Readiness Assessment.

Educational Proficiency[23]

	Franklin County			Ohio
	HM2016	HM2019	HM2022	HM2022
Students Ready for Kindergarten	68.8%	73.4%	76.3%	77.3%

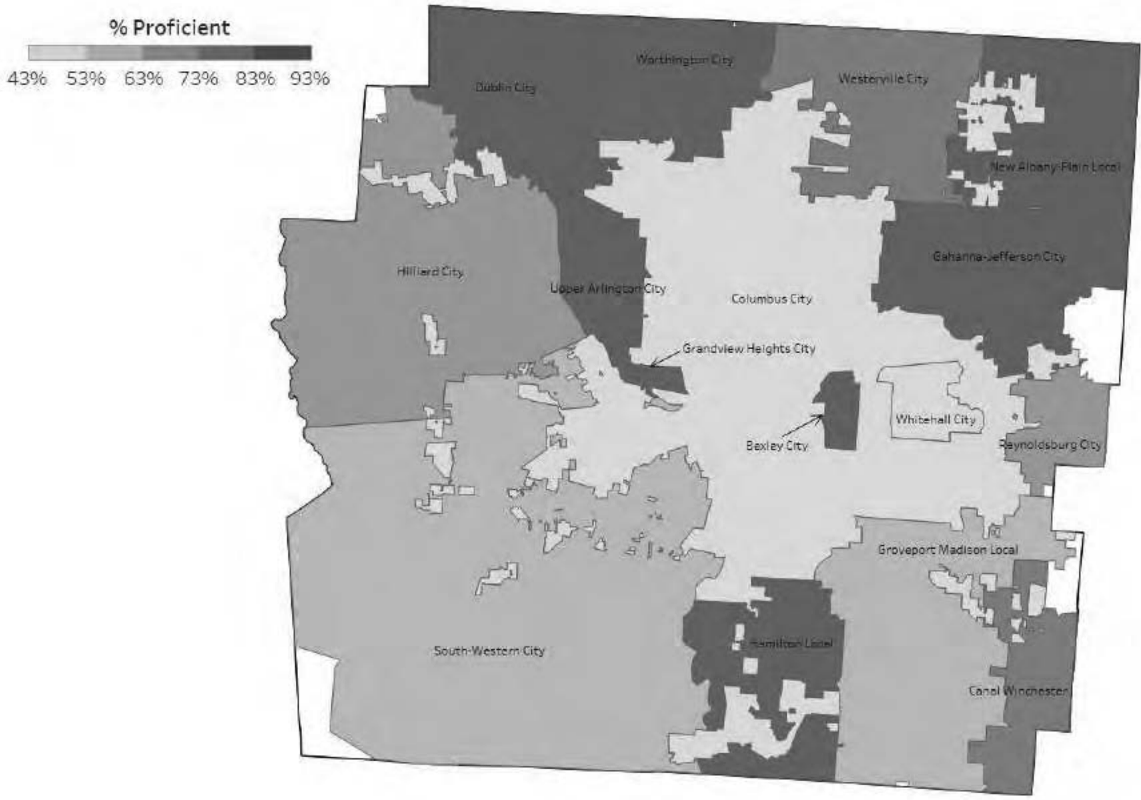
The school districts in Franklin County with the lowest rates of students who are ready for kindergarten are Columbus City, Groveport Madison Local, Reynoldsburg City, South-Western City, and Whitehall City. The school districts in Franklin County with the highest rates of students who are ready for kindergarten are Bexley City, Grandview Heights Schools, New Albany-Plain Local, Upper Arlington City, and Westerville City.[24]

Kindergarten Readiness, by School District

Special emphasis is also placed on the third grade when measuring educational outcomes of a community, because after third grade, students are expected to “read to learn,” rather than “learn to read.” Accordingly, educational outcomes like high school graduation can be impacted if reading proficiency is not attained.[25]

The school districts in Franklin County with the lowest rates of 3rd grade students who can read at proficient levels are Columbus City, Groveport Madison Local, Hilliard City, South-Western City, and Whitehall City.[29] The school districts in Franklin County with the highest rates of 3rd grade students who can read at proficient levels are Bexley City, Grandview Heights, Hamilton Local, New Albany-Plain Local, and Upper Arlington City.[26]

3rd Grade Reading Proficiency, by School District



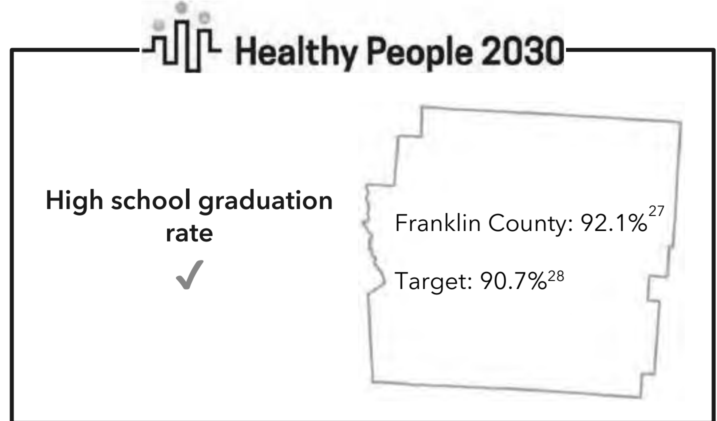
The four-year high school graduation rate is the percentage of ninth grade students that received a high school diploma in four years. Franklin County's four-year high school graduation rate is better than national figures, but slightly under Ohio's rate of 93%.

High School Graduation Rate[27]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Four-Year High School Graduation Rate	**88.6%**	**87.8%**	**92.1%**	**93.0%** ▲	**88.0%**
Male	90.4%	>89.0%*	92.9%	92.9%	87.3%
Female	92.3%	>91.8%*	89.4%	93.3%	88.6%
Black or African American	86.8%	76.2%	72.6%	86.8%	79.6%
Asian / Pacific Islander	91.9%	81.1%	87.3%	89.2%	87.1%
Multiracial	88.8%	87.3%	90.9%	88.4%	89.2%
Hispanic	79.8%	63.7%	69.5%	77.7%	70.5%
White, non-Hispanic	92.8%	92.0%	93.8%	92.1%	93.3%

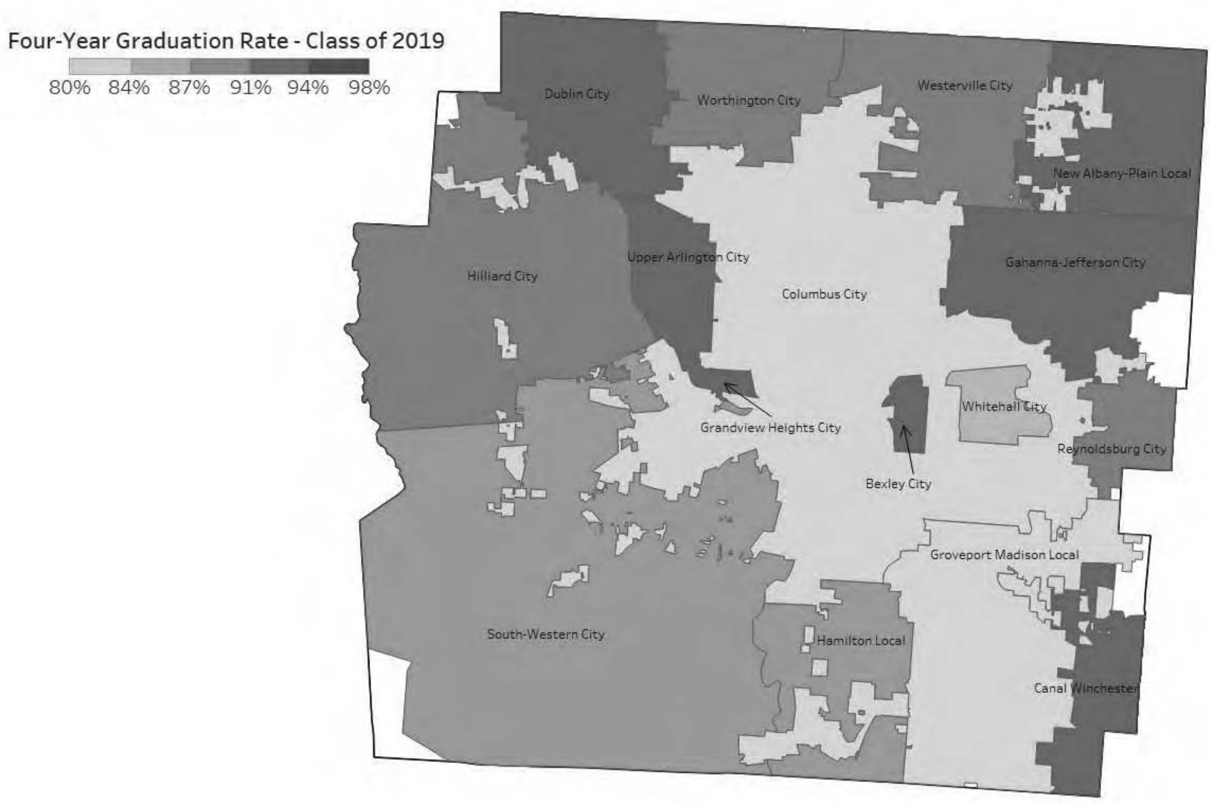
Note: Sex and racial graduation rates for Franklin County & Ohio are an average of all individual school district sex and racial graduation rates.

**Graduation rates included several ">95%", thus this is the most accurate measure possible.*



The school districts in Franklin County with the lowest high school graduation rates are Columbus City, Groveport Madison Local, Hamilton Local, South-Western City, and Whitehall City. The school districts in Franklin County with the highest high school graduation rates are Bexley City, Canal Winchester Local, Dublin City, New Albany Plain Local, and Upper Arlington City.[29]

High School Graduation Rates, by School District



Community Voices on Education's Health Impact

Community members focused less on the importance of formal education for health outcomes, and more on the importance of health education specifically. They did mention how those with lower levels of formal education may be less confident asking questions related to their health in medical visits and engaging in self-advocacy.

Communities need more accessible and quality education about how to be healthy, involving nutrition, vaccines, and life skills like money management.

> "So we have mentioned the understanding of being able to be healthy and have an understanding of nutrition, right? And that's important to know how to be healthy, but somebody has to teach you that, right? And so if people don't have that access to education, they don't have access to what I would argue is the currency of freedom...It's the freedom to be able to make decisions that you want to make versus you'd have to make. It's the freedom to understand the implications of the decisions that you make down the line."
>
> "If access to formal education is one [issue], then access to quality information is two. Whether I have a formal education or not, if I have access to the type of information that can educate myself on the things that I need, that's equally important. There's a value to that, that I think we underestimate because making information available to people, there's information in all of these informal spaces that we don't capitalize on to make sure people are able to educate themselves on the issues that matter to them."
>
> "We need to be informed in a way in which the layman can understand."
>
> "My country has a better understanding about vaccination than this country, and it's really like a third world. How is that possible? I mean, honestly, how is that possible? This country has a lot of potential to do things way better. But the point is, we're targeting political issues, money issues, instead of health issues."
>
> "I think that health information needs to be given out more consistently on a regular basis and needs to be on the TV."
>
> "But exposure to other things really lacks, you know, in some communities, where you have children, no one's ever even seen what zucchini looks like or vegetables outside of their dreams? You know, I mean, things like that. So, it's like exposure sometimes that doesn't exist in formal education, or just education period."
>
> "Sometimes in the schools, some of the stuff like that is irrelevant for some kids. Everybody's not going to be a rocket scientist, so they need to teach how to live your life after you get out of school. Daily living, how to manage your money..."

The level of self-advocacy individuals engage in when it comes to medical care may be reflective of the skills learned in formal education.

> "I know my aunt, she doesn't like to ask questions because she's not very confident. She has a high school education, so I knew she was not going to ask the right questions [at her doctor's appointment] ...I feel like when people lack education, they don't inquire. They feel a little intimidated, so they just accept whatever the medical professional tells them as the gospel truth. No, you need to question. You need to ask. This is what you need to say, and I write things down for her. She still doesn't, so I have to actually show up."
>
> "There's a sense of self advocacy that you can't necessarily express what you're thinking. When you're in these moments of high pressure, when you're hearing bad news about your child from your pediatrician, you'll just be like, 'Okay, uh-huh, yes.' But you forget to ask, 'Why am I taking this medicine? How is it going to make it better? What should I do if I see these x, y, and z?' ...They don't ask questions about who's going to be there, how long is it going to take. And that comes with this special level of training that happens from your parents, but also it happens in school to be okay to ask."
>
> "They can go all the way through whatever levels of education, but if we're not giving people the tools to think for themselves, they're thinking about asking this question, they're like, 'Well, why is that like that? What does that mean?' Even stuff like what does that mean. So that critical thinking that often happens later on in education, but can happen earlier in school, can be inserted into any curriculum. Critical thinking is important to self-advocacy."

Employment Indicators

This section describes employment indicators that are related to other social determinants and future health outcomes, namely employment status and occupation.

The unemployment rate has decreased in Franklin County since the last *HealthMap*, following statewide and national trends.

Employment Status

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
In Labor Force (Total)[5]	69.5%	69.7%	70.0%		63.3%		63.4%	
Employment Rate of Civilian Labor Force[5]								
Employed	93.4%	96.1%	96.5%		94.8%		94.8%	
Unemployed	6.6%	3.9%	3.5%		5.2%		5.2%	▲
Annual Average Unemployment Rate[30]	4.9%	4.0%	3.5%	▼	4.1%	▼	3.7%	▼

Over 40% of all Franklin County residents are employed in management, professional or related occupations.

Employment Occupations[7]

	Franklin County				Ohio	USA
	HM2016	HM2019	HM2022		HM2022	HM2022
Occupation Types						
Management, professional, and related occupations	41.4%	42.1%	43.6%		37.0%	38.5%
Sales and office	24.0%	24.9%	22.1%	▼	21.4%	21.6%
Service	17.7%	16.8%	16.3%		17.2%	17.8%
Production, transportation, and material moving	11.3%	11.1%	13.1%	▲	17.0%	13.2%
Construction, extraction, maintenance, and repair	-	-	11.6%		20.7%	16.7%
Farming, fishing, and forestry	-	-	0.2%		1.0%	1.8%
Natural resources, construction, and maintenance	5.5%	5.1%	4.9%		7.5%	8.9%

Social and Community Context

This section provides insight on crime rates in Franklin County, as well as the impact of racial and ethnic identity on health outcomes.

CRIME AND SAFETY

In Franklin County, the total rate of property crimes that occur per every 1,000 residents remains similar to the last *HealthMap*. The rate of murder has increased in this time period. The rate of both violent crime and property crime are higher for Franklin County than for Ohio or for the USA overall.

Crime and Safety

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Violent Crime (Total)[31]	**4.5**	**3.8**	**3.9**		**3.0**		**3.7**	
Murder*	0.1	0.1	0.2	▲	0.1	▲	0.5	▲
Rape**	0.5	0.8	0.8		0.5	▲	0.4	
Robbery	2.7	1.8	1.7		1.0		0.8	▼
Aggravated Assault	1.0	1.2	1.3		1.5	▲	2.5	
Assault/Alleged Abuse Hospitalizations[32]* **	**141.3**	**89.1**	**90.0**		-		-	
Property Crime (Total)[31]	**47.2**	**34.4**	**34.2**		**23.9**		**24.5**	

Note: Rates for Murder, Rape, and Aggravated Assault are based on Columbus data only for HM2022.
Rate per 1,000 population, unless noted otherwise.
**US data includes nonnegligent manslaughter*
***FC&OH: Defined as "Forcible Rape" for HM16 and "Rape" in HM2019 & HM2022 | US: "Legacy definition" for HM16 & "Revised definition" for HM2019 & HM2022.*
****Rate per 100,000 population.*

The map displayed on the next page shows those areas of Franklin County with the highest rates of violent crime per 1,000 of the population. These areas include zip codes 43211, 43202, 43205, 43206, and 43222.

This analysis of violent crime includes incidents of robbery (from individual or commercial owners), aggravated assault, sexual assault, and homicide.

Zip Codes With Highest Rates of Violent Crime[34]

RACIAL AND ETHNIC BARRIERS TO HEALTH EQUITY

The concept of health equity means that no person is "disadvantaged from achieving their [full health potential] because of social position or other socially determined circumstances."[35] Throughout this report, multiple references to the impact of racial and ethnic identity on health outcomes suggest that health equity for all Franklin County residents has not yet been achieved. On the following pages, non-White community members detail the impact that racial and ethnic identities have on their health outcomes, and how racism forms barriers to achieving their full health potential.

Community Voices on Racial Barriers to Health Equity

Community members spoke about their experiences being Black and African American, Asian, and Hispanic/Latino in Franklin County. They see race impacting health in the quality of medical care received, increased mental stress and untreated mental illness, and the way structural racism forms communities with inadequate basic needs: like safety and access to nutrition.

Community members recounted personal experiences of feeling their race influenced them to get a low quality of care at a medical facility. Being perceived as a racial stereotype, having their demographic unrepresented in medical staff, and needing a translator for services can result in racial and ethnic minorities having a poor experience with the health care system.

> "I heard a lot of stories where people died from lack of care in a hospital. They don't even check on you or they just treat you a certain type of way. I just heard a lot of stories this year about stuff like that happening in hospitals. And [African Americans] are not examined…However, I went to the urgent care at least two to three different times because of what was going on. At least two of those three times, I was not even examined."
>
> "She said she was near death pretty much, and they weren't believing her, and I think it probably has a lot to do with the color of her skin."
>
> "I get treated like that, like, 'Oh, it's not time yet,' or 'Oh, we do see you have a whole bunch of cysts on your ovaries, but we're going to give you some Tylenol. Go home.' And so I don't know what else it is. And I can feel it when they're in my face, I can feel it, like they think I just want medicine. And it's a big problem. And I know many, many African American women who deal with that, especially at the emergency room, in the hospital, where you're going because you don't have another choice. It's a sick, sad problem."
>
> "We don't trust our doctors because we think that they just put us in a group…or we are illegal aliens to them that don't matter. Oh, you're Hispanic and Latina? I get scared to check that mark sometimes on paper."
>
> "She touched on it a bit about not seeing people who look like you. You know, that is a big difference for people. It does perpetuate a lack of trust or that massive fear. And so, you know, I have several friends in the medical field. Like OB or nurse midwives and nurses. I think it's about less than 10% here in the state of Ohio are Black women, as far as OB. But look how many Black women there are here or even Latina women. A lot of times, you see a White man."
>
> "From what my friends have told me, some doctors are really accommodating. They really want to treat the patient well. Other doctors are annoyed that they have to try to communicate with somebody through a translator. So I think that adds another level of how well a person feels like they're being treated or how well they actually are being treated based on language barrier."

Community members spoke about the mental strain of dealing with racism and other forms of discrimination, and the compounding issue of stigma related to seeking help for poor mental health.

> "That's another reason why there's so much drug addiction, so much drinking and escapism and not watching politics, unfortunately. It's because life is so incredibly burdensome living here [as a Black person]."
>
> "Well, as an Asian person, I think that it has greatly affected the Asian community. Ever since President Trump had said that it was the Wuhan virus or the China virus, there have been so many more attacks on the Asian community and more questions to me...So I think that it does magnify the virus in that you feel like you're getting blamed for it in a way, which is very unfair, but also, you have this anxiety and stress of the virus itself. And so it just magnifies the issues."
>
> "There's a thing called the chronic stress hypothesis, which thinks about things like racism and the way that it systemically functions in our society, right? So being a Black woman in America, being a Black man in America, being an Asian woman in America, regardless, the additional stress that comes from the racism you get...So over time, the thought is that the additional stress creates a chronic stress response that is going to cause communities of color not only to have increased rates of like low birth weight and preterm babies and diabetes, but there are some other genetic predispositions that can be turned on by chronic stress, then we end up with issues like increased risk of dementia, increased risk of mental illness, increased risk of heart disease."
>
> "Especially the mixed children. They are very confused if they're White or Black. When they go to school, they're Black, but they know themselves – That's one part of it, but when someone's just saying, 'You're Black, you're Black, you're Black,' and they go in the world just confused. The parents don't talk to them about certain things that they will encounter when they get into the world. Okay, at home, you know that you're mixed, but out in the world, you're going to be labeled Black. So that gets into their brain, and they deal with that in school because they don't know if they should hang out with White children or Black children. And the White children are not as accepting."
>
> "And there's stigma associated with seeking mental health for men as well, or men of color, but different, than women because we are mainly the caretakers of the home and the kids. And so like, if you don't have yourself straight, how are you going to be like taking care of other people. And there's a major, major fear and sometimes misconception about you speaking up, and getting the help you need for saying that you're having a hard time and your kids are going to be taken away to CPS, yes, that's a real thing. Yes, people do come in and take your children away, but it's not as rampant…"
>
> "And even in like as we were growing up, we were shown not to show a lot of like emotions to other people. So we're not supposed to show any empathy, any anything like emotional wise. So I think it's like when it comes to Hispanic culture, I think that's where they come from. They're taught a lot about not showing what you're actually feeling."

Community members talked about how racism makes people feel unsafe, and how neighborhoods with large populations of racial minorities do not have access to the same resources found in predominantly White neighborhoods.

> "So the comfort some of us might feel going outside to go for a jog to stay healthy and fit might not be received the same way in different neighborhoods for people of different color. So I think police violence, obviously, as a whole is a systematic health problem to communities, too."
>
> "You walk in the door as a Black person, light, brown, dark, light, whatever, you're suddenly a criminal from the get-go. And all of a sudden, the burden is on us to try and prove to you we're one of the good ones."
>
> "Maybe it's a matter of the interpretation of the idea of a health crisis. But I mean, there's obvious systemic violence against Black bodies in all communities across America. On behalf of police, on behalf of other community members. I cannot speak to access to health care being a racial issue other than maybe socio-economic status. But I can certainly see that if we're talking about health on a broad scale, that like violence against Black and people of color is obviously an everyday issue in America everywhere."
>
> "They're looking at different pockets of areas and look at where certain money went. It was like okay; we'll look at this area. This is probably a more White area. This is probably more a nicer area. Things of that sort. So from my experience it won't play a factor face to face, but as we go and look at the stats by the numbers, you'll see a disparity where one area might be more predominantly White, or one area might be more diverse."
>
> "There's even less opportunity for healthy food than there is in more upper-class neighborhoods…most of the customers in that store are foreigners, okay? So, they can throw, they think they can throw that off on them, those old vegetables and stuff and they buy them."
>
> "You don't see the meals and the vegetables that's needed in the communities, when you know the health risks are higher. Data proves that especially in communities of color, and African American communities alone, that have high blood pressure, Diabetes, and heart disease are number one. But yet still, you take this door and accessibility away from me that now I have to travel to somewhere where I can't go. But so now we'll go over to Family Dollar, so that racism is real."
>
> "And loads of lead levels and chemical wastes in the ground affecting our health that way."

ENVIRONMENTAL HEATH

The American Public Health Association defines environmental health as the branch of public health that focuses on the relationships between people and their environment. *Franklin County HealthMap2022* explicitly considered several environmental factors that contribute to healthy, safe communities; these factors are shown in the table on the next page.

Environmental Health

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Children tested for lead (less than six years of age)[36]*	207.46	212.74	197.21		172.48	▼
Heat and Pollution Measures						
# of days with moderate or higher levels of fine particle (PM2.5) pollution[37]	44	90	43		-	
# of days with moderate or higher levels of ozone pollution (March – October)[37]	59	46	35	▼	-	
# of days with maximum temperature equal to or greater than 90 degrees Fahrenheit[38]	20	31	30	▼	-	

**Age-adjusted rate per 1,000 population.*

Readers should note that multiple environmental health factors were identified by community residents who participated in the focus group sessions. In the future, additional sources of environmental health information will be identified and shared with the community.

MEASURES OF OPPORTUNITY IN FRANKLIN COUNTY

This section ends with an overarching, multidimensional view of a variety of social determinants of health among Franklin County and Ohio residents. The Opportunity Index data shown below have scores ranging from 0-100. The two counties in Ohio with the highest opportunity scores are Delaware County (71) and Warren County (63.7).[39]

- **Opportunity Score:** the average of the economic, educational, community, and health scores presented in the table.
- **Economy Score:** reflects a variety of economic measures (e.g., unemployment rate, median household income, number of people below the federal poverty level, income inequality, access to banking services, affordable housing).
- **Education Score:** reflects a variety of educational measures (e.g., children in preschool, on-time high school graduation rate, post-secondary education rate).
- **Community Score:** reflects a variety of civic measures (e.g., voter registration, violent crime rate, incarceration, access to primary healthcare, access to healthy foods).
- **Health Score:** reflects a variety of health measures (e.g., low birth weight rate, health insurance coverage, deaths related to alcohol, substance use, and suicide).

Opportunity Index[39]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
☆ **Opportunity Score**	-	50.8	54.1		49.9	
Economy Score	-	51.2	57.1	▲	57.5	▲
Education Score	-	62.3	59.7		51.7	
Community Score	-	43.4	51.7	▲	51.0	
♡ **Health Score**	-	46.5	47.8		39.3	▼

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[6] Ohio Dept. of Education, Data for Free and Reduced Price Meal Eligibility, 2019-2020 (HM2022), FY2018 (HM2019), FY2016 (HM2016)

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[19] U.S Census Bureau, American Community Survey 5-Year Estimates, 2015-2019 (HM2022), 2010-2014 (HM2019); U.S Census Bureau, American Community Survey 1-Year Estimates, 2013 (HM2016)

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This section describes the availability of health care providers and other health care resources for Franklin County residents.

Key Findings

Health Resource Availability

Franklin County residents now have greater access to certain types of health care providers (advance practice nurses, physician assistants).

Mental Health Resource Availability

Mental health providers have higher ratios of residents to a single practitioner, compared to other types of health practitioners. Community members may face additional difficulty finding a practitioner who can relate to their experiences.

Emergency Health Care Utilization

The rate of utilizing emergency rooms for the lowest severity issues decreased since the previous *HealthMap*. Combining all types of visits, Black and African American residents utilize emergency care at higher rates than other groups.

Dental Care Access

The percent of adults unable to access needed dental care increased since the previous *HealthMap*.

HEALTH RESOURCE AVAILABILITY

The ratio of Franklin County residents per licensed physicians (MDs and DOs) is similar to the last *HealthMap*, with a current ratio of 238:1, meaning one licensed physician available for every 238 residents. In 2019 the number of residents per licensed physicians was 234. However, there has been improvement in the number of advance practice nurses and physician assistants per resident, with ratios decreasing for each of these practitioners.

The ratio of Franklin County residents per optometrists has also improved slightly, with a current ratio of one optometrist per 3,530 residents, compared to one optometrist per 3,639 residents in the previous *HealthMap*.

Health Care Providers

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Licensed Physicians (MDs and DOs)[1]	239:1	234:1	238:1		250:1	
Licensed Advance Practice Nurses[2]	846:1	703:1	540:1	▼	617:1	▼
Licensed Physician Assistants[1]	5181:1	3321:1	2278:1	▼	2806:1	▼
Licensed Dentists[3]	1259:1	1337:1	1214:1		1561:1	
Licensed Optometrists[4]	3640:1	3639:1	3530:1		4969:1	
Licensed Opticians[5]	4376:1	4785:1	4636:1		3798:1	
Pharmacists[6]	-	-	617:1		534:1	
Licensed Dieticians[1]	-	-	1894:1		2335:1	
Licensed Psychiatrist[1]	5718:1	6836:1	7152:1		7356:1	
Licensed Psychologist[7]	2305:1	2379:1	2258:1		3306:1	▼
Licensed Social Worker (LISW, LSW)[8]	333:1	339:1	333:1		299:1	▼
Licensed Chemical Counselor[9]	1341:1	1137:1	919:1	▼	809:1	

Community Voices on Health Resource Availability

In addition to the number of health care professionals available per resident, health resource availability also depends on the ease of scheduling and making it to appointments.

Community members recounted difficulty finding a medical professional with hours that work with their schedule, specifically the difficulty of managing health appointments along with their work responsibilities.

> "Right now, if I needed to go to the doctor, I have so much going on. I work with a special project that I can't afford to miss a day of work right now or a couple hours of work to go to the doctor. So that's a reason. If my doctor doesn't have any evening or very late afternoon hours, then it's not likely that I would get healthcare in until my project is done."
>
> "And I think a lot of that is actual employers. I know some people would come to work sick and not go to the doctor. But I work in a new place now, and I remember feeling like, I need to take off for this. And my supervisor was like, 'Oh, great.' It's approved. Any time you need to go do something for your health, it's approved. And I'm like, 'Whoa.' But you feel like you can't take that time off. You don't feel encouraged to really take care of yourself because work comes first. And I think getting employers to understand that people feel like that, but they should not make people feel like that would be really helpful, too."
>
> "Doctors have pretty much turned into an 8 to 5 service."

Community members spoke about the benefit of having a medical professional available by phone to help when they aren't sure if they need to see a doctor, and to answer questions quickly.

> "And even being able to pick up your phone and talk to a healthcare professional who's going to tell you, 'Okay, tell me, what are your symptoms? Do you have a thermometer? Can you take your temperature?' And you see if this is happening or that is happening, and then they will make a recommendation. And sometimes they're even able to send it to a doctor in your area so that when you go to the doctor, they're prepared for what's going on with you."
>
> "Like my insurance, I do have that, but what about people who don't have health insurance? They have a number I could call and even get the best doctor or ask those type of questions to a nurse, but that's for me because I have health insurance. But if you don't, you're kind of stuck going to the emergency room or going to urgent care. And when I did not have healthcare, I would go to the emergency room if I really needed to. And sometimes I just wasn't believed that I was either this sick or in this much pain or, 'Oh, go see your primary care.' I don't have a primary care doctor, so you're the doctor I'm coming to see, but you're not believing what I'm saying. So now I'm at a loss."

While the COVID-19 pandemic led to increased use of telemedicine options in place of in person appointments, telemedicine has its own barriers to accessibility. It can be difficult for members of the population to access "virtual visits" if they have trouble utilizing the technology involved (community members mentioned this specifically for the elderly population), and if they are without the necessary equipment or Internet bandwidth to participate in a telemedicine visit.

MENTAL HEALTH RESOURCE AVAILABILITY

The table on page 59 shows the ratios of Franklin County residents per licensed psychiatrists, psychologists, and chemical counselors. While ratios have decreased (improved) for both chemical counselors and psychologists per resident, the ratio has increased for psychiatrists.

The ratio of Franklin County residents per chemical counselor is 919 residents per chemical counselor compared to 1,137 residents in the previous *HealthMap*. The ratio of residents per psychologist is 2,258 residents per psychologist compared to 2,379 residents in the previous *HealthMap*. While this hopefully represents improvements in access for those in need of psychotherapy and chemical counseling for substance abuse issues, residents with more severe mental illness requiring medical treatments and prescription drugs may have less access to this than they did in 2019. The ratio of residents per psychiatrists is 7,152:1, compared to 6,836:1 in the previous *HealthMap*.

Community Voices on Mental Health Resource Availability

For mental health treatment to be most effective, some community members want a counselor who can relate to their experiences. However, this can be hard to find.

> "One of the other things that's a challenge is, for me, for example, when my first wife died nine years ago, I went to four counselors because I could not find a counselor that shared my lived experience enough to relate to what I was going through."
>
> "So for example, in Columbus, specifically Franklin County, there's not many Black male counselors, and if that's something that you're looking for, that limitation contributes to your access."
>
> "I understand why people might say, 'I need to find somebody that looks and sounds like me that will help me navigate my issues,' but that can be a strong barrier."

Community members are unsure how to seek out help when they feel like they need treatment.

> "There still is a lack of information on what do if you think you have a substance abuse problem? What do you do if you think you're dealing with severe depression or anxiety or this or that? There's just not a lot of information on what steps to take after that."
>
> "There can be an overload of information. Because it's like you're saying how you can go to WebMD, and you can look up certain things…there's so much different information out there. It brings you back to the point where if you have some anxiety and depression, and you're looking at all of this information, it's like you're just even more...overwhelmed, confused…"

> "I don't think that people out here would know where to start if they had a mental health issue. Like if they wanted to follow up with that and see a provider, I don't know if they even know where to look, or to reach out to."
>
> "I think sometimes if you can't, like physically see the problem, you don't know when it's time to ask for help and like, look or get help."
>
> "Cities and communities need to be working together to educate what you can get help for and what is available now. But when you have eliminated all the aspects of no education, nobody really working with each other, people pushing you off, and then the healthcare industry treats it as a luxury. You just have people who are suffering and causing suffering."

EMERGENCY HEALTH CARE UTILIZATION

The ED data presented in this report are for Franklin County residents who visited any Ohio emergency department and Ohio residents who visited any Ohio emergency department in calendar year 2019.

ED utilization can be representative of health resource availability due to individuals seeking care from the ED because they lack another known place to receive treatment. This can occur if they do not have a regular health care provider or have additional issues receiving care from another source. While the prevalence of using EDs for this reason is not apparent from current data, the existence of these cases can be inferred somewhat from the data collected on ED case severity, shown in next table.

When patients are seen in the ED, they are assigned a "severity" rating between 1 and 5, with 1 being the least severe and 5 being the most severe. Level 1 health issues are "self-limited or minor," Level 2 issues are of "low to moderate severity," Level 3 issues are of "moderate severity," Level 4 issues are of "high severity, and require urgent evaluation by the physician but do not pose an immediate threat to life or physiologic function" and Level 5 issues "are of high severity and pose an immediate significant threat to life or physiologic function."

Emergency Department Visits[10]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Severity of Emergency Department Visits						
Level 1 (minor severity)	-	10.0	8.0	▼	6.7	
Level 2 (low to moderate severity)	-	52.8	51.7		43.4	▼
Level 3 (moderate severity)	-	161.3	162.0		173.2	
Level 4 (high severity, urgent evaluation required)	-	142.7	134.9		143.7	
Level 5 (high severity, immediate threat to life or function)	-	94.1	92.2		104.6	

Rate per 1,000 population who were treated and released by emergency departments

The total number of ED visits per 1,000 people in Franklin County has decreased since the last *HealthMap* (608.8 to 511.33) and is slightly less than the statewide rate. When breaking down ED visits by those who were treated and released versus those who were admitted into a hospital, the rate of patients who were treated and released decreased since the last *HealthMap,* while the rate of patients who were admitted into a hospital remained mostly similar.

The rate of individuals age 65 and older utilizing emergency departments (both treated and released and admitted into the hospital) increased since the last *HealthMap*. These individuals are more likely to be admitted into the hospital than other age groups.

Emergency Department Visits (Overall and By Age)[10]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Emergency Department Visits: Total	583.2	608.8	511.3	▼	537.4	
Emergency Department Visits: Treated & Released						
Total	-	546.3	449.7	▼	469.7	▼
0-18	-	709.7	331.1	▼	421.3	▼
19-64	-	508.9	498.1		497.4	
65+	-	427.7	550.2	▲	440.9	
Emergency Department Visits: Admitted Into Hospital						
Total	-	62.4	61.6		67.7	
0-18	-	18.6	18.9		15.0	
19-64	-	53.0	52.2		52.4	
65+	-	202.2	243.5	▲	189.6	

Rate per 1,000 population

Black or African American residents had a much higher rate of emergency department utilization than members of other racial/ethnic groups.

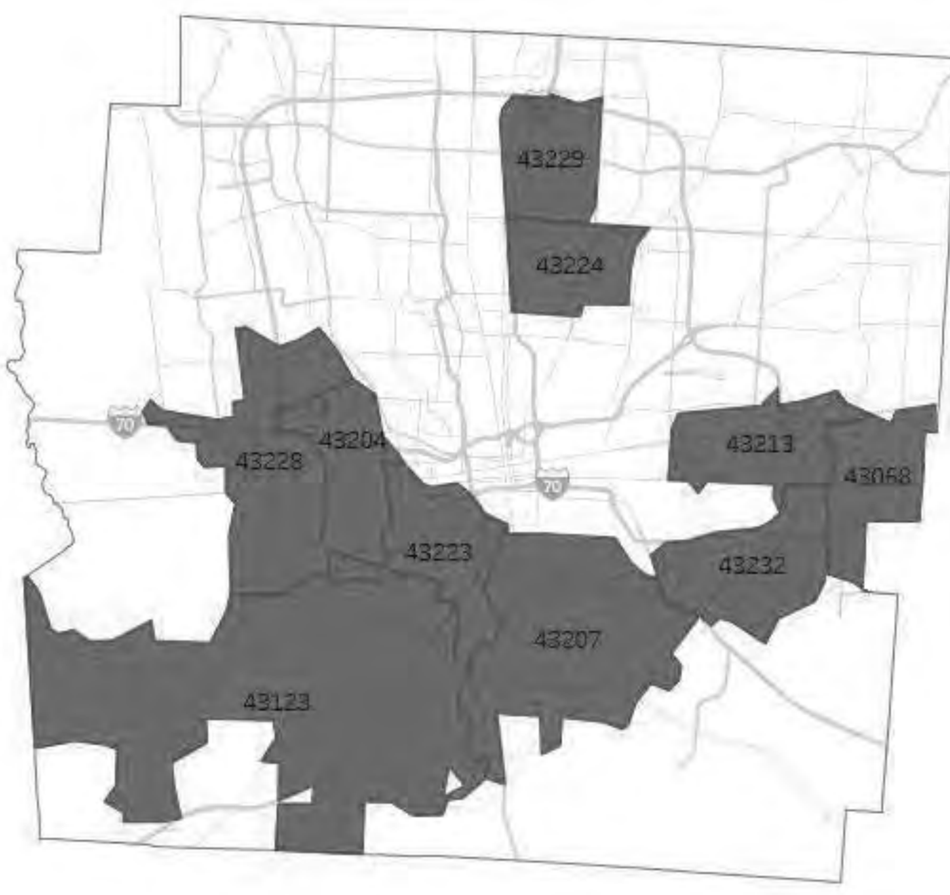
Emergency Department Visits (By Race)[10]

	Franklin County			Ohio
	HM2016	HM2019	HM2022	HM2022
Emergency Department Visits: Treated & Released				
White or Caucasian	-	-	355.8	587.9
Black or African American	-	-	719.2	875.7
Asian	-	-	0.2	0.0
Hispanic/Latino	-	-	81.9	172.4

Rate per 1,000 population

The Franklin County zip codes with the highest number of emergency department visits are shaded in red in the following map.

Emergency Department Visits (Most Frequently Reported Patient Zip Codes)[10]



Zip Codes	# of Visits
43207	37,314
43228	33,962
43232	31,923
43068	31,144
43204	30,529
43123	29,323
43229	29,163
43223	28,573
43224	25,926
43213	20,848

DENTAL CARE ACCESS & UTILIZATION

In Franklin County, fewer children aged 3-18 were unable to access needed dental care compared to the last *HealthMap* (3.9% compared to 5%). However, more adults were unable to access needed dental care during this period. In Ohio, the percentage of all age groups who could not access dental care increased since the last *HealthMap*.

Needed Dental Care But Could Not Get It[11]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Needed Dental Care But Could Not Secure It (Past 12 Months)						
Children age 3-18	4.7%	5.0%	3.9%	▼	5.9%	▲
Adults age 19-64	15.8%	11.4%	16.1%	▲	15.9%	▲
Adults age 65+	1.5%	1.3%	8.1%	▲	8.7%	▲

The percentage of residents who received dental care for any reason in the past year increased slightly from the last *HealthMap*.

Oral Health Indicators

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Oral Health Indicators						
Visited the dentist or dental clinic within the past year for any reason[12]	71.6%	69.4%	75.6%		67.4%	
Have had any permanent teeth extracted[12]	39.9%	38.3%	40.2%		45.1%	
Age 65+ who have had all of their natural teeth extracted[12]	16.4%	17.3%	17.7%		17.0%	
"Dental care" identified as a primary reason for using a hospital's emergency department[10]*	-	8.3	6.9	▼	8.0	▼

** Rate per 1,000 population.*

References

[1] Ohio State Medical Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[2] Ohio Board of Nursing, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[3] Ohio Dental Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[4] Ohio Vision Professionals Board, 2021 (HM2022), 2018 (HM2019), 2014 (HM2016)

[5] Ohio Vision Professionals Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[6] State Board of Pharmacy, 2021 (HM2022)

[7] Ohio Board of Psychology, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[8] Counselor and Social Workers Board of Ohio, 2021 (HM2022); Ohio Department of Administrative Services, 2016 (HM2019), 2014 (HM2016)

[9] Ohio Chemical Dependency Professionals Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[10] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019), 2013(HM2016)

[11] Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey, 2019 (HM2022), 2015 (HM2019), 2012 (HM2016)

[12] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2018 (HM2022), 2016 (HM2019), 2012 (HM2016).

Health Behaviors

This section describes some behaviors of Franklin County residents that affect health outcomes, including substance use and behaviors around nutrition and physical activity.

Key Findings

Substance Use

While illicit drug use appears to have decreased in Franklin County, deaths due to overdoses have increased since the last *HealthMap*.

Nutrition

Most Franklin County residents eat vegetables at least once a day, however, over 20% still do not.

Physical Activity

A majority of residents do not engage in enough physical activity to meet national guidelines.

Substance Use

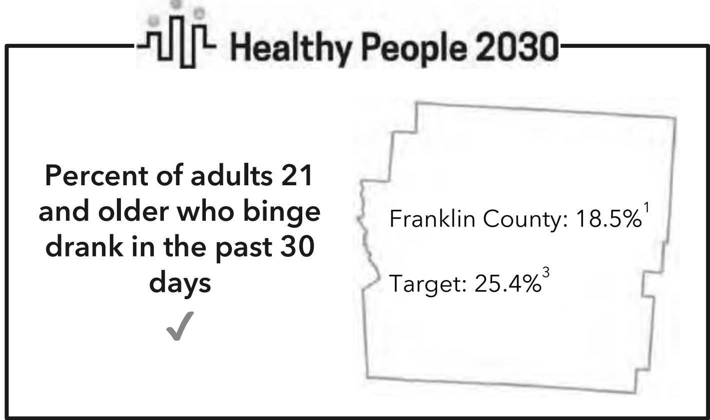
The percentage of Franklin County adults who are current smokers (22.7%) remains similar to the last *HealthMap* (21.9%). The percentage of Franklin County adults who are heavy drinkers (i.e., more than 15 drinks per week for men; more than 8 drinks per week for women) is also similar to the previous *HealthMap*.

Cigarette and Alcohol Use

	Franklin County				Ohio		USA
	HM2016	HM2019	HM2022		HM2022		HM2022
Tobacco Use[1]							
Current cigarette smokers	24.5%	21.9%	22.7%		20.5%		15.5%
Current e-cigarette users	-	-	6.8%		5.4%		4.6%
Current chew tobacco users	-	-	3.1%		4.3%		2.4%
Alcohol Consumption[1]							
Heavy drinkers	7.7%	6.2%	6.4%		6.5%		6.5%
Binge drinkers	20.5%	19.4%	18.5%		16.8%		17.5%
Driving While Impaired[2]*							
Crashes	-	113.7	114.0		111.8	▼	-
Deaths	-	2.7	4.9	▲	5.1	▲	-
Injuries	-	63.3	61.7		69.9		-

**Rates of alcohol or drug related crashes per 100,000 population.*

The percentage of Franklin County adults who identify as binge drinkers (i.e., five or more drinks on one occasion in the past month for men; four or more drinks on one occasion in the past month for women) also remains similar to the last HealthMap, and similar to statewide and national percentages.



Community Voices on Alcohol Use

Community members know about the negative effects of alcohol on overall health and safety, and some have personal experience witnessing people they know dying or losing mobility and the ability to take care of themselves due to alcoholism. The major barriers community members see in terms of decreasing community alcohol abuse and its long-term health effects include a normalized drinking culture and alcohol's function as a cheap replacement to medical care for issues ranging from mental to physical.

Community members explained that the popularity of alcohol as a fun pastime along with its visibility in the community can overshadow its dangerous effects. This can also allow alcohol addiction to fly under the radar.

> "We have normalized drinking so much that it's a part of our culture."
>
> "I think there's probably a pretty big drinking culture in Columbus...you always hear about new bars and stuff opening. I just think about some people I know, like friends, neighbors that I have, who, it's a big part of life for a lot of people. And it might be at a point where they could be still getting up for their job every day and they're high functioning, but it's clearly taking -- Either they're drinking too much or it's starting to take a toll on things...but it's a lot more pervasive maybe behind closed doors that people realize."
>
> "Every Kroger's has an actual liquor store. Every Giant Eagle. It's part of your grocery shopping basically, and they put it right in the middle so you have to go by it no matter what. They act like alcohol is not alcohol or something, like it doesn't have an effect on you. It's so normalized. But then if someone is struggling with opioids, oh my God. You know what I mean?"
>
> "You celebrate, you drink. You're sad, you drink. You're mad, you drink; you want to chill, you drink."
>
> "Social media has also glamorized [alcohol]. Like Casamigos has been the drink of the year and summer."

Community members felt it was common to use alcohol to combat mental issues, and some people may use it in place of medical attention they cannot afford.

> "Talking about mental issues, too, a lot of people use alcohol to take care of their mental issues."
>
> "[They use alcohol to deal with] depression, anxiety."
>
> "I've got friends in my neighborhood who can't afford to get like a root canal done. So they'll be like, 'I'll just drink whiskey until I can't feel it.' Just using it in place of a lot of times that someone would have used medicine."

In Franklin County, trends of illicit drug use are lower than the previous *HealthMap,* apart from the use of marijuana, which has remained similar. Trends have also decreased in dependency/abuse of illicit drugs and non-medical use of pain relievers.

Illicit Drug Use*

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Illicit Drug Use (Past Month)								
Illicit Drug Use (all types)[4,5]	11.9%	13.1%	11.7%	▼	9.8%		10.3%	
Marijuana Use[6,7]	9.3%	10.6%	10.1%		8.5%		9.0%	
Illicit Drug Use Other than Marijuana[6,7]	4.3%	4.1%	3.0%	▼	2.6%	▼	2.7%	▼
Illicit Drug Use (Past Year)								
Illicit Drug Dependency/ Abuse[6]	4.0%	3.9%	3.4%	▼	-		-	
Marijuana Use[6,7]	16.0%	17.8%	16.6%		13.3%		13.9%	
Non-medical Use of Pain Relievers[6,7]	6.1%	5.6%	4.0%	▼	3.3%	▼	2.9%	▼

**Among the general civilian population aged 12 and older.*

Community Voices on Illicit Drug Use

Community members highlighted heroin, fentanyl, meth, opioids, and marijuana in their discussions about illicit substance use, and also expressed concern about overdoses from heroin and other substances. The issues community members raised related to these substances mainly focused on their use as a coping mechanism instead of mental health care, financial hardships that contribute to the sale of drugs in the community, and the difficulty of ensuring long-term recovery for those in need of treatment for substance issues.

Community members mentioned the ability of drugs to make people feel better mentally and emotionally, as a cause of drug use and abuse. Curiosity was also mentioned as a reason for drug use.

> "Using more drugs as a means of coping."
>
> "They don't really have a support system and it can be a way out."
>
> "I see people using [marijuana] in lieu of medicine sometimes. Like in times that you need, say like Zoloft or antianxiety medication, just smoking weed so that I feel more calm, or I feel like there's less going on in my mind."
>
> "To address chronic pain, you know, grieving a loss, just don't want to deal with it."
>
> "I'm so mad I'm gonna get high so I don't care about it."

> "Some just try drugs because they're curious."

Community members highlighted how financial hardships contribute to the presence of drugs in their community.

> "People buying their medication and taking what they need and then selling the rest so they can have more and get it legally, even though they're selling it illegally, whether it's ketamine or Percocet, Darvocet, any of that opioid family."
>
> "So I do know that in my neighborhood, there's at least one house that we have kind of thought maybe selling drugs from their house. And these people had jobs previously, and now they don't, so unfortunately, I think that's something that they've had to turn to."
>
> "Yes, I know there's people selling drugs, drug houses. What do you do when your neighbor stays home all day and sells drugs? What do you do? That's something you see in your communities. Do you report him every month?"

They also see addiction issues firsthand in their communities, and perceive treatment is not happening at the point it should. Community members felt that those in power could make changes to improve treatment and recovery outcomes.

> "I see a lot of people that are functioning drug addicts, and I had no idea...And it's normal, and these are hard drugs that can really do a lot of damage, and people are just doing it, going to their six-figure job and coming back home and abusing it."
>
> "There is a house in the neighborhood that the emergency squad apparently used to be at less frequently, but this specific person overdoses probably once a week."
>
> "Every off ramp and traffic light that has three or four different people with signs about being homeless or a veteran or needing help or whatever. And looking, you know that there's a there's a drug addiction issue that's going on. There's no citywide effort…There are things that can be done. It's not compassionate to let addicts live on the streets begging for money all day when there's other ways that other cities have addressed that that we're not necessarily doing here in central Ohio."
>
> "There's a lady that I've literally seen…sleeping in [the street]. During the day she just sits there. And I don't know. She's on something, obviously, but they're also asking policemen to drive by…I just don't understand how the community can't do better. It doesn't seem like the police cares. It's just like they just drive by and go, 'Well, that's normal.' "
>
> "Affordable housing [matters]. I was thinking more so like homelessness, and the people that are in the street, and then that's all they are is in the street. So they're going to meet those people that are in the street."

Community members disagreed about the amount of recovery options available but agreed that recovery is difficult if there is not attention to the underlying issues contributing to drug use and relearning healthy coping mechanisms.

> "So you start doing drugs, how do you stop. What are the options now, there's so few recovery options."
>
> "A lot of these facilities are not doing well, and they're not really getting great results so far with people that have been struggling with addiction their whole life, like they go to these things are so underfunded, they are they barely get the attention they need, and then they're back out."
>
> "There's not a lack of recovery options, but you have to make yourself clean. I can't make you get no cleaner than what you want to be. If you come back out and use drugs it's because you wanted to."
>
> "Whatever you're trying to not face by drowning into any kind of substance, you are going to have to face it, and if you want to correct it, you have to face it. So if you keep denying that that thing is happening to you, then you will not find the solution because you don't want to face it."
>
> "Like we were talking about, what options are there for you for help? That are really going to help, are you really going to be able to unlearn bad habits or unhealthy behavior and be taught other coping mechanisms?"

YOUTH SUBSTANCE USE

Thus far, the statistics for alcohol, tobacco, and other substance use presented in *HealthMap2022* have focused on Franklin County adults. Unfortunately, recent and reliable data are unavailable for these types of health behaviors among Franklin County youth. To provide a possible view into the prevalence of these health behaviors among Franklin County's high schoolers, the infographic shown on the next page presents Ohio-level information from its 2019 Youth Risk Behavior Survey.

Tobacco Use[8] *Among Ohio High School Students (2019)*			
	Measure	**Statistic**	**Racial/ethnic differences?**
	Ever tried cigarette smoking	21.5%	None observed
	Currently smoke cigarettes	4.9%	None observed
	Ever used electronic vapor products	47.7%	Higher prevalence among White or Hispanic students vs. Black students *(50.1% 46.1%, & 36.6% respectively)*
	Currently use vapor products	29.8%	Higher prevalence among White students vs. Black students *(32.1% & 19.4% respectively)*

Alcohol And Other Drug Use[9] *Among Ohio High School Students (2019)*			
	Measure	**Statistic**	**Racial/ethnic differences?**
	Currently drink alcohol	25.9%	None observed
	Currently binge drink alcohol	13.4%	None observed
	Ever used marijuana	29.7%	Higher prevalence among Black or Hispanic students vs. White students *(41.3% 37.9%, & 26.7% respectively)*
	Currently use marijuana	15.8%	Higher prevalence among Black students vs. White students *(23.9% & 13.9% respectively)*
	Ever took prescription pain medicine without a prescription	12.2%	Higher prevalence among Black students vs. White students *(23.5% & 8.9% respectively)*
	Ever used inhalants	7.8%	Higher prevalence among Black students vs. White students *(13.6% & 6.2% respectively)*
	Ever used cocaine	3.5%	Higher prevalence among Hispanic students vs. Black or White students *(10.6%, 3.7%, & 2.3% respectively)*
	Ever used heroin	2.0%	Higher prevalence among Hispanic students vs. Black or White students *(7.3%, 2.5%, & 1.2% respectively)*

MORTALITY

Despite the data that suggests the use of illicit drugs by Franklin County adults has decreased, the rate of unintentional drug/medication mortality has increased (from 24.1 to 40.6 per 100,000) since the last *HealthMap*. This means that out of 100,000 Franklin County residents, over 40 die each year due to drugs or medication. This is higher than the rate in the state of Ohio (36.4), which had a similar rate of deaths since the last *HealthMap* (36.8).

The recent increase in overdose deaths in Franklin County from fentanyl mirrors statewide patterns. In 2020, the opioid overdose antidote drug Narcan was administered 6,239 times in Franklin County. Franklin County deaths due to Opiates, Cocaine, and Alcohol also increased since the previous *HealthMap*. Rates of death due to Heroin and Benzodiazepines decreased during this same time period.

Drug Overdoses

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Narcan Administrations[10]	-	5,506	6,239	▲	45,932		-	
Unintentional Drug/ Medication Mortality[11]*	16.0	24.1	40.6	▲	36.4		-	
Drug Overdose Deaths[12]*								
Opiates	12.1	20.6	36.9	▲	30.8		-	
Heroin	7.1	9.2	3.2	▼	4.7	▼	4.4	
Fentanyl and Analogues	0.0	8.8	35.4	▲	28.1	▲	11.4	▲
Benzodiazepines	1.4	2.6	2.2	▼	4.1	▼	3.0	▲
Cocaine	4.9	9.9	16.7	▲	10.7		3.8	▲
Alcohol (all types)	2.4	2.5	6.4	▲	5.1		-	
Methadone	1.4	1.0	1.0		0.6	▼	-	
Hallucinogens	0.0	0.0	0.0		1.0		-	
Barbiturates	0.0	0.0	0.0		0.1		-	
Other Opiates	4.1	6.1	6.5		4.6	▼	-	
Other Narcotics	0.0	0.0	0.0		0.6	▼	-	
Prescription Opiates	5.8	15.0	-		-		-	
Other Synthetic Narcotics	0.9	9.0	35.1	▲	26.2	▲	-	
Other Unspecified Drugs	0.0	1.2	8.9	▲	21.7	▲	-	

**Rates per 100,000 population.*

Community Voices on Substance Abuse

For all types of substance use, the financial impacts are profound, and addiction can set off and contribute to a cycle of poverty.

> “I definitely think financial ramifications of any type of substance abuse is one of the biggest issues. If you're abusing alcohol, if you're abusing marijuana or pills or whatever the substance is, a lot of your financial resources go towards that, which causes you not to be able to sustain your home, which causes you not to buy your groceries, which in turn, you're losing your kids.”
>
> “People’s lives have been turned upside down because they smoke too much marijuana. They spend their whole check in a day, but that comes down to

> abuse because, on the other hand, marijuana can help someone who does not have an appetite, who can't eat, or someone who is going through chemotherapy or whatever it may be. But I do agree with what she said, it's been normalized, like the abuse of it and how much money people do spend on it because I have seen people who will spend their whole check on it. And they're fine because they're smoking it until it's gone. And now they're like, 'I have no money.' I think they do go hand in hand."

Community members expressed concern about how substance use in general impacts younger generations exposed to it through their elders.

> "If their kid comes in and sees them. And it normalizes it for that, and they think it's okay.
>
> "It's always going to go back to the kids for me. Substance abuse, I think it may be like the number two reason that kids are in the system, doesn't have a parent or a guardian. It's like the family that also causes trauma for those kids. Then they have to figure out how to cope with that trauma. And the way they know to cope with the trauma is what they've seen, and that's drugs and alcohol. So it's like this vicious cycle, but I think the biggest consequence is how it affects families, specifically kids."

Community members also expressed concern that substance use and abuse increased due to the COVID-19 pandemic. Many community members commented that either boredom from socialization decreasing, or worsened mental health brought on by isolation and increased stress led to more frequent substance use, from alcohol to drugs.

Nutrition

Over 40% of Franklin County residents eat fruit less than one time per day, similar to rates in the previous *HealthMap*. The percentage of residents eating vegetables less than once per day remains over 20%, also similar to the previous *HealthMap*.

Fruit and Vegetable Consumption[13]

	Franklin County			Ohio		USA
	HM2016	HM2019	HM2022	HM2022		HM2022
Consumed fruit less than one time per day	40.9%	45.2%	43.7%	42.7%		39.3%
Consumed vegetables less than one time per day	26.1%	24.3%	22.1%	20.2%	▼	20.3%

Community Voices on Nutrition

When asked about nutritional issues, community members spoke to numerous barriers affecting individuals' abilities to develop and/or maintain healthy eating habits. These issues can be collapsed into two broad categories: the availability of healthy foods in the community; and individuals' willingness to eat healthy foods. However, these are not discrete issues, as the difficulty in sourcing and preparing healthy foods is seen to contribute to preferences for fast food or "easier," unhealthy options. Youth suffer the nutritional consequences of these issues along with their parents or guardians.

Community members stated that having access to grocery stores is essential to eating healthy. By contrast, corner stores often don't have nutritious foods, and restaurants cannot guarantee this at an affordable price.

> "If you go to one of the corner stores, they might have it in the back, but you don't want it because you don't know how long it's been in there. If you're not in the grocery store, you're not going to find [fruits and vegetables]."
>
> "There's nowhere around me. I live in an area with tons of restaurants, tons of cafes. I try hard. There's nowhere for me to go to get a healthy meal that doesn't require hours of planning, cooking, and grocery shopping. Or that's not like $20 for a lettuce wrap."

However, grocery stores are not accessible enough, particularly in low-income neighborhoods. Healthy fast-food options are not common enough either.

> "It's a mile and a half to get to the closest grocery store by my house. But you can get the five different convenience marts or, you know, four or five different fast food places within walking and biking distance…If you've got somebody who doesn't have a vehicle, you know, and the temperature is hot, they can't get necessarily to the grocery store, but you know, they could walk to the corner store and get frozen pizza or a bag of chips a whole lot easier."
>
> "The accessibility [to grocery stores] is not equitable. It's not something that is offered. It's not something that is encouraged in certain neighborhoods."
>
> "As well as you can tell the difference of the neighborhood that you're in by your fast-food restaurants. There's not a lot of healthy fast-food options. in certain neighborhoods. You have to drive other places to get a good vegetarian meal or to get to other meals other than chicken."

Community members also mentioned access to the grocery store is an issue for the elderly population. One comment spoke about this in the context of COVID-19, where relying on other people for help grocery shopping became difficult. However, this lack of access may extend in general to this population and others with less mobility.

The food in grocery stores is also not guaranteed to be fresh and available when people need it. Some travel farther than their closest grocery to find the produce they need. The poor shelf life of produce found at some stores can also make people feel like they are wasting their money.

> "I'll drive to a grocery store farther from my house just to get the vegetables and fruit that I want because they don't even carry them at the grocery store."
>
> "And then it's not fresh, and there's no diversity. I don't want to go to my local Kroger because they have only a set amount of produce, and then that produce is not even fresh, so I have to travel farther."
>
> "The thing is, food don't last as long anymore. You go to a grocery store…In two days, you're about to cook, and it's spoiled. And that's why people rather go out or order out because it's like wasting money on the grocery store, or you feel like it's a waste."

People also questioned the "health" of different packaged foods or produce they buy from the grocery store. Concerns about false labeling and genetic modification frustrated some community members.

> "About the food, we don't know what we're eating these days. I bought salad or lettuce the other day. And when I went home and I opened up the package, it felt like plastic. I'm like, we don't know what we're consuming. It says organic…and we think we're buying organic but we're really not. It's trash."

> "And going back to what you said about greed, just the GMO, that's all about it. So they push that food overseas. They all say no, so they give it to us. So we're the ones that kind of keep all that food that's been modified. It's definitely not healthy."
>
> "I also think in the packaged foods, there's kind of sugar in everything, and so even if something's not a sugary food, there's sugar snuck into it. And that all adds up to this load of sugar that people are consuming maybe not even knowing."

Community members discussed alternative sources to the grocery store, including community gardens and farmer's markets. However, some participants expressed that the community discussion was the first time they had heard of these food sources in the community. Community gardens and farmer's markets may be unknown to a large portion of a neighborhood's population and have other barriers to utilization.

Community members said when it comes to preparing healthy food, not everyone has knowledge in cooking and nutrition to do this effectively.

> "I think there's just like a broad lack of education about what the nutrition is for people. I never learned in school or from my parents the macronutrients you should be eating or how to cook for yourself, how to source these things. It's certainly not taught in school that I'm aware of."
>
> "So you get young adults out on their own, and if you can't cook, you don't know how to make a pot of rice, some simple things. You don't come out of the womb knowing how to do that, but if you weren't taught…"
>
> "Even if you did have it, there's a lack of knowledge on how to prepare it. You could have a whole bunch of fresh produce and you're like, 'I don't know what to do with it.' So then you're stuck going to a fast-food restaurant or some other restaurant that may have it on their menu, and then they're selling at a higher price when we ourselves don't even know how to cook it."

Eating healthy by sourcing and preparing nutritious food takes effort and is work. After their actual job, people take advantage of efficient fast-food options that allow them to rest. Media may also play a role in drawing people away from cooking at home.

> "Another thing is that we want everything right now, too. People don't want to take the time to prepare a nice wholesome meal. You just want to get something real quick. You've had a long day at work. Let's just order out."
>
> "Like we're rewarded for grinding, so to speak. For constantly being moving 40/50/60/70/80 hours a week…The last thing you want to do is go home and fix anything that takes more than 20 minutes, you know. So that means that you're eating out of a vending machine. You're ordering out of a drive thru."

> "Every time we turn the TV on whatever, we're trying to work out, we have the issue where everything's like 4 for 4 so everything is so easy for people to stop making food at home and it's healthier. The fast-food option is being pushed in our faces too much."

Speaking to youth nutrition, community members emphasized that children are not taught how to practice healthy eating habits at home or at school. Media directed to kids involving fast food may also make this lesson more difficult to ingrain. If left unchecked these issues contribute to obesity and malnourishment that lead to larger health issues.

> "I think it's such a cycle, too in families. If they were brought up being like 'fast food for dinner,' they're most likely to do that with their kids."
>
> "Also, working in a school, the food they're feeding them is not good. The breakfast they're getting is like a cinnamon roll, not healthy breakfast options. I don't know. I feel like that needs to change."
>
> "Food can definitely be a barrier, especially when you have young children and you're trying to teach them how to eat properly, and they see McDonalds and happy meal places and Barbie 'works' at Starbucks."
>
> "Obesity, but malnutrition. So a kid could be morbidly obese on Twinkies. And so like vitamin, nutrient deficiency and how that affects their teeth, their vision, their hair falling out, like their attention, their ability to stay alert, or to sleep or not sleep."

To improve youth nutritional outcomes, community members pointed to examples set by other countries and other solutions to teach children about healthy foods.

> "[In Canada] they're invested heavily in educating the parents to give healthy food to their kids just so people will be healthy and the cost of healthcare doesn't rise. So it would be nice to have something similar. I don't know if I'm going to be alive when it happens…there was absolutely no candy at schools, a no candy policy. So we learned at an early age to demand those healthy habits, eating fruits and vegetables."
>
> "It would really be nice to find those farmers and get food to the schools and have some people volunteer to help chefs set up a menu that doesn't cost an arm and a leg, but yet has all the nutrients that the kids need. It might not be very expensive, but put some help from volunteers or be able to come up with some menus that are healthy for kids."
>
> "I used to work at a school, and one of the teachers actually took it upon himself to create a garden at the school. He had a garden club and taught the kids how to grow fruits and vegetables that they could eat for healthier options, but also grew stuff that could be served at the school for breakfast and lunch."

Physical Activity

Under one quarter of Franklin County residents meet aerobic and strength guidelines (22%). According to the U.S. Department of Health and Human Services, adults who meet these guidelines engage in at least 1.25 hours of vigorous-intensity exercise or 2.5 hours of moderate-intensity exercise weekly and muscle strengthening exercises at least twice a week.[14] In Franklin County and Ohio, youth aged 18-24 have the highest percentage of individuals meeting these guidelines. Similarly in both Franklin County and Ohio, the percentage of individuals meeting the guidelines tends to increase as household income and educational attainment increase.

Meets Physical Activity Guidelines[13]

	Franklin County HM2022	Ohio HM2022		Franklin County HM2022	Ohio HM2022
Total	22.0%	20.9%			
Age			**Household Income**		
18-24	28.6%	29.9%	<$15,000	-	13.5%
25-34	20.7%	22.6%	$15,000-$24,999	15.3%	16.9%
35-44	25.4%	19.1%	$25,000-$34,999	16.1%	18.6%
45-54	18.6%	18.6%	$35,000-$49,999	21.8%	18.0%
55-64	25.5%	17.6%	$50,000-$74,999	26.7%	25.3%
65+	16.4%	20.5%	$75,000+	30.9%	26.1%
Sex			**Disability Status**		
Male	23.0%	24.1%	No disability	25.7%	23.9%
Female	21.1%	17.9%	Disability	12.7%	14.0%
Race/Ethnicity			**Educational Attainment**		
White, non-Hispanic	22.5%	20.4%	Less than high school	-	11.0%
Black, non-Hispanic	20.6%	21.3%	HS diploma or GED	16.1%	18.6%
Hispanic	-	23.8%	Some college	26.3%	22.0%
Other, non-Hispanic	-	28.7%	College graduate	27.0%	26.7%
Multi-racial	-	30.6%			

Community Voices on Physical Activity

The major barriers community members see when it comes to getting adequate amounts of physical activity are cost and relatedly, the awareness of low-cost activities in their communities. For adults, physical activity comes second to their jobs, and exhaustion after

the workday can be a barrier to pursuing additional physical activity. For youth under 18, community members repeatedly mentioned the emphasis of technology on health behaviors and habits around physical activity. They also perceived a lack of community centers, like Boys and Girls Clubs, centered around youth activities at low costs for parents.

Community members explained that physical gym memberships and local recreational activities can be cost prohibitive. Those with little money to spend to go somewhere for activity may be unaware of discounted opportunities for activities in the area, and community members perceived a lack of advertising for this.

> "Gym memberships are expensive. If you want to join a gym – Well, some of them aren't expensive, I guess, but a lot of them are expensive."
>
> "More community centers…that would be like on a sliding scale. I think they don't advertise it maybe purposely. But then that kind of hindering a lot of people who don't have the funds to do stuff like that."
>
> "I also think there's a lot of information at the city don't necessarily put out that's available out there. For lower income neighborhoods, like you can get a family pass to go to the Franklin Park Conservatory for like 40 or 50 bucks. People don't know that."
>
> "Some of those places are even free right now. If you are at a library closest to like Franklin Park, there's like a limited amount of passes for seven days for your whole family for free... So though the conservatory isn't necessarily like physical fitness, right? But it's just getting you up and moving in the city and there is a park there, playground, and you could walk the grounds and get some exercise so there are options they just don't always advertise."

Community members also perceived an overemphasis on paid recreational activities, while people may not take advantage of the free opportunities, like parks, at their disposal. Transportation issues and having multiple children could make the necessary trips to community assets harder. Feeling unsafe going to a trail or park by yourself was also mentioned by a community member.

Those who are employed may prioritize rest during their time off from work, leaving them little time and energy to exercise in between other responsibilities.

> "A lot of people don't have time to work out because after work, especially with my husband. He gets so drained mentally at work that, when he comes home, he just wants to lay down. Because when you come home, you've dealt with so many things at work. "
>
> "A lot of people are at their jobs more than they're at home or you could have a physical job. And the two days that they give you off, you're like more trying to calm down from those days than you are doing something."

Community members mentioned the impact of technology on promoting sedentary lifestyles in general, but especially for youth. Community members perceive children not to be active, because they rarely see them playing outside. Instead, the children they know seem to spend a disproportionate amount of time online.

> "She mentioned something about just the health starting with our kids, with the youth. What I also feel is a huge issue for overall health, physical, emotional, social health, is the fact that our kids are not active."
>
> "They're drawn to social media. They don't go outside and play anymore. It's rare that I see children playing, so they're not getting the exercise."
>
> "I think we do a good job in Central Ohio of having those outdoor resources, but how much kids actually utilize them, I think, is just really low. And I do think the screen time thing is a huge contributor to that."
>
> "I was just amazed by how hard it was to get [my friend's son] away from his iPad. I was like, 'Let's go jump on the trampoline. Let's go for a bike ride.' And it was like I had to pull him out the door to do those things because he just wanted to be with his iPad."
>
> "My nephews are in the house, playing video games."
>
> "They're using it [the internet] more, and the more other kids don't play outside, it just dwindles the number down and down because you have less people to play with. So if only one person out of 10 will go outside and play with you, you're probably not going to ask as much."

Community members perceive a lack of low-cost after school activities for children that include different types of physical activity.

> "Growing up, they had Boys and Girls Club on every corner, and that was your after-school program, and you learned how to play a variety of sports. It was structured…there really aren't those types of resources for kids to go to unless you're willing to pay for it, and that was just a free program that was available…and I found out that I love field hockey that way, and I never would have played that without that… I feel like the only one I know of is Milo Grogan, and that's not necessarily close."
>
> "In Canada, we had a community center where everyone knew each other, like if everyone came from the same family and a lot of different activities like speed skating. They would bring up someone to teach them how to fish, all kinds of activities that my children have been exposed to when we were there, and now that I don't have it, I find it so valuable."
>
> "I know that the parks and recs, they have their programs, too, but again, that's also pay for each little thing…So I think like those types of community resources to keep kids active and give them exposure to things that they're interested in outside of the typical football, basketball, baseball, swimming."

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[10] Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers By County, Ohio, 2020 (HM2022), 2017 (HM2019), 2013 (HM2016)

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[12] Ohio Department of Health, Resident Mortality Data (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2013 (HM2016); National Institute on Drug Abuse, Overdose Death Rates (United States), 2019 (HM2022), 2015 (HM2019), 2013 (HM2016)

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Health issues facing mothers and their newborn children in Franklin County are described in this section.

Key Findings

Infant Mortality

While infant mortality has decreased since the last *HealthMap*, the rate remains above the national goal. Rates of infant mortality among Black infants remain significantly higher than other racial and ethnic groups.

Maternal Health

Lower rates of adolescent pregnancies occur at present compared to the previous *HealthMap*. Many maternal health outcomes and behaviors have not improved, with higher percentages of pregnant mothers diagnosed with diabetes, engaging in substance use while pregnant, and without health insurance.

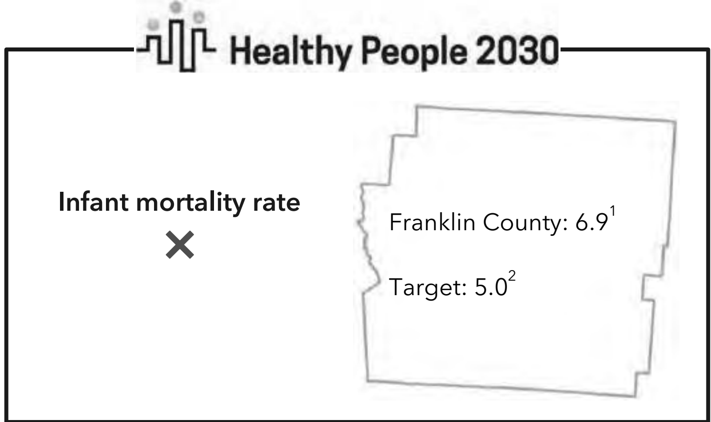
In Franklin County, 127 infants died before their first birthday in 2019. Overall, the infant mortality rate has decreased since the last *HealthMap*. However, this rate remains higher than the national rate.

The infant mortality rate among infants who are Black has decreased since the last *HealthMap* (from 15.2 to 11.4 per 1,000 live births) but remains considerably higher than infants who are White (4.3 per 1,000 live births).

Infant Mortality[1]

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Infant Mortality								
Total	8.3	8.7	6.9	▼	6.9		5.7	
Non-Hispanic White (NHW)	5.7	5.8	4.3	▼	5.1	▼	4.6	
Non-Hispanic Black (NHB)	13.7	15.2	11.4	▼	14.2		10.8	
Racial disparity (NHB:NHW)	2.4	2.6	2.7		2.8		2.3	
Asian/Other Pacific Islander	-	-	3.1		4.4		9.4	▲
Hispanic	-	-	6.7		5.4	▼	4.9	

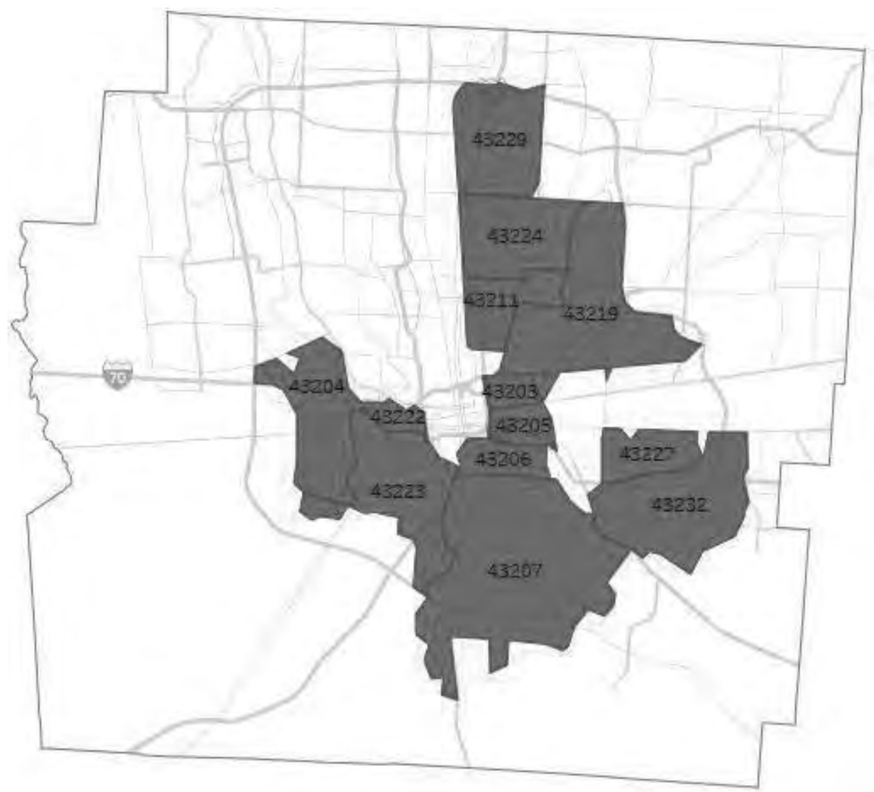
Rates per 1,000 live births.



As additional context, research by Celebrate One (a community-wide, collaborative initiative created to reduce the Franklin County infant mortality rate while also cutting in half the racial disparity with this issue) found that the infant mortality rates for both non-Hispanic White infants and non-Hispanic Black infants are substantially higher in certain Franklin County zip codes.[3]

For example, while the overall infant mortality rate in Frankin County was 6.9 in 2019, it was 50% greater (10.5) in the 13 zip codes shown in the figure below. Those zip codes correspond to Celebrate One's priority areas and tend to be those that historically have experienced high levels of poverty and low levels of outside investment.

Franklin County's Priority Areas for Infant Mortality Prevention Efforts[3]



Community Voices on Infant Health

Community members are concerned about infant mortality, and especially those causes that are avoidable – due to parental behaviors and lack of resources or health care.

> "Our infant mortality is through the roof. Like worse in the state of Ohio, worse than some third world countries."
>
> "Not making it to their first birthday for whatever reason, and it's nine times eight times out of 10 it's not because they have a medical issue."
>
> "I know some people that are like I'm just gonna like take a little nap with my baby right next to me. Which, like you're not supposed to do at all, or all of these things have some of think are not a big deal. And then something really terrible happen that you're not making into their first birthday."
>
> "If you don't have enough diapers for your baby that comes through, like if they have diarrhea that can turn into a yeast infection to an open skin wound. And you can become septic, it can go very quickly. Baby boys who are circumcised and don't get proper care of the area that can get infected and lead to terrible outcomes."
>
> "Especially for African Americans. You just don't get the same attention and care. It's crazy to me that this is our reality."

Black and African American community members said breastfeeding is not standard enough in their communities. Misconceptions may be present about the health value of bottle feeding compared to breastfeeding.

> "Things like breastfeeding, you may not have had that experience, have friends or a family member or a sister [who breastfed their children]. As a young mother, that's difficult. There are programs and there are ones in our community, but maybe there's not enough communication or outreach."
>
> "I feel like, in my community, the doctors are pushing for people to bottle feed their babies. I knew better than to do that, but they pushed for that. And I don't know if they did it in another community…"

In Franklin County, the rates of estimated pregnancies and live births among adolescents decreased for most age groups. However, Franklin County's rate of adolescent pregnancy and live births is higher than the state and national rates for those aged 15-17.

Adolescent Pregnancies and Births

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Adolescent Pregnancies[4]								
Under age 18	9.7	8.1	7.2	▼	7.1		-	
Age 18-19 years	79.9	67.8	56.4	▼	61.3		56.9	
Age 15-17 years	25.6	21.6	19.0	▼	17.9		13.6	▼
Age 10-14 years	0.8	0.6	0.7	▲	0.5	▼	-	
Adolescent Live Births[5]								
Under age 18	5.2	3.7	2.9	▼	2.7	▼	2.6	▼
Age 18-19 years	46.9	41.0	27.1	▼	36.0	▼	31.1	▼
Age 15-17 years	13.8	10.0	7.7	▼	6.9	▼	6.7	▼
Age 10-14 years	*	*	*		0.1	▲	0.2	

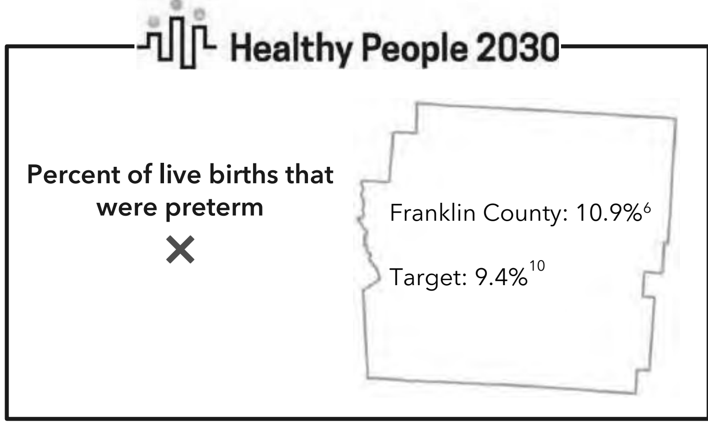
Rates per 1,000 females in same age group unless otherwise noted.
**Indicates a rate calculation was suppressed due to low counts.*

Abortion rates in Franklin County have decreased since the last *HealthMap*, and the percentage of low birth weight babies (i.e., <2,500 grams, or 5.5 pounds) and preterm births have remained relatively constant. The rate of babies hospitalized with neonatal abstinence syndrome, a result of mothers using drugs during pregnancy, is 12.9 out of every 1,000 live births in Franklin County, a rate similar to Ohio overall (12.5).

Other Neonatal Data

	Franklin County			Ohio		USA
	HM2016	HM2019	HM2022	HM2022		HM2022
Preterm Births[6]						
Preterm births (<37 weeks)	10.4%	10.7%	10.9%	10.5%		10.2%
Low Birth Weight[7]						
Low birth weight babies (<2500 grams)	7.2%	7.4%	7.6%	7.1%		8.2%
Very low birth weight babies (<1500 grams; included in above %s)	1.8%	1.9%	1.9%	1.5%		1.3%
Neonatal Abstinence Syndrome (NAS)[8]						
Rate of NAS hospitalizations*	-	12.3	12.9	12.5	▼	-
Abortion[9]						
Total induced abortions**	14.0	11.1	10.6	8.5		11.3

**Rate per 1,000 live births*
***Rate per 1,000 females age 15-44*



MATERNAL HEALTH INDICATORS

Preconception health and behavior indicators are listed in the table below. Before becoming pregnant, 5.8% of women in Franklin County had been diagnosed with diabetes, which is an increase from the last *HealthMap*. About half of women in Franklin County and Ohio overall were not taking multi-vitamins, pre-natal vitamins, or folic acid the month before becoming pregnant. In Franklin County and Ohio, about one-quarter of pregnancies were unintended, meaning these women did not want to get pregnant or wanted to get pregnant later.

Prepregnancy Health

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Prepregnancy Health						
Had hypertension[11]	-	4.9%	5.3%		5.2%	▼
Had a depression diagnosis[11]	-	-	17.6%		18.9%	
Was overweight or obese[11]	-	48.5%	-		55.3%	
Had Type 1 or Type 2 diabetes[11]	-	4.7%	5.8%	▲	3.0%	▼
Did not take multi-, prenatal, or folic acid vitamins the month before pregnancy[11]	-	49.9%	49.0%		50.7%	
No PAP test[12] (past 3 years)	15.0%	13.1%	-		-	
Did not want to be pregnant or wanted to be pregnant later[11]	-	24.8%	24.6%		25.9%	▼

The percentage of those who smoked cigarettes during their third trimester increased, though it is a smaller percentage than in Ohio overall (8.2% vs. 10.1%). The percentage of women age 18-44 without health insurance in Franklin County also increased since the last *HealthMap*.

Prenatal Health

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Prenatal Health						
Smoked cigarettes[11] (3rd trimester)	-	5.0%	8.2%	▲	10.1%	▼
Drank alcohol[11] (3rd trimester)	-	7.4%	11.7%	▲	9.3%	
No health insurance[13] (age 18-44)	16.5%	12.0%	16.8%	▲	10.7%	
No health checkup[11] (past year)	-	28.0%	32.3%	▲	30.8%	▲

Community Voices on Maternal Health Indicators

Community members commented on maternal health indicators including substance use, lack of prenatal care, and some specific health conditions. After childbirth, community members pointed to postpartum depression and lack of support for mothers as important health issues. The COVID-19 pandemic also contributed to a lower level of maternal support throughout pregnancy.

Community members felt that substance use while pregnant is not taken seriously by some members of their community.

> "A lot of your younger people, they do drugs. And of course, this is going to affect newborns."
>
> "Pregnant woman not caring about chain smoking cigarettes even though I'm pregnant. And then the baby suffers because of that."
>
> "Marijuana is a big one…I think the legalization of marijuana has made pregnant women feel a little more okay with smoking while they're pregnant. They'll smoke up into a certain month, and then they'll stop."
>
> "Mental issues because of their parents are drinking alcohol."

Pregnant mothers may also put off or have barriers to prenatal care.

> "But during the COVID time, many of the pregnant mothers were not able to visit theirs doctors in timely fashions, and they didn't know the position of the baby sometimes. And the delivery had been very complicated, and they did not get the sufficient prenatal and even the postnatal care also."

> "Lack of prenatal care. I'm noticing a lot of mothers are not going to the doctors right away. They're several months in before they'll even schedule their first doctor's appointment."
>
> "There's not a lot of clinics anymore for reproductive health for women. That is something that we didn't talk about as far as a healthy community, having a women's health clinic or reproductive health clinic. That's important to have. I mean, I drive all the way up to Westerville for mine just because she gave me so much personalized attention that I will never go to another doctor."
>
> "That was my first positive experience in a long time with a doctor going for reproductive health, and I don't think people are going to their prenatal appointments."

Community members pointed out a few physical health issues they knew impacted maternal and infant health.

> "People are not recognizing that Endometriosis is a huge issue right now. I know probably five women who have lost their babies recently. They were pregnant, and then they just lost them. So miscarriage is crazy right now in my community."
>
> "Preeclampsia is like an epidemic, especially for Black women."

Postpartum depression was regarded as a common issue in many Franklin County communities.

> "There's been an increase, I think, in postpartum depression because they don't get as much help as maybe they would have."
>
> "I feel like also a lot of people in the community that deal with postpartum depression without really being properly diagnosed with that, and it turns into mental health issues. And because of how you're perceived by your community, you don't want to address the issues and go and get help. That also can be an issue."
>
> "And we can go down another whole other rabbit hole about Black women and pregnancy and postpartum how that's just not treated."
>
> "I have a friend who's going through postpartum depression right now, and I have a niece that did the same thing when she was. And that's a rough thing to go through. It's hard on the child. It's hard on the mother."

Community members also pointed out that some maternity leave practices do not provide mothers with adequate support post-birth.

> "And related to maternal health, I mean, ours is a joke. As far as like the time you get off, you know, other countries are doing it right like giving them and their partner leave, like six months, or a year, or even three months."

> "They only gave my husband a week off of work. And like one week is nothing, I wouldn't even barely be out of bed in a week. Like that doesn't help. On top of that we got two kids at home already. So it's like, I think it's the double standard that the men don't have to be there as much as the woman. But really, we fall back on our husbands when we're down."

COVID-19 increased maternal anxiety and stress during pregnancy, as mothers faced restrictions on bringing support persons to appointments and socializing.

> "I mean anxiety. Especially throughout all of it just like being pregnant and having a baby, all within a pandemic. Maybe your partner doesn't come to an appointment with you because they're not allowed. You can't have any kind of support person."
>
> "So it makes you feel alone in your pregnancy. Sometimes you're like, I got to go through all this by myself. And then the doctors only care so much. Yeah, they only see a little bit and you get in your head sometimes. So it's very hard, especially in a pandemic."
>
> "Any news that you get that's not good news, you're used to or want to have somebody with you. So that is anxiety inducing. Anybody knows stress and anxiety is terrible for someone who's pregnant."
>
> "It's a little harder when you weren't able to have a baby shower or you weren't able to have the social supports to then bring your baby into the world and be mentally healthy afterwards."

COVID-19 also made it more difficult for mothers to receive the education and resources customarily provided during pregnancy.

> "So like childbirth, education, newborn classes, those have been canceled completely. Or you are doing your hospital tours online. And that's not why you signed up for a tour. You want to see it and like feel it right. You don't want to like see it on camera. So all of that plays into what that experience is going to be like, right?"

References

[1] Ohio Department of Health, Public Health Data Warehouse (Franklin County and Ohio), 2019 (HM2022), (Franklin County), 2016 (HM2019); National Vital Statistics Report, 69(7) (United States), 2018 (HM2022); Ohio Department of Health, Infant Mortality Data (Ohio), 2016 (HM2019); National Kids Count Data Center (United States), 2015 (HM2019), 2011 (HM2016); Ohio Department of Health, Vital Statistics (Franklin County and Ohio), 2012 (HM2016)

[2] Healthy People 2030 Objective MICH-02, U.S. Department of Health and Human Services

[3] Celebrate One, Data Dashboard January – March, 2021

[4] Ohio Department of Health, Bureau of Vital Statistics (Franklin County and Ohio), 2018 (HM2022); Guttmacher Institute, Pregnancies, Births and Abortions in the United States, 1973–2017: National and State Trends by Age (United States), 2017 (HM2022); Ohio Department of Health, Bureau of Vital Statistics Teen Pregnancy Report (Franklin County and Ohio) 2016 (HM2019); Ohio Department of Health, Bureau of Vital Statistics Teen Pregnancy Report (Franklin County and Ohio) Teen Pregnancy Report 2013 (HM2016)

[5] Ohio Department of Health, Public Health Data Warehouse (Franklin County), 2019 (HM2022), 2016 (HM2019), 2013 (HM2016); Hamilton BE, Rossen L, Lu L, Chong Y. U.S. and state trends on teen births, 1990-2019. National Center for Health Statistics. 2021. (Ohio and United States), 2019 (HM2022), 2016 (HM2019), 2013 (HM2016). Age 15 and over. National Vital Statistics Report (Ohio and United States), 70(2), 2019 (HM2022), 64(12), 2014 (HM2019), 64(1), 2013 (HM2016). Age 14 and under.

[6] Ohio Department of Health Public Data Warehouse (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2014 (HM2016); Centers for Disease Control and Prevention, Kids Count Data (United States), 2019 (HM2022), 2014 (HM2019), 2012 (HM2016)

[7] Ohio Department of Health Public Data Warehouse (Franklin County and Ohio), 2019 (HM2022), 2014 (HM2019); National Vital Statistics Report, 69(7) (United States), 2018 (HM2022); Centers for Disease Control and Prevention, Kids Count Data (United States), 2015 (HM2019); Ohio Department of Health Vital Statistics analyzed by Columbus Public Health (Franklin County and Ohio), 2012 (HM2016); National Vital Statistics Report (United States), 2012 (HM2016)

[8] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019)

[9] Ohio Department of Health, Induced Abortions in Ohio (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016); Centers for Disease Control Abortion Surveillance Summary (United States), 2018 (HM2022), 2014 (HM2019), 2010 (HM2016)

[10] Healthy People 2030 objective MICH-07, U.S. Department of Health and Human Services

[11] Ohio Department of Health, Ohio Pregnancy Assessment Survey, 2019 (HM2022), 2016 (HM2019)

[12] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data 2016 (HM2019), 2012 (HM2016)

[13] U.S. Census Bureau, American Community Survey 1-Year Estimates, 2019 (HM2022); U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019), 2008-2012 (HM2016)

Mental and Social Health

This section describes issues associated with the mental and social health of Franklin County residents, including depression, suicide, and domestic violence.

Key Findings

Mental Health Issues

Rates of depression in the community remain over 20% and the rate of suicide in Franklin County still does not meet the national goal. Community members point to the amount of negativity people are exposed to in their communities and via media sources, lack of adequate emotional support for youth and adults, and the wide-ranging effects of the COVID-19 pandemic as contributors to poor mental health.

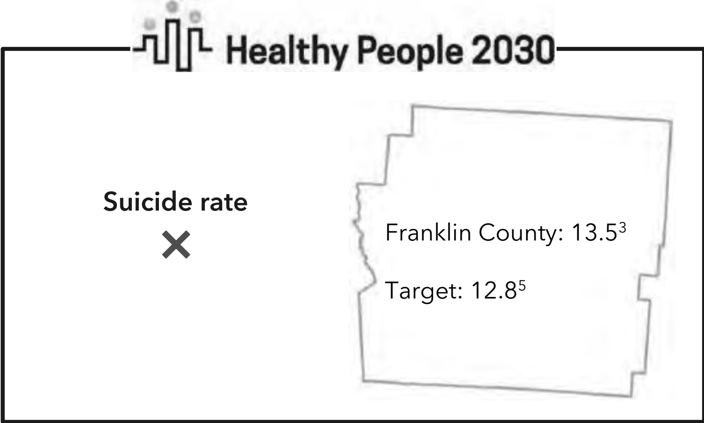
Just under a quarter of Franklin County adult residents have been told they have a form of depression.

The rate of suicide attempts leading to hospitalization has increased since the last *HealthMap,* as has the suicide rate.The rate of psychiatric admissions remains similar to that observed with the last *HealthMap.*

Mental Health Indicators

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Depression Prevalence[1]								
Ever been told have a form of depression	25.2%	21.8%	23.1%		20.3%	▲	19.7%	▲
Suicide								
Attempted suicide leading to hospitalization[2]* (self-inflicted injury)	-	4.9	6.8	▲	-		-	
Suicide[3]**	11.6	12.3	13.5		15.2	▲	14.5	
Psychiatric Admissions								
Psychiatric admissions[4]***	49.1	35.7	36.1		37.8		-	

**Rate per 100,000 population*
***Age-adjusted rate per 100,000 population*
**** Rate per 1,000 population*



Community Voices on Adult Mental Health Issues

Community members were very concerned about the mental health issues of anxiety and depression. They spoke to the various contributors to poor mental health as well as what should be done to mitigate these issues and the barriers to doing so.

Community members were most concerned with how anxiety and depression cause suicidal ideation and actions.

> "The attempts or the thoughts [of suicide] is what is prevalent, not the actual action, but that's just as bad, if you ask me, to deal day to day with feelings like that."
>
> "Anxiety is a killer also. Anxiety can drive you to suicide as easily as depression can."
>
> "I guess I can only really speak to the age groups I interact closely with, millennials probably 25 to 40. And I personally have known several people who have been victims of suicide and many more who have had those sorts of thoughts without expressing them very openly."
>
> "People killing themselves and loved ones."

As a cause of poor mental health, community members pointed to the amount of negativity people are exposed to, from tension and violence they see in their communities, to that which they see happening through social media.

> "I think something that hasn't been said, but we get a little anxiety about the gun violence and just in general, how many people are dying from violence in the community. We live downtown, so it's going to happen, but even Chicago, like 54 people were shot this weekend. It's got me a little bit more worked up recently. Columbus is like the record year."

> "Nearly every day I get a notification about [gun violence]. That just happened a while ago. I mean, it happens everywhere. It's just worrisome. That's just something I've been worried about community-wise."
>
> "I just think a lot of stresses, a lot of people have that in neighborhoods because they're afraid to get out. And that isn't good for your health at all, when you're afraid to get out in your community."
>
> "I would also say more exposure through social media or the news, just everything going on, whether it's COVID or all the things going around in the world, whether it's wildfires or unrest…I think that we just have a lot more exposure than we did prior to, say, the internet as far as what's going on. I think people can go down a spiral."
>
> "Increase in hate."
>
> "There has been a lot of racial tension."

Support from other people encourages good mental health outcomes, and not having this support can contribute to poor mental health or make existing issues worse.

> "Not having that support, I mean, I raised two sons. I'm grateful my sons are grown men now. But I can imagine having babies right now. I had so much support that I could take a mental health break by sending my kids to my friend's house, and then we would swap. I would keep hers or send them to my mother, my parents' home. But people just don't have that now. It seems like, you know, either, you know, some people are not fit, or they're just not accessible or not willing. But it's like moms are like, mom and/or dads are just like out on their own now."
>
> "Before COVID, I remember reading an article about aging and how when a person gets older, the less they experience the human touch. People don't touch them much. People avoid them."
>
> "I was active duty military, so I've seen a ton of people that had mental health issues, and they wouldn't go seek attention, and it could just turn out for the worse."

Community members also spoke about how negative valuations of self-worth impact poor mental health outcomes.

> "As a society, we struggle with knowing self-worth and self-value...Everybody struggles with that because we have media telling us this is what you need to be, this is what you need to look like, this is the way you need to dress, this is the neighborhood you need to live in, this is how much you need to make, et cetera."

> "I know one person that committed suicide in the community…a lot of times it's right in the home. The family may cause someone to want to commit suicide. I know the guy that killed himself, it was because his family, his wife, cheated on him. He found out and he just couldn't take it..."

Community members noted how COVID-19 contributed to poor mental health outcomes by hindering typical modes of receiving social support.

> "I think a lot in the past year, we haven't been able to socialize as much, and some people do need that social outlet. So it's harder to make meaningful connections and talk about things you're going through because you're at home by yourself."
>
> "And you've got this combination of people staying home, already disconnected maybe from their in-person workplace. They're also experiencing this extreme political divisiveness over the ongoing pandemic and everything."
>
> "You can't even get your nieces, nephews, sons and daughters, grandchildren, you can't even get their affection, and so the void becomes bigger."
>
> "When you talk physically, people were really separated, and we could not get to know each other and the celebration, the events, that we used to have, you know. Generally, we were totally isolated on that part. And you deal with people who started experiencing some kind of, you know, anxiety and depression."

COVID-19 also made people feel powerless as they struggled to adjust to changes to their lives.

> "I think we're trying to process all the changes that have come our way, quickly and often its difficult. Or, you know, just mentioned families earlier, whether regardless of your family structure, you've had to adjust your life in some way, shape, or form."
>
> "People don't feel they have control anymore. Their control was taken away. Kind of like a powerless thing, because we were told we had to stay and we had to wear a mask. You have to do this, or you should. There's pressure about the vaccine. There's pressure now for the children. All kind of pressure."
>
> "There were a lot of contributions in regard to job loss and loss of members of their family who they lost due to COVID or due to other things."
>
> "And that's obviously something I think my generation at least have never experienced before. So to be able to be told absolutely no to traveling or doing anything really that you wanted to do prior was a pretty sobering experience that this is the world we could live in…"

Community members pointed to the experiences of workers that suffered heightened pressure and stress during COVID-19 due to the nature of their positions.

> "I think it definitely contributed to the mental health issues because I know that there were teachers that I was pulling out of dark places who just were very frustrated with the public learning platform that we were using. And so it was very challenging for them to try to grade the students and have to try to prepare them for the testing, which they thought was ridiculous that they had to take."
>
> "I think we talk about young people when it comes to suicide…but a lot of people are dealing with a lot of issues to the point where they just want to end it. And we need special support for everyone, not just certain age groups. Parents are dealing with that. Teachers are dealing with that. Health care workers are dealing with that."
>
> "A lot of people around me work in the service industry. And a lot of them are actually have been working through this whole thing...So that's a whole other level of anxiety that they are having to deal with that…having to go through all the scary, scary information that was going on at the very beginning and not knowing just how communicable it was…There's a couple of nurses that live in my building that it impacted them pretty severely."

Community members also commented how financial concerns during the COVID-19 pandemic increased feelings of stress and anxiety.

YOUTH MENTAL HEALTH

Because the number of youth suicides (e.g., among those age 15-24) was so low in recent years, a rate cannot be calculated for this. This in itself suggests an improvement in this indicator from the last *HealthMap* (12.8 per 100,000 of the population).[6]

Community Voices on Youth Mental Health Issues

Concerns about youth suicide and suicidal ideation were common among community members.

> "I'm an educator, and I had a lot of students who had come to my office and who would talk to me about having suicidal thoughts and struggling with suicide a lot this past year and talking about how their parents were unable to help them."
>
> "I have a 17-year-old in high school who lost two people in his school to suicide within the last two years that he knows. That's something that they wanted to resort to. That's something that they talk about as an option to deal with their teenager concerns."
>
> "I think having more available health resources in school…But that would be really helpful because those people are trained to recognize those signs. Kids

> are at school for eight hours a day, and there might be that time when somebody catches somebody and could save a kid's life. A lot of the social media and the lack of activities contributes to depression and anxiety, and kids don't know what really that is or how to deal with it, but if they can get help early enough, it could possibly prevent them from having suicidal thoughts or attempting suicide."
>
> "I think our young people are going through so much pressure to be perfect, to be the best, to be famous, to be the breadwinner sometimes. And so I do think that our young in Reynoldsburg actually are facing issues with suicide, suicidal attempts, and mental health issues that have suicide ideations. Over the summer, I did get a couple of emails from the school district saying that we lost a couple of kids over the summer."

While adult residents mentioned pressure to be perfect, social media, and bullying as contributors to poor mental health for youth, these conversations lacked more specific insight from youth about contributors to suicidal ideation.

Community members were also concerned with youth "raising themselves" due to parents unwilling or unable to consistently care for them.

> "Got a lot of young parents today, so these kids is raising themselves a lot of times. Parents out there partying, on Facebook, and doing lives. And kids is doing whatever they want to do. Then they want to blame them when the teacher call saying such and such is having issues in school. You got to look at the parent."
>
> "The parents aren't taking care of them. They're not having somebody check on them or stay with them while they're out partying. So like he said before, they're raising themselves."
>
> "Yeah, a lot of kids are having to grow too fast. Again, become the support system for their siblings and it's hard because the parents are going back to work now. did a lot of stuff is still not opening. So it was like a 13 year old has to become a 20 year old overnight to take care of the family while the parents are out doing what they have to do."
>
> "And then also like something affecting kids 18 and younger is just like, like they're home alone, you know, like so their parents can't be home. They can't afford latchkey. You know, the 13-year-old walks with a six-year-old home and they just fend for themselves. And there's not necessarily anything wrong with it. But that social emotional component is important too, which leads into all kinds of issues."

Along with concern about parents being present to provide physical and emotional support for their children, community members also mentioned parental stress contributing to poor parenting, and children modeling negative behaviors of their parents when it comes to substance use.

COVID-19 affected mental health for youth in similar ways as adults, in isolating them from social circles while they faced numerous changes to their daily lives. However, youth may face additional difficulty understanding their emotions and how to articulate them or seek help during this time.

> "Maybe for kids, too. They were stuck. They were just sitting playing video games, and then they have to adjust going back to school. Some schools are hybrid. Some schools are still remote. So it's stress, and people trying to adapt to things changing faster than they can adapt to."
>
> "School was an outlet for lots of things for children for activity, socialization, and then more. With the pandemic, obviously, with people having to be at home, a lot of that was lost...So, I think it's just added a lot of different stressors for not only the parent but for the child too, because they didn't have that structure…that affects, you know, your children's health as it relates to physical and their mental health. We, as adults, who are struggling with change, think about the kids, and how they don't even have the skills to deal with the change."
>
> "Having those honest conversations with your children, even with young children, how they're feeling around COVID… All my children are under five, and… they want to know, 'Why can't we go here? Why can't we go there? Why do we have to video chat with grandma and grandpa?' That does affect them."
>
> "I feel like with COVID especially, I think a lot of children are depressed, but they don't know what it is. They don't know how to convey how they're feeling."

HOUSEHOLD AND COMMUNITY VIOLENCE

In Franklin County, the number of child abuse cases is similar to the last *HealthMap*.

Child Abuse[7]

	Franklin County				Ohio		USA
	HM2016	HM2019	HM2022		HM2022		HM2022
Child Abuse Cases*	13,353	13,580	13,737		101,243		1,945,512
Child Abuse Case Types							
Physical abuse	35%	42%	-		30%		17.5%
Neglect	22%	19%	20%		26%		74.9%
Sexual abuse	11%	9%	-		9%		9.3%
Emotional maltreatment	1%	1%	1%		1%		-
Multiple allegations of abuse and/or neglect	12%	10%	-		18%	▲	-
Family in need of services, dependency, & other	19%	19%	15%	▼	17%	▼	7.0%

**Child abuse cases are total screened in traditional or alternative response referrals for which the public children services agency completed a comprehensive assessment (CAPMIS), as well as accepted referrals for families in need of services.*

Reported domestic violence incidents decreased since the last *HealthMap,* however the total number of victims increased.

Domestic Violence[8]

	Franklin County				Ohio		USA
	HM2016	HM2019	HM2022		HM2022		HM2022
Domestic Violence (DV)							
DV incidents	10,138	11,224	7,471	▼	38,475	▼	-
DV victims	7,247	6,781	7,006		65,845		-
DV victims with injury*	53.5%	43.3%	46.9%		41.7%		-

**Percentage of all people involved in all incidents who were injured*

Reports of abuse, neglect and exploitation of adults age 60 and older in non-protective settings such as homes and apartments have decreased in Franklin County since the last *HealthMap*.

Elder Abuse[9]

	Franklin County			
	HM2016	HM2019	HM2022	
Elder Abuse Reports				
Reports of abuse, neglect, and exploitation of individuals age 60+ in non-protective settings (i.e., independent living environments such as homes and apartments)	1,258	1,635	1,229	▼

References

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2016 (HM2019), 2012 and 2013 (HM2016)

[2] Central Ohio Trauma System, 2020 (HM2022), 2017 (HM2019), 2010-2012 (HM2016)

[3] Franklin County Coroner's Office Annual Report (Franklin County), 2019-2020 (HM2022); Ohio Department of Health Suicide Fact Sheet (Ohio), 2018 (HM2022); Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database (United States) 2019 (HM2022), (Ohio and United States), 1999-2012 (HM2016); Ohio Violent Death Reporting System Annual Report (Franklin County and Ohio), 2015 (HM2019); Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS) (United States), 2015 (HM2019); Ohio Department of Health Vital Statistics, data analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016)

[4] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019), 2013 (HM2016)

[5] Healthy People 2030 objective MHMD-01, U.S. Department of Health and Human Services

[6] Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database (2019)

[7] Franklin County Children Services (Franklin County), 2019 (HM2022); Ohio Children's Trust Fund Child Abuse and Neglect Statistics (Ohio), 2018 (HM2022); National Children's Alliance National Statistics (United States), 2020 (HM2022); Public Children Services Association of Ohio Factbook (Franklin County and Ohio), 2016 (HM2019); U.S. Department of HHS Child Maltreatment Report (United States), 2016 (HM2019), 2012 (HM2016); Ohio Department of Job and Family Services, SACWIS/FACSIS data (Franklin County and Ohio), 2011 (HM2016)

[8] Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Report (Franklin County and Ohio), 2019 (HM2022), 2017 (HM2019), 2013 (HM2016)

[9] Ohio Office of Aging, 2018 (HM2022), 2016 (HM2019), 2013 (HM2016)

Death, Illness, and Injury

This section describes Franklin County residents' overall health status, along with the leading causes of death, illness, and injury.

Key Findings

Overall Health Ratings

Most Franklin County Residents rate their health good or more positively. However, nearly one-fifth rate their health fair or poor.

Mortality

Heart diseases and cancer are the leading causes of death for both males and females. The leading cause of youth mortality is unable to be determined, though overall rates of youth mortality have decreased since the previous *HealthMap*.

Chronic Disease

The percentage of adults diagnosed with arthritis, diabetes, heart disease, and high blood pressure has increased since the previous *HealthMap*. High blood pressure and high blood cholesterol remain the most common chronic disease diagnoses, with around one-third of adults affected.

Emergency Department and Hospitalization Data

The highest rate of emergency department visits, by a large margin, occur due to mental health issues. Over 50% of hospitalizations due to injury are because of falls, the rates of which have increased for adults age 65 and over since the previous *HealthMap*.

Regarding Franklin County residents' overall health, nearly one-fifth (19.2%) consider their health to be "fair" or "poor."

Perceptions of Health Status[1]

	Franklin County				Ohio	USA
	HM2016	HM2019	HM2022		HM2022	HM2022
Health Status						
Excellent, Very Good, or Good	83.0%	83.8%	80.8%		82.0%	81.8%
Fair or Poor	17.0%	16.2%	19.2%	▲	19.3%	18.2%

MORTALITY

In 2018, the average life expectancy for people born in Franklin County was 77.13 years. By comparison, the average life expectancy for those born in Ohio in 2018 was 76.8 years.

However, in the first half of 2020, Americans' life expectancy at birth decreased by a year, one of the largest observed declines since World War II.[1] Per the National Center for Health Statistics:

> *"Provisional life expectancy at birth in the first half of 2020 was the lowest level since 2006 for both the total population (77.8 years) and for males (75.1), and was the lowest level since 2007 for females (80.5)."* [2]

Moreover, these worsening life expectancy estimates were not experienced equitably across racial and ethnic groups. From 2019 through 2020, the life expectancy estimates for non-Hispanic Black males, non-Hispanic Black females, and Hispanic males each decreased by more than 2 years of life, compared to a decrease of less than a year for White males or White females.

> *"Life expectancy for the non-Hispanic Black population, 72.0, declined the most, and was the lowest estimate seen since 2001 (for the Black population regardless of Hispanic origin). The Hispanic population experienced the second largest decline in life expectancy (79.9) reaching a level lower than what it was in 2006, the first year for which… estimates by Hispanic origin were produced (80.3)"* [2]

This dramatic and inequitable decrease in life expectancy was caused, at least partially, by the COVID-19 pandemic. For more about the COVID-19 pandemic, please see the next section (Infectious Diseases).

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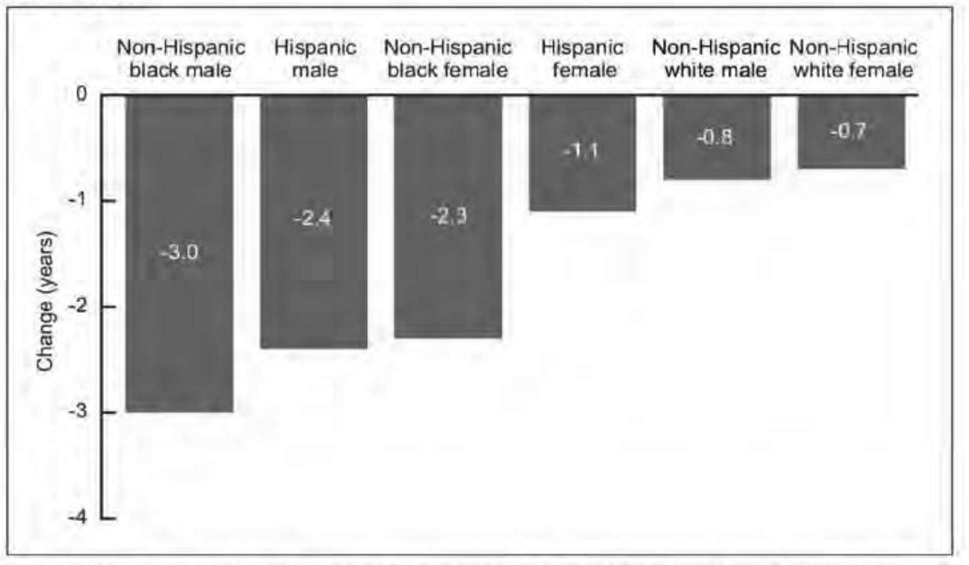
[1] https://apnews.com/article/science-health-coronavirus-pandemic-fac0863b8c252d21d6f6a22a2e3eab86

Change in Life Expectancy at Birth, by Hispanic Origin and Race and Sex (United States, 2019 And 2020)



Turning to mortality rates among Franklin County adults, heart diseases and cancer remain the top two leading causes of death.

Mortality – Leading Causes in Adults (Age 15+)[3]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Mortality - Leading Causes (Age 15+)					
Diseases of the heart	176.6	-	175.8	191.1	163.6
Malignant neoplasms (cancer)	176.1	-	153.9	165.2	149.1
Accidents, unintentional injuries	-	-	63.5	63.8	48.0
Chronic lower respiratory diseases	53.2	-	49.3	49.0	39.7
Cerebrovascular disease	-	-	47.0	42.6	37.1

Age adjusted rates per 100,000 population.

Among both Franklin County males and females, heart diseases and cancer are the most common causes of death.

Mortality – Leading Causes by Sex[3]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Mortality - Leading Causes (Males, Age 15+)					
Diseases of the heart	223.1	-	215.2	334.5	273.5
Malignant neoplasms (cancer)	210.4	-	193.4	284.4	241.2
Accidents, unintentional injuries	52.1	-	116.1	111.2	84.4
Chronic lower respiratory diseases	57.9	-	47.2	71.4	56.3
Cerebrovascular disease	43.4	-	44.4	58.0	49.1
Mortality - Leading Causes (Females, Age 15+)					
Diseases of the heart	141.5	-	175.9	276.9	219.8
Malignant neoplasms (cancer)	154.5	-	173.3	242.8	206.8
Cerebrovascular disease	43.4	-	52.5	77.2	62.5
Chronic lower respiratory diseases	50.6	-	56.6	78.2	60.7
Accidents, unintentional injuries	31.5	-	56.0	59.5	42.9

Age adjusted rates per 100,000 population.

Franklin County residents die from motor vehicle traffic injuries at a rate similar to that observed in Ohio and slightly less than that observed nationally. Perhaps relatedly, the percentage of Franklin County residents who report always (or nearly always) wearing a seat belt when driving in a vehicle is very high (93%).

Motor Vehicle Traffic Injury Mortality[4]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Traffic Injury Mortality Rate	9.0	8.7	8.9	9.9 ▼	11.5

Rate per 100,000 population.

Seat Belt Use[5]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Always or Nearly Always Wears a Seat Belt	90.7%	91.2%	93.0%	91.4%	93.7%

Among younger Franklin County residents, the age specific mortality rate for youth age 1-14 is 14.5, meaning about 15 children died per 100,000 in that subgroup population.

Youth Mortality Ages 1-14

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Youth Mortality Rate[6]	-	23.4	14.5	▼	17.6		16.2	
Youth Mortality - Leading Causes[7]								
Accidents, unintentional injuries	-	-	unreliable		7.4	▲	4.2	▼
Homicide	-	-	*		*		*	
Suicide	-	-	*		1.5		0.9	▲
Malignant neoplasms (cancer)	-	-	*		1.4	▼	1.8	▲

Age specific rates per 100,000 subgroup population.
**Indicates a rate calculation was suppressed due to low counts.*

Turning to mortality rates of cancer specifically, lung and bronchus cancers are the deadliest ones in Franklin County. Breast and prostate cancers have the next highest mortality rates, followed by colon and rectum cancer and pancreatic cancer.

Cancer Mortality Rates – Top Cancers[8]

	Franklin County			Ohio	USA	
	HM2016	HM2019	HM2022	HM2022	HM2022	
Cancer Mortality - Leading Causes						
Lung and bronchus	-	51.1	48.2	44.6	38.5	▼
Breast (female)	-	24.3	23.6	21.9	-	
Prostate	-	20.0	19.9	19.5	7.8	▼
Colon and rectum*	16.2	15.2	14.4	15.0	13.7	
Pancreas	-	11.2	11.7	12.2	11.0	

Age adjusted rates per 100,000 population.
**In HM2016, this category also included cancer of the anus.*

CANCER & OTHER CHRONIC DISEASES

Breast and prostate cancers continue to have the highest incidence rates in Franklin County.

Cancer Incidence Rates – Top Cancers[9]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Cancer Incidence - Leading Causes					
Breast (female)	-	128.4	132.0	127.4	127.5
Prostate	-	125.2	119.9	103.0	109.5
Lung and bronchus	-	69.2	67.7	68.5	54.9
Colon and rectum*	44.7	38.9	38.2	41.5	38.6
Melanoma of the skin	20.2	19.7	20.5	23.9	22.8

Age adjusted rates per 100,000 population.
**In HM2016, this category also included cancer of the anus.*

Adults often undergo routine cancer screenings in order to diagnose cancer in its early stages. To screen for cervical cancer, 72.1% of Franklin County women age 21-65 have had a pap test within the past three years, a substantial decrease from the last *HealthMap*. Similar to the previous HealthMap, 74% of Franklin County women recently had a mammogram.

Cancer Screenings[10]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Cervical Cancer Screening					
Women aged 21-65 who have had a pap test within the past three years	84.9%	86.9%	72.1% ▼	78.6%	80.2%
Colorectal Cancer Screening					
Adults aged 50-75 who have had a blood stool test within the past year	5.5%	7.1%	12.6% ▲	10.8% ▲	8.9% ▲
Adults aged 50-75 who have had a colonoscopy in the past 10 years	63.2%	64.9%	56.2% ▼	62.5%	64.3%
Breast Cancer Screening					
Women aged 40+ who have had a mammogram within the past two years	82.4%	75.4%	74.0%	77.7%	78.3%

The percentage of Franklin County adults who have been diagnosed with arthritis, diabetes, heart disease, and high blood pressure has increased since the last *HealthMap,* whereas the percentage of those who have been diagnosed with asthma and high blood cholesterol has decreased.

Chronic Health Conditions

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Chronic Health Conditions (Adults)[11]								
Arthritis (ever diagnosed)	26.0%	23.7%	27.5%	▲	30.5%		26.0%	
Asthma (currently have)	15.8%	14.2%	10.4%	▼	11.1%	▲	9.7%	
Diabetes (ever diagnosed)	10.0%	8.9%	10.6%	▲	12.0%		10.7%	
Heart disease (ever diagnosed)	3.9%	3.1%	5.5%	▲	4.7%	▲	3.2%	▲
Stroke (ever diagnosed)	3.2%	3.8%	3.9%		3.9%	▲	3.9%	
High blood pressure (ever diagnosed)	31.3%	31.0%	36.2%	▲	34.5%		32.3%	
High blood cholesterol (ever diagnosed)	39.7%	38.1%	30.2%	▼	32.8%	▼	33.1%	
Chronic Health Conditions (Youth)[12]								
Asthma (ever diagnosed)	15.3%	15.8%	-		11.3%	▼	22.5%	

The percentage of Franklin County residents who have body mass index values that suggest they are obese has increased since the previous *HealthMap*, mirroring the trend of obesity in Ohio overall. Although BMI values are widely used as an indicator for obesity, this measurement does have some limitations. For example, this relatively simple weight-and-height calculation cannot differentiate between a person with greater than average lean muscle mass and a person with greater than average fat mass.

Weight Status

	Franklin County				Ohio		USA
	HM2016	HM2019	HM2022		HM2022		HM2022
Overweight/Obese (Adults)[13]							
Underweight	2.0%	2.2%	2.4%		1.7%		1.8%
Healthy	34.0%	34.9%	31.3%	▼	29.0%		30.7%
Overweight	32.2%	33.4%	30.6%		34.5%		34.6%
Obese	31.8%	29.5%	35.7%	▲	34.8%	▲	32.1%
Overweight/Obese (Youth)[14]*							
Overweight or Obese	29.3%	31.1%	-		29.0%	▼	31.6%
Overweight	-	-	-		12.2%		16.1%
Obese	-	-	-		16.8%		15.5%

Franklin County prevalence for age 11-18; Ohio and United States for age 10-17.

Community Voices on Chronic Health Conditions

Specific chronic health conditions Franklin County residents see in their communities include diabetes, high blood pressure/hypertension, cancer, and chronic obstructive pulmonary disease (COPD). A common theme in community discussions was poor mobility and chronic health conditions associated with this, including obesity and disability. Community members see poor mental health, access to nutrition, access to health care, and economic inequalities as contributing to these and other chronic health conditions.

Chronic health conditions linked to loss of mobility were important to community members. Mobility was important for how it impacts physical activity and the ability to get out in the community for basic needs and socialization.

> “I'm seeing a lot of people who are struggling with weight gain or been struggling with mobility problems.”
>
> “I would say obesity would be a big one. We live in an area where there are a lot of kids. And so it definitely looks, the landscape definitely looks a little bit different than when I was younger, so to speak. And there are 1,000,001 reasons for that.”
>
> “I would say that there's very little activity. I feel like when we see more people in our bikes or walking around in the neighborhood, that's a good sign it's a healthy community. People are out and about, but a lot of us aren’t even getting out, being social being active.”
>
> “I think mobility is our biggest thing. I don't see a lot of people being able to get out and about.”
>
> “Immobility, people with canes, and people in motorized wheelchairs that go up and down the street, people in regular wheelchairs or canes, things like that.”
>
> “Not enough handicap parking, And the sidewalks, they have to ride their mobile wheelchairs in the street or else they will hurt themselves on these sidewalks. A lot of the people in my community are on those in the street where people are speeding by.”
>
> “I think about one lady that she's older, and she's struggling now with arthritis and not being able to work. And she's still caring for her disabled, adult son. It’s sad because I see her. It's hard.”

Community members linked stress and poor mental health to chronic health issues.

> “Not taking care of yourself.”

> "You don't have time to destress. Like, take a break. So I think that also gives you a lot of like blood pressure, or migraines. You don't have time to just to sit and breathe, or make good meals."
>
> "I read a few years ago, they did a study, and it said people that open up the newspaper to the main section or whatever first, they usually live a shorter life opposed to people that go to the sports and look at that first. Because I mean, it just puts you on edge. You're stressed out from reading all this negative stuff."
>
> "I think a lot of people, fear…Once they get kind of trapped in there and they're either by themselves and they're alone, they just keep feeding into that fear…We're talking about mobility. Fear is definitely one that keeps people from moving about."

Community members are aware of the impact of nutrition on chronic disease, and pointed out what they see barring adequate nutrition in their communities.

> "It's how people eat, and I guess the food resources that are available in certain communities might not be available in other communities. Me personally, I think it's strategically planned out like that, but nutrition is a big one."
>
> "They're struggling with, again, making the healthy decisions as far as food is concerned. I've had a lot of people telling me about, their cholesterol is up, their A1C is up, all the things that come with not having a healthy lifestyle."
>
> "But I guess the thing that keeps coming to my mind is this singular thing of what we're trying to fight: alcohol, sugary foods, soda, yada, yada, yada. Those are all the biggest sponsors for everything we see and everyone sees day to day, billboards of Coke. Everything sponsored by Coke."
>
> "Yeah, time to shop for and then make and pay for high quality ingredients."
>
> "And there are people who don't have transportation, so I see them regularly shopping at Family Dollar because it's easily accessible, versus having to walk on a busy Main Street with no sidewalk to get to Kroger's. So, there's no sidewalk for parts of that journey. It is dangerous. I probably would go to Family Dollar too if I didn't have a car."

Community members spoke to the numerous barriers that keep people from accessing health care: cost, proximity, ease of scheduling, and the ability to prioritize health.

> "Just access to community health programs or healthcare. Even as somebody with insurance, I still have difficulty finding access to care for different specialties or mental health things, just on the affordability side. Oftentimes, it's not covering enough to make it feasible for me at the time."
>
> "Do they have doctors in your area? Or, you know, doctors' offices that they would feel comfortable going to and is there insurance there."

> "I feel like it's just healthcare system, a lot of like red tape barriers because my family don't have insurance. My husband, he tried to seek his psychiatrist because he's been depressed lately. Well, the office said, 'Okay, we take walk-in appointments through this time.' And then he came in for the walk-in appointment, and they said, 'I'm sorry. You haven't been here in six months. You'll have to make an appointment.' So then he tried calling his psychiatrist, and his psychiatrist said, 'No, I'm sorry, I can't make you an appointment. I can't make my own appointments. You'll have to talk to my secretary.' So he's going to have to wait two weeks to talk to someone when he's depressed."
>
> "It's also if something hurts or like you're having like, just push through it it'll be fine, you don't have time for it, you're just going, going, going, because you think 'I will deal with it later.' [Inaudible]. And you can just ignore it and put it off."

Community members also pointed to economic inequality, which contributes to health conditions by precluding access to wealth, nutrition, and basic needs.

> "And bad health is usually based upon lack of livable wages, employment opportunities, discrimination, and the hostile work environment. These things happen. Everybody can't deal with them. And it happens so disproportionately to Black and brown people."
>
> "Economics. Greed. Right now, in the United States of America, we have the technology to house, feed, clothe, and get everybody medical attention, but greed is still here. It's a big thing. It's spawned legs and wants more and don't want to give anybody else anything. So it's going to be here for a while, but we do have the technology in existence right now. Well, if everything in society was like utopia, we could grow food. We could give everybody the right nutritional foods, a sustainable place to live, a sustainable system to where everybody is generally taken care of and live harmonious…and your health is going to be better, but like I said, greed."

REASONS FOR EMERGENCY DEPARTMENT UTILIZATION

Another way to identify high prevalence health issues that cause Franklin County residents to feel ill is to analyze data related to emergency department utilization for the four major health systems in central Ohio. A selected list of health issues, based on community interest in this topic, is shown below, along with the rate that each of those issues are associated with emergency department utilization in Franklin County.

Note the high rate of emergency department utilization due to mental health issues at both the county and state levels. Secondly, emergency department visits due to diabetes, asthma, and cardiovascular disease related issues are also relatively common

Emergency Department Visits for Selected Health Issues[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Mental health	-	165.7	170.7		139.6	
Diabetes	-	50.7	54.6		42.7	
Asthma	-	50.7	54.0		30.4	▼
Cardiovascular disease	-	29.2	32.8	▲	29.9	
Dental care	-	8.3	6.9	▼	8.0	▼
Influenza	-	6.3	6.6		6.0	▲
Hepatitis C	-	2.7	2.7		1.8	
HIV	-	2.5	2.6		1.1	
Alzheimer's	-	0.9	1.0	▲	1.0	
Sepsis	-	0.7	1.1	▲	0.9	▲
Stroke	-	0.4	0.4		1.0	
Hepatitis B	-	0.4	0.5	▲	0.2	
Gonorrhea	-	0.2	0.2		0.2	▲
Chlamydia	-	0.1	0.1		0.1	
Syphilis	-	0.1	0.1		0.04	
Pertussis	-	0.04	0.01	▼	0.02	

Rate per 1,000 population.

When patients visit an emergency room in Franklin County they can be treated and released or admitted to the hospital. The next four tables show the following information:

- The top 10 diagnoses among patients who are treated and released (total).
- The top 10 diagnoses among patients who are treated and released (youth).
- The top 10 diagnoses among patients who are admitted into a hospital (total).
- The top 10 diagnoses among patients who are admitted into a hospital (youth).

Each diagnosis includes the ICD-10 code and description.

Across all age groups, breathing-related and chest pain issues comprise the top three specific causes of emergency department visits that led to a patient being discharged. Headache and a variety of abdominal issues were also frequently diagnosed as the cause of a visit to an emergency room.

Top 10 Diagnoses – Treated and Released by Emergency Department (Total)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Acute Upper Respiratory Infection (J06.9; infection affecting the upper respiratory tract)	-	21.4	12.0	▼	11.7	▼
Chest Pain Unspecified (R07.9; chest pain)	-	11.6	10.9		9.1	▼
Other Chest Pain (R07.89; chest pain not classified elsewhere)	-	9.5	9.8		11.9	▲
Headache (R51)	-	9.8	8.7	▼	6.9	▼
Unspecified Abdominal Pain (R10.9; pain in the abdominal region)	-	9.8	8.0	▼	6.4	▼
Urinary Tract Infection Site Not Specified (N39.0; infection affecting any part of the urinary tract)	-	7.5	6.8		7.1	▼
Nausea With Vomiting, Unspecified (R11.2)	-	5.5	6.0		6.1	
Low Back Pain (M54.5; acute or chronic pain in lower back)	-	6.9	6.0	▼	5.0	▼
Cough (R05)	-	5.2	4.3	▼	-	
Syncope And Collapse (R55; temporary loss of consciousness caused by a fall in blood pressure)	-	4.2	4.2		4.4	

Rate per 1,000 population.

Among youth (age 0-18), a breathing-related issue – specifically, a respiratory infection – was the most frequent specific cause of a visit to an emergency room. Fevers, viral infections, vomiting, influenza, strep throat, and cough were also frequently diagnosed as the specific cause of a visit to an emergency room.

Top 10 Diagnoses – Treated and Released by Emergency Department (Youth Age 0-18)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Acute Upper Respiratory Infection (J06.9; infection affecting the upper respiratory tract)	-	64.6	23.5	▼	27.4	▼
Fever Unspecified (R50.9; higher than normal body temperature)	-	17.8	8.5	▼	10.9	▼
Viral Infection Unspecified (B34.9; a disease produced by a virus)	-	17.6	8.4	▼	8.7	▼
Vomiting Unspecified (R11.10; ejecting the stomach contents through the mouth)	-	9.8	6.5	▼	5.3	▼
Influenza Due To Other Identified Influenza Virus With Other Respiratory Manifestations (J10.1)	-	-	5.9		7.8	
Streptococcal Pharyngitis (J02.0; infection of the throat)	-	26.1	5.8	▼	8.3	▼
Acute Pharyngitis Unspecified (J02.9; throat inflammation)	-	18.2	5.5	▼	8.7	▼
Cough (R05)	-	12.3	5.0	▼	5.3	▼
Unspecified Injury Of Head, Initial Encounter (S09.90XA)	-	9.3	5.0	▼	6.9	▼
Acute Obstructive Laryngitis Croup (J05.0; inflammation in the larynx and barking cough)	-	11.5	4.6	▼	6.0	▼

Rate per 1,000 population.

Across all age groups, sepsis was the most frequent specific cause of a visit to an emergency room that then led to a hospital admission. A variety of health issues relating to heart, kidney, or respiratory failure were also frequently diagnosed.

Top 10 Diagnoses – Admitted to Hospital by an Emergency Department (Total)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Sepsis Unspecified Organism (A41.9; bacteria or toxins in the blood causing a rapidly progressing systemic reaction)	-	4.2	4.4		4.5	
Hypertensive Heart and Chronic Kidney Disease With Heart Failure and Stage 1 Through Stage 4 Chronic Kidney Disease (I13.0)	-	1.4	1.6	▲	2.0	▲
Hypertensive Heart Disease With Heart Failure (I11.0)	-	1.2	1.4	▲	1.6	▲
Kidney Failure Unspecified (N17.9; acute loss of kidney function)	-	1.4	1.2	▼	1.6	
Chronic Obstructive Pulmonary Disease With Acute Exacerbation (J44.1; acute flare-up of COPD)	-	1.1	0.89	▼	1.6	▼
Non-ST Elevation Myocardial Infarction (I21.4; heart attack without observable q wave abnormalities)	-	1.0	0.86	▼	1.2	▼
Acute and Chronic Respiratory Failure With Hypoxia (J96.21; respiratory failure without enough oxygen in blood)	-	0.79	0.79		0.79	
Pneumonia Unspecified Organism (J18.9; inflammation of the lung usually caused by an infection)	-	0.74	0.71		1.3	
Acute Respiratory Failure, With Hypoxia (J96.01; respiratory failure without enough oxygen in blood)	-	0.66	0.64		0.65	
Urinary Tract Infection Site Not Specified (N39.0; infection affecting any part of the urinary tract)	-	0.69	0.57	▼	0.89	

Rate per 1,000 population.

Among youth (age 0-18), respiratory issues (e.g., bronchiolitis, which is an infection of the respiratory tract, or other respiratory infections) accounted for five of the top ten specific causes of a visit to an emergency room that then led to a hospital admission. Major depressive disorders accounted for two of the top four specific causes of a visit to an emergency room that then led to a hospital admission.

Top 10 Diagnoses – Admitted to Hospital by an Emergency Department (Youth Age 0-18)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Acute Bronchiolitis Due To RSV (J21.0; respiratory infection caused by respiratory syncytial virus)	-	1.3	1.5	▲	0.79	▲
Major Depression Disorder, Recurrent And Severe Without Psychotic Features (F33.2)	-	0.46	0.48		0.44	▲
Acute Bronchiolitis Due To Other Specified Organisms (J21.8; respiratory infection)	-	0.38	0.46	▲	0.34	▲
Major Depressive Disorder, Single Episode, Unspecified (F32.9; single episode of major depression)	-	0.24	0.39	▲	0.46	
Type 1 Diabetes Mellitus With Ketoacidosis Without Coma (E10.10; type 1 diabetes when the body produces high levels of blood acids)	-	0.30	0.37	▲	0.31	
Sepsis Unspecified Organism (A41.9; bacteria or toxins in the blood causing a rapidly progressing systemic reaction)	-	0.14	0.34	▲	0.21	▲
Dehydration (E86.0; loss of too much water from the body)	-	0.25	0.32	▲	0.24	▼
Acute Bronchiolitis Unspecified (J21.9 - respiratory infection)	-	0.24	0.29	▲	0.29	
Acute Upper Respiratory Infection (J06.9; infection affecting the upper respiratory tract)	-	0.22	0.27	▲	0.16	
Moderate Persistent Asthma With Status Asthmaticus (J45.42)	-	0.20	0.23	▲	0.13	

Rate per 1,000 population.

CAUSES OF INJURY

The next several tables present data about injuries. In 2020, 9,426 injured patients were admitted to the hospital or transferred in or out of the emergency department for further evaluation in Franklin County.

The table below lists the most frequently observed categories of injury causes. For example, among the 9,426 patients who were hospitalized for injury in 2020, 55% had experienced a fall whereas 15.2% were involved in a motor vehicle crash.

Top 5 Types of Injury That Lead to Hospitalization[16]

	Franklin County			
	HM2016	HM2019	HM2022	
Trauma hospitalizations	-	*8,390*	*9,426*	▲
Falls	50.3%	50.0%	54.9%	
Motor vehicle (traffic)	20.1%	18.6%	15.2%	▼
Struck by or against	9.3%	9.9%	8.6%	▼
Firearm	5.4%	4.4%	4.8%	
Motor vehicle (non-traffic)	-	4.2%	3.0%	▼

Only the top 5 mechanisms of injury that lead to hospitalization are shown; percentages for each year will not sum to 100

The next table analyzes these top five types of trauma events by the age of the patient. Those who are age 65 and older are more likely than other age groups to experience a fall that requires a hospital visit; the rate of injuries-due-to-falls for this age group has increased from the last *HealthMap*.

Young adults between the ages of 18 and 24 often visited hospitals due to injuries sustained from motor vehicle (traffic[1]) injuries, motor vehicle (non-traffic) injuries, and firearms; their rates for these types of injuries are higher than any other age group.

[1] A motor vehicle traffic accident is any motor vehicle accident occurring on a public highway (i.e., originating, terminating, or involving a vehicle on the highway). A motor vehicle nontraffic accident is any motor vehicle accident which occurs entirely in any place other than a public highway (e.g., a driveway, a parking lot or garage).

Top Five Types of Injury, by Age[17]

	Franklin County			
	HM2016	HM2019	HM2022	
Falls				
0-17 years	134.7	141.3	137.5	
18-24 years	77.5	84.6	74.5	▼
25-44 years	134.1	128.3	115.3	▼
45-64 years	322.6	354.5	366.4	
65+ years	1595.3	1460.0	1881.2	▲
Motor vehicle (traffic)				
0-17 years	-	37.3	38.3	
18-24 years	-	215.1	170.3	▼
25-44 years	-	148.6	130.9	▼
45-64 years	-	131.0	120.6	
65+ years	-	139.6	116.5	▼
Struck by or against				
0-17 years	-	28.5	24.6	▼
18-24 years	-	118.4	80.8	▼
25-44 years	-	86.3	92.3	
45-64 years	-	68.6	65.7	
65+ years	-	34.2	31.9	
Firearm				
0-17 years	-	7.8	23.2	▲
18-24 years	-	107.2	100.4	
25-44 years	-	36.2	49.8	▲
45-64 years	-	10.6	12.2	▲
65+ years	-	5.6	4.3	▼
Motor vehicle (non-traffic)				
0-17 years	-	8.7	7.2	▼
18-24 years	-	62.8	37.7	▼
25-44 years	-	34.7	29.2	▼
45-64 years	-	26.9	20.8	▼
65+ years	-	20.2	16.5	▼

Rate per 100,000 population.

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[8] Ohio Department of Health Office of Health Improvement and Wellness, Ohio Annual Cancer Report (Franklin County and Ohio), 2018 (HM2022), (Ohio), 2015 (HM2019); SEER Cancer Statistics Review, National Cancer Institute (United States), 1975-2018 (HM2022), 1975-2014 (HM2019); Franklin County Cancer Profile (Franklin County), 2010-2014 (HM2019); Ohio Department of Health Vital Statistics Data Analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016); Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 1999-2012 (Ohio and United States), 2010-2012 (HM2016)

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[11] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2015 (HM2019), 2013 (HM2016)

[12] Ohio Department of Health Burden of Asthma in Ohio (Franklin County and Ohio), 2019 (HM2022); Centers for Disease Control and Prevention, High School Youth Risk Behavior

Surveillance System (United States), 2017 (HM2022), 2015 (HM2019), (Ohio and United States), 2013 (HM2016); Ohio Department of Health Local Asthma Profiles (Franklin County and Ohio), 2014 (HM2019); Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey (Franklin County), 2012 (HM2016)

[13] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2016 (HM2019), 2012 (HM2016)

[14] Centers for Disease Control and Prevention High School Youth Risk Behavior Surveillance System (Ohio and United States), 2019 (HM2022); Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey (Franklin County and Ohio), 2015 (HM2019), 2012 (HM2016); National Survey of Children's Health (United States), 2016 (HM2019); Centers for Disease Control and Prevention High School Youth Risk Behavior Survey (United States), 2013 (HM2016)

[15] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019)

[16] Central Ohio Trauma System, 2020 (HM2022), 2016 (HM2019); Central Ohio Trauma System, data analyzed by Columbus Public Health, 2012 (HM2016)

[17] Central Ohio Trauma System, 2020 (HM2022), 2016 (HM2019), 2014 (HM2016)

Infectious Diseases

This section describes diseases caused by viruses and bacteria that enter and multiply in the body and can be transmitted from person to person.

Key Findings

COVID-19

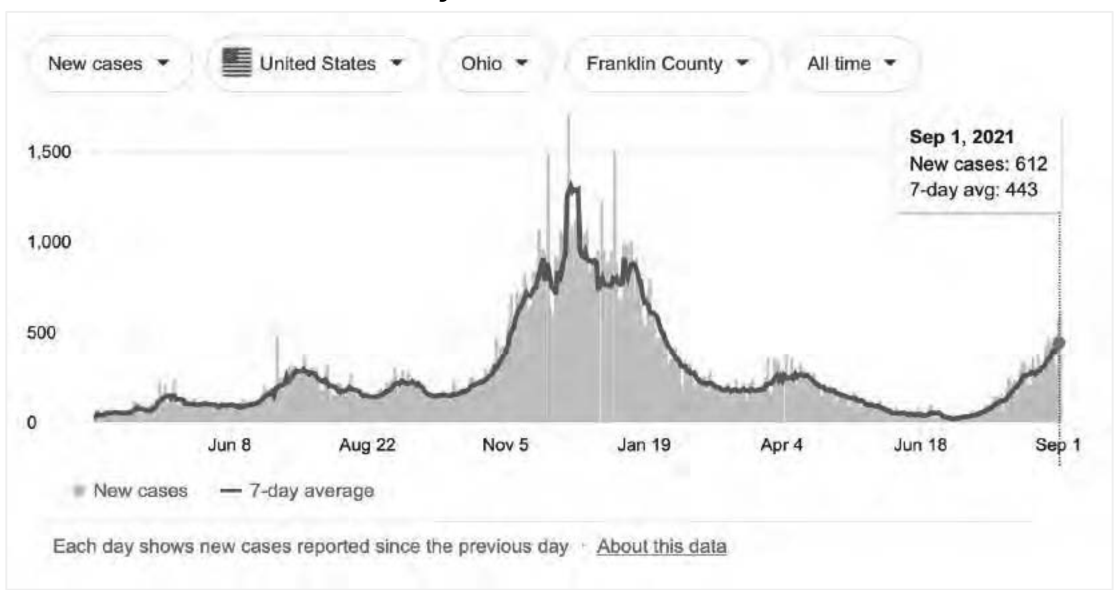
COVID-19 emerged since the previous *HealthMap* as a new infectious disease threat.

Prominent Infectious Diseases

Of many prominent infectious diseases, Hepatitis A has the highest rate of incidence in Franklin County's population. The rate of Hepatitis A increased from 0.6 to 14.8 per 100,000 of the population.

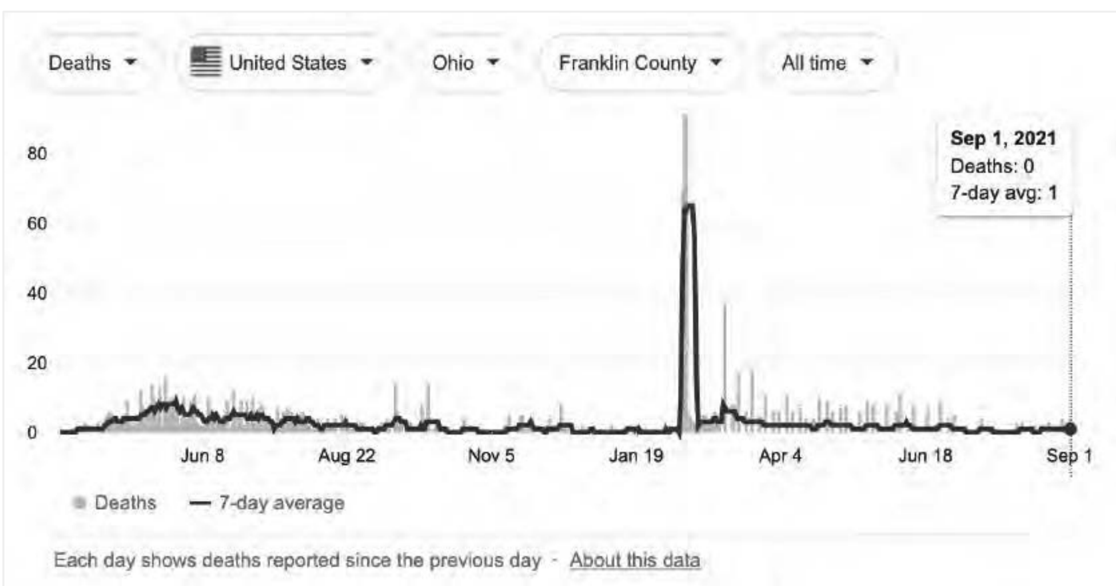
One of 2020's most prominent events was the worldwide spread of a dangerous infectious disease: COVID-19. This pandemic's social, economic, and health impacts were felt strongly here in central Ohio. As of September 1, 2021, 140,370 people in Franklin County were diagnosed as having contracted COVID-19, an amount greater than the combined seating capacities of Ohio Stadium, Lower.com Field, and Huntington Park. A graph showing COVID-19 cases over time in Franklin County is shown below.

COVID-19 Cases (Franklin County, Ohio)[1]



As of September 1, 2021, 1,516 people in Franklin County died due to the COVID-19 pandemic.[2] The graph below shows COVID-19 deaths over time in Franklin County. Per the Ohio Department of Health,[3] the median age of Ohioans whose death was caused by COVID-19 was 78 years old.

COVID-19 Deaths (Franklin County, Ohio)[2]



Overall, the prevalence of Franklin County adults who received influenza or pneumonia vaccinations is largely consistent with the previous *HealthMap*.

Vaccination Trends

	Franklin County			Ohio		USA	
	HM2016	**HM2019**	**HM2022**	**HM2022**		**HM2022**	
Adult Vaccinations							
Individuals aged 18-64 who received influenza vaccination during last influenza season[4]	-	38.7%	-	51.0%	▲	51.8%	▲
Adults aged 65+ who have ever had a pneumonia vaccination[5]	72.3%	80.9%	79.4%	74.7%		73.1%	
Adults aged 65+ who have had a flu shot within the past year[5]	68.3%	60.8%	62.3%	62.6%		64.0%	

As shown in the next chart, rates of hepatitis A and hepatitis C (acute) have increased over time in Franklin County, in Ohio, and throughout the U.S. In Franklin County, the rate of salmonellosis has also increased since the last *HealthMap*.

The rates of pertussis and hepatitis B have decreased from the last *HealthMap,* but remain higher than statewide and national rates.

Prominent Infectious Diseases

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Cryptosporidiosis[6]	-	5.1	5.2		5.5		4.3	
E. coli[7]	0.5	4.5	1.0	▼	0.6	▼	-	
Hepatitis A[7] (acute)	0.6	0.6	14.8	▲	15.7	▲	5.7	▲
Hepatitis B[7] (acute)	4.5	5.8	4.5	▼	2.7	▲	1.1	
Hepatitis C[8] (chronic)	-	170.3	-		-		0.0	
Hepatitis C[7] (acute)	0.3	3.1	5.7	▲	3.9	▲	1.7	▲
Listeriosis[7]	0.2	0.2	0.3	▲	0.3	▲	0.3	▲
Measles[7]	-	0.0	0.0		0.0	▼	0.0	
Mumps[7]	0.2	0.4	-		0.3	▼	1.2	▼
Pertussis[7]	26.7	21.2	10.1	▼	5.7	▼	5.7	
Salmonellosis[7]	12.1	11.3	14.7	▲	12.9		17.8	
Strep pneumonia[8] (drug resistant)	-	1.0	-		-		-	
Tuberculosis[9]	4.2	3.9	3.9		1.1		2.7	
Varicella[7]	6.0	3.9	0.0	▼	3.8		3.1	▼

Rates per 100,000 population.

Rates for several sexually transmitted infections (STIs) are shown next. The rate of gonorrhea among Franklin County residents continues to increase since the last *HealthMap* and remains higher than the statewide and national rates for this STI.

Sexually Transmitted Infections (STIs)[10]

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Syphilis*	13.0	22.8	16.3	▼	6.4		11.9	▲
Gonorrhea	245.5	339.0	378.3	▲	223.0	▲	188.4	▲
Chlamydia	654.5	775.9	786.2		559.4		552.8	▲

Rates per 100,000 population.
**Only reflects syphilis in the primary and secondary stages*

The rates of Franklin County residents currently living with a diagnosis of HIV infection (405 per 100,000) is higher than the last *HealthMap* (392.6), and this rate is almost double the statewide rate (210.1).

HIV/AIDS[11]

	Franklin County			Ohio
	HM2016	**HM2019**	**HM2022**	**HM2022**
Living With HIV/AIDS				
Persons living with a diagnosis of HIV infection	348.8	392.6	405.0	210.1
HIV incidence by race/ethnicity				
Asian/Pacific Islander	-	-	2.0%	1.0%
Black/African American	-	-	56.0%	49.0%
Hispanic/Latino	-	-	6.0%	5.0%
White	-	-	32.0%	41.0%
Multi-Race	-	-	4.0%	4.0%

Rates per 100,000 population.

Among Franklin County residents, the incidence of *Clostridium difficile* (*C. diff*) and CLABSI are comparable to the statewide rates.

Healthcare-Associated Infections[12]

	Franklin County				Ohio	
	HM2016	**HM2019**	**HM2022**		**HM2022**	
C. diff (outpatient only)	-	0.7	2.6	▲	2.0	▲
CLABSI (outpatient only)	-	0.03	0.07	▲	0.02	▼

Rates per 10,000 population.

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[1] *The New York Times*, Tracking Coronavirus in Franklin County, Ohio, Covid-19 Cases. Retrieved from google.com, 2021

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[3] Ohio Department of Health, COVID-19 Dashboard: Key Metrics on Mortality. Retrieved November 30th, 2021

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[5] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

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[12] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019)

Community Assets and Resources

The list of non-profit and private organizations working to impact priority areas listed in this document are endless. The Central Ohio community is well positioned to impact adverse health outcomes because of these collective efforts.

Although not an exhaustive list of partners, each priority below includes community cornerstones of multi-sector partnerships that advance collective impact. A more extensive resource list will be identified during subsequent health improvement work; it will be included in future documents and at https://centralohiohospitals.org/.

Basic Needs

There is a continuously growing body of evidence that support health outcomes being linked to the environments where people are born, live, learn, work, play, worship, and age. These conditions, commonly referred to as social determinants or root causes of health, affect a wide range of health, functioning, and quality of life-outcomes and risks[1]. *Healthy People 2030* stratifies social determinants of health into 5 domains, all of which are addressed by health and social service providers affiliated with the following organizations:

- **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.

- **Franklin County Human Service Chamber** - serves and represents nearly 130 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.

- **Central Ohio Pathways HUB** - Health Impact Ohio (formerly Healthcare Collaborative of Greater Columbus) manages the Central Ohio Pathways HUB, where Community Health Workers assist clients enrolled in the HUB with multiple factors that contribute to an individual's health, including social determinants like culture, race, income, and education level. For more information on the Pathways HUB, visit http://www.hcgc.org/central-ohio-pathways-hub.html

- **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/

Racial Equity

Health and human service agencies across the county are reframing strategic plans, partnerships, and conversations to mitigate and dismantle the impact structural racism has on residents and vulnerable communities. Local organizations that have a long history of convening partners to facilitate conversations and collective impact projects to address racism include:

- **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.

- **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.

Behavioral Health

The impact of mental health, addiction, and trauma is widespread amongst almost every factor that influences individual quality of life. The following organizations have a longstanding presence in Central Ohio, and rely on a diverse collection of partnerships to improve behavioral health outcomes:

- **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.

- **The 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://www.columbus.gov/CFCAP/ .

- **The 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/publichealth/programs/neighborhood-services/community-resilience-coalition.

Infant and Maternal Health

In 2014, the Greater Columbus Infant Mortality Task Force developed eight recommendations to reduce the community's alarming infant mortality rate by 40 percent and cut the racial health disparity gap in half. CelebrateOne was created in November 2014 as a collective impact approach to carry out the Task Force's recommendations and ensure Franklin County meets its ambitious goal. More information and a list of organizational partners can be found at https://www.columbus.gov/Celebrate-One/About-CelebrateOne/.

References

1. Healthy People 2030 Social Determinants of Health: https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Summary

Franklin County HealthMap2022 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 compare favorably with the state and country.

Franklin County HealthMap2022 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 HealthMap2022'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 HealthMap2022* 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 HealthMap2022* may be shared with:

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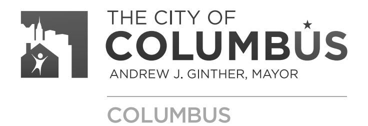

Navigating Our Way to a Healthier Community Together

The Ohio State University Wexner Medical Center

HealthMap2022
Implementation Strategy 2022-2024

HealthMap2022
Implementation Strategy 2022-2024

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 *HealthMap2022*. The Franklin County *HealthMap2022* identifies four health priorities and corresponding indicators. This implementation strategy explains how the Ohio State Wexner Medical Center will address and try to impact the priorities identified in its Community Health Needs Assessment. Due to its importance for the health of our community, we have added "Access to Care" as an additional indicator for the first health priority, "Basic Needs."

COVID-19

It would be difficult to create an implementation strategy without discussing the challenges that the pandemic presented. One year into HealthMap2019, COVID-19 struck, and that changed the way that hospitals around the country provided care to their patients. Access to care looked different during the COVID-19 pandemic.

- Telehealth became an essential way for patients to connect with providers during the early days of the pandemic, so that they would not be at risk for becoming infected.
- Moms2B, an innovative, community-based pregnancy program for low-income women, moved its educational sessions to virtual.
- Visitors were limited, with only a few exceptions. One such exception was for doulas who work to assist expecting mothers as they progress through the process of delivering. The Ohio State University Wexner Medical Center found doulas to be a crucial part of the birthing experience for mothers who chose to use them, especially those at greater risk for disparities in birth outcomes due to race.
- In addition, a plan to distribute naloxone in the hospital through our Project DAWN allocation would not have succeeded if not for the creation of a partnership of a mixed-disciplinary team, a local church, the Columbus Division of Fire and others to get Narcan out into the community.

We are proud of how our staff adjusted to all the changes due to COVID-19. Among many innovations in care, for example:

- Harding Hospital clinical staff opened a special COVID-19-positive unit that treated 40 patients for psychiatric and addiction issues during the omicron surge.
- Our Emergency Department and Ambulatory teams worked to create efficient and accessible COVID-19 testing in our community in partnership with Columbus Public Health.
- Ambulatory also ran a state-of-the-art vaccine program out of the Schottenstein Center, and it worked with our Community Engagement team to provide vaccines out of East Hospital to some of our most vulnerable central Ohio residents.

Priority Health Needs 2022-2024

Basic Needs

Specific and interrelated indicators include:

- **Housing security (decreased homelessness, increased affordability)**
- **Financial stability**
- **Neighborhood safety (reduced crime)**
- **Food security**
- **Increased access to nutritious foods**
- **Access to care**

Healthy Community Center

On the Near East Side, a unique Healthy Community Center is set to open in spring 2023, partially designed by neighborhood residents themselves. Taking over the previous site of the Columbus Metropolitan Library's 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 will feature:

- a teaching kitchen with demonstrations for families and individuals of all ages
- a meeting center and café space
- soundproofed multipurpose classrooms and meeting rooms that can be sectioned off as needed

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.

Currently providers at these locations are prescribing the Mid-Ohio Farmacy card:

- Primary Care Thomas Rardin
- Primary Care - Family Medicine Outpatient Care East
- Total Health and Wellness East Hospital
- Maternal-Fetal Medicine at McCampbell Outpatient Care and East Hospital
- Diabetes-specific endocrinology clinics
- Primary Care - General Internal Medicine Outpatient Care East
- Primary Care Morehouse Outpatient Care

As of March 22, 2022, 1,321 patients have benefited from the program, leading to 5,224 food pantry visits. The increased access to fruits and vegetables at food pantries improves health outcomes through nutrition, and patients don't have to spend as much of their limited budgets on food.

Additional Mid-Ohio Food Collective Partnerships

Other longstanding partnerships between Ohio State and Mid-Ohio Food Collective include:

- The Wexner Medical Center's 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.
- Use of The 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 Center.

Access to Care

The Ohio State Wexner Medical Center identifies timely, culturally appropriate and easy to get to health care as an additional basic need and strategy for addressing racism, improving health equity and enhancing health outcomes. This need gained further attention because of the COVID-19 pandemic and the move to telehealth appointments.

Telehealth has proven to be useful in reducing missed appointments among our Medicaid population and in getting more people to participate in mental health and in addiction care, especially for initial appointments. Our challenge is to make this technology available to all our patients.

To improve access to care, the Wexner Medical Center has pursued multiple initiatives, including:

Digital Divide

We are making telehealth services work for all patients by addressing issues related to the digital divide. For example, during the COVID-19 pandemic, Moms2B participants were each provided a tablet and internet coverage so they could participate in virtual visits.

Additionally, we are participating in the Franklin County Digital Equity Coalition, a community-wide effort to holistically address the digital divide in central Ohio. In partnership with Smart Columbus, Partners Achieving Community Transformation (PACT) is playing a lead role by helping recruit households in the King-Lincoln Bronzeville neighborhood to bring affordable and reliable WiFi into their homes. Program participants receive in-home WiFi service at no cost for 12 months. After the 12-month period, participants can continue using the WiFi for no more than $20/month.

Ohio State Mobile Units

The Ohio State University deploys mobile health care 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 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, 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 attempting to address health disparities by providing convenient care close to home and 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 a new, large ambulatory facility named Outpatient Care New Albany. The site joins outpatient care expansion plans in Dublin and Powell. The comprehensive facilities are part of a new suburban outpatient care program that supports growth in the region and excellence in academic health care. At approximately 251,000 square feet, the facility includes ambulatory surgery, endoscopy, primary care, specialty medical and surgical clinics and related support space. Outpatient Care Dublin is expected to open in summer 2022. Work will then shift to Outpatient Care Powell.

Additionally, we are constructing a new outpatient cancer center that will focus on cancers that affect bone and soft tissue, blood, kidney, bladder and prostate – cancers for which treatment options have advanced to the point that outpatient care is now an option. The Ohio State University Wexner Medical Center Outpatient Care West Campus will include outpatient operating rooms, interventional radiology rooms, an extended recovery unit, a pre-anesthesia center, a diagnostic imaging center, retail pharmacy, a hematology clinic, a genitourinary clinic, infusion and medical office and support spaces. The approximately 385,000-square-foot cancer-focused facility will include central Ohio's first proton therapy treatment facility in partnership with Nationwide Children's Hospital. The building joins the Interdisciplinary Research Facility and an Energy Advancement and Innovation Center as the first three major projects envisioned for Ohio State's new Innovation District.

Transportation Assistance

The 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 University Hospital campus. This assistance includes enhanced parking subsidies and working with more flexible ride programs, such as Lyft.

Healthy State Alliance

The Healthy State Alliance, a strategic partnership between the Ohio State Wexner Medical Center and Catholic health ministry Bon Secours Mercy Health, is investing resources and providing tangible solutions to tackle Ohio's most critical health needs. The alliance is committed to transforming the health of the communities we serve, while making health care more affordable and accessible for all.

We are pursuing enhancing food access through the Healthy State Alliance. Through our partnership, we will explore providing our patients with access to Produce Perks Midwest, an Ohio nonprofit that increases affordable access to healthy food, supports local farmers and strengthens local economies. Produce Perks doubles the purchasing power for families and individuals who receive SNAP when they purchase healthy foods, such as fruits and vegetables.

One of our initial joint alliance priorities was increasing access to telehealth services. Our institutions have a long history of using telehealth, which prepared us well to respond to patients' needs during the COVID-19 pandemic. Telehealth has become a normal way of providing care to our patients, across types of providers and conditions – from primary care to specialty care and disease management. Telehealth increases access to care, particularly for individuals with barriers to care such as transportation. It can save patients money as compared to coming to an in-person visit, in the cost of gas, parking, lost wages and/or child care, which for some patients is not insignificant. Since we have expanded telehealth visits, our no-show and late cancelation rates have dropped among our entire patient populations, but particularly for Medicaid participants.

However, the benefits of this new technology are limited in areas without access to reliable, affordable broadband service. The Healthy State Alliance successfully advocated to ensure state funding was allocated for the Residential Broadband Expansion Grant Program to help meet the digital needs of Ohioans.

Creating Financial Stability for Our Own

The Ohio State University Wexner Medical Center is committed to addressing the social and behavioral factors that influence health in central Ohio. But that commitment does not just extend to members of the community. We want to provide the same support to Wexner Medical Center faculty and staff who are facing challenges in their personal lives.

In 2020, the minimum wage for Ohio State Wexner Medical Center employees was raised to $15 per hour. About 3,800 employees benefited from the pay raise. An additional 1,000 employees already earning $15 per hour moved to a rate of $16 per hour.

Additionally, the Employee Resource Center (ERC) was founded in January 2021. It has helped 227 medical center employees who were experiencing a life change or crisis by connecting them to confidential resources at Ohio State and in the community that focus on social determinants of health, including food insecurity, housing, transportation, education and financial counseling. The ERC is also working to address additional needs, including launching a "scrub drive" in May to collect new and gently used scrubs for employees who need them.

Finally, the Wexner Medical Center is partnering with the Columbus Urban League to conduct monthly virtual job fairs to recruit and provide support for new employees who better reflect our patients.

Healthcare Anchor Network

In August 2021, the Wexner Medical Center became the 70th member of the Healthcare Anchor Network (HAN). HAN members seek to intentionally apply their institution's long-term, place-based economic power and human capital in partnership with their community to mutually benefit the long-term well-being of both. Areas of emphasis include local and diverse hiring and workforce development, local and diverse sourcing and place-based investing. The Wexner Medical Center is developing strategies for all three of these areas in the coming year. The purpose of these efforts is to address upstream causes of social determinants of health affecting the health of our community's residents and the patients we serve.

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 and do not have the financial resources to afford local hotel accommodations.

Additionally, the Wexner Medical Center is partnering with Move to Prosper to explore ways to connect to our Moms2B participants. Move to Prosper provides families with three years of rental support, rental home or apartment; a life coach; and integration assistance into one's new life.

PACT (Partners Achieving Community Transformation)

In 2010, PACT began with a $10 million investment from the Wexner Medical Center. PACT is a partnership between the city of Columbus, the Columbus Metropolitan Housing Authority and community neighbors that has worked to develop a revitalization plan called the Blueprint for Community Investment. The plan, designed to empower Black residents through engagement, decision making and self-determination, 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 majority-Black communities throughout the country that have experienced a sustained period of disinvestment. Columbus is one of nine cities to receive the award.

Fifth Third will distribute the $20 million over three years in the form of small business and neighborhood revitalization loans, residential mortgages and philanthropic donations. PACT's Blueprint for Community Investment will continue to serve as the framework for guiding these opportunities.

PACT and its partners will leverage the neighborhood's rich cultural legacy to create an economic impact corridor. They aim to carry out that work in a way that honors the Near East Side's history, while building Black futures in the neighborhood.

The organization and its partners will leverage this new infusion of funds from Fifth Third Bank to:

- Develop a Black-owned bank and grocery store
- Support public art creation across the neighborhood
- Provide down payment support for middle-income and ladder-up housing opportunities that build generational wealth
- Expand health, dental and optometry services
- Create financial education, literacy and savings programs for area youth

What We Will Do

- Open the Healthy Community Center in the spring 2023.
- Expand access to the Mid-Ohio Farmacy program.
- Continue to work through the Healthy State Alliance to make health care more affordable and accessible for all.
- Administer the Fifth Third Bank's Neighborhood Investment Program in the PACT neighborhood to improve financial security and housing security.
- Continue to address access to care through work around the digital divide.
- Bring care to our patients and provide them with transit assistance.
- Explore how we can support housing security in the community through the Healthcare Anchor Network.

Racial Equity

- **Specific indicators include:**
- **(Effects on) Economic and housing stability**
- **(Effects on) Quality health care, mental health and feelings of safety**
- **(Effects on) Maternal and infant health outcomes**

Racism as a Social Determinant of Health

The term "social determinants of health" refers to the environmental conditions in which people are born, live, learn, work, play, worship and age that affect health. Racism is a prominent social determinant of health. It is a driving force behind inequities in housing, income, education and other social determinants that lead to poor health outcomes among Black and brown communities. It can manifest itself in policies, practices, resource allocation, education and training and patient care without deliberate, focused efforts to remove structural racism and implicit or explicit bias from the health care system.

Academic health centers have the power and influence to help change this. Therefore, we must do all that we can to eliminate the negative impact of racism on the health and well-being of our patients and their families through the work of our students, faculty and workforce here at the Ohio State Wexner Medical Center. Ohio State's excellence in education, research, clinical care and community engagement stands at the center of our mission, vision and values at the Wexner Medical Center, The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Ohio State's health sciences colleges.

Anti-Racism Action Plan

As health care leaders, we have a responsibility to end racism. Racism has so many negative impacts on individuals in our society, but, specifically as a determinant of health, it contributes to the premature illness, injury, disability and death of Black, indigenous and people of color in our community.

In 2020, the Wexner Medical Center established its Anti-Racism Action Plan with a goal to continue building on our decades-long commitment to serving vulnerable populations in our community to positively influence overall health and well-being. Through our focused anti-racism initiatives, we are taking steps to engage individuals and organizations across our community to learn and participate in community anti-racism efforts.

We have also worked to equip our leaders, managers and team members with tools and resources to help us address systemic racism and unconscious bias within our organization, including the popular Implicit Bias Mitigation Workshop that fulfills the medical center's diversity training requirement.

In July 2021, the medical center released our inaugural Health Equity and Anti-Racism (HEAR) report, which provided a snapshot of what we achieved together through the first year of these concerted efforts.

Heading into the second year of the Anti-Racism Action Plan, we will go deeper into topics and tools for change. ***Two opportunities that will give faculty and staff ways to advance their learning and ability to support health equity for our patients are:***

- ***Anti-Racism, Inclusion, Support, Education (ARISE):*** A new initiative under the Ohio State Wexner Medical Center Anti-Racism Action Plan Faculty and Staff Training and Development workgroup, ARISE offers a virtual museum experience that invites faculty and staff to explore topics related to racial justice and inclusion. Visitors can click on exhibits and engage with videos, art, current events, articles, resources and reflection opportunities.
- ***Series II of Roundtable on Actions Against Racism (ROAAR):*** The first program in Series II offers perspectives on how public health and health care systems moved from statements against racism to actions in addressing health disparities in vulnerable communities.

OSUCCC – James Diversity, Equity and Inclusion

At The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, our commitment to diversity, equity and inclusion has never been stronger. The OSUCCC – James has as an unwavering commitment to equality and justice for all, and zero tolerance for racism, bigotry and hate of any kind.

We recognize and appreciate the importance of creating an environment in which all employees feel valued, included and empowered to do their best work and bring great ideas to the table. We recognize that each employee's unique experiences, perspectives and viewpoints add value to our ability to create and deliver the best possible cancer care to our patients.

At the OSUCCC – James, we are committed to fighting systemic racism, creating better employment and advancement opportunities for people of color and becoming a more inclusive and diverse institution. We believe this is fundamental to driving innovation and to achieving our mission of eradicating cancer from individuals' lives by creating knowledge and integrating groundbreaking research with excellence in education and patient-centered care.

Through our Diversity, Equity, and Inclusion Task Force, we will identify immediate and long-term strategies to accelerate change and become a more inclusive and diverse institution – because it is essential to maintaining our reputation for world-class cancer care, research and education.

Center for Cancer Health Equity

Research suggests that up to half of all patients report transportation as a barrier to obtaining health care. Furthermore, some patients have nowhere to go: in Ohio, six rural counties have no hospital, and several have few or no mammography facilities. The Center for Cancer Health Equity is among Ohio State's efforts to close that access gap by taking care directly to patients – whether they live in underserved Columbus neighborhoods or in surrounding rural cities and counties with limited health care facilities. Among these initiatives are mobile units, outreach programs and innovative, expanded methods of health care.

While geography is a key part to closing the access gap, most of Ohio State's efforts go beyond just meeting people where they live. Understanding how culture plays into someone's health care is also key, as is speaking their language.

The Center for Cancer Health Equity seeks employees from the communities it serves; its 17 outreach and engagement staff include three employees who focus on rural and Appalachian efforts, three who focus on African American outreach, six who work with Hispanic and new American communities, one who focuses on LGBTQ+ initiatives and four patient navigators. The staff also include bilingual employees who speak Spanish, Somali, Mandarin and Nepali.

One example of a community outreach program organized by the Center for Cancer Health Equity seeks to increase preventive screening and cancer education in underserved communities, including those with Hispanic, Somali, Bhutanese-Nepali and other immigrant groups. The team holds regular events at local community centers to educate area residents about early cancer detection and treatment.

Over the years, the Center for Cancer Health Equity has held or participated in over 625 events with 27,000 people reached, provided navigation for 7,000 patients, increased enrollment into Breast and Cervical Cancer Early Detection Programs and built relationships with over 250 community partners in the state.

Colorectal Cancer in the Black community

In 2022, a team of colorectal cancer experts from The James launched a new initiative aimed at improving early detection and prevention of colorectal cancer in the Black community, which has historically been placed at increased risk for colorectal cancer due to a lack of timely colorectal cancer screening and barriers to receiving health care services. Through the new initiative being conducted in partnership between the Department of Family and Community Medicine at the Ohio State Wexner Medical Center and the Center for Cancer Health Equity at the OSUCCC – James, at-home colorectal cancer screening kits were mailed to 400 patients who qualify for – but have not yet received – a colorectal cancer screening exam.

These patients can perform this simple test in their homes with the aid of pictures and easy-to-follow, step-by-step instructions that include details for packaging the samples and sending them back to us for analysis. After the at-home test is returned for analysis, our Population Health clinical team will monitor results and contact patients and their primary care physician about any abnormal results.

Community Valued Partners

Beginning even before the COVID-19 vaccine was available to the general public, the Wexner Medical Center Community and Civic Engagement team began working in the community to counteract disinformation and rumors about side effects, risks and the impact of the vaccine on specific patient populations. The Community Valued Partners program collaborated with community stakeholders, including churches and community-based organizations, to address resident concerns and questions about the vaccine – even going door-to-door to spread credible information about the vaccine. Through conversation, they determined people's needs and addressed barriers to getting the vaccine, including daycare, food, transportation and adding a modesty room out of respect for certain religions.

A few weeks after opening our mass vaccination site at the Schottenstein Center, we worked with the Analytics Center of Excellence team to evaluate who we were reaching at that facility. The data showed that people coming to the campus location were predominantly white, and fewer people of color were being vaccinated than expected. In response, we quickly mobilized multiple strategies to increase our engagement with people living in underserved and immigrant communities around Columbus. We launched a public vaccination center at East Hospital, which, along with our other locations, helped serve more than 13,000 individuals from 11 identified underserved ZIP codes downtown and on the Near East and South sides of Columbus, not including medical center faculty and staff. This work represented some of the nation's best for addressing the health care disparities, systemic racism and other social determinants of health that drive COVID-19's more negative impact on communities of color across the country.

In addition to this work, we teamed up to help with these important COVID-19 vaccination efforts:

- Several physicians from East Hospital had a monthly dinner with pastors at a church within walking distance of the hospital to champion the benefits of the vaccine and build relationships and trust.
- The External Vaccine Education Workgroup provided patient navigation to help individuals overcome obstacles such as transportation and language differences that might prevent them from receiving the vaccine.
- The Center for Cancer Health Equity offered its team, including patient navigators, to follow up with the people who registered through the Community Valued Partners Program to be sure they had what they needed to get there.
- The Community Engagement Task Force worked closely with the COVID-19 Vaccine Call Center to find alternative ways to register people for vaccinations when they could not access digital technology.

These community partnerships have formed strong bonds. Today, the newly named Community Valued Partners comprises 39 partners. They continue to collaborate with the medical center, and together we are addressing ways to improve health care and health equity for our communities.

Navigating Implicit Bias

Influencing change and reducing health and health care disparities across the country starts with individual understanding and behavior. That is why The Ohio State University Wexner Medical Center has developed robust, diverse and thoughtful training that gives staff and faculty support as well as tools to tackle their own biases.

As part of required annual training, faculty and staff can choose from nearly 20 training topics, including transgender health, disabilities etiquette, poverty and a hugely popular implicit bias training developed in collaboration with Ohio State's Kirwan Institute for the Study of Race and Ethnicity.

The variety and diversity of training opportunities is intentional, developed with current events and diverse patient populations in mind, as well as with feedback from engagement surveys and employee resource groups — voluntary, employee-led groups that focuses on meeting the needs of LGBTQ+ employees, veterans, young professionals, Black faculty and staff and more. In 2020, two cultural competency training curriculum tracks were formed: one devoted to cultural awareness, equity and inclusion, and the other dedicated to anti-racism awareness, sparked by the outrage over Black and brown lives lost because of institutional racism.

Among the new 2020 training offerings were the 21-Day Diversity, Equity and Inclusion Challenge, which the Ohio State Wexner Medical Center modeled after a plan developed by educator Eddie Moore Jr., PhD, director of The Privilege Institute. The idea behind the challenge is to complete one action each day for 21 days to further an individual's, group's or department's understanding of power, privilege, supremacy, systemic racism, oppression and equity. Suggestions include readings, podcasts and videos, as well as actions to interrupt racist behavior. The challenge is followed by monthly facilitated group sessions called "Conversations that Matter," in which participants share their experiences and are encouraged to reflect on their emotions and perspectives openly and honestly.

The medical center's offerings now include the new Certificate of Inclusive Excellence Program, in which employees can complete training to earn different levels of certification: Partner, Champion or Ambassador. At each level, the employee signs a formal pledge signaling their commitment to fostering inclusive excellence.

Implicit bias training is also expanding. In January 2021, Implicit Bias Mitigation (IBM) workshops launched for the Wexner Medical Center and the health science colleges. These virtual workshops, with updated curriculum, continue the legacy of the implicit bias workshops. A key learning objective of the workshop is to mitigate implicit bias by identifying our preferred groups to better practice intentional inclusion of the other. In April 2021, a special IBM program customized for search committees was created and launched.

Ohio State's efforts to empower future health professionals begin early, through recruiting and admitting a diverse student body and preparing those students for success. And each year, the colleges strengthen and advance their initiatives to equip students with the proper training, support, mentorship and education to properly address social determinants of health.

Additionally, the Patient Experience and Clinical Services workgroup has created the Process and Strategies for Responding to Workplace Bias poster to help our medical center continue to make strides toward reaching the goals set through the Anti-Racism Action Plan. The poster provides resources and information to help faculty and staff assess and resolve implicit bias.

Capacity Building

Starting in the summer of 2021, several Wexner Medical Center staff participated in programs to help develop capacities and strategies to advance health equity. These learning efforts included Vizient's five-part Health Equity Leadership Series, the Center for Community Investment's Accelerating Investments for Healthy Communities program (the Wexner Medical Center was one of six participating health systems) and national conference and the Healthcare Anchor Network's Fall Conference. These engagements also provide the Wexner Medical Center with an ability to benchmark our performance against other participating health care systems. We will be incorporating these learnings in our health equity and HAN activities over the next three years.

Racism and Racial Bias Education in Women's Health Clinics

The American College of Obstetricians and Gynecologists recognizes racial bias as an issue that affects patients, either directly by subjecting them or their families to inequitable treatment, or indirectly by creating a stressful and unhealthy environment. Ohio Better Birth Outcomes (OBBO), which is a Central Ohio Hospital Council-supported collaborative of hospital- and Federally Qualified Health Center-based prenatal clinics, is working to address racism and racial bias by providing continuing education for all stakeholders across the care continuum on racial bias, stigma, discrimination and the history and effects of structural racism in reproductive health. The goal of this work is to decrease racial disparities in maternal and infant mortality and early prematurity and to improve patient experience.

In 2022, OBBO will convene a conference, with a mixture of virtual, in-person and recorded offerings in coordination with a Black-led, community-based organization. Core sessions and breakout sessions will be offered to all hospital staff directly connected with women's health.

In addition, a program led by Ohio State maternal-fetal medicine specialists aims to analyze the health care experiences of minority women — particularly African American women — and turn the information into guidance to help health care providers give more patient-centered, culturally sensitive care. The Disparities in Maternal Health program, funded through an Ohio Department of Health grant, began surveying women in mid-March 2021.

Participating patients are surveyed early in pregnancy through the postpartum phase, examining their history and exposure with perceived medical biases in prenatal, labor/delivery and postpartum care. The goal of this program is to understand links between patients' experiences with bias, medical mistrust and other health care barriers, and how these experiences affect prenatal care.

Supplier Diversity

For several years, the four Franklin County hospital systems have collaborated to strengthen their support of and participation with diverse business entities. The systems have employed a variety of initiatives, including meet-and-greet events to assist local minority- and women-owned businesses in understanding the needs of each hospital system and navigating the hospital contracting process. In addition, the hospitals have developed a guide to assist business owners in navigating the hospital contracting process.

In 2022, the systems will hold three virtual sessions, each focused on a minority-owned business working in the information technology space. The goal of these events is to assist local W/MBE IT companies that currently work with one or more of the hospital systems in growing their business by contracting with additional hospital systems.

Health Information Translations

Dating back to 2005, the Franklin County hospital systems have worked together to address health education needs for low-literacy and limited-English-speaking patients by launching HealthInfoTranslations.org. The website offers more than 3,000 free resources, translated into 21 languages, including Arabic, Simplified Chinese, Traditional Chinese, French, Hindi, Japanese, Korean, Nepali, Russian, Somali, Spanish, Ukrainian and Vietnamese. The site receives, on average, more than 8,000 visits a month. Most users come from Ohio, but the site has served users from all states in the country and from nearly 100 foreign countries.

What We Will Do

- Finalize and approve the OSUCCC – James' Diversity, Equity and Inclusion plans and metrics of accountability for cancer program.
- Release year two of the Health Equity and Anti-Racism (HEAR) report.
- Send screening tests that can be administered at home to patients at high-risk for colorectal cancer.
- Hold virtual sessions with the other hospital systems to assist local Women/ Minority Business Enterprise IT companies that currently work with one or more of the hospital systems in growing their business by contracting with additional hospital systems.
- Examine quality metrics through a race equity lens.

Behavioral Health

Specific indicators include:

- **Access to mental health care resources**
- **Screening for mental health issues**
- **Decreased unintentional drug and alcohol deaths**
- **Youth mental health supports (clinical, social)**

Ohio's battle to reduce some of the nation's highest rates of mental illness and addiction began long before we heard of COVID-19. The pandemic made things worse. The Ohio State University Wexner Medical Center's Behavioral Health and Addiction teams met the challenges of these compounding public health crises even as the pandemic forced them to create physical distance with the people who needed their personalized care.

No one was immune from the pandemic's strain. Reports of depression, anxiety, addiction and post-traumatic stress disorder doubled and, in some cases, tripled over the past two years. Overdoses in Franklin County were the highest on record in 2020 and 2021. Suicide rates climbed in Ohio's communities of color and rural communities, and Ohio adults reported the highest increase in suicidal thoughts in the nation in 2021.

MENTAL HEALTH

Behavioral Health Immediate Care Program seeks to fill gaps in access to 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 Immediate Care Program. The program seeks to assist two groups of patients in particular need of continuous access to care.

The first group is people discharged from an inpatient hospitalization 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 are 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 is those under outpatient care who are in crisis. With outpatient behavioral health treatment, patients 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 Immediate Care Program 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. While virtual visits began during the start of the pandemic, walk-in appointments began in September 2021.

The Immediate Care Program team includes psychiatrists, nurse practitioners, social workers, case managers and a nurse. They staff phone lines five days a week. Nearly 1,406 unique patients have been served since the program began in spring 2020. The staff is tracking data to confirm that services provided are meaningful to patients and are achieving desired outcomes.

TALK Campaign for Mental Health

Every day, 130 people in the U.S. die from suicide. That is more than 47,000 every year. During the pandemic, the number of people struggling with mental health more than doubled.

The Ohio State Department of Psychiatry and Behavioral Health is working to provide safer suicide prevention care across the health system through its Change Zero Suicide, a framework for health care systems that includes assessment, safety planning and aftercare components, and its TALK program to end suicide. ***TALK stands for:***

- Tell them you care
- Act immediately
- Listen without judgment
- Know that treatment works

TALK was launched at the Ohio State-Purdue football game on Nov. 13, 2021, with the use of posters, billboards and audio and video announcements throughout the stadium to communicate the importance of breaking the silence around mental illness that can lead to suicide.

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 different social, cultural, economic, ethnic and racial 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 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 is 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, will create a specialized, phase-specific treatment plan to help minimize symptoms, reduce stress and improve function and independence.

The 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 (STAR)

The Stress, Trauma And Resilience (STAR) Program at 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.

The Ohio State University Wexner Medical Center Emergency Department and other medical center physicians refer patients directly to the STAR TRC. In addition, 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 health care professionals and hospital systems, the STAR Program has developed the Brief Emotional Support Team (BEST) 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.

The STAR Program also 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 is 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 their 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 the STAR Program.

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

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 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, nearly $45 million has been raised for the construction of the Crisis Center. The center is expected to open in early 2024.

Care for Our Own

We have several programs that provide health and well-being resources for our own faculty and staff. These teams supported health care professionals as they met the relentless demands of the pandemic.

- Our team of specialized providers in the STAR Program has provided support for all medical center employees during the pandemic through a wide range of respite and self-care programs developed to address pandemic-related stress, as well as private counseling sessions and around-the-clock mental health crisis intervention.
- Psychiatry residents set up an informal peer support program through which they offered their behavioral health expertise to residents in other specialties.
- The Behavioral Emergency Response Team, trained to de-escalate situations involving upset patients or family members, shielded our frontline workers from an increasing number of intense and potentially volatile situations exacerbated by the pandemic.

ADDICTION

The opioid crisis has hit Ohio particularly hard, and the COVID-19 pandemic has made it even more difficult to make treatment and recovery services accessible to those who need them. According to a report from Ohio Attorney General Dave Yost's Scientific Committee on Opioid Prevention and Education, more Ohioans died of an opioid overdose during a three-month period in 2020 than at any time since the opioid crisis began.

That is why The Ohio State University Wexner Medical Center has committed resources to fighting opioid use disorder at every angle, launching multidisciplinary research on the crisis and swiftly adapting services for an evolving foe.

Naloxone Training and Distribution

Among the most immediate and accessible services the Ohio State Wexner Medical Center 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.

Since 2015, Wexner Medical Center 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, the Ohio Department of Health's

Project DAWN (Deaths Avoided With Naloxone) granted funds to the Wexner Medical Center, giving us the ability to significantly widen our 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 the Ohio State Wexner Medical Center'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 Ohio State Wexner Medical Center outpatient pharmacies at Doan Hall, East Hospital and the OSUCCC – James, and the university's Wilce Student Health Services Pharmacy. Pharmacy, medical and nursing staff provide instructions for using it.

In addition, at the onset of the pandemic, the Ohio State Wexner Medical Center and Project DAWN pivoted to distribute naloxone directly to community members in their neighborhoods. Partnerships with the local health departments and Columbus Division of Fire's RREACT (Rapid Response Emergency Addiction and Crisis Team) program prompted growth in outreach and collaboration that now occurs several times per month across the central Ohio area, as well as outreach events on campus to reach college students. Distribution has expanded to include fentanyl test strips, drug disposal bags and information on treatment resources and other harm reduction practices.

Expanding Access to Care for Addiction

A systemwide project to better coordinate initiation of medication for opioid use disorder (OUD) allows the Ohio State Wexner Medical Center to open new entry points for addiction treatment and hire more dedicated care coordinators and peer supporters. By tying together all the services that treat opioid use disorder, treatment becomes more accessible to everyone who needs it. This allows for high-quality, evidence-based OUD care no matter where someone enters our health care system — not just if they show up at Ohio State Talbot Addiction Medicine for specific addiction services, but also if they arrive at a primary care office or the emergency room and are admitted with an infection that is a consequence of their addiction.

Medication Treatment for Opioid Use Disorder 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 what was then called medication-assisted treatment 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 (Rapid Response Emergency Addiction and Crisis Team) program to transfer patients presenting in the emergency department to treatment facilities including Maryhaven Addiction

Stabilization Center, Talbot and other local treatment agencies for coordinated care of OUD. We have continued to supplement treatment of OUD with balanced harm-reduction practices, including naloxone distribution, sexually transmitted infections 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, which is based at Ohio State. Finally, given the success of this program, our EDs are expanding to address all substances with a comprehensive coordination of care that involves the ED, a critical entry point for those who lack routine care or are under/uninsured. An ED-based addiction consult service will be developed this year to further enhance our ability to provide evidence-based care on site in our EDs.

Medication Treatment for Opioid Use Disorder in the Inpatient Setting

The Ohio State Wexner Medical Center's hospitalists have been prescribing medications for opioid use disorder (MOUD) for patients hospitalized with acute illnesses often related to intravenous drug use since 2018. Availability has expanded throughout the main campus, and most recently to East Hospital with the development of the addiction medicine fellowship program. Together since the beginning of 2020, the inpatient MOUD and Addiction Medicine consult services have completed 4,000 consults, initiating patients on MOUD and linking them to a MOUD provider 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.

Primary Care Addiction Medicine

The Ohio State Wexner Medical Center also has recently opened a new Primary Care Addiction Medicine clinic within Ohio State Outpatient Care East. Primary Care Addiction Medicine treats patients with known substance use disorders or who have a concern of developing a substance use disorder. A multidisciplinary team works with patients until they are stabilized and have a clear treatment plan. At that point, the clinic transitions patients back to their regular primary care provider or assists them with finding a primary care provider who is comfortable providing substance use disorder treatment.

Reducing Opioids for Surgery

An Enhanced Recovery After Surgery (ERAS) protocol that began at Wexner Medical Center 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 the risk of opioid abuse. The Toward Opioid-Free Ambulatory Surgery (TOFAS) 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. It currently operates one day a week under palliative specialist Sachin Kale, MD, who says there are active plans to expand the clinic given the high need for its services.

Residential Treatment Program Expansion

Ohio State's Talbot Hall will be expanding to offer a residential treatment program. Whereas Talbot Addiction Medicine currently offers short, inpatient stays for just three to five days followed by outpatient care programs, this new program will offer a stay of up to 30 days in a residential-level care model with medication, behavioral therapy and social support. This allows Talbot to give patients the full spectrum of care in an evidence-based environment that also allows patients to continue their medication for opioid use disorder.

Addiction Medicine Collaborates with Infectious Diseases

The Division of Infectious Diseases and the Addiction Medicine program 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.

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, the Wexner Medical Center was awarded at Health Resources & Services Administration grant, which allowed the addiction medicine fellowship to expand to four spots per year. Additionally, in 2019, the Wexner Medical Center was 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.

Mindfulness Pain Management

A home visiting program for patients with sickle cell disease has expanded to include a three-year, community-based participatory research project that will test how well a mobile app can train these adult patients to use mindfulness-based pain management effectively.

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.

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 has 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 to be able to care for patients up to one year postpartum with an aim to integrate support persons and families in the MOUD treatment and prenatal care already provided for pregnant and postpartum patients with 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% to 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 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.

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 County Commissioners as the community plan to address and combat the opioid crisis. The Central Ohio Hospital Council is working to implement the activities assigned to the hospital systems under the Action Plan. Representatives from all four hospital systems also present opioid overdose education and prevention information at events held throughout the community.

What We Will Do

- Expand use of patient-reported outcomes in clinical decision-making throughout a variety of programs and across the continuum of behavioral health care.
- Expand access to care by utilizing telehealth and growing outpatient options.
- Open a residential addiction treatment program at Talbot Hall, offering a 30-day stay to help patients achieve stabilization before transitioning to outpatient services.
- Expand the number of peer supporters employed by the Ohio State Wexner Medical Center.

Maternal and Infant Wellness

- **Specific indicators include:**
- **Infant mortality**
- **Maternal pre-pregnancy health**

Progress has been made to reduce infant mortality in Franklin County. The work of CelebrateOne, Ohio Better Birth Outcomes (OBBO) and a host of community partners has resulted in Franklin County achieving its lowest infant mortality rate (IMR) in recent history (6.7 per 1,000 live births in 2020). But even at this level, the IMR is too high. Nationally, Columbus ranks 43rd of the 50 largest U.S. cities on infant mortality. Ohio ranks 40 out of the 50 states.

In 2020, CelebrateOne and Columbus Public Health reported 17,495 babies born in Franklin County in 2020; 117 died before reaching their first birthday, representing 41 fewer deaths than in 2014.

Local and national reductions in white infant mortality have far outpaced the reduction of Black infant mortality. The Franklin County 2020 Black IMR of 11.6 is nearly three times higher than the 2020 white IMR of 4.1. Since the start of this initiative, the white IMR decreased by 28% compared to the Black IMR, which has seen a 22% reduction since 2014.

The Ohio State Wexner Medical Center is tackling this problem from multiple angles, using research, treatment programs and community outreach to create a better future for all pregnancies and babies, but especially to reduce those disparities.

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 Wexner Medical Center program to reduce infant mortality rates, eliminate disparities in maternal and infant health and address the social determinants of health that affect pregnancy and babyhood.

In Ohio, Moms2B's success has made it the blueprint for reaching those goals. In 2020, 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.

In church halls, at Ohio State East Hospital and at Mount Carmel's Center for Healthy Living, parents in eight high-risk neighborhoods see a multidisciplinary team of health professionals each week. The health care workers follow mothers from pregnancy through their babies' first year. Moms2B provides them 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.

During the COVID-19 pandemic, Moms2B went virtual with its educational sessions offered through Zoom while continuing check-ins with mothers and connecting them with necessary resources. The program also expanded virtually during the pandemic and began serving mothers living in Dayton/Montgomery County, at the request of Governor Mike DeWine.

Maternal Fetal Medicine Outpatient Care East Expansion

The Division of Maternal Fetal Medicine at The Ohio State University Wexner Medical Center 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, and prenatal imaging and diagnostic testing.

Recently, Maternal Fetal Medicine expanded to Outpatient Care East. The goal in this expansion is to reduce preterm birth before 37 weeks' gestation and infant mortality in the first year of life for the Near East Side of Columbus by increasing access to general obstetrical and subspecialty maternal fetal medicine care at the Outpatient Care East ambulatory location.

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, over 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. As maternal stress and poverty are important factors that increase the risk of preterm delivery, efforts to reduce preterm birth rates in areas such as the Near East Side must also address these concerns.

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.

This project involved the development of a comprehensive clinical infrastructure that can address all the prenatal and wraparound services needs of the Near East Side community. As volume continues to increase, the goal is to operate an obstetric clinic five days a week with adequate support staff to address social service needs.

Services offered include:

- General obstetric clinic staffed by advanced practice nurses from The Ohio State University College of Nursing
- Obstetric clinic for high-risk patients staffed by maternal fetal medicine physicians and advanced practice nurses
- Same-day appointments for patients with urgent gynecologic or early pregnancy concerns
- Prenatal diagnostic imaging services
- Gynecologic care
- Gender-affirming care

Multimodal Maternal Infant Perinatal Outpatient Delivery System (MOMI PODS)

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, specifically to those with high-risk conditions or those who have not attended scheduled appointments. It builds upon the mom-baby dyad pilot program that focused on moms with gestational diabetes.

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 preventive care, yet are least likely to engage it. The 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.

McCampbell Outpatient Care Ob/Gyn Clinic

The Ohio State Wexner Medical Center's McCampbell Outpatient Care clinic offers care to some of our highest risk populations, including those who attend STEPP and participate in our McCampbell Fourth Trimester Group. The teaching clinic averages 2,000 patients per month.

The Wexner Medical Center's 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 two nurses who have been trained by Nurse Family Partnership. Beginning in summer 2022, the Wexner Medical Center plans to double the number of home visiting nurses, which will allow for more patients to be able to participate in the program.

Clinic initiatives include:

- Increasing community referrals to
    - Home Visiting
    - Moms2B
    - Baby and Me Tobacco Free at Columbus Public Health
- Improve breastfeeding rates (McCampbell Fourth Trimester Group)
- Improve blood pressure monitoring through blood pressure cuff dispensing, which launched in September 2021
- Increase maternal understanding of marijuana
- Complete 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 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. Fourth Trimester Group Clinic (FTGC) at McCampbell is an effort to improve breastfeeding rates and reduce racial disparity in vulnerable high-risk mothers and their infants in our community, with an overarching goal to improve their short- and long-term health.

Staff are engaging in an education campaign that will increase the knowledge and skills for inpatient and outpatient nursing and physician staff, with a specific focus on the benefits of breastfeeding for both mothers and infants as well as practical advice and tips for breastfeeding success. We are partnering with The Milk Mission, a Columbus-based initiative to train Black women to become certified lactation instructors. The Milk Mission is unique in addressing social determinates of health in addition to the biology and physiology of lactation. Moreover, we follow the Institute for the Advancement of Breastfeeding and Lactation Education's outpatient Breastfeeding Champion course.

The FTGC visit addresses several key needs of the recently discharged high-risk mother and child. First, a pediatrician provides a 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 mom-baby 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 (IBLC) evaluation and support are referred to our specialists at the Upper Arlington location.

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), the Ohio State Wexner Medical Center 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 Behavioral Health section] for more information.

Women's Behavioral Health Partners With Ob/Gyn Providers

Women's Behavioral Health (WBH) at The Ohio State University 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 health care services. This colocated 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 in pregnancy increases the risk of adverse outcomes for both mother and infant. Over one in three infants born to individuals with type 2 diabetes 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 type 2 diabetes are a high-risk vulnerable population who experience nonmedical 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 type 2 diabetes and their providers to achieve and maintain glycemic control and access to timely diabetes care, patient education and support. This project will begin in summer 2022.

Training for Providers

Virtual Telehealth Delivery Training for Women's Health Providers seeks to help women's health providers give better care to patients who cannot easily access early prenatal and specialty care. The project, which began sessions in September 2020, takes women's health providers through simulations to learn efficient workflow management, co-management, virtual patient assessment and other fundamentals of telehealth. The scenarios use standardized patients, or actors, which include a patient with limited English proficiency working through an interpreter, and a patient who is in the country illegally. Prior to the COVID-19 pandemic, 92% of obstetric providers in Ohio had not used telehealth, but now, at least 77% of them use it regularly.

A second Ohio Department of Health-funded program, Obstetric Emergency Simulation Training for Emergency Medicine Providers, is designed for emergency medicine physicians, physician assistants, nurse practitioners, nurses and EMT/EMS. The program, which began its first trainings in August 2020, puts participants through virtual simulations to improve recognition, treatment and management of obstetric emergencies including hypertensive emergencies, postpartum hemorrhage and cardiomyopathy. One training involves practicing simulations themselves, but the second training utilizes a train-the-trainer model to offer emergency medicine physicians and nurse educators the tools to facilitate their own low-cost obstetric emergency simulations and teach others at their home hospitals.

In Ohio, about one-third of maternal deaths occur in the postpartum period and 23% of maternal deaths occur in emergency departments. Emergency departments also see a significant number of pregnant and postpartum patients for complaints both related to the pregnancy and not related to the pregnancy. While 98% of Ohio hospitals have reported conducting simulation drills for obstetric emergencies, 100% of those drills involved labor and delivery or postpartum staff — but only 30% involved emergency department staff.

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 Central Ohio Hospital Council (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 Ohio State 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

Since 2017, pregnant women who receive care in hospital prenatal clinics are screened to assess if they have a legal issue that needs to be addressed. If a legal need is identified, the woman is referred to the Columbus Legal Aid Society, which helps to resolve the legal issues. The goal of the initiative, which is overseen by the Ohio Better Birth Outcomes collaborative, 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.

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 1,500 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 Ohio State'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

- Expand the number of patients able to participate in the Ohio State Wexner Medical Center's home visiting program by doubling our home visiting nurses.
- Increase referrals to the Mid-Ohio Farmacy for our eligible pregnant moms.
- Partner with Ohio Better Birth Outcomes and CelebrateOne to embed community health workers into the McCampbell Outpatient Care clinic.
- Using data and the help of CelebrateOne, assess the current locations of Moms2B with the goal to provide this valuable resource to the areas that need it most.
- Continue to provide trainings to reduce implicit bias in obstetric care, and partner with Ohio Better Birth Outcomes and CelebrateOne to decrease racial disparities in infant mortality.