

THE OHIO STATE UNIVERSITY
OFFICIAL PROCEEDINGS OF THE
ONE THOUSAND FIVE HUNDRED AND FIFTEENTH
MEETING OF THE BOARD OF TRUSTEES

Columbus, Ohio, May 17-19, 2022

The Board of Trustees and its committees met virtually over Zoom on March 4, 2022, and May 2-3, 2022, and in the Longaberger Alumni House in Columbus, Ohio, and virtually over Zoom on May 17-19, 2022, pursuant to adjournment.

Minutes of the last meetings were approved.

**TALENT, COMPENSATION & GOVERNANCE COMMITTEE
EXECUTIVE SESSION**

Committee Chair Hiroyuki Fujita called the meeting of the Talent, Compensation & Governance Committee of the Board of Trustees to order on Friday, March 4, 2022, at 9:32 a.m.

Members Present via Zoom: Hiroyuki Fujita, Lewis Von Thaer, Brent R. Porteus (*joined late*), Abigail S. Wexner, Alexander R. Fischer, John W. Zeiger, Elizabeth P. Kessler, Gary R. Heminger (ex officio)

Members Absent: N/A

It was moved by Dr. Fujita, and seconded by Mr. Von Thaer, that the committee recess into executive session to discuss business-sensitive trade secrets required to be kept confidential by federal and state statutes.

A roll call vote was taken, and the committee voted to go into executive session with the following members present and voting: Dr. Fujita, Mr. Von Thaer, Mrs. Wexner, Mr. Fischer, Mr. Zeiger, Ms. Kessler and Mr. Heminger. Mr. Porteus was not present for this vote.

The meeting entered executive session at 9:33 a.m. and adjourned at 10:39 a.m.

**JOINT EXECUTIVE SESSION OF THE
MASTER PLANNING & FACILITIES AND
RESEARCH, INNOVATION & STRATEGIC PARTNERSHIPS COMMITTEES**

Research, Innovation & Strategic Partnerships Committee Chair Lewis Von Thaer called the joint meeting of the Master Planning & Facilities Committee and the Research, Innovation & Strategic Partnerships Committee of the Board of Trustees to order on Monday, May 2, 2022, at 1:30 p.m.

Members Present via Zoom: Lewis Von Thaer, Alexander R. Fischer, Erin P. Hoeflinger, Elizabeth A. Harsh, Reginald A. Wilkinson, Tanner R. Hunt, James D. Klingbeil, Phillip Popovich, Gary R. Heminger (ex officio)

Members Absent: Brent R. Porteus, Hiroyuki Fujita, Alan A. Stockmeister, Carly G. Sobol, Robert H. Schottenstein

It was moved by Mr. Von Thaer, and seconded by Mr. Heminger, that the committees recess into executive session to discuss business-sensitive trade secrets required to be kept confidential by federal and state statutes.

A roll call vote was taken, and the committee voted to go into executive session with the following members present and voting: Mr. Von Thaer, Mr. Fischer, Mrs. Hoeflinger, Mrs. Harsh, Dr. Wilkinson, Mr. Hunt, Mr. Klingbeil, Dr. Popovich and Mr. Heminger.

The meeting entered executive session at 1:32 p.m. and adjourned at 2:48 p.m.

**TALENT, COMPENSATION & GOVERNANCE COMMITTEE
EXECUTIVE SESSION**

Committee Chair Hiroyuki Fujita called the meeting of the Talent, Compensation & Governance Committee of the Board of Trustees to order on Tuesday, May 3, 2022, at 1:00 p.m.

Members Present via Zoom: Hiroyuki Fujita, Lewis Von Thayer, Brent R. Porteus, Alexander R. Fischer, John W. Zeiger, Gary R. Heminger (ex officio)

Members Absent: Abigail S. Wexner, Elizabeth P. Kessler

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

A roll call vote was taken, and the committee voted to go into executive session with the following members present and voting: Dr. Fujita, Mr. Von Thayer, Mr. Porteus, Mr. Fischer, Mr. Zeiger and Mr. Heminger.

The meeting entered executive session at 1:02 p.m. and adjourned at 2:52 p.m.

WEXNER MEDICAL CENTER BOARD MEETING

Board Secretary Jessica Eveland called the meeting of the Wexner Medical Center Board to order on Tuesday, May 17, 2022, at 1:00 p.m.

Members Present: Leslie H. Wexner, Abigail S. Wexner, Alan A. Stockmeister, John W. Zeiger, Stephen D. Steinour, Cindy Hilsheimer, Amy Chronis, 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: Hiroyuki Fujita, Carly G. Sobol

Members Absent: Erin P. Hoeflinger, Robert H. Schottenstein, W.G. Jurgensen

(See Appendix LXXIII for Summary of Actions Taken, page 2031)

FULL-BOARD EXECUTIVE SESSION

Board Chair Gary Heminger called the meeting of the Board of Trustees to order on Wednesday, May 18, 2022, at 8:01 a.m.

Members Present: Gary R. Heminger, Abigail S. Wexner (joined late), Brent R. Porteus, Alexander R. Fischer (joined late), Alan A. Stockmeister, John W. Zeiger, Elizabeth P. Kessler, Lewis Von Thayer, Jeff M.S. Kaplan (joined late), Elizabeth A. Harsh, Reginald A. Wilkinson, Tom B. Mitevski, Carly G. Sobol, Tanner R. Hunt

Members Present via Zoom: Erin P. Hoeflinger, Hiroyuki Fujita, Michael Kiggin

Members Absent: N/A

Mr. Heminger:

Will the Secretary please advise when a quorum is present?

Ms. Eveland:

A quorum is present.

Mr. Heminger:

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

Upon the motion of Mr. Heminger, seconded by Mr. Von Thaer, the Board of Trustees adopted the foregoing motion by unanimous roll call vote, cast by trustees: Mr. Heminger, Mr. Porteus, Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Kessler, Mr. Von Thaer, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Dr. Sobol and Mr. Hunt. Mrs. Wexner, Mr. Fischer and Mr. Kaplan were not present for this vote. The meeting entered executive session at 8:02 a.m. and adjourned at 10:55 a.m.

TALENT, COMPENSATION & GOVERNANCE COMMITTEE MEETING

Committee Chair Hiroyuki Fujita called the meeting of the Talent, Compensation and Governance Committee of the Board of Trustees to order on Wednesday, May 18, 2022, at 11:09 a.m.

Members Present: Lewis Von Thaer, Brent R. Porteus, Abigail S. Wexner, John W. Zeiger, Elizabeth P. Kessler, Gary R. Heminger (ex officio)

Members Present via Zoom: Hiroyuki Fujita

Members Absent: Alexander R. Fischer

(See Appendix LXXIV for Summary of Actions Taken, page 2470)

RESEARCH, INNOVATION & STRATEGIC PARTNERSHIPS COMMITTEE MEETING

Committee Chair Lewis Von Thaer called the meeting of the Research, Innovation and Strategic Partnerships Committee of the Board of Trustees to order on Wednesday, May 18, 2022, at 1:30 p.m.

Members Present: Lewis Von Thaer, Erin P. Hoeflinger, Reginald A. Wilkinson, Carly G. Sobol, Phillip Popovich, Gary R. Heminger (ex officio)

Members Present via Zoom: Alexander R. Fischer, Hiroyuki Fujita,

Members Absent: N/A

(See Appendix LXXV for Summary of Actions Taken, page 2481)

ACADEMIC AFFAIRS & STUDENT LIFE COMMITTEE MEETING

Committee Chair Brent Porteus called the meeting of the Academic Affairs and Student Life Committee of the Board of Trustees to order on Wednesday, May 18, 2022, at 3:31 p.m.

Members Present: Brent R. Porteus, Jeff M.S. Kaplan, Elizabeth P. Kessler, Elizabeth A. Harsh, Reginald A. Wilkinson, Tom B. Mitevski, Tanner R. Hunt, Susan E. Cole, Gary R. Heminger (ex officio)

Members Present via Zoom: Michael Kiggin

Members Absent: Abigail S. Wexner

(See Appendix LXXVI for Summary of Actions Taken, page 2503)

MASTER PLANNING & FACILITIES COMMITTEE MEETING

Committee Chair Alex Fischer called the meeting of the Master Planning and Facilities Committee of the Board of Trustees to order on Thursday, May 19, 2022, at 8:01 a.m.

Members Present: Alexander R. Fischer, Brent R. Porteus, Alan A. Stockmeister, Elizabeth A. Harsh, Reginald A. Wilkinson, Tanner R. Hunt, Gary R. Heminger (ex officio)

Members Present via Zoom: N/A

Members Absent: James D. Klingbeil, Robert H. Schottenstein

(See Appendix LXXVII for Summary of Actions Taken, page 2546)

AUDIT, FINANCE & INVESTMENT COMMITTEE MEETING

Committee Chair John Zeiger called the meeting of the Audit, Finance and Investment Committee of the Board of Trustees to order on Thursday, May 19, 2022, at 9:59 a.m.

Members Present: John W. Zeiger, Lewis Von Thae (joined late), Jeff M.S. Kaplan, Tom B. Mitevski, Carly G. Sobol, Amy Chronis, Gary R. Heminger (ex officio)

Members Present via Zoom: Erin P. Hoeflinger, Michael Kiggin, Kent M. Stahl

Members Absent: James D. Klingbeil

(See Appendix LXXVIII for Summary of Actions Taken, page 2579)

LEGAL, RISK & COMPLIANCE COMMITTEE MEETING

Committee Chair Elizabeth Kessler called the meeting of the Legal, Risk and Compliance Committee of the Board of Trustees to order on Thursday, May 19, 2022, at 1:28 p.m.

Members Present: Elizabeth P. Kessler, Alan A. Stockmeister, Jeff M.S. Kaplan, Elizabeth A. Harsh, Tom B. Mitevski, Tanner D. Hunt, Gary R. Heminger (ex officio)

Members Present via Zoom: Michael Kiggin

Members Absent: N/A

(See Appendix LXXIX for Summary of Actions Taken, page 2820)

FULL-BOARD PUBLIC SESSION

On behalf of Board Chair Gary Heminger, Mr. Von Thaer reconvened The Ohio State University Board of Trustees on Thursday, May 19, 2022, at 3:30 p.m.

Members Present: Brent R. Porteus, Alan A. Stockmeister, John W. Zeiger, Elizabeth P. Kessler, Lewis Von Thaer, Jeff M.S. Kaplan, Elizabeth A. Harsh, Reginald A. Wilkinson, Tom B. Mitevski, Carly G. Sobol, Tanner R. Hunt

Members Present via Zoom: Erin P. Hoeflinger, Alexander R. Fischer, Hiroyuki Fujita, Michael Kiggin

Members Absent: Gary R. Heminger, Abigail S. Wexner

Mr. Von Thaer:

Thank you for joining us. Today, I know what it feels like when the third-string quarterback gets thrown into the big game. With Chairman Heminger's absence today and our vice chair also not available, I have been asked to step in and lead today's session. So, I am happy to do that. At this time, I would like to go ahead and convene this meeting of the Board of Trustees. Will the Secretary please note attendance?

Ms. Eveland:

A quorum is present.

Mr. Von Thaer:

Thank you. As a reminder to everyone, this meeting is being recorded and livestreamed for the public by WOSU. So that we are able to conduct business in an orderly fashion, I would ask that any sound on cell phones and other devices be turned off, and I would ask that members of the audience observe rules of decorum proper to conducting the business at hand.

APPROVAL OF MINUTES

Mr. Von Thaer:

Our first order of business is the approval of the February Board minutes, which were distributed to all trustees. If there are no additions or corrections, these minutes are approved as distributed. *(Minutes were approved.)*

RECOGNITION OF DEPARTING TRUSTEES

Mr. Von Thaar:

A major focus for us today is recognizing and celebrating three of our trustees whose terms are coming to a close: Brent Porteus and Erin Hoefflinger, who were appointed to the Board in 2013, and Dr. Carly Sobol, who has been our graduate student trustee since 2020. As is our tradition, we will take a moment now to acknowledge each of them and their service to Ohio State – and we have some special guests here to help with that as well.

First, we have Brent, who has served as chair of our Academic Affairs and Student Life Committee for the past two years. As a native Ohioan who hails from a small farming community, and also a proud graduate of Ohio State's College of Food, Agricultural, and Environmental Sciences, Brent has always maintained a steadfast commitment to the university's land-grant mission.

As everyone around this table knows, Brent may appear to have a quiet demeanor, but when we talk about access and affordability, he is one of the most tenacious and vocal proponents of making sure an Ohio State education is attainable by students from rural and urban areas alike. Brent served on the Board's Finance Committee for seven of his nine years as a trustee, and his commitment to increasing access and affordability has been steadfast.

I have no doubt that even though Brent's term as a trustee is finished, he will continue to serve Ohio State moving forward. As many of you know, he already devotes a great deal of time each year to supporting cancer research at the Ohio State Comprehensive Cancer Center through his Cultivating a Cure fundraiser. And now, he is also furthering his commitment to the university's land-grant mission as a member of the Scarlet and Gray Advantage Committee.

Brent, I believe we have a good friend of yours here – and he just so happens to be a good friend of the university's as well. Jack Fisher, would you mind coming up to the table and sharing a few words?

Mr. Jack Fisher:

Well, good afternoon and thank you, it's a great privilege to be here. To President Johnson and the members of the Board, thanks for this opportunity to recognize a longtime friend and colleague of mine, Brent Porteus.

And before we specifically talk about Brent, I personally, on behalf of the ag community, would like to thank all of you for your service to the Board of Trustees. We are very proud of our land-grant university, and your commitment and participation are greatly appreciated. So, thanks to all of you.

Mr. Brent – this past week, I asked my wife Judy, when you think of Brent Porteus, what comes to mind? Without hesitation, she said "loyalty, loyal, a very loyal person." And I cannot agree more. You know, Brent Porteus is our five-star recruit for the ag leadership team in Ohio and nationally. And in this case, the stars stand for food, fiber, fuel, flowers and fun. The fun part is all about 4-H, our community commitment to extension, and the outreach through extension to all of our rural communities – in particular, our Ohio farmers.

So what is his loyalty all about? Well, Brent is very active in his community, first and foremost, with his family and the family farm operation, his church, serving as president of his local school board, economic development in the community, and certainly as a longtime supporter of 4-H and FFA. Moving on to taking that activity from the local level to the state level, he has been a longtime leader in corn growers here in Ohio and nationally, and the cattlemen here in Ohio and nationally. I had the privilege of serving with Brent as he was a five-year president of the Ohio Farm Bureau and now as the Nationwide director, where the sponsorship relationship between

Nationwide Insurance with Ohio and eight other Farm Bureau states benefits from Brent's leadership. We are proud of our land-grant university and all of the ways that Brent ties his activities into this university.

I am blessed to have Brent as a friend, a boss, a mentor, a colleague and an Ohio State supporter. So, Brent, thank you very much for your Board service. I am aware that Wally O'Dell and Judge Marbley will be calling you for an interview, so you can transfer down to the south end of the President's Suite this fall. It is not a slam dunk, so prepare.

Lastly, I would like to encourage all of you to think about Brent as a treasure, not only to this Board, but to our industry and to his family. And let's not bury this treasure, let's engage and enjoy it. Brent and Tami, and daughters, Amy and Beth who are back behind me here, will again be hosting Cultivating a Cure this August. Dean Kress will be our host at the Waterman Farms on August 14. It is the twelfth event that we have held since the passing of Brent's first wife, Debbie, who got very great care here at the James and the medical center here at Ohio State. And so, in recognition of that great care and in recognition of all the things that Debbie did for this university as well, I would invite all of you to take the opportunity to come visit Waterman, learn more about cancer research and about the memory of Debbie. And also, Brent invites a lot of our up-and-coming leadership in agriculture, and it is a great opportunity to meet people that we hope are sitting around this table sometime later.

And lastly, an opportunity for you – a land-grant is about outreach, and certainly we would like to continue to engage in ag education in our farm community, but I would encourage all of you to get Brent's cell phone number and his e-mail and plan a family visit. Take your neighbors, friends, whoever, and visit Brent at the family farm in Coshocton. Now this is not to, you know, suck up to Brent; this is about learning about Ohio agriculture, a family farm, the beauty of mama cows and baby calves out in the rolling hills of Eastern Ohio, and an opportunity to know how farm families integrate with our land-grant university. So, take advantage of that. And you might want to ask him about his wagyu beef; get a little freezer beef all at the same time. And again, don't bury the treasure, engage. All the best to you Brent, Tami, Amy, Beth, their support to allow you to do these types of things, and Godspeed.

One last thing, you know he is a very soft-spoken person. I have a headache because I always push my phone into my ear trying to hear Brent. I suggest that you usually text and e-mail instead of calling him.

Mr. Von Thaeer:

Thank you, Jack. Brent, is there anything you would like to say?

Mr. Porteus:

Just that I appreciate Mr. Fisher, and I think he said enough! There is great opportunity with this university for a lot of people and for a lot of communities and this truly is Ohio's land-grant. I appreciate the opportunity to have had this chance. Thank you.

Mr. Von Thaeer:

Thank you, Brent. Next, I would like to recognize Erin, who is joining us over Zoom today. From her support of Buckeye football to her advocacy for student mental health, Erin has always shown great excitement and enthusiasm for the work of the university.

When Erin was appointed to the Board, she immediately channeled her passion for Ohio State into her work on behalf of our former Advancement Committee. For six years, Erin was the leader – first as vice chair, then chair – of the Advancement Committee. Her work to support Advancement showcased her love of this institution, and she became a great champion for giving to Ohio State.

In fact, Erin and her husband, Deron, have been staunch supporters of mental health services at Ohio State, which led to their creation of the Deron and Erin Hoeflinger Fund for Undergraduate Mental Health. We all know that Erin has led a very successful career in the healthcare industry, so it is exciting to see her daughter, Nicole, working on her MD here at our College of Medicine.

And in fact, Nicole is with us here today, too. Nicole, would you like to say a few words?

Ms. Nicole Hoeflinger:

Hi everyone, I am Nicole Hoeflinger, and I have the honor of speaking today for a very special Board member's final meeting, my mother, Erin Hoeflinger.

Now, I could go on and on about her honors and accolades. Those of you who know her know that I could take up the space of the rest of this meeting, so I won't do that. But instead, rather what I would really like to discuss is who my mom is and what Ohio State means to our family, especially her.

Whether it would be a friendly ban of me attending undergrad or medical school in That State Up North – and yes, we really don't say that state's name in our house, are you guys that surprised to hear that? – or high-fiving every single person in the room for a Buckeye touchdown or speaking about Ohio State's excellence to everyone she meets ... including strangers. I am positive they couldn't have found a better trustee and representative of what it means to be a Buckeye. She is the embodiment of Ohio State and I know they are sorry they can't hang on to you longer.

It has been nearly a decade since her appointment, but it feels like just yesterday that the champagne was popped, and the fight song was blaring through our speakers. Now I could be getting this confused with all the other times the fight song is played in our home as this has been, and continues to be, a regular occurrence. I was a child when she was appointed, 14 to be exact. I remember I didn't understand her career, I didn't understand what boards did and I wasn't exactly sure what her role would be. Today, I have the privilege of standing in front of you, 23, and in awe of everything that she has been a part of. This board has done some very special things over the years, and it has been a privilege to watch.

You have been a force and a light for women everywhere, not only as a strong female figure for me to look up to, but especially my older sister, Lindsey. Lindsey, who took off after my mom and her career in business, wrote something she wanted me to include today. So here we go: "My mom has been the biggest role model in all aspects of life and especially my career. Although, I was the only family member to not attend Ohio State ... pause for boos." And yes, she wrote that. Once again, Buckeye household. "I decided to follow in my mom's footsteps in the business world. Mom, watching you from a young age has had an immeasurable impact on me and has influenced me to try my hand in the business world. Watching you made it seem possible that women could not only have a seat at the table, but that actually women can and should run the table. I am so grateful to have learned from the best and I am so proud of all you have accomplished and will continue to achieve."

My part again. While preparing for this speech, I came across an article you had written titled, "My girls have a super stay-at-home dad, but I never gave up my mom card." If there is one thing I would stress about the accomplishments of my mom, it's how she was always able to do it all. The job, the boards, the children – doing it all. What you see in front of you today is a strong, brilliant woman, and you wouldn't be wrong to describe her in that way. And I see that as well, trust me. But I also see the mom who never missed a sporting event, and who would drive around blasting music in the car with me, and just overall has the same goofy demeanor as myself.

You showed the world that not only can you be a huge talent in the professional realm *and* a mother, but that neither identity needs to be second to or hidden from the other. And for that, thank you for setting that example. You're an inspiration and, while we are sad to see this chapter close, I know we will look back on it fondly. From a woman who is entering the beginning of her career, thank you for kicking the door open for me and for the women around me. And as always, Go Bucks!

Mr. Von Thaer:

Thank you, Nicole. Well Erin, we know why you're so proud of your children.

Mrs. Hoeflinger:

Ah, thank you. Nicole, that girl is a box, I did not know we were going to be hearing from her today! You know, I am so incredibly proud. Thank you, Nicole and Lindsey. I am so proud to have been on the Board, so proud of the kids, so proud of everybody who is a part of it. And Jessie [Eveland] and I are going to have a talk later, because she promised no celebrations, but I couldn't be prouder. I am so proud of Nicole there at Ohio State's medical school, as well. We do love our Ohio State. I am sorry I'm not there in person. Thank you!

Mr. Von Thaer:

Thank you, Erin. And finally, I would like to recognize Carly Sobol. What an exciting spring you have had! For those who are not aware, earlier this month, Carly became a doctor and a newlywed all in the same week. And the excitement doesn't stop there. Before graduating from the College of Medicine with her MD at our spring commencement, Carly found out that she was matched to the highly competitive vascular surgery residency program at the University of Wisconsin-Madison. This particular program was Carly's top-pick, and it is an incredible achievement.

Carly, the Board is so proud of your work over the past two years. Thank you for sharing the student led perspective with us so eloquently. We wish you and your husband, Avi, nothing but the best with this new chapter of your lives. Hopefully you will consider leaving Wisconsin someday to return to the Buckeye State and build your professional career here.

In fact, we have a special guest here who would welcome you back with open arms. Dr. Klatt, would you like to come up to the table?

Dr. Maryanna Klatt:

Thank you for inviting me today because it is a pleasure to speak on behalf of Carly Sobol. I am Director of Integrative Health here at Ohio State and a professor in the Department of Family Community Medicine. And Dr. Carly Sobol is the reason that I teach. She is the type of student that represents what Ohio State can produce.

I met Carly when she was a junior, an undergraduate, in an honors course that I teach called "Mindful Resilience from the Individual to the Organization," and this course is for upperclassmen who are going to become leaders. The point of this class is to instill in the individual that we have to be resilient in order to lead resilient organizations, and Dr. Carly Sobol embodies that.

I wrote Carly a letter of recommendation for medical school that was very easy to write. Then she asked me to write a letter so that she could become a student representative on the Board of Trustees. And I found it so interesting. I asked Carly, "you know, med school, that's like kind of hard, why do you want to do this on top of it?" And she said, "Ohio State University has formed who I am, in addition to my family. They have given me so much that I feel like it's my obligation to give back." And to me, that sums up success for Ohio State, if a student says that.

For the last six years, from when Carly was a junior until now, she has been a guest speaker in a freshman class I have called "The Mindful College Student." I have older students come in and talk about how mindfulness impacts their life and how being aware of how we are living gives us the opportunity for better living. Carly was always their favorite speaker – always. Then, Carly got me to have her father, Dr. Todd Sobol, come in. So, in the older class I teach mindful resilience and I have physicians, businesspeople and judges come in and talk about what has kept them resilient in their professional careers. Carly came to me, and she said, "my dad would be the best speaker." Now anybody who has kids knows how great a compliment that is, for your child to say my dad would be so good at this, and he was, so thank you, Todd, for doing that.

For the last three years, Carly has been a teacher of – I have a mindfulness program for healthcare professionals, and let's face it, COVID has been really hard on healthcare professionals – and Carly came to me, and she said, "I want to do this for medical students, let me teach your program." That was a no-brainer for me, and she was excellent. So, she has shepherded other medical students through ways to be resilient as they enter their medical career. What greater gift could you give those coming behind you.

I will greatly miss Carly Sobol as she goes on to her next adventure with Avi. But I do have to tell you this one funny story. My husband and all of our family were coming back from Florida in December, we did a family trip, and Carly and Avi were on our same flight. Carly had this little, teeny carry-on. So we get off, and I didn't know she was on that flight, and she's like, "Oh, Dr. Klatt!" And then, you know, we're hugging and everything and she says, "Guess what's in this little carry on?" And I'm like, clothes? She said, "my wedding dress, I stuffed it in there." She stuffed this beautiful wedding dress into this little suitcase, I don't know how she did it. All I could think of was that is going to be wrinkled on your wedding day! Well, I was at the wedding, and I can tell you, it was not wrinkled. *[laughter]*

So Carly, my hope is that you return here to Ohio State as a vascular surgeon, so that we can continue to benefit from your wisdom, your energy, and your life.

Mr. Von Thaer:

Thank you, Dr. Klatt, and thank you especially for being such a great mentor and supporter as you obviously are. Carly, would you like to say a few words?

Dr. Sobol:

Thank you, I wasn't expecting that either. Thank you, Jessie [Eveland]. It has been such an honor and a privilege. Everyone wants to make an impact on the place that means so much [to them]. And the fact that I have been able to serve in this capacity is such an honor. So, thank you, Dr. Klatt for helping me get here and my parents and my new husband, Avi. And congratulations to Erin and Brent – almost a decade of service is really admirable. And I will always be a Buckeye first.

Mr. Von Thaer:

Thank you, Dr. Sobol. May I ask for another round of applause for our three retiring trustees? I know all three of you know how much we appreciate you. And I know, personally, I can speak for the Board for your courage, your dedication, and your leadership and just how much you have meant to me and my time on the Board. At your seats, you will find a commemorative medallion that has become a Board of Trustees tradition, and Erin, we will make sure to get yours to you. After this meeting, we will have a celebratory ice cream social out on the patio for everyone, but would any of my fellow trustees like to comment now, before we move onto our next agenda item? *[pause for comments]* Alright, we will move on then and talk during ice cream.

Ms. Kessler:

We're all smart not to follow those eloquent speakers! *[laughter]*

ELECTION OF OFFICERS

Mr. Von Thaer:

Now, it is time for our annual Election of Officers. As is our standard protocol, I will move that we convene a committee of the whole for this election. May I have a second?

Upon the motion of Mr. Von Thaer, seconded by Mr. Kaplan, the Board of Trustees convened a committee of the whole by unanimous voice vote, cast by trustees: Mr. Porteus, Mrs. Hoeflinger, Mr. Fischer, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Kessler, Mr. Von Thaer, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Dr. Sobol and Mr. Hunt.

Mr. Von Thaer

Thank you. We have convened a committee of the whole.

As mentioned earlier, regrettably, Mr. Heminger had to depart early today due to a prior commitment, but I would still like to note for the record our sincere gratitude for his strong leadership these past two-and-a-half years. Mr. Heminger has demonstrated a steadfast dedication to service, helping to guide the university through both a presidential transition and a worldwide pandemic – at the same time, no less. He and his wife have also demonstrated an exceptional commitment of treasure through his generous gift to the College of Nursing. With Mr. Heminger's term as chair coming to a close, the Talent, Compensation and Governance Committee undertook its standard process for identifying potential nominees to serve as our next chair.

In this particular case, there was one candidate who garnered strong, unanimous support from the entire Board. Based on that positive feedback, the Talent, Compensation and Governance Committee would like to recommend that Dr. Fujita be named the next chair of The Ohio State University Board of Trustees. With that, I would like to move that Dr. Fujita's election be approved by the Board. Please note that the formal resolution is at your seats and also available for members of the public through our media relations team. May I have a second? Any comments or discussion?

Mr. Zeiger:

I would offer one thing, Mr. Chairman. I think it speaks volumes that all of the Board members, we all unanimously believe that Dr. Fujita brings special talents to the leadership of this group. And given his business successes and other commitments, I think we all are amazed at his willingness to assume this responsibility, but also, at his diligence in meeting his responsibilities, including from Tokyo when necessary. So I particularly am pleased that he is willing to take on this task.

Mr. Von Thaer:

Very well said. Anyone else? Will the Secretary please call the roll?

Upon the motion of Mr. Von Thaer, seconded by Dr. Wilkinson, the Board of Trustees passed the forgoing motion by majority roll call vote, cast by the following trustees: Mr. Porteus, Mrs. Hoeflinger, Mr. Fischer, Mr. Stockmeister, Mr. Zeiger, Ms. Kessler, Mr. Von Thaer, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Dr. Sobol, Mr. Hunt. Dr. Fujita abstained.

Ms. Eveland:

Motion carries.

Mr. Von Thaer:

Thank you, and congratulations, Dr. Fujita.

Dr. Fujita:

Thank you very much.

Mr. Von Thaer:

I believe your thoughtful, measured approach as a leader – especially as evidenced by your work as chair of the Talent, Compensation and Governance Committee – will greatly benefit Ohio State. So congratulations and now we'll ask you to do even more!

ELECTION OF OFFICERS

Resolution No. 2022-118

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

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

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

WHEREAS a careful and diligent review was conducted by the Talent, Compensation and Governance Committee and the following slate of officers is recommended for approval by the Board:

Hiroyuki Fujita, Chair

NOW THEREFORE

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

PRESIDENT'S REPORT

Mr. Von Thaer:

Before we move onto our consent agenda, it is time for the President's Report. And before you begin, President Johnson, I want to take a moment to recognize the significant commitment that you and your wife have made to this institution. As Brent announced earlier today during our Audit, Finance and Investment Committee meeting, President Johnson and Mrs. Veronica Meinhard have committed \$1 million to support Ohio State. A portion of this fantastic gift will provide scholarships for Buckeyes who are members of Ohio State's Women's Field Hockey team and the Women's Lacrosse team, as well as first-generation students. The remainder of the gift will be used to match other donors and encourage philanthropy in support of Ohio State's students.

Since you joined Ohio State, President Johnson, you have had an ambitious vision for prioritizing access and affordability, and this gift truly demonstrates your dedication to that cause. So, on behalf of the entire Board of Trustees, we thank you and Mrs. Meinhard for your inspiring support of students at Ohio State. And without any further ado, would you like to share your report?

Dr. Johnson:

Thank you, Trustee Von Thae. Veronica and I are thrilled and honored to be able to support the university, especially with the Scarlet & Gray Advantage program. Both of us went to university on scholarship, so it is our way to be able to give back.

I would like to begin today by thanking Trustee Heminger for nearly three years of outstanding leadership as chair. I am sorry that he could not be here for this portion of the meeting. He has been invaluable in steering Ohio State through a global pandemic, a presidential transition, return to sports, and many other activities, while taking an active role in the university's administration as the interim leader during the summer of 2020. We are fortunate to be able to continue to benefit from his wise counsel. I would like to congratulate Trustee Hiro Fujita on his election as chair, and I look forward to continuing to work with all of you to guide Ohio State forward in the future.

I would also like to recognize the outgoing members of the Board of Trustees: Mrs. Erin Hoefflinger, Mr. Brent Porteus and Dr. Carly Sobol.

Trustee Hoefflinger's long-standing commitment to student mental well-being is particularly meaningful as we continue to identify and deploy resources to support our fellow Buckeyes. And I am deeply pleased that Trustee Porteus, who hosted my first official event with the university — Cultivating a Cure, which benefits Ohio State's Comprehensive Cancer Center — will remain engaged in shaping the future of our university through the Scarlet & Gray Advantage Committee. And Trustee Sobol, you have provided an invaluable first-person view into professional and graduate students at Ohio State and helped inform my own perspective of what we can do to improve even more this experience. We extend to you our special congratulations on your medical degree and your nuptials and wish you all the best as you embark upon your medical residency at the University of Wisconsin.

Thank you all for your extraordinary contributions to The Ohio State University. It has been a pleasure to work along with you.

Reflecting on commencement, Dr. Sobol's diploma was one of more than 12,000 degrees and certificates confirmed and conferred during commencement. The weather was perfect, as opposed to when Trustee Hoefflinger was here last year, which we had two [ceremonies] — one in the morning, one in the afternoon — with rainfall at 45-degrees and 40-degree Fahrenheit weather. But this year, it was perfect, and we were thrilled to be joined by Intel CEO Patrick Gelsinger, who delivered the afternoon's address.

Among these thousands of outstanding graduates, there was one, Aaron Westbrook, that I would like to mention. He received an undergraduate degree in marketing on Sunday. Born without a lower right arm and unhappy with the heavy, functionless prosthesis he had in high school, he saved up to purchase a 3D printer, found instructions online and went to work making a better one. He even started a nonprofit company to help others with the same issue — Form5 Prosthetics — and worked with Lt. Governor Jon Husted, the General Assembly and the state board overseeing prosthetics to ensure work like this can continue. Aaron's story, and those of all our graduates, is incredible. It is a fact that makes losing any of our students all the more tragic. And as you know, our university community was rocked by two such devastating losses very recently. Our hearts go out to the families and friends impacted by this loss, as well as the whole Buckeye nation. As I noted during commencement, their deaths come in the wake of two hard years of the pandemic. They remind us how important every member of the Ohio State family is.

At the core of Ohio State's successes are people. And we are proud to support them through tragedy and triumph by advancing our excellence in talent and culture. Last year, we created the Commission on Student Mental Health and Well-Being, led by Senior Vice President for Student Life Melissa Shivers and University Chief Wellness Officer and College of Nursing Dean Bernadette Melnyk. We are now implementing the commission's five recommendations, all of which place a strong emphasis on evidence-based quality improvement, communications and building skills to be successful both personally and academically. These add to the broad menu of student support available through the Office of Student Life's Counseling and Consultation Service as well as the Student Advocacy Center. Faculty and staff have access to resources, too, through the Employee Assistance Program.

Largely because of our high vaccination rate, the university announced earlier this month that we will shift to a voluntary asymptomatic testing model beginning with the start of summer term. Buckeyes will still be able to take advantage of optional COVID-19 asymptomatic testing on the Columbus campus at the Biomedical Research Tower on 12th Avenue. Because we are no longer conducting large-scale surveillance testing, we also paused updates to our COVID-19 dashboard as of May 6. The dashboard will be retained on the university's Safe and Healthy Buckeyes website for the near-term.

Few other universities managed the scale of operations as Ohio State did during the pandemic. We continue to deal with this virus, and in collaboration with our public health partners and the Buckeye community we are prepared to deal with future challenges. Our gratitude goes to our COVID-19 Spring Response Team, chaired by Executive Vice President and Provost Melissa Gilliam, Senior Vice President for Administration and Planning Jay Kasey, and College of Public Health Dean Amy Fairchild. Their leadership was essential to a successful and in-person Ohio State experience. I would also like to give a special shout out to Senior Vice President for Administration and Planning Jay Kasey, who also in his spare time helped me teach a course called "Pathways to Zero Net Carbon Emissions."

As we continue managing the pandemic and supporting the mental health and well-being of our students, faculty and staff, we remain focused on the safety of our Buckeye community. As all of you know, Columbus is not immune to the nationwide increase in crime. In response to this trend, the university announced in September an additional \$20 million over 10 years investment in enhanced safety measures on and near campus. In fact, our budget as you heard earlier today for FY23 is \$5 million alone invested.

The university has installed new permanent lighting, cameras, and license plate readers both on and off campus. We have worked with the Columbus Division of Police to expand patrols; we have hired five new University police officers this year; and we have increased non-sworn security patrols in off-campus neighborhoods as part of the Buckeye Block Watch program. We also expanded the Lyft Smart Ride program and we have distributed more than 11,000 personal safety devices. Since the university initiated enhanced safety measures this past fall, reports of crime in the three major categories most likely to affect our students have decreased significantly. We will continue to adjust our approach in response to changing trends and in partnership with members of our campus community, law enforcement and University District stakeholders.

I would like to show next a statewide map, which is an illustration of the outreach of our public land-grant university. And to illustrate this reach, this map was developed by the Alumni Association and others on campus to show the Extension, the Wexner Medical Center and our alumni clubs and societies. So, we start with the cornerstones of our footprint across the state, which are the university's six campuses in Columbus, Lima, Mansfield, Marion, Newark and the College of Food, Agricultural, and Environmental Sciences campus at Wooster. Nearly 64,000 students are educated across these locations, including 50,000 undergraduates. And soon, will have new pathways to earn their degrees debt-free through the Scarlet & Gray Advantage program. We are excited to launch the program's pilot this fall with 125 students from across our

campuses. As I have said before this program is not "free college." Participating students and their families will contribute.

At the same time, we plan to surround our students with a network of support in the form of the Scarlet & Gray Advantage Learning Community. They will include shared educational programming monthly workshops and career guidance. The outpouring of support from our Buckeye friends and family for this initiative continues. We have raised almost \$90 million this fiscal year, far surpassing our \$58 million goal. This includes \$26 million from our recent Day of Giving, and \$1.4 million of that came from Ohio State faculty and staff, further proving their commitment to the transformational work of this university.

Continuing with the map, our Extension educators and staff demonstrate their dedication in each of Ohio's 88 counties. To facilitate vital, two-way communication between scholars and food producers, we have a vibrant 4-H program and provide essential expertise in everything from renewable energy to foreign-trade zones.

Another arm of Ohio State's service mission is our academic health enterprise. The Wexner Medical Center's anchoring presence in central Ohio is comprised of seven hospitals, 46 ambulatory and outpatient care sites, and 19 primary care locations. And I would like to give a shout out to Dr. Andy Thomas and Mr. Mark Larmore for their leadership of the Wexner Medical Center over the last nine months and for their continued leadership through the summer as we bring on board a new executive vice president and a new CFO.

The robust presence in and around Franklin County supports the medical center's 116 network hospitals across the state. And these include nine James Cancer Network hospital affiliates and 107 network hospitals and providers. The collaborative relationships illustrated here embody our land-grant mission. They enable our partners to continue providing care that is best suited to their communities while leveraging the nationally-recognized expertise of the Wexner Medical Center in areas such as rapid stroke intervention, comprehensive cancer care, electronic medical records and more.

The next layer on the map illustrates the locations of our centers and institutes across the state, from Ohio State South Centers in Pike County to the Transportation Research Center in London to Stone Laboratory on Lake Erie. These field stations facilitate industry collaboration and ensure that our university understands and meets the unique needs of Ohio's diverse communities.

There are 34 local alumni clubs in all corners of the state and 50 societies operated more centrally out of the Columbus campus. These of course help engage our alumni network in the work of Ohio State and helps them channel their passion for their alma mater into paying forward for future generations of Buckeyes.

This map represents, powerfully, our university's reach. Yet it is nearly impossible to account for the constellation of relationships we have with people, community organizations, institutions, research collaborators and corporate partners. Congratulations to the team that put this incredible state-wide presence map together.

Now, briefly, an update on Intel. As I have said previously, Ohio State is committed to the semiconductor industry's success in the region, and we are working proactively to ensure it. These efforts include convening higher education and economic development representatives in April for the Midwest University Workshop on Semiconductor Research and Workforce. Ohio State's reach and expertise put us in a position to lead the way few other institutions can. And this is true in our state and also on the other side of the world.

Earlier this week, I had a singular opportunity to participate in a teleconference call with AAU presidents and President Volodymyr Zelenskyy. The Ukrainian President's main message to students, faculty and staff in higher education across the country was to encourage all of us to make choices to fight for democracy. Our John Glenn College of Public Affairs has long

partnered with Ukraine's parliament through a USAID funded effort to provide technical assistance, and Buckeyes have stepped up to support Ukrainians since the invasion began. And when peace is secured, our university will be there to help rebuild Ukraine's higher education system and help its people seize their bright and rightful future.

Buckeyes are also busy fueling incredible growth in our university's research excellence. Our 2022 Innovators of the Year exemplify this wonderful momentum: Associate Professor of Optometry Melissa Bailey was named Innovator of the Year; Assistant Professor of Engineering Katelyn Swindle-Reilly took home Early Career Innovator of the Year honors; and Madison Tuttle, a PhD student, was recognized as our Next Generation Innovator of the Year. These three women and their work embody the dynamism of our research enterprise and its ability to spin out startup companies, spark new industries and contribute to the global conversation.

A study led by microbiologists at Ohio State detailing the discovery of more than 5,500 new species of RNA viruses in the Earth's oceans was covered in *USA Today*, *Smithsonian Magazine*, *Salon*, *Yahoo News* and many others. Research conducted by our Office of the Chief Wellness Officer and College of Nursing about parental burnout during the pandemic was featured on the Today Show and in the *New York Times*. Because of extraordinary work like this, Ohio State has been chosen to lead a number of major federally funded cross-disciplinary research centers. As I said in my first State of the University address, we set a goal of adding two such federally-funded centers this past fiscal year — and we won eight. That is a tribute to all of our researchers across the university, including the ones that garnered \$20 million from a grant from the National Science Foundation for cyberinfrastructure with computational learning in the environment, led by Professor D.K. Panda.

In the words of Professor Tanya-Berger Wolf, a member of the ICICLE team and the director of our Translational Data-Science Institute: "Ohio State is one place you can do a project like this. We have the right people across the spectrum of necessary expertise, and the willingness and ability to answer big questions."

Another of our new cross-disciplinary research centers in which the right people, expertise and audacity come together is our Gene Therapy Institute, which I announced during my second State of the University address last month. This is led by Dr. Krystof Bankiewicz and Dr. Russell Lonser. The institute doubles down on Ohio State's strength in the field — including research conducted by more than 50 faculty across six of our colleges. It will help accelerate work like gene-therapy infusion that can essentially cure spinal muscular atrophy — a disorder that usually takes the lives of children by age two — and novel treatments for the genetic disorder AADC deficiency, which have allowed children to walk, talk and laugh for the first time. More synergies like this exist across our university, and you can read more about them on the Enterprise for Research, Innovation and Knowledge website.

Our research excellence is of course accelerated by the academic excellence of our faculty. I am pleased to share with you just a few of the many distinctions they have earned recently. In the College of Engineering, Dean Ayanna Howard was elected to the American Academy of Arts and Sciences and Professor Betty Lise Anderson received the 2022 Public Service Award from the National Science Board. Dr. David Brakke, the Joel Engle Chair in the History of Christianity, and Dr. Kris Stanek, professor of astronomy, are among the 180 American and Canadian scientists and scholars honored by the John Simon Guggenheim Memorial Foundation this year.

Two Buckeye faculty received the 2022 Ruth C. Bailey Award for Multicultural Engagement: Dr. Darryl B. Hood of the College of Public Health and Dr. Barbara Jones Warren from the College of Nursing. And Senior Vice President and Wolfe Foundation Endowed Athletics Director Gene Smith received the David Williams II Leadership Award from the Lead1 Association last week.

I would like to extend special recognition to Ohio State's newest Distinguished University Professor, Dr. Bill Marras, Honda Chair and professor in the College of Engineering, and director

of the Spine Research Institute. The year's second and final Distinguished University Professor designation will be announced tomorrow. So, no announcements today.

And Buckeyes everywhere cheered when Electrical and Computer Engineering Professor Marvin White received a Technology and Engineering Emmy last month in Las Vegas. He was honored alongside Northrop Grumman for pioneering a better method of processing images in low-light scenes, which is widely used in the industry today.

As incredible as our current faculty are, the talent of the next generation is truly something to behold. And Dr. Ranthony A.C. Edmonds, a postdoctoral scholar in the Department of Mathematics, was selected as a 2022 Early Career Fellow by the Society for Industrial and Applied Mathematics in recognition of her exemplary achievements; support of diversity, equity and inclusion; and commitment to her field.

I also commend all 13 of our Distinguished Staff Awardees, who each received the university's highest honor bestowed upon staff members. Five recipients among our staff, students and faculty were also recognized with our Distinguished Diversity Enhancement Award. These include the team at the Bell National Resource Center on the African American Male, Ms. Sandra Dawkins, Professor Thomas Magliery, medical resident Bismarck Odei, and recent graduate Tabitha Willis.

I would be remiss in not again congratulating James Cancer Hospital and Solove Research Institute CEO Dr. Bill Farrar on his coming retirement. After 46 years and 20,000 surgeries, he has had an immeasurable impact on patients, families and colleagues, and we wish him the best in what lies ahead.

And now I am going to conclude with some of the excellence of our community that also extends to our student-athletes. Our dance, pistol, synchronized swimming, and women's ice hockey teams all brought home national titles. Men's and women's track and field, rowing, fencing, and women's swim and dive won their conference championships. And our women's basketball, men's gymnastics, and men's and women's tennis teams all won or shared Big Ten regular-season titles. Congratulations to all of them. Their excellence makes us all proud to support them, and it also makes me particularly proud to be the Big Ten Conference representative on the College Football Playoff Board of Managers.

So, in closing, our students, faculty and staff are talented in a breathtaking variety of ways. And at the conclusion of a truly extraordinary academic year, I want to convey my deep gratitude to all of you. Together, we are poised to create a future for Ohio State as storied and impactful as our past. And it continues to be my privilege to help guide us toward that goal. That concludes my remarks. Thank you very much.

(See Appendix LXXX for background information, page 2822)

CONSENT AGENDA

Mr. Von Thaeer:

That's all you've got, huh?

President Johnson:

That's all I've got. *[laughter]*

Mr. Von Thayer:

I can tell you, for the Board of Trustees, we spend several days here every quarter and go into much more detail around all of this, and the fact that it takes so long to read the President's Report, I think, is a tribute to how great the President, this leadership team and the whole university is really doing. Ohio State is on the move and accelerating and it is very exciting for us to watch for the betterment of Ohio and all of their people, so congratulations.

Finally, we have arrived at our consent agenda. Please note that we have placed one item for action directly on the consent agenda – our Resolutions in Memoriam, which recognize the passing of emeritus faculty members.

Additionally, the Personnel Actions resolution has been updated to reflect a contract amendment for Mike Eicher, Senior Vice President for Advancement. The revised resolution is at your seats, and it will be available upon request through our media relations team. President Johnson, would you please present the Consent Agenda to the Board?

Dr. Johnson:

Thank you. We have 34 resolutions on the consent agenda today. As Mr. Von Thayer mentioned, agenda item No. 2, Personnel Actions, was recently updated and has been hand-carried to this meeting. The university is seeking approval of the following:

RESOLUTIONS IN MEMORIAM

Resolution No. 2022-119

GEORGE G. BLOZIS

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on November 21, 2021, of George Gordon Blozis, Professor Emeritus and former Division Chair in the College of Dentistry. He was 92.

Dr. Blozis was born in Chicago, Illinois, in 1929. He grew up in Dayton, Ohio, and enrolled at The Ohio State University in 1947, earning a baccalaureate degree in 1951. He then entered the Doctor of Dental Surgery (DDS) program at Ohio State, graduating in 1955. Dr. Blozis continued his professional education by enrolling in the oral pathology advanced education program at the University of Chicago. He completed a residency at the University of Chicago Hospitals and Walter G. Zoller Memorial Dental Clinic and received his Master of Science degree in Oral Pathology in 1961.

While in Chicago, he met and married an Ohio State alumna, Winnifred Nelson. After living in Chicago for 12 years, they returned to the Buckeye State and Dr. Blozis joined the faculty at Ohio State's College of Dentistry, serving as a Professor and Chair of the Section for Oral Pathology, Oral Diagnosis, and Oral Medicine. He continued his career in the college until his retirement in 1988 and was awarded Professor Emeritus status in 1989.

Throughout his distinguished career, Dr. Blozis' contributions and expertise were recognized with many honors. He was an associate editor for the highly respected *Journal of Oral Pathology*, and he served a term as president of the American Academy of Oral Pathology. He was a member of Sigma Xi, the Scientific Research Honor Society that is the international honor society of science and engineering. And he was a member of Omicron Kappa Upsilon, the national dental honor society whose members are selected from the top 20 percent of each graduating class.

In addition to those recognitions, Dr. Blozis was a Fellow of the American College of Dentists and a Diplomate of the American Board of Oral Pathology. In 2005, he was presented with a Distinguished Alumni Award from Ohio State's Dental Alumni Society. That honor was a tribute to his "lifetime of service and dedication to creating awareness of oral disease that led to life-saving early diagnoses for many patients."

Dr. Blozis enjoyed spending time with his family and engaging in such outdoor pursuits as camping, golfing, and sailing on the boat he built himself. He was also a loyal Buckeye and an Ohio State football fan who liked organizing gatherings with friends and neighbors. He is survived by his wife Winnifred; his son Steve (Caryl) Blozis of Morgan Hill, California; his daughter Karen (Patrick) Stocker of Akron, Ohio; and his daughter Nancy (Michael) McNelis of Charlotte, North Carolina.

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

CHARLES CSURI

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on February 27, 2022, of Charles "Chuck" Csuri, Professor Emeritus of Art Education and Computer and Information Science. He was 99.

Professor Csuri received his BS (1947) in education and MA (1948) in fine art from Ohio State and served in the U.S. Army in World War II before returning to the university as a professor for more than 40 years. During his tenure, he formed the Advanced Computing Center for the Arts and Design (ACCAD) and co-founded the Ohio Supercomputer Center and Cranston/Csuri Productions, one of the first computer animation companies in the world.

In the late 1960s, Professor Csuri was one of the first fine artists to receive a grant from the National Science Foundation. With NSF funding, he formed the Computer Graphics Research Group (CGRG) at Ohio State, which pioneered computer-based art and animation. In 1987, Professor Csuri founded the CGRG's successor, ACCAD, which provided the latest computer animation resources in teaching, research and production. ACCAD alumni have gone on to work in some of the top companies in the industry, including Pixar Animation Studios, Walt Disney Animation Studios and Industrial Light and Magic.

Dubbed the "father of computer art" by *Smithsonian* and other publications, Professor Csuri pioneered the field by leading the development of code and the artistic tools to enable artists to produce art in new ways on computers. His early work in computer plotter drawings, digital prints, computer animation and 3D imagery secured his spot as a pioneer in combining art with technology. The results of Professor Csuri's groundbreaking work have been applied to flight simulators, computer-aided design, visualization of scientific phenomena, magnetic resonance imaging, education for the deaf, architecture and special effects for television and films. His works are on display in the Museum of Modern Art and The Whitney Museum of Art in New York; The Victoria and Albert Museum in London; The Museum for Contemporary Art in Zagreb, Croatia; ZKM Museum in Karlsruhe, Germany; and are included in the personal collections of noted artists Roy Lichtenstein and George Segal.

In 2000, Professor Csuri received the Ohio Governor's Award for the Arts and Ohio State's Joseph Sullivant Medal in acknowledgment of his lifetime achievements in the fields of digital art and computer animation. In 2011, he received the Award for Lifetime Achievement in Digital Art by ACM SIGGRAPH, the Association for Computing Machinery. In 2014, he received the Distinguished Alumni Achievement Award from Ohio State's College of Arts and Sciences.

Professor Csuri's vision of aligning art with technology, each informing the other, remains a model for the kind of transdisciplinary work that is at the heart of the arts at Ohio State. His pioneering research established ACCAD as a national leader in integrating art, design and technology, and made career-defining experiences possible for generations of faculty and students. The communities in which he worked will miss his creative spark. His life was filled with achievement that canvassed athletics, the military, academics and art. But the remarks of curators of global museums, professional colleagues and his students over the course of 80 years marked his generosity, humor, curiosity and humanity as a remarkable husband, father, teacher and friend. Professor Csuri's prolific accomplishments have been, and will continue to be, a source of endless inspiration for inventors, artists and leaders around the world.

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

BERNARD J. HAMROCK

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on February 4, 2022, of Bernard J. Hamrock, Professor Emeritus in the Department of Mechanical and Aerospace Engineering in the College of Engineering. He was 82.

Professor Hamrock earned his PhD at the University of Leeds in England. Before his tenure at Ohio State, he spent 18 years at the NASA Lewis Research Center as a research consultant. He conducted research at the University of Lulea in Sweden and also served as an instructor at the Technical University of Denmark. Over the course of his professional life, Professor Hamrock made fundamental contributions to machine designs that impacted everything from cellphones to automobiles.

Professor Hamrock had a prolific career as a researcher and educator. His work resulted in the publication of multiple textbooks including *The Fundamentals of Machine Elements*, which is still used by students today. His Hamrock-Dowson equation changed machine design standards and garnered Professor Hamrock international recognition. His many awards include the Melville Medal from the American Society of Mechanical Engineers, the NASA Exceptional Achievement Medal, and the Lifetime Achievement Award from the American Society of Mechanical Engineers.

His drive and discipline were not things he applied only to his work, but also to his passions outside of the lab. He was known for his love of sports and fitness, and he competed in several marathons, including the Boston Marathon. He is also remembered by many for his love of classical music and chess.

Professor Hamrock was a valued member of the College of Engineering, and he embodied the excellence of The Ohio State University. He was known for his dedication to the advancement of knowledge in his research area, and to the education of future engineers. Professor Hamrock was uniquely suited to the role of engineering educator. His passion was ever-present in his teaching, and he will be remembered for his connections and collaborations with students and colleagues.

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

POUL M.T. HANSEN

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on March 3, 2022, of Poul M.T. Hansen, Professor Emeritus of the Department of Food Science and Technology in the College of Food, Agricultural, and Environmental Sciences.

Professor Hansen served on the Ohio State faculty from 1964 until his retirement in 1995. His 31-year career with the university included innovative research and extensive global outreach in the field of dairy technology.

During his time as a scientist at Ohio State, he became internationally known for his research on milk proteins, food stabilizers, hydrophilic colloids, and flavor compounds of chocolate products. In addition to a patent for developing powder produced from butter or other edible fats, for which he received a Silver Medal by the Federal Council of the Australian Society of Dairy Technology, he also obtained another two patents during his tenure at Ohio State. They included the process for manufacturing a calcium-fortified yogurt with improved heat stability and the preparation of calcium-fortified powdered milk products with improved dispersibility.

Professor Hansen served the field of dairy technology generously during and beyond his career at Ohio State. He was a volunteer for Agricultural Cooperative Development International (ACDI) and traveled all over the world spending weeks in various countries, including India, Albania, Armenia, Georgia, and Mongolia. He would spend time educating groups on the production of milk from cows, sheep, goats, yaks, horses and other animals and its utilization in the production of dairy products.

His time at Ohio State was also marked with great esteem for being one of the two Ohio State food scientists who are credited with helping the Parker family and their company, Big Drum Inc., perfect the popular "Drumstick" ice cream cone. Using their expertise, Professors Hansen and John Lindamood created the chocolate coating in the cone that helps the Drumstick from becoming soggy during its shelf life.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Poul M.T. Hansen its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

HARRY HERSHEY

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on February 3, 2022, of Harry Hershey, Professor Emeritus in the Department of Chemical and Biomolecular Engineering in the College of Engineering. He will be remembered for his contagious smile, delightful sense of humor, compassionate nature, and amazing energy. He was 83.

Professor Hershey received his BS (1960), MS (1963) and PhD (1965) chemical engineering degrees at the University of Missouri-Rolla. His tenure as a professor of chemical engineering at Ohio State lasted from 1966 until 1997, when he retired from teaching.

At Missouri, Professor Hershey was a student of the late Professor Emeritus Jack Zakin, who later became the department chair and a professor of chemical engineering for many years at Ohio State. Professor Hershey's work with Professor Zakin involved the development of polymer drag-reducing additives, which were first used in 1979 in the 800-mile-long Trans-Alaska Pipeline to increase the capacity of the pipeline by about 25 percent. The same additives are now used in every crude oil and finished product pipeline in the United States. A copy of Professor Hershey's

doctoral thesis, titled “Drag Reduction in Newtonian Polymer Solutions,” resides in Ohio State’s chemical engineering department.

Professor Hershey first joined Ohio State’s chemical engineering department as a postdoctoral student working with Professor Emeritus Robert S. Brodkey, co-authoring a book with him in 1987. A copy of *Transport Phenomena: A Unified Approach* also resides in the department. Following his post-doc, Professor Hershey worked for two years for Union Carbide in Paducah, Kentucky. He taught one year for the University of Missouri-Rolla Department of Chemical Engineering; worked on an industry sabbatical in 1992-93 for Eli Lilly as an environmental engineer; and spent one summer working for Amoco.

After joining Ohio State’s chemical engineering faculty in 1966, Professor Hershey’s research focused on thermodynamics, a branch of physics that studies how heat changes to and from other energy forms, and which applies to many areas of everyday life, from the heating and cooling systems in our homes to the engines that power motor vehicles.

He also took an active role in departmental and college affairs and committees, and subsequently knew a great many people throughout all levels of the university. On behalf of students, he launched and ran the first PC laboratory in the department and advised the American Institute for Chemical Engineers’ student chapter for many years. Professor Hershey cared deeply about students and was a very devoted teacher with a highly personable, conversational teaching style that made it easy for students to learn and grasp difficult concepts. He was an outstanding role model in all aspects of life whom many former students describe as their all-time favorite professor—someone who had a profound influence on their lives. Professor Hershey won the student-nominated MacQuigg Award for Outstanding Teaching in 1980 and the Stanley E. Harrison Faculty Award for Excellence in Engineering in 1985.

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

GILBERT A. JARVIS

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on February 11, 2022, of Gilbert A. Jarvis, Chairperson and Professor Emeritus in the College of Education and Human Ecology. He was 80.

Professor Jarvis joined Ohio State in 1970 and became a full, tenured professor of foreign and second language education by 1976. He held a number of leadership roles within what was then the College of Education. From 1980-82, he was chair of the faculty of the Humanities Education program. In the ensuing five years, he became associate chair, then interim chair of the Department of Educational Theory and Practice.

In 1987, the college reorganized, and Professor Jarvis became chair of the newly formed Department of Educational Studies: Humanities, Science, Technological and Vocational. In that capacity, he served on the college’s leadership team. He also served the broader university in a number of roles, including as a member of the Council on Academic Affairs and the University Senate.

Among his recognitions, in 1981, Professor Jarvis received the National Distinguished Leadership Award from the New York State Association of Foreign Language Teachers. In 1983, he and his co-author won the Outstanding Publication Award from the Ohio Modern Language Teachers

Association. In 1987, 1990 and 1992, he served as the president at the college's well-attended Academy for Superintendents, which attracted district superintendents from across Ohio.

In 1986, he co-founded and served as chair of the Special Interest Group in Second Languages of the American Educational Research Association, which is international in scope. He also served as a grant proposal reviewer for the U.S. Department of Education.

During the 1980s and early 1990s, Professor Jarvis co-authored nearly 50 French textbooks with accompanying books of listening, writing and speaking activities, achievement tests and teacher's keys, all for the publisher Holt, Rinehart and Winston. He was editorial advisor for four foreign language textbooks by colleagues. He wrote more than 50 articles about foreign language education published in major journals. He edited four volumes of the Foreign Language Education Series published by the American Council on the Teaching of Foreign Languages.

Professor Jarvis was in high demand as a presenter, speaking at nearly 100 workshops and conferences during his career, including regularly at the annual meetings of the American Council on the Teaching of Foreign Languages and at many of the organization's state-level meetings. He traveled widely, often leading students on study-abroad trips.

He was a consultant, evaluator and test item generator for multiple organizations. For instance, he generated test items and was a consultant for the National Teacher Examination, French Specialty, created by the Educational Testing Service. He consulted for multiple groups, from school districts and other universities to the Ohio Department of Education. His name appeared in many directories of experts such as *Who's Who in America*. He retired from Ohio State in 1995.

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

JOHN P. PARKER, JR.

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on December 8, 2021, of John P. Parker, Jr., Professor Emeritus in the College of Food, Agricultural, and Environmental Sciences. He was 96.

Professor Parker began working for Ohio State University Extension in March 1951, serving as an associate county agent in Summit County. He then served as a county agent in Ashtabula County from 1954-64. In January 1965, he began working as an area agent focusing on the dairy industry. He was promoted to Canfield area supervisor in April 1969. In 1983, he became assistant to the director of OSU Extension, and retired on March 31, 1985. After his retirement, Professor Parker completed two short-term Extension assignments in Geauga County.

During Professor Parker's career with Ohio State, he chaired a committee to purchase 225 acres of land for Camp Whitewood in Windsor, Ohio. He later served as a member of the Camp Whitewood Board of Directors for more than 10 years. He even wrote a publication titled *Through the Years at 4-H Camp Whitewood* on behalf of the camp facility.

Professor Parker also chaired a committee to secure funding for and then construct the Trumbull County Agriculture and Family Education Center, which was dedicated in April 2003. The center is the home of the Trumbull County office of OSU Extension, as well as several other agencies. He worked closely with county commissioners and local partners for these and other projects.

Among other accomplishments, Professor Parker advised the Middlefield Original Cheese Cooperative as it reorganized and built a new facility; he wrote multiple newspaper columns to advise local farmers and others; and he conducted one of the first Young Farm Couples Schools held in Ohio. During his career, Professor Parker was promoted from instructor to assistant professor in July 1967, to associate professor in July 1970, and to full professor in July 1976.

Professor Parker was known for his passion for agriculture and continual learning. He was an active member of several professional organizations, including the Ohio Extension Agents Association (where he served as president in 1966), the Ohio Dairy Farmers Federation, and the National Association of Extension Home Economists. He was also an active member of his church and held numerous leadership positions.

In 2001, he was honored with The Ohio State University Distinguished Alumni Award from the College of Food, Agricultural, and Environmental Sciences; and in 2006, he received the Ohio Farm Bureau Agricultural Educator Award. Professor Parker was honored earlier in his career with a distinguished service award from the National Association of County Agricultural Agents in 1966.

He earned his bachelor's degree in Agricultural Economics from Ohio State in 1951. He also earned his master's degree in Agricultural Marketing from Cornell University in 1961, while working as a county Extension agent in Ohio.

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

GERALD M. REAGAN

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on March 14, 2022, of Gerald "Gerry" M. Reagan, Professor Emeritus of the philosophy of education, in what was then the School of Educational Policy and Leadership in the College of Education. He was 90.

Professor Reagan joined Ohio State in 1969 as an associate professor. He had previously taught at three universities, including Syracuse University, where he gained tenure. He was a full professor at Ohio State by 1971 and served 30 years, retiring in 2001.

Daryl Siedentop, who served as senior associate dean during part of Professor Reagan's tenure, wrote, "He has provided ... leadership to the area of educational foundations..., organizing generic coursework included in the initial preparation of teachers, as well as a series of foundation courses for (graduate) students. His scholarship focused primarily on moral education and applied ethics for educators."

Nancy Zimpher, who served as dean during part of Professor Reagan's tenure, wrote, "Gerry was a masterful teacher. He applied the Socratic method with ease and taught his students widely about the philosophy of education as a field, and how to apply philosophical treatment to the challenges of educating America. He was a highly sought-after panelist and keynote speaker in the organizations he cared about, including the Ohio Valley Philosophy of Education Society, its parent organization, the Council of Social Foundations of Education, and the John Dewey Society."

She also wrote that "he published in these organizations' journals and served in many leadership roles throughout his career, building on the great traditions of the organizations, especially those from Columbia Teachers College and Ohio State. ... And he championed the critical connection between a deep understanding of the foundations of education to the education of teachers, and

the nation. Perhaps most notably, he applied his intellectual understanding of philosophy of education to a key element of John Dewey's treatise, learning by doing."

Professor Reagan was known for his long and distinguished service to both college and university. In addition to serving on college committees and its senate, he sat on the university's Faculty Senate, its Steering Committee (including as secretary) and most of its other committees. He served on most of the major university standing committees and governance groups, such as the Graduate Council. He played a key role on the Faculty Advisory Committee to the Chancellor of the Board of Regents, addressing general education issues statewide, including credit transfer.

In recognition of his leadership, in 1998, Professor Reagan received the Faculty Award for Distinguished University Service. One nominator wrote that Professor Reagan's leadership of the revision of the undergraduate curriculum was among his most impressive contributions. Given Ohio State's size and complexity, "his ability to meet the needs of a changing society while supporting the integrity of diverse specialist degrees was absolutely remarkable."

Another wrote: "It is Gerry that committee members look to for leadership and resolution of problems ... that members of the Senate turn to for information on all aspects of Senate business. And it is Gerry that University administrators seek out to provide input into policy decisions."

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

ROBERT F. REDMOND, SR.

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on January 5, 2022, of Robert F. Redmond, Sr., Professor and Associate Dean Emeritus of Mechanical Engineering in the College of Engineering. He was 94.

A native of Indianapolis, Indiana, Professor Redmond received his BS (1950) with distinction in chemical engineering from Purdue University. He later earned his MS (1955) in mathematics from the University of Tennessee and his PhD (1961) in physics from Ohio State.

Prior to joining Ohio State, he spent 17 years at Battelle Memorial Institute, serving as a mathematician, advisor and fellow, and head of a nuclear analysis group. Professor Redmond chaired a University of Chicago special committee for reactor development at Argonne National Laboratory and served on the Nuclear Regulatory Commission ad hoc committee for review of nuclear reactor licensing reform proposals.

During his tenure at Ohio State, Professor Redmond served as a professor of mechanical engineering, chair of nuclear engineering, associate dean of the College of Engineering (1976-90) and acting dean of the college until his retirement in 1992.

He was a member of the American Society for Engineering Education advisory committee on graduate fellowship programs and its Engineering Research Council; the American Association for the Advancement of Science; and the American Nuclear Society. Additionally, Professor Redmond was a member of Tau Beta Pi science honorary, Sigma Pi Sigma physics honorary, Omega Chi Epsilon chemical engineering honorary, and Sigma Xi science honorary. The author of 42 articles published in various scientific journals, he was listed in "American Men of Science" and "Who's Who in Atoms."

Aside from his academic career, Professor Redmond enjoyed golfing with his sons and former colleagues, walking the Ohio State Golf Course well into his 80s. He loved to read—especially history—a passion he passed down to more than one of his children and grandchildren. His enthusiasm and talent for bridge, chess and the stock market were well known.

Professor Redmond loved to cheer on the Buckeyes and the Purdue Boilermakers, just not when the teams played against one another. He was a man of faith and a devoted member of St. Agatha Church, where he formerly lectured. Most of all, he was devoted to his family and considered them his greatest legacy.

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

J. WILLIAM RICH

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on February 7, 2022, of Joseph William Rich, Professor Emeritus of the Department of Mechanical and Aerospace Engineering in the College of Engineering. He was 84.

Professor Rich earned his bachelor's degree in Mechanical Engineering from Carnegie Mellon University. He went on to receive a master's degree in Aeronautical Engineering from the University of Virginia, before earning a master's and PhD from Princeton University, where he was a Guggenheim Fellow. Professor Rich began his career in academia at Cornell University, where he was a Principal Engineer and Head of the Physics and Chemistry Section at Cornell Aeronautical Laboratory.

During his career at Ohio State, Professor Rich held the Ralph W. Kurtz Chair. In 1987, he founded the Nonequilibrium Thermodynamics Laboratory (NETL) that is still active today. Over the last three decades, more than 100 students, postdoctoral researchers and visiting scholars have worked in the NETL group. Many of them went on to serve in well-known research groups across the United States, France, Germany, Italy and Russia. Professor Rich also served as an adjunct professor of electrical engineering at the State University of New York at Buffalo, and as a visiting faculty member at Carnegie Mellon and Ecole Centrale Paris, where he was a senior Fulbright Fellow.

Professor Rich was a dedicated scientist whose research made groundbreaking advances in the development of molecular gas lasers, gas discharges, nonequilibrium reacting flows, and molecular energy transfer. For one of his discoveries in nonequilibrium thermodynamics of molecules exchanging vibrational energy, he and Dr. Charles Treanor were nominated for a Nobel Prize in Chemistry in 1992. This remarkable result, universally known as the Treanor distribution, remains a cornerstone of nonequilibrium vibrational kinetics.

Professor Rich's passion for learning exemplified the excellence of The Ohio State University. He was known for his encyclopedic knowledge of English and American literature, and his dedication to book collecting. Professor Rich collected many first editions of 18th and 19th century literary greats, and he wrote a series of "Book Hunting Notes" for the Aldus Society. Professor Rich was an esteemed member of the College of Engineering, and his is remembered by many for his love of poetry, especially that of John Keats, whose poems he published an essay on.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor J. William Rich its deepest sympathy and compassion for their loss. It is

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

NOLAN J. RINDFLEISCH

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on February 2, 2022, of Nolan J. Rindfleisch, Associate Professor Emeritus in the College of Social Work. He was 94.

Professor Rindfleisch was a proud veteran of the United States Navy (1945-46). On August 6, 1945, as a volunteer draftee, he was on a train to the U.S. Navy Great Lakes Training Center when the first atomic bomb hit Hiroshima. He spent his year of service in Chicago and Minneapolis.

In 1949, Professor Rindfleisch graduated from the University of St. Thomas in St. Paul, Minnesota, with a Bachelor of Arts in Latin and Greek. His first job was teaching English and Latin at Blackduck High School, also in Minnesota. In 1958, he graduated from the University of Minnesota in Minneapolis, with his Master of Social Work, and in 1976, he received his PhD from Case Western Reserve University.

In 1964, Professor Rindfleisch accepted a teaching position with Ohio State's College of Social Work. He was an active scholar and served as director of the college's PhD program. Under his mentorship, the college graduated many successful and impactful doctoral students whose work has since reflected well upon both the college and the university. Currently, three doctoral students from Professor Rindfleisch's era serve as social work deans in research intensive universities. After 30 years of service with Ohio State, Professor Rindfleisch retired in 1994.

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

DANIEL K. STRUVE

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on February 7, 2022, of Daniel K. Struve, Professor Emeritus of Horticulture and Crop Science in the College of Food, Agricultural, and Environmental Sciences. He was 70.

Professor Struve's academic career at Ohio State spanned three decades (1981-2012). His teaching and research focused on woody plant production and improvement with a special emphasis on plant propagation. He designed and continually enhanced the Ohio Production System, a process for accelerating tree growth to commercial size in less than half the time of traditional production methods. In addition, he developed seed germination techniques for many native tree species, information that has become more relevant as we struggle to combat climate change.

He was active in many professional organizations, including the International Plant Propagator's Society, International Society of Arboriculture, and the American Horticultural Society. Even though he did not have a formal Extension appointment, Professor Struve shared his time and talent with the nursery and landscape industries, providing educational and outreach programs. He was also a strong supporter of the Chadwick Arboretum and worked to develop the PFC Donald David Mayhew Memorial Grove. He was also instrumental in ideating and initiating the Colour Columbus 1,000 Native Tree Collection, which showcased native species within their ecological associations as an educational resource for students and visitors alike. These projects, along with tree-planting activities that he led or participated in, helped ensure the prestigious Tree Campus USA award for

Ohio State's Columbus campus. For these and other efforts, he was given the prestigious Lorax Award from Chadwick Arboretum, bestowed to those who speak for the trees, and the Aesculus Lifetime Achievement Award.

Professor Struve was admired by his colleagues and beloved by his students, who remember him as being a welcoming, available, patient, and approachable advisor with a unique sense of humor. He was passionate about his relationship with trees and instilled the same level of awe, regard, and appreciation for them in all whom he mentored. As a mentor, he engaged, guided, and encouraged students to explore plants and plant culture. He also believed strongly in the value of experiential learning. "Each fall, Professor Struve would lead hundreds of students in a one-day tree-planting event known as ArboBlitz. This event introduced students from many academic disciplines to the satisfying hands-on activity of planting their first tree," according to Ms. Mary Maloney, retired Director of the Chadwick Arboretum. Professor Struve also nurtured independent thought by allowing students to direct much of their own research and by championing their efforts to learn from research outcomes. At the same time, he remained involved, often working side-by-side with students as they conducted their research. In addition to scientific training, Professor Struve also fostered the development of professional skills, such as grant writing and networking.

A consummate educator, Professor Struve academically, personally, and enduringly influenced all students who were fortunate enough to interact with him. According to Dr. Michael Arnold, Professor Struve's first graduate student who is now Professor and Director of The Gardens at Texas A&M University, "Dan was a teacher and friend, not just for a semester of school but for a lifetime." Now, Professor Struve's students, who work in all aspects of horticulture from commercial production to Extension programs across the country, pass on his knowledge and passion to the next generation. His students are his enduring legacy.

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

J. ROBERT WARBROD

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on March 10, 2022, of James Robert Warmbrod, Distinguished University Professor Emeritus of Agricultural Education in the College of Food, Agricultural, and Environmental Sciences. He was 92.

Professor Warmbrod joined the faculty of Ohio State as a professor in the Department of Agricultural Education in 1968. He served as chair of the department from 1978-86, acting associate dean of the College of Agriculture, and acting vice president for agricultural administration and dean of the College of Agriculture from 1989-91. His distinguished career as a teacher, researcher, advisor of graduate students and writer was recognized through many awards, including his appointment as a Presidential Professor in 1989, having received The Ohio State Alumni Award for Distinguished Teaching twice in 1972, and again in 1995, and the Gamma Sigma Delta Teaching Award of Merit for 1976-77.

Acknowledgements for Professor Warmbrod as an exceptional educator included multiple national honors. He was the Invited Distinguished Lecturer and received the Distinguished Service Award of the American Association for Agricultural Education (AAAE) in 1974 and was appointed a Fellow in the Association in 1992. He also served as president of the American Vocational Education Research Association in 1976 and as vice president for Agricultural Education of the American Vocational Association from 1976-79.

Professor Warmbrod served as the author of numerous monographs and journal articles, as well as co-author of the textbook, *Methods of Teaching Agriculture*, which is currently in its fourth edition. This textbook has served as a staple resource for teaching methods courses around the country for decades.

He retired from Ohio State in 1995 as a Distinguished University Professor Emeritus, receiving the Ohio State Distinguished Service Award in 1997, and served as a member of the executive board of the Board of The Ohio State University Retirees Association, including filling the role of president for 2007-08. Throughout his career, Professor Warmbrod served as a visiting professor, lecturer, or consultant at 15 universities in the United States and Australia.

Prior to joining Ohio State as a faculty member, Professor Warmbrod earned his Bachelor of Science and Master of Science degrees from the University of Tennessee-Knoxville and his Doctor of Education from the University of Illinois at Urbana-Champaign. He also served in the U.S. Air Force from 1954-56. He was an instructor of agricultural education at the University of Tennessee, an agricultural educator with Franklin County High School in Winchester, Tennessee, and a faculty member with the Division of Agricultural Education at the University of Illinois.

Professor Warmbrod was admired by his fellow faculty members, students, advisees, and the agricultural education profession in Ohio, around the United States and throughout the world.

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

THOMAS M. YORK

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on January 16, 2022, of Thomas M. York, Professor Emeritus of the Department of Aviation in the College of Engineering. He was 82.

Professor York was a Pennsylvania native and received his bachelor's and master's degrees in Aeronautical Engineering from Penn State University in 1960 and 1961, respectively. He was appointed an assistant professor of Engineering at the United States Naval Academy, where he taught mechanical engineering until his return to graduate studies at Princeton University under a Guggenheim Fellowship. He earned his PhD from Princeton in 1968 and joined the Penn State Aerospace Engineering Department as a faculty member shortly thereafter.

In 1987, Professor York joined Ohio State as chair of the Department of Aerospace Engineering. He served in many positions within the university, including chair of the Science Research Administration Review Committee and chair of University Senate.

Outside of his roles as an educator and administrator, Professor York served appointments in Washington, D.C. for the U.S. Department of Energy. From 1994-98, he worked as the Assistant Secretary of Science. He also served as the Department of Energy's liaison to the National Laboratories, International Programs, and Federal Science Agencies. He also had the opportunity to serve on President Bill Clinton's Review Committee on Federal Support of Universities.

In 1998, Professor York returned to his faculty position at Ohio State, where he completed his career, retiring in 2007. His passion for engineering extended beyond his time in the classroom. Upon returning to Pennsylvania, Professor York completed two textbooks on plasma physics. And, in 2000, he returned to teaching by participating in cooperative teaching and research projects with the Beijing University of Aeronautics and Astronautics.

Professor York exemplified the excellence of The Ohio State University and was an esteemed member of the College of Engineering. He was known for his love of travelling, having visited 96 countries with his wife, Mary. He is remembered by his colleagues for his dedication to engineering and his passion for the advancement of opportunities.

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

PERSONNEL ACTIONS

Resolution No. 2022-120

BE IT RESOLVED, That the Board of Trustees hereby approves the personnel actions as recorded in the personnel budget records of the university since the February 10, 2022, meeting of the Board, including the following appointments and contract amendments:

Appointments

Name: David Cohn
Title: Interim Chief Executive Officer
Unit: The Arthur G. James Cancer Hospital and
Richard J. Solove Research Institute
Date: July 1, 2022

Name: David Horn
Title: Dean, College of Arts and Sciences
Unit: Office of Academic Affairs
Term: July 1, 2022

Name: David Jenkins
Title: Dean, College of Social Work
Unit: Office of Academic Affairs
Term: July 1, 2022

Name: Norman Jones
Title: Dean, Undergraduate Education
Unit: Office of Academic Affairs
Term: July 1, 2022

Name: Mary Stromberger
Title: Dean, Graduate Education
Unit: Office of Academic Affairs
Term: August 1, 2022

Appointment Extensions

Name: Mark Larmore
Title: Interim Co-Leader
Unit: The Ohio State University Wexner Medical Center
Term: June 1, 2022 – August 31, 2022

Name: Andrew Thomas
Title: Interim Co-Leader
Unit: The Ohio State University Wexner Medical Center
Term: June 1, 2022 – August 31, 2022

Contract Amendments

Name: Ryan Day
Title: Head Coach, Football
Unit: Department of Athletics
Term: July 1, 2022

Name: Christopher Holtmann
Title: Head Coach, Men's Basketball
Unit: Department of Athletics
Term: July 1, 2022

Name: Michael Eicher
Title: Senior Vice President for Advancement
Title: President, The Ohio State University Foundation
Unit: Office of Advancement
Term: January 1, 2022

Name: Kevin McGuff
Title: Head Coach, Women's Basketball
Unit: Department of Athletics
Term: July 1, 2022

Name: Eugene Smith
Title: Senior Vice President and Wolfe Foundation Endowed Athletics
Director
Unit: Department of Athletics
Term: July 1, 2022

**APPROVAL TO ESTABLISH A
DOCTOR OF PHILOSOPHY IN IMMUNOLOGY AND IMMUNOTHERAPEUTICS**

Resolution No. 2022-121

IN THE COLLEGE OF MEDICINE

Synopsis: Approval to establish a Doctor of Philosophy degree program in Immunology and Immunotherapeutics in the College of Medicine is proposed.

WHEREAS the goal of the program is to train future generations of immunological researchers — needed for advancing this critical and rapidly growing field — and the university has recruited more than 30 faculty members in immunology over the past three years and established the Pelotonia Institute for Immuno-Oncology in 2019; and

WHEREAS the focus of the program will be to educate and train students in both fundamental and cutting-edge principles of immunology, as well as to perform primary research in the field, and emphasis areas include, but are not be limited to, cellular and molecular immunology, immunology and infectious diseases, translational immunology, and systems immunology, and a market analysis has been provided; and

WHEREAS the program will be a minimum of 80 semester credit hours over 15 to 18 semesters, is full-time and in-person, and is expected to admit six students each autumn starting autumn 2023; and

WHEREAS the program will be administered through the Department of Microbial Infection and Immunity, has a program director and a Graduate Studies Committee (with appropriate subcommittees), has a five-year budget projection, and has an appropriate infrastructure in place that includes many related centers, laboratories, and facilities; and

WHEREAS the proposal has the support of the College of Medicine leadership and from academic units within the college, and from the College of Arts and Sciences and the College of Veterinary Medicine; and

WHEREAS the proposal was reviewed and approved by the Graduate School, and then the Council on Academic Affairs at its meeting on January 12, 2022; and

WHEREAS the University Senate approved this proposal on February 8, 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish a Doctor of Philosophy degree program in Immunology and Immunotherapeutics in the College of Medicine.

(See Appendix LXXXI for background information, page 2849)

**APPROVAL TO ESTABLISH A
MASTER OF SUPPLY CHAIN MANAGEMENT**

Resolution No. 2022-122

IN THE FISHER COLLEGE OF BUSINESS

Synopsis: Approval to establish a Master of Supply Chain Management degree program in the Fisher College of Business is proposed.

WHEREAS market analysis reveals that the demand for supply chain education is growing, and the Fisher College of Business has an established base in its MBA and undergraduate programs, with two highly ranked specialty areas with connections to supply chain; and

WHEREAS the program is designed for individuals who have two to five years of work experience in the field, but who want more formal education to advance professionally, and for those from other fields who want to change career paths into the supply chain field; and

WHEREAS the program will be a collaboration between the Department of Operations and Business Analytics and the Department of Marketing and Logistics; will start in summer, typically to be completed in two years while working full time; will require a minimum of 33 credit hours (25.5 required, 4.5 elective, and three on-campus learning experiences) including a capstone project that has students work on a real-life business problem with their own company or one assigned; and will be offered 100 percent online (50 percent delivered synchronously and 50 percent asynchronously); and

WHEREAS the proposal identifies the niche role the program will play in the regional market, includes plans for an enrollment of 25 in the first year and then to maintain a cohort size of 30, includes a fiscal impact statement, and provides an assessment plan; and

WHEREAS the proposal has the support of the Fisher College of Business leadership, including the Executive Committee; and

WHEREAS the proposal was reviewed and approved by the Graduate School, and then the Council on Academic Affairs at its meeting on January 12, 2022; and

WHEREAS the University Senate approved this proposal on February 8, 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish a Master of Supply Chain Management degree program in the Fisher College of Business.

(See Appendix LXXXII for background information, page 2864)

APPROVAL TO ESTABLISH THE DEPARTMENT OF DERMATOLOGY

Resolution No. 2022-123

IN THE COLLEGE OF MEDICINE

Synopsis: Approval to establish the Department of Dermatology in the College of Medicine is proposed.

WHEREAS currently the Division of Dermatology is housed within the Department of Internal Medicine but is distinct from Internal Medicine, encompassing a unique body of knowledge, and has a distinct residency program that leads to board certification in Dermatology; and

WHEREAS department status is an important criterion for the recruitment of nationally recognized clinicians and researchers, given that Dermatology residency is highly competitive and department status will help accelerate matching the most outstanding future candidates from top-tier medical schools; and

WHEREAS Dermatology has close associations with several other specialties, many of its focus areas are fundamentally different from the practice of Internal Medicine, and their financing, support, and productivity require an organizational structure that is tailored to and adept at supporting those distinct areas; and

WHEREAS the proposal addresses all components expected in a proposal for the alteration of a unit, including a sound financial base, and the proposal has the support of the Department of Internal Medicine and the College of Medicine; and

WHEREAS the proposal was reviewed and approved by a subcommittee, and then the Council on Academic Affairs at its meeting on February 16, 2022; and

WHEREAS the University Senate approved this proposal on March 24, 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish the Department of Dermatology in the College of Medicine.

(See Appendix LXXXIII for background information, page 2876)

**APPROVAL TO ADD A CLINICAL FACULTY TRACK IN THE
COLLEGE OF SOCIAL WORK**

Resolution No. 2022-124

Synopsis: Approval to allow the College of Social Work to establish a clinical faculty appointment type is proposed.

WHEREAS Faculty Rule 3335-7 establishes that colleges may establish a clinical/teaching/practice faculty appointment type for non-tenure track teacher/practitioners who are primarily engaged in teaching activities; and

WHEREAS the College of Social Work has requested the establishment of this faculty appointment type in order to increase instructional, advising, and curricular support for the college and its students; enhance outreach and engagement for students, alumni, and the broader community; and incorporate practitioners/educators into the college's overall structure, increasing the number of full-time faculty to educate students; and

WHEREAS the proposal was reviewed and approved by a subcommittee, and then by the Council of Academic Affairs on March 23, 2022; and

WHEREAS the University Senate approved the proposal on April 21, 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the establishment of a clinical faculty appointment type in the College of Social Work.

(See Appendix LXXXIV for background information, page 2913)

**APPROVAL TO CHANGE THE NAME OF THE
DEPARTMENT OF NEAR EASTERN LANGUAGES AND CULTURES**

Resolution No. 2022-125

Synopsis: Approval to change the name of the Department of Near Eastern Languages and Cultures to the Department of Near Eastern and South Asian Languages and Cultures is proposed.

WHEREAS South Asia represents one-fifth of the world's population, the South Asian diaspora in the United State warrants study and academic representation, and the department is the home for South Asian Studies, including the South Asian Studies minor and Hindi language courses; and

WHEREAS a departmental home for South Asian studies will contribute to the university's commitment to diversity, equity and inclusion, enhance ongoing efforts by the Multicultural Center's APIDA (Asian, Pacific Islander and Desi American) student initiatives, and contribute to the Office of International Affairs' efforts to facilitate academic collaboration between the university and the South Asian region; and

WHEREAS the change will bring the department more in line with comparable departments, increase the visibility of research and teaching of South Asian Studies and Near East Studies, improve the visibility to students, increase enrollments, enhance fundraising opportunities, and further the missions of both the department and the university; and

WHEREAS the proposal will not require any programmatic change, there will be no impact on core faculty, students or staff, and no administrative changes are anticipated, and the proposal has the full support of the department and of the College of Arts and Sciences; and

WHEREAS the proposal was reviewed and approved by a subcommittee, and then the Council on Academic Affairs at its meeting on February 2, 2022; and

WHEREAS the University Senate approved this proposal on March 24, 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to change the name of the Department of Near Eastern Languages and Cultures to the Department of Near Eastern and South Asian Languages and Cultures.

(See Appendix LXXXV for background information, page 2929)

APPROVAL OF THE 2022-2024 COMPLETION PLAN

Resolution No. 2022-126

Synopsis: Approval of the 2022-2024 Completion Plan is proposed.

WHEREAS Ohio Revised Code 3345.81 requires the Board of Trustees of each Ohio institution of higher education every two years to adopt a strategic completion plan designed to increase the number of degrees and certificates awarded to students; and

WHEREAS The Ohio State University Board of Trustees approved the 2020-2022 completion plan on August 27, 2020; and

WHEREAS the university has updated the completion plan through 2024:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the 2022-2024 Completion Plan.

(See Appendix LXXXVI for background information, page 2932)

AMENDMENTS TO THE RULES OF THE UNIVERSITY FACULTY

Resolution No. 2022-127

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

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

WHEREAS the proposed changes to rules 3335-3-23, 3335-3-26.1, 3335-3-29, 3335-3-29.1, 3335-5-33, 3335-5-37, 3335-5-47.1, 3335-5-48.11, 3335-5-48.18 and 3335-17-01, as well as the rescission of rule 3335-3-26.2, in the *Rules of the University Faculty* were approved by the University Senate on February 24, 2022; and

WHEREAS the proposed changes to rules 3335-3-1 through 3335-3-7, 3335-3-23, and 3335-3-25 through 3335-3-37 in the *Rules of the University Faculty* were approved by the University Senate on March 24, 2022; and

WHEREAS the proposed changes to rule 3335-5-48 in the *Rules of the University Faculty* were approved by the University Senate on April 21, 2022:

NOW THEREFORE

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

(See Appendix LXXXVII for background information, page 2968)

FACULTY PERSONNEL ACTIONS

Resolution No. 2022-128

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the February 10, 2022, meeting of the Board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name: IGOR V. ADAMOVICH
Title: Professor (John B. Nordholt Professorship in Mechanical Engineering or Materials Science and Engineering)
College: Engineering
Term: July 1, 2022 through June 30, 2027

Name: AMNA AKBAR
Title: Professor (Charles W. Ebersold and Florence Whitcomb Ebersold Professorship)
College: Moritz College of Law
Term: August 22, 2022 through August 22, 2027

Name: KATRINA BONG
Title: Professor - Clinical (John C. Elam/Vorys Sater Professorship)
College: Moritz College of Law
Term: August 22, 2022 through August 22, 2027

Name: CINNAMON CARLARNE
Title: Professor (Robert J. Lynn Chair in Law)
College: Moritz College of Law
Term: August 15, 2022 through August 15, 2027

Name: RICARDO L. CARRAU
Title: Professor (Lynne Shepard Jones Endowed Professorship in Head and Neck Oncology)
College: Medicine
Term: January 1, 2022 through June 30, 2026

Name: *CHARLENE GILBERT
Title: Professor (Senior Vice Provost for Student Academic Excellence)
Office: Academic Affairs
Term: April 4, 2022 through June 30, 2026

May 17-19, 2022, Board of Trustees Meetings

Name: YUCHI HAN
Title: Professor (Chair of Excellence in Cardiovascular Medicine)
College: Medicine
Term: January 1, 2022 through June 30, 2026

Name: DAVID HORN
Title: Professor and Dean
College: Arts and Sciences
Term: July 1, 2022 through June 30, 2027

Name: *DAVID JENKINS
Title: Professor and Dean
College: Social Work
Term: July 1, 2022 through June 30, 2027

Name: NORMAN W. JONES
Title: Vice Provost and Dean for Undergraduate Education
Office: Academic Affairs
Term: July 1, 2022 through June 30, 2027

Name: ANTHONY P. KING
Title: Associate Professor (Anne K. "Nancy" Jeffrey Endowed Professorship for Mental Health Equity and Resilience)
College: Medicine
Term: June 1, 2022 through June 30, 2026

Name: ASIMINA KIOURTI
Title: Associate Professor (College of Engineering Innovation Scholar)
College: Engineering
Term: July 1, 2022 through June 30, 2027

Name: MRINAL KUMAR
Title: Associate Professor (Elizabeth Martin Tinkham Endowed Professorship in Aeronautical and Astronautical Engineering)
College: Engineering
Term: July 1, 2022 through June 30, 2027

Name: *RICHARD J. MAKADOK
Title: Professor (Chase Chair for Excellence in Corporate Strategy)
College: Fisher College of Business
Term: September 1, 2022 through August 31, 2027

Name: MATTHEW O. OLD
Title: Professor (David E. Schuller, M.D., and Carole Schuller Chair in Otolaryngology)
College: Medicine
Term: July 1, 2022 through June 30, 2026

Name: GEORGIOS PAPACHRISTOU
Title: Professor (Dr. Floyd M. Beman Chair in Gastroenterology)
College: Medicine
Term: May 1, 2022 through June 30, 2026

Name: EFTHIMIOS PARASIDIS
Title: Professor (Chief Justice Thomas J. Moyer Professorship for the Administration of Justice and Rule of Law)
College: Moritz College of Law
Term: August 22, 2022 through August 22, 2027

Name: ANNE RALPH
Title: Professor - Clinical (Kara J. Trott Endowed Professorship in Law in honor of Prof. Morgan E. Shipman)
College: Moritz College of Law
Term: August 22, 2022 through August 22, 2027

Name: GUY RUB
Title: Professor (Joanne Wharton Murphy/Class of 1965 and 1973 Professorship in Law)
College: Moritz College of Law
Term: August 22, 2022 through August 22, 2027

Name: RIC SIMMONS
Title: Professor (Jacob E. Davis and Jacob E. Davis II Chair in Law)
College: Moritz College of Law
Term: August 15, 2022 through August 15, 2027

Name: WENDY G. SMOOTH
Title: Senior Vice Provost for Inclusive Excellence
Office: Academic Affairs
Term: August 1, 2022 through June 30, 2027

Name: *MARY STROMBERGER
Title: Vice Provost and Dean for Graduate Education
Office: Academic Affairs
Term: August 1, 2022 through June 30, 2027

*New Hire

Reappointments

Name: BRIDGET A. CHAPMAN
Title: Assistant Professor - Clinical (Sander and Mechele Flaum Designated Professor in Fluency)
College: Arts and Sciences
Term: September 1, 2020 through August 31, 2025

Name: CURTIS J. DANIELS
Title: Professor - Clinical (Dottie Dohan Shepard Professorship in Cardiovascular Medicine)
College: Medicine
Term: April 1, 2022 through June 30, 2026

Name: RUSSELL H. FAZIO
Title: Professor (Harold E. Burt Chair in Psychology)
College: Arts and Sciences
Term: June 1, 2018 through August 14, 2023

May 17-19, 2022, Board of Trustees Meetings

Name:	PEIXUAN GUO
Title:	Professor (Sylvan G. Frank Endowed Chair in Pharmaceutics and Drug Delivery Systems)
College:	Pharmacy
Term:	January 4, 2021 through June 30, 2026
Name:	MICHELLE L. JONES
Title:	Professor (D.C. Kiplinger Chair in Floriculture)
College:	Food, Agricultural, and Environmental Sciences
Term:	February 1, 2022 through January 31, 2027
Name:	MICHAEL V. KNOPP
Title:	Professor (Novartis Pharmaceuticals Corporation Chair for Clinical Research)
College:	Medicine
Term:	July 1, 2022 through June 30, 2026
Name:	E. DOUGLAS LEWANDOWSKI
Title:	Professor (Jack M. George Chair)
College:	Medicine
Term:	July 1, 2022 through June 30, 2026
Name:	KARIN M. MUSIER-FORSYTH
Title:	Professor (Ohio Eminent Scholar in Biological Macromolecular Structure)
College:	Arts and Sciences
Term:	June 1, 2022 through May 31, 2027
Name:	W. JERRY MYSIW
Title:	Professor (Dr. Ernest W. Johnson Chair)
College:	Medicine
Term:	July 1, 2022 through June 30, 2023
Name:	BENJAMIN K. POULOSE
Title:	Professor (Robert M. Zollinger Chair of Surgery)
College:	Medicine
Term:	August 1, 2022 through June 30, 2026
Name:	BRAD H. ROVIN
Title:	Professor (Dr. Lee A. Hebert Endowed Professorship in Nephrology)
College:	Medicine
Term:	July 1, 2022 through June 30, 2026
Name:	ABHAY R. SATOSKAR
Title:	Professor (University Pathology Services Anatomic Pathology Professorship)
College:	Medicine
Term:	July 1, 2022 through June 30, 2026
Name:	SHARON TUCKER
Title:	Professor (Grayce M. Sills Endowed Professorship in Psychiatric-Mental Health Nursing)
College:	Nursing
Term:	January 1, 2022 through December 31, 2026

(See Appendix LXXXVIII for background information, page 2997)

DEGREES AND CERTIFICATES

Resolution No. 2022-129

Synopsis: Approval of Degrees and Certificates for summer term 2022 is proposed.

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

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the degrees and certificates to be conferred on August 7, 2022, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools.

(Please see the Fiscal Year 2023 Board of Trustees meeting minutes for the final version of the summer 2022 commencement bulletin.)

HONORARY DEGREE

Resolution No. 2022-130

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

WHEREAS pursuant to paragraph (A)(3) of rule 3335-1-03 of the Administrative Code, the President, after consultation with the Steering Committee of the University Senate, recommends to the Board of Trustees the awarding of the honorary degrees as listed below:

Patrick P. Gelsinger, Honorary Doctor of Engineering

NOW THEREFORE

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

(See Appendix LXXXIX for background information, page 3021)

**APPROVAL OF INTERIM CAPITAL INVESTMENT PLAN
FOR FISCAL YEAR 2023**

Resolution No. 2022-131

Synopsis: Authorization and acceptance of the Interim Capital Investment Plan for the fiscal year ending June 30, 2023, is proposed.

WHEREAS the state capital budget for fiscal years 2023 and 2024 has not yet been enacted; and

WHEREAS the Interim Capital Investment Plan will allow the university to begin or continue capital projects in support of strategic goals during the period from July 1, 2022 through August 31, 2022; and

WHEREAS the projects for which state capital funding has been requested are included in the Interim Capital Investment Plan but will not proceed until a bill has been enacted allocating funding to the university by the State of Ohio for capital projects; and

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

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

WHEREAS the final fiscal year 2023 Capital Investment Plan will be presented for consideration at the August 2022 Board of Trustees meeting:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Interim Capital Investment Plan for the fiscal year ending June 30, 2023; and

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

(See Appendix XC for background information, page 3022)

**APPROVAL OF OHIO STATE ENERGY PARTNERS UTILITY SYSTEM
INTERIM CAPITAL IMPROVEMENTS PLAN FOR FISCAL YEAR 2023**

Resolution No. 2022-132

Utility System Life-Cycle Renovation, Repair and Replacement Projects
Utility System Expansion and Extension Projects

Synopsis: Approval of Ohio State Energy Partners' LLC ("OSEP") fiscal 2023 interim capital improvements plan and authorization for OSEP to make capital improvements pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the "Agreement"), is proposed.

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

WHEREAS the OSEP CIP includes requested approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2022; and

WHEREAS the University has not finalized its capital investment plan for fiscal year 2023; and

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

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

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

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

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

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

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the fiscal year 2023 interim OSEP CIP as outlined in the attached materials; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2023 capital improvements to the utility system as outlined in the attached materials.

(See Appendix XCI for background information, page 3024)

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

Resolution No. 2022-133

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS

Strategic Infrastructure Optimization Plan – Phase 1
WMC Outpatient Care Powell
East Hospital – Fire Suppression

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS

Buckeye Village Demolition
Gateway Apartments Building Envelope – Phase 1

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS

Lacrosse Stadium
Fire System Replacements FY 2019

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

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

	Prof. Serv. Approval Requested	Total Requested	
Strategic Infrastructure Optimization Plan – Phase 1	\$1.0M	\$1.0M	University Funds Partner Funds
WMC Outpatient Care Powell	\$7.4M	\$7.4M	Auxiliary Funds
East Hospital – Fire Suppression	\$0.8M	\$0.8M	Auxiliary Funds

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

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
Buckeye Village Demolition	\$0.5M	\$4.5M	\$5.0M	University Debt Auxiliary Funds University Funds
Gateway Apartments Building Envelope – Phase 1	\$0.3M	\$3.7M	\$4.0M	Auxiliary Funds

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

	Construction Approval Requested	Total Requested	
Lacrosse Stadium	\$1.5M	\$1.5M	Fundraising Auxiliary Funds Partner Funds
Fire System Replacements FY 2019	\$0.7M	\$0.7M	State Funds

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

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

NOW THEREFORE

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

(See Appendix XCII for background information, page 3027)

APPROVAL OF FISCAL YEAR 2023 OPERATING BUDGET

Resolution No. 2022-134

Synopsis: Approval of the Operating Budget for the Fiscal Year ending June 30, 2023, is proposed.

WHEREAS the State of Ohio Biennial Budget for State Fiscal Years 2022 and 2023, including funding levels for state institutions of higher education, has been signed into law; and

WHEREAS tuition and mandatory fee levels for the Columbus and regional campuses for the Academic Year 2022-2023, are being proposed at the May 19, 2022, Board of Trustees meeting; and

WHEREAS the administration now recommends approval of the Fiscal Year 2023 Operating Budget for the University for the Fiscal Year ending June 30, 2023:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the University's Operating Budget for the Fiscal Year ending June 30, 2023, as described in the accompanying Fiscal Year 2023 Financial Plan, with authorization for the President to make expenditures within the projected income.

(See Appendix XCIII for background information, page 3034)

APPROVAL OF 2022-2023 ACADEMIC YEAR TUITION & MANDATORY FEES

Resolution No. 2022-135

Synopsis: Approval of tuition and mandatory fees, and non-residential and international surcharges for undergraduate and graduate students at all campuses of The Ohio State University for the Academic Year 2022-2023, is proposed.

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

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

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

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2018 (Fiscal Year 2019), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2020; and

WHEREAS Ohio resident students in the Tuition Guarantee cohorts that began in Fiscal Years 2020, 2021 and 2022 will continue at the rates established for their cohorts and will therefore see no change (0%) in their tuition, mandatory fees, and room and board rates for Academic Year 2022-2023; and

WHEREAS new first-year Ohio resident undergraduate students enrolled at all campuses in 2022-23 will be part of a new Ohio State Tuition Guarantee cohort; and

WHEREAS Ohio Revised Code 3345.48 establishes that institutions with tuition guarantee programs may increase the instructional and mandatory fees for each incoming class of first-year undergraduate students by the total of inflation (2.6% for Fiscal Year 2023 as defined by the change in 36-month calendar year average from 2018-2020 to 2019-2021 of the Consumer Price Index-Urban) and any tuition flexibility (2.0%) allowed under the State of Ohio biennial budget bill; and

WHEREAS the University administration now presents recommendations for tuition and mandatory fees and non-residential and international surcharges for the Columbus, Lima, Mansfield, Marion, and Newark campuses and for the Agricultural Technical Institute (ATI) at Wooster for the Academic Year 2022-2023:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommendation of the administration and hereby approves rates for the Academic Year 2022-2023 for all campuses, effective Autumn semester 2022, as follows and as outlined in the attached document:

- That tuition, mandatory fees, housing rates and dining rates will be part of the Ohio State Tuition Guarantee for new first-year Ohio resident undergraduate students, and that tuition and mandatory fees for this cohort will increase by 4.6%. Changes to housing and dining rates are addressed in the 2022-2023 Academic Year User Fees & Charges resolution; and
- That tuition and mandatory fees for Ohio resident undergraduate students not included in the Ohio State Tuition Guarantee program will increase by 2.0%; and
- That tuition and mandatory fees will increase by 4.6% for graduate programs. Changes to differential fees for certain programs are addressed in the 2022-2023 Academic Year User Fees & Charges resolution; and
- That the non-resident surcharge for undergraduates will be increased by 5.0% and most graduates will be increased by 2.5%. Exceptions for certain graduate programs are addressed in the 2022-2023 Academic Year User Fees & Charges resolution; and
- That the international surcharge for undergraduate students will not increase (0% change); and
- That the non-resident surcharge for a student taking all online course(s) over an entire semester and not pursuing an online degree or certificate program will be the same as the in-person student non-resident surcharge; and
- That the non-resident surcharge will not increase for a student pursuing an online degree or certificate program.

(See Appendix XCIV for background information, page 3091)

**APPROVAL OF 2022-2023 ACADEMIC YEAR
USER FEES & CHARGES**

Resolution No. 2022-136

Synopsis: Approval of user fees and charges at the Columbus and regional campuses of The Ohio State University for Academic Year 2022-2023, is proposed.

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

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

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommendation of the administration for the following rates, which are outlined in the attached document and will be effective Autumn semester 2022:

- Graduate and professional fees, including differential instruction and clinical, as well as the non-resident surcharge; and
- Housing and dining plans; and
- Student health plan; and
- Transcript fee.

(See Appendix XCV for background information, page 3111)

APPROVAL TO AMEND THE UNIVERSITY DEBT POLICY

Resolution No. 2022-137

Synopsis: Approval to adopt the revised University Debt policy to govern the management of university debt, capital facilities improvement project funding sources, internal bank, and financing leases is proposed.

WHEREAS the university recognizes that the use of debt is an important resource to employ in support of the university's mission; and

WHEREAS there is a desire to revise the University Debt policy to, among other things, better align it with best practices regarding the use of the university's internal bank for capital facilities improvement projects; and

WHEREAS the Treasurer has recommended to the Senior Vice President for Business and Finance the adoption of revisions to the University Debt policy relating to: (i) the amount of funding required to be in-hand or pledged prior to the time Board approval is requested for design and construction services for capital facilities improvement projects, (ii) use of gap funding as it relates to capital facilities improvement projects, (iii) use of fundraising plans for capital projects with significant fundraising, iv) approval of financing leases, and (v) the process required for changes to the above principles and process; and

WHEREAS the Senior Vice President for Business and Finance has reviewed the proposed revisions to the University Debt policy, and has determined that it is appropriate and in the best interest of the university that such revisions be adopted, and has recommended the adoption of such revisions to the University Debt policy to the Audit, Finance and Investment Committee; and

WHEREAS the President's Cabinet, Council of Deans, Senior Management Council, the Fiscal Committee of University Senate and other interested senior leaders have reviewed the revised University Debt policy; and

WHEREAS the Audit, Finance and Investment Committee has approved the adoption of such revised University Debt policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the attached revised University Debt policy be adopted and effective May 19, 2022.

(See Appendix XCVI for background information, page 3127)

APPROVAL OF AMENDMENT TO THE UNIVERSITY'S INVESTMENT POLICY AND NEW BENCHMARK FOR THE UNIVERSITY OPERATING FUNDS

Resolution No. 2022-138

Synopsis: Approval of an amendment to the university's investment policy to modify the LTIP distribution policy calculation period and approval of a new benchmark for university operating funds, is proposed.

WHEREAS the Board of Trustees previously adopted a revised Investment Policy #5.90 (Resolution No. 2021-144 in May 2021) to govern the management of the university's investment portfolios; and

WHEREAS the Senior Vice President for Business and Finance has reviewed the distribution policy set forth in the Investment Policy with respect to the Long-Term Investment Pool (LTIP) and has recommended that the LTIP distribution calculation period be reduced from seven years to five years while retaining the current 4.5% distribution percentage so that the annual distribution per share is 4.5% of the average monthly market value per share of the LTIP over the most recent five-year period; and

WHEREAS the Senior Vice President for Business and Finance has determined that such modification to the LTIP distribution calculation period is appropriate and in the best interest of the university, and has recommended such modification to the Audit, Finance and Investment Committee; and

WHEREAS the Audit, Finance and Investment Committee has approved amending the university's Investment Policy to reduce the LTIP distribution calculation period from seven years to five years; and

WHEREAS the Audit, Finance and Investment Committee hereby recommends amending the university's Investment Policy to reduce the LTIP distribution calculation period to the Board of Trustees; and

WHEREAS the Board of Trustees recently adopted updated portfolio mandates, including benchmarks, for university operating funds; and

WHEREAS the Vice President and Treasurer has recommended to the Senior Vice President for Business and Finance the addition of a new benchmark to better evaluate the investment performance of the Government Only Fixed Income Portfolio mandate for university operating funds; and

WHEREAS the Senior Vice President for Business and Finance has reviewed the addition of such new benchmark, has determined that such addition of a new benchmark is appropriate and

in the best interest of the university, and has recommended the addition of the new benchmark to the Audit, Finance and Investment Committee; and

WHEREAS the Audit, Finance and Investment Committee has approved the addition of a new benchmark; and

WHEREAS the Audit, Finance and Investment Committee hereby recommends the addition of a new benchmark for the university operating funds to the Board of Trustees:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached Investment Policy with a reduction in the LTIP distribution calculation period from the most recent seven-year period to the most recent five-year period effective from July 1, 2022; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby approves the addition of a new benchmark for university operating funds set forth below for the purpose of evaluating the investment performance of the Government Only Fixed Income Portfolio mandate for university operating funds effective from July 1, 2022, until further modified as provided for in the university's Investment Policy:

<u>Operating Funds Fixed Income Mandate</u>	<u>Benchmark</u>
Government Only Fixed Income Portfolio	Bloomberg US Treasury: 1-3 Year

(See Appendix XCVII for background information, page 3138)

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

Resolution No. 2022-139

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

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

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

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

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby authorizes the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees to buy, sell, assign and transfer any and all stocks, bonds, evidences of interest and/or

indebtedness, rights and options to acquire or to sell the same, and all other securities corporate or otherwise, standing in the name of or belonging to The Ohio State University in any capacity; and

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

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

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

(See Appendix XCVIII for background information, page 3139)

AUTHORIZATION TO APPROVE MEN'S BASKETBALL TICKET PRICES

Resolution No. 2022-140

Synopsis: Approval of men's basketball ticket prices for fiscal year 2023 at the recommended levels is proposed.

WHEREAS The Ohio State University Department of Athletics has a long history of self-sustainability in supporting 36 world-class athletics programs and providing needed revenues back to the university for scholarships and academic programs; and

WHEREAS each year the Athletic Council reviews projections for the coming year's budget and recommends ticket prices; and

WHEREAS the Athletic Council has approved men's basketball ticket prices as shown on the attached table; and

WHEREAS the Athletic Council's recommendations have been reviewed and are recommended by the appropriate University administration:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommended men's basketball ticket prices for fiscal year 2023.

(See Appendix XCIX for background information, page 3140)

APPOINTMENTS TO THE SELF-INSURANCE BOARD

Resolution No. 2022-141

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

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

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

WHEREAS the terms of members Mark Larmore, Michael Papadakis, and Douglas Robinette expire on June 30, 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the following individuals be appointed (or reappointed) as members of the Self-Insurance Board, effective July 1, 2022, for the terms specified below:

Mark Larmore, term ending as of the date at which Ohio State employment ends
Douglas Robinette, term ending June 30, 2024 (reappointment)
Jake Wozniak, term ending June 30, 2024 (appointment)

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

UNIVERSITY FOUNDATION REPORT

Resolution No. 2022-142

Synopsis: Approval of the University Foundation Report as of April 30, 2022, is proposed.

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

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

WHEREAS this report includes: (i) the establishment of one (1) endowed chair: the David H. George Endowed Chair in Chemical Engineering; one (1) endowed executive director: the Sandy and Andy Ross Endowed Director of the Chadwick Arboretum and Learning Gardens; one (1) endowed program director: the Tom Rieland Endowed WOSU General Manager; three (3) endowed professorships: the Centennial Endowed Professor of Nursing, the Engineering Entrepreneurship Professorship, The Anne K. "Nancy" Jeffrey Endowed Professorship for Mental Health Equity and Resilience; two (2) endowed professorship funds: the Colleen McMahon Faculty Excellence Fund in Music, and the Head and Neck Cancer Innovation Fund; fourteen (14) scholarships as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; one (1) scholarship as part of the 100% TBDBITL Scholarship Endowment Initiative; one (1) scholarship as part of the Joseph A. Alutto Global Leadership Initiative; and thirty-seven (37) additional named endowed funds; (ii) the revision of twenty-one (21) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of April 30, 2022.

(See Appendix C for background information, page 3143)

NAMING OF INTERNAL SPACES

Resolution No. 2022-143

IN TIMASHEV FAMILY MUSIC BUILDING

Synopsis: Approval for the naming of internal spaces in the Timashev Family Music Building located at 1900 College Road is proposed.

WHEREAS the new Arts District facilities, including the Timashev Family Music Building as the new home for the School of Music, will reinforce the university's commitment to creative inquiry and performance; and

WHEREAS the music building includes world-class spaces for teaching, learning and performance — all for the benefit of students, faculty and the Columbus community; and

WHEREAS the donors listed below have provided significant contributions to the Timashev Family Music Building and the School of Music; and

- Pat and Mona Finlay
- Friends, Family, Colleagues and Students of Dr. Donald E. McGinnis
- Dr. C. William Swank and Professor Helen C. Swank
- Bryan Baldwin in memory of Chase Woodhouse Baldwin
- Nathan and Priscilla Gordon Foundation
- Robert H. "Tad" and Anne K. "Nancy" Jeffrey

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

NOW THEREFORE

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

- Pat and Mona Finlay Commons (Room 201)
- Dr. Donald E. and Ruth L. McGinnis Music Collaboratory (Room N360)
- Helen Deacon Swank Voice Teaching Lab (Room N390)
- Helen Deacon Swank Voice Research Lab (Room N389)
- Chase Woodhouse Baldwin Practice Room (Room N443)
- Gordon Foundation Jazz Room (Room N445A)
- Nate & Priscilla Gordon Jazz Room (Room N445B)
- Robert H. "Tad" and Anne K. "Nancy" Jeffrey Practice Room (Room N484)

NAMING OF SPACES

Resolution No. 2022-144

**IN THE CONTROLLED ENVIRONMENT AGRICULTURE
RESEARCH COMPLEX**

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

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

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

WHEREAS the donors listed below have provided significant contributions to the college; and

- Priva Holding
- Patricia Brundige
- GE Current
- David and Dorothy Case
- Wendell and Katie Wiley

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

NOW THEREFORE

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

- Priva Gathering Space (Room 110)
- The Patricia Kunz Brundige Outdoor Gathering Space
- Arize Lobby (Room 101)
- Mr. David W. and Lt. Col. Dorothy S. Case Office (Room 105B)
- Wendell and Katie Wiley Clean Room (Room 139B)

NAMING OF THE KIT & LORI FOGLE FAMILY FARM FOOD PANTRY

Resolution No. 2022-145

IN THE ALBER STUDENT CENTER

Synopsis: Approval for the naming of the food pantry (Room 101) in the Alber Student Center, located at 1463 Mt. Vernon Avenue in Marion, Ohio, is proposed.

WHEREAS Ohio State Marion's culture of caring aims to provide facilities where students can meet, unwind, recreate, share experiences, and learn leadership skills as members of student organizations; and

WHEREAS the renovated student center provides students with a food pantry, new café and dining area, an expanded and upgraded fitness area, and a multipurpose room and lounge for new student programs and meetings; and

WHEREAS Kit and Lori Fogle have provided significant support to The Ohio State University at Marion; and

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

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Kit and Lori Fogle's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Kit & Lori Fogle Family Farm Food Pantry.

NAMING OF THE JANE, LILY, BUBBA, MAYZIE & RUSTY SHACKELFORD LOBBY

Resolution No. 2022-146

**IN THE VETERINARY MEDICAL CENTER HUMMEL & TRUEMAN HOSPITAL
FOR COMPANION ANIMALS**

Synopsis: Approval for the naming of the Emergency & Community Practice Lobby of the Veterinary Medical Center (VMC) Hummel & Trueman Hospital for Companion Animals, located at 601 Vernon L. Tharp Street on the Columbus campus as The Jane, Lily, Bubba, Mayzie & Rusty Shackelford Lobby, is proposed.

WHEREAS since 1885 the College of Veterinary Medicine has graduated more than 9,100 veterinarians, has alumni practicing in all 50 states and 40 countries, has alumni constituting 85 percent of the practicing veterinarians in Ohio, and has a comprehensive referral VMC that admits more than 35,000 animal patients each year, representing a wide range of species including companion, farm, equine and service animals; and

WHEREAS the VMC Hummel & Trueman Hospital for Companion Animals offers advanced medical techniques and procedures for patients while providing high-quality learning experiences for students, residents and interns, allowing them to apply their classroom learnings in a clinical setting and better preparing them for careers in the veterinary profession; and

WHEREAS the Emergency & Community Practice Lobby of the VMC Hummel & Trueman Hospital for Companion Animals allows for a comfortable area for clients to wait; and

WHEREAS Don and Teckie Shackelford have been loyal friends and supporters of the college and The Ohio State University, and have provided significant contributions to the College of Veterinary Medicine for the Veterinary Medical Center Enhancement and Expansion project; and

WHEREAS the donors wish to honor their beloved dogs Jane, Lily, Bubba, Mayzie and Rusty, and the care and treatment received at the VMC; and

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

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Don and Teckie Shackelford's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named The Jane, Lily, Bubba, Mayzie & Rusty Shackelford Lobby.

NAMING OF INTERNAL SPACE

Resolution No. 2022-147

IN THE FRANK STANTON VETERINARY SPECTRUM OF CARE CLINIC

Synopsis: Approval for the naming of observation room (Room 123) in the Frank Stanton Veterinary Spectrum of Care Clinic, located at 655 Vernon L. Tharp Street, is proposed.

WHEREAS the College of Veterinary Medicine is consistently recognized as a leading veterinary education and research program and is among the largest of its kind, uniquely located in a heavily populated urban area surrounded by a strong rural and agricultural base; and

WHEREAS the veterinary primary care clinic will serve as a hands-on clinical training opportunity for veterinary students and support the continuum of clinical training and Spectrum of Care education that results in more confident and competent veterinary graduates; and

WHEREAS Dr. Rustin M. Moore has provided significant contributions to the Frank Stanton Veterinary Spectrum of Care Clinic; and

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

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Dr. Rustin M. Moore's philanthropic support, the Board of Trustees hereby approves in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named "In Honor of Teddy Luther, Travis Lincoln & Tucker Lewis Moore Lifelong VMC Patients; Rustin M. Moore, DVM '89".

NAMING OF CARMENTON AND RELATED STREETS

Resolution No. 2022-148

Synopsis: Approval for the administrative naming of the university's Innovation Community as Carmenton, and approval for the administrative naming of two streets within the Community, are proposed.

WHEREAS the Innovation Community will be a mixed-use space to further support and enhance innovation, including a research center, residential/lifestyle facilities, park, pathways, retail, corporate tenants, and adjacency to ambulatory facility; and

WHEREAS the Office of Marketing and Communications carefully considered several criteria in recommending a name for the Community, such as leveraging a distinctive association with Ohio State, allowing for discreet naming of Ohio State's buildings within the property, no negative associations, and trademark implications; and

WHEREAS the university will pursue namings for individual facilities and spaces within the Innovation Community, and may change the name of the Innovation Community if warranted by future transformational philanthropic support or honorific recognition; and

WHEREAS the primary entrance street into the Innovation Community is the east-west portion of the existing Carmack Road off of Kenny Road, and the university wishes to name this street to reinforce that a person has arrived in the Community; and

WHEREAS there is a new secondary street within the Community that will be the dominant street along which Ohio State's research buildings will be addressed to; and

WHEREAS the proposed names of the streets are consistent with the nomenclature used by the university and the City of Columbus; and

WHEREAS the namings have been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy, and the street names have been reviewed and approved by the City of Columbus:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named Carmenton; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned entrance street located between Kenny Road and Carmack Road be named Carmenton Avenue; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned secondary street be named Innovation Way.

(See Appendix CI for background information, page 3158)

NAMING OF OLD CANNON GARAGE

Resolution No. 2022-149

AT THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

Synopsis: Approval for the administrative naming of the Old Cannon Garage in The Ohio State University Wexner Medical Center, located at 1512 Old Cannon Drive, is proposed.

WHEREAS the primary entrance for this new parking garage is on Old Cannon Drive; and

WHEREAS the name for parking facilities is based on location and proximity to roads; and

WHEREAS the Wexner Medical Center recommends this name change; and

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named Old Cannon Garage.

**NAMING OF THE NEWARK APARTMENTS BUILDING 1 AND
NEWARK APARTMENTS BUILDING 2**

Resolution No. 2022-150

AT THE OHIO STATE UNIVERSITY AT NEWARK

Synopsis: Approval for the naming of the Newark Apartments Building 1 and Newark Apartments Building 2 at The Ohio State University at Newark, located at 600 LeFevre Boulevard and 800 LeFevre Boulevard, is proposed.

WHEREAS the current name and address of these buildings does not reflect their purpose or location; and

WHEREAS this administrative renaming aligns with the future vision of the campus; and

WHEREAS The Ohio State University at Newark recommends this change; and

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned spaces be named Newark Apartments Building 1 and Newark Apartments Building 2.

NAMING OF CFAES WOOSTER ADMINISTRATION BUILDING

Resolution No. 2022-151

**IN THE COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES
WOOSTER CAMPUS**

Synopsis: Approval for the naming of CFAES Wooster Administration Building in CFAES Wooster, located at 1617 Payne Drive in Wooster, is proposed.

WHEREAS the CFAES Wooster Administration Building is the home for key functions of the campus; and

WHEREAS this administrative naming aligns with the future vision of this campus; and

WHEREAS CFAES Wooster recommends the name change; and

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the CFAES Wooster Administration Building.

APPROVAL OF THE OUTSIDE ACTIVITIES AND CONFLICTS POLICY

Resolution No. 2022-152

Synopsis: Approval of a comprehensive university policy on outside activities and conflicts is proposed.

WHEREAS the university currently has multiple university policies addressing university ethical expectations, research conflicts of interest regulations, and other federal and state laws governing

financial and fiduciary conflicts of interest, specifically the Faculty Conflict of Commitment and Faculty Paid External Consulting policies owned by the Office of Academic Affairs, the Faculty Financial Conflict of Interest policy owned by the Office of Research, and the Conflict of Interest and Work Outside the University policy owned by the Office of Human Resources; and

WHEREAS to promote simplicity and efficiency in these areas, the university proposes a single, comprehensive Outside Activities and Conflicts policy owned by the Office of University Compliance and Integrity to replace the four existing policies; and

WHEREAS the goal of the proposed policy is to make it easier for university community members to understand their ethical and legal responsibilities as well as the university's processes for managing and monitoring potential conflicts; and

WHEREAS the proposed policy has been approved by the University Senate, the Senior Management Council, and the President's Cabinet, and other university community members have reviewed and provided feedback on the policy in accordance with the university's standard approach to policy review; and

WHEREAS the Board of Trustees has previously approved three of the four policies being merged into the new comprehensive policy (Faculty Paid External Consulting, Faculty Conflict of Commitment, and Faculty Financial Conflict of Interest), and therefore the retirement of those three policies and the issuance of the new comprehensive Outside Activities and Conflicts policy are presented for Board approval; and

WHEREAS future changes to the Outside Activities and Conflicts policy may proceed through the university's standard policy review and approval process, and the Board of Trustees may be consulted but will not need to approve future policy changes:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached Outside Activities and Conflicts policy, proposed to be effective September 1, 2022; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby approves the retirement of the Faculty Paid External Consulting policy, the Faculty Conflict of Commitment policy, and the Faculty Financial Conflict of Interest policy to become effective upon the issuance of the Outside Activities and Conflicts policy.

(See Appendix CII for background information, page 3159)

Mr. Von Thaeer:

Thank you. We will now hold two roll-call votes. First, we will vote on item No. 13 – "Approval of the Interim Capital Investment Plan for Fiscal Year 2023," and item No. 16 – "Approval of the Fiscal Year 2023 Operating Budget." Mr. Fischer and Mr. Kaplan have been advised to abstain.

Upon the motion of Mr. Zeiger, seconded by Mr. Porteus, the Board of Trustees adopted the foregoing resolutions by majority roll call vote, cast by the following trustees: Mr. Porteus, Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Kessler, Mr. Von Thaeer, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Dr. Sobol and Mr. Hunt. Mr. Fischer and Mr. Kaplan abstained.

Ms. Eveland:

Motion carries.

Mr. Von Thaer:

Thank you. We will now vote on the remainder of the items listed on the consent agenda.

Upon the motion of Mr. Von Thaer, seconded by Dr. Wilkinson, the Board of Trustees adopted the foregoing resolutions by unanimous roll call vote, cast by the following trustees: Mr. Porteus, Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Kessler, Mr. Von Thaer, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Dr. Sobol and Mr. Hunt. Mr. Fischer was not present for this vote.

Ms. Eveland:

Motion carries.

Mr. Von Thaer:

Thank you. The next meetings of the Board of Trustees and its committees are scheduled to take place August 16 through August 18. Is there any further business to come before the Board at this time?

Then I would like to make one more congratulations to our retiring trustees. And hearing no other business, this meeting is adjourned, and we hope to see you on the patio in just a moment. Thank you, everyone.

The meeting adjourned at 4:24 p.m.

Attest:



Gary R. Heminger
Chairman



Jessica A. Eveland
Secretary

APPENDIX LXXIII



THE OHIO STATE UNIVERSITY

Board of Trustees

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Columbus, OH 43210-1388

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Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

May 17, 2022 - Wexner Medical Center Board Meeting

Members Present:

Leslie H. Wexner
Abigail S. Wexner
Alan A. Stockmeister
John W. Zeiger
Stephen D. Steinour
Cindy Hilsheimer

Amy Chronis
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:

Hiroyuki Fujita

Carly G. Sobol

Members Absent:

Erin P. Hoefflinger

Robert H. Schottenstein

W.G. "Jerry" Jurgensen

PUBLIC SESSION

The Wexner Medical Center Board convened for its 42nd meeting on Tuesday, May 17, 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 1:00 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 Mr. Larmore served as a voting member for this meeting.

Item for Action

1. Approval of Minutes: No changes were requested to the February 8, 2022, 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 began by acknowledging National Nurses Week and Hospital Week and thanking all of the faculty and staff who make the Wexner Medical Center a place where exceptional education, research and patient care happen every day. He also thanked the entire team for their dedication and perseverance during the recent campus-wide water main break. Then, he spent a few moments recognizing the three trustees whose terms were coming to a close – Brent Porteus, Erin Hoefflinger and Carly Sobol – as well as the service of Dr. Jacalyn Buck ahead of her retirement at the end of June as the chief nursing officer for the Ohio State Health System and assistant dean for Clinical Affairs for the College of Nursing. He also congratulated Dr. William Farrar – who retired from surgical practice in March and was set to retire as CEO of the James Cancer Hospital and Solove Research Institute on July 1 – on the conclusion of his legendary career as a surgical oncologist, cancer researcher and senior leader at The James. Others chimed in to share their appreciation for Dr. Farrar as well, including President Johnson, Mr. and Mrs. Wexner, Ms. Hilsheimer and College of Medicine Dean Carol Bradford.



THE OHIO STATE UNIVERSITY

Then, Mr. Larmore discussed the Wexner Medical Center's recently released FY21 sustainability accomplishments report, which highlights the progress of various environmental initiatives, including the diversion of nearly 115 tons of single-use devices from landfills since 2011 through a reprocessed medical device program that saved \$9 million; a decrease in building energy use by 4% thanks to energy conservation projects, such as LED retrofits; launching a reusable sharps containers installation project that will eliminate 45 tons of plastic and 6.2 tons of cardboard, saving \$200,000 annually; and an increase in telehealth services that translated to nearly 370,000 visits in FY21, which avoided the emissions of 1,700 cars for a year – saving patients nearly 22 million miles driven and 1 million gallons of gasoline, and reducing appointment-related waste by 12 tons and 7,700 metric tons of carbon dioxide. The Wexner Medical Center recently became the newest member of the U.S. Health Care Climate Council, which strives to implement innovative climate solutions and support policy change for climate-smart health care. The medical center is also one of 15 health systems and hospitals in the world to be recognized by Health Care Without Harm as a 2021 Climate Champion – an award that honors organizations that are stepping up as global leaders in creating a sustainable and climate-smart health care industry.

Dr. Thomas then shared a handful of advancements that have been made in research, education and patient care, including the completion of the Comprehensive Transplant Center's landmark 500th lung transplant, and the medical center's recognition as a 2022 LGBTQ+ Healthcare Equality Leader thanks in part to an upgrade to the Electronic Medical Records system that allows for patients to use their preferred names instead of their legal names. Finally, Dr. Thomas concluded by highlighting a new advertising campaign called MD: My Dream, My Decision – Ohio State, which features stories from students who represent specific elements of the medical school's programs. This year, *U.S. News & World Report* ranked the College of Medicine No. 30 for Best Medical School for Research, jumping three spots over last year to become the 11th highest ranked public medical school in the country in that category.

3. Leading the Way: Research and Innovation – Dean Bradford kicked off this presentation by sharing that the College of Medicine is on target to reach its research funding scorecard goal. In March, the college had \$267.3 million in total research awards with \$152 million from the National Institutes of Health (NIH). Then, Dr. Peter Mohler, chief scientific officer for the Wexner Medical Center, gave an update on the shared research mission of the medical center and medical school, and discussed how it is aligning with the overall ambition to be a top 20 academic health center. Dr. Mohler began with a lookback at the college's NIH rankings from 2001 through 2017, as well as the historical state of the medical center and medical school's research portfolio in terms of funding from external sources. He reminded everyone of the ambitious goals that had been set to double NIH funding to \$200 million and increase total target funding to more than \$300 million. The NIH funding goal has already been met and the total target funding goal is on track to being achieved early as well. Dr. Mohler also shared that, since 2018, Ohio State has moved up 10 positions in School of Medicine funding from the NIH. He also discussed the guiding principles related to the research mission, and then talked more in-depth about five key areas – 1) investment in infrastructure, 2) growth of foundational research platforms, 3) growth of clinical department research, 4) growth of clinical trial platform for all disciplines, and 5) team science – growth of number and size of awards. He concluded by discussing the path forward and Ohio State's future as a national research leader.

(See Attachment LXXXV for background information, page 2040)

4. James Cancer Hospital Report: In his final report to the Wexner Medical Center Board, Dr. Farrar announced the selection of Dr. Corrin Steinhauer as The James' new chief nursing officer. He also highlighted a handful of important initiatives – The James' Adolescent and Young Adult Cancer Program, which began in 2016 as a joint initiative between Ohio State and the Nationwide Children's Hospital; a new at-home screening program for colorectal cancer that focuses on reducing racial disparities in cancer care; and The James Oncologic Physical Therapy Residency, which recently became the first oncology PT residency program in Ohio – and only the sixth in the nation – to gain accreditation by the American Board of Physical Therapy Residency and



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Fellowship Education. Dr. Farrar also shared a few milestones that have been achieved by the Pelotonia Institute for Immuno-Oncology, which launched in 2019 as a comprehensive bench-to-bedside research initiative. Since its creation, the institute has achieved more than \$32 million in annual research funding, of which \$19 million comes from the National Cancer Institute; 99 human clinical trials are underway; and 53 inventions have been disclosed so far. He also shared that The James Outpatient Care West Campus facility, which will house the highly anticipated proton therapy center, has reached an important milestone with the arrival and installation of the 90-ton cyclotron that will be used to deliver advanced, precision radiation therapy. When the facility opens in 2023, it will be the first and only proton therapy center in central Ohio.

(See Attachment LXXXVI for background information, page 2068)

5. Wexner Medical Center Financial Report: Mr. Larmore shared the medical center's financial results for the first nine months of the fiscal year through March 31, 2022. The health system – which includes the seven hospitals – saw an excess of revenue over expenses of \$199 million, which was approximately \$15 million more than anticipated. The combined Wexner Medical Center results, consisting of the health system, College of Medicine and OSU Physicians, showed \$232 million excess of revenue over expenses, which was approximately \$30 million more than anticipated, and only slightly behind last year from a year-over-year perspective. Looking at the balance sheet for the combined Wexner Medical Center results, Mr. Larmore called out a handful of year-over-year changes, including cash being down \$137 million – driven predominantly by the construction program – and assets limited to use being up \$585 million, which reflects the balance of the remaining proceeds from the university's recent bond offering.

(See Attachment LXXXVII for background information, page 2077)

Items for Action

6. Recommend for Approval the Wexner Medical Center FY23 Budget: Mr. Larmore shared the proposed FY23 budget for the combined Wexner Medical Center, which reflects a 5.2% increase in total operating revenue and an 8.5% increase in total expenses compared to the FY22 budget. (See Attachment LXXXVIII for background information, page 2082)

7. Resolution No. 2022-110, 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



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	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.

(See Attachment LXXXIX for background information, page 2086)

8. Resolution No. 2022-111, 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)



THE OHIO STATE UNIVERSITY

9. Resolution No. 2022-112, 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.

10. Resolution No. 2022-113, Patient Complaint 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



THE OHIO STATE UNIVERSITY

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.

(See Attachment XC for background information, page 2088)

11. Resolution No. 2022-114, Patient Complaint 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.

(See Attachment XC for background information, page 2088)

12. Resolution No. 2022-115, 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



THE OHIO STATE UNIVERSITY

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.

(See Attachment XCI for background information, page 2094)

13. Resolution No. 2022-116, 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



THE OHIO STATE UNIVERSITY

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.

(See Attachment XCII for background information, page 2101)

14. Resolution No. 2022-117, 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.

(See Attachment XCIII for background information, page 2108)



Action: Upon the motion of Mr. Zeiger, seconded by Dr. Thomas, the Wexner Medical Center Board recommended agenda items No. 6 – Recommend for Approval the Wexner Medical Center FY23 Budget, and No. 7 – Recommend for Approval to Enter Into Professional Services Contracts, to the University Board of Trustees for final approval by majority roll call vote with the following members present and voting: Mr. Wexner, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Dr. Sobol, Mr. Steinour, Ms. Hilsheimer, Ms. Chronis, Mr. Heminger, Dr. Johnson, Dr. Gilliam, Mr. Papadakis and Mr. Larmore. Mrs. Wexner abstained.

Action: Upon the motion of Mrs. Wexner, seconded by Mr. Zeiger, the Wexner Medical Center Board approved the remaining motions by unanimous roll call vote with only the votes of the following members used for approval: Mrs. Wexner, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Dr. Sobol, Mr. Heminger, Dr. Johnson, Dr. Gilliam, Mr. Papadakis and Mr. Larmore.

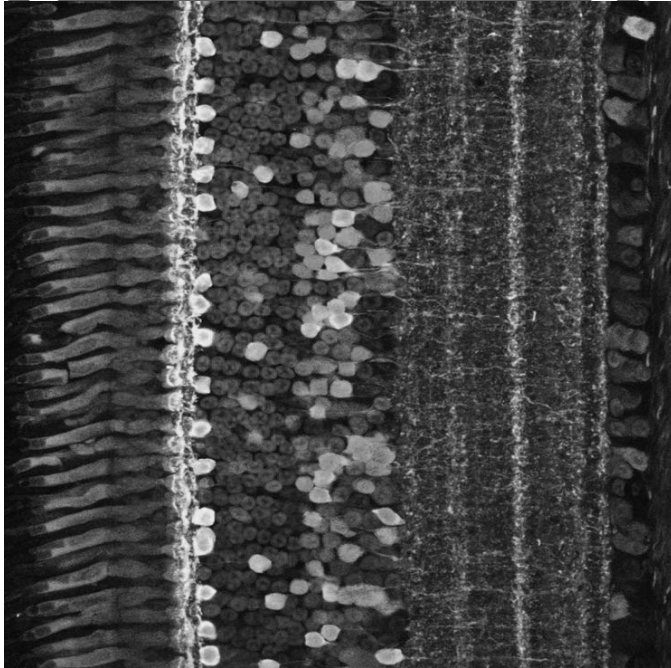
EXECUTIVE SESSION

It was moved by Mrs. Wexner and seconded by Mr. Wexner 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, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Dr. Sobol, Mr. Steinour, Ms. Hilsheimer, Ms. Chronis, Mr. Heminger, Dr. Johnson, Dr. Gilliam, Mr. Papadakis and Mr. Larmore.

The Wexner Medical Center Board entered executive session at 2:16 p.m. and adjourned at 5:01 p.m.

— Research and Innovation



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



Ambition

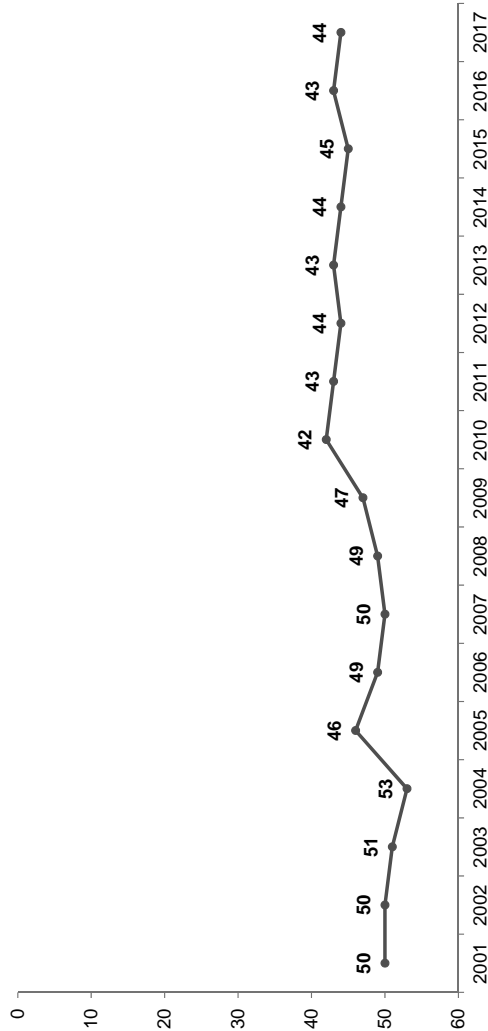
To be a top 20 academic health center driving
breakthrough health care solutions to
improve people's lives and the communities in which we live

— 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

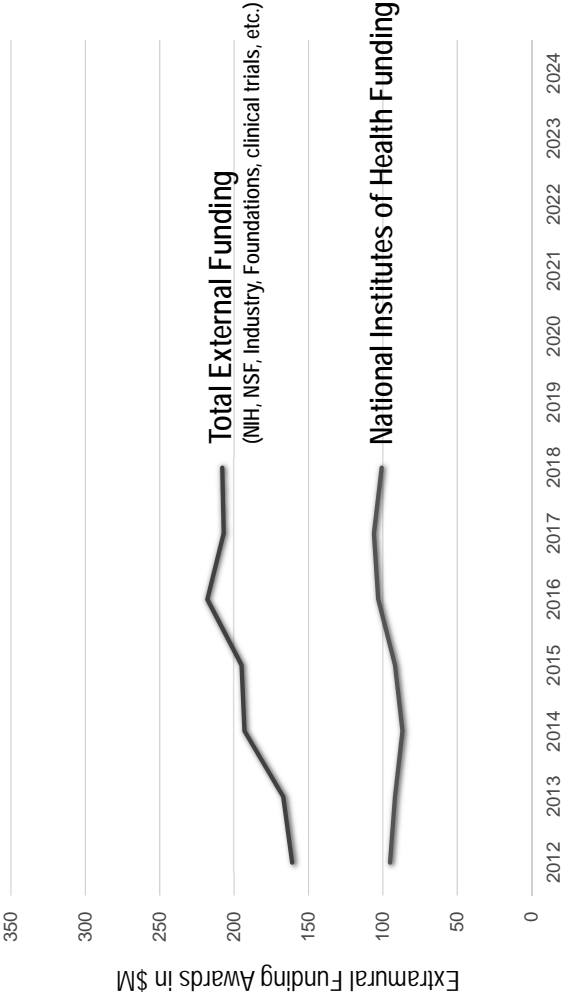
— 2018 Review: Gap to ambition

Ohio State University Medical School NIH
Ranking 2001-2017

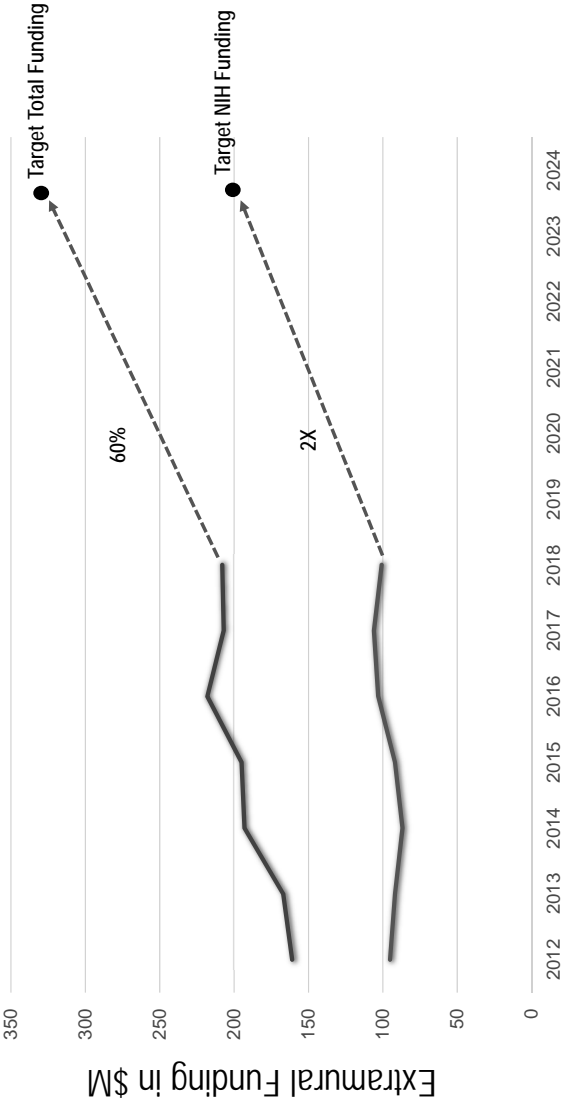


Source: Research Awards NIH Reporter

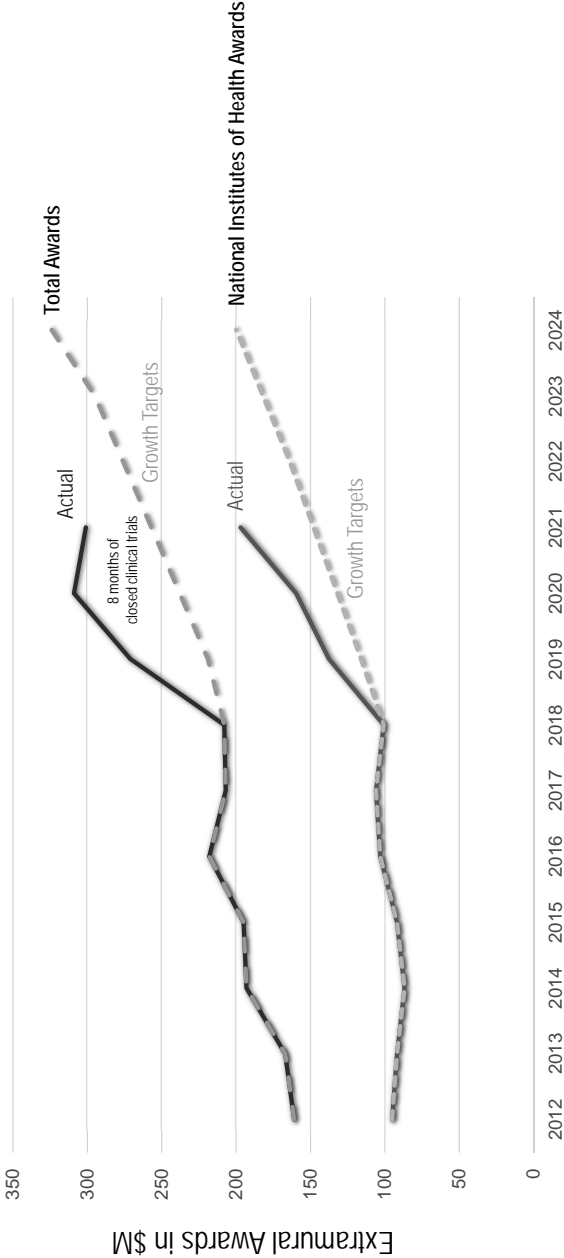
FY18: State of WMC/CoM Research Portfolio



— 2018: Research Awards Stretch Goal for FY24



Growth vs. Targets for WMC/CoM Research Enterprise



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



Source: NIH Reporter



— Guiding principles

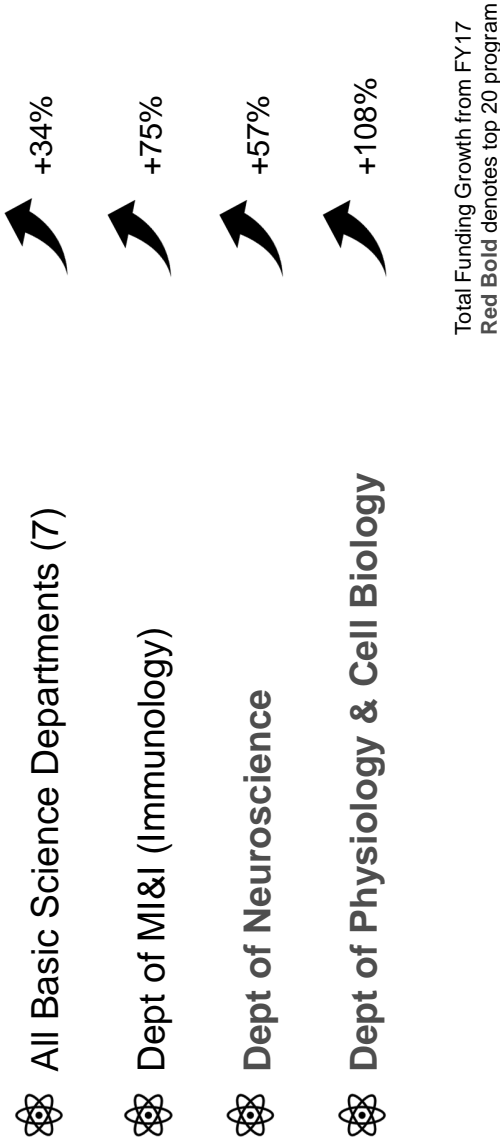


- Science first, second, and third.
Culture of ideas, innovation and accountability
- Leadership and mentoring
- Talent pipeline
- Portfolio diversification
- Infrastructure
- Growth of gap areas
- Alignment of portfolio with clinical/university strengths

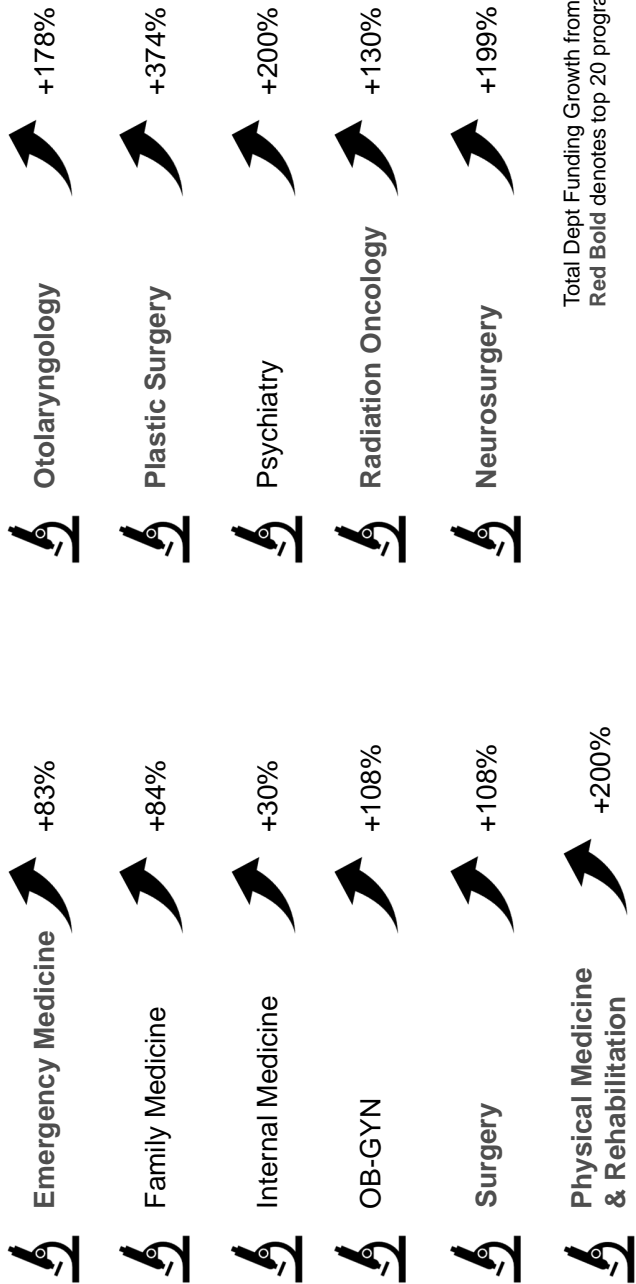
— 1. Investment in Infrastructure

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

— 2. Growth of foundational research platforms



3. Growth of clinical department research



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



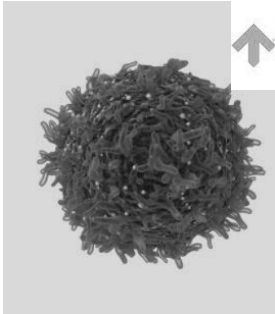
5. Team Science: Growth of Number & Size of Awards



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



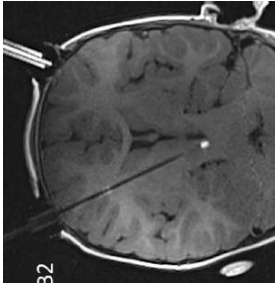
CAR T-Cell Therapy



AI/Advanced Manufacturing

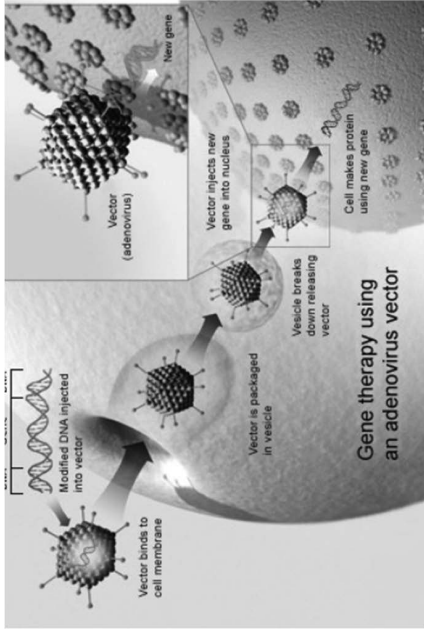


Advanced Imaging



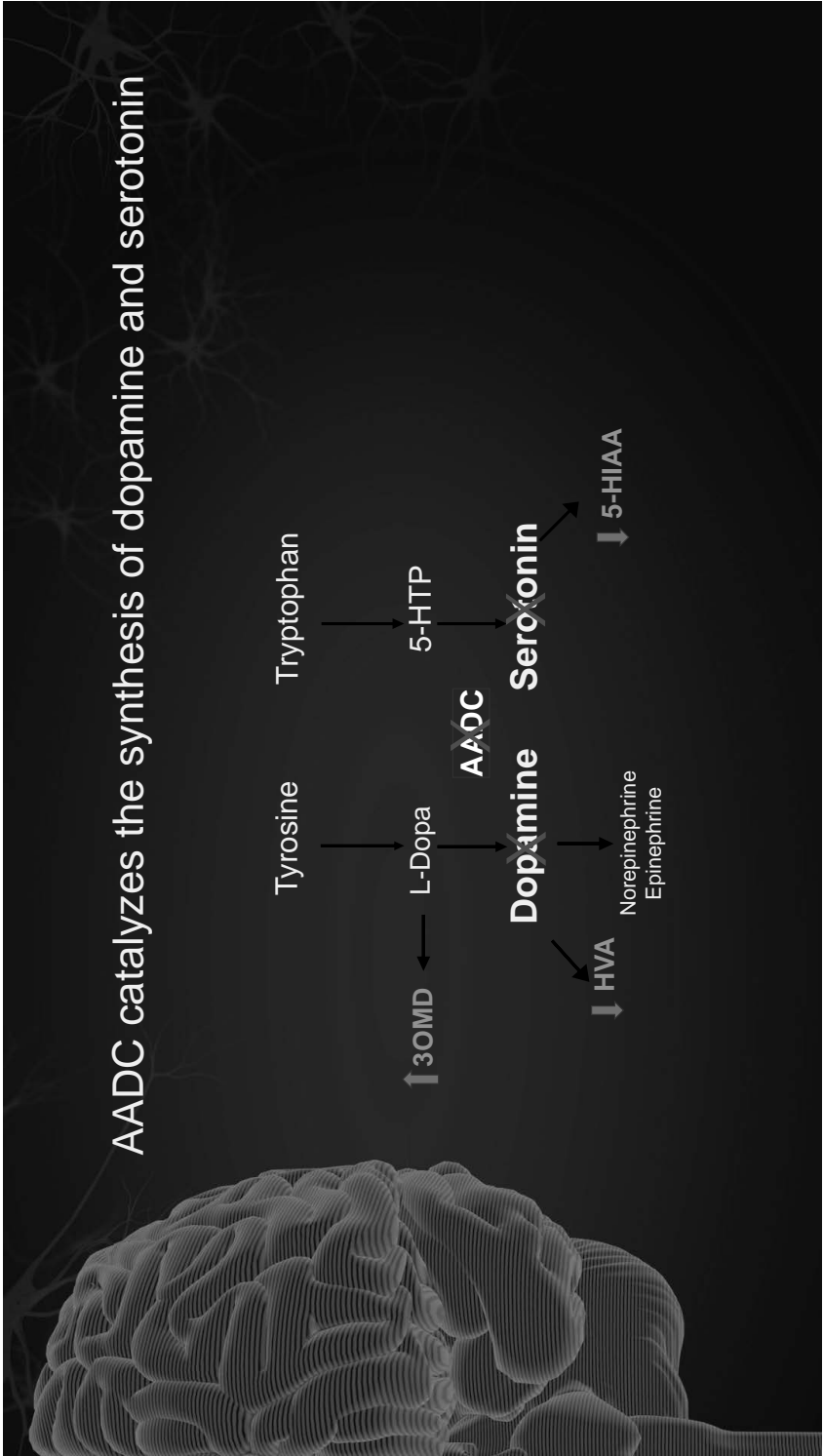
Gene Therapy

Research with Impact: Next Generation Gene Therapy



Neurological disorders
Muscle disorders
Eye disorders
Delivery mechanisms

Creation of University Institute for Gene Therapy



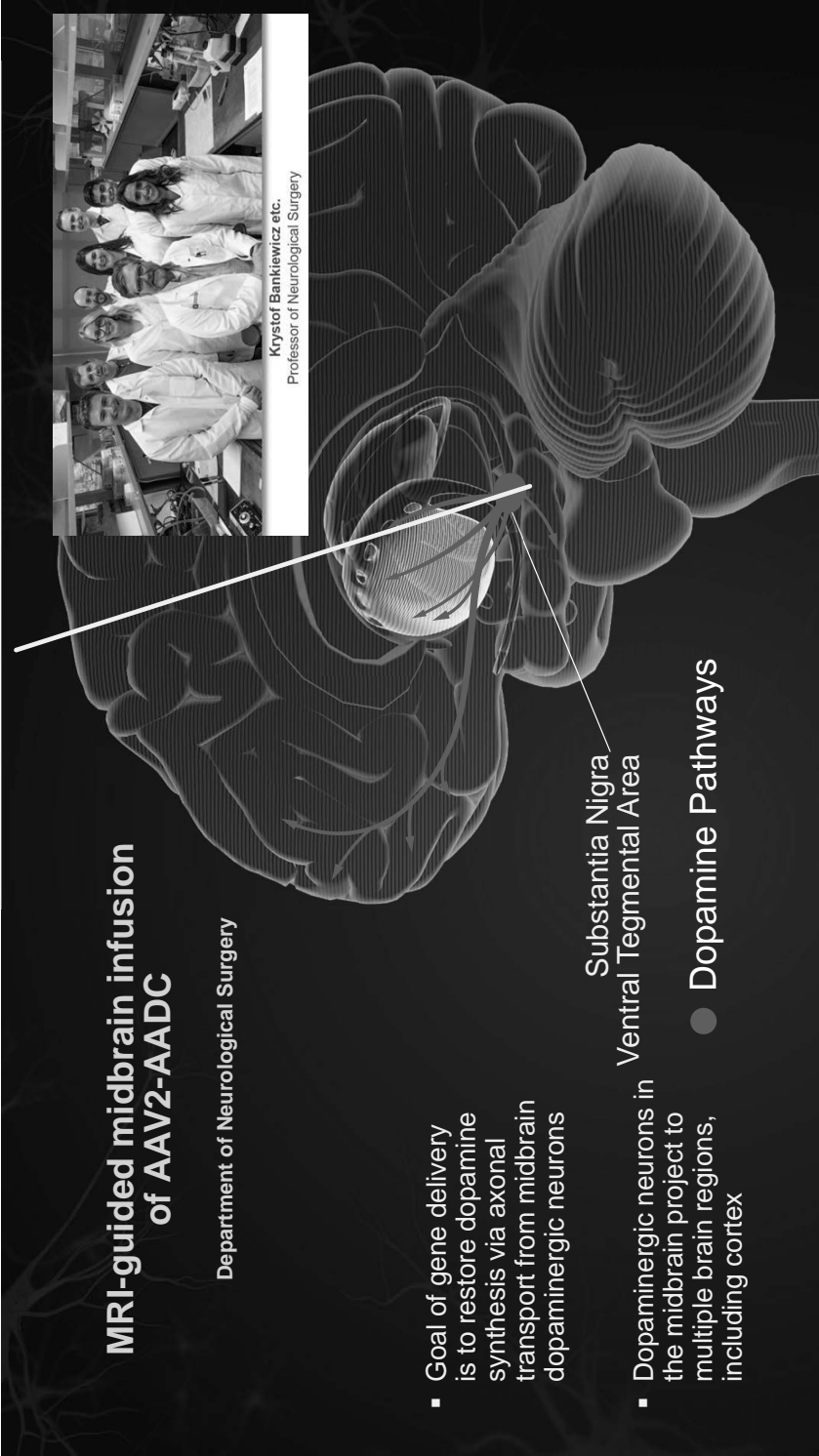
AADC Deficiency

- 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

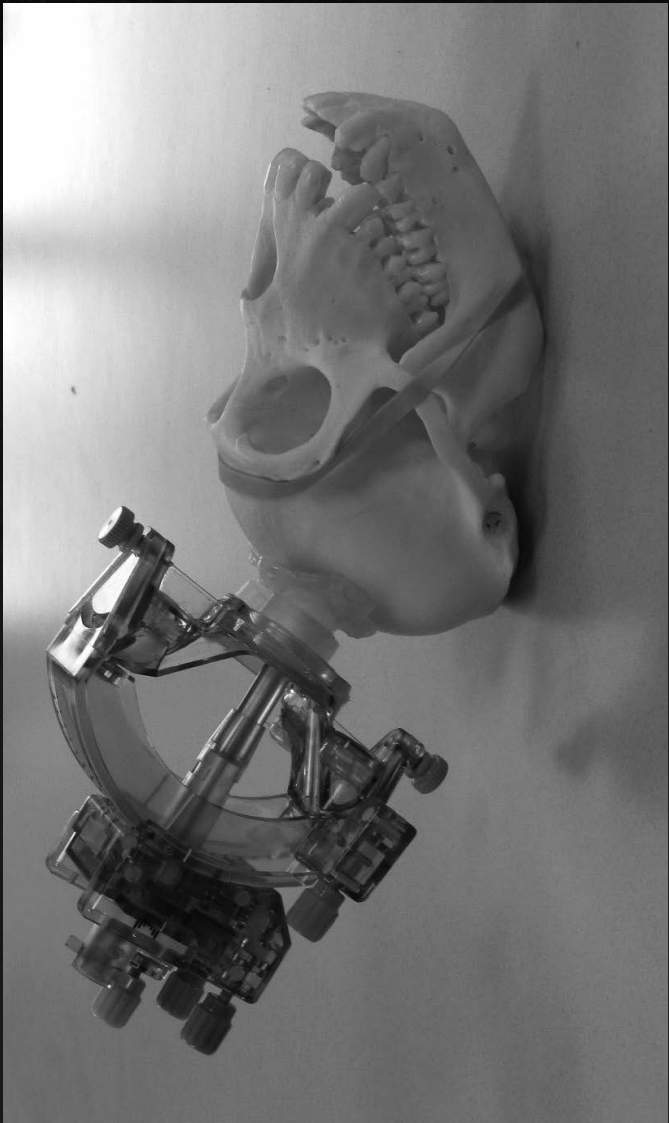
- Goal of gene delivery is to restore dopamine synthesis via axonal transport from midbrain dopaminergic neurons
- Dopaminergic neurons in the midbrain project to multiple brain regions, including cortex

Substantia Nigra
Ventral Tegmental Area

- Dopamine Pathways

Krystof Bankiewicz etc.
Professor of Neurological Surgery

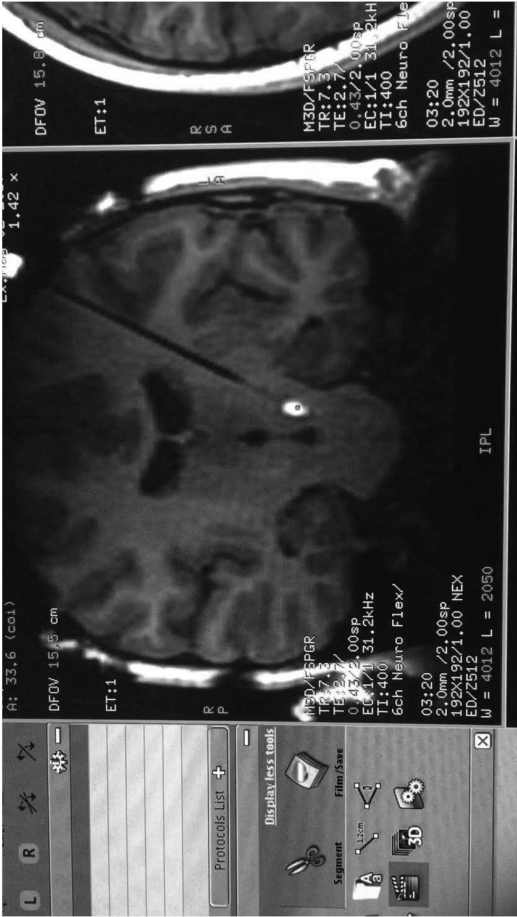
Skull-mounted Targeting System for MRI based delivery



Integrated MR-compatible clinical system for gene therapy



MR-guided delivery of AAV2-AAADC





18 months
after
treatment



Before Treatment



24 months

Before Treatment



— ‘Best in Class’ driving national reputation



HEALTH & WELLNESS

ON THE SHOW

COVID-19 & KIDS

SHOPPING

HEALTH

PARENTS

FOOD

TRENDING

BLACK VOICES

• TODAY all day

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 Staggs 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

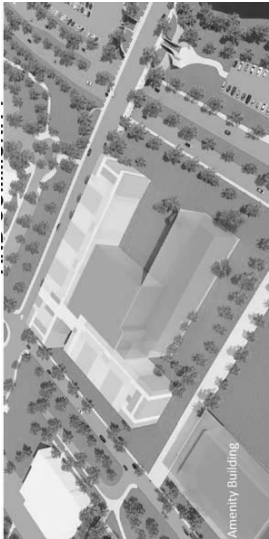


©THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

“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





Wexner Medical Center Board Report

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

ATTACHMENT LXXXVI

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

The James



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
- 2070 ■ OSUCCC – James Young Adult Cancer Support Services
 - Social Worker
 - Fertility Preservation and Sexual Health
 - Financial Counseling
 - Genetics
 - Social Worker
 - 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)

2073



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

2079



Columbus Mac and
Cheese Festival



Stefanie Spielman Step
Up for Breast Cancer 5K



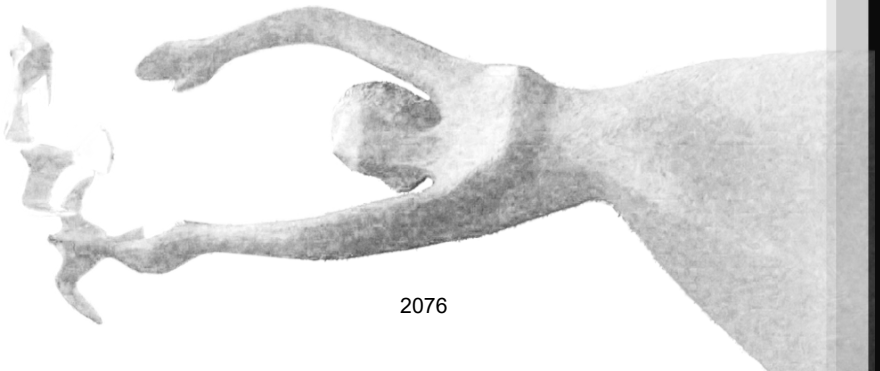
Celebration for Life



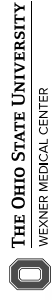
Pelotonia



Thank You!



The James



**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)

May 17-19, 2022, Board of Trustees Meetings

	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

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**Wexner Medical Center
FY2023 Budget
Public Session**

May 17, 2022

Draft



The OSU Wexner Medical Center

Combined Income Statement

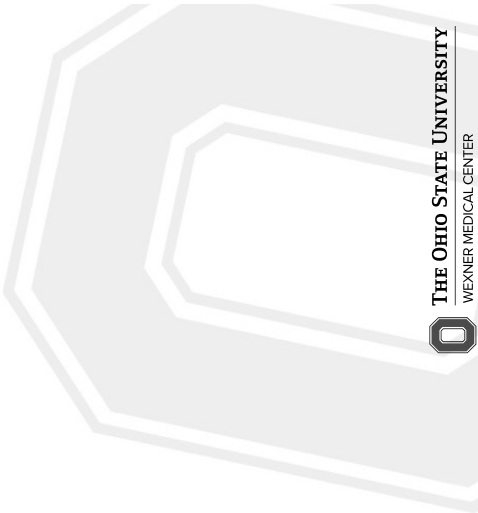
For the Years ended June 30

	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

	Forecast 2022	Budget 2023	% Change
(in thousands)			
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%



Thank You

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ATTACHMENT LXXXIX

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**

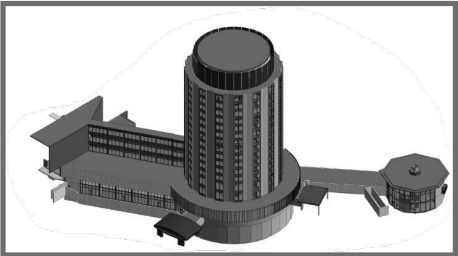
professional services	\$0.8M
-----------------------	--------
- project budget**

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

Project Data Sheet for Board of Trustees Approval

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

ATTACHMENT XC



Policy Name: Patient Complaint and Grievance Management 03-28

Applies to:		
<input checked="" type="checkbox"/> 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]	<input checked="" type="checkbox"/> Ambulatory Surgery Centers [New Albany]	<input checked="" type="checkbox"/> 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	<ol style="list-style-type: none">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:<ol style="list-style-type: none">a. Abuse, neglect, patient harm;b. Hospital compliance with CMS Hospital Conditions of Participation (CoP); andc. 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-fourtwenty-four (24) hours had the communication occurred during the stay or visit. In this instance, the communication will be considered a complaint.
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Policy Details

1. Staff Reporting Complaints via the Hospital's Intranet Site ([OneSourceMyTools](#))
 1. Staff members are encouraged to enter non-clinical complaints directly into the Complaint Management Database on the hospital's intranet site, [OneSourceMyTools](#).
 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.

~~14.10.~~ 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 ~~offer~~ 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.disabilityrightsOhio.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: <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 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: <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	Prior Approval Date(s): 9/10/2014; 10/5/2017; 5/29/2019	



ATTACHMENT XCI

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, Fluoroscopy, 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.

The James



ATTACHMENT XCII

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
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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

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		of Medical Staff, Limited Staff and Advance Practice Providers in addition to regulatory compliance.
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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
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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
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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.

ATTACHMENT XCIII

Community Health Needs Assessment and *HealthMap 2022*

May 17, 2022



THE OHIO STATE
UNIVERSITY

WEXNER MEDICAL CENTER

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



THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

COLUMBUS
PUBLIC HEALTH



Franklin County
Public Health



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

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 Pharmacy
- 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**

A C T I O N P L A N



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:

TABLE OF CONTENTS

INTRODUCTION.....4

COMMUNITIES SERVED5

DEMOGRAPHICS OF COMMUNITIEES WE SERVE 18

IMPACT OF 2019 CHNA.....20

FRANKLIN COUNTY HEALTHMAP 2022.....25

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

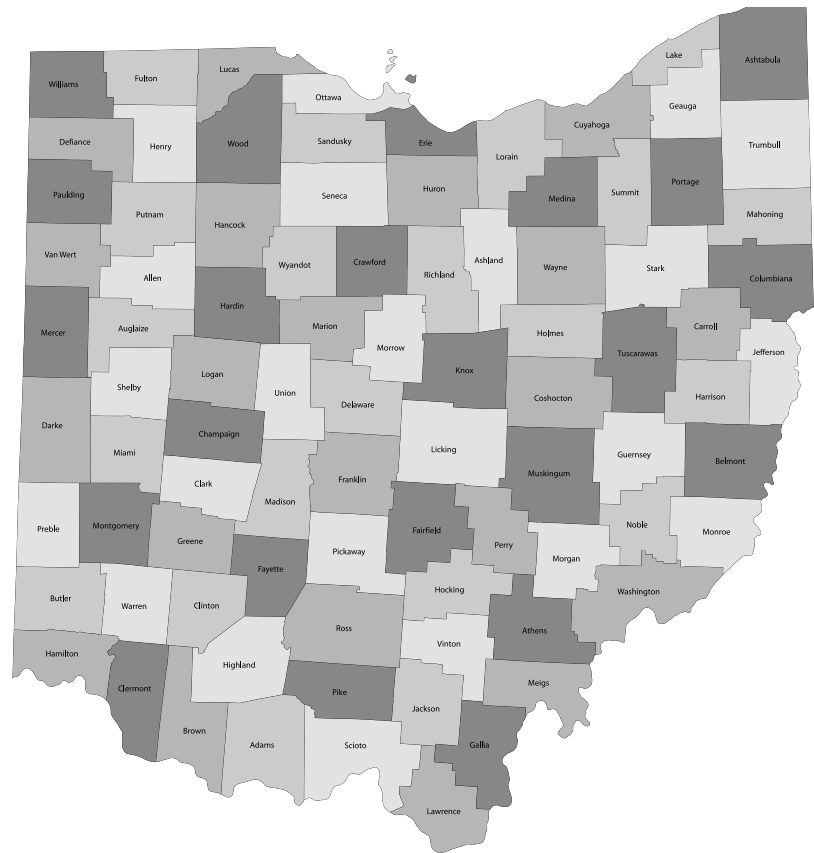
The Ohio State University Wexner Medical Center’s University Hospital includes the following:

- 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%

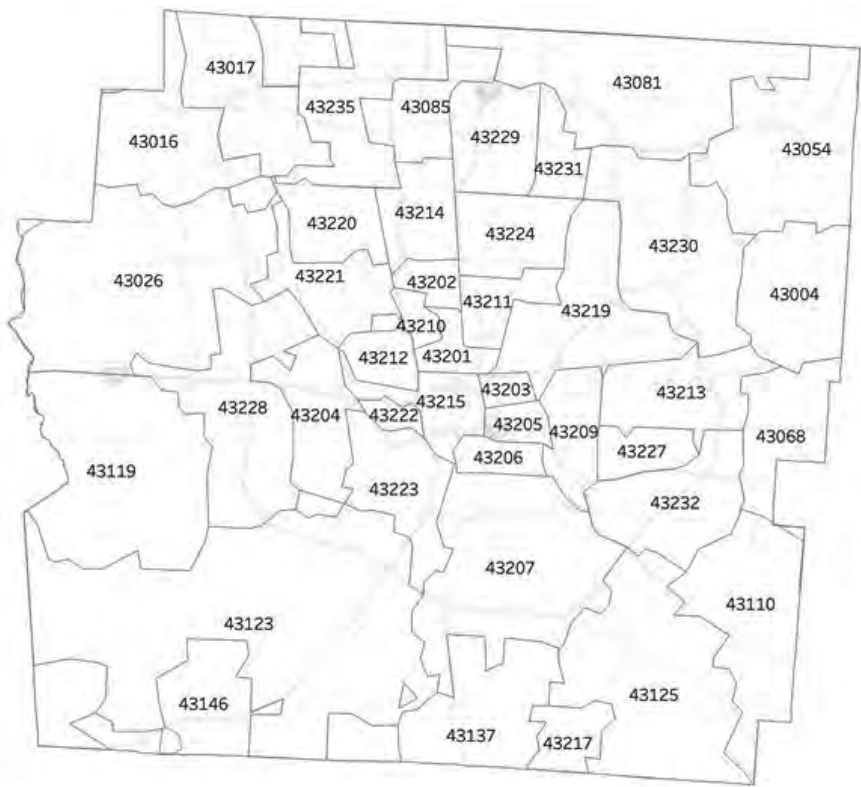
OSUCCC – JAMES

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 Households¹

		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

¹U.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 Dietitians 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 (LSW, LSW) ⁸	333:1	339:1	333:1	299:1 ▼
Licensed Chemical Counselor ⁹	1341:1	1137:1	919:1	809:1

IMPACT OF 2019 CHNA

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.

Franklin County HealthMap2022



Navigating Our Way to a
Healthier Community Together



About Franklin County HealthMap2022

1

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>

About Franklin County HealthMap2022, continued

2

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 Committee¹ 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.

About Franklin County HealthMap2022, continued

3

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 Health 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*

About Franklin County HealthMap2022, continued

4

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 disproportionately affected by an issue.
- **Size:** Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness:** Degree to which the health issue leads to death, 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.

About Franklin County HealthMap2022, continued

5

(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

About Franklin County HealthMap2022, continued

6

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

About Franklin County HealthMap2022, continued

7

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.

About Franklin County HealthMap2022, continued

8

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.

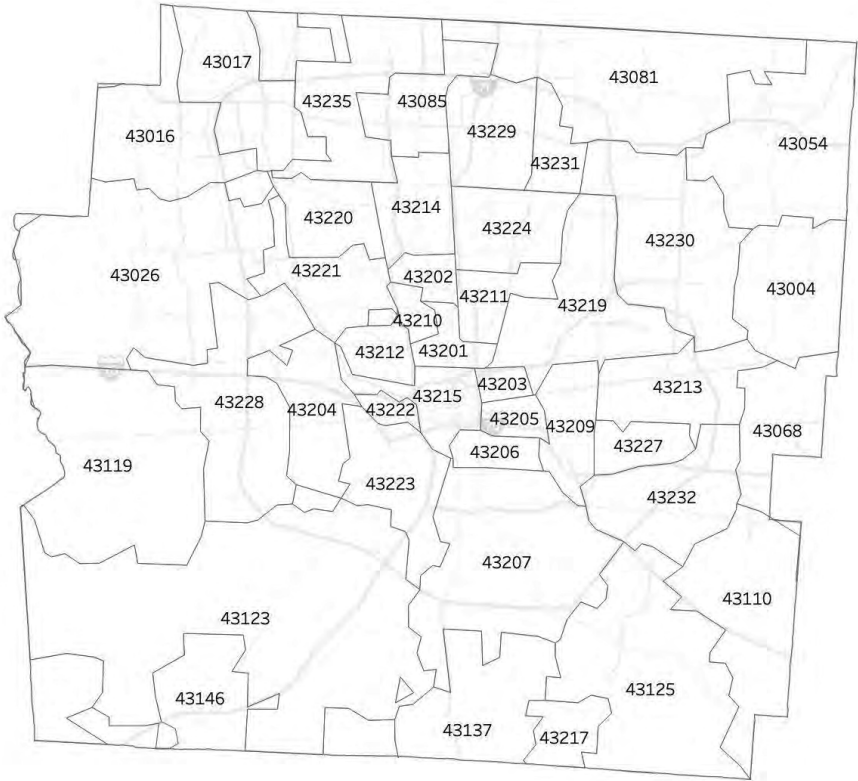


Table of Contents

10

About Franklin County HealthMap2022	1
Vision of a Healthy Franklin County	11
Responses from community discussions with Franklin County residents about what makes a community healthy	
Important Health Issues	15
Responses from community discussions with Franklin County residents about the most important health issues in their community	
Priority Health Needs	19
Prioritized health issues, as determined by the <i>HealthMap2022</i> Steering Committee	
Community Profile	22
Statistical data about the population of Franklin County, including age, sex, race, and other demographics	
Social Determinants of Health	24
Socio-economic factors that can affect health outcomes	
Health Care Access Indicators	25
Income/Poverty Indicators	32
Education Indicators	40
Employment Indicators	48
Social and Community Context	49
Health Resource Availability	58
Health care providers and other health care resources	
Health Behaviors	67
Behaviors that affect health outcomes	
Substance Use	68
Nutrition	76
Physical Activity	80
Maternal and Infant Health	85
Issues of concern for pregnant women and infants	
Mental and Social Health	95
Mental health issues and abuse	
Death, Illness, and Injury	104
Leading causes of death, injury and hospital visits; incidence rates of chronic conditions	
Infectious Diseases	123
Vaccines and spreadable diseases	
Community Assets and Resources	129
Summary	131
Appendix: Transcripts of Community Discussions (under separate cover)	

Vision of a Healthy Franklin County

11

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.

Vision of a Healthy Franklin County, continued

12

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."

Vision of a Healthy Franklin County, *continued*

13

"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]."

Vision of a Healthy Franklin County, *continued*

14

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

15

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.

Important Health Issues, *continued*

16

"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.

Important Health Issues, *continued*

17

"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."

Important Health Issues, *continued*

18

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 Health Needs, continued

20

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
<ul style="list-style-type: none">• Depression• Suicide• Youth drug use• Drug overdose deaths	<ul style="list-style-type: none">• Heart disease• Diabetes• Childhood conditions (asthma, lead)	<ul style="list-style-type: none">• Preterm births• Infant mortality• Maternal morbidity

Priority Health Needs, *continued*

21

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

Community Profile

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 Residents¹

		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% ▲
Ethnicity	Two or more races	3.6%	3.8%	3.7%
	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.

Community Profile, continued

23

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

Franklin County Households¹

		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%
	<i>Broadband (any type)</i>	-	-	90.6%
	<i>Dial-up only</i>	-	-	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

¹U.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

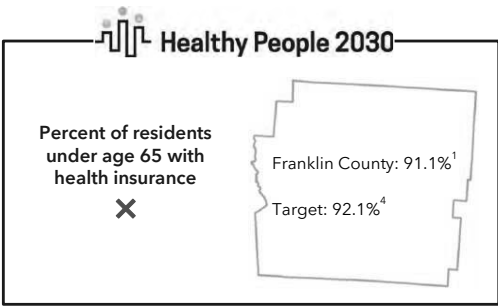
This section describes indicators of a population’s access to health care: health insurance status, as well as accounts of other factors impeding access according to community members.

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..."

Social Determinants of Health, *continued*

27

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."

Social Determinants of Health, *continued*

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.”

Social Determinants of Health, *continued*

30

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.

Social Determinants of Health, continued

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 Income⁵								
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 Families²								
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 Old¹								
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 Lunch⁶								
	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 redlining⁸, whereby credit lenders denied credit to people for reasons unrelated to creditworthiness, such as race or ethnicity⁹. This absence of opportunity is visible in the present through its impact on the health, socioeconomic, and racial/ethnic disparities of historically redlined neighborhoods¹⁰⁻¹².

Lowest Median Household Income in Franklin County⁷



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.

Social Determinants of Health, continued

34

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 Homelessness¹³

	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

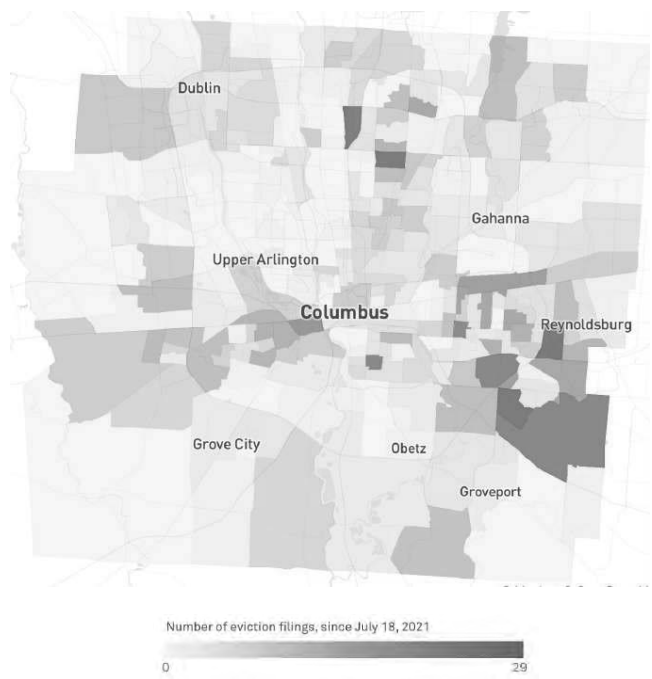
	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Cost-burdened Households					
Housing costs ≥ 50% of income ¹⁴	14.6%	17.2%	-	-	-
Housing costs ≥ 30% of income ¹⁵	26.3%	31.9%	31.4%	27.5%	28.9% ▼

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 Filings¹⁶



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.

Social Determinants of Health, continued

36

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 Insecurity¹⁸						
Residents	17.7%	17.4%	12.8%	▼	13.2%	▼
Children	22.3%	20.4%	17.5%	▼	17.4%	▼
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%	▲
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

Social Determinants of Health, *continued*

38

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 Attainment²¹

	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%).

Social Determinants of Health, continued

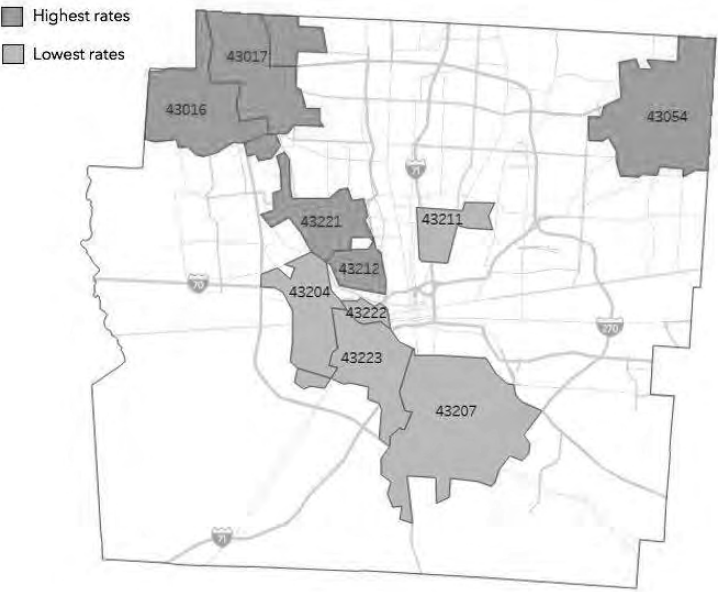
41

Adults With Less Than High School Education²¹

	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 Diploma²²



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 Proficiency²³

	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

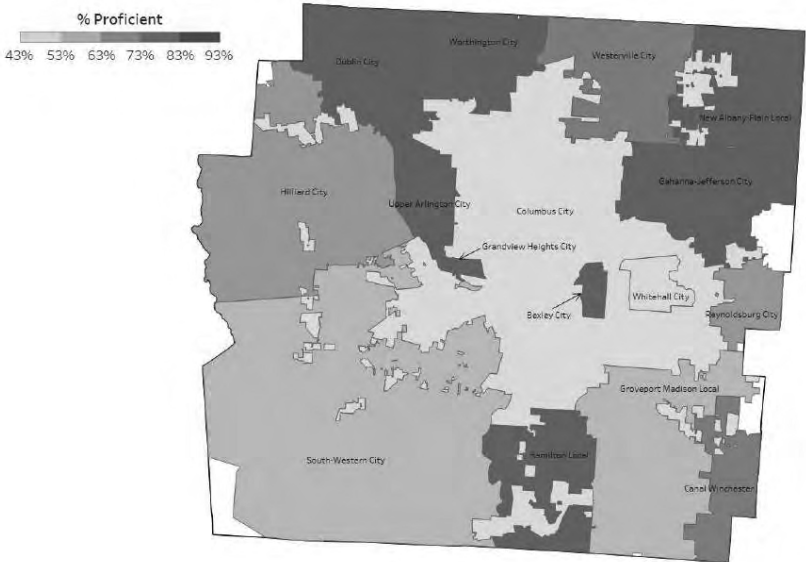


Special emphasis is also placed on the third grade when measuring educational outcomes of a community, because after third grade, students are expected to “read to learn,” rather than “learn to read.” Accordingly, educational outcomes like high school graduation can be impacted if reading proficiency 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

Social Determinants of Health, continued

3rd Grade Reading Proficiency, by School District



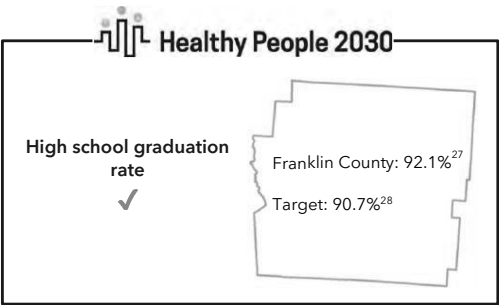
The four-year high school graduation rate is the percentage of ninth grade students that received a high school diploma in four years. Franklin County's four-year high school graduation rate is better than national figures, but slightly under Ohio's rate of 93%.

High School Graduation Rate²⁷

	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%

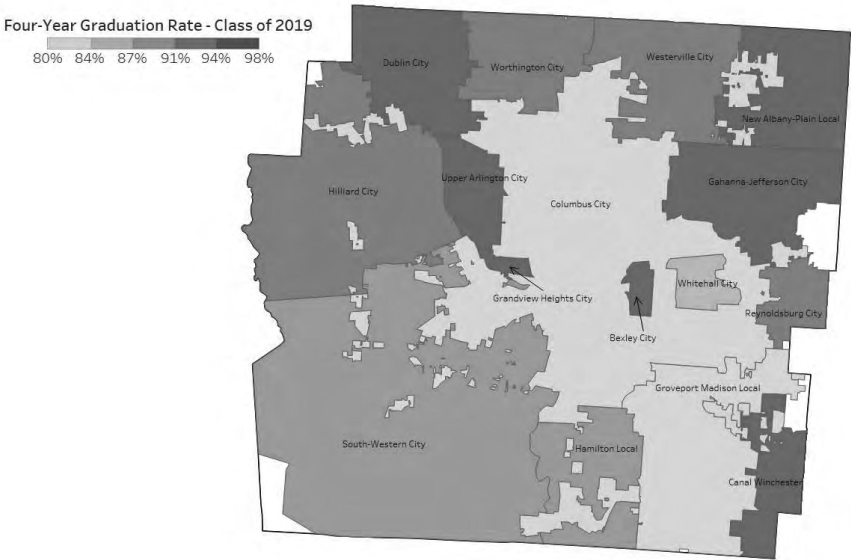
Note: Sex and racial graduation rates for Franklin County & Ohio are an average of all individual school district sex and racial graduation rates.

*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."

Social Determinants of Health, *continued*

48

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 Force⁵					
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 Rate³⁰	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 Occupations⁷

	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 Service	24.0%	24.9%	22.1% ▼	21.4%	21.6%
Production, transportation, and material moving	17.7%	16.8%	16.3%	17.2%	17.8%
Construction, extraction, maintenance, and repair	11.3%	11.1%	13.1% ▲	17.0%	13.2%
Farming, fishing, and forestry	-	-	11.6%	20.7%	16.7%
Natural resources, construction, and maintenance	-	-	0.2%	1.0%	1.8%
	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

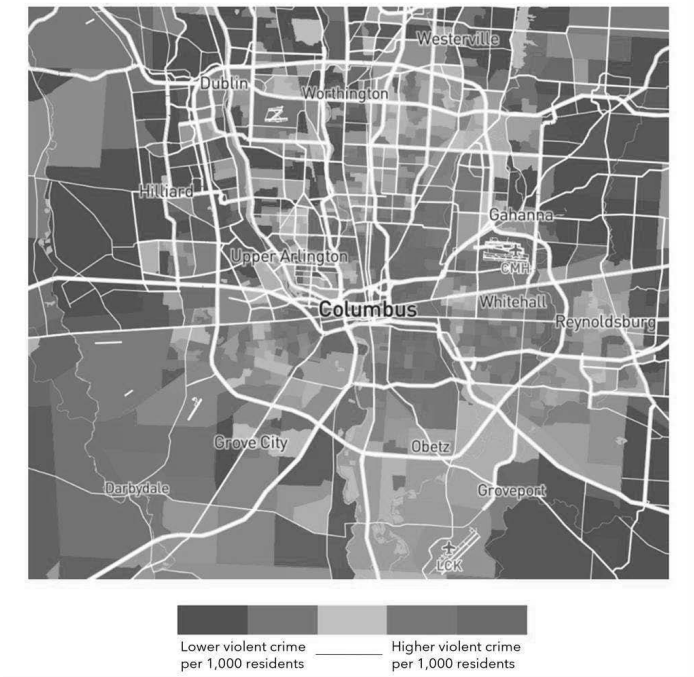
**FC&OH: Defined as "Forcible Rape" for HM16 and "Rape" in HM2019 & HM2022 | US: "Legacy definition" for HM16 & "Revised definition" for HM2019 & HM2022.

***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 Crime³⁴



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."

Social Determinants of Health, continued

54

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).

Social Determinants of Health, *continued*

Opportunity Index³⁹

	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/>
- ⁹ https://www.federalreserve.gov/boarddocs/supmanual/cch/fair_lend_fhact.pdf
- ¹⁰ Aaronson, D., Faber, J., Hartley, D., Mazumder, B., & Sharkey, P. (2021). The long-run effects of the 1930s HOLC "redlining" maps on place-based measures of economic opportunity and socioeconomic success. *Regional Science and Urban Economics*, 86, 103622.
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- ¹⁶ Princeton University Eviction Lab, Top Evicting Areas, 2016. <https://evictionlab.org/eviction-tracking/columbus-oh/>
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Social Determinants of Health, continued

57

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- ³²Central Ohio Trauma System Registry. 2020 (HM2022), 2017 (HM2019), 2010-2012 (HM2016)
- ³³RAIDS online database, 5/12/20-5/12/21
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Health Resource Availability

58

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, *continued*

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.

Health Resource Availability, *continued*

60

"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..."

Health Resource Availability, *continued*

62

"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."

Health Resource Availability, *continued*

63

Emergency Department Visits¹⁰

	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

Health Resource Availability, continued

64

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

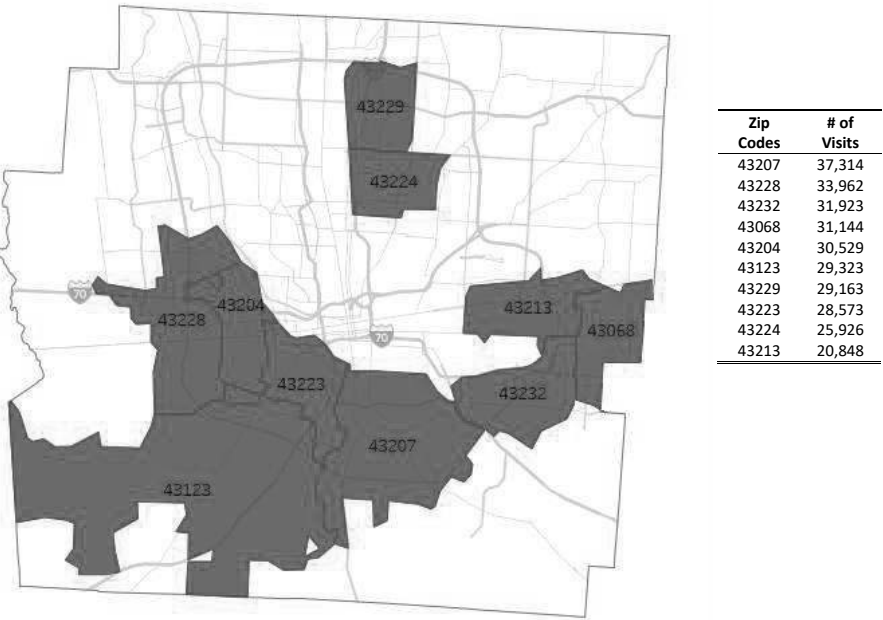
Emergency Department Visits (By Race)¹⁰

	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



Health Resource Availability, continued

65

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 It¹¹

	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

67

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

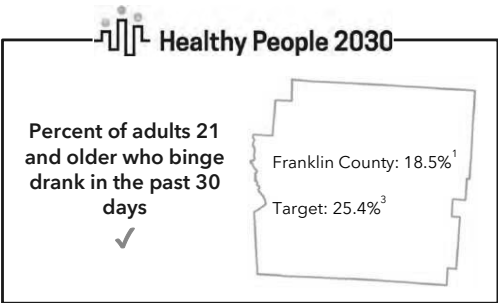
The percentage of Franklin County adults who are current smokers (22.7%) remains similar to the last *HealthMap* (21.9%). The percentage of Franklin County adults who are heavy drinkers (i.e., more than 15 drinks per week for men; more than 8 drinks per week for women) is also similar to the previous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

Cigarette and Alcohol Use

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Tobacco Use¹					
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 Consumption¹					
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."

Health Behaviors, continued

70

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 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.

Health Behaviors, *continued*

73

Tobacco Use⁸			
<i>Among Ohio High School Students (2019)</i>			
	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 Use⁹			
<i>Among Ohio High School Students (2019)</i>			
	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).

Health Behaviors, *continued*

74

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 Consumption¹³

	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.

Health Behaviors, *continued*

77

"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."

Health Behaviors, *continued*

78

"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."

Health Behaviors, *continued*

79

"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 Guidelines¹³

	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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- 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).
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<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)

Health Behaviors, *continued*

84

¹⁴U.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.

Maternal and Infant Health

85

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.

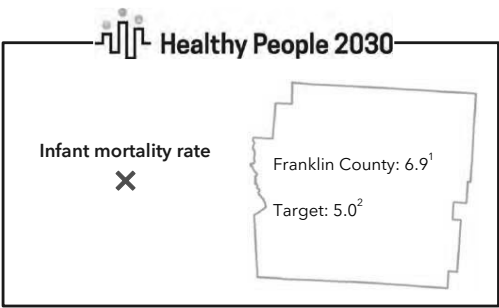
In Franklin County, 127 infants died before their first birthday in 2019. Overall, the infant mortality rate has decreased since the last *HealthMap*. However, this rate remains higher than the national rate.

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 Mortality¹

	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

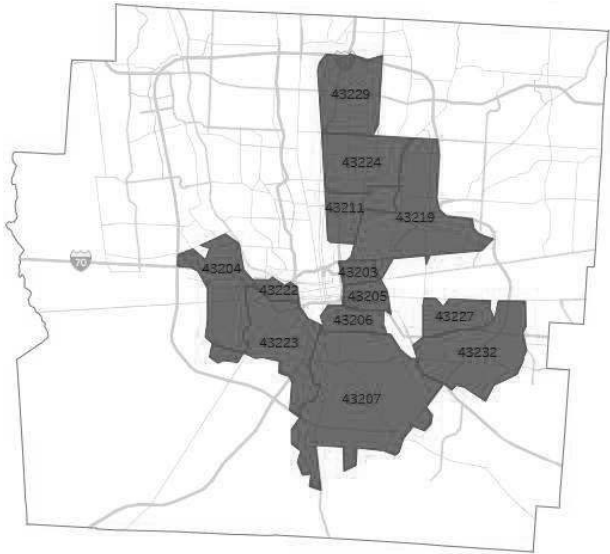
Rates per 1,000 live births.



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 Franklin 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 Efforts³



Maternal and Infant Health, *continued*

87

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..."

Maternal and Infant Health, continued

88

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 Pregnancies⁴						
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 Births⁵						
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).

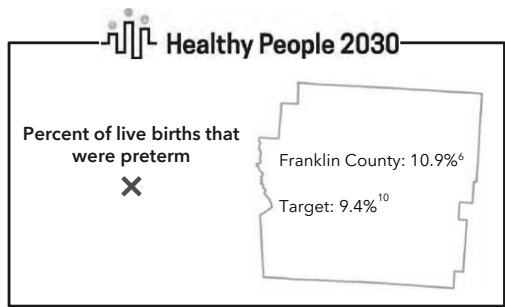
Other Neonatal Data

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Preterm Births⁶					
Preterm births (<37 weeks)	10.4%	10.7%	10.9%	10.5%	10.2%
Low Birth Weight⁷					
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 ▼	-
Abortion⁹					
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 and Infant Health, continued

89



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%	▼

Maternal and Infant Health, *continued*

90

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 their 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."

Maternal and Infant Health, *continued*

91

"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."

Maternal and Infant Health, *continued*

92

"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?"

Maternal and Infant Health, continued

93

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)

Maternal and Infant Health, *continued*

94

¹³U.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.

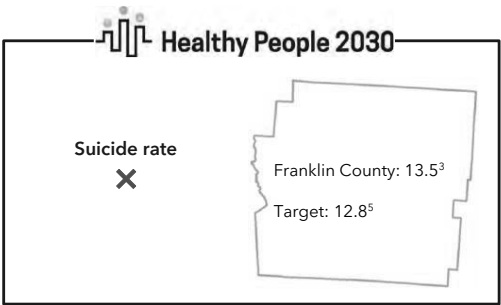
Just under a quarter of Franklin County adult residents have been told they have a form of depression.

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 Prevalence¹					
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."

Mental and Social Health, *continued*

97

"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."

Mental and Social Health, *continued*

98

"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 it's 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..."

Mental and Social Health, *continued*

99

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

Mental and Social Health, *continued*

100

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.

Mental and Social Health, *continued*

101

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 Abuse⁷

	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.

Mental and Social Health, *continued*

102

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

Domestic Violence⁸

	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 Abuse⁹

	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)
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- 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

104

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*.

Death, Illness, and Injury, continued

105

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

Perceptions of Health Status¹

	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.

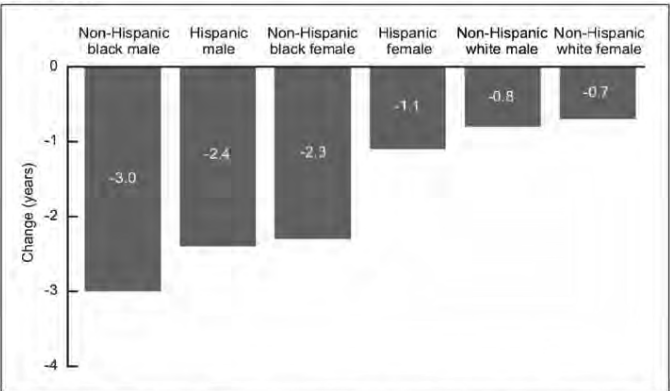
*"Life expectancy for the non-Hispanic Black population, 72.0, declined the most, and was the lowest estimate seen since 2001 (for the Black population regardless of Hispanic origin). The Hispanic population experienced the second largest decline in life expectancy (79.9) reaching a level lower than 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).

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)**

Figure 4. Change in life expectancy at birth, by Hispanic origin and race and sex: United States, 2019 and 2020



NOTES: Life expectancies for 2019 by Hispanic origin and race are not final estimates; see Technical Notes. Estimates are based on provisional data from January 2020 through June 2020.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality data.

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.

Death, Illness, and Injury, continued

107

Mortality - Leading Causes by Sex³

	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 Mortality⁴

	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 Use⁵

	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%

Death, Illness, and Injury, continued

108

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 Cancers⁸

	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.

Death, Illness, and Injury, continued

109

CANCER & OTHER CHRONIC DISEASES

Breast and prostate cancers continue to have the highest incidence rates in Franklin County.

Cancer Incidence Rates - Top Cancers⁹

	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 Screenings¹⁰

	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%

Death, Illness, and Injury, continued

110

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.

Death, Illness, and Injury, *continued*

111

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."

Death, Illness, and Injury, *continued*

112

"You don't have time to distress. 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."

Death, Illness, and Injury, *continued*

113

"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 Issues¹⁵

	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).

Death, Illness, and Injury, continued

115

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.

Death, Illness, and Injury, continued

116

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.

Death, Illness, and Injury, continued

117

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.

Death, Illness, and Injury, continued

118

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 Hospitalization¹⁶

	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 (traffic¹) 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).

Death, Illness, and Injury, continued

120

Top Five Types of Injury, by Age¹⁷

		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.

Death, Illness, and Injury, *continued*

121

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 Ohio 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

Death, Illness, and Injury, *continued*

122

- 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

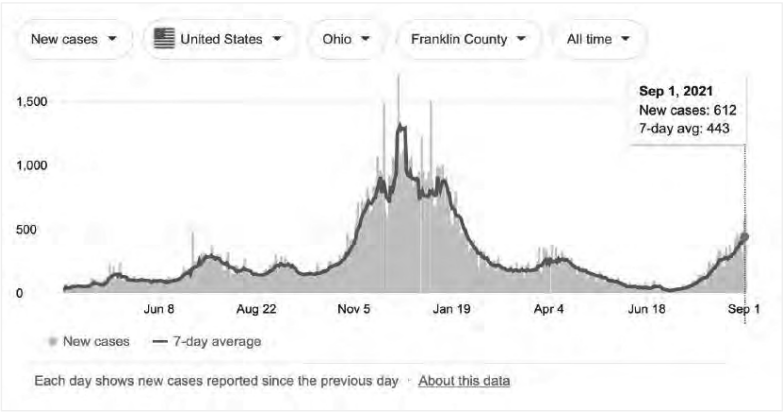
COVID-19 emerged since the previous *HealthMap* as a new infectious disease threat.

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

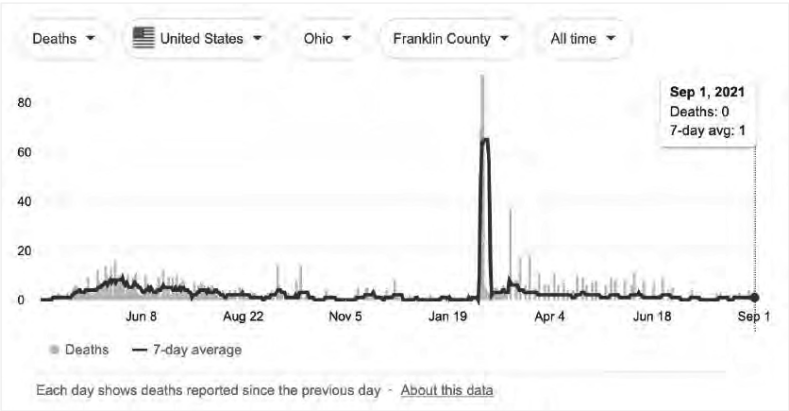


Infectious Diseases, continued

124

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%

Infectious Diseases, *continued*

125

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*

Infectious Diseases, continued

126

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/AIDS¹¹

	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 Infections¹²

	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)

Infectious Diseases, *continued*

128

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

129

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 risks¹. *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:

Community Assets and Resources, *continued*

130

- **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

131

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.

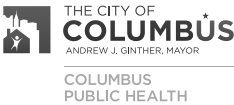
Consistent with requirements, the participating hospitals and health departments will use this report to inform development and implementation of strategies to address its findings. It is intended that a wide range of stakeholders – many more than are represented on *Franklin County HealthMap2022*'s 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 Arthur G. James Cancer Hospital and
Richard J. Solove Research Institute**
Community Health Needs Assessment 2022

The James



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



Our mission is to eradicate cancer from individuals’ lives by creating knowledge and integrating groundbreaking research with excellence in education and patient-centered care.

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:

TABLE OF CONTENTS

INTRODUCTION4

COMMUNITIES SERVED5

DEMOGRAPHICS OF COMMUNITIES WE SERVE 18

IMPACT OF 2019 CHNA20

FRANKLIN COUNTY HEALTHMAP 2022.....25

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

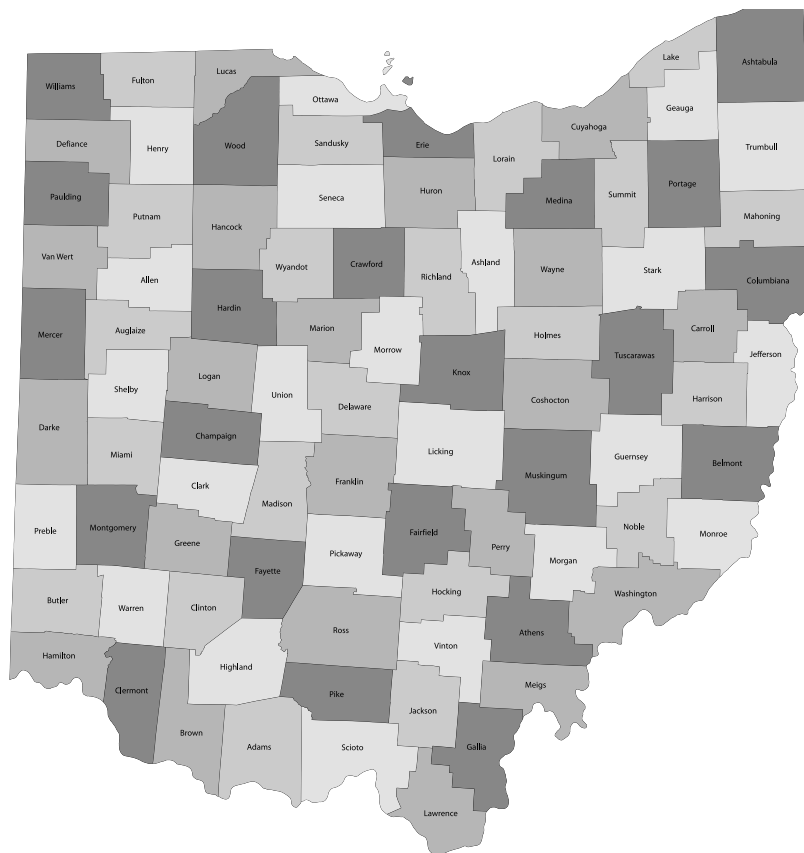
The Ohio State University Wexner Medical Center’s University Hospital includes the following:

- 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%

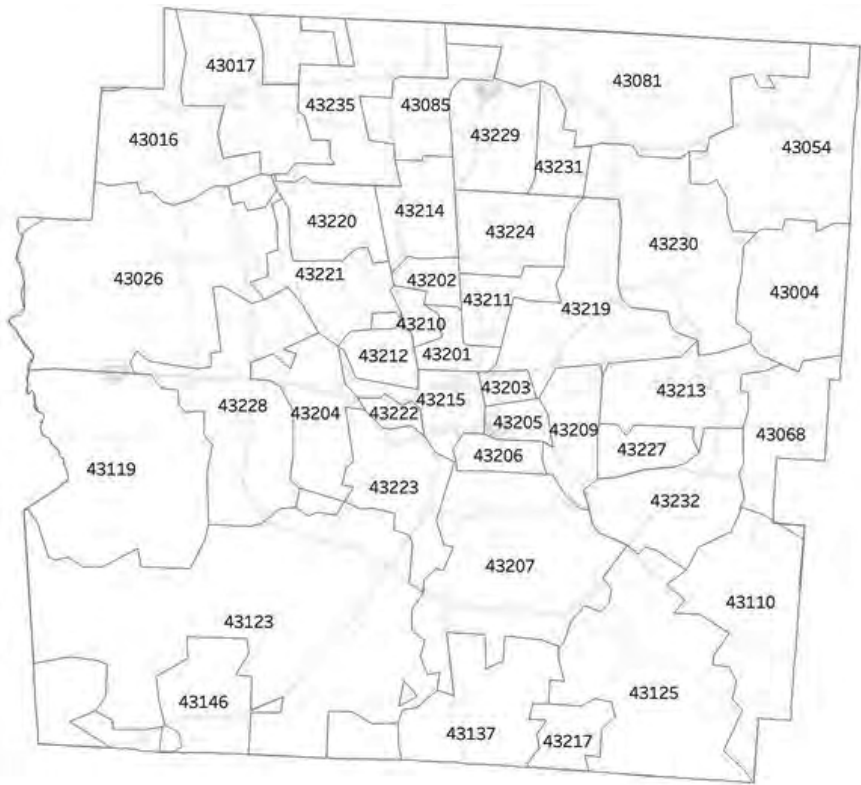
OSUCCC – JAMES

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 Households¹

		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

¹U.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 (LSW, LSW) ⁸	333:1	339:1	333:1	299:1 ▼
Licensed Chemical Counselor ⁹	1341:1	1137:1	919:1	809:1

IMPACT OF 2019 CHNA

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.

Franklin County HealthMap2022



Navigating Our Way to a
Healthier Community Together



About Franklin County HealthMap2022

1

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>

About Franklin County HealthMap2022, continued

2

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 Committee¹ 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.

About Franklin County HealthMap2022, continued

3

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 Health 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*

About Franklin County HealthMap2022, continued

4

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 disproportionately affected by an issue.
- **Size:** Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness:** Degree to which the health issue leads to death, 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

About Franklin County HealthMap2022, continued

6

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

About Franklin County HealthMap2022, continued

7

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.

About Franklin County HealthMap2022, continued

8

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.

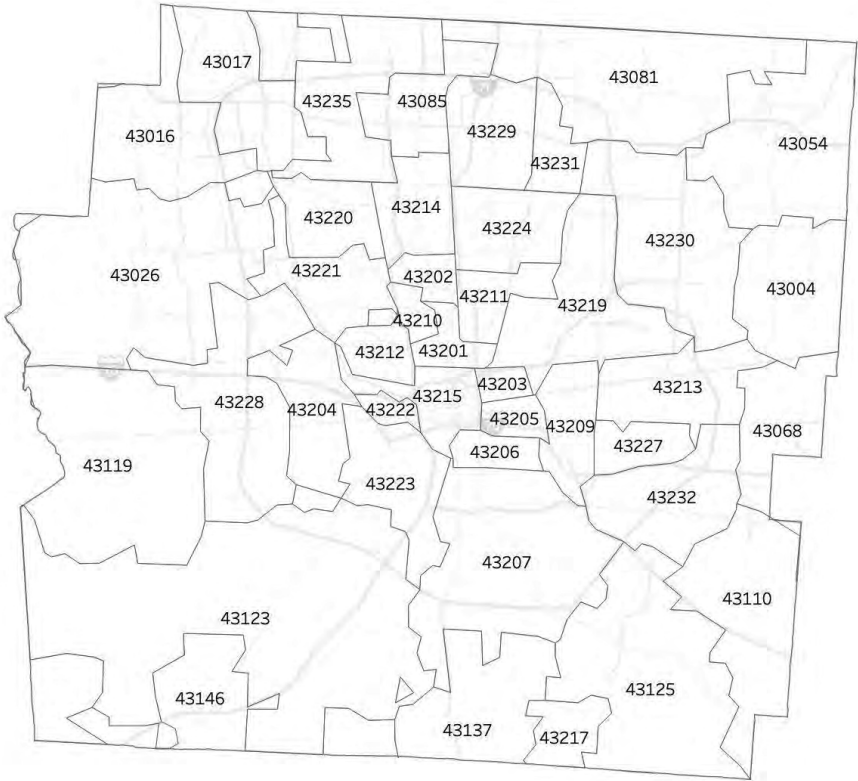


Table of Contents

10

About Franklin County HealthMap2022	1
Vision of a Healthy Franklin County	11
Responses from community discussions with Franklin County residents about what makes a community healthy	
Important Health Issues	15
Responses from community discussions with Franklin County residents about the most important health issues in their community	
Priority Health Needs	19
Prioritized health issues, as determined by the <i>HealthMap2022</i> Steering Committee	
Community Profile	22
Statistical data about the population of Franklin County, including age, sex, race, and other demographics	
Social Determinants of Health	24
Socio-economic factors that can affect health outcomes	
Health Care Access Indicators	25
Income/Poverty Indicators	32
Education Indicators	40
Employment Indicators	48
Social and Community Context	49
Health Resource Availability	58
Health care providers and other health care resources	
Health Behaviors	67
Behaviors that affect health outcomes	
Substance Use	68
Nutrition	76
Physical Activity	80
Maternal and Infant Health	85
Issues of concern for pregnant women and infants	
Mental and Social Health	95
Mental health issues and abuse	
Death, Illness, and Injury	104
Leading causes of death, injury and hospital visits; incidence rates of chronic conditions	
Infectious Diseases	123
Vaccines and spreadable diseases	
Community Assets and Resources	129
Summary	131
Appendix: Transcripts of Community Discussions (under separate cover)	

Vision of a Healthy Franklin County

11

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.

Vision of a Healthy Franklin County, *continued*

12

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."

Vision of a Healthy Franklin County, *continued*

13

"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]."

Vision of a Healthy Franklin County, *continued*

14

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

15

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.

Important Health Issues, *continued*

16

"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.

Important Health Issues, *continued*

17

"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."

Important Health Issues, *continued*

18

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 Health Needs, continued

20

Priority #2b: Behavioral Health	
Specific indicators	See pages
<ul style="list-style-type: none">• Access to mental health care resources	<ul style="list-style-type: none">• 31, 61-62
<ul style="list-style-type: none">• Screening for mental health issues	<ul style="list-style-type: none">• 95-99
<ul style="list-style-type: none">• Decreased unintentional drug and alcohol deaths	<ul style="list-style-type: none">• 74
<ul style="list-style-type: none">• Youth mental health supports (clinical, social)	<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• Infant mortality	<ul style="list-style-type: none">• 85-87
<ul style="list-style-type: none">• Maternal pre-pregnancy health	<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• Depression• Suicide• Youth drug use• Drug overdose deaths	<ul style="list-style-type: none">• Heart disease• Diabetes• Childhood conditions (asthma, lead)	<ul style="list-style-type: none">• Preterm births• Infant mortality• Maternal morbidity

Priority Health Needs, *continued*

21

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

Community Profile

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 Residents¹

		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% ▲
Ethnicity	Two or more races	3.6%	3.8%	3.7%
	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.

Community Profile, continued

23

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

Franklin County Households¹

		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

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

Social Determinants of Health

24

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

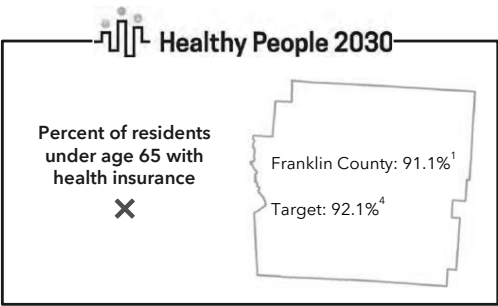
This section describes indicators of a population’s access to health care: health insurance status, as well as accounts of other factors impeding access according to community members.

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..."

Social Determinants of Health, *continued*

27

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."

Social Determinants of Health, *continued*

29

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."

Social Determinants of Health, *continued*

30

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.

Social Determinants of Health, continued

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 Income⁵								
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 Families²								
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 Old¹								
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 Lunch⁶								
	54.2%	53.6%	52.6%		52.7%	▲	-	

FPL=Federal Poverty Level

Social Determinants of Health, *continued*

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 redlining⁸, whereby credit lenders denied credit to people for reasons unrelated to creditworthiness, such as race or ethnicity⁹. This absence of opportunity is visible in the present through its impact on the health, socioeconomic, and racial/ethnic disparities of historically redlined neighborhoods¹⁰⁻¹².

Lowest Median Household Income in Franklin County⁷



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.

Social Determinants of Health, continued

34

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 Homelessness¹³

	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

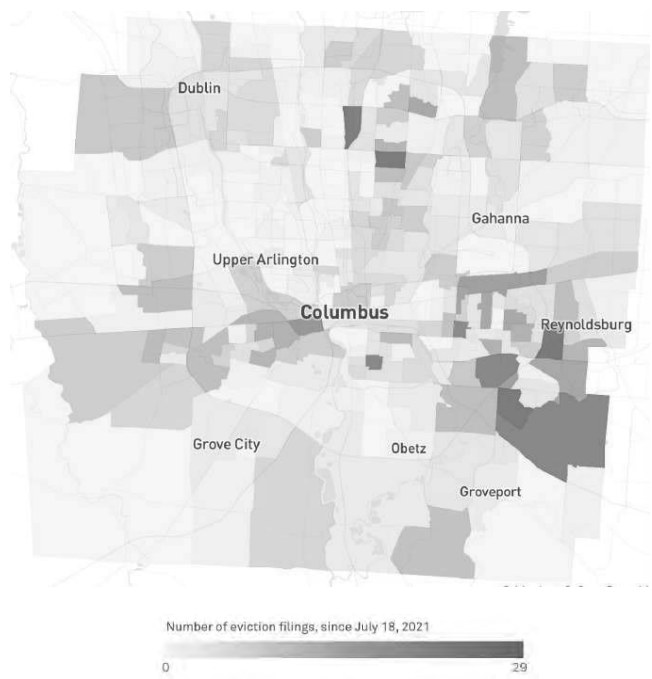
	Franklin County				Ohio		USA
	HM2016	HM2019	HM2022		HM2022		HM2022
Cost-burdened Households							
Housing costs ≥ 50% of income ¹⁴	14.6%	17.2%	-		-		-
Housing costs ≥ 30% of income ¹⁵	26.3%	31.9%	31.4%		27.5%		28.9%

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 Filings¹⁶



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.

Social Determinants of Health, continued

36

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 Insecurity¹⁸						
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

Social Determinants of Health, *continued*

38

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]."

Social Determinants of Health, *continued*

39

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%).

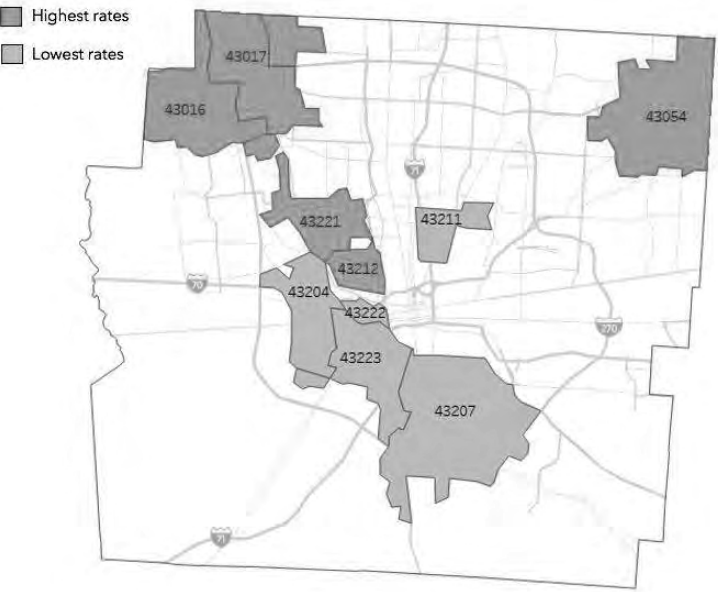
Social Determinants of Health, continued

Adults With Less Than High School Education²¹

	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 Diploma²²



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 Proficiency²³

	Franklin County			Ohio
	HM2016	HM2019	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

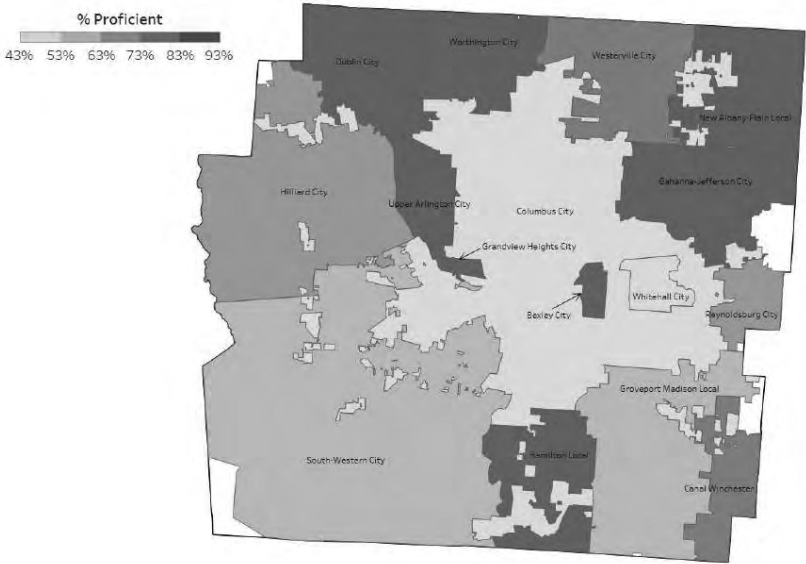


Special emphasis is also placed on the third grade when measuring educational outcomes of a community, because after third grade, students are expected to “read to learn,” rather than “learn to read.” Accordingly, educational outcomes like high school graduation can be impacted if reading proficiency 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

Social Determinants of Health, continued

3rd Grade Reading Proficiency, by School District



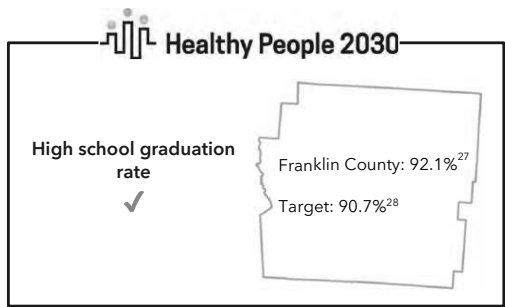
The four-year high school graduation rate is the percentage of ninth grade students that received a high school diploma in four years. Franklin County's four-year high school graduation rate is better than national figures, but slightly under Ohio's rate of 93%.

High School Graduation Rate²⁷

	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%

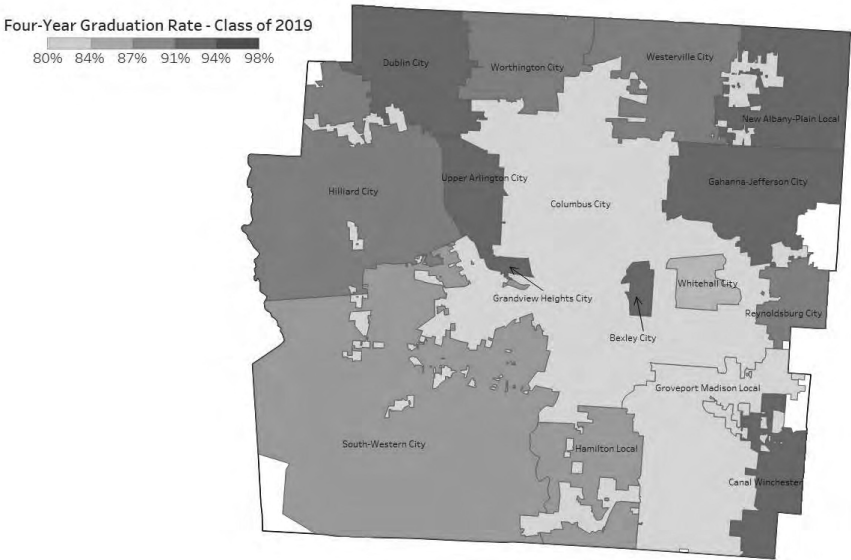
Note: Sex and racial graduation rates for Franklin County & Ohio are an average of all individual school district sex and racial graduation rates.

*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."

Social Determinants of Health, *continued*

48

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 Force⁵					
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 Rate³⁰	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 Occupations⁷

	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 Service	24.0%	24.9%	22.1% ▼	21.4%	21.6%
Production, transportation, and material moving	17.7%	16.8%	16.3%	17.2%	17.8%
Construction, extraction, maintenance, and repair	11.3%	11.1%	13.1% ▲	17.0%	13.2%
Farming, fishing, and forestry	-	-	11.6%	20.7%	16.7%
Natural resources, construction, and maintenance	-	-	0.2%	1.0%	1.8%
	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 &

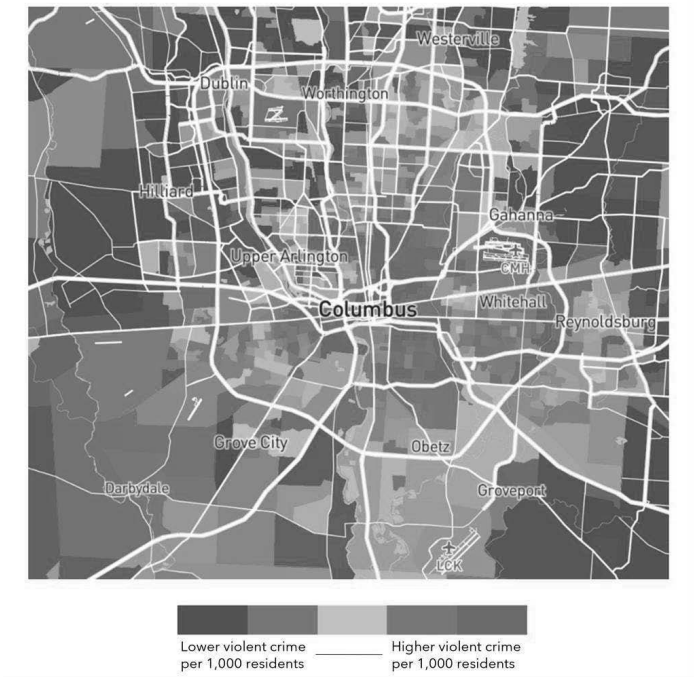
"Revised definition" for HM2019 & HM2022.

***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 Crime³⁴



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."

Social Determinants of Health, continued

54

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).

Social Determinants of Health, *continued*

Opportunity Index³⁹

	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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- 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)
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- ¹⁰ Aaronson, D., Faber, J., Hartley, D., Mazumder, B., & Sharkey, P. (2021). The long-run effects of the 1930s HOLC "redlining" maps on place-based measures of economic opportunity and socioeconomic success. *Regional Science and Urban Economics*, 86, 103622.
- ¹¹ Nardone, A., Chiang, J., & Corburn, J. (2020). Historic redlining and urban health today in US cities. *Environmental Justice*, 13(4), 109-119.
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- 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)

Social Determinants of Health, continued

57

- ¹⁹U.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)
- ²⁰2021 Jan. Ohio Department of Job and Family Services Caseload Summary Stat Report
- ²¹U.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)
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- ²⁸Healthy People 2030 Objective AH-08, U.S. Department of Health and Human Services
- ²⁹Ohio Department of Education, 2019. <https://reports.education.ohio.gov/report/report-card-data-4-year-longitudinal-graduation-rate-district>
- ³⁰Ohio Department of Jobs and Family Services, Ohio Labor Market Information, Civilian Labor Force estimates, 2019 (HM2022), 2017 (HM2019); 2013 (HM2016)
- ³¹Office 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)
- ³²Central Ohio Trauma System Registry. 2020 (HM2022), 2017 (HM2019), 2010-2012 (HM2016)
- ³³RAIDS 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>
- ³⁶Ohio Public Health Data Warehouse (2020)
- ³⁷US Environmental Protection Agency. Air Quality System Data Mart available via <https://www.epa.gov/airdata>. (2020)
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Health Resource Availability

58

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, continued

59

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.

Health Resource Availability, *continued*

60

"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..."

Health Resource Availability, *continued*

62

"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."

Health Resource Availability, *continued*

63

Emergency Department Visits¹⁰

	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

Health Resource Availability, continued

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

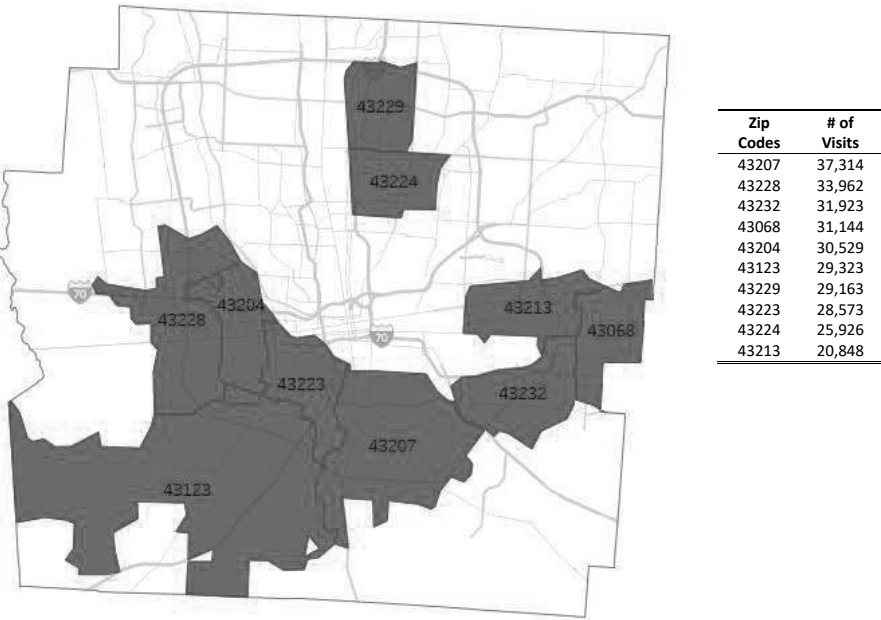
Emergency Department Visits (By Race)¹⁰

	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



Health Resource Availability, *continued*

65

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 It¹¹

	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

67

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

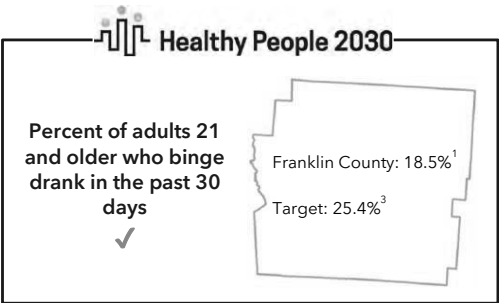
The percentage of Franklin County adults who are current smokers (22.7%) remains similar to the last *HealthMap* (21.9%). The percentage of Franklin County adults who are heavy drinkers (i.e., more than 15 drinks per week for men; more than 8 drinks per week for women) is also similar to the previous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

Cigarette and Alcohol Use

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Tobacco Use¹					
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 Consumption¹					
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."

Health Behaviors, continued

70

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 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.

Health Behaviors, *continued*

73

Tobacco Use⁸			
<i>Among Ohio High School Students (2019)</i>			
	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 Use⁹			
<i>Among Ohio High School Students (2019)</i>			
	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).

Health Behaviors, continued

74

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

Health Behaviors, *continued*

75

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 Consumption¹³

	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.

Health Behaviors, *continued*

77

"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."

Health Behaviors, *continued*

78

"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."

Health Behaviors, *continued*

79

"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 Guidelines¹³

	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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- 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)

Health Behaviors, *continued*

84

¹⁴U.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.

Maternal and Infant Health

85

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.

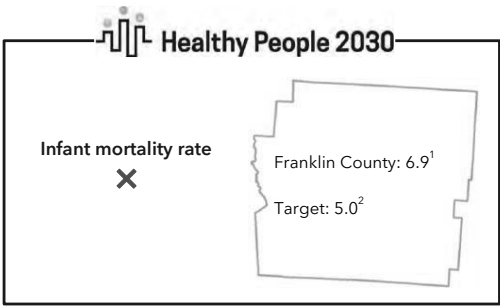
In Franklin County, 127 infants died before their first birthday in 2019. Overall, the infant mortality rate has decreased since the last *HealthMap*. However, this rate remains higher than the national rate.

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 Mortality¹

	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

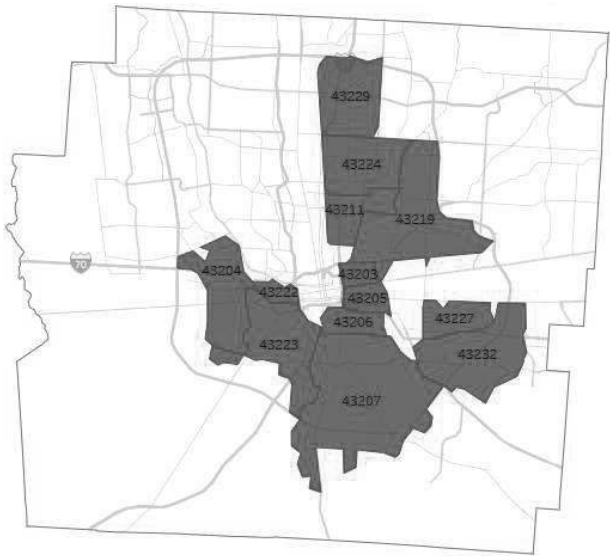
Rates per 1,000 live births.



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 Franklin 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 Efforts³



Maternal and Infant Health, *continued*

87

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..."

Maternal and Infant Health, continued

88

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 Pregnancies⁴						
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 Births⁵						
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).

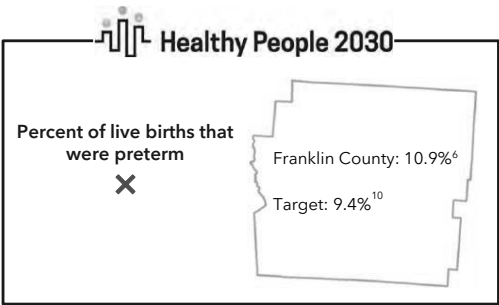
Other Neonatal Data

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Preterm Births⁶					
Preterm births (<37 weeks)	10.4%	10.7%	10.9%	10.5%	10.2%
Low Birth Weight⁷					
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 ▼	-
Abortion⁹					
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 and Infant Health, continued

89



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%	▼

Maternal and Infant Health, continued

90

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 their 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."

Maternal and Infant Health, *continued*

91

"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."

Maternal and Infant Health, *continued*

92

"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?"

Maternal and Infant Health, *continued*

93

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)

Maternal and Infant Health, *continued*

94

¹³U.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.

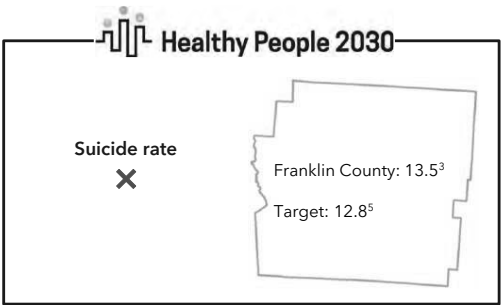
Just under a quarter of Franklin County adult residents have been told they have a form of depression.

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 Prevalence¹					
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."

Mental and Social Health, *continued*

97

"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."

Mental and Social Health, *continued*

98

"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 it's 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..."

Mental and Social Health, *continued*

99

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

Mental and Social Health, *continued*

100

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.

Mental and Social Health, *continued*

101

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 Abuse⁷

	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%

⁷*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.

Mental and Social Health, *continued*

102

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

Domestic Violence⁸

	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 Abuse⁹

	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

104

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*.

Death, Illness, and Injury, continued

105

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

Perceptions of Health Status¹

	Franklin County			Ohio HM2022	USA HM2022
	HM2016	HM2019	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.

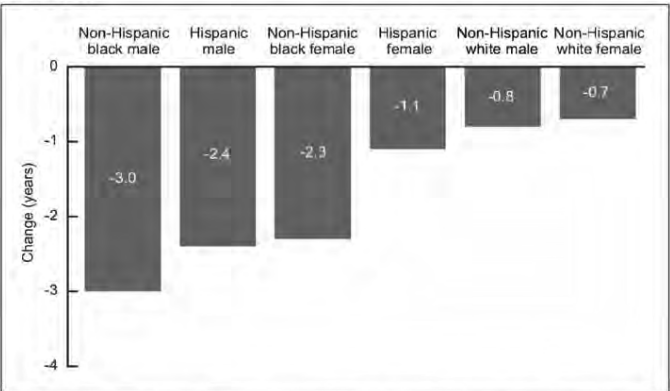
"Life expectancy for the non-Hispanic Black population, 72.0, declined the most, and was the lowest estimate seen since 2001 (for the Black population regardless of Hispanic origin). The Hispanic population experienced the second largest decline in life expectancy (79.9) reaching a level lower than what 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).

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)**

Figure 4. Change in life expectancy at birth, by Hispanic origin and race and sex: United States, 2019 and 2020



NOTES: Life expectancies for 2019 by Hispanic origin and race are not final estimates; see Technical Notes. Estimates are based on provisional data from January 2020 through June 2020.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality data.

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.

Death, Illness, and Injury, continued

107

Mortality - Leading Causes by Sex³

	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 Mortality⁴

	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 Use⁵

	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%

Death, Illness, and Injury, continued

108

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 Cancers⁸

	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.

Death, Illness, and Injury, continued

109

CANCER & OTHER CHRONIC DISEASES

Breast and prostate cancers continue to have the highest incidence rates in Franklin County.

Cancer Incidence Rates - Top Cancers⁹

	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 Screenings¹⁰

	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%

Death, Illness, and Injury, continued

110

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.

Death, Illness, and Injury, *continued*

111

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."

Death, Illness, and Injury, *continued*

112

"You don't have time to distress. 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."

Death, Illness, and Injury, *continued*

113

"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 Issues¹⁵

	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).

Death, Illness, and Injury, continued

115

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.

Death, Illness, and Injury, *continued*

116

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.

Death, Illness, and Injury, *continued*

117

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.

Death, Illness, and Injury, continued

118

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 Hospitalization¹⁶

	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 (traffic¹) 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).

Death, Illness, and Injury, continued

120

Top Five Types of Injury, by Age¹⁷

		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.

Death, Illness, and Injury, *continued*

121

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 Ohio 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)
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Death, Illness, and Injury, *continued*

122

- 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

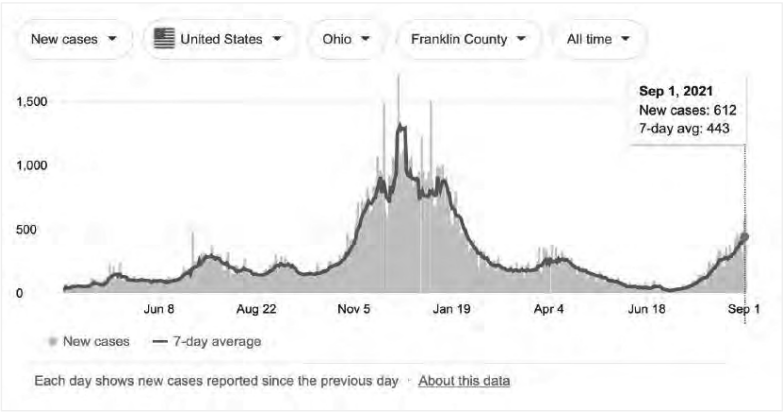
COVID-19 emerged since the previous *HealthMap* as a new infectious disease threat.

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

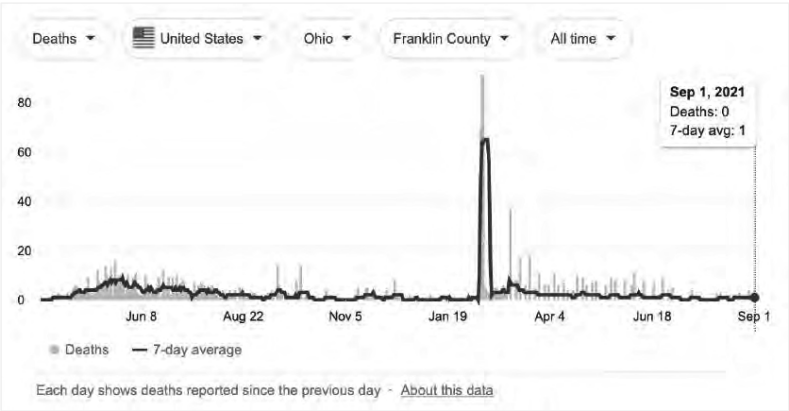


Infectious Diseases, continued

124

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%

Infectious Diseases, *continued*

125

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*

Infectious Diseases, continued

126

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/AIDS¹¹

	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 Infections¹²

	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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Infectious Diseases, *continued*

128

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

129

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 risks¹. *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:

Community Assets and Resources, *continued*

130

- **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

131

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.

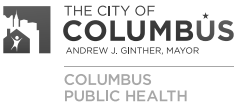
Consistent with requirements, the participating hospitals and health departments will use this report to inform development and implementation of strategies to address its findings. It is intended that a wide range of stakeholders – many more than are represented on *Franklin County HealthMap2022*'s 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 cancellation 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 Pharmacy 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 of residents 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 a 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.

McC Campbell Outpatient Care Ob/Gyn Clinic

The Ohio State Wexner Medical Center's McC Campbell Outpatient Care clinic offers care to some of our highest risk populations, including those who attend STEPP and participate in our McC Campbell 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 McC Campbell. 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
 - o Home Visiting
 - o Moms2B
 - o Baby and Me Tobacco Free at Columbus Public Health
- Improve breastfeeding rates (McC Campbell 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 McC Campbell 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 Pharmacy 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.

APPENDIX LXXIV



THE OHIO STATE UNIVERSITY

Board of Trustees

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SUMMARY OF ACTIONS TAKEN

May 18, 2022 – Talent, Compensation & Governance Committee Meeting

Members Present:

Lewis Von Thaer
Brent R. Porteus
Abigail S. Wexner

John W. Zeiger
Elizabeth P. Kessler

Gary R. Heminger (*ex officio, joined late*)

Members Present via Zoom:

Hiroyuki Fujita

Members Absent:

Alexander R. Fischer

PUBLIC SESSION

The Talent, Compensation & Governance Committee of The Ohio State University Board of Trustees convened on Wednesday, May 18, 2022, in person at Longaberger Alumni House on the Columbus campus. Committee Chair Hiroyuki Fujita called the meeting to order 11:09 a.m.

EXECUTIVE SESSION

It was moved by Dr. Fujita, and seconded by Mr. Von Thaer, that the committee recess into executive session to discuss business-sensitive trade secrets required to be kept confidential by federal and state statutes, to discuss personnel matters regarding the appointment, employment and compensation of public employees, and to consult with legal counsel regarding pending or imminent litigation.

A roll call vote was taken, and the committee voted to go into executive session with the following members present and voting: Dr. Fujita, Mr. Von Thaer, Mr. Porteus, Mrs. Wexner, Mr. Zeiger and Ms. Kessler. Mr. Heminger was not present for this vote.

The committee entered executive session at 11:11 a.m.

PUBLIC SESSION

Dr. Fujita reconvened the committee meeting in public session at 12:01 p.m.

Items for Discussion

1. Human Resources and Workday Optimization: Dr. Jeff Risinger, Senior Vice President for Talent, Culture and Human Resources, gave an update on the latest efforts to optimize Workday. He noted that one critical issue is training the HR staff to be able to execute well within the system.



THE OHIO STATE UNIVERSITY

He also discussed three areas of focus for the Workday system – 1) Roles & Responsibilities, paying close attention to role clarity and accountability awareness; 2) Business Process Enhancement, with a focus on finding more optimization opportunities; and 3) Training & Knowledge, particularly around system proficiency and working through the HR team's Workday training curve. He also touched on near-term wins and longer-term strategies.

(See Attachment XCIV for background information, page 2474)

2. Key Critical Searches: Dr. Risinger highlighted five high-level searches that are underway, including those for the Executive Vice President & CEO and also the Chief Financial Officer of the Wexner Medical Center. Both searches have identified finalists and are moving forward through the late stages of the search process. The searches for a Vice Provost for Strategic Enrollment Management and for the new Executive Director of the Kirwan Institute for the Study of Race and Ethnicity are down to two semifinalists each. And finally, the search committee for the Executive Director of the Wexner Center for the Arts is currently reviewing candidates.
3. Graduate and Professional Student Trustee Search Update: Carly Sobol, the Board's current Graduate Student Trustee, gave an update to the committee on the status of the search for her successor. The Student Trustee Selection Committee interviewed 12 candidates for the position in February and selected five candidates to share with Governor DeWine's Boards & Commissions Office for final consideration and selection.
4. Report on Departing Trustees and Election of Officers: Dr. Fujita recognized and thanked the three trustees whose terms were coming to a close – Dr. Sobol, Erin Hoeflinger and Brent Porteus. Then, Committee Vice Chair Lou Von Thaeer shared that the Talent, Compensation & Governance Committee had recommended to the full Board of Trustees that Dr. Fujita be named the next Board Chair and that the full Board of Trustees agreed unanimously with this decision. Dr. Fujita's election to the position was slated to be voted on during the May 19 Full-Board Public Session. He will succeed current Board Chair Gary Heminger, who was appointed to the role in August 2019.

Items for Action

5. Approval of Minutes: No changes were requested to the February 9, 2022, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.
6. Resolution No. 2022-120, Personnel Actions

BE IT RESOLVED, That the Board of Trustees hereby approves the personnel actions as recorded in the personnel budget records of the university since the February 10, 2022, meeting of the board, including the following appointments and contract updates:

Appointments

Name: David Cohn
Title: Interim Chief Executive Officer
Unit: The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Date: July 1, 2022

Name: David Horn
Title: Dean, College of Arts and Sciences
Unit: Office of Academic Affairs
Term: July 1, 2022

Name: David Jenkins
Title: Dean, College of Social Work
Unit: Office of Academic Affairs
Term: July 1, 2022

Name: Norman Jones
Title: Dean, Undergraduate Education
Unit: Office of Academic Affairs
Term: July 1, 2022

Name: Mary Stromberger
Title: Dean, Graduate Education
Unit: Office of Academic Affairs
Term: August 1, 2022

Appointment Extensions

Name: Mark Larmore
Title: Interim Co-Leader
Unit: The Ohio State University Wexner Medical Center
Term: June 1, 2022 – August 31, 2022

Name: Andrew Thomas
Title: Interim Co-Leader
Unit: The Ohio State University Wexner Medical Center
Term: June 1, 2022 – August 31, 2022

Contract Amendments

Name: Ryan Day
Title: Head Coach, Football
Unit: Department of Athletics
Term: July 1, 2022

Name: Christopher Holtmann
Title: Head Coach, Men's Basketball
Unit: Department of Athletics
Term: July 1, 2022

Name: Michael Eicher
Title: Senior Vice President for Advancement
Title: President, The Ohio State University Foundation
Unit: Office of Advancement
Term: January 1, 2022

Name: Kevin McGuff
Title: Head Coach, Women's Basketball
Unit: Department of Athletics
Term: July 1, 2022

Name: Eugene Smith
Title: Senior Vice President and Wolfe Foundation Endowed Athletics Director
Unit: Department of Athletics
Term: July 1, 2022

Action: Upon the motion of Dr. Fujita, seconded by Mrs. Wexner, the foregoing resolution was adopted by voice vote with the following members present and voting: Dr. Fujita, Mr. Von Thaer, Mr. Porteus, Mrs. Wexner, Mr. Zeiger, Ms. Kessler and Mr. Heminger.

Written Report

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

- a. Human Resources Summary (See Attachment XCV for background information, page 2477)

The committee adjourned at 12:17 p.m.

ATTACHMENT XCIV



Human Resources & Workday Optimization Update

May 18, 2022

RACI

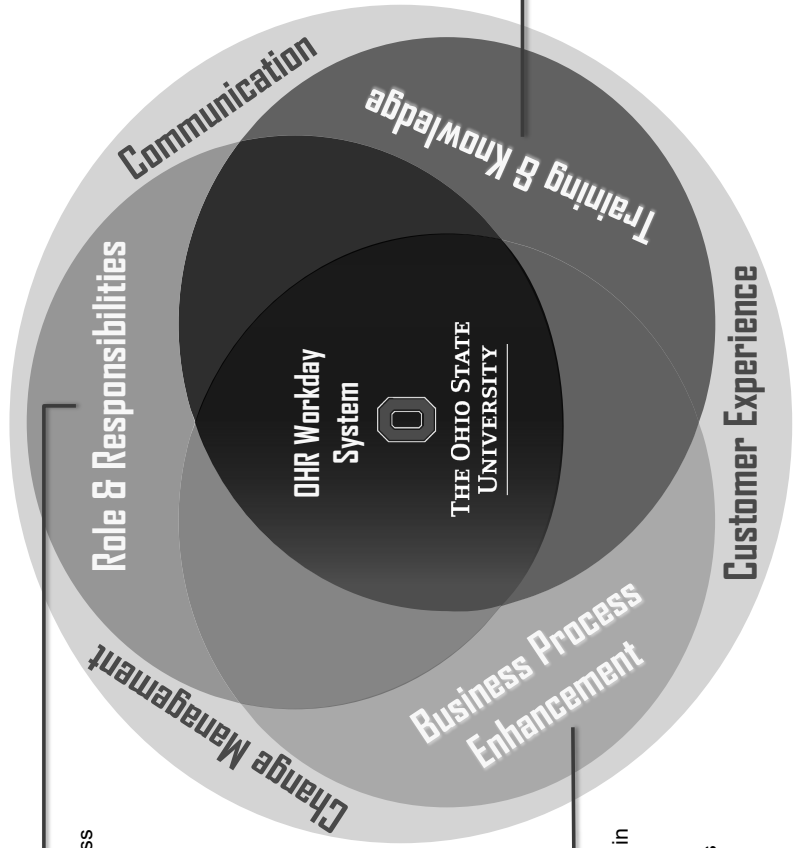
- Role clarity and accountability awareness
- Appropriate and clear decision making, reduction in duplication of effort, and streamlined communication

Optimization

- Align and enhance business processes in a collaborative environment
- Continual refinement and innovation to deliver a system that is trusted by users and serves their needs

System Proficiency

- Design and implement a strategic and proactive approach to deliver needed training and expertise
- Empower users to interact with the system in a confident and trusted manner



Near-Term Wins:

- RACI effort well underway and bringing clarity to roles and responsibilities within HR
- Shared Service Model adjustments in motion to remove management layers and ensure greater alignment of work
 - Model incorporates medical center specific teams to ensure appropriate attention is paid to the unique needs of that workforce
- Student Employment Center will be implemented this summer, using existing staff and student employees, to support the hiring of our 10,500+ student employees in FY 23
- Significant improvements to GA hiring, offer and onboarding process for the fall
- Training efforts underway given feedback received from HR Community surrounding gaps

Longer-Term Strategies:

- Completion of RACI effort and right-sizing of work and teams based on customer expectations and HR Strategy
- Build out of HR Training Team to ensure appropriate attention is given to training deficiencies both internal and external to HR
- Continued evaluation of security roles and access levels to ensure we have created an efficient model that allows for flexibility and business differences across our enterprise

ATTACHMENT XCV

Human Resources Summary Report

Talent, Compensation and Governance Committee
Board of Trustees
May 2022

This overview of priority initiatives for Ohio State Human Resources has been prepared for the Talent, Compensation and Governance (TCG) committee of the Board of Trustees to summarize important progress since the last committee meeting.

The topics of the May 2022 summary report reflect current priorities anticipated to be of strategic focus throughout the calendar year and beyond.

These include:

- Institutional Strategy and Executive Performance Management
- HR Business Process Optimization
- Career Roadmap

An updated overview of workplace demographic data and metrics is also outlined.

The content in this report is inclusive of HR staff efforts across all campus locations and the Wexner Medical Center.

Moving forward the timing for this report will shift to the mid-point between scheduled meetings to provide timely updates. I welcome your questions and feedback at any time.

Kind regards,

Jeff

Jeff Risinger, PhD
Senior Vice President,
Talent, Culture & Human Resources



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HUMAN RESOURCES



HR.OSU.EDU

1590 N. High Street, Suite 300 | Columbus, OH 43201 | 614-292-1050

Ohio State Human Resources Priority Initiative Summary Report

Institutional Strategy

The Institutional Strategy & Performance function within the Office of Human Resources facilitated a retreat with the President and her cabinet to develop and refine measures and metrics for the major pillars of the institutional strategy. The group also assisted with the refinement of the institutional strategy map.

Currently, the group is actively engaged in assisting the provost in developing an academic plan focused on key strategic priority areas, aligned with the president's five excellences.

Since February 2022, we have completed several critical steps towards operationalization of the new, enterprise-wide approach to driving strategy to action:

- Identified initial metrics for the institutional strategy map
- Established metrics for the HR and Workday strategy maps and completed preliminary scoping of initiatives to drive outcomes
- Developed the Institutional Performance workflow to drive leader engagement and sponsorship
- Launched searches for two strategy management staff positions to enable early progress

The balanced scorecard framework is in development.

Strategy map development in key cabinet areas is planned for the coming months.

We thank the board for their continued support of this innovative, holistic system for planning and managing the university's approach to strategy.

Executive Performance Management

The President conducted mid-point performance conversations with all members of her cabinet between the end of February and the end of April. The conversations were robust and focused on progress toward both the institution's goals as well as the cabinet member's unit goals.

The CHRO, Dr. Jeff Risinger, participated in these conversations, to facilitate a forward look at each person's aspirations for the coming year.

HR Business Process Optimization

Improve the transactional accuracy and operational efficiency of Human Resources services through the optimization of core HR and Workday business processes.

The Business Process Optimization project focuses on improving the experience for our end users; increasing our efficiency and effectiveness; increasing our abilities both internal and external to central HR in the use of HR Technology; and creating an engagement mechanism to renew the sense of ownership, innovation and opportunity within our HR teams.

Since this project kicked off, eleven workgroups formed with the purpose to data gather and brainstorm solutions for the most critical needs. The workgroups were comprised of various HR disciplines and backgrounds to gain an inclusive perspective on the pain points identified.

Workgroup discussions about prioritization, early solutioning, non-technological gaps and needs such as role clarity issues or communication and training needs are progressing and are beginning to transition to projects or teams, as appropriate.

Overall, HR is working to build a lasting framework and commitment to process improvement, stakeholder engagement, efficiency and iterative technological advancements to create a better HR experience.

Career Roadmap

Launching in fall 2022, Ohio State's Career Roadmap will deliver a new systemic approach for consistently hiring, managing and developing staff. The scope of Career Roadmap focuses on 26,000 staff positions across the medical center, main campus and regional campuses. Not included are physicians, faculty, executives, athletic coaches, student employees or bargaining units. Implementation of Career Roadmap will take place in November 2022.

Nearly 26,000 staff received a DocuSign letter on March 8 with their assigned Career Roadmap job profile. The dedicated training and change management efforts that occurred in the prior months provided a strong foundation of understanding and resulted in more than 85% of staff agreeing with their assigned job profile. The approximately 3,700 who disagreed were sent a position review form to provide additional information and suggest a different job profile. The extremely high percentage of staff agreeing with the mapping in their initial letter demonstrates the accuracy of our process for a great majority of jobs, with additional opportunities to continue to make refinements for others.

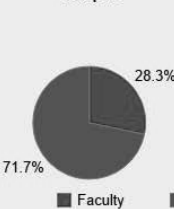
In some cases, the project team, HR partners and managers were able to address concerns that caused some employees to initially disagree. With those issues addressed, approximately 2,800 employee review forms are in need of additional review and consideration by managers and HR Business Partners.

Summary of Total University Employee Headcount

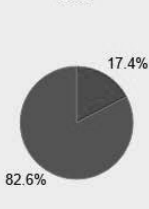
Headcount by Employee Category

	Campus	WMC	Grand Total
Faculty	4,229	3,574	7,803
Staff	10,708	17,015	27,723
Grand Total	14,937	20,589	35,526

Campus



WMC

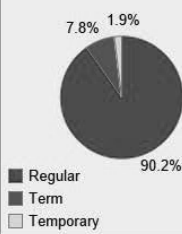


Headcount by Job Family Group

Executives	178	0.5%
Tenure-Track Faculty	2,767	8.0%
Clinical Faculty	2,182	4.7%
Research Faculty	103	0.3%
Associated Faculty	2,760	6.4%
Unclassified	18,500	54.3%
Classified	3,106	9.1%
Unions	5,345	14.9%
Post Doctoral	585	1.8%
Grand Total	35,526	

Headcount* by Employee Type

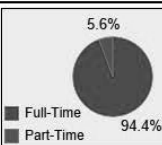
Regular	32,059
Temporary	684
Term	2,783
Grand Total	35,526



Headcount* by Full-Time

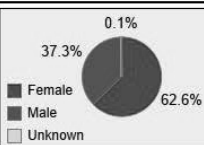
Full-Time >= 75%

Full-Time	33,522
Part-Time	2,004
Grand Total	35,526



Headcount* by Sex

Female	22,240
Male	13,241
Unknown	45
Grand Total	35,526



Headcount* by Race/Ethnicity

American Indian or Alaska Native	43	0.1%
Asian	2,807	7.9%
Black or African American	3,753	10.6%
Hispanic or Latino	1,174	3.3%
Native Hawaiian or Other Pacific Islander	22	0.1%
Two or More Races	693	2.0%
Undisclosed	1,541	4.3%
White	25,493	71.8%
Grand Total	35,526	

Headcount* by Age

<Thirty	5,629	15.8%
Thirties	10,440	29.4%
Forties	8,270	23.3%
Fifties	6,767	19.0%
Sixties	3,813	10.7%
Seventy+	607	1.7%
Grand Total	35,526	

Data does not include contingent workers, nonemployees or intermittent employees

* Excludes students

Data as of March 31, 2022

APPENDIX LXXV



THE OHIO STATE UNIVERSITY

Board of Trustees

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SUMMARY OF ACTIONS TAKEN

May 18, 2022 – Research, Innovation & Strategic Partnerships Committee

Members Present:

Lewis Von Thaeer
Erin P. Hoefflinger

Reginald A. Wilkinson
Carly G. Sobol

Phillip Popovich
Gary R. Heminger (ex officio)

Members Present via Zoom:

Alexander R. Fischer
Hiroyuki Fujita

Members Absent:

N/A

PUBLIC SESSION

The Research, Innovation & Strategic Partnerships Committee of The Ohio State University Board of Trustees convened on Wednesday, May 18, 2022, in person at Longaberger Alumni House on the Columbus campus and virtually via Zoom. Committee Chair Lewis Von Thaeer called the meeting to order at 1:30 p.m.

Items for Discussion

1. **Committee Chair's Remarks:** Mr. Von Thaeer recognized committee members Erin Hoefflinger and Carly Sobol and thanked them for their service as this was their last meeting prior to the conclusion of their terms as trustees. He then gave a high-level overview of achievements that had occurred at Ohio State since the last committee meeting, including the launch of two new interdisciplinary research centers – the Gene Therapy Institute and the Center for Quantum Information Science and Engineering – which are part of President Kristina Johnson and Dr. Grace Wang's strategy to double research expenditures over the next decade and increase societal impacts. He also shared that President Johnson and Dr. Wang had met with a special working group of the Board of Trustees in April 2022 to discuss the university's plans around research and workforce development as a result of the Intel project coming to Ohio.
2. **Highlights of New Research, Innovation and Knowledge Achievements:** Dr. Wang, Executive Vice President for Research, Innovation and Knowledge, shared highlights related to four strategic priority areas: 1) Enable Curiosity-Driven Discoveries and Creative Expression; 2) Build Large-Scale, Interdisciplinary Research and Innovation Centers; 3) Design and Develop the Innovation District; and 4) Nurture Innovation and Entrepreneurship. One significant highlight included the second cohort of President's Research Excellence Accelerator Awards, which awarded a total of nearly \$750,000 in funding this round.

(See Attachment XCVI for background information, page number 2483)



THE OHIO STATE UNIVERSITY

3. Recognition and Conversation with Ohio State's 2022 Innovator of the Year – Dr. Melissa Bailey: Finally, Dr. Wang highlighted the winners of Ohio State's annual Innovator of the Year Awards. These awards go to individuals at Ohio State who are actively working to promote commercialization of university intellectual property through invention disclosures, patents applied for and/or received, technologies licensed, or spin-off companies formed. This year's winners were Madison Tuttle, a PhD candidate from the Department of Chemistry and Biochemistry (Next Generation Innovator of the Year); Dr. Katelyn Swindle-Reilly, an assistant professor in Engineering (Early Career Innovator of the Year); and Dr. Melissa Bailey from the College of Optometry (Innovator of the Year). Dr. Bailey joined the meeting to discuss her start-up companies, which were spun off from research she had conducted at Ohio State, and her team's development of contact lenses that can function as bifocals, as well as a software application to estimate patients' prescriptions for eyeglasses and contact lenses.

(See Attachment XCVII for background information, page number 2499)

Items for Action

4. Approval of Minutes: No changes were requested to the February 9, 2022, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

EXECUTIVE SESSION

It was moved by Mr. Von Thae, and seconded by Mrs. Hoeflinger, that the committee recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes.

A roll call vote was taken and the committee voted to go into executive session with the following members present and voting: Mr. Von Thae, Mrs. Hoeflinger, Mr. Fischer, Dr. Fujita, Dr. Wilkinson, Dr. Sobol, Dr. Popovich, and Mr. Heminger.

The committee entered executive session at 1:55 p.m. and the meeting adjourned at 3:04 p.m.

ATTACHMENT XCVI

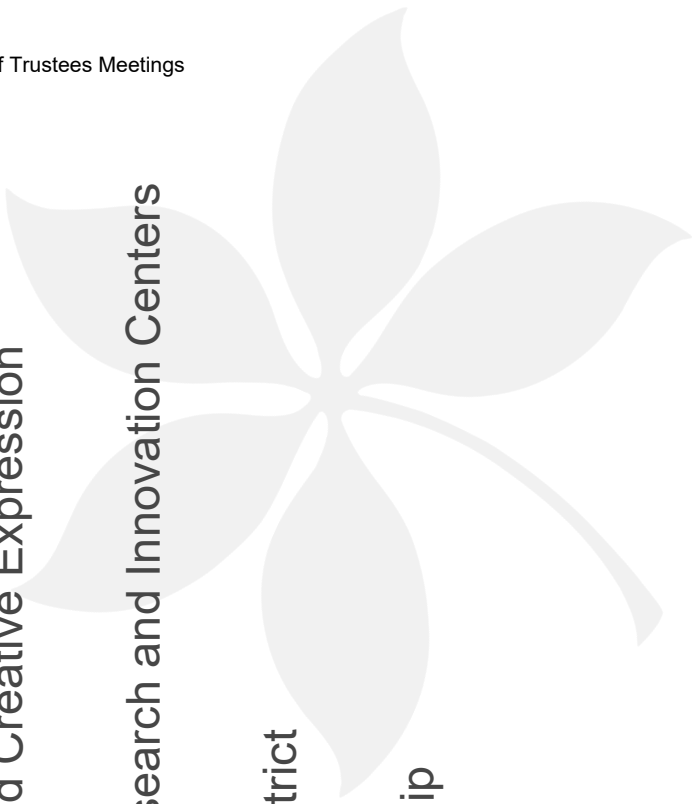
ENTERPRISE FOR RESEARCH, INNOVATION AND KNOWLEDGE REPORT

Grace Wang
Executive Vice President

May 18, 2022

Strategic Priorities for Enterprise

- Enable Curiosity-Driven Discoveries and Creative Expression
- Build Large-Scale, Interdisciplinary Research and Innovation Centers
- Design and Develop the Innovation District
- Nurture Innovation and Entrepreneurship



Second Cohort of President’s Research Excellence (PRE) Accelerator Awards

15 Faculty Teams

A total of nearly
\$750,000 in funding
awarded this round.



Suicide Prevention Efforts for Service Members Receives \$8.7 Million



Craig J. Bryan etc.
Professor of Psychiatry

Funded by DoD

To study evidence-based strategies to reduce suicide among military personnel

\$7 Million to Develop Rapid Radiation Exposure Tools

Naduparambil Jacob etc.

Associate Professor of Radiation
Oncology

Funded by The Office of the Director of
National Intelligence

2487

To develop rapid and accurate
radiation detection solutions using
biomarkers detectable in skin and hair



Ohio State Team Awarded \$2.4M in ARPA-E Innovation Funds

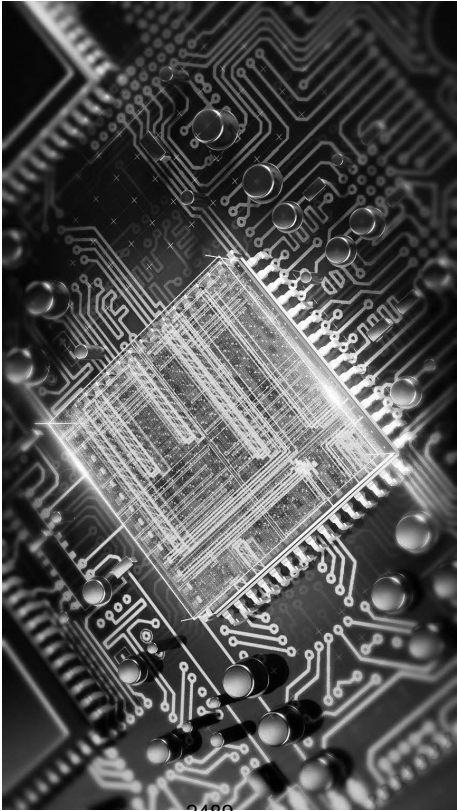
Julia Zhang etc.

Associate Professor for Electrical and Computer Engineering

To transform the design and manufacturing processes for electrified vehicles through new magnetic and insulation materials.



Establishing Center for Quantum Information Science and Engineering



Led by:
Ezekiel Johnston-Halperin
Professor, Physics

Ronald M. Reano
Professor, Electrical and
Computer Engineering

Establishing Gene Therapy Institute



Led by:
Krystof Bankiewicz
Vice Chair and Professor,
Neurological Surgery

Russell Lonser
Chair and Professor,
Neurological Surgery

Interdisciplinary Research Facility Scheduled to Open June 2023



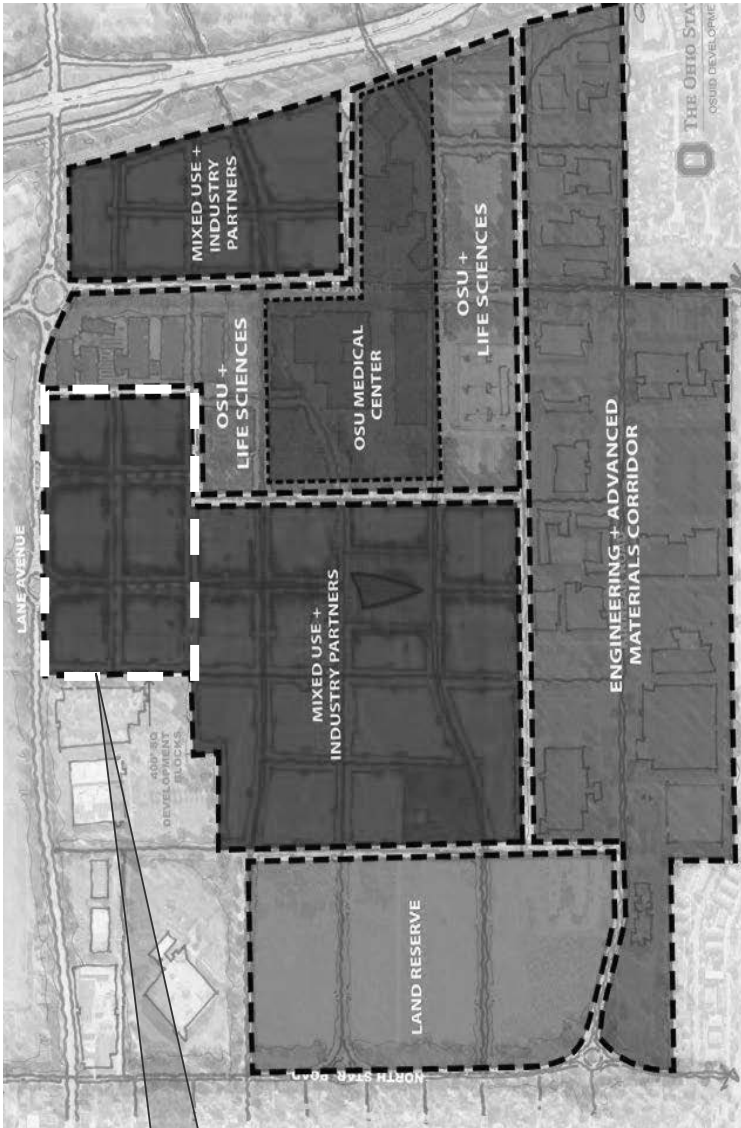
EAIC Is Scheduled to Open October 2023



Picture as of March 31, 2022

RFQ Released for Mixed-Use Town Center Development

**20-acres
Mixed-Use
Town
Center**



Professor Awarded Prestigious 2022 Public Service Award

Betty Lise Anderson

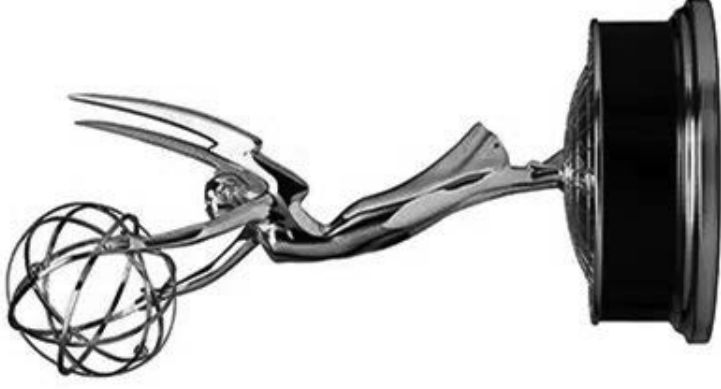
Professor, Electrical and Computer Engineering

She received the National Science Board's 2022 Public Service Award, which honors exemplary service in promoting public understanding of science and engineering.



Marvin White Wins 2022 Technology & Engineering Emmy Award

Prof. Marvin White won a 2022 Emmy for his work on *Correlated Double Sampling* for Image Sensors, a critical component of high-definition video capture and image noise reduction.



2022

Distinguished Scholar Award



**Sharyn
Baker**



**Bhavik
Bakshi**



**John
Beacom**



**Rita
Pickler**



**Bruce
Weinberg**



**Daniel
Wozniak**

2022

Early Career Distinguished Scholar Award



**Asimina
Kiourti**



**Steve
Oghumu**



**Elissa
Washuta**

President's Buckeye Accelerator Inaugural Student Teams Announced



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**FIREFIGHT
AERO**



ADITHYA RAMASWAMI JACK MURRAY

President's Buckeye Accelerator | Pitch Finale

2498



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**EMPOWER
HEALTH**



ANJALI PRABHAKARAN

President's Buckeye Accelerator | Pitch Finale



THE OHIO STATE UNIVERSITY

**HOLOCRON
TECHNOLOGIES**



ADDAM JENSEN

President's Buckeye Accelerator | Pitch Finale



THE OHIO STATE UNIVERSITY

SERVUS



YASMEEN QUADRI

President's Buckeye Accelerator | Pitch Finale




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**A CUBED
DESIGN**




GARRETT CARDER

President's Buckeye Accelerator | Pitch Finale



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**FOR THE LOVE
OF PRIMATES**



TESSA CANNON

President's Buckeye Accelerator | Pitch Finale

ATTACHMENT XCVII



O THE OHIO STATE UNIVERSITY

Next Generation
Innovator
of the Year

Madison Tuttle





Early Career Innovator of the Year

Katelyn Swindle-Reilly



 THE OHIO STATE UNIVERSITY

Innovator *of the* Year

Melissa Bailey



Melissa Bailey, OD, PhD

Ohio State's Innovator of the Year for 2022 is Melissa D. Bailey, OD, PhD, an associate professor in the College of Optometry. Bailey's research career is devoted to developing new technologies for use in eye care as well as studying the role of the ciliary muscle in the development of myopia and accommodative function in children.

Bailey was recognized for her work on two innovations she has developed at the university that have been the basis for two Ohio State startup companies: Lentechs and OcuDoc, Inc. Lentechs is developing a novel soft-contact lens that works like a pair of bifocal glasses. This technology is currently in clinical trials. OcuDoc is developing a smartphone application that can help get an estimate of a patient's vision prescription. This is helpful for children and in areas where vision services are not available.



In 2015, Bailey was selected as Ohio State's Early Career Innovator of the Year for her work in developing patented methods for measuring the ciliary muscle. She received her Doctor of Optometry and PhD in Vision Science from Ohio State. Her myopia research has been funded through the Ohio Lions Eye Research Foundation and the Ohio State University Center for Clinical and Translational Sciences as a KL2 scholar. Data for many of Dr. Bailey's research endeavors were collected in a unique research setting, thanks to a collaboration with the Center of Science and Industry (COSI).

Dr. Bailey teaches students in the optometry curriculum at Ohio State, Contact Lenses I, and graduate seminar courses.

The Innovator of the Year award recognizes Ohio State researchers who are actively working to promote commercialization of university intellectual property through invention disclosures filed, patents applied for and/or received, technologies licensed and/or spin-off companies formed.

APPENDIX LXXVI



THE OHIO STATE UNIVERSITY

Board of Trustees

210 Bricker Hall
190 North Oval Mall
Columbus, OH 43210-1388

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

May 18, 2022 – Academic Affairs and Student Life Committee Meeting

Members Present:

Brent R. Porteus
Jeff M.S. Kaplan
Elizabeth P. Kessler

Elizabeth A. Harsh
Reginald A. Wilkinson
Tom B. Mitevski

Tanner R. Hunt
Susan E. Cole
Gary R. Heminger (ex officio)

Members Present via Zoom:

Michael Kiggin

Members Absent:

Abigail S. Wexner

PUBLIC SESSION

The Academic Affairs and Student Life Committee of The Ohio State University Board of Trustees convened on Wednesday, May 18, 2022, in person at Longaberger Alumni House on the Columbus campus and virtually via Zoom. Committee Chair Brent Porteus called the meeting to order at 3:31 p.m.

Before diving into the agenda, Mr. Porteus noted that this would be his final meeting with the committee, given that his nine-year term as a trustee was coming to an end. He thanked all of the committee members for their dedication to Ohio State and its academic mission and wished them well.

Items for Discussion

1. **Provost's Report:** Provost Melissa Gilliam began her report with a COVID-19 update and thanked the team that has worked so diligently to ensure that Ohio State's campuses were able to reopen and remain open with low infection rates. She discussed how the Office of Academic Affairs is aspiring for excellence related to President Johnson's goals, with a particular focus on student academic excellence; faculty eminence; outward engagement; talent, culture and inclusive excellence; and technology and digital innovation. A number of national searches have been completed and new academic leaders have been hired in the past year, including David Jenkins, Dean of the College of Social Work; David Horn, Dean of the College of Arts and Sciences; Mary Stromberger, Vice Provost and Dean for Graduate Education; and Norman Jones, Vice Provost and Dean for Undergraduate Education. One major goal continues to be the hiring of 350 net new faculty. To achieve this, the Office of Academic Affairs has been focused on creating the infrastructure that will enable the development and execution of a strategy for recruiting and retaining the most highly qualified faculty. This infrastructure includes a number of new programs, including the Provost's Fellow-to-Faculty program, the Provost's Early Scholars Program, the Office of Dual Careers and Faculty Relocation, and the RAISE (Race, Inclusion, and Social Equity) initiative. Provost Gilliam also touched on the university's record number of applications – 71,000 for the fall 2022 semester; the Shared Values initiative; outward engagement and impact, including increased participation in study abroad programming; and technology and digital innovation updates, including growing enrollment in distance education programs and changes to the Digital Flagship initiative.

(See Attachment XCVIII for background information, page 2514)



THE OHIO STATE UNIVERSITY

2. Senior Vice President for Student Life's Report: Dr. Melissa Shivers, SVP for Student Life, discussed the ways in which the Office of Student Life works to shape the student experience and to support student success through different programs and through the lens of different student development theories. She specifically highlighted the Second-Year Transformational Experience Program (STEP) and shared data that show how STEP participants have higher persistence rates across many demographic areas. She also talked about how Student Life has more than 3,600 student employees, and how those students are able to leverage relationships with their supervisors to help them make connections between their work and their classes. Finally, she shared that Ohio State has more than 1,400 student organizations and 73% of Ohio State students are involved in at least one campus activity. Data has shown that students who are involved on campus are 2.3 times more likely to say they have developed as a leader during their time at Ohio State, and 1.8 times more likely to have received a job offer at the time of graduation compared to their peers. Three recent graduates – Anna Walker (Biology), Kate Gomez (Human Development and Family Science) and Matthew Isakson (Biomedical Engineering) – joined the committee to share their experiences, both inside and outside of the classroom, and how those experiences helped them transition from students to alumni.

(See Attachment XCIX for background information, page 2534)

Items for Action

3. Approval of Minutes: No changes were requested to the February 9, 2022, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.
4. Resolution No. 2022-121, Approval to Establish a Doctor of Philosophy in Immunology and Immunotherapeutics:

IN THE COLLEGE OF MEDICINE

Synopsis: Approval to establish a Doctor of Philosophy degree program in Immunology and Immunotherapeutics in the College of Medicine is proposed.

WHEREAS the goal of the program is to train future generations of immunological researchers — needed for advancing this critical and rapidly growing field — and the university has recruited more than 30 faculty members in immunology over the past three years and established the Pelotonia Institute for Immunology in 2019; and

WHEREAS the focus of the program will be to educate and train students in both fundamental and cutting-edge principles of immunology, as well as to perform primary research in the field, and emphasis areas include, but are not limited to, cellular and molecular immunology, immunology and infectious diseases, translational immunology, and systems immunology, and a market analysis has been provided; and

WHEREAS the program will be a minimum of 80 semester credit hours over 15 to 18 semesters, is full-time and in-person, and is expected to admit six students each autumn starting autumn 2023; and

WHEREAS the program will be administered through the Department of Microbial Infection and Immunity, has a program director and a Graduate Studies Committee (with appropriate subcommittees), has a five-year budget projection, and has an appropriate infrastructure in place that includes many related centers, laboratories, and facilities; and

WHEREAS the proposal has the support of the College of Medicine leadership and from academic units within the college, and from the College of Arts and Sciences and the College of Veterinary Medicine; and

WHEREAS the proposal was reviewed and approved by the Graduate School, and then the Council on Academic Affairs at its meeting on January 12, 2022; and

WHEREAS the University Senate approved this proposal on February 8, 2022:



THE OHIO STATE UNIVERSITY

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish a Doctor of Philosophy degree program in Immunology and Immunotherapeutics in the College of Medicine.

(See Appendix LXXXI for background information, page 2849)

5. Resolution No. 2022-122, Approval to Establish a Master of Supply Chain Management:

IN THE FISHER COLLEGE OF BUSINESS

Synopsis: Approval to establish a Master of Supply Chain Management degree program in the Fisher College of Business is proposed.

WHEREAS market analysis reveals that the demand for supply chain education is growing, and the Fisher College of Business has an established base in its MBA and undergraduate programs, with two highly ranked specialty areas with connections to supply chain; and

WHEREAS the program is designed for individuals who have two to five years of work experience in the field, but who want more formal education to advance professionally, and for those from other fields who want to change career paths into the supply chain field; and

WHEREAS the program will be a collaboration between the Department of Operations and Business Analytics and the Department of Marketing and Logistics; will start in summer, typically to be completed in two years while working full time; will require a minimum of 33 credit hours (25.5 required, 4.5 elective, and three on-campus learning experiences) including a capstone project that has students work on a real-life business problem with their own company or one assigned; and will be offered 100 percent online (50 percent delivered synchronously and 50 percent asynchronously); and

WHEREAS the proposal identifies the niche role the program will play in the regional market, includes plans for an enrollment of 25 in the first year and then to maintain a cohort size of 30, includes a fiscal impact statement, and provides an assessment plan; and

WHEREAS the proposal has the support of the Fisher College of Business leadership, including the Executive Committee; and

WHEREAS the proposal was reviewed and approved by the Graduate School, and then the Council on Academic Affairs at its meeting on January 12, 2022; and

WHEREAS the University Senate approved this proposal on February 8, 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish a Master of Supply Chain Management degree program in the Fisher College of Business.

(See Appendix LXXXII for background information, page 2864)



THE OHIO STATE UNIVERSITY

6. Resolution No. 2022-123. Approval to Establish the Department of Dermatology:

IN THE COLLEGE OF MEDICINE

Synopsis: Approval to establish the Department of Dermatology in the College of Medicine is proposed.

WHEREAS currently the Division of Dermatology is housed within the Department of Internal Medicine but is distinct from Internal Medicine, encompassing a unique body of knowledge, and has a distinct residency program that leads to board certification in Dermatology; and

WHEREAS department status is an important criterion for the recruitment of nationally recognized clinicians and researchers, given that Dermatology residency is highly competitive and department status will help accelerate matching the most outstanding future candidates from top-tier medical schools; and

WHEREAS Dermatology has close associations with several other specialties, many of its focus areas are fundamentally different from the practice of Internal Medicine, and their financing, support, and productivity require an organizational structure that is tailored to and adept at supporting those distinct areas; and

WHEREAS the proposal addresses all components expected in a proposal for the alteration of a unit, including a sound financial base, and the proposal has the support of the Department of Internal Medicine and the College of Medicine; and

WHEREAS the proposal was reviewed and approved by a subcommittee, and then the Council on Academic Affairs at its meeting on February 16, 2022; and

WHEREAS the University Senate approved this proposal on March 24, 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish the Department of Dermatology in the College of Medicine.

(See Appendix LXXXIII for background information, page 2876)

7. Resolution No. 2022-124. Approval to Add a Clinical Faculty Track in the College of Social Work:

Synopsis: Approval to allow the College of Social Work to establish a clinical faculty appointment type is proposed.

WHEREAS Faculty Rule 3335-7 establishes that colleges may establish a clinical/teaching/practice faculty appointment type for non-tenure track teacher/practitioners who are primarily engaged in teaching activities; and

WHEREAS the College of Social Work has requested the establishment of this faculty appointment type in order to increase instructional, advising, and curricular support for the college and its students; enhance outreach and engagement for students, alumni, and the broader community; and incorporate practitioners/educators into the college's overall structure, increasing the number of full-time faculty to educate students; and

WHEREAS the proposal was reviewed and approved by a subcommittee, and then by the Council of Academic Affairs on March 23, 2022; and

WHEREAS the University Senate approved the proposal on April 21, 2022:



THE OHIO STATE UNIVERSITY

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the establishment of a clinical faculty appointment type in the College of Social Work.

(See Appendix LXXXIV for background information, page 2913)

8. Resolution No. 2022-125, Approval to Change the Name of the Department of Near Eastern Languages and Cultures:

Synopsis: Approval to change the name of the Department of Near Eastern Languages and Cultures to the Department of Near Eastern and South Asian Languages and Cultures is proposed.

WHEREAS South Asia represents one-fifth of the world's population, the South Asian diaspora in the United State warrants study and academic representation, and the department is the home for South Asian Studies, including the South Asian Studies minor and Hindi language courses; and

WHEREAS a departmental home for South Asian studies will contribute to the university's commitment to diversity, equity and inclusion, enhance ongoing efforts by the Multicultural Center's APIDA (Asian, Pacific Islander and Desi American) student initiatives, and contribute to the Office of International Affairs' efforts to facilitate academic collaboration between the university and the South Asian region; and

WHEREAS the change will bring the department more in line with comparable departments, increase the visibility of research and teaching of South Asian Studies and Near East Studies, improve the visibility to students, increase enrollments, enhance fundraising opportunities, and further the missions of both the department and the university; and

WHEREAS the proposal will not require any programmatic change, there will be no impact on core faculty, students or staff, and no administrative changes are anticipated, and the proposal has the full support of the department and of the College of Arts and Sciences; and

WHEREAS the proposal was reviewed and approved by a subcommittee, and then the Council on Academic Affairs at its meeting on February 2, 2022; and

WHEREAS the University Senate approved this proposal on March 24, 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to change the name of the Department of Near Eastern Languages and Cultures to the Department of Near Eastern and South Asian Languages and Cultures.

(See Appendix LXXXV for background information, page 2929)

9. Resolution No. 2022-126, Approval of the 2022-2024 Completion Plan:

Synopsis: Approval of the 2022-2024 Completion Plan is proposed.

WHEREAS Ohio Revised Code 3345.81 requires the Board of Trustees of each Ohio institution of higher education every two years to adopt a strategic completion plan designed to increase the number of degrees and certificates awarded to students; and

WHEREAS The Ohio State University Board of Trustees approved the 2020-2022 completion plan on August 27, 2020; and



THE OHIO STATE UNIVERSITY

WHEREAS the university has updated the completion plan through 2024:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the 2022-2024 Completion Plan. (See Appendix LXXXVI for background information, page 2932)

10. Resolution No. 2022-127, Amendments to the Rules of the University Faculty:

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

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

WHEREAS the proposed changes to rules 3335-3-23, 3335-3-26.1, 3335-3-29, 3335-3-29.1, 3335-5-33, 3335-5-37, 3335-5-47.1, 3335-5-48.11, 3335-5-48.18 and 3335-17-01, as well as the rescission of rule 3335-3-26.2, in the *Rules of the University Faculty* were approved by the University Senate on February 24, 2022; and

WHEREAS the proposed changes to rules 3335-3-1 through 3335-3-7, 3335-3-23, and 3335-3-25 through 3335-3-37 in the *Rules of the University Faculty* were approved by the University Senate on March 24, 2022; and

WHEREAS the proposed changes to rule 3335-5-48 in the *Rules of the University Faculty* were approved by the University Senate on April 21, 2022:

NOW THEREFORE

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

(See Appendix LXXXVII for background information, page 2968)

11. Resolution No. 2022-128, Faculty Personnel Actions:

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the February 10, 2022, meeting of the Board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name: IGOR V. ADAMOVICH
Title: Professor (John B. Nordholt Professorship in Mechanical Engineering or Materials Science and Engineering)
College: Engineering
Term: July 1, 2022 through June 30, 2027

Name: AMNA AKBAR
Title: Professor (Charles W. Ebersold and Florence Whitcomb Ebersold Professorship)
College: Moritz College of Law
Term: August 22, 2022 through August 22, 2027



THE OHIO STATE UNIVERSITY

Name: KATRINA BONG
Title: Professor - Clinical (John C. Elam/Vorys Sater Professorship)
College: Moritz College of Law
Term: August 22, 2022 through August 22, 2027

Name: CINNAMON CARLARNE
Title: Professor (Robert J. Lynn Chair in Law)
College: Moritz College of Law
Term: August 15, 2022 through August 15, 2027

Name: RICARDO L. CARRAU
Title: Professor (Lynne Shepard Jones Endowed Professorship in Head and Neck Oncology)
College: Medicine
Term: January 1, 2022 through June 30, 2026

Name: *CHARLENE GILBERT
Title: Professor (Senior Vice Provost for Student Academic Excellence)
Office: Academic Affairs
Term: April 4, 2022 through June 30, 2026

Name: YUCHI HAN
Title: Professor (Chair of Excellence in Cardiovascular Medicine)
College: Medicine
Term: January 1, 2022 through June 30, 2026

Name: DAVID HORN
Title: Professor and Dean
College: Arts and Sciences
Term: July 1, 2022 through June 30, 2027

Name: *DAVID JENKINS
Title: Professor and Dean
College: Social Work
Term: July 1, 2022 through June 30, 2027

Name: NORMAN W. JONES
Title: Vice Provost and Dean for Undergraduate Education
Office: Academic Affairs
Term: July 1, 2022 through June 30, 2027

Name: ANTHONY P. KING
Title: Associate Professor (Anne K. "Nancy" Jeffrey Endowed Professorship for Mental Health Equity and Resilience)
College: Medicine
Term: June 1, 2022 through June 30, 2026



THE OHIO STATE UNIVERSITY

Name: ASIMINA KIOURTI
Title: Associate Professor (College of Engineering Innovation Scholar)
College: Engineering
Term: July 1, 2022 through June 30, 2027

Name: MRINAL KUMAR
Title: Associate Professor (Elizabeth Martin Tinkham Endowed Professorship in Aeronautical and Astronautical Engineering)
College: Engineering
Term: July 1, 2022 through June 30, 2027

Name: *RICHARD J. MAKADOK
Title: Professor (Chase Chair for Excellence in Corporate Strategy)
College: Fisher College of Business
Term: September 1, 2022 through August 31, 2027

Name: MATTHEW O. OLD
Title: Professor (David E. Schuller, M.D., and Carole Schuller Chair in Otolaryngology)
College: Medicine
Term: July 1, 2022 through June 30, 2026

Name: GEORGIOS PAPACHRISTOU
Title: Professor (Dr. Floyd M. Beman Chair in Gastroenterology)
College: Medicine
Term: May 1, 2022 through June 30, 2026

Name: EFTHIMIOS PARASIDIS
Title: Professor (Chief Justice Thomas J. Moyer Professorship for the Administration of Justice and Rule of Law)
College: Moritz College of Law
Term: August 22, 2022 through August 22, 2027

Name: ANNE RALPH
Title: Professor - Clinical (Kara J. Trott Endowed Professorship in Law in honor of Prof. Morgan E. Shipman)
College: Moritz College of Law
Term: August 22, 2022 through August 22, 2027

Name: GUY RUB
Title: Professor (Joanne Wharton Murphy/Class of 1965 and 1973 Professorship in Law)
College: Moritz College of Law
Term: August 22, 2022 through August 22, 2027

Name: RIC SIMMONS
Title: Professor (Jacob E. Davis and Jacob E. Davis II Chair in Law)
College: Moritz College of Law
Term: August 15, 2022 through August 15, 2027



THE OHIO STATE UNIVERSITY

Name: WENDY G. SMOOTH
Title: Senior Vice Provost for Inclusive Excellence
Office: Academic Affairs
Term: August 1, 2022 through June 30, 2027

Name: *MARY STROMBERGER
Title: Vice Provost and Dean for Graduate Education
Office: Academic Affairs
Term: August 1, 2022 through June 30, 2027

*New Hire

Reappointments

Name: BRIDGET A. CHAPMAN
Title: Assistant Professor - Clinical (Sander and Mechele Flaum Designated Professor in Fluency)
College: Arts and Sciences
Term: September 1, 2020 through August 31, 2025

Name: CURTIS J. DANIELS
Title: Professor - Clinical (Dottie Dohan Shepard Professorship in Cardiovascular Medicine)
College: Medicine
Term: April 1, 2022 through June 30, 2026

Name: RUSSELL H. FAZIO
Title: Professor (Harold E. Burtt Chair in Psychology)
College: Arts and Sciences
Term: June 1, 2018 through August 14, 2023

Name: PEIXUAN GUO
Title: Professor (Sylvan G. Frank Endowed Chair in Pharmaceuticals and Drug Delivery Systems)
College: Pharmacy
Term: January 4, 2021 through June 30, 2026

Name: MICHELLE L. JONES
Title: Professor (D.C. Kiplinger Chair in Floriculture)
College: Food, Agricultural, and Environmental Sciences
Term: February 1, 2022 through January 31, 2027

Name: MICHAEL V. KNOPP
Title: Professor (Novartis Pharmaceuticals Corporation Chair for Clinical Research)
College: Medicine
Term: July 1, 2022 through June 30, 2026



THE OHIO STATE UNIVERSITY

Name: E. DOUGLAS LEWANDOWSKI
Title: Professor (Jack M. George Chair)
College: Medicine
Term: July 1, 2022 through June 30, 2026

Name: KARIN M. MUSIER-FORSYTH
Title: Professor (Ohio Eminent Scholar in Biological Macromolecular Structure)
College: Arts and Sciences
Term: June 1, 2022 through May 31, 2027

Name: W. JERRY MYSIW
Title: Professor (Dr. Ernest W. Johnson Chair)
College: Medicine
Term: July 1, 2022 through June 30, 2023

Name: BENJAMIN K. POULOSE
Title: Professor (Robert M. Zollinger Chair of Surgery)
College: Medicine
Term: August 1, 2022 through June 30, 2026

Name: BRAD H. ROVIN
Title: Professor (Dr. Lee A. Hebert Endowed Professorship in Nephrology)
College: Medicine
Term: July 1, 2022 through June 30, 2026

Name: ABHAY R. SATOSKAR
Title: Professor (University Pathology Services Anatomic Pathology Professorship)
College: Medicine
Term: July 1, 2022 through June 30, 2026

Name: SHARON TUCKER
Title: Professor (Grayce M. Sills Endowed Professorship in Psychiatric-Mental Health Nursing)
College: Nursing
Term: January 1, 2022 through December 31, 2026

(See Appendix LXXXVIII for background information, page 2997)

12. Resolution No. 2022-129, Degrees and Certificates:

Synopsis: Approval of Degrees and Certificates for summer term 2022 is proposed.

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

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



THE OHIO STATE UNIVERSITY

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the degrees and certificates to be conferred on August 7, 2022, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools.

(Please see the Fiscal Year 2023 Board of Trustees meeting minutes for the final version of the summer 2022 commencement bulletin.)

13. Resolution No. 2022-130, Honorary Degree:

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

WHEREAS pursuant to paragraph (A)(3) of rule 3335-1-03 of the Administrative Code, the President, after consultation with the Steering Committee of the University Senate, recommends to the Board of Trustees the awarding of the honorary degrees as listed below:

Patrick P. Gelsinger Honorary Doctor of Engineering

NOW THEREFORE

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

(See Appendix LXXXIX for background information, page 3021)

Action: Upon the motion of Mr. Porteus, seconded by Dr. Wilkinson, the committee adopted the foregoing resolutions by unanimous voice vote with the following members present and voting: Mr. Porteus, Mr. Kaplan, Ms. Kessler, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Hunt, Dr. Cole and Mr. Heminger.

EXECUTIVE SESSION

It was moved by Mr. Porteus, and seconded by Mrs. Harsh, that the committee recess into executive session to discuss business-sensitive trade secrets 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 committee voted to go into executive session with the following members present and voting: Mr. Porteus, Mr. Kaplan, Ms. Kessler, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Hunt, Dr. Cole and Mr. Heminger.

The committee entered executive session at 4:17 p.m. and the meeting adjourned at 4:59 p.m.

Provost's Report

May 2022

Melissa Gilliam
Executive Vice President and Provost

2514

THE OHIO STATE UNIVERSITY





COVID-19 Updates



Institutional Goals

Aspiring for Excellence: President Johnson’s Goals



Aligning with Strategic Direction



Faculty
Eminence

Student
Academic
Excellence

Outward
Engagement

Talent, Culture,
and Inclusive
Excellence

Technology and
Digital
Innovation



Academic Excellence

New Academic Leaders



David Jenkins
Dean,
College of Social Work



David Horn
Dean,
College of Arts and Sciences



Mary Stromberger
Vice Provost and Dean,
Graduate Education



Norman Jones
Vice Provost and Dean,
Undergraduate Education



Faculty Eminence

Focusing on our community of outstanding scholars and educators



- Provost's Fellow-to-Faculty Program
- Provost's Early Career Scholars Program
- Office of Dual Careers and Faculty Relocation
- RAISE (Race, Inclusion, and Social Equity) initiative



Student Academic Excellence

Student Academic Excellence

- Record applications for fall 2022 class (71,000)
- New General Education on time for incoming AU22 students
- Welcome to Charlene Gilbert, Senior Vice Provost for Student Academic Excellence
- Thank you to Damon Jaggars





Scarlet & Gray Advantage program

- Leading a cross-cutting team from Student Academic Success, Student Life, Advancement, Marketing and Communications
- Building our institutional capacity for student success
 - Optimizing our financial aid system
 - Optimizing our scholarship programs
 - Creating a robust summer internship program
 - Launching pilot for 2022-2023

Scarlet & Gray
ADVANTAGE™
EARN YOUR OHIO STATE DEGREE, DEBT-FREE



Talent, Culture and Inclusive Excellence

Shared Values



VALUES, PRINCIPLES AND BEHAVIORS

VALUES	Excellence and Impact	Diversity and Innovation	Inclusion and Equity	Care and Compassion	Integrity and Respect
<i>Enduring commitments that shape our culture</i>	Demonstrating leadership in pursuit of our vision and mission	Welcoming differences and making connections among people and ideas	Upholding equal rights and advancing institutional fairness	Attending to the well-being of individuals and communities	Acting responsibly and being accountable
PRINCIPLES	Advancing sustainable and evidence-based solutions through mutually beneficial partnerships	Encouraging open-minded exploration, risk-taking, and freedom of expression	Advocating for access, affordability, opportunity, and empowerment	Putting people at the center of all we do	Building trust through honesty, transparency, and authentic engagement
<i>Established goals that reflect our values</i>					
BEHAVIORS	Together, we <ul style="list-style-type: none">• Stimulate creativity, critical thinking and problem solving• Proactively collaborate with others and strive for meaningful outcomes• Are bold in our endeavors and create environments to foster new approaches• Demonstrate persistence and commitment• Inspire others to join in and take action• Champion everyone's potential for success	Together, we <ul style="list-style-type: none">• Are curious and open to different experiences• Recognize everyone's potential to contribute new ideas• Actively engage others' perspectives as opportunities for individual and institutional growth• Work toward creative, collaborative solutions to learn and improve with humility	Together, we <ul style="list-style-type: none">• Intentionally foster a sense of belonging where all are valued• Strive to understand and appreciate each other's backgrounds and experiences• Listen to multiple voices and engage in civil discourse• Acknowledge and address individual and systemic effects of bias and discrimination	Together, we <ul style="list-style-type: none">• Are compassionate and meet people where they are• Support each other's physical and mental health• Nurture a community of kindness and gratitude• Foster individual growth and development• Empower people to overcome obstacles	Together, we <ul style="list-style-type: none">• Value our greatest resource, our people, and acknowledge the contributions of every individual• Allow people to make and learn from mistakes• Work conscientiously and assume positive intent of others• Actively listen and engage in open, honest dialogue• Are good stewards of our and others' resources

Diversity and Innovation/Equity and Inclusion

- Connecting our goals around diversity and inclusion and Institutional Equity
- Championing academic freedom and freedom of expression

2528

May 17-19, 2022, Boston

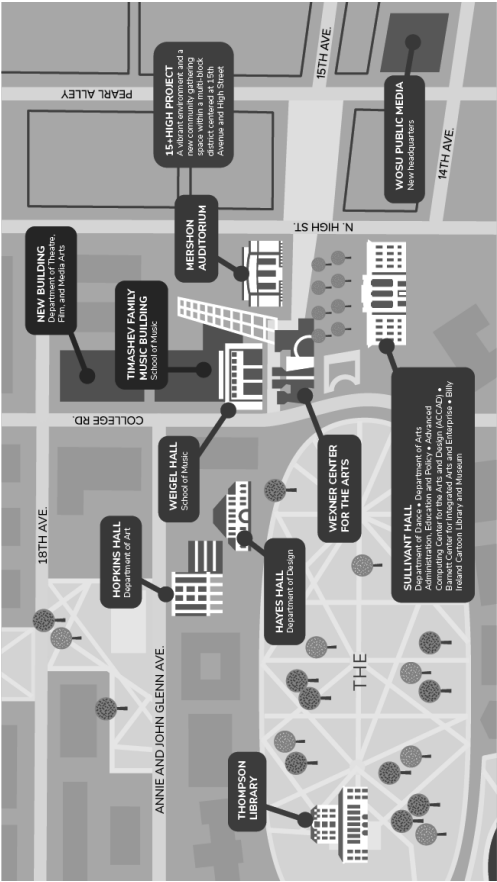




Outward Engagement



- Recruiting new director for the Wexner Center for the Arts
- Fulbright U.S. Student and Scholar Program Top Producing Institution for the 2021-2022 academic year
- Two spring break education abroad programs traveled to and returned safely from Italy and France, the first short-term faculty-led programs to run in two years.
- During Summer 2022, Ohio State's expects to place over 600 students in study abroad programs around the world.





Technology and Digital Innovation

Technology and Digital Innovation

- Improved security with endpoint protection software to over 99% of devices on campus
- Growing enrollments in distance education programs, demonstrating a market for Ohio State to meet learners where they are
- Affordable Learning Exchange and Carmen Books programs support instructional redesign while saving student over \$20M to date in materials costs
- Evolving Digital Flagship program

2532





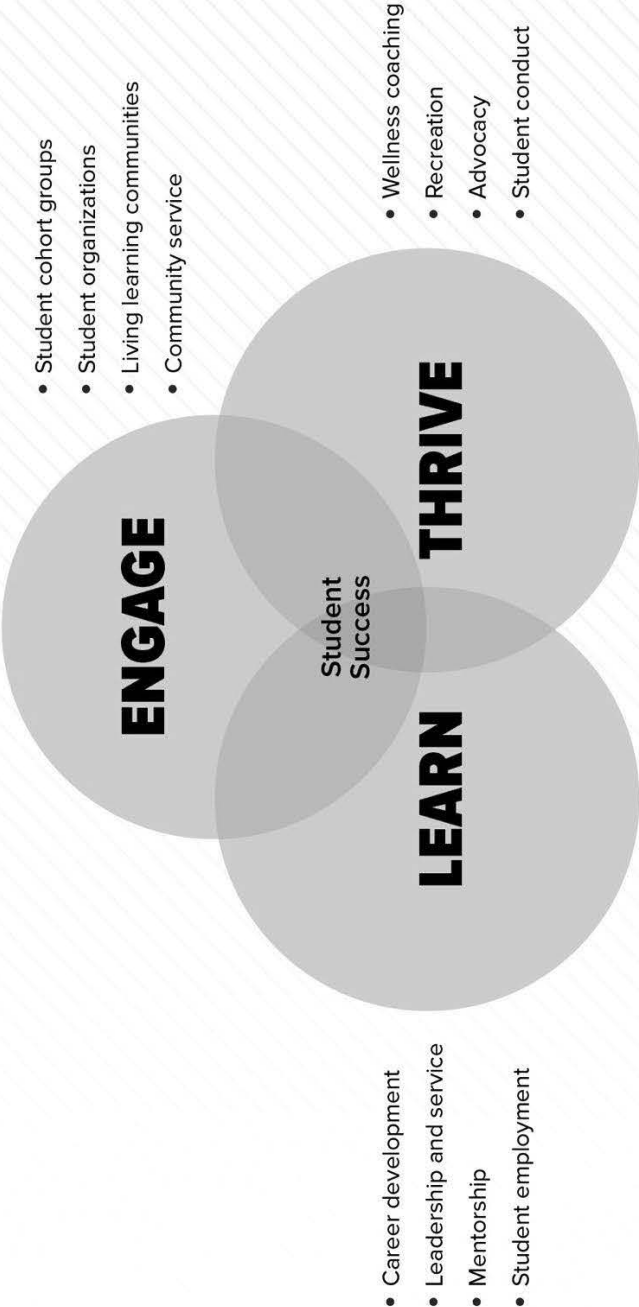
Thank you!



**DRIVING STUDENT ENGAGEMENT,
LEARNING AND THRIVING**

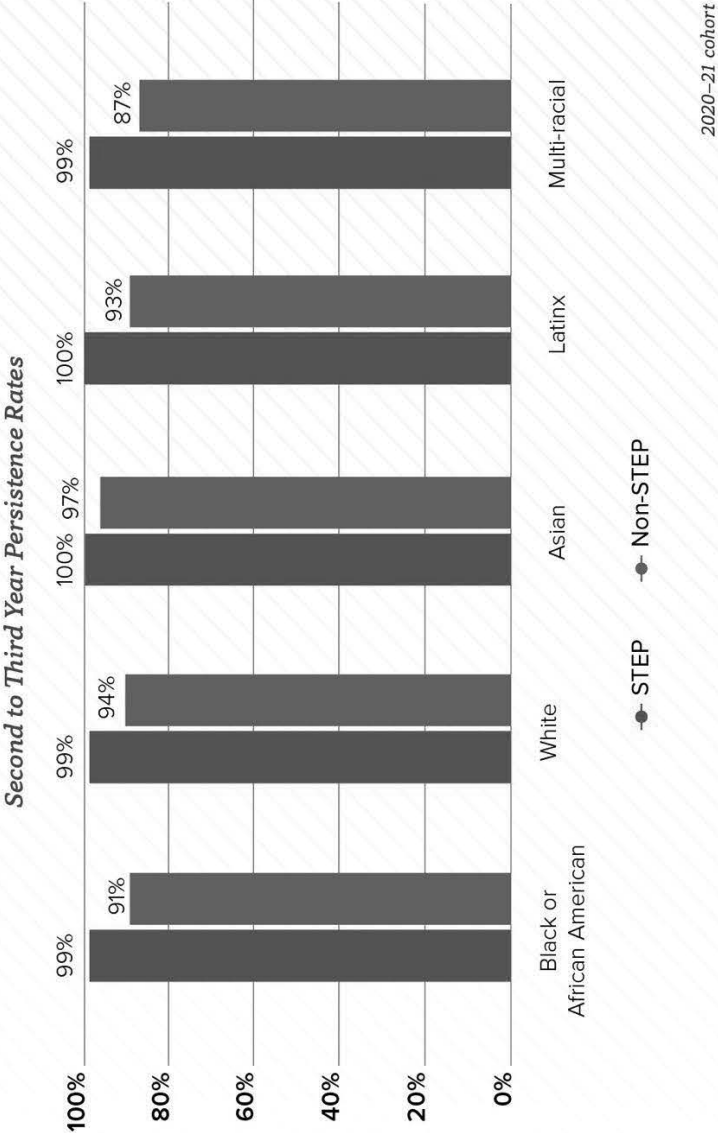


CONTRIBUTIONS TO STUDENT SUCCESS





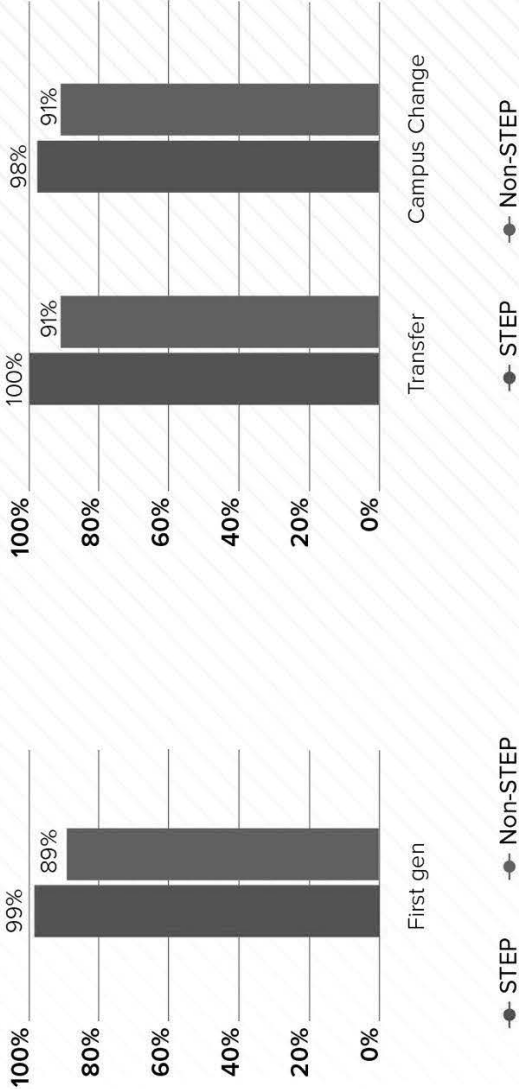
EXAMPLE: SECOND-YEAR TRANSFORMATIONAL EXPERIENCE PROGRAM (STEP)





EXAMPLE: SECOND-YEAR TRANSFORMATIONAL EXPERIENCE PROGRAM (STEP)

Second to Third Year Persistence Rates

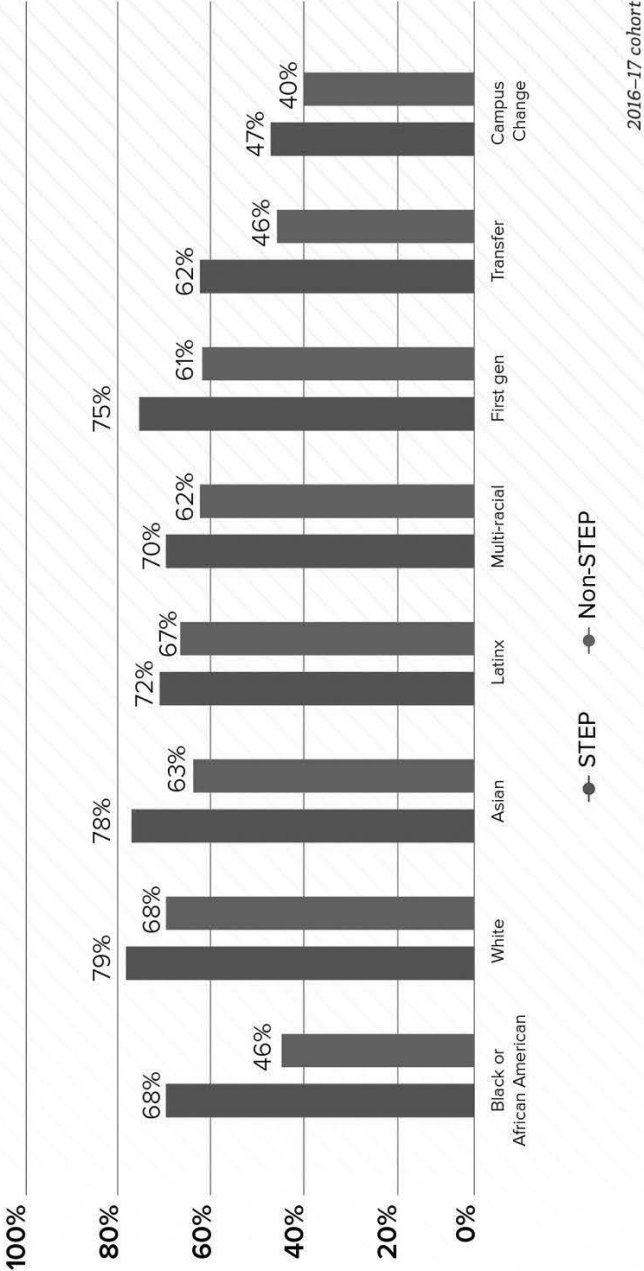


2020–21 cohort



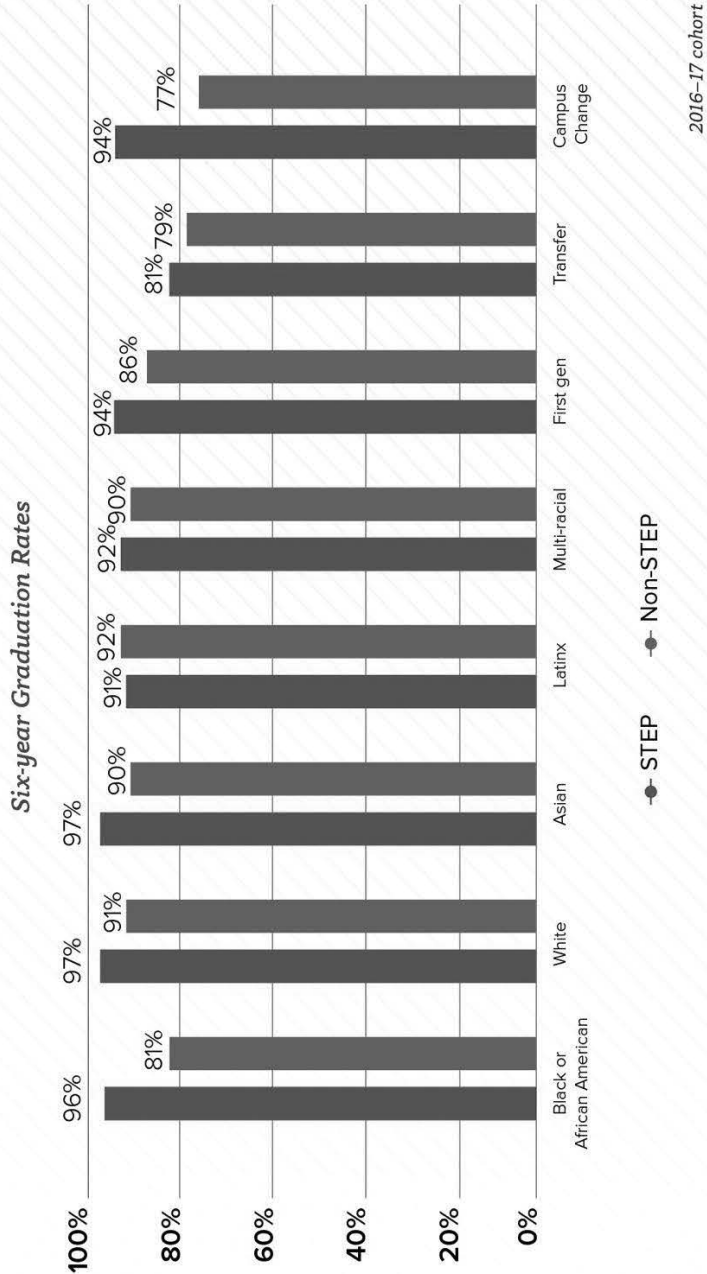
EXAMPLE: SECOND-YEAR TRANSFORMATIONAL EXPERIENCE PROGRAM (STEP)

Four-year Graduation Rates





EXAMPLE: SECOND-YEAR TRANSFORMATIONAL EXPERIENCE PROGRAM (STEP)



A STUDENT PERSPECTIVE

Name: Matthew Isakson

Major: Biomedical Engineering

Hometown: Cincinnati, OH

Campus: Columbus





EXAMPLE: STUDENT EMPLOYMENT EXPERIENCE



2.5x

SEE students were 2.5 times more likely than non-SEE students to agree that their supervisor helped them make connections between their work and their classes.

2x

SEE students were 2 times more likely than non-SEE students to agree that their supervisor helped them consider how their student employment role was preparing them for full time employment.



A STUDENT PERSPECTIVE

Name: Kate Gomez

Major: Human Development
and Family Science

Hometown: Upper Arlington, OH

Campus: Columbus



EXAMPLE: STUDENT ORGANIZATIONS AND LEADERSHIP



- Ohio State has more than **1,400** student organizations
- **73%** of Ohio State students are involved in at least one campus activity *(Student Life Survey, 2022)*
- Students who are involved on campus are **2.3 times** more likely to say they have developed as a leader during their time at Ohio State *(Student Life Survey, 2022)*
- Students who are involved on campus are **1.8 times** more likely to have received a job offer at the time of graduation than their peers *(Graduation Survey, 2019-2020)*





A STUDENT PERSPECTIVE

Name: Anna Walker

Major: Biology

Hometown: Troy, OH

Campus: Lima





QUESTIONS?

APPENDIX LXXVII



Board of Trustees
210 Bricker Hall
190 North Oval Mall
Columbus, OH 43210-1388

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SUMMARY OF ACTIONS TAKEN

May 19, 2022 – Master Planning & Facilities Committee Meeting

Members Present:

Alexander R. Fischer
Brent R. Porteus
Alan A. Stockmeister

Elizabeth A. Harsh
Reginald A. Wilkinson
Tanner R. Hunt

Gary R. Heminger (ex officio)

Members Present via Zoom:

N/A

Members Absent:

James D. Klingbeil
Robert H. Schottenstein

PUBLIC SESSION

The Master Planning & Facilities Committee of The Ohio State University Board of Trustees convened on Thursday, May 19, 2022, in person at the Longaberger Alumni House on the Columbus campus and virtually over Zoom. Committee Chair Alex Fischer called the meeting to order at 8:01 a.m.

Mr. Fischer kicked off the meeting by acknowledging the service of committee member and departing trustee Brent Porteus, who had been a member of the Master Planning & Facilities Committee since it was created in 2015. He also recognized Keith Myers who was set to retire on June 30 as the university's Vice President of Planning, Architecture and Real Estate (PARE). Amanda Hoffsis, who has worked at Ohio State for 16 years, most recently as Associate Vice President for PARE, was introduced as Mr. Myers' successor.

Items for Discussion

1. **Physical Environment Scorecard:** The Physical Environment Scorecard shared FY22 data through March 2022. Seven metrics were coded red (does not meet target by greater than 10%): % Projects Completed On Time >\$200K, CABS Riders, All Parking Garage Peak Time Occupancy %, Sum of Daily Temporary Parking Space Closures, WOSU Digital Audience, Major On-Campus Crimes and Average Response Time to In-Progress Calls for Service. The Facility Condition Index metric continues to be coded yellow (within 10% of target). Jay Kasey, Senior Vice President for Administration and Planning, explained that the % Projects Completed On Time >\$200K metric is reflecting the university's delivery of 21 out of 30 projects on time. Many of the projects that were not completed on time were negatively impacted by supply chain and scheduling issues related to the COVID-19 pandemic. Mr. Kasey also discussed the major on- and off-campus crime statistics. The majority of on-campus crimes fall under the theft of motor vehicle category, including a rash of stolen catalytic converters. The university is adding cameras and license plate readers across campus to make it easier to identify and catch the perpetrators.

(See Attachment C for background information, page 2551)



THE OHIO STATE UNIVERSITY

2. Major Project Updates: Mark Conselyea, Vice President for Facilities Operations and Development, shared this standard report that includes an on-time and on-budget indicator for all projects over \$20M. One project, the Combined Heat & Power Plant and District Heating & Cooling Loop, was listed as "not on track" for budget and schedule. The Lacrosse Stadium is being watched closely for budget. The WMC Outpatient Care West Campus, the Interdisciplinary Research Facility and the Energy Advancement and Innovation Center are all being watched closely for schedule.

(See Attachment CI for background information, page 2553)

Items for Action

3. Approval of Minutes: No changes were requested to the February 8, 2022, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.
4. Resolution No. 2022-131, Approval of Interim Capital Investment Plan for Fiscal Year 2023

Synopsis: Authorization and acceptance of the Interim Capital Investment Plan for the fiscal year ending June 30, 2023, is proposed.

WHEREAS the state capital budget for fiscal years 2023 and 2024 has not yet been enacted; and

WHEREAS the Interim Capital Investment Plan will allow the university to begin or continue capital projects in support of strategic goals during the period from July 1, 2022 through August 31, 2022; and WHEREAS the projects for which state capital funding has been requested are included in the Interim Capital Investment Plan but will not proceed until a bill has been enacted allocating funding to the university by the State of Ohio for capital projects; and

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

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

WHEREAS the final fiscal year 2023 Capital Investment Plan will be presented for consideration at the August 2022 Board of Trustees meeting:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Interim Capital Investment Plan for the fiscal year ending June 30, 2023; and

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

(See Appendix XC for background information, page 3022)



THE OHIO STATE UNIVERSITY

5. Resolution No. 2022-132, Approval of Ohio State Energy Partners Utility System Interim Capital Improvements Plan for Fiscal Year 2023

Utility System Life-Cycle Renovation, Repair and Replacement Projects
Utility System Expansion and Extension Projects

Synopsis: Approval of Ohio State Energy Partners' LLC ("OSEP") fiscal 2023 interim capital improvements plan and authorization for OSEP to make capital improvements pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the "Agreement"), is proposed.

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

WHEREAS the OSEP CIP includes requested approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2022; and

WHEREAS the University has not finalized its capital investment plan for fiscal year 2023; and

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

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

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

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

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

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

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the fiscal year 2023 interim OSEP CIP as outlined in the attached materials; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2023 capital improvements to the utility system as outlined in the attached materials.

(See Appendix XCI for background information, page 3024)



THE OHIO STATE UNIVERSITY

6. Resolution No. 2022-133. Approval to Enter Into Professional Services and Enter Into/Increase Construction Contracts

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS

Strategic Infrastructure Optimization Plan – Phase 1
WMC Outpatient Care Powell
East Hospital – Fire Suppression

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS

Buckeye Village Demolition
Gateway Apartments Building Envelope – Phase 1

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS

Lacrosse Stadium
Fire System Replacements FY 2019

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

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

	Prof. Serv. Approval Requested	Total Requested	
Strategic Infrastructure Optimization Plan – Phase 1	\$1.0M	\$1.0M	University Funds Partner Funds
WMC Outpatient Care Powell	\$7.4M	\$7.4M	Auxiliary Funds
East Hospital – Fire Suppression	\$0.8M	\$0.8M	Auxiliary Funds

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

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
Buckeye Village Demolition	\$0.5M	\$4.5M	\$5.0M	University Debt Auxiliary Funds University Funds
Gateway Apartments Building Envelope – Phase 1	\$0.3M	\$3.7M	\$4.0M	Auxiliary Funds



THE OHIO STATE UNIVERSITY

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

	Construction Approval Requested	Total Requested	
Lacrosse Stadium	\$1.5M	\$1.5M	Fundraising Auxiliary Funds Partner Funds
Fire System Replacements FY 2019	\$0.7M	\$0.7M	State Funds

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

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

NOW THEREFORE

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

(See Appendix XCII for background information, page 3027)

Action: Upon the motion of Mr. Stockmeister, seconded by Mr. Porteus, the committee adopted the foregoing resolutions by unanimous voice vote with the following members present and voting: Mr. Porteus, Mr. Stockmeister, Mrs. Harsh, Dr. Wilkinson, Mr. Hunt, and Mr. Heminger. Mr. Fischer abstained.

EXECUTIVE SESSION

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

A roll call vote was taken and the committee voted to go into executive session with the following members present and voting: Mr. Fischer, Mr. Porteus, Mr. Stockmeister, Mrs. Harsh, Dr. Wilkinson, Mr. Hunt, and Mr. Heminger.

The committee entered executive session at 8:39 a.m. and adjourned at 9:26 a.m.

ATTACHMENT C

		FY22 Year-To-Date				Actual Prior Year Same Period (FY21 YTD)	Actual	Target (Budget)	Target % Var	Actual vs Target	FY22 Annual Target (Budget)	Comments
A. FINANCIAL												
1. A&P Tot. Operating Expenses (General & Earnings Funds)		-	\$104,183,182	\$124,949,126	-16.6%	▼					\$166,080,737	Note: This metric includes WOSU.
B. OPERATIONAL												
1. % Projects Completed On Time >\$200K		60.6%	70.0%	90.0%	-22.2%	▼					90.0%	21 of 30 Projects completed On-Time
2. % Projects Completed On Budget >\$200K		100.0%	90.0%	90.0%	0.0%	▼					90.0%	27 of 30 Projects completed On-Budget
3. Capital Investment Program Spend*		\$412.2	\$512.3	\$787.0	3.2%	▼					\$1,062.3	In Millions
4. Facility Condition Index**		N/A	0.10	0.08	2.0%	△					0.08	New metric - Completed building assessments as of March 2022. 114 buildings assessed, 10.4 million CSF. Not representative sample. target ranges still under review
5. CABS Riders		1,023,552	2,006,594	2,798,000	-28.3%	▼					3,488,000	Ridership exceeds prior year's value due to relaxing of COVID-19 restrictions.
6. All Parking Garage Peak Time Occupancy % **		40.6%	59.2%	80.0%	-27.2%	▼					80.0%	YTD (Mar) Occupancy: Transients: 64.3%, Permit: 62.0%, Mixed: 52.2% CampusPac uses loop courtesies to track counts. In high demand we see counts over 100%.
7. WMC Parking Garage Peak Time Occupancy % **		60.4%	75.3%	80.0%	-5.8%	▼					80.0%	YTD (Mar) Occupancy: Transients: 87.0%, Permit: 81.3%, Mixed: 63.7% CampusPac uses loop courtesies to track counts. In high demand we see counts over 100%.
8. Sum of Daily Temporary Parking Space Closures		35,724	30,338	13,750	120.6%	▼					20,000	Key contributors: DMG (Ergle) Projects (OSU - 180300), Recreation Fields Improvement (OSU - 200158), Martha Morehouse Renovation (OSU - 200353) & West Campus - BP 2 Infrastructure, Month Hall (OSU-200197-201)
9. WOSU Broadcast Audience (Viewers, Listeners)		650,711	662,411	650,711	1.8%	▼					648,558	88.7 NPR News up 21.4% and Classical 101 up 5.6% from same time period last fiscal year
10. WOSU Digital Audience (Unique Visitors, Video Views, Digital Audio)		8,960,539	4,381,177	8,930,539	-51.3%	▼					10,693,700	
C. SAFETY												
1. EHS Recordable Accident Rate (CYTD):		0.98	0.65	1.60	-59.4%	▼					1.60	2022 Calendar YTD
2. Major On-Campus Crimes		69	174	96	81.3%	▼					120	Major On-Campus Crimes above target & prior yr. Majority of current yr crimes in 1 category: theft of motor vehicle parts (60, specifically catalytic converters). This is a current trend across campus.
3. Avg Response Time to In-Progress Calls for Svc		N/A	6:57	5:00	39.0%	▲					5:00	Average Response Time to In-Progress Calls for Service is above target. (Prior year is under audit). Construction around dining hall and new personnel have been impacting this.
4. Traffic Accidents Injury		11	21	26	-19.2%	▼					31	Traffic Accidents Injury are below target YTD but above prior year (COVID year).
5. Traffic Accidents Non-Injury		45	80	177	-54.8%	▼					215	Traffic Accidents Non-Injury are significantly below target but above prior year (COVID year).
6. Off-Campus Crime Statistics		848	1,212	1,597	-24.1%	▼					2,037	Off-Campus Crime is below target YTD but above prior year (COVID year).

* For B3, Capital Investment Program Spend, Green = "Target %Variance" of + or -10%, with an additional Yellow range extending 10% above and 20% below the Green range.

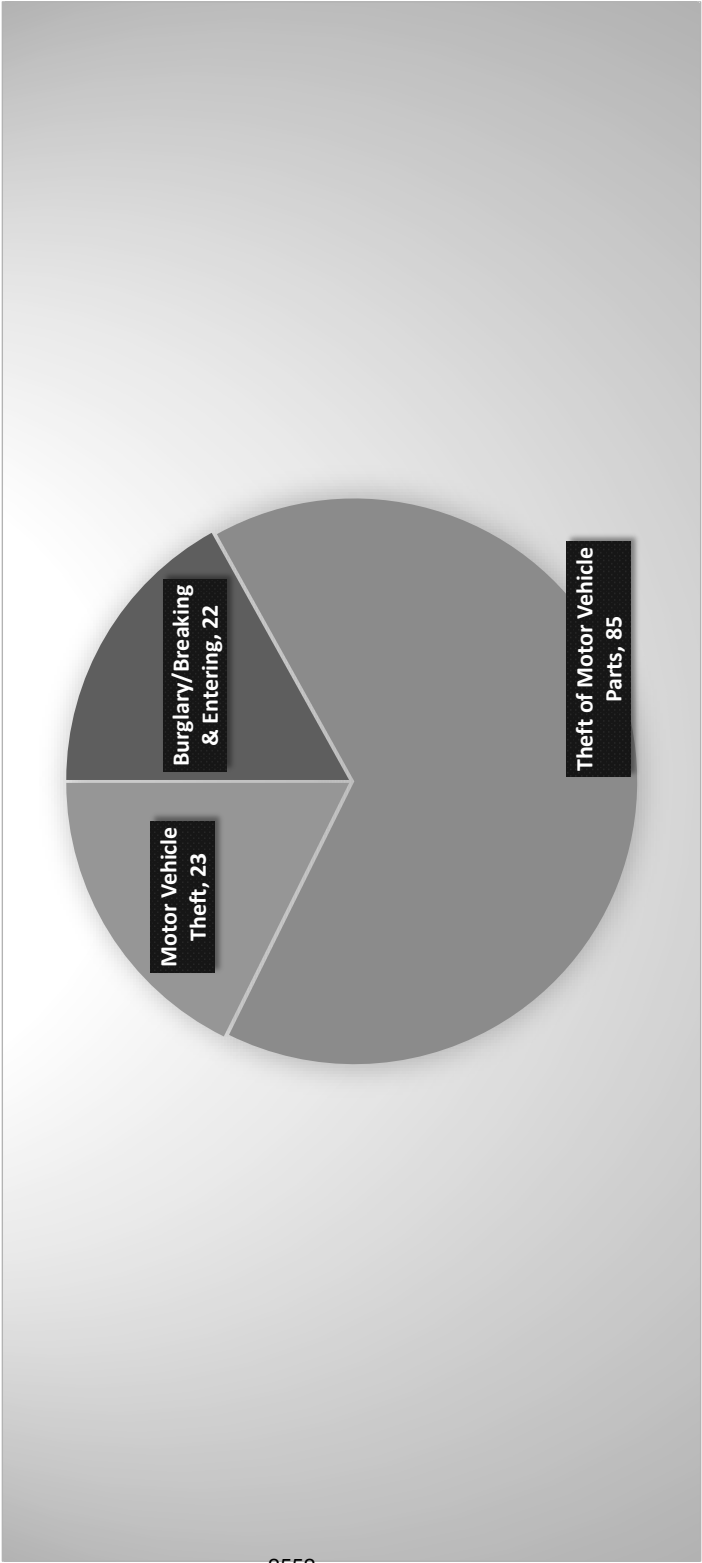
** For B4, Facility Condition Index, Green <= 0.08; Yellow >= 0.09, <= 0.15; Red > 0.15. Target %Variance = Actual - Target.

*** For B6&7, Parking Garage Peak Time Occupancy %, the target is 80% + or - 5% pts., with an additional 5% pt. Yellow range in both directions. Peak time measured on weekdays between 12:30 and 1:30 p.m.

 Meets or surpasses Target
 Within 10% of Target
 Does not meet Target by >10%
 Data Pending

 4-Mo Target %Var improved from Prior 4-Mo
 Within +/- 2.5% of Prior 4-Mo Target %Var
 4-Mo Target %Var decline from Prior 4-Mo

Major On-Campus Crimes



FY22 YTD Through March 2022

ATTACHMENT CI



MAJOR PROJECT UPDATES
Projects Over \$20M
May 2022

PROJECT STATUS REPORT CURRENT PROJECTS OVER \$20M



PROJECT NAME	CONSTRUCTION COMPLETION DATE	APPROVALS		BUDGET	ON TIME	ON BUDGET
		DES	CON			
Jane E. Heminger Hall and Newton Renovation	5/22	✓	✓	\$30.7 M		
WMC Outpatient Care Dublin	6/22	✓	✓	\$161.2 M		
Dodd - Parking Garage	8/22	✓	✓	\$33.3 M		
Celeste Lab Renovation	8/22	✓	✓	\$31.1 M		
Controlled Environment Agriculture Research Complex	8/22	✓	✓	\$35.8 M		
Arts District	12/22	✓	✓	\$165.3 M		
Lacrosse Stadium	12/22	✓		\$22.5 M		
WMC Outpatient Care West Campus	1/23	✓	✓	\$349.5 M		
Interdisciplinary Research Facility	3/23	✓	✓	\$227.8 M		
Energy Advancement and Innovation Center	9/23	✓	✓	\$48.4 M		
Combined Heat & Power Plant/District Heating & Cooling Loop	10/23	✓	✓	\$289.9 M		
Interdisciplinary Health Sciences Center	11/23	✓	✓	\$155.9 M		
Cannon Drive Relocation - Phase 2	12/24	✓	✓	\$56.9 M		
Martha Morehouse Facility Improvements	1/25	✓	✓	\$41.8 M		
Wexner Medical Center Inpatient Hospital	6/25	✓	✓	\$1,797.1 M		
TOTAL – 15 PROJECTS				\$3,447.2 M		

On Track

Watching Closely

Not on Track



2555



JANE E. HEMINGER HALL AND NEWTON RENOVATION

Construct an additional 35,000 sf to the south of Newton Hall that will include flexible classrooms, informal learning spaces and offices. Renovate 12,300 sf on the first floor.

PROJECT FUNDING: University funds; fundraising; state funds

PROJECT UPDATE: Heminger Hall atrium glass is complete. Window installation is scheduled for completion by April. Terrazzo install will be complete by May. Final occupancy is scheduled for June with move in scheduled for August. Phase 2 design development drawings are complete and the team is reviewing estimates.

CURRENT BUDGET	
Construction w/ Cont	\$27.4 M
Total Project	\$30.7 M

CONSULTANTS	
Architect of Record	Meacham & Apel
CM at Risk	Ruscilli

PROJECT SCHEDULE	
BoT Approval	2/18
Construction - Heminger	12/20-5/22
Construction – Newton	7/22-7/23
Fac Opening - Heminger	8/22
Fac Opening – Newton	8/23





2556



WEXNER MEDICAL CENTER OUTPATIENT CARE DUBLIN

Construct an approximately 272,000-square foot outpatient facility that will include ambulatory surgery, endoscopy, primary care, specialty medical and surgical skills, and related support

PROJECT FUNDING: Auxiliary funds

PROJECT UPDATE: Site construction, including paving, sidewalks, plantings, and irrigation is ongoing. Interior finishes are wrapping up in the medical office building as FF&E installation continues. Finishes have begun on floors 2-3 in the ambulatory surgery center as sheetrock installation continues on the 1st floor. Commissioning and testing and balancing activities are on going.

CURRENT BUDGET	
Construction w/ Cont	\$105.0 M
Total Project	\$161.2 M

CONSULTANTS	
Architect of Record	DLR/WRL
CM at Risk	Corna/Kokosing

PROJECT SCHEDULE	
BoT Approval	5/19
Construction	7/20-6/22
Facility Opening	8/22





2557

DODD – PARKING GARAGE

Construct a six-level parking facility for approximately 1,100 cars on the former Dodd Hall surface lot.

PROJECT FUNDING: Auxiliary funds

PROJECT UPDATE: All concrete deck pours have been completed and the tower crane has been removed. Construction of the brick façade and other exterior work is ongoing.

CURRENT BUDGET		CONSULTANTS	
Construction w/ Cont	\$28.6 M	Criteria Consultant	Schooley/Caldwell
Total Project	\$33.3 M	Design Builder	Dugan & Meyer

PROJECT SCHEDULE	
BoT Approval	8/19
Construction	1/21-8/22
Facility Opening	7/22





2558



CELESTE LAB RENOVATION

Upgrade the building mechanical, electrical and plumbing systems; renovate approximately 18,500 sf of chemistry labs and support spaces; improve the exterior envelope.

PROJECT FUNDING: University funds; state funds; fundraising

PROJECT UPDATE: The fourth floor north, west and south labs are complete and the third and fourth floor east labs will be completed by August, including final commissioning.

CURRENT BUDGET	
Construction w/ Cont	\$27.0 M
Total Project	\$31.1 M

CONSULTANTS	
Architect of Record	BHDP
CM at Risk	Elford

PROJECT SCHEDULE	
BoT Approval	8/18
Construction	7/20-8/22
Facility Opening	8/22





2559



CONTROLLED ENVIRONMENT AGRICULTURE RESEARCH COMPLEX

Construct a new facility to house research and support learning in several approaches to food (plant) production; greenhouse engineering; pest and pathogen management, and plant breeding.

PROJECT FUNDING: University funds; university debt; fundraising

PROJECT UPDATE: All overhead MEP work is complete in Production and Research greenhouse. Final connections and ground level work will continue for the next four weeks. Headhouse MEP is complete with finishes being installed and equipment delivered.

CURRENT BUDGET		CONSULTANTS	
Construction w/ Cont	\$31.8 M	Architect of Record	Erdy McHenry
Total Project	\$35.8 M	CM at Risk	Corna/Kokosing

PROJECT SCHEDULE	
BoT Approval	6/17
Construction	9/20-8/22
Facility Opening	9/22





2560



ARTS DISTRICT

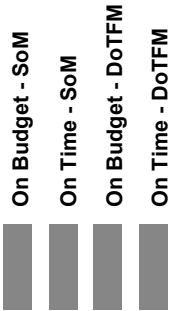
Renovate and expand the School of Music (SoM) building (Timashev Family Music Building) and construct a new Department of Theatre, Film, and Media Arts (DoTFM) building. The project will also extend Annie and John Glenn Avenue from College Road to High Street and make modifications to College Road and adjacent pedestrian spaces.

PROJECT FUNDING: University funds; university debt; fundraising; partner funds

PROJECT UPDATE: SoM Building is completed and move in started on 5/16/22. DoTFMA exterior envelope work, interior framing and mechanical, electrical and plumbing work are all ongoing.

CURRENT BUDGET		CONSULTANTS	
Construction w/ Cont	\$146.6 M	Architect of Record	DLR Group
Total Project	\$165.3 M	CM at Risk	Holder Construction

PROJECT SCHEDULE	
BoT Approval	8/15
Construction – SoM	6/19-1/22
Construction – DoTFM	6/19-12/22
Facility Opening – SoM	3/22
Facility Opening – DoTFM	2/23





2561



LACROSSE STADIUM

Construct a new outdoor lacrosse stadium in the Athletics District, east of the Covelli Center, for the Men's and Women's varsity programs. The venue will include an outdoor field, total seating for over 1,500, locker rooms and concessions.

PROJECT FUNDING: Fundraising, auxiliary funds, partner funds

PROJECT UPDATE: Construction is underway. Site work, storm detention, roadway, foundations and building pad installations are in progress. Budget challenges are requiring a project increase, primarily due to escalation in material and labor costs.

CURRENT BUDGET	
Construction w/ Cont	\$19.9 M
Total Project	\$22.5 M

CONSULTANTS	
Architect of Record	HOK
CM at Risk	Ruscilli

PROJECT SCHEDULE	
BoT Approval	8/19
Construction	1/22 – 12/22
Facility Opening	1/23





2562



WEXNER MEDICAL CENTER OUTPATIENT CARE
WEST CAMPUS

WEXNER MEDICAL CENTER OUTPATIENT CARE
WEST CAMPUS

Construct an approximately 385,000-square foot outpatient facility including a surgical center, proton therapy, and medical office space. The proton therapy facility will focus on leading-edge cancer treatments and research. The facility will also include a 640-space parking garage.

PROJECT FUNDING: Auxiliary funds; fundraising; partner funds

PROJECT UPDATE: Large proton equipment has been loaded into the building. Major medical support steel has been installed. Air handling unit 2 is operating to support the proton areas. All punched windows have been installed and curtain walls have begun. Brick is underway on the northwest corner. Roofing installation continues.

CURRENT BUDGET		CONSULTANTS	
Construction w/ Cont	\$229.6 M	Architect of Record	Perkins & Will
Total Project	\$349.5 M	CM at Risk	BoldtLinbeck

PROJECT SCHEDULE	
BoT Approval	11/18
Construction	7/20-1/23
Facility Opening – Outpatient	5/23
Facility Opening – Proton	10/23





2563

INTERDISCIPLINARY RESEARCH FACILITY

Construct a five-story laboratory building in the Innovation District to serve multiple research disciplines, including biomedical, life sciences, engineering, and environmental sciences. The facility will also include a 55,000-square foot exterior plaza to provide collaborative space for the district.

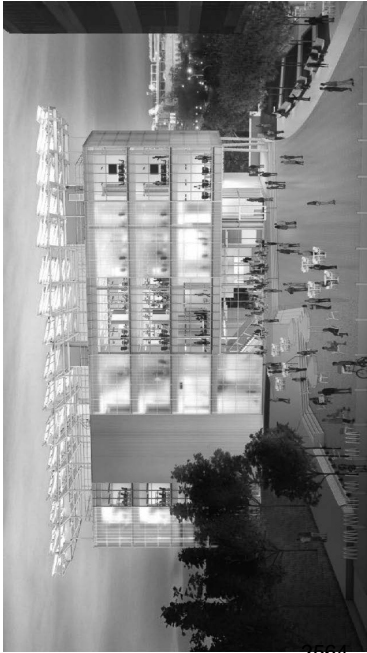
PROJECT FUNDING: Auxiliary funds; university funds; university debt; fundraising
PROJECT UPDATE: Masonry brick installation has begun on the south elevation. Second floor drywall work is complete. Acoustic ceiling grid is complete on the first floor.

CURRENT BUDGET	
Construction w/ Cont	\$182.2 M
Total Project	\$227.8 M

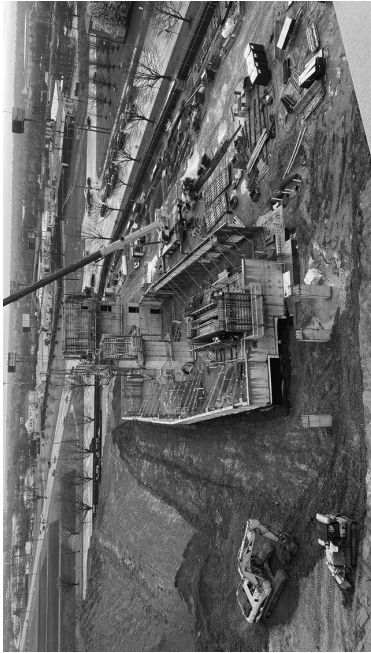
CONSULTANTS	
Architect of Record	Pelli Clarke Pelli
CM at Risk	Whiting Turner/Corna Kok

PROJECT SCHEDULE	
BoT Approval	11/17
Construction	9/20-3/23
Facility Opening	6/23





23064



ENERGY ADVANCEMENT AND INNOVATION CENTER

Construct an approximately 66,000-sf facility centered around diverse collaborations to propel the next generation of convergent energy research and technology incubation. The facility will prioritize passive and active strategies to reduce energy usage and will include the installation of a direct current (DC) microgrid with photovoltaics/solar panels on the roof.

PROJECT FUNDING: Partner funds; university funds

PROJECT UPDATE: Ground floor foundation walls are ongoing. Steel erection is scheduled to start in late May 2022.

CURRENT BUDGET	
Construction w/ Cont	\$39.0 M
Total Project	\$48.4 M

CONSULTANTS	
Architect of Record	Moody Nolan
CM at Risk	Whiting Turner/CK

PROJECT SCHEDULE	
BoT Approval	2/19
Construction	10/21-9/23
Facility Opening	10/23





2565



COMBINED HEAT AND POWER PLANT/DISTRICT HEATING AND COOLING LOOP – CHP/DHC

105 MW combined heat and power (CHP) plant, with a heating capacity of 285 klb/hr of superheated steam. The CHP plant will also contain an 8,000-ton cooling facility with future build-out potential to 13,000-ton. Installation of heating hot water (HHW) and chilled water (CW) on the midwest and west campuses to support existing and new campus buildings. Rehabilitation of John Herrick Drive bridge to support new utilities which connect the CHP to main campus.

PROJECT FUNDING: Utility Fee

PROJECT UPDATE: Major equipment installation is complete. Foundation and steel work are ongoing. Distribution installation on the midwest campus and bridge construction are on target. Budget and schedule concerns are related to the CHP.

CURRENT BUDGET	
Total Project	\$289.9 M

PROJECT SCHEDULE	
BoT Approval	8/19
Construction	11/20-10/23
Facility Opening	1/23

CONSULTANTS	
Operator's Engineer	HDR
Design-Builder (CHP)	Frank Lill & Son
CMR (DHC/Bridge)	Whiting/Turner-Corna Kokosing
A/E (DHC)	RMF Engineering
A/E (Bridge)	EMH&T

On Budget
On Time



INTERDISCIPLINARY HEALTH SCIENCES CENTER

INTERDISCIPLINARY HEALTH SCIENCES CENTER

Multi-phase renovation of 120,000 sf and addition of 100,000 sf to create a collaborative campus for inter-professional education throughout the health sciences, including the College of Medicine, Optometry, Nursing, and the School of Health and Rehabilitation Sciences. Program spaces include classrooms, anatomy labs, research labs, administrative and building support.

PROJECT FUNDING: Auxiliary funds; university funds; state funds; fundraising
PROJECT UPDATE: Classroom wing steel is complete, floor slabs are all poured, and interior and exterior framing and MEP rough in have begun. Hamilton Hall abatement is complete and demolition is over 50% complete.



2566

CONSULTANTS	
Architect of Record	Acock Assoc
CM at Risk	Gilbane

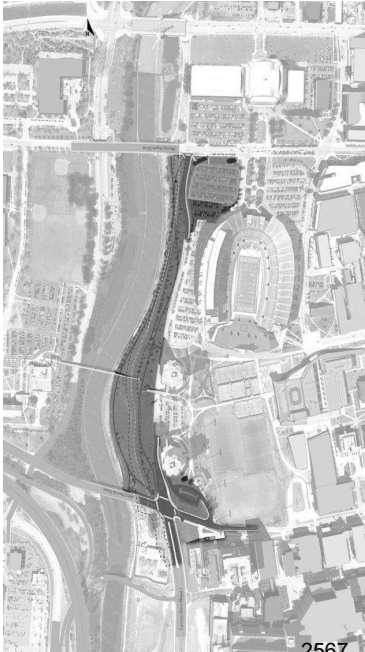
CURRENT BUDGET	
Construction w/ Cont	\$135.4 M
Total Project	\$155.9 M

PROJECT SCHEDULE	
BoT Approval	11/17
Construction	11/19-11/23
Facility Opening	1/24





CANNON DRIVE RELOCATION – PHASE 2



2567

CANNON DRIVE RELOCATION – PHASE 2

Rebuild Cannon Drive between John Herrick Drive and Woody Hayes Drive at its current elevation and construct a certified ODNR flood protection levee.

Work also includes a new signalized intersection at Woody Hayes Drive and the continued expansion of the river park.

PROJECT FUNDING: University debt; auxiliary funds; partner funds

PROJECT UPDATE: Project design is underway.

CURRENT BUDGET	
Construction w/ Cont	\$45.1 M
Total Project	\$56.9 M

CONSULTANTS	
Architect/Engineer	EMH&T
CM at Risk	Igel/Rhulin (JV)

PROJECT SCHEDULE	
BoT Approval	8/17
Construction	8/22 – 12/24



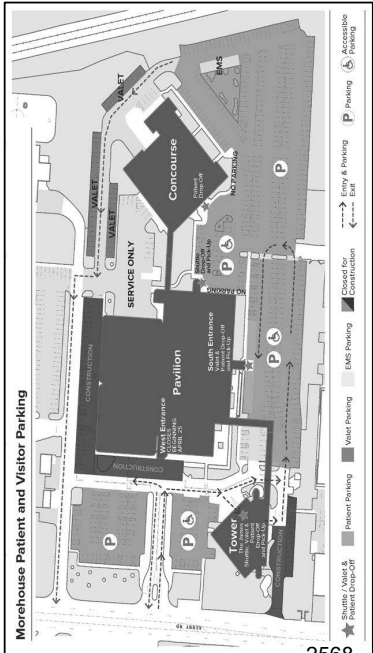
MARTHA MOREHOUSE FACILITY IMPROVEMENTS

MARTHA MOREHOUSE FACILITY IMPROVEMENTS

Renovate 14 department areas in 6 phases. Phase 1 will renovate the auditorium, update the existing elevators and one additional elevator. Phases 2-6 will construct an 8,500-sf addition to the north and west, expanding registration, laboratory spaces, and waiting area; renovate 105,000-sf of existing space including Pulmonary Rehabilitation, Urgent Care, OSUWMC Perioperative Assessment Center; Comprehensive Weight Management, food service, and patient drop-off/pick-up canopy.

PROJECT FUNDING: Auxiliary funds

PROJECT UPDATE: Phase 4 work started with the closure of the main entrance and complex. Patient flow will be rerouted to the new south entrance. Signage has been installed to redirect patients and visitors. The main entrance will reopen during spring 2023.



2568

CONSULTANTS		
Architect of Record	BDAID	
CM at Risk	Elford	

CURRENT BUDGET	
Construction w/ Cont	\$38.7 M
Total Project	\$41.8 M

PROJECT SCHEDULE	
BoT Approval	8/19
Construction	9/20-1/25
Facility Opening - Phased	1/25

On Budget

On Time



2569



WEXNER MEDICAL CENTER INPATIENT HOSPITAL

Construct a new 1.9M square foot inpatient hospital tower with up to 820 beds in private room settings replacing and expanding on the 440 beds in Rhodes Hall and Doan Hall including an additional 84 James beds. Facilities will include state-of-the-art diagnostic, treatment and inpatient service areas including emergency department, imaging, operating rooms, 60 neonatal intensive care unit bassinets, critical care and medical/surgical beds, and leading-edge digital technologies to advance patient care, teaching and research.

PROJECT FUNDING: University debt; fundraising; auxiliary funds

PROJECT UPDATE: Steel and concrete slabs are ongoing. Precast façade has started on the north side and will continue on the south side. Curtain wall will begin next month. North and south elevator shafts are complete. Interior framing and MEP rough in is ongoing.

CURRENT BUDGET	
Construction w/ Cont	\$1,643.7 M
Total Project	\$1,797.1 M

PROJECT SCHEDULE	
BoT Approval	2/18
Construction	10/20-6/25
Facility Opening	Q1 2026

CONSULTANTS	
Architect of Record	HDR
CM at Risk	Walsh-Turner (JV)



**Timashev Family Music
Building**
Exterior



Timashev Family Music Building

Music ensemble rehearsal room



Timashev Family Music Building

Recital room



2572

Timashev Family Music Building

Recording room

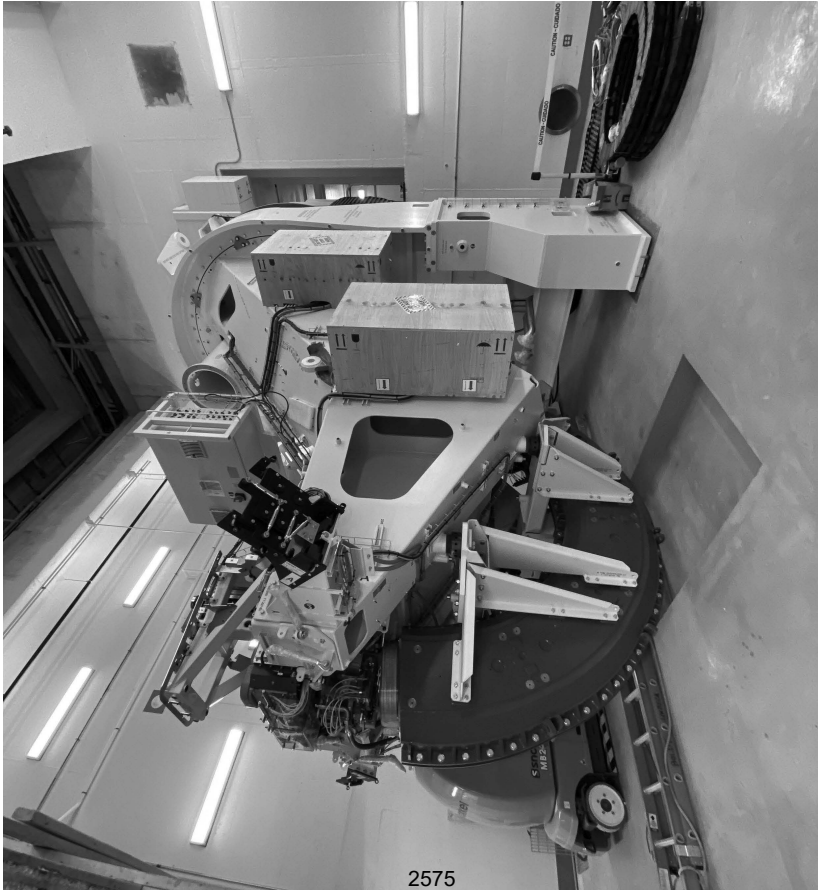


**Timashev Family Music
Building**
Classroom studio



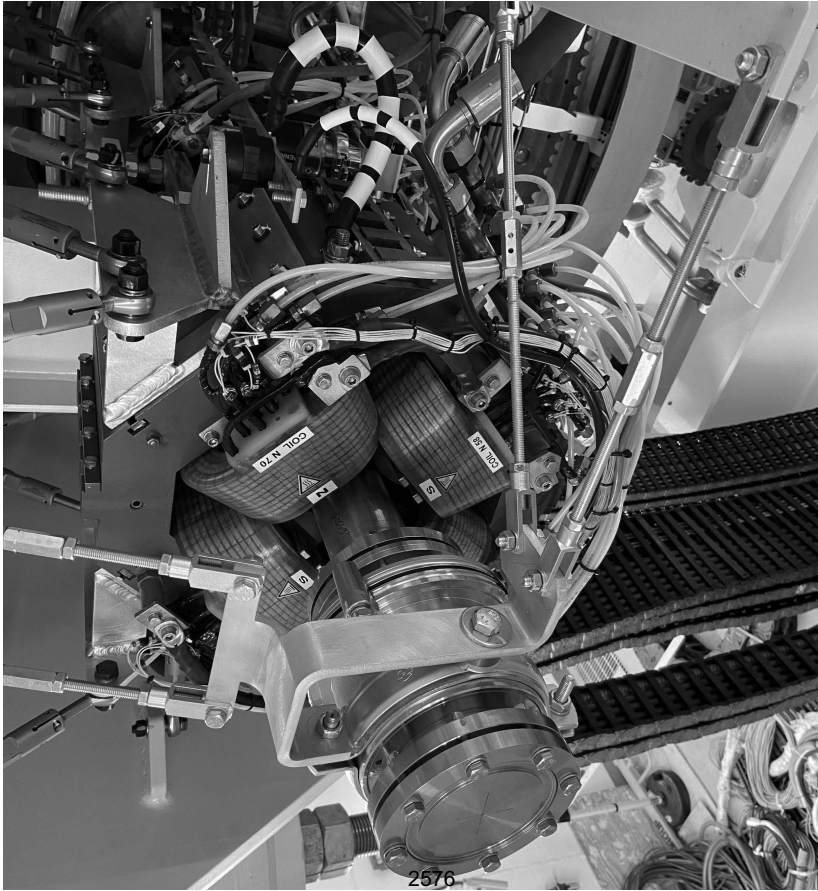
Outpatient Care West Campus

Gantry



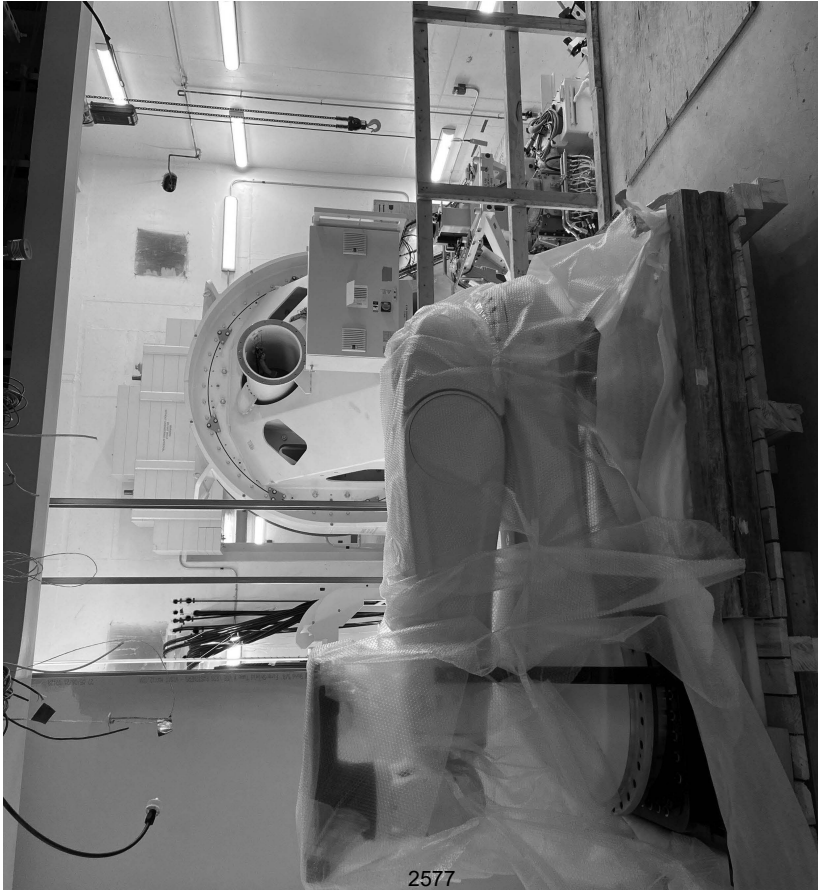
Outpatient Care West Campus

Gantry



Outpatient Care West Campus

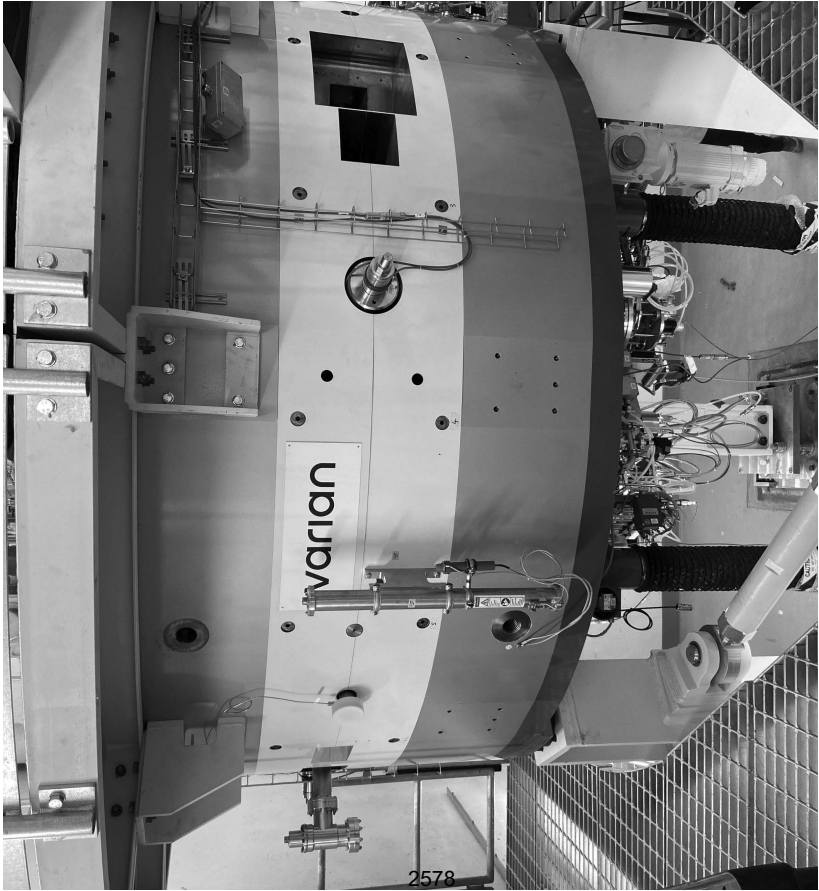
Patient Couch and Gantry



2577

Outpatient Care West Campus

Cyclotron



2578

APPENDIX LXXVIII



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SUMMARY OF ACTIONS TAKEN

May 19, 2022 – Audit, Finance & Investment Committee Meeting

Voting Members Present:

John W. Zeiger
Lewis Von Thaeer (joined late)
Jeff M.S. Kaplan

Tom B. Mitevski
Carly G. Sobol
Amy Chronis

Gary R. Heminger (ex officio)

Member Present via Zoom:

Erin P. Hoefflinger
Michael Kiggin

Kent M. Stahl

Members Absent:

James D. Klingbeil

PUBLIC SESSION

The Audit, Finance & Investment Committee of The Ohio State University Board of Trustees convened on Thursday, May 19, 2022, in person in the Longaberger Alumni House on the Columbus campus and virtually over Zoom. Committee Chair John Zeiger called the meeting to order at 9:59 a.m.

Mr. Zeiger kicked off the meeting by thanking departing trustees Brent Porteus, Erin Hoefflinger and Carly Sobol for their service to the Board.

Items for Discussion

1. **University Financial Scorecards:** CFO Michael Papadakis, Deputy CFO Kristine Devine and Wexner Medical Center CFO Mark Larmore shared Fiscal Year 2022 financial scorecards through March 2022 for the consolidated entity, university-only and Wexner Medical Center. On the consolidated entity scorecard, the 3-Year LTIP Average Return is now coded as green (meets or exceeds goal) after having been coded yellow (below goal) at the Board's February meeting. Two metrics are coded red (far below goal): Change in Net Assets and Change in Net Financial Assets. Additionally, two metrics are coded as yellow: Total Revenue including Endowment Performance and Tier 1 Investment Pool – 1 Year Return. Overall, total operating revenues for the institution are up \$600 million ahead of last year, which is evenly split between the university and the Wexner Medical Center. This is due in part to a continued return to more normalized operations following the pandemic. From a non-operating standpoint, fundraising has had another very strong year and state support overall continues to trend very positively. From an expense standpoint, the institution had a \$65 million efficiency target this year across the university and the medical center, and through March \$116 million had been saved. From an investment standpoint, one major pressure is a historic rise in overall interest rates, which is a trend across the nation.

(See Attachment CII for background information, page 2597)



THE OHIO STATE UNIVERSITY

2. FY23 Operating Budget: Mr. Papadakis, Ms. Devine and Mr. Larmore discussed the university budget process and the operating budget for Fiscal Year 2023. Mr. Papadakis explained the three types of funds that drive how the college/unit budgets are determined – General Funds, Earning Funds and Restricted Funds – and then shared an overview of the budgeting process for both the university and the medical center. Strategic benchmarking, revenue optimization and expense efficiency activities occur continuously throughout the year, and efficiencies have been a focus of the institution since 2012. Mr. Papadakis shared a snapshot of the proposed FY23 operating budget on a consolidated basis with \$8.8 billion in revenue sources and \$8.2 billion in revenue uses. The largest categories of expenditures are personnel expenses (57%) and supplies/services (33%). One important note is that the proposed budget includes a significant increase in resources, approximately \$5.5 million, for additional public safety efforts beyond the regularly budgeted amount.

(See Attachment CIII for background information, page 2600)

3. FY23 Interim Capital Investment Plan and FY23 Interim Ohio State Energy Partners Capital Plan: Mr. Papadakis and Jay Kasey, Senior Vice President for Administration & Planning, shared the university's five-year interim capital plan and the five-year interim OSEP capital plan due to the fact that the state's capital plan has not yet passed. Once the state's plan is passed, final plans will be brought forward for the Board's review and approval, likely at the August Board meetings. The interim plans were shared with the Master Planning & Facilities Committee as well. Details can be found in the resolution and attachments shared in the Items for Action section below.
4. 2022-2023 Academic Year Tuition & Mandatory Fees: Mr. Papadakis and Ms. Devine presented the proposed tuition and mandatory fees for the 2022-2023 academic year. They began by sharing an overview of how Ohio State has worked to keep attending the institution affordable, including the continuation of the Ohio State Tuition Guarantee program, the expansion of need-based financial aid, and the creation of the Scarlet & Gray Advantage program. Mr. Papadakis discussed the reasons behind the need to increase tuition, including the freezing of resident tuition that occurred in FY2013-2017, as well as significant inflationary cost pressures. As a summary of proposed tuition and fees, from an undergraduate standpoint, the university is continuing to freeze all program, course and technology fees as well as the international student surcharge. A proposed 2% rate increase will apply to in-person and online resident students who joined the university before the Ohio State Tuition Guarantee Program. For incoming freshman who are Ohio residents, the university is proposing a 4.6% rate increase, to be frozen for the next four years under the Tuition Guarantee Program. There is a proposed 5% increase for non-residents, except for the frozen online surcharge for non-residents. Additional details are available in the presentation that was shared during the meeting.

(See Attachment CIV for background information, page 2615)

5. Advancement Update: Michael Eicher, Senior Vice President for Advancement, shared that giving has bounced back to pre-pandemic levels. Due to the amazing work of our faculty, students and staff, and the generosity of our more than 209,000 donors so far this year, we are ahead of target on all our key scorecard metrics. Mr. Eicher shared that is likely to be a record year for fundraising. Regarding the Time and Change Campaign, as of the end of April, the university had already met nearly \$3.3 billion of its \$4.5 billion goal, with nearly 650,000 unique donors. Donations for the Scarlet & Gray Advantage program have been particularly strong, with approximately \$90 million in gifts and pledges, and the majority of those are directed toward the university's endowment. To conclude his update, Mr. Eicher called on Trustee Brent Porteus, who serves on the Scarlet & Gray Advantage program advisory committee, to announce the \$1 million gift that President Kristina Johnson and Mrs. Veronica Meinhard have committed to the Scarlet & Gray Advantage program. Mr. Porteus recognized their significant commitment, which is leading by example and will support the university's first-generation students and student-athletes.

(See Attachment CV for background information, page 2669)



6. External Audit Update: Mr. Dave Gagnon joined the committee meeting as a representative of KPMG, the university's new external auditor. He gave an overview of KPMG's 2022 external audit plan and strategy.

See Attachment CVI for background information, page 2674)

Written Reports

In the public session materials, there were five written reports shared for the committee to review:

- a. FY22 Interim Financial Report (See Attachment CVII for background information, page 2675)
- b. Detailed Foundation Report (See Attachment CVIII for background information, page 2681)
- c. Major Project Updates (See Attachment CIX for background information, page 2769)
- d. External Audit Report (See Attachment CX for background information, page 2776)
- e. CY21 Annual Waiver Report (See Attachment CXI for background information, page 2814)

EXECUTIVE SESSION

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

A roll call vote was taken, and the committee voted to go into executive session with the following members present and voting: Mr. Zeiger, Mrs. Hoeflinger, Mr. Von Thae, Mr. Kaplan, Mr. Kiggin, Mr. Mitevski, Dr. Sobol, Ms. Chronis and Mr. Stahl. Mr. Heminger was not present for this vote.

The committee entered executive session at 11:04 a.m. and returned to public session at 12:38 p.m.

PUBLIC SESSION

Items for Action

7. Approval of Minutes: No changes were requested to the February 10, 2022, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

8. Resolution No. No. 2022-134, Approval of Fiscal Year 2023 Operating Budget:

Synopsis: Approval of the Operating Budget for the Fiscal Year ending June 30, 2023, is proposed.

WHEREAS the State of Ohio Biennial Budget for State Fiscal Years 2022 and 2023, including funding levels for state institutions of higher education, has been signed into law; and

WHEREAS tuition and mandatory fee levels for the Columbus and regional campuses for the Academic Year 2022-2023, are being proposed at the May 19, 2022, Board of Trustees meeting; and WHEREAS the administration now recommends approval of the Fiscal Year 2023 Operating Budget for the University for the Fiscal Year ending June 30, 2023:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the University's Operating Budget for the Fiscal Year ending June 30, 2023, as described in the accompanying Fiscal Year 2023 Financial Plan, with authorization for the President to make expenditures within the projected income.

(See Appendix XCIII for background information, page 3034)



9. Resolution No. 2022-131, Approval of Interim Capital Investment Plan for Fiscal Year 2023:

Synopsis: Authorization and acceptance of the Interim Capital Investment Plan for the fiscal year ending June 30, 2023, is proposed.

WHEREAS the state capital budget for fiscal years 2023 and 2024 has not yet been enacted; and

WHEREAS the Interim Capital Investment Plan will allow the university to begin or continue capital projects in support of strategic goals during the period from July 1, 2022 through August 31, 2022; and

WHEREAS the projects for which state capital funding has been requested are included in the Interim Capital Investment Plan but will not proceed until a bill has been enacted allocating funding to the university by the State of Ohio for capital projects; and

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

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

WHEREAS the final fiscal year 2023 Capital Investment Plan will be presented for consideration at the August 2022 Board of Trustees meeting;

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Interim Capital Investment Plan for the fiscal year ending June 30, 2023; and

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

(See Appendix XC for background information, page 3022)

10. Resolution No. 2022-132, Approval of Ohio State Energy Partners Utility System Interim Capital Improvements Plan for Fiscal Year 2023

Utility System Life-Cycle Renovation, Repair and Replacement Projects
Utility System Expansion and Extension Projects

Synopsis: Approval of Ohio State Energy Partners' LLC ("OSEP") fiscal 2023 interim capital improvements plan and authorization for OSEP to make capital improvements pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the "Agreement"), is proposed.

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

WHEREAS the OSEP CIP includes requested approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2022; and

WHEREAS the University has not finalized its capital investment plan for fiscal year 2023; and

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



THE OHIO STATE UNIVERSITY

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

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

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

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

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

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the fiscal year 2023 interim OSEP CIP as outlined in the attached materials; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2023 capital improvements to the utility system as outlined in the attached materials.

(See Appendix XCI for background information, page 3024)

11. Resolution No. 2022-135, Approval of 2022-2023 Academic Year Tuition & Mandatory Fees

Synopsis: Approval of tuition and mandatory fees, and non-residential and international surcharges for undergraduate and graduate students at all campuses of The Ohio State University for the Academic Year 2022-2023, is proposed.

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

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

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

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2018 (Fiscal Year 2019), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2020; and

WHEREAS Ohio resident students in the Tuition Guarantee cohorts that began in Fiscal Years 2020, 2021 and 2022 will continue at the rates established for their cohorts and will therefore see no change (0%) in their tuition, mandatory fees, and room and board rates for Academic Year 2022-2023; and

WHEREAS new first-year Ohio resident undergraduate students enrolled at all campuses in 2022-23 will be part of a new Ohio State Tuition Guarantee cohort; and



THE OHIO STATE UNIVERSITY

WHEREAS Ohio Revised Code 3345.48 establishes that institutions with tuition guarantee programs may increase the instructional and mandatory fees for each incoming class of first-year undergraduate students by the total of inflation (2.6% for Fiscal Year 2023 as defined by the change in 36-month calendar year average from 2018-2020 to 2019-2021 of the Consumer Price Index-Urban) and any tuition flexibility (2.0%) allowed under the State of Ohio biennial budget bill; and

WHEREAS the University administration now presents recommendations for tuition and mandatory fees and non-residential and international surcharges for the Columbus, Lima, Mansfield, Marion, and Newark campuses and for the Agricultural Technical Institute (ATI) at Wooster for the Academic Year 2022-2023:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommendation of the administration and hereby approves rates for the Academic Year 2022-2023 for all campuses, effective Autumn semester 2022, as follows and as outlined in the attached document:

- That tuition, mandatory fees, housing rates and dining rates will be part of the Ohio State Tuition Guarantee for new first-year Ohio resident undergraduate students, and that tuition and mandatory fees for this cohort will increase by 4.6%. Changes to housing and dining rates are addressed in the 2022-2023 Academic Year User Fees & Charges resolution; and
- That tuition and mandatory fees for Ohio resident undergraduate students not included in the Ohio State Tuition Guarantee program will increase by 2.0%; and
- That tuition and mandatory fees will increase by 4.6% for graduate programs. Changes to differential fees for certain programs are addressed in the 2022-2023 Academic Year User Fees & Charges resolution; and
- That the non-resident surcharge for undergraduates will be increased by 5.0% and most graduates will be increased by 2.5%. Exceptions for certain graduate programs are addressed in the 2022-2023 Academic Year User Fees & Charges resolution; and
- That the international surcharge for undergraduate students will not increase (0% change); and
- That the non-resident surcharge for a student taking all online course(s) over an entire semester and not pursuing an online degree or certificate program will be the same as the in-person student non-resident surcharge; and
- That the non-resident surcharge will not increase for a student pursuing an online degree or certificate program.

(See Appendix XCIV for background information, page 3091)

12. Resolution No. 2022-136, Approval of 2022-2023 Academic Year User Fees & Charges

Synopsis: Approval of user fees and charges at the Columbus and regional campuses of The Ohio State University for Academic Year 2022-2023, is proposed.

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

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



THE OHIO STATE UNIVERSITY

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommendation of the administration for the following rates, which are outlined in the attached document and will be effective Autumn semester 2022:

- Graduate and professional fees, including differential instruction and clinical, as well as the non-resident surcharge; and
- Housing and dining plans; and
- Student health plan; and
- Transcript fee.

(See Appendix XCV for background information, page 3111)

13. Resolution No. 2022-137, Approval to Amend the University Debt Policy

Synopsis: Approval to adopt the revised University Debt policy to govern the management of university debt, capital facilities improvement project funding sources, internal bank, and financing leases is proposed.

WHEREAS the university recognizes that the use of debt is an important resource to employ in support of the university's mission; and

WHEREAS there is a desire to revise the University Debt policy to, among other things, better align it with best practices regarding the use of the university's internal bank for capital facilities improvement projects; and

WHEREAS the Treasurer has recommended to the Senior Vice President for Business and Finance the adoption of revisions to the University Debt policy relating to: (i) the amount of funding required to be in-hand or pledged prior to the time Board approval is requested for design and construction services for capital facilities improvement projects, (ii) use of gap funding as it relates to capital facilities improvement projects, (iii) use of fundraising plans for capital projects with significant fundraising, iv) approval of financing leases, and (v) the process required for changes to the above principles and process; and

WHEREAS the Senior Vice President for Business and Finance has reviewed the proposed revisions to the University Debt policy, and has determined that it is appropriate and in the best interest of the university that such revisions be adopted, and has recommended the adoption of such revisions to the University Debt policy to the Audit, Finance and Investment Committee; and

WHEREAS the President's Cabinet, Council of Deans, Senior Management Council, the Fiscal Committee of University Senate and other interested senior leaders have reviewed the revised University Debt policy; and

WHEREAS the Audit, Finance and Investment Committee has approved the adoption of such revised University Debt policy:

NOW THEREFORE



THE OHIO STATE UNIVERSITY

BE IT RESOLVED, That the Board of Trustees hereby approves that the attached revised University Debt policy be adopted and effective May 19, 2022.

(See Appendix XCVI for background information, page 3127)

14. Resolution No. 2022-138, Approval of Amendment to the University's Investment Policy and New Benchmark for the University Operating Funds

Synopsis: Approval of an amendment to the university's investment policy to modify the LTIP distribution policy calculation period and approval of a new benchmark for university operating funds, is proposed.

WHEREAS the Board of Trustees previously adopted a revised Investment Policy #5.90 (Resolution No. 2021-144 in May 2021) to govern the management of the university's investment portfolios; and

WHEREAS the Senior Vice President for Business and Finance has reviewed the distribution policy set forth in the Investment Policy with respect to the Long-Term Investment Pool (LTIP) and has recommended that the LTIP distribution calculation period be reduced from seven years to five years while retaining the current 4.5% distribution percentage so that the annual distribution per share is 4.5% of the average monthly market value per share of the LTIP over the most recent five-year period; and

WHEREAS the Senior Vice President for Business and Finance has determined that such modification to the LTIP distribution calculation period is appropriate and in the best interest of the university, and has recommended such modification to the Audit, Finance and Investment Committee; and

WHEREAS the Audit, Finance and Investment Committee has approved amending the university's Investment Policy to reduce the LTIP distribution calculation period from seven years to five years; and

WHEREAS the Audit, Finance and Investment Committee hereby recommends amending the university's Investment Policy to reduce the LTIP distribution calculation period to the Board of Trustees; and

WHEREAS the Board of Trustees recently adopted updated portfolio mandates, including benchmarks, for university operating funds; and

WHEREAS the Vice President and Treasurer has recommended to the Senior Vice President for Business and Finance the addition of a new benchmark to better evaluate the investment performance of the Government Only Fixed Income Portfolio mandate for university operating funds; and

WHEREAS the Senior Vice President for Business and Finance has reviewed the addition of such new benchmark, has determined that such addition of a new benchmark is appropriate and in the best interest of the university, and has recommended the addition of the new benchmark to the Audit, Finance and Investment Committee; and

WHEREAS the Audit, Finance and Investment Committee has approved the addition of a new benchmark; and

WHEREAS the Audit, Finance and Investment Committee hereby recommends the addition of a new benchmark for the university operating funds to the Board of Trustees:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached Investment Policy with a reduction in the LTIP distribution calculation period from the most recent seven-year period to the most recent five-year period effective from July 1, 2022; and



THE OHIO STATE UNIVERSITY

BE IT FURTHER RESOLVED, That the Board of Trustees hereby approves the addition of a new benchmark for university operating funds set forth below for the purpose of evaluating the investment performance of the Government Only Fixed Income Portfolio mandate for university operating funds effective from July 1, 2022, until further modified as provided for in the university's Investment Policy:

<u>Operating Funds Fixed Income Mandate</u>	<u>Benchmark</u>
Government Only Fixed Income Portfolio	Bloomberg US Treasury: 1-3 Year

(See Appendix XCVII for background information, page 3138)

15. Resolution No. 2022-139, Authorization for Designated Officials to Buy, Sell, Assign and Transfer Securities, Also to Deposit or Withdraw Funds from Bank and Investment Accounts, to Designate Depositories and to Execute Treasury- and Insurance-Related Agreements

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

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

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

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

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

NOW THEREFORE

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

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

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



THE OHIO STATE UNIVERSITY

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

(See Appendix XCVIII for background information, page 3139)

16. Resolution No. 2022-140, Authorization to Approve Men's Basketball Ticket Prices

Synopsis: Approval of men's basketball ticket prices for fiscal year 2023 at the recommended levels is proposed.

WHEREAS The Ohio State University Department of Athletics has a long history of self-sustainability in supporting 36 world-class athletics programs and providing needed revenues back to the university for scholarships and academic programs; and

WHEREAS each year the Athletic Council reviews projections for the coming year's budget and recommends ticket prices; and

WHEREAS the Athletic Council has approved men's basketball ticket prices as shown on the attached table; and

WHEREAS the Athletic Council's recommendations have been reviewed and are recommended by the appropriate University administration:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommended men's basketball ticket prices for fiscal year 2023.

(See Appendix XCIX for background information, page 3140)

17. Resolution No. 2022-141, Appointments to the Self-Insurance Board

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

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

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

WHEREAS the terms of members Mark Larmore, Michael Papadakis, and Douglas Robinette expire on June 30, 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the following individuals be appointed (or reappointed) as members of the Self-Insurance Board, effective July 1, 2022, for the terms specified below:

Mark Larmore, term ending as of the date at which Ohio State employment ends
Douglas Robinette, term ending June 30, 2024 (reappointment)
Jake Wozniak, term ending June 30, 2024 (appointment)



THE OHIO STATE UNIVERSITY

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

18. Resolution No. 2022-142, University Foundation Report

Synopsis: Approval of the University Foundation Report as of April 30, 2022, is proposed.

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

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

WHEREAS this report includes: (i) the establishment of one (1) endowed chair: the David H. George Endowed Chair in Chemical Engineering; one (1) endowed executive director: the Sandy and Andy Ross Endowed Director of the Chadwick Arboretum and Learning Gardens; one (1) endowed program director: the Tom Rieland Endowed WOSU General Manager; three (3) endowed professorships: the Centennial Endowed Professor of Nursing, the Engineering Entrepreneurship Professorship, The Anne K. "Nancy" Jeffrey Endowed Professorship for Mental Health Equity and Resilience; two (2) endowed professorship funds: the Colleen McMahon Faculty Excellence Fund in Music, and the Head and Neck Cancer Innovation Fund; fourteen (14) scholarships as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; one (1) scholarship as part of the 100% TBDBITL Scholarship Endowment Initiative; one (1) scholarship as part of the Joseph A. Alutto Global Leadership Initiative; and thirty-seven (37) additional named endowed funds; (ii) the revision of twenty-one (21) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of April 30, 2022.

(See Appendix C for background information, page 3143)

19. Resolution No. 2022-143, Naming of Internal Spaces in the Timashev Family Music Building

Synopsis: Approval for the naming of internal spaces in the Timashev Family Music Building located at 1900 College Road is proposed.

WHEREAS the new Arts District facilities, including the Timashev Family Music Building as the new home for the School of Music, will reinforce the university's commitment to creative inquiry and performance; and

WHEREAS the music building includes world-class spaces for teaching, learning and performance — all for the benefit of students, faculty and the Columbus community; and

WHEREAS the donors listed below have provided significant contributions to the Timashev Family Music Building and the School of Music; and

- Pat and Mona Finlay
- Friends, Family, Colleagues and Students of Dr. Donald E. McGinnis
- Dr. C. William Swank and Professor Helen C. Swank
- Bryan Baldwin in memory of Chase Woodhouse Baldwin
- Nathan and Priscilla Gordon Foundation
- Robert H. "Tad" and Anne K. "Nancy" Jeffrey



THE OHIO STATE UNIVERSITY

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

NOW THEREFORE

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

- Pat and Mona Finlay Commons (Room 201)
- Dr. Donald E. and Ruth L. McGinnis Music Collaboratory (Room N360)
- Helen Deacon Swank Voice Teaching Lab (Room N390)
- Helen Deacon Swank Voice Research Lab (Room N389)
- Chase Woodhouse Baldwin Practice Room (Room N443)
- Gordon Foundation Jazz Room (Room N445A)
- Nate & Priscilla Gordon Jazz Room (Room N445B)
- Robert H. "Tad" and Anne K. "Nancy" Jeffrey Practice Room (Room N484)

20. Resolution No. 2022-144, Naming of Spaces in the Controlled Environment Agriculture Research Complex

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

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

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

WHEREAS the donors listed below have provided significant contributions to the college; and

- Priva Holding
- Patricia Brundige
- GE Current
- David and Dorothy Case
- Wendell and Katie Wiley

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

NOW THEREFORE

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

- Priva Gathering Space (Room 110)
- The Patricia Kunz Brundige Outdoor Gathering Space
- Arize Lobby (Room 101)
- Mr. David W. and Lt. Col. Dorothy S. Case Office (Room 105B)
- Wendell and Katie Wiley Clean Room (Room 139B)



THE OHIO STATE UNIVERSITY

21. Resolution No. 2022-145, Naming of the Kit & Lori Fogle Family Farm Food Pantry in the Alber Student Center

Synopsis: Approval for the naming of the food pantry (Room 101) in the Alber Student Center, located at 1463 Mt. Vernon Avenue in Marion, Ohio, is proposed.

WHEREAS Ohio State Marion's culture of caring aims to provide facilities where students can meet, unwind, recreate, share experiences, and learn leadership skills as members of student organizations; and

WHEREAS the renovated student center provides students with a food pantry, new café and dining area, an expanded and upgraded fitness area, and a multipurpose room and lounge for new student programs and meetings; and

WHEREAS Kit and Lori Fogle have provided significant support to The Ohio State University at Marion; and

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

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Kit and Lori Fogle's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Kit & Lori Fogle Family Farm Food Pantry.

22. Resolution No. 2022-146, Naming of the Jane, Lily, Bubba, Mayzie & Rusty Shackelford Lobby in the Veterinary Medical Center Hummel & Trueman Hospital for Companion Animals

Synopsis: Approval for the naming of the Emergency & Community Practice Lobby of the Veterinary Medical Center (VMC) Hummel & Trueman Hospital for Companion Animals, located at 601 Vernon L. Tharp Street on the Columbus campus as The Jane, Lily, Bubba, Mayzie & Rusty Shackelford Lobby, is proposed.

WHEREAS since 1885 the College of Veterinary Medicine has graduated more than 9,100 veterinarians, has alumni practicing in all 50 states and 40 countries, has alumni constituting 85 percent of the practicing veterinarians in Ohio, and has a comprehensive referral VMC that admits more than 35,000 animal patients each year, representing a wide range of species including companion, farm, equine and service animals; and

WHEREAS the VMC Hummel & Trueman Hospital for Companion Animals offers advanced medical techniques and procedures for patients while providing high-quality learning experiences for students, residents and interns, allowing them to apply their classroom learnings in a clinical setting and better preparing them for careers in the veterinary profession; and

WHEREAS the Emergency & Community Practice Lobby of the VMC Hummel & Trueman Hospital for Companion Animals allows for a comfortable area for clients to wait; and

WHEREAS Don and Teckie Shackelford have been loyal friends and supporters of the college and The Ohio State University, and have provided significant contributions to the College of Veterinary Medicine for the Veterinary Medical Center Enhancement and Expansion project; and



THE OHIO STATE UNIVERSITY

WHEREAS the donors wish to honor their beloved dogs Jane, Lily, Bubba, Mayzie and Rusty, and the care and treatment received at the VMC; and

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

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Don and Teckie Shackelford's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named The Jane, Lily, Bubba, Mayzie & Rusty Shackelford Lobby.

23. Resolution No. 2022-147, Naming of Internal Space in the Frank Stanton Veterinary Spectrum of Care Clinic

Synopsis: Approval for the naming of observation room (Room 123) in the Frank Stanton Veterinary Spectrum of Care Clinic, located at 655 Vernon L. Tharp Street, is proposed.

WHEREAS the College of Veterinary Medicine is consistently recognized as a leading veterinary education and research program and is among the largest of its kind, uniquely located in a heavily populated urban area surrounded by a strong rural and agricultural base; and

WHEREAS the veterinary primary care clinic will serve as a hands-on clinical training opportunity for veterinary students and support the continuum of clinical training and Spectrum of Care education that results in more confident and competent veterinary graduates; and

WHEREAS Dr. Rustin M. Moore has provided significant contributions to the Frank Stanton Veterinary Spectrum of Care Clinic; and

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

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Dr. Rustin M. Moore's philanthropic support, the Board of Trustees hereby approves in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named "In Honor of Teddy Luther, Travis Lincoln & Tucker Lewis Moore Lifelong VMC Patients; Rustin M. Moore, DVM '89".

24. Resolution No. 2022-148, Naming of Carmenton and Related Streets

Synopsis: Approval for the administrative naming of the university's Innovation Community as Carmenton, and approval for the administrative naming of two streets within the Community, are proposed.

WHEREAS the Innovation Community will be a mixed-use space to further support and enhance innovation, including a research center, residential/lifestyle facilities, park, pathways, retail, corporate tenants, and adjacency to ambulatory facility; and

WHEREAS the Office of Marketing and Communications carefully considered several criteria in recommending a name for the Community, such as leveraging a distinctive association with Ohio State, allowing for discreet naming of Ohio State's buildings within the property, no negative associations, and trademark implications; and



THE OHIO STATE UNIVERSITY

WHEREAS the university will pursue namings for individual facilities and spaces within the Innovation Community, and may change the name of the Innovation Community if warranted by future transformational philanthropic support or honorific recognition; and

WHEREAS the primary entrance street into the Innovation Community is the east-west portion of the existing Carmack Road off of Kenny Road, and the university wishes to name this street to reinforce that a person has arrived in the Community; and

WHEREAS there is a new secondary street within the Community that will be the dominant street along which Ohio State's research buildings will be addressed to; and

WHEREAS the proposed names of the streets are consistent with the nomenclature used by the university and the City of Columbus; and

WHEREAS the namings have been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy, and the street names have been reviewed and approved by the City of Columbus:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named Carmenton; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned entrance street located between Kenny Road and Carmack Road be named Carmenton Avenue; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned secondary street be named Innovation Way.

(See Appendix CI for background information, page 3158)

25. Resolution No. 2022-149, Naming of Old Cannon Garage at The Ohio State University Wexner Medical Center

Synopsis: Approval for the administrative naming of the Old Cannon Garage at The Ohio State University Wexner Medical Center, located at 1512 Old Cannon Drive, is proposed.

WHEREAS the primary entrance for this new parking garage is on Old Cannon Drive; and

WHEREAS the name for parking facilities is based on location and proximity to roads; and

WHEREAS the Wexner Medical Center recommends this name change; and

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named Old Cannon Garage.



THE OHIO STATE UNIVERSITY

26. Resolution No. 2022-150, Naming of the Newark Apartments Building 1 and Newark Apartments Building 2 at The Ohio State University at Newark:

Synopsis: Approval for the naming of the Newark Apartments Building 1 and Newark Apartments Building 2 at The Ohio State University at Newark, located at 600 LeFevre Boulevard and 800 LeFevre Boulevard, is proposed.

WHEREAS the current name and address of these buildings does not reflect their purpose or location; and

WHEREAS this administrative renaming aligns with the future vision of the campus; and

WHEREAS The Ohio State University at Newark recommends this change; and

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned spaces be named Newark Apartments Building 1 and Newark Apartments Building 2.

27. Resolution No. 2022-151, Naming of CFAES Wooster Administration Building in the College of Food, Agricultural, and Environmental Sciences – Wooster Campus

Synopsis: Approval for the naming of CFAES Wooster Administration Building in CFAES Wooster, located at 1617 Payne Drive in Wooster, is proposed.

WHEREAS the CFAES Wooster Administration Building is the home for key functions of the campus; and

WHEREAS this administrative naming aligns with the future vision of this campus; and

WHEREAS CFAES Wooster recommends the name change; and

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

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the CFAES Wooster Administration Building.



28. Resolution No. 2022-133. Approval to Enter Into Professional Services and Enter Into/Increase Construction Contracts

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS

Strategic Infrastructure Optimization Plan – Phase 1
WMC Outpatient Care Powell
East Hospital – Fire Suppression

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS

Buckeye Village Demolition
Gateway Apartments Building Envelope – Phase 1

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS

Lacrosse Stadium
Fire System Replacements FY 2019

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

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

	Prof. Serv. Approval Requested	Total Requested	
Strategic Infrastructure Optimization Plan – Phase 1	\$1.0M	\$1.0M	University Funds Partner Funds
WMC Outpatient Care Powell	\$7.4M	\$7.4M	Auxiliary Funds
East Hospital – Fire Suppression	\$0.8M	\$0.8M	Auxiliary Funds

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

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
Buckeye Village Demolition	\$0.5M	\$4.5M	\$5.0M	University Debt Auxiliary Funds University Funds
Gateway Apartments Building Envelope – Phase 1	\$0.3M	\$3.7M	\$4.0M	Auxiliary Funds

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



	Construction Approval Requested	Total Requested	
Lacrosse Stadium	\$1.5M	\$1.5M	Fundraising Auxiliary Funds Partner Funds
Fire System Replacements FY 2019	\$0.7M	\$0.7M	State Funds

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

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

NOW THEREFORE

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

(See Appendix XCII for background information, page 3027)

Action: Upon the motion of Mr. Zeiger, seconded by Mr. Von Thaer, the committee adopted the foregoing motions by unanimous voice vote with the following members present and voting: Mr. Zeiger, Mrs. Hoefflinger, Mr. Von Thaer, Mr. Kiggin, Mr. Mitevski, Dr. Sobol, Ms. Chronis and Mr. Heminger. Mr. Stahl was not present for this vote and Mr. Kaplan abstained.

The meeting adjourned at 12:40 p.m.

ATTACHMENT CII



May 2022 Board Meeting
FY 2022 | Through March

Consolidated Financial Scorecard (\$ in thousands)		FY22 YTD Actual	FY22 YTD Budget	Actual vs. Budget
A. Financial Snapshot (in thousands)				
1. Total Revenue including endowment performance	\$ 6,401,840	\$ 6,658,961		↓
2. Total Revenue excluding endowment performance	\$ 6,267,492	\$ 6,230,031		↔
3. Total Expenses	\$ 6,190,718	\$ 6,228,689		↔
4. Change in Net Assets	\$ 365,973	\$ 558,942		↓
5. Change in Net Assets excluding endowment performance	\$ 231,625	\$ 130,012		↑
6. Change in Net Financial Assets	\$ (78,835)	\$ 125,000		↓
B. Institutional Financial Metrics				
1. Liquidity - Days Cash on Hand	139	90		↑
2. Actual Debt Service to Operations	2.5%	< 3.0%		↑
	FY22 Actual	FY22 Benchmark		Actual vs. Benchmark
3. Tier 1 Investment Pool - 1 Year Return	-0.34%	0.01%		↔
4. Tier 2 Investment Pool - 1 Year Return	-2.31%	-2.65%		↔
5. Fiscal YTD Long Term Investment Pool Return	6.51%	3.28%		↑
6. 1 Year Long Term Investment Pool Return	14.06%	9.07%		↑
7. 3 Year Long Term Investment Pool Average Return	11.85%	11.93%		↔
8. Credit Rating	AA1/AA	AA		↔

Meets or exceeds goal	↑	Performance up
Below goal	↔	No change in performance
Far below goal	↓	Performance down



May 2022 Board Meeting

FY 2022 | Through March

University Financial Scorecard (\$ in thousands)		FY22 YTD Actual	FY22 YTD Budget	Actual vs. Budget
A. Revenue Drivers (in thousands)				
1. Tuition and Fees	\$ 1,030,127	\$ 1,055,586		↓
2. Total Grants and Contracts (Exchange & Non-Exchange)	\$ 809,940	\$ 796,032		↑
3. Advancement Cash Receipts	\$ 264,161	\$ 230,556		↑
4. State Share of Instruction	\$ 302,968	\$ 302,968		↔
5. State Line Item Appropriations	\$ 66,622	\$ 66,622		↔
6. Net Contribution from Auxiliary Enterprises	\$ 31,088	\$ 25,084		↑
B. Financial Snapshot (in thousands)				
1. Total Revenue including endowment performance	\$ 3,192,846	\$ 3,491,518		↓
2. Total Revenue excluding endowment performance	\$ 3,072,136	\$ 3,085,909		↔
3. Total Expenses	\$ 3,015,546	\$ 3,091,428		↓
4. Current Net Margin	\$ 250,179	\$ 188,071		↑
5. Change in Net Assets	\$ 332,151	\$ 528,761		↓
6. Change in Net Assets excluding endowment performance	\$ 405,030	\$ 316,741		↑
C. Performance Metrics (Columbus Campus only)				
1. Enrollment - summer, autumn and spring	153,901	156,063		↓
2. Credit Hours - summer, autumn and spring	1,754,090	1,774,341		↓

Meets or exceeds goal	↑ Performance up
Below goal	↔ No change in performance
Far below goal	↓ Performance down

May 2022 Board Meeting
FY 2022 | Through March

MEDICAL CENTER FINANCIAL PERFORMANCE					Current Status
A. Revenue Drivers					
1. Patient Admissions		43,403		49,502	↓
2. Patients in Inpatient Beds		54,729		61,889	↓
3. Patient Discharges		43,714		49,620	↓
4. Total Surgeries		38,222		38,985	↓
5. Outpatient Visits		1,702,642		1,609,766	↑
6. ED Visits		84,081		92,501	↓
B. Activity Metrics					
1. Adjusted Admissions		94,777		102,267	↓
2. Operating Revenue / Adjusted Admit		\$ 29,881		\$ 27,291	↑
3. Expense / Adjusted Admit		\$ 26,681		\$ 24,365	↓
C. Financial Snapshot (in thousands)					
1. Operating Revenues		\$ 2,832,026		2,791,013	↑
2. Total Expenses		\$ 2,528,693		\$ 2,491,793	↓
3. Gain from Operations		\$ 303,333		\$ 299,219	↑
4. Excess Revenue Over Expenses		\$ 199,248		\$ 184,157	↑
D. Performance Metrics					
1. Operating EBIDA Margin		17.0%		16.8%	↑
2. Days Cash on Hand		183.6		131.6	↑
3. Debt Service Coverage		7.4		8.2	↓

Meets or exceeds goal	↑ Performance up
Below goal	↔ No change in performance
Far below goal	↓ Performance down

ATTACHMENT CIII

University Budget Process & FY 2023 Operating Budget

Michael Papadakis, Senior Vice President and CFO
Mark Larmore, Vice President and CFO OSUWMC
Kris Devine, Deputy CFO & Vice President of Operations

Audit, Finance & Investment Committee Meeting | May 19, 2022

University Financial Model - Overview

The type of Fund drives how the College/Unit budgets are determined:

- **GENERAL FUNDS** (Instructional Fees / Subsidy, Non-Resident, Program / Tech / Course Fees, IDC's) fund teaching faculty, support staff and space. Revenues generated from these sources are allocated to the Colleges (after a tax for central administration's strategic funds and administrative overhead) based on average credit hours delivered by the College.
- **EARNING FUNDS** (Medical Center, Teaching Clinics, Athletics, Student Life, Conferences, Core Labs) fund the operations of those units and are budgeted as a stand-alone business intended to earn a profit or break even, depending on the function after an overhead tax.
- **RESTRICTED FUNDS** Endowment (Investment Earnings & Principal); Current Use Gifts (one-time cash); Grants and Contracts (non-OSP); Office of Sponsored Programs (Grants), revenue from these funds are budgeted to be spent in compliance with the underlying restriction of the donor/grantor.

University Budget - Process Overview

- The budget planning process starts with the establishment of key drivers at both the University and Health System. The drivers are utilized to calculate budget allocations and common expenses to Colleges and Support Units and to create budgets by College/Unit. These “bottom-up” budgets are reviewed and assessed for alignment with strategic initiatives and are then consolidated. Investments in strategic initiatives are made at both the College/Unit level and at the Central Administration level to incentivize strategic activities.
- Common Key Assumptions are determined for revenue and expense lines that are distributed to the Colleges, Support Units and the Health System.
- Some key drivers are reviewed and established centrally, and other drivers go through a rigorous shared governance process with Senate Fiscal for review and recommendations are forwarded to the Provost & CFO.

CENTRAL KEY DRIVERS	SHARED GOVERNANCE
<ul style="list-style-type: none">• Enrollment Plans inform Tuition/Fee Rates, which drive College-level budgets based on credit hours delivered• Tuition & Fee Rates:<ul style="list-style-type: none">– Undergraduate / Graduate Tuition– Non-Resident & International Surcharges– Housing & Dining– Student Health Insurance• Investment Rate of Return• AMCP (Annual Merit Compensation Process)	<ul style="list-style-type: none">• Master's/Professional Programs Differential Fee Requests• Overhead Rates• Regional Campus Service Charge• Plant, Operation & Maintenance (POM) Rates• Support Unit Budget Requests• Strategic Investments• Composite Benefit Rates

- Financial, Planning & Analysis (FP&A) consolidates all College/Unit plans and incorporates Central revenue/expenses to create an overall University operating budget. In FY 2023, the University implemented Adaptive Insights, a new financial planning tool to collect Unit/College plans, which integrates data directly Workday Finance and HR systems.

OSUWMC Budget - Process Overview

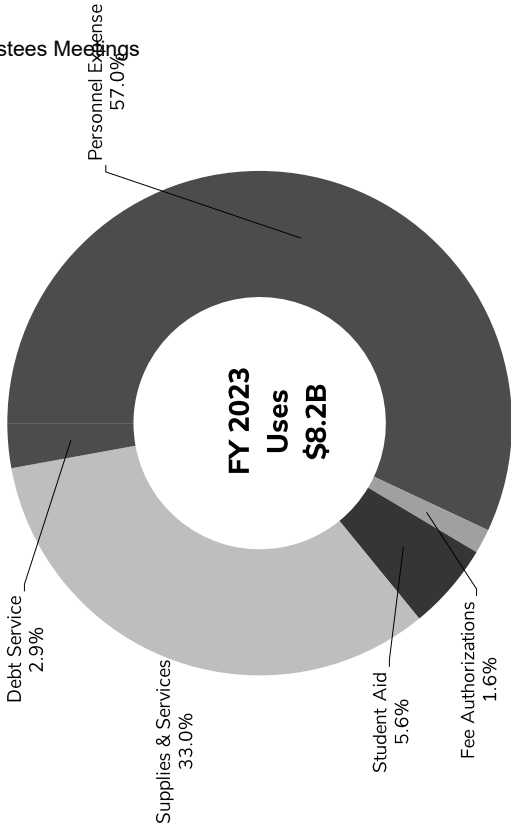
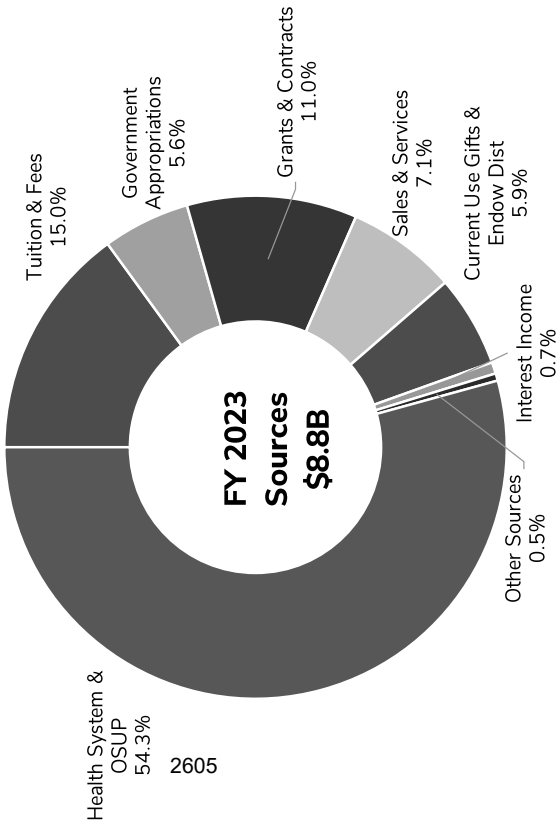
- Like the University, the Health System and OSU Physicians budget planning process starts with a bottom-up review and the establishment of key drivers.
 - Cost centers and lines of business benchmark their respective key drivers to determine assumptions and set prices, which are consolidated into the budget.
- | Medical Center Key Drivers |
|------------------------------------|
| ▪ Payor Mix and price implications |
| ▪ Admissions/outpatient visits |
| ▪ Worked Hours/Adjusted Admissions |
| ▪ Surgeries |
| ▪ Case mix index |
| ▪ Total Beds |
| ▪ Length of Stay |
| ▪ Pharmaceuticals/Drugs |
| ▪ Salaries/Wages/Benefits |
| ▪ Interest |
| ▪ Depreciation |
| ▪ Annual Capital Expenditures |
| ▪ Medical Center Investments (MCI) |
- Requests to hire an employee position not included in the current budget must be approved through an established budget committee prior to posting the position.

Benchmarking, Efficiencies & Optimizing Spend

- Strategic benchmarking, revenue optimization and expense efficiency activities occur continuously throughout the year.
 - We are a member of a higher education benchmarking consortium with 80+ member institutions. Our membership provides benchmarks for administrative FTE and employee direct costs compared to academic peers.
 - This national benchmarking of peer institutions is completed to ensure that data-informed decisions across the Colleges/Units are established in creating a Standard Activity Model (SAM) that consistently measures FTEs, expenditures and other drivers.
- General Funds Revenue (Tuition and State Subsidy) is allocated to Colleges based on average credit hours delivered aligning academic and administrative cost delivery with the revenue generating college.
- Efficiencies have been a focus of the institution since 2012 and include:
 - Efficiency Committee comprised of Executive Leadership with a focus on savings opportunities and execution.
 - Administrative units have undergone repeated budget reductions and any new University Administrative budget requests follows a rigorous process including a Senate Fiscal review, which is a subcommittee of University Senate.
 - Strategic Procurement
 - Annual capital project efficiency targets
 - OE@OSU

Operating Budget Overview

- Consolidated Operating Budget reflects bottom-up and top-down, with eliminations



FY 2023 Strategic Investments Highlights

ACADEMIC EXCELLENCE

- On the journey to hire 350 tenure track faculty in the next ten years, the budget includes incremental investments of \$23.8M for faculty salary & benefits and \$29.3M for startup packages across numerous colleges including Engineering, Business, Arts & Sciences, Dentistry, Medicine, Vet Med, and Public Health.

RESEARCH EXCELLENCE

- With a goal to double research funding over the next ten years, the budget includes investments totaling \$30.9M, including \$18.6M in research growth initiatives in Medicine, Engineering, and Arts and Sciences, \$1.5M in start up funds to expand research, \$2.5M in research seed grants, \$2.5M in JobsOhio research grants, and up to \$5.8M to fund convergent research proposals across the institution.

SERVICE AND CLINICAL EXCELLENCE

- Ohio State has always been inspired by our land-grant mission of enabling all people to achieve the extraordinary. The Scarlet & Gray Advantage program is the latest step in this enduring commitment. The program will offer pathways for our undergraduate students to earn their degrees debt-free through a mix of paid internships, on-campus work experiences, financial aid and philanthropy. We are excited to pilot the program this fall and to incorporate what we learn as we deliver it at scale. \$2.0M is projected for the first year of the pilot program
- The Ohio State University Wexner Medical Center (OSUWMC) continues to reinvest projected margin in patient care and capital planning to support growing demand, including several strategic initiatives currently under construction and the development of new partnerships to continue accelerating the pace of innovation in research, education, and patient care. Our strategic growth into the surrounding communities will continue with the opening of Outpatient Care Dublin this summer as well as the James Cancer Hospital outpatient facility on west campus mid-2023.

FY 2023 Consolidated Sources & Uses

Total Sources (\$ thousands)	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR FY19 - FY23	FY22-FY23 \$ Diff	FY22-FY23 % Diff
Tuition & Fees (gross)	\$1,188,569	\$1,192,489	\$1,104,466	\$1,270,479	\$1,318,847	9.3%	\$48,367	3.8%
State Share of Instruction	\$383,220	\$377,449	\$401,420	\$403,957	\$403,957	0.3%	\$0	0.0%
Other Operating Appropriations	\$86,458	\$84,389	\$84,696	\$89,580	\$90,579	3.4%	\$1,000	1.1%
Exchange Grants & Contracts	\$782,234	\$796,229	\$840,451	\$842,531	\$861,127	1.2%	\$18,597	2.2%
Non-Exchange Grants & Contracts	\$84,780	\$257,083	\$240,197	\$234,182	\$102,971	-34.5%	(\$131,211)	-56.0%
Sales & Services - Auxiliaries	\$376,899	\$338,047	\$202,336	\$400,667	\$436,576	46.9%	\$35,908	9.0%
Sales & Services - Departmental	\$166,361	\$151,743	\$178,760	\$182,593	\$187,094	2.3%	\$4,500	2.5%
Sales & Services - Health System	\$3,432,271	\$3,449,681	\$3,726,605	\$3,848,060	\$4,031,443	4.0%	\$183,383	4.8%
Sales & Services - OSU Physicians	\$560,322	\$584,222	\$647,601	\$697,948	\$751,096	7.7%	\$53,148	7.6%
Current Use Gifts	\$160,088	\$157,589	\$129,723	\$166,000	\$166,000	13.1%	\$0	0.0%
Endowment Distributions	\$235,577	\$250,140	\$290,330	\$319,374	\$352,835	10.2%	\$33,461	10.5%
Interest Income	\$108,342	\$88,984	\$37,231	\$49,605	\$64,399	31.5%	\$14,794	29.8%
Other Revenues	\$44,862	\$44,700	\$37,198	\$41,387	\$41,388	5.5%	\$0	0.0%
Total Sources	\$7,609,984	\$7,772,743	\$7,921,014	\$8,546,364	\$8,808,311	5.5%	\$261,948	3.1%

Total Uses (\$ thousands)	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR FY19 - FY23	FY22-FY23 \$ Diff	FY22-FY23 % Diff
Total Personnel Expense	\$3,766,600	\$3,992,897	\$4,115,321	\$4,353,050	\$4,692,583	6.8%	\$339,533	7.8%
Fee Authorizations	\$119,560	\$113,097	\$110,545	\$124,039	\$129,323	8.2%	\$5,284	4.3%
Student Aid	\$404,645	\$435,160	\$420,303	\$489,495	\$457,894	4.4%	(\$31,601)	-6.5%
Supplies, Services & Other	\$2,235,523	\$2,463,844	\$2,481,648	\$2,547,594	\$2,720,845	4.7%	\$173,251	6.8%
Debt Service	\$191,524	\$192,141	\$171,718	\$208,541	\$235,542	17.1%	\$27,001	12.9%
Total Non-Personnel Expense	\$2,951,252	\$3,204,242	\$3,184,214	\$3,369,669	\$3,543,604	5.5%	\$173,934	5.2%
Total Uses	\$6,717,852	\$7,197,139	\$7,299,535	\$7,722,719	\$8,236,187	6.2%	\$513,467	6.6%
Sources Less Uses, Operating	\$892,132	\$575,604	\$621,479	\$823,645	\$572,125			
Depreciation	\$420,506	\$435,284	\$460,790	\$507,249	\$557,221			
Sources Less Uses, After Depreciation	\$471,626	\$140,320	\$160,689	\$316,396	\$14,904			

FY 2023 University Sources & Uses

Total Sources (\$ thousands)	FY21 Actuals	FY20 Actuals	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR FY19 - FY23	FY22-FY23 \$ Diff	FY22-FY23 % Diff
EXTERNAL SOURCES								
Tuition & Fees (gross)	\$1,188,569	\$1,192,489	\$1,104,466	\$1,270,479	\$1,318,847	2.6%	\$48,367	-3.8%
State Share of Instruction	\$383,220	\$377,449	\$401,420	\$403,957	\$403,957	1.3%	\$0	0.0%
Other Operating Appropriations	\$86,458	\$84,389	\$84,696	\$89,580	\$90,579	1.2%	\$1,000	0.1%
Exchange Grants & Contracts	\$782,234	\$743,431	\$784,021	\$793,731	\$812,327	1.1%	\$18,597	2.3%
Non-Exchange Grants & Contracts	\$84,780	\$101,977	\$218,838	\$234,182	\$102,971	5.0%	(\$131,211)	-56.0%
Sales & Services - Auxiliaries	\$376,899	\$338,047	\$202,336	\$400,667	\$436,576	3.7%	\$35,908	9.0%
Sales & Services - Departmental	\$156,921	\$142,389	\$168,707	\$173,093	\$177,594	1.6%	\$4,500	2.6%
Current Use Gifts	\$160,285	\$157,589	\$129,603	\$166,000	\$166,000	0.9%	\$0	0.0%
Endowment Distributions	\$235,563	\$250,218	\$290,330	\$319,374	\$352,835	10.6%	\$33,461	10.5%
Interest Income	\$108,342	\$88,984	\$37,230	\$32,276	\$45,571	-19.5%	\$12,295	38.9%
Other Revenues	\$44,058	\$42,467	\$49,693	\$41,387	\$41,388	-2.0%	\$0	0.0%
Total External Sources	\$3,607,330	\$3,519,428	\$3,471,341	\$3,925,727	\$3,948,644	2.2%	\$22,918	0.6%
INTERNAL SOURCES								
Net Transfers from OSU Health System	\$199,712	\$173,749	\$183,960	\$195,432	\$192,409	-0.9%	(\$3,023)	-1.5%
Total Internal Sources	\$199,712	\$173,749	\$183,960	\$195,432	\$192,409	-0.9%	(\$3,023)	-1.5%
Total Sources	\$3,807,042	\$3,693,177	\$3,655,301	\$4,121,159	\$4,141,053	2.1%	\$19,895	0.5%
Total Uses (\$ thousands)								
Salaries	\$1,512,118	\$1,554,028	\$1,555,797	\$1,594,153	\$1,707,287	3.1%	\$113,135	7.1%
Benefits	\$378,219	\$424,143	\$455,054	\$463,147	\$496,428	7.1%	\$33,281	7.2%
Total Personnel Expense	\$1,890,337	\$1,978,171	\$2,010,851	\$2,057,300	\$2,203,715	3.9%	\$146,415	7.1%
Fee Authorizations	\$119,560	\$113,097	\$110,545	\$124,039	\$129,323	2.0%	\$5,284	4.3%
Student Aid	\$404,645	\$435,160	\$420,303	\$489,495	\$457,894	3.1%	(\$31,601)	-6.5%
Supplies, Services & Other	\$893,259	\$930,459	\$960,210	\$1,050,010	\$1,119,201	3.1%	\$69,191	6.6%
Debt Service	\$106,807	\$108,017	\$88,802	\$103,772	\$118,309	-2.9%	\$14,537	14.0%
Total Non-Personnel Expense	\$1,524,271	\$1,586,734	\$1,579,860	\$1,767,316	\$1,824,727	2.6%	\$57,411	3.2%
Total Uses	\$3,414,608	\$3,564,905	\$3,590,711	\$3,824,616	\$4,028,442	3.3%	\$203,826	5.3%
Sources Less Uses, Operating								
Depreciation	\$392,433	\$128,272	\$64,590	\$296,543	\$112,611		\$283,932	
Sources Less Uses, After Depreciation	\$248,586	\$254,237	\$281,738	\$306,154	(\$216,742)			

FY 2023 Health System Operating Statement

Health System (\$ thousands)		FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR FY19 - FY23	FY22-FY23 \$ Diff	FY22-FY23 % Diff
Total Operating Revenue		\$3,239,926	\$3,221,114	\$3,616,126	\$3,848,060	\$4,031,443	5.6%	\$183,383	4.8%
Operating Expenses									
Salaries & Benefits		\$1,448,151	\$1,525,951	\$1,574,237	\$1,709,662	\$1,848,815	8.4%	\$139,153	8.1%
Supplies		\$355,305	\$363,617	\$425,877	\$419,795	\$436,453	1.2%	\$16,658	4.0%
Drugs & Pharmaceuticals		\$388,591	\$420,152	\$464,833	\$529,406	\$562,072	10.0%	\$32,666	6.2%
Services		\$308,059	\$322,480	\$348,471	\$380,618	\$428,185	10.8%	\$47,567	12.5%
Depreciation		\$164,230	\$170,511	\$175,930	\$197,912	\$224,633	13.0%	\$26,721	13.5%
Interest		\$34,981	\$31,941	\$29,508	\$42,377	\$44,443	22.7%	\$2,066	4.9%
University Overhead		\$64,567	\$65,825	\$73,371	\$73,648	\$72,844	-0.4%	(\$804)	-1.1%
Other Expenses		\$48,337	\$51,313	\$55,295	\$58,910	\$61,939	5.8%	\$3,029	5.1%
Total Expenses		\$2,812,221	\$2,951,790	\$3,147,522	\$3,412,328	\$3,679,384	8.1%	\$267,056	7.8%
Gain/Loss from Operations		\$427,705	\$269,324	\$468,604	\$435,732	\$352,059		(\$83,673)	-19.2%
Medical Center Investments		(\$150,000)	(\$173,749)	(\$183,960)	(\$195,432)	(\$202,824)	5.0%	(\$7,392)	3.8%
Investment Income		\$6,355	\$22,272	\$90,266	\$27,620	\$31,466	-41.0%	\$3,846	13.9%
Other Gains (Losses)		\$52,146	\$196,218	\$113,547	\$34,998	\$26,623	-51.6%	(\$8,375)	-23.9%
Excess of Revenue over Expenses		\$336,206	\$314,065	\$488,457	\$302,918	\$207,324			

FY 2023 OSU Physicians Operating Statement

OSU Physicians (\$ thousands)	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR FY19 - FY23	FY22-FY23 \$ Diff	FY22-FY23 % Diff
Revenue								
Net Patient Revenue	\$374,907	\$366,290	\$426,218	\$444,680	\$473,570	5.4%	\$28,890	6.5%
Other Revenue	\$105,972	\$116,889	\$121,913	\$133,202	\$148,431	10.3%	\$15,229	11.4%
Medical Center Investments	\$79,443	\$101,042	\$101,374	\$119,210	\$128,459	12.6%	\$9,249	7.8%
Interest Income	\$2,311	\$1,668	-	\$856	\$636		(\$220)	-25.7%
Total Revenue	\$562,633	\$585,889	\$649,505	\$697,948	\$751,096	7.5%	\$53,148	7.6%
Expenses								
Provider Salaries & Benefits	\$325,832	\$375,765	\$409,616	\$444,990	\$477,279	7.9%	\$32,289	7.3%
Non-Provider Salaries & Benefits	\$102,279	\$113,010	\$113,992	\$134,274	\$155,745	16.9%	\$21,471	16.0%
Other Expenses	\$102,577	\$85,145	\$113,111	\$108,855	\$112,995	-0.1%	\$4,140	3.8%
Depreciation	\$3,580	\$3,393	\$3,122	\$3,183	\$3,234	1.8%	\$51	1.6%
Interest	\$376	\$279	-	\$257	\$265		\$8	3.1%
Total Expenses	\$534,644	\$577,592	\$639,841	\$691,559	\$749,518	8.2%	\$57,959	8.4%
Change in Net Assets								
	\$27,989	\$8,297	\$9,664	\$6,389	\$1,578			

Appendix

Assumptions: University Sources

Factor	Assumptions & Explanation
Tuition	<ul style="list-style-type: none">▪ Price Changes:<ul style="list-style-type: none">• Undergraduate Tuition (Non-Guarantee/ TG 2023 Guarantee) – (Cap 2.0% / Cap + CPI 2.6%)• Non-Resident Surcharge – 5.0%• Int'l Surcharge – 0.0%• Graduate – base fees 4.6%, non-resident surcharge 2.5%; 8 programs increasing differential fees; 5 units implementing new programs• Program, Technology & UG Course Fees – No Increase▪ Instructional<ul style="list-style-type: none">• +\$22.6M due to Rate – Blended UG rate increase as older cohorts that are paying a lower rate graduate• -\$2.4M Due to Volume – current cohorts replace smaller cohorts▪ Non-Resident Surcharge<ul style="list-style-type: none">• +\$21.3M due to Rate – Elimination of the discounted fee structure in Summer of 2021 and 5% increase• -\$2.9M due to Volume - Larger non-resident cohorts from Autumn 2018 and 2019 graduate and are replaced with smaller non-resident class sizes
State Share of Instruction	<ul style="list-style-type: none">▪ No increase from FY 2022
Grants and Contracts	<ul style="list-style-type: none">▪ \$0M in CARES Act funding▪ Modest increases in federal and private grants and contracts (2.1% and 0.7%); Increase in state (20%); Decrease in local (5.5%)▪ Non-Exchange State Grants - Decrease in JobsOhio \$9.5M
Sales and Services	<ul style="list-style-type: none">▪ 4.6% increase for Housing and Dining for new Tuition Guarantee cohort▪ Athletics 8 home football games; Business Advancement return to normal activity
Advancement Receipts	<ul style="list-style-type: none">▪ Continuation of Fundraising Campaign – \$705M in New Fundraising Activity \$295M in cash receipts
Investment Income	<ul style="list-style-type: none">▪ 8% LTIP Return▪ 4.5% endowment distributions based on a 5-year average

Assumptions: University Uses

Assumptions & Explanation	
Salaries and Benefits	<ul style="list-style-type: none">▪ Merit – 3.0%▪ Composite Benefit Rates – 3% AMCP; 6% Medical component
Student Aid	<ul style="list-style-type: none">▪ Continuation of existing aid for Land Grant Opportunity Scholarships, National Buckeye Program, Buckeye Opportunity Program, Presidents Affordability Grants▪ Elimination of CARES Act funded student aid▪ Increase of \$8.4M in Athletic Aid▪ Modest inflationary increases▪ Increase in OCOG by \$500 per student▪ Increase in aid for Scarlet and Grey Advantage Pilot of \$1.5M
Supplies and Services	<ul style="list-style-type: none">▪ Increased expenses related to reopening of campus and strategic initiatives and continued efficiencies▪ Decrease of \$29M in COVID-19 Expenses▪ Increased Travel: "Return to normal" (+27M)▪ Inflation of 4.5%, \$38M increase

Assumptions: Health System

FACTOR		Assumptions & Explanation
Payor mix and price implications		1% Payor shift to Medicare - aging population; Managed care 3% average rate increase
Admissions/outpatient visits		Admissions – 4.4% increase Outpatient visits – 2.9% increase 2.9% increase (excluding Labs)
Surgeries		Inpatient – 2.4% increase from FY22 Outpatient – 3.2% increase from FY22 Total – 2.9% increase from FY22
Case mix index		0.2% decline in Case Mix Index with decline of Covid cases budgeted
Length of stay		Decrease of 1.4%
Total beds		Total beds available of 1,518 with average of 71 closed beds
Salary/wages		3% Merit increase & 1% Market Adjustments
Benefits		34.3% of salaries
Pharma/drugs		Drug cost inflation of 2.7%
Interest		5% increase (\$715M incremental debt issued in FY22)
Depreciation		Increase 16.1% from FY22 New adds: Full Year of OP Care New Albany, West Campus & Dublin
Annual Capital Expenditures		Routine - \$142M Strategic - \$512M
Medical Center Investments		\$202.8M
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ATTACHMENT CIV

2022-2023 Academic Year Tuition & Mandatory Fees

Michael Papadakis, Senior Vice President and CFO
Kris Devine, Deputy CFO & Vice President of Operations

Audit, Finance & Investment Committee Meeting | May 19, 2022

Background: Affordability at Ohio State

Controlling Tuition

- Since FY 2018, incoming in-state students benefit from the Ohio State Tuition Guarantee
 - Provides predictability for each entering cohort by locking rates for four years

Expanding Aid

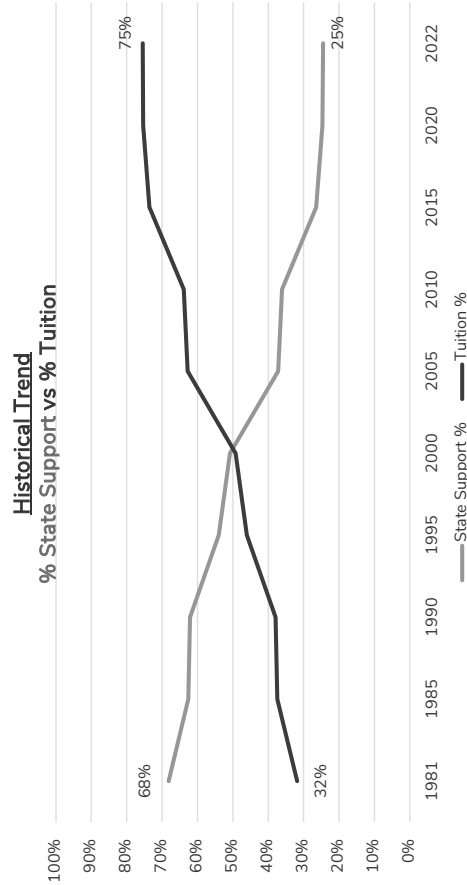
- More than \$305 million in additional need-based financial aid will have supported 45,000 students since FY 2015 through FY 2023.
 - Buckeye Opportunity Program covers tuition and fees for Ohio Pell-eligible students
 - 15,000 President's Affordability Grants for low- and middle-income Ohioans
 - Land Grant Opportunity Scholarships doubled, starting in Autumn 2018
 - Effective Autumn 2022, Ohio College Opportunity Grant program will be increased to an additional \$500 per student

Scarlet & Gray Advantage Program

- Over the coming decade, Ohio State will offer undergraduates a path to earn their bachelor's degree, debt-free.
- For Autumn 2022, the university will establish a small cohort of 125 New First Year Students (NFYS) to pilot Scarlet & Gray Advantage.
- The program will include financial aid, work opportunities, career development and financial literacy components.

What impacts the need for tuition increase?

- Resident tuition frozen from FY 2013 – FY 2017
- FY 2018 Tuition Guarantee implemented, resident tuition increases are only applied to the incoming cohort (Marginal Revenue ~\$4M)
- Total Columbus campus State Share of Instruction (SSI) increases have not kept pace with inflation (Note: FY 2021 SSI = FY 2009 SSI)
- Inflationary costs pressures will impact commodities and labor expenses



Summary of Proposed Tuition and Fees for Academic Year 2022-2023

Undergraduate

Proposed freezes	Rate Increase
In-person and Online programs resident (base) tuition & fees – Ohio resident undergraduate students, not included in the Ohio State Tuition Guarantee program	2.0%
Program, course and technology fees	0% - No Change
International surcharge	
Proposed increases	Rate Increase
In-person and Online programs resident (base) tuition & fees – incoming first year undergraduates (to be frozen for four years under Tuition Guarantee)	4.6% (Cap - 2.0% + CPI (36-month average) - 2.6%)
Non-resident surcharge	5.0% or \$1,154
Non-resident surcharge (Online)	0% - No Change
Housing	4.6%
Dining	4.6%
Student health insurance	4.9%

All Students

Proposed increases	Rate Increase
Transcript Fee	\$4

Graduate / Professional

Proposed Increase	Rate Increase
In-person and Online programs resident (base) tuition & fees	4.6%
Non-resident surcharge	2.5%
Fees	Proposal
Professional school differential fees	8 programs seek changes; 5 new programs also seek a fee
College Of Medicine: Non-Resident Surcharge	Reduce Non-Resident Surcharge for Rank 3 - 4 to \$10,000 per year (-73.3%)
College of Public Health: Master of Health Administration	20.3% increase in differential fee (first increase since 2003)
College of Dentistry: Clinic fees	Fund pre-clinical and clinical costs
College of Dentistry: Hand Piece Pass-through	Fund Hand-piece kits for Dental and Hygiene students
College of Law: Bar Prep and Regalia Pass-through	Fund Themis bar prep courses and regalia rental
College of Engineering: Flight Education - Aviation Fuel Pass-through	Increase various course fees
College of Education and Human Ecology: Voucher Fee	Eliminating the edTPA assessment and a decrease in the Voucher fee
College of Social Work: Course Fees	Eliminating the Field Education Fee

Undergraduate Tuition

Summary: Undergraduate Tuition & Fees for Academic Year 2022-2023

	Freshmen	Continuing Students	Notes
Base tuition	4.6% frozen for 4 years (Tuition Guarantee)	0%	Cap – 2.0% + CPI (36-month average) – 2.6%
Non-resident surcharge	5.0%		Peer comparisons/competition for students and faculty
International surcharge	0%		Last increased in 2017
Program, course and technology fees	0%		70% of course fees eliminated in Spring 2019

COST COMPARISONS* – TOTAL TUITION AND MANDATORY FEES FOR FRESHMEN

	FY 2023	Change	Comparison to FY 2022 peers (1=most affordable)
Ohio residents	\$12,485	\$549	7 th in Big Ten (same as FY 2022) 2 nd among Ohio's six selective universities
U.S. non-resident	\$36,722	\$1,703	8 th in Big Ten (7 th in FY 2022) 5 th among Ohio's six selective universities
International	\$39,650	\$1,703	10 th in Big Ten (9 th in FY 2022)

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*Rates shown are for Columbus campus

Graduate / PhD Tuition

Summary: Graduate / PhD Tuition & Fees for Academic Year 2022-2023

- Tuition revenue primarily funds fee authorizations and fellowships
- Base rates have been consistent for last 9 years increasing the variance with peer universities
- Based on market research we are proposing a 4.6% increase in resident tuition and fees and a 2.5% increase in the non-resident surcharge
- Master’s/PhD pay these rates unless they have differentials
- Not subject to State tuition freeze/cap

	Proposed Increase	Notes
Base tuition	4.6%	Cap – 2.0% + CPI (36-month average) – 2.6%
Non-resident surcharge	2.5%	Evaluated against Big Ten peers

Graduate / PhD Programs

COST COMPARISONS* – TOTAL TUITION AND MANDATORY FEES FOR GRADUATE STUDENT

	FY 2023	Change	Comparison to FY 2022 peers (1=most affordable)
Ohio residents	\$12,997	\$572	6 th in Big Ten 4 th among Ohio's six selective universities
U.S. non-resident	\$39,598	\$1,221	11 th in Big Ten 6 th among Ohio's six selective universities

*Rates shown are for Columbus campus

2623

GRADUATE (Master's and PhD) - COLUMBUS					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 11,560	\$ 12,092	\$ 532	4.6%	
General	\$ 368	\$ 408	\$ 40	10.9%	
Student Activity	\$ 75	\$ 75	\$ -	0.0%	
Student Union	\$ 149	\$ 149	\$ -	0.0%	
Recreation Fee	\$ 246	\$ 246	\$ -	0.0%	
COTA Fee	\$ 27	\$ 27	\$ -	0.0%	
Total Resident	\$ 12,425	\$ 12,997	\$ 572	4.6%	
Non-Resident Surcharge	\$ 25,952	\$ 26,601	\$ 649	2.5%	
Total Non-Resident Domestic	\$ 38,377	\$ 39,598	\$ 1,221	3.2%	
International Surcharge	\$ -	\$ -	\$ -	0.0%	
Total Non-Resident International	\$ 38,377	\$ 39,598	\$ 1,221	3.3%	

GRADUATE (Master's and Ph.D.) - REGIONAL					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 11,496	\$ 12,025	\$ 529	4.6%	
General	\$ 240	\$ 251	\$ 11	4.6%	
Total Resident	\$ 11,736	\$ 12,276	\$ 540	4.6%	
Non-Resident Surcharge	\$ 25,952	\$ 26,601	\$ 649	2.5%	
Total Non-Resident Domestic	\$ 37,688	\$ 38,877	\$ 1,189	3.2%	
International Surcharge	\$ -	\$ -	\$ -	0.0%	
Total Non-Resident International	\$ 37,688	\$ 38,877	\$ 1,189	3.2%	

TAG Masters and Professional Tuition and Fees

TAG Masters / Professional Proposals for Academic Year 2022-2023

- The Board of Trustees has traditionally supported our market-based pricing recommendations

Fees	Proposal
Professional school differential fees	8 programs seek changes; 5 new programs also seek a fee
College Of Medicine: Non-Resident Surcharge	Reduce Non-Resident Surcharge for Rank 3 - 4 to \$10,000 per year (-73.3%)
College of Public Health: Master of Health Administration	20.3% increase in differential fee (first increase since 2003)
College of Dentistry: Clinic fees	Fund pre-clinical and clinical costs
College of Dentistry: Hand Piece Pass-through	Fund Hand-piece kits for Dental and Hygiene students
College of Law: Bar Prep and Regalia Pass-through	Fund Themis bar prep courses and regalia rental
College of Engineering: Flight Education - Aviation Fuel Pass-through	Increase various course fees
College of Education and Human Ecology: Voucher Fee	Eliminating the edTPA assessment and a decrease in the Voucher fee
College of Social Work: Course Fees	Eliminating the Field Education Fee

Proposed Differential Fees for Academic Year 2022-2023

College	Fee Name	Instructional: Current	Instructional: Proposed	Proposed Increase	Proposed Increase %	Non-Resident Current	Non-Resident Proposed	Non-Resident Proposed Increase	Non-Resident Proposed Increase %
Business	Master of Supply Chain Management	New program	\$13,383	N/A	N/A	New program	\$200	N/A	N/A
	Micro-Certification in FinTech Fundamentals	New program	\$7,560	N/A	N/A	New program	\$200	N/A	N/A
	Certificate in Business Strategy for IT Leaders	New program	\$11,176	N/A	N/A	New program	\$200	N/A	N/A
Dentistry	Dentistry - Rank 1	\$20,032	\$21,036	\$1,004	5.0%	\$22,501	\$23,626	\$1,125	5.0%
	Dentistry - Ranks 2-4	\$16,852	\$17,696	\$844	5.0%	\$19,953	\$20,951	\$998	5.0%
Engineering	Professional Master of Structural Engineering	New program	\$8,560	N/A	N/A	New program	\$13,301	N/A	N/A
	Law - Doctor of Jurisprudence (J.D.)	\$15,910	\$16,228	\$318	2.0%	\$7,626	\$7,626	\$0	0.0%
Law	Law - Master in Study of Law (MSL) - Full time	New Program	\$14,352	N/A	N/A	New Program	\$7,626	N/A	N/A
	Law - Master in Study of Law (MSL) - Part time	\$7,176	\$7,463	\$287	4.0%	\$7,626	\$7,626	\$0	0.0%
Medicine	Medicine - Rank 1	\$15,062	\$15,062	\$0	0.0%	\$12,460	\$12,460	\$0	0.0%
	Medicine - Rank 2	\$15,118	\$15,062	-\$56	-0.4%	\$12,460	\$12,460	\$0	0.0%
	Medicine - Rank 3	\$14,967	\$15,118	\$151	1.0%	\$12,460	\$3,333	-\$9,127	-73.3%
	Medicine - Rank 4	\$14,840	\$14,967	\$127	0.9%	\$12,460	\$3,333	-\$9,127	-73.3%
Optometry	Optometry - Rank 1	\$13,468	\$13,737	\$269	2.0%	\$10,528	\$10,528	\$0	0.0%
	Optometry - Rank 2	\$13,468	\$13,737	\$269	2.0%	\$5	\$5	\$0	0.0%
	Optometry - Rank 3 - 4	\$11,956	\$12,195	\$239	2.0%	\$5	\$5	\$0	0.0%
Pharmacy	Pharmacy Ranks 1	\$12,650	\$12,904	\$254	2.0%	\$13,664	\$14,006	\$342	2.5%
	Pharmacy Ranks 2-4	\$12,650	\$12,904	\$254	2.0%	\$5	\$5	\$0	0.0%
Public Health	Master of Health Administration	\$6,984	\$8,400	\$1,416	20.3%	\$12,976	\$12,976	\$0	0.0%
	Veterinary Medicine Rank 1	\$16,405	\$16,733	\$328	2.0%	\$20,061	\$20,462	\$401	2.0%
Veterinary Medicine	Veterinary Medicine Ranks 2-4	\$16,405	\$16,733	\$328	2.0%	\$5	\$5	\$0	0.0%

NOTE: DIFFERENTIAL FEES ARE SHOWN AT THE PER-SEMESTER RATE; SCHEDULE VARIES BY PROGRAM



Appendix

Undergraduate

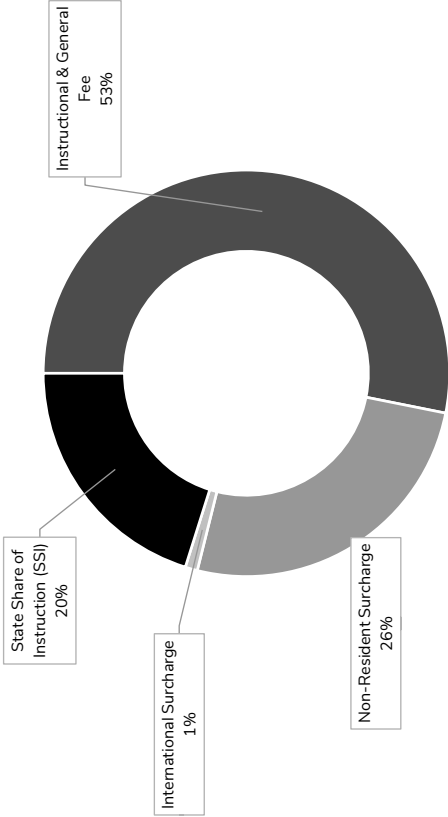
How is tuition built at The Ohio State University?

Description	FY 2023
Fees:	
Instructional Fees	\$ 11,525
General	\$ 458
Student Activity	\$ 80
Student Union	\$ 149
Recreation Fee	\$ 246
COTA Fee	\$ 27
Total Resident	\$ 12,485
Non-Resident Surcharge	\$ 24,237
Total Non-Resident Domestic	\$ 36,722
International Surcharge	\$ 2,928
Total Non-Resident International	\$ 39,650

*Rates shown are for Columbus campus

Undergraduate Support

- 80% of undergraduate teaching revenue is from tuition & fees
- The State Share of Instruction (SSI) provides the other 20%



Ohio State Tuition Guarantee

Ohio students entering in fall will be the sixth class under new structure

- Freezes rates for four years for each incoming class of Ohio resident undergraduates
 - Fees included: Base (resident) tuition, mandatory fees, housing and dining
- Plan applies to all campuses – Columbus, Lima, Mansfield, Marion, Newark and ATI
- Ohio law allows rates to be increased by inflation, plus any state tuition flexibility

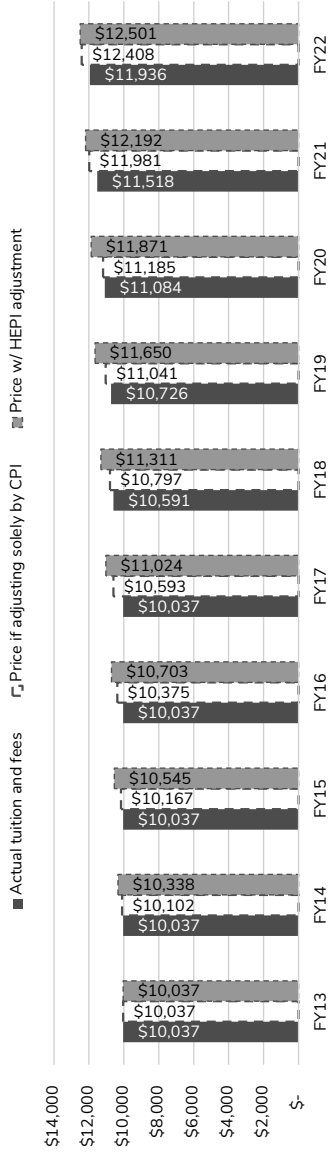
FY 2023 IMPLEMENTATION

- Rates remain frozen for first four cohorts (new Ohio students in 2017-18, 2018-19, 2019-20, 2020-21 and 2021-22)
- Proposed 2.0% increase to resident tuition and fees for Pre-Tuition Guarantee cohorts
- Proposed 4.6% increase to resident tuition and fees for cohort entering in 2022-23
- Proposed 4.6% increase for room and board rates for cohort entering in 2022-23

Tuition Increases have been below Inflation

- Ohio State converted from quarters to semesters in FY13. The Ohio State Tuition Guarantee was established in FY18.
- Consumer Price Index (CPI) averaged 2.2% during this period. Higher Education Price Index (HEPI) averaged 2.4%
- FY22 numbers reflect the 3-year average for CPI and HEPI

In-state tuition since FY13 compared with inflationary growth



Actual tuition and fees each year is less than the inflationary price

CPI-U \$	-	\$	(66)	\$	(130)	\$	(339)	\$	(557)	\$	(205)	\$	(315)	\$	(101)	\$	(463)	\$	(472)
HEPI \$	-	\$	(301)	\$	(508)	\$	(666)	\$	(987)	\$	(719)	\$	(924)	\$	(787)	\$	(674)	\$	(565)

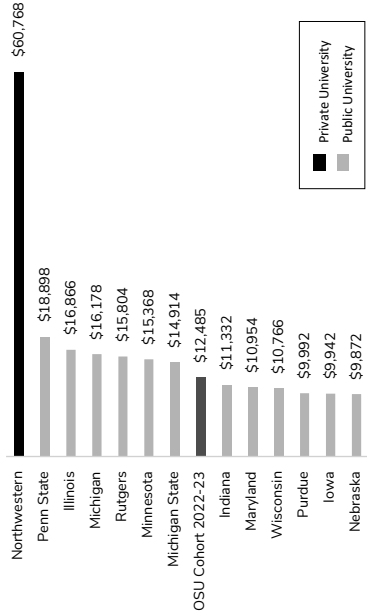
Comparison: Undergraduate Resident Tuition and Fees

All comparisons show Ohio State FY 2023 proposal vs. Peers' FY 2022 Rates

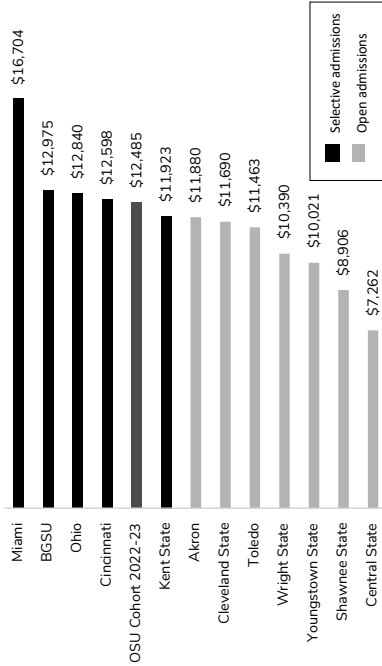
Proposed rates would maintain affordability compared with peers and in state

- Near median: More affordable than seven of 14 Big Ten schools
- Second most affordable among selective Ohio schools

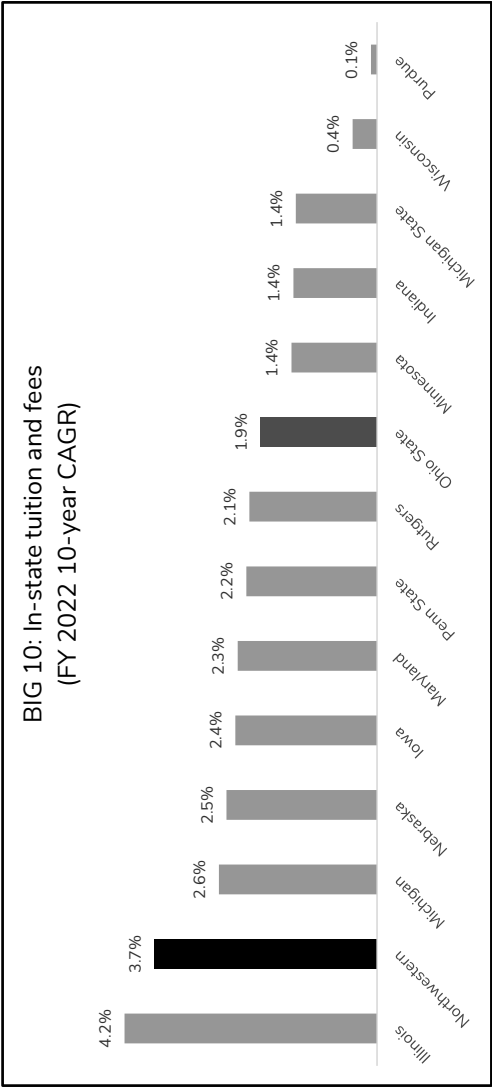
BIG10 - Resident tuition and fees



Ohio - Resident tuition and fees



Background: Resident Tuition and Fees



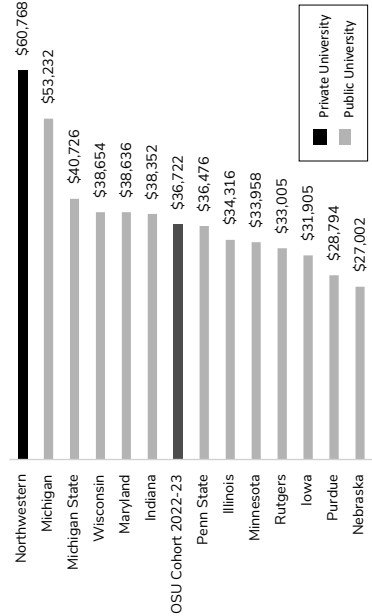
Source: Association of American Universities Data Exchange

Comparison: Undergraduate Non-resident Tuition and Fees

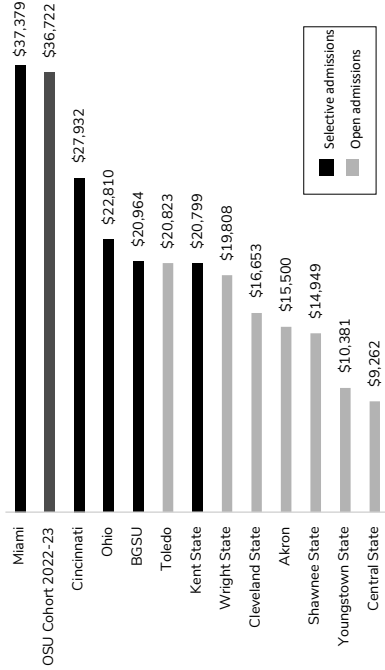
All comparisons show Ohio State FY 2023 proposal vs. Peers' FY 2022 Rates

- After applying new rate
 - Non-resident surcharge would increase 5.0% (\$1,154)
 - More affordable than six of 14 Big Ten schools
 - More affordable than one other Ohio selective public school

BIG10 - In-Person Non-Resident Tuition

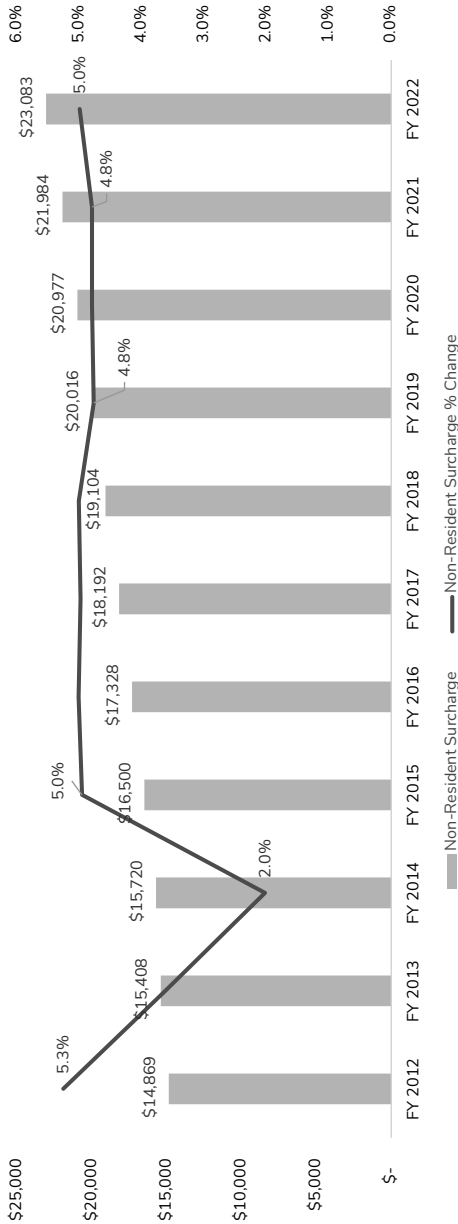


Ohio - In-Person Non-Resident Tuition



Undergraduate Non-Resident Surcharge Trend

Rates shown are for all campuses

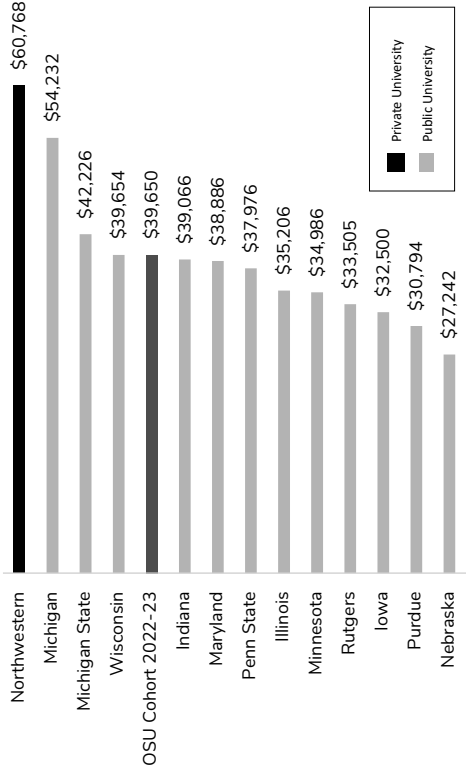


Comparison: Non-resident International Tuition and Fees

All comparisons show Ohio State FY 2023 proposal vs. Peers' FY 2022 Rates

- Ohio State is the 10th most affordable among the Big Ten schools

BIG10 – In-Person International Tuition



SUMMARY: Undergraduate Rates (Columbus)

UNDERGRADUATE TUITION & FEES - COLUMBUS									
DESCRIPTION	FY 2015	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	1-year change	5 YEAR CAGR
BASE (RESIDENT) TUITION AND MANDATORY FEES									
Continuing (pre-Guarantee)	\$10,037	\$10,037	\$10,037	\$10,037	\$10,037	\$10,037	\$10,238	\$201	2.0%
Cohort 2019-20				\$11,084	\$11,084	\$11,084	\$11,084	\$0	0.0%
Cohort 2020-21					\$11,518	\$11,518	\$11,518	\$0	0.0%
Cohort 2021-22						\$11,936	\$11,936	\$0	0.0%
Cohort 2022-23							\$12,485	\$549	4.6%
U.S. NON-RESIDENT TUITION AND FEES									
Continuing (pre-Guarantee)	\$26,537	\$29,141	\$30,053	\$31,014	\$32,021	\$33,120	\$34,475	\$1,355	4.1%
Cohort 2019-20				\$32,061	\$33,068	\$34,167	\$35,321	\$1,154	3.4%
Cohort 2020-21					\$33,502	\$34,601	\$35,755	\$1,154	3.3%
Cohort 2021-22						\$35,019	\$36,173	\$1,154	3.3%
Cohort 2022-23							\$36,722	\$1,703	4.9%
INTERNATIONAL TUITION AND FEES									
Continuing (pre-Guarantee)	\$30,161	\$31,073	\$31,985	\$32,946	\$33,953	\$35,052	\$36,407	\$1,355	3.9%
Cohort 2019-20				\$34,989	\$35,996	\$37,095	\$38,249	\$1,154	3.1%
Cohort 2020-21					\$36,430	\$37,529	\$38,683	\$1,154	3.1%
Cohort 2021-22						\$37,947	\$39,101	\$1,154	3.0%
Cohort 2022-23							\$39,650	\$1,703	4.5%
HOUSING AND DINING (rates for previous Tuition Guarantee cohorts continue to be frozen)									
Housing (Rate plan)	\$6,560	\$8,348	\$8,472	\$8,658	\$8,874	\$9,096	\$9,514	\$418	4.6%
Dining (Gray 10 plan)	\$3,700	\$3,904	\$3,962	\$4,050	\$4,152	\$4,256	\$4,452	\$196	4.6%
Total - housing and dining	\$10,260	\$12,252	\$12,434	\$12,708	\$13,026	\$13,352	\$13,966	\$614	4.6%

Regional Campus Tuition and Fees

Lima, Mansfield, Marion and Newark

Description	Continuing Students (pre-Guarantee)			Tuition Guarantee 2017-18 cohort			Tuition Guarantee 2018-19 cohort			Tuition Guarantee 2019-20 cohort			Tuition Guarantee 2020-21 cohort			Tuition Guarantee 2021-22 cohort			Tuition Guarantee 2022-23 cohort		
	FY/2023	Change	% Change	FY/2023	Change	% Change	FY/2023	Change	% Change	FY/2023	Change	% Change	FY/2023	Change	% Change	FY/2023	Change	% Change	FY/2023	Change	% Change
Fees:																					
Instructional	\$ 7,050	\$ 138	2.0%	\$ 7,325	\$ -	0.0%	\$ 7,416	\$ -	0.0%	\$ 7,676	\$ -	0.0%	\$ 7,991	\$ -	0.0%	\$ 8,295	\$ -	0.0%	\$ 8,677	\$ 382	4.6%
General	\$ 233	\$ 5	2.2%	\$ 228	\$ -	0.0%	\$ 228	\$ -	0.0%	\$ 236	\$ -	0.0%	\$ 246	\$ -	0.0%	\$ 255	\$ -	0.0%	\$ 267	\$ 12	4.7%
Total Resident	\$ 7,283	\$ 143	2.0%	\$ 7,553	\$ -	0.0%	\$ 7,644	\$ -	0.0%	\$ 7,912	\$ -	0.0%	\$ 8,237	\$ -	0.0%	\$ 8,550	\$ -	0.0%	\$ 8,944	\$ 394	4.6%
Non-resident surcharge	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%
Total Non-Resident Domestic	\$ 31,520	\$ 1,297	4.3%	\$ 31,790	\$ 1,154	3.8%	\$ 31,881	\$ 1,154	3.8%	\$ 32,149	\$ 1,154	3.7%	\$ 32,474	\$ 1,154	3.7%	\$ 32,787	\$ 1,154	3.6%	\$ 33,181	\$ 1,548	4.9%
International surcharge	\$ 1,932	\$ -	0.0%	\$ 2,928	\$ -	0.0%	\$ 2,928	\$ -	0.0%	\$ 2,928	\$ -	0.0%	\$ 2,928	\$ -	0.0%	\$ 2,928	\$ -	0.0%	\$ 2,928	\$ -	0.0%
Total Non-Resident Int'l	\$ 33,452	\$ 1,297	4.0%	\$ 34,718	\$ 1,154	3.4%	\$ 34,809	\$ 1,154	3.4%	\$ 35,077	\$ 1,154	3.4%	\$ 35,402	\$ 1,154	3.4%	\$ 35,715	\$ 1,154	3.3%	\$ 36,109	\$ 1,548	4.5%

ATI campus tuition and fees

Description	Continuing Students (pre-Guarantee)			Tuition Guarantee 2017-18 cohort (pre-Guarantee)			Tuition Guarantee 2018-19 cohort			Tuition Guarantee 2019-20 cohort			Tuition Guarantee 2020-21 cohort			Tuition Guarantee 2021-22 cohort			Tuition Guarantee 2022-23 cohort		
	FY/2023	Change	% Change	FY/2023	Change	% Change	FY/2023	Change	% Change	FY/2023	Change	% Change	FY/2023	Change	% Change	FY/2023	Change	% Change	FY/2023	Change	% Change
Fees:																					
Instructional	\$ 7,014	\$ 138	2.0%	\$ 7,289	\$ -	0.0%	\$ 7,380	\$ -	0.0%	\$ 7,638	\$ -	0.0%	\$ 7,951	\$ -	0.0%	\$ 8,253	\$ -	0.0%	\$ 8,633	\$ 380	4.6%
General	\$ 233	\$ 5	2.2%	\$ 228	\$ -	0.0%	\$ 228	\$ -	0.0%	\$ 236	\$ -	0.0%	\$ 246	\$ -	0.0%	\$ 255	\$ -	0.0%	\$ 267	\$ 12	4.7%
Total Resident	\$ 7,247	\$ 143	2.0%	\$ 7,517	\$ -	0.0%	\$ 7,608	\$ -	0.0%	\$ 7,874	\$ -	0.0%	\$ 8,197	\$ -	0.0%	\$ 8,508	\$ -	0.0%	\$ 8,900	\$ 392	4.6%
Non-resident surcharge	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%	\$ 24,237	\$ 1,154	5.0%
Total Non-Resident Domestic	\$ 31,484	\$ 1,297	4.3%	\$ 31,754	\$ 1,154	3.8%	\$ 31,845	\$ 1,154	3.8%	\$ 32,111	\$ 1,154	3.7%	\$ 32,434	\$ 1,154	3.7%	\$ 32,745	\$ 1,154	3.7%	\$ 33,137	\$ 1,546	4.9%
International surcharge	\$ 1,932	\$ -	0.0%	\$ 2,928	\$ -	0.0%	\$ 2,928	\$ -	0.0%	\$ 2,928	\$ -	0.0%	\$ 2,928	\$ -	0.0%	\$ 2,928	\$ -	0.0%	\$ 2,928	\$ -	0.0%
Total Non-Resident Int'l	\$ 33,416	\$ 1,297	4.0%	\$ 34,682	\$ 1,154	3.4%	\$ 34,773	\$ 1,154	3.4%	\$ 35,039	\$ 1,154	3.4%	\$ 35,362	\$ 1,154	3.4%	\$ 35,673	\$ 1,154	3.3%	\$ 36,065	\$ 1,546	4.5%

FY23 Online Undergraduate Degree / Certificate Program Fees

All Programs reflect a 4.6% increase in tuition and fees

- 3 new undergraduate programs proposed for FY23
 - Bachelors of Science in Health and Wellness Innovation
 - Medical Coding and Healthcare Data Analytics for Practice Certificate
 - Bachelor of Science Degree Completion MLT to MLS

2640

FEES ARE SHOWN AT THE PER-SEMESTER RATE; SCHEDULE VARIES BY PROGRAM

	General Fees				Program Specific Fees					Non-Resident Surcharge	Non-Resident Total
	Instructional Fees	General	Student Activity	Student Union Fee	Recreation Fee	COTA Fee	Distance Education Fee	Program	Other		
Undergraduate											
Associate of Arts in Early Childhood Development and Education	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Certificate in Essential Skills for Travel and Business in Russia	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Bachelor of Science, Dental Hygiene	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Healthcare Environmental and Hospitality Services	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
AS to Bachelor of Science in Radiological Sciences	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Assistive and Rehabilitative Technology Certificate	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Bachelor of Science in Health Sciences	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ 200.00	\$ -	\$ 200.00	\$ 6,491.50
Nursing in School Health Services Certificate	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Primary Care Academic Certificate	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Registered Nurses in Primary Care Certificate	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
RN to Bachelor of Science in Nursing	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ 624.00	\$ 190.00	\$ 200.00	\$ 7,105.50
School Nurse Professional Pupil Services Licensure Certificate	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Diversity, Equity and Inclusion Certificate	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Usability and User Experience in Health Care Certificate	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Bachelor of Science in Health and Wellness Innovation	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Medical Coding and Healthcare Data Analytics for Practice Certificate	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50
Bachelor of Science Degree Completion MLT to MLS	\$ 5,762.50	\$ 229.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,291.50

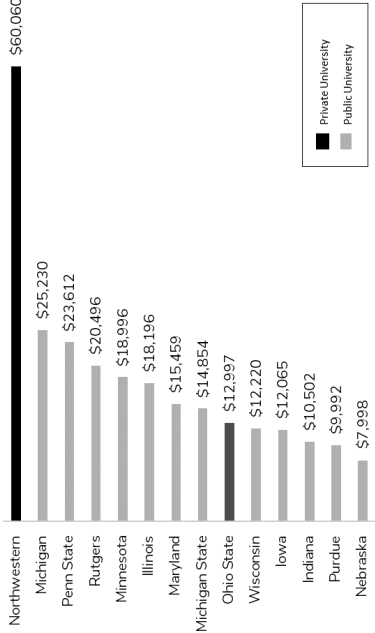
Graduate / PhD

Comparison: Graduate Resident Tuition and Fees

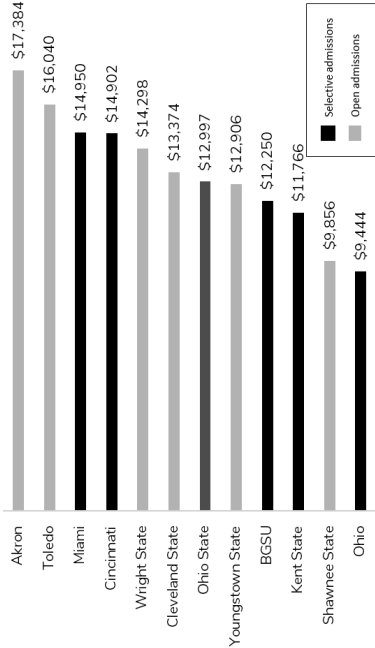
All comparisons show Ohio State FY 2023 proposal vs. Peers' FY 2022 Rates

- After applying new rate
 - Resident tuition and fees would increase 4.6% (\$572)
 - Near median: More affordable than 8 of 14 Big Ten schools
 - Fourth most affordable among 6 selective Ohio schools

BIG10 - Resident Tuition



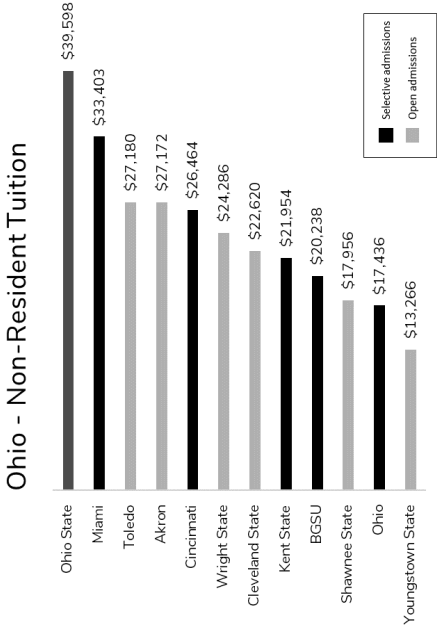
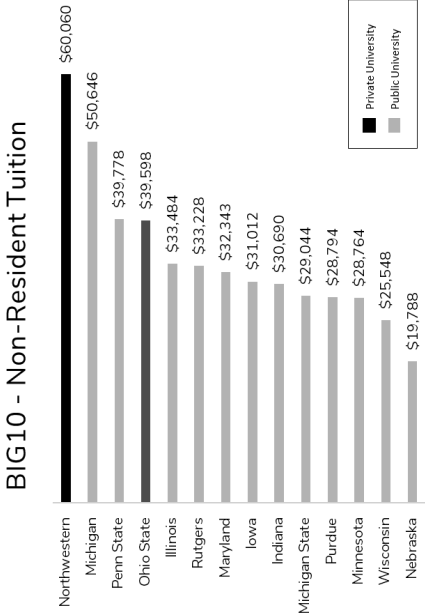
Ohio - Resident Tuition



Comparison: Graduate Non-resident Tuition and Fees

All comparisons show Ohio State FY 2023 proposal vs. Peers' FY 2022 Rates

- After applying new rate
 - Non-resident surcharge would increase 2.5% (\$649)
 - More affordable than 3 of 14 Big Ten schools
 - Most expensive Ohio selective public school



FY23 Online Graduate Degree/Certificate Program Fees

All Programs that use the standard graduate rate, reflect a 4.6% increase in resident tuition and fees

- 6 new graduate programs proposed for FY23
 - Master of Supply Chain Management
 - Micro-Certification in FinTech Fundamentals
 - Graduate Certificate in Business Strategy for IT Leaders
 - Medical Coding and Healthcare Data Analytics for Practice Graduate Certificate
 - Doctor of Nursing Education
 - Teaching English Language Learners (PreK-12)

FEES ARE SHOWN AT THE PER-SEMESTER RATE; SCHEDULE VARIES BY PROGRAM

Graduate	General Fees				Program Specific Fees					Non-Resident Surcharge	Non-Resident Total
	Instructional Fees	General	Student Activity	Student Union Fee	Recreation Fee	COTA Fee	Distance Education Fee	Program	Other		
Master of Arts in Art Education	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Master of Dental Hygiene	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Core Practices in World Language Education	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Master of Science in Learning Technologies	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Master of Engineering Management	\$ 8,560.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 9,064.00
Master of Global Engineering Leadership	\$ 8,560.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 9,064.00
Master of Science in Welding Engineering	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Master in Plant Health Management	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Master of Science in Agricultural Communication, Education, and Leadership	\$ 7,172.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 7,476.00
Specialized Master in Business Analytics	\$ 13,666.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 13,970.00
Working Professional MBA	\$ 12,592.00	\$ 164.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 12,856.00
Master of Supply Chain Management	\$ 13,383.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 13,887.00
Micro-Certification in FinTech Fundamentals	\$ 7,560.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 8,064.00
Graduate Certificate in Business Strategy for IT Leaders	\$ 11,176.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 11,680.00

FY23 Online Graduate Degree/Certificate Program Fees

All Programs that use the standard graduate rate, reflect a 4.6% increase in resident tuition and fees

FEES ARE SHOWN AT THE PER-SEMESTER RATE; SCHEDULE VARIES BY PROGRAM

Graduate	General Fees				Program Specific Fees					Non-Resident Surcharge	Non-Resident Total
	Instructional Fees	General	Student Activity	Student Union Fee	Recreation Fee	COTA Fee	Distance Education Fee	Program	Other		
Assistive and Rehabilitative Technology Graduate Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Biomedical Informatics Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Master of Arts in Bioethics	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Master of Science in Translational Pharmacology	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Doctor of Nursing Practice	\$ 7,780.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ 1,249.00	\$ 190.00	\$ 200.00	\$ 9,723.00
Health and Wellness Coaching Graduate Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Healthcare Leadership and Innovation Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Master of Clinical Research	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ 1,249.00	\$ 190.00	\$ 200.00	\$ 7,989.00
Master of Healthcare Innovation	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ 1,249.00	\$ 190.00	\$ 200.00	\$ 7,989.00
Master of Science, Nursing	\$ 7,780.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ 1,249.00	\$ 190.00	\$ 200.00	\$ 9,723.00
Nurse Coaching Graduate Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Nurse Educator Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
School Nurse Wellness Coordinator Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Master of Science in Health-System Pharmacy	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Criminal Justice Administration Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Master of Public Administration and Leadership	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 180.00	\$ 200.00	\$ 6,730.00
Public Management Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Master of Social Work	\$ 6,116.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,620.00
Master of Social Work ASAP	\$ 6,116.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,620.00
Advanced Chemistry Knowledge for Educators Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Environmental Assessment Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Environmental Assessment Certificate	\$ 9,530.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 10,034.00
Master of Translational Data Analytics	\$ 6,196.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,700.00
Master of Public Health - Program for Experienced Professionals	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
CyberSecurity Studies: Design and Implementation Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
CyberSecurity Studies: Offense and Defense Techniques Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Certificate in Federal Policy and Management	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Usability and User Experience in Health Care Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Medical Coding and Healthcare Data Analytics for Practice Graduate Certificate	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Doctor of Nursing Education	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00
Teaching English Language Learners (PreK-12)	\$ 6,046.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ -	\$ 200.00	\$ 6,550.00

TAG Masters / Professional

Business: Master of Supply Chain Management

- A target enrollment of 30 students and 100% online
- Program is in line with the strategic plan for Fisher College of Business (FCOB), which stresses distance learning as priority for future graduate programs
- Serves the demand in two growing markets:
 - Individuals with 2-5 years of work experience but seek more formal education to advance their careers
 - Individuals with professional experience seeking a career path change into the field of supply chain management

College	Delivery Mode	Total Cost (Resident)
University of Southern California	Online	\$63,000
Michigan State University	Online	\$55,800
University of Minnesota	Hybrid	\$47,904
University of Maryland	Hybrid	\$47,460
Indiana University	Online	\$41,000
Ohio State University	Online	\$41,000
University of Tennessee	Online	\$38,250
Rutgers University	Online	\$37,920
Pennsylvania State University	Online	\$33,630
Purdue University	Online	\$32,064
University of Wisconsin	In-Person	\$21,116
Arizona State University	Online	\$18,000
University of Illinois	Online	\$10,872

NOTE: FEES ARE SHOWN AT THE PER-SEMESTER RATE

College	Fee Name	Current	Proposed	Proposed Increase	Proposed Increase %	Non-Resident: Current	Non-Resident: Proposed	Non-Resident: Proposed Increase	Non-Resident: Proposed Increase %
Business	Master of Supply Chain Management	New program	\$13,383	N/A	N/A	New program	\$200	N/A	N/A

Business: Micro-Certification in FinTech Fundamentals

- A target enrollment of 30 students in year one, 40 in year two and 50 in subsequent years, 4.5 credit hour program and 100% online
- Supports the University's efforts to meet workforce development needs through expansion of programmatic offerings
- FinTech constitutes the second largest industry sector in Ohio
- First university in Ohio offering such short program, which will allow the Fisher College of Business (FCOB) to remain competitive amongst peer institutions
- Appeals to individuals interested in micro-credentials as a stand-alone program, in-person & online enrollees outside FCOB, and current enrollees in other FCOB graduate programs

NOTE: FEES ARE SHOWN AT THE PER-SEMESTER RATE

College	Fee Name	Current	Proposed	Proposed Increase	Proposed Increase %	Non-Resident Current	Non-Resident Proposed	Non-Resident Proposed Increase	Non-Resident Proposed Increase %
Business	Micro-Certification in FinTech Fundamentals	New program	\$7,560	N/A	N/A	New program	\$200	N/A	N/A

Business: Certificate in Business Strategy for IT Leaders

- Target enrollment of 20 students, 13.5 credit hour program and 100% online
- Designed for companies to send incumbent business strategy and IT leaders to further enhance their leadership skills
- Meets the emerging trends and needs based on market analysis and feedback from CIOs and IT leaders
- Target audience is executive working IT professionals
- Analysis by the Fisher College of Business (FCOB) has confirmed this program will be the first of its kind and is not offered elsewhere

NOTE: FEES ARE SHOWN AT THE PER-SEMESTER RATE

College	Fee Name	Current	Proposed	Proposed Increase	Proposed Increase %	Non-Resident Current	Non-Resident Proposed	Non-Resident Proposed Increase	Non-Resident Proposed Increase %
Business	Certificate in Business Strategy for IT Leaders	New program	\$111,176	N/A	N/A	New program	\$200	N/A	N/A

Engineering: Professional Master of Structural Engineering

- Goal is to equip working professionals with the technical skills to design complex vertical and horizontal structures
- Surveys among current students, graduates and industry leaders indicated a high demand for this area of study and the program has a target enrollment of 10 students in year-one growing to 25 students by year 4
- The number of universities offering programs specializing in structural engineering are very limited
- Civil engineering employment projected to grow 8% from 2020-2030
- Median annual wage for engineering managers was \$153,000 as of December 2020
- Program projected to be the 5th most affordable among competitive peer institutions

College	Total Credit Hours	Total Program Cost
Lehigh University	30	\$45,000
University of Akron	30	\$36,632
Ohio State University	30	\$32,100
Dayton University	30	\$30,150
Ohio University	29	\$27,264
University of Cincinnati	30	\$22,380
Youngstown University	36	\$18,576

NOTE: FEES ARE SHOWN AT THE PER-SEMESTER RATE

College	Fee Name	Current	Proposed	Proposed Increase	Proposed Increase %	Non-Resident: Current	Non-Resident: Proposed	Non-Resident: Proposed Increase	Non-Resident: Proposed Increase %
Engineering	Professional Master of Structural Engineering	New program	\$8,560	N/A	N/A	New program	\$13,301	N/A	N/A

Public Health: Master of Health Administration

- Differential fee has not increased since established in 2003
- Supports critical program functions that complement a robust curriculum not covered by standard tuition
- Student body recognized the need for the proposed increase and a desire to sustain the program's current level of quality
- Program consistently places 100% of its graduates in professional administrative positions among the nation's top healthcare systems
- Ranked 7th among peer institutions with the increase, remaining a highly affordable option for Ohio resident students

NOTE: FEES ARE SHOWN AT THE PER-SEMESTER RATE

College	Fee Name	Current	Proposed	Proposed Increase	Proposed Increase %	Non-Resident Current	Non-Resident Proposed	Non-Resident Proposed Increase	Non-Resident Proposed Increase %
Public Health	Master of Health Administration	\$6,984	\$8,400	\$1,416	20.3%	\$12,976	\$12,976	\$0	0.0%

College	Rank	Total Cost (Resident)	Total Cost (Non-Resident)
Cornell University	9	\$76,708	\$78,932
Johns Hopkins University	9	\$72,320	\$72,320
Rush University	5	\$70,528	\$70,528
University of Michigan	3	\$61,786	\$170,200
University of North Carolina	3	\$61,380	\$119,820
University of Minnesota	2	\$60,840	\$81,540
University of Iowa	8	\$55,000	\$119,263
University of Alabama	1	\$40,925	\$92,878
Virginia Commonwealth University	5	\$38,421	\$92,859
Ohio State University (Proposed Increase)	7	\$33,600	\$85,504

Medicine: Rank 3 and 4 Non-Resident Surcharge

- The College's goal is to standardize the instructional rate across all ranks to \$15,062
- The 3rd and 4th year non-resident tuition costs are significantly above the non-resident tuition costs of the other Big Ten Schools
- The process to obtain in-state residency has difficult guidelines
- The proposal to bring down the 3rd and 4th year non-resident tuition to market rates of the Big Ten schools will have a minimal impact on overall revenue.

NOTE: FEES ARE SHOWN AT THE PER-SEMESTER RATE

College	Fee Name	Current	Proposed	Proposed Increase	Proposed Increase %	Non-Resident: Current	Non-Resident: Proposed	Non-Resident: Proposed Increase	Non-Resident: Proposed Increase %
Medicine	Medicine - Rank 1	\$15,062	\$15,062	\$0	0.0%	\$12,460	\$12,460	\$0	0.0%
	Medicine - Rank 2	\$15,118	\$15,062	-\$56	-0.4%	\$12,460	\$12,460	\$0	0.0%
	Medicine - Rank 3	\$14,967	\$15,118	\$151	1.0%	\$12,460	\$3,333	-\$9,127	-73.3%
	Medicine - Rank 4	\$14,840	\$14,967	\$127	0.9%	\$12,460	\$3,333	-\$9,127	-73.3%

Dentistry: Differential and Clinic Educational Support Fees

- Clinic fees fund modern instruments, technology and services (such as sterilization)
 - Resources are essential to attract top students and faculty
- Continued compliance with Commission on Dental Accreditation standards

NOTE: FEES ARE SHOWN AT THE PER-SEMESTER RATE; RANK 1 IS 2 SEMESTERS; OTHER RANKS ARE 3

College	Fee Name	Current	Proposed	Proposed Increase	Proposed Increase %	Non-Resident Current	Non-Resident Proposed	Non-Resident Proposed Increase
Dentistry	Differential: Dentistry - Rank 1							
	Dentistry - Ranks 2-4	\$20,032	\$21,036	\$1,004	5.0%	\$22,501	\$23,626	5.0%
		\$16,852	\$17,696	\$844	5.0%	\$19,953	\$20,951	5.0%

Clinic Fees								
Dentistry	Dentistry - Rank 1	\$2,422	\$2,616	\$194	8.0%	N/A	N/A	N/A
	Dentistry - Ranks 2-4	\$1,786	\$1,929	\$143	8.0%	N/A	N/A	N/A

Overall								
Dentistry	Dentistry - Rank 1	\$22,454	\$23,652	\$1,198	5.3%	\$22,501	\$23,626	5.0%
	Dentistry - Ranks 2-4	\$18,638	\$19,625	\$987	5.3%	\$19,953	\$20,951	5.0%

COST COMPARISONS – BIG TEN

	FY 2022	Change	Comparison to FY21 peers (1=most affordable)
Rank 1	\$23,652	\$1,198	5 th of 9 Big Ten programs
Rank 2-4	\$18,638	\$987	7 th of 9 Big Ten programs

Dentistry: Dental Hand Piece Kit Pass-Through Fee

- Fee is 100% pass-through
- Vendor is freezing prices for four years
- Fee is included in the cost of attendance
 - Financial aid is available to apply towards payment
 - Streamlines the process of payment between the College & the Vendor
- Three fee assessments match three kits purchased:
 - Two for Professional Dental Students
 - One for Dental Hygiene Students
 - Aligns with semesters in which kits are needed

	Quantity	OSU Proposed Price (Four Year Contract)	2021 Vendor Retail Price	OSU Price Compared to Retail (%)
Dental Student First Year Kit				
MX2 Motor	1	\$760.75	\$1,818.00	58%
EVO Micro-Series CA 1:1.5L Friction Grip Highspeed	1	\$600.00	\$2,400.00	75%
EVO Micro-Series CA 1:1L Latch Lowspeed	1	\$600.00	\$2,400.00	75%
PM 1:1 Straight Lab Nose Cone	1	\$295.00	\$868.00	68%
Total		\$2,255.75	\$7,486.00	68%
Dental Student Third Year Kit				
MX2 Motor	1	\$760.75	\$1,818.00	58%
EVO Micro-Series CA 1:1.5L Friction Grip Highspeed	1	\$600.00	\$2,400.00	75%
Total		\$1,360.75	\$4,218.00	68%
Dental Hygiene Student Kit				
PMP 10:1 Prophyl Straight	1	\$295.00	\$715.00	59%

Law: Bar Prep & Regalia rental Pass-Through Fee

- Bar passage research has found that students who take a formal bar preparation course have a higher pass rate
- Fee is 100% pass-through fee of \$251 per semester
- Fee is included in the cost of attendance
 - Financial aid is available to apply towards payment
- Allows the students to take advantage of group discounts (\$1,200 discount)
- Accumulated revenues will be used to purchase Themis bar prep courses and regalia rental costs

2655

Engineering: Flight Education – Aviation Fuel Pass-through

- 135 students are currently enrolled in a 3-year Flight Education program to become a licensed pilot
- Our projected average pass-through fuel expense increase is \$415,244
- Total program increase of \$9,228 per student (or an annual increase of \$3,076) is needed to fund the pass-through fuel expense increase
- Over the last 15 years, flight education fees have not increased while the fuel costs have increased by 50%
- Program has gained a negative reputation for the large waitlist (90 students)

Projected Cost of Fuel – 2022-2027				
YEAR	AVGas Price	Total Gallons FED	Total Cost	
Estimated Increase	3%	13.00%	NA	
2022	\$3.79	73,501	\$278,752	
2023	\$3.89	83,056	\$322,864	
2024	\$3.98	93,853	\$373,958	
2025	\$4.08	106,054	\$433,137	
2026	\$4.19	119,841	\$501,680	
2027	\$4.29	135,421	\$581,071	
Average:			\$415,244	

*Gas prices estimated to increase 3% based on 5-year CAGR
**Total gallons used estimated to increase 13% annually based on projected enrollment growth as the waitlist is reduced.

Fee Name	Current Fee per credit hour	Proposed Fee per credit hour	Proposed Increase %
CFI Rate	\$45.00	\$50.00	11%
C172 Rate	\$120.00	\$210.00	75%
Supervised Solo	\$30.00	\$45.00	50%

University	Primary Trainer (Per Hour)
The Ohio State University	Cessna 172, \$120
Bowling Green State University	Piper Warrior, \$192
University of Cincinnati	Cessna 172, \$149
Kent State University	Cessna 172, \$202
Ohio University	Cherokee, \$170
Purdue University	Archer, \$266

Housing and Dining

Background: Housing and Dining (Columbus)

- Operational efficiencies became a priority in 2013, ahead of university initiatives
- Tuition Guarantee – Full impact of a rate increase is only half due to students typically only residing in on campus housing for the first two years
- Rate increases: 1.5% (FY19), 2.2% (FY 20), 2.5% (FY21), 2.5% (FY22) and 4.6% (FY23 proposed) for new incoming students
- Rate increase is needed to support operations, repair & maintenance costs and debt payments

HOUSING

- BOT (Aug. 2012) approved annual room increases not to exceed 6% for FY13–FY18 and to increase by no more than 5% in perpetuity
- Debt service payments for North Residential District (NRD) will increase significantly: \$13.3M (FY22), \$19.2M (FY23) and \$25.2M (FY24)
- Off-campus benchmarking surveys have indicated 3-5% increases for market

DINING

- Based on student input, meal plan options have been simplified and enhanced
- Proposed increase in rate is needed to support the labor, food and beverage cost increases

Proposed for Housing and Dining

4.6% increase to cover operating, repair & maintenance and debt costs

Housing Plans	FY 2022	FY 2023	\$ Change	% Change
Rate I	\$9,096	\$9,514	\$418	4.6%
Rate II	\$7,578	\$7,926	\$348	4.6%
Rate IIA	\$7,334	\$7,672	\$338	4.6%
Rate III	\$7,082	\$7,408	\$326	4.6%

Dining Plans	FY 2022	FY 2023	\$ Change	% Change
Scarlet Access 14	\$5,068	\$5,302	\$234	4.6%
Declining Balance	\$4,522	\$4,730	\$208	4.6%
Gray Access 10	\$4,256	\$4,452	\$196	4.6%
Traditions (formerly "Unlimited") Access	\$4,152	\$4,342	\$190	4.6%
Optional add-in for Traditions (5 weekly to-go options*)	N/A	\$295	N/A	N/A

*5 meals available for \$8 exchanges at any retail locations (Markets, Coffee Shops, Food Trucks, etc.)

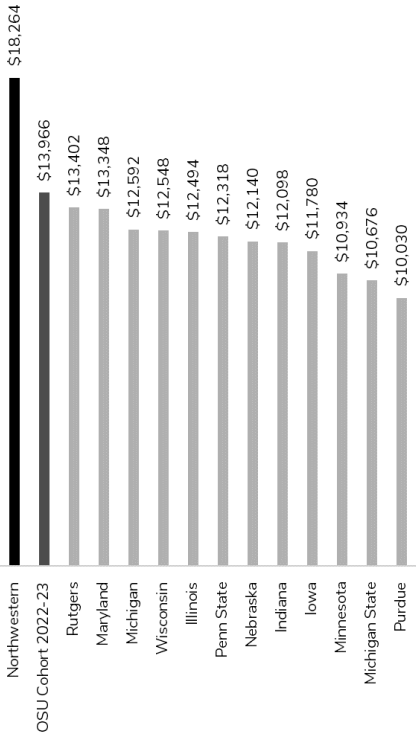
COST COMPARISONS – MOST COMMON HOUSING AND DINING

	FY 2023	Change	Comparison to FY 2022 peers (1=most affordable)
Rate I & Gray 10	\$13,966	\$614	13 th in Big Ten universities (same as FY 2022) 12 th among Ohio publics universities

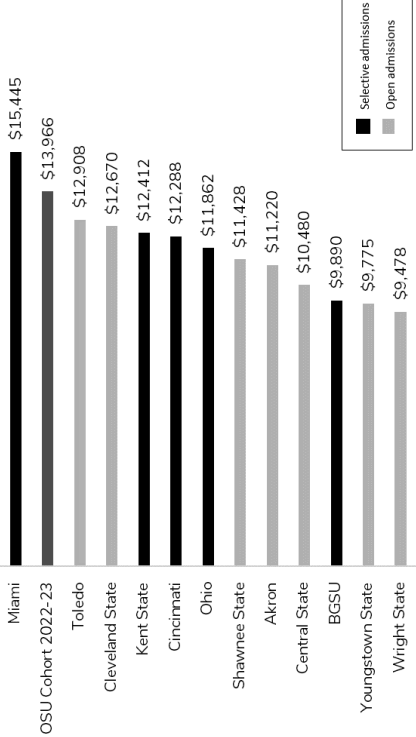
Comparison: Housing and Dining Rates

All comparisons show Ohio State FY 2023 proposal vs. Peers' FY 2022 Rates

BIG10 - Most Common Housing & Dining



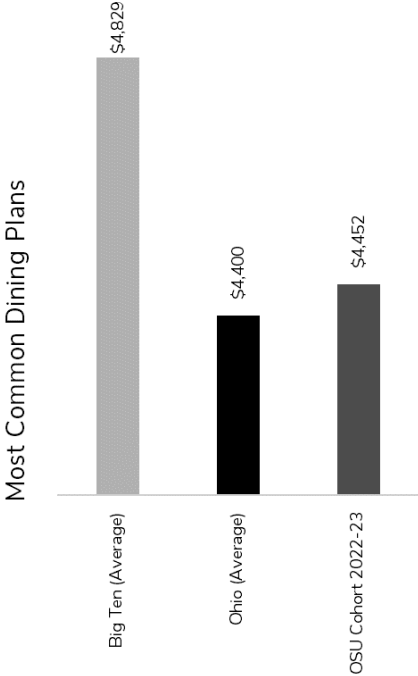
Ohio - Most Common Housing & Dining



Note: Rate I is the most common type of housing and Gray 10 is the most common dining plan

What the Market Says: Dining (Columbus)

All comparisons show Ohio State FY 2023 proposal vs. Peers' FY 2022 Rates



FY 2023 Proposed Housing (Regional Campuses)

Housing Plans	FY 2022	FY 2023	\$ Change	% Change
ATI				
1-bedroom for 2 (per person)	\$7,542	\$7,888	\$346	4.6%
2-bedroom for 2 (per person)	N/A	\$9,378	N/A	N/A
2-bedroom for 4 (per person)	\$7,542	\$7,888	\$346	4.6%
2-bedroom for 5 (per person - double)	\$7,542	\$7,888	\$346	4.6%
2-bedroom for 5 (per person - triple)	\$6,504	\$6,802	\$298	4.6%
3-bedroom for 5 (per person - single)	\$7,944	\$8,308	\$364	4.6%
3-bedroom for 5 (per person - double)	\$7,542	\$7,888	\$346	4.6%
Private apartment	\$8,966	\$9,378	\$412	4.6%
Newark				
1-person efficiency	\$8,446	\$8,834	\$388	4.6%
2-person efficiency (per person)	\$8,156	\$8,530	\$374	4.6%
2-bedroom for 4 (per person)	\$8,200	\$8,576	\$376	4.6%
3-bedroom for 6 (per person)	\$7,728	\$8,082	\$354	4.6%
McConnell Hall	\$8,446	\$8,834	\$388	4.6%
Mansfield				
2-bedroom for 2 (per person)	\$8,618	\$9,014	\$396	4.6%
2-bedroom for 4 (per person)	\$6,896	\$7,212	\$316	4.6%
5-bedroom for 5 (per person)	\$7,232	\$7,564	\$332	4.6%
5-bedroom for 6 - single (per person)	\$6,896	\$7,212	\$316	4.6%
5-bedroom for 6 - double (per person)	\$6,216	\$6,502	\$286	4.6%

Health Insurance

Overview: Student Health Insurance

- All Ohio State students are required to have health insurance
 - Domestic (U.S.) students may choose outside insurance
 - Most domestic students (73%) choose outside insurance
 - International students are required to enroll in Ohio State’s plan
- Rates cover cost of third-party vendor, 100% is passed through

PROPOSAL FOR FY 2023

Plan Level	FY 2022	FY 2023	\$ Change	% Change
Student	\$3,366	\$3,530	\$164	4.9%
Student & Spouse	\$6,732	\$7,062	\$330	4.9%
Student & Child ren	\$10,098	\$10,592	\$494	4.9%
Student & Family	\$13,464	\$14,124	\$660	4.9%

*Anticipated increase COVID-related claims experience has been impactful (9 months of data needed)

Enrollment: Student Health Insurance

DETAIL – AUTUMN 2021

Student Type	Residency	# Enrolled Through OSU	% of Total Enrolled	University Headcount	% of Student Type / Residency
Undergraduate	Domestic	4,139	33.1%	50,016	73.8%
Undergraduate	International	2,667	21.3%	3,173	4.7%
Graduate	Domestic	3,535	28.3%	12,160	17.9%
Graduate	International	2,171	17.4%	2,423	3.6%
Total		12,512	100.0%	67,772	100.0%

Student Health Insurance: Marketplace Comparison

Cost comparison of January 2021 Marketplace

	Ohio State Student Health Benefits Plan (medical dental vision)	2022 Marketplace			
		Platinum (0 options)	Gold (10 options)	Silver (34 options)	Bronze (22 options)
Monthly Cost	\$294	No Plans Available	\$454	\$355	\$296
Deductible	\$150	No Plans Available	\$1,710	\$4,494	\$4,589
Out-of-Pocket Max	\$3,000	No Plans Available	\$6,670	\$8,276	\$8,309
Cost Share	90/10	No Plans Available	80/20	70/30	60/40
Adult Dental	Yes	No Plans Available	1 out of 10	3 out of 34	2 out of 22
Adult Vision	Yes	No Plans Available	1 out of 10	4 out of 34	2 out of 22

Methodology: Average metallic level search results for plan options for 2022 calendar year in Franklin county for 25-year-old male with no dependents; produced on December 15, 2021, via <https://www.healthcare.gov/>

Other Fees

Office of Student Academic Success: Transcript Fee

- Transcript fees are assessed only to students who order one or more copies of their transcript. Over the past 3 years the average has been just over 68,500 transcript requests
- In an AACRAO survey, just over half of the respondents charge \$5-\$9.99 for a transcript, and another third charge \$10-\$15
- Last increased in 2003, from \$5 to \$7
- Would fall as an ODHE exception under “Voluntary sales transaction”

2668

College	Fee Name	Current	Proposed	Proposed Increase	Proposed Increase %
Office of Student Academic Success	Transcript Fee	\$7	\$11	\$4	57.1%

University	Current	Proposed
Iowa*	\$ 16.00	\$ 16.00
Minnesota	\$ 15.00	\$ 15.00
Penn State	\$ 10.00	\$ 10.00
Maryland	\$ 8.00	\$ 8.00
Northwestern	\$ 8.00	\$ 8.00
Ohio State	\$ 7.00	\$ 11.00
Rutgers	\$ 7.00	\$ 7.00

* Before moving to a lifetime fee of \$225 that all students pay

ATTACHMENT CV



ADVANCEMENT SCORECARD

DATA THROUGH April 30, 2022										FY22 GOAL	
A FISCAL YEAR MEASURES											
	FY20	FY21	FY21 TO 4/30	FY22 TO 4/30	CURRENT STATUS	YTD Target					
1. GIFTS AND PLEDGES	\$509.9M	\$576.4M	\$483.6M	\$550.6M	↗	101.7%	\$650M				
2. CASH	\$416.8M	\$507.9M	\$307.9M	\$444.6M	↗	123.1%	\$450M				
3. TOTAL DONORS	237,338	194,633	161,603	209,622	↗	104.7%	225,000				
A. RENEWED DONORS	135,125	112,904	101,926	108,356	↗	110.8%	105,000				
B. ACQUIRED AND REACQUIRED DONORS	102,213	81,729	59,677	101,266	↗	100.9%	120,000				
B EVENTS											
1. CONSTITUENT ATTENDANCE ACROSS EVENTS	49,405	41,840	33,886	15,858	↘	N/A	43,000				
2. AVERAGE NET PROMOTER SCORE	76.0	71.6	70.1	75.1	↗	N/A	71.0				

TARGET BASED ON LAST 3 FY PERFORMANCE

COMPARED TO PREVIOUS FY



Overall Progress

from 10/1/2016 to 4/30/2022

Time Elapsed: 70%



The Ohio State University

Inspiring 1,000,000 Donors	Raising \$4,500,000,000
646,431	\$3,201,284,384

Fundraising Progress					
Metric	Received to Date	Goal	% of Goal	\$ from Goal	Target
New Fundraising Activity	\$3,201.28M	\$4,500.00M	71%	(\$1,298.72M)	\$2,965.97M
					108%
Endowment	\$657.77M	\$875.00M	75%	(\$217.23M)	\$576.72M
					114%
Capital	\$344.68M	\$718.50M	48%	(\$373.82M)	\$411.01M
					84%

New Fundraising Activity current target of 66% of goal based on required compound annual growth from FY2017 through FY2024

Endowment current target of 66% of goal based on required compound annual growth from FY2017 through FY2024

Capital current target of 57% of goal based on scheduled approval of capital projects

% of Target >= 100%

% of Target between 95% and 100%

% of Target < 95%

The Ohio State University

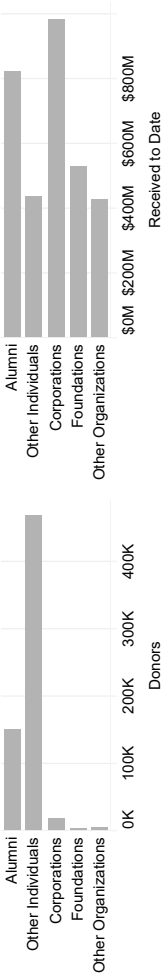
Raising \$4,500,000,000

<u>Received to Date</u>	<u>Goal</u>	<u>% of Goal</u>	<u>\$ from Goal</u>	<u>Target</u>	<u>% of Target</u>	<u>\$ from Target</u>
\$3,201.28M	\$4,500.00M	71%	(\$1,298.72M)	\$2,965.97M	108%	\$235.32M



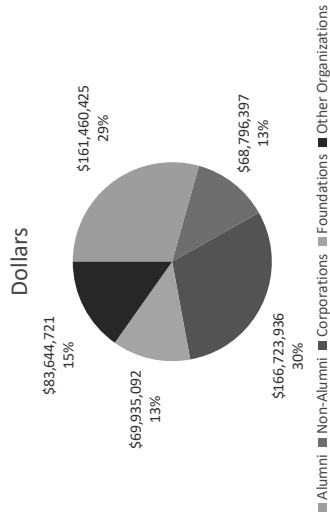
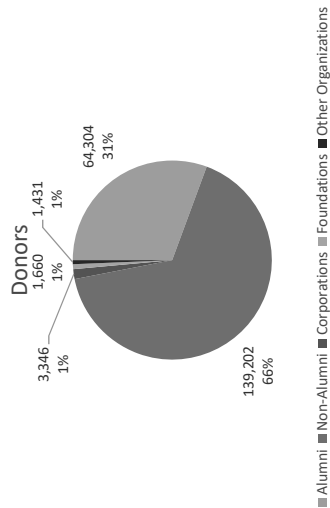
Current Target: 66% of goal

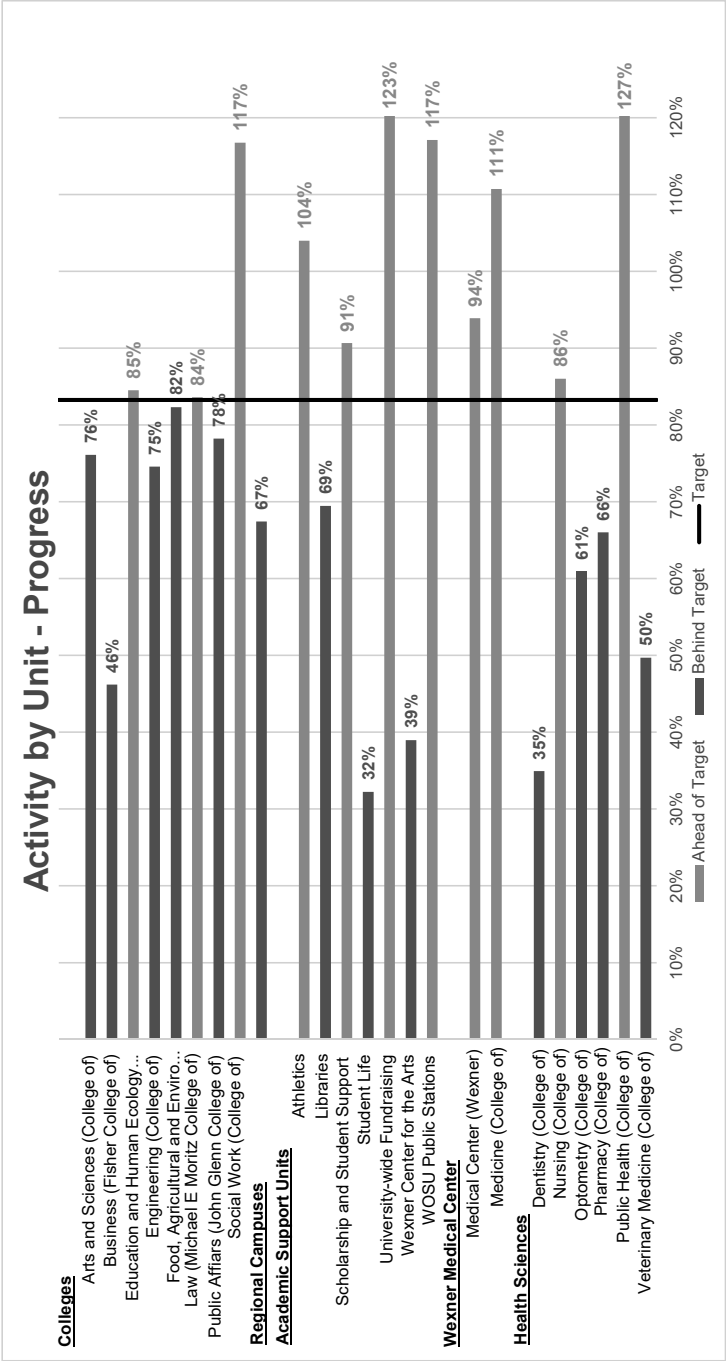
Donor Type Summary						
	Donors	%	Received to Date			%
Individuals	Alumni	151,215	23.39%	\$822,851,519		25.70%
	Other Individuals	466,954	72.24%	\$435,663,804		13.61%
	Total	618,169	95.63%	\$1,258,515,323		39.31%
Organizations	Corporations	18,453	2.85%	\$984,792,756		30.76%
	Foundations	4,199	0.65%	\$529,830,995		16.55%
	Other Organizations	5,610	0.87%	\$428,145,309		13.37%
Grand Total	Total	28,262	4.37%	\$1,942,769,061		60.69%
		646,431	100.00%	\$3,201,284,384		100.00%





	7/1/2021 - 4/30/2022		7/1/2020 - 4/30/2021		% Change	
	Donors	Dollars	Donors	Dollars	Donors	Dollars
Individuals						
Alumni	64,304	\$161,460,425	56,183	\$108,164,646	14%	49%
Non-Alumni	139,202	\$68,796,397	99,457	\$79,358,307	40%	-13%
	203,506	\$230,256,823	155,640	\$187,522,953	31%	23%
Organizations						
Corporations	3,346	\$166,723,936	2,941	\$193,415,777	14%	-14%
Foundations	1,660	\$69,935,092	1,466	\$36,215,347	13%	93%
Other Organizations	1,431	\$83,644,721	1,349	\$66,436,337	6%	26%
	6,437	\$320,303,749	5,756	\$296,067,461	12%	8%
Grand Total	209,943	\$550,560,572	161,396	\$483,590,414	30%	14%





Target = (Last 3 FY % of total achieved at month end) * (Current Annual Goal)

ATTACHMENT CVI

Highlights of 2022 external audit plan and strategy

We are pleased to highlight key elements of the External Audit Written Report provided under separate cover, which detail KPMG's audit plan and strategy and include certain required communications to governance.

We would be happy to discuss questions you may have on these topics or any others.

Highlights:

- First-year audit: additional procedures
- Entities within the scope of our engagement
- New accounting pronouncements: GASB Statement No. 87
- Single Audit scoping and related developments
- New auditor reporting standards and example report
- Environmental, Social, and Governance (ESG) in higher education

ATTACHMENT CVII

THE OHIO STATE UNIVERSITY

TOPIC: Fiscal Year 2022 Interim Financial Report – March 31, 2022

CONTEXT: The purpose of this report is to provide an update of financial results for the nine months ending March 31, 2022

FINANCIAL SUMMARY

The university's overall financial position is strong driven by the post-pandemic rebound. Fall and Spring semesters were characterized by a return to near-normal university operations and a full college experience for our students. Operating revenues for three quarters of fiscal year 2022 increased \$591 million compared to the first three quarters of fiscal year 2021, driven primarily by strong growth in Health System patient volumes and a return of athletic events and in-person classes for students. Specific impacts include:

- A \$281 million increase in healthcare revenues, reflecting increases in hospital patient acuity and growth in outpatient volumes.
- A \$141 million increase in auxiliary revenues, reflecting football and basketball ticket sales and higher occupancy for student housing and dining.
- A \$99 million increase in student tuition, reflecting a return to in-person instruction and full assessment of non-resident fees.

The year-to-date increase in net position was \$366 million, down \$936 million compared to the prior year. The decrease is primarily due to a \$1,026 million decrease in net investment income, which was offset by a positive margin before investment income and interest expense of \$111 million. Additional details on university revenues, expenses, cash and investments, and cash flows are provided below.

Revenues

Student tuition and fees, net - increased \$99 million or 14%, to \$812 million for the nine months ending March 31, 2022, compared to the same period of fiscal year 2021, due primarily to an increase in gross tuition of \$138 million. Gross tuition increased \$55 million for Spring, \$73 million for Autumn semester, and \$10 million for Summer semester, offset by an increase in scholarship allowance of \$39 million. Tuition for the academic year increased primarily due to a return to in-person instruction and full assessment of non-resident fees. Similarly, scholarships increased to cover increases in fees for non-residents and HEERF financial aid to students.

Grants and contracts – increased \$32 million for the first nine months of fiscal year 2022 compared to fiscal year 2021 due to increases in Federal grants of \$22 million, Local grants of \$5 million, State grants of \$3 million, and Private grants of \$2 million.

Gifts - increased \$101 million over the prior year due primarily to increases in current use gifts of \$55 million, private capital gifts of \$23 million, and additions to permanent endowments of \$23 million.

Sales and services of auxiliary enterprises - increased \$141 million for the nine months ending March 31, 2022, compared to the prior year due primarily to the resumption of fall and spring sports of \$74 million, increases in Student Life housing and dining revenues of \$48 million, increases in Business Advancement (Schottenstein Center, Blackwell, and Fawcett Center) revenues of \$17 million and increases in the OSU airport of \$2 million.

Federal COVID-19 assistance programs – increased \$34 million over the prior year primarily due to increases in HEERF grants to students of \$34 million, HEERF institutional grants of \$21 million, Shuttered Venue Operators Grant for the Schottenstein Center of \$10 million, Ohio Department of Health COVID-19 reimbursement of \$8 million, \$2 million of funds to WOSU and Ohio Governor's Emergency Education Relief of \$1 million, offset by federal pass-through funds from the State of Ohio of \$42 million in fiscal year 2021.

State non-exchange grants – increased \$17 million over the prior year primarily due to increases in JobsOhio Education and Research grants of \$10 million, Care Innovation and Community Improvement programs for Dentistry and Optometry of \$4 million, and various Ohio financial aid grants of \$3 million.

Sales and services of the OSU Health System and OSU Physicians, Inc - increased \$281 million to \$3,580 million. The Health System had solid outpatient volumes and strong chemotherapy and radiation oncology volumes. The operating revenue per adjusted admission was 9.1% above the prior year. OSU Physicians experienced a similar trend with a year-over-year increase of \$51 million.

Expenses

University – expenses increased \$244 million or 12%, to \$2,204 million in the first nine months of fiscal year 2022 primarily due to a return to in-person instruction and resumption of on-campus events and operations to near-normal operations post-pandemic. Salaries increased \$89 million and benefits increased \$31 million. Salary and benefits increased primarily due to increased salary in auxiliary enterprises with the resumption of more normalized operations of \$14 million, a 3% increase in faculty and staff salary guidelines, planned strategic new hires, market-based equity adjustments for existing employees, 5.7% increase in composite benefit rates, and \$15 million in increased graduate fee authorizations. Supplies and services increased \$62 million primarily due to increased cost of sales correlating to increased sales and services revenues, lifting of travel restrictions, fees paid to Ohio State Energy Partners, and increases due to inflation and resumption of normal operations. Student aid increased \$21 million primarily due to Federal assistance for the pandemic from HEERF III funding and the elimination of the non-resident surcharge fully online discount. Depreciation increased \$41 million due to increases in spending on capital projects.

OSU Health System and OSU Physicians - expenses increased \$300 million to \$3,174 million. Health System expense per adjusted admission increased 10.9% from the prior year. Expenses increased due to growth in outpatient volumes as well as higher transplant volumes, COVID-19 lab expenses, higher surgical and procedural expenses, and increased agency usage and premium pay.

Auxiliary – expenses increased \$67 million to \$275 million for the three quarters ending March 31, 2022, compared to the prior year, primarily due to the resumption of fall and spring sports, increased occupancy for student housing, and the return of Schottenstein Center events.

Cash and Investments

Total university cash and investments increased \$1,119 million to \$11,874 million on March 31, 2022, compared to the same period of last year, primarily due to the increase in the Long-Term Investment Pool of \$873 million, restricted cash from bond proceeds of \$454, and temporary and other long-term investments of \$802 million, offset by a decrease in cash and cash equivalents of \$1,010 million. Additional details are provided below.

Long-Term Investment Pool and Temporary Investments

For the nine months ending March 31, 2022, the fair value of the university's Long-Term Investment Pool increased by \$192 million to \$7,234 million. Changes in total valuation compared to the prior year are summarized below:

	2022	2021
Fair Value at June 30	\$ 7,041,973	\$ 5,287,131
Net principal additions	186,856	179,612
Change in market value	148,019	1,039,013
Income earned	120,634	98,530
Distributions	(193,590)	(184,490)
Expenses	(69,699)	(58,680)
Fair Value at March 31	\$ 7,234,193	\$ 6,361,116

Net principal additions include new endowment gifts (\$63.0 million), reinvestment of unused endowment distributions (\$10.2 million), and other net transfers of university monies (\$113.7 million with the majority to the Long-Term Operating Fund). Change in fair value includes realized gains (losses) on the sale of investment assets and unrealized gains (losses) associated with assets held in the pool on March 31, 2022. Income earned includes interest and dividends and is used primarily to help fund distributions. Expenses include investment management expenses (\$53.3 million), University Development related expenses (\$15.8 million), and other administrative-related expenses (\$0.6 million).

LTIP Investment Returns

For the nine months ending March 31, 2022, the LTIP earned a return, net of investment fees, of 6.51% (shareholder version) versus a preliminary policy benchmark of 3.28% resulting in outperformance of 3.23%. During that period, our Private Equity returned 24.28% (compared to the benchmark of 13.36%) followed by Real Assets at 19.59% (compared to the preliminary benchmark of 18.28%), Legacy Investments at 9.13% (benchmark is the return of actual underlying funds), Hedge Funds and Opportunistic Credit at 6.21% (compared to the preliminary benchmark of -1.52%), Cash and High-Grade Bonds at -2.18% (compared to the benchmark of -5.87%), and Public Equity at -2.82% (compared to the benchmark of -0.11%).

The comparable nine months ending March 31, 2021, saw a net investment return of 20.69%. During that period, our Private Equity returned 30.87%, followed by Public Equity at 29.17%, Real Assets at 14.55%, Hedge Funds and Opportunistic Credit at 12.66%, Legacy Investments at 3.37% and Cash and High-Grade Bonds at -1.63%.

Temporary Investments

For the nine months ending March 31, 2022, the Tier 1 Investments (0-1 Year maturity) earned a return of -0.41%, underperforming the blended benchmark of ICE Bofa 6m US Treasury Bill benchmark and Bank of America ML 91-day T-Bill (0.01%) by -0.42%. Tier 2 Investments (1-5 Year maturity) earned -2.71% outperforming the blended benchmark of ICE Bofa US Corp & Govt 1-3 Years, BBG US Govt/Credit 1-5 Years, and ICE Bofa 6m US Treasury Bill (-2.74%) by 0.03%.

The comparable nine months ending March 31, 2021, saw Tier 1 Investments earn a return of 1.33%. Tier 2 Investments returned 1.68% for this same time-period.

Accounts Receivable

Accounts receivable increased \$167 million, to \$906 million at March 31, 2022. Receivables increased due primarily to sales and services for patients of \$73 million, grants managed by the Office of Sponsored Programs of \$58 million, and departmental earnings of \$28 million.

Accounts Payable and Accrued Expenses

Accounts payable and accrued expenses increased \$95 million, to \$896 million at March 31, 2022, reflecting increases in operating expenses accruals due to higher salaries, benefits, and supplies and services of \$45 million, capital project expenditure accruals of \$36 million, and bond interest payable due to the 2021A bond issue of \$14 million.

Long-term Bonds Payable, Subject to Remarketing and Bonds, Notes and Lease Payables

University debt, in the form of bonds, notes, and capital lease obligations, increased \$644 million, to \$3.72 billion at March 31, 2022. On September 30, 2022, the university closed on \$600,000 in tax-exempt fixed-rate General Receipts Bonds – Series 2022A. The interest rate coupons on the Series 2022A bonds range from 2.50% to 5.00%. The proceeds of the bonds will be used to fund the construction of the Wexner Medical Center's new Inpatient Hospital, scheduled to open in 2026.

Pension and Other Post-employment Benefit (OPEB) Plans

The university participates in two multi-employer cost-sharing retirement systems, OPERS and STRS-Ohio, and is required to record assets, liabilities, and deferred inflows and outflows for its proportionate share in these retirement systems. Pension liability decreased \$346 million to \$2,679 million due to net decreases from realized return on plan investments. Pension deferred outflows decreased \$106 million and pension deferred inflows increased \$195 million reflecting changes in projected and actual investment returns. OPEB liability decreased \$1,437 million and OPEB assets increased \$197 million due to changes in OPERS benefit terms and an increase in the discount rate. OPEB deferred outflows decreased \$136 million and OPEB deferred inflows increased \$377 primarily due to amortization of prior year deferrals for OPERS changes in assumptions and expected vs. actual experience.

Other Noncurrent Assets and Other Noncurrent Liabilities

The university maintains two supplemental 415(m) retirement plans. The university sets aside assets for the plans, which are invested primarily in mutual funds. These assets total \$191 million and are reported as Other noncurrent assets and Other noncurrent liabilities.

Cash Flows

University cash and cash equivalents increased \$187 million in the first three quarters of fiscal year 2022. Net cash used in operating activities was \$217 million, compared to \$243 million in the first three quarters of the prior fiscal year. The decrease relates primarily to increases in receipts for student tuition and sales from healthcare and auxiliary operations, offset by payments to vendors and employees. Net cash flows from noncapital financing activities increased \$807 million for the nine months ending March 31, 2022, compared to \$685 million for the prior year due primarily to increases in non-exchange grants, Federal COVID-19 assistance, current use gifts, and additions to endowments. Cash flows from capital financing activities increased \$150 million for the nine months of fiscal year 2022 due primarily to the issuance of the 2022A bonds of \$719 million, and increases in capital gifts and appropriations of \$59 million, offset by payments for capital assets of \$811 million and capital debt of \$128 million.

THE OHIO STATE UNIVERSITY
CONSOLIDATED STATEMENTS OF NET POSITION - UNAUDITED
March 31, 2022 and March 31, 2021
(in thousands)

	As of March 2022	As of March 2021	Increase/(Decrease) Dollars %	
ASSETS:				
Current Assets:				
Cash and cash equivalents	\$ 622,757	\$ 1,632,728	\$ (1,009,971)	-61.9%
Temporary investments	2,910,469	2,132,007	778,462	36.5%
Accounts receivable, net	906,121	739,091	167,030	22.6%
Notes receivable - current portion, net	25,231	25,655	(424)	-1.7%
Pledges receivable - current portion, net	63,799	79,240	(15,441)	-19.5%
Accrued interest receivable	20,283	18,253	2,030	11.1%
Inventories, prepaid expenses, and other assets	229,509	271,537	(42,028)	-15.5%
Investments held under securities lending program	80,479	9,601	70,878	738.2%
Total Current Assets	4,858,648	4,908,112	(49,464)	-1.0%
Noncurrent Assets:				
Restricted cash	778,497	324,095	454,402	140.2%
Notes receivable, net	30,311	52,911	(22,600)	-42.7%
Pledges receivable, net	97,441	59,248	38,193	64.5%
Net other post-employment benefit asset	275,182	77,901	197,281	253.2%
Long-term investment pool	7,234,193	6,361,117	873,076	13.7%
Other long-term investments	328,360	305,170	23,190	7.6%
Other noncurrent assets	204,133	-	204,133	100.0%
Capital assets, net	6,959,839	6,288,077	671,762	10.7%
Total Noncurrent Assets	15,907,956	13,468,519	2,439,437	18.1%
Total Assets	20,766,604	18,376,631	2,389,973	13.0%
Deferred Outflows:				
Pension	339,679	445,769	(106,090)	-23.8%
Other post-employment benefits	104,182	239,629	(135,447)	-56.5%
Other deferred outflows	22,814	30,816	(8,002)	-26.0%
Total Assets and Deferred Outflows	\$ 21,233,279	\$ 19,092,845	\$ 2,140,434	11.2%
LIABILITIES AND NET POSITION:				
Current Liabilities:				
Accounts payable and accrued expenses	\$ 895,718	\$ 800,655	\$ 95,063	11.9%
Medicare advance payment program	134,730	287,500	(152,770)	-53.1%
Deposits and advance payments for goods and services	599,427	457,222	142,205	31.1%
Current portion of bonds, notes and leases payable	64,201	58,932	5,269	8.9%
Long-term bonds payable, subject to remarketing	289,970	317,715	(27,745)	-8.7%
Liability under securities lending program	80,479	9,601	70,878	738.2%
Other current liabilities	124,040	109,232	14,808	13.6%
Total Current Liabilities	2,188,565	2,040,857	147,708	7.2%
Noncurrent Liabilities:				
Bonds, notes and leases payable	3,367,730	2,701,648	666,082	24.7%
Concessionaire payable	214,610	128,685	85,925	66.8%
Net pension liability	2,679,333	3,025,029	(345,696)	-11.4%
Net other post-employment benefit liability	22,683	1,459,572	(1,436,889)	-98.4%
Compensated absences	219,161	218,587	574	0.3%
Self-insurance accruals	81,768	87,928	(6,160)	-7.0%
Amounts due to third-party payors - Health System	89,523	60,516	29,007	47.9%
Irrevocable split-interest agreements	36,952	36,070	882	2.4%
Refundable advances for Federal Perkins loans	26,005	29,695	(3,690)	-12.4%
Advance from concessionaire	964,613	988,245	(23,632)	-2.4%
Other noncurrent liabilities	295,030	116,816	178,214	152.6%
Total Noncurrent Liabilities	7,997,408	8,852,791	(855,383)	-9.7%
Total Liabilities	10,185,973	10,893,648	(707,675)	-6.5%
Deferred Inflows:				
Parking service concession arrangement	390,060	399,691	(9,631)	-2.4%
Pension	682,490	487,347	195,143	40.0%
Other post-employment benefits	675,698	298,463	377,235	126.4%
Other deferred inflows	47,667	28,519	19,148	67.1%
Total Deferred Inflows	1,795,915	1,214,020	581,895	47.9%
Net Position:				
Net investment in capital assets	4,225,635	3,449,013	776,622	22.5%
Restricted:				
Nonexpendable	1,838,279	2,023,024	(184,745)	-9.1%
Expendable	2,140,175	1,920,457	219,718	11.4%
Unrestricted	1,047,303	(407,317)	1,454,620	157.1%
Total Net Position	9,251,392	6,985,177	2,266,215	32.4%
Total Liabilities, Deferred Inflows, and Net Position	\$ 21,233,280	\$ 19,092,845	\$ 2,140,435	11.2%

THE OHIO STATE UNIVERSITY
CONSOLIDATED STATEMENTS OF REVENUES, EXPENSES,
AND CHANGES IN NET POSITION - UNAUDITED
March 31, 2022 and March 31, 2021
(in thousands)

	March 2022	March 2021	Increase/(Decrease)	
			Dollars	%
Operating Revenues:				
Student tuition and fees, net	\$ 812,037	\$ 713,278	\$ 98,759	13.8%
Federal grants and contracts	320,472	298,775	21,697	7.3%
State grants and contracts	54,705	52,045	2,660	5.1%
Local grants and contracts	24,935	19,764	5,171	26.2%
Private grants and contracts	223,510	221,008	2,502	1.1%
Sales and services of educational departments	139,295	120,860	18,435	15.3%
Sales and services of auxiliary enterprises	269,074	128,256	140,818	109.8%
Sales and services of the OSU Health System, net	3,054,754	2,824,243	230,511	8.2%
Sales and services of OSU Physicians, Inc., net	525,503	474,834	50,669	10.7%
Other operating revenues	47,472	27,816	19,656	70.7%
Total Operating Revenues	<u>5,471,757</u>	<u>4,880,879</u>	<u>590,878</u>	<u>12.1%</u>
Operating Expenses:				
Educational and General:				
Instruction and departmental research	857,425	782,296	75,129	9.6%
Separately budgeted research	414,008	376,939	37,069	9.8%
Public service	122,233	110,874	11,359	10.2%
Academic support	201,681	183,815	17,866	9.7%
Student services	73,997	59,011	14,986	25.4%
Institutional support	292,147	231,925	60,222	26.0%
Operation and maintenance of plant	108,133	105,150	2,983	2.8%
Scholarships and fellowships	134,464	110,588	23,876	21.6%
Auxiliary enterprises	274,482	207,703	66,779	32.2%
OSU Health System	2,661,891	2,421,092	240,799	9.9%
OSU Physicians, Inc.	512,294	453,029	59,265	13.1%
Depreciation	378,640	337,653	40,987	12.1%
Total Operating Expenses	<u>6,031,395</u>	<u>5,380,075</u>	<u>651,320</u>	<u>12.1%</u>
Operating Loss	(559,638)	(499,196)	(60,442)	12.1%
Non-operating Revenues (Expenses):				
State share of instruction and line-item appropriations	369,590	358,152	11,438	3.2%
Federal subsidies for Build America Bonds interest	8,794	8,192	602	7.3%
Federal non-exchange grants	64,434	65,765	(1,331)	-2.0%
Federal COVID-19 assistance programs	126,764	92,681	34,083	36.8%
State non-exchange grants	30,369	13,205	17,164	130.0%
Gifts	143,552	88,366	55,186	62.5%
Net investment income	134,348	1,160,515	(1,026,167)	-88.4%
Interest expense on plant debt	(114,658)	(92,952)	(21,706)	23.4%
Other non-operating revenues (expenses)	7,568	(10,163)	17,731	-174.5%
Net Non-operating Revenues	<u>770,761</u>	<u>1,683,761</u>	<u>(913,000)</u>	<u>-54.2%</u>
Income before changes in net position	211,123	1,184,565	(973,442)	-82.2%
Changes in Net Position				
State capital appropriations	34,241	42,981	(8,740)	-20.3%
Private capital gifts	55,137	32,051	23,086	72.0%
Additions to permanent endowments	65,473	42,834	22,639	52.9%
Total Changes in Net Position	<u>154,851</u>	<u>117,866</u>	<u>36,985</u>	<u>31.4%</u>
Increase in Net Position	365,974	1,302,431	<u>(936,457)</u>	<u>-71.9%</u>
Net Position - Beginning of Year	8,885,418	5,682,746		
Net Position - End of Period	<u>\$ 9,251,392</u>	<u>\$ 6,985,177</u>		

THE OHIO STATE UNIVERSITY
STATEMENTS OF CASH FLOWS - UNAUDITED
Years Ended March 31, 2022 and March 31, 2021
(in thousands)

	March 2022	March 2021	Increase (Decrease)	
			Dollars	%
Cash Flows from Operating Activities:				
Tuition and fee receipts	\$ 760,381	\$ 660,339	\$ 100,042	15.2%
Grant and contract receipts	598,638	549,247	49,391	9.0%
Receipts for sales and services	4,036,421	3,606,759	429,662	11.9%
Payments to or on behalf of employees	(2,640,390)	(2,471,118)	(169,272)	6.9%
University employee benefit payments	(648,796)	(632,291)	(16,505)	2.6%
Payments to vendors for supplies and services	(2,264,060)	(1,865,123)	(398,937)	21.4%
Payments to students and fellows	(124,508)	(103,131)	(21,377)	20.7%
Student loans issued	(2,797)	(2,437)	(360)	14.8%
Student loans collected	8,189	6,129	2,060	33.6%
Student loan interest and fees collected	1,169	1,441	(272)	-18.9%
Other receipts	59,288	7,169	52,119	727.0%
Net cash used by operating activities	(216,465)	(243,016)	26,551	-10.9%
Cash Flows from Noncapital Financing Activities:				
State share of instruction and line-item appropriations	366,427	358,152	8,275	2.3%
Non-exchange grant receipts	94,803	78,970	15,833	20.0%
Federal COVID-19 assistance programs	126,764	92,681	34,083	36.8%
Gift receipts for current use	144,910	107,234	37,676	35.1%
Additions to permanent endowments	65,473	42,834	22,639	52.9%
Drawdowns of federal direct loan proceeds	291,968	281,679	10,289	3.7%
Disbursements of federal direct loans to students	(284,543)	(281,289)	(3,254)	1.2%
Amounts received for annuity and life income funds	2,268	5,742	(3,474)	-60.5%
Amounts paid to annuitants and life beneficiaries	(1,644)	(1,594)	(50)	3.1%
Agency funds receipts	540	476	64	13.4%
Net cash provided by noncapital financing activities	806,966	684,885	122,081	17.8%
Cash Flows from Capital Financing Activities:				
Proceeds from capital debt and leases	718,763	-	718,763	100.0%
State capital appropriations	8,181	43,487	(35,306)	-81.2%
Gift receipts for capital projects	51,278	13,183	38,095	289.0%
Payments for purchase or construction of capital assets	(810,931)	(654,209)	(156,722)	24.0%
Principal payments on capital debt and leases	(55,607)	(44,850)	(10,757)	24.0%
Interest payments on capital debt and leases	(72,839)	(63,860)	(8,979)	14.1%
Federal subsidies for Build America Bonds interest	10,707	5,396	5,311	98.4%
Net cash provided (used) by capital financing activities	(150,448)	(700,853)	550,405	78.5%
Cash Flows from Investing Activities:				
Net (purchases) sales of temporary investments	(215,066)	(328,291)	113,225	-34.5%
Proceeds from sales and maturities of long-term investments	1,710,936	3,537,787	(1,826,851)	-51.6%
Investment income	30,885	124,592	(93,707)	-75.2%
Purchases of long-term investments	(1,779,941)	(3,576,254)	1,796,313	-50.2%
Net cash used by investing activities	(253,186)	(242,166)	(11,020)	4.6%
Net Increase (Decrease) in Cash	186,867	(501,150)	\$ 688,017	-137.3%
Cash and Cash Equivalents - Beginning of Year	1,214,387	2,432,815		
Cash and Cash Equivalents - End of Period	\$ 1,401,254	\$ 1,931,665		

ATTACHMENT CVIII

Centennial Endowed Professor of Nursing

The Board of Trustees of The Ohio State University established the Centennial Endowed Professor of Nursing Fund effective August 27, 2020, with transfers from the College of Nursing and gifts from alumni and friends of the college. The required funding level for a professorship has been reached. Effective May 19, 2022, the fund name and description shall be revised and the position shall be established.

The annual distribution from this fund supports a professorship position in the College of Nursing. This professorship is designed to promote and enhance nursing and trans-disciplinary research consistent with the then current priorities of the college. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment.

The highest ranking official in the College of Nursing or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the College of Nursing and the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the unit named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the college or his/her designee to identify a similar purpose consistent with the original intent of the college. Modifications to endowed funds shall be approved by the University's Board of Trustees in accordance with the policies of the University.

Richard G. O'Brien Scholarship Fund

The Board of Trustees of The Ohio State University shall establish the Richard G. O'Brien Scholarship Fund, as a quasi-endowment, effective May 19, 2022, with a fund transfer by the College of Engineering a gift from the estate of Josephine C. LaPlaca in honor of Richard G. O'Brien (BME 1966).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Engineering, are majoring in mechanical engineering and demonstrate financial need. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with the University's Gift Acceptance Policy, Fund Transfers – Unrestricted to Endowment Policy, Investment Policy, and all other applicable University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the College of Engineering that the quasi-endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the college named above. If the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the college or his/her designee to identify a similar purpose consistent with the original intent of the college. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

Brian and Lynn Kezur Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Brian and Lynn Kezur Scholarship Fund effective May 19, 2022, with gifts from Brian Kezur (BA 2005) and Lynn Kezur (BA 2005) and matching gifts as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more non-renewable scholarships to first-year undergraduate students who graduated from Sylvania Southview High School or Sylvania Northview High School in Sylvania, Ohio. It is the donors' desire to provide as significant financial support as possible to two eligible recipients: one from each high school referenced above. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. In any given year, if there are no eligible students who graduated from Sylvania Southview High School or Sylvania Northview High School in Sylvania, Ohio, the scholarship(s) will be open to students in the following order of preference:

- First-year undergraduate students from Sylvania, Ohio
- First-year undergraduate students from Lucas County, Ohio
- First-year undergraduate students from Ohio

Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Ohio State University Retirees Association Fund to Combat Student Food Insecurity

The Board of Trustees of The Ohio State University shall establish The Ohio State University Retirees Association Fund to Combat Student Food Insecurity effective May 19, 2022, with gifts from members of The Ohio State University Retirees Association.

The annual distribution from this fund benefits the Buckeye Food Alliance at the direction of the senior vice president for Student Life. Should the Buckeye Food Alliance cease to exist, the fund shall be used in a matter in line with the intent of the Buckeye Food Alliance, which was created to combat student food insecurity and limited to the direct and specific support of student hunger. Expenditures shall be approved in accordance with the current guidelines and procedures established by the Office of Student Life.

The highest ranking official in the Office of Student Life or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the Office of Student Life or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

Judge George C. Smith Memorial Law Scholarship Fund

The Board of Trustees of The Ohio State University shall establish the Judge George C. Smith Memorial Law Scholarship Fund effective May 19, 2022, with gifts from friends, family, and colleagues of Judge George C. Smith (BA 1957, JD 1959).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the Michael E. Moritz College of Law and graduated from a high school in Ohio. Preference shall be given to candidates with disabilities. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Michael E. Moritz College of Law or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the Michael E. Moritz College of Law or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

John F. Guilmartin Jr. Endowed Scholarship Award Fund

The Board of Trustees of The Ohio State University shall establish the John F. Guilmartin Jr. Endowed Scholarship Award Fund effective May 19, 2022, with a fund transfer by the College of Arts and Sciences, Department of History and a transfer of gifts from a current use fund known as the John F. Guilmartin Jr. Scholarship Award Fund.

The annual distribution from this fund provides one or more scholarships for travel expenses for undergraduate students to participate in the History of World War II Study Abroad Program. Candidates must have completed the World War I and World War II history courses and demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students who wish to participate in the History of World War II Study Abroad Program. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid and the Office of International Affairs.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the College of Arts and Sciences that the quasi-endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the unit named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the college or his/her designee to identify a similar purpose consistent with the original intent of the unit. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

Men's Swimming Team Support Fund

The Board of Trustees of The Ohio State University shall establish the Men's Swimming Team Support Fund, as a quasi-endowment, effective May 19, 2022, with a fund transfer by the Department of Athletics of an unrestricted gift from the estate of C. LaVon Shook (BS 1950, MA 1956).

The annual distribution from this fund shall be used at the discretion of the director of the Department of Athletics to support the men's swimming team. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the department.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with the University's Gift Acceptance Policy, Fund Transfers – Unrestricted to Endowment Policy, Investment Policy, and all other applicable University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the Department of Athletics that the quasi-endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the unit named above. If the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the department or his/her designee to identify a similar purpose consistent with the original intent of the unit. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

The Charles E. Thorne Fund

The Charles E. Thorne Graduate Fellowship Fund was established September 7, 1990, by the Board of Trustees of The Ohio State University, with gifts to The Ohio State University Development Fund from the Estate of Virginia Ryan, in memory of her grandfather, Dr. Charles E. Thorne, who was the founder of the Ohio Agricultural Research and Development Center. Effective May 19, 2022, the fund name and description shall be revised.

The mission of the Ohio Agricultural Research and Development Center is to enhance the well-being of the people of Ohio, the nation and world through research on foods, agriculture, family and the environment. The Ohio Agricultural Research and Development Center began in 1882 as an agricultural experiment station at The Ohio State University in Columbus, Ohio. In 1887, Charles Thorne was hired as the first full-time director and served as director for three decades. At Thorne's urging, in 1892 the Ohio Agricultural Experiment Station moved to Wooster, Ohio, in Wayne County. Four directors later in 1965, the name was changed from the Ohio Agricultural Experiment Station to the Ohio Agricultural Research and Development Center.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual distribution shall be used to support the Ohio Agricultural Research and Development Center. Expenditures shall be recommended by the highest ranking official in the Ohio Agricultural Research and Development Center and approved in accordance with the then current guidelines and procedures established by the College of Food, Agricultural, and Environmental Sciences.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused distribution, then another use shall be designated by the Board of Trustees, in consultation with the highest ranking official in College of Food, Agricultural, and Environmental Sciences or his/her designee and the highest ranking official in the Ohio Agricultural Research and Development Center or his/her designee in order to carry out the desire of the donor.

Julius Gluck Memorial Fund

The Julius Gluck Memorial Fund was established February 13, 1956, by the Board of Trustees of The Ohio State University with gifts from The Gluck Educational Foundation, Inc. and The Gluck Philosophy Foundation, Inc. Effective May 19, 2022, the fund description shall be revised.

The annual distribution from this fund shall be used to purchase books, journals and other publications for the Gluck Memorial Library of Philosophy. All books purchased will be identified with the bookplate of said Library. Expenditures may be recommended by the highest ranking official in the Department of Philosophy or his/her designee and shall be approved in accordance with the then current guidelines and procedures established by the College of Arts and Sciences.

The highest ranking official in the College of Arts and Sciences or his/her designee, in consultation with the highest ranking official in the Department of Philosophy or his/her designee, has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the College of Arts and Sciences or his/her designee and the highest ranking official in the Department of Philosophy or his/her designee, to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

The Woody and Anne Hayes 1968 National Championship Athletic Scholarship Fund

The Woody and Anne Hayes 1968 National Championship Athletic Scholarship Fund was established April 7, 1989, by the Board of Trustees of The Ohio State University, with gifts to The Ohio State University Development Fund from members of The Ohio State University's 1968 National Championship Football Team and their families. The description was revised on August 30, 2013. Effective May 19, 2022, the fund description shall be further revised.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

The annual distribution from this fund shall be used to provide or supplement educational costs toward a degree at The Ohio State University for former Ohio State University varsity football players through the Department of Athletics' Degree Completion Program (or similar program if no longer in existence) and for current or former Ohio State University varsity football coaches. If no students meet the selection criteria, the support will be open to all students participating in the Department of Athletics' Degree Completion Program (or similar program if no longer in existence) and for current or former Ohio State University varsity coaches. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures established by the Department of Athletics, in consultation with Student Financial Aid.

In any given year that the endowment distribution is not fully used for educational needs, the unused portion may be used at the discretion of the highest ranking official in the Department of Athletics, or his/her designee, to enhance the varsity football program.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use, as nearly aligned with the original intent of the contributions as good conscience and need dictate, shall be designated by the University's Board of Trustees. In making this alternate designation, the Board shall seek advice from the highest ranking official in the Department of Athletics, or his/her designee.

George Beecher Kauffman Memorial Fund

Established December 24, 1959, by a gift through the Development Fund from the Kauffman—Lattimer Company in memory of George Beecher Kauffman, first Dean of the College of Pharmacy at The Ohio State University. Effective May 19, 2022, the fund description shall be revised.

The principal and any additional contributions are to be invested under rules and regulations adopted by the Board of Trustees of The Ohio State University, with right to invest and reinvest as occasion dictates.

The annual distribution from the fund shall be used to provide scholarships to students in the College of Pharmacy, to be designated as the "Dean George Beecher Kauffman Scholarships." The purpose of these scholarships is to honor the memory of said George Beecher Kauffman and to encourage and assist worthy and financially needy students to study pharmacy. These scholarships will be awarded on recommendation of the dean of the College of Pharmacy. A scholarship awarded to a first-year student in Pharmacy may be renewed annually until the student completes the program if the student maintains a minimum cumulative grade point average of 2.5 and remains in the College of Pharmacy.

In any bulletin or pamphlet listing this scholarship fund it is to be identified as follows: "Supported by endowment of The Kauffman-Lattimer Company, Columbus, Ohio."

In the event the need for such scholarships ceases to exist or so diminishes as to create unused distribution the Board of Trustees of the University may use said distribution for any purpose, in its discretion, preference to be given, however, to items in the field of pharmacy.

Sandy and Andy Ross Endowed Director of the Chadwick Arboretum and Learning Gardens

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Sandy and Andy Ross Endowed Chadwick Director Support Fund effective September 2, 2016, with a grant recommended by Sandra (BA 1970) and M. Andrew (BA 1964, JD 1967) Ross from their donor-advised fund at The Columbus Foundation. Effective May 19, 2022, the fund name and description shall be revised.

The annual distribution from this fund supports a director position in Chadwick Arboretum and Learning Gardens. Distributions shall be used to support Chadwick at the discretion of the director, which may include, but is not limited to, enhanced programming and staff support for Chadwick. The donors desire to enhance funding at Chadwick rather than replace existing funding. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Food, Agricultural and Environmental Sciences. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for staff appointment.

The highest ranking official in the College of Food, Agricultural and Environmental Sciences or his/her designee, in consultation with the highest ranking official in the Chadwick Arboretum and Learning Gardens or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal. The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the Rosses that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural and Environmental Sciences or his/her designee and the highest ranking official in the Chadwick Arboretum and Learning Gardens or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

David H. George Endowed Chair in Chemical Engineering

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the David H. George Endowed Chair in Chemical Engineering effective May 19, 2022, with gifts from the estate of Marilyn George.

The annual distribution from this fund supports a chair position in the William G. Lowrie Department of Chemical and Biomolecular Engineering, College of Engineering focused on chemical engineering. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Tom Rieland Endowed WOSU General Manager

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Tom Rieland Endowed WOSU General Manager effective May 19, 2022, with gifts from M. Andrew Ross (BA 1964, JD 1967) and Sandra L. Ross (BS 1970) and friends and colleagues of Tom Rieland to commemorate his retirement as General Manager of WOSU Public Media after 19 years of service.

The annual distribution from this fund shall support an endowed position in WOSU at the highest level possible. If the position is vacant, the annual distribution may be used at the discretion of the highest ranking official in WOSU or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the WOSU. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment.

The highest ranking official in the WOSU Public Media or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the WOSU Public Media or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Engineering Entrepreneurship Professorship

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Engineering Entrepreneurship Professorship effective May 19, 2022, with gifts from an anonymous donor to emphasize his/her/their beliefs in non-partisan teaching and research. The donor believes discovery and entrepreneurship with resulting commercialization are all essential elements of a society that strives to improve the quality of life for all citizens and supports innovation and entrepreneurship in competition driven markets that value contributions from all segments of society.

The annual distribution from this fund shall support a professorship position in the Department of Food, Agricultural, and Biological Engineering for the person who best exemplifies the innovative and entrepreneurial spirit of the department. Subject to the University's standard guidelines, the position holder's work should encourage entrepreneurial experiences to educate both graduate and undergraduate students about the benefits of commercializing research and discovery, provide education on the requirements of a startup, and expose students to partnerships and people from industry who have been through a startup, both successful and failures.

The position will be held by a person who has the qualifications and experience to be appointed a full professor when taking the position. It is the donor's desire that the position be used to bring in an outstanding individual from outside the College of Food, Agricultural, and Environmental Sciences to strengthen the Department of Food, Agricultural, and Biological Engineering.

If the position is vacant for more than one year, the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee, in consultation with the highest ranking official in the Department of Food, Agricultural, and Biological Engineering or his/her designee, has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

If the position is vacant for four or more years, the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee, in consultation with the highest ranking official in the Department of Food, Agricultural, and Biological Engineering or his/her designee, has the discretion to change the focus of the Professorship to be on Food Engineering within the department. When the professorship again becomes vacant for any reason the highest ranking official in the college or his/her designee, in consultant with the highest ranking official in the department or his/her designee has the discretion to return the focus of the professorship to the original entrepreneurship intent. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment.

The donor or his/her/their designee(s) retains the right to revise the title of the professorship during his/her/their lifetimes to include the family name.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee, in consultation with the highest ranking official in the Department of Food, Agricultural, and Biological Engineering or his/her designee, has the discretion to hold all or a portion of the annual distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the annual distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee, in consultation with the highest ranking official in the Department of Food, Agricultural, and Biological Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Anne K. “Nancy” Jeffrey Endowed Professorship for Mental Health Equity and Resilience

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Anne K. “Nancy” Jeffrey Endowed Professorship for Mental Health Equity and Resilience effective May 19, 2022, with grants from The Columbus Foundation through a donor-advised fund advised by Anne Jeffrey Wright and Elizabeth Jeffrey Balderston.

The annual distribution from this fund supports a professorship position in the Department of Psychiatry and Behavioral Health. Candidates should focus on studies working towards enhancing mental health equity and resilience amongst marginalized and underserved communities. If the position is vacant, the annual distribution may be used to support the faculty in the department. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the advisors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the advisors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the advisors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Colleen McMahon Faculty Excellence Fund in Music

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Colleen McMahon Faculty Excellence Fund in Music effective May 19, 2022, with a gift from the Honorable Colleen McMahon (BA 1973).

Should the gifted endowment principal balance reach \$1,000,000 for a professorship position by July 31, 2027, the annual distribution from this fund shall be used for a professorship position in the School of Music. When full funding is reached, the fund name shall be changed to the Colleen McMahon Professorship in Music. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment.

Prior to full funding or if the position is vacant, the annual distribution may be used to support faculty in the School of Music. This endowment should be used to enhance the school's reputation for faculty excellence, by facilitating the recruitment and retention of outstanding educators and researchers who display the potential for leadership both in their specialty and in the College of Arts and Sciences. Preferred fields of specialization are choral music and music theory. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

After July 31, 2027, the endowment may be revised when the gifted endowment principal reaches the minimum funding level required at that date for a professorship position.

The highest ranking official in the College of Arts and Sciences, in consultation with the highest ranking official in the School of Music or his/her designee, or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences, in consultation with the highest ranking official in the School of Music or his/her designee, to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Head and Neck Cancer Innovation Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Head and Neck Cancer Innovation Fund effective May 19, 2022, with gifts from Dr. John Old and Lynn Old. Gifts from the Old family were inspired by occurrences of head and neck cancers within the family and motivated by talents that have the potential to make significant progress in the prevention and treatment of head and neck cancers.

The annual distribution from this fund supports innovative, multidisciplinary research, education, and clinical excellence under the direction of the highest ranking official(s) in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute or his/her/their designee(s), in consultation with the highest ranking official in the Department of Otolaryngology or his/her designee with recommendation from the highest ranking official in the Division of Head and Neck Oncology or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute.

If at any time the gifted principal balance of the fund reaches the then current minimum required for an endowed faculty position, the fund purpose and name shall be revised accordingly to support an endowed position in the Department of Otolaryngology. If the position is vacant, the annual distribution may be used to support the faculty in the department. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Expenditures shall be approved in accordance with the then current guidelines and procedures established by The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute.

The highest ranking official(s) in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute or his/her/their designee(s) has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official(s) in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute or his/her/their designee(s) to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Anne K. “Nancy” Jeffrey Endowed Mental Health Equity and Resilience Research Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Anne K. “Nancy” Jeffrey Endowed Mental Health Equity and Resilience Research Fund effective May 19, 2022, with grants from The Columbus Foundation through a donor-advised fund advised by Anne Jeffrey Wright and Elizabeth Jeffrey Balderston.

The annual distribution from this fund supports research and programming to promote mental health equity and/or resilience in the Department of Psychiatry and Behavioral Health. Such programming may include, but is not limited to, clinical programs, services, symposia/lectureship, and community engagement activities. If at any time the need to support programming ceases to exist, the fund may be used to support the department. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the advisors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the advisors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the advisors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Chuck and Sharon Elgin ISE Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Chuck and Sharon Elgin ISE Scholarship Fund effective May 19, 2022, with gifts from Charles Robert Elgin (BS 1978) and Sharon Ann Elgin (BS 1979) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the Department of Integrated Systems Engineering. First preference shall be given to candidates who graduated from a high school program at Eastland-Fairfield Career & Technical Schools, Bishop Ready, or Groveport-Madison. Second preference shall be given to non-traditional students who are in need of financial support and attended a vocational school program or worked part or full-time jobs before applying for college in the state of Ohio. Third preference shall be given to candidates who graduated from a Columbus public high school. Fourth preference shall be given to candidates who graduated from an Ohio high school. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Engineering, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Wampler Family Student-Athlete Nutrition Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Wampler Family Student-Athlete Nutrition Fund effective May 19, 2022, with a gift from Dr. Daniel Joseph Wampler (BS 1980, PhD 1983) and Lisa Marshall Wampler (BS 1982).

The annual distribution from this fund supports performance nutrition programs and initiatives of student-athletes who are members of a varsity sport at the University. Expenditures shall be approved in accordance with the then current guidelines and procedures established by Department of Athletics.

The University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Rick and Kathy Ueltschy Undergraduate Accounting Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Rick and Kathy Ueltschy Undergraduate Accounting Scholarship Fund effective May 19, 2022, with gifts from Richard G. Ueltschy (BS 1978) and Kathy L. Ueltschy and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are studying accounting and demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the Max M. Fisher College of Business. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Max M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Max M. Fisher College of Business or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Gregory L. and Nancy A. Ridler Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Gregory L. and Nancy A. Ridler Endowed Scholarship Fund effective May 19, 2022, with gifts from Gregory L. Ridler (JD 1969) and Nancy A. Ridler and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships based on the following criteria:

- Candidates must be honorably discharged student veterans or students currently serving within the reserves, national guard, and/or active duty. If there are no eligible honorably discharged student veterans or students currently serving within the reserves, national guard, and/or active duty, scholarships will be open to tri-service ROTC cadets and midshipman.
- Candidates must be residents of Ohio (preference for residents of Mahoning, Columbiana, or Trumbull Counties).
- Candidates must be second, third, or fourth-year undergraduate students who are enrolled full-time in the College of Nursing.
- Candidates must be in good academic standing, with preference given to candidates who have a minimum 3.0 grade point average.
- Preference shall be given to, but not limited to, candidates who demonstrate financial need.

These scholarships are renewable as long as the recipients are in good academic standing with the University and continue to meet the selection criteria.

If no students meet the military selection criteria, scholarships will be open to all students meeting the remaining above referenced criteria. These scholarships are non-renewable if qualified military candidates are available.

Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Nursing, in consultation with the Office of Military and Veterans Services and Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Nursing or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Nursing or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Maryann Z. and Larry Kennedy Scholarship Fund in Pharmacy

The Maryann Z. and Lawrence D. Kennedy Scholarship Fund in Pharmacy was established November 4, 2005, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Maryann Z. (B.S., 1978) and Lawrence D. Kennedy of Solon, Ohio. Effective May 19, 2022, the fund name and description shall be revised.

The annual distribution from this fund shall be awarded to a student majoring in pharmacy who maintains a minimum 2.5 grade point average, has demonstrated financial need, and has a Free Application for Federal Student Aid (FAFSA) on file. Scholarships will be awarded by the College of Pharmacy, in consultation with Student Financial Aid.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distributions, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the highest ranking official in the College of Pharmacy or his/her designee. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donors as good conscience and need dictate.

The Justine Skestos Fund in the Division of Pulmonary, Critical Care and Sleep Medicine

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Justine Skestos Fund in the Division of Pulmonary, Critical Care and Sleep Medicine effective May 19, 2022, with a gift from George A. Skestos of Columbus, Ohio, in honor of his wife, Justine "Tina" Serednesky Skestos.

The annual distribution from this fund supports the work of Dr. Jeffrey Horowitz in the Division of Pulmonary, Critical Care and Sleep Medicine or his successor. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Calvin J. and June E. Cotrell Career and Technical Education Leadership Development Award

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Calvin J. and June E. Cotrell Career and Technical Education Leadership Development Award fund effective May 19, 2022, with an estate gift from Calvin J. Cotrell (BS 1950, PhD 1960) and June E. Cotrell.

The annual distribution from this fund provides financial support for career and technical education teachers enrolled in the graduate program of Work Force Development and Education, in the College of Education and Human Ecology. Criteria for selection of candidates shall be as follows:

- Be enrolled in the graduate program in the Workforce Development and Education Section. Preference shall be given to a doctoral level candidate, but if one is not available a master's degree student may be supported. Preference shall be given to a full-time student, but a part-time student may be supported.
- Have teaching experience in Career and Technical Education in Trade and Industrial Education preferably, but if no candidate is available in this service area, persons from the service areas of Family and Consumer Science Education and Health Science Technology Education as defined by the Association for Career and Technical Education (ACTE) may be included. A doctoral level student shall have three years of teaching experience and a master's degree student shall have one year of teaching experience.
- Possess and maintain membership in the Ohio Association for Career and Technical Education and the National Association for Career and Technical Education.
- Achieve a minimum score of 1,000 on the Graduate Record Examination, if an entering student.
- Possess a grade point average and other scholarly achievement in writing or research or service in professional organizations commensurate with the aptitude expectations for the degree program pursued.
- Intend to return to a teaching or leadership position in career and technical education in secondary, post-secondary, college/university system or in a state/national education agency.

Selection of recipients shall be made by the dean of the College of Education and Human Ecology, in consultation with faculty in Workforce Development and Education and Student Financial Aid. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Education and Human Ecology or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Education and Human Ecology or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds

shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Kristina M. Johnson Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Kristina M. Johnson Endowed Scholarship Fund effective May 19, 2022, with gifts from Kristina M. Johnson and Veronica Meinhard and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund equally supplements the grant-in-aid costs of undergraduate, student-athletes who are members of the Women's Field Hockey team and the Women's Lacrosse team. If the need for grant-in-aid support for the Women's Field Hockey and/or Women's Lacrosse teams cease to exist or have been fulfilled by other sources, any remaining annual distribution shall supplement the grant-in-aid costs of undergraduate, student-athletes who are members of the Women's Swimming team. If no students meet the selection criteria, the scholarship(s) will be open to undergraduate students who are members of a women's varsity athletic team. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Veronica Meinhard Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Veronica Meinhard Endowed Scholarship Fund effective May 19, 2022, with gifts from Kristina M. Johnson and Veronica Meinhard and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are first-generation college students. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

G. John and Betty J. Lambillotte Endowed Scholarship Fund in Chemical Engineering

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the G. John and Betty J. Lambillotte Endowed Scholarship Fund in Chemical Engineering effective May 19, 2022, with gifts from the Lambillotte Charitable Remainder Unitrust.

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the College of Engineering and studying chemical engineering. The donor desires that when awarding this scholarship special consideration be given to candidates who are members of organizations recognized by the University that are open to all but whose missions seek to advance the need of women in engineering. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Joseph B. Borgo Endowed Scholarship Fund in French or Italian Studies

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Joseph B. Borgo Endowed Scholarship Fund in French or Italian Studies effective May 19, 2022, with gifts from Joseph B. Borgo (BA 1970, MSW 1972) and Mary C. Borgo and matching funds as part of the Scarlet and Gray Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarship(s) to undergraduate students who are enrolled in the College of Arts and Sciences and majoring in French or Italian. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid. Scholarships are renewable as long as the recipients are in good standing with the University and meet the selection criteria.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Anishka K. Turner-Barnes Legacy Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. Anishka K. Turner-Barnes Legacy Fund effective May 19, 2022, with gifts from Dr. Phillip Deshawn Barnes and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students, including incoming freshmen, who are enrolled in the College of Engineering. The donor desires that when awarding this scholarship special consideration be given to candidates with preference given as outlined below.

- 1) whose pre-school, primary, and/or secondary education occurred in the following areas in this order of preference: Cat Island in The Bahamas; The Commonwealth of The Bahamas; The Caribbean region.
- 2) members of organizations recognized by the University that are open to all but whose missions seek to advance the needs of populations underrepresented in the field of engineering, such as the National Society of Black Engineers.
- 3) members of organizations recognized by the University that are open to all but whose missions seek to advance the needs of populations underrepresented in the field of engineering, such as the Minority Engineering Program.

The donor desires that this scholarship be renewable to students who remain in good academic standing and with the preface that the candidate's financial need will be assessed annually. If no students meet the selection criteria for a period of two consecutive years, the scholarship(s) will be open to all undergraduate students who are enrolled in the College of Engineering.

Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College, in consultation with Student Financial Aid and the College's Office of Diversity, Outreach & Inclusion.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee, in consultation with the highest ranking official in the college's Office of Diversity, Outreach & Inclusion, has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

We Gonna Be Alright Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the We Gonna Be Alright Scholarship Fund effective May 19, 2022, with gifts from an anonymous donor and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more high-impact scholarships to undergraduate students who are attending The Ohio State University at Lima with preference given to students who are graduates of Lima Senior High School in Lima, Ohio. If no candidates meet the selection criteria, the scholarship(s) will be open to students who graduated from a high school in Allen County, Ohio. Scholarships are renewable as long as the recipients are in good standing with the University and meet the selection criteria. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Ohio State Lima, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official at Ohio State Lima or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official at Ohio State Lima or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Veterinary Medicine Class of 1978 Scholarship Fund

The Board of Trustees of The Ohio State University shall establish the Veterinary Medicine Class of 1978 Scholarship Fund effective May 19, 2022, with gifts from members of Veterinary Medicine Class of 1978.

The annual distribution from this fund provides one or more scholarships to third or fourth year DVM students who demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the College of Veterinary Medicine. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

The Judy and Jeff Mitchell Athletic Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Judy and Jeff Mitchell Athletic Scholarship Fund effective May 19, 2022, with gifts from Jeffrey C. Mitchell (BS 1975) and Judy R. Mitchell (BS 1976).

The annual distribution from this fund supplements the grant-in-aid costs for undergraduate student-athletes who are majoring in business. It is the donors' desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Hogarth-Butturini Family Financial Services Fund for Public-Service Internships

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Hogarth-Butturini Family Financial Services Fund for Public-Service Internships effective May 19, 2022, with gifts from Dr. Jeanne M. Hogarth (MS 1979, PhD 1981) and Randal S. Butturini.

The annual distribution from this fund provides financial support for students who are enrolled in the College of Education and Human Ecology and are majoring in consumer and family financial services. The donors desire to support students who are participating in unpaid internships in the government or non-profit sector. Candidates can obtain their own internships, or be a part of a University run program such as the Washington Internship Program or the Ohio Government Internship Program in the John Glenn College of Public Affairs. If no students meet the selection criteria, the scholarship(s) will be open to (in succeeding order): 1) students minoring in consumer and family financial services, or 2) students studying in the Department of Human Science or its successor(s). Expenses may include, but are not limited to, tuition and fees, room and board, and/or travel. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Education and Human Ecology or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Education and Human Ecology or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Robert and Darlene Rankin 100% TBDBITL Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Robert and Darlene Rankin 100% TBDBITL Fund effective May 19, 2022, with gifts from Robert C. Rankin (BS 1951) and Darlene Rankin (BS 1953, MA 1979).

The annual distribution from this fund provides scholarships to active members of The Ohio State University Marching Band. Recipients will be recommended by the director of the Marching Band and approved by the director of the School of Music, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

This fund is included in the 100% TBDBITL Scholarship Endowment Initiative. The University will match the annual distribution generated by the first \$6 million raised with additional funds allocated to The Ohio State University Marching Band Scholarship Fund. Beginning in the fiscal year following Board of Trustees approval of eligible endowed funds, the University will allocate the matching funds once annually, usually in July.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. James L. Cornett Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. James L. Cornett (DDS 1070) Scholarship Fund effective May 19, 2022, with gifts from Dr. Sandra J. Cornett (BS 1965, MS 1970, PhD 1981).

The annual distribution from this fund provides one or more scholarship(s) to students who are enrolled in the College of Dentistry and studying in the Division of Endodontics. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Dentistry or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Dentistry or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Captain R. Scott Gledhill Economics Scholarship Fund in Memory of Dr. Novice G. Fawcett

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Captain R. Scott Gledhill Economics Scholarship Fund in Memory of Dr. Novice G. Fawcett effective May 19, 2022, with gifts from Captain Robert Scott Gledhill Jr. (BS 1967) in memory of Dr. Novice G. Fawcett (MA 1937, DRH 1972) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are majoring in economics. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the College of Arts and Sciences. Scholarships are renewable for up to eight semesters as long as recipients remain in good academic standing. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid. The college shall provide recipients a certificate noting the scholarship is in memory of Dr. Novice G. Fawcett.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Alpha Gamma Sigma Foundation Scholarship Fund in honor of Dwain and Marilyn Sayre

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Alpha Gamma Sigma Foundation Scholarship Fund in honor of Dwain and Marilyn Sayre effective May 19, 2022, with gifts from T. Dwain Sayre (BS 1961, MS 1968).

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Food, Agricultural, and Environmental Sciences and are members of the Alpha Gamma Sigma Fraternity provided the fraternity remains open to all and is recognized by the University. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. The donor desires to provide as significant financial support as possible to as many qualified recipients as possible. Scholarships may be awarded in varying amounts based on student enrollment, available funding, and other factors. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Janet Braun Student Engagement Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Janet Braun Student Engagement Scholarship Fund effective May 19, 2022, with gifts from Janet L. Braun (BS 1982, JD 1985).

The annual distribution from this fund provides one or more scholarship(s) to students who are enrolled in the College of Engineering, display leadership skills, and demonstrate community engagement outside the classroom, either within or outside the University. Preference shall be given to candidates who are participating in activities to develop relationship-building, communication or other skills needed to excel professionally. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Lynne Russell Brophy Nursing Education Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Lynne Russell Brophy Nursing Education Fund effective May 19, 2022, with gifts from Lynne L. Brophy.

The annual distribution from this fund supports nursing assistants at The Ohio State University Wexner Medical Center or The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) who are pursuing education that will allow them to sit for registered nurse licensure. Expenditures may include, but are not limited to, books, childcare, materials, and additional expenses related to or needed to pursue education. To qualify, candidates must be employed by the Medical Center or the OSUCCC – James for at least one year and must be in good standing as an employee. Medical Center and OSUCCC – James leadership will review and select candidates on an annual basis. If no candidates can be identified, the annual distribution may be used by any employee of the Medical Center or the OSUCCC – James who is pursuing advanced nursing education. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the Medical Center.

The highest ranking official(s) in the Medical Center or his/her/their designees have the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official(s) in the Medical Center or his/her/their designees to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Dr. John C. Baker Veterinary Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Dr. John C. Baker Veterinary Scholarship Fund effective May 19, 2022, with gifts from Dr. John C. Baker (BS 1973, MS 1975, DVM 1980).

Fifty percent (50%) of the annual distribution from this fund provides one or more scholarships to DVM students who are in good academic standing. Preference shall be given to third or fourth-year students with an interest in farm animal medicine, surgery, or research. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Veterinary Medicine, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Fifty percent (50%) of the annual distribution from this fund shall be reinvested in the endowment principal.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Jack Davis Multiple Sclerosis Endowed Research Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Jack Davis Multiple Sclerosis Endowed Research Fund effective May 19, 2022, with a gift from Dr. Vivian W. Davis (PhD 1982) given in memory of her husband, John "Jack" R. Davis.

The annual distribution from this fund supports basic science, clinical, and translational multiple sclerosis research, including progressive types, in the Department of Neurology. Expenditures may be recommended by the highest ranking official in the department or his/her designee and shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Director's Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Director's Scholarship Fund effective May 19, 2022, with gifts from John J. Schiff Jr (BS 1965) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are active members of The Ohio State University Marching Band. Scholarship recipients, the number of recipients, and amount of each scholarship shall be recommended by the highest ranking official of the Marching Band and the School of Music and determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Doherty Family Fund in Thyroid Cancer Research

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Doherty Family Fund in Thyroid Cancer Research effective May 19, 2022, with gifts from Shirley D. Doherty and the Doherty Family in memory of Michael B. Doherty.

The annual distribution from this fund supports thyroid cancer research at The Ohio State University Comprehensive Cancer Center - Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC-James) with special emphasis to support the research work of undergraduate, graduate and post-doctoral students. Expenditures shall not include capital or equipment expenditures. If thyroid cancer research ceases to exist at the OSUCCC-James, the annual distribution may support other types of cancer research at the OSUCCC-James. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the OSUCCC-James.

The highest ranking official(s) in the OSUCCC-James or his/her/their designee(s) has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official(s) in the OSUCCC-James or his/her/their designee(s) to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Thomas and Barbara Dunham Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. Thomas and Barbara Dunham Scholarship Fund effective May 19, 2022, with gifts from Dr. Thomas Dunham (BME 1965, cum laude; PhD 1968) and Barbara Dunham and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are studying a major in the Department of Materials Science and Engineering that participate in out-of-classroom and/or co-curricular learning experiences. The donors desire that special consideration be given to candidates who participate in the following activities:

- Undergraduate research within the Department or a Department related Center (i.e. Center for Design and Manufacturing Excellence ("CDME"), Center for Electron Microscopy and Analysis ("CEMAS"), Institute for Materials Research ("IMR"), Manufacturing and Materials Joining Innovation Center ("Ma2JIC"), Center for Cancer Engineering, etc.)
- Work or an internship within the Department or a Department related Center (i.e. CDME, CEMAS, IMR, Ma2JIC, Center for Cancer Engineering, etc.)
- Membership to organizations and participation in activities that seek to advance diversity or societal betterment (i.e. Humanitarian Engineering project, Engineers without Borders, Global Water Institute, programs offered by the College's Office of Diversity, Outreach and Inclusion, etc.)
- Leadership roles within career-relevant student organizations recognized by the University that are open to all such as the Materials Sciences and Engineering Club, the American Welding Society, the Society of Women Engineers, the National Society of Black Engineers, The American Foundry Society Ohio State Student Chapter, etc.)
- Involvement in other activities such as the Keenan Center for Entrepreneurship, the ACCELERATE Bridge Program, professional development workshops and conferences focused on professional speaking, technical writing, leadership, etc.

If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are studying a major in the Department. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Engineering, in consultation with Student Financial Aid and the Department's scholarship committee.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be

approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. James L. Smith Endowed Physics Student Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. James L. Smith Endowed Physics Student Scholarship Fund effective May 19, 2022, with gifts from Dr. James L. Smith (BS 1964, MS 1966) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Arts and Sciences and are studying a major in the Department of Physics. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Sue Smith Farmer Memorial Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Sue Smith Farmer Memorial Scholarship Fund effective May 19, 2022, with gifts from James Burton Farmer.

With all of her heart, Sue Smith Farmer believed that both her personal and professional life had been shaped for the better by her experiences at The Ohio State University. She was a “Buckeye” through and through and nothing made Sue happier than assuring that The Ohio State University continued to have the financial resources needed to provide succeeding generations of city and regional planning students with the education that would open the doors to their future careers.

After graduating from the Western College for Women in 1973, Sue attended The Ohio State University where she earned a Masters in city and regional planning (MCRP) in 1975. While enrolled at Ohio State, Sue met her future husband Jim, who was pursuing a dual degree in law and city planning. After they married in 1975, Sue worked for the Ohio EPA for 4 years then went on an extended hiatus for 8 years to raise her two sons and follow her husband’s legal career to Cleveland then Indianapolis. After they returned to Columbus in 1988, Sue renewed her own very successful career—first with the Ohio EPA for 2 years and then with the Ohio Water Development Authority, where she served as the Agency’s Chief Loan Officer for almost a quarter of a century until her retirement at the end of 2014.

The annual distribution from this fund provides one or more scholarships to students who are studying in the Austin E. Knowlton School of Architecture and demonstrate an interest in city and regional planning. First preference shall be given to graduate students. Second preference shall be given to undergraduate students. The donor desires that when awarding this scholarship special consideration be given for students who are members of organizations recognized by the University that are open to all but whose missions seek to advance women in engineering. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Engineering, in consultation with Student Financial Aid.

The Ohio State University’s mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University’s costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University’s Board of Trustees and the Foundation’s Board of Directors, in accordance with the policies of the University and Foundation.

Jeremy Gottlieb International Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Jeremy Gottlieb International Scholarship Fund effective May 19, 2022, with gifts from Jeremy Gottlieb (BS 1983) as part of the Joseph A. Alutto Global Leadership Initiative.

The annual distribution from this fund shall be used to provide scholarships to undergraduate or graduate students enrolled in the Max M. Fisher College of Business who are pursuing critical, action-based learning experiences around the world. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Max M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Max M. Fisher College of Business or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Keith Family Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Keith Family Scholarship Fund effective May 19, 2022, with gifts from Dustin Paul Keith (JD 2007, MBA 2018) and Muriel Keith, DVM (BS 2005, DVM 2010), and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to neurodiverse undergraduate students (incoming or current) who have neurological, cognitive, or sensory disabilities and demonstrate financial need. Preference will be given to incoming students on the Columbus campus. It is the donors' desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who demonstrate financial need. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Office of Student Life, in consultation with Student Financial Aid and Disability Services. Scholarships are renewable as long as recipients remain in good academic standing.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Office of Student Life or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Office of Student Life or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Kodiyalam Family Endowed Fund for Pharmaceutical Business Practices

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Kodiyalam Family Endowed Fund for Pharmaceutical Business Practices effective May 19, 2022, with gifts from Sundar R. Kodiyalam (MS 1987).

The intent of this fund is to support the education and development of students and/or fellows to work in the pharmaceutical/biotech industries and not in the retail or hospital segments of pharmacy practice.

The annual distribution from this fund supports programs in the College of Pharmacy's Division of Outcomes and Translational Sciences that help students and/or fellows pursue professional options in the pharmaceutical/biotech industry. Expenditures may include support for fellows studying outcomes research or other expenses that advance the business training for students and/or fellows. If this division would cease to exist, it is the donor's preference that the fund support other activities initiated within the college to further training and employment of students in the pharmaceutical/biotech industry. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college. Recipients of student support, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Pharmacy or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Pharmacy or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The McGarity Family Idiopathic Pulmonary Fibrosis Research Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The McGarity Family Idiopathic Pulmonary Fibrosis Research Fund effective May 19, 2022, with a gift from Thomas Walter McGarity (BS 1973) in honor of Frank Benson.

The annual distribution from this fund supports research or related activities that may lead to new discoveries in idiopathic pulmonary fibrosis or other advanced lung diseases at The Dorothy M. Davis Heart and Lung Research Institute. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine, in consultation with the institute.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Brad A. Myers Sphinx Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Brad A. Myers Sphinx Endowed Scholarship Fund effective May 19, 2022, with gifts from Bradley Allan Myers (BS 1977, JD 1980) and Stephen Morgan Rowlands (BS 1981).

The annual distribution from this fund provides one or more non-renewable scholarship(s) to students who are members of Sphinx, Ohio State Senior Class Honorary (Sphinx), plan to graduate from The Ohio State University and plan to attend the University as a graduate or graduate-professional (for example, the Michael E. Moritz College of Law) student. Special consideration shall be given to students who have demonstrated leadership at the University and in Sphinx. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Office of Student Life, in consultation with the faculty advisor(s) of Sphinx and Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Office of Student Life or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Office of Student Life or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Ritchie Endowed Fund for Mechanical and Aerospace Engineering

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Ritchie Endowed Fund for Mechanical and Aerospace Engineering effective May 19, 2022, with gifts from Rex E. Ritchie (BME 1968) and Helen J. Ritchie (BS 1961).

The annual distribution from this fund supports the highest priorities of the Department of Mechanical and Aerospace Engineering at the discretion of the chair of the department. Expenditures may include, but are not limited to, student groups, hands-on undergraduate curriculum, student support and priority capital projects in the department. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Engineering.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

John Wingard Faculty Support Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the John Wingard Faculty Support Endowed Fund effective May 19, 2022, with gifts from John Wingard (BS 1963, JD 1966).

The annual distribution from this fund supports faculty in the Michael E. Moritz College of Law. Preference shall be given to faculty members in environmental law and if possible, faculty who focus on the laws relating to the preservation, conservation, or stewardship of trees, or forests or related resources. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

If at any time the gifted principal balance of the fund reaches the then current minimum required to establish a professorship or a chair, the fund purpose and name shall be revised to support a professorship or chair position in the Michael E. Moritz College of Law. Preference shall be given to a faculty member in environmental law and if possible, a candidate who focuses on the laws relating to the preservation, conservation, or stewardship of trees, or forests or related resources. If the position is vacant, the annual distribution may be used to support the faculty in the college. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment.

The highest ranking official in the Michael E. Moritz College of Law or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Michael E. Moritz College of Law or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Dr. Ronald Ling, Eagle Scout and Caron Ann Lau Optometry Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Dr. Ronald Ling, Eagle Scout and Caron Ann Lau Optometry Scholarship Fund effective May 19, 2022, with gifts from Dr. Ronald W. Y. Ling (OD 1978).

The annual distribution from this fund provides one or more renewable scholarships to students who are enrolled in the College of Optometry, demonstrate clinical excellence, participate in community service, and demonstrate financial need. Preference shall be given to candidates from the following states: Montana, Colorado, Idaho, Utah, New Mexico, Nevada, Arizona, Washington, Oregon, California, Alaska, and Hawaii. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the unit, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Optometry or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Optometry or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Jeffrey M. Gibbs Memorial Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Jeffrey M. Gibbs (BS 1982, DDS 1986) Memorial Endowed Fund effective May 19, 2022, with gifts from Carol H. Gibbs (BS 1983, MA 1987).

The annual distribution from this fund supports research, education, training and patient care in medical oncology focused on rare and unknown primary cancers at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James). First preference is to support the Roychowdhury Lab for Precision Cancer Medicine (or successor) and the work of Dr. S. Roychowdhury (or successor) focused on rare and unknown primary cancers. Expenditures shall not include capital or equipment expenditures. If the Roychowdhury Lab for Precision Cancer Medicine ceases to exist at the OSUCCC-James, the annual distribution may support other rare cancer research at the OSUCCC-James. Expenditures shall be approved in accordance with the current guidelines and procedures established by the OSUCCC – James. Upon request from the Gibbs family, the OSUCCC – James may apprise the donor and/or her sons Matthew, Brendan and Christian about the impact of this fund.

The highest ranking official in the OSUCCC – James or his/her/their designee/s has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the OSUCCC – James or his/her/their designee/s to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Architecture Class of '67 Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Architecture Class of '67 Endowed Scholarship Fund effective May 19, 2022, with gifts from the Knowlton School of Architecture Class of '67.

The annual distribution from this fund provides renewable scholarships to students enrolled in the Austin E. Knowlton School of Architecture who demonstrate academic merit and financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the school. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Engineering, in consultation with highest ranking official in the school or his/her designee and Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee, in consultation with the highest ranking official in the Austin E. Knowlton School of Architecture or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee and the highest ranking official in the Austin E. Knowlton School of Architecture or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Fraleley Public Health Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Fraleley Public Health Fund effective May 19, 2022, with gifts from Reed Fraleley (MS 1975) and Mel Fraleley (BS 1992).

The annual distribution from this fund supports the College of Public Health at the discretion of the highest ranking official in the college or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

If at any time the gifted principal balance reaches the then current minimum required to establish a restricted endowed fund, the fund name and purpose shall be revised. The fund name shall be revised to the Health Equity Fund for Health Services Management and Policy. The purpose will be revised to promote health equity through support of students in the Division of Health Services Management and Policy, with due consideration of underrepresented populations. While usage should remain flexible, the fund should focus on addressing health equity and/or leadership development for those who wish to advance populations underrepresented in health care leadership roles. Expenditures may be used for activities including, but not limited to, sponsoring student attendance at conferences such as the National Association of Health Services Executives (or successor), subsidizing summer residencies, supporting Association for Future Healthcare Executives (or successor) health equity initiatives, and/or providing scholarships to students. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Public Health, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Public Health or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Public Health or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dennis R. Baer Family Athletic Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dennis R. Baer Family Athletic Scholarship Fund effective May 19, 2022, with gifts from Dennis R. Baer (BS 1977).

The annual distribution from this fund provides one or more tuition and fees scholarships to undergraduate student-athletes who are participating on one of the following teams in this order of preference: men's cross country/track, men's wrestling, men's gymnastics, men's swimming, men's ice hockey. First preference shall be given to candidates who are working towards a BS in mathematics; second preference shall be given to candidates working towards a BS in physics. If no candidates meet the selection criteria, scholarships may be awarded to undergraduate student-athletes who are participating on one of the following teams in this order of preference: women's cross country/track, women's wrestling, women's gymnastics, women's swimming, women's ice hockey. First preference shall be given to candidates who are working towards a BS in mathematics; second preference shall be given to candidates working towards a BS in physics. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Captain Steven P. Drefahl, USN, Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Captain Steven P. Drefahl, USN, Endowed Scholarship Fund effective May 19, 2022, with gifts from Captain Steven P. Drefahl (BS 1974) and Cynthia L. Drefahl.

The annual distribution from this fund provides renewable scholarship support for Navy ROTC students who are in good standing with the University. Recipients shall be chosen by the highest ranking official in the Naval ROTC or his/her designee, in consultation with Student Financial Aid. If the Navy ROTC program at the University ceases to exist, the scholarship will support student veterans who have received an honorable discharge from the United States Armed Forces, with preference to student veterans who served in the United States Navy.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the highest ranking official in the Naval ROTC or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the highest ranking official in the Naval ROTC or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Ronald G. Berlan Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Ronald G. Berlan Endowed Fund effective May 19, 2022, with gifts from Ronald G. Berlan (BS 1971).

The annual distribution from this fund shall be used at the discretion of the highest ranking official in Student Financial Aid or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by Student Financial Aid.

If at any time the gifted principal balance reaches the then current minimum required for a restricted endowed fund, the annual distribution will provide one or more scholarship(s) for first-generation, undergraduate college students who demonstrate financial need and are from the state of Ohio. Scholarship(s) are renewable as long as recipient(s) remain in good academic standing. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who demonstrate financial need and are from the state of Ohio. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Dr. Douglas A. Gormley Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Dr. Douglas A. Gormley Scholarship Fund effective May 19, 2022, with gifts from Dr. Douglas A. Gormley (DDS 1974) and Jane C. Gormley.

The annual distribution from this fund supplements the grant-in-aid costs for an undergraduate student-athlete(s) majoring in a health-related field. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate student-athletes. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Unused distribution shall be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dale McArdle and Marilynn Duker Scholarship in the Arts and Sciences

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dale McArdle and Marilynn Duker Scholarship in the Arts and Sciences effective May 19, 2022, with grants from The Duker / McArdle Family Charitable Fund at Schwab Charitable as recommended by advisors, Dale R. McArdle (BA 1972, MPA 1982) and Marilynn K. Duker.

The annual distribution from this fund provides scholarships to students enrolled in the College of Arts and Sciences with preference given to candidates whose major is in the social and behavioral sciences group. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the unit, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the advisors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the advisors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the advisors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Aaron Selby Memorial 4-H Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Aaron Selby Memorial 4-H Endowed Scholarship Fund effective May 19, 2022, with gifts from Deborah Selby Jones.

The annual distribution from this fund provides need-based scholarships to undergraduate students from the state of Ohio who are enrolled in the College of Food, Agricultural, and Environmental Sciences. Candidates must have participated in 4-H for at least four years and demonstrate community service. Preference shall be given to candidates from Fairfield County. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College, in consultation with Student Financial Aid.

The University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Terence J. Sullivan Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Terence J. Sullivan Endowed Scholarship Fund effective May 19, 2022, with gifts from Terence J. Sullivan (BS 1977).

The annual distribution from this fund provides one or more renewable scholarships to graduate or undergraduate students who are studying architecture in the Austin E. Knowlton School of Architecture. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the school. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Engineering, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee, in consultation with the director of the Austin E. Knowlton School of Architecture or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee, in consultation with the director of the Austin E. Knowlton School of Architecture or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The James R. and Melissa S. Allen Scholarship Fund

The James R. and Melissa S. Allen Graduate Scholarship Fund was established September 17, 2010, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from James R. Allen (MBA 1981) and Melissa A. Allen of Louisville, Kentucky. Effective May 19, 2022, the fund name and description shall be revised.

The annual distribution from this fund shall be used for scholarships to recruit and retain student(s) who are enrolled in the Max M. Fisher College of Business. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid. The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Max M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Max M. Fisher College of Business or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Annual Reinhart Butter and Heike Goeller Design Affair Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, established The Reinhart Butter Annual Design Affair Fund effective September 2, 2016, with a gift from Reinhart F.H. Butter. Effective January 27, 2017, the fund description was revised. At the request of Reinhart F.H. Butter and with additional gifts from his partner, Heike Goeller, effective May 19, 2022, the fund name and description shall be revised.

The annual distribution from this fund shall be used to support a workshop, roundtable, debate, or lecture by renowned experts within the professional disciplines associated with and/or taught at The Ohio State University Department of Design. The main purpose of the event is the advancement of both theory and practice of design, by engaging the audience in some form of participatory activities. Successful participation at the event could be formally acknowledged or even certified, if appropriate. Topics and principal invitees will be proposed by the department's Cultural Events Committee and the highest ranking official in the department or his/her designee. They shall be of interest to, and be supported by the majority of the faculty. If, in the future, the fund can no longer be used by the Department of Design, it should be offered for comparable purposes to the Department of Dance or the 'Jazz Studies' area of study in the School of Music, in that order. Expenditures may be recommended by the highest ranking official in the department or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Arts and Sciences.

The highest ranking official in the College of Arts and Sciences or his/her designee, in consultation with the highest ranking official in the Department of Design or his/her designee, has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Justine Skestos Fund in Minimally Invasive Neurological Spinal Surgery

The Justine Skestos Chair in Minimally Invasive Neurological Spinal Surgery was established June 2, 2006, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation with a gift from George A. Skestos of Columbus, Ohio, in honor of his wife, Justine "Tina" Serednesky Skestos. Effective May 19, 2022, the fund name and description shall be revised.

The annual distribution from this fund supports minimally invasive neurological spinal surgery in the Department of Neurological Surgery. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that this fund should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Women's Athletics Excellence Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Women of Scarlet and Gray Fund effective November 18, 2021, with gifts from Rite Rug Holdings Inc. Effective May 19, 2022, the fund name shall be revised.

The annual distribution from this fund is used to support and enhance the experience and development of student-athletes participating in a women's varsity sport. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the Department of Athletics.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Toukonen Family Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Arvo Toukonen Scholarship Fund effective May 20, 2021, with gifts from Arvo W. Toukonen (BS 1966, BS 1971, MA 1973). Effective May 19, 2022, the fund name shall be revised.

The annual distribution from this fund provides one or more scholarships to students who graduated from Jefferson Area Local High School in Jefferson, Ohio or successor. If no students meet the selection criteria, students who graduated from any public high school in Ashtabula County, Ohio may be considered. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy. Unused annual distribution shall be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest-ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Shirley Abrams Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Shirley Abrams Endowed Scholarship Fund effective August 30, 2019, with gifts from Brian P. (BS 1983) and Marcy A. (BA 1983) Callahan and The Callahan Family Fund. Effective May 19, 2022, the fund description shall be revised.

The annual distribution from this fund supplements the grant-in-aid costs of student-athletes who are members of the women's track and field team. If no students meet the selection criteria, the scholarship(s) will be open to all student-athletes. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation, may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The William M. and Darlene Aldrige Music Scholarship Fund

The William M. and Darlene Aldrige Music Scholarship Fund was established February 7, 2003, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from the estate of Darlene Aldrige of Hillsboro, Ohio, and in memory of her husband, William M. Aldrige (BSAgr 1961), which provided scholarships for students enrolled in the School of Music who exhibit high moral standards, reside in Highland County, Ohio, and graduated from a high school in Highland County, Ohio. No eligible students enrolled at Ohio State for a period of five consecutive years, therefore the need for this fund has so diminished as to provide unused income. Pursuant to the terms of the fund as first established, and in order to further the donor's intent, the Foundation's Board of Directors and the University's Board of Trustees, in consultation with the director of the School of Music, recommend that the fund description be further revised as set forth herein, effective May 19, 2022.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual distribution shall be used to support scholarships for students enrolled in the School of Music. The student recipients must exhibit high moral standards, reside in Highland County, Ohio, and have graduated from a high school in Highland County, Ohio. If no students meet the selection criteria, second preference shall be given to students enrolled in the School of Music who exhibit high moral standards and graduated from a high school in one of the following Ohio counties: Clinton, Fayette, Ross, Pike, Adams or Brown. If no students meet the criteria as defined in second preference, the scholarship(s) will be open to all students enrolled in the School of Music who exhibit high moral standards and graduated from a high school in the State of Ohio. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with the highest ranking official in the School of Music or his/her designee and Student Financial Aid.

In any given year that the income is not fully expended, the unused portion should be reinvested in the principal.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board, in consultation with the highest ranking official in the College of Arts and Sciences or his/her designee and the highest ranking official in the School of Music or his/her designee in order to carry out the desire of the donor.

Dr. Craig and Pamela Clouse Veterinary Scholarship Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. Craig and Pamela Clouse Veterinary Scholarship Endowed Fund effective February 27, 2020, with a gift from Dr. Craig Allan Clouse (BS 1976, DVM 1980) and Pamela J. Clouse. Effective May 19, 2022, the fund description shall be revised.

The annual distribution from this fund provides one or more scholarship(s) to students who are from the state of Ohio and are enrolled in the College of Veterinary Medicine with preference given to candidates from rural areas. Scholarships are renewable for up to three years as long as recipients remain in good academic standing. It is the donors' desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide one-time scholarships to additional eligible recipients. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Daniel ('78) and Ellen ('79) Coombs Chemical Engineering Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, established the Daniel ('78) and Ellen ('79) Coombs Chemical Engineering Endowed Scholarship Fund effective August 25, 2017, with a gift from Daniel M. Coombs (BS 1978). Effective May 19, 2022, the fund description shall be revised.

The annual distribution from this fund shall be used to provide one or more scholarships to undergraduate students. It is the donor's desire that when awarding these scholarships special consideration be given to students who are members of an organization recognized by the University that is open to all but whose mission seeks to advance the need of populations historically underrepresented in engineering. Preference shall be given to incoming freshman who are pursuing a degree in chemical & biomolecular engineering. Preference shall also be given to students who are majoring in chemical & biomolecular engineering and have a minimum grade point average of 3.4 on a 4.0 scale. Scholarships are renewable as long as the recipients are in good standing with the University and meet the selection criteria. The highest ranking official in the program or his/her designee may recommend candidates. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Engineering, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Molly B. Demuth Memorial Scholarship Fund

The Molly B. Demuth Memorial Scholarship Fund was established September 18, 2009, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Mr. James R. Demuth (BSBA 1982), family, and friends in memory of his wife, Mrs. Molly B. Demuth (BSNurs 1980) of New Philadelphia, Ohio. Effective May 19, 2022, the fund description shall be revised.

The annual distribution from this fund shall provide scholarships for undergraduate students who are enrolled at the Columbus campus and are residents of Tuscarawas County, Ohio with preference given to first-year students. When possible, annual scholarships shall be awarded in minimum increments of \$1,000. Scholarships shall be distributed equally over the terms of the academic school year and may be used for the cost of tuition and fees, room and board, and books and supplies. Scholarships for residents of Tuscarawas County, Ohio are renewable as long as the recipients are in good standing with the University and are enrolled at the Columbus campus. If no students meet the selection criteria, one-year scholarship(s) will be available to students who are enrolled at the Columbus campus who are and are residents of the counties contiguous to Tuscarawas County, Ohio: Coshocton, Holmes, Stark, Carroll, Harrison, Guernsey with preference given to first-year students.

Scholarships may be awarded in varying amounts based on student enrollment, available funding, and other factors. It is the donors' desire that the scholarship committee of The Ohio State University of Tuscarawas County recommend recipients for the scholarships to be awarded annually. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid. Scholarships are renewable as long as the recipients are in good standing with the University and meet the selection criteria.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Any unused annual distribution shall be reinvested to the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee and James Demuth, should he be alive, to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Steve and Diane Jones Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, established the Steve and Diane Jones Endowed Scholarship Fund effective February 2, 2018, with gifts from Steven D. (BS 1972) and S. Diane (BS 1972) Jones. Effective May 19, 2022, the fund description shall be revised.

The annual distribution from this fund shall be used to provide need-based scholarships to undergraduate students enrolled in the College of Arts and Sciences who have a minimum 2.5 grade point average on a 4.0 scale with preference given to candidates who meet the following geographic restrictions in the order listed below.

- 1) graduated from the Johnstown-Monroe School District
- 2) from Licking County, Ohio
- 3) from the state of Ohio

Seventy-five percent of the annual distribution shall be awarded to students whose major is in the area of natural and mathematical sciences. Said recipients shall be recommended by the highest ranking official in Natural and Mathematical Sciences or his/her designee. Should natural and mathematical sciences be unable to award their entire allocated amount, the unused amount shall be made available to speech and hearing.

Twenty-five percent of the annual distribution shall be awarded to students whose major is in the area of speech and hearing science. Said recipients shall be recommended by the highest ranking official in the Department of Speech and Hearing Sciences or his/her designee. Should speech and hearing be unable to award their entire allocated amount, the unused amount shall be made available to natural and mathematical sciences.

Remaining unused annual distribution may be offered to undergraduate students who are enrolled in the college, are ranked as third- or fourth-year participants in the ROTC programs (Army, Navy or Air Force) and meet the previously cited grade point average and geographic restrictions. Said recipients shall be recommended by the highest ranking officials in ROTC programs or his/her/their designees

Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Unused annual distribution shall not be reinvested in the endowment principal. The University will make a good faith effort to expend the entire annual distribution as described in paragraph 2 above. Certain circumstances including, but not limited, to student enrollment, additional gifts, and available funding may cause a portion of annual distribution to remain unspent in some years.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purposes of this fund, in consultation with the donors named above. Should the purpose of this Fund ever contradict federal or state law, or Foundation or University policy, the Fund shall be split equally between the Department of Speech and Hearing Science and the College of Veterinary Medicine to

support graduate and professional students who demonstrate financial need. In accordance with Sections 1715.51-1715.59 of the Ohio Revised Code, if in the future, the purpose of the fund ever becomes unlawful, impracticable, impossible to achieve, or wasteful, the Fund shall be split equally between the Department of Speech and Hearing Science and the College of Veterinary Medicine to support graduate and professional students who demonstrate financial need. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Todd and Kelly Kranz Leadership Fund in Nursing

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, established The Todd and Kelly Kranz Leadership Fund in Nursing effective February 22, 2019, with gifts from D. Todd Kranz (BS 1983) and Kelly J. Kranz (BS 1983). Effective May 19, 2022, the fund description shall be revised.

The annual distribution from this fund provides renewable scholarship support to undergraduate students ranked as junior or senior, or graduate students who are enrolled in the College of Nursing and hold a leadership position in a student organization(s). Preference shall be given to members of Ohio Staters, Student Alumni Council, University Greek System and/or other university wide or college clubs or associations. If no students meet the selection criteria, the scholarship support will be open to all students enrolled in the college. It is the donors' desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest-ranking official in the College of Nursing or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation, may modify the purpose of this fund. The University and the Foundation shall consult the highest-ranking official in the College of Nursing or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Max D. Phillips Endowed Scholarship Fund

The Max D. Phillips Endowed Scholarship Fund was established September 2, 2016, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Carter G. Phillips (BA 1973, DRH 2011) and Sue J. Henry. Effective May 19, 2022, the fund description shall be revised.

The annual distribution shall be used to provide scholarships. First-time recipients must be undergraduate students enrolled in the College of Arts and Sciences. Preference shall be given to candidates from Stark County, Ohio who demonstrate financial need. The donor desires scholarships be awarded at the in-state, full cost of attendance to one eligible recipient. Scholarships may be awarded in varying amounts based on student enrollment, available funding and other factors. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid.

The scholarships are portable if the recipients change campuses; transferable if they change major; and renewable for up to eight semesters, even if the semesters are non-consecutive, as long as the student remains in good standing with the University.

This fund is eligible to be included in the Ohio Scholarship Challenge. The University will match the annual distribution payouts generated by the first \$100,957.39 in gifted principal in perpetuity. The transfer of matching funds will occur once annually, usually in July. Under the Challenge, unused annual distribution cannot be reinvested in the fund's principal.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/ her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The James A. Shertzer / Julie Kennel Endowed Scholarship Fund

The James A. Shertzer / Julie Kennel Endowed Scholarship Fund was established April 4, 2014, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from James A. Shertzer (BS 1997) and Dr. Julie Kennel (BS 2000, BS 2000). Effective May 19, 2022, the fund description shall be revised.

The annual distribution from this fund shall be used to support scholarships in the College of Food, Agricultural, and Environmental Sciences and the College of Education and Human Ecology in alternating years. The award for the College of Food, Agricultural, and Environmental Sciences will be in years ending in odd numbers, and the award for the College of Education and Human Ecology will be in years ending in even numbers (0 is considered an even number).

The annual distribution from this fund during years ending in odd numbers will provide one or more scholarships (The Shertzer Family Leadership Scholarship) for students enrolled in the College of Food, Agricultural, and Environmental Sciences. The students must demonstrate abilities in leadership positions in student clubs and activities across the college, including departmental or school clubs and activities. Significant emphasis will be placed on leadership contributions the students have made in their clubs or activities in encouraging participation by other students, organization and implementation of club events and activities, and effectiveness as a leader within the group and across the college. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the college. Recipients shall be selected in accordance with guidelines and procedures approved by the highest ranking official in the college or his/her designee, and in consultation with Student Financial Aid.

The annual distribution from this fund during years ending in even numbers will provide one or more scholarships for students studying nutrition and/or dietetics and are pursuing an accredited dietetic internship program or advanced degree program, with preference given to students pursuing supervised practice experiences to become a registered dietitian nutritionist. Additional preference will be given to students who add diversity to the College of Education and Human Ecology and/or who actively contribute to nurturing a more diverse and inclusive community within the college and/or would further the diversity of the dietetics profession. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the college. Recipients shall be selected by the highest ranking official in the college or his/her designee, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking officials in College of Food, Agricultural, and Environmental Sciences and the College of Education and Human Ecology or their designees have the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. The University and the Foundation reserve the right to modify the purposes of this fund, however, (1) in consultation with the donors named above, or (2) if such purposes become unlawful,

impracticable, impossible to achieve, or wasteful, provided that such fund shall only be used for the University's charitable purposes. In seeking such modification, the University and the Foundation shall consult the highest ranking officials in the College of Food, Agricultural, and Environmental Sciences and the College of Education and Human Ecology or their designees. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Grayce Sills Archive Endowment Fund

The Grayce Sills Archive Endowment Fund was established February 1, 2013, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Grayce Sills (MA 1964, PhD 1968) and her friends and colleagues. Effective May 19, 2022, the fund description shall be revised.

The annual distribution from this fund shall support improvements and special events for the Grayce Sills records located at the Medical Heritage Center; expenses shall be recommended by the highest ranking official in the center of his/her designee and approved in accordance with the then current guidelines and procedures established by the College of Medicine.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the highest ranking official in the College of Medicine or his/her designee, in consultation with the highest ranking official in the Medical Heritage Center or his/her designee.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use as nearly aligned with the original intent of the contribution as good conscience and need dictate, shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from the highest ranking official in the College of Medicine or his/her designee, in consultation with the highest ranking official in the Medical Heritage Center or his/her designee.

The Mary Beth Fontana Wise M.D. Faculty Development and Medical Education Fund

The Mary Beth Fontana Wise M.D. Faculty Development and Medical Education Fund was established February 10, 2012, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Mary Beth Fontana Wise of Columbus, Ohio. Effective May 19, 2022, the fund description shall be revised.

At OSU, Dr. Mary Beth Fontana Wise earned two degrees (BA Arts and Sciences 1963, MD 1966) and completed medical residency and cardiology fellowship training from 1967-1971. Dr. Fontana Wise joined the faculty of the Department of Internal Medicine in 1970, becoming an assistant professor in 1971 and an associate professor in 1976. In 2004, she was appointed as Associate Professor Emeritus of Internal Medicine.

During her tenure in the College of Medicine, Dr. Fontana Wise received numerous honors and recognitions as a clinician and educator, devoting much of her career to innovative medical education and public service. From 1972 with her early involvement with the Independent Study Program, later with Integrated Pathway Med I and Med II programs, and through the present, her leadership and teaching efforts have greatly strengthened curriculum, teaching effectiveness, problem-based learning, medical student experiences, CME activities, and recertification courses.

She received the College's Distinguished Educator Award (1999), Alumni Achievement Award (2002), Professor of the Year (2005), Faculty Teaching Award (2011), and the Department of Internal Medicine's Earl N. Metz Distinguished Physician Award of Internal Medicine (2004) and Charles F. Wooley MD Transmission of Excellence Teaching Award (2000). Additionally, medical students have chosen her 20 times as Outstanding Teacher from 1986-2011. Since 2009, she has held The Harry C. and Mary Elizabeth Powelson Professorship in Medicine appointment.

The annual distribution from this fund shall be used for the Master Teacher program of the College of Medicine as an award to current or retired/emeriti faculty of the College recognized through the Courage To Teach (CTT) program, or its successor, as exemplary teachers in the development of excellent, professional, and humanistic clinical physicians. The award shall be known as The Mary Beth Fontana Wise MD Master Teacher Award.

Candidates for the award must be designated as Master Teacher. The goals, responsibilities, qualifications and selection process of Master Teacher are defined by the CTT board. Appointment as a Master Teacher, as well as the selection of Master Teacher award recipients, will be made by the dean of the College of Medicine, or his/her designee, on recommendation by the CTT board. Should the CTT cease to exist, the Master Teacher program and this respective award will be continued by a committee, of faculty educators dedicated to the principles established by CTT, who shall be appointed by the dean of the College of Medicine, or his/her designee.

Distribution of funds will occur at the time of Master Teacher designation and will go directly to the faculty member, not their department, unless the designee wishes to use the funds to obtain release time for teaching from their department. Award funding to a Master Teacher may be renewed if criteria for faculty development and employment of active education strategies are fulfilled according to guidelines established by the College of Medicine.

Distribution will not be used for faculty or administrative salaries or benefits and will be allocated by the vice dean for Education in the College of Medicine, or his/her designee, in consultation with the dean of the College of Medicine, or his/her designee.

Funds available after distribution to the Master Teachers may be used for other CTT initiatives such as: other awards for teaching excellence, curricular innovation, invited lectures, seminars, workshops related to education and faculty development. These uses can be in collaboration with College of Medicine's Linda C. Stone, MD Program for Humanism & the Arts in Medicine and the Medical Heritage Center.

Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the dean or vice dean of the College of Medicine, or his/her/their designee(s).

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should unforeseen circumstances arise in the future so that the need for this endowment ceases to exist, then another use, as nearly aligned with the original intent of the contribution as good conscience and need dictate, shall be designated by the Foundation's Board of Directors and the University's Board of Trustees. In making this alternate designation, the Boards shall seek advice from a representative of the donor, if possible, and as recommended by the vice dean for Education in the College of Medicine or his/her designee, in consultation with the dean of the College of Medicine or his/her designee.

ATTACHMENT CIX



MAJOR PROJECT UPDATES
Projects Over \$20M
May 2022

PROJECT STATUS REPORT CURRENT PROJECTS OVER \$20M



PROJECT NAME	CONSTRUCTION COMPLETION DATE	APPROVALS		BUDGET	ON TIME	ON BUDGET
		DES	CON			
Jane E. Heminger Hall and Newton Renovation	5/22	✓	✓	\$30.7 M		
WMC Outpatient Care Dublin	6/22	✓	✓	\$161.2 M		
Dodd - Parking Garage	8/22	✓	✓	\$33.3 M		
Celeste Lab Renovation	8/22	✓	✓	\$31.1 M		
Controlled Environment Agriculture Research Complex	8/22	✓	✓	\$35.8 M		
Arts District	12/22	✓	✓	\$165.3 M		
Lacrosse Stadium	12/22	✓		\$22.5 M		
WMC Outpatient Care West Campus	1/23	✓	✓	\$349.5 M		
Interdisciplinary Research Facility	3/23	✓	✓	\$227.8 M		
Energy Advancement and Innovation Center	9/23	✓	✓	\$48.4 M		
Combined Heat & Power Plant/District Heating & Cooling Loop	10/23	✓	✓	\$289.9 M		
Interdisciplinary Health Sciences Center	11/23	✓	✓	\$155.9 M		
Cannon Drive Relocation - Phase 2	12/24	✓	✓	\$56.9 M		
Martha Morehouse Facility Improvements	1/25	✓	✓	\$41.8 M		
Wexner Medical Center Inpatient Hospital	6/25	✓	✓	\$1,797.1 M		
TOTAL – 15 PROJECTS				\$3,447.2 M		

Not on Track

Watching Closely

On Track



2771



LACROSSE STADIUM

Construct a new outdoor lacrosse stadium in the Athletics District, east of the Covelli Center, for the Men's and Women's varsity programs. The venue will include an outdoor field, total seating for over 1,500, locker rooms and concessions.

PROJECT FUNDING: Fundraising, auxiliary funds, partner funds

PROJECT UPDATE: Construction is underway. Site work, storm detention, roadway, foundations and building pad installations are in progress. Budget challenges are requiring a project increase, primarily due to escalation in material and labor costs.

CURRENT BUDGET	
Construction w/ Cont	\$19.9 M
Total Project	\$22.5 M

CONSULTANTS	
Architect of Record	HOK
CM at Risk	Ruscilli

PROJECT SCHEDULE	
BoT Approval	8/19
Construction	1/22 – 12/22
Facility Opening	1/23





2772



WEXNER MEDICAL CENTER OUTPATIENT CARE
WEST CAMPUS

Construct an approximately 385,000-square foot outpatient facility including a surgical center, proton therapy, and medical office space. The proton therapy facility will focus on leading-edge cancer treatments and research. The facility will also include a 640-space parking garage.

PROJECT FUNDING: Auxiliary funds; fundraising; partner funds

PROJECT UPDATE: Large proton equipment has been loaded into the building. Major medical support steel has been installed. Air handling unit 2 is operating to support the proton areas. All punched windows have been installed and curtain walls have begun. Brick is underway on the northwest corner. Roofing installation continues.

CURRENT BUDGET		CONSULTANTS	
Construction w/ Cont	\$229.6 M	Architect of Record	Perkins & Will
Total Project	\$349.5 M	CM at Risk	BoldtLinbeck

PROJECT SCHEDULE	
BoT Approval	11/18
Construction	7/20-1/23
Facility Opening – Outpatient	5/23
Facility Opening – Proton	10/23





2773



INTERDISCIPLINARY RESEARCH FACILITY

Construct a five-story laboratory building in the Innovation District to serve multiple research disciplines, including biomedical, life sciences, engineering, and environmental sciences. The facility will also include a 55,000-square foot exterior plaza to provide collaborative space for the district.

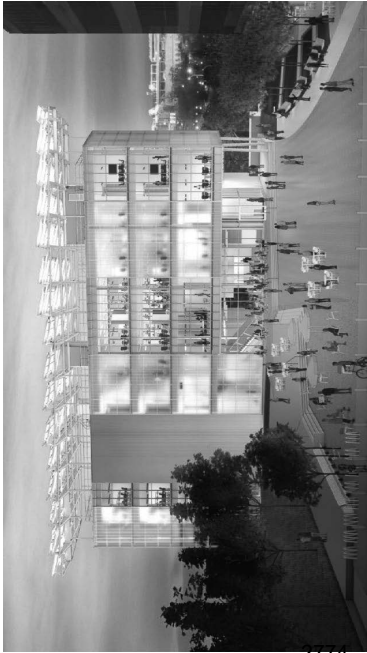
PROJECT FUNDING: Auxiliary funds; university funds; university debt; fundraising
PROJECT UPDATE: Masonry brick installation has begun on the south elevation. Second floor drywall work is complete. Acoustic ceiling grid is complete on the first floor.

CURRENT BUDGET	
Construction w/ Cont	\$182.2 M
Total Project	\$227.8 M

CONSULTANTS	
Architect of Record	Pelli Clarke Pelli
CM at Risk	Whiting Turner/Corna Kok

PROJECT SCHEDULE	
BoT Approval	11/17
Construction	9/20-3/23
Facility Opening	6/23





2774

ENERGY ADVANCEMENT AND INNOVATION CENTER

Construct an approximately 66,000-sf facility centered around diverse collaborations to propel the next generation of convergent energy research and technology incubation. The facility will prioritize passive and active strategies to reduce energy usage and will include the installation of a direct current (DC) microgrid with photovoltaics/solar panels on the roof.

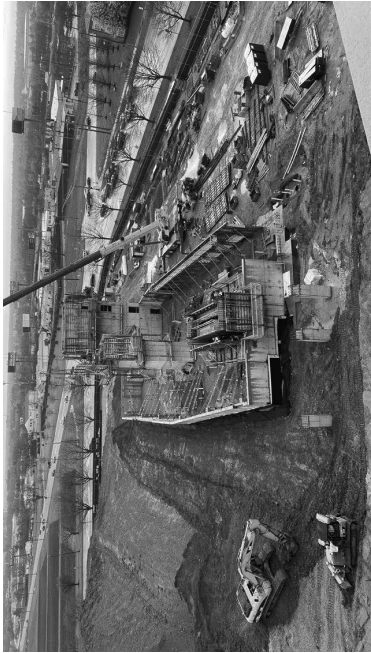
PROJECT FUNDING: Partner funds; university funds

PROJECT UPDATE: Ground floor foundation walls are ongoing. Steel erection is scheduled to start in late May 2022.

CURRENT BUDGET	
Construction w/ Cont	\$39.0 M
Total Project	\$48.4 M

CONSULTANTS	
Architect of Record	Moody Nolan
CM at Risk	Whiting Turner/CK

PROJECT SCHEDULE	
BoT Approval	2/19
Construction	10/21-9/23
Facility Opening	10/23





2775



COMBINED HEAT AND POWER PLANT/DISTRICT HEATING AND COOLING LOOP – CHP/DHC

105 MW combined heat and power (CHP) plant, with a heating capacity of 285 klb/hr of superheated steam. The CHP plant will also contain an 8,000-ton cooling facility with future build-out potential to 13,000-ton. Installation of heating hot water (HHW) and chilled water (CW) on the midwest and west campuses to support existing and new campus buildings. Rehabilitation of John Herrick Drive bridge to support new utilities which connect the CHP to main campus.

PROJECT FUNDING: Utility Fee

PROJECT UPDATE: Major equipment installation is complete. Foundation and steel work are ongoing. Distribution installation on the midwest campus and bridge construction are on target. Budget and schedule concerns are related to the CHP.

CURRENT BUDGET	
Total Project	\$289.9 M

PROJECT SCHEDULE	
BoT Approval	8/19
Construction	11/20-10/23
Facility Opening	1/23

CONSULTANTS	
Operator's Engineer	HDR
Design-Builder (CHP)	Frank Lill & Son
CMR (DHC/Bridge)	Whiting/Turner-Corna Kokosing
A/E (DHC)	RMF Engineering
A/E (Bridge)	EMH&T

On Budget
On Time

ATTACHMENT CX



The Ohio State University



Discussion with
those charged
with governance

Audit plan and strategy for the year ending June 30, 2022

May 19, 2022

Message from account leadership

We are pleased to have the opportunity to meet with you to discuss our audit plan and strategy for The Ohio State University Pool (OSU) as of and for the year ending June 30, 2022.

This report highlights where your KPMG team will focus, including areas of audit emphasis, first-year audit procedures, and new standards applicable to OSU and our audit. We also present a timeline for engagement milestones during the year.

Navigating through a multiyear journey will allow us to build a repository of successful outcomes and deliver operational excellence through continuous improvement. We look forward to building a strong foundation to continue to develop into the future.

Thank you.



David Gagnon
Lead Engagement Partner



Our commitment to you

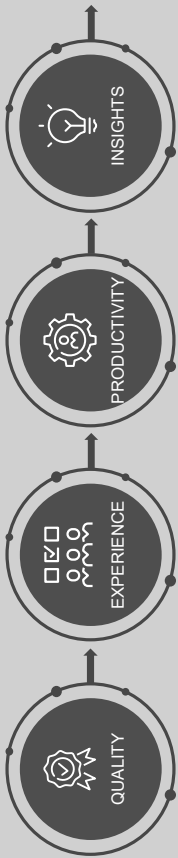


Delivering a better audit experience drives us.

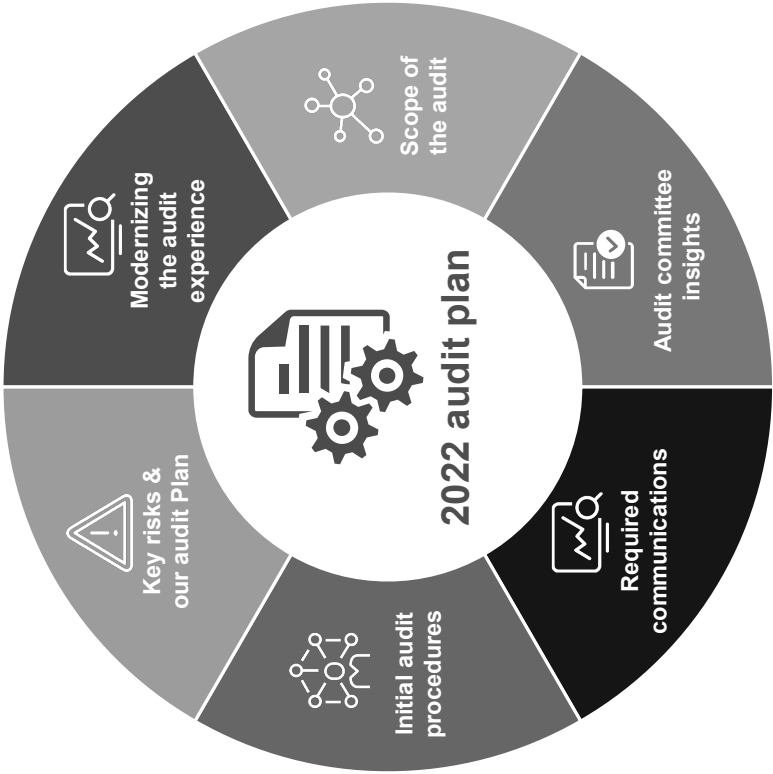
With KPMG, you can expect an experience that's better for your team, organizations and the capital markets. An experience that's built for a world that demands agility and integrity.

See patterns in what has passed. See where risks may emerge. See opportunities emerge. See opportunities to optimize processes. And see ahead to new possibilities.

We aim to deliver an exceptional client experience for The Ohio State University by focusing on:



Executive summary



Advancing the KPMG Clara journey



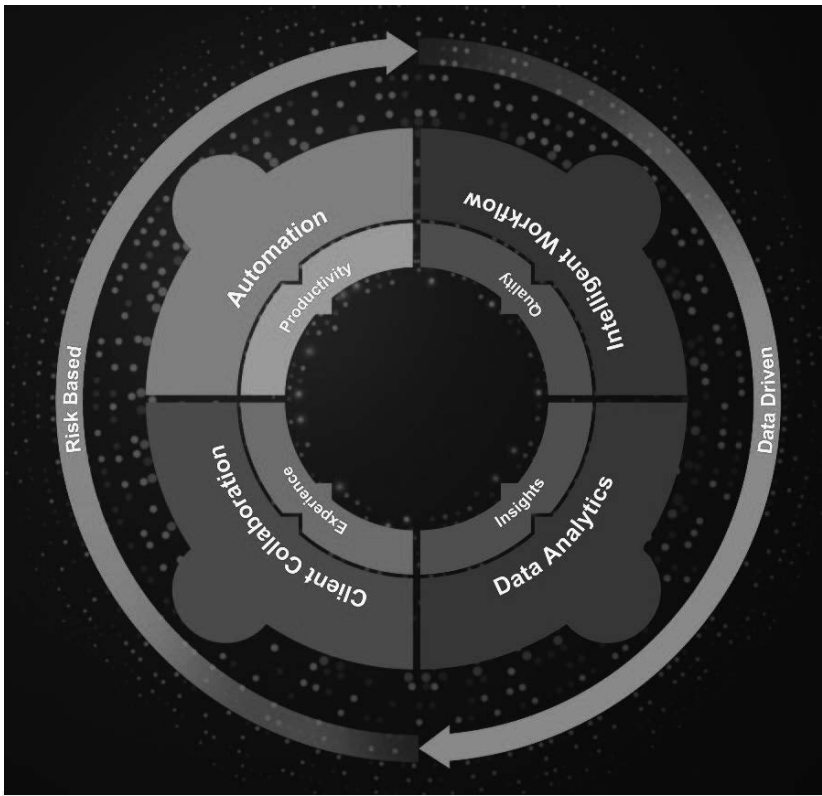
Accelerating our innovation

Built on an agile, integrated, and secure platform, KPMG Clara combines a client-facing portal, data extraction, a comprehensive suite of tools to evaluate and respond to risk, and a workflow to guide our teams through it all. These capabilities help us deliver with quality, efficiency, and insight, leading to an exceptional experience.

Over the past year, we have deployed multiple new audit technologies within the KPMG Clara ecosystem to enhance your audit experience.

Following are key recent and upcoming innovations you can expect to see on your engagement:

- Power BI
- Data Snipper
- Alteryx



Cybersecurity considerations

Factors and forces elevating cybersecurity risks:

- Shifts to remote work, online customer engagement, digital finance – “remote everything”
- Acceleration of digital strategies/transformation
- Surge and sophistication of cyber attacks
- Risks, vulnerabilities posed by third-party vendors

Considerations for robust oversight:

- Focus on internal controls, access, and security protocols
- Increase diligence around third-party vendors
- Insist on a robust data governance framework
- Clarify responsibilities for data governance across the enterprise
- Reassess how the board—through its committee structure—assigns and coordinates oversight responsibility for cybersecurity and data governance frameworks, including data privacy, ethics, and hygiene

Audit considerations:

- Evaluate risks of material misstatement resulting from, among other things, unauthorized access to financial reporting systems (e.g., IT applications, databases, operating systems)
- Determine whether there is a related risk of fraud
- Develop audit approach based on risk assessment
- If a cybersecurity incident occurs, we understand and evaluate its effect on our audit approach, as well as evaluate management’s assessment of the effect on the financial statements and disclosures

First-year audit: additional procedures

Consistent with professional standards, we will perform certain audit procedures applicable to an initial audit for a successor auditor in accordance with generally accepted auditing standards in the United States of America (GAAS).



















We perform audit procedures to obtain evidence about whether:











- Opening balances contain misstatements that materially affect the current period's financial statements; and
- Appropriate accounting policies or principles and the application of accounting policies or principles over the opening balances have been consistently applied in the current period's financial statements or changes have been appropriately accounted for and adequately presented and disclosed in accordance with the applicable financial reporting framework.

Incremental procedures performed over opening balances and the consistency of accounting policies or principles include:

- Reading the financial statements and predecessor auditors' reports;
- Reviewing predecessor auditor audit documentation;
- Performing certain detailed procedures over opening balances, as appropriate;
- Assessing prior and current period financial statements for consistency; and
- Performing additional procedures if a possible misstatement is identified.

The OSU engagement team

 Kim Zavislak Account Executive Columbus Office Managing Partner	 Cathy Baumann University and Single Audit Partner	 Dave Gagnon Lead Engagement Partner National Industry Leader – Higher Education	 Johny Lewis Healthcare Entities Partner	 John Parns Managing Partner
 Rosemary Meyer University and Components Engagement Quality Control Review Partner	 Lindsey Hoff Uniform Guidance Senior Manager	 Jane Kim Lead Senior Manager	 Robby Perry Healthcare Entities Senior Manager	 Tim Grant Partner
 Amy Banovich Healthcare Entities Engagement Quality Control Review Partner	 Justin Crew Uniform Guidance Senior Associate	 Brigid Murray Lead Senior Associate	 Kody Seeger Healthcare Entities Manager	 Chris Kropp Supervisor
		 Darryn Bradt Investments Senior Associate	 Sidney Arnold Healthcare Entities Senior Associate	 Egar Nusantara Senior Associate

Specialists	 Lorna Stark National Sector Leader – Government	 Mandy Nelson National Office Leader Higher Education/Grants Compliance	 Adrianne Henderson Managing Director	 Ruth Madrigal Tax-Exempt Leader Washington National Tax	 George Levine Self-Insurance Director
	 Ash Shehata National Sector Leader – Healthcare and Life Sciences	 Ann Joseph Audit Center of Excellence Coordinator – Higher Education Practice	 Mikael Johnson Valuation Partner	 Tara D'Agostino Tax Compliance Managing Director	 Steve Eisenstein Employee Benefits Director



Required Communications to the Audit, Finance, and Investment Committee

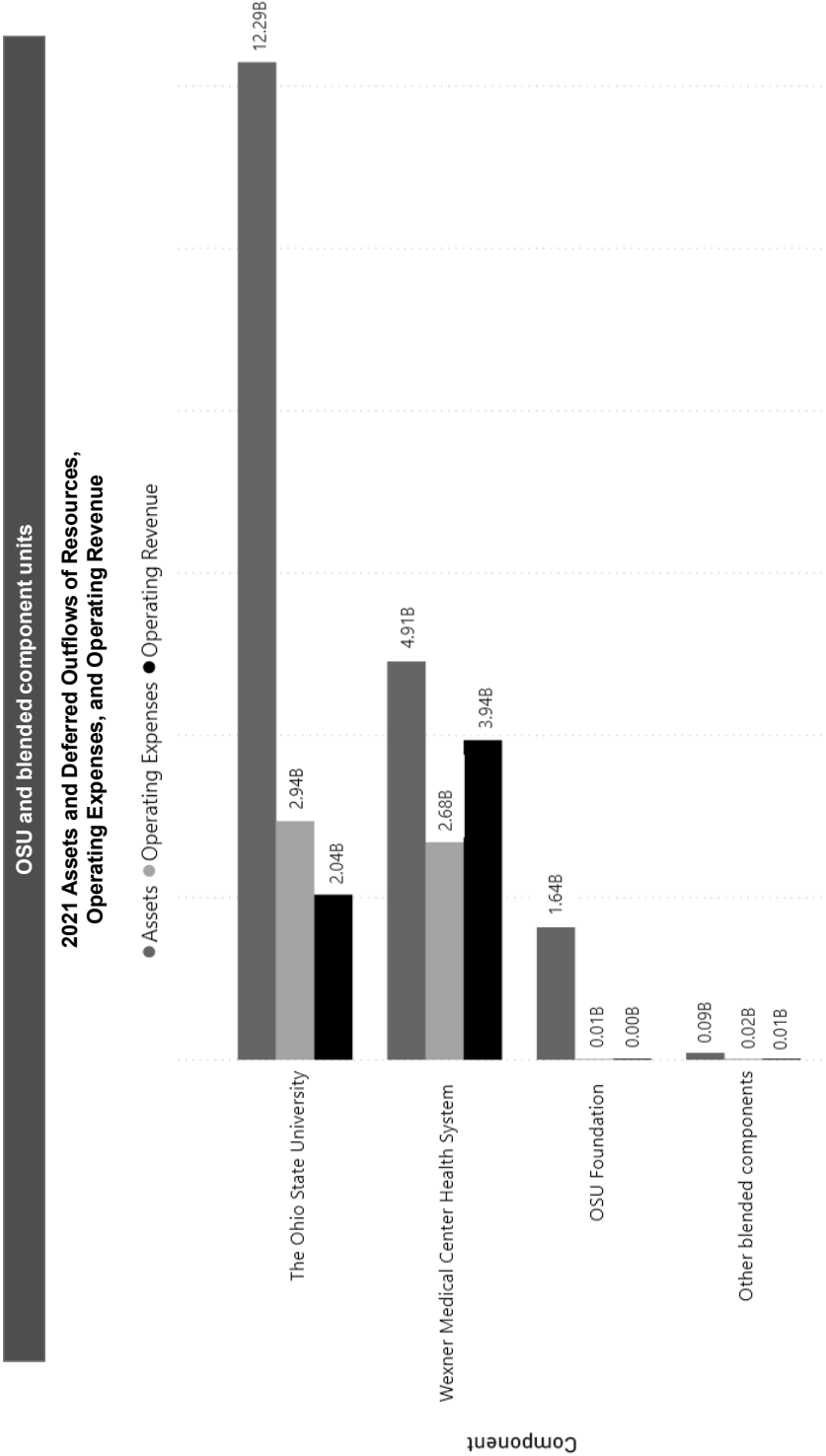
Prepared on: April 25, 2022
Presented on: May 19, 2022

Summary: Audit approach required communications and other matters

Planning & risk assessment		Response
Role and identity of engagement partner		The lead audit engagement partner is: Dave Gagnon. Cathy Baumann will serve as the partner on the single audit and support Dave on the University audit. Johnny Lewis will serve as the partner for the standalone reports for Wexner Medical Center Health System and Ohio State University Physicians, Inc. Chase Gahan will serve as the managing director for the stand alone component reports for The Ohio State University Foundation, Transportation Research Center Inc., and Campus Partners for Community Urban Redevelopment and Subsidiaries.
	Significant findings or issues discussed with management	No matters to report.
Scope of audit		Our audit of the financial statements of the OSU Pool as of and for the year ended June 30, 2022, will be performed in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in <i>Government Auditing Standards</i> , issued by the Comptroller General of the United States. Additionally, audits will be performed on stand-alone reports prepared for the following components:
	Scope of audit	<ul style="list-style-type: none"> The Ohio State University Foundation Campus Partners for Community and Urban Redevelopment The Ohio State University Physicians, Inc. Transportation Research Center, Inc. The Ohio State University Wexner Medical Center Health System <p>Performing an audit of financial statements includes consideration of internal control over financial reporting (ICFR) as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's ICFR.</p> <p>Additionally, we will perform a single audit in accordance with 2 CFR 200.</p>
Financial reporting entity		See page 10
	Materiality in the context of an audit	See page 12
Our timeline		See page 13
	Risk assessment: Significant risks	See page 14
Risk assessment: Additional risks identified		See page 15
	Involvement of others	See page 16
New and upcoming accounting standards		See pages 17 to 19
	Independence	See page 20
Responsibilities		See page 21
	Inquiries	See page 22
Single Audit		See pages 23 to 25

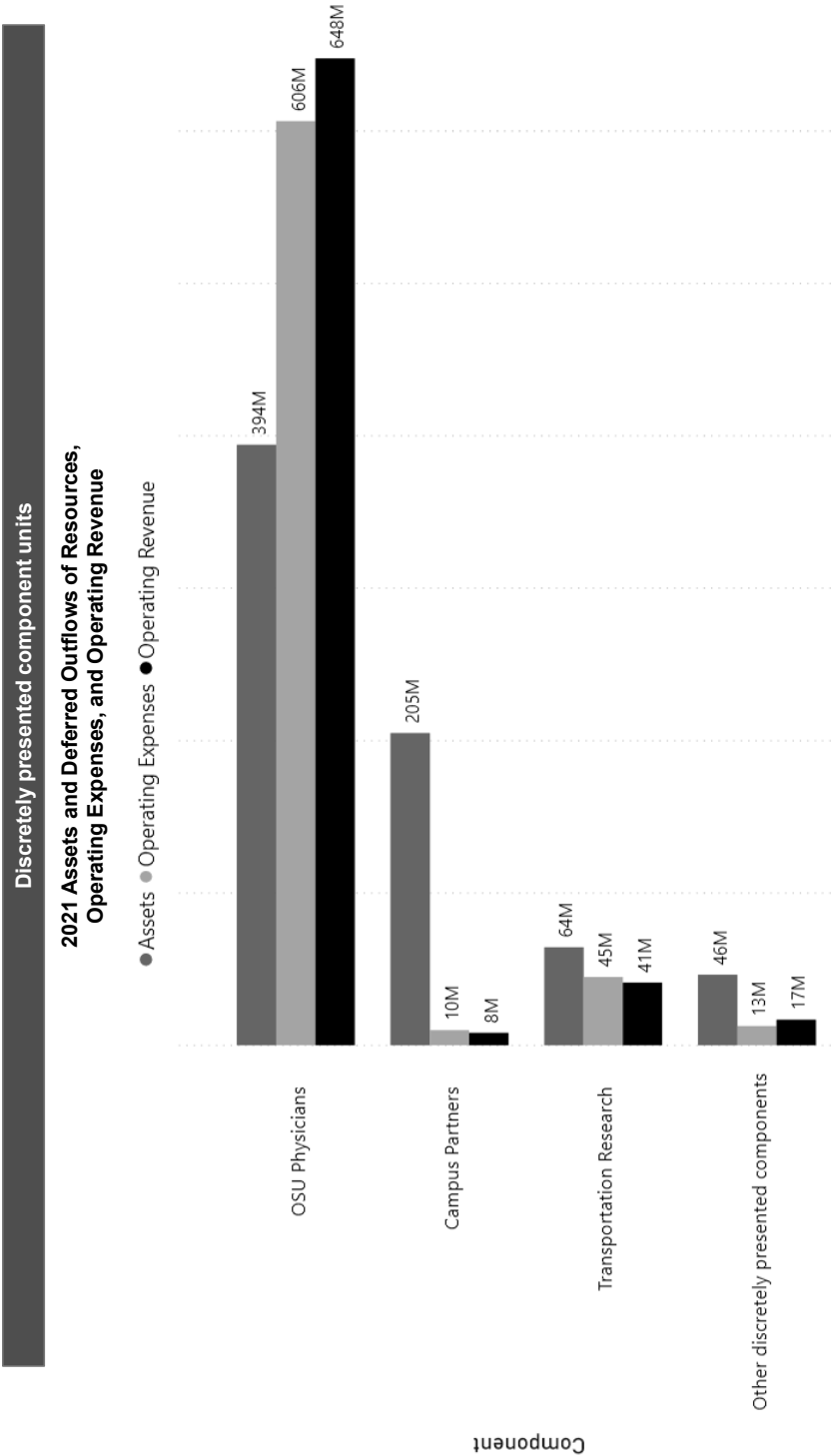
Financial reporting entity

The following illustration depicts the entities included in The Ohio State University financial statements



Financial reporting entity (continued)

The following illustration depicts the entities included in The Ohio State University financial statements



Materiality in the context of an audit

We will apply materiality in the context of the preparation and fair presentation of the financial statements, considering the following factors:

Misstatements, including omissions, are considered to be material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Judgments about materiality are made in light of surrounding circumstances and are affected by the size or nature of a misstatement, or a combination of both.

Judgments about materiality involve both qualitative and quantitative considerations.

Judgments about matters that are material to users of the financial statements are based on a consideration of the common financial information needs of users as a group. The possible effect of misstatements on specific individual users, whose needs may vary widely, is not considered.

Determining materiality is a matter of professional judgment and is affected by the auditor's perception of the financial information needs of users of the financial statements.

Judgments about the size of misstatements that will be considered material provide a basis for

- a) Determining the nature and extent of risk assessment procedures;
- b) Identifying and assessing the risks of material misstatement; and
- c) Determining the nature, timing, and extent of further audit procedures.

Our timeline

April – July 2022

Planning and risk assessment

- Planning and initial risk assessment procedures, including:
 - Involvement of others
 - Identification and assessment of risks of misstatements and planned audit response for processes
- Obtain and update an understanding of OSU and its environment
- Inquire of those charged with governance, management and others within the Company about risks of material misstatement
- Coordinate with Internal Audit

Interim

- Communicate audit plan
- Identify IT applications and environments
- Perform process walkthroughs and identification of process risk points for remaining processes
- Evaluate design and implementation (D&I) of entity level controls and process level controls for processes
- Evaluate D&I of general IT and automated controls
- Perform TOE of relevant process level, general IT, and entity-level controls, where applicable
- Perform interim substantive audit procedures
- Perform risk assessments for direct and material compliance requirements identified for the major programs audited as part of the single audit

August – October 2022

Year-end

- Complete control testing for remaining process level, general IT, and entity-level controls, where applicable
- Perform remaining substantive audit procedures
- Evaluate results of audit procedures, including control deficiencies and audit misstatements identified
- Review financial statement disclosures
- Perform control and compliance testing for the single audit

Wrap Up

- Evaluate results of audit procedures, including control deficiencies and audit misstatements identified
- Present audit results to those charged with governance and perform required communications
- Issue audit reports

November 2022

Risk assessment: Significant risks

Significant risks				Susceptibility to:	
				Error	Fraud
Management override of controls Management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Although the level of risk of management override of controls will vary from entity to entity, the risk nevertheless is present in all entities.					Yes

Significant risk	Description	Susceptibility to:		Relevant factors affecting our risk assessment
		Error	Fraud	
Valuation of patient accounts receivable (healthcare entities)	Management's estimate of the allowances for uncollectible accounts is based on analysis of open accounts receivable, average historical collection experience, and other relevant factors to arrive at an overall assessment of collectible net accounts receivable.	Yes		Significant assumptions used that have a high degree of subjectivity: Historical collection experience is the key driver in evaluating the future collection of outstanding patient accounts receivable. Additional consideration is given for changes in aging as well as process changes year over year.
Valuation of pension and other post-employment benefit liabilities and related accounts	Management's estimates of net pension obligations reported are based on a variety of actuarial assumptions related to participant mortality, as well as interest rates, historical experience, the provisions of the related benefit programs, and desired reserve levels.	Yes		Significant assumptions that may have a high degree of subjectivity: - Discount rate - Expected long term rate of return - Mortality - Retirement rates - Plan participation - Trend rates

Risk assessment: Additional risks identified

Additional risks identified	Relevant factors affecting our risk assessment and planned response
Valuation of alternative investments	Due to the relative lack of transparency into the underlying assets, including that these investments are not valued on a daily basis, nor readily available, we will perform various procedures to determine whether net asset values (NAVs), as applicable, are reliable, including confirming balances and ownership percentages as of year-end, obtaining underlying audited annual financial statements and back-testing reported NAVs, evaluating NAV valuation and cash changes between the audit date and the University's fiscal year end.
Valuation of marketable securities, which are reported within current and noncurrent assets on the statement of net position	Management's estimate of the fair value of marketable securities, including stocks and fixed income assets, held directly by the University is determined based on quoted prices in active markets.
Implementation of GASB No. 87, Leases	The University will adopt this standard in fiscal 2022. We will evaluate the University's process for capturing lease information and perform procedures to ensure lease assets and related liabilities for qualifying leases are fairly stated in accordance with the provisions of GASB No. 87.

Involvement of others

Audit of financial statements	Extent of planned involvement
Internal audit	No direct assistance will be received from the University's internal audit group. Internal audit reports will be reviewed and considered as part of our risk assessments as required under <i>Government Auditing Standards</i> .
KPMG Tech Assurance	Assist the audit team in evaluating general information technology controls and IT application controls.
KPMG pension and postretirement benefit actuary	Assist the audit team in evaluating of pension and postretirement benefit obligations.
KPMG Business Tax Services – Development and Exempt Organizations specialist	Assist the audit team in evaluating the University's tax-exempt status as a governmental entity. Also will assist the audit team in evaluating tax-exempt status of component units and to assist in evaluating uncertain tax positions.
Parms + Company LLC	Subcontractor firm assisting KPMG with certain audit procedures to be performed for the University's financial statements (including OSU Physicians, Inc. and Wexner Medical Center) and Uniform Guidance audits.

New and upcoming accounting pronouncements

Applicable accounting pronouncements to be adopted in FY 2022 and FY 2023:



GASB Statement No. 87, Leases

The requirements of this Statement are effective for periods beginning after June 30, 2021, or OSU's FY22 financials.

Changes the current classification of lease arrangements as either operating or capital leases, and establishes a single model for lease accounting based on the foundational principle that leases represent a financing transaction associated with the right to use an underlying asset. This Statement applies to contracts that convey the right to use a non-financial asset in an exchange or exchange-like transaction for a term exceeding 12 months. Lessees will be required to recognize a lease liability and an intangible right-to-use lease asset, and lessors will be required to recognize a lease receivable and a deferred inflow of resources.



GASB Statement No. 89, Accounting for Interest Costs Incurred before the end of a Construction Period

The requirements of this Statement are effective for periods beginning after June 30, 2021, or OSU's FY22 financials.

Requires interest incurred before the end of a construction period to be recognized as expense in the period in which the cost is incurred for financial statements prepared using the economic resources measurement focus.



GASB Statement No. 91, Conduit Debt Obligations

The requirements of this Statement are effective for periods ending June 30, 2022, or OSU's FY22 financials.

Conduit Debt Obligations provides a single method for reporting conduit debt obligations of issuers. The Statement clarifies the existing definition of a conduit debt obligation, creates standards for accounting for commitments and voluntary commitments extended by issuers and arrangements associated with conduit debt obligations, and improves related financial statement disclosures.

New and upcoming accounting pronouncements (continued)

Applicable accounting pronouncements to be adopted in FY 2022 and FY 2023:



GASB Statement No. 93, *Replacement of Interbank Offered Rates*

The requirements of this Statement are effective for periods beginning after June 30, 2021, or OSU's FY22 financials. Addresses accounting and financial reporting implications that result from the replacement of an Interbank Offered Rate.



GASB Statement No. 94, *Public-Private and Public-Public Partnerships and Availability Payment Arrangements*

The requirements of this Statement are effective for periods beginning after June 15, 2022, or OSU's FY23 financials. Addresses issues related to public-private and public-public partnership arrangements.



GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*

The requirements of this Statement are effective for periods beginning after June 15, 2022, or OSU's FY23 financials. This Statement provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs) for government end users (governments). This Statement (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA.

New and upcoming accounting pronouncements (continued)

Applicable accounting pronouncements to be adopted in FY 2022 and FY 2023:



GASB Statement No. 97, Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans—an amendment of GASB Statements No. 14 and No. 84, and a supersession of GASB Statement No. 32.

The requirements of this Statement are effective for periods ending June 30, 2022, or OSU's FY22 financials.

This statement provides guidance intended to increase consistency and comparability related to reporting of fiduciary component units in situations where a potential component unit does not have a governing board and the primary government performs the duties that a governing board would typically perform. The Statement also intends to mitigate costs associated with the reporting of certain defined contribution pension plans, defined contribution other post-employment benefit (OPEB) plans, and employee benefit plans other than pension plans or OPEB plans (other employee benefit plans) as fiduciary component units in fiduciary fund financial statements. The Statement further seeks to enhance the relevance, consistency, and comparability of the accounting and financial reporting for Internal Revenue Code Section 457 deferred compensation plans that meet the definition of a pension plan, and for benefits provided through those plans.

Shared responsibilities: Independence

Auditor independence is a shared responsibility and most effective when management, those charged with governance and audit firms work together in considering compliance with the independence rules. In order for KPMG to fulfill its professional responsibility to maintain and monitor independence, management, those charged with governance, and KPMG each play an important role.

System of independence quality control

- The firm maintains a system of quality control over compliance with independence rules and firm policies. Timely information regarding upcoming transactions or other business changes is necessary to effectively maintain the firm's independence in relation to:
- New affiliates (which may include subsidiaries, equity method investees/investments, sister companies, and other entities that meet the definition of an affiliate under AICPA independence rules).
 - Those in governance or in key positions within the entity with respect to the preparation or oversight of the financial statements.

Certain relationships with KPMG

- Independence rules prohibit:
- Certain employment relationships involving directors, officers, or others in an accounting or financial reporting oversight role and KPMG and KPMG covered persons.
 - The University or its trustees and officers from having certain types of business relationships with KPMG or KPMG professionals.

Responsibilities

Management responsibilities



- Communicating matters of governance interest to those charged with governance.
- The audit of the financial statements does not relieve management or those charged with governance of their responsibilities.

KPMG responsibilities – Objectives



- Communicating clearly with those charged with governance the responsibilities of the auditor regarding the financial statement audit and an overview of the planned scope and timing of the audit.
- Obtaining from those charged with governance information relevant to the audit.
- Providing those charged with governance with timely observations arising from the audit that are significant and relevant to their responsibility to oversee the financial reporting process.
- Promoting effective two-way communication between the auditor and those charged with governance.
- Communicating effectively with management and third parties.

KPMG responsibilities – Other



- If we conclude that no reasonable justification for a change of the terms of the audit engagement exists and we are not permitted by management to continue the original audit engagement, we should:
 - Withdraw from the audit engagement when possible under applicable law or regulation,
 - Communicate the circumstances to those charged with governance, and
 - Determine whether any obligation, either legal contractual, or otherwise, exists to report the circumstances to other parties, such as owners, or regulators.
- Forming and expressing an opinion about whether the financial statements that have been prepared by management, with the oversight of those charged with governance, are prepared, in all material respects, in accordance with the applicable financial reporting framework.
- Establishing the overall audit strategy and the audit plan, including the nature, timing, and extent of procedures necessary to obtain sufficient appropriate audit evidence.
- Communicating any procedures performed relating to other information, and the results of those procedures.

Inquiries

The following inquiries are in accordance with AU-C 260

Are those charged with governance aware of:

- Matters relevant to the audit, including, but not limited to, violations or possible violations of laws or regulations?
- Any significant communications with regulators?
- Any developments in financial reporting, laws, accounting standards, corporate governance, and other related matters, and the effect of such developments on, for example, the overall presentation, structure, and content of the financial statements, including the following:
 - The relevance, reliability, comparability, and understandability of the information presented in the financial statements
 - Whether all required information has been included in the financial statements, and whether such information has been appropriately classified, aggregated or disaggregated, and presented?

Do those charged with governance have knowledge of:

- Fraud, alleged fraud, or suspected fraud affecting the Company?
- If so, have the instances been appropriately addressed and how have they been addressed?

Additional inquiries:

- What are those charged with governance's views about fraud risks in the Company?
- Who is the appropriate person in the governance structure for communication of audit matters during the audit?
- How are responsibilities allocated between management and those charged with governance?
- What are the Company's objectives and strategies and related business risks that may result in material misstatements?
- Are there any areas that warrant particular attention during the audit and additional procedures to be undertaken?
- What are those charged with governance's attitudes, awareness, and actions concerning (a.) the Company's internal controls and their importance in the entity, including oversight of effectiveness of internal controls, and (b.) detection of or possibility of fraud?
- Have there been any actions taken based on previous communications with the auditor?
- Has the Company entered into any significant unusual transactions?
- Whether the entity is in compliance with other laws and regulations that have a material effect on the financial statements?
- What are the other document(s) that comprise the annual report, and what is the planned manner and timing of issuance of such documents?

Single Audit overview and scope

The Single Audit in accordance with the Uniform Guidance (UG) is required annually by federal regulation and is focused on compliance and internal control over compliance for programs that are federally funded. For addressees such as the University, programs audited must cover at least 20% of federal funds expended during the fiscal year.

- Major programs are selected for audit based on quantitative and qualitative risk considerations prescribed by federal regulations. Larger programs ("Type A," which for the University are over \$3 million) must be audited as major programs at least once every three years; however, certain Type A programs may be required to be audited more frequently based on agency directives that they are "higher risk".
- While risk assessments are still in progress, below is a summary of major programs recently audited for the University and the planned 2022 major programs:

FY20	FY21	FY22
Major programs - audited	Major programs - audited	Major programs - planned
— Research and Development Cluster (R&D)	— R&D	— R&D
— Student Financial Assistance Cluster (SFA)	— SFA	— SFA
— Higher Education Emergency Relief Fund (HEERF)	— HEERF	— HEERF*
— Cooperative Extension Cluster	— Coronavirus Relief Fund (CRF)	— PRF*
— Admin for Children and Family Cluster	— Provider Relief Fund (PRF)	— CRF*
— Institute of Museum and Library Services Cluster	— HRSA COVID-19 Uninsured Program	— Medicaid Cluster
	— Cooperative Extension Cluster	* Expected to be identified as higher risk in 2022 OMB Compliance Supplement
	— Supplemental Nutritional Assistance Program Cluster	
	— Highway Planning and Construction Cluster	
	— Disaster Grants – Public Assistance	

Single Audit overview and scope

- Finalization of major program determination is dependent upon the final supplementary schedule of expenditures of federal awards, risk assessment procedures, and requirements of the 2022 Compliance Supplement (see next page).
- Major program compliance test work over direct and material compliance requirements is planned based upon reliance on internal control over compliance. While we may test and report on internal control over compliance, we do not express an opinion on the effectiveness of internal control over compliance.

Single Audit overview and scope (continued)

Potential changes to Student Financial Assistance Cluster (SFA) audit requirements

We understand that Office of Management and Budget (OMB), which promulgates Uniform Guidance requirements, expects the Compliance Supplement (the Supplement) to be issued this spring. We are monitoring developments, particularly with respect to the U.S. Department of Education's (ED's) proposed changes to section 5-3-1 pertaining to SFA. Should these changes, discussed further below, be implemented, there could be impacts on the scope of the SFA audit, increasing effort, complexity, and transparency for both auditors and auditees. Following are key takeaways:

Random sampling:

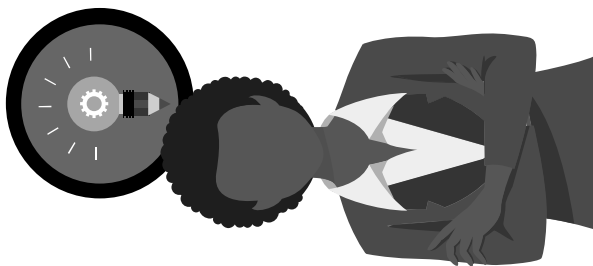
- ED recently proposed a requirement to stipulate random sampling in the audit of SFA and indicated it might select its own samples at certain institutions. However, UG, OMB, and federal granting agencies historically have not stipulated sampling methodologies. After extensive discussion with major firms and the AICPA, these proposals appear to be off the table for FY22 audits; however, sampling may continue to be a focus of ED in future audits.

New auditor disclosures:

- In addition to Pell Grant and Direct Loan sampling data currently submitted to ED by the auditor after each SFA audit, ED wants auditors to provide information about risk assessments and audit execution. This would include explanations by the auditor for compliance attributes the auditor decided not to test because they either (a) did not apply or (b) meet the auditor's risk thresholds.
- Either way, there would be additional burden for auditors, and possibly auditees, to compile, report, and address any questions from ED about this additional data.

Related party disclosures:

- In its draft Supplement, ED has placed renewed emphasis on disclosure requirements under 34 CFR section 668.23(d), which extend beyond those of GAAP to include **all** "related parties" and a level of detail that would enable the Secretary to readily identify each related party. While as a practical matter these disclosures have always been deemed met through disclosures in the financial statements, if any, additional disclosures may be required. Refer also to the 2021 single audit results discussion.





Questions?

For additional information and audit committee resources, including National Audit Committee Peer Exchange series, a Quarterly webcast, and suggested publications, visit the KPMG Audit Committee Institute (ACI) at www.kpmg.com/ACI

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Appendix

Appendix I – New auditor reporting standards for fiscal 2022 and example report

Pages 28 to 30

Appendix II – ESG in higher education

Pages 31 to 36

New auditor reporting standards

SAS 134*, *Auditor Reporting and Amendments, Including Amendments Addressing Disclosures in the Audit of Financial Statements*, aligns the content of the auditors' report under US GAAS with the equivalent ISAs. The revised auditors report will:

- Present the opinion section first, followed by the basis for opinion section.
- Include a statement that the auditor is required to be independent of the entity and to meet the auditor's other ethical responsibilities relating to the audit.
- Expand the statement of management's responsibility to include assessing the entity's ability to continue as a going concern.
- Expand the description of auditor responsibilities to include exercising and maintaining professional judgment throughout the audit, concluding on whether there are conditions or events that raise substantial doubt about the entity's ability to continue as a going concern, and communicating with those charged with governance regarding, among other matters:
 - The planned scope and timing of the audit,
 - Significant audit findings, and
 - Certain internal control-related matters that are identified during the audit
- When engaged by the entity, key audit matters are communicated within the auditors' report.

SAS 137*, *The Auditor's Responsibilities Relating to Other Information Included in Annual Reports*, amends the definition of an annual report and clarifies the auditor's responsibilities for other information included in the annual report, including when auditors reporting is required. The revised auditors report will:

- Include a separate 'Other Information' section when the annual report is available before the date of our auditors' report.

Effective for years ending on or after December 15, 2021.

* Conforming changes were made to AU-C 800, 805, and 810 to incorporate Auditor Reporting Changes from SAS 134. Conforming changes were made to AU-C Sections 725, 730, 930, 935, and 940 to incorporate auditor reporting changes from SAS 134 and 137.

New auditor reporting standards (continued)

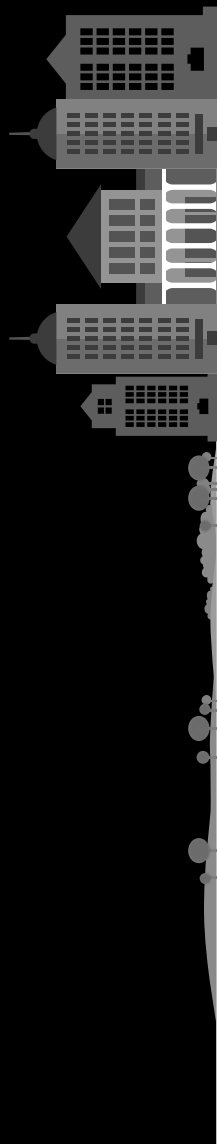
Comparison of Basic Elements of US GAAS Auditors' Report	
Revised auditors' report	Report under current standards
— Title	— Title
— Addressee	— Addressee
— Auditors' opinion	— Introductory paragraph
— Basis of opinion	— Management's responsibilities for the financial statements
— Going concern (when applicable)	— Auditors' responsibilities
— Key audit matters	— Auditors' opinion
— Responsibilities of management for the financial statements	— Other reporting responsibilities (when applicable)
— Auditors' responsibilities for the audit of the financial statements	— Signature of the auditor
— Other information (when applicable)	— Auditors' address
— Other reporting responsibilities (when applicable)	— Date of the auditors' report
— Signature of the auditor	
— Auditors' address	
— Date of the auditors' report	

Example opinion

<div><div>The Board of Trustees The Ohio State University</div><div>Report on the Audit of the Financial Statements</div><div>Opinions</div><p>We have audited the financial statements of the business-type activities and the aggregate discretionary presented component units of The Ohio State University (the University), a component unit of the State of Ohio, as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the University's basic financial statements for the year then ended as listed in the table of contents.</p><p>In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the aggregate discretionary presented component units of the University, as of June 30, 2022, and the respective changes in financial position and cash flows thereof for the years then ended in accordance with U.S. generally accepted accounting principles.</p><p>Basis for Opinions</p><p>We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in <i>Government Auditing Standards</i>, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the University and to meet other ethical requirements of the profession. We have also performed procedures to obtain evidence about the quality of the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.</p><p>Responsibilities of Management for the Financial Statements</p><p>Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.</p><p>In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the University's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.</p><p>Auditors' Responsibilities for the Audit of the Financial Statements</p><p>Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and <i>Government /</i></p></div>	<div><div>Independent Auditors' Report</div><p>Auditing Standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.</p><p>In performing an audit in accordance with GAAS and <i>Government Auditing Standards</i>, we:</p><ul style="list-style-type: none">Exercise professional judgment and maintain professional skepticism throughout the audit.Identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud. The risk assessment process includes understanding the entity and its environment, including the internal control system, and assessing the designs and operating effectiveness of controls. Audit procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances. We do not express an opinion on the effectiveness of the University's internal control. Accordingly, no such opinion is expressed.Evaluate the appropriateness of accounting policies used and the reasonableness of significant estimates made by management, as well as evaluate the overall presentation of the financial statements.Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the University's ability to continue as a going concern for a reasonable period of time.<p>We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.</p><p>Required Supplementary Information</p><p>U.S. generally accepted accounting principles require that the accompanying management's discussion and analysis on pages XX through YY, the required supplementary information on GASB 68 Pension and Other Postemployment Benefits on pages ZZ through AA, and the required supplementary information on page XX be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, financial, and economic context. We have audited the basic financial statements in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits of the basic financial statements. We are not providing an opinion on the required supplementary information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.</p></div>	<div><div>Other Matters</div><p>The accompanying financial statements of the University as of June 30, 2021 and for the year then ended were audited by other auditors whose report thereon dated November 19, 2021, expressed an unmodified opinion on those financial statements.</p><p>Other Information</p><p>Management is responsible for the other information included in the annual report. The other information comprises the accompanying other information on the long-term investment pool on pages XX through YY but does not include the basic financial statements and our auditors' report thereon. Our opinions on the basic financial statements do not cover the other information, and we do not express an opinion or any form of assurance thereon.</p><p>In connection with our audits of the basic financial statements, our responsibility is to read the other information to identify material misstatements of fact or material misstatements of law that, if any, are based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.</p><p>Other Reporting Required by Government Auditing Standards</p><p>In accordance with <i>Government Auditing Standards</i>, we have also issued our report dated November XX, 2022, on the University's internal control over financial reporting and on compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the University's internal control over financial reporting or on compliance with <i>Government Auditing Standards</i> in considering the University's internal control over financial reporting and compliance.</p><p>Columbus, Ohio November XX, 2022</p></div>



ESG in higher education



ESG reporting considerations

Our definition

ESG refers to strategic and operational environmental, social and governance risks and opportunities with the potential to have a material impact on an entity's long-term financial sustainability and value creation. For not-for-profit entities, ESG goals may align inherently with the organization's charitable mission and programs.

ESG overview



Environmental criteria consider how an entity acts in its role as a steward of nature, such as energy use, recycling practices, pollution, and natural resource conservation.



Social criteria examine how well an entity manages relationships with employees, suppliers, customers, and the community, including diversity and inclusion metrics.



Governance criteria are concerned with quality of entity leadership, internal controls, executive compensation process, audits, and other oversight responsibilities. An example is board-level diversity.

Five initial questions to consider:

1. Does the institution have an ESG strategy? Who is responsible?
2. How and by whom are material ESG risks identified?
3. Have key metrics been defined, and is a reporting framework in place?
4. What processes and controls exist over data being collected and reported?
5. Does (or should) the institution obtain assurance from third parties about the integrity of ESG data and processes?

Boards and executives increasingly see ESG topics as important to long-term value creation and the need to meet stakeholder demand for ESG information in a way that drives value for the organization.

Rise of the ESG agenda



Access to capital

Investors and other stakeholders increasingly factor ESG into their investment and affiliation decisions.



Regulatory developments

ESG-related focus areas, including around climate, diversity, and even cybersecurity, continue to evolve.



Societal pressure

Customers increasingly scrutinize entities' ESG performance and transparency, potentially affecting their desire to do business with the entity.



Enhanced risk management and investment returns

Institutional investors now consider ESG in expected returns. At universities, for example, other stakeholders may demand divestment from fossil fuel.



Reporting standards

Measurement and reporting of ESG-related information is evolving, as are disclosure standards.



Workforce of the future

ESG has become a key factor in attracting and retaining top talent.

Feb 2021: SEC announced focus on climate-related disclosures.

Mar-June 2021: SEC public consultation on ESG (focus on climate).

April 2021: EU proposed expanded ESG reporting (with limited assurance) that would impact certain US companies.

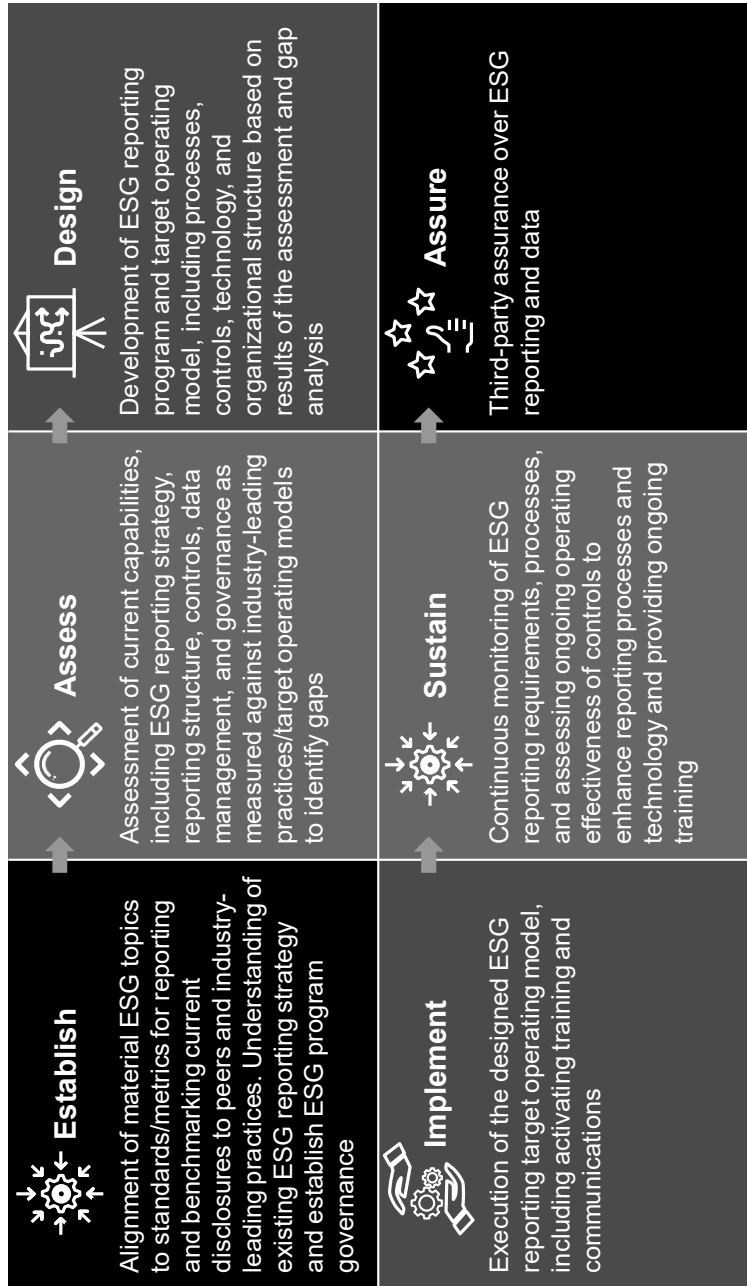
March 2022: SEC climate disclosure proposal issued.

Get the latest news:
[KPMG Financial Reporting View](#)

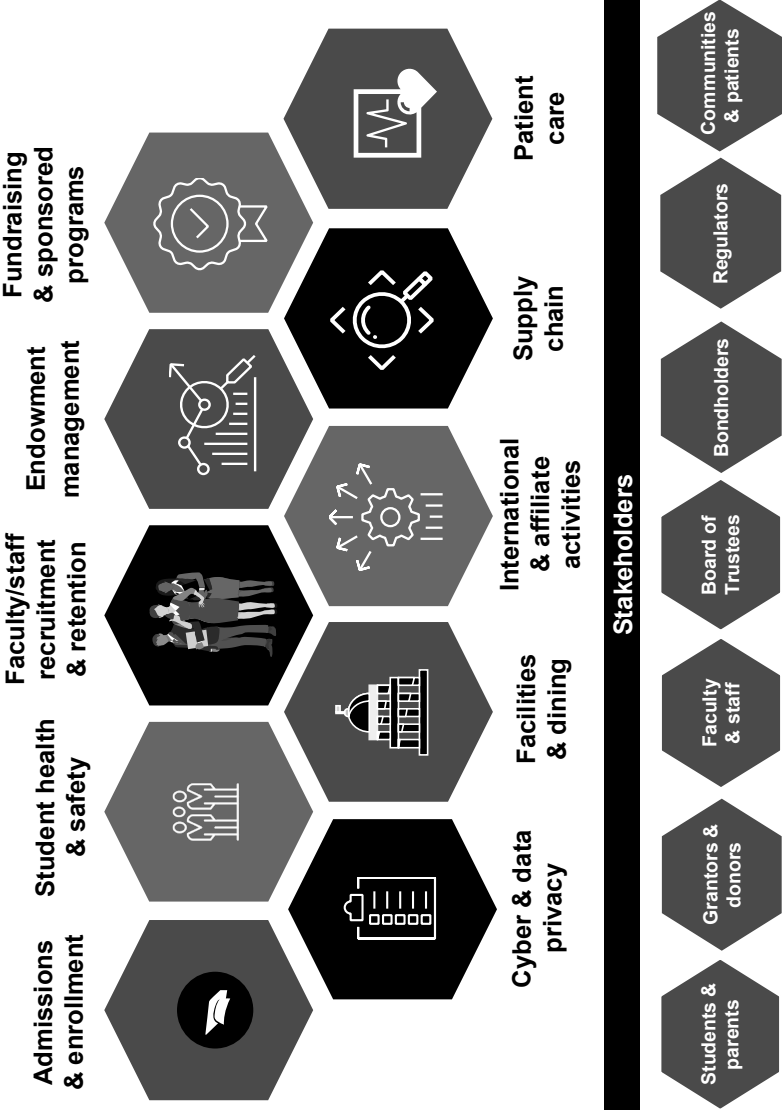
Possible implications of regulatory developments:

- General pressure by investment community to conform to requirements for registrants.
- Clarity over disclosure expectations and a level playing field.
- Pressure from customers as they seek assurance on supply chain.

The ESG reporting journey



ESG in higher education



Common challenges and pain points in ESG reporting

Stakeholders want more transparency on ESG risks, but lack of standards makes interpretation of data challenging	Unclear roles and responsibilities, resulting in lack of accountability	Inability to identify ESG risks and gather relevant and reliable data	Decentralized or distributed ESG-related activities and data complicate comprehensive measurements and strategy
Lack of short, medium and long-term actions and metrics supporting Net Zero commitments	Inability to develop and monitor enterprise-wide metrics, as well as lack of relevant benchmarks	Lack of documentation of data lineage and controls over data gathering, maintenance and reporting	Achievement of Net Zero relies on offsets rather than absolute reductions

Thank you

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The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavor to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act upon such information without appropriate professional advice after a thorough examination of the particular situation.

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ATTACHMENT CXI

The Ohio State University
Board of Trustees

May 19, 2022

THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES FINANCE COMMITTEE

TOPIC: Annual Waiver Report for the 2021 Calendar Year

SUMMARY:

2021 Calendar Year (1/1/2021 - 12/31/2021)

A total of 1,008 waivers of competitive bidding were approved as sole source, emergency or for economic reasons, and by Board of Trustees resolution totaling approximately \$471.7 million.

- Thirty-nine percent (39%) or \$180.8 million of spend was sole source waivers
- Three percent (3%) or \$13.7 million of spend was emergency purchase waivers
- Thirty-eight percent (38%) or \$180.1 million of spend was for sufficient economic reason
- Twenty percent (20%) or \$97.1 million of spend was Board of Trustees resolution waivers

2020 Calendar Year (1/1/2020 - 12/31/2020)

A total of 984 waivers of competitive bidding were approved as sole source, emergency or for economic reasons, and by Board of Trustees resolution totaling approximately \$346.9 million.

- Thirty percent (30%) or \$105.2 million of spend was sole source waivers
- Twenty percent (20%) or \$70.2 million of spend was emergency purchase waivers
- Twenty-six percent (26%) or \$89.7 million of spend was for sufficient economic reason
- Twenty-four percent (24%) or \$81.8 million of spend was Board of Trustees resolution waivers

Year-Over-Year Comparison

Year-over-year the increase in number of waivers was 24 and the waiver spend increased by \$124.8 million. This increase was primarily attributed to waivers in Administrative Support and Equipment Services (\$95.9 million), and Instructional and Academic Research equipment and Services (\$40 million).

The Ohio State University Competitive Bid Waiver Report for calendar year 2021									
<u>Category</u>	<u>Sufficient Economic Reason</u>	<u>Count</u>	<u>Emergency</u>	<u>Count</u>	<u>Sole Source</u>	<u>Count</u>	<u>Total</u>	<u>Count</u>	<u>Count</u>
Academic Support	\$ 16,312,449	36	\$ 4,812,535	6	\$ 4,043,603	28	\$ 25,168,587	70	
Administrative Support Equipment and Services	\$ 124,235,746	89	\$ 1,247,810	10	\$ 18,868,847	89	\$ 144,352,403	188	
Instructional and Academic Research Equipment and Services	\$ 8,221,554	67	\$ 64,200	2	\$ 82,337,600	233	\$ 90,623,354	302	
Health Systems - Merchandise for Resale							\$ -	0	
Health Systems - Professional Health Care Services	\$ 29,116,073	17	\$ 6,950,000	5	\$ 11,537,034	13	\$ 47,603,107	35	
Health Systems - Administrative Equipment and Services	\$ 2,194,519	15	\$ 671,134	5	\$ 64,027,571	76	\$ 66,893,223	96	
TOTAL WAIVERS	\$ 180,080,341	224	\$ 13,745,679	28	\$ 180,814,655	439	\$ 374,640,674	691	
Waivers Authorized by BOT Resolutions							\$ 17,587,876	59	
Health Systems - Waivers Authorized by BOT Resolutions							\$ 79,460,084	258	
TOTAL BOT Resolutions							\$ 97,047,960	317	
GRAND TOTAL							\$ 471,688,634	1,008	

The Ohio State University Competitive Bid Waiver Report for calendar year 2020									
<u>Category</u>	<u>Sufficient Economic Reason</u>	<u>Count</u>	<u>Emergency</u>	<u>Count</u>	<u>Sole Source</u>	<u>Count</u>	<u>Total</u>	<u>Count</u>	
Academic Support	\$ 24,069,966	35	\$ 50,033,695	20	\$ 25,513,191	17	\$ 99,616,852	72	
Administrative Support Equipment and Services	\$ 28,179,279	95	\$ 4,259,451	15	\$ 15,998,660	61	\$ 48,437,390	171	
Instructional and Academic Research Equipment and Services	\$ 8,375,754	48	\$ 346,110	4	\$ 41,907,780	147	\$ 50,629,644	199	
Health Systems - Merchandise for Resale							\$ -	0	
Health Systems - Professional Health Care Services	\$ 22,407,533	19	\$ 1,125,000	3	\$ 3,838,057	7	\$ 27,370,590	29	
Health Systems - Administrative Equipment and Services	\$ 6,683,048	21	\$ 14,405,074	22	\$ 17,910,817	56	\$ 38,998,939	99	
TOTAL WAIVERS	\$ 89,715,580	218	\$ 70,169,330	64	\$ 105,168,505	288	\$ 265,053,415	570	
Waivers Authorized by BOT Resolutions							\$ 31,978,742	142	
Health Systems - Waivers Authorized by BOT Resolutions							\$ 49,896,149	272	
TOTAL BOT Resolutions							\$ 81,874,891	414	
GRAND TOTAL							\$ 346,928,306	984	

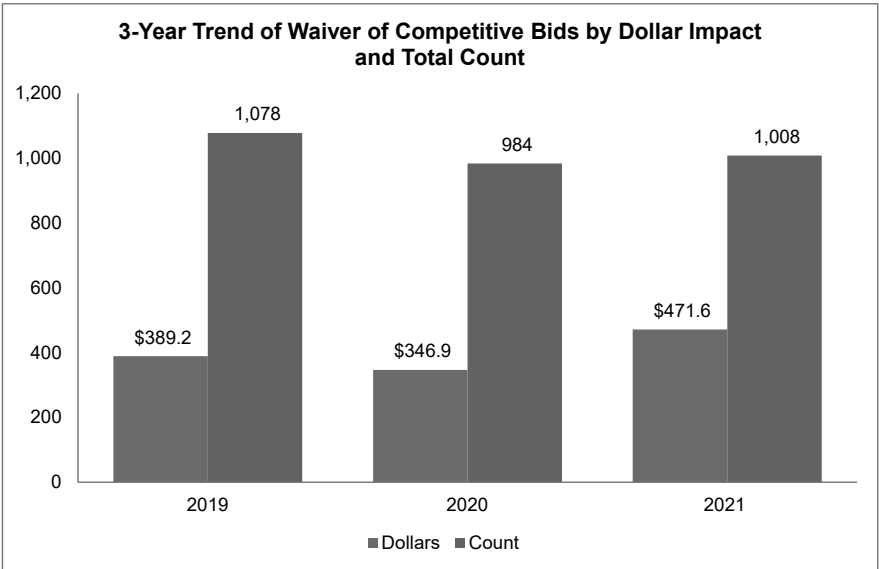
The Ohio State University
Competitive Bid Waiver Report Comparison for 2021 and 2020

<u>Category</u>	<u>Sufficient Economic Reason</u>	<u>Count</u>	<u>Emergency</u>	<u>Count</u>	<u>Sole Source</u>	<u>Count</u>	<u>Total</u>	<u>Count</u>
Academic Support	\$ (7,757,517)	1	\$ (45,221,160)	(14)	\$ (21,469,588)	11	\$ (74,448,265)	(2)
Administrative Support Equipment and Services	\$ 96,056,467	(6)	\$ (3,011,641)	(5)	\$ 2,870,187	28	\$ 95,915,013	17
Instructional and Academic Research Equipment and Services	\$ (154,200)	19	\$ (281,910)	(2)	\$ 40,429,820	86	\$ 39,993,710	103
Health Systems - Merchandise for Resale	\$ -	0	\$ -	0	\$ -	0	\$ -	0
Health Systems - Professional Health Care Services	\$ 6,708,540	(2)	\$ 5,825,000	2	\$ 7,698,977	6	\$ 20,232,517	6
Health Systems - Administrative Equipment and Services	\$ (4,488,529)	(6)	\$ (13,733,940)	(17)	\$ 46,116,754	20	\$ 27,894,284	(3)
TOTAL WAIVERS	\$ 90,364,761	6	\$ (56,423,651)	(36)	\$ 75,646,150	151	\$ 109,587,259	121
Waivers Authorized by BOT Resolutions							\$ (14,390,866)	(83)
Health Systems - Waivers Authorized by BOT Resolutions							\$ 29,563,935	(14)
TOTAL BOT Resolutions							\$ 15,173,069	(97)
GRAND TOTAL							\$ 124,760,328	24

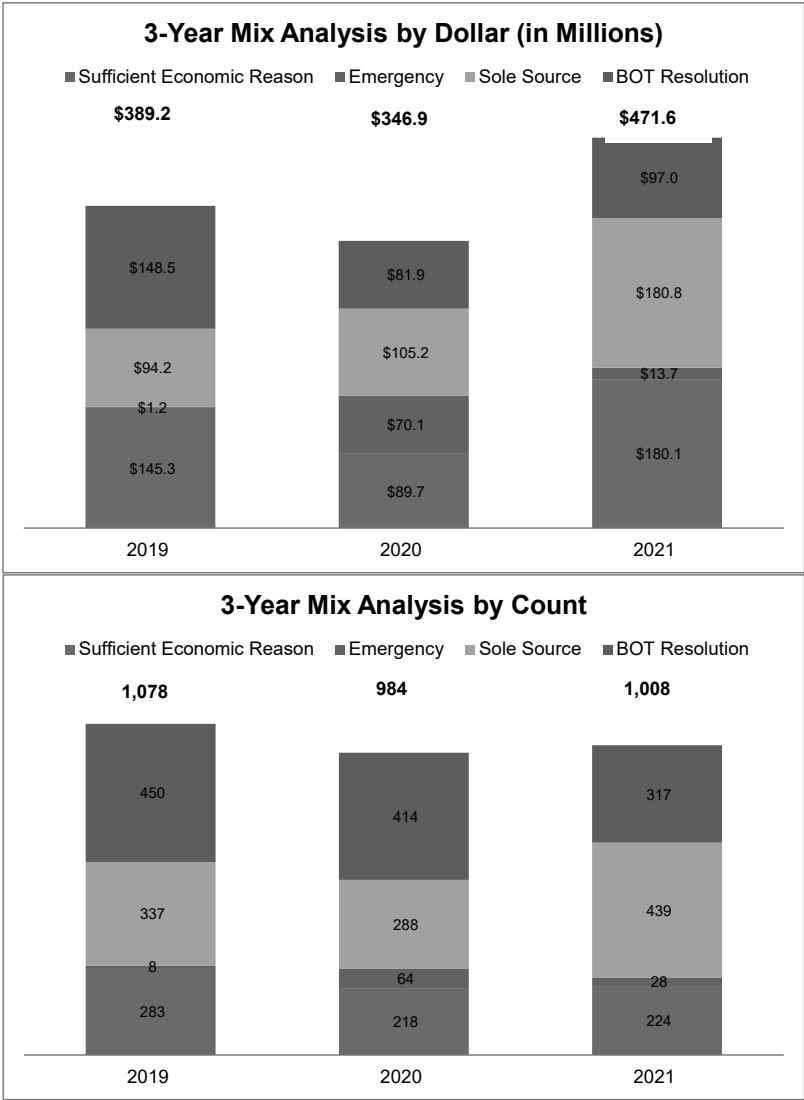
Annual Waiver Report for Calendar Year 2021

Waiver of Competitive Bids Summary 2019 - 2021

Waiver Type (\$ in Millions)	2019		2020		2021	
	Dollars	Count	Dollars	Count	Dollars	Count
Sufficient Economic Reason	\$ 145.3	283	\$ 89.7	218	\$ 180.1	224
Emergency	\$ 1.2	8	\$ 70.1	64	\$ 13.7	28
Sole Source	\$ 94.2	337	\$ 105.2	288	\$ 180.8	439
BOT Resolution	\$ 148.5	450	\$ 81.9	414	\$ 97.0	317
TOTAL	\$ 389.2	1,078	\$ 346.9	984	\$ 471.6	1,008



Waiver of Competitive Bids Summary
Calendar Years 2019 - 2021



APPENDIX LXXIX



THE OHIO STATE UNIVERSITY

Board of Trustees

210 Bricker Hall
190 North Oval Mall
Columbus, OH 43210-1388

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

May 19, 2022 – Legal, Risk & Compliance Committee Meeting

Voting Members Present:

Elizabeth P. Kessler
Alan A. Stockmeister
Jeff M.S. Kaplan

Elizabeth A. Harsh
Tom B. Mitevski
Tanner R. Hunt

Gary R. Heminger (ex officio)

Members Present via Zoom:

Michael Kiggin

Members Absent:

N/A

PUBLIC SESSION

The Legal, Risk & Compliance Committee of The Ohio State University Board of Trustees convened on Thursday, May 19, 2022, in person at Longaberger Alumni House on the Columbus campus and virtually over Zoom. Committee Chair Elizabeth Kessler called the meeting to order at 1:28 p.m.

Items for Action:

1. Approval of Minutes: No changes were requested to the February 10, 2022, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.
2. Resolution No. 2022-152. Approval of the Outside Activities and Conflicts Policy:

Synopsis: Approval of a comprehensive university policy on outside activities and conflicts is proposed.

WHEREAS the university currently has multiple university policies addressing university ethical expectations, research conflicts of interest regulations, and other federal and state laws governing financial and fiduciary conflicts of interest, specifically the Faculty Conflict of Commitment and Faculty Paid External Consulting policies owned by the Office of Academic Affairs, the Faculty Financial Conflict of Interest policy owned by the Office of Research, and the Conflict of Interest and Work Outside the University policy owned by the Office of Human Resources; and

WHEREAS to promote simplicity and efficiency in these areas, the university proposes a single, comprehensive Outside Activities and Conflicts policy owned by the Office of University Compliance and Integrity to replace the four existing policies; and

WHEREAS the goal of the proposed policy is to make it easier for university community members to understand their ethical and legal responsibilities as well as the university's processes for managing and monitoring potential conflicts; and



WHEREAS the proposed policy has been approved by the University Senate, the Senior Management Council, and the President's Cabinet, and other university community members have reviewed and provided feedback on the policy in accordance with the university's standard approach to policy review; and

WHEREAS the Board of Trustees has previously approved three of the four policies being merged into the new comprehensive policy (Faculty Paid External Consulting, Faculty Conflict of Commitment, and Faculty Financial Conflict of Interest), and therefore the retirement of those three policies and the issuance of the new comprehensive Outside Activities and Conflicts policy are presented for Board approval; and

WHEREAS future changes to the Outside Activities and Conflicts policy may proceed through the university's standard policy review and approval process, and the Board of Trustees may be consulted but will not need to approve future policy changes:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached Outside Activities and Conflicts policy, proposed to be effective September 1, 2022; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby approves the retirement of the Faculty Paid External Consulting policy, the Faculty Conflict of Commitment policy, and the Faculty Financial Conflict of Interest policy to become effective upon the issuance of the Outside Activities and Conflicts policy.

(See Appendix CII for background information, page 3159)

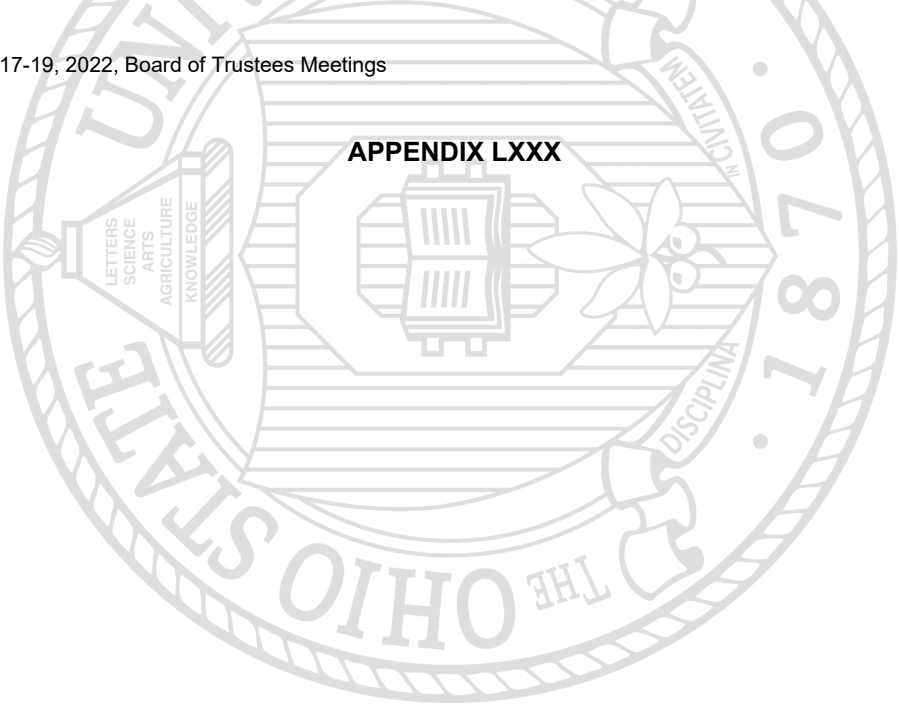
Action: Upon the motion of Ms. Kessler, seconded by Mr. Stockmeister, the committee adopted the foregoing motion by unanimous voice vote with the following members present and voting: Ms. Kessler, Mr. Stockmeister, Mr. Kaplan, Mrs. Harsh, Mr. Kiggin, Mr. Mitevski, Mr. Hunt, and Mr. Heminger.

EXECUTIVE SESSION

It was moved by Ms. Kessler, and seconded by Mrs. Harsh, that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation, to consider business-sensitive trade secrets that are required to be kept confidential by federal and state statutes, and to discuss personnel matters regarding the appointment, employment and compensation of public employees.

A roll call vote was taken, and the committee voted to go into executive session with the following members present and voting: Ms. Kessler, Mr. Stockmeister, Mr. Kaplan, Mrs. Harsh, Mr. Kiggin, Mr. Mitevski, Mr. Hunt, and Mr. Heminger.

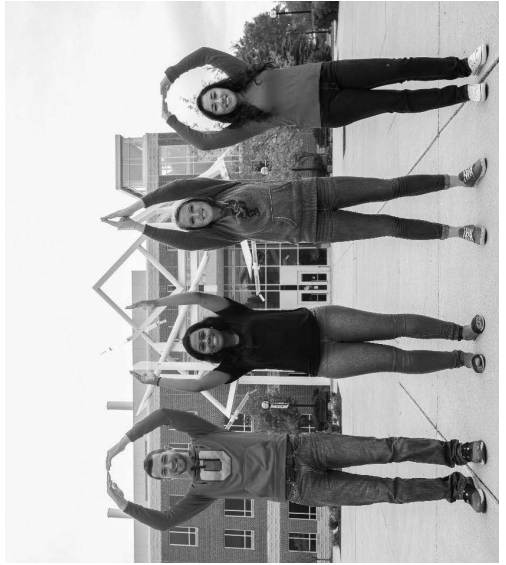
The committee entered executive session at 1:44 p.m. and the meeting adjourned at 3:20 p.m.



APPENDIX LXXX

University Trustees
Public Session

President Kristina M. Johnson, PhD
Board of Trustees / May 19, 2022



Commencement



Photo by: Justin Stross

Photo by: Justin Stross

Commencement

More than 12,000 graduates
were granted degrees in Ohio Stadium

In addition to Mr. Gelsinger's address, remarks were
provided by:

- Dr. Freeman A. Hrabowski III
- U.S. Sen. Robert J. Portman
- Dr. Grace Wahba



Patrick Gelsinger



Aaron Westbrook

Mental Health and Wellness



Dr. Bernadette Melnyk

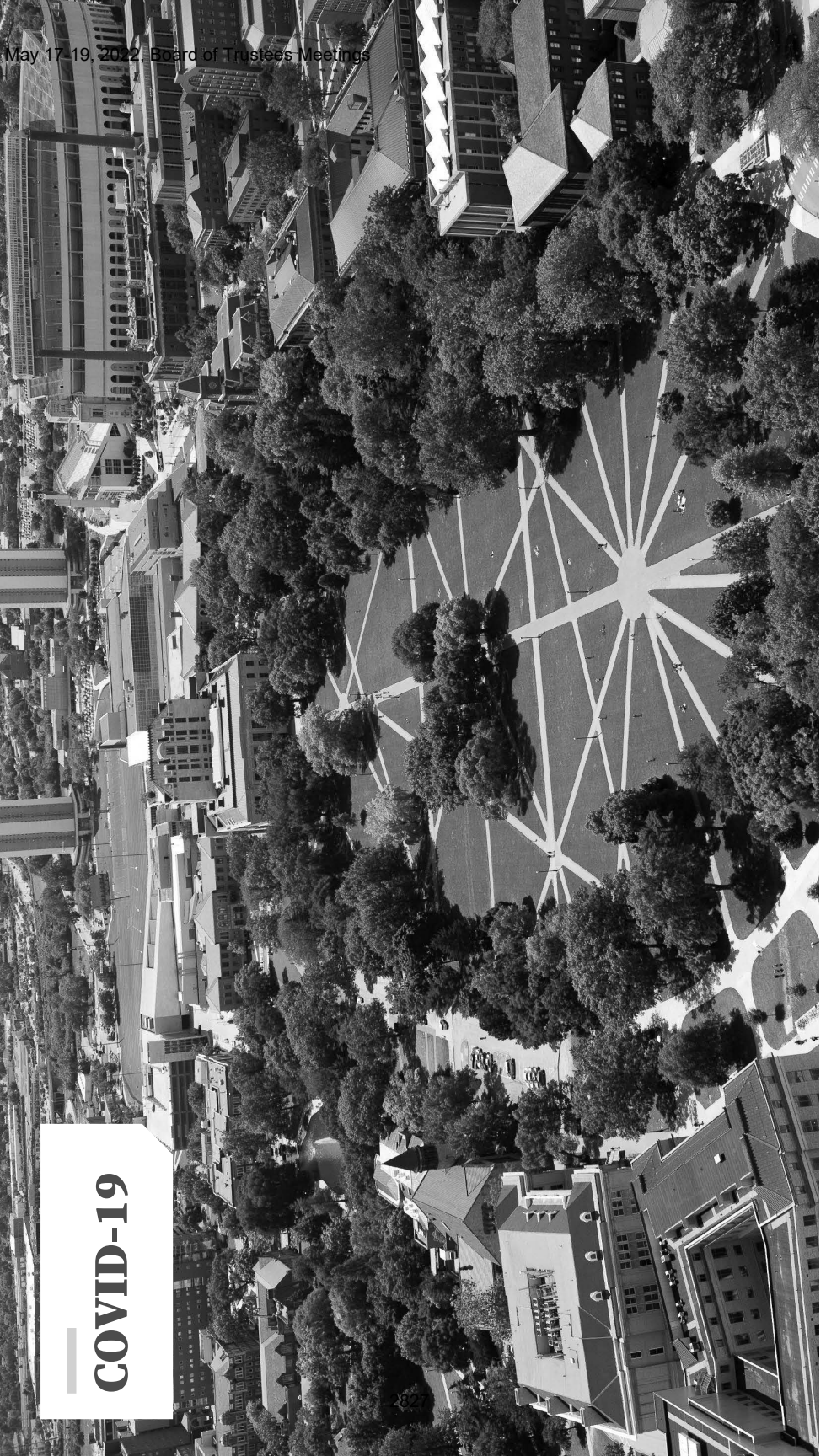


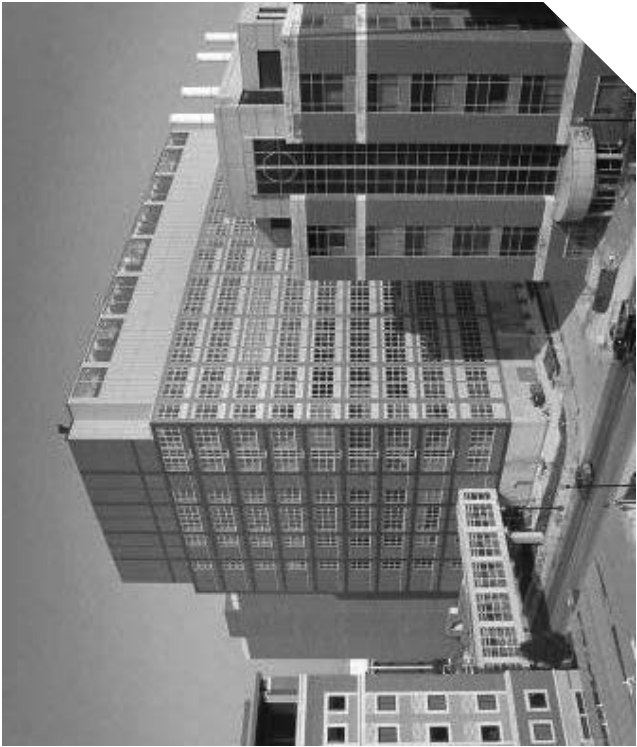
Dr. Melissa Shivers



advocacy.osu.edu

COVID-19





COVID-19

Our University has achieved a **93% vaccination rate** in the fight against COVID-19.

- Optional asymptomatic testing on the Columbus campus available at the Biomedical Research Tower
- More information at safeandhealthy.osu.edu

COVID-19
Spring Response Team



Dr. Melissa Gilliam



Jay Kasey



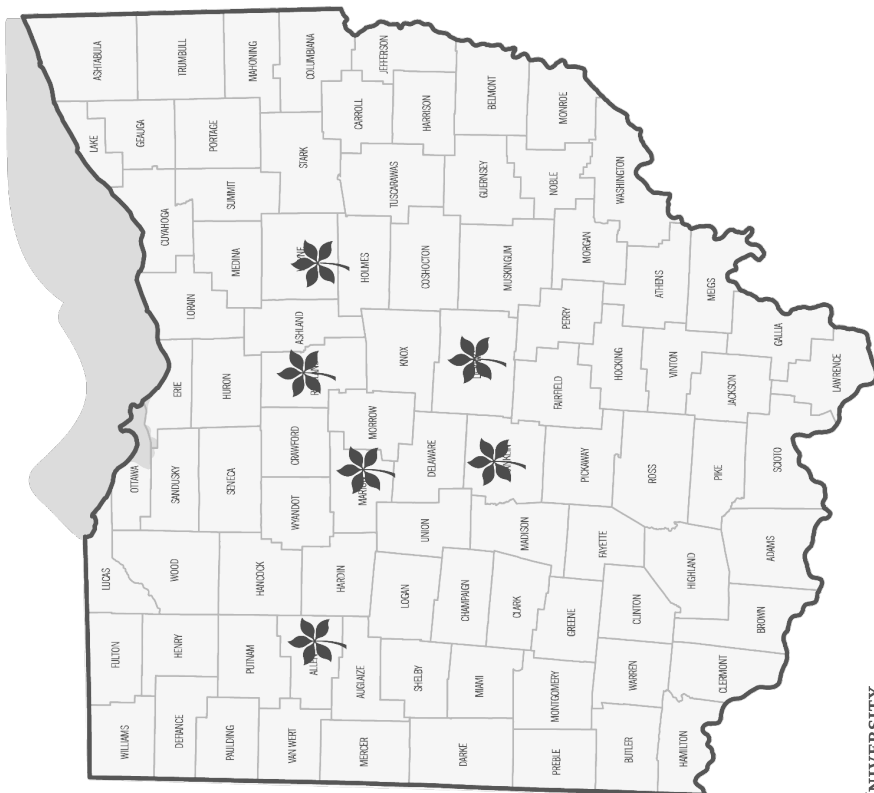
Dr. Amy Fairchild

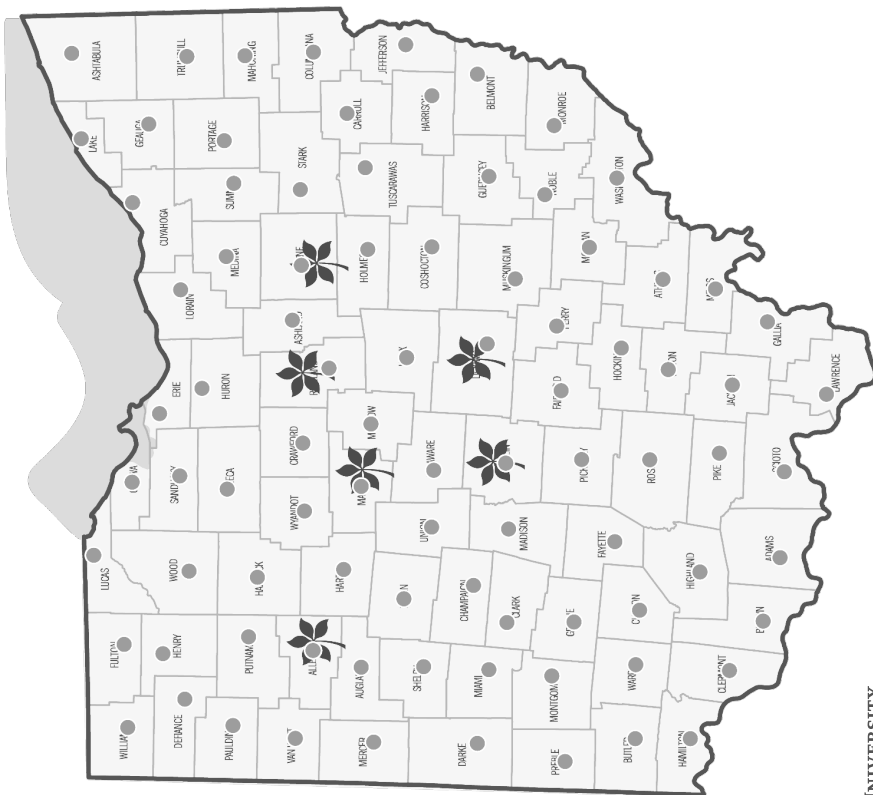


Safety

University District incidents of aggravated assault, residential burglary and robbery of an individual are down 59% this past week compared to the average of 12.25 incidents, per week, prior to the implementation of the OSU Safety Plan.

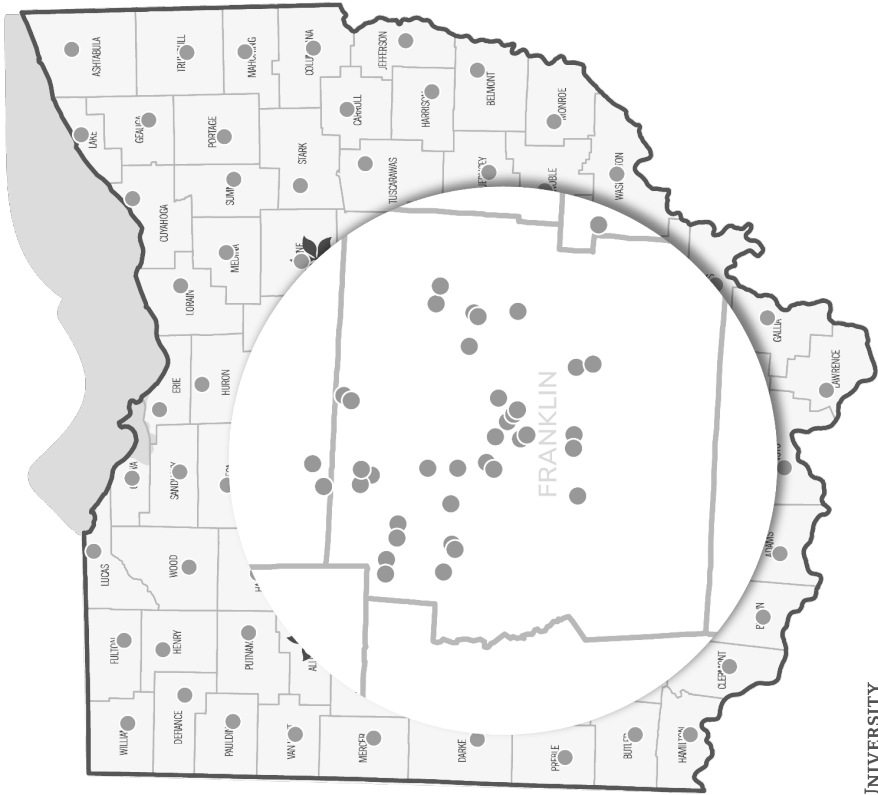
Our statewide presence





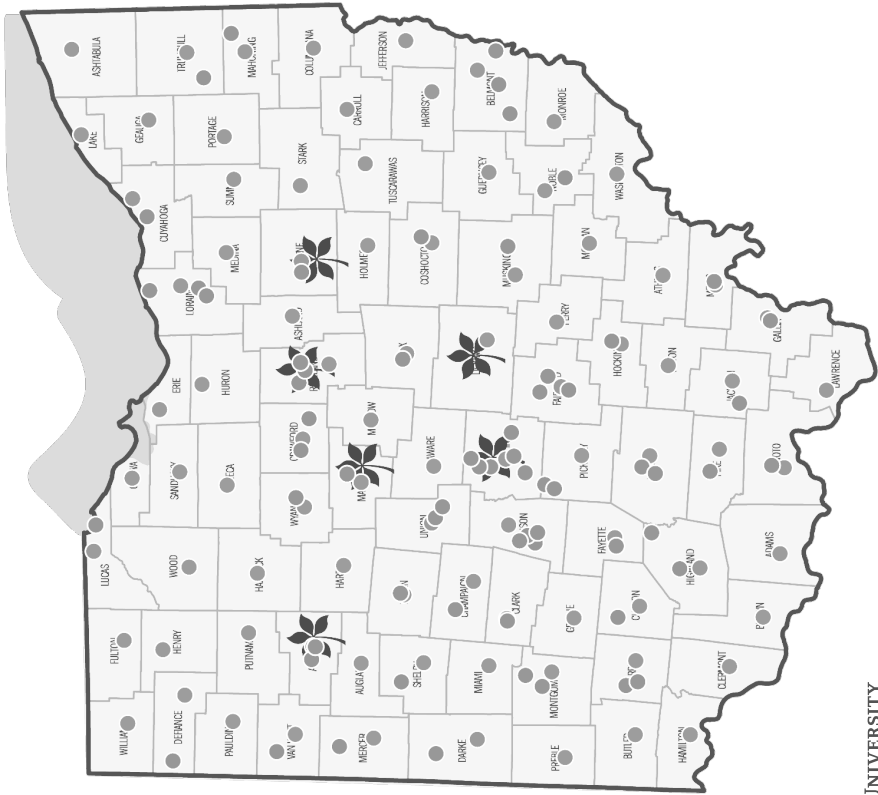
Our statewide presence

-  Campuses
-  Extension Offices



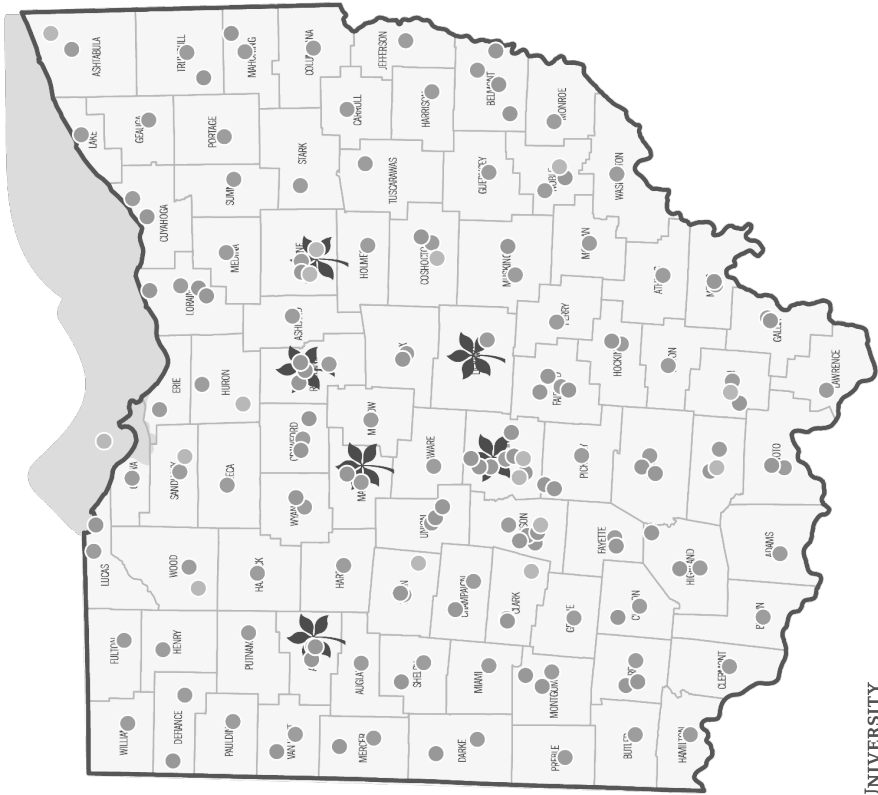
Our statewide presence

- Campuses
- Extension Offices
- WMC Hospitals, Care Sites



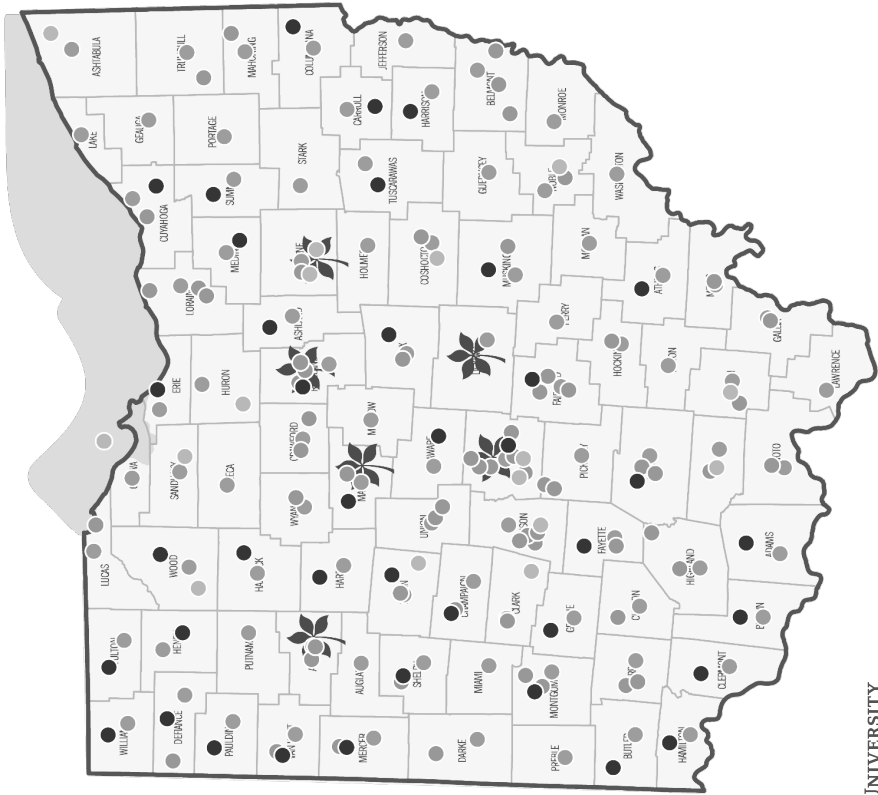
Our statewide presence

-  Campuses
-  Extension Offices
-  WMC Hospitals, Care Sites and Network Partners








Our statewide presence

-  Campuses
-  Extension Offices
-  WMC Hospitals, Care Sites and Network Partners
-  Centers, Institutes, Other



Our statewide presence

-  Campuses
-  Extension Offices
-  WMC Hospitals, Care Sites and Network Partners
-  Centers, Institutes, Other
-  Alumni Clubs and Societies





Association of American Universities

Meeting with Ukrainian President Volodymyr Zelenskyy
May 16, 2022

2022 Innovators of the Year



Dr. Melissa Bailey

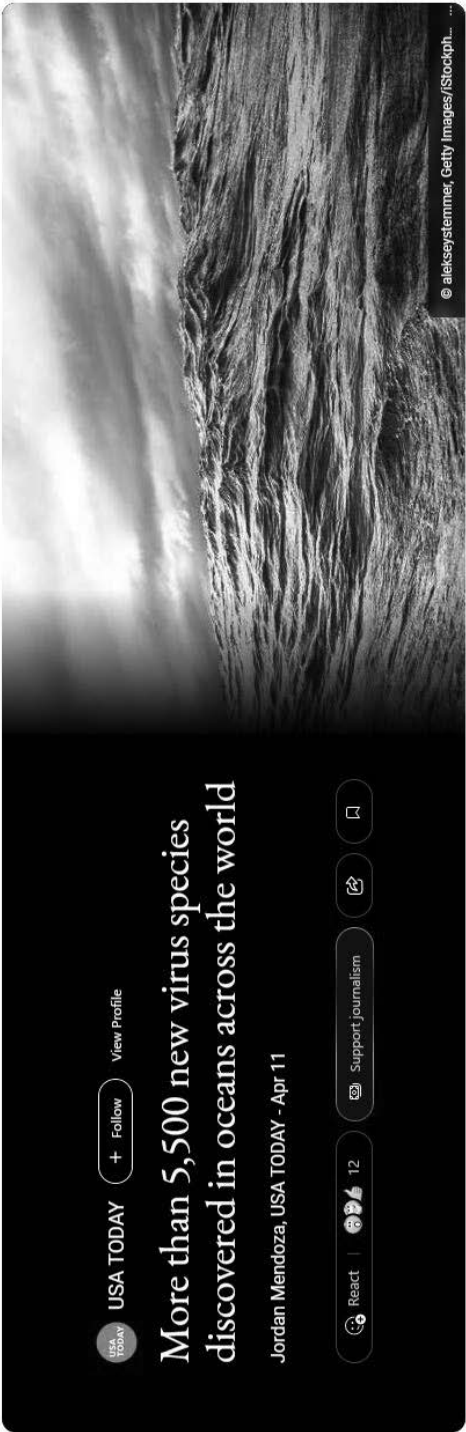


Dr. Katelyn Swindle-Reilly



Madison Tuttle

Research and growth



Research and growth



IN THE SHOW RECIPES ESSAYS SHOP WELLNESS AAPI PARENTS COVID & KIDS TRENDING • **TODAY** *all day*

Why parental burnout is a ‘public health issue’ – and moms are most at risk

A new study shows just how much working mothers are struggling. Take the quiz at the end of this article to find out your burnout level.

“Burnout in parents is that physical, emotional over-exhaustion and that feeling of just, ‘I need a break’ — and not really knowing when you’re going to get that break,” study co-author Kate Gawlik, an associate professor of clinical nursing at **The Ohio State University**, told Morgan Radford on TODAY.

Research and growth



Research and growth

Apr 22, 2022

Ohio State launches new Gene Therapy Institute

Institute will coordinate existing strengths to accelerate the expansion of therapies

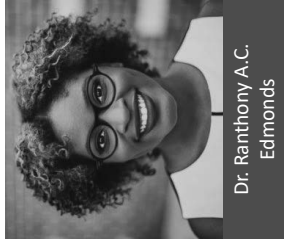
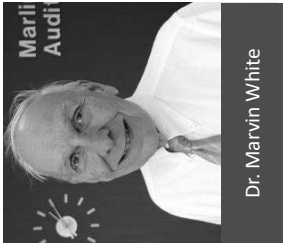


The Ohio State
University

The Ohio State University has pioneered foundational, translational and clinical gene therapy platforms, and the university's new Gene Therapy Institute will support the rapid expansion and utilization of gene therapy globally.



Faculty and Staff Awards



Faculty and Staff Awards

2022 Distinguished Diversity Enhancement Award recipients:



Todd Anthony Bell National
Resource Center on the African
American Male



Sandra Dawkins



Dr. Thomas Magliery

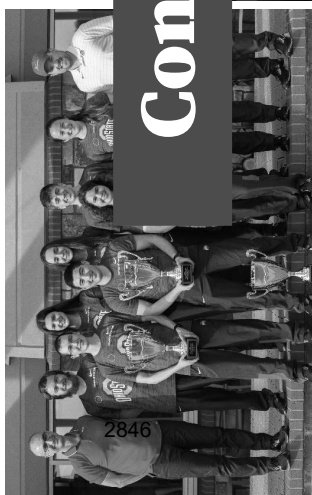


Dr. Bismarck Odei



Tabitha Willis

May 17-19, 2022, Board of Trustees Meetings



Congrats to our Champions!

Excellence in:



Academics



Research



Service and Clinical



Talent and Culture



Operations



Thank you

APPENDIX LXXXI



Ph.D. Graduate Program in Immunology and Immunotherapeutics

The Ohio State University College of Medicine, Department of Microbial Infection and Immunity

Submitted October 25, 2021

BASIC CHARACTERISTICS OF THE EDUCATIONAL PROGRAM

Brief description of the disciplinary purpose and significance of proposed degree

We are seeking approval for a graduate program to award students a Doctor of Philosophy (Ph.D.) degree in Immunology and Immunotherapeutics. The program's primary goal is to train future generations of immunological researchers, a prerequisite for advancing this critical and rapidly growing field. The Ohio State University (OSU) is exemplative of this growth, with the recruitment of over 30 faculty members in immunology in the last three years, as well as establishment of the Pelotonia Institute for Immunology (PIIO) in 2019. The proposed program will combine focused, formal education with hands-on research training for individuals holding a bachelor or a more advanced degree, who are seeking to become recognized leaders in academic, pharmaceutical, biotech, government, and public health fields. Learners in the program will benefit from Ohio State University's environment of diversity, education, ethics, honesty, integrity, personal and professional growth, professionalism, and responsibility.

The program will be offered at the OSU-Columbus campus, located in central Ohio, and will fill a need for students who wish to pursue careers related to immunological research. Graduates of the program will gain a highly advanced knowledge base and skillset in the fundamental principles and translational aspects of immunology. Graduates will be prepared to contribute to rapidly growing fields, including basic molecular and cellular immunology research, or more applied areas, such as the development of vaccines, diagnostics, and immunotherapeutic strategies that target cancer, autoimmunity, and existing or emerging pathogens. A primary strength of the program is its location within the College of Medicine of the Ohio State University, one of the largest research universities in the nation, with more health sciences colleges and extensive laboratory and clinical infrastructure than any other university in the U.S.A.. This will ensure that students are exposed to cutting-edge fundamental and clinical research in an array of specialties related to immunology. Importantly as well, students in the program benefit from a well-developed educational environment within a college experienced in graduate-level education (a combined 15 PhD and MS degrees currently offered), a superb curriculum of established courses, and significant interaction with trainee colleagues from related PhD and Master's programs within the laboratory environment.

Definition of the program focus

The focus of the program will be to educate and train students in both fundamental and cutting-edge principles of immunology, as well as performing primary research in the field. Within this broad area, students will have the option to engage in emphasis areas related to both basic and applied aspects of immunological research. These areas include but are not limited to: (1) cellular & molecular immunology, (2) immunology of infectious diseases (host-pathogen interactions), (3) translational immunology (immunotherapeutics & immuno-oncology, vaccine development), and (4) systems immunology. The required curriculum will be a combination of didactic, journal club, seminar, and research-based coursework, culminating in the successful defense of a doctoral thesis. As noted, students will have the option to focus their curriculum through selection of a wide array of advanced electives in immunology and related courses. The curriculum will be consistent with the program's mission to provide the training and knowledge necessary for a high-level career in a research or related environment, and contribute to the betterment of human health. As contrasted with the University's many excellent MS degree options, most notably the newly approved Masters in Immunology and Microbial Pathogenesis program, successful completion of a PhD in this program is dependent on the graduate establishing themselves as a world authority in their field of research, a benchmark by which acceptance of their doctoral thesis will be judged.

Rationale for degree name

The doctorate degree name of Immunology and Immunotherapeutics was chosen for this program as it reflects the learner's completion of their doctoral thesis research in the designated area, preparing them to engage in original research pertaining to basic and/or translational aspects of immunology and other associated fields.

Duration of the program

Total Credit Hours: A minimum of 80 semester credit hours will be required to earn the Ph.D. in Immunology and Immunotherapeutics. This minimum is required by the OSU Graduate School, is consistent with statewide and regional alternatives for a Ph.D. in related fields (similar to U. of Cincinnati and U. of Toledo, see Table 3), and is reflective of the hands-on, research commitment necessary for completion of a culminating doctoral thesis document. These credit hours consist of 80 hours of core courses (including 40 from laboratory research practicum) and 13 hours of elective courses (see Table 1 and Appendix C).

Length of Time for Completion: The curriculum is designed to be completed in an estimated 15 to 18 semester terms initiating in Autumn of Year 1 (AuY1) and culminating sometime within Year 5 or 6. Students can elect to begin early by enrolling in their research laboratory rotation course during the summer term prior to AuY1. While the program will provide opportunities for up to three research rotations before selecting a thesis laboratory, it will also allow direct admits into a selected laboratory should the Graduate Studies Committee approve a request made by both student and advisor. Following matriculation into the dissertation research laboratory, students will have to successfully pass a candidacy exam to continue in the program, following completion of core coursework (sometime between AuY2 and SpY4). This exam will have both written and oral components, with the written section modeled after an NIH F31 graduate research fellowship application. Students will be expected to form a Graduate Dissertation Committee under the guidance of their research mentor and the Program Director, which will guide the student's progress, as well as administer both the candidacy exam and dissertation defense.

Table 1. – Proposed courses in required curriculum.

Immunology and Immunotherapeutics PhD Required Curriculum	
BSGP 7070 Fundamentals of Grant Writing	4 semester hours
BSGP 7000 Biomedical Sciences Survey (AU-Y1)	6 semester hours
MEDMCIM 7500 Recent Discoveries in Immunology and Microbial Pathogenesis (each semester Y1 and Y2)	4 semester hours (1hr/semester)
BIOPHRM 7510 Professional and Ethical Issues in Biomedical Science (SP-Y1)	2 semester hours
MEDMCIM 7010 Cellular and Molecular Immunology (SP-Y1)	3 semester hours
MEDMCIM 8010 Selected Topics in Advanced Immunology (Au Y2)	2 semester hours
BSGP 7900 - Cancer Immunology: Critical Journal Readings	1 semester hour
BMI 5750 Methods in Biomedical Informatics and Data Science (Su Y2)	3 semester hours
MEDMCIM (TBD) Advanced Immuno-Oncology (Sp Y2)	3 semester hours

Graduate Electives (may be in Immunology and Immunotherapeutics graduate program (I2GP) or in other programs such as BSGP, CBG, Neuroscience, Physiology, MCB). At least 6 credit hours of the 10 required elective credit hours must be in the classroom setting and the remainder may be seminars; electives may be consistent with recommended courses in the area of research emphasis.	12 semester hours
MEDMCIM 8999 Graduate Research in Microbial Infection and Immunity	40 semester hours
Total	80 credits

Departmental Abbreviations: BIOPHRM, Biochemistry and Pharmacology; BMI, Biomedical Informatics; BSGP, Biomedical Sciences Graduate Program; CBG, Cancer Biology and Genetics; MCB, Molecular and Cellular Biochemistry; MEDMCIM, Microbial Infection and Immunity

Admission timing

The program is expected to be implemented beginning in the autumn semester of 2023. It is anticipated that the program will admit six students each autumn. As discussed above, the number of enrollees may be amended to include approved direct admits in any given year.

Primary target audience for the program and admission requirements

The program consists of ~15-18 terms (autumn, spring, summer), delivered on campus with a required research-based component. For these reasons, we project the primary target audience to be students with proximity and availability to the Columbus campus during daytime hours, Monday-Friday. This is a full-time program, and students will be expected to dedicate one hundred percent of their academic and professional efforts to completion of this degree.

As potential dissertation focus areas are diverse, students accepted into the program are likely to have varying backgrounds of both formal education and professional experiences. Students will be expected, however, to hold a bachelor's degree in the biological sciences (or related field), be seeking to advance their knowledge and skills to increase their chances for employment and/or increase their earning potential in relevant immunological research positions. Highly competitive applicants will also have a proven history of research experience and lab skills developed as a student, volunteer, or employee. In lieu of demonstrated basic laboratory skills, an optional course, MEDMCIM 7050 - Laboratory Scientific and Management Skills, maybe recommended to be taken during the student's initial term). Prior to applying to the program, applicants are encouraged to reach out to the Program Director to discuss how well their individual academic and professional experiences align with the curriculum.

Recruitment and admissions are to be handled through the OSU Office of Graduate Education, and adhere to an application process with the following qualifications:

- A personal statement of why the applicant is applying to the program
- A 1-2 page written description of past research experiences (to include types of research and duration of research experience) listing all poster presentations, research talks, and publications
- An official transcript with proof of completed bachelor's degree (or higher) in any of the biological sciences or related areas, or a combination of related major along with successful completion of relevant prerequisites (as defined by the course description in the OSU Registrar's course catalog,

e.g. MEDMCIM 7010 prerequisites are listed as “graduate standing or by permission of instructor”) for the required core curriculum (see Table 1 for core-course listings). A minimum GPA of 3.0 will be required for admission to the I2GP.

- Three letters of recommendation
- All international applicants whose native language is not English will be required to take the Test of English as a Foreign Language (TOEFL) and have an official score report sent directly to the Associate Dean for Graduate Studies from Educational Testing Service. The recommended minimum TOEFL scores are 560 (written) or 220 (electronic) or 89 (internet based)

Evaluation of applicants for admission to the program will adhere to the principles of individualized holistic review. Therefore, GPA and test scores will be considered as but single metrics in the admissions process, with no score considered as a sole criterion for admission into the program.

Special efforts to enroll and retain underrepresented groups

According to 2019 NSF report, “Women, Minorities, and Persons with Disabilities in Science and Engineering”, only 7 percent of science and engineering doctorate holders employed as full-time, full professors at all institutions were from underrepresented racial and ethnic groups. This number decreases at research intensive institutions, falling to only four percent. We plan to work with our college, university, and collaborating institutions to facilitate recruitment and retention of underrepresented and minoritized groups. These groups include, but are not limited to, those minoritized by race, gender, and socio-economic status. With regards to race, special efforts will be made to recruit Blacks or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians and other Pacific Islanders which constitute the most underrepresented doctoral awardees as of 2021 (as reported by NSF-funded National Center for Science and Engineering Statistics). For example, efforts will be made to attend and recruit at conferences that focus on underrepresented groups (e.g. ABRCMS, SACNAS). Furthermore, the OSU Office for Diversity and Inclusion is committed to enhancing the recruitment, admission and retention of students from underrepresented groups. This office currently offers services including professional and personal guidance, summer research opportunities, career development and pipeline programs, visiting student programs, interaction with other minoritized groups, and networking and mentorship opportunities throughout the Institution’s affiliations. Finally, program faculty have and will continue to actively seek NIH diversity supplements, which will provide valuable resources to both support and retain students from underrepresented groups. It is important to note that our faculty have already been successful in obtaining this type of funding.

INSTITUTIONAL PLANNING FOR THE PROGRAM

Physical facilities, equipment and staff needed to support the program

OSU is one of the largest research universities in the nation, with more health sciences colleges and extensive laboratory and clinical infrastructure located in proximity to each other than any other university in the U.S.A. The Immunology and Immunotherapeutics Graduate Program (I2GP) will be housed in The Ohio State University College of Medicine and implemented through the Department of Microbial Infection and Immunity. The department currently has 31 principal investigator-led laboratories, which will serve as a major component of the physical research needs of the program. Other immunology researchers throughout the College of Medicine (e.g., housed in the PIIO, Clinical Divisions, or OSUCCC) will also provide training environments for students of the I2GP program. Below is a description of the physical facilities, equipment, and researchers that provide a rich resource and intellectual environment at OSU.

The **Department of Microbial Infection and Immunity (MI&I)** is located within the Biomedical Research Tower of the Wexner Medical Center at The Ohio State University (OSUMC). The MI&I laboratories occupy approximately 23,000 sq. feet on the seventh floor of the Biomedical Research Tower, a 403,000-square-foot state-of-the-art building, across the street from the Medical Center. Major themes of the department are respiratory infectious diseases, intracellular parasitism, granulomatous inflammation, immunology, and epigenetic control of innate and adaptive immunity. MI&I space includes several common user areas, with 2 cold rooms and multiple procedure rooms outfitted for molecular and tissue culture work, as well as rooms dedicated to microscopy (including confocal and live imaging microscopy), flow cytometry & cell sorting.

Core MI&I equipment in the BRT includes: Class IIA 6 feet Biosafety Cabinets, double water-jacketed CO₂ incubators, multiple incubators and shakers for bacteria culture, a Sheldon Bactron anaerobic chamber, a Beckman Optima L-100 XP Ultracentrifuge with numerous rotors, a Beckman Optima™ TLX Ultracentrifuge, an Avanti J-25I High Performance centrifuge, a Beckman J2-21 centrifuge, low-speed Beckman Coulter X-14R/X15R refrigerated centrifuges, refrigerated microcentrifuges, several non-refrigerated microcentrifuges, a Molecular Devices SPECTRAmax M2e and a Molecular Devices SPECTRAmax M5 Multi-Mode spectrophotometer/luminometer/fluorometer microplate reader, a BioRad Bioplex Luminex-based multiplex system, a BioRad Tetrad 2 thermocycler, three eppendorf Mastercycler gradient thermocyclers, two BioRad MyCycler thermocyclers, BioRad iCycler thermocycler, two BioRad CFX96 and one Applied Biosystems real-time PCR systems, a BioRad Molecular Imager ChemiDoc XRS Imaging system, a Fotodyne Imaging system, a BD FACS Canto II Flow Cytometer, a Purelab and a Millipore Ultra water purification systems, a Beckman Biomek 2000 robotic system, two NanoDrop Spectrophotometers, a Savant speed-vac and gel dryer system, a size-exclusion chromatography system consisting of a HPLC connected to different sizing columns to perform lipoglycan purifications, silica gel column chromatography systems for lipid purifications, thin layer chromatography systems to allow for visualization and identification of lipids and carbohydrates, inverted microscopes with cameras, Olympus fluorescence microscope with DIC optics and software for camera, a Nikon high-speed live-cell fluorescence imaging platform, an IVIS Lumina Camera system, an Olympus FV10i confocal camera capable of life cell imaging, liquid nitrogen storage system, ATR/Heto Freeze-dryer lyophilizer, a BioRad Experion Automated Electrophoresis Station, liquid chromatography systems, a UV-crosslinking oven, UV transilluminator, a blue light transilluminator, two electroporators, two pH meters, water baths, shaking incubators, refrigerators, -20°C and -80°C freezers, balances, phosphorimager, two autoclaves, and two automated dishwashers.

Pelotonia Institute for Immuno-Oncology (PIIO). Established in 2019 by the Ohio State University Comprehensive Cancer Center – James Cancer Hospital and Solove Research Institute (OSUCCC – James), the PIIO is a comprehensive bench-to-clinical-trial research institution that accelerates advanced immunotherapies to fight cancer under the direction of founding director, Zihai Li, MD, PhD. The PIIO's goal is to be the world's leader in basic and translational immuno-oncology through the creation of IO Centers of Excellence; establishing top-notch immune discovery and monitoring platforms to support existing and new cutting-edge clinical trials; training the next generation of IO researchers; and promoting IO collaborations with industries and other Immuno-Oncology centers across the nation.

Current members of the PIIO include over 100 active OSU researchers who are leaders in their respective fields (www.cancer.osu.edu/PIIO). The institute is actively recruiting, bringing more than 30 additional investigators to the PIIO and the OSUCCC-James over the next 5 years. The PIIO collaborates with multiple OSU colleges and stakeholders, including the Colleges of Medicine, Engineering, Veterinary Medicine, Arts and Sciences, Pharmacy, Public Health, as well as the James Cancer Hospital, and Nationwide Children's Hospital (NCH). The PIIO focuses on Systems Immuno-Oncology (Fundamental Cancer Immunology and Cancer Immunogenomics) and Translational Immuno-Oncology (Cell Therapy and Clinical Immuno-Oncology). Complementing and supporting these programs are the PIIO's education and research development initiatives which include IO workshops, seminars and retreats; IO training opportunities for fellows and graduate students; and pilot immunotherapy projects designed to move promising innovative therapies from the laboratory to the clinics. The PIIO occupies the 5th floor of

the Biomedical Research Tower (~21,000 sq. ft), with contiguous space for laboratories and research cores to create a highly collaborative environment to advance its mission.

The PIIO has developed the Immune Monitoring and Discovery Platform (IMDP) to provide comprehensive cell- and molecule-based immunoassay services to support basic, translational, and clinical immuno-oncology (IO) studies. The IMDP is no standard shared resource core. Rather, it operates as a technological hub for innovative IO research, paving the way for advanced immune phenotyping and functional analyses as well as multiplexed biomarker detection discovery methods. The platform's mission is to mix state-of-the-art instrumentation, high levels of expertise, and exceptional customer service to create an environment that fosters creativity, collaboration, and productivity (Figure 1). The IMDP delivers high-content spectral flow cytometry and cell sorting, mass cytometry, highly-multiplexed tissue imaging, monoclonal antibody production and purification, single cell proteomics and genomics services as well as related accessory equipment with an emphasis on automation. The platform offers QA/QC for all instrumentation, training, experimental design, troubleshooting, and general assistance to users for all services, from the point of experimentation to publication and/or grant application. The IMDP has five specific aims: 1) Provide cutting-edge IO focused technology that gives researchers a panoramic view of the immune system with regard to cancer research and treatment; 2) In concert with the PIIO's Immuno-Informatics Group, provide data analytics for flow cytometry, CyTOF, scRNA-seq, scATAC-seq, single-cell proteomics and genomics, bulk RNA-seq, ChIP-seq, ATAC-seq, cytokine data, and spatial imaging; 3) With experts in antibody and protein production, generate novel and high-quality immune reagents, including therapeutic antibodies and recombinant fusion proteins, which will facilitate development of next generation IO biologicals; 4) Develop and maintain an IO Bank as a comprehensive platform for collecting and preserving fresh cells and tissue from IO trial patients and routine clinical care patients, all linked to clinical and research data in real time; and 5) Train and mentor investigators on advanced immune phenotyping and multiplex technologies and novel immunoassay reagent generation.

Additional Core Research Resources - The Department of Microbial Infection and Immunity has access to many state-of-the-art shared core research facilities (see <https://medicine.osu.edu/research/resources/core-facilities> for a full listing). Some examples relevant to the proposed degree program are:

OSU BSL-3 Research Core - Research projects involving risk group 3 (RG3) pathogens, such as ongoing SARS-CoV-2 research takes place in the BSL3 facilities/resources available at The Ohio State University and the OSU College of Medicine (OSU COM). The BSL3 Facility focuses on RG3 respiratory pathogens including emerging pathogens (e.g. SARS-CoV-2), and pathogens that can cause worldwide chronic and antibiotic-resistant infections (e.g. *Mycobacterium tuberculosis*). BSL3 facilities available for research include: a 3350 sq. ft lab space located in OSU Biomedical Research Tower (BRT), which consists of 6 separate laboratories for safely handling and processing infected tissues and cultures. These laboratories contain biosafety cabinets, centrifuges, microcentrifuges, light and fluorescent microscopes, ELISA and microplate readers, CO₂ and humidified incubators. Computer stations facilitate the safe removal of notes and data from the facility.

Access to BSL3 facilities is granted only when personnel receive thorough biosafety training and appropriate on-site training. Training materials are reviewed by the BSL3 Program leadership, Institution Biosafety Officer, and EH&S leadership. Biosafety training emphasizes the facility design and systems in place and the current rules for best practices and regulations that users must follow. Refresher training is provided on an annual basis and time sensitive issues are discussed in the monthly BSL3 user group (BUG). Further emphasis on administrative controls (e.g. BSL3 protocols), alongside on-site training focused on demonstrating proper application of personal protective equipment (PPE), facility features, and proper usage of equipment is given before authorization. Junior scientists must be accompanied and supervised by senior scientists who are experienced in BSL3-related techniques to ensure proper handling of infectious materials. The BSL3 program at OSU ensures that all BSL3 users are fully trained and supported by operational staff.

OSU University Laboratory for Animal Resources (ULAR) - Animals to be used for this study are covered by an institutional protocol. The basement level of the BRT houses the animal facility. This facility provides resources for the performance of experiments involving animal models of human diseases. ULAR is responsible for the animal care program that is AAALAC-accredited since 1962 (Accreditation # 028). Over 100,000 sq. ft of animal housing space in 15 facilities can accommodate rodents, rabbits, swine, ruminants, and dogs as well as other species. Rodent facilities have over 70 dedicated rooms, which include barrier housing, sterile housing, phenotyping, and GEM production facilities. ULAR consists of 3 veterinary ACLAM diplomats, 4 clinical veterinarians, and over 70 fulltime animal care staff.

OSU Flow Cytometry Shared Resource (FSCR) - This core facility assists in the analysis and sorting of cell populations according to the expression of selective cellular markers. Software available for use offline includes: WinMDI, Modfit, Cellquest Pro and FACSDiva. Imaging output software used is Microsoft office for both PC and Macintosh systems. Instrumentation includes the BD FACS Aria, and FACS Vantage and i-Cyt Reflection. Becton-Dickinson FACS Caliber, equipped with 4 MPT's allowing for 4 color-analysis, using a 488 nm air-cooled Argon and 633 nm helium-neon laser as excitation wavelengths. The Becton-Dickinson FACS Vantage SE, capable of 6-color analysis, utilizing a Krypton 302C Inova laser for multi-line excitation 350-600 nm. This instrument has a turbo-sort option and a CLONECYT single-cell or multi-cell deposition system for microtiter plates or microscopy slides.

Campus Microscopy and Imaging Facility (CMIF, www.cmif.osu.edu) on the 2nd floor of the BRT offers a full range of microscopes, and support instrumentation allows cell and tissue preparation with immunocytochemistry, in situ hybridization, freeze-fracture, cryo-ultramicrotomy, scanning and transmission electron microscopy (FEI Nova 400 Nano SEM, FEI Tecnai G2 Bio Twin TEM). This facility also has a Zeiss LSM510 Scanning Confocal Microscope, an Olympus FV1000 Multiphoton, and a Visitech Infinity 3 Live-Cell Confocal Microscope. All microscopes are staff-operated or self-operated after training.

Laser Microdissection Pressure Catapulting Molecular Analysis Facility - This core facility contains a robotized PALM MicroLaser system with PALM MicroBeam IV instrument from Carl Zeiss MicroImaging GmbH and PALM RoboStage/RoboMover for high throughput sample collection. The facility enables molecular analyses of laser captured tissue material. Services include standardization of novel techniques related to tissue processing, staining, fixation and capture, with the goal of preserving nucleic acid and protein integrity of the laser-captured tissue. Capture and analysis of tissue down to the resolution of a single cell population (cutting precision 0.6 micron) from *in vivo* tissue sections is routinely performed. In addition, the facility has developed a way to rapidly identify and capture human blood vessels from clinical samples in a manner that makes high-density screening of the transcriptome possible.

The Genomics Shared Resource - This resource occupies about 2,400 square feet on the 2nd floor of the BRT. The Genomics Shared Resource provides both Nucleic Acid services and Microarray services. It offers instrumentation and expertise for DNA and RNA analysis using sequencing, genotyping, real-time PCR, Affymetrix GeneChips, nCounter Analysis, next-generation sequencing, DNA synthesis support and genome-wide analysis using the Illumina NGS platform and Affymetrix and customizable gene chips. Affymetrix GeneChip System including two GeneChip Hyb-Station Oven 320/640, Two Affy. Fluidics Station 450 and One Affy. GeneChip Scanner 3000. The system for in-house custom microarray including GeneMachine OminiGrid 100 Arrayer; Tecan TeMo Liquid Handling Workstation and four Tecan HS4800 Hybridization Stations; two Axon 4000B and 4200A Microarray Scanners, two MJ Tetrad thermocycler and PE 9700 PCR Machines. Applied Biosystems 3730 DNA Analyzers, Illumina Genome Analyzers Iix, 4 Applied Biosystems 7900HT sequence detection systems, NanoString Technologies' nCounter System, Sequenom Compact MassArray, Transgenomic Wave DHPLC Systems, Beckman Biomek FX liquid handler, Typhoon 9410 imager and Personal Densitometer from GE Healthcare, and Agilent Bioanalyzer.

The OSU Campus Chemical Instrument Center (CCIC, www.ccic.ohio-state.edu) - located on the 2nd floor of the BRT, provides state-of-the-art research facilities in three areas: Nuclear Magnetic Resonance (NMR), Mass Spectrometry (MS) and Proteomics Facility. The Mass Spectrometry and Proteomics facility is directed by Dr. Liwen Zhang and is equipped to offer a broad range of services with seven state-of-the-art mass spectrometers: a Thermo LTQ-Orbitrap, a Thermo LTQ, a Bruker Esquire LC/MS, a Micromass LC-TOF, a Bruker Reflex III MALDI-TOF, a Thermo Trace GCMS, and a Micromass Q-TOF II. The lab is also equipped with an Ettan Spot Handling Workstation and a Dalt12 system for complete proteomic analysis including gel electrophoresis separation and subsequent protein identification, post-translational modification analysis and MudPIT. These instruments provide for accurate mass determination, sequence determination of biomolecules, oligonucleotides analysis, molecular weight analysis by mass assignment (ESI, EI, MALDI), quantification using GC-MS, and peak detection and identification by LC/MS.

Comparative Pathology & Mouse Phenotyping Shared Resource (CPMPSR) Facilities - The CPMPSR provides expert, readily available and affordable experimental pathology support to investigators utilizing animal models to study human disease. Comparative pathologists affiliated with the CPMPSR are familiar with normal anatomy and physiology, as well as background-, age-, and strain-related lesions of various animal models. Recognition of lesions and their interpretation in the context of individual investigations provides a critical component to research incorporating animal models. Services include comprehensive macroscopic and microscopic examinations of various species of laboratory animals with an emphasis on the phenotypic characterization of newly produced lines of genetically engineered mice. Additional services include hematology, clinical chemistry, radiography, routine frozen and paraffin slide preparation as well as tissue microarray preparation and special histochemical and immunohistochemical staining.

The main laboratory for the CPMPSR is located on the 4th floor (467/471) of the Veterinary Medicine Academic Building (VMAB). The core has: a Euthanex SMARTBOX unit; 7' TBJ, Inc. 36-84-S down-draft, height-adjustable necropsy table; a 4' Pacific Southwest Prep Station Lab down-draft tissue trimming station; necropsy equipment; an Olympus SZ-6145TR stereozoom microscope with attached Altra 20 digital camera; Hewlett Packard Faxitron Series Cabinet Xray System; and, photographic equipment (Nikon D90 digital SLR with Nikon 60 2.8 micro lens, photo stand and lighting). The necropsy room is also equipped with a MOPEC LD500 ventilated tissue storage cabinet. The clinical pathology laboratory is equipped with automated benchtop hematology (FORCYTE Autosampler 10 with OSI Data Management System) and chemistry (VetAce) analyzers, as well as an Aerospray hematology slide stainer-centrifuge with Cytopro rotor. The laboratory also includes a Fisher double door refrigerator, 2 Thermo Forma freezers (-70°C), and, 2 refrigerated centrifuges (Beckman Allegra X-22, Eppendorf). In addition, the lab has a doubled-headed Olympus BX41 light microscope with attached Altra 20 digital camera for performing blood differential counts and evaluation of urine/fluid/cytology samples. The histology laboratory (302 Goss Laboratory) occupies approximately 1160 sq. ft. and includes Tissue Tek VIP and Fischer Histomatic 266 MP tissue processors; Shandon HistoCentre 2 and Tissue Tek embedding stations; 6 microtomes (Olympus 4055 micro, Leitz 1512, HM315); a Dako Universal Training Center autostainer with Seymour slide labeler; a Leica IPS modular histology slide printer; Microm HM500 OM and Leica CM1950 cryostats; and, an Olympus BH2 immunofluorescence light microscope. Other support equipment includes pH meter, balances, centrifuges, FG-311 refractometer and vortex mixers. Room 933 in the Biomedical Research Tower is used for image analysis and discussing pathologic findings with investigative staff. The room includes a 6-headed Olympus BX51 light microscope with attached Altra 20 digital camera and MicroSuite software linked to a 42" Panasonic plasma television. Reference laboratories, including AniLytics, Incorporated in Gaithersburg, MD and Rules Based Medicine in Austin, TX provide specialized testing such as hormone and cytokine assays.

OSU Human Tissue Resource Network (HTRN), Pathology Core Facility - The core has: Microtomes (4), Cryostat (1), Tissue Processor (1), Water Baths (5), Automated Slide Stainer (1), Automated

Immunohistochemistry Instrument (DAKO) (2), Automated Slide Labeler (TBS) (1), Tissue Matrix Array (Beecher Instruments) (1), Vacuum Processor (1), Refrigerators (2), Freezers (3), Real(time PCR (Roche) (1), ABI(3130XL DNA Sequencer (1), Microcentrifuge (2), Balances (2), Bioview Accord Semi(automated Scanning System (1), Biosafety Hood (1), Incubators (3), Drying Oven (1), Thermomixers (2).

The Center for Biostatistics - Department of Biomedical Informatics, is located at 1800 Kenny Rd, Columbus, OH, 43210. The Center for Biostatistics is equipped with a diverse palette of statistical software including SAS 9.4 (SAS Institute Inc., Cary, NC), STATA 13 (StataCorp, College Station, TX), Minitab (Minitab, Inc., State College, PA), R (open resource) and PASS 12 (NCSS, Kaysville, UT,) and specialized freeware Bio-conductor. The support of the office management software includes site-licensed Microsoft Office Professional. Through the Medical Center computer network, statisticians are provided with e-mail support, access to the Internet, and immediate back- up of all files.

Within the BRT is The Ohio State University **Comprehensive Cancer Center** (www.osuccc.osu.edu). Located on the 8th and 9th floors, and part of the 10th floor, the OSUCCC houses core facilities for DNA sequencing radiochemistry, biostatistics and informatics, real-time PCR, Transgenic Animal Shared Resources, microarray, spectroscopy, electrophoresis, centrifugation, liquid scintillation counters, gamma counter chromatography (including HPLC), and microscopy.

The BRT is connected by an enclosed walking bridge with the **Dorothy M. Davis Heart and Lung Research Institute (DHLRI)**, which contains several additional core research laboratories (Bioinformatics, Microarray-Genetics, EPR-NMR, Proteomics, and Integrative Cardiovascular Physiology). Each of these Cores is directed by a faculty scientist who is a leading expert in the specific technology of the Core. Each also has an experienced full-time manager who supports the application needs of the scientific users. **DHLRI Animal Core**- This core offers support for mouse colony management as well as performing specialized procedures and providing technical assistance for experiments. Our faculty member, Dr. Amer oversees the breeding of transgenic animals. Services also provided, but not limited to, include administration of reagents via various routes; tissue, blood, and bone marrow isolation; procedure training; genotyping; and special feeding. **DHLRI Microscopy Core**- This microscopy core laboratory with several fluorescent microscopes, time-lapse video microscopy and multi-channel visualization of fluorescence cellular antigens and other cell markers. (Nikon Eclipse 800 with DIC optics microscope and a Zeiss LSM510 multiphoton confocal inverted microscope).

Finally, the Research Institute at **Nationwide Children's Hospital** (10 minutes from OSU) has a Vaccine and Immunity Research Group with core facilities containing DNA sequencing, Microarray, and Transgenic capabilities.

Program Leadership and Administration

Dr. Ken Oestreich, PhD (Associate Professor, Department of Microbial Infection and Immunity, OSU College of Medicine) will serve as the Program Director and will oversee and administer the program. One full-time (100% FTE) Administrative Assistant will be needed to help with program-related responsibilities such as general communications, course and room scheduling, recruiting, and training grant preparation. Several committees composed of faculty from the program will be formed to guide the I2GP program, including a Graduate Studies Committee that will oversee sub-committees such as the Admissions, Student Affairs, Curriculum, Career Development, and Retreat committees. It is expected that students from the program will also be selected to serve on committees where appropriate (e.g., Student Affairs, Retreat, etc.). For the purposes of full transparency and clarity of pertinent information, details regarding program administration and activities will be outlined in the I2GP graduate student handbook.

Projected additional costs associated with the program and evidence of institutional commitment and capacity to meet these costs.

We have developed a five-year budget projection for I2GP, with assistance from the OSU College of Medicine (Appendix D). The budget includes the standard state subsidy for graduate programs.

Availability and adequacy of the faculty and facilities for the new degree program

OSU is one of the largest research universities in the nation, with more health sciences colleges and extensive laboratory and clinical infrastructure located in close proximity to one another than any other U.S. university. The I2GP will have an outstanding infrastructure of support for training and research. The OSU College of Medicine's Department of Microbial Infection and Immunity is currently located within the Biomedical Research Tower on the Medical Center Campus. Our teaching and research operations are at the intersection of all fields relevant to immunology, including but not limited to, bacterial, viral, and parasitic infectious diseases, emerging pathogens, cancer immunotherapies, systems immunology, transplant immunology, autoimmune diseases, basic immunology, and neurodegenerative diseases. Many of the Department's researchers work in close collaboration with clinical faculty from, among others, the Departments of Internal Medicine, Pathology, Biomedical Engineering, and the College of Veterinary Medicine, as well as with industrial partners in all relevant fields (see appendices A and B for detailed descriptions of the facilities and faculty). Additionally, numerous trans-institutional entities, such as the NCI-designated Comprehensive Cancer Center, the Infectious Disease Institute, the Pelotonia Institute for Immuno-Oncology, the Dorothy M. Davis Heart & Lung Research Institute, the Center for Biostatistics, the Center for Retrovirus Research, and the Battelle Center for Science, Engineering and Public Policy all have research efforts that will complement and support I2GP.

Students will also have access to the OSU Medical Library, providing physical and electronic resources that include many of the books, periodicals, journals, and other learning resources needed to support the teaching and scholarly activities of this proposed program.

Evidence that a market exists for a new program

Future health and human service challenges dictate the dire necessity for immunologists at the PhD level (Bishop, 2015). The threat of current and future global pandemics, the necessity to broaden the application of immune checkpoint blockade (ICB) as a cancer immunotherapy, and an increase in allergic and autoimmune conditions (Bishop, 2015) are important areas for which immunologists are required.

The market for immunology is growing rapidly. According to Fortune Business Insights, the global immunology market stood at \$86 billion in 2020 and is expected to reach \$159 billion by 2028, with a compound annual growth rate of 8.1% (Fortune Business, 2021). In the state of Ohio, there are over 4,000 biological science companies in operation, providing more than 80,000 jobs, and generating nearly \$7 billion in annual payroll, with an average annual wage of \$83,310 (BioOhio, 2020). With a list that includes pharma companies such as AstraZeneca, Battelle, Johnson & Johnson, and Procter & Gamble, to name a few, the report categorizes this industry into six areas, all of which employ workers trained in the fields of immunology: agricultural biotechnology, medical and testing laboratories, medical devices & equipment, medical product distribution, pharmaceuticals & therapeutics, and research & development. In addition, there has been explosive growth in immuno-oncology (IO) medicine. As of June 2020, the global IO drug development pipeline grew 233% over 3 years (CancerResearch.org, 2021). The 2011 approval of ipilimumab, which is a checkpoint inhibitor targeting the CTLA-4 protein to fight advanced melanoma, was a major milestone that changed the landscape of cancer care and propelled investments into IO.

Knowledge growth in immunology is essential for supplying this heightened demand. The Ohio State University Graduate School supports this growth of knowledge by providing strategic leadership and empowering faculty to develop programs that support the university’s educational mission and meet societal needs. In addition, the College of Medicine’s strategic plan focuses “on learner centeredness, education innovation, inter-professional education, and inclusive excellence to implement an innovative, multidisciplinary education model to educate the most diverse and sought-after health professionals in the world” (OSUWMC Strategic Plan, 2017).

Career opportunities for immunology PhD graduates abound, driven by a rise in immunological diseases, such as the current SARS-CoV-2 pandemic, as well as an increased awareness of immunotherapies against cancer. Examples of postings and hiring organizations listed online as of September 2021 are shown in Table 2:

Table 2. – Examples of Job Postings and Hiring Organizations

Posting	Organization
Postdoctoral position in gene regulation and neuroimmunology	National Institute of Health (NIH)
Postdoctoral Fellow, Cancer Immunology Discovery	Pfizer
Tenure-track Faculty Position	Memorial Sloan Kettering Cancer Center
Associate to Full Professor, Cancer Biology / Immunology	Baylor University
Senior Scientist, Immunology	GSK
Director, Flow Cytometry Core	National Heart, Lung, and Blood Institute
Sr. Leaders for Immuno-Oncology (IO) Research Centers for Cancer Immunogenomics, Cell Therapy, Systems IO, and Translational IO	OSUCCC – James, Pelotonia Institute for Immuno-Oncology (PIIO)

In fact, the PIIO, fueled by a \$100 million pledge to advance cancer immunotherapy, has already recruited 17 immuno-oncology faculty as of September 2021, and plans to recruit 20+ more over the next two to three years.

STATEWIDE ALTERNATIVES

Statewide alternatives offered through University System of Ohio Institutions include Cincinnati Children's Hospital Medical Center, Immunology Graduate Program and Case Western Reserve University School of Medicine, Immunology Training – PhD (Table 3). The two programs differ; however, from I2GP, which is designed specifically with foci on translation of cancer immunotherapeutics, virology, and systems immunology, which can be broadly described as immunological research rooted in data generation and its integrative analysis to gain actionable insights. The University of Toledo, College of Medicine may also serve as an alternative; however, its Medical Microbiology and Immunology Track is part of the biomedical sciences program in University of Toledo's College of Medicine and Life Sciences, and not a stand-alone program focused on immunology.

Regional alternatives include the University of Michigan Medical School Graduate Program in Immunology and the University of Indiana, School of Medicine PhD Degree in Microbiology and Immunology. Their specialty areas include molecular and cellular immunology, pathogenesis, and translational immunology, including cancer. The proposed PhD program is unique in its deep partnerships with research institutes focused on infectious disease, cancer immunotherapy, and drug development (the OSU Institute for Infectious Disease, PIIO and the OSUCCC Drug Development Institute respectively).

Links to a major academic medical center, as well as a freestanding cancer hospital, will afford trainees significant opportunities in translational research. Collaboration will be a cornerstone of this program. One ongoing example of collaboration is the BIG10 Electronic Health Records Consortium project. Indiana University, University of Iowa, University of Michigan, Northwestern University, The Ohio State University, and Rutgers University are partnering to communicate and coordinate with the NCI and EHR vendors to facilitate and harmonize rapid implementation of EHR investigational or interventional treatment plans for NCTN clinical trials.

Table 3. – Related Statewide and Regional Alternatives

Statewide Alternative Institution	Degree Designation	Required Credit Hours	Total # Current Students
Cincinnati Children's Hospital Medical Center	PhD, Immunology Graduate Program	99	35
Case Western Reserve University School of Medicine	Immunology Training – PhD	58	34
University of Toledo College of Medicine	Medical Microbiology and Immunology Track	90	13
Regional Alternative Institutions	Degree Designation	Required Credit Hours	# of Students
University of Michigan Medical School	Graduate Program in Immunology	64	29
University of Indiana, School of Medicine	PhD Degree in Microbiology and Immunology	90	34

GROWTH OF THE PROGRAM

Current and future demand

Given the proximity to some of the state’s largest bioscience employers (e.g., OSU, Abigail Wexner Research Institute at Nationwide Children’s Hospital, Abbott, Battelle, Cardinal Health), we expect our program to be in demand. Based on estimates of laboratory space, classroom availability, and the 34 full-time faculty conducting research within the program, we believe we are well-positioned to achieve a running average enrollment of 30 students (by year 5 of the program). To meet these projections, we do not anticipate the need for additional faculty, staff, or space. However, If the program interest exceeds expectations, further review of enrollment limits and institutional needs will take place.

Program assessment

To maximize the success of each enrolled student, graduate, and future student, the program will maintain an active self-assessment process (see Table 4). This will include: annual recording of application and admission data; student academic performance indices; student evaluations of instruction (course satisfaction), semester-based student performance evaluations (reviewed by the program director and a committee of program faculty); annual evaluations of the program by member faculty; annual student evaluations of the program; exit surveys; time-to-degree tracking; and career recording of alumni. These assessment data will be reviewed annually by the program committee and used to continually refine I2GP. These data will also serve as support of applications seeking program funding.

CURRICULUM AND INSTRUCTIONAL DESIGN

Curricular content

The coursework for the proposed Ph.D. in Immunology and Immunotherapeutics is designed to deliver both a foundational and current knowledge base in these areas through a defined set of required core courses (Table 1) delivered within the pre-candidacy period, with an optional early summer start to

laboratory rotations. The curriculum will further concentrate areas of research interest through recommended elective courses offered at OSU in departments and programs, such as the Biomedical Sciences Program, Cancer Biology and Genetics, Microbiology, Neuroscience, and Biomedical Informatics.

All dissertation research, instruction, and mentorship will be provided by program faculty (Appendices A and B). Therefore, the curriculum is designed to provide a solid educational, technical, and experiential foundation for graduate students entering their choice of academic, medical, industrial, regulatory, or related work forces. To accommodate the individual scheduling and health-related needs of each student, with the exception of the necessary lab-based learning, all coursework is compatible with meeting OSU guidelines for optional, remotely accessed asynchronous learning should that be necessary.

Mixed mode of delivery

Given the hands-on, research experience mission of I2GP, a full distance-learning option will not be offered, and the preferred mode of delivery for the program is designed as an on campus, in-person learning format. In the event, however, that in-person learning is limited due to University regulations, some lecture-based courses can be offered via an online, synchronous mode of delivery. Currently, some existing lecture-based core courses are being taught in a synchronous, online format following the OSU Office of Distance Education and eLearning's Best Practices For Online Teaching Checklist (<https://odee.osu.edu/instructors/distance-education/best-practices-online-teaching>). In-person, laboratory research courses, which are an essential component of the intent of this program, will be necessary and coordinated with guidance from the OSU College of Medicine and the Graduate School.

Description of a required integrated, or culminating learning, experience

All students will be required to complete the OSU CARE Training in Responsible Conduct of Research Program (<https://cehv.osu.edu/caretrainingprogram>) or equivalent. This is a workshop-format program involving 8 discussion-based training sessions led and moderated by faculty ethicists from the OSU Center for Ethics and Human Values with expertise in research ethics and integrity. Participants will watch a video of a related CARE panel discussion and read a curated set of readings prior to engaging in substantive face-to-face (or remotely-arranged equivalent) discussions of case studies that highlight the distinctive ethical challenges facing researchers. Topics covered in this training include: Conflicts of interest, protection of human subjects, mentorship relationships, collaborative research, authorship and publication, data sharing and privacy, the researcher as a responsible member of society, and environmental and societal impacts of research.

A thesis project culminating with a written dissertation and successful defense will be required to educate students in research, professional writing, and continued self-education to promote their personal and professional growth. As part of the core curriculum, students will enroll in three laboratory rotations (MI&I Laboratory Rotations, MEDMCIM 7930) throughout their first year to aid in choosing a research mentor who will direct their project and guide them in developing their thesis. A fundamentals of grant writing course will be required as well (BSGP7070).

Should a student not be able to successfully complete their curriculum requirements during the 15-18-term academic period, they will be allowed to petition the Immunology and Immunotherapeutics Program's Curriculum Committee to request additional time in which to complete their proposed project. If the petition is approved, the student will be required to enroll in additional laboratory research and dissertation writing courses as necessary. Their degree will not be conferred until they have completed their research project and successfully defended their thesis document.

Program Goals and Plan for Program Assessment

The primary goal of the I2GP Ph.D. Program is to train the future generations of immunological researchers that are necessary to advance this critical and rapidly growing field. This goal will be accomplished by combining focused, formal education with hands-on research training. Upon completion of this program, it is our expectation that graduates will be prepared to contribute their expertise to fields including basic molecular and cellular immunology research, and to more applied areas, such as the development of diagnostics and immunotherapeutic strategies that target cancer, autoimmunity, and pathogenic infection.

The program will have an active self-assessment process as outlined in Table 4, with data to be maintained in a secure database administered by the program, accessible by only the Program Director and Administrative Assistant. Relevant public data will also be posted on the program’s website. These assessment data will be reviewed annually by the program committee to continually refine I2GP, and to identify weaknesses in meeting the program’s overall goal of providing a student the highest possible chance for a rewarding career following graduation. These data will also serve as support for applications seeking program funding, in the form of student scholarships. The program will track direct measures of student learning (e.g., course and cumulative GPA, graduation rates, time-to completion) to serve as indicators of ongoing program performance and program quality. For example, research-related measures of student authorship on scientific publications, as well as oral and poster-based research presentations will be collected and evaluated as an indicator of both student and program faculty performance. Similarly, advisors and program leadership will monitor student academic performance regularly through advisory one-on-one meetings each semester with both the student and research mentor. Advising sheets will be completed to summarize and record these meetings and signed by the student, their research advisor (if applicable), and the program director.

Table 4 – Program Assessment

Assessment	Primary Metrics	Reporting/Review Frequency	Administered by	Reviewed by	Alignment between Program Goals and Assessments
Program application and enrollment data	Tracking of of applications, applicant GPAs, applicant diversity, offer and acceptance rates	Annually, Sp term	Program Director/Administrative Assistant	Program Faculty Committee and posted on Program website	Assessment of program strengths and weaknesses in recruitment (e.g. low applicant diversity, trends in average GPA) to help meet program enrollment goals
Program academic performance	Time-to-degree tracking, average GPA, publication and presentation data	Annually, Sp term	Program director/Administrative Assistant	Program Faculty Committee	Assessment to evaluate program performance (e.g. employment/placement rates) to meet quality of program
Student academic performance	GPA, research advisor and thesis committee evaluations	Beginning of each academic term (Au, Sp, Su)	Administrative Assistant	Program Director	Assessment of student progress to meet GPA and expected graduation date.
Student satisfaction	Student evaluations of instruction (SEIs), one-on-one advisory meetings, exit surveys	Beginning of each academic term (Au, Sp, Su) and upon graduation (exit surveys)	Administrative Assistant and Program Director	Program Faculty Committee	Assessment used by the program to provide feedback to the program and course directors to ensure student expectations are met
Faculty satisfaction	Program faculty reviews	Annually, Sp term	Administrative Assistant	Program Faculty Committee	Assessment to monitor and maintain faculty enthusiasm and support of the program to continually improve the student course and lab research experience
Program Performance	Alumni career recording	Annually, Au term	Administrative Assistant	Program Faculty Committee, Posted on Program website	Assessment to evaluate program graduate employment success to help meet the overall goal of the program

APPENDIX LXXXII

A Proposal to Create a Master of Supply Chain Management (MSCM)

**Submitted by the Fisher College of Business
The Ohio State University**

Introduction. The Fisher College of Business proposes to add a tagged professional degree on Master of Supply Chain Management (MSCM). We believe the demand for supply chain education is growing and we already have a very strong reputation in supply chain through our MBA and undergraduate programs which include two highly regarded specialty areas with connections to supply chain.¹ Adding a specialized masters is overdue. This program will serve two growing markets. One, individuals who have 2-5 years of work experience in the supply chain field but seek more formal education to advance more quickly or to assume positions at higher levels within their own or other organizations. Two, individuals who have professional experience in other fields but are looking to change career paths and move into the field of supply chain.

With the help of Office of Distance Education and E-Learning (ODEE) and Education Advisory Board (EAB), we have designed an on-line master's program that we are confident will take advantage of our strengths and be successful in the market. The following summarizes a few key characteristics of the program:

- It has been designed and will be managed by two highly ranked specialty departments within the Fisher College, the Marketing & Logistics Department and the Operations & Business Analytics Department. This cross-functional perspective is in-line with emerging approaches towards managing supply chains.
- Courses will be 100% online with approximately 50% delivered synchronously and 50% delivered asynchronously. We believe this will be a desirable design for working professional students.
- The program is 33 credit hours; 30 credit hours will be courses: 25.5 required courses, 4.5 elective courses. We will have three special on-campus sessions focused on networking and experiential learning, making up the remaining 3 credits.
- We anticipate most students will be working professionals who will take 2 years to complete the program while continuing to work full-time, however students will also have a path to complete the program in just 15 months.
- The curriculum includes a capstone project that will have students working on real-life business problems, either with their current employer or with an assigned company. This capstone project is viewed as a value differentiator for candidates seeking company financial support for the program.
- The program includes 3 opportunities for students to come to campus. These are intended to provide a more personal experience and enhance their education with workshops, industry tours and networking. Each of these opportunities will be worth 1-credit hour of

¹ The 2022 U.S. News Graduate Business School specialty rankings has logistics/supply chain as #4 and production/operations as #9.

learning. Students will be informed about these experiences during recruiting so that they can plan well in advance for these trips.

- An important goal is to give students an educational experience that although online, feels intimate and personalized. This is consistent with Fisher College’s mission statement and allows us to take advantage of our strong global reputation in both specialty areas. We will accomplish this goal through the capstone, the campus visits and keeping the class size to less than 50 students per cohort. If the demand is higher than that, we will run the program with multiple cohorts each year.

The Curriculum. As already noted, the MSCM will consist of 33 credit hours, of which 25.5 are required, 4.5 are elective, and 3.0 are given for participating in the 3 on-campus sessions. The curriculum is as follows as shown in Table 1:

Coursework			
Supply Chain Overview (4.5 CH)	Supply Chain Components (9 CH)	Supply Chain Depth (9 CH)	Supply Chain Experience (3 CH)
<ul style="list-style-type: none">• Introduction to SC (3)• Contemporary SC Issues (1.5)	<ul style="list-style-type: none">• Operations Management (3)• Logistics Management (3)• Sourcing (3)	<ul style="list-style-type: none">• SC Analytics (3)• SC Sustainability & Resilience (1.5)• SC Technology (1.5)• Consumer-centric SCM (3)	<ul style="list-style-type: none">• Capstone Project (3)
+ 4.5 credit hours of electives (primarily from the On-line MBA curriculum)			

On-campus Experiences, 2-3 days each (1 CH each)		
Program Kickoff	Mid-Program	Final
<ul style="list-style-type: none">• Mini-course: Finance/Accounting• Tours / Speakers• Introduction of Capstone	<ul style="list-style-type: none">• Mini-course: Relationship Management and Negotiations• Tours / Speakers• Capstone Discussion	<ul style="list-style-type: none">• Mini-course: Leadership• Tours / Speakers• Capstone presentations• GRADUATION

Table 1: Curriculum for the MSCM Program

At the launch of the program, students will begin their coursework in the summer, and we will provide two program completion timelines. Students can complete the program in 24 months (taking 3-6 credit hours each semester) or in 15 months (taking 4.5-9 credit hours each semester). Both program plans are provided in the Appendix. If there is demand for it and the program is profitable enough, we can also offer an 18-month timeline, which would just require offering

another section of a couple courses. Based on EAB input, we would also like to offer an option to start the program in January, as they believe this flexibility will be important in the market. We will continue to assess ways to make this feasible.

Elective Courses. Based on their research and experience, the EAB team advised us to include some room for elective courses in the curriculum. Based on this advice, we have included 4.5 credit hours for electives. This allows students to take either three 1.5 credit hour courses or a 3.0 and a 1.5 hour course. As the program grows, we would like to add some more advanced supply chain-focused courses, but even before that, there will be plenty of electives for our students to choose because we can take advantage of our on-line working professional MBA curriculum. Students can choose to take MBA core courses such as finance, economics, marketing, leadership, and organizational behavior. In addition, the college plans to offer multiple MBA electives in an online format – some of which will have prerequisites that our students will not meet, but many of which will be available and appropriate for the MSCM students to consider as part of their program. In addition, MSCM students will be able to apply for program approval to take relevant elective coursework from outside the Fisher College. In short, the Fisher College will offer a diverse selection of electives from which MSCM students will be able to complete their required 4.5 hours of elective work.

On-campus Experiences. The program includes 3 opportunities for students to come to campus to provide a more personal experience and enhance their education with workshops, industry tours and networking. Each of these sessions will be 2-3 days, utilizing weekends such that the 3 together require students to be away no more than 5 weekdays during entirety of the program (which they will presumably have to take as vacation days from work), and students will receive 1 credit hour for attending each session (3 total). Each of these on-campus experiences are offered once a year and are scheduled to take place at fixed times. For instance, the Program Kickoff experience occurs in the first weekend of Summer semester at the beginning of the program (Thursday-Saturday), the Mid-Program Experience will take place in the first weekend in Spring semester (Thursday-Saturday) and the Final experience will take place towards the end of the summer semester of the following year (Thursday-Saturday). They are scheduled to take place at fixed times and students can attend these experiences and graduate in either 15-month or 24 month tracks.

Feedback from EAB indicated that having these on-campus experiences (three-times in our program) would be a differentiator for our offering. These experiences will enable us to give students an experience that although online, feels intimate and personalized, in spite of the fact that most of the program will be online. This is consistent with Fisher College's mission statement and allows us to take advantage of the Columbus region as a critical link in industrial and consumer supply chains.² These on-campus experiences will include learning workshops focused on topics such as accounting/finance for supply chain, leadership, negotiation, and relationship management. In addition, executive speakers, company tours and networking events will be offered. These experiences will also provide an opportunity for the students to interact with each

² <https://columbusregion.com/industries/logistics/>

other and the faculty in-person. We will make sure that the students enrolling in the MSCM program are aware of these requirements to take part in these three learning sessions so that they can self-select to enroll in our program and minimize any scheduling conflicts. For students who are unavailable due to unforeseen circumstances (e.g. health or travel issues), we will plan on delivering the learning content (e.g. workshops on topics such as accounting, finance and negotiations) asynchronously. Assessments of each of these experiences will involve a reflection essay on the learning content. Appendix A3 includes a brief template of the syllabi with learning objectives for these experience that clarifies how students will earn their course credits)

Rationale for Distance Delivery of the MSCM. Designing the MSCM for distance delivery is in keeping with the Fisher College's strategic goal of enhancing its presence in the online graduate business space. An online MSCM program will appeal to three groups of student prospects:

- Columbus-based rising professionals who would like to pursue a graduate-level supply chain program but do not have the flexibility in their work and/or personal schedules to commit to an in-person program.
- Ohio rising professionals located outside of the Columbus metro area. In 2015, the Fisher College launched the "weekend WPMBA option," which involved bussing students to Columbus from Cleveland, Cincinnati, and Dayton on Saturdays (and on Sundays during home football weekends). The program has been successful, bringing to Columbus approximately 50 students per term. The popularity of this program provides indication that the online format will give potential students an attractive alternative to access our highly ranked program without the barrier of commuting each week to campus.
- Rising professionals located outside of Ohio. While there are many other options for individuals who are interested in pursuing a supply chain graduate degree at distance, we believe OSU's overall reputation, and our specific reputation in supply chain education, will be a draw to students throughout the country. With half of the content being asynchronous, it is also more feasible for students in other time zones to complete the program than some of the competition.

Specifics Pertaining to the Mode of Delivery: Distance programs can involve asynchronous instruction, synchronous instruction, or a combination of both. It is anticipated that the delivery mode for the MSCM classes will be an even split between synchronous and asynchronous instruction. Most classes will meet 'live' for 1.5-2 hours each week, and other material will be pre-recorded and students can listen to it on their own schedule. We believe this creates the best balance between providing flexibility to the students, many of whom will be working full-time while enrolled in the program, and still providing opportunities to network with and collaborate with other students and faculty in real-time. It is conceivable that this mix will change (in the direction of a higher percentage of the program being delivered asynchronously) as the MSCM faculty spend more time working with ODEE and with Fisher's own information technology team. For now, however, a 50/50 approach is in keeping with the goals for the program and the preferences of its faculty. Recognizing that this will affect the attractiveness of the program to some working professionals (e.g., those whose work schedules would make an asynchronous form of delivery more attractive, and those who reside outside the Eastern Standard Time Zone), Fisher's marketing efforts will be adapted accordingly.

The MSCM program is 100% online. We will work closely with the ODEE to develop the asynchronous learning content for our program. This will take multiple forms such as short video lectures, recorded case discussions, podcasts and interviews to offer rich diversity in learning styles. The faculty will also use delivery room spaces at the Gerlach Hall and Mason Hall when doing their synchronous learning. Specifically, there are delivery rooms in Mason Hall (140A – 140F) as well in Gerlach Hall (GE 203, GE 271, GE 208) that will be used by the MSCM faculty. The Graduate Programs Office (GPO) will work closely with the MSCM faculty to schedule these delivery room spaces to avoid any conflicts with other online programs such as Online WP MBA.

Our Place in The Market. While there are several competing programs already in the market, we believe we can compete favorably based on Fisher’s existing reputation in supply chain education and the specific features of our program design. We think the most compelling features will be:

- The opportunity to get a degree from a highly regarded university that already has top-ranked undergraduate and MBA programs in supply chain.
- The relatively small class-sizes, creating a feeling of intimacy and cohesion among and between students and faculty.
- The opportunity to learn directly from some of the leading faculty in the world in supply chain management, who are producing research³ that will not reach textbooks for years.
- The opportunity to complete a supply chain related project for a company.
- The flexibility created by having half of each class delivered asynchronously.
- The opportunities to come to Columbus to network, interact in person, and experience supply chain operations in action through tours of local facilities.

The market research provided by EAB provides data on our primary competition, both inside Ohio and across the country. The appendix includes a full comprehensive report regarding the market statistics for supply chain programs.

MS Supply Chain Program	Total Program Cost	Credit Hours	Cost/Credit	Estimated Enrollment
U. of Southern California	\$63,000	30	\$2100	NA
U. of Maryland – College Park **Some in-person courses	\$60,450 nonres \$47,460 res	30	\$2015 nonres \$1582 res	~40
Michigan State U.	\$55,800	31	\$1800	~70
Arizona State U.	\$18,000	30	\$600	NA
U. of Minnesota **some in-person courses	\$47,904	32	\$1497	NA
U. of Tennessee	\$38,250	30	\$1275	6
U. Wisconsin ** Full time in-person	\$42,703 nonres \$21,116 res	30	\$1423 nonres \$706 res	0
Ohio State University	\$41,000	33	\$1242	25 first year, 30 steady state

Table 2: Supply Chain Programs from Other Universities

³ Ohio State ranks #6 on the SCM journal lists ranking including all journal types (2010-2020), behind MIT, Columbia, Stanford, Michigan, and UT Dallas; and #2 (2016-2020) in empirically-focused journals (behind Michigan State); both time ranges are the default time ranges for the respective searches.

In addition, we added the following data from 5 additional fully on-line programs in the Big Ten as shown in Table 3.

MS Supply Chain Program	Total Cost	#months
University of Illinois	\$10,872	12
Rutgers U.	\$37,920	12
Indiana U.	\$41,000	15
Purdue U.	\$32,064	18
Penn State U.	\$33,630	24

Table 3: Online Supply Chain Program

These data indicate a varied field of schools offering online Master’s in Supply Chain programs. We did not include in the comparison in-person programs from Northwestern, Michigan, U. Washington, U. Tennessee (tri-continent), or Syracuse; these programs ranged 9-15 months and cost from \$46.5K-(U. Washington) - to \$63.6K (U. Tennessee). Considering the online only offerings, the tuition range is quite wide. At the low end is U. Illinois at \$10.9K, but it has an online-only strategy for its entire MBA, and is not particularly strong in supply chain. Arizona State is well-known for supply chain education and is only charging \$18K; the program appears to be entirely asynchronous and does not provide access to world-class faculty as we do, nor do they appear to provide student networking (through synchronous classes or on-campus time). We need to be sure to differentiate our program from these two cheaper offerings, particularly Arizona State which does have a strong reputation in supply chain. We believe our program features and delivery mode will do this.

Regional Market Data

Finally, we also looked at some of the alternative programs to MSCM offered by other Universities within the state of Ohio belonging to Chancellor’s Council on Graduate Studies (CCGS). Table 4 gives the details of these programs. As seen from Table 4, while some of the neighboring institutions offer alternative programs, they have varied concentration (e.g. Bowling Green in Logistics System Engineering) or offered in a different modality (e.g. Case Western Reserve – In-Person Program). Other programs such as the University of Akron’s program involves a generic master’s program with supply chain concentration. While these are very good programs, the proposed MSCM program is different in the modality offerings (e.g. Online) and the focus (combining the expertise of production/operations with supply chain/logistics). The proposed MSCM program will also draw on the strengths of other initiatives such as the Center of operational excellence and Risks Institute to develop curriculum that involves lean supply chains and Supply Chain Resiliency and Risk Management which would offer other learning benefits to the participating students.

Institution	Specialized Masters Program in SCM or Related Fields	Name of the Degree Conferred	Type of Instructional Offering (Online/In-person)
University of Akron	Yes	MS in Management – SCM concentration	In-Person
Bowling Green	Yes	MS in Logistics System Engineering	Online
Case Western Reserve	Yes	Master of Supply Chain Management	In-Person
Central State University	NA ⁴		
University of Cincinnati	NA		
Cleveland State University	No		
University of Dayton	NA		
Kent State University	No		
Miami University	NA		
Northeast Ohio Medical University	NA		
Ohio University	Yes	MS in Management (Operations & SCM)	Online
Shawnee State University	NA		
University of Toledo	No		
Wright State University	Yes	MS in Logistics and SCM	Hybrid

Table 4: Related Offerings in the state of Ohio

Figures 1 and 2 below shows the local job postings (within Columbus region) and regional (within Midwest) for positions requiring Master’s level education in Supply chain degrees. It is notable that this data ends in 2019 before the COVID-19 pandemic. The rising demand in jobs for supply chain professionals⁵ during the COVID-19 pandemic reinforces the need to offer the MSCM education from the Ohio State University.

⁴ NA – Information not available through Public Search

⁵ <https://www.bloomberg.com/news/articles/2021-09-03/business-school-mba-students-forgo-finance-for-supply-chain-management-degree>

Figure 1: Local Job Postings for Positions Requiring Master’s Supply Chain Degrees (Source:EAB Report)



Figure 2: Regional Job Postings for Positions Requiring Master’s Supply Chain Degrees (Source: EAB Report)



Program Administration. Administrative oversight will run through two dean-appointed Academic Directors, to the Fisher College’s Associate Dean for Graduate Programs and Executive Education, and on to the Dean of the Fisher College. As this is a program that crosses two departments, we feel it is important we maintain two academic directors, one from each department. The Academic Directors will also work closely with:

- the Fisher College's Graduate Program Office (GPO) on matters related to recruiting, admissions, advising, and correspondence with current students and alumni.
- the Ohio State Office of Distance Education and E-learning (ODEE) which works with faculty on distance course design and assessment, and provides marketing and state authorization services.
- the Fisher College's Office of Information Technology Services, which also plays a critical role in adapting the program content to a distance format.
- the department chairs of the Marketing & Logistics and Operations & Business Analytics departments who have ultimate responsibility for staffing the program's courses.
- the Fisher College's Office of Career Management (OCM), Office of Global Business, Office of Diversity & Inclusion Student Services and Corporate and Community Outreach, and Assurance of Learning Coordinator.

Plans to Enroll Students and Prospective Enrollment:

We plan to start the program in summer 2023, with classes starting in June. We will promote the program as soon as it is approved, working with ODEE, Fisher marketing, the GPO, our own network (online social and otherwise) and through other outreach entities such as the centers of excellence (e.g. Center of Operational Excellence, Risk Institute). We recognize that these master's programs often do take a personalized effort to recruit students, and the academic co-directors will consider this part of their role.

As previously mentioned, our current course schedule only allows students to begin the program in June. However, per EAB's recommendation, we will try to figure out before launch, and at a minimum by the second year (AY 24-25) how to admit students one additional time (January), or possibly even two additional times (adding August).

With respect to prospective enrollment, we expect that there should be good demand for our program due to our reputation, opportunities for students to network with each other and our faculty, and the ability to complete the degree online. We believe that, with appropriate marketing effort, there should be sufficient interest to yield a first cohort of at least 30 high-quality students. The MSCM program prioritizes recruiting, retaining, and training underrepresented groups to serve as future supply chain leaders. The Office of Distance Education and E-Learning (ODEE) will work closely with the graduate programs office (GPO) to promote the program to a variety of professional organizations within and outside the state of Ohio. Specifically, ODEE and the GPO will work closely with groups such as the Columbus chapter or the Council of Supply Chain Management Professional (CSCMP) and Ohio Minority Supplier Development Council (OMSDC) to encourage diversity of applicants. We will include information about our program in their newsletters and emails. We will also ask these organizations to share contact information on the representatives from their member companies. We will then contact these individual members and will conduct custom webinars as well as information sessions discussing how our program offers unique learning opportunity on supply chain function for women, veterans, and underrepresented minorities from their organizations. We will also work closely with the centers

atFisher College of Business including the Center of Operational Excellence (COE) that includes members such as Cardinal Health, DHL Supply Chain, Honda, Parker Hannifin to actively recruit students for the program. It is also important to note that some of our faculty teaching in the program (Professor James Hill, Professor Terry Esper, and Professor Steve DeNunzio) are already heavily involved in working with these organizations.

Financials

The estimated financials, shown in the appendix, provide projected contribution margins, assuming that weachieve enrollment of 25 in our first year and then maintain a cohort size of 30. This is a conservative estimate, as we believe we can recruit more than 30 students if we invest in marketing the program and develop the high-quality program we envision. If demand exceeds 50, we would run multiple sections of the courses so as to keep a personal and intimate feel to the classroom experience.

Budget Model: Revenue estimates have been prepared that reflect the enrollment goal of 30 for four years. Please see the budget model prepared with other explanations in Appendix A4 of the proposal.

Assessment Plan: The key competencies for the MSCM will be:

- Competency 1: Design integrated supply chain processes with internal and external partners to improve performance and co-create value.
- Competency 2: Apply knowledge and skills to design a supply chain strategy aligned with an organization’s business objectives.
- Competency 3: Have an analytical tool set necessary to justify decisions under risk and ambiguity.
- Competency 4: Develop the leadership and managerial skills to effectively implement any needed changes across multiple separate organizations.

The Fisher College of Business will continuously assess student learning in the MSSC courses and program overall. Curriculum mapping ensures that competencies are reflected in a program’s curriculum so that each goal is taught and assessed. The curriculum map shows the relationships between the program’s courses and learning. The Fisher College assesses, and compares year-to-year, the proportion of students that meet and exceed expectations on these competencies.

- 1 = Beginning
- 2 = Intermediate
- 3 = Advanced

Course Name	Competency #1	Competency #2	Competency #3	Competency #4
Introduction to Supply Chain	1	1	1	1
Contemporary Supply Chain Issues	2	2	1	1

Operations Management	2	2	2	2
Logistics Management	2	2	2	2
Sourcing	2	2	2	2
Supply Chain Analytics	2	2	3	2
Supply Chain Sustainability and Resilience	3	2	2	3

Supply Chain Technology	3	2	3	2
Consumer-Centric Supply Chain Management	3	3	2	2
On-campus Program Kickoff Experience	1	1	2	2
On-campus Mid-Program Experience	2	2	1	2
On-campus Program Final Experience	3	3	1	3
Capstone Project	3	3	3	3

Table 5: Competencies Gained in MSCM Program

Students enrolled in the MSCM courses will have several assessments in the form of individual exams, case analyses, problem sets and reflection papers that are derived from the four competencies. We will require students to earn a minimum GPA of 3.0 demonstrate successful assimilation of these competencies. In addition, the supply chain capstone project (Non-Thesis) will be used as an assessment for the completion of the degree in addition to the standard graduate degree requirements (min GPA of 3.0 over the course of the program). These capstone projects will be student-led but faculty-guided and will give students an opportunity to provide a valuable contribution to their organization while practicing the application of the concepts and learnings they have obtained during the program.

In addition to the Assurance of Learning data, the Fisher College conducts indirect assessments of its' programs' effectiveness. This includes systematically tracking the raw count, quality (i.e., GMAT/GRE, GPA), and diversity (% women and under-represented minority) of its applicant, admissions, and matriculation pools. It also includes ongoing assessment of student satisfaction with coursework (i.e., SEI's) and with their program overall (i.e. the pre-graduation survey).

It will be critical that program quality and student satisfaction remains strong. To ensure this, the college will closely monitor

- Enrollment in class sections so that additional sections can be added when class sizes exceed targets
- Retention rates and time to completion (which we are aware can be a problem in on-line Masters programs), and
- Employment status after graduation.

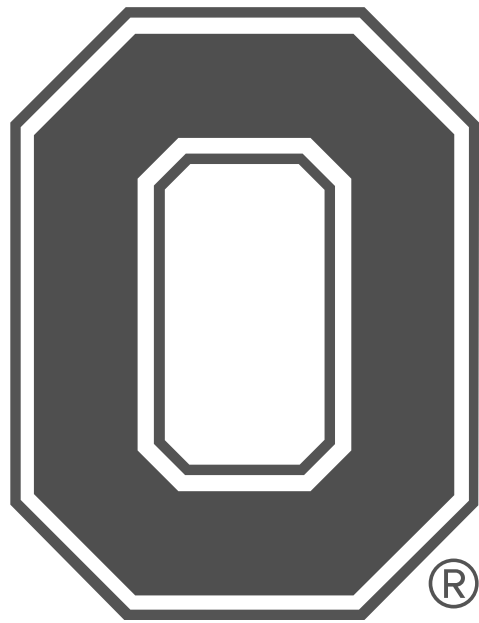
Timeline for Core Course Development:

There are seven new courses that will be developed by our existing faculty for the MSCM program. Other courses are adapted from existing MBA courses or the courses that were used in the Master of Business in Logistics Engineering (MBLE) program. The MBLE program was terminated in Fall 2020 in response to the market changes and the faculty who taught in this program will be teaching in our MSCM program. Appendix contains the faculty matrix that outlines the faculty responsible for the teaching in our MSCM program. Appendix also contains details on the individual course descriptions for the MSCM program. All courses will be fully developed in partnership with ODEE and resources with the Fisher college of Business.

Course Name	New or Existing	Developed	Delivered
Introduction to Supply Chain	New	Spring 2023	Summer 2023
Contemporary Supply Chain Issues	New	Spring 2023	Summer 2023
Operations Management	Existing	Spring 2023	Autumn 2023
Logistics Management	Existing	Spring 2023	Autumn 2023
Supply Chain Analytics	Existing	Spring 2023	Autumn 2023
Strategic Global Sourcing	Existing	Autumn 2023	Spring 2024
Supply Chain Sustainability and Resilience	Existing	Autumn 2023	Spring 2024
Supply Chain Technology	Existing	Autumn 2023	Spring 2024
Capstone Project	New	Autumn 2023	Spring 2024
Consumer-Centric Supply Chain Management	New	Spring 2024	Summer 2024
Kickoff On-campus Experiences	New	Spring 2023	1 st one Summer 2023
Mid-Term On-campus Experiences	New	Spring 2023	Spring 2024
End-of-Term On-campus Experiences	New	Autumn 2023	Autumn 2024

Table 6: MSCM Courses and Timeline

APPENDIX LXXXIII



Proposal
Establishment of The Ohio State University
Medical Center Department of Dermatology

Included: Documentation enumerated in The Ohio State University Bylaws and Rules 3335-3-37 (Alteration of Units), in accordance with definitions laid out in 3335-3-34 (Schools, departments, divisions, and sections; defined and located)

1. Rationale for the Alteration of Dermatology from Division to Department at The Ohio State University

Dermatology at The Ohio State University has undergone a remarkable transformation in the past 15 years. The Division has met and exceeded its mission of providing excellent and comprehensive patient care, training future physicians, moving the field forward with research endeavors, and serving both the community and the OSU Medical Center. This document will:

1. Outline the rationale for the request to alter OSU Dermatology to department status.
2. Present the composition of the Division of Dermatology, focusing on advances made over the past ten years and presenting data-driven performance measures.
3. Provide additional documentation enumerated in The Ohio State University Bylaws and Rules 3335-3-37 (Alteration of Units), in accordance with definitions laid out in 3335-3-34 (Schools, departments, divisions, and sections; defined and located)

The case for establishing a Department of Dermatology is based upon unique and well-performing clinical activities, educational programs, research programs, and service endeavors. These activities are distinct from the Department of Internal Medicine. The change will reflect the strength of the medical center's ability to support an infrastructure that is comprehensive across all aspects of medicine and surgery and is competitive with the top echelon of medical schools. It will also bring The Ohio State University into alignment with other BIG-10 Schools, in which dermatology is a unique Department (refer to [Appendix A](#)).

Focused Reasons for Establishment of the Department of Dermatology

1. The discipline of Dermatology is distinct from Internal Medicine, encompassing a unique body of knowledge.
2. Departmental status is an important criterion for the recruitment of nationally recognized clinicians.
3. Departmental status is an important criterion for the recruitment of nationally recognized researchers.
4. Dermatology has a distinct residency program from Internal Medicine, which leads to board certification in Dermatology.
5. Dermatology complements many different specialties that are separate from Internal Medicine and are important in the core education of our residents and delivery of clinical and surgical services. These specialties include pediatrics,

pathology, plastic surgery, otolaryngology, and other components of cosmetic and aesthetic surgery.

6. Dermatology residency is highly competitive. Matching the most outstanding future candidates from top tier medical schools will be accelerated with department status. Top candidates will increase the reputation of both Dermatology and the OSU Medical Center.
7. Dermatology is a unique specialty, with close associations with multiple other specialties. These include: Internal Medicine, Pediatrics, Neurology, Plastic Surgery, Otolaryngology, and Pathology. Many of the contemporary areas of focus of dermatology are fundamentally different from the practice of Internal Medicine. This includes advances in dermatologic surgery for benign and malignant skin lesions; cutaneous reconstructive surgery; laser-based technologies, chemical peels, and other aesthetic services, including injections of botulinum toxins and filler agents; advances in phototherapy; and patch testing. The financing, support, and productivity of these procedures is distinct from Internal Medicine and requires an organizational structure that is tailored to, and adept at, supporting these distinct services.

Consistency with University Guidelines for conversion to Departmental Status

- 1. The discipline should represent an identifiable body of knowledge and academic concern that is not duplicated in other departments of the Institution.**

The components of this document clearly distinguish the unique nature of the discipline of Dermatology and demonstrate its recognition as an identifiable body of knowledge and academic concern. There is no other department at Ohio State that constitutes the well-defined and academic focus on disorders of skin, hair, nails, and mucous membranes. Dermatology is recognized by national organizations, a distinct ACGME certified residency program, dedicated journals, dedicated CME structure, and a unique certification of the American Board of Dermatology. All Big 10 institutions, except The Ohio State University, have departments of dermatology; illustrating the broad acceptance of dermatology as a unique specialty.

- 2. Potential academic programs at both graduate and undergraduate levels.**

The Division of Dermatology maintains academic programs within the medical school curriculum as well as an ACGME recognized dermatology residency program. Dermatology is taught as a unique discipline in the Med II medical school curriculum, as well as clinical rotations for third and fourth-year medical students. The dermatology residency program is a distinct, free-standing, three-year residency after graduation from medical school. Additionally, there is a Micrographic Surgery and Dermatologic Oncology Fellowship and a Clinical Research Fellowship.

- 3. A source of faculty members prepared to offer academic work in the academic area concerned.**

At the time of the preparation of this document, OSU Dermatology has nineteen full-time faculty members who are board certified in Dermatology. In addition, there are four full-time Pediatric Dermatologists at Nationwide Children's Hospital, funded by the Department of Pediatrics. As described in detail below, there is broad involvement in academic work in dermatology, including clinical trials, investigator-initiated trials and funded research.

- 4. An area of academic concern which offers research and/or public service opportunities in addition to formal classroom teaching and has the potential for developing national or international recognition as an academic discipline.**

As designated in future sections of this document, OSU Dermatology has conducted clinical activities, scholarship, and research, which has achieved national recognition. The OSU Dermatology faculty members have held important leadership positions in the American Academy of Dermatology, the Association of Professors of

Dermatology, the American College of Mohs Surgery, The Ohio Dermatological Association, and the American Contact Dermatitis Society. Faculty members have produced extensive publications in highly respected peer-reviewed national and international journals. The OSU Dermatology faculty and residents consider public service to be the core of our mission. As a group, we actively participate in local free clinics for indigent care, as well as international health care outreach initiatives.

5. An area of academic concern which either has or is in the process of developing a student clientele either for the purpose of major programs or as an important “service” discipline to other major programs.

This document demonstrates the active educational programs for OSU medical students; multiple ACGME certified programs, including a residency program in Dermatology, a fellowship in Micrographic Surgery and Dermatologic Oncology, a fellowship in Pediatric Dermatology, and participation in dermatologic training in the Dermatopathology fellowship; multiple research fellowship positions; and training of residents from other medical specialties. OSU Dermatology is also an important service discipline to multiple other major programs. Dermatology faculty actively participate in the dermatologic education for multiple specialties. Also, dermatology is a critical participant in the multidisciplinary management of many conditions, including numerous malignancies, wound healing, psoriasis, pediatric and adult medical disorders, and dermatopathology.

6. The ability to assume primary fiscal responsibility.

The Division of Dermatology has established a very sound financial base to transition to a Department. Over the last ten years, the Division of Dermatology revenue has increased from \$4.3 million to just under \$11 million. Faculty productivity increases every year; this is illustrated with increasing wRVU performance, hitting a high of approximately 20,000 wRVUs over set benchmarks in 2019. Additionally, there has been considerable internally funded procurement of numerous therapeutic devices and expansion of clinical space that has quintupled over the last 10 years, to over 23,693ft².

Consequently, Dermatology is in a strong position to assume primary fiscal responsibility.

1.1 History of Dermatology as a Specialty in the US

Dermatology is an independent academic discipline that deals with the structure, function, physiology and diseases of the skin, hair, and nails. A dermatologist is a physician trained in the science of the skin and the medical management of skin diseases involving children and adults, as well as the surgical management of benign and malignant neoplasms. Dermatologic training encompasses medical dermatology, pediatric dermatology, cutaneous surgery, laser technology, dermatopathology, immunodermatology, cutaneous infections, treatment of skin disorders with light therapy, and surgical and medical cosmetic therapies.

Dermatology has existed as a distinct medical discipline since the 1700's. Dermatology derives from the Greek genitive (derma) "skin" and (ology) "the study of". In 1801, the first prominent school of dermatology was established at the Hospital Saint-Louis in Paris. During this period, the first textbooks on dermatology were published (Willan's, Alibert's).

The first academic Department of Dermatology in the United States was established by the University of Pennsylvania in 1874 and in 1875 Dr. Louis Duhring was named the first Chief of Dermatology. In 1932, the American Board of Dermatology was founded and was one of the original four sponsoring organizations of the American Board of Medical Specialties, along with Ophthalmology, Otolaryngology, and Obstetrics and Gynecology. The American Academy of Dermatology was established in 1938.

1.2 History of the formation of the OSU Division of Dermatology

Dermatology education is a distinct discipline that formally began in Columbus, Ohio in 1879 at Starling Medical College (a predecessor to The Ohio State University College of Medicine) under the guidance of Dr. Howard Fox, who later became a prominent New York dermatologist. Over the next sixty years, dermatology was taught by part-time, prominent local dermatologists. Dr. Burton Barney from the University of Michigan became Director of OSU Division of Dermatology in 1940. Dr. Barney supervised both dermatology and syphilology, which were combined in one division. Dr. Eldred Heisel became division director in 1947 at Ohio State after practicing in New York with world respected dermatologist Dr. George Andrews. In 1960, Dr. Heisel became the first fulltime professor of dermatology at Ohio State. The dermatology residency program began July 1, 1963 with one resident and the appointment of Dr. Richard Carr as the second faculty member. In 1966, Dr. Carr became the director of dermatology at OSU and was eventually named Professor Emeritus in 1985. Dr. Edmund Lowney became professor and director of dermatology at Ohio State in 1969.

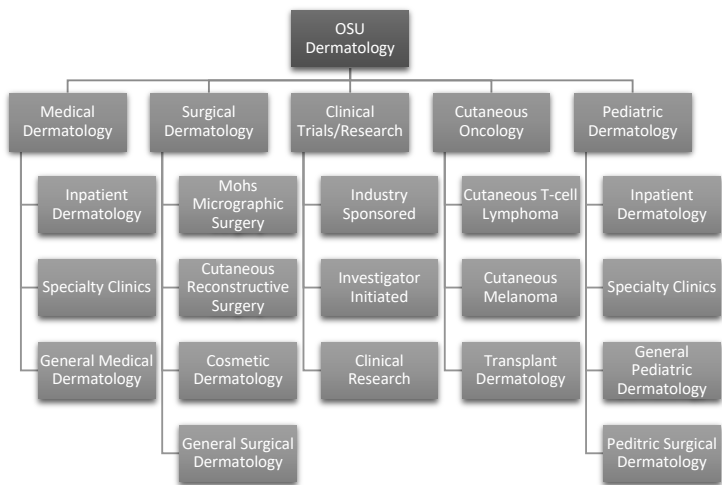
Dr. Lowney trained at the University of Pennsylvania and previously was on the faculty of the Medical College of Virginia and the University of Michigan. During Dr. Lowney's tenure, the residency program was expanded to include five residents. Dr. Lowney retired in 1985 as Professor Emeritus. Two of Dr. Lowney's dermatology residents pursued academic interests. Dr. Frank Flowers became director of dermatology at the University of Florida and Dr. Paul Krusinski became director of dermatology at the University of Vermont.

In 1984, Dr. Charles Camisa became Director of Dermatology at OSU after previously training at the New York University. Dr. Jonathan Wilkins became director of dermatology in 1988 and obtained international recognition as an expert in acne rosacea and flushing. Dr. Wilkins left OSU to become a high-ranking administrator in the US Federal Drug Administration. Dr. Arthur Pelligrini (7/1/97 – 12/31/2000) and Dr. Arthur Bertolino (8/20/2001 – 10/31/2002) served as Directors of the Division of Dermatology at Ohio State. This relative instability of the division of dermatology was largely due to the fact that by the mid-1990's, almost all major academic medical centers had independent departments of dermatology, making it extremely difficult for Ohio State Dermatology to successfully compete for top-tier faculty as a division.

Dr. Mark Bechtel became Director of the Division of Dermatology in 2005 and significantly expanded the dermatology faculty, supported growth in dermatologic research, and assisted in recruiting pediatric dermatologists to Nationwide Children's Hospital. Scholarship, in particular, has flourished under Dr. Bechtel, with the number and quality of peer reviewed publications increasing over 10-fold, extensive national and some international presentations by faculty and residents, and many national poster presentations. The current strength of the Division of Dermatology is best illustrated through the extensive review of the activities and performance measures detailed in the following 2 sections of this document.

1.3 Clinical Activities in the OSU Division of Dermatology

The scope of the discipline of dermatology at an academic medical center is extensive, unique, and does not overlap with other medical disciplines. Academic dermatologists at Ohio State collaborate extensively with other physicians in cutaneous oncology, bench research, cutaneous surgery, and management of pediatric and adult medical disorders. Following is an overview of the structure of activities at OSU Dermatology. Following the hierarchical graphic, each area is discussed in further detail.



1.3.1 Medical Dermatology

Medical dermatology forms the backbone of the practice of dermatology. The breadth of clinics offered make OSU Dermatology the most comprehensive dermatology center in central Ohio. Our practice offers all standard medical dermatology services. In addition, OSU Dermatology has become the primary referral center for complex patients due to the availability of specialty and high-risk clinics, staffed by providers who are well-trained in diagnostic dilemmas and complex disease management.

- 1. Inpatient Dermatology
During the past six years, the service has expanding dramatically from over 600 new consults per year to well over 1000 consults per year. Continuity of attending dermatologists on service has been very beneficial to ensuring quality control and enhancing the value of our consults. We have also dramatically increased the number of follow-up visits. Further, we have been able to publish our data to demonstrate a decreased rate of readmissions and hospital length of stay in patients who are admitted or discharged with a primary skin disease when

managed by dermatology consultants (Milani-Nejad, Zhang, Kaffenberger, JAMA Dermatol 2017). Our program has given multiple national and international educational sessions in hospital dermatology. In addition, despite little inpatient resources for research, we have been successful in creating a research mission through this service as well with funding from the Henry Jackson Foundation, Dermatology Foundation, and Patient Safety Advancement Grant Awards.

Number of Attendings: 3 primary (though all attendings cover night call)

Annual Patients: 1,167 unique patients (FY 2019)

Services provided: inpatient consultations, skin biopsies, allergy assessments, pre-operative clearances, excisions

Advances:

We continue to have numerous publications and system-based advances.

Regarding publications, we jointly have >20 publications regarding inpatient dermatologic care for this calendar year alone (Jan-July 2020). System based practices include the expansion and refinement of telemedicine in its application to inpatient consults.

2. Medical Dermatology – Specialty Clinics

The number of specialty clinics has dramatically expanded as the patient population we serve has increased. Specialty clinics have allowed our providers to focus on a clinical and research area of interest. As noted above, these clinics have also dramatically increased community referrals for complex cases.

Number of Specialty Clinics: **12** (Full descriptions of clinics can be found in [Appendix 2](#))

Complex Clinic

Psoriasis Clinic

Contact Dermatology/Patch Testing

Hidradenitis Suppurativa and Atypical Wound Clinic

Graft-versus-Host disease, Drug Rashes, Cancer Therapy Rashes, and

Paraneoplastic syndromes

Oncodermatology

Hair Clinic

Vulvar Dermatology

HIV Dermatology

Transplant/Immunosuppressed Dermatology

Pigmented Lesions Clinic

Urgent Clinic

3. General Medical Dermatology

In addition to the high-level inpatient and specialty clinics offered, OSU Dermatology provides care for the entire spectrum of general dermatology. Our practice sees all ages, from newborns to our sage geriatric patients. We focus on comprehensive dermatologic care, including acne, birthmarks, burns, cutaneous

infections, alopecia, psoriasis, rashes, rosacea, scars, skin cancer, and many more.

Number of Providers: 15

Annual General Dermatology Visits per year: 41,906 (FY2019)

1.3.2 Surgical Dermatology

Dermatology is considered a procedural specialty. Milestones for dermatologic residency training include cutaneous excisional surgery, cutaneous reconstructive surgery, laser and light-based procedures, neurotoxin and filler injection techniques, and nail surgery. Therefore, all of our providers are active in the practice of surgical dermatology, with several providers specializing in advanced techniques, as enumerated below.

1. Mohs Micrographic Surgery (MMS)

MMS is an advanced surgical technique for the removal of cutaneous neoplasms. Fellowship training is required, and beginning in 2021, there will be board certification for the specialty. The technique involves removal of the skin cancer and real-time histopathologic examination of 100% of the excisional margin. These procedures are carried out only on high-risk cutaneous neoplasms, primarily located on the head and neck. OSU Dermatology has become a referral center for high-risk, complex cutaneous neoplasms given our ability for multidisciplinary treatment and our familiarity with the treatment of complex tumors.

Number of Providers: 2

Annual MMS Procedures: ~2,000/year

Number of Histotechnologists: 3

Tumors Treated: Basal cell carcinoma, Cutaneous squamous cell carcinoma, Dermatofibrosarcoma protuberans, Extramammary Paget's disease, Sebaceous carcinoma, Microcystic adnexal carcinoma, Mucinous carcinoma, Atypical fibroxanthoma, Superficial cutaneous leiomyosarcoma, Melanoma in situ

Advances: The providers are in the final stages of validation of a MART-1 stain for used on frozen section pathology. This will enable OSU Dermatology to provide cutting edge MMS treatment for melanoma in situ. Additionally, Dr. Llana Pootrakul has initiated a program of Mohs surgery in formal operating rooms to extend the Mohs procedure to extremely complex cases that cannot be completed in an outpatient or ambulatory surgical center location.

2. Advanced Cutaneous Reconstruction

MMS surgeons are also extensively trained in cutaneous reconstruction. Both of our providers are nationally recognized for their advances in reconstructive surgery, giving numerous state and national talks and leading the national training session for MMS fellows-in-training.

Number of Providers: 2

Annual Advanced Reconstructive Procedures: ~800/year

Reconstructive Techniques: complex linear closures, advancement flaps, transposition flaps, rotational flaps, interpolation (multi-stage) flaps, full-thickness skin grafting, xenografting, and cartilage grafting.

3. Cosmetic Dermatology

Cosmetic dermatology is an area of dermatology that is quickly expanding. Within the past 10 years, OSU Dermatology has greatly expanded our cosmetic offerings. Additionally, one of our providers recently completed a one-year, American Society for Dermatologic Surgery Cosmetic Dermatology Fellowship in New York City. As there are very few ASDS approved cosmetic fellowships, this has allowed us to now provide cutting-edge aesthetic procedures to our patients, unique to OSU Dermatology in central Ohio.

Number of Providers: 5

Cosmetic procedures offered:

- Blepharoplasty
- Liposuction
- Toxin injection: Botox and Xeomin
- Filling agents: Permanent and Hyaluronic acid fillers
- Laser Devices: Pulsed-dye laser, Fractionated CO₂, Intense Pulsed Light, Laser Hair removal, Nd:Yag, q-switched Nd:Yag
- Picosure-tattoo removal
- Peeling Agents: Glycolic acid, Trichloroacetic acid, Salicylic acid, Jessner's
- Sclerotherapy
- Platelet-Rich Plasma injections
- Cosmetic removal of skin lesions
- Collagen Induction Therapy (Microneedling)

Advances: We have continued to increase our cosmetic offerings. One of our faculty, Dr. Desmond Shipp, has completed an ASDS cosmetic surgery fellowship. This is an advanced fellowship that provides in-depth, hands on training in the following 8 areas: wrinkles and fold, rejuvenation, resurfacing, veins, body contouring, lifting, hair treatments, and scar revision.

Specialty Clinic – Laser Surgery Clinic

Susan Massick MD, Alisha Plotner MD, Desmond Shipp MD, Jennifer Sopkovich MD

In our laser clinics we provide specialized treatment for a variety of cosmetic and medical concerns with several lasers, including pulsed dye laser, Alexandrite and Nd:YAG laser, and fractionated CO₂ laser. The pulsed dye laser targets vascular pathology and is often used to address facial redness from rosacea, congenital capillary malformation, small vascular growths, and also to treat warts and certain scars. The Alex and Nd:YAG lasers targets hair and skin pigment for laser hair removal and treatment of skin brown spots, respectively, and can also be used to treat small abnormal veins. The fractionated CO₂ is a resurfacing laser that can improve the signs of aging, acne scarring, and traumatic or surgical scars.

4. General Surgical Dermatology

All dermatology providers at OSU Dermatology are trained procedural dermatologists. Therefore, we are able to provide comprehensive dermatologic care for our patients.

Number of Providers: 19

Procedures Performed: Shave biopsy, punch biopsy, excisional surgery, linear cutaneous repair, electrodesiccation and curettage, cryosurgery, botulinum toxin for hyperhidrosis, salicylic acid peels for field cancerization, intralesional therapy (steroids, methotrexate, 5-fluorouracil, bleomycin)

1.3.3 Pediatric Dermatology

Based at Nationwide Children's Hospital, our team of experts includes board certified pediatric dermatologists who have completed advanced training for skin problems specific to children and adolescents. Services are provided in outpatient pediatric dermatology practices at different locations, as well as consultation for hospitalized patients. Nationwide Children's Hospital is consistently ranked among the best pediatric hospitals in the country by US News and World Report.

Number of Providers: 4 full time board certified pediatric dermatologists, 2 pediatric dermatology nurse practitioners.

Annual Dermatology Patients: ~12,000 visits/year

Services Provided: outpatient and inpatient consultation; surgical procedures in outpatient clinic setting and ambulatory surgery center for procedures under sedation; phototherapy (narrowband UVB and excimer laser); laser surgery; comprehensive pediatric patch testing

Subspecialty clinics: Pediatric Hair Disorders Clinic, Hemangioma and Vascular Anomalies Clinic

1.3.4 Cutaneous Oncology

Dermatology at OSU has become a referral center for cutaneous oncology cases. In addition to the general management of skin cancers, the Division offers the following specialized services for cutaneous oncology: Mohs Micrographic Surgery and Reconstruction, Pigmented Lesion Clinic, Multidisciplinary Cutaneous T-cell Lymphoma Clinic, Dermatologic Oncology Clinic (evaluates patients with dermatologic side effects of oncologic treatments), and Transplant and Immunocompromised Dermatology Clinic (evaluates patients with immunosuppression as the rates of skin cancer are increased in this cohort) (an expanded description of these clinics can be seen in Appendix 2).

1.3.6 Dermatopathology

OSU Dermatology has robust collaborations with dermatopathology. The current OSU dermatopathologists play an integral role in the education of our dermatology residents, giving weekly microscope lectures. Additionally, the clinical dermatology training required of the dermatopathology fellow is completed within the clinics of OSU Dermatology.

1.4 Evaluation of the Performance of the Division of Dermatology

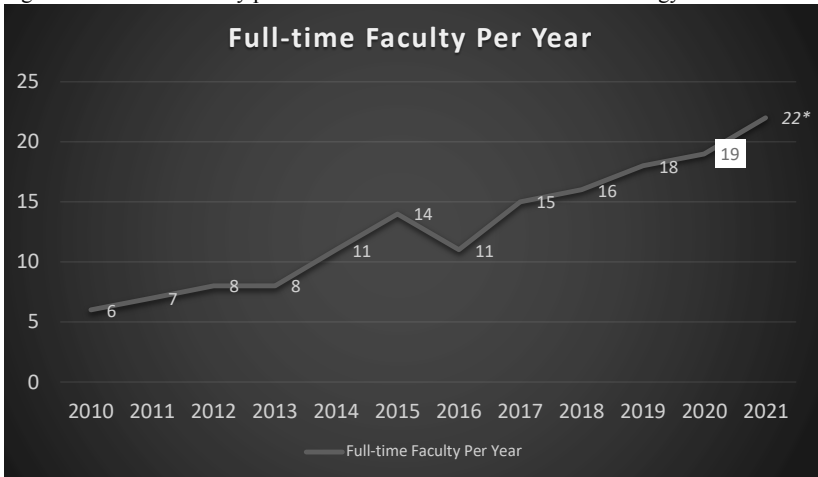
1.4.1 Clinical Performance

The clinical performance of the OSU Division of Dermatology has improved on all capturable metrics over the past 10 years. This consistent improvement in size and efficiency demonstrate the division’s clinical strength and impact.

FACULTY

Dermatology has expanded from six full-time dermatologists in 2010 to nineteen full-time dermatologists in 2020 (Figure 1). The trajectory of the division over those 10 years has been a consistent rise in the number of providers. This consistency illustrates the strength of the division in the marketplace for dermatologists looking for career opportunities. It also demonstrates the positive work environment provided by the division and the opportunities available to our providers (enumerated in section 1.3).

Figure 1: Full-time Faculty per Fiscal Year in the Division of Dermatology

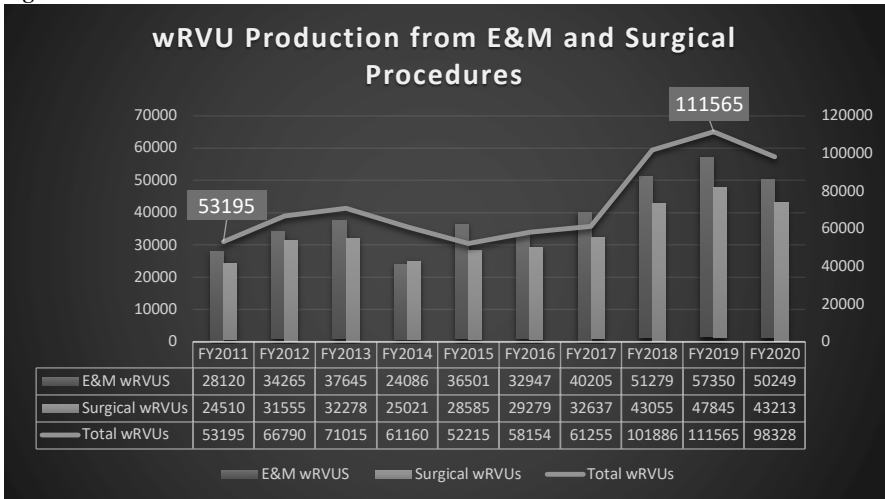


*Anticipated faculty number for 2021.

wRVU PRODUCTIVITY

Mirroring our increase in faculty, dermatology has consistently increased wRVU production. As shown in Figure 2, over the past 10 years there has been a consistent upward trend in wRVU production to a height of 111,565 wRVUs in 2019. This increase in productivity has been a result of expansion of both clinical/inpatient encounters and surgical procedures, captured as E&M and CPT codes respectively. Figure 2 illustrates a balanced growth in both E&M and CPT sectors of our billing portfolio.

Figure 2: wRVU Production

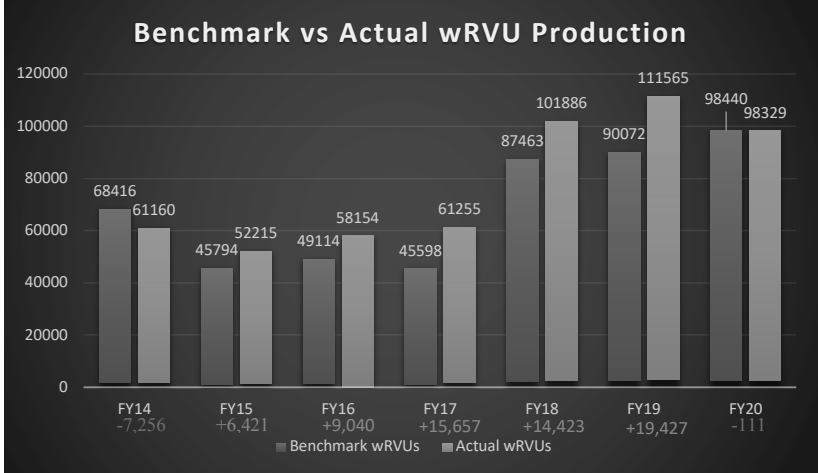


*"Total wRVUs" takes into account additional wRVUs not included in the categories of E&M and Surgery (for example, imputed wRVUs for cosmetic procedures and pathology/medication charges).

**FY2020 includes COVID impact period.

Data on benchmark performance is available from FY 2014 to present. As shown in Figure 3, the division has consistently been increasing our performance over the set benchmark, from a deficit of 7,256 wRVUs in FY 2014 to a surplus of 19,427 wRVUs in FY2019. This demonstrates not only an overall improvement in wRVU production by the division (Figure 3), but also an improvement in provider efficiency. Even with the impact of COVID-19 in FY 2020, the division nearly met the benchmark as productivity deficit was only 111 wRVUs (refer to the Division’s COVID-19 response below for further information).

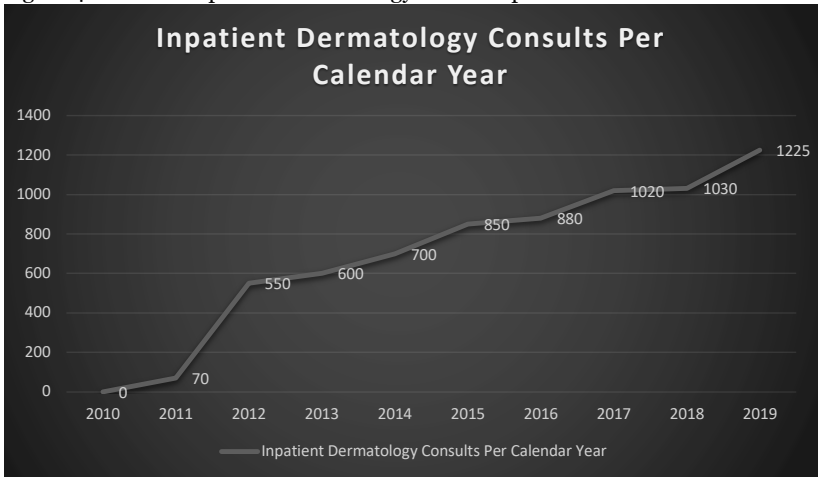
Figure 3: Benchmark vs Actual wRVU Production



*FY2020 includes COVID impact period.

Inpatient dermatology consults provide a more granular illustration of the growth of the Division. During the past six years, the service has expanding dramatically from over 600 new consults per year to well over 1000 consults per year. Continuity of attending dermatologists on service has been very beneficial to ensuring quality control and enhancing the value of our consults.

Figure 4: Discrete Inpatient Dermatology Consults per Year



1.4.2 Educational Performance

Providing high-level education is a core value of OSU Dermatology. The faculty plays an active role in educating medical students, residents, and fellows. The OSU Dermatology Residency is an ACGME approved program with 12 complement positions. There are fellowship positions in Micrographic Surgery and Dermatologic Oncology, Pediatric Dermatology, Dermatopathology, and Clinical Research. With respect to medical students, there are available rotations during their third and fourth years for students from OSU and other medical schools. The faculty provides 5-6 hours of lectures for the Med II curriculum and OSU dermatology faculty are routinely recognized by the OSU medical students for excellence as teachers. Finally, residents from plastic surgery, podiatry, family practice, pediatrics, internal medicine, and dermatopathology fellows rotate with the dermatology service.

Resident Education: Dermatology

Number of Residents: 10

Number of Faculty: 26

Number of Training sites: 3

- Ohio State University Wexner Medical Center, Veterans Affairs Medical Center, Nationwide Children's Hospital

Program Highlights:

1. Resident Education Initiatives

- Didactic Program

The residents have protected time for 4 hours each Wednesday afternoon for didactics sessions which include book review, faculty lectures, guest faculty lectures, dermatopathology sessions, and a surgical lecture series.

- Journal Club Series

Once monthly during didactics, a faculty member reviews with the residents key journal articles from one or more core journals including Journal of the American Academy of Dermatology, JAMA Dermatology, and Dermatologic Surgery. Four times per year, the residents have Pediatric Dermatology Journal Club at NCH.

- Cosmetics Workshops

Quarterly, our faculty who perform cosmetic procedures lead a 4-hour hands-on workshop on administering botulinum toxin, fillers, sclerotherapy, and operating a variety of lasers.

- Grand Rounds

Six times yearly, the residents present an average of 6 challenging patient cases with live patient viewing and invite either internal or external faculty to lecture on key topics in dermatology.

- Faculty Exchange

During COVID, a faculty exchange was established among multiple institutions whereby the Ohio State faculty would lecture virtually

to other residency programs in exchange for lectures to our residents. We hosted 5 faculty exchanges for our residents in 2020.

2. Expanded Resident Experiences

In addition to their core training, the residents have the opportunity to do elective rotations outside the medical center, and they can also set up selective clinics with Facial Plastic Surgery, Wound Clinic, Rheumatology, Scleroderma, and Lymphedema Clinic.

3. Breadth of Training

- Surgical Experience

The residents rotate the following surgery clinics to fulfill their ACGME surgical volume requirements:

- Resident Surgery Clinic
- Mohs Surgery at Gahanna and Martha Morehouse
- Veterans Administration Surgery Clinic
- Dermatology West Surgery Clinic
- NCH Pediatric Surgery Clinic

- Specialty Clinic Training

In addition to core training in continuity clinics, surgery, and medical dermatology, the residents rotate through the following specialty clinics in dermatology:

- Pediatric Dermatology
- HIV Dermatology
- Complex Medical Dermatology
- Psoriasis Clinic
- Laser clinic (KTP, Excimer laser, Nationwide Children's)
- Dermatologic Oncology
- Cutaneous Lymphoma Clinic
- TCA Peel Clinic
- Inpatient Dermatology Follow-up
- Contact Dermatitis/Patch Testing
- Vulvar Dermatology Clinic

- Inpatient Dermatology

The residents rotate through our inpatient dermatology service approximately 6 weeks each year where they manage complex dermatologic conditions on our consult service.

4. Match Rates

Match Rate: 100%

Fellow Education: Micrographic Surgery and Dermatologic Oncology (MSDO)

Number of Fellows: 1 per year

Board Pass Rate (last 5 years): n/a (the first year of the board examination is 2021)

Program Highlights:

1. Fellow Education Initiatives

Year-long Micrographic Surgery and Dermatologic Oncology Fellowship Didactic Program.

Due to its comprehensive nature, this original course has been adopted by other MSDO programs. Additionally, the program has gone through an extensive revision to meet the specific needs of preparing our fellows for the inaugural Micrographic Dermatologic Surgery Board Examination.

Dermatology Resident Surgical Journal Club Series

Journals within and outside of the Dermatology literature are reviewed on a monthly basis.

2. Expanded Fellow Experiences

Rotations with other specialties

With feedback from our fellows, we have increased the available experiences to now include time with Plastic Surgery, Radiation Oncology, Otolaryngology, and Oculoplastic Surgery.

3. Breadth of Training

Surgical Volumes

Average of approximately 1200 Mohs Micrographic Surgery Cases and 1500 reconstructions (with an average of 250 advanced reconstructive procedures including flaps and grafts).

4. Match Rates

Match Rate: 100%

Medical Student Education

1. Medical Student Rotations

Dermatology has worked in earnest to ensure a superior experience for medical students. The acting Director of Medical Student Education, Dr. Jessica Kaffenberger, has worked diligently to create a highly regarded dermatology rotation. The experience includes a broad set of exposures to general medical dermatology, surgical dermatology, pediatric dermatology, inpatient dermatology, and complex medical dermatology. Lectures specifically aimed at medical students are given weekly, in addition to attendance at resident didactics.

2. Medical Student Education

Faculty from the Division provide instruction to the medical students during their second year. Given many of the events of 2020, medical students requested a focus on issues of diversity during their education. In response, multiple dermatology faculty revised lectures to focus on all skin types.

3. Medical Student Research

Faculty are very involved with medical student research, both helping to expose students to dermatologic research and to make our applicants more competitive for the dermatology matching process. There are active medical and cutaneous oncology research groups within the division that work with medical students. Additionally, many of our faculty have participated in the College of Medicine Medical Student Research Scholarship Program (MDSR) Scholarship Program.

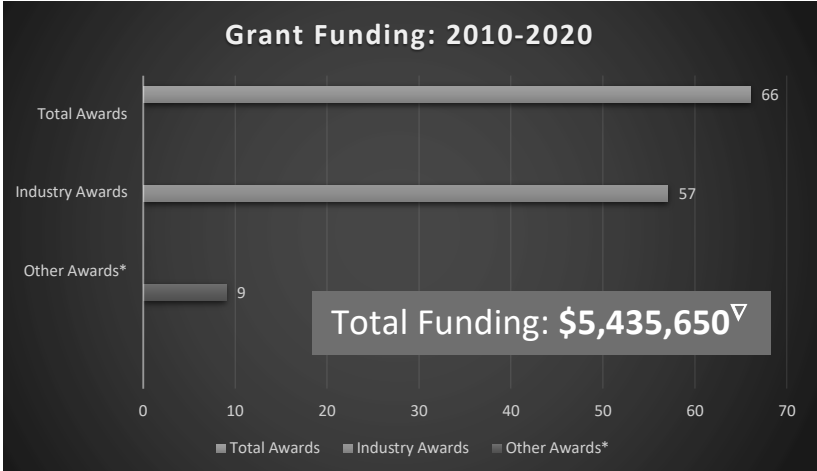
-Recent examples of MDSR Projects

- Mentee: Jessica Nash, Mentor: David Carr – Inter and Intra-rater reliability in the Grading of Differentiation in Cutaneous Squamous Cell Carcinoma (2020)
- Mentee: Lucy Rose, Mentor: Brittany Dulmage - Retrospective Review of Scalp Cooling for Hair Preservation in Breast Cancer Patients Undergoing Chemotherapy (2020)
- Mentee: Ty Gilkey, Mentor: Ben Kaffenberger - Evaluating the impact of Drug Eruptions in the hospital setting (2020)
- Mentee: Claire Kovalchkin, Mentor: Ben Kaffenberger - Examining hospital outcomes among patients with psoriasis (2020)
- Mentee: Michael Goldenberg, Mentor: Ben Kaffenberger - Comparing Cardiac MRI and Cardiac MR Elastography findings among inflammatory skin diseases such as psoriasis, rosacea, and atopic dermatitis (2019)
- Mentee: Abigail Hecht, Mentor: Jessica Kaffenberger - A retrospective review of treatment response of palmoplantar psoriasis (2019)
- Mentee: Amy Woo, Mentor: Jessica Kaffenberger - Investigating the effect of hormonal contraceptives on psoriasis in patients in a dermatology outpatient clinic (2018)
- Mentee: Paul Macklis, Mentor: Ben Kaffenberger - Oral Care and Hygiene and its Association with Psoriasis Development (2018)
- Mentee: Starling Tolliver, Mentor: Ben Kaffenberger - Female Hair Care Practices as they Relate to Health, Wellness, and Exercise Among African-American Woman (2017)
- Mentee: Rebecca Wang, Mentor: Jessica Kaffenberger - A retrospective review of new onset dermatitis in patients 60 years or older (2016)
- Mentee: Preeta Gupta, Mentor: Ben Kaffenberger - The use of Teledermatology to differentiate Cellulitis in an Academic Inpatient Ward (2016)
- Mentee: Alex Wells, Mentor: Ben Kaffenberger - The use of Teledermatology to differentiate Cellulitis in the Emergency Dept Setting (2015)
- Mentee: Matt Reynolds, Mentor: Ben Kaffenberger - Cardiac MRI as a non-ionizing assessment of heart disease in psoriasis patients (2015)

1.4.3 Research Performance

Research efforts in the OSU Division of Dermatology have exponentially grown over the past 10 years. The work performed within the Division of Dermatology has garnered national attention, has advanced the field, and offers our patients cutting edge therapeutics. In particular, there has been explosive growth of the clinical trials unit, a focus on investigator-initiated trials, and a plethora of peer-reviewed publications. The Dermatology Clinical Trials Unit (CTU) has the notable distinction of being one of the few financially productive clinical trials units in the medical center.

Figure 5: Research grant funding in the Division of Dermatology from 2010-2020



* Other awards: National Cancer Institutes, American Academy of Dermatology, American Acne and Rosacea Society, Indiana University, National Rosacea Society, Dermatology Foundation, American Skin Association, Spatz (Martin & Dorothy) Charitable Foundation, Uniformed Services Univ Health Sci's

^vThis total amount is spread over the lifetime of the award and represents a macro-level view of Dermatology's portfolio over the last ten years. Due to the nature of the awards, we cannot infer total funding at any specific point in time or any single fiscal year for overall funding. A per fiscal year overview of clinical trials awards is in Figure 6.

- 1. Clinical Trials
The Dermatology CTU has expanded to become one of the most robust dermatology CTU's in the Midwest. The unit has increased the number of trials from 10 per year, to approximately 40 per year over the past decade (Figure 7). Financial invoicing during this period has commensurately tripled in size to nearly \$1,000,000 per fiscal year (Figure 6). This expanded capacity allows for the maintenance of a full-time CTU staff and the funding of several research fellows; all while maintaining a positive net income. The trials have involved numerous diagnoses, offering therapies impacting cutaneous T-cell lymphoma, moderate to severe plaque psoriasis, hidradenitis suppurativa, and recalcitrant discoid lupus erythematosus (among many others).

Figure 6: Dermatology Clinical Trial Invoicing

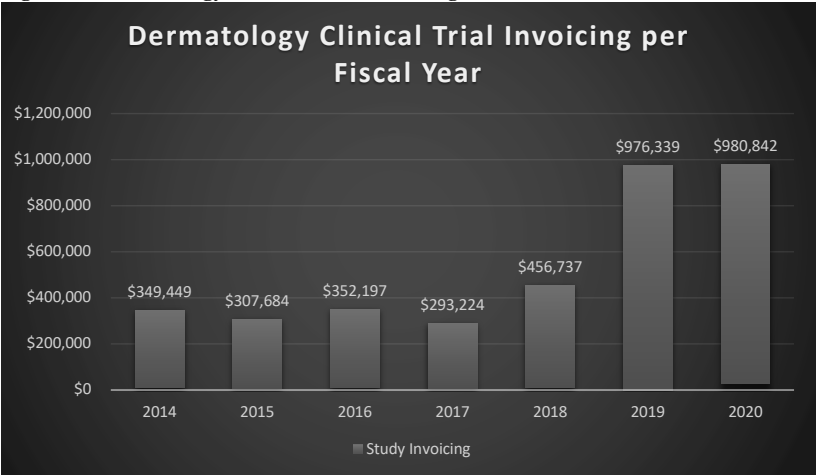
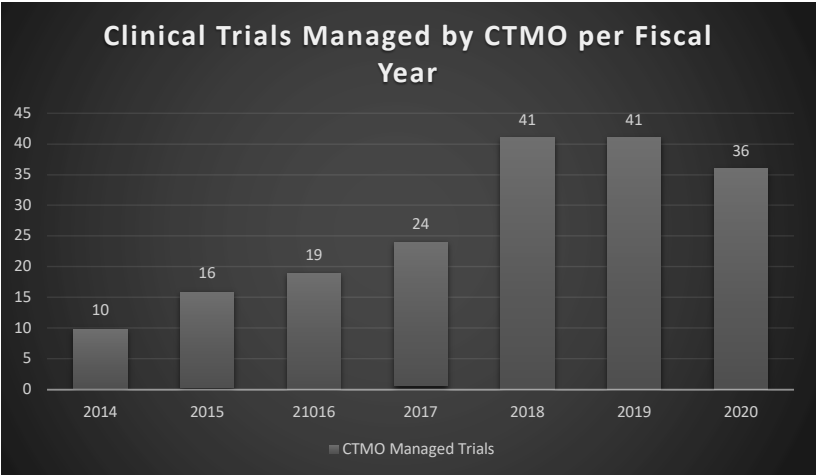


Figure 7: Clinical Trial Numbers: Division of Dermatology Clinical Trials Unit



2. Grant Funding

As demonstrated in Figure 5, the Division received 66 awards over the past 10 years, amounting to \$5.4 million. These awards were from two primary sources: industry awards (57) and extramural awards (9). The extramural award sources (noted in the footnote for Figure 5) include the National Cancer Institutes,

American Academy of Dermatology, Dermatology Foundation, and the Spatz Charitable Fund.

Following is a description of NIH and NCI funded projects in the division.

Dr. Benjamin Kaffenberger

R01: (PI: Yang/Huang), NIH, \$2,932,517 Total Costs

07/01/2020-06/30/2025

Role of macrophage polarization in multi-organ fibrosis of chronic GVHD
Chronic graft versus host disease (cGVHD) is the leading cause of non-relapse mortality and morbidity after allogeneic hematopoietic stem cell transplantation, mainly due to systemic fibrosis; however, what drives the development of systemic fibrosis in cGVHD remains largely unknown. The proposed work will investigate mechanisms underlying fibrotic changes in cGVHD. The outcomes of this work will lead to the development of novel therapeutic strategies for treating systemic fibrosis in cGVHD.

Role: Co-Investigator, 2.40 calendar months

Dr. Henry Wong

R21: (PI: Wong), NIH-NCI grant (\$275,000 direct cost) (NIH-NCI R21 CA164911-01A1)

2012-2014

Focused on biomarkers in cutaneous T-cell lymphoma.

Role: Primary Investigator

Dr. Henry Wong

NIH-ARRA grant 3P30CA016058-3453 (Dr. Caligiuri – PI)

Supported the development of a multidisciplinary cutaneous lymphoma clinic at the OSU Comprehensive Cancer Center (\$500,000 direct cost).

Dr. David Lambert

NCI funded grant (Dr. Ronald Glaser – PI)

studying the impact of stress on the immune system and development of basal cell skin cancer (ROI NCI CA 100243).

Role: Co-investigator

3. Investigator-Initiated Trials

The Dermatology faculty are also extremely productive with investigator-initiated trials. Currently, faculty are involved in approximately 50 investigator-initiated trials. These trials are extremely impactful within dermatology. Following are several high-impact projects, please refer to [Appendix 4](#) for a complete list:

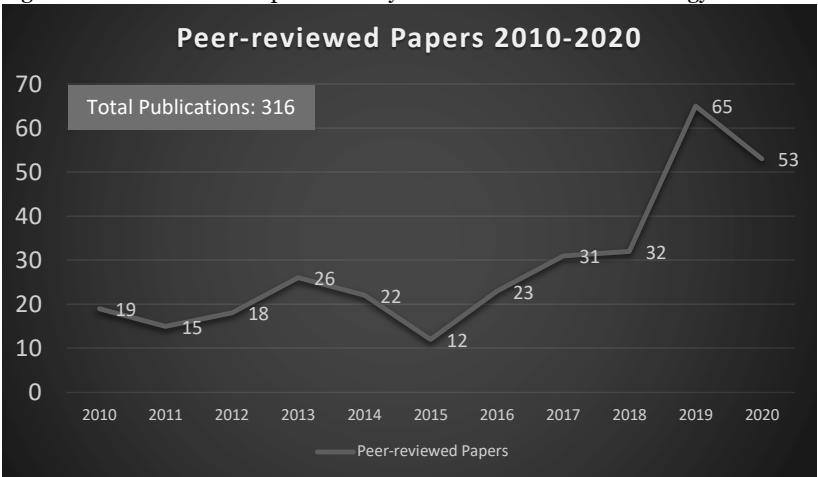
- A Retrospective Study of Clinical Outcomes in Patients with Cutaneous Squamous Cell Carcinoma Treated with Adjuvant Radiation at the Ohio State University.
- The Ohio State University Biorepository
- A Natural History Study of Eyebrow Loss in Breast Cancer Patients Receiving Chemotherapy and Subsequent Pilot Study of Topical Oxymetazoline for Eyebrow Preservation During Chemotherapy for Breast Cancer
- The Effect of Histopathologic Analysis and Tissue Cultures on Inpatient ---Management of Cellulitis and Pseudocellulitis
- Learning Experiences in LGBT Health in Dermatology Residency.
- Clinical Utilization and Practicality of Current Cutaneous Squamous Cell Carcinoma Staging System Criteria: A Nationwide Survey.

- Grading of Differentiation in Cutaneous Squamous Cell Carcinoma: Evaluation of Inter-rater and Intra-rater Reliability.
- Sun Safety Education in Elementary School Students and Impact on Knowledge and Behavior
- Investigating the effect of COVID-19 on patient perceptions of personal protective equipment in an outpatient dermatology clinic.
- COVID-19 Automated Fever Screening Using Wide-Angle Thermography and Artificial Intelligence

4. Peer-reviewed Publications

The number of publications continues to grow (Figure 8). The faculty publish on a variety of topics, including medical dermatology, diversity in dermatology, cutaneous oncology, pediatric dermatology, and surgical dermatology. A small sample of some of the high-impact articles produced by our faculty are in Table 1.

Figure 8: Peer-reviewed Papers: Faculty of the Division of Dermatology



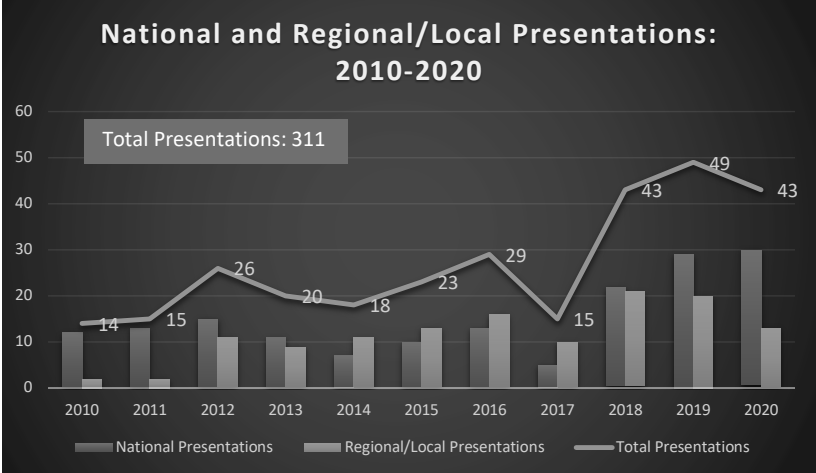
*2020 Data only includes 01/2020 – 08/2020

Table 1: Sample of Articles from Dermatology Faculty
Article Reference

	Impact Factor
Avila C.L., Massick S., Kaffenberger B., Kwatra S., Bechtel M. "The Role of Cannabinoids for Pruritus". <i>Journal of the American Academy of Dermatology</i> . May 2020.	8.277
Abidi NY, Wanner B, Brown M, Golda N, Hajar T, Rohani P, Yu S, Carr DR. Characterization of the 2019 Micrographic Surgery and Dermatologic Oncology Standardized Letter of Recommendation. <i>Dermatologic Surgery</i> . 2020	2.109
Hoffman KP, Chung C, Parikh S, Kwatra SG, Trinidad J, Kaffenberger BH. IgA Expression in Adult Cutaneous Leukocytoclastic Vasculitis and its Effect on Hospital Outcomes. <i>Journal of the American Academy of Dermatology</i> . 2020	8.277
Guzman AK, Zhang M, Kwatra SG, Kaffenberger BH. Predictors of 30-day readmission in Stevens-Johnson syndrome and toxic epidermal necrolysis: A cross-sectional database study. <i>Journal of the American Academy of Dermatology</i> . 2020.	8.277
Cartron A, Raiciulescu S, Trinidad J. (2020) Culturally competent care for LGBT patients in dermatology clinics. <i>Journal of Drugs in Dermatology</i> . 2020	1.464
Milani-Nejad N, Johnson AG, Chung CG. Pancreatic-type panniculitis: an incidental finding in individuals without pancreatic disease? <i>J Clin Aesthet Derm</i> (accepted April 2020).	1.430
Dunaway S, Tyler K, Kaffenberger J. Update on treatments for erosive vulvovaginal lichen planus. <i>International Journal of Dermatology</i> . 2020	1.794
Pettit C, Massick S, Bechtel M. Canniabinol-Induced acute generalized exanthematous pustulosis. <i>Dermatitis</i> . 2018.	3.988
Carr DR, Pootrakul L, Chung C. Metastatic Calcification Associated with a Selective FGFR Inhibitor. <i>JAMA Dermatology</i> , 2018	8.1

5. National, Regional, and Local Presentations
- The faculty of the Division of Dermatology have had increasing numbers of invited presentations at both the local and national levels (Figure 9). Conspicuously, the ratio of national presentations has been increasing, demonstrating the increased national impact of Division of Dermatology faculty.

Figure 9: Total Presentations: Faculty of the Division of Dermatology

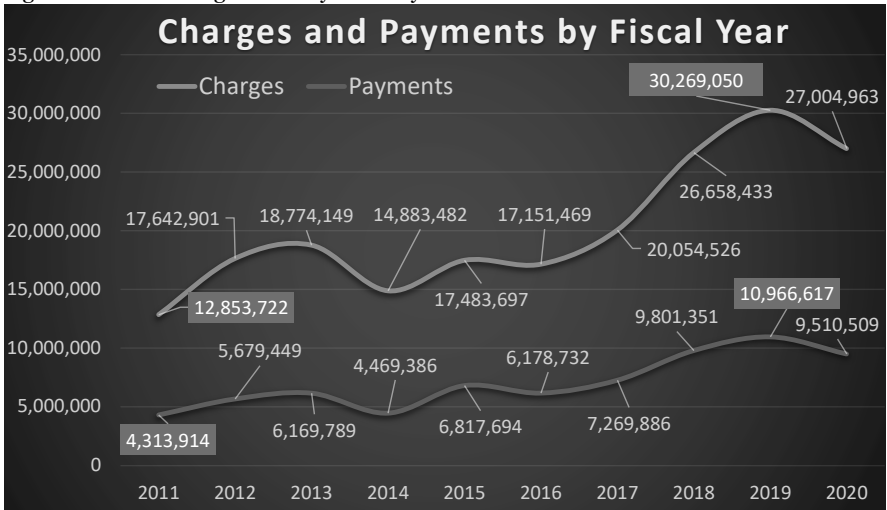


*2020 Data only includes 01/2020 – 08/2020

1.4.4 Financial Performance

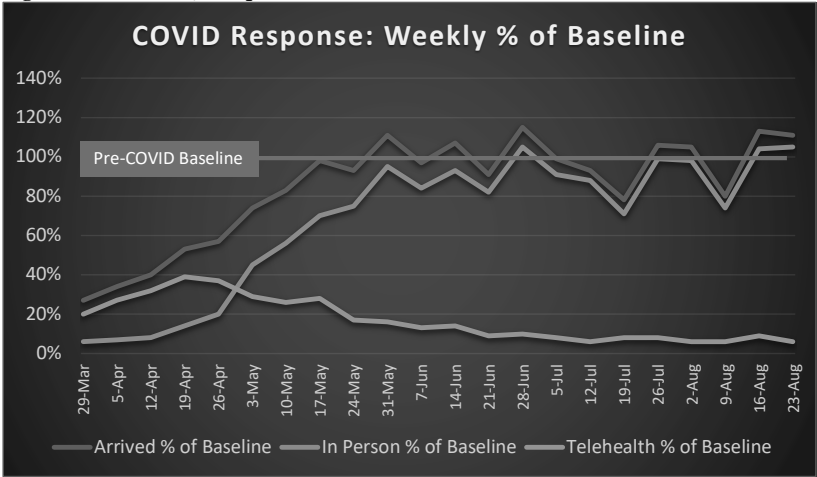
The Division of Dermatology is on solid financial ground. Over the past 10 years, the Division has increased payments by 254%, to a height of \$10,966,617 per year (Figure 10). As was the case for most divisions in the medical center, during the initial stages of the COVID pandemic, productivity was notably curtailed. However, upon resumption of clinical activity, the Division quickly returned to baseline activity, and at times surpassed that baseline (Figure 11). The post shutdown productivity was completed while strict distancing protocols and COVID testing of patients for certain procedures were in effect. This clearly illustrates the Division’s capacity for adaptability and resilience.

Figure 10: Total Charges and Payments by Fiscal Year



*FY 2020 includes COVID-19 impact period.

Figure 11: COVID 19 Response



The Division of Dermatology has had a 10-year Growth Plan that is outlined in Table 2. The plan involves the targeted expansion of services and facilities to further our core missions of providing exceptional patient care, education, and research. The Division of Dermatology has been re-investing our funds in a focused manner to achieve these goals. Our physical footprint has expanded 496% (from 4776 ft² to 23,693 ft²) and we now offer services in 4 offices, in addition to providing services in the OSUWMC hospitals and the James Cancer Hospital and Solove Research Institute. Additionally, we have made significant financial contributions to dermatologic devices that expand the treatments offered, allowing us to provide the most technologically advanced treatments (pulsed-dye laser, platelet-rich plasma centrifuge, ultraviolet light therapy, and photodynamic therapy).

These strategic investments and expansion efforts have enabled the significant growth in the Division of Dermatology that is described in this dossier. They have also placed the Division in the position to continue its current trajectory, increasing our ability to expand our services to care for an increasing patient population, to further our educational efforts, and to continue to grow research efforts.

Table 2: Internally Funded Expansion Budgets, Division of Dermatology: 2010-2020

Project	Ft²: Addition	Ft²: Cumulative	Rooms: Addition	Rooms: Cumulative	Budget
<i>Start: 2010</i>	4,776 ft ²	4,776 ft ²	11	11	n/a
2011 Addition of Suite 220 at Offcenter	1937 ft ²	6,713 ft ²	0	11	--
2013 Addition of Suite 205	1240 ft ²	7,953 ft ²	0	11	--
2014-2015 Offcenter Expansion *	648 ft ²	8,601 ft ²	6	17	\$860,647.56
2017 Offcenter Expansion	6,499 ft ²	15,100 ft ²	14	31	\$960,365.97
2018 Morse Road Expansion	2,629 ft ²	17,729 ft ²	6	37	\$428,331.44
2018 Dublin Road Expansion	5,964 ft ²	23,693 ft ²	15	52	\$943,431.29
Totals		23,693 ft²		52	\$3,192,776.26

*Remodel of suite 220 and 205 at Offcenter, in addition to the purchase and remodel of suite 260.

2. Enumeration of All Faculty Affected by the Alteration

The creation of a Department of Dermatology is not anticipated to cause any direct alteration of faculty positions, other than an alteration to the overarching administrative structure of the newly formed Department. Faculty will continue to be hired by OSU Physicians and The OSU College of Medicine; reimbursement will continue through the OSU Medical Center Compensation Plan. Promotion and tenure proceeding will be through the respective committees at the medical center.

3. A person-by-person analysis of the proposed reassignment or other accommodation of the faculty identified in paragraph (b)(2)(b) of this rule.

As noted in section 2 above, there is no anticipated reassignment of faculty. Therefore, there is no anticipated impact on promotion and tenure, no tenured faculty would be terminated, and no faculty will be transferred to another unit.

4. An analysis of the academic courses now taught by the unit and provisions for their reassignment to other units, if relevant.

Described in [Section 1.4.2](#), the primary teaching in the Division of Dermatology is at the level of graduate medical education. There is no change anticipated for any educational effort at this level. Similarly, there will be no change in the teaching of the dermatology section of the Lead, Serve, Inspire curriculum of the School of Medicine.

5. Analysis of Students Affected by the Proposal

The creation of a Department of Dermatology is not anticipated to cause any direct alteration of student experiences. All currently offered programs will persist (including the Dermatology Residency Program, the Micrographic Surgery and Dermatologic Oncology Fellowship, Pediatric Dermatology Fellowship, Clinical Research Fellowships, Medical Student Rotations, and Medical Student LSI curriculum).

6. Specific proposals regarding support for currently enrolled students until degree completion.

There is no anticipated change regarding the ability of currently enrolled student to complete their respective residency or fellowship.

7. Analysis of Budgetary Consequences to All Relevant Units

The Division of Dermatology has established a very sound financial base to transition to a Department ([Section 1.4.4](#)). Over the last ten years, the Division of Dermatology has increased payments from \$4.3 million to just under \$11 million. Faculty productivity

increases every year; this is illustrated with increasing wRVU performance, hitting a high of approximately 20,000 wRVUs over set benchmarks in 2019. Additionally, there has been considerable internally funded procurement of numerous therapeutic devices and expansion of clinical space that has quintupled over the last 10 years, to over 23,693ft².

Dermatology is in a strong position to assume primary fiscal responsibility.

Additionally, the fiscal year 2021 budget for Internal Medicine is \$286 million. Of this, Dermatology represents approximately \$14 million, representing less than 5% of the overall budget. The anticipated financial impact of the proposed change on Internal Medicine is limited.

8. An analysis of the services lost to the rest of the university as a consequence of the proposal.

There is no anticipated loss to any service to the rest of the university as a consequence of the proposal.

9. An analysis of impact on constituencies external to the university, including alumni

There is no anticipated impact on constituencies external to the university, including alumni.

10. An analysis of the impact on governance at all relevant levels as a consequence of the proposal

There is no anticipated impact on governance for Internal Medicine or the College of Medicine.

The newly founded Department of Dermatology will adopt a governance structure as specified in The Ohio State University Bylaws and Rules Section 3335-3-35. This will include:

The establishment of a Department Chair

- Dual function as administrative head and representative of the faculty of the department in dealing with university administration
- Procedures of nomination, appointment, review, removal, and duties as outlined in 3335-3-35. Following is a brief overview of the duties:
 - General administrative responsibility of the program
 - Develop, with faculty, a pattern of administration
 - Prepare, with faculty, criteria and procedures concerning appointments, dismissals, salary adjustments, promotions, reappointment, and tenure
 - Operate the business of the department with efficiency and dispatch
 - Plan, with faculty, a progressive program

- Evaluate and improve instructional and administrative processes
- Evaluate faculty members
- Recommend to the dean of the college appointments, promotions, dismissals and matters affecting reappointment and tenure
- Encourage research and education
- Lead in maintaining a high level of morale
- See that adequate supervision and training to faculty and staff is given
- Prepare annual budget recommendations
- Promote improvement of instruction given by faculty

11. Analysis of the impact on Diversity

The Division of Dermatology has prioritized diversity as one of our core values. We have a Director of Diversity (Dr. Desmond Shipp) who oversees Dermatology's efforts to increase diversity of our staff, residents, and faculty; to provide culturally competent care to our patients; and to increase dermatologic research in the field of diversity.

Additionally, the directors for both the residency and MSDO fellowship programs have attended multiple diversity training sessions, and have made diversity a key factor in the selection of residents and fellows.

Finally, Department status is likely to improve Dermatology's ability recruit high-level, diverse applicants. In the current environment, diverse applicants are in demand, and view Divisions as less attractive than Departments of Dermatology.

12. Analysis of the impact on the academic freedom and responsibility of all affected faculty

There is no anticipated impact on the academic freedom or responsibility of affected faculty.

Appendix A: Top 75 Research Medical Institutions and Dermatology Program Department Status

Dept	1	Harvard University	Dept	44	Univ California-Irvine
Dept	2	Johns Hopkins	Dept	44	University of Cincinnati
Dept	3	University of Pennsylvania	Dept	47	Indiana University
Dept	4	New York University	Dept*	47	University of Massachusetts
Dept	4	Stanford University	Dept	47	University So. Florida
Dept	5	Columbia University	Dept*	50	Dartmouth Medical School
Dept	6	Mayo Medical School	Dept	50	University of Miami
Div	6	Univ California-LA (Geffen)	Dept	52	Wake Forest University
Dept	6	UCSF	Dept*	53	Tufts University
Div	6	Washington University	Dept	53	University Connecticut
Dept	11	Cornell University	Dept	55	University of Illinois
Dept	12	Duke University	Div	55	Univ of TX-San Antonio
Div	13	University of Washington	Dept	57	Thomas Jefferson Univ
Dept	14	University of Pittsburgh	Dept	58	George Washington University
Dept*	15	Univ Michigan-Ann Arbor	Dept	58	Medical College So. Carolina
Dept*	15	Yale University	Dept	58	Rush University
Sec	17	University of Chicago	Dept	58	Stony Brook Univ-SUNY
Dept	18	Northwestern University	Div	62	University Arizona
Dept	18	Vanderbilt University	Div	62	University of Kansas
Dept	20	Mount Sinai Sch of Med	Dept	62	University of Nebraska
Dept	21	Univ California-San Diego	Dept	66	Temple University
Dept	22	Baylor University	Div	66	University of Vermont
Dept	23	University of North Carolina	Dept	68	University of Kentucky
Dept	24	Case Western Reserve	Dept	68	Virginia Commonwealth
Dept	24	Emory University	Dept	70	Hofstra University
Dept	26	U of Texas Southwestern MC	Dept	70	Rutgers New Jersey Med
Dept	27	University of Wisconsin	Dept	70	University of Oklahoma
Dept	28	Oregon Health & Science U	Dept*	70	Wayne State University
Dept	29	Boston University	Dept	74	Rutgers Rob Wood Johnson
Dept	29	University of Virginia	Dept	74	St. Louis University
Dept	31	Univ Alabama-Birmingham	Dept	74	Texas A&M
Dept	31	University of Colorado	Dept	74	University of Tennessee
Dept*	31	Univ of Southern California	Dept	*	Pennsylvania State University
Div	34	Ohio State University	Dept	**	Wright State University
Dept	34	University of Iowa			
Dept	34	University of Maryland			
Dept	34	University of Rochester			
Dept	38	Brown University			
Dept	38	University of Utah			
Div	40	Albert Einstein COM			
Dept	40	Univ California-Davis			
Dept*	40	University of Florida			
Dept	40	University of Minnesota			
Div	44	Georgetown University			

(#) Number = 2021 U.S. News and World Report Ranking (Research ranking)

*Added to include all Big Ten Schools

**Added due to proximity to Columbus

Yellow shaded entries = Big Ten Schools

(status verified 8/11/2020)

Proposal: Formation of a Department of Dermatology 41

Appendix B: Description of Specialty Dermatology Clinics

Complex Clinic

Jessica Kaffenberger MD

Complex clinic is specifically designed to help care for patients with severe skin diseases that require immunosuppressive medications, patients with rare skin diseases, or patients who are diagnostic dilemmas. This clinic has a large referral base extending throughout Ohio and into neighboring states. Patient care is optimized by our familiarity with utilizing immunosuppressive medications, by having a team of physicians treat the patient (including both residents and an attending), and by working closely with other specialties to ensure patients receive coordinated care. Additionally, by having a large referral base of many diseases, complex clinic has drawn numerous clinical trials to OSU, allowing OSU dermatology to be at the cutting edge of available medical therapies.

Psoriasis Clinic

Jessica Kaffenberger MD

Psoriasis is a life-long condition that is associated with many co-morbidities including arthritis, heart disease, depression, liver disease, obesity among many others. Development of the psoriasis clinic has allowed OSU dermatology to increase capture of patients with psoriasis and to provide comprehensive care for these patients focusing on both their psoriasis and their co-morbidities. We have also developed a multi-disciplinary psoriasis/psoriatic arthritis clinic with rheumatology where patient care is coordinated. Additionally, the psoriasis clinic has served as a catalyst for developing a robust clinical trial program for psoriasis where we have been a site for many of the newly approved psoriasis medications for both adults and pediatrics.

Contact Dermatology/Patch Testing

Kelly Tyler MD

Allergic contact dermatitis significantly decreases quality of life for those affected due to persistent dermatitis and pruritus, and many patients have occupational dermatitis due to chemical and other exposures at work. At the Ohio State Contact Dermatitis Clinic, we perform comprehensive skin patch testing using the American Contact Dermatitis Series and other expanded and specialty series. This clinic has allowed dermatology to: expand our referral base by providing a service not typically available at community dermatology clinics, increase resident education through a dedicated resident patch test clinic, provide valuable patient education to assist with allergen avoidance, and assist employers around Ohio with diagnosing cases of occupational dermatitis.

Hidradenitis Suppurativa and Atypical Wound Clinic:

Benjamin Kaffenberger MD

This is a clinic for patients with non-diabetic, vascular, or pressure wounds. Dermatology has a diverse perspective on the diagnosis of wounds often diagnosing the autoimmune and autoinflammatory wounds, the chronic vasculitis patients, and those that are associated with hypercoagulable conditions. There is a substantial unmet need for dermatologists to apply medical principles to diagnose and treat autoimmune and atypical ulcerations such as hidradenitis suppurativa, pyoderma gangrenosum, calciphylaxis, livedoid vasculopathy, and many others. This clinic works in close collaboration with the OSU Wound Care clinics although is located within dermatology space. The intent of the clinic is to be the single medical home for complex wound care patients to achieve medical and laboratory diagnostics, surgical and debridement needs, wound dressing supplies, and pain control as needed. This clinic has achieved funding the SPARC Awards, three funded investigator-initiated trials, and has an RO1 submission undergoing review.

Graft-versus-Host disease, Drug Rashes, Cancer Therapy Rashes, and Paraneoplastic syndromes

Benjamin Kaffenberger MD

The goal of this clinic is to palliate patients with painful cutaneous toxicities to their chemotherapy like hand-foot syndrome, papulopustular eruptions, or malignant intertrigo, and diseases such as graft-versus-host disease. The goal is to use skin-targeted treatments to palliate treatments and allow them to continue therapies deemed necessary by their primary hematologist or oncologist. This clinic has been involved in describing novel forms of graft-versus-host disease, such as the angiomatosis phenomenon (Kaffenberger BH, Zuo RC, Gru A, et al. Graft-versus-host disease-associated angiomatosis: a clinicopathologically distinct entity. *J Am Acad Dermatol*. 2014;71(4):745-753. doi:10.1016/j.jaad.2014.05.034), as well as novel forms of chronic graft-versus-host disease including psoriasiform, pemphigoid, and blashkoid. It also has described multiple manifestations and treatments of cutaneous toxicities to therapies such as nivolumab, adotrastuzumab emtansine, erdafitinib, pazopanib, among others. This clinic currently has funding through industry for clinical trials, the Dermatology Foundation for drug reactions, and an RO1 in Graft-versus-Host Disease (PI: Yiping Yang, Col Kaffenberger, Vasu).

Oncodermatology

Brittaney Dulmage MD

For patients with systemic cancer, side effects of their oncology treatment plan that affect their skin, hair, and nails can have a drastic impact on their quality of life and limit their ability to complete life-sustaining therapies. In the oncodermatology clinic, patients with cutaneous side effects from chemotherapy, immunotherapy, and radiation therapy to diagnosis and manage reactions are seen. Additionally, there are patients with paraneoplastic syndromes, cutaneous metastases, and complications from bone marrow transplant.

Hair Clinic

Brittany Dulmage MD

In this clinic, we diagnose and treat hair disorders including alopecia areata, scarring alopecias, telogen effluvium, and androgenetic alopecia. We perform diagnostic scalp biopsies and additional laboratory work-up and develop tailored treatment plans including medical and procedural management.

Vulvar Dermatology

Kelly Tyler MD (Dual boarded in OB/Gyn and Dermatology)

Education in female genital skin disease is lacking in Obstetrics/Gynecology residencies and Dermatology residencies throughout the United States, so pruritic and painful inflammatory dermatoses of the female genital skin are often underdiagnosed, misdiagnosed, and patient education is inadequate. At the Ohio State Multidisciplinary Vulvar Disease Clinic, gynecologists and dermatologists collaborate to provide comprehensive treatment for this patient population. This clinic has allowed dermatology to: increase collaboration with the Department of Obstetrics and Gynecology, provide a comprehensive center for both medical and surgical treatment of vulvar disease, attract regional, national, and international patient referrals, provide increased patient education about rare vulvar skin diseases, and increase education for both Ob/Gyn and Dermatology residents regarding vulvar disease diagnosis and management.

HIV Dermatology

John Trinidad MD MPH

The HIV/Infectious Disease Dermatology Clinic is in conjunction with the Division of Infectious Disease. During that clinic, one dermatology resident and an infectious disease fellow are present to care for patient living with HIV disease and concomitant dermatologic disease. Patients living with HIV disease are higher risk for cutaneous malignancies, as well as HIV specific dermatoses such as Kaposi sarcoma, opportunistic infections, and immune reconstitution syndrome. This

clinic currently cares for 178 patients living with HIV disease. This clinic is approaching 3 years of service, now with a referral pattern of all Ryan White patients and Equitas patients.

Transplant/Immunosuppressed Dermatology

Jennifer Sopkovich MD and David Carr MD MPH

Immunosuppressed patients are at a high risk of cutaneous neoplasms and numerous skin conditions. This clinic has allowed dermatology to: increase capture of patients prior to transplant, increase use of systemic chemoprophylactic medications, initiate aggressive field cancerization therapies, prioritize neoplasm treatment, and intensively educate patients specific to their transplant and immunosuppressed status.

Pigmented Lesions Clinic

Natalie Spacarelli MD

This clinic provides dermatologic surveillance (regular skin exams) for patients with a personal history of melanoma or dysplastic (atypical) moles and/or a family history of melanoma. We always utilize dermoscopy and often use full body cutaneous photography in our evaluations of these high-risk patients.

Urgent Clinic

Natalie Spacarelli MD

This clinic at the Grandview location aims to get both new and return patients in for timely evaluation of rashes and skin lesions. The resident assigned to this clinic uses dermoscopy to evaluate skin lesions and receives focused teaching in this area from the attending.

APPENDIX LXXXIV



I. Introduction

The College of Social Work seeks approval for the addition of a clinical-track faculty line to the College of Social Work. The College of Social Work proposes that clinical-track faculty can be appointed at the Assistant, Associate, or Full Professor level. The primary reason for this request is to enhance what the college seeks to do as described by its core mission. That is, through excellence in teaching, research, and service, the College prepares leaders who enhance individual and community well-being, celebrate difference, and promote social and economic justice for minoritized populations. The addition of clinical faculty provides increased instructional, advisement, and curriculum support, as well as service, outreach, and engagement activities for students, alumnae as well as to the university and broader community.

II. Background Information

A. College of Social Work Mission

The preparation of professional social workers has a long and rich tradition at The Ohio State University, starting with its first social work course offered in 1875. The College conveyed its initial Bachelor of Social Service degree in 1916, first master's degree in 1923, and first doctorate in 1934. Accredited in 1919, the College of Social Work is the oldest continuously accredited public social work program in the country. It received its latest re-accreditation from the Council on Social Work Education (CSWE) in 2020. In 1976 The Ohio State University's Board of Trustees granted the College of Social Work independent College status.

The core mission of the College focuses on the development of professionals that foster social change through collaboration with individuals, families, communities, and other change agents to build strengths and resolve complex individual and social problems. As an internationally recognized college, the College builds and applies knowledge that positively impacts Ohio, the nation, and the world. It is the College's belief that clinical-track faculty are critical to the pursuit of this overall mission.

Three principles guide the implementation of the College of Social Work mission:

Embrace Difference - Seek Justice - Be the Change.



In addition, the College of Social Work is committed to pursuing its mission within the values of the broader social work profession as outlined in the National Association of Social Workers' (NASW) Code of Ethics:

- The dignity and worth of all people
- The importance of human relationships
- Building knowledge through ethically conducted, open inquiry
- Competence in all aspects of professional practice
- The maintenance of integrity in professional interactions
- The pursuit of social justice
- A commitment to service

It is the College's belief that clinical-track faculty are critical to the pursuit of this overall mission. The CSWE states that one of the main pedagogies of social work education is the field placement that provides direct experience of the doing of social work. As a professional school, our college prepares practitioners who will work in a variety of contexts with individuals, families, groups, organizations, and communities. Faculty with extensive experience in social work-related professional practice will enhance the learning experiences of students while adding to teaching and curriculum activities that align with the purpose of the main accrediting body of the field (i.e., CSWE, please see following sub-section for more details). Because of the extensive nature of how and where social workers practice, the College will seek individuals whose expertise ranges from the individual-based intervention to global policy advocacy. Moreover, given their extensive experience as practitioners, the College views the addition of clinical-track faculty as providing additional perspectives across the curriculum as well as in other areas such as service and engagement with community organizations and the recruitment of an ever increasingly diverse student population.

B. Relevant Accreditation Requirements & Recommendations

Starting in 1919 and throughout its history the College of Social Work has been continuously accredited from the contemporary accrediting association of the time. The college is the oldest continually accredited social work program in a public university.



The Council of Social Work Education (CSWE) is the professional association that currently governs and evaluates educational and curricular matters for the preparation of social workers. Founded in 1952, the CSWE supports excellence in the education and preparation of social workers through its accreditation of social work education programs. CSWE includes a Commission on Accreditation (COA) that is responsible for developing accreditation standards that define competent preparation and ensuring that social work programs meet such standards. This involves a multistep accreditation process that includes program self-studies, site visits, and COA reviews. CSWE's Commission on Accreditation is recognized by the Council for Higher Education Accreditation as the sole accrediting agency for social work education in the United States and its territories.

CSWE requires that the core faculty of any social work education program is tenure-track. However, it also values the experience of the practitioner in the classroom setting and requires that all practice related courses be taught by instructors with a minimum of two years post MSW practice experience, this represents close to half of the current curriculum. Certainly, the inclusion of clinical-track faculty provides a clear avenue for the hiring and inclusion of practitioner/educators in its provision of educating future practitioners as well as in the development of an appropriate and high-quality curriculum.

Historically, the College has included practitioners as adjuncts or as "community lecturers" (i.e., associated faculty). Much of this was due to increasing enrollments, and to increase the number of instructors with extensive practice experience. The inclusion of the proposed clinical-track line allows the College to formally incorporate practitioner/educators into its overall structure and thus increase the number of full-time faculty that educate students. As noted above, clinical-track faculty will participate in course design, teaching, and evaluation. Additionally, the inclusion of clinical-track faculty permits the College to more systematically assure the quality of such faculty given that they will be subject to annual reviews, retention and promotion which incorporate faculty input and oversight (please see below).

The College offers three degrees: the BSSW, the MSW, and the Ph.D. Because of the practitioner-based nature of the first two degrees, clinical-track faculty would teach at the undergraduate and master levels.

C. Comparative Data

Many, likely most, social work education programs include clinical-track faculty in the provision of teaching and service. Several examples of peer institutions that do so include:



- University of Louisville
- Case Western University
- Indiana University
- University of Michigan
- Rutgers, The State University of New Jersey
- SUNY Buffalo
- University of Illinois
- University of Maryland
- University of North Carolina, Chapel Hill
- Washington University in St. Louis

D. Proposal History

The faculty of the College of Social Work reviewed the idea of incorporating a clinical-faculty line for several years. The process included multiple discussion and were led by multiple Associate Deans of Academic Affairs in which agreement was reached on the rationale and the specific guidelines of what creating a clinical-faculty line would entail.

Starting in 2018, more active conversations and work ensued to begin the process of incorporating clinical-track faculty. Over the past year, a faculty committee formalized the proposal based on guidance from OAA. This committee held multiple conversations with the tenure track faculty and revised the present Pattern of Administration (POA) and Appointment, Promotion, and Tenure (APT) documents to ensure that these followed university rules and guidelines and reflected the expectations of our faculty.

On November 30, 2021, the faculty of the College of Social Work voted in favor of moving the proposal forward to CAA.

III. Rationale for Establishment of Clinical-Track Faculty

There are six factors that compel the College of Social Work to establish the clinical faculty line in its structure. These include the following:



Curriculum Coverage - As previously stated, the College of Social Work is committed to preparing social work practitioners through high quality teaching and instruction. In any given year, the college runs over 600 sections of courses. Recent in-house statistics demonstrate that full-time instructors (15% tenure track, and 21% associated faculty) taught 36% of all courses. Part-time lecturers taught approximately 64% of all courses. By increasing the number of full-time faculty through clinical-track positions, the College will provide its students with consistency in instruction and exposure to faculty who are deeply embedded in course subject areas. The default teaching load for tenure track faculty is four courses per nine months. With releases for research and scholarship tenure track faculty teach an average of 2.6 courses. Clinical faculty will teach eight courses over nine months

Curriculum Innovation - The addition of clinical faculty increases the number of faculty available to take on curricular leadership and capacity enabling the College to pursue innovative course/curriculum design efforts, develop teaching initiatives, add specialized courses, and certificate programs, develop new content, and prepare students for future ready social work. The College seeks to increase instructional and curriculum leadership, which currently falls on the shoulders of tenure-track faculty typically involved in high levels of research, scholarship, and community/professional service.

Teaching Quality and College Reputation of Excellence - It is anticipated that future social work program rankings will partly rest on teaching effectiveness. Teaching quality will be an important metric for establishing national reputation. The ratio of full-time teachers to students is an established metric in measuring teaching quality. In addition, clinical faculty will be required to engage in ongoing instructional improvement activities, which few of our current part-time lecturers or full-time associate faculty can arrange.

Capacity Building and Enabling Tenure-track Faculty Workload Diversity - The College recognizes the learning benefit to students when they are under the tutelage of faculty members who integrate their research and scholarship into the courses that they teach. We wish to continue to expand our research environment and create resources, mechanisms, and opportunities for faculty to advance their scholarly work. Having a highly competent and consistent cadre of full-time clinical faculty who share in the advising and curricular development responsibilities currently shouldered by tenured-track faculty and program directors, will enable tenure-track faculty to diversify their workloads and accommodate more of their demanding and time intensive scholarship and community/professional service agendas. If the College is to foster an evidence-informed teaching culture where a faculty person's research and teaching are inextricably linked, the College must add capacity.



Alignment with Core Social Work Values - Establishing a full-time clinical faculty position with all the HR benefits and privileges inherent in such can be thought of as an issue of economic justice. The profession's social work values compel the College to establish employment, pay, and curriculum participation structures that are fair, equitable, and participatory via the inclusion of full-time clinical-track faculty lines.

Professional Growth and Development - Establishing a full-time clinical faculty position is an important quality assurance mechanism. Clinical faculty will be required to attend trainings, they will undergo annual evaluations of their performance, and they will be required to demonstrate teaching competency to attain renewal. Peer evaluations of their teaching will be conducted annually. Currently, other than a review of lecturers' SEIs, the College has no mechanism to monitor affiliated faculty performance and to improve the quality of instruction across the entire teaching body.

IV. Terms and Conditions of Appointments

The term "clinical faculty" refers to teacher/practitioner individuals who serve under fixed term contracts that do not entail tenure, and their faculty appointments are described in Chapter 3335-7 of the Administrative Code. They are expected to possess strong experience in both social work-related practice and as social work educators and shall be engaged primarily in teaching and curriculum activities broadly defined, as well as service, outreach, and engagement activities. Their work may, but does not necessarily, include scholarship of pedagogy or other research and scholarship activities. Note that the College of Social Work applies the term "clinical" to these appointments in alignment with university terminology: practice expertise may be at any level of practice from the individual to global. Clinical-track faculty will hold a social work degree, with case-by-case exceptions depending on the teaching needs of the College, keeping in line with the Council on Social Work Education (CSWE) accreditation standards. The expertise of clinical-track faculty members is intended to enhance social work education. Clinical faculty members will be required to possess a minimum of five years of practice experience (currently the average practice experience for our tenure track faculty is approximately three years, our associated faculty average 11 years of experience).

The percentage of clinical-track faculty for the College of Social Work will not exceed the 20% of the tenure-track and clinical faculty in the college. (University Rule 3335-7-03).



Clinical faculty can be appointed at the Assistant, Associate, or Full Professor level. As specified by Faculty Rule 3335-7-05, Clinical Associate Professors or Clinical Professors will require the approval of the Office of Academic Affairs. Clinical track faculty appointments are fixed term contract appointments that do not entail tenure.

A. Clinical-Track Faculty Appointment Criteria

Clinical faculty will be recruited with consideration of strong, positive teaching experience. Although a professional license is not required, clinical faculty at any rank will be required to hold, at a minimum, an earned master's, or doctorate in social work with case-by-case exceptions depending on the teaching needs of the College, keeping in line with the Council on Social Work Education (CSWE) accreditation standards. Significant post-masters practice experience within their respective discipline area (minimum of five years upon initial hire) and significant prior teaching experience will be required. For candidates accruing significant years of practice experience while earning their degree, the record is reviewed to determine if there exists a commensurate level of practice experience. Professional licensure, credentialing, or certification in one or more areas of practice is desirable but not required.

B. Clinical-Track Faculty Appointment Procedures

The Dean and Associate Dean for Academic Affairs (or their designees) will organize the recruitment and search process. A national search, like that conducted for tenure-track faculty, will be initiated to identify candidates for the clinical-track faculty positions.

Clinical-track faculty members will be offered 9-month contracts. Per provisions established by the Administrative Code, their contracts will contain clear language that there is to be no presumption of contract renewal (despite performance and progress) and that terms of the contract will be regularly reviewed and renegotiated. If the clinical-track offer involves senior rank (clinical associate professor or clinical professor), eligible faculty members vote on the appropriateness of the proposed rank. This process is like that for tenure-track with the understanding that the process pertains to reappointment and promotion and is unrelated to tenure status.

Per rule 3335-7-07 - Term of Appointment as specified in the Administrative Code, contracts for clinical-track faculty members may be for a period of three to eight years. The initial probationary contract for all clinical-track faculty members will be for a period of five years. Second and subsequent contracts for clinical assistant and clinical-track associate professors will be for a period of at least three years and no more than five



years. Second and subsequent contracts for clinical-track professors will be for a period of at least three years and no more than eight years.

The initial contract is probationary, and a clinical-track faculty member will be informed by the end of each probationary year as to whether they will be reappointed for the following year. By the end of the second-to-final year of the probationary contract, the clinical-track faculty member will be informed as to whether a new contract will be extended at the conclusion of the probationary contract period. In addition, the terms of a contract may be renegotiated at the time of reappointment. If a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended.

Appointment to the rank of clinical assistant professor is always probationary. A faculty member may ask to be considered for non-mandatory promotion (e.g., to associate or full clinical faculty professor) review at any time; however, the college reappointment and promotion committee of eligible faculty may decline to put forth a faculty member for formal non-mandatory review if the candidate's accomplishments are judged not to warrant such review.

The titles of clinical-track faculty in the College of Social Work will include Assistant, Associate and Professor.

Clinical Assistant Professor.

The criteria for appointment to Clinical Assistant Professor are: (1) an earned MSW or PhD degree from a CSWE-accredited institution, or equivalent educational background in a discipline relevant to the position for which they are recruited, (2) significant previous instructional experience with positive evaluations of instruction, (3) extensive practice experience (minimum of five years), and (4) demonstration of a strong potential to attain reappointment and advance through the clinical-track faculty ranks. Evidence of ability to contribute to the social work programs and provide excellent curricular support is highly desirable.

Clinical Associate Professor.

The criteria for appointment to Clinical Associate Professor are that the candidate: (1) meets all criteria for appointment to Clinical Assistant Professor and (2) meets, at a minimum, the college teaching and service criteria for promotion of tenure-track faculty to the associate professor rank. The eligible voting faculty for initial appointment at the rank



of clinical associate professor consists of all tenured and non-probationary clinical-track faculty members of associate professor or higher rank.

Clinical Professor.

The criteria for appointment to Clinical Professor are that the candidate: (1) meets all criteria for appointment to Clinical Associate Professor and (2) meets, at a minimum, the college teaching and service criteria for promotion of tenure-track faculty to the professor rank. In addition, Clinical Professors demonstrate teaching and curriculum development leadership and will have gained recognition for their work. They will be required to demonstrate pedagogical leadership and national visibility within a particular area of teaching. Such can be demonstrated by developing and/or testing teaching modalities, learning tools, or by integrating scholarship and teaching. Successful candidates will be able to demonstrate that they have generated evidence-based teaching content or approaches. Once successfully promoted, clinical professors will receive contracts that could span up to eight years but no less than three. The eligible voting faculty for initial appointment at the rank of clinical professor consists of all tenured and non-probationary clinical-track faculty members of professor rank.

V. Activities and Responsibilities of Clinical-Track Faculty

The anticipated activities and responsibilities of clinical-track faculty generally include three primary areas: 1) course and curriculum development and delivery; 2) advising and service in the unit; and 3) participation in unit governance, as established by the College.

A. Course and Curriculum Development and Delivery

Clinical-track faculty's principle responsible is curriculum development and teaching. This will make up 80% of their workload. Instructional excellence is expected of clinical-track faculty members as they will expend significant effort in instructional and curricular activities, such as: developing new courses; working on curriculum and reaffirmation/accreditation teams; serving as a faculty leader for distance learning or other numerous-section courses. Additionally, a clinical-track faculty member may choose to pursue the scholarship of pedagogy, collaborative practice research, and/or development of new practice techniques as part of assigned workload. They also may elect to serve as instructors or mentors in the College's continuing education programming.



B. Advising and Service in the Unit

The remaining 20% of clinical-faculty workload will be comprised of student advising (career/profession) and committee work and service including community engagement service. Clinical-track faculty will be expected to participate as faculty on committees that provide oversight for assigned courses and other curriculum related committees.

Strong college service is expected of clinical-track faculty members. Such efforts can include working on curriculum and reaffirmation/accreditation teams; student admissions, student awards, student review, and other academic program committees; colleague mentoring; conducting instructor evaluations; engaging in other service related to the college and program mission, goals, and objectives. Clinical-track faculty are also expected to support the college's professional and community outreach and engagement activities.

Advising expectations for Clinical-Track Faculty include engaging in student advising as assigned.

Clinical-Track Faculty Roles on Masters and Doctoral Student Committees. Per the Graduate School, Graduate Faculty Status includes two categories: CM and CP. CM faculty are approved to:

- Advise (chair) master's students in the program where they hold CM status.
- Serve as a member on any master's committee; and
- Serve as a member on doctoral student committees with the approval of the student's graduate program.

The policy concerning Graduate Faculty status allows clinical-track faculty to hold CM status. When appropriate, the college will nominate clinical-track faculty to receive CM status. The CSW's nomination will be for the purpose of the clinical-track faculty member being able to serve on a masters or doctoral committee (candidacy and/or dissertation). To serve in such capacity, the clinical-track faculty must hold an earned doctorate (or the equivalent) to serve.

CP faculty are approved to:

- Advise (chair) doctoral students in the program where they have CP status.
- Serve as a member on any master's or doctoral committee; and



- Serve as graduate faculty representative on exams outside their program.

Per the Graduate School Handbook (SECTION 12.4), only tenure-track (50% appointment or greater) and research faculty (with appropriate HR position code) are eligible to hold CP status, regardless of a clinical-track faculty member's highest degree earned. Therefore, clinical-track faculty will not be nominated to receive CP status, thus may not serve as a doctoral committee chair (candidacy or dissertation).

The CSW will consider the possibility of a clinical-track faculty member serving as a member on a doctoral student committee when their expertise matches the student's area of study. A doctoral committee (candidacy or dissertation) shall have no more than one clinical-track faculty member. All requests to include clinical-track faculty on masters and doctoral committees must be reviewed and approved by the Graduate Studies Chair, and the Ph.D. Program Director in the case of candidacy and dissertation committees.

C. Participation in Unit Governance

Clinical-track and tenure-track faculty will be curricular peers but not peers on tenure-track faculty personnel matters. However, clinical-track faculty will participate and vote in curriculum matters as well as college procedural matters, excluding curriculum or procedural matters that impact tenure-track faculty personnel issues.

Clinical-track faculty will review one another's personnel applications (e.g., applications for employment, applications for promotion) and serve as requested in colleague mentoring capacities. Further Clinical-track faculty will be permitted to vote on matters such as and including the appointment of additional clinical faculty, and on the promotion and retention of clinical faculty. Clinical-track faculty will be eligible to serve on all college committees apart from the tenure-track faculty promotion and tenure committee, College Investigative, and Salary Appeal Committees. They may, at the dean's discretion and as approved by CAC, serve on recruitment/hiring committees for either tenure-track or clinical-track positions. Clinical-track faculty will attend faculty meetings and other decision groups or convenings that take place at the College.

VI. Differentiation of Responsibilities of Clinical-Track Faculty

Scholarship and research activities will not be included in clinical-track faculty regular workload and performance expectations but may be negotiated with the Dean. It is expected that clinical-track faculty will prioritize teaching, curriculum participation, and student advising/support.



Clinical-track faculty will primarily teach courses across the entire curriculum given the practice-based nature of most classes. Clinical-track faculty are eligible to teach core and elective courses at the BSSW and MSW levels of the College. Nonetheless, as with any faculty member, clinical-track faculty will teach courses that best serve the College's needs. As noted above, the primary responsibilities for clinical faculty are expected to be in supervision and teaching; their teaching load would be 80% of their overall clinical-track faculty workload.

Likewise, there will be no requirement that clinical-track faculty perform research to achieve Assistant, Associate and Full Professor status nor will there be any requirement that they seek a higher rank.

Additionally, clinical-track faculty are eligible for "M" status in the graduate school, and thus can advise master's theses and serve on dissertation committees. Nonetheless, as previously noted, dissertation committees can only be chaired by tenure-track faculty with "P" status. Finally, as specified above, clinical-track faculty members will not have participated in any way or vote on appointments, promotions, tenure, or investigations of regular tenure-track faculty.

If a clinical-track faculty member express interest in collaborating with tenure-track faculty members on research projects (particularly but not exclusively regarding the scholarship of pedagogy) or in college-sponsored community engagement and outreach efforts, they will not be prohibited from doing such. The clinical-track faculty member will need to negotiate with the Dean how they intend to manage the outreach and research activities in the context of their other assigned duties.

VII. Oversight and Evaluation

A. Annual Review of Clinical-Track Faculty

Performance evaluations for clinical-track faculty are conducted by the dean based on assessment of accomplishments in the context of their specific position description as articulated in the letter of offer and modified in subsequent annual review letters and/or other appropriate written documents.

Oversight of the activities of clinical faculty will be performed by the Dean. Annual evaluations of clinical faculty will also be performed by the Dean including input from the Associate Dean of Academic Affairs. Such evaluations will take place at the same time as those for tenure-track faculty. The evaluation will be communicated in writing to the



clinical-track faculty member, together with an invitation to discuss the evaluation in person as is done with tenure-track faculty.

The initial contract is probationary, and clinical-track faculty will be informed by the end of each probationary year as to whether they will be reappointed for the following year. By the end of the second-to-final year of the probationary contract, the clinical-track faculty will be informed as to whether a new contract will be extended at the conclusion of the probationary contract period. In addition, the terms of a contract may be renegotiated at the time of reappointment. If a new contract is not extended, the final year of the probationary contract is the terminal year of employment. There is no presumption that a new contract will be extended.

Like the tenure-track faculty annual review process, clinical-track faculty will submit an instructional portfolio to summarize and highlight their annual instructional accomplishments and curricular contributions. Information concerning student accomplishments, new courses developed or significantly revised, service as a faculty leader for distance learning courses, and other teaching/instruction-related accomplishments and contributions should be included in the portfolio.

Additionally, clinical-track faculty will include a summary statement of their service activities, including but not limited to mentoring of other instructors/faculty members, research or scholarship concerning instruction/curriculum/pedagogy, work on Educational Policy Committee or other instructional/curriculum service to the college's programs, and other relevant contributions to the college mission, goals, and objectives.

B. Promotion Reviews

Core expectations for promotion in rank for clinical-track faculty build upon the accomplishment of lesser rank. There will be five specified teaching domains (A. Teaching in the Explicit Curriculum, B. Continuing Development as an Educator, C. Engagement in the Implicit Curriculum, D. Program and Curriculum Contributions, and E. Contributions to Education in the Profession of Social Work or Related Disciplines) as well as a Service domain for each ranking.

The first domain (Teaching in the Explicit Curriculum). Refers to the clinical-faculty members demonstration of a consistent record of excellence in executing teaching assignments (i.e., teaching in the context of assigned courses and field liaison assignments). The second domain (Continued Professional Development as an Educator) pertains to the high priority the College places on teaching, and because the profession of social work is dynamic, it is incumbent on all clinical-track faculty members



to engage in continuous development efforts related to their teaching and the relevance of the content that they teach. An individual's efforts at continued development in this arena are an important component of the evaluation process. The third domain (Engagement in the Implicit Curriculum) refers to clinical-faculty members employing an array of activities that contribute to learning outside of the formal, structured curriculum—especially in a professional college education. The fourth domain (Program and Curriculum Contributions) pertain to teaching excellence that includes participation in and meaningful contributions to one or more of the programs delivered through the College of Social Work (BSSW, MSW, field, and interdisciplinary minors, majors, certificates, or programs). Finally, the fifth domain (Contributions to Education in the Profession of Social Work or Related Disciplines) refers to social work educators, faculty members that may engage in activities that enhance the delivery of social work education beyond the boundaries of the College of Social Work at The Ohio State University.

Promotion also includes a review of a clinical-faculty member's service. Based on the College's Mission, service is broadly defined to include providing administrative service to the college or university, professional service to a faculty member's discipline, and disciplinary expertise to public or private communities beyond the university. The College of Social Work defines three general domains of service: (a) contributing to the operations and mission of the college or university; (b) outreach and engagement with community-based partners in the local, regional, national, or global communities; and (c) contributions to the profession or discipline. Membership on committees or other service groups is not in itself evidence of a contribution. The test of service effectiveness is evidence of productivity, creativity, leadership, and/or impact.

C. Transfers from Tenure-Track Faculty, Clinical-Track Faculty, and Research Appointments

Tenure-track faculty may transfer to a clinical-track or research appointment if appropriate circumstances exist. By university policy, tenure is relinquished upon transfer (<http://oaa.osu.edu/assets/files/documents/facultyappointments.pdf>; see also Faculty Rule 3335-7-09), and transfers must be approved by the college dean, and the executive vice president and provost.

The request for transfer must be initiated by the faculty member in writing and must state clearly how the individual's career goals and activities have changed.

Transfers from a clinical-track faculty appointment and from a research appointment to the tenure-track are not permitted per Faculty Rule 3335-7-10. Clinical-track faculty members and research faculty members may apply for tenure-track positions at any time



during their employment and compete in regular national searches for such positions. However, by university rule, a person holding a clinical-track faculty appointment will not receive preferential treatment in competing for such positions; having served in a clinical-track faculty appointment will not advantage or disadvantage a person who wishes to apply for a tenure-track position.

A tenure-track faculty member placed on a terminal contract after an unsuccessful attempt to earn tenure has the right to apply and compete for a posted clinical-track faculty position. However, the clinical-track faculty position search will follow college-established guidelines for a national search and selection process.

D. Periodic Review of the Clinical Faculty Track

At five-year intervals, the dean will undertake an evaluation of impact, both positive and negative, of the clinical faculty track. Both objective data (numbers and percentages of Clinical and tenure-track faculty in the College) and perceptual data (questionnaires and/or College discussions) regarding the perceived benefits and costs of having clinical faculty will be obtained. Input will be sought from faculty, graduate and undergraduate students, and our community partners. If the input from such an evaluation suggests an overall negative impact, the College may choose not to make further clinical faculty appointments. Also, per the OSU Academic Organization and Curriculum Handbook, reports will be submitted to CAA annually.

VIII. Resource Availability and Impact

The College of Social Work has sufficient General Funds earnings to pay the added cost of clinical faculty.

Generally, the CSW financial forecast is healthy. Credit hour growth over the past few years has generated significant increases in General Funds revenue – from \$10.4M in FY2017 to \$19.6M for FY22. The college's cash balance is also healthy, with over \$13M on hand at the end of FY21, with expected cash growth in FY22.

The primary factor for the college's good financial standing is the success of the academic program in recruiting and retaining students at both the undergraduate and graduate level, which has driven the growth in credit hours. In particular, the online master's program has grown from 17 students in 2016 to over 500 students in Autumn 2021. CSW has accommodated this growth largely by increasing the workload of lecturers (associated faculty), both part time and full time, to teach sections of classes and oversee field education. For fiscal stability, it is important to ensure the availability of high-quality



instruction to meet student expectations and maintain the enrollment and credit hour levels we have attained. Hiring clinical faculty should increase quality, secure quality instruction, and reduce the risk of not being able to fill teaching slots.

IX. Examples of Courses to be Offered by Clinical-Track Faculty

The College of Social Work provides a robust number of courses that apply theory to practice and development of professional skills in service to the field placement experiences. Such classes are offered at the baccalaureate and graduate professional levels and include both core (required) and elective courses. Clinical-track faculty are eligible to teach any of these courses. A non-exhaustive list of examples of potential courses from both the BSSW and MSW programs that clinical-track faculty might teach are listed below.

BSSW:

SOCWORK 1120 Introduction to Social Welfare

SOCWORK 3502 Practice with Individuals

SOCWORK 4501 Generalist Practice with Families

SOCWORK 4503 Generalist Practice with Larger Systems

SOCWORK 5030 Global Social Work Perspectives on Poverty & Inequality

MSW:

SOCWORK 6202 Diversity & Cultural Competence

SOCWORK 6302 Organizational & Community Systems

SOCWORK 7401 Social Work Evaluation I

SOCWORK 7510 Strengths-Based Clinical Social Work with Individual Adults (Micro course)

SOCWORK 7621 Integrative Seminar II on Mental Health & Substance Abuse (emphasis on Substance Abuse)

APPENDIX LXXXV



THE OHIO STATE UNIVERSITY

Department of Near Eastern Languages and Cultures

300 Hagerly Hall
1775 College Rd.
Columbus, OH 43210

614-292-9255 Phone
614-292-1262 Fax

nelc.osu.edu

To: Randy Smith, Vice Provost for Academic Programs

From: Scott Levi, Interim Chair, Department of Near Eastern Languages and Cultures; Professor and Chair, Department of History

Re: Request to Change Name of Department of Near Eastern Languages and Cultures (NELC)

Date: November 8, 2021

Dear Randy,

The Department of Near Eastern Languages and Cultures (NELC) is requesting to change its name to **Department of Near Eastern and South Asian Languages and Cultures (NESA)**. Please see below for our rationale in requesting this change.

Thank you for your consideration.

Sincerely,

Scott Levi
Interim Chair, Department of Near Eastern Languages and Cultures
Professor and Chair, Department of History



THE OHIO STATE UNIVERSITY

Proposal: Change the name of Department of Near Eastern Languages and Cultures (NELC) to Department of Near Eastern and South Asian Languages and Cultures (NESA).

1. Rationale

Changing NELC to NESA is both logical and desirable insofar as the department has for years served as the academic home to South Asian studies. NELC already houses the South Asia Studies Minor and Hindi language. A name change to NESA aligns with the department's mission. We aim to advance this part of our mission for a number of reasons. South Asia represents a major part of the world and one-fifth of the world's population lives in South Asia. Additionally, the South Asian diaspora in the United States warrants study and academic representation.

Beyond increasing the visibility of research and teaching on South Asia at OSU, a departmental home for South Asian Studies would contribute to the University's mission to be "the nation's premier leader and model for diversity, equity and inclusion in higher education and broader society" [[Office of Diversity and Inclusion](#)]. Curriculum and programming in South Asian studies would enhance ongoing efforts by the [Multicultural Center's APIDA](#) (Asian, Pacific Islander, and Desi American) student initiatives, which engage in "social, cultural and educational programming" to support the "vibrant and diverse Asian, Pacific Islander, Desi American, Asian international and Middle Eastern and North African communities at Ohio State." Enhanced visibility in South Asian Studies would also contribute to the Office of International Affairs, and especially the [Global Gateway in India's](#) efforts to facilitate academic collaboration between OSU and the South Asian region. Adding South Asia explicitly to NELC and OSU will open important avenues for outreach and development work.

We anticipate that changing NELC's name to NESA will bring the department more in-line with comparable departments at other universities, improve the department's visibility to students, increase enrollments, increase the visibility of research and teaching of South Asia Studies and Near East Studies, increase fundraising opportunities, and further the missions of both the department and OSU.

Finally, we note that the department considered taking the name Middle Eastern and South Asian Languages and Cultures (MESA instead of NESA). The faculty discussed this issue and decided to retain Near East in the department's name. The reason is that, within the field, Middle Eastern Studies departments exhibit a tendency to focus on contemporary politics and social science fields whereas Near Eastern departments tend to exhibit more historical depth and a stronger attachment to humanities fields. As a whole, the department feels that Near East better characterizes the strengths and mission of our department.

2. Commonly used names in top academic departments

Harvard University: Department of Near Eastern Languages and Civilizations

Yale University: Department of Near Eastern Languages and Civilizations

University of Chicago: Department of Near Eastern Languages and Civilizations

Princeton University: Department of Near Eastern Studies



THE OHIO STATE UNIVERSITY

Columbia University: Department of Middle Eastern, South Asian and African Studies

University of Virginia: Department of Middle Eastern and South Asian Languages and Cultures

University of Minnesota: Department of Asian and Middle Eastern Studies

Rutgers University: Department of African, Middle Eastern, and South Asian Languages and Cultures

Emory University: Department of Middle Eastern and South Asian Studies

3. Programmatic changes

The proposed name change will not require any programmatic changes, although we do anticipate developing an interdisciplinary South Asian Studies major.

4. Impact of the department's name change on students, faculty, and staff in the current department

The core NELC faculty will not be impacted by this change. Neither will our current staff or students.

5. Impact that the department's name change would have on students, faculty, and staff beyond the unit

The current South Asia Studies Initiative (SASI) faculty who span over seven different departments will become affiliated faculty, a move that is already under consideration for faculty in all ASC units that align with the department. We will encourage these faculty members to cross-list courses with NESA, which will support a new interdisciplinary South Asian Studies major to the benefit of our students.

6. Administrative changes

We anticipate no administrative changes to the department.

7. Status

Positive unanimous vote (November 1, 2021) among the on-duty faculty (8 in favor, 0 opposed, 0 abstentions).

8. Fiscal impact

Negligible. The Department will need to purchase new stationary and change other physical branding within Hagerty Hall.

APPENDIX LXXXVI



THE OHIO STATE UNIVERSITY

**Completion Plan
Updated May 2022**

*Provided to the Chancellor of the Ohio Department of Higher Education
in accordance with Ohio Revised Code 3345.81*

**Prepared by the Student Success Research Lab
SSRL@osu.edu**

The Ohio State University Completion Plan
Updated May 2022

Table of Contents

EXECUTIVE SUMMARY 3

UNIVERSITY MISSION AND PROFILE 4

Mission 4

Profile 4

BARRIERS TO PERSISTENCE AND COMPLETION 6

PROGRESS TOWARD GOALS FROM 2020-2022 COMPLETION PLAN 7

UPDATED COMPLETION GOALS 9

CURRENT AND ONGOING COMPLETION STRATEGIES AND ACTIVITIES 10

Undergraduate Admissions 10

Need-Based Financial Aid 10

Orientation and First Year Experience 11

Learning Communities 12

Diversity and Inclusion 13

Campus-Change and Transfer 13

Second Year Engagement 14

Advising Community..... 14

Teaching and Learning..... 15

Learning Support Services 17

Student Wellness Services..... 20

PLANNED STRATEGIES 23

General Education Redesign 23

Scarlet & Gray Advantage Pilot Program 24

WORKFORCE DEVELOPMENT PRIORITIES 25

Ohio State Choose Ohio First Scholarship Programs 26

Ohio Means Science (OHMS) Scholars Program..... 26

Bachelor of Science in Engineering Technology 27

Academic Certificates at Ohio State..... 27

Center for Design and Manufacturing Excellence 28

Student Career Resources..... 29

Ohio Means Internships and Co-ops JobReady Program 31

Central Ohio Compact..... 32

Office of Innovation and Economic Development..... 32

Appendix: University Undergraduate Student Profiles 34

EXECUTIVE SUMMARY

The Ohio State University is a comprehensive public university founded in 1870. It consists of a selective-admission campus in Columbus; four open-access regional campuses in Marion, Newark, Lima and Mansfield; and a research campus in Wooster , which houses the Agricultural Technical Institute. *U.S. News & World Report* has ranked Ohio State as one of the nation's top public institutions for more than a decade.

Over the past seven years, the university has made substantial investments in strategies designed to further improve its already-strong retention and graduation rates, including: dramatically expanding the provision of need-based financial aid; creating at-scale data-driven supports for first-year students; implementing at-scale enrichment opportunities for second-year students; building a data-driven “coordinated care” model of advising; coordinating, highlighting, and scaling teaching improvement efforts across the university; focusing more strongly on the success of identified groups of traditionally underserved students, including those from underrepresented racial/ethnic groups as well as first-generation, Pell-eligible, campus-change, and community college transfer students; and creating infrastructures to promote evidence-based practices for student success. During the COVID-19 pandemic, the university strengthened and extended these efforts in order to retain students as they struggled with multiple challenges at home and school. As a result, in autumn 2021 the Columbus campus showed very strong rates of retention and graduation (94.0% first-year retention rates and 88.0% six-year graduation rates).

This report first provides an **Overview** of the university's mission and profile, barriers to persistence and completion faced by the student population we serve, progress toward our goals since the 2020 Completion Plan, and our updated completion goals for 2022 – 2024. The report then lays out the university's **Current and Ongoing Completion Strategies and Activities**, including new strategies launched since August 2020. Next the report summarizes **Planned Strategies**, which include major initiatives planned for launch in 2022-23. Finally, the report describes how the university is responding to the state's **Workforce Development Priorities**.

UNIVERSITY MISSION AND PROFILE

Mission

Ohio State is a comprehensive public university founded in 1870. Its largest campus, 1,693 acres, is in Columbus, with regional campuses in Marion, Newark, Lima and Mansfield. It also has a research campus in Wooster — home to the Agricultural Technical Institute (ATI)¹ — for a total of 16,147 acres. As the state's leading university focused on teaching and research, Ohio State combines a responsibility for the advancement and dissemination of knowledge with a land-grant heritage of public service. It offers an extensive range of academic programs in the liberal arts, sciences, and the professions, and provides accessible, high quality, undergraduate, graduate and professional education for academically qualified students who can benefit from a scholarly environment in which research inspires and informs teaching.

Ohio State celebrates and learns from diversity and values individual differences. Academic freedom is defended within a community of civility, tolerance and mutual respect. In the area of teaching and learning, the goal is to provide an unsurpassed, student-centered learning experience led by engaged, world-class faculty and enhanced by a globally diverse student body.

Profile

The university's total autumn 2021 enrollment² included 67,772 undergraduate, graduate, and professional students, with 61,677 on the Columbus campus. Across campuses, the student body was a balanced mix of male and female (51.9% female); 74.4% were residents of Ohio and 8.3% were international students; 63.4% were (non-international) white/non-Hispanic; 25.1% were (non-international) students from traditionally underrepresented racial/ethnic groups, including 7.7% who identified as African American/Black, 5.4% Hispanic, 7.7% Asian, and 4.1% who identified as multi-racial. The student body included 639 students who were active duty military or veterans, with an additional 397 in the Reserve Officers' Training Corps (ROTC).

Among Columbus campus students in autumn 2021, 47,106 were undergraduates, and their average age was 21 (with 94% under age 25). Most new students entering the Columbus campus were new first-year students (or "NFYS") with no prior college experience outside of high school dual enrollment (8,350 students). These students' average ACT score was 28.6, with 94% in the top quartile of their graduating class and 64% in the top 10%. Most (79%) arrived with accepted credit: 62% arrived with test credit (such as Advanced Placement, International Baccalaureate, College Level Examination Program, or language proficiency), and 44% arrived with dual enrollment

¹ ATI is the associate-degree-granting unit of The Ohio State University College of Food, Agricultural and Environmental Sciences.

² All data from 2021 Enrollment Services reports; see Appendix for details.

credit. Overall, 29% of NFYS earned 30 or more college credits while still in high school. In addition to NFYS, the Columbus campus also welcomed 2,070 new transfer students from other two- and four-year colleges, as well as 1,286 “campus-change” students who moved from Ohio State regional campuses to the Columbus campus.

Ohio State’s regional campus profile differs from that of the Columbus campus. The four regional campuses and ATI have an open enrollment policy and serve many students who prefer to start their college experience at a smaller university campus. Several degrees can be completed on the regional campuses (including both associate and bachelor’s degrees), but most bachelor’s degrees require students to change to the Columbus campus to complete advanced coursework. Ohio residents who apply but are not admitted to the Columbus campus have the option to start at a regional campus and are eligible to change to Columbus after the successful completion of 30 credit hours (one year of full-time study). In autumn 2021, Ohio State’s regional campus enrollment was 6,083, of which 2,574 were new first-year students. Regional campus students were more likely than Columbus students to be non-traditional: 17.4% were part time; 84.2% were 18 to 24 years old; and the majority commuted to campus. Regional NFYS students were also more likely to be Pell-eligible³ (31.2%, compared to 17.6% on the Columbus campus). The average ACT score for NFYS regional students was 22.1, and 42.8% needed remediation in math or English or both (compared to 3.1% on the Columbus campus).⁴

For the 2020-21 academic year, Ohio State awarded 17,807 degrees, including 1,067 associate degrees at the regional campuses, 11,919 bachelor’s degrees, 2,828 master’s degrees, 900 doctoral degrees and 823 advanced professional degrees. The average time to a bachelor’s degree was 4.13 years.

Ohio State has earned national recognition for the quality of its programs and teaching. *U.S. News & World Report* has ranked Ohio State as one of the nation’s top public institutions for more than a decade; in 2022, Ohio State was ranked 17th among public universities nationwide, and was recognized in the Best Undergraduate Teaching, Most Innovative Schools, Best Colleges for Veterans, and First-Year Experiences categories.

³ Students eligible for Pell Grants meet federal guidelines for low and moderate incomes. Pell eligibility is used to measure financial need in student populations.

⁴ Although the Columbus campus has been deemed remediation-free by the Ohio Department of Higher Education (ODHE), acting according to Section 3345- 061(H) of the Ohio Revised Code, the Columbus campus still has students who are in need of extra support through remedial intervention, particularly in math and English composition. Of the 8,350 NFYS entering Columbus in Autumn 2021, 262 students were recommended for remedial courses through the university placement exams administered during orientation (252 of whom were referred for remediation in math, 3 in English, and 7 in both subjects).

BARRIERS TO PERSISTENCE AND COMPLETION

The autumn 2021 report showed high rates of retention and graduation for Columbus NFYS students, with first-year retention at 94.0% and 88.0% graduating in six years with a bachelor's degree. Success rates were lower on the regional campuses (collectively, excluding ATI); first-year retention was 70.8% and the six-year graduation rate was 44.7%.

Students with lower rates of retention and graduation have typically come from one or more of the following underserved populations: Pell-eligible, first-generation, traditionally underrepresented racial/ethnic group, or transfer/campus-change. Male students also experience extended time-to-degree compared to female students. The most recent success metrics for these students are included below.

For Pell-eligible Columbus NFYS, first-year retention was 92.2% and six-year graduation was 81.5%; for Pell-eligible regional campus NFYS, the respective rates were 67.8% and 32.5%. For first-generation Columbus NFYS, first-year retention was 89.5% and six-year graduation was 80.8%; for first-generation regional campus NFYS, the respective rates were 64.3% and 36.1%. For Columbus NFYS who identify with a traditionally underrepresented racial/ethnic group, first-year retention was 91.4% and six-year graduation was 80.6%.

Success rates for transfer and campus-change students are calculated based on student "rank" (credit accrual at the point of entry into the Columbus campus). For example, students who transfer with fewer than 30 credits are Rank 1, and those who transfer with more than 90 credits are Rank 4. Transfer and campus-change students typically enter Columbus at Rank 2 or 3, and the pattern of outcomes among Rank 2 transfer students are representative of the broader group. According to autumn 2021 reports, among Rank 2 transfer students, 73.5% graduated within four years and 76.1% graduated within six years. These rates were similar to those of regional campus students who changed to Columbus within their first two years; they had a six-year graduation rate of 76.3%.

Although male students were retained at a similar rate to female students, they had lower four-year graduation rates, which may be due to extended time-to-degree. Among Columbus NFYS, autumn 2021 reports showed one-year retention rates of 94.2% for men and 93.8% for women. A wide gender gap appeared at four-year graduation, with a 64.4% four-year graduation rate for men and a 76.8% rate for women; however, the gap narrowed at six-year graduation, with an 85.5% six-year graduation rate for men and a 90.5% rate for women. The four-year graduation rate for males may be influenced by the higher proportion of males in engineering, a degree that tends to take longer to complete because of its accreditation requirements.

PROGRESS TOWARD GOALS FROM 2020-2022 COMPLETION PLAN

When setting its goals for the 2020 Completion Plan, the university focused on maintaining student retention and completion rates in the face of critical challenges posed by the COVID-19 pandemic. Below, progress for each 2020 goal is provided.

- **Goal 1:** Maintain NFYS Columbus retention at 2019–20 levels.

Progress: NFYS Columbus first-year retention was 94.1% in 2019 (i.e., students who entered in autumn 2018 and returned in autumn 2019). It remained relatively stable across the next two years, at 93.9% in 2020 (i.e., students who entered in autumn 2019, weathered the transition to emergency remote learning in spring 2020, and returned in autumn 2020), and at 94.0% in 2021 (i.e., students who began during the pandemic in autumn 2020).

- **Goal 2:** Maintain NFYS Columbus four-year and six-year graduation rates at 2019-20 levels.

Progress: The four-year graduation rate on Columbus campus was 67.0% in 2019, and improved across the course of the pandemic to 68.7% in 2020 and 70.8% in 2021. Similarly, six-year graduation rates improved from 85.8% in 2019 to 87.0% in 2020 and 88.0% in 2021.

- **Goal 3:** Maintain 2019-20 levels of completion and retention for traditionally underserved populations, including first-generation, Pell-eligible, transfer/campus-change, and African-American/Black students.

Progress: As the table on the following page shows, retention rates for traditionally underserved populations remained relatively stable from 2019 to 2021, while completion rates increased.

- **Goal 4:** Continue to enhance and build college-to-career and post-graduate pathways, with a focus on Ohio workforce development priorities.

Progress: Ohio State is strengthening existing strategies and has launched new strategies related to this goal, as detailed later in the report.

Retention and Graduation Rates - Columbus Campus*

	2019	2021
All NFYS		
First Year Retention	94.1%	94.0%
Four-Year Graduation	67.0%	70.8%
Six-Year Graduation	85.8%	88.0%
NFYS First-Generation		
First Year Retention	91.4%	89.5%
Four-Year Graduation	59.9%	61.0%
Six-Year Graduation	79.8%	80.8%
NFYS Pell-Eligible		
First Year Retention	91.5%	92.2%
Four-Year Graduation	58.1%	61.8%
Six-Year Graduation	78.3%	81.5%
NFYS African American/Black		
First Year Retention	93.0%	92.7%
Four-Year Graduation	49.5%	57.3%
Six-Year Graduation	73.8%	79.2%
Transfer Rank 2		
First Year Retention	86.8%	88.3%
Four-Year Graduation	70.9%	73.5%
Six-Year Graduation	76.4%	76.1%

** First year retention rates are based on 2018 and 2020 entrants. Four-year graduation rates are based on 2015 and 2017 entrants. Six-year graduation rates are based on 2013 and 2015 entrants.*

UPDATED COMPLETION GOALS

The following goals are based upon the university's Strategic Enrollment Plan for 2022 – 2024.

Goal 1: Increase NFYS Columbus first-year retention rates to 95%

Goal 2: Increase NFYS Columbus four-year graduation rates to 71% and six-year graduation rates to 90%

Goal 3: Improve retention and graduation rates for the university's regional campuses, as well as for traditionally underserved populations on the Columbus campus, including first-generation, Pell-eligible, transfer/campus-change, and African-American/Black students.

Goal 4: Continue to enhance and build college-to-career and post-graduate pathways, with a focus on Ohio workforce development priorities.

CURRENT AND ONGOING COMPLETION STRATEGIES AND ACTIVITIES

The university's completion strategies are implemented in partnership among Strategic Enrollment Management, the Office of Undergraduate Education, the Office of Student Life, the Office of Diversity and Inclusion (ODI), the Drake Institute for Teaching and Learning, the Office of Technology and Digital Innovation (OTDI), University Libraries, and the university's academic colleges and campuses. Below, the university's ongoing completion activities are organized by function, with most representing a collaboration across multiple units. Such collaborations are coordinated through key strategic initiatives and infrastructures (such as the rollout of the new framework for General Education, discussed later in this report).

Undergraduate Admissions

Undergraduate Admissions provides robust outreach to historically underrepresented students of color, first-generation, and limited-income students through proactive outreach, partnerships and individual engagement. Working closely with community based organizations, such as I Know I Can, the Cincinnati Youth Collaborative, College Now Greater Cleveland, KIPP Columbus, Strive for College, and Chicago Scholars, admissions staff work with high school counselors throughout the state, especially in urban and rural areas, to educate counselors on the Ohio State admissions process. Ohio State's unique Buckeye Student Leadership Academy helps to prepare selected rising seniors from underrepresented backgrounds in Ohio for the application process, free to participants. Student telecounselors, faculty, and staff conduct outreach through phone call and email campaigns to build individual relationships with prospective students.

After admission, Undergraduate Admissions provides travel grants for targeted admitted students to help defray the cost of coming to campus for admitted student programs. Specialized programming to help build community for underrepresented students takes place at off-campus programs in Cincinnati and Cleveland, as well as during admitted student visits on campus.

Need-Based Financial Aid

Over the past several years Ohio State has significantly expanded its portfolio of institutional need-based aid in order to remove financial barriers to student success and completion. In 2015, Ohio State launched the President's Affordability Grant Program to provide new need-based aid to low- and middle-income students on the Columbus campus; the program was expanded to the regional campuses in 2016–17. In autumn 2018, the university launched the Buckeye Opportunity Program on the Columbus

campus, which supports students from Ohio who qualify for a Federal Pell Grant; each recipient receives enough student financial aid to cover the full cost of undergraduate tuition and mandatory fees. The program was expanded to the regional campuses in spring 2019. The university plans to further expand financial aid under the forthcoming Scarlet & Gray Advantage program (described in more detail later in the report).

Orientation and First Year Experience

A comprehensive orientation for NFYS, transfer students and special populations (for example, veterans) is important for students (and families) so they can begin to focus on college and start the transition to life as an Ohio State student. In addition to managing logistical tasks such as placement testing, course scheduling and financial aid consultation, Ohio State's student orientation sessions contribute to first-year retention by ensuring that students:

- Learn about resources and expectations both inside and outside of the classroom.
- Engage with their Peer Leader, who provides support during orientation and throughout the first year.
- Meet one-on-one with academic advisors to learn about academic areas of study.

After arriving at Ohio State, all new first-year students participate in university First Year Experience (FYE) programs designed to help students become acclimated to campus, connect with resources and the university community, and to start to think of Ohio State as their second home. On the Columbus campus, every new first-year student is assigned a specific Peer Leader, an upper-class student who leads the new student's two-day summer orientation, maintains connections with that student through the entirety of the first year, and helps provide or coordinate more intensive or sustained support for students who need it most.

Across all campuses, every new first-year student enrolls in the **University Survey course**, a one-credit hour course taught by academic advisors in their own major or college, in which students are encouraged to set goals, complete two- and four-year curricular plans, and delineate courses that must be taken sequentially to complete the degree on time. The course is designed as an extended introduction to the university. It covers majors and colleges, how to schedule classes, intentional degree planning, how to conduct other Ohio State business, and using resources such as the library system and other academic and personal services. As part of Survey course requirements, students attend **First Year Success Series** sessions, which reinforce content provided in the survey course and focus on helping students overcome common challenges during the transition to college.

Through a data-informed approach and network of referrals from Peer Leaders, advisors, and others who work closely with students, first-year students may also be invited to participate in programs such as **Buckeyes First**, **Buckeye START**, or **SpringForward**. Buckeyes First offers a network of support for students who are the first in their family to attend college, including an online summer program, an in-person post-orientation session, and organized social mixers. Buckeye START sessions help students recognize and normalize the transition to college, connect them to campus resources that can most appropriately support their success, and foster peer connections among other new students and with FYE Peer Leaders. SpringForward works with students who fall into academic difficulty during their first year. Participants enroll in an academic skill and self-efficacy building course, and engage in academic coaching and advising. For students who benefit from extended support, there is an option to continue components of the program through the summer and into the second year as part of a close-knit community.

Learning Communities

All first- and second-year Columbus NFYS are required to live on campus unless they are granted a waiver. This residential requirement allows the university to integrate a variety of supportive programming across the first two years of the student experience. For interested students, Ohio State's residential Learning Communities offer an integrated and holistic approach to student support and/or enhanced experience. Students in a particular Learning Community live together on a residence hall floor with common major, career, and/or personal interests. Through partnerships with a variety of academic departments, faculty and staff, students have exclusive access to activities that tie directly into their academic success at Ohio State. Each Learning Community is unique in the goals and events offered, but all have:

- A direct connection to the classroom experience.
- Intentional events and opportunities for participants.
- Dedicated staff members to ensure the success of the students within the community.

Ohio State has a wide variety of learning communities, including 17 programs coordinated with Student Life⁵ and 16 affiliated with the university Honors and Scholars Center.⁶

⁵ Examples include: Engineering House, Exploration, First Year

Collegian, Future Health Professionals, Global Business, and Nursing and Wellness Innovations.

⁶ Examples include: Arts, Biological Sciences, Sport and Wellness, Environment and

Diversity and Inclusion

Ohio State's Office of Diversity and Inclusion (ODI) supports the recruitment, retention and success of students, faculty and staff who enhance the diversity of The Ohio State University. ODI oversees a wide range of access, scholarship, mentoring and retention programs. ODI has long provided generous scholarships that have need-based requirements, like the Young Scholars Program scholarship, as well as merit-based programs like the Morrill Scholars Program. ODI offers several different early arrival programs for admitted students from targeted populations, including the Bell National Resource Center Early Arrival program (focused on supporting students who identify as African-American men), the NSF LSAMP three-week bridge program (for underrepresented minority students in STEM), the Morrill Scholars Early Arrival program, the Latinx Early Arrival Program, and the Young Scholars Early Arrival Program. To assist with student pathway decisions, many ODI programs include success coaching where students meet one-on-one with staff to do education and career planning. ODI's Scholarship and Supplemental Academic Services encourages the growth, success and excellence of ODI scholars by providing targeted scholarship, financial aid and academic services.

ODI supports non-traditional student-parents through the ACCESS program and CCAMPIS childcare grants. In autumn 2019, ODI launched the Dr. James L. Moore III Scholars Program, which supports students transferring from Columbus State Community College (CSCC) to Ohio State. The Women's Place also serves as the administrative home for the Critical Difference Scholarship Program, which provides grants to students who have disrupted their education due to unforeseen circumstances; most of the students receiving this grant are over the age of 25, but it also serves other non-traditional student populations including veterans and parents.

Campus-Change and Transfer

In 2018-19 the university kicked off an initiative to improve campus-change and transfer processes. Since that time, university advisors have created a more consistent and streamlined process for campus-change approval; the Dr. James L. Moore III Scholars Program was launched to provide wrap-around support for selected CSCC transfers; the Dennis Learning Center implemented targeted outreach to help incoming transfer and campus change students develop strong study skills to help them succeed at Ohio State; the university's central advising office launched a partnership with Social Work in which graduate student social work interns engage in proactive outreach and support to

Natural Resources, Green Engineering, Humanitarian Engineering, International Affairs, Health Sciences, and Innovation, Creativity and Entrepreneurship.

campus-change and transfer students; and the Registrar's office worked with partners in academic units to update the university's Transfer Credit Policy and streamline departmental credit evaluation into a more centralized system. In addition, centralized staff positions are now charged with coordinating transition supports for campus-change and transfer students. These staff serve as a key point of contact for change/transfer students; coordinate the orientation and welcome programs for these students; connect students to appropriate resources; collaborate with academic units and regional campuses to develop programming and resources for change/transfer students; and assist transfer students with issues or concerns regarding evaluation of transfer credit. The university is also an active partner in the statewide Ohio Guaranteed Transfer Pathways initiative and is partnering with Columbus State Community College to further strengthen transfer pathways in high-demand Health and IT areas.

Second Year Engagement

Ohio State's Second-year Transformational Experience Program (STEP) is integrated into the experience of second-year residential students on the Columbus campus as well as second-year students on the regional campuses, with 2,354 students participating during the 2021-2022 academic year. STEP faculty mentors are assigned up to 18 students, whom they meet with regularly throughout the academic year. STEP creates intensive interactions with faculty outside of the classroom, combined with a living experience that integrates academic achievement, self-awareness, and the development of life and leadership skills. The program offers individual development modules with applications for career growth and global citizenry, and mandates completion of a financial wellness component.

During the spring semester, each student works closely with his or her STEP faculty member to create a written proposal for a STEP Signature Project, which falls into one of six categories: undergraduate research, education abroad, service learning and community service, leadership, internships, or creative and artistic endeavors. Students who complete all STEP requirements are eligible to receive a fellowship of up to \$2,000 to use towards a STEP Signature Project they might otherwise not be able to do. STEP is designed to focus on students' success and development and allows them the opportunity to participate in activities that are pointed to their individual interests and academic needs. Through their interaction with faculty, students can develop tools for life and build essential network connections.

Advising Community

Ohio State's academic advisors are embedded within each academic college or regional campus, supported by a central advising office which provides frameworks,

training and tools for the advising community. Among other tools, the central Advising office manages OnCourse, a student success platform that integrates predictive analytics to support advising. Advisors use OnCourse to schedule appointments, document meetings, add notes in the student record or reach out to students regarding progress, special events and other opportunities. Students can easily self-schedule appointments in OnCourse; 94% of undergraduates had an advising appointment in OnCourse during 2020-2021, for a total of over 110,000 advising appointments. The platform seamlessly integrates scheduling of remote appointments, which were essential during 2020 and have remained a highly popular option for students through the most recent semester.

Advisors also use OnCourse predictive analytics and reporting to assist with targeted student outreach. In 2020, the OnCourse team piloted a unified progress report mechanism which nudged faculty early in the semester to indicate whether students were achieving at a level consistent with success in the course. Following the success of the pilot, the comprehensive progress report process was expanded to all regional campus students as well as to Columbus campus students in key programs that incorporate wrap-around support. The early alert system allows support staff and advisors to align outreach to students in a “coordinated care” model, and students are encouraged to work with staff and faculty to improve their grades in their courses. In academic year 2021-22, over 14,000 undergraduate students received progress reports from over 2,500 faculty.

In general across the past two years, the OnCourse team has invested heavily in training advisors and support staff to use the system with an eye to retention and graduation. The Ambassadors Program, which trains users on the platform's robust student outreach, reporting and analytics features, has trained over 50 OnCourse Ambassadors, many of whom have gone on to promote and create projects supporting targeted populations. Four Ambassador projects were highlighted at a national conference this year for their ingenuity and focus on student success. Finally, the Advising office helps coordinate the Complete Ohio State program, which identifies and reaches out to students who have stopped-out within a few credits of on-time graduation, in order to provide tailored advising support, including personalized degree plans and assistance with enrollment and financial aid issues.

Teaching and Learning

The university's Michael V. Drake Institute for Teaching and Learning works with multiple campus partners to advance at-scale professional learning, evidence-based instructional strategies, and research and policy that elevate the work of all who teach at

Ohio State. Key partners include the Office of Technology and Digital Innovation (OTDI), University Libraries, Undergraduate Education, and the Center for the Study and Teaching of Writing (CSTW). Each partner provides student-facing resources that are integrated into many of the student supports already discussed. For example, University Libraries provides programming related to library resources and information literacy as part of New Student Orientation, University Survey, First Year Success Series, STEP and the Young Scholars Program. Overall, these partners work together with support and coordination from the Drake Institute to strengthen the quality of instruction within and outside physical and virtual classrooms.

This section reviews three key areas of teaching and learning at Ohio State: instructor professional development, textbook affordability and online education. In addition, the Planned Strategies section of the report provides an overview of how teaching and learning will evolve as part of a wholesale re-imagining of the university's General Education experience.

First, in terms of instructor development, the Drake Institute designs, coordinates, delivers and scales teaching improvement efforts across all campuses of the university. To provide a foundation for quality teaching, the institute offers Teaching@OhioState, a five-module online introduction to evidence-based pedagogy. Between 2018 and 2020, all instructors were encouraged to participate in the program, and over 3,529 did so. Each year, newly hired faculty also engage in an in-depth New Faculty Orientation, which included 135 new faculty in August 2020 and 121 in August 2021. Graduate teaching associates also participate in instructional development through the Graduate Teaching Orientation, which included 579 graduate teaching associates in August 2020 and 570 in August 2021. These programs encourage participants to take a customized "health and wellness" approach to professional learning to promote career-long cultivation of expertise and achieve success in teaching and learning. In addition, across 2020-2022, 110 new faculty participated in a formal year-long mentoring program led by 30 senior faculty.

To support instructors as they build on this foundation across time, the Drake Institute offers 19 different Teaching Endorsements: credentials earned by faculty, graduate students and staff who participate in in-depth, extended professional learning experiences in a specific area, such as inclusive teaching, digital humanities, teaching with technology, course design, meaningful inquiry, or teaching ethics and human values. Across the past two years, 218 endorsements were awarded to Ohio State faculty, graduate students and staff. In addition, the Drake Institute's Instructional Redesign program supports and incentivizes instructors in redesigning and assessing instruction in their courses to improve student learning outcomes and enhance the

student experience. As of April 2022, 143 instructors have completed the Instructional Redesign program, and over 300 are currently participating.

Second, the university's textbook affordability initiative (the **Affordable Learning Exchange**, or ALX) continues to create and expand digital resources to offset textbook prices for students. Over the past seven years, ALX has worked with more than 143 faculty across all the university's campuses to replace traditional commercial textbooks with high-quality affordable options, saving students a total of \$14.5 million. In 2018 ALX also launched a pilot of CarmenBooks, a program to provide digital textbooks at approximately 80% off list price. The program expanded in the following year and has now reached more than 1,175 courses and saved students \$16.1 million. ALX has also helped lead the statewide Ohio Open Ed Collaborative; savings to date for the statewide project, as self-reported by partner institutions, total over \$6 million.

Third, the university has continued to grow its high-quality **online offerings**, thus offering flexibility and affordability to students who need it.⁷ In 2021-2022, the university grew its offerings to 57 approved online programs, with many of the newest programs in alignment with the state's workforce development priorities. Ohio State also connected expert faculty with online instructional designers in order to design or redesign 135 courses within those programs for the online context. To ensure quality, these online courses are designed to meet internal standards that not only include Quality Matters standards (a widely used course design rubric geared to continuous improvement in student learning for online offerings), but also captures university policies, scholarship on student success, feedback from Ohio State faculty collaborators and regulatory requirements to ensure quality design for online and hybrid courses. Ohio State's support for online quality consistently results in multiple top rankings in *U.S. News & World Report* for online education.

Learning Support Services

Ohio State offers a suite of learning support services to all students, including the **Dennis Learning Center**, the **Mathematics and Statistics Learning Center** and the **Center for the Study of Teaching and Writing**. As noted earlier in the report, the Office of Diversity and Inclusion provides specialized learning support for students in its programs. In addition, the university offers specialized learning support services for athletes (**SASSO**), military and veteran students (**MVS**), and disabled students (**SLDS**).

⁷ All fully online program students pay in-state tuition and do not pay campus-based associated fees, thus reducing the total cost-to-credential.

The **Dennis Learning Center** was established to provide academic learning services that support Ohio State students from entry through graduation. Services include courses, workshops, individual academic coaching and online learning resources. The center's college-success courses provide elective credit toward students' degrees and are offered on multiple Ohio State campuses. Through group workshops and individual academic coaching, center affiliates work directly with students to develop strategies for effective studying, time management, learning from text, note taking, test taking and self-regulation. They collaborate with Ohio State academic departments, other institutions, and the scholarly community on research and practice that promote postsecondary student success. In addition to offering all services both face-to-face and online, the center provides an online resource with videos and materials related to note taking, test taking, procrastination, motivation and cognitive learning.

The **Mathematics and Statistics Learning Center (MSLC)** is a resource center for students and instructors in mathematics and statistics courses at Ohio State. The center's goal is to create and implement an efficient and effective model of support services for student learning in mathematics and statistics and to provide training and support to tutors and instructors of lower-division mathematics and statistics courses. The center provides trained tutors available to help students with difficulties they are experiencing in class or with homework. In addition, it provides online resources, practice exams and workshops to help a student progress through the challenging quantitative courses, which often are "stumbling block" courses that impact student completion.

The **Center for the Study and Teaching of Writing (CSTW)** is an interdisciplinary support and research unit in Ohio State's College of Arts and Sciences. CSTW was established to aid students, faculty and staff in becoming more effective writers in a variety of contexts and media. Two programs in CSTW, the Writing Center and Writing Across the Curriculum Initiative, provide assistance to writers of all abilities and levels. The Writing Center offers face-to-face and online tutorials to students to assist with writing in progress; the Writing Across the Curriculum program works with instructors to develop and assess writing activities, and to design and develop these activities to meet student and curricular needs. A third program, the Writing Associates, invites faculty to embed an undergraduate tutor into their writing courses to provide additional support for those students. Each of these programs favorably impacts student success, retention and degree completion. Undergraduate and graduate students employed by these programs also gain valuable experience and transferable skills.

The **Student Athlete Support Services Office (SASSO)** serves more than 1,000 student-athletes on 36 NCAA teams, providing Ohio State student-athletes with assistance in academic support including academic counseling, instructional support

services, tutorial services, student-athlete engagement, and many other skill-building services and units. Academic counselors work in conjunction with academic advisors within each college to provide accurate academic information and planning related to a student-athlete's college progress and degree program. SASSO's learning specialists provide academic skill-building and monitoring of student progress, while mentors and professional tutorial support staff offer subject-specific assistance as well as time management, organizational strategies and techniques. SASSO's Student-Athlete Engagement unit provides student-athletes opportunities to engage in experiential learning, high-impact practices, community service, student leadership initiatives, educational internship opportunities and other programming. Together they help foster growth in decision-making and academic planning, so that they may fulfill their academic, degree completion, and personal and professional development goals.

Ohio State's **Military and Veterans Services (MVS)** provides full-spectrum assistance for all military-connected students. The office focuses on building trust and guiding these students through the transition to higher education, academic success, and graduation. The office provides VA education benefit navigation; military, veteran and ROTC orientations; focused academic advising, counseling and tutoring; peer mentoring; tailored support services; and faculty/staff education on military student issues. The office also provides long-term continuity for the Tri-Service ROTC Departments and collaborates with the Office of Government Affairs on local, state or federal legislation and policies concerning this cohort. Other Ohio State resources include a housing option for student veterans; 14 military-connected student organizations; and comprehensive services that assist the Buckeye Military Family in securing internships and post-graduation employment. Since the office's inception, Military and Veterans Services has consistently been rated one of the nation's top programs for veterans in higher education.

Student Life Disability Services (SLDS) partners with students, faculty and staff to design accessible and inclusive instruction and environments, and to provide academic and co-curricular accommodations and services. The office recognizes that "disability" is a broad term that includes, but is not limited to, mental health conditions, chronic health conditions, temporary injuries, physical/learning disabilities and ADHD. For example, for the past two years the office has coordinated with colleges and units across the university to issue accommodations related to the COVID-19 pandemic. Students register with SLDS to be approved for accommodations that students can then request from faculty and university units. All materials pertaining to a student's disability are confidential. Students work with an access specialist to discuss academic barriers to success and accommodations. Students notify their instructors about accommodations only if they want to use them in that instructor's course. SLDS provides services for

more than 5,500 students, including accommodations, accessible media, assistive technology, Braille, captioning, live transcription, exam services and career resources. The office serves undergraduate, graduate, professional, Program 60 and College Credit Plus students. SLDS also provides consultation services and disability awareness training to the campus community, including workshops on inclusive instruction and disability access for university instructors, staff and students. SLDS collaborates with the Americans with Disabilities Act (ADA) Coordinator's office within the Office of Institutional Equity in order to ensure legal and policy compliance, and collaborates with a College 2 Careers vocational rehabilitation counselor from the state agency Opportunities for Ohioans with Disabilities (OOD), who works with students to provide career resources and advising support for students seeking internships and employment.

Student Wellness Services

The university provides a comprehensive array of services to support student wellness, which in turn promotes academic success and persistence, including the **Student Wellness Center**, the **Counseling and Consultation Service** and the university's **Wellness app**.

The Student Life **Student Wellness Center (SWC)** serves as a resource for information on various wellness topics, provides online and in-person programs and services to individuals and groups, and contributes to the development of a more healthy and supportive campus community. All services are provided free to currently enrolled Ohio State students. Examples of activities in the SWC that contribute to retention and completion include: alcohol, tobacco and other drug prevention services; the Collegiate Recovery Community; financial education; nutrition education; and safer sex initiatives. The SWC also provides overall wellness coaching, which takes a positive approach to personal development, focusing on strengths and enhancing capacities for resilience and self-acceptance while promoting happiness, health and success. Each of SWC's services engages in educational outreach to students and includes options for one-on-one coaching and group education. Wellness Ambassadors are a key component of SWC's outreach strategy. These are undergraduate student volunteers who commit three hours per week to developing and implementing wellness programs. As Wellness Ambassadors, students have the opportunity to specialize in one of the following topic areas: alcohol education, nutrition, safer sex, other drugs, stress, sleep and career wellness.

For students in need of mental health services, the Student Life **Counseling and Consultation Service (CCS)** provides individual counseling, group counseling,

psychological testing, crisis debriefing, psychoeducation, consultation and other services to students to promote personal well-being and academic success. Their culturally diverse professional staff of licensed psychologists, social workers, counselors and psychiatrists can help students with stress management, anxiety, depression and many other mental health issues that could otherwise derail student success.

To help connect students to wellness services from any location, in 2020 the university rolled out its free **Wellness app**, which connects students to help in a crisis, and provides tools and support avenues to help navigate stress management, relationships, anxiety, depression, alcoholism and more. During the development process with Apple in 2019, Ohio State students were involved in the design from start to finish, and their user experiences were incorporated to ensure that student needs were met, from design to ease of use to quality of content. By April 2022, the Wellness app had more than 35,000 unique users with more than 450,000 screen views.

Promoting Evidence-Based Practice

The university's ongoing improvements in student success, persistence and graduation are rooted in evidence-based practice. In order to learn more from other institutions about effective practices, implement those practices at Ohio State and contribute new research on these practices to the field, the university is engaged in several research initiatives and external partnerships.

First, to engage research faculty in the conversation around and research on student success, generate new evidence about student success and incubate related practice on campus, the university maintains two faculty research grant programs. The Drake Institute's **Research and Implementation Grant** program provides grants of up to \$7,500 to support classroom-based research, in which faculty either: (1) implement and assess research-based instructional methods and materials for undergraduate students, or (2) conduct new research on student learning or instructional best practices. The **Student Academic Success Research** grant program provides seed funding (\$10,000 to \$25,000) to support research that focuses on improving, expanding or revising student success programs and services, with a special emphasis on historically underrepresented racial and ethnic groups and other underserved student groups (for example, low-income, first-generation, regional campus or community college transfer students).

Second, in 2014 Ohio State joined with 10 other large public universities to found the **University Innovation Alliance (UIA)**, which works to accelerate and coordinate efforts across universities, in order to improve the educational attainment and economic prospects of students who have traditionally struggled to complete their degrees, particularly limited-income students, first generation students and students of color. UIA

members have developed new models for scaling innovations from one campus to others, breaking down barriers that often prevent good ideas from being implemented more broadly. Founding UIA members officially exceeded the original goal of 68,000 additional degrees, set at the White House College Opportunity Summit in 2014. As of autumn 2021, UIA institutions have produced over 97,000 additional degrees above baseline projections and are on track to double their 68,000 degree goal by 2025. Ohio State's membership in UIA has helped launch several of the student success strategies discussed throughout this report, including the use of predictive analytics within OnCourse and the FGEN college-to-career program.

Third, in 2016 Ohio State was a founding member of the **American Talent Initiative**, a collaborative effort to enroll and graduate an additional 50,000 highly talented, limited-income students at top colleges and universities across the United States by 2025. The initiative is a partnership between Bloomberg Philanthropies, the Aspen Institute, Ithaka S+R, and a diverse array of public and private member institutions working to enhance access and support, share innovative best practices, and contribute to research that will help expand opportunity. Ohio State's membership in the initiative has helped increase the graduation rates of the university's Pell-eligible students by focusing attention and strategic planning around the success of this population, including the rollouts of the President's Affordability Grant and Buckeye Opportunity Program.

PLANNED STRATEGIES

The previous section discussed the university's ongoing completion strategies and activities. This section provides an overview of two major initiatives planned for launch in 2022–23: a redesign of the General Education experience, and a pilot of the Scarlet and Gray Advantage program.

General Education Redesign

In Spring 2019, all of the university's undergraduate-serving colleges approved a plan to dramatically revise the undergraduate General Education (GE) curriculum. The GE redesign plan was developed by a team of faculty, staff and students from across the university. It was approved by the Board of Trustees in summer 2019 and goes into effect for all incoming students in autumn 2022. The university will offer support and flexibility for students who enter in the 2022 – 2023 as transfer students, or who have otherwise completed a substantial portion of the prior GE's coursework, by allowing them to complete their Ohio State degree under that "legacy" GE.

To help smooth the pathway for students who change majors while at the university, and to provide a common foundation for success for all students, the redesigned GE will provide a set of curricular requirements that are congruent with the statewide Ohio Transfer 36 initiative and incorporate Higher Learning Commission recommendations regarding explicit and assessable program goals. Under the new GE, students will gain awareness of the major academic disciplines and approaches through the Foundations component (for example, Social and Behavioral Sciences, Mathematical and Quantitative Reasoning). The seven universal categories within Foundations integrate these disciplinary approaches in the context of topical Themes (for example, Sustainability). The Theme topics are broad and interdisciplinary; they respond to questions and concerns reflecting the 21st century context, and inform these issues from historical, current, and futuristic approaches. A major goal of the Themes is to provide students with the opportunity to examine a complex topic through multiple perspectives and disciplinary lenses. A pair of Bookend seminars support students in navigating and understanding their experiences in the Foundations and Themes.

Highlights of the new GE include an ePortfolio requirement embedded within the Bookends, which will showcase academic and co-curricular achievements; advanced writing, data analysis, and technology relevant to the discipline embedded within the major ("Embedded Literacies"); and intentional integration of high-impact practices such as study abroad and undergraduate research. High-impact practices are made accessible by being part of the GE and are incentivized by allowing students to satisfy

each Theme requirement through a single 4-credit “Integrative Practice” course rather than through a pair of 3-credit courses. Integrative Practice courses are designed to meet specific pedagogical goals and integrate one of the following additional modes of learning: integrative team teaching, community-based learning, study away, engagement in active research or creative practice, or instruction in a world language other than English.

Scarlet & Gray Advantage Pilot Program

Ohio State recognizes that student debt presents a significant burden for young people, greatly limiting their life prospects. The newly developed Scarlet & Gray Advantage program will create pathways for students to graduate debt-free in four-years, through a partnership that involves family contributions, financial, academic and extracurricular support.

Ohio State will bring Scarlet & Gray Advantage to scale over the next decade by focusing on making an Ohio State education affordable. The Scarlet & Gray Advantage program will provide “wraparound” services needed to achieve educational attainment without accumulating massive debt. Students in the Scarlet & Gray Advantage program will have access to:

- Knowledge and information regarding finances
- Coaching and mentoring regarding finances, education and careers
- Paid summer work experiences (internships, co-ops, research experiences)
- A financial package that covers the cost of tuition, room and board, books, travel, and day-to-day living expenses

For the 2022–2023 school year, Ohio State will start the program with a small pilot of first-year, full-time students from across Ohio State’s campuses. This pilot cohort will enable the university to plan the program, study outcomes and iteratively improve the program as it expands to more students.

Pilot program students will join a non-residential learning community, which will provide robust education and support through a structured curriculum focused on financial education and literacy, accessing student employment and internship opportunities, and navigating university resources. Scarlet & Gray Advantage students will also commit to completing the FAFSA, applying for university scholarships, and participating in a combination of programs such as campus employment, coaching and mentoring, and summer internships. In addition, coaching will be used for students as need arises to help identify alternatives to seeking loans. If there is a gap between a student’s financial package (including expected family contribution) and the estimated cost of attendance, a last-dollar financial award will be added to the student’s package, alleviating the need for federal or private loans. The expected family contribution will be assessed using the

FAFSA (or an equivalent mechanism) and will guide the amount that the student and family will contribute.

To achieve the goals of Scarlet & Gray Advantage, Ohio State processes and systems will require optimization to create a positive student experience as they navigate programs for financial aid, financial literacy, academic advising, internships and on-campus work.

WORKFORCE DEVELOPMENT PRIORITIES

According to Ohio State's 2020-2021 Graduation Survey, 65% of last year's graduating seniors planned to move to a job either full- or part-time, 1.5% planned for military or volunteer service, and 28% planned to go to graduate school. Of those who reported they were employed, 80% said their job was related to their chosen major (and/or minor) and 66% reported they would be employed in the state of Ohio.

The 2020-21 Graduation Survey was fielded in late April 2021 as students continued to experience uncertainty from the COVID-19 pandemic. Students still believed the university had prepared them very well or generally well for the job market (72%). However, 53% reported that their job situation (including job searches, job offers or internship plans) had changed due to the COVID-19 pandemic, and 21% said their graduate or professional school plans had changed due to the pandemic. Among those who reported that their job situation had changed, 37% said they had to restart or alter a job search, 18% lost a previously-held job, and 11% had lost a job offer.⁸ Among those who reported that their graduate/professional school plans had changed, 51% said they were postponing attendance and 23% had to restart or alter their school search.⁹ As the State of Ohio recovers from the economic fallout of the COVID-19 crisis, the university will continue to build and strengthen the workforce development strategies discussed below.

Below, this report first describes the **Choose Ohio First** and **Ohio Means Science** programs, which aim to attract students into academic programs associated with high-demand fields and support their success in those majors; next, it describes the university's creation, expansion and strengthening of academic programs and curricula that build high-demand skills and career opportunities (including the new **BS in Engineering Technology**, the university's growing list of **Certificate Programs**, and the **Center for Design and Manufacturing Excellence**); next, it describes **Student Career Resources**, which connects students to internships and jobs; next, it describes Ohio State's participation and leadership in regional and statewide partnerships to

⁸ Students could select multiple options from a list of 9.

⁹ Students could select multiple options from a list of 7.

further strengthen state and local employment and economic health, the **Ohio Means Internships and Co-Ops** and the **Central Ohio Compact**; and finally, it describes the university's infrastructure for incubating entrepreneurship, industry innovation and economic growth through its **Office of Innovation and Economic Development**.

Ohio State Choose Ohio First Scholarship Programs

Led and funded by the Ohio Department of Higher Education, the Choose Ohio First Scholarship Program is part of Ohio's strategic effort to bolster the state in the global marketplace of Science, Technology, Engineering, Mathematics and Medicine (STEMM). Choose Ohio First scholarship opportunities at Ohio State are offered through various departments, programs and campuses. Eligible students currently include those majoring in Biology, Biochemistry, Chemistry, Computer and Information Science, Computer Science and Engineering, Data Analytics, Engineering Technology, Molecular Biology, Mathematics, Nursing, Pharmacy, and Statistics. State-identified economic needs drive Ohio State's Choose Ohio First program, and the university's programming reinforces this alignment through internships with local employers and engagement with those employers in student mentoring activities. The program builds a strong sense of community for Choose Ohio First scholars in their first year to support them academically, professionally and socially through activities such as mentoring, tutoring and outreach, and to strengthen their connection with faculty, staff and other students. This foundation supports them as they progress into their academic experience and disciplines to their sophomore and junior years, when scholars are encouraged to take service and communication roles along with focusing on their professional careers through research and internship experiences. During their senior year, scholars participate in leadership programs to share current and previous experiences with other students about their co-curricular and extracurricular activities and at the same time develop networking with potential recruiters from further education college degrees (e.g., graduate school, medical school) and full-time employers.

Ohio Means Science (OHMS) Scholars Program

Made possible by a Scholarships in STEM award from the National Science Foundation (awarded December 2021), the newly initiated OHMS Scholars Program will help meet Ohio's need for well-educated scientists, mathematicians, engineers, and technicians by supporting the retention and graduation of high-achieving, low-income students with demonstrated financial need who start their higher education journey at The Ohio State University at Newark. The OHMS Scholars Program will welcome its initial cohort in autumn 2022, provide scholarships of up to \$10,000/year for two years to three cohorts of 15 first-year students, and include STEM enrichment activities and support services. Program activities and services will include: a short immersive retreat at an active research station to launch the new cohort each August; an academic year learning

community with weekly meetings and extra- and co-curricular opportunities in diverse STEM fields; and optional summer internships providing professional and career experience and connections in the summer after each year in the program. The program was designed by adapting evidence-based practices and strategies from more traditional college and university settings to the environment of a smaller regional campus. Crucial outcomes include successful transition from the first to the second year, successful transition between Ohio State Newark and the Columbus campus, and eventual degree completion. More broadly, OHMS will provide a better understanding of the campus-transition experience for regional students in STEM majors and lead to the adoption of successful program components by other Ohio State regional campuses to further reduce attrition of campus-change students.

Bachelor of Science in Engineering Technology

In autumn 2020, Ohio State launched a new four-year Bachelor of Science in Engineering Technology (BSET) degree program. The BSET program was developed in response to the growing needs of Ohio manufacturers for highly skilled, broadly trained manufacturing engineering graduates who will excel in leadership roles. This groundbreaking interdisciplinary program incorporates recommendations and direct involvement from regional industries to develop the skills required to produce a diverse and prepared workforce. A collaborative approach between higher education and industry allowed Ohio State to create a program designed to emphasize project-based coursework, hands-on skills and technological know-how in mechanical and electrical processes, industrial robotics and project and change management. The BSET program is offered at three of the Ohio State regional campuses – Mansfield, Marion and Lima – with the Newark campus offering the program beginning in 2023. The new degree program seeks to provide access to an engineering-based degree that was previously unavailable to traditionally underserved and underrepresented students. Enrollment numbers for autumn 2021 totaled 61 students across three campuses.

Academic Certificates at Ohio State

The Ohio State University offers a variety of academic certificate programs that allow students to pursue specific topics in order to supplement their current degree program, gain knowledge in a chosen field of employment, earn credit or continuing education units (CEUs) for workforce development, prepare for exams for professional certification, or to acquire professional licensure. Certificate programs may be offered as credit or non-credit, and may be stand-alone (they do not require a student to be enrolled in an undergraduate or graduate degree program in order to complete the certificate) or embedded (they require a student to be enrolled in an undergraduate or

graduate degree program to complete the certificate). Over the past two years, the university has worked to identify, develop and approve certificate programs in a variety of high-demand skill areas.

Ohio State's for-credit certificates include the following categories:

- Post-secondary Undergraduate Academic Certificate programs (category 1a or 1b). Intended for post-high school students seeking to earn a credential in a select topic area. These programs are either stand-alone (1a) or embedded in an undergraduate degree program (1b).
- Post-baccalaureate Undergraduate Academic Certificate programs (category 2). Intended for post-bachelor's degree students seeking to earn a credential in a select topic area to supplement their undergraduate degree program. These are stand-alone programs.
- Graduate Academic Certificate programs (category 3a or 3b). Intended for post-baccalaureate students seeking to earn a graduate credential in a select topic area. These programs are either stand-alone (3a) or embedded in a graduate degree program (3b).
- Professional Certification programs (category 5b). Intended for individuals seeking to meet requirements and/or eligibility for licensure or certification in a specific technical or professional area. These are stand-alone programs.

As of April 2022, the university offers 96 for-credit certificates, of which 33% are post-secondary undergraduate academic certificates, 4% are post-baccalaureate undergraduate academic certificates, and 63% are graduate academic certificates. The majority (85%) are stand-alone programs.

The university's non-credit certificates include the following categories:

- Workforce Development programs (category 4). Intended for individuals seeking to earn a workforce development Certificate of Completion in a specific area. These are stand-alone programs.
- Technician/Professional Certification programs (category 5a). Intended for individuals seeking to meet requirements and/or eligibility for licensure or certification in a specific technical or professional area. These are stand-alone programs.

Center for Design and Manufacturing Excellence

Established in 2014 and launched in late 2015, the Center for Design and Manufacturing Excellence (CDME) operates within the College of Engineering and the Office of Research. CDME was established to provide the manufacturing industry access to the resources of the university by establishing an applied engineering

collaborative working space staffed by industry-experienced leadership and support staff. Since its launch, CDME has partnered with more than 150 companies and has completed over 520 applied engineering projects. Projects are executed in a 37,600 square-foot ITAR compliant manufacturing facility on The Ohio State University's West Campus. CDME's facilities and equipment support rapid prototyping capabilities for electrical and mechanical systems, including integrated power systems, electronic controllers, systems, packaging, circuit board design, board fabrication, stamping, injection molding, casting, additive manufacturing, milling, welding and other relevant manufacturing capabilities. CDME also has the latest digital mechanical and electrical design and simulation software packages to seamlessly hand off designs to prototyping and manufacturing teams.

At CDME, student employees work on real customer projects in an industrial environment that matches their experience after graduation: They program robotic systems, develop medical devices, leverage 3D printing techniques, and more. Students are mentored by staff with industry experience, work approximately 15 hours per week, and are paid an hourly wage. Accordingly, they accrue significantly more experience than typical interns or co-op participants: a CDME student worker can have as much as 4,000 hours of experience before being permanently hired. More than 200 undergraduate students have participated in CDME's student employee program to date, representing a diverse selection of academic concentrations, including not only engineering majors, but also majors such as marketing, accounting or data analytics.

Student Career Resources

Ohio State uses a comprehensive, decentralized career services model in that each of its colleges and campuses provides a career services office for its students. These efforts are supported and coordinated through Student Life's **Buckeye Careers**, a university-wide initiative designed to help all students explore their career path and develop professional skills through personalized career coaching, internship planning and creating connections and networks to elevate their post-college career success. Buckeye Careers connects students with employers for internships and co-op positions and helps hiring organizations craft rewarding internship experiences for students.

Buckeye Careers provides two key online tools for students: Buckeye OnPACE and Handshake. **Buckeye OnPACE** is a series of self-guided online career modules covering topics such as choosing a major or career, applying to graduate school, and preparing for entry into the workforce. These modules assist students in learning more about themselves. **Handshake** is a unified career management and job posting system for all Ohio State students, including regional campus, graduate and professional

students. Handshake uses an algorithm to help students find jobs specific to their skills and interests. Students can explore job opportunities across the nation and world, and read reviews of other students' experiences on internships, co-ops and jobs to help decide if an opportunity is a good fit. Handshake grows with students throughout their time at Ohio State: they can use Handshake to find a job on campus during their first year, explore internships and co-ops as they gain more experience in their major, and find their first job after graduation.

For students in need of career-focused coaching and education, Buckeye Careers provides career exploration, job search preparation (including customized attention to resumes, vitas, job search letters and interviewing skills), and other forms of career coaching and support (for example, listening and helping with personal concerns that relate to career decisions, or helping students plan for graduate or professional school). Services are provided through individual appointments, walk ins/drop ins, programming/workshops, targeted outreach programs to particular groups (for example, first-generation, international, transfer or ethnically diverse students). Buckeye Careers also launched **Career Week** in 2021, which includes the university-wide Fall Career and Internship Fair. Career Week consist of a variety of programs, workshops and networking events to help students in their own personal career development journey, with focus on career wellness, identity, inclusion and advocacy, career exploration and connections and skill preparation.

Buckeye Careers also leads the university's **First Generation Envisioning Network** (FGEN) college-to-career program. FGEN grew from a pilot program conducted in partnership with the University Innovation Alliance, which aimed to reimagine how graduates communicate marketable job skills; capture best practices for building and maintaining strategic university-employer partnerships; and enhance campus career services to meet the unique needs of first-generation students, students of color, and students from low socio-economic backgrounds. The six-week pilot program was launched in a virtual format in summer 2020 and included a series of online and virtual workshops and webinars that introduced students to a variety of career exploration and development topics and resources, as well as financial wellness and peer networking activities. Students also interacted with employers from a range of fields and industries. Based on the success of the pilot, the program was expanded to a virtual eight-week experience in summer 2021, and plans are underway for the 2022 program.

Lastly, the **Student Employment Experience** (SEE) program was moved into Buckeye Careers in 2021. SEE was developed to recognize that everything a student does on campus should be intentional and focused on learning – and that includes employment. All 4,800 student employees in Student Life participate in SEE and the program

continues to expand to other departments across Ohio State. SEE is a three-pronged model where students engage in an employment position on campus and learn job-specific skills. They also have access to paid professional development opportunities throughout the semester. Supervisors of student employees are trained to conduct guided reflections with students on how their work is connected to their academics and future careers. Students who are in SEE are 2.5 times more likely to report their supervisor helped them make connections between their work and their classes than non-SEE students.

Ohio Means Internships and Co-ops JobReady Program

Since 2012, Ohio State has held a leading role with the state's Ohio Means Internships and Co-ops (OMIC) program, including the original OMIC (2012-14), OMIC 2 (2014-16), OMIC 2.5 (2015-18), OMIC 3 (2016-19), and OMIC 4, with funding from the Ohio Department of Higher Education. Under the original OMIC, Ohio State collaborated with Columbus State Community College and North Central State College to attract 54 Ohio employers in energy, automotive, food processing and financial services, creating approximately 150 new, meaningful internships/co-ops for students. Under subsequent iterations of OMIC, Ohio State continued to ensure the relevance and sustainability of past efforts; widen its academic, industry, and technology partnerships; and expand the number and types of internships and co-ops for key JobsOhio areas, including in-demand manufacturing technologies. As with OMIC 2.5 and 3, the Central Ohio OMIC 4 internships and co-ops program focuses directly on JobsOhio priorities in advanced manufacturing, including aviation/aerospace, automotive, logistics, information technology and transportation industries.

The institutions participating in OMIC 4 agreed to contribute to a fourth hub, the Institute for Materials Research Innovation Lab Externship Program, known as Innovate-O-Thons, at Ohio State. The Materials Innovation Lab expanded an externship pilot to engage more community college and undergraduate students in real-world challenges provided by regional industry partners. Students gained real-world, experiential learning experiences through weekend and weeklong externships and became more experienced in interdisciplinary collaborations and innovation methods while receiving professional mentoring from industry.

Overall, 75 students have been placed in co-ops and internships under the OMIC 4 grant; 10 of those students participated in the Innovate-O-Thon before the program was discontinued due to COVID-19 restrictions. The total number of business partners engaged in OMIC 4 co-ops and internships is 38 employers (two from the Innovate-O-

Thon). The company cost share from student salaries and direct costs total more than \$357K.

Central Ohio Compact

Ohio State participates, along with other regional postsecondary institutions, in the Central Ohio Compact. The Compact is a partnership comprised of school districts, adult career-technical centers, colleges and universities, and area business and civic leaders “who are united in their support for developing the region’s enormous talent pool into a globally competitive workforce – one that will position Central Ohio for future growth and prosperity.” The Compact partners are working together on issues related to public policy and affordability of higher education, community awareness and communications, and workforce alignment and employment placement strategies. (Ohio State also is involved in the Higher Education Compact of Greater Cleveland, which has similar goals for that region of the state.)

Office of Innovation and Economic Development

Ohio State’s Office of Innovation and Economic Development helps the university make the right connections with businesses and organizations by forming mutually beneficial relationships that positively impact society by advancing innovation, developing talent and driving economic success. The office works closely with inventors, companies, entrepreneurs, investors and other organizations by connecting the right people and resources to fill gaps and solve complex problems.

Through corporate business development, the office facilitates mutually beneficial relationships to help advance the objectives of both the university and businesses. Though each relationship is unique, there are five key avenues for engagement:

- Access to talent, including students, staff and faculty
- Opportunities for sponsored research partnerships
- Licensing university intellectual property
- Opportunities for philanthropic support
- Access to continuing education

The office helps advance the university’s research to impact lives by translating Ohio State innovations into business opportunities in the global marketplace through technology commercialization, including engaging faculty and staff to help evaluate, protect and ultimately find the right market for intellectual property—through licensing or creating a start-up company.

The office collaborates with economic development partners such as Columbus 2020 and JobsOhio to grow the economy by helping local companies expand, bringing new companies to the state and helping businesses increase their value and create new jobs. The office also houses the Tim and Kathleen Keenan Center for Entrepreneurship, which works to grow and foster a culture of entrepreneurship for the Ohio State community through the creation and support of new ventures and the education and encouragement of their founders. The Keenan Center provides a campus-wide hub for collaboration and engagement with early-stage capital, startup talent and robust programming resources to maximize opportunities for social and economic impact. Through active engagement in the region's economic development, the Office of Innovation and Economic Development helps to create a growing and thriving economy that drives more opportunities to the university's faculty, staff and students.

Appendix: University Undergraduate Student Profiles

Data are for undergraduate students as of Autumn 2021 fifteen-day count. NR – Not reported. Average ACT is only relevant for NFYS. Remedial Education Needs includes students who scored a six on the English placement test or S or T on the Math placement test.

Columbus Campus
Autumn 2021

Student Demographic	Entering		Returning		Transfer		Total
	#	% of Total	#	% of Total	#	% of Total	#
Total	8350	18.2	35561	77.3	2070	4.5	45981
Enrolled Part Time	25	0.8	2882	93.7	170	5.5	3077
Not Degree/Certificate	--	--	--	--	--	--	1125
Financial Need – Pell-Eligible	1471	16.4	7000	78.0	508	5.7	8979
Remedial Education Needs	262	10.5	2112	84.3	131	5.2	2505
Female	4505	19.7	17397	76.0	982	4.3	22884
Male	3845	16.6	18164	78.6	1088	4.7	23097
Age 18-24	7683	18.0	33143	77.7	1815	4.3	42641
Age 25 and Older	6	0.2	2403	90.4	250	9.4	2659
Ohio Resident	5773	16.6	27344	78.7	1607	4.6	34724
High School–to-College Factors							
Average High School GPA	NR		NR		NR		
Average ACT or SAT	28.6		--		--		
Race / Ethnicity							
Hispanic	458	19.2	1815	76.1	111	4.7	2384
American Indian / Alaskan	4	13.3	24	80.0	2	6.7	30
Asian	835	21.4	2939	75.4	122	3.1	3896
African American /Black	516	14.7	2804	79.9	188	5.4	3508
Native Hawaiian or Other Pacific Islander	7	28.0	16	64.0	2	8.0	25
Two or More Races	376	18.9	1505	75.6	109	5.5	1990
White	5174	17.4	23239	78.3	1285	4.3	29698
International	693	22.2	2219	71.2	203	6.5	3115
Unknown	287	21.5	1000	74.9	48	3.6	1335

Regional Campuses (excluding ATI Wooster)
Autumn 2021

Student Demographic	Entering		Returning		Transfer		Total
	#	% of Total	#	% of Total	#	% of Total	#
Total	2367	45.7	2574	49.7	239	4.6	5180
Enrolled Part Time	85	13.3	504	79.1	48	7.5	637
Not Degree/Certificate							413
Financial Need – Pell-Eligible	749	44.3	862	51.0	79	4.7	1690
Remedial Education Needs	730	42.8	931	54.6	45	2.6	1706
Female	1107	41.5	1425	53.4	137	5.1	2669
Male	1260	50.2	1149	45.8	102	4.1	2511
Age 18-24	2208	47.7	2230	48.2	192	4.1	4630
Age 25 and Older	12	3.0	341	85.3	47	11.8	400
Ohio Resident	2358	45.8	2559	49.7	235	4.6	5152
Average High School GPA	NR		NR		NR		
Average ACT or SAT	22.1		--		--		
Hispanic	116	45.1	132	51.4	9	3.5	257
American Indian / Alaskan	2	40.0	3	60.0	0	0.0	5
Asian	145	58.9	93	37.8	8	3.3	246
African American /Black	361	51.4	316	45.0	25	3.6	702
Native Hawaiian or Other Pacific Islander	2	50.0	2	50.0	0	0.0	4
Two or More Races	126	49.6	110	43.3	18	7.1	254
White	1546	43.2	1862	52.1	169	4.7	3577
International	6	54.5	5	45.5	0	0.0	11
Unknown	63	50.8	51	41.1	10	8.1	124

Agricultural Technical Institute (ATI) – Wooster Campus
Autumn 2021

Student Demographic	Entering		Returning		Transfer		Total
	#	% of Total	#	% of Total	#	% of Total	#
Total	207	45.1	233	50.8	19	4.1	459
Enrolled Part Time	6	12.5	39	81.3	3	6.3	48
Not Degree/Certificate							31
Financial Need – Pell-Eligible	55	47.8	54	47.0	6	5.2	115
Remedial Education Needs	87	42.4	114	55.6	4	2.0	205
Female	123	47.9	126	49.0	8	3.1	257
Male	84	41.6	107	53.0	11	5.4	202
Age 18-24	200	46.1	219	50.5	15	3.5	434
Age 25 and Older	2	10.5	13	68.4	4	21.1	19
Ohio Resident	204	45.1	229	50.7	19	4.2	452
High School-to-College Factors							
Average High School GPA		NR		NR		NR	
Average ACT or SAT		20.6		--		--	
Race / Ethnicity							
Hispanic	6	54.5	4	36.4	1	9.1	11
American Indian / Alaskan	1	100.0	0	0.0	0	0.0	1
Asian	0	0.0	0	0.0	0	0.0	0
African American /Black	2	50.0	1	25.0	1	25.0	4
Native Hawaiian or Other Pacific Islander	0	0.0	0	0.0	0	0.0	0
Two or More Races	6	42.9	8	57.1	0	0.0	14
White	188	44.8	216	51.4	16	3.8	420
International	0	0.0	0	0.0	0	0.0	0
Unknown	4	44.4	4	44.4	1	11.1	9

APPENDIX LXXXVII

The Ohio State University
Board of Trustees

May 18, 2022

**The Ohio State University Board of Trustees
Academic Affairs & Student Life Committee
May 18, 2022**

Topic:

Amendments to the *Rules of the University Faculty*

Context:

The University Senate has recommended revisions to the *Rules of the University Faculty* to address four topics:

1. **3335-5-37 and 3335-5-41.7: Clarify membership of the University Senate and its steering committee**
 - a. With this rule change, the President becomes a voting member of the Steering Committee of the University Senate, replacing the Senior Vice President for Business and Finance. This change also clarifies membership and terms of service for the Steering Committee, clarifies membership of the University Senate, and removes references to the Steering Committee being an organizing committee of the Senate.
2. **3335-3, 3335-5 and 3335-17: Remove Executive Dean title from the rules**
 - a. This change, supported by the Office of Academic Affairs, removes Executive Dean titles from the rules and, in clarifying governance responsibilities, recognizes the central roles that regional campuses and the College of Arts and Sciences play at the university.
3. **3335-3: Clarify language and update names**
 - a. This rule change makes corrections to outdated names of university offices, committees, and administrator titles and also clarifies language.
4. **3335-5-48: Split the current Council on Distance Education, Libraries and Information Technology (DELIT) committee into two committees: a Library Committee (3335-5-48.2) and a Committee on Academic Technology (3335-5-48.3)**
 - a. This reorganization of DELIT into two committees would allow more in-depth consideration of important topics related to academic technology programs, policies and infrastructure.

3335-5-37 and 3335-5-41.7: Clarify membership of the University Senate and its steering committee

3335-5-37 Membership.

There shall be a university senate, a unicameral body constituted as follows:

(A) Voting members: the voting members of the senate (throughout this document the word "senate" shall be taken to mean the university senate) shall consist of:

1. Twenty-four administration members.
2. Seventy-one faculty members.
3. Forty-one student members, consisting of twenty-six undergraduate, ten graduate, and five professional student members.
4. Five staff members.

Any change in the number of members representing ~~one of three primary categories~~ administration, faculty, staff or students shall necessitate an adjustment in the total membership in order to maintain to the nearest percentage the ratio of these numbers.

(B) Non-voting members: Unless they are already voting members of senate, holders of the positions listed below shall be non-voting members of the senate. Non-voting members are senate members not entitled to vote on the floor of the senate, but may otherwise to participate in all senate deliberations. They, shall include the chair and chair-elect of faculty council (if not a member of the senate), senate committee chairs (if not members of the senate), the president of the alumni association, the secretary and the recording secretary of the university senate, the president and vice-president of the undergraduate student government, the president and vice-president of the council of graduate students, and the president and vice-president of the inter-professional council, and the chair and chair-elect of the university staff advisory committee.

(Board approval dates: 7/7/1972, 6/14/1974, 7/9/1976, 7/22/1977, 7/20/1979, 2/3/1984, 2/7/1986, 2/1/1991, 4/7/1995, 5/3/1996, 8/1/1997, 12/4/1998, 4/6/1999, 7/7/2000, 5/6/2005, 5/14/2010, 6/5/2015, 5/31/2019)

3335-5-47.1 Steering committee.

(A) Membership.

The steering committee shall consist of eighteen members.

(1) Fifteen voting members.

(a) Six faculty members elected by faculty council as specified in the faculty council bylaws. Elected faculty members shall serve two-year terms and are eligible for immediate reelection or reappointment to a second term. Following that they are ineligible for reelection or reappointment until one full year has elapsed.

(b) The chair of faculty council. The chair-elect of the faculty council shall have full voting privileges if the chair cannot attend.

(c) Four student representatives.

(i) The president of the council of graduate students. The vice president of the council of graduate students or another designee who is a member of the university senate may attend steering committee meetings with full voting privileges if the president cannot attend.

(ii) The president of the inter-professional council. The vice president of the inter-professional council or another designee who is a member of the university senate may attend steering committee meetings with full voting privileges if the president cannot attend.

(iii) The president of the undergraduate student government. The vice president of the undergraduate student government or another designee who is a member of the university senate may attend steering committee meetings with full voting privileges if the president cannot attend.

(iv) An undergraduate student who is a member of the university senate and who is appointed by the vice president of the undergraduate student government. The student shall serve a one-year term and are eligible for reappointment.

(d) Three administrators.

(i) The president of the university

(ii) The executive vice president and provost.

~~(ii) The senior vice president for business and finance.~~

(iii) A dean appointed by the president, who shall serve a two-year term and is eligible for immediate reelection or reappointment to a second term. Following that they are ineligible for reelection or reappointment until one full year has elapsed.

(e) The chair of the university staff advisory committee. The chair-elect of the university staff advisory committee shall have full voting privileges if the chair cannot attend.

(2) Three nonvoting members.

(a) The secretary of the university senate.

(b) The chair-elect of faculty council.

(c) The chair-elect of the university staff advisory committee.

(3) All members shall be current university senators during the first year of their term but may continue to serve after their senate term concludes.

(B) Duties and responsibilities.

(1) Be the senate's committee on committees: the steering committee shall have the power to call, by vote of nine of its members, a special meeting of the senate, and shall have such

power and duties as the senate may delegate to it during periods when the senate is not in session. It may create subcommittees and may delegate to them any of its powers, functions, and duties.

(2) Review the structure, operation, and effectiveness of the senate and its committees. It shall receive suggestions, review proposed rule changes, and initiate recommendations for change in the structure and operation of the senate, including structure, duties, and responsibilities of senate committees, without, however, in any way restricting the senate's authority to alter its operations by other means. The steering committee may also review other proposed rule changes prior to presentation to the senate.

(3) Serve as a channel of communication between the senate and the president and the board of trustees. Members shall be an advisory group available to both the president and the board of trustees for advice and counsel on any matter relating to the operation and development of the university. ~~After consulting with the president, t~~The members of the steering committee may request and obtain a meeting with the board of trustees.

(4) Meet at least once every year with the chair of each standing committee that does not report to senate through faculty council.

(C) Organization.

(1) For the period of time beginning with the election of steering committee members in spring semester and ending with the start of the autumn semester, the steering committee shall include its newly elected members as non-voting members.

(2) The committee shall annually elect a chair from its faculty membership.

(3) ~~As an organizing~~ standing committee of the senate, ~~this committee~~ it is also governed by the provisions of rules 3335-5-46 and 3335-5-47 of the Administrative Code.

(Board approval dates: 5/1/1986, 7/11/1986, 2/5/1988, 4/7/1989, 11/2/1990, 11/4/1994, 5/3/1996, 4/4/1997, 12/4/1998, 6/7/2005, 5/14/2010, 6/7/2013, 6/5/2015, 5/31/2019)

3335-3, 3335-5 and 3335-17: Remove Executive Dean title from the rules

3335-3-23 Council of deans.

(A) The executive vice president and provost, the deans of the colleges, ~~the executive dean of the college of arts and sciences,~~ the senior vice president for business and finance, the vice president for research, the dean of the graduate school, the deans and directors of the regional campuses, the dean for undergraduate education, and the dean of libraries shall comprise the council of deans of the university. The executive vice president and provost shall be chair of the council.

3335-3-26.1 Establishment of regional campuses.

(B) The four regional campuses shall be administered separately by their respective deans and directors. ~~However, matters of common concern to the regional campuses shall be coordinated through a coordinating council of regional campus deans and directors. The executive dean for regional campuses, created in rule 3335-3-26.2 of the Administrative Code, shall serve as chair of the council.~~

~~3335-3-26.2 Executive dean for regional campuses.~~

~~(A) There shall be an executive dean for regional campuses. The executive dean shall be appointed from among the four regional campus deans and directors by the executive vice president and provost in consultation with the president to serve a two-year term and shall be eligible for reappointment.~~

~~(B) The executive dean for regional campuses shall report to the executive vice president and provost.~~

~~(C) The executive dean for regional campuses shall serve as chair of the coordinating council of regional campus deans and directors (see rule 3335-3-26.1 of the Administrative Code).~~

~~(D) The executive dean for regional campuses shall also be responsible for such other matters pertinent to the regional campus which may be designated by the executive vice president and provost.~~

3335-3-29 Deans of the colleges.

(A) There shall be a dean of each college ~~and an executive dean of the college of arts and sciences~~ who shall be a member of its faculty and the administrative head of the college. Each dean ~~and the executive dean~~ shall be appointed and reappointed by the board of trustees upon nomination of the president. Before making this nomination or recommendation for reappointment, the president shall confer with members of the faculty of the college for which the dean or executive dean is to be appointed and shall give substantial weight to faculty recommendations in reaching a decision. The president shall also consider the recommendations of the chairs of the departments and the directors of the schools in that college.

(B) The major responsibility of the dean of each college ~~and the executive dean of the college of arts and sciences~~ shall be that of providing active leadership in the promotion, direction and support of educational and research activities of the university, in the maintenance of a high level of morale among the faculty, and in the encouragement of the spirit of learning among the students. In addition the dean ~~or the executive dean~~ shall have general administrative responsibility for the program of the college, subject to the approval of the president and the board of trustees. These administrative responsibilities shall include the duty:

The Ohio State University
Board of Trustees

May 18, 2022

...

(C) ~~The dean and executive dean of the college of arts and sciences is hereby given authority requisite to carrying out the responsibilities of his or her their position. The dean and the executive dean may delegate any of his or her their responsibility and authority to another member of the faculty of the college. The dean and executive dean shall be a voting member of the faculty of each department.~~

(D) ~~The usual method of communication between the dean and executive dean of the college of arts and sciences and the president or the board of trustees shall be through the appropriate staff member, then to the president and through the president to the board of trustees.~~

(Board approval dates: 4/4/1997, 2/6/1998, 12/4/1998, 9/1/1999, 12/2/2005, 2/11/2011, 11/9/2012)

3335-3-29.1 Dean and director of a regional campus.

...

~~10. Consult with the executive dean for regional campuses on matters of common concern to the regional campuses.~~

3335-5-33 Membership.

There shall be a graduate council constituted as follows:

(B) Faculty members: twelve members of the graduate faculty shall be appointed for terms of three years by the vice provost for graduate studies and dean of the graduate school in consultation with ~~the executive deans and senate faculty leadership (the chair and vice-chair of faculty council, the chair of the senate steering committee, and the university senate secretary).~~ Three of the twelve shall be members of the university senate. Graduate faculty members should have experience as a graduate studies committee chair, department chair, or other significant involvement in graduate education. Nine of the twelve graduate faculty members shall be nominated by the council of deans executive deans from lists solicited from the faculty of their respective colleges, ~~in the following manner: three by the executive dean of the colleges of the arts and sciences; three by the executive deans of the health sciences; three by the executive deans of the professional colleges.~~ Three of the twelve graduate faculty members shall be appointed by the vice provost for graduate studies and dean of the graduate school.

(C) Alternate faculty members. Each faculty member of the graduate council is expected to attend its meetings regularly. Alternate representatives shall be identified by ~~each executive the~~ council of deans and approved by the vice provost for graduate studies and dean of the graduate school. Alternates shall have the general powers and privileges as of the member represented. Service as an alternate does not make the alternate ineligible for membership in the council the following year.

3335-5-48.11 Fiscal committee.

(3) Three staff members. The term of service is three years.

(a) Two staff members with extensive fiscal and budgetary experience and expertise, one selected by the faculty council in consultation with the university staff advisory committee, and one selected by the ~~executive~~ council of deans in consultation with the senior fiscal officers.

The Ohio State University
Board of Trustees

May 18, 2022

(b) One staff member appointed by the president.

(4) Eight administrators.

(a) Two central administration officials appointed by the president. These members are non-voting.

(b) The dean of arts and sciences

(bc) A regional campus dean, selected by the council of deans.

(d) The Four-Two executive deans selected by the provost council of deans.

(ee) The executive vice president and provost, or designee. This member is non-voting.

(ef) The senior vice president and chief financial officer, or designee. This member is non-voting.

3335-5-48.18(A)(4) Graduate associate compensation and benefits committee.

(4) One department, school, center or college-level staff member with extensive fiscal and budgetary experience and expertise, selected by the executive council of deans in consultation with the senior fiscal officers, non-voting.

BYLAWS OF THE UNIVERSITY SENATE

3335-17-01 Administration members.

The twenty-four members from the administration shall consist of the university president, the executive vice president and provost, the senior vice president for business and finance, the senior vice president for research, the senior vice president of student life, the deans of the fifteen colleges, the executive one dean for from the regional campuses for a two-year term as selected by the council of deans, the dean of the graduate school, the dean for undergraduate education and the dean of libraries.

Senate revision dates: 4/14/2005, 4/18/2019, 11/14/2019

(Board approval dates: 5/7/2004, 5/6/2005, 2/11/2011, 5/31/2019, 11/21/2019)

3335-3: Clarify language and update names

3335-3-1 President.

(A) The president shall be the chief executive officer of the Ohio State University subject to the control of the board of trustees (BOT). Duties, authority and rights are as specified in the BOT bylaws 3335-1-03(A).

(B) Any responsibility of the president may be delegated to any other member of the faculty or staff of the university, subject to any BOT limitations. The president will retain final authority and responsibility for administration of the university. Delegation of major areas shall be in writing to the BOT before implementation as specified in BOT bylaw 3335-1-03[~~EF~~].

(C) The president shall designate a president's planning cabinet. The cabinet shall provide advice and counsel to the president, to discuss, deliberate and serve as the primary decision-making body on major university policies, information sharing, and other roles as the president shall determine, as specified in BOT bylaw 3335-1-03[~~FG~~].

(D) Principal administrative officials shall include the members of the president's cabinet, the deans of the colleges and the dean and directors of regional campuses and their designated staffs, the dean of the university libraries, chairs of academic departments, directors of schools and academic centers, and such other administrative officials as determined by the president, as specified in BOT bylaw 3335-1-03[~~GH~~].

(Board approval dates: 6/3/2020)

3335-3-2 Executive vice president and provost.

(A) The executive vice president and provost shall be the chief operating officer of the university. Under the direction of the president, the executive vice president and provost is responsible for oversight of all academic programs, instructional affairs and faculty affairs of the university. Duties, authority and rights are as specified in BOT bylaw 3335-1-03(B).

(B) Any responsibility of the executive vice president and provost may be delegated to any other member of the faculty or staff of the university, subject to any university limitations. The executive vice president and provost will retain final authority and responsibility for operations of the university. Delegation of major areas shall be in writing to the president before implementation.

(C) The executive vice president and provost shall designate a senior management council. The council shall provide advice to the provost, discuss, deliberate and serve as the primary decision-making body on academic or university policies and other roles as the provost shall determine. The provost shall chair a council of deans as prescribed in rule 3335-3-223.

(Board approval dates: 6/3/2020)

3335-3-3 Senior vice president for business and finance.

The senior vice president (~~SVP~~) for business and finance shall be the chief financial officer of the university. Under the direction of the president, the senior vice president for business and finance is responsible for the administration of the university's business, financial and administrative operations. Duties, authority and rights are as specified in BOT bylaw 3335-1-03(C).

(Board approval dates: 6/3/2020)

The Ohio State University
Board of Trustees

May 18, 2022

3335-3-4 Vice President.

An individual holding a vice president title shall report to the president, or to the executive vice president and provost, and shall be selected in accordance with BOT procedures.

(Board approval dates: 6/3/2020)

3335-3-5 Vice Provost.

An individual holding a vice provost title shall report to the executive vice president and provost and shall be selected in accordance with university procedures.

(Board approval dates: 6/3/2020)

3335-3-6 Executive Vice President and Chancellor.

The chancellor shall be the chief executive officer of the Wexner Medical Center and shall be appointed by the Wexner Medical Center Board of Trustees. Duties, authority and rights are as specified in the bylaws of the medical staff.

(Board approval dates: 7/12/1991, 2/4/1993, 4/4/1997, 6/18/2010, 6/3/2020)

3335-3-7 ~~V~~Senior vice president and director of athletics.

(A) The senior vice president and director of athletics shall be appointed by and responsible to the president. The athletic council (see rule 3335-5-48.5) shall also be consulted in the appointment of the athletic director.

(B) Under policies established by the athletic council, the senior vice president and director of athletics shall administer the intercollegiate athletics program subject to the direction of the president or their designee.

(C) The athletic physical plant shall be under the concurrent jurisdiction of the department of athletics and the office of ~~physical facilities~~facilities operation and development. Athletic physical plant employees shall be under the jurisdiction of the department of athletics, which in consultation with the office of physical facilities shall be responsible for all normal maintenance and repairs. Major remodeling, renovation, construction and other capital improvements shall be undertaken only with the prior approval of, and under the direction of, the office of ~~physical facilities~~facilities operation and development.

(Board approval dates: 12/4/1998, 3/5/2003, 7/11/2008, 4/8/2016, 6/3/2020)

3335-3-23 Council of deans.

(

A) The executive vice president and provost, the deans of the colleges, the senior vice president for business and finance, the vice president for research, the dean of the graduate school, the deans and directors of the regional campuses, the dean ~~for~~of undergraduate education, and the dean of libraries shall comprise the council of deans of the university. The executive vice president and provost shall be chair of the council.

(B) The council of deans shall meet on the call of the chair. The council of deans shall serve as an advisory council to the president.

The Ohio State University
Board of Trustees

May 18, 2022

(Board approval dates: 10/5/1973, 2/2/1979, 4/3/1981, 7/9/1982, 3/2/1984, 12/5/1986, 11/2/1990, 5/3/1996, 4/4/1997, 12/4/1998, 10/1/1999, 5/7/2004, 6/7/2005, 2/1/2006, 2/11/2011, 11/21/2019, 6/3/2020)

3335-3-25 Organization of the university.

(A) For the purpose of administering the various programs of the university, there shall be established educational and administrative units within the university. All units of the university shall be established, altered, or abolished only ~~on vote of~~ by the board of trustees.

(B) Procedures for recommending the establishment, alteration and abolition of educational units shall be promulgated by the university faculty or the university senate and approved by the board of trustees (see rules 3335-3-37 and 3335-5-48.1 of the Administrative Code). Procedures recommending the establishment, alteration and abolition of administrative units shall be promulgated by the president and approved by the board of trustees.

(C) The basic organization of the educational units of the university shall be as established in paragraph (B) of rule 3335-1-05 of the Administrative Code.

(Board approval dates: 8/1/1997, 6/1/2001, 6/7/2005)

3335-3-26 Establishment of colleges and graduate school.

For educational administration, the university shall be organized into a graduate school and fifteen colleges, as established in ~~paragraph (B)(3)~~ of rule 3335-1-05 (B)(3) of the Administrative Code.

(Board approval dates: 8/1/1997, 5/4/2001, 6/29/2001, 6/7/2005, 7/7/2006, 7/11/2008, 2/11/2011, 4/8/2016)

3335-3-26.1 Establishment of regional campuses.

(A) There shall be four regional campuses of the university, as established in paragraph (B)(5) of rule 3335-1-05 of the Administrative Code.

(B) The four regional campuses shall be administered separately by their respective deans and directors.

(Board approval dates: 2/1/1980, 12/5/1986, 5/3/1996, 6/7/2005, 4/8/2016)

3335-3-27 Organization of the graduate school.

The graduate school shall consist of those components established in ~~paragraph (B)(4)~~ of rule 3335-1-05 (B)(4) of the Administrative Code.

(Board approval dates: 6/7/2005, 4/8/2016)

3335-3-28 Dean of libraries.

(A) The dean of libraries shall be appointed by the board of trustees upon nomination of the president. Before making this nomination, the president shall confer with the executive vice president and provost who, in turn, shall confer with representatives of the faculty of the university libraries and with the ~~council on distance education, libraries and information technology~~ library committee.

The Ohio State University
Board of Trustees

May 18, 2022

(B) The dean of libraries shall have the responsibility and authority for administering the university libraries under the jurisdiction of that office and the university archives. In the discharge of library duties, the dean shall be guided by the policies established by the ~~council on distance education, libraries and information technology~~ library committee (see rule 3335-5-48.2X of the Administrative Code). The dean shall report to the president through the executive vice president and provost.

(C) Without limiting the generality of the foregoing, the dean shall evaluate continuously the administrative and operating practices of the university libraries under the jurisdiction of that office and the university archives, and lead in the study of methods in improving them; recommend appointments, promotions, and dismissals under the rules of the university; and prepare for the approval of the executive vice president and provost's annual recommendations for the budgets for personnel and for archives and library materials.

(Board approval dates: 4/4/1997, 12/4/1998, 6/7/2005, 11/21/2019)

3335-3-29 Deans of the colleges.

(A) There shall be a dean of each college shall be a member of its faculty and the administrative head of the college. Each dean shall be appointed and reappointed by the board of trustees upon nomination of the president. Before making this nomination or recommendation for reappointment, the president shall confer with members of the faculty of the college for which the dean or executive dean is to be appointed and shall give substantial weight to faculty recommendations in reaching a decision. The president shall also consider the recommendations of the chairs of the departments and the directors of the schools in that college.

(B) The major responsibility of the dean of each college shall be that of providing active leadership in the promotion, direction and support of educational and research activities of the university, in the maintenance of a high level of morale among the faculty, and in the encouragement of the spirit of learning among the students. In addition, the dean shall have general administrative responsibility for the program of the college, subject to the approval of the president and the board of trustees. These administrative responsibilities shall include the duties to:

(1) ~~To p~~Preside at meetings of the college faculty and to appoint all college committees unless their membership has been designated by faculty rule or by the college faculty.

(2) ~~To a~~Approve courses of study for students in ~~his or her~~their college, to warn students who are delinquent in their studies and to recommend appropriate student disciplinary action to the appropriate university disciplinary body or official.

(3) ~~To p~~Present candidates for degrees to the president on behalf of the college faculty and to serve as a member of the council of deans (see rule 3335-3-223 of the Administrative Code).

(4) ~~After consultation with the chairs of the departments and the directors of the schools within the college to m~~Make recommendations to the executive vice president and provost concerning the college budget, and concerning the appointments to and promotions within the staff and the membership of the college faculty, after consultation with the chairs of the departments and the directors of the schools within the college.

(5) ~~To r~~Review in consultation with the faculty the college's pattern of administration (POA). The POA shall be consistent with the principles of faculty governance and the responsibilities of the dean. At the beginning of each five-year term, in consultation with the faculty, the dean shall either reaffirm or revise the existing POA. The existing POA shall be the starting point for the review of the POA and shall remain in effect until the process is complete. Any revisions to the existing POA shall be accomplished

The Ohio State University
Board of Trustees

May 18, 2022

first with broad faculty input, obtained in a manner consistent with the college's established practices and procedures, and, second, with faculty approval, also consistent with the college's practices and procedures. If faculty approval is not achieved, the dean shall explain the rationale in writing for the departure in order to enhance communication and facilitate understanding.

The POA will be submitted to the executive vice president and provost for approval. After approval, the POA shall be made available to all members of the faculty, be posted on the college web site, and be distributed to each department and the college office.

For purposes of defining minimum content the following shall be included in the POA:

- (a) Introductory Statement
- (b) College Mission
- (c) Types of faculty appointments and their respective governance rights
- (d) Organization of College Services and Staff
- (e) Overview of College Administration
- (f) Description of college faculty governance structure, including at least a College Investigation and Sanctioning Committee (Faculty Rule 3335-04-~~(E)~~) and a Salary Appeals Committee
- (g) Policies governing faculty responsibilities and teaching assignments
- (h) Policies governing allocation of college resources
- (i) Grievance procedures
- (j) A statement recognizing in principle the presumption favoring faculty rule on those matters in which faculty have primary responsibility, including: curriculum, subject matter and methods of instruction, research, faculty status (appointment, promotion and tenure of faculty), and those aspects of student life which relate to the educational process. (Source: AAUP Statement on Government of Colleges and Universities)

(C) The dean is hereby given authority requisite to carrying out the responsibilities of his or her position. The dean and the executive dean may delegate any of his or her responsibility and authority to another member of the faculty of the college. The dean and executive dean shall be a voting member of the faculty of each department.

(D) The usual method of communication between the dean and the president or the board of trustees shall be through the office of academic affairs~~appropriate staff member~~, then to the president and through the president to the board of trustees.

(Board approval dates: 4/4/1997, 2/6/1998, 12/4/1998, 9/1/1999, 12/2/2005, 2/11/2011, 11/9/2012)

3335-3-29.1 Dean and director of a regional campus.

(A) There shall be a dean and director of each regional campus who shall be a member of its faculty and the administrative head of the regional campus. The dean and director shall be appointed by the

The Ohio State University
Board of Trustees

May 18, 2022

board of trustees upon nomination of the executive vice president and provost in consultation with the president. Before making this nomination, the executive vice president and provost or designee shall confer with the regional campus faculty and; the department or school in which the faculty appointment would be made, and shall consider the recommendations of the deans of the colleges with regular faculty assigned to that campus.

(B) The major responsibility of each regional campus dean and director shall be that of providing active leadership in the promotion, direction, and support of educational activities and research opportunities, in the maintenance of a high level of morale among the faculty, and in the encouragement of the spirit of learning among the students. In addition, the dean and director shall have administrative responsibility for the program of the regional campus subject to the approval of the executive vice president and provost or designee, the president, and the board of trustees. These administrative responsibilities shall include the duties to:

~~(1) To p~~Preside at meetings of the faculty executive committee ~~and to~~

~~(4)(2) a~~Appoint members to regional campus committees unless the method of selection is determined by the Administrative Code or by the regional campus faculty.

~~(2)(3) To d~~Develop in consultation with the faculty a pattern of administration for the regional campus following the principles set forth in paragraph (C)(2) of rule 3335-3-35 of the Administrative Code.

~~(3)(4) To e~~Communicate to the regional campus community the educational programs, standards, and policies of the campus and the university.

~~(4)(5) To e~~Establish the extent and variety of course offerings on the regional campus in consultation with the executive vice president and provost or designee, the appropriate college deans, department chairs or school directors, and the faculty of the regional campus.

~~(5)(6) To e~~Consult with the appropriate college dean and department chair or school director and to jointly offer employment to prospective faculty members assigned to the campus.

~~(6)(7) To a~~Assist the appropriate college deans, department chairs, and school directors in the annual review of all faculty assigned to the regional campus. This assistance shall include a written evaluation of the faculty member's teaching, research, and service activities ~~on a~~ and for the regional campus. The regional campus dean and director shall be consulted when a regional campus faculty member is being considered for promotion and tenure and may suggest such candidates to the appropriate chairs and directors.

~~(7)(8) To p~~Prepare and administer the regional campus budget in consultation with the regional campus faculty budget committee; to consult with the appropriate chair or director regarding faculty salary recommendations; to be responsible for the management, maintenance, and security of the physical plant and capital equipment of the regional campus.

~~(8)(9) To m~~Maintain liaison with community councils and agencies and to garner support of regional campus programs and activities.

~~(9)(10) To d~~Develop, promote, and maintain educational, cultural, and service programs with approval of the appropriate university bodies and administrative officials. The dean and director shall review all such programs periodically.

The Ohio State University
Board of Trustees

May 18, 2022

(Board approval dates: 2/1/1980, 7/8/1983, 3/2/1984, 10/4/1985, 6/11/1986, 12/5/1986, 11/2/1990, 5/3/1996, 4/4/1997, 12/4/1998, 6/7/2005)

3335-3-30.1 Dean ~~for~~ of undergraduate education.

(A) There shall be a dean of undergraduate education who shall be a member of the faculty charged with overseeing and implementing policies related to undergraduate academic programming. The major responsibility of the dean ~~for~~ of undergraduate education shall be that of providing active leadership in the promotion, direction, and support of undergraduate educational activities of the university, and in the encouragement of the spirit of learning among the students. The dean ~~for~~ of undergraduate education shall be appointed and reappointed by the board of trustees upon nomination by the executive vice president and provost in consultation with the president.

(B) The dean of undergraduate education shall serve as a member of the council of deans, and in general; be responsible for the progress of the educational policies and the well-being of undergraduate programs at the university. The dean shall report to the executive vice president and provost upon the condition and progress of the undergraduate education whenever called upon to do so.

(C) The dean of undergraduate education shall work with colleges to propose and implement policies of the faculty with respect to the development of programming for; challenging academic experiences for undergraduate students; the curricula and requirements for baccalaureate programs and the development of new and useful undergraduate programs; general education requirements, including the retention and ongoing development of curricula assigned specifically for the general education of all undergraduate students; a general university honors program; and other academic programs that are necessary and supportive of undergraduate studies.

(D) The dean of undergraduate education shall be responsible for the coordination of university advising and curricular counseling. Specifically, the dean of undergraduate education shall keep colleges informed of all changes in curricular requirements and other matters pertaining to academic advising, and in this manner assist in achieving consistency of advising across the university.

(E) The dean of undergraduate education shall be consulted by the deans of the colleges on matters relating to university-wide aspects in undergraduate instruction.

(F) With the approval of the faculty, or its designated representative body and the deans of the colleges, the dean of undergraduate education may appoint committees from the faculty to work with ~~him or her~~them in the implementation of those policy areas as outlined in paragraphs (C) and (D) of this rule.

(G) The dean is hereby granted all authority necessary to carry out the responsibilities of the dean of undergraduate education.

(H) The dean of undergraduate education shall also be responsible for such other matters pertinent to undergraduate education that may be designated by the executive vice president and provost.

(Board approval dates: 12/5/1986, 11/2/1990, 6/3/1994, 5/3/1996, 4/4/1997, 12/4/1998, 6/22/2012)

The Ohio State University
Board of Trustees

May 18, 2022

3335-3-31 Dean of the graduate school.

(A) There shall be a dean of the graduate school who shall be the administrative head of the graduate school. The dean shall be appointed by the board of trustees upon nomination of the president. Before making a nomination, the president shall confer with the research and graduate council.

(B) The dean of the graduate school shall have the same general responsibilities and authorities that pertain to the deans of the ~~several~~ colleges. The dean shall also preside at the meetings of the research and graduate council and of its executive committee, make recommendations to the council concerning all such matters as are of primary importance in the development of the graduate work of the university, and make recommendations to the executive vice president and provost concerning the budget of the graduate school to provide for the proper maintenance of the school and to assist in the development of graduate work and research programs.

The dean of the graduate school shall present candidates for graduate degrees to the president, serve as a member of the council of deans, and in general, be responsible for the progress of the educational policies and well-being of the school. The dean shall report to the appropriate member of the president's planning cabinet upon the condition and progress of the graduate school whenever called upon to do so.

(C) ~~Since the department or school is the unit of university organization for instruction and research in a definite field of learning, the~~ departments or schools offering graduate work shall confer with the dean of the graduate school in all matters related to graduate work. In all matters pertaining to teaching load and adjustment of personnel, the dean of the graduate school shall consult with the dean of the appropriate college.

9

(D) The dean is ~~hereby granted~~ has all authority necessary to carry out the responsibilities of the dean of the graduate school.

(E) The dean shall appoint all graduate school committees unless their membership has been designated by these faculty rules, the research and graduate council, or the graduate faculty.

(F) Any of the responsibility and authority of the dean of the graduate school may be delegated to another member of the graduate faculty.

(G) The usual method of communication between the dean of the graduate school and the president or the board of trustees shall be the same as for the deans of the colleges.

(Board approval dates: 12/4/1998, 6/7/2005, 6/6/2008)

3335-3-32 Associate and assistant deans or directors, coordinators, and other officials.

Each college, the graduate school, and each regional campus may have associate and assistant deans or directors, coordinators, or such administrative officials as are needed to carry out the programs of each unit. These persons/positions shall be appointed pursuant to the procedures outlined in rule 3335-5-02 of the Administrative Code and shall be responsible to the principal administrative official of the educational unit, ~~and~~ they shall also have such responsibilities and authorities as may be delegated to them from time to time by that official.

(Board approval dates: 6/7/2005, 2/01/2013)

The Ohio State University
Board of Trustees

May 18, 2022

3335-3-33 Secretaries.

Each college and the graduate school shall have a secretary who shall be responsible for keeping the records of the college, including the minutes of all college or graduate school faculty meetings. The secretary shall be appointed pursuant to the procedures outlined in rule 3335-5-02 of the Administrative Code and shall have such additional responsibilities and authorities as may be delegated to ~~him or her~~them from time to time by the dean. An associate or assistant dean or other college or graduate school officer may also be designated as the secretary of the college or of the graduate school (see paragraph (D)(5) of rule 3335-3-34 of the Administrative Code, for secretary of a school).

(Board approval dates: 3/3/1978, 12/1/1995, 6/29/2001)

3335-3-34 Schools, departments, divisions, and sections; defined and located.

(A) The units of a college organization for instruction, research, and service are the school, department, and division.

~~(B) Each of these units should normally meet the following qualitative requirements: (A particular unit may not meet all the criteria, but the formation of a unit that does not meet all of the criteria should only be approved when circumstances dictate that approval is important to the academic development of the university.)~~

- (1) A recognized, discrete area of academic concern not already included within the mission of another school, department or division;
- (2) A proposed or existing academic program at both undergraduate and graduate or graduate professional levels;
- (3) A source of faculty members prepared to offer academic work in the subject concerned;
- (4) An academic subject that offers research and/or public service opportunities in addition to formal classroom teaching and has the potentiality for developing recognition by other scholarly groups;
- (5) An academic field that has developed or is in the process of developing a student clientele either for the purpose of major programs or as an important "service" discipline to other major programs;
- (6) The ability to assume primary fiscal responsibility.

(B) A particular unit may not meet all the aforementioned criteria, but the formation of a unit that does not meet all of the criteria should only be approved when circumstances dictate that approval is important to the academic development of the university.

(C) Schools and departments shall have a minimum of ten tenure-track faculty positions spread through at least one of each of the three academic ranks of assistant professor to professor, unless persuasive academic reasons demonstrate the need for exceptions.

(D) A school is differentiated from a department as follows:

- (1) The undergraduate or graduate work offered by a school may lead to "tagged" degrees.

The Ohio State University
Board of Trustees

May 18, 2022

- (2) Recipients of "tagged" degrees shall be recommended for such degrees by the faculty of the appropriate school.
- (3) A school, with the exception of the graduate school, may be organized into departments, divisions, or sections.
- (4) A school, with the exception of the graduate school, shall be responsible to a college for administrative purposes. Curricular proposals developed by the school shall be transmitted to the council on academic affairs for review and action after approval by the college dean or designee.
- (5) A school may establish its own admission and retention policies and requirements within the framework of university policies and may retain student personnel records for those students enrolled in degree programs under the control of the school. To facilitate the conduct of these activities, a school shall appoint a secretary, with the responsibilities outlined for a secretary of a college (see rule 3335-3-33 of the Administrative Code).
- (E) A "division" is an academic unit established within a college or a school to provide for a developing need in a circumscribed subject. The head of such a unit shall be known as the chair of a division, shall have academic responsibility, and may be assigned fiscal responsibility by the respective dean of the college or director of the school. This unit shall be responsible for instruction, service, and research in a specific academic concern. Such units may be established in any field in which a new department is not feasible, but in which there is a possibility that growth in the subject may eventually lead to the status of a department. However, the determination to establish such a unit need not be based solely on the presumption that such a unit will attain this status. The status of these units shall be reviewed periodically by the council on academic affairs.
- (F) A "section" is an informal unit within a school, department, division, or academic center ~~which~~ that is established to expedite the administration of a given academic subject. The function of a section shall be to assist the parent unit in the administration of the subject and to provide an organizational structure for relationships s with professional organizations or other individuals with similar interests. The faculty member in charge shall be known as the section head. The head of the section is appointed by the administrator of the parent unit and has responsibilities delegated by the administrator of the parent unit. The formation of a section must be reported to the council on academic affairs.
- ~~(G) Schools, departments, and divisions shall be located with respect to colleges as shown in the current catalog of "The Ohio State University Bulletin—Course Offerings."~~
- ~~(H)~~(G) The establishment or abolition of schools, departments, and divisions shall require approval by the council on academic affairs, the university senate, and the board of trustees (see rule 3335-3-37 of the Administrative Code).

(Board approval dates: 4/2/1971, 3/2/1984, 5/3/1996, 6/1/2001, 6/22/2012, 2/2/2018)

3335-3-35 Chairs of departments, directors of schools.

(A) The chair of each department and the director of each school shall be the administrative head, respectively, of the department or school. The department chair and the director of a school perform a dual function. In addition to being the administrative head of the department or school, the chair or director represents the faculty of the department or school in dealing with the dean or others in the university administration. Upon the nomination of the president or ~~his or her~~ their designee, the board of trustees shall appoint each chair and director for a term of four years subject to the annual review provisions of the office of academic affairs. A chair or director shall be eligible for reappointment. In

The Ohio State University
Board of Trustees

May 18, 2022

selecting a chair or director, the president or ~~his or her~~their designee shall confer with the dean of the college involved. The dean, in turn, will consult with the faculty of the department or school on all campuses, as well as other appropriate university officials. The president or ~~his or her~~their designee shall give substantial weight to faculty recommendations in reaching a decision regarding a nomination or recommendation for reappointment. Department chairs and directors of schools report to the deans of their colleges.

(B) The president or ~~his or her~~their designee may remove a chair or director during a four-year term after consultation with the voting faculty and dean of the unit involved. The views of the faculty shall be given substantial weight in arriving at any decision to remove a chair or director from office.

(C) The duties of the chair of a department or the director of a school shall be as follows:

(1) To have general administrative responsibility for its program, subject to the approval of the dean of the college.

(2) To develop, in consultation with the faculty, a pattern of administration. This pattern of administration shall be made available to all present and prospective members of the faculty of the department or school, and a copy shall be deposited in the office of the dean of the college and in the office of the executive vice president and provost.

For purposes of defining minimum content, the following shall be included in the pattern of administration:

(a) A statement requiring the chair to provide a schedule of all regular faculty meetings (see rule 3335-5-18 of the Administrative Code) to all faculty members before the start of each semester, summer term, or session.

(b) A statement requiring the chair to maintain minutes of all faculty meetings and to maintain records of all other actions covered by the pattern of administration.

(c) A statement that the chair will consult with the faculty ~~as a whole on an~~ on all policy matters, and that such consideration will, whenever practicable, be undertaken at a meeting of the faculty as a whole.

(d) A statement recognizing in principle the presumption favoring majority faculty rule on all matters covered by the pattern of administration. This statement shall further provide that whenever majority faculty rule is not followed, the department or faculty chair, or school director, or dean and director of a regional campus, whichever is the case, shall explain the reasons for the departure to enhance communication and to facilitate understanding within the department. Where possible, this statement of reasons shall be provided before the departure occurs. This explanation shall outline the decision of the majority of the faculty, the decision of the department or faculty chair, or school director, or dean and director of the regional campus, whichever is the case, and the reasons the decisions differ. The explanation shall be communicated to the faculty in writing, where possible, or at a faculty meeting, with an opportunity provided for faculty to comment.

(e) A statement affirming that the faculty shall be consulted in the initiation and in the review and selection of new faculty members for appointment.

(f) A statement explaining how faculty duties and responsibilities in instruction, scholarship, and service are to be assigned and distributed equitably.

(3) To prepare, after consultation with the faculty and in accordance with the pattern of departmental administration, a statement setting forth the criteria and procedures according to which recommendations are made concerning appointments and/or dismissals, salary adjustments, promotions in rank, and matters affecting the reappointment and tenure of the faculty. This statement shall be made available to all present and prospective members of the department or school, and a copy shall be deposited in the office of the dean of the college and in the office of the ~~executive vice president and provost~~ academic affairs. At the beginning of each four-year term of the chair of a department or the director of a school, the members of the department or school, the office of the dean of the college, and the office of the ~~executive vice president and provost~~ academic affairs shall receive either a revision or reaffirmation of the original statement.

(4) To operate the business of the department or school with efficiency and ~~dispatch~~ timeliness.

~~(5) To plan with the members of the faculty and the dean of the college a progressive program.~~

~~(6)~~ (5) To plan with the members of the faculty and the dean of the college evaluate continuously the regular evaluation of the instructional and administrative processes and lead in the study of improving them methods for their improvement, and to develop a plan for ensuring that students progress toward timely program completion.

~~(7)~~ (6) To evaluate faculty members periodically in accordance with criteria approved by the board of trustees and subject to instructions from the executive vice president and provost, and also according to such supplemental criteria as may be set up by the department or school.

~~(8)~~ (7) To inform faculty members when they receive their annual review of their right to review their primary personnel file maintained by their tenure initiating unit and to place in that file a response to any evaluation, comment or other material contained in the file.

~~(9)~~ (8) To recommend to the dean of the college, after consultation with the faculty in accordance with paragraph (C)(3) of this rule, appointments, promotions, dismissals, and matters affecting the reappointment and tenure of members of the department or school faculty.

~~(10)~~ (9) To encourage research and educational investigations.

(10) To see that all faculty, regardless of their assigned location, are offered the departmental privileges and responsibilities appropriate to their rank, ~~and in general~~

(11) ~~To lead in maintaining a high level of morale~~ among faculty.

(12) To see that adequate supervision and training are given to those members of the faculty and staff who may profit by such assistance.

(13) To prepare (after consultation with the ~~professors, associate professors, and assistant professors with tenure~~ faculty) annual budget recommendations for the consideration of ~~by~~ the dean of the college.

(14) To promote improvement of instruction by providing for the evaluation of each course when offered, including written evaluation by students of the course and instructors, and periodic course review by the faculty.

The Ohio State University
Board of Trustees

May 18, 2022

(Board approval dates: 3/10/1966, 5/6/1977, 2/1/1980, 4/1/1983, 6/11/1986, 10/2/1987, 11/2/1990, 3/12/1993, 5/3/1996, 4/4/1997, 2/6/1998, 12/4/1998, 9/1/1999, 6/7/2005, 5/14/2010, 6/6/2014, 4/8/2016)

3335-3-36 Centers and institutes.

(A) Definition of an academic center (institute).

An academic center is a non-degree granting educational unit of the university engaged in research; instruction; or clinical, outreach, or related service. An academic center is defined by its mission and scope, not its title, and may be described as a center, institute, laboratory, or similar term. Use of "center" or "institute" in the names of proposed units of the university shall be limited to academic centers, unless otherwise approved by the council on academic affairs. ~~See paragraph (C) of rule 3335-3-56 of the Administrative Code, for definition of non-academic centers.~~ Academic centers are of two broad types: university centers and college centers.

University centers typically will have a substantial research/scholarship component to their mission, but also may be involved in instruction, and/or related service. Their internal funding (initial and continuing) is drawn fully, or in large part, from central university funds (i.e.g. office of the president, office of academic affairs, office of research). The leadership of the center will report to one or more of those offices.

College centers typically will have some mix, with variable emphases, of research/scholarship, instruction, service, clinical or outreach missions. Internal funding (initial and continuing) is drawn fully, or in large part, from one college or a small set of colleges. The leadership of the center will report to one dean or a small set of deans.

(B) Establishment, reporting, and oversight.

(1) Establishment of university centers

Proposals for university centers will be developed following the "guidelines for the establishment and review of academic centers" and submitted to the office of academic affairs for action.

The chair of the council on academic affairs (CAA), the ~~executive vice president and~~ provost's designee to that council, and the chair of the university research committee (URC) will review the proposal to ensure adherence to the guidelines and determine if it includes a substantial research component.

If so, a "centers subcommittee" of the council, supplemented with membership from URC, will review the proposal and bring a recommendation for action to CAA. If a substantial research component does not exist, the special subcommittee of the council (without URC involvement) will review the proposal and bring a recommendation for action to CAA.

If approved by CAA, the proposal will be sent to the university senate for final approval. That action will be communicated to the board of trustees.

(2) Establishment of college centers.

Each college will have a template for the establishment and review of centers that will be included in the college pattern of administration. Copies of college templates also will be maintained in the office of academic affairs (OAA). Proposals will be developed with adherence to the template, and submitted to the dean(s) of the college(s).

No review/action by CAA is required. The dean(s) will inform the OAA of the establishment of such a center. OAA will inform CAA, resulting in official institutional notification.

The office of academic affairs shall maintain a register of all academic centers and appropriate records concerning each one.

(3) Curricula and faculty affiliation.

Although neither university nor college centers may establish independent course offerings and degree programs, they may participate in cooperative programs involving course offerings and degree programs within existing academic units. With the approval of the council on academic affairs, the faculty of a school or college may delegate to an academic center the authority to offer courses or degree programs established under the auspices of that school or college. Proposals for any such courses or programs must be forwarded to the office of academic affairs with the signature approval of the appropriate school or college which must retain ultimate authority and responsibility for the courses or degree programs.

University faculty and staff may affiliate with the academic center under procedures approved by its oversight committee. Academic centers shall not serve as tenure initiating units.

(4) Administration.

An academic center shall be administered by a director who shall be appointed by and report to the dean, relevant vice president(s) or deans of the pertinent college(s).

(5) Oversight.

Each university and college center shall have an oversight committee, at least two-thirds of whose members are ~~regular-tenure track~~ regular-tenure track faculty from the academic units involved in the center. The director shall consult regularly with the oversight committee.

The director of each academic center shall develop in conjunction with the oversight committee a pattern of administration for the center.

(6) Review process

All university centers will be reviewed two years after initial establishment and at four-year intervals thereafter. The centers subcommittee of CAA will conduct the review following the "guidelines for the establishment and review of centers" and bring a recommendation for action to CAA. The range of actions include: continuation, conditional continuation with a follow-up in less than four years, and termination.

All college centers will be monitored through annual reports to the college dean(s). Should significant change to a center occur, or a decision be made to abolish a center, notification of that decision will be made to the office of academic affairs and through it to CAA.

(7) Previously established centers.

All existing academic centers established outside of this rule shall be reviewed under the requirements of this rule. Those not in compliance with the rule shall be allowed one additional year to make appropriate adjustments to allow for their continuation.

Note: the request of any established center seeking to move from one type to another must be reviewed and approved by CAA.

(C) Conditional use of the term "center."

Start-up centers are permitted. Following submission of a formal request by a vice president or dean and expedited review and approval by CAA, the term "center" may be used related to external or central funding possibilities. That action will be communicated directly to the board of trustees. Should funding not be secured within one year, the unit must request from CAA an extension of the use of the term. Once funding is secured, the appropriate process for establishment of a university or college center must be initiated within one year.

(Board approval dates: 9/8/1961, 6/4/1993, 8/1/1997, 12/4/1998, 6/7/2005, 6/6/2008, 2/01/2013)

3335-3-37 Alteration or abolition of units.

(A) Definitions.

(1) The term unit refers to departments, schools and colleges.

(2) For purposes of this rule, the term alteration shall refer to the consolidation or reconfiguration of units. Consolidation shall refer to the combining of two or more units, with little or no additional change. Reconfiguration shall refer to the breaking apart of existing units and their academic programs and recombining the faculty and programs into new units.

(3) For the purposes of this rule, the term abolition shall refer to the complete elimination of a unit and the academic programs it provided.

(4) Alteration or abolition described herein may be initiated without a declaration of financial exigency.

(B) Procedure for alteration or abolition of departments and schools.

(1) A proposal to alter or abolish a ~~unit~~department or school may be initiated by any of the following:

(a) The dean of the college administratively responsible for the ~~unit~~department(s) or school(s) for which alteration or abolition is proposed,

(b) The executive vice president and provost,

(c) The council on academic affairs, or

(d) Faculty from the affected unit(s).

(2) A proposal for alteration or abolition of a unit department or school must include an analysis with the following elements. It shall be the responsibility of the party making the proposal to provide this analysis.

(a) A rationale for alteration or abolition of the unit department(s) or school(s) which includes a history of the formation, activities and evaluation of the performance of the unit.

(b) An enumeration of all faculty affected by the alteration or abolition of the unit department(s) or school(s).

(c) A person-by-person analysis of the proposed reassignment or other accommodation of the faculty identified in paragraph (B)(2)(b) of this rule, including a statement of the impact on promotion and tenure. No tenured faculty member shall be involuntarily terminated as a result of this process. However, faculty may be transferred to another unit in accordance with paragraph (C)(2) of rule 3335-6-06 of the Administrative Code, ~~and with regard to the~~ also considering the teaching, research, and service expertise of the individual.

(d) An analysis of the academic courses now taught by the unit department(s) or school(s) and provisions for their reassignment to other unit departments or schools, if relevant.

(e) An analysis of the students affected by the proposal, including majors, non-majors, professional and graduate students.

(f) Specific proposals regarding support for currently enrolled students until degree completion.

(g) An analysis of the budgetary consequences to all relevant units department(s) or school(s) resulting from as a consequence of the proposal.

(h) An analysis of the services lost to the rest of the university as a consequence of the proposal.

(i) An analysis of impact on constituencies external to the university, including alumni.

(j) An analysis of the impact on governance at all relevant levels as a consequence of the proposal.

(k) An analysis of the impact upon diversity.

(l) An analysis of the impact on the academic freedom and responsibility of all affected faculty.

(3) The proposal must be discussed with affected faculty, students, and staff, who may provide written and verbal feedback. The proposal may be modified by the proposal's initiator in response to feedback. Following a thorough consultative process with affected faculty, students, staff, and others as appropriate, the college faculty shall vote on the proposal. The proposal, along with the numerical vote of the college faculty, shall then be forwarded to the council on academic affairs.

(4) The proposal will be judged by the assessment parameters developed by the council on academic affairs and published in its guidelines. The council on academic affairs will review the proposal and will also evaluate the consultation process. It will then return the proposal to the initiator for additional work if the proposal or the consultation has been judged inadequate, or approve the proposal and send it to the university senate for consideration, or disapprove the proposal, which ends the process.

(5) If the council on academic affairs approves the proposal, a memorandum of understanding will be developed and signed by all relevant parties.

(6) The university senate shall vote on the proposal. If it approves the proposal, the recommendation shall be forwarded to the president. A negative vote ends the process.

(7) The president shall review the proposal. If in favor, the president will forward it to the board of trustees. If the board of trustees approves the proposal, then the executive vice president and provost will appoint an oversight committee to monitor the implementation of the process. The chair of faculty council or designee, the secretary of the university senate, one member of the committee on academic freedom and responsibility, and three members of faculty council shall be appointed to the oversight committee. The purpose of which the oversight committee is to safeguard the interests of affected faculty, students, and staff. Through the chair of faculty council, the oversight committee will periodically report to the university senate, review and assess outcomes, suggest changes where targets are not being met, and assure that the memorandum of understanding is upheld. The oversight committee will present a final report to the senate.

(C) Procedure for alteration or abolition of colleges.

(1) The council on academic affairs, the executive vice president and provost, the dean, or faculty from the affected unit may initiate a proposal to alter or abolish a college.

(2) A proposal for alteration and abolition of a college must include an analysis ~~with of~~ all of the elements outlined in paragraph (B)(2) of this rule. It shall be the responsibility of the party making the proposal to provide this analysis.

(3) The council on academic affairs shall appoint an ad hoc committee to evaluate the proposal. The ad hoc committee shall have a majority comprised of tenure-track faculty. The charge to the ad hoc committee and the composition of that committee must be agreed upon by the council on academic affairs, the executive committee of faculty council, and the executive vice president and provost.

~~(4) The ad hoc committee shall evaluate the proposal, which will~~ shall include extensive consultation ~~with~~ affected faculty, students, and staff, and relevant parties external to the university, ~~as described in (B)(3) of this rule.~~

~~(5)(4)~~ The recommendation of the ad hoc committee will be forwarded to the council on academic affairs and the executive vice president and provost.

~~(6)(5)~~ Prior to accepting or rejecting the ad hoc committee's recommendation, the council on academic affairs will consult with faculty council and the executive vice president and provost. The faculty council response, including its vote, and a letter of recommendation from the executive vice president and provost shall be considered by the council on academic affairs. The council on academic affairs will then either terminate the process or forward its positive recommendation to the university senate.

The Ohio State University
Board of Trustees

May 18, 2022

~~(7)~~(6) If the council on academic affairs approves the proposal, a memorandum of understanding will be developed and signed by all relevant parties.

~~(8)~~(7) The university senate shall vote on the proposal. If it approves the proposal, the recommendation shall be forwarded to the president. A negative vote ends the process.

~~(9)~~(8) The president shall review the proposal. If in favor, the president shall forward it to the board of trustees. If the board of trustees approves the proposal, then the executive vice president and provost will appoint an oversight committee to monitor the implementation of the process. The chair of faculty council or designee; the secretary of the university senate; one member of the committee on academic freedom and responsibility; and three members of faculty council shall be appointed to the oversight committee. The purpose of the oversight committee which is to safeguard the interests of affected faculty, students, and staff. Through the chair of faculty council, the oversight committee will periodically report to the university senate, review and assess outcomes, suggest changes where targets are not being met, and assure that the memorandum of understanding is upheld. The oversight committee will present a final report to the senate within one year of implementation.

(Board approval dates: 6/1/2001, 6/4/2004, 5/14/2010, 6/6/2014)

The Ohio State University
Board of Trustees

May 18, 2022

3335-5-48: Split the current Council on Distance Education, Libraries and Information Technology (DELIT) committee into two committees

DELETED TEXT:

~~3335-5-48.2 Council on distance education, libraries and information technology.~~

~~A. Membership.~~

~~The council on distance education, libraries and information technology shall consist of sixteen members.~~

- ~~1. Eight faculty.~~
- ~~2. Three students.~~
 - ~~a. One graduate student.~~
 - ~~b. One professional student.~~
 - ~~c. One undergraduate student.~~
- ~~3. Four administrators (or their designees).~~
 - ~~a. The dean of the graduate school.~~
 - ~~b. The dean of university libraries.~~
 - ~~c. The chief information officer.~~
 - ~~d. The associate vice president for distance education.~~
- ~~4. One staff member, appointed by the university staff advisory committee.~~

~~B. Duties and responsibilities.~~

- ~~1. Formulate policies governing the delivery of distance education and educational and research activities and services of libraries and information technology.~~
- ~~2. Assist in the interpretation of distance education, library, and information technology services to the university community.~~
- ~~3. Assist in the presentation of major distance education, library and information technology needs to the university administration.~~
- ~~4. Advise the appropriate administrative office on the appointment of the associate vice president for distance education, the dean of university libraries, and the chief information officer.~~

~~C. Organization.~~

- ~~1. The chair shall be elected from among the voting members of the council.~~
- ~~2. Reports by this council to the president, other than those made through the senate, shall be made through the executive vice president and provost.~~
- ~~3. As a standing committee of the senate, this council is also governed by the provisions of rules 3335-5-46 and 3335-5-48 of the Administrative Code.~~

NEW TEXT:

3335-5-48.2 Library Committee

(A) Membership. The library committee shall consist of thirteen members.

- (1) Six faculty.
- (2) Three students.
 - (a) One graduate student.
 - (b) One professional student.
 - (c) One undergraduate student.
- (3) Three administrators.
 - (a) The dean of university libraries.
 - (b) Chief information officer (or their designees)
 - (c) The vice president for research (or their designees).
- (4) One staff member, appointed by the dean of the university libraries in consultation with the university staff advisory committee.

(B) Duties and responsibilities.

- (1) Advise the dean of university libraries in the planning and implementation of programs and policies supporting the educational, research, and service activities of libraries and related units.
- (2) Articulate the library's mission, goals, and needs to the university administration.
- (3) Assist the dean of university libraries in the assessment, improvement, and promotion of library and information services that support the university community.
- (4) Advise the dean of university libraries on agreements with publishers and information vendors that are in the best interest of the university community.
- (5) Advise the appropriate administrative office on the appointment of the dean of university libraries.

The Ohio State University
Board of Trustees

May 18, 2022

(C) Organization.

- (1) The chair shall be elected from among the voting members of the committee.
- (2) As a standing committee of the senate, this committee is governed by the provisions of rules 3335-5-46 of the Administrative Code.

3335-5-48.3 Committee on Academic Technology

(A) Membership. The committee on academic technology shall consist of eighteen members.

- (1) Eight faculty
- (2) Three students
 - (a) One graduate student
 - (b) One professional student
 - (c) One undergraduate student
- (3) Four administrators (or their designees)
 - (a) The chief information officer
 - (b) The vice president for research
 - (c) The executive vice president for research, innovation and knowledge
 - (d) The chief digital learning officer
- (4) Three staff members. Two staff members shall be appointed by the university staff advisory committee, and one by the chief information officer.

(B) Duties and Responsibilities

- (1) Advise the chief information officer in the planning and implementation of academic technology programs and policies, including those pertaining to education, research and service activities.
- (2) Assist the university administration in the identification, review, and improvement of academic technology infrastructure.
- (3) Advocate for academic technology infrastructure that is inclusive, affordable, accessible, and user-friendly for faculty, students, and staff.
- (4) Advise the appropriate administrative office on the appointment of the chief information officer and the chief digital learning officer.

(C) Organization

- (1) The chair shall be elected from among the voting members of the committee.

The Ohio State University
Board of Trustees

May 18, 2022

(2) As a standing committee of the senate, this committee is governed by the provisions of rules 3335-5-46 of the Administrative Code.

(Board approval dates: 5/1/1986, 2/5/1988, 11/2/1990, 2/4/1993, 11/4/1994, 5/3/1996, 4/4/1997, 12/4/1998, 7/12/2002, 6/7/2005, 9/9/2011, 4/4/2014, 5/31/2019, 11/21/2019)

APPENDIX LXXXVIII

The Ohio State University
Board of Trustees

May 18, 2022

Appointments/Reappointments of Chairpersons

JONI E. ACUFF, Chair, Department of Arts Administration, Education and Policy, effective July 1, 2022 through June 30, 2026

*CHARLES O. ANDERSON, Chair, Department of Dance, effective June 1, 2022 through June 30, 2026

ANGELA BRINTLINGER, Chair, Department of Slavic and East European Languages and Cultures, effective July 1, 2022 through June 30, 2026

AMY R. DARRAGH, Interim Director and Interim Associate Dean, School of Health and Rehabilitation Sciences, effective July 1, 2022 through June 30, 2023, or until a new Interim Director and Interim Associate Dean is named and in place, whichever occurs first

DENNIS R. DURBIN, Interim Chair, Department of Pediatrics, effective March 1, 2022 through May 31, 2022

MARK FULLERTON, Interim Chair, Department of Classics, effective July 1, 2022 through June 30, 2023

KELLY GARRETT, Director, School of Communication, effective July 1, 2022 through June 30, 2025

STEPHEN M. GAVAZZI, Director, Center for Human Resource Research, effective May 16, 2022 through August 14, 2026

**SAMIR GHADIALI, Chair, Department of Biomedical Engineering, effective June 1, 2022 through May 31, 2026

JOHN GRINSTEAD, Chair, Department of Spanish and Portuguese, effective July 1, 2022 through June 30, 2026

SARAH-GRACE HELLER, Chair, Department of French and Italian, effective July 1, 2022 through June 30, 2026

ROBERT C. HOLUB, Interim Chair, Department of Germanic Languages and Literatures, effective July 1, 2022 through June 30, 2023

*MICHAEL G. IBRAHIM, Director, School of Music, effective July 1, 2022 through June 30, 2026

CATHERINE D. KRAWCZESKI, Chair, Department of Pediatrics, effective June 1, 2022 through May 31, 2026

MORGAN LIU, Chair, Department of Near Eastern Languages and Cultures, effective July 1, 2022 through June 30, 2027

**WHITNEY R. LUKE, Interim Chair, Department of Physical Medicine and Rehabilitation, effective July 1, 2022 through June 30, 2023, or until a new Chair is named and in place, whichever occurs first

**SHALINA NAIR, Interim Chair, Department of Family and Community Medicine, effective July 1, 2022 through June 30, 2023, or until a new Chair is named and in place, whichever occurs first

DOROTHY NOYES, Director, Mershon Center for International Security Studies, effective July 1, 2022 through June 30, 2026

**HARALD E. F. VAESSIN, Chair, Department of Molecular Genetics, effective June 1, 2022 through June 30, 2024

The Ohio State University
Board of Trustees

May 18, 2022

KARL P. WHITTINGTON, Chair, Department of History of Art, effective July 1, 2022 through June 30, 2026

*New Hire

**Reappointment

Extensions of Chairpersons

PASHA LYVERS PEFFER, Interim Chair, Department of Animal Sciences, effective July 1, 2022 through June 30, 2023, or until a new Chair is named

Faculty Professional Leaves

DAVID E. ANDERSON, Associate Professor, Department of Mathematics, effective Autumn 2022 and Spring 2023

L. ROBERT BAKER, Associate Professor, Department of Chemistry and Biochemistry, effective Spring 2023

JAMES J. BEATTY, Professor, Department of Physics, effective Autumn 2022 and Spring 2023

MARY ANNE BEECHER, Professor, Department of Design, effective Autumn 2022

MICHAEL BETZ, Associate Professor, Department of Human Sciences, effective Autumn 2022 and Spring 2023

ELIZABETH A. BOND, Associate Professor, Department of History, effective Autumn 2022 and Spring 2023

KENNETH K. BOYER, Professor, Department of Operations and Business Analytics, effective Spring 2023

BEAR F. BRAUMOELLER, Professor, Department of Political Science, effective Autumn 2022

VERA BRUNNER-SUNG, Associate Professor, Department of Theatre, Film, and Media Arts, effective Autumn 2022

ALICIA C. BUNGER, Associate Professor, College of Social Work, effective Autumn 2022 and Spring 2023

BRUNO CABANES, Professor, Department of History, effective Spring 2023

KATHRYN CAMPBELL-KIBLER, Associate Professor, Department of Linguistics, effective Autumn 2022 and Spring 2023

THEODORE CHAO, Associate Professor, Department of Teaching and Learning, effective Autumn 2022 and Spring 2023

LAURENCE COUTELLIER, Associate Professor, Department of Psychology, effective Spring 2023

DAVID C. DEANDREA, Associate Professor, School of Communication, effective Spring 2023

ANA DEL SARTO, Associate Professor, Department of Spanish and Portuguese, effective Autumn 2022

LISA J. DOWNING, Professor, Department of Philosophy, effective Autumn 2022

The Ohio State University
Board of Trustees

May 18, 2022

THEODORA DRAGOSTINOVA, Associate Professor, Department of History, effective Spring 2023

REBECCA B. DUPAIX, Professor, Department of Mechanical and Aerospace Engineering, effective Autumn 2022 and Spring 2023

BRIAN EDMISTON, Professor, Department of Teaching and Learning, effective Spring 2023

RUSSELL H. FAZIO, Professor, Department of Psychology, effective Spring 2023

MARGARET C. FLINN, Associate Professor, Department of French and Italian, effective Autumn 2022 and Spring 2023

DANIEL FRANK, Associate Professor, Department of Near Eastern Languages and Cultures, effective Spring 2023

GERALD S. FRANKEL, Professor, Department of Materials Science and Engineering, effective Spring 2023

KENTARO FUJITA, Professor, Department of Psychology, effective Spring 2023

K.K. GAN, Professor, Department of Physics, effective Autumn 2022 and Spring 2023

MARYAM GHAZISAEIDI, Associate Professor, Department of Materials Science and Engineering, change of FPL from Spring 2021 to Autumn 2021 and Spring 2022

AMOS GILAT, Professor, Department of Mechanical and Aerospace Engineering, effective Autumn 2022

ROGER D. GODDARD, Professor, Department of Educational Studies, effective Spring 2023

SHOSHANAH B.D. GOLDBERG-MILLER, Associate Professor, Department of Arts Administration, Education and Policy, effective Spring 2023

VAN RYAN HADEN, Associate Professor, Agricultural Technical Institute (ATI), effective Autumn 2022 and Spring 2023

REBECCA HAIDT, Professor, Department of Spanish and Portuguese, effective Spring 2023

PAUL J. HEALY, Professor, Department of Economics, effective Autumn 2022

JENNIFER HIGGINBOTHAM, Associate Professor, Department of English, effective Autumn 2022 and Spring 2023

MICHIKO HIKIDA, Associate Professor, Department of Teaching and Learning, effective Spring 2023

CHRISTOPHER M. HIRATA, Professor, Department of Physics, effective Autumn 2022 and Spring 2023

LANIER F. HOLT, Associate Professor, School of Communication, effective Spring 2023

RACHAEL F. HOLT, Professor, Department of Speech and Hearing Science, effective Spring 2023

SHANNON E. JARROTT, Professor, College of Social Work, effective Autumn 2022 and Spring 2023

JUDSON L. JEFFRIES, Professor, Department of African American and African Studies, effective Spring 2023

CREOLA JOHNSON, Professor, Moritz College of Law, effective Spring 2023

The Ohio State University
Board of Trustees

May 18, 2022

JENNIFER A. JOHNSON, Professor, Department of Astronomy, effective Autumn 2022 and Spring 2023

MARAT KHAFIZOV, Associate Professor, Department of Mechanical and Aerospace Engineering, effective Autumn 2022 and Spring 2023

AUBHIK KHAN, Professor, Department of Economics, effective Spring 2023

MATTHEW D. KLEINHENZ, Professor, Department of Horticulture and Crop Science, change of FPL from Spring 2022 to Summer 2022

BJOERN KOEHNLEIN, Associate Professor, Department of Linguistics, effective Autumn 2022

JESUS J. LARA, Professor, Knowlton School of Architecture, effective Autumn 2022 and Spring 2023

ROBERT LEE, Professor, Department of Electrical and Computer Engineering, effective Autumn 2022 and Spring 2023

SHILI LIN, Professor, Department of Statistics, effective Autumn 2022

TZU-JUNG LIN, Associate Professor, Department of Educational Studies, effective Spring 2023

TREVA B. LINDSEY, Associate Professor, Department of Women's, Gender and Sexuality Studies, effective Spring 2023

TREVON D. LOGAN, Professor, Department of Economics, effective Autumn 2022 and Spring 2023

LAURA A. LOPEZ, Associate Professor, Department of Astronomy, effective Autumn 2022 and Spring 2023

STUART A. LUDSIN, Professor, Department of Evolution, Ecology and Organismal Biology, effective Autumn 2022 and Spring 2023

WENZHI LUO, Professor, Department of Mathematics, effective Autumn 2022

SAMIR D. MATHUR, Professor, Department of Physics, effective Autumn 2022

JOY MCCORRISTON, Professor, Department of Anthropology, effective Spring 2023

TRISTRAM MCPHERSON, Professor, Department of Philosophy, effective Autumn 2022 and Spring 2023

DAVID MELAMED, Associate Professor, Department of Sociology, effective Autumn 2022

CARLA K. MILLER, Professor, Department of Human Sciences, effective Spring 2023

KARIN MUSIER-FORSYTH, Professor, Department of Chemistry and Biochemistry, effective Autumn 2022

KOTARO NAKANISHI, Associate Professor, Department of Chemistry and Biochemistry, effective Autumn 2022

MINEHARU NAKAYAMA, Professor, Department of East Asian Languages and Literatures, effective Spring 2023

THOMAS E. NELSON, Professor, Department of Political Science, effective Autumn 2022

The Ohio State University
Board of Trustees

May 18, 2022

CRICHTON OGLE, Professor, Department of Mathematics, effective Spring 2023

ALEX OLISZEWSKI, Associate Professor, Department of Theatre, Film and Media Arts, effective Spring 2023

MARIA PALAZZI, Professor, Department of Design, effective Spring 2023

JANET S. PARROTT, Associate Professor, Department of Theatre, Film and Media Arts, effective Spring 2023

DEHUA PEI, Professor, Department of Chemistry and Biochemistry, effective Autumn 2022

ANNIKA H.G. PETER, Associate Professor, Department of Physics, effective Autumn 2022 and Spring 2023

MARK A. PITT, Professor, Department of Psychology, effective Autumn 2022 and Spring 2023

JESSICA PRINZ, Associate Professor, Department of English, effective Autumn 2022

DANIELLE O. PYUN, Associate Professor, Department of East Asian Languages and Literatures, effective Autumn 2022 and Spring 2023

PAUL REITTER, Professor, Department of Germanic Languages and Literatures, effective Autumn 2022

DANIEL E. ROBERTS, Associate Professor, Department of Dance, effective Autumn 2022 and Spring 2023

FELECIA G. ROSS, Associate Professor, School of Communication, effective Autumn 2022

ABRAHAM S. ROTH, Professor, Department of Philosophy, effective Autumn 2022 and Spring 2023

CURTIS ROTH, Associate Professor, Knowlton School of Architecture, effective Autumn 2022 and Spring 2023

ERIC W. SCHOON, Associate Professor, Department of Sociology, effective Spring 2023

SCOTT A. SCHWENTER, Professor, Department of Spanish and Portuguese, effective Autumn 2022 and Spring 2023

JAMI J. SHAH, Professor, Department of Mechanical and Aerospace Engineering, effective Autumn 2022 and Spring 2023

SOHEIL SOGHRATI, Associate Professor, Department of Mechanical and Aerospace Engineering, effective Autumn 2022

KRZYSZTOF Z. STANEK, Professor, Department of Astronomy, effective Autumn 2022 and Spring 2023

MAURICE E. STEVENS, Professor, Department of Comparative Studies, effective Spring 2023

SALEH A. TANVEER, Professor, Department of Mathematics, effective Autumn 2022 and Spring 2023

MARY E. THOMAS, Associate Professor, Department of Women's, Gender and Sexuality Studies, effective Spring 2023

DANIEL J. THOMPSON, Professor, Department of Mathematics, effective Autumn 2022

The Ohio State University
Board of Trustees

May 18, 2022

JARED THORNE, Associate Professor, Department of Art, effective Autumn 2022 and Spring 2023

BRANDON M. TURNER, Associate Professor, Department of Psychology, effective Autumn 2022 and Spring 2023

LIZ R. VIVAS, Associate Professor, Department of Mathematics, effective Autumn 2022 and Spring 2023

MICHAEL VUOLO, Associate Professor, Department of Sociology, Effective Autumn 2022 and Spring 2023

ZHENG JOYCE WANG, Professor, School of Communication, effective Autumn 2022

ROBYN WARHOL, Professor, Department of English, effective Spring 2023

REPHAEL WENGER, Professor, Department of Computer Science and Engineering, effective Autumn 2022 and Spring 2023

ROXANN WHEELER, Associate Professor, Department of English, effective Autumn 2022 and Spring 2023

JULIET T. WHITE-SMITH, Professor, School of Music, effective Autumn 2022 and Spring 2023

JESSICA O. WINTER, Professor, Department of Chemical and Biomolecular Engineering, effective Autumn 2022

KAREN H. WRUCK, Professor, Department of Finance, effective Spring 2023

WEI ZHANG, Professor, Department of Materials Science and Engineering, change of FPL from Spring 2021 to Autumn 2021

Faculty Professional Leave Cancellations

MIKHAIL BELKIN, Professor, Department of Computer Science and Engineering, cancellation of FPL for Autumn 2020

DEBBIE GUATELLI-STEINBERG, Professor, Department of Anthropology, cancellation of FPL for Autumn 2021

YUNZHANG ZHU, Associate Professor, Department of Statistics, cancellation of FPL for AU21 and Spring 2022

Emeritus Titles

STEVE ALLEN, Department of Anesthesiology, with the title of Professor Emeritus-Practice, effective July 1, 2019

JOHN BARNARD, Department of Pediatrics, with the title of Professor Emeritus, effective March 2, 2022

BRAD R. BERGEFURD, OSU Extension, with the title of Assistant Professor Emeritus, effective June 1, 2022

PATRICIA A. BROSANAN, Department of Teaching and Learning, with the title of Associate Professor Emeritus, effective July 1, 2022

The Ohio State University
Board of Trustees

May 18, 2022

RICHARD S. DENNING, Department of Mechanical and Aerospace Engineering, with the title of Professor Emeritus, effective May 1, 2014

JANE HATHAWAY, Department of History, with the title of Professor Emeritus, effective June 1, 2022

DAVID M. HIX, School of Environment and Natural Resources, with the title of Professor Emeritus, effective May 15, 2022

FRANCES K. HUEBNER, Department of Cancer Biology and Genetics, with the title of Professor Emeritus, effective July 1, 2022

MARY C. JUHAS, Department of Materials Science and Engineering, with the title of Professor Emeritus-Clinical, effective January 1, 2022

DEBORAH S. LARSEN, School of Health and Rehabilitation Sciences, with the title of Professor Emeritus, effective July 1, 2022

BRIAN MCHALE, Department of English, with the title of Professor Emeritus, effective August 15, 2022

SAMUEL A. MEIER, Department of Near Eastern Languages and Cultures, with the title of Professor Emeritus, effective August 16, 2022

ROBERT A. MURDEN, Department of Internal Medicine, with the title of Professor Emeritus-Clinical, effective February 1, 2022

LUCY E. MURPHY, Department of History, with the title of Professor Emeritus, effective June 1, 2022

STEVEN M. NEAL, Department of Animal Sciences, with the title of Professor Emeritus, effective July 1, 2022

GEORGE E. NEWELL, Department of Teaching and Learning, with the title of Professor Emeritus, effective June 1, 2022

THOMAS J. PAPADIMOS, Department of Anesthesiology, with the title of Professor Emeritus-Clinical, effective April 1, 2022

S. TARIQ RIZVI, Department of Mathematics, with the title of Professor Emeritus, effective June 1, 2022

MANISHA H. SHAH, Department of Internal Medicine, with the title of Professor Emeritus, effective June 28, 2022

HERMAN SHEN, Department of Mechanical and Aerospace Engineering, with the title of Professor Emeritus, effective January 1, 2022

DIANNE E. SHOEMAKER, OSU Extension, with the title of Associate Professor Emeritus, effective July 1, 2022

RATNASINGHAM SOORYAKUMAR, Department of Physics, with the title of Professor Emeritus, effective August 23, 2022

JEFF SPRANG, Department of Art, Mansfield Campus, with the title of Associated Faculty Emeritus, effective September 1, 2022

KENNETH J. SUPOWIT, Department of Computer Science and Engineering, with the title of Associate Professor Emeritus, effective June 1, 2022

The Ohio State University
Board of Trustees

May 18, 2022

DAVID H. TERMAN, Department of Mathematics, with the title of Professor Emeritus, effective June 1, 2022

EDWARD E. VALENTINE, JR., Department of Art, with the title of Professor Emeritus, effective June 1, 2022

VERONICA J. VIELAND, Department of Pediatrics, with the title of Professor Emeritus, effective May 3, 2022

DAVID WILLIAMS, Department of Accounting and Management Information Systems, with the title of Associate Professor Emeritus, effective June 1, 2022

DAVID YABLOK, Department of Anesthesiology, with the title of Assistant Professor Emeritus-Clinical, effective April 1, 2022

RAMA K. YEDAVALLI, Department of Mechanical and Aerospace Engineering, with the title of Professor Emeritus, effective January 1, 2022

Promotion, Tenure, and Reappointments

COLLEGE OF THE ARTS AND SCIENCES

DIVISION OF ART AND HUMANITIES

PROMOTION TO PROFESSOR

Acuff, Joni, Arts Administration, Education and Policy, May 18, 2022
Borland, Katherine, Comparative Studies, May 18, 2022
DeWitt, Scott, English, May 18, 2022
Dragostinova, Theodora, History, May 18, 2022
Fredal, James, English, May 18, 2022
Lindsey, Treva, Women's Gender and Sexuality Studies, May 18, 2022
Martinez-Cruz, Paloma, Spanish and Portuguese, May 18, 2022
McCorkle, Warren, English, Marion, May 18, 2022
Parrott, Janet, Theatre, Film and Media Arts, May 18, 2022
Puga, Ana, Theatre, Film and Media Arts, May 18, 2022
Smooth, Wendy, Women's Gender and Sexuality Studies, May 18, 2022
Sreenivas, Mytheli, History, May 18, 2022

PROMOTION TO PROFESSOR WITH TENURE

Anderson, Charles, Department of Dance, June 1, 2022
Gilbert, Charlene, Women's, Gender and Sexuality Studies, April 4, 2022
Ibrahim, Michael, School of Music, July 1, 2022

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Brunner-Sung, Vera, Theatre, Film and Media Arts, May 18, 2022
Combs-Schilling, Jonathan, French and Italian, May 18, 2022
Eaglin, Jennifer, History, May 18, 2022
Hoch, Christopher, School of Music, May 18, 2022
Levin, Erica, History of Art, May 18, 2022
McCarthy-Brown, Nyama, Dance, May 18, 2022
Neville, Sarah, English, May 18, 2022
Risinger, Jacob, English, May 18, 2022
Shen, Yvette, Design, May 18, 2022
Swearingen, Kyoung, Design, May 18, 2022
Washuta, Elissa, English, May 18, 2022

The Ohio State University
Board of Trustees

May 18, 2022

Yehudai, Ori, History, May 18, 2022

DIVISION OF NATURAL AND MATHEMATICAL SCIENCES

PROMOTION TO PROFESSOR

Badu-Tawiah, Abraham, Chemistry and Biochemistry, May 18, 2022
Baker, L. Robert, Chemistry and Biochemistry, May 18, 2022
Cook, Ann, School of Earth Sciences, May 18, 2022
Dawes, Adriana, Mathematics, May 18, 2022
Gogolyev, Andriy, Mathematics, May 18, 2022
Hamel, Patrice, Molecular Genetics, May 18, 2022
Kurtsek, Sebastian, Statistics, May 18, 2022
Kwiek, Jesse, Microbiology, May 18, 2022
Leroy, Adam, Astronomy, May 18, 2022
Miriti, Maria, Evolution, Ecology and Organismal Biology, May 18, 2022
Nagib, David, Chemistry and Biochemistry, May 18, 2022
Nguyen, Hoi, Mathematics, May 18, 2022
Peter, Annika, Physics, May 18, 2022
Schultz, Zachary, Chemistry and Biochemistry, May 18, 2022
Shafaat, Hannah, Chemistry and Biochemistry, May 18, 2022
Turkmen, Asuman, Statistics, Newark, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Anderson, Matthew, Microbiology, May 18, 2022
Burd, Craig, Molecular Genetics, May 18, 2022
Chang, Lo-Bin, Statistics, May 18, 2022
Cueto, Maria, Mathematics, May 18, 2022
Hovick, Stephen, Evolution, Ecology and Organismal Biology, May 18, 2022
Norris, Ryan, Evolution, Ecology and Organismal Biology, Lima, May 18, 2022
Petreaca, Ruben, Molecular Genetics, Marion, May 18, 2022

DIVISION OF SOCIAL AND BEHAVIORAL SCIENCES

PROMOTION TO PROFESSOR

Azrieli, Yaron, Economics, May 18, 2022
Buelow, Melissa, Psychology, Newark, May 18, 2022
Edwards, Korie, Sociology, May 18, 2022
Hupp, Julie, Psychology, Newark, May 18, 2022
MacGilvray, Eric, Political Science, May 18, 2022
Minozzi, William, Political Science, May 18, 2022
Mitzen, Jennifer, Political Science, May 18, 2022
Rehm, Philipp, Political Science, May 18, 2022
Shaffer, Dennis, Psychology, Mansfield, May 18, 2022
Turner, Brandon, Psychology, May 18, 2022
Zheng, Hui, Sociology, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Coronel, Jason, School of Communication, May 18, 2022
Dixon, Graham, School of Communication, May 18, 2022
Grizzard, Matthew, School of Communication, May 18, 2022
Lundine, Jennifer, Speech and Hearing Science, May 18, 2022
Rehbeck, John, Economics, May 18, 2022
Shulman, Hillary, School of Communication, May 18, 2022
Wood, Thomas, Political Science, May 18, 2022

The Ohio State University
Board of Trustees

May 18, 2022

COLLEGE OF DENTISTRY

PROMOTION TO PROFESSOR

Townsend, Janice, May 18, 2022

**COLLEGE OF DENTISTRY
CLINICAL**

PROMOTION TO PROFESSOR-CLINICAL AND REAPPOINTMENT

McNamara, Kristin, May 18, 2022, and August 15, 2023

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT

Claman, Daniel, May 18, 2022, and August 15, 2023

Harrington, Christine, May 18, 2022, and August 15, 2023

Mikhail, Sarah, May 18, 2022, and August 15, 2023

Stefanik, Dawne, May 18, 2022, and August 15, 2023

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL

Hammersmith, Kimberly, May 18, 2022

Henderson, Rebecca, May 18, 2022

Kissell, Denise, May 18, 2022

REAPPOINTMENT

Amini, Homa, August 15, 2023

Cortes, Daniel, August 15, 2023

Davidson, Robert, August 15, 2023

Iannucci, Joen, August 15, 2023

Kalmar, John, August 15, 2023

Lowry, Salvatore, August 15, 2023

Peregrina, Alejandro, August 15, 2023

Shah, Shilpa, August 15, 2023

Stone, James, August 15, 2023

Uhlin, Robert, August 15, 2023

Valentin, Sasha, August 15, 2023

Villarroel, Soraya, August 15, 2023

Weiss, Gabriela, August 15, 2023

COLLEGE OF EDUCATION AND HUMAN ECOLOGY

PROMOTION TO PROFESSOR

Ding, Lin, Teaching and Learning, May 18, 2022

Fletcher, Edward, Educational Studies, May 18, 2022

Quaye, Stephen, Educational Studies, May 18, 2022

Sayer, Peter, Teaching and Learning, May 18, 2022

Subedi, Binaya, Teaching and Learning, Newark, May 18, 2022

Yi, Youngjoo, Teaching and Learning, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Zhu, Jiangjiang (Chris), Human Sciences, May 18, 2022

Zyromski, Brett, Educational Studies, May 18, 2022

The Ohio State University
Board of Trustees

May 18, 2022

COLLEGE OF ENGINEERING

PROMOTION TO PROFESSOR

Benatar, Avi, Materials Science and Engineering, May 18, 2022
Cheramie, Kristi, Knowlton School of Architecture, May 18, 2022
Coifman, Benjamin, Civil, Environmental, and Geodetic Engineering, May 18, 2022
Hall, Lisa, Chemical and Biomolecular Engineering, May 18, 2022
Xia, Cathy, Integrated Systems Engineering, May 18, 2022
Zhao, Hongping, Electrical and Computer Engineering, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Ahmad, Rizwan, Biomedical Engineering, May 18, 2022
Chen, Zhenhua, Knowlton School of Architecture, May 18, 2022
Jenkins, Katherine, Knowlton School of Architecture, May 18, 2022
Kajfez, Rachel, Engineering Education, May 18, 2022
Kiourti, Asimina, Electrical and Computer Engineering, May 18, 2022
Lipschitz, Forbes, Knowlton School of Architecture, May 18, 2022
Locke, Jennifer, Materials Science and Engineering, May 18, 2022
May, Andy, Civil, Environmental, and Geodetic Engineering, May 18, 2022
Reece, Jason, Knowlton School of Architecture, May 18, 2022
Reilly, Matthew, Biomedical Engineering, May 18, 2022
Sun, Huan, Computer Science and Engineering, May 18, 2022
Veeraraghavan, Rengasayee, Biomedical Engineering, May 18, 2022
Wang, Lei, Civil, Environmental, and Geodetic Engineering, May 18, 2022
Wang, Yang, Computer Science and Engineering, May 18, 2022

TENURE AT THE CURRENT RANK OF ASSOCIATE PROFESSOR

Ertin, Emre, Electrical and Computer Engineering, May 18, 2022

COLLEGE OF ENGINEERING CLINICAL

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL

Belloni, Clarissa, Mechanical and Aerospace Engineering, May 18, 2022
Childers, Rachel, Biomedical Engineering, May 18, 2022
Kecskemety, Krista, Engineering Education, May 18, 2022
Ortiz-Rosario, Alexis, Biomedical Engineering, May 18, 2022
Seetharaman, Satyanarayana, Mechanical and Aerospace Engineering, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT

El-Monier, Ilham, Chemical and Biomolecular Engineering, May 18, 2022, and August 15, 2023

MAX M. FISHER COLLEGE OF BUSINESS

PROMOTION TO PROFESSOR

Campbell, Benjamin, Management and Human Resources, May 18, 2022
Hu, Jia, Management and Human Resources, May 18, 2022
Jiang, Kaifeng, Management and Human Resources, May 18, 2022
Malkoc, Selin, Marketing and Logistics, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Craig, Nathan, Operations and Business Analytics, May 18, 2022
Li, Hongshuang (Alice), Marketing and Logistics, May 18, 2022

The Ohio State University
Board of Trustees

May 18, 2022

COLLEGE OF FOOD, AGRICULTURAL AND ENVIRONMENTAL SCIENCES

PROMOTION TO PROFESSOR

Arnold, Glen, Extension, May 18, 2022
Berardo, Alfredo, School of Environment and Natural Resources, May 18, 2022
Cai, Youngyang, Agricultural, Environmental and Development Economics, May 18, 2022
Chen, Joyce, Agricultural, Environmental and Development Economics, May 18, 2022
Chen, Qian, Food, Agricultural and Biological Engineering, May 18, 2022
Cole, Kimberly, Animal Sciences, May 18, 2022
Marrison, David, Extension, May 18, 2022
Piermarini, Peter, Entomology, May 18, 2022
Shah, Ajay, Food, Agricultural and Biological Engineering, May 18, 2022
Tilmon, Kelley, Entomology, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Bevis, Leah, Agricultural, Environmental and Development Economics, May 18, 2022
Chatzakis, Emmanouil, Food Science and Technology, May 18, 2022
Dietsch, Alia, School of Environment and Natural Resources, May 18, 2022
Hawkins, Elizabeth, Extension, May 18, 2022
Kowalczyk, Barbara, Food Science and Technology, May 18, 2022
Nangle, Edward, Agricultural Technical Institute, May 18, 2022
Rumble, Joy, Agricultural Communication, Education, and Leadership, May 18, 2022
Samarakoon, Uttara, Agricultural Technical Institute, May 18, 2022
Sintov, Nicole, School of Environment and Natural Resources, May 18, 2022

TENURE AT THE CURRENT RANK OF ASSOCIATE PROFESSOR

Mehmood, Sayeed, School of Environment and Natural Resources, May 18, 2022

**COLLEGE OF FOOD, AGRICULTURAL AND ENVIRONMENTAL SCIENCES
CLINICAL**

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT

Wenner, Benjamin, Animal Sciences, May 18, 2022, and August 15, 2023

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL

Filson, Caryn, Agricultural Communication, Education, and Leadership, May 18, 2022

REAPPOINTMENT

Klooster, Wendy, Horticulture and Crop Science, August 15, 2023

**COLLEGE OF FOOD, AGRICULTURAL AND ENVIRONMENTAL SCIENCES
RESEARCH**

REAPPOINTMENT

Helfer, Carin, Food, Agricultural and Biological Engineering, August 15, 2022

**COLLEGE OF LAW
CLINICAL**

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT

Settineri, Colleen, May 18, 2022, and August 15, 2023
Wilson, Paige, May 18, 2022, and August 15, 2023

The Ohio State University
Board of Trustees

May 18, 2022

JOHN GLENN COLLEGE OF PUBLIC AFFAIRS

PROMOTION TO PROFESSOR

Wagner, Caroline, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Vinopal, Katie, May 18, 2022

COLLEGE OF MEDICINE

PROMOTION TO PROFESSOR

Abdel-Rahman, Mohamed, Ophthalmology and Visual Sciences, May 18, 2022

Agnew, Amanda, School of Health and Rehabilitation Sciences, May 18, 2022

Elsayed-Awad, Hamdy, Anesthesiology, May 18, 2022

Kapoor, Amit, Pediatrics, May 18, 2022

Kolb, Stephen, Neurology, May 18, 2022

Stanley, Rachel, Pediatrics, May 18, 2022

Wagener, Theodore, Internal Medicine, May 18, 2022

Wang, Qi-En, Radiation Oncology, May 18, 2022

Zhang, Junran, Radiation Oncology, May 18, 2022

Zhao, Jing, Physiology and Cell Biology, May 18, 2022

PROMOTION TO PROFESSOR WITH TENURE

Black, Sylvester, Surgery, May 18, 2022

Elder, James, Neurological Surgery, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Addison, Daniel, Internal Medicine, May 18, 2022

Ballinger, Megan, Internal Medicine, May 18, 2022

Blachly, James, Internal Medicine, May 18, 2022

Di Stasi, Stephanie, School of Health and Rehabilitation Sciences, May 18, 2022

Englert, Joshua, Internal Medicine, May 18, 2022

Gorka, Stephanie, Psychiatry and Behavioral Health, May 18, 2022

Hebert, Courtney, Biomedical Informatics, May 18, 2022

Kang, Yun Seok, School of Health and Rehabilitation Sciences, May 18, 2022

Kyriazis, George, Biological Chemistry and Pharmacology, May 18, 2022

Oakes, Christopher, Internal Medicine, May 18, 2022

Obeng-Gyasi, Samilia, Surgery, May 18, 2022

Quatman-Yates, Catherine, School of Health and Rehabilitation Sciences, May 18, 2022

Rogers, Kerry, Internal Medicine, May 18, 2022

Stover, Daniel, Internal Medicine, May 18, 2022

Tendy, Chiang, Otolaryngology Head and Neck Surgery, May 18, 2022

Walker, Daniel, Family and Community Medicine, May 18, 2022

TENURE AT THE CURRENT RANK OF ASSOCIATE PROFESSOR

Dubey, Purnima, Microbial Infection and Immunity, May 18, 2022

Nagareddy, Prabhakara, Surgery, May 18, 2022

Tillman, Bryan, Surgery, May 18, 2022

**COLLEGE OF MEDICINE
CLINICAL**

PROMOTION TO PROFESSOR-CLINICAL

Ardura, Monica, Pediatrics, May 18, 2022

Bachmann, Daniel, Emergency Medicine, May 18, 2022

Bartman, Thomas, Pediatrics, May 18, 2022

The Ohio State University
Board of Trustees

May 18, 2022

Berlan, Elise, Pediatrics, May 18, 2022
Bonomi, Marcelo, Internal Medicine, May 18, 2022
Boulger, Creagh, Emergency Medicine, May 18, 2022
Butter, Eric, Pediatrics, May 18, 2022
Christian, Beth, Internal Medicine, May 18, 2022
Fernandes, Ashley, Pediatrics, May 18, 2022
Hart, Philip, Internal Medicine, May 18, 2022
Harzman, Alan, Surgery, May 18, 2022
Hoffman, Jeffrey, Pediatrics, May 18, 2022
Jaglowksi, Samantha, Internal Medicine, May 18, 2022
Kasick, David, Psychiatry and Behavioral Health, May 18, 2022
MacDonald, James, Pediatrics, May 18, 2022
Miller, Timothy, Orthopaedics, May 18, 2022
Patel, Anup, Pediatrics, May 18, 2022
Pommering, Thomas, Pediatrics, May 18, 2022
Potter, Carol, Pediatrics, May 18, 2022
Rogers, Barbara, Anesthesiology, May 18, 2022
Senter-Jamieson, Leigha, Internal Medicine, May 18, 2022
Shepherd, Edward, Pediatrics, May 18, 2022
Turner, Katja, Anesthesiology, May 18, 2022

PROMOTION TO PROFESSOR-CLINICAL AND REAPPOINTMENT

Awan, Hisham, Orthopaedics, May 18, 2022, and August 15, 2023
Bonny, Andrea, Pediatrics, May 18, 2022, and August 15, 2023
Das, Aneesa, Internal Medicine, May 18, 2022, and August 15, 2023
Hendershot, Andrew, Ophthalmology and Visual Sciences, May 18, 2022, and August 15, 2023
Jain, Shelly, Ophthalmology and Visual Sciences, May 18, 2022, and August 15, 2023
McGwire, Bradford, Internal Medicine, May 18, 2022, and August 15, 2023
Mortazavi, Amir, Internal Medicine, May 18, 2022, and August 15, 2023
Narula, Vimal, Surgery, May 18, 2022, and August 15, 2023
Prasad, Vinay, Pathology, May 18, 2022, and August 15, 2023
Scharschmidt, Tom, Orthopaedics, May 18, 2022, and August 15, 2023
Scrape, Scott, Pathology, May 18, 2022, and August 15, 2023
Shen, Rulong, Pathology, May 18, 2022, and August 15, 2023
Varekojis, Sarah, School of Health and Rehabilitation Sciences, May 18, 2022, and August 15, 2023
Williams, JoAnna, Pathology, May 18, 2022, and August 15, 2023

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT

Amponsah, Akua, Pediatrics, May 18, 2022, and August 15, 2023
Ball, Molly, Pediatrics, May 18, 2022, and August 15, 2023
Baria, Michael, Physical Medicine and Rehabilitation, May 18, 2022, and August 15, 2023
Bavishi, Sheital, Physical Medicine and Rehabilitation, May 18, 2022, and August 15, 2023
Bhatt, Amar, Anesthesiology, May 18, 2022, and August 15, 2023
Coffman, John, Anesthesiology, May 18, 2022, and August 15, 2023
Colace, Susan, Pediatrics, May 18, 2022, and August 15, 2023
Conces, Miriam, Pathology, May 18, 2022, and August 15, 2023
Davila, Victor, Anesthesiology, May 18, 2022, and August 15, 2023
Devarakonda, Srinivas, Internal Medicine, May 18, 2022, and August 15, 2023
Fiorini, Kasey, Anesthesiology, May 18, 2022, and August 15, 2023
Frey, Heather, Obstetrics and Gynecology, May 18, 2022, and August 15, 2023
Goist, Melissa, Obstetrics and Gynecology, May 18, 2022, and August 15, 2023
Hannawi, Yousef, Neurology, May 18, 2022, and August 15, 2023
Hardesty, Douglas, Neurological Surgery, May 18, 2022, and August 15, 2023
Iyer, Manoj, Anesthesiology, May 18, 2022, and August 15, 2023
Jhawar, Sachin, Radiation Oncology, May 18, 2022, and August 15, 2023
Kneuert, Peter, Surgery, May 18, 2022, and August 15, 2023

The Ohio State University
Board of Trustees

May 18, 2022

Kushelev, Michael, Anesthesiology, May 18, 2022, and August 15, 2023
Li-Sauerwine, Simiao, Emergency Medicine, May 18, 2022, and August 15, 2023
Lott Limbach, Abberly, Pathology, May 18, 2022, and August 15, 2023
Lyaker, Michael, Anesthesiology, May 18, 2022, and August 15, 2023
Miller, Michelle, Physical Medicine and Rehabilitation, May 18, 2022, and August 15, 2023
O'Donnell, Benjamin, Internal Medicine, May 18, 2022, and August 15, 2023
Pan, Jeff, Biomedical Informatics, May 18, 2022, and August 15, 2023
Pisano, Stephanie, Ophthalmology and Visual Sciences, May 18, 2022, and August 15, 2023
Powell, Kimerly, Biomedical Informatics, May 18, 2022, and August 15, 2023
Pyle-Eilola, Amy, Pathology, May 18, 2022, and August 15, 2023
Rajneesh, Kiran, Neurology, May 18, 2022, and August 15, 2023
Raval, Raju, Radiation Oncology, May 18, 2022, and August 15, 2023
Ream, Margie, Pediatrics, May 18, 2022, and August 15, 2023
Retzke, Jessica, Pediatrics, May 18, 2022, and August 15, 2023
Roberts, Kristen, School of Health and Rehabilitation Sciences, May 18, 2022, and August 15, 2023
Rosenberg, Nathan, Physical Medicine and Rehabilitation, May 18, 2022, and August 15, 2023
Satyapriya, Sree, Anesthesiology, May 18, 2022, and August 15, 2023
Sivaraman, Vidya, Pediatrics, May 18, 2022, and August 15, 2023
Weaver, Lindy, School of Health and Rehabilitation Sciences, May 18, 2022, and August 15, 2023

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL

Albert, Dara, Pediatrics, May 18, 2022
Boe, Brian, Pediatrics, May 18, 2022
Brock, Pamela, Internal Medicine, May 18, 2022
Buschur, Elizabeth, Internal Medicine, May 18, 2022
Chiu, Christopher, Internal Medicine, May 18, 2022
Chung, Melissa, Pediatrics, May 18, 2022
Dalton, Ryan, Anesthesiology, May 18, 2022
Day, Shandra, Internal Medicine, May 18, 2022
Diaz Pardo, Dayssy Alexandra, Radiation Oncology, May 18, 2022
Dixon, Phillip, Emergency Medicine, May 18, 2022
Fussner, Lynn, Internal Medicine, May 18, 2022
Gatti-Mays, Margaret, Internal Medicine, May 18, 2022
Gulati, Deepak, Neurology, May 18, 2022
Harfi, Thura, Internal Medicine, May 18, 2022
Heard, Jarrett, Anesthesiology, May 18, 2022
Hellenenthal, Rebecca, Pediatrics, May 18, 2022
Henry, Rohan, Pediatrics, May 18, 2022
Iyer, Maya, Pediatrics, May 18, 2022
Jonaus, Sarah, Internal Medicine, May 18, 2022
Jordan, Elizabeth, Internal Medicine, May 18, 2022
Kamp, Anna, Pediatrics, May 18, 2022
Kelly, Sean, Internal Medicine, May 18, 2022
Krishna, Nidhi, Radiology, May 18, 2022
Lenobel, Scott, Radiology, May 18, 2022
Leung, Cythia, Emergency Medicine, May 18, 2022
Lindsey, Sommer, Emergency Medicine, May 18, 2022
Liscynsky, Christina, Internal Medicine, May 18, 2022
Lu, Peter, Pediatrics, May 18, 2022
Mason, Janet, Family and Community Medicine, May 18, 2022
McCutcheon, Samar, Psychiatry and Behavioral Health, May 18, 2022
Meara, Alexa, Internal Medicine, May 18, 2022
Mezoff, Ethan, Pediatrics, May 18, 2022
Miller, Eric, Radiation Oncology, May 18, 2022
Nagar, Arpit, Radiology, May 18, 2022
Nandi, Deipanjani, Pediatrics, May 18, 2022

The Ohio State University
Board of Trustees

May 18, 2022

Norris, Megan, Pediatrics, May 18, 2022
Oppenheim-Knudsen, Eunice, Family and Community Medicine, May 18, 2022
Ortiz Cruzado, Ernesto, Psychiatry and Behavioral Health, May 18, 2022
Owen, Dwight, Internal Medicine, May 18, 2022
Paul, Grace, Pediatrics, May 18, 2022
Payne, Jason, Radiology, May 18, 2022
Phelps, Christina, Pediatrics, May 18, 2022
Pindrik, Jonathan, Neurological Surgery, May 18, 2022
Rajpal, Saurabh, Internal Medicine, May 18, 2022
Rangarajan, Hemalatha, Pediatrics, May 18, 2022
Ruda, James, Otolaryngology Head and Neck Surgery, May 18, 2022
Sardesai, Sagar, Internal Medicine, May 18, 2022
Snider, Tyanna, Pediatrics, May 18, 2022
Sopkovich, Jennifer, Internal Medicine, May 18, 2022
Sribnick, Eric, Neurological Surgery, May 18, 2022
Stiver, Corey, Pediatrics, May 18, 2022
Taylor, Clayton, Radiology, May 18, 2022
Tyler, Kelly, Internal Medicine, May 18, 2022
Watson, Joshua, Pediatrics, May 18, 2022
Weymann, Alexander, Pediatrics, May 18, 2022
Williams, Margaret, Internal Medicine, May 18, 2022
Williams, Nicole, Internal Medicine, May 18, 2022
Yee, Jennifer, Emergency Medicine, May 18, 2022
Yin, Ming, Internal Medicine, May 18, 2022

REAPPOINTMENT

Abu-Arja, Rolla, Pediatrics, August 15, 2023
Abushahin, Laith, Internal Medicine, August 15, 2023
Adeli, Mona, Ophthalmology and Visual Sciences, August 15, 2023
Afzal, M. Rizwan, Internal Medicine, August 15, 2023
Agne, Julia, Internal Medicine, August 15, 2023
Akoghlianian, Shoghik, Pediatrics, August 15, 2023
Albrecht, Benjamin, Psychiatry and Behavioral Health, August 15, 2023
Amin, Emily, Internal Medicine, August 15, 2023
Amin, Assad, Neurology, August 15, 2023
Andersson, Irma, Radiology, August 15, 2023
Aranguren, Ines, Internal Medicine, August 15, 2023
Arnold, Mark, Surgery, August 15, 2023
Arredondo, Kristen, Pediatrics, August 15, 2023
Asteriou, Joseph, Internal Medicine, August 15, 2023
Bajwa, Rajinder, Pediatrics, August 15, 2023
Balakrishna, Jaya, Pathology, August 15, 2023
Baliga, Ragavendra, Internal Medicine, August 15, 2023
Bannerman, Tammy, School of Health and Rehabilitation Sciences, August 15, 2023
Barrett, Todd, Internal Medicine, August 15, 2023
Bashir Munshi, Lubna, Internal Medicine, August 15, 2023
Baughcum, Amy, Pediatrics, August 15, 2023
Beck, Kristen, Pediatrics, August 15, 2023
Bennett, Berkeley, Pediatrics, August 15, 2023
Bester, Stefanie, Pediatrics, August 15, 2023
Bhat, Seema, Internal Medicine, August 15, 2023
Bhateja, Priyanka, Internal Medicine, August 15, 2023
Bhunja, Nabanita, Pediatrics, August 15, 2023
Bischof, Jason, Emergency Medicine, August 15, 2023
Bishop, Julie, Orthopaedics, August 15, 2023
Bixel, Kristin, Obstetrics and Gynecology, August 15, 2023

The Ohio State University
Board of Trustees

May 18, 2022

Black, Joshua, Internal Medicine, August 15, 2023
Blackwell, Deborah, Pediatrics, August 15, 2023
Bockenstedt, Jessica, Pediatrics, August 15, 2023
Bonachea, Elizabeth, Pediatrics, August 15, 2023
Boubes, Khaled, Internal Medicine, August 15, 2023
Bouchard, Traci, Pediatrics, August 15, 2023
Bowden, Brian, Pediatrics, August 15, 2023
Bowman, Jessica, Pediatrics, August 15, 2023
Breitborde, Nicholas, Psychiatry and Behavioral Health, August 15, 2023
Brill, Seuli, Internal Medicine, August 15, 2023
Brink, Farah, Pediatrics, August 15, 2023
Brinkman, Vincent, Internal Medicine, August 15, 2023
Brown, Courtney, Pediatrics, August 15, 2023
Buell, Jackie, School of Health and Rehabilitation Sciences, August 15, 2023
Bumma, Naresh, Internal Medicine, August 15, 2023
Byrne, Lindsey, Internal Medicine, August 15, 2023
Cady, Brian, Internal Medicine, August 15, 2023
Caligiuri, Jeanne, Internal Medicine, August 15, 2023
Carruthers, Kirk, Psychiatry and Behavioral Health, August 15, 2023
Castaneda-Vidaurre, Milagro, Pediatrics, August 15, 2023
Chae, Floria, Anesthesiology, August 15, 2023
Chan, Lawrence, Internal Medicine, August 15, 2023
Chan, Yiu-Chung, Psychiatry and Behavioral Health, August 15, 2023
Chandawarkar, Rajiv, Plastic and Reconstructive Surgery, August 15, 2023
Chang, Anita, Psychiatry and Behavioral Health, August 15, 2023
Chaparro, Juan, Pediatrics, August 15, 2023
Chelvakumar, Gayathri, Pediatrics, August 15, 2023
Chetta, Matthew, Plastic and Reconstructive Surgery, August 15, 2023
Chua, Michael, Pediatrics, August 15, 2023
Chun, Linda, Pediatrics, August 15, 2023
Ciciora, Steven, Pediatrics, August 15, 2023
Clark, Aaron, Family and Community Medicine, August 15, 2023
Clutter, Jill, School of Health and Rehabilitation Sciences, August 15, 2023
Coffman, Katharine, Pediatrics, August 15, 2023
Collins, Courtney, Surgery, August 15, 2023
Corcoran, Shawn, Internal Medicine, August 15, 2023
Creary, Susan, Pediatrics, August 15, 2023
Culver, Soluman, Internal Medicine, August 15, 2023
Danch, Magdalena, Internal Medicine, August 15, 2023
Davis, Christopher, Radiology, August 15, 2023
Dedyo, Tanya, Pediatrics, August 15, 2023
Des los Reyes, Emily, Pediatrics, August 15, 2023
Deschene, Lori, Pediatrics, August 15, 2023
deSilva, Brad, Otolaryngology Head and Neck Surgery, August 15, 2023
DeSocio, Pete, Anesthesiology, August 15, 2023
Dienhart, Peter, Anesthesiology, August 15, 2023
DiGiovine, Carmen, School of Health and Rehabilitation Sciences, August 15, 2023
Dishong, Meghan, Pediatrics, August 15, 2023
Dotson, Elizabeth, Pediatrics, August 15, 2023
Drapeau, Annie, Neurological Surgery, August 15, 2023
Dudley, Samuel, Pediatrics, August 15, 2023
Duerr, Robert, Orthopaedics, August 15, 2023
Duerson, Drew, Pediatrics, August 15, 2023
Eby, Meika, Pediatrics, August 15, 2023
El-Shammaa, Emile, Emergency Medicine, August 15, 2023
Emerson, Miha, Emergency Medicine, August 15, 2023

The Ohio State University
Board of Trustees

May 18, 2022

Engel, Kristy, Psychiatry and Behavioral Health, August 15, 2023
 Erwin, Elizabeth, Pediatrics, August 15, 2023
 Essandoh, Michael, Anesthesiology, August 15, 2023
 Evans, Cynthia, Obstetrics and Gynecology, August 15, 2023
 Everett, Jess, Emergency Medicine, August 15, 2023
 Fageer Osman, Ahmed Abdelaziz, Pediatrics, August 15, 2023
 Fanous, Matthew, Physical Medicine and Rehabilitation, August 15, 2023
 Farlow, Joelle, Pediatrics, August 15, 2023
 Feldkamp, Rachel, Pediatrics, August 15, 2023
 Ferrara, Maria, Pediatrics, August 15, 2023
 Flanigan, David, Orthopaedics, August 15, 2023
 Flowers, Alcinda, Pathology, August 15, 2023
 Fortier, Sarah, Internal Medicine, August 15, 2023
 Frazier, Warren, Pediatrics, August 15, 2023
 Fried, Marty, Internal Medicine, August 15, 2023
 Gafford, Ellin, Internal Medicine, August 15, 2023
 Gaglani, Aarti, Pediatrics, August 15, 2023
 Garthe, Chad, Emergency Medicine, August 15, 2023
 Gasior, Alessandra, Surgery, August 15, 2023
 Gee, Samantha, Pediatrics, August 15, 2023
 Gewirtz, Yaffa, Pediatrics, August 15, 2023
 Ghalib, Luma, Internal Medicine, August 15, 2023
 Ghattas, Christian, Internal Medicine, August 15, 2023
 Gisser, Jonathan, Pediatrics, August 15, 2023
 Goist, Kevin, Internal Medicine, August 15, 2023
 Gombash Lampe, Sara, Neuroscience, August 15, 2023
 Goodman, Lauren, Internal Medicine, August 15, 2023
 Gorelik, Leonid, Anesthesiology, August 15, 2023
 Gray, Teri, Anesthesiology, August 15, 2023
 Greco, Nicholas, Orthopaedics, August 15, 2023
 Groner, Jonathan, Surgery, August 15, 2023
 Gure, Tanya, Internal Medicine, August 15, 2023
 Haas, Edward, Internal Medicine, August 15, 2023
 Haas, Garrie, Internal Medicine, August 15, 2023
 Haase, Jennifer, Pediatrics, August 15, 2023
 Hamel-Lambert, Jane, Pediatrics, August 15, 2023
 Hanks, Christopher, Internal Medicine, August 15, 2023
 Harasaki, Cara, Pediatrics, August 15, 2023
 Harris, Angela, Pediatrics, August 15, 2023
 Harvey, Karah, Psychiatry and Behavioral Health, August 15, 2023
 Haynes, Ann, Emergency Medicine, August 15, 2023
 Hewitt, Geri, Obstetrics and Gynecology, August 15, 2023
 Hor, Kan, Pediatrics, August 15, 2023
 Hritz, Christopher, Internal Medicine, August 15, 2023
 Hundley, Andrew, Obstetrics and Gynecology, August 15, 2023
 Hunt, Garrett, Pediatrics, August 15, 2023
 Husain, Syed, Surgery, August 15, 2023
 Hutchinson, Melissa, Pediatrics, August 15, 2023
 Hyman, Julie, Psychiatry and Behavioral Health, August 15, 2023
 Jacquemin, Shawn, Pediatrics, August 15, 2023
 James, Sinimol, Pediatrics, August 15, 2023
 Janis, Jeffrey, Plastic and Reconstructive Surgery, August 15, 2023
 Jin, Ning, Internal Medicine, August 15, 2023
 Jiner, Kristina, Psychiatry and Behavioral Health, August 15, 2023
 Johns, Kevin, Psychiatry and Behavioral Health, August 15, 2023
 Johnson, Katrina, Internal Medicine, August 15, 2023

The Ohio State University
Board of Trustees

May 18, 2022

Jonas, Philip, Internal Medicine, August 15, 2023
Jones, Nicholas, Internal Medicine, August 15, 2023
Jones, Angela, Pediatrics, August 15, 2023
Joo, Sujin, Pediatrics, August 15, 2023
Kaeding, Christopher, Orthopaedics, August 15, 2023
Kaide, Colin, Emergency Medicine, August 15, 2023
Kale, Sachin, Internal Medicine, August 15, 2023
Karakay, Tatyana, Pediatrics, August 15, 2023
Kasick, Rena, Pediatrics, August 15, 2023
Keder, Lisa, Obstetrics and Gynecology, August 15, 2023
Kelly, Garrett, Anesthesiology, August 15, 2023
Kelly, John, Pediatrics, August 15, 2023
Kenney, Brian, Surgery, August 15, 2023
Kerlek, Anna, Psychiatry and Behavioral Health, August 15, 2023
Key, Craig, Emergency Medicine, August 15, 2023
Khalid, Omar, Pediatrics, August 15, 2023
Khan, Abdullah, Internal Medicine, August 15, 2023
Khan, Meena, Internal Medicine, August 15, 2023
Khan, Safdar, Orthopaedics, August 15, 2023
Khayat, Mamdouh, Radiology, August 15, 2023
Kim, Brandon, Otolaryngology Head and Neck Surgery, August 15, 2023
King, Mark, Radiology, August 15, 2023
Kneen, Lindsay, Pediatrics, August 15, 2023
Kneile, Jeffrey, Pathology, August 15, 2023
Kobalka, Peter, Pathology, August 15, 2023
Koletar, Susan, Internal Medicine, August 15, 2023
Konda, Bhavana, Internal Medicine, August 15, 2023
Kreger, Cynthia, Internal Medicine, August 15, 2023
Kuennen, Rebecca, Ophthalmology and Visual Sciences, August 15, 2023
Kulkarni, Neil, Pediatrics, August 15, 2023
Kulkarni, Simmi, Pediatrics, August 15, 2023
Kuper, Alicia, Pediatrics, August 15, 2023
Lammers, Jessica, Psychiatry and Behavioral Health, August 15, 2023
Lampert, Brent, Internal Medicine, August 15, 2023
Lather, Jason, Radiology, August 15, 2023
Letson, Megan, Pediatrics, August 15, 2023
Levinson, Benjamin, Pediatrics, August 15, 2023
Lilly, Scott, Internal Medicine, August 15, 2023
Lindsey, Samuel, Anesthesiology, August 15, 2023
Lindsey, Spencer, Otolaryngology Head and Neck Surgery, August 15, 2023
Lockwood, Bethany, Internal Medicine, August 15, 2023
Lucas, Jonathan, Pediatrics, August 15, 2023
Mack, Donald, Family and Community Medicine, August 15, 2023
Madhavan, Sethu, Internal Medicine, August 15, 2023
Manickam, Kandamurugu, Pediatrics, August 15, 2023
Manilchuk, Andrei, Surgery, August 15, 2023
Marar, Unni, Internal Medicine, August 15, 2023
Martens, Marilee, Pediatrics, August 15, 2023
Martin, Laura, Pediatrics, August 15, 2023
Mascarenhas, Sheryl, Internal Medicine, August 15, 2023
Massoud, Mira, Internal Medicine, August 15, 2023
Matcheswalla, Shabbir, Internal Medicine, August 15, 2023
McCutcheon, Matthew, Internal Medicine, August 15, 2023
McGrail, John, Orthopaedics, August 15, 2023
McGrath, Jillian, Emergency Medicine, August 15, 2023
McKiernan, Matthew, Anesthesiology, August 15, 2023

The Ohio State University
Board of Trustees

May 18, 2022

McKinney, Jennifer, Pediatrics, August 15, 2023
McKnight, Lucas, Internal Medicine, August 15, 2023
McMichael, Brian, Physical Medicine and Rehabilitation, August 15, 2023
Meirelles, Cristiane, School of Health and Rehabilitation Sciences, August 15, 2023
Meng, Shumei, Internal Medicine, August 15, 2023
Meyers, Lori, Anesthesiology, August 15, 2023
Miah, Abdul, Internal Medicine, August 15, 2023
Michel, Hilary, Pediatrics, August 15, 2023
Mikhail, Irene, Pediatrics, August 15, 2023
Mills, Belinda, Pediatrics, August 15, 2023
Mims, Alice, Internal Medicine, August 15, 2023
Mohammad, Marwan, Internal Medicine, August 15, 2023
Moore, Steve, Pathology, August 15, 2023
Mori, Mari, Pediatrics, August 15, 2023
Mosser-Goldfarb, Joy, Pediatrics, August 15, 2023
Motiwala, Tasneem, Biomedical Informatics, August 15, 2023
Moungey, Brooke, Emergency Medicine, August 15, 2023
Mrozek, Jenn, Pediatrics, August 15, 2023
Mualla, Hala, Internal Medicine, August 15, 2023
Mulligan, Christy, Internal Medicine, August 15, 2023
Mynatt, Irene, Emergency Medicine, August 15, 2023
Nama, Sharanya, Anesthesiology, August 15, 2023
Nardell, Kathryn, Pediatrics, August 15, 2023
Needleman, Bradley, Surgery, August 15, 2023
Nekkanti, Silpa, Obstetrics and Gynecology, August 15, 2023
Nguyen, Christopher, Psychiatry and Behavioral Health, August 15, 2023
Noria, Sabrena, Surgery, August 15, 2023
Nuss, Kathy, Pediatrics, August 15, 2023
Oettgen, Anne, Pediatrics, August 15, 2023
O'Malley, David, Obstetrics and Gynecology, August 15, 2023
Oostra, Tyler, Ophthalmology and Visual Sciences, August 15, 2023
Orajika, Nkeiruka, Pediatrics, August 15, 2023
Ostro, Benjamin, Emergency Medicine, August 15, 2023
Pahlaj Hinduja, Archana, Neurology, August 15, 2023
Pandya, Jyoti, Anesthesiology, August 15, 2023
Pannu, Amanda, Family and Community Medicine, August 15, 2023
Pannu, Jasleen, Internal Medicine, August 15, 2023
Papadimos, Thomas, Anesthesiology, August 15, 2023
Parwani, Anil, Pathology, August 15, 2023
Patel, Ritesh, Anesthesiology, August 15, 2023
Patel, Chirag, Internal Medicine, August 15, 2023
Perry, Jan, Pediatrics, August 15, 2023
Pesavento, Todd, Internal Medicine, August 15, 2023
Pollock, Quiana, Pediatrics, August 15, 2023
Prats, Michael, Emergency Medicine, August 15, 2023
Quimper, Megan, Obstetrics and Gynecology, August 15, 2023
Radwany, Skip, Internal Medicine, August 15, 2023
Ramaswamy, Bhuvaneswari, Internal Medicine, August 15, 2023
Ramey, Adam, Internal Medicine, August 15, 2023
Reinbolt, Raquel, Internal Medicine, August 15, 2023
Revelo, Alberto, Internal Medicine, August 15, 2023
Ricciardo, Becky, Pediatrics, August 15, 2023
Richards, Jesse, Anesthesiology, August 15, 2023
Robinson, Robert, Internal Medicine, August 15, 2023
Rohl, Jacqueline, Obstetrics and Gynecology, August 15, 2023
Rose, Melissa, Pediatrics, August 15, 2023

The Ohio State University
Board of Trustees

May 18, 2022

Rosen, Maggie, Obstetrics and Gynecology, August 15, 2023
 Rosen, Kerry, Pediatrics, August 15, 2023
 Roth, Andrew, Anesthesiology, August 15, 2023
 Russo, John, Pediatrics, August 15, 2023
 Rust, Laura, Pediatrics, August 15, 2023
 Saad, Ayman, Internal Medicine, August 15, 2023
 Sankar, Amanda, Pediatrics, August 15, 2023
 Sattler, Andrea, Pediatrics, August 15, 2023
 Schaffernocker, Troy, Internal Medicine, August 15, 2023
 Schaffir, Jonathan, Obstetrics and Gynecology, August 15, 2023
 Schneider, Pat, Obstetrics and Gynecology, August 15, 2023
 Schofield, Minka, Otolaryngology Head and Neck Surgery, August 15, 2023
 Schroder, Sara, Pediatrics, August 15, 2023
 Schumacher, Melinda, Pathology, August 15, 2023
 Schwartz, Shana, Anesthesiology, August 15, 2023
 Shaikhkhalil, Ala, Pediatrics, August 15, 2023
 Sheikh, Shahid, Pediatrics, August 15, 2023
 Shell, Richard, Pediatrics, August 15, 2023
 Shenoy, Renuka, Anesthesiology, August 15, 2023
 Siddiqui, Irmeeen, Pathology, August 15, 2023
 Simon, Catherine, Pediatrics, August 15, 2023
 Singh, Jay, Neurology, August 15, 2023
 Sipos, Jennifer, Internal Medicine, August 15, 2023
 Smajlovic, Amina, Pediatrics, August 15, 2023
 Snyder, Andrea, Obstetrics and Gynecology, August 15, 2023
 Soma, Lorian, Obstetrics and Gynecology, August 15, 2023
 Sotos, John, Pediatrics, August 15, 2023
 Sourial, Michael, Urology, August 15, 2023
 Spaccarelli, Natalie, Internal Medicine, August 15, 2023
 Speckaert, Amy, Orthopaedics, August 15, 2023
 Springer, Andrew, Anesthesiology, August 15, 2023
 Springer, Kevin, Orthopaedics, August 15, 2023
 Stamatakis, Maria, Psychiatry and Behavioral Health, August 15, 2023
 Starr, Jean, Surgery, August 15, 2023
 Stein, Erica, Anesthesiology, August 15, 2023
 Stone, Lisa, Pediatrics, August 15, 2023
 Stout, Griffin, Psychiatry and Behavioral Health, August 15, 2023
 Stringer, Taylor, Internal Medicine, August 15, 2023
 Stultz, Jerry, Pediatrics, August 15, 2023
 Suer, Matthew, Pediatrics, August 15, 2023
 Sullivan, Anne, Orthopaedics, August 15, 2023
 Swanson, Melissa, Pediatrics, August 15, 2023
 Swick, Devon, Pediatrics, August 15, 2023
 Tartaglia, Kim, Internal Medicine, August 15, 2023
 Teater, Julie, Psychiatry and Behavioral Health, August 15, 2023
 Texter, Karen, Pediatrics, August 15, 2023
 Thomas, Diana, Pathology, August 15, 2023
 Thompson, Gina, Pediatrics, August 15, 2023
 Thung, Stephen, Obstetrics and Gynecology, August 15, 2023
 Tiso, Michael, Internal Medicine, August 15, 2023
 Tornero, Mark, Physical Medicine and Rehabilitation, August 15, 2023
 Tornero-Bold, Melissa, Anesthesiology, August 15, 2023
 Tran, Andrew, Pediatrics, August 15, 2023
 Tripathi, Ravi, Anesthesiology, August 15, 2023
 Trout, Wayne, Obstetrics and Gynecology, August 15, 2023
 Troy, Raymond, Psychiatry and Behavioral Health, August 15, 2023

The Ohio State University
Board of Trustees

May 18, 2022

Tscholl, Jennifer, Pediatrics, August 15, 2023
Uhl, Bethany, Pediatrics, August 15, 2023
Ulman, Catherine, Internal Medicine, August 15, 2023
Vallabh, Jay, Physical Medicine and Rehabilitation, August 15, 2023
Vargas, Jose, Pediatrics, August 15, 2023
Vasileff, William, Orthopaedics, August 15, 2023
Vasu, Sumithira, Internal Medicine, August 15, 2023
Verma, Rishi, Pediatrics, August 15, 2023
Wang, Huanyu, Pathology, August 15, 2023
Washam, Matthew, Pediatrics, August 15, 2023
Weaver, Tristan, Anesthesiology, August 15, 2023
Weisleder, Pedro, Pediatrics, August 15, 2023
Wells, Jordae, Pediatrics, August 15, 2023
Wilson, Sheria, Pediatrics, August 15, 2023
Worly, Brett, Obstetrics and Gynecology, August 15, 2023
Wyse, Jennifer, Pediatrics, August 15, 2023
Xia, Yun, Anesthesiology, August 15, 2023
Yardley, Heather, Pediatrics, August 15, 2023
Yeh, Megan, Internal Medicine, August 15, 2023
Youssef, Patrick, Neurological Surgery, August 15, 2023
Yu, Elizabeth, Orthopaedics, August 15, 2023

**COLLEGE OF MEDICINE
RESEARCH**

PROMOTION TO RESEARCH ASSOCIATE PROFESSOR AND REAPPOINTMENT

Chen, Xiaodong, Surgery, May 18, 2022, and August 15, 2023

REAPPOINTMENT

Czeisler, Catherine, Pathology, July 1, 2022
Geng, Liying, Cancer Biology and Genetics, August 15, 2023
Hall-Stoodley, Luanne, Microbial Infection and Immunity, July 1, 2022
Huang, Wei, Cancer Biology and Genetics, September 1, 2022
Khazem, Lauren, Psychiatry and Behavioral Health, August 15, 2023
Le, Nhat, Cancer Biology and Genetics, July 1, 2022
Li, Haichang, Surgery, August 15, 2023
Lin, Pei-Hui, Surgery, July 1, 2022
Malerba, Paola, Pediatrics, August 15, 2023
Mansfield, Julie, School of Health and Rehabilitation Sciences, August 15, 2023
Pancholi, Vijay, Pathology, August 15, 2023
Pekarsky, Yuri, Cancer Biology and Genetics, July 1, 2022
Pietrzak, Maciej, Biomedical Informatics, August 15, 2023
Prabha Ganesan, Latha, Internal Medicine, July 1, 2022
Xu, Zhaohui, Pediatrics, August 15, 2023
Tikunova, Svetlana, Physiology and Cell Biology, July 1, 2022

COLLEGE OF NURSING

PROMOTION TO PROFESSOR

Breitenstein, Susie, May 18, 2022
Ford, Jodi, May 18, 2022

TENURE [AT THE CURRENT RANK OF ASSOCIATE PROFESSOR]

Tubbs Cooley, Heather, May 18, 2022

The Ohio State University
Board of Trustees

May 18, 2022

**COLLEGE OF NURSING
CLINICAL**

PROMOTION TO PROFESSOR-CLINICAL

Browning, Kristine, May 18, 2022
Jones,Carolynn, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL

Casler, Kelly, May 18, 2022
Zeno, Rosie, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL AND REAPPOINTMENT

Bowles, Wendy, May 18, 2022, and August 15, 2023
Teall, Alice, May 18, 2022, and August 15, 2023

REAPPOINTMENT

Mackos, Amy, August 15, 2023

**COLLEGE OF OPTOMETRY
CLINICAL**

PROMOTION TO PROFESSOR-CLINICAL AND REAPPOINTMENT

Toole, Andrew, May 18, 2022, and August 15, 2023

REAPPOINTMENT

Nixon, Gregory, August 15, 2023

COLLEGE OF PHARMACY

PROMOTION TO PROFESSOR

Campbell, Moray, May 18, 2022

**COLLEGE OF PHARMACY
CLINICAL**

PROMOTION TO PROFESSOR-CLINICAL AND REAPPOINTMENT

Beatty, Stuart, May 18, 2022, and August 15, 2023
Kwiek, Nicole, May 18, 2022, and August 15, 2023

REAPPOINTMENT

Casper, Kristin, August 15, 2023
Kelley, Katherine, August 15, 2023

COLLEGE OF PUBLIC HEALTH

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Adetona, Olorunfemi, May 18, 2022
Lancaster, Kathryn, May 18, 2022
Weir, Mark, May 18, 2022

The Ohio State University
Board of Trustees

May 18, 2022

**COLLEGE OF PUBLIC HEALTH
CLINICAL**

REAPPOINTMENT

Paul, Marika, August 15, 2023

COLLEGE OF SOCIAL WORK

PROMOTION TO PROFESSOR

Bunger, Alicia, May 18, 2022

Johnson-Motoyama, Michelle, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Maleku, Arati, May 18, 2022

Mengo, Cecilia, May 18, 2022

Quinn, Camille, May 18, 2022

UNIVERSITY LIBRARIES

PROMOTION TO PROFESSOR

Dotson, Daniel, May 18, 2022

Johnson, Eric, May 18, 2022

Kattelman, Beth, May 18, 2022

Schulte, Stephanie, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Braun, Jolie, May 18, 2022

Bussell, Hilary, May 18, 2022

Folk, Amanda, May 18, 2022

Foster, Anita, May 18, 2022

COLLEGE OF VETERINARY MEDICINE

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Durgam, Sushmitha, Veterinary Clinical Sciences, May 18, 2022

Kieves, Nina, Veterinary Clinical Sciences, May 18, 2022

Vlasova, Anastasia, Veterinary Preventive Medicine, May 18, 2022

**COLLEGE OF VETERINARY MEDICINE
CLINICAL**

PROMOTION TO PROFESSOR-CLINICAL

Premanandan, Christopher, Veterinary Biosciences, May 18, 2022

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL

Gardner, Alison, Veterinary Clinical Sciences, May 18, 2022

Hostnik, Laura, Veterinary Clinical Sciences, May 18, 2022

Rhinehart, Jaylyn, Veterinary Clinical Sciences, May 18, 2022

REAPPOINTMENT

Corps, Kara, Veterinary Biosciences, August 15, 2023

Newbold, Georgina, Veterinary Clinical Sciences, August 15, 2023

Perrin, Shaw, Veterinary Preventive Medicine, August 15, 2023

Read, Emma, Veterinary Clinical Sciences, August 15, 2023

APPENDIX LXXXIX

Patrick P. Gelsinger

CHIEF EXECUTIVE OFFICER
INTEL



Patrick (Pat) Gelsinger is chief executive officer of Intel Corporation and serves on its board of directors. On Feb. 15, 2021, Gelsinger returned to Intel, the company where he had spent the first 30 years of his career.

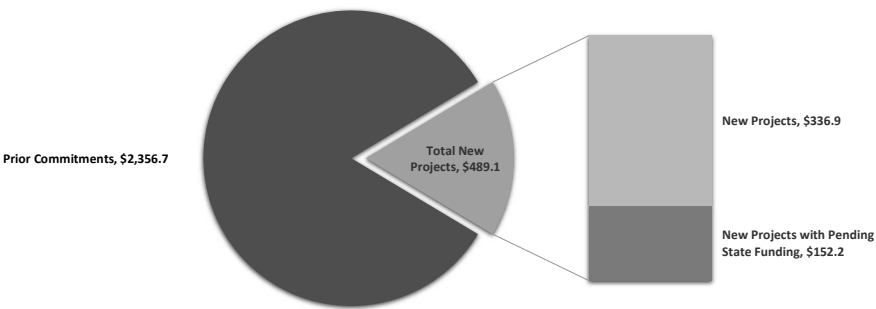
Before rejoining Intel, Gelsinger was CEO of VMware. In that role, he transformed VMware into a recognized global leader in cloud infrastructure, enterprise mobility and cyber security – almost tripling the company’s annual revenues. Gelsinger was also ranked the best CEO in America in 2019, according to an annual survey by Glassdoor. Prior to joining VMware in 2012, Gelsinger was president and chief operating officer of EMC’s Information Infrastructure Products business, overseeing engineering and operations for information storage, data computing, backup and recovery, RSA security and enterprise solutions.

Gelsinger began his career in 1979 at Intel, becoming its first chief technology officer, and also serving as senior vice president and the general manager of the Digital Enterprise Group. He managed the creation of key industry technologies such as USB and Wi-Fi. He was the architect of the original 80486 processor, led 14 microprocessor programs and played key roles in the Intel® Core™ and Intel® Xeon® processor families, leading to Intel becoming the preeminent microprocessor supplier.

Gelsinger earned several degrees in electrical engineering: an associate degree from Lincoln Technical Institute, a bachelor’s degree from Santa Clara University and a master’s degree from Stanford University. He holds eight patents in the areas of VLSI design, computer architecture and communications, is an IEEE Fellow, and serves as a member of the National Security Telecommunications Advisory Committee.

Gelsinger and his wife have been married for over 30 years; they have four children and eight grandchildren. He is also a published author and speaks frequently on faith, work and philanthropy.

APPENDIX XC
FY2023-2027 Interim Capital Investment Plan



Total FY2023 CIP: \$2,845.8 All \$ in Millions

Table 1 - Prior Commitments - Remaining Spend

Line	Capital Priority	Projected Capital Expenditures					
		FY2023	FY2024	FY2025	FY2026	FY2027	Total
1	A&S - Arts District	\$ 32.4	\$ 18.5	\$ 4.2	\$ -	\$ -	\$ 55.0
2	A&S - Celeste Lab Renovation	\$ 3.4	\$ 0.9	\$ -	\$ -	\$ -	\$ 4.2
3	Athletics - Lacrosse Stadium	\$ 17.1	\$ 3.0	\$ -	\$ -	\$ -	\$ 20.1
4	Energy Advancement and Innovation Center	\$ 24.3	\$ 10.9	\$ 2.7	\$ -	\$ -	\$ 38.0
5	Engineering - BMEC Phase 2	\$ 2.5	\$ 2.5	\$ 2.5	\$ 1.2	\$ -	\$ 8.7
6	FAES - Controlled Environment Agriculture Research Complex	\$ 5.8	\$ 2.0	\$ -	\$ -	\$ -	\$ 7.8
7	FAES - Wooster - Boiler #3 Replacement	\$ 3.4	\$ 3.4	\$ 1.3	\$ -	\$ -	\$ 8.1
8	FOD - Cannon Drive Relocation - Ph. 2	\$ 15.1	\$ 24.5	\$ 9.3	\$ 1.4	\$ -	\$ 50.3
9	Interdisciplinary Health Sciences Center	\$ 46.7	\$ 34.3	\$ 6.9	\$ 5.0	\$ -	\$ 92.8
10	Interdisciplinary Research Facility	\$ 76.9	\$ 10.3	\$ -	\$ -	\$ -	\$ 87.3
11	Libraries - Library Book Depository Phase 3	\$ 1.1	\$ 13.5	\$ 3.7	\$ -	\$ -	\$ 18.4
12	Nursing - Jane E. Heminger Hall and Renovation of Newton Hall	\$ 14.9	\$ 2.3	\$ -	\$ -	\$ -	\$ 17.2
13	SL - North Residential - HVAC Modifications Phase 2	\$ 4.9	\$ 1.2	\$ -	\$ -	\$ -	\$ 6.1
14	Vet Med - Equine Arena	\$ 5.9	\$ 1.5	\$ -	\$ -	\$ -	\$ 7.4
15	West Campus Infrastructure Phase 1	\$ 6.1	\$ 1.2	\$ -	\$ -	\$ -	\$ 7.3
16	WMC - Dodd - Parking Garage	\$ 6.5	\$ 5.0	\$ -	\$ -	\$ -	\$ 11.5
17	WMC - East Hospital Dock Expansion	\$ 1.8	\$ 1.8	\$ 1.3	\$ -	\$ -	\$ 4.9
18	WMC - Inpatient Hospital	\$ 405.0	\$ 346.2	\$ 270.8	\$ 202.0	\$ 61.3	\$ 1,285.3
19	WMC - James - Halcyon Linear Acc	\$ 4.0	\$ 0.7	\$ -	\$ -	\$ -	\$ 4.8
20	WMC - Loading Dock Expansion and Renovation	\$ 9.9	\$ 3.6	\$ 2.0	\$ 0.0	\$ -	\$ 15.6
21	WMC - Martha Morehouse Facility Improvements	\$ 4.9	\$ 15.4	\$ 9.3	\$ 4.4	\$ -	\$ 33.9
22	WMC - Outpatient Care Dublin	\$ 52.0	\$ 4.5	\$ -	\$ -	\$ -	\$ 56.5
23	WMC - Outpatient Care New Albany	\$ 21.2	\$ 1.0	\$ -	\$ -	\$ -	\$ 22.2
24	WMC - Outpatient Care West Campus	\$ 143.0	\$ 20.5	\$ 4.5	\$ -	\$ -	\$ 167.9
25	WMC - Ross - OPR/OR Expansion	\$ 4.4	\$ 1.3	\$ -	\$ -	\$ -	\$ 5.7
26	Roll Up Other Projects	\$ 134.6	\$ 125.4	\$ 43.5	\$ 13.3	\$ 2.9	\$ 319.7
27	Subtotal	\$ 1,047.8	\$ 655.5	\$ 362.0	\$ 227.3	\$ 64.2	\$ 2,356.7

FY2023-2027 Interim Capital Investment Plan

Table 2 - New Projects Beginning in FY2023

Line	Capital Priority	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	Total
1	Anticipated Spend for CIP Changes	\$ 10.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 10.0
2	Roll up of Small Infrastructure RDM Projects	\$ 11.5	\$ 35.5	\$ 17.3	\$ 0.0	\$ 0.0	\$ 64.2
3	Small Programmatic Cash Ready	\$ 22.5	\$ 22.3	\$ 9.9	\$ 5.7	\$ 0.8	\$ 61.2
4	WMC - Roll up of Multiple Cash Ready	\$ 176.5	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 176.5
5	New Major Projects						
6	A&P - Buckeye Village Demolition	\$ 0.3	\$ 2.8	\$ 2.0	\$ 0.0	\$ 0.0	\$ 5.0
7	CAS - Celeste Lab - Completion of General Chemistry Lab	\$ 0.0	\$ 7.0	\$ 7.0	\$ 4.7	\$ 0.0	\$ 18.6
8	ENG - BMEC Phase 2*	\$ 6.6	\$ 19.9	\$ 19.9	\$ 18.3	\$ 1.5	\$ 66.2
9	EHE - Campbell Hall Renovation*	\$ 24.2	\$ 12.1	\$ 0.0	\$ 0.0	\$ 0.0	\$ 36.2
10	ENG - CAR Bus Testing Facility	\$ 3.7	\$ 7.3	\$ 0.0	\$ 0.0	\$ 0.0	\$ 11.0
11	NEW - Founders Hall Renovation - Phase 2	\$ 5.6	\$ 6.7	\$ 5.2	\$ 0.4	\$ 0.0	\$ 18.0
12	WMC - Outpatient Care Powell	\$ 0.8	\$ 5.5	\$ 7.8	\$ 7.1	\$ 1.0	\$ 22.2
13	Grand Total	\$ 261.5	\$ 119.1	\$ 68.9	\$ 36.2	\$ 3.4	\$ 489.1

Table 3 - Funding for New Projects by Type & Funding Source

Line	Unit Type	Local	State	Fundraising	Grant	Partnership Funding	University Debt	Grand Total	% By Unit	DM Funding	% DM Funding
1	Academic Support	\$ 63.2	\$ 42.5	\$ 21.2	\$ 14.9	\$ 0.0	\$ 23.7	\$ 165.6	33.9%	\$ 27.9	18.0%
2	Athletics	\$ 11.9	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 2.0	\$ 13.9	2.8%	\$ 11.4	7.3%
3	Infrastructure	\$ 18.7	\$ 24.4	\$ 0.0	\$ 9.9	\$ 0.0	\$ 4.0	\$ 56.9	11.6%	\$ 55.6	35.8%
4	Regional Campuses	\$ 2.9	\$ 6.8	\$ 13.8	\$ 1.9	\$ 4.7	\$ 0.4	\$ 30.5	6.2%	\$ 19.6	12.7%
5	Student Life	\$ 23.6	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 23.6	4.8%	\$ 23.6	15.2%
6	Wexner Medical Center	\$ 198.6	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 198.6	40.6%	\$ 17.0	11.0%
7	Grand Total	\$ 318.8	\$ 73.7	\$ 35.0	\$ 26.7	\$ 4.7	\$ 30.2	\$ 489.1	100.0%	\$ 155.1	100.0%
8	% by Fund Source	65.2%	15.1%	7.2%	5.5%	1.0%	6.2%	100.0%			

APPENDIX XCI

The Ohio State University
Board of Trustees

May 19, 2022

TOPIC: Approval of Fiscal Year 2023 Ohio State Energy Partners Utility System Interim Capital Improvements Plan

CONTEXT: Pursuant to the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018 and as amended (the "Agreement"), Ohio State Energy Partners LLC ("OSEP") will fund and implement capital improvements to the Utility System. Capital investments made by OSEP will be tied to the annual Utility Fee structure pursuant to the Agreement.

Proposed capital projects are evaluated for alignment with applicable strategic, financial, and physical plans and to ensure continued reliability, safety, and compliance.

Approval of these projects is pursuant to project scopes, project cost breakdowns, and total project costs outlined below, any applicable university directives, applicable project approval request forms, and supporting documentation submitted pursuant to the Agreement.

OSEP capital projects are categorized as one of three types:

1. Life-Cycle Renovations, Repairs, and Replacement Projects ("LFC"): LFC projects are for improvements to existing campus utility system plants and distribution networks.
2. Expansion Projects ("EXP"): EXP projects are to expand the capacity of the campus utility systems or to extend the campus utility systems to new campus facilities.
3. Energy Conservation Measure Projects ("ECM"): ECM projects are capital improvements that improve the energy efficiency of the Columbus campus buildings, utility plants, and utility distribution networks.

SUMMARY:

Midwest Campus Natural Gas Infrastructure Improvement 42-23-LFC

Scope: The project will replace 1,500 feet of the steel piping and all the steel valves on the Master Meter 5 ("MM5") natural gas system to address leaks and valve seizures. An additional 1,000 feet of new piping will be installed to close the loop on MM5 and double the resiliency for the connected facilities.

Design and Construction Request: \$ 1.797 M

Project Cost Breakdown	Cost
FY 2023 – Design and Construction	\$ 1.797 M
Total Project Cost	\$ 1.797 M

Utility Systems Replacements & Upgrades – Bohannon Tunnel 43-22-LFC

Scope: Construction of improvements to the steam and condensate piping systems in the Lower Bohannon tunnel. Upgrades are needed to maintain safe and reliable service to the 18th Ave. Library. The project was previously approved for design.

Construction Cost Request: \$ 2.36 M

Project Cost Breakdown	Cost
FY 2022 – Design Cost	\$ 0.174 M
FY 2023 – Construction	\$ 2.360 M
Total Project Cost	\$ 2.534 M

The Ohio State University
Board of Trustees

May 19, 2022

Steam Vaults Replacements and Repairs 133-23-LFC

Scope: Design the replacement and repair of multiple steam utility vaults to address water infiltration. The project will also include replacement or new installation of deteriorated valves, insulation, vault access and protection systems, and missing sump pumps.

Design Only Cost Request: \$ 470,000

Project Cost Breakdown	Cost
FY 2023 – Design Cost	\$ 0.470 M
FY 2024 – Construction Estimate	\$ 3.470 M
Total Project Cost	\$ 3.940 M

West Steam and Condensate Replacement 144-23-LFC

Scope: Design for the replacement of the current steam and condensate pipelines, trench boxes and vaults on the west steam and condensate system. Ground water is infiltrating the system to the point of failure. Currently operations are maintained with temporary pumps. The project will include an evaluation of using repairs, partial replacements, waterproofing and/or area dewatering to reduce total project costs.

Design Only Cost Request: \$ 190,000

Project Cost Breakdown	Cost
FY 2023 – Design Cost	\$ 0.190 M
FY 2023 – Construction Estimate	\$5.000 M
Total Project Cost Estimate	\$ 5.190 M

Student Life North Residential District Cooling 124-23-LFC

Scope: Design conversions of in-building chilling systems for Archer, Norton, Houck, Barrett, Haverfield, and Halloran Houses in the North Residential District. The buildings will be converted and connected to the East Regional Chilled Water Plant. The project will include removal of end-of-lifecycle in-building chiller equipment to make room for new pumps and equipment necessary to connect to the district chiller plant. The Norton House chiller is at risk of imminent failure; therefore, the project will include construction of the Norton House connection while design work proceeds for the other buildings.

Design and Partial Construction Cost Request: \$841,000

Project Cost Breakdown	Cost
FY 2023 – Design Cost	\$ 0.437 M
FY 2023 – Construction Cost	\$ 0.404 M
FY 2024 – Construction Estimate	\$ 2.133 M
Total Project Cost Estimate	\$ 2.974 M

The Ohio State University
Board of Trustees

May 19, 2022

Doan Hall Loading Zone Natural Gas Line Replacement and Relocation 142-23-EXP

Scope: Design and construction of a new natural gas line in support of the university's project to expand the Doan Hall loading dock (OSU-200238). To maximize contractor efficiency, the university will perform OSEP's scope for this project.

Design and Construction Cost Request: \$ 249,000

Project Cost Breakdown	Cost
FY 2023 – Design Cost	\$ 0.249 M
Total Project Cost	\$ 0.249 M

Martha Morehouse Utility Systems Expansion – Electrical Phase 2 145-23-EXP

Scope: Second phase of the Martha Morehouse expansion including a new medium voltage service with the associated switch, manholes, ductbank, and cable. The new service will support the expanded operations of the Martha Morehouse Medical Tower drawing cables from the new switch installed in Phase 1 at Martha Morehouse Outpatient Care.

Design and Construction Cost Request: \$ 993,000

Project Cost Breakdown	Cost
FY 2023 – Design & Construction Cost	\$ 0.993 M
Total Project Cost	\$ 0.993 M

REQUESTED OF THE MASTER PLANNING & FACILITIES AND AUDIT, FINANCE & INVESTMENT COMMITTEES: Approval of the resolution.

APPENDIX XCII

**APPROVAL TO ENTER INTO A CONTRACT FOR PROFESSIONAL SERVICES
TO DEVELOP A STRATEGIC INFRASTRUCTURE OPTIMIZATION PLAN – PHASE 1**

To align with the work of Framework 3.0, the university’s campus master plan, a comprehensive Strategic Infrastructure Optimization Plan (SIOP) is needed to assess and develop strategies for all university and consigned horizontal infrastructure assets. Upon completion of data collection, phase 1 of the plan will develop conceptual infrastructure system strategies and plans for potential investments across the entire university.

The Columbus campus will be prioritized in phase 1, but will include the airport, four regional campuses and Wooster campus, if feasible. Systems to be studied, based on a prioritization to be developed with the selected consultant, are steam, chilled water, heating hot water, geothermal, medical gases, fuel oil, natural gas, domestic water, sanitary sewer, storm sewers, telecommunications, district electrical service, infrastructure tunnels, infrastructure trench boxes, roadways, traffic signals, sidewalks, and hardscapes. Future phases, if needed, will address any gaps in scope or additional study.

The university will partner with Ohio State Energy Partners (OSEP) to develop the optimization plan. OSEP will be responsible for the assessment and development of portions of the plan that are associated with their consigned assets. The university’s consultant will be responsible for incorporating all aspects of the study, including recommendations and strategies for investment, into a comprehensive plan.

The university is seeking Board of Trustees approval to contract with a planning consultant and engage stakeholders in a 12- to 18-month process to develop the plan. The effort will coordinate with and incorporate information from Framework 3.0, the Ohio State Climate Action Plan, the Transportation Masterplan, Resource Stewardship Goals, and affiliated and consigned partners.

Project Data Sheet for Board of Trustees Approval

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

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

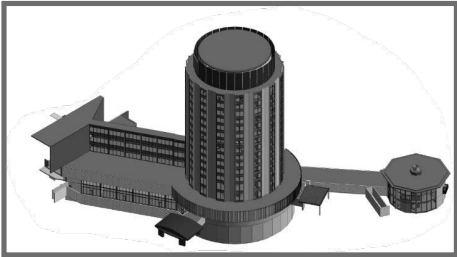
- **project schedule**
BoT professional services approval 05/22
design 08/22 – 04/23
BoT construction approval 02/23
construction TBD
facility opening TBD

- **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

Project Data Sheet for Board of Trustees Approval

Buckeye Village Demolition

OSU-220925 (REQ ID# A&P23001)

Project Location: Athletics District

- approval requested and amount**

professional services	\$0.5M
construction w/contingency	\$4.5M
- project budget**

professional services	\$0.5M
construction w/contingency	\$4.5M
total project budget	\$5.0M
- project funding**

university debt	
university funds	
auxiliary funds	
- project schedule**

BoT prof serv and constr approval	05/22
design	05/22 – 11/22
construction	12/22 – 08/23
completion	08/23
- project delivery method**

design/build	
--------------	--
- planning framework**
 - this project is aligned with the Framework Plan 2.0 and Athletics District Master Plan.
 - this project is included in the FY23 Capital Investment Plan
- project scope**
 - demolish the remaining 18 apartment buildings off Tuscarawas, Montgomery, Stark, Mahoning and Cuyahoga courts as well as the maintenance and laundry buildings
 - project will eliminate deferred maintenance and pave the way for future development
- approval requested**
 - approval is requested to enter into professional services contracts and construction contracts



- project team**

University project manager	Todd Henderly
AE/design architect:	TBD
Design Builder:	TBD

Project Data Sheet for Board of Trustees Approval

Gateway Apartments Building Envelope – Phase 1

OSU-220342 (REQ ID# SLH230001)

Project Location: Gateway – University District

• approval requested and amount	
professional services	\$0.3M
construction w/contingency	\$3.7M
• project budget	
professional services	\$0.3M
construction w/contingency	\$3.7M
total project budget	\$4.0M



- **project funding**
auxiliary funds
- **project schedule**
BoT prof serv and constr approval 05/22
design 05/22 – 01/23
construction 03/23 – 12/23
completion 12/23
- **project delivery method**
construction manager at risk
- **planning framework**
 - the purpose of the project is replace leaking windows to improve the living experience for students
 - this project is included in the FY23 Capital Investment Plan
- **project scope**
 - the project will replace failed residential wood framed windows with new storefront windows, primarily on west facing facades of Gateway Apartment Buildings A and B
 - this is the first phase of improvements that are required in the buildings. Roofing and HVAC scope will be completed in future projects
 - the project will eliminate leaks and reducing overall maintenance costs
- **approval requested**
 - approval is requested to enter into professional services contracts and construction contracts

• project team	
University project manager:	Henderly, Todd
AE/design architect:	TBD
CM at Risk:	TBD

Project Data Sheet for Board of Trustees Approval

Lacrosse Stadium

OSU-190889 (CNI# 19000133, REQ ID# ABA220049)

Project Location: Lacrosse Stadium (1050)

- **approval requested and amount**
increase construction w/contingency \$1.5M

- **project budget**

professional services	\$2.40M
construction w/contingency	\$21.55M
OSEP/ENGIE scope	\$0.15M
total project budget	\$24.1M

- **project funding**
fundraising
auxiliary funds
partner funds (OSEP)

- **project schedule**

BoT prof serv approval	08/19
design	02/20 – 01/22
BoT construction approval	08/21
BoT construction approval incr	05/22
construction	01/22– 12/22
facility opening	01/23

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

- **planning framework**
 - the project aligns with Framework 2.0 and Athletics District Framework Plan.
 - this project is included in the FY20, FY22 and FY23 Capital Investment Plans.

- **project scope**
 - this project will design and construct a new Lacrosse Stadium in the Athletic District on Irving Schottenstein Drive. This stadium will serve as home to the men’s and women’s acrossse teams.
 - the new stadium will include grandstand and berm seating, locker rooms, ticket office, press box, concessions and restrooms. The playing surface will be synthetic turf with a field heating system.
 - OSEP/ENGIE scope will be delivered by the project and includes natural gas and electric work.
 - the proposed increase will allow for the construction of the road to the west of the new facility and address budget challenges resulting from materials cost escalation

- **approval requested**
 - approval is requested to increase the construction contract.



- **project team**

University project manager:	Quellhorst, Ross
AE/design architect:	Hellmuth Obata Kassabaum, Inc
CM at Risk:	Ruscilli Construction

Project Data Sheet for Board of Trustees Approval

Fire System Replacements FY 2019

OSU-190065 (CNI# 18000101)

Project Location: Biotechnology Support Facility (394), Bricker Hall (001), Dreese Laboratories (279), Lazenby Hall (041), Pressey Hall (309)

- approval requested and amount**

increase construction w/contingency	\$0.7M
-------------------------------------	--------
- project budget**

professional services	\$.6M
construction w/contingency	\$4.1M
total project budget	\$4.7M
- project funding**

state funds	
-------------	--
- project schedule**

BoT professional services approval	07/18
design	05/19 – 05/20
BoT construction approval	08/18
construction	11/20– 08/22
facility opening	09/22
- project delivery method**

construction manager at risk	
------------------------------	--
- planning framework**
 - this project will replace and update fire alarm systems in 5 campus buildings
 - this project is included in the FY 2019 Capital Investment Plan
- project scope**
 - the project will update and replace fire alarm systems in the following buildings:
BioTechnology Support Facility, Bricker Hall, Dreese Lab, Lazenby Hall, Pressey Hall
 - the proposed increase will address additional work to meet current code requirements
- approval requested**
 - approval is requested to increase construction contracts



-
- project team**

University project manager:	Hartmann, Mark
AE/design architect:	Tec Inc
CM at Risk:	Regency Construction

APPENDIX XCIII



THE OHIO STATE UNIVERSITY

FY2023 Financial Plan

Office of Business and Finance
Financial Planning and Analysis

FY 2023 FINANCIAL PLAN

FY 2023 Financial Plan

Chapter 1 | Executive Summary 3

 Strategic Context..... 5

 Academic Excellence 5

 Research Excellence 5

 Service and Clinical Excellence 6

 Operational Excellence 7

 Benchmarking..... 8

 FY 2023 Operating Plan Summary..... 9

Chapter 2 | Operating Plan Scope11

 Operating Plan Units.....11

 Operating Plan Funds.....17

 General Funds Allocations22

Chapter 3 | FY 2023 Financial Plan25

 Consolidated25

 University [excluding Health System and OSUP].....26

 University by Fund Group [FY23 Plan]27

Chapter 4 | University Operating Plan | Sources.....28

 Tuition and Fees28

 Instructional, General & Student Life Fees30

 Non-Resident & International Surcharges30

 Program / Special & Technology Fees31

 Peer Comparison of Fees31

 Government Appropriations33

 Grants and Contracts.....34

 Sales and Services35

 Advancement Sources36

 Interest Income36

Chapter 5 | University Operating Plan | Uses37

 Salaries and Benefits37

 Student Financial Aid38

 Fee Authorizations.....39

 Supplies and Services40

 University Debt Service40

Chapter 6 | Health System Operating Plan41

FY 2023 FINANCIAL PLAN

Chapter 7 | OSU Physicians Operating Plan43

Chapter 8 | Capital Investment Plan FY 2023-2844

Chapter 9 | Economic Impact of Ohio State47

Appendix A | Student Fees48

 Columbus Undergraduate Fees48

 Regional Campus and ATI Undergraduate Fees49

 Undergraduate Program / Special and Technology Fees49

 Graduate and Professional Fees50

 Online Fees51

 Graduate Program / Special and Technology Fees52

 Housing Rates53

 Dining Rates54

Appendix B | Typical Annual Undergraduate Fees55

Appendix C | Tuition and SSI History (Columbus Campus)56

FY 2023 FINANCIAL PLAN

Chapter 1 | Executive Summary

We are pleased to submit the Fiscal Year 2023 Financial Plan. This plan builds on the university’s strengths and provides an operating margin to be reinvested into strategic initiatives and capital projects at the university.

We are presenting the Operating Plan alongside the Capital Investment Plan to provide more clarity about funding sources – which funding sources are fungible and can be spent for unrestricted purposes, and which funding sources must be spent on legally mandated or designated programs and projects. The narratives throughout this financial plan utilize this managerial-based presentation.

This document includes an Executive Summary, an introduction to the budget process at Ohio State, the full FY 2023 Operating Plan, a preliminary FY 2023 Capital Investment Plan, and detailed material provided in the Appendix.

Highlights of the Consolidated Financial Plan

Total Sources (\$ thousands)	FY22 Forecast	FY23 Plan	FY22-FY23 \$ Diff	FY22-FY23 % Diff
University	\$4,000,356	\$4,025,772	\$25,417	0.6%
Health System	\$3,848,060	\$4,031,443	\$183,383	4.8%
OSU Physicians, Inc.	\$697,948	\$751,096	\$53,148	7.6%
Total Sources	\$8,546,364	\$8,808,311	\$261,948	3.1%

Total Uses (\$ thousands)	FY22 Forecast	FY23 Plan	FY22-FY23 \$ Diff	FY22-FY23 % Diff
Total Personnel Expense	\$4,353,050	\$4,692,583	\$339,533	7.8%
Total Non-Personnel Expense	\$3,369,669	\$3,543,604	\$173,934	5.2%
Total Uses	\$7,722,719	\$8,236,187	\$513,467	6.6%
Sources Less Uses, Operating	\$823,645	\$572,125	(\$251,520)	-30.5%
Depreciation Expense	\$507,249	\$557,221	\$49,972	9.9%
Sources Less Uses, Incl Depreciation	\$316,396	\$14,904	(\$301,492)	-95.3%

Sources: We anticipate consolidated sources will increase \$261.9 million or 3.1% to \$8.8 billion in FY 2023 compared to FY 2022 forecast.

- The university is projecting \$4.0 billion of total sources, which is an increase of \$25.4 million over FY 2022 Forecast. Specifically, we anticipate increases in the areas of tuition and fees (increasing \$48.4 million) driven by increases in rates for the incoming tuition guarantee class and non-resident fees; university sales and services (increasing \$40.4 million) resulting from an additional home football game, housing and dining rate increases for new first-year students and increases in instructional clinical revenue; and exchange grants and contracts (increasing \$18.6 million). Increases in these areas are offset by decreases in non-exchange grants and contracts, which are down \$131 million due to the ending of federal COVID-19 assistance in FY 2022 and a decrease in anticipated JobsOhio agreement funding.
- The health system and OSU Physicians, Inc. (OSUP) together account for a total increase in sources of \$236.5 million due to a combination of an estimated increase in adjusted admissions, outpatient growth, and some rate increases.

FY 2023 FINANCIAL PLAN

Uses: We anticipate consolidated uses will increase \$513.5 million or 6.6% to \$8.2 billion.

- The university is projecting \$4 billion of total uses, which is an increase of \$203.8 million or 5.3%. The most significant driver of this increase is salaries, which are increasing \$113 million or 7.1% over FY 2022 forecast and related benefit costs increases of \$33.2 million. Increased salaries reflect a 3% merit increase pool (\$36.7 million) and related benefits expense. Increases in excess of the merit pool are driven by investments in research growth, faculty hiring initiatives, return to normal operations, and other strategic investments. FY 2023 hiring includes planned faculty hiring of \$23.8 million across the College of Engineering, the College of Medicine, the College of Arts and Sciences, Fisher College of Business, College of Food Agriculture and Environmental Sciences and others. Non-personnel uses are increasing by \$57.4 million, or 3.2%, driven by increases in supplies, services and other offset by decreases in student financial aid sourced from federal COVID-19 assistance in FY 2022.
- The health system and OSUP's increase in uses are due to expenses to support their continued revenue growth and merit increase pool of 3% and related benefits.

Sources Less Uses: We anticipate a consolidated surplus before depreciation and after eliminations of \$572.1 million. After depreciation, this surplus decreases to \$68.4 million. Excess sources less uses before depreciation will be predominately invested in the university capital plan. A preliminary version of the FY 2023 capital plan is included in chapter 8 below.

- The university is projecting a surplus of \$112.6 million before depreciation or capital items. This surplus becomes a loss of \$216.7 million after depreciation. University surpluses are not completely fungible as some funds are for restricted purposes. The university is comprised of general funds used for teaching and other unrestricted uses, restricted funds from grants, gifts, or governmental appropriations, and earnings funds such as housing and dining and health sciences clinical operations. University funds are tracked and managed to ensure all restrictions are met. Of the \$112.6 million surplus before depreciation or capital items, \$62.6 million is from general funds, \$8.8 million is from earnings funds, and the remainder is for restricted purposes.
- The health system FY 2023 Operating Plan projects a surplus of \$207.3 million after depreciation on \$4.1 billion of sources and \$3.9 billion of uses.
- The OSU Physicians, Inc. FY 2023 Operating Plan projects a surplus of \$1.6 million after depreciation on \$751.1 million of sources and \$749.5 million of uses.

FY 2023 FINANCIAL PLAN

Strategic Context

The FY 2023 Financial Plan demonstrates Ohio State’s firm footing. Due to strong investment performance, continued positive momentum at the health system, a robust and ongoing budgetary response to COVID-19, and significant progress in achieving operational efficiencies, the university is outperforming prior fiscal years. Looking ahead, the university’s fiscal stability, strength, and resiliency position us to make concrete strides toward our goal to become the absolute model land-grant university for the 21st century.

President Kristina M. Johnson, Ph.D., highlighted in her second State of the University address a continued commitment to five areas of excellence: academics, research, service and clinical, talent and culture, and operations. The FY 2023 Financial Plan reflects these initiatives and supports progress in each area of strategic focus.

Academic Excellence

Investing in exceptional faculty is essential to the university’s success. Bolstered by our long-term financial strategies, Ohio State will recruit 350 net new tenured and tenure-track faculty over 10 years who will, in turn, attract a new generation of students and postdoctoral scholars. Included in this is the RAISE (Race, Inclusion and Social Equity) initiative to recruit faculty who will further enhance the quality of our research and scholarship focused on racial disparities.

Through innovative academic programming, the university is also working to continue preparing our students for successful careers in an always-changing world. Examples include the new interdisciplinary minor in public health and the arts, and a collaboration between the College of Food, Agricultural, and Environmental Sciences and the University of Rio Grande and Rio Grande Community College to prepare the state’s future agricultural workforce.

The university is also taking steps to better leverage technology to provide on-demand academic advising to students and expand educational offerings and flexibility to more people in more places — including Buckeye alumni.

Research Excellence

In 2021, President Johnson announced Ohio State’s intention to double research expenditures within a decade. The university made progress toward this goal in FY 2021, recording an increase in our total from \$968 million to over \$1.2 billion — a new record. This momentum continued in FY 2022 with Ohio State being awarded leadership of eight major federally funded, cross-disciplinary research centers and initiatives.

We intend to leverage the full extent of Ohio State’s research and educational expertise to support Intel’s historic decision to invest \$20 billion and build two semiconductor fabrication plants near Ohio State. The university has a key role to play in the success of this project, and we are already collaborating with K-12 schools, vocational centers, community colleges four-year colleges and universities across the Midwest to take a networked approach to meeting the workforce and innovation needs of the region’s future semiconductor industry.

These efforts build off of our \$100 million strategic partnership with JobsOhio and Nationwide Children’s Hospital to spur innovation and economic growth in the state. As part of this initiative, the university committed to increasing research awards from the National Institutes of Health by 50% by 2031 and educating a total of 22,500 STEM graduates by 2036.

FY 2023 FINANCIAL PLAN

Progress also continues in the Ohio State Innovation District. Construction on the Interdisciplinary Research Facility is ongoing, and we were pleased to break ground on the co-located Energy Advancement and Innovation Center. This project is an outgrowth of our partnership with ENGIE and will be a hub for Ohio State students, scholars, industry experts and local entrepreneurs to conduct research and innovation in artificial intelligence, sustainability, and smart systems. These facilities, as well as Outpatient Care West Campus, will anchor the Innovation District and help fuel an ever more vibrant future in our region and state.

Talent and Culture Excellence

Funding for programs that enable us to recruit, retain and elevate the very best scholars and students will make Ohio State a destination for creative expression and scientific discovery. We aim to be the best and most enriching academic community in the world for researchers, artists, and learners alike.

To advance this goal, the university launched the implementation phase of our Shared Values Initiative, a renewed effort to express who we are as an institution and provide a platform for advancing a healthy and ethical culture at Ohio State. By remaining focused on our core principles of excellence and impact, diversity and innovation, inclusion and equity, care and compassion, and integrity and respect, we can redefine both what the land-grant university of the 21st century can accomplish and how it achieves it.

With these values firmly in mind, we remain dedicated to enhancing the culture of care that thrives on our campuses. The university is currently implementing the recommendations of our Commission on Student Mental Health and Well-Being to provide additional tools, resources, and connections to better enable Buckeyes to take care of themselves and each other. We also continue to hone our holistic approach to enhancing safety on and near our Columbus campus.

Service and Clinical Excellence

Ohio State has always been inspired by our land-grant mission of enabling all people to achieve the extraordinary. The Scarlet & Gray Advantage program is the latest step in this enduring commitment. The program will offer pathways for our undergraduate students to earn their degrees debt-free through a mix of paid internships, on-campus work experiences, financial aid, and philanthropy.

We are excited to pilot the program this fall and to incorporate what we learn as we deliver it at scale. Our ultimate goal is to enable thousands more students each year to graduate without the burden of loans — allowing them to take advantage of every great opportunity that comes their way.

The Scarlet & Gray Advantage program builds on the university’s long-standing focus on affordability. A sixth incoming class of in-state students will enter under the Ohio State Tuition Guarantee, which locks in rates for tuition, mandatory fees, room and board for four years. The program provides students and families with predictability about the cost of a four-year education. During the coming year, the university budget will also include \$2 million for the Scarlet & Gray Advantage pilot and program, an additional \$7 million in increased current use gift development funding for new student scholarships, and \$23 million in increased endowment funding for the Scarlet & Gray Advantage program, as well as an increase of \$500 per student for the Ohio College Opportunity Grant program.

Beyond enhancing educational affordability and access, the university’s academic health care enterprise remains a cornerstone of our ability to serve the people of our region and state. The Ohio State University Wexner Medical Center (OSUWMC) continues to reinvest projected margin in patient care and capital planning to support growing demand, including several strategic initiatives currently under construction and the

FY 2023 FINANCIAL PLAN

development of new partnerships to continue the accelerating the pace of innovation in research, education, and patient care.

Strategic growth initiatives include:

- **Outpatient Care New Albany** – Opened in 2021, the 251,000-square-foot outpatient care facility will expand ambulatory surgery, primary care, and specialty clinics in the region.
- **Outpatient Care Dublin** – Scheduled to open in the summer of 2022, the 272,000-square-foot outpatient care facility will provide expanded offerings in the region like those referenced for New Albany.
- **Outpatient Care West Campus** – Scheduled to open in 2023, the 385,000-square-foot project will include outpatient operating rooms, clinical and diagnostic space, pharmacy, medical office, and support spaces. The location will also include central Ohio's first proton therapy treatment facility in partnership with Nationwide Children's Hospital.
- **Interdisciplinary Research Facility** – Also planning to open in 2023, the 305,000-square-foot facility will serve a variety of research disciplines, including the Ohio State University Comprehensive Cancer Center, biomedical, life sciences, engineering, and environmental sciences.
- **Inpatient Hospital** – Scheduled to open in 2026, the 1.9 million-square-foot hospital will enhance a unified Ohio State Wexner Medical Center campus providing leading-edge research, outstanding clinical training and world-class patient care.

Development of new partnerships include:

- **Dispatch Health** – To provide access to in-home medical care for OSUWMC patients and providers throughout the Columbus community.
- **Alternative Solutions Health Network** – A joint venture to provide central Ohio patients with high-quality connected care directly in their homes, reduce preventable hospital readmissions and enhance operational efficiencies.
- **Teladoc Health** – To offer improved care and support for individuals living with Type 2 diabetes.
- **One Medical** – To expand Ohio State's outpatient care strategy to meet the needs of the communities we serve by building on our exceptional primary-care offerings, increasing access to digital health care solutions and improving access to services that are essential to better health.

Operational Excellence

Strategic benchmarking, revenue optimization and diligent efficiency initiatives are pillars of Ohio State's efforts to be a trusted steward of our resources. Comprehensive administrative efficiencies enable us to direct funds to our core mission and support excellence in the above areas and across the university and medical center.

A focus on these principles has been particularly important throughout the COVID-19 pandemic. Financial controls implemented in FY 2021, including a hiring pause and business-essential-only spending, helped realize over \$195 million in cost savings — exceeding our \$175 million goal. These reductions helped offset lost revenues from tuition (\$78 million), housing and dining (\$85 million) and athletics (\$157 million).

The higher education community nationally has been fortunate to benefit from federal support throughout the pandemic. At Ohio State, stimulus funds of \$164 million helped counterbalance increased expenses resulting from the coronavirus and enabled the university to award an additional \$40 million in emergency financial aid to students. The health system received \$182 million of provider relief as well as funding from the Federal Emergency Management Agency. While university hospitals saw fewer inpatient admissions during FY 2021,

FY 2023 FINANCIAL PLAN

those who were admitted had significantly higher acuity due in large part to COVID-19 cases. Efficiency initiatives around labor, supplies and a reduction in discretionary spending totaling \$103.7 million at OSUWMC through the close of FY 2021 helped offset the higher cost of caring for these more critically ill patients.

To continue safeguarding the university's resources during the pandemic and enable crucial investments in the future, the university set three efficiency savings goals for FY 2022.

- **University** - \$35 million of targeted savings across all colleges and support offices. \$65.4 million of savings have been realized through March 31, 2022.
- **Wexner Medical Center** - \$30 million of targeted savings. \$51.8 million of savings have been realized through March 31, 2022.
- **Capital** - \$25 million of targeted savings. \$46.2 million of savings have been realized through March 31, 2022.

Targets for FY 2023 efficiency savings goals total \$85 million: university, \$25 million; Wexner Medical Center, \$30 million; and capital, \$30 million.

Benchmarking

The university continues to partner with a third-party membership organization to benchmark administrative labor costs across a consortium of 80 higher education institutions. A Standard Activity Model (SAM) is applied to the data to allocate spend across nine key areas (communications, development, facilities, finance, general administration, human resources, information technology, research, and student services), and normalization factors are applied to account for differences in scale between institutions. This partnership provides access to an online platform for ad-hoc analysis with the ability to change peers and normalization factors.

Due to operational changes during the pandemic, previous fiscal years were challenging to compare. FY 2021 benchmarking will be more reflective of normal operations for Ohio State and our peers. The Efficiency Committee will utilize benchmarking information to identify future savings opportunities.

FY 2023 FINANCIAL PLAN

FY 2023 Operating Plan Summary

The following table shows consolidated sources and uses for FY 2023 and compares those numbers to the forecast for FY 2022 and actual results for FY 2021.

Total Sources (\$ thousands)	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR FY21-FY23	FY22-FY23 \$ Diff	FY22-FY23 % Diff
Tuition & Fees (gross)	\$1,104,466	\$1,270,479	\$1,318,847	9.3%	\$48,367	3.8%
State Share of Instruction	\$401,420	\$403,957	\$403,957	0.3%	\$0	0.0%
Other Operating Appropriations	\$84,696	\$89,580	\$90,579	3.4%	\$1,000	1.1%
Exchange Grants & Contracts	\$840,451	\$842,531	\$861,127	1.2%	\$18,597	2.2%
Non-Exchange Grants & Contracts	\$240,197	\$234,182	\$102,971	-34.5%	(\$131,211)	-56.0%
Sales & Services - Auxiliaries	\$202,336	\$400,667	\$436,576	46.9%	\$35,908	9.0%
Sales & Services - Departmental	\$178,760	\$182,593	\$187,094	2.3%	\$4,500	2.5%
Sales & Services - Health System	\$3,726,605	\$3,848,060	\$4,031,443	4.0%	\$183,383	4.8%
Sales & Services - OSU Physicians	\$647,601	\$697,948	\$751,096	7.7%	\$53,148	7.6%
Current Use Gifts	\$129,723	\$166,000	\$166,000	13.1%	\$0	0.0%
Endowment Distributions	\$290,330	\$319,374	\$352,835	10.2%	\$33,461	10.5%
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Other Revenues	\$37,198	\$41,387	\$41,388	5.5%	\$0	0.0%
Total Sources	\$7,921,014	\$8,546,364	\$8,808,311	5.5%	\$261,948	3.1%

Total Uses (\$ thousands)	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR FY21-FY23	FY22-FY23 \$ Diff	FY22-FY23 % Diff
Total Personnel Expense	\$4,115,321	\$4,353,050	\$4,692,583	6.8%	\$339,533	7.8%
Fee Authorizations	\$110,545	\$124,039	\$129,323	8.2%	\$5,284	4.3%
Student Aid	\$420,303	\$489,495	\$457,894	4.4%	(\$31,601)	-6.5%
Supplies, Services & Other	\$2,481,648	\$2,547,594	\$2,720,845	4.7%	\$173,251	6.8%
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Total Non-Personnel Expense	\$3,184,214	\$3,369,669	\$3,543,604	5.5%	\$173,934	5.2%
Total Uses	\$7,299,535	\$7,722,719	\$8,236,187	6.2%	\$513,467	6.6%
Sources Less Uses, Operating	\$621,479	\$823,645	\$572,125		(\$251,520)	-30.5%
Depreciation	\$460,790	\$507,249	\$557,221	10.0%	\$49,972	9.9%
Sources Less Uses, After Depreciation	\$160,689	\$316,396	\$14,904		(\$301,492)	-95.3%

Sources

Tuition and fees are charged to students to cover the cost of instruction and university operations. All students are charged a base instructional fee based on their program of study. Non-Ohio residents and international students also pay a non-resident and/or international surcharge. Select graduate and professional programs charge a market-based differential instructional fee. Certain programs also charge a program/special and/or technology fee. Tuition and fees also include Student Life fees, including the Ohio Union fee, the recreation fee, the student activities fee, and other miscellaneous fees for applications, orientation, transcripts, and the like.

Government Appropriations are divided between State Share of Instruction (SSI) and State Operating Appropriations. SSI is allocated between all Ohio public colleges based on a State of Ohio performance-based

FY 2023 FINANCIAL PLAN

formula and is used to fund instruction, operations, and strategy. State Operating Appropriations are direct line-item allocations for Ohio State University and are restricted in use.

Grants and Contracts include research projects administered through the Office of Sponsored Programs (OSP), grants and contracts administered directly by colleges and support units, and funding from federal and state government financial aid programs. In prior years, grants and contracts also included federal funding received from the Higher Education Emergency Relief Fund (HEERF) and other provisions of the Coronavirus Aid, Relief, and Economic Security Act (CARES) and the American Rescue Plan Act. These funds are highly restricted in use and are typically disbursed on a reimbursement basis.

Sales and Services are goods and services sold to students or the general public. Housing, dining, athletics, and instructional clinical services make up the majority of this revenue. University sales and services operations retain their earnings and are charged an overhead rate to fund central operations and strategy.

Health System and OSU Physicians Revenue are derived from patient and insurance billing. The health system and OSU Physicians retain their earnings and are charged an overhead rate to fund central operations and strategy.

Current Use Gifts are gifts that are available for immediate use based on donor restrictions. These funds are highly restricted based on donor intent and may or may not be expended in the year received.

Endowment Distributions are received from endowed funds established for the purpose of generating a distribution into perpetuity for a donor-restricted purpose. For purposes of the Operating Plan, only distributions are counted as sources and are restricted to each endowment description.

Interest Income is generated by the university on all cash balances. The short and intermediate-term interest revenue is unrestricted and used to fund operations and strategy.

Other Sources include miscellaneous university earnings such as royalties and rental income.

Uses

Personnel Expenses are salaries, wages, and bonus payments to university employees and benefits paid on their behalf. Units pay into benefits pools based on composite rates by employee type; these rates are reviewed by the University Faculty Senate and approved by the Provost and Chief Financial Officer.

Student Aid includes all institutional, departmental, governmental, gifted and athletic financial aid.

Fee Authorizations pay for the tuition and fees for graduate teaching, research or administrative appointments.

Supplies & Services covers all other operating expenses for the university. Utilities, repairs and maintenance, consulting expenses, and research subcontract expenses are reflected in this category.

University Debt Service is interest expense and principal repayment incurred on all outstanding debt.

FY 2023 FINANCIAL PLAN

Chapter 2 | Operating Plan Scope

The university is a complex institution with planning units responsible for diverse missions: patient care, introductory accounting instruction, and automotive engineering research are all under the same umbrella. Diverse revenue streams fund these diverse missions, and the financial plan takes all these differences into account.

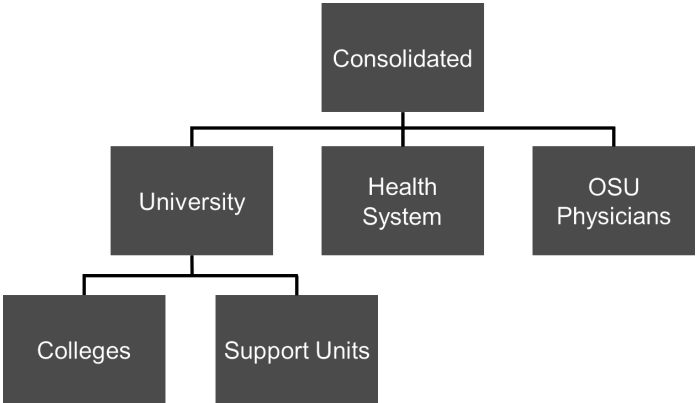
Operating Plan Units

All funds operating plans are intended to represent planned revenue and expenses. They are collected from each unit in the university and reviewed and consolidated by the Office of Financial Planning & Analysis. This all funds total operating plan provides the base framework for evaluating the activities of all academic and support units within the university, allowing proactive responses to changing economic issues as they arise. For the FY 2023 planning cycle, the university implemented Workday Adaptive Planning, a new financial planning tool to collect college and unit plans and integrate data directly from Workday Finance and Human Resources. Optimizing this software will enable future consistent planning and forecasting, commitment tracking, and efficient position control at the college and unit level.

The financial structure of units throughout the organization reflects our complex mission. The financial plan is based on a hierarchical structure where individual plans are collected from colleges & support units and then consolidated. Financial Planning & Analysis performs a bottom-up review and consolidation of individual plans. It then reconciles the resulting numbers with a top-down forecasted approach to arrive at the final submitted plan. Note that this hierarchy does not necessarily imply personnel reporting lines but serves as a graphical representation of how the plan is compiled and consolidated.

The top-level of consolidation is made up of the university, health system, and OSU Physicians. Numerous eliminations occur at this level that reflects transfers of funds between these three entities. In turn, the university is split between colleges and support units; the health system is divided between five hospitals, dozens of ambulatory care facilities, and other administrative units; and OSU Physicians is split into 19 physicians' practices. The health system and OSU Physicians are discussed in greater detail in Chapters 6 and 7. The remainder of this chapter and Chapters 4 and 5 address the structure and details of the University portion of the consolidated budget.

FY 2023 FINANCIAL PLAN



FY 2023 FINANCIAL PLAN

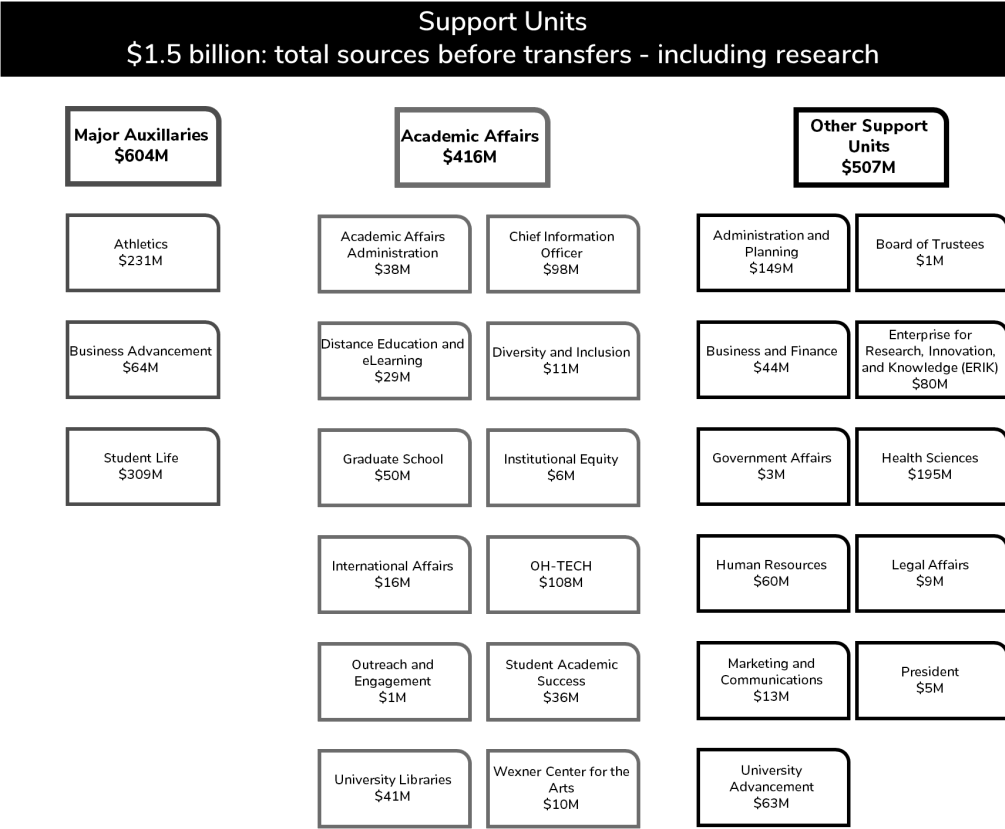
Colleges are segmented into their respective Executive Dean clusters, Arts and Sciences, Health Sciences Colleges, Professional Colleges, and Regional Campuses for the university consolidation. Figures below represent sources before transfers for all funds.

Colleges
\$2.1 billion: total sources before transfers - including research

Arts and Sciences \$467M	Health Sciences \$706M	Professional \$810M	Regional \$75M
	Dentistry \$64M	Education and Human Ecology (EHE) \$84M	Newark \$33M
	Medicine \$407M	Engineering \$303M	Marion \$16M
	Nursing \$46M	Fisher College of Business (FCOB) \$101M	Mansfield \$13M
	Optometry \$21M	Food, Agriculture & Environmental Sciences (FAES) \$245M	Lima \$13M
	Pharmacy \$40M	Glenn College of Public Affairs \$11M	
	Public Health \$26M	Moritz College of Law \$35M	
	Veterinary Medicine \$102M	Social Work \$30M	

FY 2023 FINANCIAL PLAN

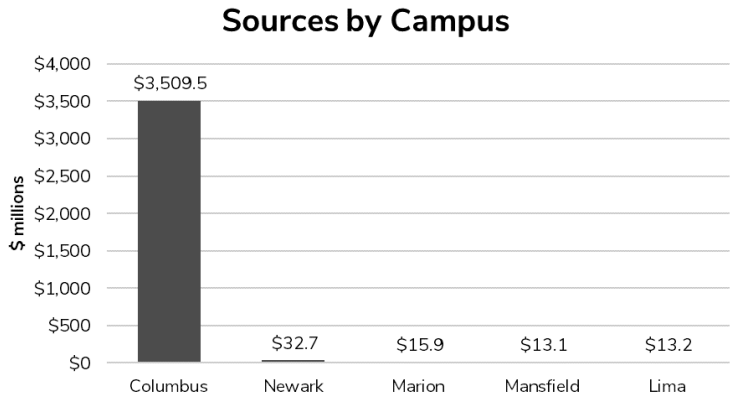
Sources before transfers for all funds for support units are as follows:



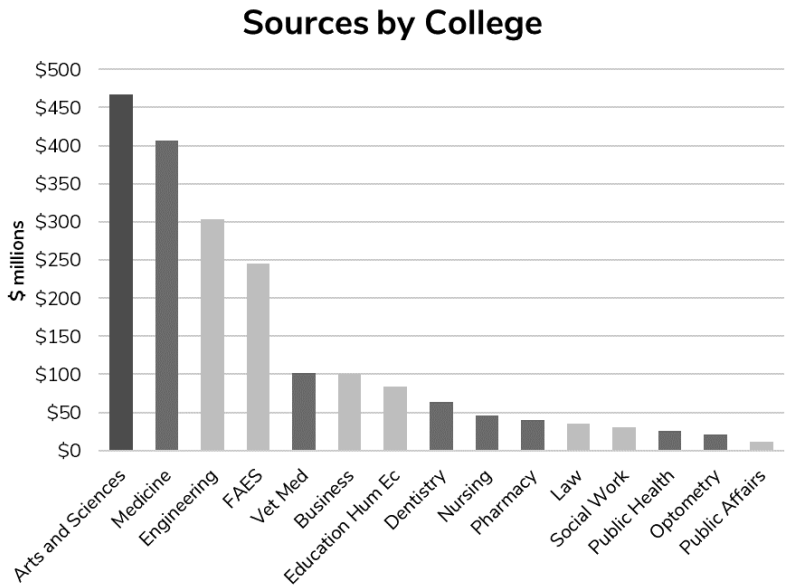
Note: Each college and support unit depicted above is also divided into many additional planning sub-units, which include divisions such as academic departments, deans’ offices, centers, specific earnings operations, sports teams, physicians’ practices, etc.

FY 2023 FINANCIAL PLAN

The size of campuses varies widely. The Columbus Campus is by far the largest in terms of sources:

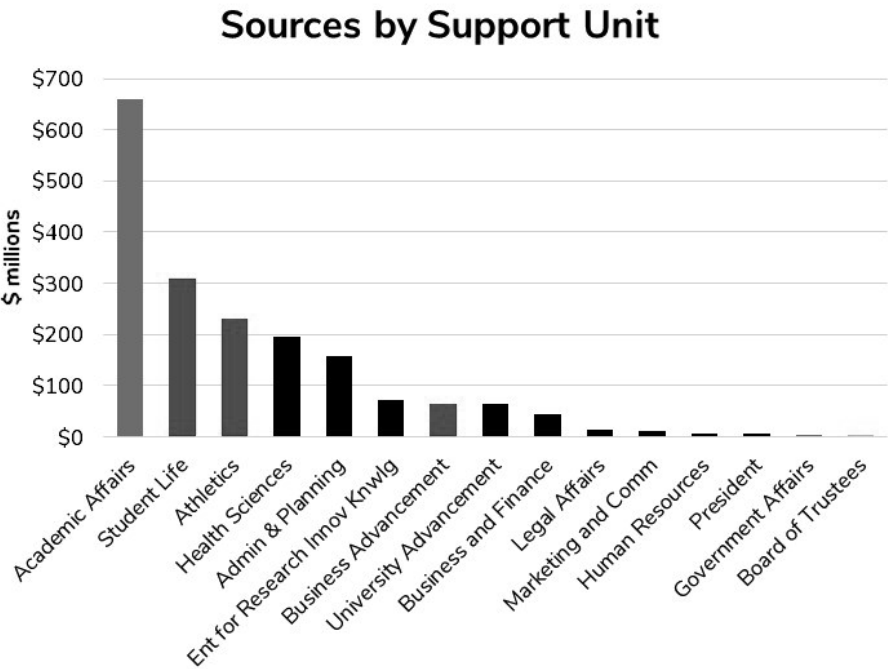


The College of Arts and Sciences is the largest college by sources, followed by the College of Medicine, the College of Engineering, and the College of Food, Agricultural and Environmental Sciences:



FY 2023 FINANCIAL PLAN

The Office of Academic Affairs and its component units is the largest support unit, followed by Student Life and Athletics:

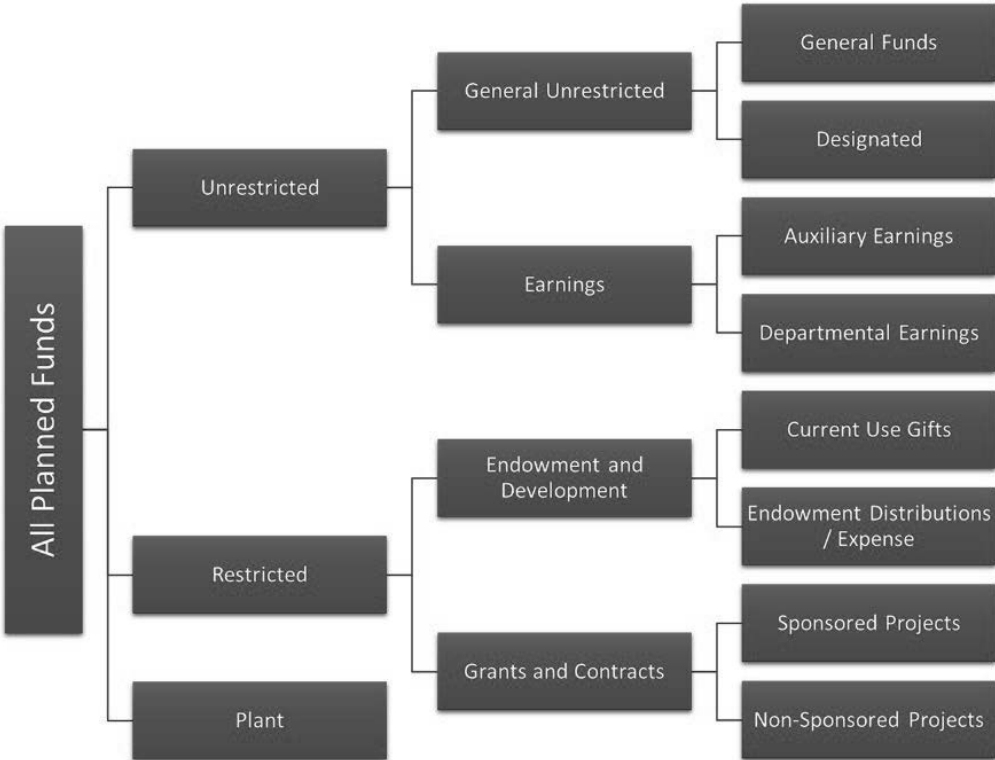


FY 2023 FINANCIAL PLAN

Operating Plan Funds

Not only is the university divided into planning units of vastly varying sizes, but each planning unit is also tracked using funds to ensure that fund restrictions are met. For the FY 2023 Financial Plan, the university continues a planning process encompassing all university operating funds. This approach affords a holistic view of all university operations in an easily understood format that will enable the university to highlight the evolution of funding sources. This will allow leadership to make informed strategic decisions in a timely manner.

The operating plan is comprised of the following fund groups:

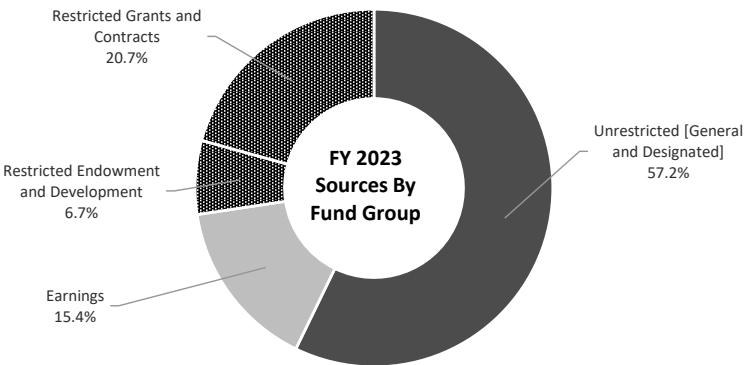


The university’s plan is developed and managed according to the principles of fund accounting. Not all funds are created alike, and many are not fungible. Revenue is separated into a variety of fund types, the use of which is governed by the restrictions of the specific fund. Some fund types are unrestricted, including general funds and some earnings funds. Others have restrictions derived from the source of the revenue, including current use gifts, endowments, and grants and contracts received from government agencies, foundations, and other

FY 2023 FINANCIAL PLAN

outside sponsors. For both planning and spending decision purposes, the source of funding matters: only certain fund groups can be used for all purposes at the university. Roughly 57.2% of total university operating sources are completely unrestricted general funds. An additional 15.4% are from earnings sources, in which customers and users may expect revenue to only support specific goods or services, and the remaining 27.4% are restricted to the purposes set forth by the donor, contract, or granting agency.

As a feature of decentralized budgeting authority, all colleges and support units carry forward their own equity balances into the following year. They hold these equity balances to apply to strategic opportunities, including hires and startup packages, strategic procurement, capital uses, etc.



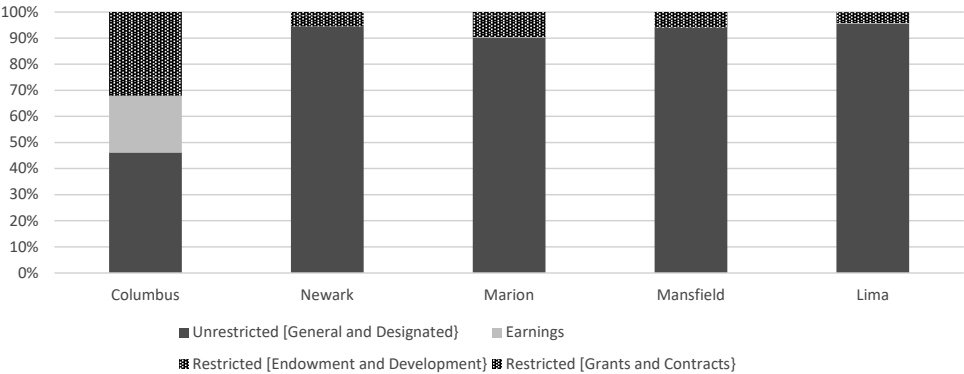
Funding sources and restrictions vary greatly by fund type:

Fund Group	Fund Type	Typical Funding Sources	Restrictions
Unrestricted	General Funds	Tuition and student fees, state share of instruction, short term interest income, grant facilities and administrative cost allowances, cost allocations from earnings funds and health system	None
	Designated	Originally from General Funds or unrestricted gifts, internally designated for a specific purpose	Not legally restricted but internally restricted for stated purposes
Earnings	Auxiliary Earnings	User fees, e.g., housing, dining, athletics ticket revenue	Not legally restricted, but customer/user may expect specific fees to only support specific goods or services
	Departmental Earnings	User fees, including internal billings, e.g., instructional clinic revenue, lab services revenue, etc.	Not legally restricted, but customer/user may expect specific fees to only support specific goods or services
Restricted Endowment and Development	Current Use Gifts	Donor gifts without either a requirement to be deposited into an endowment or used for a capital project	Restricted based on donor intent, may be governed by a gift agreement
	Endowment Income/Expense	Income from investment of donor gifts in the endowment	Restricted based on donor intent as memorialized in fund description
Restricted Grants and Contracts	Grants and Contracts	Grant or contract dollars received from external entities; includes specific line-item appropriations from the State of Ohio	Restricted based on grant agreement, contract, or line-item appropriation description

FY 2023 FINANCIAL PLAN

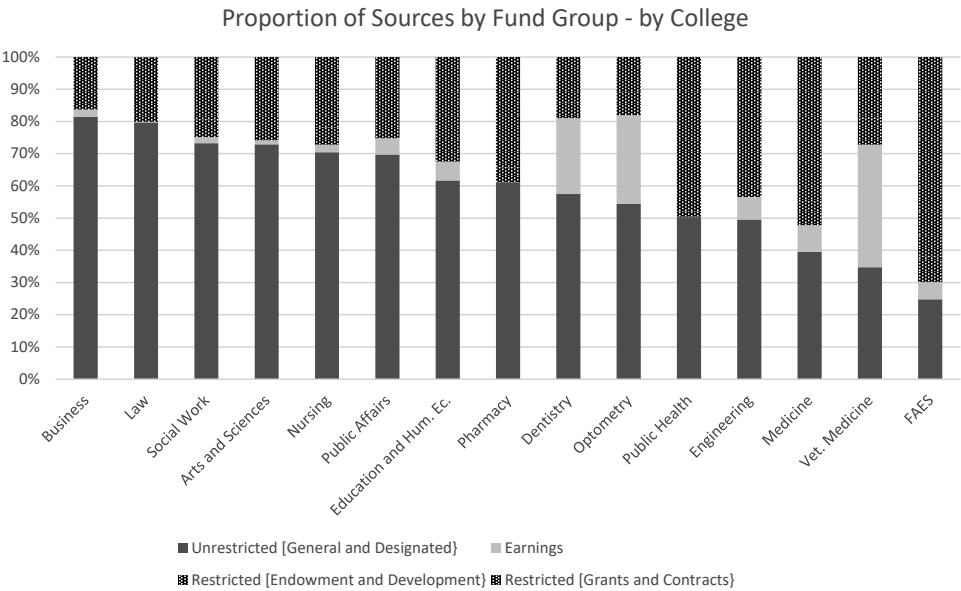
As units vary in size, units also vary by funding type. The following charts show the differences in funding proportions between general unrestricted, earnings, and restricted funds. Differences in funding sources result in different risk profiles for support units. A unit with heavy reliance on general funds will be more sensitive to changes in enrollment, tuition and fees (including restrictions on tuition rates from the State of Ohio), the proportion of non-resident students, and changes in subsidy received from the State of Ohio than a more balanced unit. Support units with reliance on earnings are more susceptible to market-driven factors and typically must carry greater equity balances as reserves to maintain facilities and replace capital equipment. Units more reliant on restricted funding may not have the flexibility to spend all available equity balances based on the original gift or grant restrictions and are likely more susceptible to changes in the grant funding landscape or the loss of a large donor.

Proportion of Sources by Fund Group - by Campus



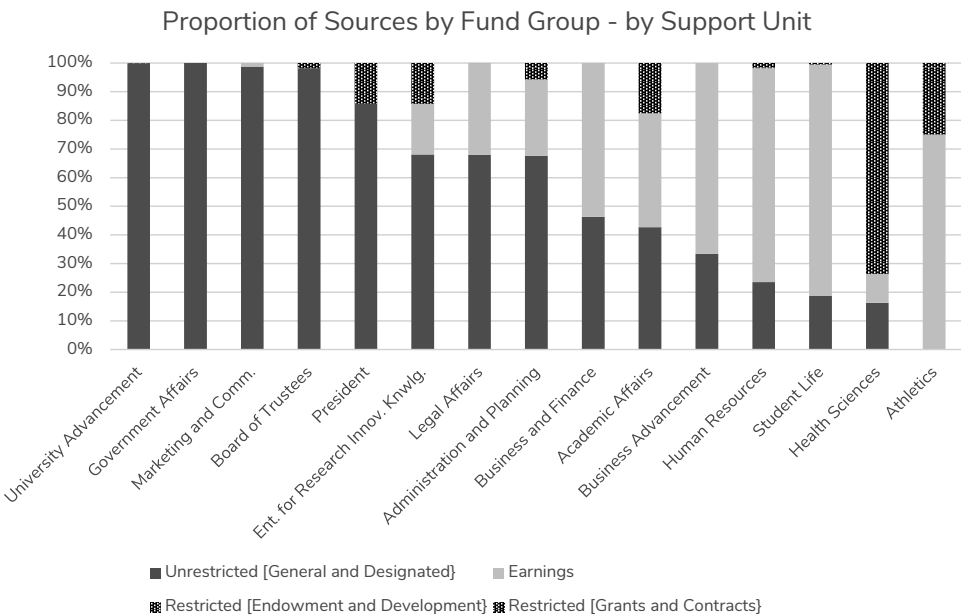
The Columbus Campus has more varied funding sources than the regional campuses, which rely primarily on general funds sources – tuition and subsidy.

FY 2023 FINANCIAL PLAN



Like the Colleges of Nursing, Social Work, and Law, some colleges are highly dependent on general funds sources – tuition and subsidy. Other colleges, such as Dentistry, Optometry, and Veterinary Medicine, bring significant earnings revenue through their instructional clinics. Still others, like Food Agricultural and Environmental Sciences (FAES) and the College of Veterinary Medicine, are primarily operated with restricted funding.

FY 2023 FINANCIAL PLAN



Support units also demonstrate a wide variety of funding dependencies, from units that are entirely reliant on general funds – Government Affairs and Legal Affairs – to units that heavily utilize earnings funds – such as Student Life and Athletics.

Units use a variety of techniques to prepare their plans. General funds plans are based on fixed uses (such as tenured faculty salaries) and historical patterns coupled with preliminary estimates of tuition and subsidy allocations provided by Financial Planning and Analysis. Earnings units typically plan based on their business plans, approved fees, and projected use of their products and services. Grants and contracts revenue and current use gifts are projected based on historical patterns and anticipated gifts and grants that may be received.

The Ohio State University Health System and Ohio State University Physicians, Inc. prepare their plans based on projected activity and associated costs. External factors, such as government regulations and reimbursement rates, as well as contractual agreements with health care payers, also play an integral part in developing the health system’s plan.

FY 2023 FINANCIAL PLAN

General Funds Allocations

Although emphasis was placed on including all university funds in the FY 2023 planning process, general funds continue to remain a significant component of the plan. General funds can broadly be used for any university purpose, whereas restricted funds are more specifically targeted. These funds play an essential role in both the plan and operations of the university, as they cover many expenses in the colleges and support units for which it is difficult to raise money. The primary sources of general funds are tuition and other student fees, State Share of Instruction, indirect cost recovery, and overhead charged to earnings units.

Allocation of Funds

For general funds, the Columbus campus uses an allocation model that is comprised of two components: a modified Responsibility Center Management (RCM) model and the strategic investment of central funds. This structure allows for decentralized decision-making and control of financial resources at the colleges and support units while still retaining central funds for holistic strategic investment purposes. The modified RCM allocation model assigns substantial control over resource decisions to individual colleges and support units. The underlying premise of the university's decentralized budget model is entrusting academic and support unit leaders with significant control over financial resources, leading to more informed decision making and better outcomes for the university. Through this decentralized model, colleges are incentivized to increase resources by teaching more credit hours and growing research activity.

Each college and support unit receives a portion of general funds supporting both academic and administrative functions. The process for allocating the funds is administered through the Office of Financial Planning & Analysis under the guidance of the Chief Financial Officer and Provost. General funds are allocated to colleges and support units on a marginal basis under an established criterion. In other words, increases (or decreases) in the pool of general funds available each budget year are allocated back to colleges and support units as increases (or decreases) to their base general funds' budgets.

Revenue is allocated to colleges based on three primary funding formulas: pooled undergraduate, graduate tuition, and graduate state support. The pooled undergraduate formula utilizes a model to distribute undergraduate marginal tuition and state support. In prior years, sixty percent of the total marginal undergraduate revenue was allocated based on total credit hours taught, while forty percent was allocated based on the cost of instruction. In FY 2023, this funding model is being phased out to more closely align to an "as earned" allocation. The new allocation will treat tuition revenue and state support separately and allocate tuition revenue based on total credit hours taught and state support revenue based on the type of course taught/cost of instruction. This allocation method is more in line with the allocation methods for graduate tuition and state support and will be fully phased in over a number of years.

The other two funding formulas allocate graduate tuition and state support based on a two-year average of credit hours in fee-paying categories (tuition) and the type of course taught based on the cost of instruction (state support). As a college teaches more of the share of total credit hours, it receives a proportionally larger share of the incremental funding.

Conversely, if a college's share of the hours taught declines, the college's allotted share of incremental funding will correspondingly decline proportionally. The two-year average credit hour driver acts as a smoothing mechanism in times of unforeseen volatility. Colleges will receive their share of marginal revenue on indirect research cost recovery, based upon the college's share of research revenue. Fee revenue from differential, learning technology, course and program/special fees are provided directly to colleges.

FY 2023 FINANCIAL PLAN

Support units are funded through a combination of central tax, specific activity-based assessments, and an overhead rate charged to auxiliary and earnings units. The central tax, assessments and overhead charges are designed to provide the funds necessary to maintain support services such as payroll services, central human resource services, and academic support services. Support units are generally ineligible for marginal revenue changes because the funding formulas rely on credit hours taught; instead, support units must request additional funding during the annual planning process to support new services or mandates. For FY 2023, the following requests were approved through the shared governance support office budget request process.

Unit	Request Description	Prior Cash Funding Converted to Continuing Funds	New Continuing Funds	Total Continuing Funds	One Time Cash
Administration & Planning	Public Safety Operations - Task Force	-	\$875,500	\$875,500	\$247,200
	Public Safety Operations - Video / Comms	-	\$250,000	\$250,000	-
	Public Safety Operations - Police AMCP	-	\$357,450	\$357,450	-
	TTM - Lyft	-	-	-	\$2,002,500
	TTM - Operational Support	-	-	-	\$491,815
Chief Information Officer	End-point Detection Response (EDR)	\$1,000,000	-	\$1,000,000	-
	Enterprise Security	-	-	-	\$1,000,800
Student Life	Mental Health Support	-	-	-	\$607,637
Institutional Equity	Operational Support	-	\$300,000	\$300,000	-
Legal Affairs & Compliance	Operational Support	-	\$375,000	\$375,000	-
	OUCI - EthicsPoint Hotline	-	\$25,000	\$25,000	-
Marketing and Communications	Operational Support	-	-	-	\$1,490,000
Total		\$1,000,000	\$2,182,950	\$3,182,950	\$5,839,952

Additionally, in FY 2023 \$9.0 million in investments have been committed for strategic initiatives including \$5.4 million for the Student Information Systems Project, \$2.0 million for the Scarlet & Grey Advantage Pilot Program, and \$1.3 million in incremental resources for Public Safety.

Allocations of expenses are also made through the general funds' allocation model. Both colleges and support units receive a net allocation that considers both marginal revenue and marginal expenses. Current expense assessments include:

Assessment	Allocation Basis	Notes
Plant Operation and Maintenance	Assigned square footage	The square footage is multiplied by a flat rate per square foot for four types of costs: utilities, custodial service, maintenance, and deferred maintenance.
Student Services	Credit hours	<ul style="list-style-type: none">Cost Pool 1 (Undergraduate): 90% of this cost pool is Undergraduate Financial Aid. It also includes operating budgets for Financial Aid and First-Year Experience. Expense is allocated by average undergraduate credit hours.Cost Pool 2 (Graduate): 83% of this cost pool is Non-Resident Fee Authorizations and Graduate Fellowships. This is the largest student services cost pool and includes the operating budget of the Graduate School. Expense is allocated by average graduate credit hours.Cost Pool 3 (All Students): This is the smallest student services cost pool and includes portions of operating budgets for Student Affairs,

FY 2023 FINANCIAL PLAN

		Academic Affairs, and new Library Acquisitions. Expense is allocated by an average of ALL credit hours.
Research	Modified Total Direct Costs	Research cost allocation covers the budgets of units that support sponsored research.
Distance Education	Distance Education credit hours	Funds operations of Office of Distance Education and eLearning.
Central Tax	% Of marginal tuition and subsidy revenue	Funds support units such as the President's Office, OAA, Controller, Public Safety, etc. as well as promotion and tenure and strategic investments.

Auxiliaries and earnings units are expected to operate at a break-even or better margin and generally do not receive general fund support. One exception is the Office of Student Life, which receives general fund support via special Student Activity, Ohio Union and Recreational Facility fees enacted to specifically advance the student experience.

Regional campuses develop their individual campus plans primarily based on the student tuition and fees received from the regional campus students, the state share of instruction they expect to collect, and costs directly incurred to operate those campuses.

FY 2023 FINANCIAL PLAN

Chapter 3 | FY 2023 Financial Plan

The FY 2023 Financial Plan is displayed in a modified cash flow presentation that includes operating sources and uses. The purpose of this presentation is to provide a more complete understanding of the university's funding and margins generated by operations. Capital sources and uses will be discussed in Chapter 8.

Consolidated

Total Sources (\$ thousands)	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR	FY22-FY23 \$	FY22-FY23 % Diff
				FY21-FY23		
Tuition & Fees (gross)	\$1,104,466	\$1,270,479	\$1,318,847	9.3%	\$48,367	3.8%
State Share of Instruction	\$401,420	\$403,957	\$403,957	0.3%	\$0	0.0%
Other Operating Appropriations	\$84,696	\$89,580	\$90,579	3.4%	\$1,000	1.1%
Exchange Grants & Contracts	\$840,451	\$842,531	\$861,127	1.2%	\$18,597	2.2%
Non-Exchange Grants & Contracts	\$240,197	\$234,182	\$102,971	-34.5%	(\$131,211)	-56.0%
Sales & Services - Auxiliaries	\$202,336	\$400,667	\$436,576	46.9%	\$35,908	9.0%
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Current Use Gifts	\$129,723	\$166,000	\$166,000	13.1%	\$0	0.0%
Endowment Distributions	\$290,330	\$319,374	\$352,835	10.2%	\$33,461	10.5%
Interest Income	\$37,231	\$49,605	\$64,399	31.5%	\$14,794	29.8%
Other Revenues	\$37,198	\$41,387	\$41,388	5.5%	\$0	0.0%
Total Sources	\$7,921,014	\$8,546,364	\$8,808,311	5.5%	\$261,948	3.1%

Total Uses (\$ thousands)	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR	FY22-FY23 \$	FY22-FY23 % Diff
				FY21-FY23		
Total Personnel Expense	\$4,115,321	\$4,353,050	\$4,692,583	6.8%	\$339,533	7.8%
Fee Authorizations	\$110,545	\$124,039	\$129,323	8.2%	\$5,284	4.3%
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Debt Service	\$171,718	\$208,541	\$235,542	17.1%	\$27,001	12.9%
Total Non-Personnel Expense	\$3,184,214	\$3,369,669	\$3,543,604	5.5%	\$173,934	5.2%
Total Uses	\$7,299,535	\$7,722,719	\$8,236,187	6.2%	\$513,467	6.6%
Sources Less Uses, Operating	\$621,479	\$823,645	\$572,125		(\$251,520)	-30.5%
Depreciation	\$460,790	\$507,249	\$557,221	10.0%	\$49,972	9.9%
Sources Less Uses, After Depreciation	\$160,689	\$316,396	\$14,904		(\$301,492)	-95.3%

FY 2023 FINANCIAL PLAN

University [excluding Health System and OSUP]

				CAGR	FY22-FY23 \$	FY22-FY23
Total Sources (\$ thousands)	FY21 Actuals	FY22 Forecast	FY23 Plan	FY21-FY23	Diff	% Diff
External Sources						
Tuition & Fees (gross)	\$1,104,466	\$1,270,479	\$1,318,847	9.3%	\$48,367	3.8%
State Share of Instruction	\$401,420	\$403,957	\$403,957	0.3%	\$0	0.0%
Other Operating Appropriations	\$84,696	\$89,580	\$90,579	3.4%	\$1,000	1.1%
Exchange Grants & Contracts	\$784,021	\$793,731	\$812,327	1.8%	\$18,597	2.3%
Non-Exchange Grants & Contracts	\$218,838	\$234,182	\$102,971	-31.4%	(\$131,211)	-56.0%
Sales & Services - Auxiliaries	\$202,336	\$400,667	\$436,576	46.9%	\$35,908	9.0%
Sales & Services - Departmental	\$168,707	\$173,093	\$177,594	2.6%	\$4,500	2.6%
Current Use Gifts	\$129,603	\$166,000	\$166,000	13.2%	\$0	0.0%
Endowment Distributions	\$290,330	\$319,374	\$352,835	10.2%	\$33,461	10.5%
Interest Income	\$37,230	\$33,276	\$45,571	10.6%	\$12,295	36.9%
Other Revenues	\$49,693	\$41,387	\$41,388	-8.7%	\$0	0.0%
Total External Sources	\$3,471,341	\$3,925,727	\$3,948,644	6.7%	\$22,918	0.6%
Internal Sources						
Net Transfers from OSU Health System	\$183,960	\$195,432	\$192,409	2.3%	(\$3,023)	-1.5%
Total Internal Sources	\$183,960	\$195,432	\$192,409	2.3%	(\$3,023)	-1.5%
Total Sources	\$3,655,301	\$4,121,159	\$4,141,053	6.4%	\$19,895	0.5%
				CAGR	FY22-FY23 \$	FY22-FY23
Total Uses (\$ thousands)	FY21 Actuals	FY22 Forecast	FY23 Plan	FY21-FY23	Diff	% Diff
Salaries	\$1,555,797	\$1,594,153	\$1,707,287	4.8%	\$113,135	7.1%
Benefits	\$455,054	\$463,147	\$496,428	4.4%	\$33,281	7.2%
Total Personnel Expense	\$2,010,851	\$2,057,300	\$2,203,715	4.7%	\$146,415	7.1%
Fee Authorizations	\$110,545	\$124,039	\$129,323	8.2%	\$5,284	4.3%
Student Aid	\$420,303	\$489,495	\$457,894	4.4%	(\$31,601)	-6.5%
Supplies, Services & Other	\$960,210	\$1,050,010	\$1,119,201	8.0%	\$69,191	6.6%
Debt Service	\$88,802	\$103,772	\$118,309	15.4%	\$14,537	14.0%
Total Non-Personnel Expense	\$1,579,860	\$1,767,316	\$1,824,727	7.5%	\$57,411	3.2%
Total Uses	\$3,590,711	\$3,824,616	\$4,028,442	5.9%	\$203,826	5.3%
Sources Less Uses, Operating	\$64,590	\$296,543	\$112,611		(\$183,932)	-62.0%
Depreciation Expense	\$281,738	\$306,154	\$329,354	8.1%	\$23,200	7.6%
Sources Less Uses, After Depreciation	(\$217,148)	(\$9,611)	(\$216,742)		(\$207,131)	n/a

FY 2023 FINANCIAL PLAN

University by Fund Group [FY23 Plan]

As explained in Chapter 2, not all funding is fungible at the university. The following gives a breakout by fund group indicating the level of restriction of dollars:

Total Sources (\$ thousands)	Unrestricted [General and Designated]	Earnings	Restricted Endowment and Development	Restricted Grants and Contracts	Total University
External Sources					
Tuition & Fees (gross)	\$1,318,847	-	-	-	\$1,318,847
State Share of Instruction	\$403,957	-	-	-	\$403,957
Other Operating Appropriations	-	-	-	\$90,579	\$90,579
Exchange Grants & Contracts	\$148,256	-	-	\$664,071	\$812,327
Non-Exchange Grants & Contracts	-	-	-	\$102,971	\$102,971
Sales & Services - Auxiliaries	-	\$436,576	-	-	\$436,576
Sales & Services - Departmental	-	\$177,594	-	-	\$177,594
Current Use Gifts	-	-	\$166,000	-	\$166,000
Endowment Distributions	\$243,031	-	\$109,804	-	\$352,835
Interest Income	\$45,571	-	-	-	\$45,571
Other Revenues	\$16,555	\$24,833	-	-	\$41,388
Total External Sources	\$2,176,217	\$639,002	\$275,804	\$857,622	\$3,948,644
Internal Sources					
Net Transfers from OSU Health	\$192,409	-	-	-	\$192,409
Total Internal Sources	\$192,409	-	-	-	\$192,409
Total Sources	\$2,368,625	\$639,002	\$275,804	\$857,622	\$4,141,053
Total Sources (\$ thousands)					
	Unrestricted [General and Designated]	Earnings	Restricted Endowment and Development	Restricted Grants and Contracts	Total University
Salaries	\$1,038,310	\$308,337	\$43,305	\$317,335	\$1,707,287
Benefits	\$296,999	\$95,238	\$11,912	\$92,280	\$496,428
Total Personnel Expense	\$1,335,308	\$403,575	\$55,217	\$409,615	\$2,203,715
Fee Authorizations	\$107,832	\$1,624	\$3,618	\$16,249	\$129,323
Student Aid	\$268,973	\$36,968	\$46,426	\$105,527	\$457,894
Supplies, Services & Other	\$499,967	\$133,697	\$162,461	\$323,076	\$1,119,201
Debt Service	\$70,985	\$47,324	-	-	\$118,309
Total Non-Personnel Expense	\$947,757	\$219,612	\$212,506	\$444,851	\$1,824,727
Total Uses	\$2,283,065	\$623,187	\$267,723	\$854,467	\$4,028,442
Sources Less Uses, Operating	\$85,560	\$15,814	\$8,082	\$3,155	\$112,611
Depreciation Expense					\$329,354
Sources Less Uses, After					(\$216,742)

For the FY 2023 Plan Unrestricted General and Designated funds generate a margin of \$85.6 million, which is mainly used for operating reserves and strategic investments. Earnings operations generate positive margins of \$15.8 million that are directed toward capital and debt service reserves; Restricted Endowment and Development funds generate a margin of \$8.1 million mainly due to anticipated timing differences between gift receipt and spend. Restricted grants and contracts generate a margin of \$3.2 million due to the timing of reimbursements on research projects.

FY 2023 FINANCIAL PLAN

Chapter 4 | University Operating Plan | Sources

Tuition and Fees

\$ thousands	CAGR FY21- FY22-FY23 FY22-FY23					
	FY21 Actuals	FY22 Forecast	FY23 Plan	FY23	\$ Diff	% Diff
Instructional Fees	\$788,687	\$788,100	\$808,260	1.2%	\$20,160	2.6%
Non-Resident Fees	\$212,647	\$364,055	\$382,412	34.1%	\$18,357	5.0%
General Fees	\$24,581	\$24,826	\$26,511	3.9%	\$1,685	6.8%
International Surcharge	\$9,978	\$9,368	\$9,122	-4.4%	(\$246)	-2.6%
Program and Tech Fees	\$33,150	\$37,988	\$44,152	15.4%	\$6,163	16.2%
Other Student Fees	\$19,839	\$19,703	\$20,817	2.4%	\$1,114	5.7%
Total Academic Fees	\$1,088,882	\$1,244,041	\$1,291,274	8.9%	\$47,233	3.8%
Student Activity Fees	\$3,069	\$4,645	\$4,681	23.5%	\$36	0.8%
Recreational Fees	\$6,912	\$13,578	\$14,659	45.6%	\$1,080	8.0%
Ohio Union Fees	\$5,603	\$8,214	\$8,233	21.2%	\$18	0.2%
Total Student Life Fees	\$15,584	\$26,438	\$27,573	33.0%	\$1,135	4.3%
Total Tuition & Fees (gross)	\$1,104,466	\$1,270,479	\$1,318,847	9.3%	\$48,367	3.8%

Gross tuition and fees are expected to increase by \$48.4 million, or 3.8%, from FY 2022 to \$1.3 billion predominately due to the related discounted fee structure in summer of 2021 that has been eliminated for students taking all online course(s) over an entire semester and not pursuing an online degree, a non-resident rate increase, and a rate increase to those undergraduate students not in the Ohio State Tuition Guarantee. Summer 2022 semester reflects a 10% decline from summer 2021 in undergraduate enrollment. Autumn 2022 and spring 2023 semesters reflect the continued trend of a reduced time to degree as students enter with more credit hours. The university is expecting the non-resident mix of new first-year students (NFYS) to remain unchanged from autumn 2021 at 30.6%.

The FY 2023 Operating Plan reflects a 2% increase in resident (base) tuition and mandatory fees for undergraduate students not in the Ohio State Tuition Guarantee. Ohio resident undergraduate students in the Tuition Guarantee cohort that began in autumn of 2018 (FY 2019), will move to the Tuition Guarantee cohort rates established for FY 2020. Ohio resident undergraduate students in the Tuition Guarantee cohorts that began in fiscal years 2020, 2021 and 2022 will continue at the rates established for their cohorts and will therefore see no change (0%) in their tuition, mandatory fees, and room and board rates for academic year 2022-2023. New first-year Ohio resident undergraduate students enrolled at all campuses in 2022-23 will be part of a new Ohio State Tuition Guarantee cohort.

Graduate (Master’s and Ph.D.) programs resident (base) tuition and mandatory fees have been consistent for the last 9 years increasing the disparity with peer universities. Based on market research, the FY 2023 Operating Plan reflects a 4.6% increase in resident (base) tuition and mandatory fees and a 2.5% increase in the non-resident surcharge. Some tagged masters and professional programs have differential fees based on the market demands for those programs

The university is committed to access, affordability, and excellence. In areas where tuition and fee increases are planned, the proceeds are used to cover inflation and to invest in excellence within the core academic mission. Tuition and fees provide approximately 70% of general funds revenue available to fund the core academic mission. The remaining 30% is largely provided through the State of Ohio instructional subsidy (SSI)

FY 2023 FINANCIAL PLAN

and indirect cost recovery from research. Ohio State remains one of the most affordable options in Ohio and among its Big Ten peers.

Three distinct drivers generally drive revenue in academic fees for undergraduates at the Columbus campus: price (relating to rates charged), volume (total size of enrollments), and mix (proportion of resident/non-resident student populations) as detailed below. When comparing FY 2022 to FY 2023 plan, instructional and non-resident revenue are expected to increase by \$14.8 million and \$15.0 million. The revenue variances are predominately due to our *normal* revenue drivers of price, volume, and mix.

- **Price (+\$36.0 million):** Students paying lower instructional fees graduate and leave the university, and the average price per student rises. The instructional average price is planned to grow by 4.0% or \$200 per full-time equivalent (FTE) over FY 2022. This growth in price accounts for \$17 million. The non-resident fee is planned to increase 7.6% or \$831 per FTE over FY 2022 (related discounted fee structure in summer of 2021 that has been eliminated and a 5% increase) and is applied to all non-resident students' accounts for \$19.0 million.
- **Volume (-\$5.6 million):** FTE is planned to decline 0.5% or 495.0 FTE due to a 10% decline from summer 2022 compared to summer 2021 and a continuing trend of the decreased time-to-degree due to undergraduate students arriving with existing credit hours and increased sensitivity around total student debt. This decrease in volume accounts for approximately \$2.3 million of instructional fees. Non-resident FTE is planned to decline 1.6% or 363.0 FTE as the larger non-resident cohorts from Autumn 2018 and 2019 graduate and are replaced with smaller non-resident class sizes. The decrease in volume accounts for approximately \$3.3 million of non-resident surcharge fees.
- **Mix (-\$0.6 million):** Non-resident mix is planned to decline 0.3% as the larger non-resident cohorts from autumn 2018 and 2019 graduate and are replaced with a smaller mix of non-resident new first-year students. The decrease in mix accounts for approximately \$0.6 million of non-resident surcharge fees.

Volume Driver: Enrollment

Headcounts	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	1 YR Chg	1 YR % Chg	5 YR % Chg
Columbus	61,170	61,391	61,369	61,677	61,702	25	0.0%	0.9%
Lima	1,010	982	998	874	854	(20)	-2.3%	-15.4%
Mansfield	1,099	1,078	1,012	954	862	(92)	-9.6%	-21.6%
Marion	1,252	1,274	1,158	1,047	949	(98)	-9.4%	-24.2%
Newark	2,882	2,943	2,873	2,730	2,535	(195)	-7.1%	-12.0%
ATI	687	594	547	490	466	(24)	-4.9%	-32.2%
Grand Total	68,100	68,262	67,957	67,772	67,368	(404)	-0.6%	-1.1%

Autumn 2022 enrollment is expected to decline slightly compared with FY 2022 levels.

Regional campuses account for 8.4% of the university's enrollment. Autumn 2022 enrollments at all regional campuses have been declining over the past five years because of demographic changes and declining numbers of high school graduates outside of Ohio's largest cities. The most significant declines are at Mansfield, Marion, and ATI campuses. Each campus is engaged in efforts to improve student retention and success by enhancing students' academic experiences and elevating the quality of campus life. The regional campuses are working with the Office of University Marketing to incorporate regional marketing strategies into the university's overall strategy and provide increased visibility, greater resources and an improved internet presence.

FY 2023 FINANCIAL PLAN

Price Driver: Fees

See Appendix for a listing of student fees.

Instructional, General & Student Life Fees

The university continues to focus on affordability. The Ohio State Tuition Guarantee was established in FY 2018 to provide predictability and transparency for Ohio resident students and their families by locking in a set price for tuition, mandatory fees, housing and dining for four years. Increases for entering cohorts will allow the university to continually invest in quality while addressing the inflationary cost increases that affect the rest of the economy.

Undergraduate tuition (instruction and general fees) will increase by 4.6% or \$549 for new first-year students (2022-23 cohort) compared with the 2021-22 tuition guarantee cohort. Students who are part of the Ohio State Tuition Guarantee (2019-20, 2020-21, and 2021-22) will not change. Students in the Tuition Guarantee cohort that began in autumn of 2018 (FY 2019), will move to the Tuition Guarantee cohort rates established for FY 2020. Ohio resident undergraduate students, not included in the Ohio State Tuition Guarantee program, resident (base) tuition and mandatory fees will increase by 2.0%.

Master's and Ph.D. resident (base) tuition and mandatory fees will increase by 4.6% or \$572 in FY 2023. Some graduate and professional programs charge a differential instructional fee based principally on market demand and pricing. Revenue generated from these additional fees directly supports the graduate or professional program that is charging the student. Thirteen programs across nine colleges are seeking changes or new differential instruction fees:

- Seven colleges - Dentistry, Law, Medicine, Optometry, Pharmacy, Public Health, and Veterinary Medicine - have requested increases.
- Three colleges — Business, Engineering and Law — have requested new differentials.

Non-Resident & International Surcharges

The non-resident surcharge will increase 5.0% or \$1,703 for undergraduates and 2.5% or \$1,221 for most graduate programs at each campus.

In addition, four colleges are seeking changes to the non-resident surcharge. These changes would apply instead of the standard increase (2.5%) proposed for FY 2023:

- The College of Dentistry is requesting a 5.0% increase for all ranks.
- The College of Medicine has requested no change for Rank 1-2, and a reduction in the non-resident surcharge by 73% (\$3,333) for Ranks 3-4.
- The College of Veterinary Medicine is requesting a 2.0% increase for Rank 1 and no change for Rank 2-4.
- The College of Pharmacy is requesting a 2.5% increase for Rank 1 and no change for Rank 2-4.
- The College of Law, Optometry, and Public Health are requesting no change.

The undergraduate international surcharge will be held flat for FY 2023. New first-year international student enrollments will be lower this year than last, overall international enrollments are also expected to be lower, resulting in a \$0.2 million decrease in international surcharge fee revenue.

FY 2023 FINANCIAL PLAN

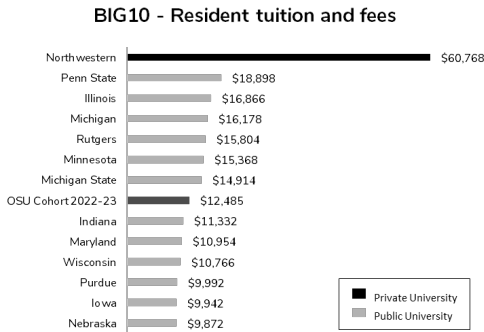
Program / Special & Technology Fees

The College of Engineering will be implementing its special fee effective autumn 2022 (FY 2023) that will have the benefits of lower student-faculty ratio, increased program quality and rankings, more academic advisors, more internships/industry immersion, increased research activity, and alignment with future multi-disciplinary STEM degrees. This increase to the special fee applies to New First-Year Undergraduates to The Ohio State University and transfers that were New First-Year Undergraduates in autumn 2022 at another college or university. The special fee of \$2,000 per semester will replace the existing program fee of \$590 per semester. Students enrolled prior to autumn 2022 will continue to pay the existing program fee of \$590 per semester

Several colleges and academic programs have additional fees to support specific initiatives. In accordance with the Ohio Revised Code, these types of fees will be frozen for undergraduate students for FY 2023. These fees are listed in Appendix B. Program fees are designed to provide financial support for specific academic and student programs, and technology fees support learning technology. Course fees provide classroom supplies, and distance education fees support distance education technology.

Peer Comparison of Fees

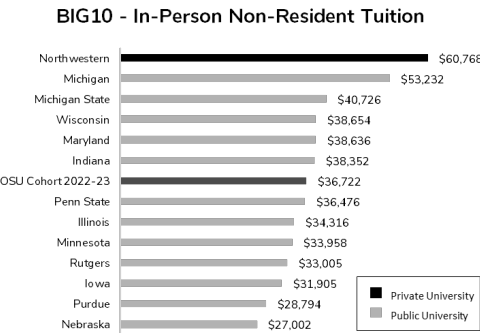
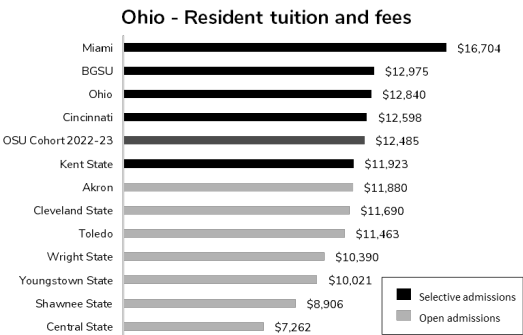
Note: Charts below compare tuition guarantee cohort entering autumn 2022 with peers' published FY 2022 rates. Peer rates are sourced from the Association of American Universities' Data Exchange.



In the Big Ten, Ohio State is near the median and is more affordable than seven of 14 Big Ten universities.

FY 2023 FINANCIAL PLAN

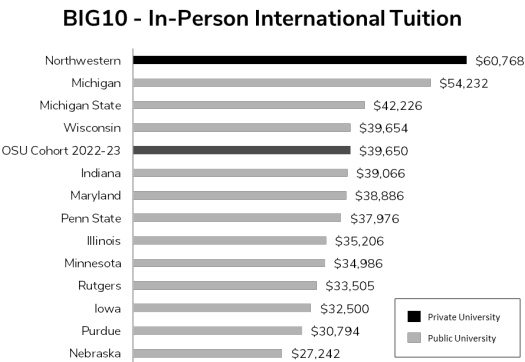
Among Ohio's six public four-year universities with selective admissions, Ohio State ranks highest in academic reputation and is the second most affordable rate for resident tuition and fees – even including the most expensive tuition guarantee cohort.



Ohio State is more affordable than six of 14 Big Ten schools for undergraduate non-resident tuition and fees.

FY 2023 FINANCIAL PLAN

Ohio State is the tenth most affordable among the 14 Big Ten schools for undergraduate international student tuition and fees.



Government Appropriations

The university receives funding from the State of Ohio, the federal government, and local governments to support various aspects of the university’s operations. The largest category received is the State Share of Instruction (SSI), which is expected to account for approximately 82% of State funding in FY 2023.

\$ thousands				CAGR FY21- FY22-FY23		FY22-FY23
	FY21 Actuals	FY22 Forecast	FY23 Plan	FY23	\$ Diff	% Diff
State Share of Instruction	\$401,420	\$403,957	\$403,957	0.3%	\$0	0.0%
State Appropriations Operating	\$84,696	\$89,580	\$90,579	3.4%	\$1,000	1.1%
Total Government Appropriations	\$486,116	\$493,537	\$494,536	0.9%	\$1,000	0.2%

State Share of Instruction (SSI)

The SSI allocation is the State of Ohio’s primary funding support for higher education. The allocation between public colleges and universities in Ohio is based on their share of enrollment and degree completions, indexed for financially and academically at-risk resident undergraduate students, medical and doctoral subsidy, and other criteria intended to advance the goals of the state. The FY 2022 forecast reflects final payout guidance from the state and is an increase over FY 2021 of .5%, or \$2.1 million. The FY 2023 Financial Plan assumes the same funding levels received with FY 2022 funding. The Columbus campus expects to receive approximately 93.2% of the total SSI allocation in FY 2023, or \$376.5 million.

State Appropriations | Operating

In addition to SSI funding, the university also receives funding directed for specific purposes through state line-item appropriations. Total appropriations for FY 2023 are estimated at \$90.6 million, a \$1 million increase over FY 2022. Major line items are anticipated to be like FY 2022 funding; however, the state has approved a new line item specifically for the College of Veterinary Medicine, which added \$4 million in FY 2022 and an

FY 2023 FINANCIAL PLAN

additional \$1 million in FY 2023. A few of the other larger appropriations in FY 2023 include support for the Ohio Agricultural Research and Development Center (OARDC/\$35.8 million), OSU Extension (\$24.6 million) and the Ohio Library and Information Network (OhioLINK/\$5.7 million).

Grants and Contracts

Grants and contracts revenue is administered in two ways: recorded by individual units in segregated grants and contracts funds or sponsored projects administered by the Office of Sponsored Programs. For FY 2023, revenue from grants and contracts (including non-exchange grants) is expected to be \$915.3 million, which is down -11.0% over FY 2022.

\$ thousands	CAGR FY21- FY22-FY23					
	FY21 Actuals	FY22 Forecast	FY23 Plan	FY23	\$ Diff	% Diff
Federal Grants and Contracts	\$407,404	\$412,021	\$421,758	1.7%	\$9,737	2.4%
Private Grants and Contracts	\$272,468	\$275,556	\$282,068	1.7%	\$6,512	2.4%
State Grants and Contracts	\$76,611	\$77,479	\$79,310	1.7%	\$1,831	2.4%
Local Grants and Contracts	\$27,538	\$28,674	\$29,191	3.0%	\$517	1.8%
Total Exchange Grants & Contracts	\$784,021	\$793,731	\$812,327	1.8%	\$18,597	2.3%
Federal Grants and Contracts Non-Exchange	\$66,124	\$64,771	\$64,798	-1.0%	\$27	0.0%
State Grants and Contracts Non-Exchange	\$13,246	\$33,921	\$27,383	43.8%	(\$6,538)	-19.3%
Federal COVID Assistance	\$128,678	\$124,700	\$0	-100.0%	(\$124,700)	-100.0%
Federal Build America Bonds Subsidy	\$10,790	\$10,790	\$10,790	0.0%	\$0	0.0%
Total Non-Exchange Grants & Contracts	\$218,838	\$234,182	\$102,971	-31.4%	(\$131,211)	-56.0%
Total Grants & Contracts	\$1,002,859	\$1,027,913	\$915,299	-4.5%	(\$112,614)	-11.0%

Of the \$915.3 million, \$637.1 million is administered by the Office of Sponsored Programs, \$175.2 million is administered directly by colleges and support units, \$84.7 million is administered by the Office of Student Academic Success for student financial aid programs, \$7.5 million in funding from the JobsOhio agreement, and \$10.8 million is received as federal subsidy for Build America Bond interest. Projects administered by the Office of Sponsored Programs typically have a more stringent process and documentation requirements than projects that are directly administered through the Colleges and Support Units.

Exchange Grants and Contracts

Exchange grants and contracts are administered either through the Office of Sponsored Programs or directly by colleges and support units. The university secures funding for sponsored research programs from a variety of external sources. External grants are awarded by federal, state, and local agencies along with private foundations and corporate sponsors. Total revenue for sponsored research programs administered by the Office of Sponsored Programs is expected to increase from \$613.7 million in FY 2022 to approximately \$637.1 million in FY 2023, an increase of 3.8%.

The sponsored research revenues include facilities and administrative (F&A) cost recoveries, which are projected to be \$148 million, a 5.1% increase over estimated FY 2022 recovery of \$141 million. F&A costs are

FY 2023 FINANCIAL PLAN

recovered from most sponsored programs to offset the cost of maintaining the physical and administrative infrastructure that supports the research enterprise at the university. It is important to note that direct and indirect cost expenditures do not necessarily align when comparing expected revenue streams, which occurs for two reasons. First, certain direct cost expenditures do not recover F&A. Second, not all sponsors allow the university to recover F&A at the university's fully negotiated rate. The full negotiated F&A rate for FY 2023 will remain at 57.5%, the same rate in effect for FY 2022.

FY 2023 revenue for exchange grants and contracts administered directly by individual colleges and support units is expected to decrease to \$175.2 million, a decrease of 3.4%.

Non-Exchange Grants and Contracts

Some grants and contract revenues are considered a non-exchange items and appear in the non-operating section of the external income statement as Non-Exchange Grants. These items include \$84.7 million of grants administered by Student Financial Aid sourced from federal funding for Pell Grants and Supplemental Educational Opportunity Grants (SEOG) and state funding for Ohio College Opportunity Grants (OCOG).

Two special revenue items included in non-exchange grants and contracts are federal COVID-19 assistance and funds from the JobsOhio agreement. In FY 2022, the university received \$125 million in federal COVID-19 assistance, \$57.2 million of which was used for student financial aid. No federal COVID-19 assistance is expected in FY 2023. The university received \$17.5 million in funding from the JobsOhio agreement in FY 2022; funding in FY 2023 is expected to decrease to \$7.5 million.

Sales and Services

\$ thousands	CAGR FY21- FY22-FY23 FY22-FY23					
	FY21 Actuals	FY22 Forecast	FY23 Plan	FY23	\$ Diff	% Diff
Sales and Services Auxiliaries	\$202,336	\$400,667	\$436,576	46.9%	\$35,908	9.0%
Sales and Services Departmental	\$168,707	\$173,093	\$177,594	2.6%	\$4,500	2.6%
Total Sales and Services	\$371,043	\$573,761	\$614,169	28.7%	\$40,408	7.0%

Student Life, Athletics, and Business Advancement comprise the majority of sales and services of auxiliary enterprises. Revenue from sales and services of auxiliary enterprises before scholarship allowances is expected to increase \$35.9 million or 9.0% in FY 2023 over FY 2022. There are increases in revenue in all three major auxiliary enterprises. Athletics is increasing \$20.5 million over FY 2022 due to an additional home football game and changes in sponsorship agreements. Student Life revenue is up \$9.5 million from FY 2022 due to a 4.6% increase in housing and dining rates for new first-year students and a return to normal operations for spring housing occupancy and Ohio Union conferences and meetings. Business Advancement is projecting a \$5.9 million increase from FY 2022, reflecting a return to normal operations for all units.

Revenue sources in educational departments consist largely of clinical operations in colleges such as Dentistry, Optometry, and Veterinary Medicine and non-college departments such as Recreational Sports and Student Health Services. Sales and Services are expected to increase 2.6% in FY 2023 from an anticipated increase in patient care, including the dental and veterinary clinics.

FY 2023 FINANCIAL PLAN

Advancement Sources

\$ thousands	CAGR FY21- FY22-FY23 FY22-FY23					
	FY21 Actuals	FY22 Forecast	FY23 Plan	FY23	\$ Diff	% Diff
Current Use Gifts	\$129,603	\$166,000	\$166,000	13.2%	\$0	0.0%
Endowment Distributions	\$290,330	\$319,374	\$352,835	10.2%	\$33,461	10.5%
Total Advancement Sources	\$419,933	\$485,374	\$518,835	11.2%	\$33,461	6.9%

Gifts from alumni, friends, grateful patients and the rest of Buckeye Nation continue to be directed to our students, faculty, campuses and future potential. In FY 2023, the university’s goal for “New Fundraising Activity” is \$705 million, which is \$55 million higher than the goal for FY 2022. New Fundraising Activity includes gifts, pledges and certain private contracts. The Office of Advancement fully expects to deliver results in line with expectations. Dollars are being raised by engaging a variety of constituents, including students, faculty, staff, alumni, friends, corporate partners and private foundations.

To display an operating financial plan, only the cash sources that can be used immediately against operating expenses are presented. These include current use gifts and endowment distributions.

Current Use Gifts

In the FY 2023 Financial Plan, current use gifts are expected to remain flat from FY 2022 at \$166 million.

Endowment Distributions

Endowment distributions are the spendable portion of annual distributions from the Long-Term Investment Pool (LTIP), which totals \$7.3 billion as of FY 2022 and includes gifted endowment funds of \$2.8 billion, designated funds of \$2.7 billion, and operating funds of \$1.8 billion that have been invested for long-term stability. The investment team has built a portfolio of specialized investment teams around the world to implement the university’s investment strategy and to be responsive to changing market conditions. The LTIP is expected to gain \$490 million before fees at an 8.0% return in FY 2023 and is projected to have an ending market value of \$7.7 billion at the end of FY 2023.

For the operating budget, spendable endowment distributions of \$353 million for FY 2023 are anticipated. Distribution per share was calculated based on projected market values through June 2022.

Interest Income

Interest income on cash, short and intermediate-term investments is budgeted at \$45.6 million for FY 2023. This projection reflects an increase in short-term rates due to economic conditions. See Chapter 8 for further discussion of the capital investment plan.

FY 2023 FINANCIAL PLAN

Chapter 5 | University Operating Plan | Uses

Salaries and Benefits

\$ thousands	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR FY21-FY23	FY22-FY23 \$ Diff	FY22-FY23 % Diff
Faculty	\$512,354	\$529,704	\$566,635	5.2%	\$36,931	7.0%
Staff	\$898,297	\$937,278	\$996,919	5.3%	\$59,641	6.4%
Students	\$145,146	\$127,171	\$143,733	-0.5%	\$16,562	13.0%
Total Salaries	\$1,555,797	\$1,594,153	\$1,707,287	4.8%	\$113,135	7.1%
Benefits	\$455,054	\$463,147	\$496,428	4.4%	\$33,281	7.2%
Total Personnel	\$2,010,851	\$2,057,300	\$2,203,715	4.7%	\$146,415	7.1%

Salaries

Salary expense is expected to increase by \$113.1 million or 7.1% over FY 2022. The plan for FY 2023 includes a 3% increase in faculty and staff salary guidelines, which accounts for \$36.7 million of the increase. After salary increases, additional investments in human capital can be grouped into three distinct categories: research growth and faculty investment; staffing support to return to normal operations and other strategic investments. Details for these categories are included below.

Research Growth and Faculty Investment – Colleges and support units are investing approximately \$55 million after salary increases in faculty and staff supporting research and academic growth. Colleges making large investments in FY 2023 include the College of Engineering (\$21.7 million); the College of Medicine and Health Sciences (\$18.3 million); the College of Arts and Sciences (\$7.8 million); and the Enterprise for Research, Innovation and Knowledge (ERIK) (\$3.4 million).

Return to Normal - Major auxiliaries and support units are focused on returning operations to normal service levels, investing approximately \$18 million in FY 2023. Student Life and Business Advancement are increasing salaries expense after salary increases by \$4.5 million and \$2.8 million respectively, attributable to staffing required to return to normal operations. Support units are also filling existing vacancies to return to normal operations, including Administration and Planning/Facilities Operations and Development (\$5.9 million) and the Office of Student Academic Success (\$1.4 million).

Strategic Investments – Strategic investments are being made in several key areas, for a total of approximately \$16 million in salary expenses after salary increases. Units with significant increases include Athletics (\$5.1 million), Administration and Planning/Public Safety (\$2.6 million), and University Libraries (\$1.9 million).

Benefits

Benefits consist of several different pools of costs, including retirement plans, medical plans, educational benefits, and life insurance benefits. For the forecast and budget, benefits are estimated based on the composite benefit rate applied to salaries by employee type (e.g., full-time faculty vs. part-time staff vs. students). Actual expenses may be more or less than the amount collected through the rates and vary from year to year. The composite benefit rate-setting process takes these yearly variations into account.

Total benefit costs are expected to increase by \$33.3 million or 7.2% over FY 2022, to \$496.4 million. This increase is primarily driven by salary guidelines and composite benefit rate increases as well as strategic hiring.

FY 2023 FINANCIAL PLAN

Benefit rate increases for FY 2023 are driven by a 6% increase in the medical plan component; these rates will continue to reflect controlled employer medical costs and historical over-collection against the expense. Benefits expense increases are also proportionate to the increases in salaries detailed above.

Controlled employer medical costs are driven by benefits plan changes that reflect recent trends in moving to consumerism. Employer medical costs are also driven by tightened controls over benefits administration and decreased inpatient and outpatient utilization from enhanced medical management processes. Benefits include the university's contribution to employee retirement plans, various medical, dental, vision, life and disability plans, employee and dependent tuition plans, and university expenses related to compulsory plans, such as workers' compensation and unemployment compensation.

Retirement Plans - University employees are covered by one of three retirement systems. The university faculty are covered by the State Teachers Retirement System of Ohio (STRS Ohio). Substantially all other employees are covered by the Public Employees Retirement System of Ohio (OPERS). Employees may opt out of STRS Ohio and OPERS and participate in the Alternative Retirement Plan (ARP) if they meet certain eligibility requirements. Under each of the plans, the university contributes 14% of the employee's pay to the plan annually, while the employees contribute 10%. Vesting varies by plan.

Medical Plan - The university is self-insured for employee health insurance. FY 2023 medical plan costs are budgeted based on historical cost trend data, projected employee eligibility, and expected plan changes associated with governmental regulations and plan design.

Student Financial Aid

\$ thousands	CAGR FY21- FY22-FY23 \$ FY22-FY23					
	FY21 Actuals	FY22 Forecast	FY23 Plan	FY23	Diff	% Diff
Student Aid Institutional	\$185,914	\$200,428	\$208,523	5.9%	\$8,095	4.0%
Student Aid Departmental	\$67,626	\$78,398	\$82,436	10.4%	\$4,038	5.2%
Student Aid Endowment and Development	\$45,262	\$41,796	\$43,885	-1.5%	\$2,090	5.0%
Student Aid Athletic	\$20,422	\$29,981	\$38,368	37.1%	\$8,387	28.0%
Student Aid Federal	\$86,172	\$121,971	\$64,798	-13.3%	(\$57,173)	-46.9%
Student Aid State	\$14,906	\$16,921	\$19,883	15.5%	\$2,962	17.5%
Total Student Aid	\$420,303	\$489,495	\$457,894	4.4%	(\$31,601)	-6.5%
Fee Authorizations	\$110,545	\$124,039	\$129,323	8.2%	\$5,284	4.3%

Financial Aid is a critical investment of resources that keeps the cost of education manageable for students. The Ohio State University engages both the federal and state governments in conversations to stress the importance of financial aid and reasonable loan programs for students.

The financial aid plan seeks to advance two specific goals for the university: to invest in the quality, quantity, and diversity of students to continue to advance Ohio State as a leading national flagship public research university; and to invest in students to fulfill the role as a land grant university for the State of Ohio, whereby college access is afforded to those students with limited resources. The university continues to support both goals and develop the appropriate balance in moving the university toward eminence. Fundraising efforts are also underway through various initiatives.

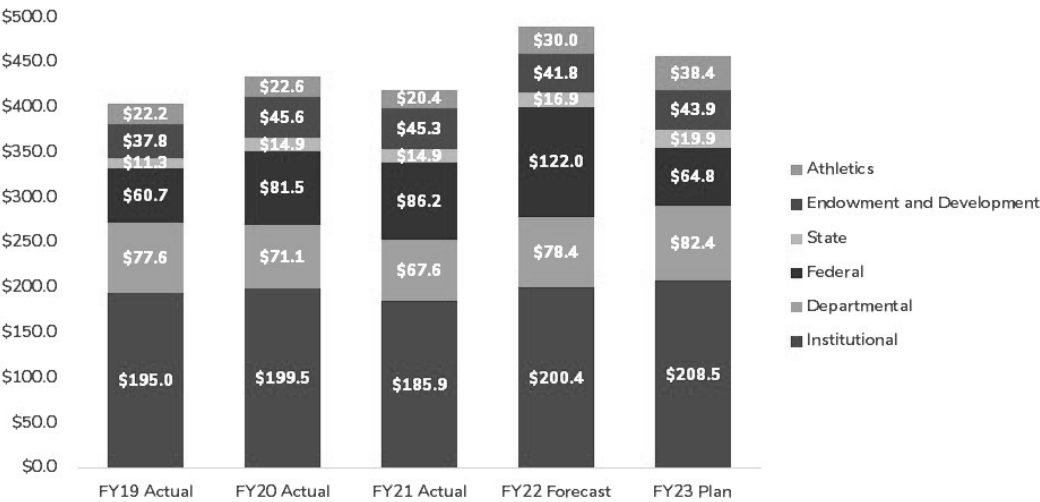
Since FY 2015, the university has increased financial aid to support 51,000 low- and moderate-income families by more than \$245 million through FY 2022.

FY 2023 FINANCIAL PLAN

Ohio State expects to distribute a total of \$457.9 million of financial aid, excluding graduate fee authorizations, to students in FY 2023. Sources for financial aid include federal and state programs, gifts and endowments and institutionally funded aid. The university financial statements present a portion of financial aid, in accordance with GASB accounting requirements, as an allowance against gross tuition and, in the case of athletic and room and board scholarships, an allowance against sales and services of auxiliary enterprises.

The decreased budget of \$31.6 million of Total Student Aid for FY 2023 includes a decrease of \$57.2 million for Federal Student Aid assistance for the pandemic (HEERF III), a \$2 million inflationary increase, \$5 million additional funding from strategic investments, \$6 million increase in athletic student aid due to new NCAA mandate and \$6 million increased spending over FY 2022 for Land Grant Opportunity Scholarships (LGOS).

Student Aid Trend



Fee Authorizations

Fee authorizations are provided to students holding graduate student appointments to pay for graduate tuition and fees. Total university fee authorization expense is expected to increase by \$5.3 million to a total of \$129.3 million in FY 2023. The FY 2023 increase of 5.4% includes an increase of \$4.5 million associated with the increase in the FY 2023 graduate tuition.

FY 2023 FINANCIAL PLAN

Supplies and Services

Supplies & services expenses are comprised of several discrete categories, including Cost of Sales, Supplies, Services, Utilities, Other Expense and Non-Capitalized Equipment, all offset by Intra-University Revenue. Additionally, this category includes expenses related to the institutional response to COVID-19 in both FY 2021 and FY 2022.

	CAGR FY21- FY22-FY23 \$ FY22-FY23					
\$ thousands	FY21 Actuals	FY22 Forecast	FY23 Plan	FY23	Diff	% Diff
Cost of Sales	\$82,234	\$119,231	\$122,266	21.9%	\$3,035	2.5%
Supplies	\$77,456	\$127,409	\$137,277	33.1%	\$9,869	7.7%
Services	\$274,025	\$349,139	\$374,955	17.0%	\$25,816	7.4%
Utilities	\$147,159	\$160,788	\$183,900	11.8%	\$23,112	14.4%
Other Expense	\$397,751	\$317,933	\$325,811	-9.5%	\$7,878	2.5%
Investment Expenses	\$59,388	\$52,750	\$59,388	0.0%	\$6,638	12.6%
Non-Capital Equipment (< \$5k)	\$41,690	\$50,444	\$54,405	14.2%	\$3,961	7.9%
Intra-University Revenue	(\$119,492)	(\$127,684)	(\$128,801)	3.8%	(\$1,117)	0.9%
Efficiencies			(\$10,000)			
Total Supplies and Services	\$960,210	\$1,050,010	\$1,119,201	8.0%	\$69,191	6.6%

Overall, supplies and services expenses are projected to increase \$69.2 million or 6.6% over FY 2022 to \$1.1 billion. In response to global macroeconomic trends, we are planning for general inflation of 4.5%, which yields an increase of approximately \$38 million. An additional \$27 million related to a return to normal for travel expenses is expected, offset by a decrease of \$29 million due to a reduction in COVID-related expenses. Increases in utilities include a \$23 million increase in fees paid to Ohio State Energy Partners and capital recovery repayment and a \$6.6 million increase in investment advisor expense due to LTIP value growth.

The remaining increase is attributable to strategic investments by colleges and support units. The largest area of investment is in support of research growth and faculty, particularly in the College of Medicine and the College of Engineering, which account for a total \$32.6 million increase after inflation. Increases resulting from a return to normal are reflected in additional facilities costs, adding approximately \$10.4 million after inflation.

As discussed in the Strategic Context section, the university is commencing another round of efficiency savings initiatives for FY 2023 and beyond. We are including the procurement-related goal of \$10 million in savings in FY 2023 in the total for supplies and services.

University Debt Service

The proceeds of debt issuances have been utilized to fund major construction projects, including the Wexner Medical Center expansion, student housing construction and refurbishments, and significant campus infrastructure improvements and academic facility construction and enhancements. The university's portion of the consolidated debt service is expected to increase \$14.5 million from FY 2022 to approximately \$118.3 million in FY 2023. Of the \$118.3 million, \$102.6 million is interest expense, and \$15.7 million is principal debt repayment. The \$14.5 million increase in FY 2023 is primarily a result of the Series 2013A bonds which begins to amortize principal in FY 2023. See Chapter 8 for additional details on current capital projects.

FY 2023 FINANCIAL PLAN

Chapter 6 | Health System Operating Plan

Health System (\$ thousands)	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR FY21-FY23	FY22-FY23 \$ Diff	FY22-FY23 % Diff
Total Operating Revenue	\$3,616,126	\$3,848,060	\$4,031,443	5.6%	\$183,383	4.8%
Operating Expenses						
Salaries & Benefits	\$1,574,237	\$1,709,662	\$1,848,815	8.4%	\$139,153	8.1%
Supplies	\$425,877	\$419,795	\$436,453	1.2%	\$16,658	4.0%
Drugs & Pharmaceuticals	\$464,833	\$529,406	\$562,072	10.0%	\$32,666	6.2%
Services	\$348,471	\$380,618	\$428,185	10.8%	\$47,567	12.5%
Depreciation	\$175,930	\$197,912	\$224,633	13.0%	\$26,721	13.5%
Interest	\$29,508	\$42,377	\$44,443	22.7%	\$2,066	4.9%
University Overhead	\$73,371	\$73,648	\$72,844	-0.4%	(\$804)	-1.1%
Other Expenses	\$55,295	\$58,910	\$61,939	5.8%	\$3,029	5.1%
Total Expenses	\$3,147,522	\$3,412,328	\$3,679,384	8.1%	\$267,056	7.8%
Gain/Loss from Operations	\$468,604	\$435,732	\$352,059		(\$83,673)	-19.2%
Medical Center Investments	(\$183,960)	(\$195,432)	(\$202,824)	5.0%	(\$7,392)	3.8%
Investment Income	\$90,266	\$27,620	\$31,466	-41.0%	\$3,846	13.9%
Other Gains (Losses)	\$113,547	\$34,998	\$26,623	-51.6%	(\$8,375)	-23.9%
Excess of Revenue over Expenses	\$488,457	\$302,918	\$207,324		(\$95,594)	-31.6%

The margin for the OSU Health System is budgeted at \$207.3 million for FY 2023. The operating budget is set at a level to achieve the organization's strategic and long-range financial plan goals and provides the necessary margin to invest in clinical programs, strategic capital and provide debt service coverage. The operating budget for FY 2023 anticipates continued growth in both inpatient and outpatient activities, with the cancer program, new ambulatory services and surgical specialties having the most influence. The budget also takes into consideration the impact of healthcare reform and the associated reimbursement impacts. In addition, the budget continues to incorporate payer mix changes resulting from an aging population with shifts to Medicare. Included in the budget is the health system's continued investment in Medical Center initiatives (\$203 million). The budget provides a Total Margin percentage of 5.1% and earnings before interest, taxes, depreciation and amortization (EBITDA) margin of 15.4%.

Revenue Drivers

Overall revenue is budgeted to increase approximately 4.8% compared to a 6.9% increase in FY 2022, which includes a significant decline in COVID-19 activities. Inpatient admission growth is budgeted at 4.4% above FY 2022. Growth is projected across numerous specialties with reductions in length of stay assumed to drive additional capacities. Outpatient activity will also grow at 4.4% in total. The outpatient growth is being driven primarily by the continued ramp-up of the Outpatient Care New Albany facility, opening of Outpatient Care Dublin and continued outpatient cancer program growth.

The overall payer mix continues to see growth in Medicare and decreases in managed care. Medicaid Expansion continues to keep the uninsured population below historical trends. Overall, Medicare rates will increase by less than 1%. Managed care plan migration to Medicare due to the aging population is anticipated to increase

FY 2023 FINANCIAL PLAN

1% in FY 2023. Managed care arrangements are negotiated through the end of FY 2023 and, in some cases, into FY 2024. Quality and risk-based contracts continue to be a focus in ongoing negotiations with payers and are reflected in the modeled reimbursement rates. The payment increases for managed care contracts are on average 3% in rate growth, while governmental payer base rates are anticipated to increase less than 1%.

Expense Drivers

Total operating expenses will grow by 7.8% compared to the prior-year growth of 8.4%, which included \$42 million in efficiency initiatives to offset the impacts of COVID-19. Drug costs are increasing 6.2% with 2.7% due to inflation, and the remaining impact is primarily due to growth in infusions and increased cancer drug utilization. Operating expenses, excluding drugs, depreciation and overhead, are budgeted to grow 8.0%, of which 3.2% will be activity driven and 4.8% rate driven. Annual salary merit and market increases for employees are planned to average 4% in addition to anticipated wage inflation impacts in multiple clinical areas. Benefit rates are expected to increase 3.3% from FY 2022. Expense management initiatives will continue to be an emphasis to mitigate reimbursement changes and continued recovery from COVID-19-related impacts.

FY 2023 FINANCIAL PLAN

Chapter 7 | OSU Physicians Operating Plan

OSU Physicians (\$ thousands)	FY21 Actuals	FY22 Forecast	FY23 Plan	CAGR FY21-FY23	FY22-FY23 \$ Diff	FY22-FY23 % Diff
Revenue						
Net Patient Revenue	\$426,218	\$444,680	\$473,570	5.4%	\$28,890	6.5%
Other Revenue	\$121,913	\$133,202	\$148,431	10.3%	\$15,229	11.4%
Medical Center Investments	\$101,374	\$119,210	\$128,459	12.6%	\$9,249	7.8%
Interest Income	-	\$856	\$636	> 1,000%	(\$220)	-25.7%
Total Revenue	\$649,505	\$697,948	\$751,096	7.5%	\$53,148	7.6%
Expenses						
Provider Salaries & Benefits	\$409,616	\$444,990	\$477,279	7.9%	\$32,289	7.3%
Non-Provider Salaries & Benefits	\$113,992	\$134,274	\$155,745	16.9%	\$21,471	16.0%
Other Expenses	\$113,111	\$108,855	\$112,995	-0.1%	\$4,140	3.8%
Depreciation	\$3,122	\$3,183	\$3,234	1.8%	\$51	1.6%
Interest	-	\$257	\$265	> 1,000%	\$8	3.1%
Total Expenses	\$639,841	\$691,559	\$749,518	8.2%	\$57,959	8.4%
Change in Net Assets	\$9,664	\$6,389	\$1,578		(\$4,811)	-75.3%

Total revenue is budgeted to increase \$53.1 million or 7.6% over FY 2022. Total operating revenue includes net patient revenue and other operating revenue associated with physician services. Net patient revenue is budgeted to increase \$28.9 million or 6.5% over FY 2022 due to faculty recruitment, increased clinical productivity, and expansion of services through opening Outpatient Care Dublin and continued growth at Outpatient Care New Albany. Other operating revenue and MCI are budgeted to increase \$24.5 million due primarily to support for and growth in specific healthcare service lines.

Total expenses are expected to increase by \$58.0 million. Expense categories with the largest increases were physician salaries & benefits and staff salaries & benefits. Expenses are included for staff, supplies and depreciable equipment in preparation for opening Outpatient Care Dublin. Growth in staff salaries includes investment in the expansion of services and service locations including new Community Outreach practices plus the transition of contact center staff from OSU to OSUP. New physicians in FY 2023 are approximately 91. Generally, the amount of time for a new practice to reach full profitability is approximately 2-3 years.

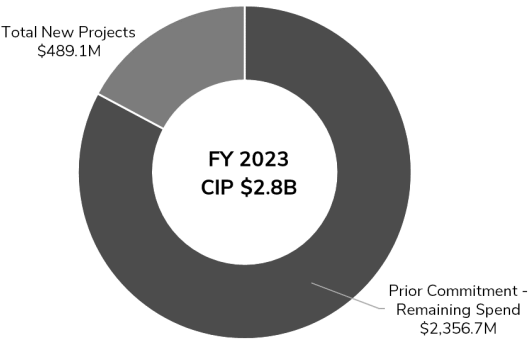
Work continues to increase revenue growth through several initiatives. In addition, expense control measures continue to evolve to help keep controllable costs, such as the number of staff, supplies, and services, in line with revenue changes. The budget includes assumptions about a return to pre-COVID levels of expenses such as travel, and professional development and the inclusion of staff merit increases and bonuses. The budget also includes assumptions about the inflationary impact on supplies and offsetting supplies expense mitigation strategies. These assumptions are aligned with the health system.

FY 2023 FINANCIAL PLAN

Chapter 8 | Capital Investment Plan FY 2023-28

The university will invest more than \$2.8 billion over six years in strategic physical plant projects as detailed in the FY 2023-28 Capital Investment Plan. Each year, Ohio State completes a robust capital planning process resulting in a comprehensive Capital Investment Plan that reflects all capital investments across six campuses and the Wexner Medical Center, regardless of funding source. Each project is evaluated for alignment with strategic, physical, and financial plans prior to inclusion in the Capital Investment Plan. This integrated approach ensures that capital investments support the strategic mission of the university.

The Capital Investment Plan captures the spend on all capital projects, defined as projects over \$200,000, that are in various stages of implementation or are anticipated to begin in FY 2023. The following chart reflects the capital plan through FY 2028. Of the total \$2.845 billion, \$2.356 billion is remaining spend on projects previously committed and \$0.489 billion is on new projects beginning in FY 2023. The remaining spend reflects the active strategic capital projects including the Wexner Medical Center Inpatient Hospital. The total for new spend includes the projects for which state capital funding has been requested. Those projects will not proceed until a bill has been enacted allocating funding to the university by the State of Ohio for capital projects.



FY 2023 FINANCIAL PLAN

Prior Commitment Remaining Spend

Capital Priority \$ millions	Projected Capital Expenditures					Total
	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	
A&S - Arts District	\$32.4	\$18.5	\$4.2	-	-	\$55.0
A&S - Celeste Lab Renovation	\$3.4	\$0.9	-	-	-	\$4.2
Athletics - Lacrosse Stadium	\$17.1	\$3.0	-	-	-	\$20.1
Energy Advancement and Innovation Center	\$24.3	\$10.9	\$2.7	-	-	\$38.0
Engineering - BMEC Phase 2	\$2.5	\$2.5	\$2.5	\$1.2	-	\$8.7
FAES - Controlled Environment Agriculture Research Complex	\$5.8	\$2.0	-	-	-	\$7.8
FAES - Wooster - Boiler #3 Replacement	\$3.4	\$3.4	\$1.3	-	-	\$8.1
FOD - Cannon Drive Relocation - Ph. 2	\$15.1	\$24.5	\$9.3	\$1.4	-	\$50.3
Interdisciplinary Health Sciences Center	\$46.7	\$34.3	\$6.9	\$5.0	-	\$92.8
Interdisciplinary Research Facility	\$76.9	\$10.3	-	-	-	\$87.3
Libraries - Library Book Depository Phase 3	\$1.1	\$13.5	\$3.7	-	-	\$18.4
Nursing - Jane E. Heminger Hall and Renovation of Newton Hall	\$14.9	\$2.3	-	-	-	\$17.2
SL - North Residential - HVAC Modifications Phase 2	\$4.9	\$1.2	-	-	-	\$6.1
Vet Med - Equine Arena	\$5.9	\$1.5	-	-	-	\$7.4
West Campus Infrastructure Phase 1	\$6.1	\$1.2	-	-	-	\$7.3
WMC - Dodd - Parking Garage	\$6.5	\$5.0	-	-	-	\$11.5
WMC - East Hospital Dock Expansion	\$1.8	\$1.8	\$1.3	-	-	\$4.9
WMC - Inpatient Hospital	\$405.0	\$346.2	\$270.8	\$202.0	\$61.3	\$1,285.3
WMC - James - Halcyon Linear Acc	\$4.0	\$0.7	-	-	-	\$4.8
WMC - Loading Dock Expansion and Renovation	\$9.9	\$3.6	\$2.0	\$0.0	-	\$15.6
WMC - Martha Morehouse Facility Improvements	\$4.9	\$15.4	\$9.3	\$4.4	-	\$33.9
WMC - Outpatient Care Dublin	\$52.0	\$4.5	-	-	-	\$56.5
WMC - Outpatient Care New Albany	\$21.2	\$1.0	-	-	-	\$22.2
WMC - Outpatient Care West Campus	\$143.0	\$20.5	\$4.5	-	-	\$167.9
WMC - Ross - OPR/OR Expansion	\$4.4	\$1.3	-	-	-	\$5.7
Roll Up Other Projects	\$134.6	\$125.4	\$43.5	\$13.3	\$2.9	\$319.7
Total Prior Commitment Remaining Spend	\$1,047.8	\$655.5	\$362.0	\$227.3	\$64.2	\$2,356.7

New Projects Beginning in FY 2023

Capital Priority (\$ million)	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	Total
Anticipated Spend for CIP Changes	\$10.0	-	-	-	-	\$10.0
Roll up of Small Infrastructure RDM Projects	\$11.5	\$35.5	\$17.3	-	-	\$64.2
Small Programmatic Cash Ready	\$22.5	\$22.3	\$9.9	\$5.7	\$0.8	\$61.2
WMC - Roll up of Multiple Cash Ready	\$176.5	-	-	-	-	\$176.5
New Major Projects	\$41.1	\$61.3	\$41.7	\$30.5	\$2.6	\$177.2
A&P - Buckeye Village Demolition	\$0.3	\$2.8	\$2.0	-	-	\$5.0
CAS - Celeste Lab - Completion of General Chemistry Lab	-	\$7.0	\$7.0	\$4.7	-	\$18.6
ENG - BMEC Phase 2*	\$6.6	\$19.9	\$19.9	\$18.3	\$1.5	\$66.2
EHE - Campbell Hall Renovation*	\$24.2	\$12.1	-	-	-	\$36.2
ENG - CAR Bus Testing Facility	\$3.7	\$7.3	-	-	-	\$11.0
NEW - Founders Hall Renovation - Phase 2	\$5.6	\$6.7	\$5.2	\$0.4	-	\$18.0
WMC - Outpatient Care Powell	\$0.8	\$5.5	\$7.8	\$7.1	\$1.0	\$22.2
New Projects Beginning in FY23	\$261.5	\$119.1	\$68.9	\$36.2	\$3.4	\$489.1

FY 2023 FINANCIAL PLAN

Capital Plan Funding Sources

Capital projects are funded with a variety of sources, including state capital appropriations, fundraising, debt proceeds, current year operating margins and existing cash from units and central university. As discussed previously, operating margins can be highly restrictive, and only certain funds are available for capital uses. As projects are completed, restricted dollars such as state capital appropriations and private capital gifts typically are used first, followed by existing cash, depending on the project or funding plan. State capital appropriations are anticipated to be \$73.7 million in FY 2023. Each project requiring debt must have a specific funding plan completed and approved before inclusion in the capital plan. For the FY 2023-2028 Capital Investment Plan, the following represents the sources identified to fund the new projects.

Unit Type (\$ millions)	Local	State	Fundraising	Grant	Partnership Funding	University Debt	Grand Total	% By Unit
Academic Support	\$63.2	\$42.5	\$21.2	\$14.9	-	\$23.7	\$165.6	33.9%
Athletics	\$11.9	-	-	-	-	\$2.0	\$13.9	2.8%
Infrastructure	\$18.7	\$24.4	-	\$9.9	-	\$4.0	\$56.9	11.6%
Regional Campuses	\$2.9	\$6.8	\$13.8	\$1.9	\$4.7	\$0.4	\$30.5	6.2%
Student Life	\$23.6	-	-	-	-	-	\$23.6	4.8%
Wexner Medical Center	\$198.6	-	-	-	-	-	\$198.6	40.6%
Grand Total	\$318.8	\$73.7	\$35.0	\$26.7	\$4.7	\$30.2	\$489.1	100.0%
% by Fund Source	65.2%	15.1%	7.2%	5.5%	1.0%	6.2%	100.0%	

FY 2023 FINANCIAL PLAN

Chapter 9 | Economic Impact of Ohio State

The university’s economic impact on the state of Ohio provides important context to understand the FY 2023 Financial Plan. To quantify Ohio State’s current economic impact in Ohio, the university partnered with a third party in 2019 to undertake a comprehensive analysis of the economic benefits that arise from university operations. The firm used a model to calculate the economic benefits traced to the direct and indirect effects of Ohio State’s operational spending. The model accounts for the ripple effects of spending by employees, students and visitors on retail purchases, restaurant meals, hotel occupancy, events and other goods and services that filter through the economy and support jobs. This analysis is currently being updated; figures below are from the most recent 2019 study.

The 2019 analysis showed that The Ohio State University generates \$15.2 billion annually in economic impact for the state of Ohio – which equates to more than \$1.735 million in economic impact every hour.

Ohio State’s research enterprise, medical complex, construction projects, athletics events and status as Ohio’s fourth-largest employer combined in FY 2018 to support more than 123,000 jobs across Ohio. One in every 57 jobs in the state is directly or indirectly supported or sustained by the university.

The total economic impact is attributed to Ohio State’s six campuses, academic medical complexes, and the Department of Athletics. The analysis estimated that the Columbus campus alone generated \$7 billion in economic benefits, supporting 67,244 jobs and stimulating \$348.8 million in state and local tax revenue. The Wexner Medical Center generated \$7.3 billion, almost half of which represents direct spending, and directly supported nearly 22,000 full- and part-time jobs.

In addition to operations-related impact, Ohio State has the potential to create an estimated \$184 million of additional earning power annually for new graduates. It generates at least \$364 million each year in faculty, staff, and student charitable donations and volunteer services, according to the analysis.



The Ohio State University is made up of the Columbus campus, four regional campuses in Lima, Mansfield, Marion, Newark, and the Wooster Campus, which includes the Agricultural Technical Institute (ATI) and the Ohio Agricultural Research and Development Center (OARDC). The university also has a presence in all 88 Ohio counties in the form of OSU Extension offices and numerous farms and research facilities throughout the state. As of Autumn 2018, there were 1,247 buildings across all campuses on 16,196 acres. All these facilities are included in the FY 2023 Financial Plan.

FY 2023 FINANCIAL PLAN

Appendix A | Student Fees

Columbus Undergraduate Fees

Undergraduate Cohort	Instructional Fees	General Fees		Student Union Fee	Rec Fee	COTA Fee	Distance Education	Resident Total
		General	Student Activity					
ON CAMPUS								
Continuing, enrolled prior to August 2015	\$4,675.50	\$195.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$5,118.90
Continuing, enrolled between August 2015 and July 2017	\$4,675.50	\$195.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$5,118.90
Cohort 2017-2018	\$4,858.80	\$186.00	\$40.00	\$74.40	\$123.00	\$13.50	\$0.00	\$5,295.70
Cohort 2018-2019	\$4,926.00	\$186.00	\$40.00	\$74.40	\$123.00	\$13.50	\$0.00	\$5,362.90
Cohort 2019-2020	\$5,098.50	\$192.50	\$40.00	\$74.40	\$123.00	\$13.50	\$0.00	\$5,541.90
Cohort 2020-2021	\$5,307.50	\$200.50	\$40.00	\$74.40	\$123.00	\$13.50	\$0.00	\$5,758.90
Cohort 2021-2022	\$5,509.00	\$208.00	\$40.00	\$74.40	\$123.00	\$13.50	\$0.00	\$5,967.90
Cohort 2022-2023	\$5,762.50	\$229.00	\$40.00	\$74.40	\$123.00	\$13.50	\$0.00	\$6,242.40
DISTANCE LEARNING								
Continuing, enrolled prior to August 2015	\$4,675.50	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$4,970.50
Continuing, enrolled between August 2015 and July 2017	\$4,675.50	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$4,970.50
Cohort 2017-2018	\$4,858.80	\$186.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$5,144.80
Cohort 2018-2019	\$4,926.00	\$186.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$5,212.00
Cohort 2019-2020	\$5,098.50	\$192.50	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$5,391.00
Cohort 2020-2021	\$5,307.50	\$200.50	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$5,608.00
Cohort 2021-2022	\$5,509.00	\$208.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$5,817.00
Cohort 2022-2022	\$5,762.50	\$229.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$6,091.50

		Non-Resident	Non-Resident		
	Resident Total	Surcharge	(Domestic) Total	Int'l Surcharge	Non-Resident (Int'l) Total
ON CAMPUS					
Continuing, enrolled prior to August 2015	\$5,118.90	\$12,118.50	\$17,237.40	\$498.00	\$17,735.40
Continuing, enrolled between August 2015 and July 2017	\$5,118.90	\$12,118.50	\$17,237.40	\$966.00	\$18,203.40
Cohort 2017-2018	\$5,295.70	\$12,118.50	\$17,414.20	\$1,464.00	\$18,878.20
Cohort 2018-2019	\$5,362.90	\$12,118.50	\$17,481.40	\$1,464.00	\$18,945.40
Cohort 2019-2020	\$5,541.90	\$12,118.50	\$17,660.40	\$1,464.00	\$19,124.40
Cohort 2020-2021	\$5,758.90	\$12,118.50	\$17,877.40	\$1,464.00	\$19,341.40
Cohort 2021-2022	\$5,967.90	\$12,118.50	\$18,086.40	\$1,464.00	\$19,550.40
Cohort 2022-2023	\$6,242.40	\$12,118.50	\$18,360.90	\$1,464.00	\$19,824.90
DISTANCE LEARNING					
Continuing, enrolled prior to August 2015	\$4,970.50	\$12,118.50	\$17,089.00	\$498.00	\$17,587.00
Continuing, enrolled between August 2015 and July 2017	\$4,970.50	\$12,118.50	\$17,089.00	\$966.00	\$18,055.00
Cohort 2017-2018	\$5,144.80	\$12,118.50	\$17,263.30	\$1,464.00	\$18,727.30
Cohort 2018-2019	\$5,212.00	\$12,118.50	\$17,330.50	\$1,464.00	\$18,794.50
Cohort 2019-2020	\$5,391.00	\$12,118.50	\$17,509.50	\$1,464.00	\$18,973.50
Cohort 2020-2021	\$5,608.00	\$12,118.50	\$17,726.50	\$1,464.00	\$19,190.50
Cohort 2021-2022	\$5,817.00	\$12,118.50	\$17,935.50	\$1,464.00	\$19,399.50
Cohort 2022-2022	\$6,091.50	\$12,118.50	\$18,210.00	\$1,464.00	\$19,674.00

- Notes:
- Fees presented above are for undergraduate students with credit hour loads of 12 to 18 per term. For less than 12 credit hours, fees are prorated by the credit hour except for the Student Activity Fee and COTA Fee, which are flat rates regardless of credit hours, and the Recreation Fee, which is a flat rate fee for four credit hours or more.
 - The Tuition Guarantee, which started in autumn 2017, applies to instructional, general, student activity, student union, recreational, and COTA fees for incoming freshmen. The Tuition Guarantee does not apply to the non-resident surcharge or the international surcharge. See Program / Special and Technology fees for additional fees charged by certain programs.

FY 2023 FINANCIAL PLAN

- For each half-credit hour of enrollment over 18 credit hours per term, students are assessed an additional half-credit hour instructional, general, and non-resident surcharge.
- For students taking all distance learning courses over an entire semester and not pursuing an online degree/certificate program, in lieu of all on-site fees, there is a distance learning fee of \$100.

Regional Campus and ATI Undergraduate Fees

Undergraduate Cohort	Instructional Fees	General Fees	Resident Total	Non-Resident Surcharge	Non-Resident (Domestic) Total
AGRICULTURAL TECHNICAL INSTITUTE					
Continuing, enrolled prior to August 2017	\$3,507.00	\$116.50	\$3,623.50	\$12,118.50	\$15,742.00
Cohort 2017-2018	\$3,644.40	\$114.00	\$3,758.40	\$12,118.50	\$15,876.90
Cohort 2018-2019	\$3,690.00	\$114.00	\$3,804.00	\$12,118.50	\$15,922.50
Cohort 2019-2020	\$3,819.00	\$118.00	\$3,937.00	\$12,118.50	\$16,055.50
Cohort 2020-2021	\$3,975.50	\$123.00	\$4,098.50	\$12,118.50	\$16,217.00
Cohort 2021-2022	\$4,126.50	\$127.50	\$4,254.00	\$12,118.50	\$16,372.50
Cohort 2022-2023	\$4,316.50	\$133.50	\$4,450.00	\$12,118.50	\$16,568.50
LIMA, MANSFIELD, MARION, NEWARK - UNDERGRADUATE					
Continuing, enrolled prior to August 2017	\$3,525.00	\$116.50	\$3,641.50	\$12,118.50	\$15,760.00
Cohort 2017-2018	\$3,662.40	\$114.00	\$3,776.40	\$12,118.50	\$15,894.90
Cohort 2018-2019	\$3,708.00	\$114.00	\$3,822.00	\$12,118.50	\$15,940.50
Cohort 2019-2020	\$3,838.00	\$118.00	\$3,956.00	\$12,118.50	\$16,074.50
Cohort 2020-2021	\$3,995.50	\$123.00	\$4,118.50	\$12,118.50	\$16,237.00
Cohort 2021-2022	\$4,147.50	\$127.50	\$4,275.00	\$12,118.50	\$16,393.50
Cohort 2022-2023	\$4,338.50	\$133.50	\$4,472.00	\$12,118.50	\$16,590.50

Undergraduate Program / Special and Technology Fees

Full Time Rates - 12+ Credit Hours; prorated by credit hour

Program	Program / Special Fee	Technology Fee		
Animal Sciences	\$78.00			
Art	\$114.00			
Arts			\$162.00	
Business	\$649.20		\$186.00	
MPS in CIS			\$108.00	
Communications			\$49.20	
Education and Human Ecology			\$90.00	
Engineering	\$2,000.00	(3)		
Engineering (all except Engineering Physics)	\$589.20	(4)	\$240.00	(1)
Engineering Physics	\$349.20		\$108.00	
Environmental and Natural Resources	\$49.20			
Food, Agricultural and Environmental Sciences	\$49.20		\$49.20	(2)
Health and Rehabilitation Services	\$199.20			
Music	\$348.00		\$162.00	
Nursing	\$624.00		\$199.20	
Psychology	\$104.40			

(1) Beginning in FY 2015, specific Agriculture majors and plans only

(2) ATI students in FAES also pay this fee.

(3) Beginning in Autumn 2022, new first year students

(4) Students enrolled prior to Autumn 2022

FY 2023 FINANCIAL PLAN

Graduate and Professional Fees

Program	General Fees									Resident Total	Non-Resident Surcharge	Non-Resident Total
	Instructional Fees	General	Student Activity	Student Union Fee	Rec Fee	COTA Fee	Distance Education Fee	College- Specific Fees				
Masters & PhD - Columbus	\$6,046.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$6,498.40	\$13,300.50	\$19,798.90	
Masters & PhD - Regional	\$6,012.50	\$125.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,138.00	\$13,300.50	\$19,438.50	
Master of Accounting	\$15,728.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$261.00 (1)	\$16,441.40	\$13,300.50	\$29,741.90	
Master of Business Administration	\$14,876.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$261.00 (1)	\$15,589.40	\$13,300.50	\$28,889.90	
Master of Business Logistics Engineering	\$13,612.00	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$261.00 (1)	\$14,285.40	\$11,816.20	\$26,101.60	
Master of Business Administration - Working Professional	\$12,592.00	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$261.00 (1)	\$13,265.40	\$11,816.20	\$25,081.60	
Master of Business Administration - Working Professional Online	\$12,592.00	\$164.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$12,856.00	\$227.23	\$13,083.23	
Master of Human Resource Management	\$8,505.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$261.00 (1)	\$9,218.40	\$12,227.00	\$21,445.40	
Master of Business Administration - Executive	\$28,071.60	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$261.00 (1)	\$28,745.00	\$5.00	\$28,750.00	
Master of Business Operational Excellence	\$17,521.60	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$261.00 (1)	\$18,195.00	\$5.00	\$18,200.00	
Specialized Masters in Business - Analytics	\$13,666.00	\$204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$13,970.00	\$200.00	\$14,170.00	
Specialized Masters in Business - Finance	\$27,632.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$261.00 (1)	\$28,345.40	\$5.00	\$28,350.40	
Graduate Business Leadership Certificate	\$12,500.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$261.00 (1)	\$13,213.40	\$5.00	\$13,218.40	
Graduate Minor in Business for Health Sciences	\$11,644.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$12,096.40	\$5.00	\$12,101.40	
Master of Supply Chain Management	\$13,383.00	\$204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$13,687.00	\$200.00	\$13,887.00	
Micro-Certification in FinTech Fundamentals	\$7,560.00	\$204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$7,864.00	\$200.00	\$8,064.00	
Certificate in Business Strategy for IT Leaders	\$11,176.00	\$204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$11,480.00	\$200.00	\$11,680.00	
Dentistry - Rank 1	\$21,036.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$2,422.00 (2)	\$23,910.40	\$23,626.00	\$47,536.40	
Dentistry - Ranks 2, 3, 4	\$17,696.00	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$1,786.00 (2)	\$19,894.40	\$20,951.00	\$40,845.40	
Master of Global Engineering Leadership - Distance Learning	\$8,560.00	\$204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$8,864.00	\$200.00	\$9,064.00	
Master of Engineering Management - Distance Learning	\$8,560.00	\$204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$8,864.00	\$200.00	\$9,064.00	
Professional Master of Structural Engineering	\$8,560.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$9,012.40	\$13,300.50	\$22,312.90	
Master of Translational Data Analytics	\$9,530.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$9,982.40	\$13,300.50	\$23,282.90	
Law - Doctor of Jurisprudence	\$16,228.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$16,680.40	\$7,626.00	\$24,306.40	
Law - Master in the Study of Law - Part time	\$7,463.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$7,915.40	\$7,626.00	\$15,541.40	
Law - Master in the Study of Law - Full time	\$14,352.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$14,804.40	\$7,626.00	\$22,430.40	
Medicine - Rank 1	\$15,062.00	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$66.00 (1)	\$15,540.40	\$12,460.00	\$28,000.40	
Medicine - Rank 2	\$15,062.00	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$66.00 (1)	\$15,540.40	\$12,460.00	\$28,000.40	
Medicine - Rank 3	\$15,118.00	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$66.00 (1)	\$15,596.40	\$3,333.00	\$18,929.40	
Medicine - Rank 4	\$14,967.00	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$66.00 (1)	\$15,445.40	\$3,333.00	\$18,778.40	
Master in Genetic Counseling	\$9,568.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$10,020.40	\$7,120.50	\$17,140.90	
Doctor of Occupational Therapy	\$6,556.00	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$6,968.40	\$10,737.90	\$17,706.30	
Master/Doctor of Physical Therapy	\$6,520.00	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$6,932.40	\$11,253.50	\$18,185.90	
Master of Dietetics and Nutrition	\$6,196.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$6,648.40	\$13,300.50	\$19,948.90	
Master of Health Administration	\$8,400.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$8,852.40	\$12,976.00	\$21,828.40	
Master of Public Health	\$6,196.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$6,648.40	\$13,300.50	\$19,948.90	
Public Health Program for Experienced Professionals	\$6,196.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$6,648.40	\$13,300.50	\$19,948.90	
Pharmacy - Rank 1	\$12,904.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$13,356.40	\$14,005.60	\$27,362.00	
Pharmacy - Rank 2, 3, 4	\$12,904.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$13,356.40	\$5.00	\$13,361.40	
Optometry - Rank 1	\$13,737.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$626.00 (2)	\$14,815.40	\$10,528.00	\$25,343.40	
Optometry - Rank 2	\$13,737.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$626.00 (2)	\$14,815.40	\$5.00	\$14,820.40	
Optometry - Ranks 3 and 4	\$12,195.00	\$164.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$560.00 (2)	\$13,167.40	\$5.00	\$13,172.40	
Doctor of Audiology	\$6,068.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$6,520.40	\$13,300.50	\$19,820.90	
Master of Speech-Language Pathology	\$6,068.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$6,520.40	\$13,300.50	\$19,820.90	
Master of Social Work	\$6,116.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$0.00	\$6,568.40	\$13,300.50	\$19,868.90	
Veterinary Medicine - Rank 1	\$16,733.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$277.50 (2)	\$17,462.90	\$20,462.00	\$37,924.90	
Veterinary Medicine - Rank 2	\$16,733.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$202.50 (2)	\$17,387.90	\$5.00	\$17,392.90	
Veterinary Medicine - Rank 3	\$16,733.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$277.50 (2)	\$17,462.90	\$5.00	\$17,467.90	
Veterinary Medicine - Rank 4	\$16,733.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$352.50 (2)	\$17,537.90	\$5.00	\$17,542.90	
Master of Science in Nursing	\$7,780.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$1,449.40 (3)	\$9,681.80	\$13,300.50	\$22,982.30	
Doctor of Nursing Practice - On Campus	\$7,780.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$1,449.40 (3)	\$9,681.80	\$13,300.50	\$22,982.30	
Doctor of Nursing Practice - Distance Learning	\$7,780.00	\$204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$1,439.60 (4)	\$9,523.60	\$200.00	\$9,723.60	
Master of Ag and Extension Education - On Campus	\$7,172.00	\$204.00	\$37.50	\$74.40	\$123.00	\$13.50	\$0.00	\$49.20 (1)	\$7,673.60	\$5.00	\$7,678.60	
Master of Ag and Extension Education - Distance Learning	\$7,172.00	\$204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$7,476.00	\$200.00	\$7,676.00	

Notes:

Fees presented above are for credit hour loads of 8 credit hours per term and above. For loads of less than 8 credit hours, fees are prorated by the credit hour except for the Student Activity Fee and COTA Fee, which are flat rates regardless of credit hours, and the Rec Fee, which is a flat fee for 4 credit hours or more. See Program and Technology fees for additional fees charged by certain programs. For students pursuing an online degree/certificate program, in lieu of all on-site fees there is a distance learning fee of \$100, and the non-resident surcharge is reduced to \$200, unless otherwise noted. (1) Technology Fee (2) Equipment Fee (3) Technology and Program Fee (4) College-Specific Distance Education Fee (5) Association Fee

FY 2023 FINANCIAL PLAN

Online Fees

	General Fees			Program Specific Fees			Non-Resident Surcharge	Non-Resident Total
	Instructional Fees	General	Distance Education Fee	Program	Other	Resident Total		
Undergraduate								
Associate of Arts in Early Childhood Development and Education	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Certificate in Essential Skills for Travel and Business in Russia	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Bachelor of Science, Dental Hygiene	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Healthcare Environmental and Hospitality Services	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
AS to Bachelor of Science in Radiological Sciences	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Assistive and Rehabilitative Technology Certificate	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Bachelor of Science in Health Sciences	\$5,762.50	\$229.00	\$100.00	\$200.00	\$0.00	\$6,291.50	\$200.00	\$6,491.50
Nursing in School Health Services Certificate	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Primary Care Academic Certificate	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Registered Nurses in Primary Care Certificate	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
RN to Bachelor of Science in Nursing	\$5,762.50	\$229.00	\$100.00	\$624.00	\$190.00	\$6,905.50	\$200.00	\$7,105.50
School Nurse Professional Pupil Services Licensure Certificate	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Diversity, Equity and Inclusion Certificate	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Usability and User Experience in Health Care Certificate	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Bachelor of Science in Health and Wellness Innovation	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Medical Coding and Healthcare Data Analytics for Practice Certificate	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Bachelor of Science Degree Completion MLT to MLS	\$5,762.50	\$229.00	\$100.00	\$0.00	\$0.00	\$6,091.50	\$200.00	\$6,291.50
Graduate								
Master of Arts in Art Education	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master of Dental Hygiene	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Core Practices in World Language Education	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master of Science in Learning Technologies	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master of Engineering Management	\$8,560.00	\$204.00	\$100.00	\$0.00	\$0.00	\$8,864.00	\$200.00	\$9,064.00
Master of Global Engineering Leadership	\$8,560.00	\$204.00	\$100.00	\$0.00	\$0.00	\$8,864.00	\$200.00	\$9,064.00
Master of Science in Welding Engineering	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master in Plant Health Management	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master of Science in Agricultural Communication, Education, and Leadership	\$7,172.00	\$204.00	\$100.00	\$0.00	\$0.00	\$7,476.00	\$200.00	\$7,676.00
Specialized Master in Business Analytics	\$13,666.00	\$204.00	\$100.00	\$0.00	\$0.00	\$13,970.00	\$200.00	\$14,170.00
Working Professional MBA	\$12,592.00	\$164.00	\$100.00	\$0.00	\$0.00	\$12,856.00	\$200.00	\$13,056.00
Master of Supply Chain Management	\$13,383.00	\$204.00	\$100.00	\$0.00	\$0.00	\$13,687.00	\$200.00	\$13,887.00
Micro-Certification in FinTech Fundamentals	\$7,560.00	\$204.00	\$100.00	\$0.00	\$0.00	\$7,864.00	\$200.00	\$8,064.00
Graduate Certificate in Business Strategy for IT Leaders	\$11,176.00	\$204.00	\$100.00	\$0.00	\$0.00	\$11,480.00	\$200.00	\$11,680.00
Assistive and Rehabilitative Technology Graduate Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Biomedical Informatics Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master of Arts in Bioethics	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master of Science in Translational Pharmacology	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Doctor of Nursing Practice	\$7,780.00	\$204.00	\$100.00	\$1,249.00	\$190.00	\$9,523.00	\$200.00	\$9,723.00
Health and Wellness Coaching Graduate Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Healthcare Leadership and Innovation Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master of Clinical Research	\$6,046.00	\$204.00	\$100.00	\$1,249.00	\$190.00	\$7,789.00	\$200.00	\$7,989.00
Master of Healthcare Innovation	\$6,046.00	\$204.00	\$100.00	\$1,249.00	\$190.00	\$7,789.00	\$200.00	\$7,989.00
Master of Science, Nursing	\$7,780.00	\$204.00	\$100.00	\$1,249.00	\$190.00	\$9,523.00	\$200.00	\$9,723.00
Nurse Coaching Graduate Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Nurse Educator Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
School Nurse Wellness Coordinator Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master of Science in Health-System Pharmacy	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Criminal Justice Administration Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master of Public Administration and Leadership	\$6,046.00	\$204.00	\$100.00	\$0.00	\$180.00	\$6,530.00	\$200.00	\$6,730.00
Public Management Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master of Social Work	\$6,116.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,420.00	\$200.00	\$6,620.00
Master of Social Work ASAP	\$6,116.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,420.00	\$200.00	\$6,620.00
Advanced Chemistry Knowledge for Educators Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Environmental Assessment Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Master of Translational Data Analytics	\$9,530.00	\$204.00	\$100.00	\$0.00	\$0.00	\$9,834.00	\$200.00	\$10,034.00
Master of Public Health - Program for Experienced Professionals	\$6,196.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,500.00	\$200.00	\$6,700.00
Cybersecurity Studies: Design and Implementation Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Cybersecurity Studies: Offense and Defense Techniques Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Certificate in Federal Policy and Management	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Usability and User Experience in Health Care Certificate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Medical Coding and Healthcare Data Analytics for Practice Graduate	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Doctor of Nursing Education	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00
Teaching English Language Learners (PreK-12)	\$6,046.00	\$204.00	\$100.00	\$0.00	\$0.00	\$6,350.00	\$200.00	\$6,550.00

FY 2023 FINANCIAL PLAN

Graduate Program / Special and Technology Fees

Full Time Rates - 8+ Credit Hours; prorated by credit hour for loads less than 8

Program	Program / Special Fee		Technology Fee	
Arts			\$162.00	
Business			\$261.00	
Education and Human Ecology	\$832.00	(1)	\$189.00	
Engineering			\$255.00	
Food, Agricultural and Environmental Sciences			\$49.20	(2)
Medicine			\$66.00	
Nursing, enrolled Fall 2013 and later	\$1,249.60		\$199.80	
Nursing, enrolled prior to Fall 2013	\$1,000.00		\$199.80	
Public Policy			\$180.00	

(1) Beginning in autumn 2019, master-level students enrolled in the Master of Science in Human Development and Family Science, Specialization in Couple and Family Therapy program.

(2) ATI students in FAES also pay this fee.

FY 2023 FINANCIAL PLAN

Housing Rates

Columbus Campus Housing Rates	Cohort 2021- Cohort 2022- 2022 and All 2023 and All Non-Tuition Non-Tuition		\$	Change	% Change
	Guarantee Students	Guarantee Students			
Rates by Term					
<i>Autumn and Spring Term Rates</i>					
Rate I	\$9,096	\$9,514		\$418	4.6%
Rate II	\$7,578	\$7,926		\$348	4.6%
Rate IIA	\$7,334	\$7,672		\$338	4.6%
Rate III	\$7,082	\$7,408		\$326	4.6%
<i>Summer Term Rates</i>					
4-Week Session - Rate II	\$947	\$991		\$44	4.6%
6-Week Session - Rate II	\$1,421	\$1,486		\$65	4.6%
8-Week Session - Rate II	\$1,894	\$1,981		\$87	4.6%
4-Week Session - Rate IIA	\$917	\$959		\$42	4.6%
6-Week Session - Rate IIA	\$1,375	\$1,438		\$63	4.6%
8-Week Session - Rate IIA	\$1,834	\$1,918		\$84	4.6%
Summer Term - Rate II	\$2,842	\$2,973		\$131	4.6%
Summer Term - Rate IIA	\$2,750	\$2,877		\$127	4.6%
<i>Special Programs</i>					
Stadium Scholars Program	\$6,004	\$6,280		\$276	4.6%
Alumnae Scholarship Houses - single or double w/bath	\$6,886	\$7,203		\$317	4.6%
Alumnae Scholarship Houses - double or triple	\$6,736	\$7,046		\$310	4.6%
German House - 1-person room	\$6,986	\$7,307		\$321	4.6%
German House - 2-person room	\$6,502	\$6,801		\$299	4.6%
Rates by Month					
237 E 17th - mini-single	\$480	\$502		\$22	4.6%
237 E 17th - single	\$664	\$695		\$31	4.6%
237 E 17th - supersingle	\$803	\$840		\$37	4.6%
237 E 17th - double	\$438	\$458		\$20	4.6%
Buckeye Village - 1 bedroom	\$569	Discontinued			
Buckeye Village - 2 bedroom	\$718	Discontinued			
Gateway - studio	\$996	\$1,042		\$46	4.6%
Gateway - 1 bedroom apartment	\$1,068	\$1,117		\$49	4.6%
Gateway - 2 bedroom apartment	\$1,040	\$1,088		\$48	4.6%
Gateway - 3 bedroom apartment	\$905	\$947		\$42	4.6%
Neil - efficiency	\$905	\$947		\$42	4.6%
Neil - 4 bedroom	\$897	\$938		\$41	4.6%
Penn Place - 1 person room	\$856	\$895		\$39	4.6%
Penn Place - 2 person room	\$491	\$514		\$23	4.6%

FY 2023 FINANCIAL PLAN

Regional Campus and ATI Housing Rates, By Term	Cohort 2021- 2022 and All Non-Tuition Guarantee	Cohort 2022- 2023 and All Non-Tuition Guarantee		
	Students	Students	\$ Change	% Change
ATI				
1-bedroom for 2 (per person)	\$7,542	\$7,888	\$346	4.6%
2-bedroom for 2 (per person)	N/A	\$9,378	N/A	N/A
2-bedroom for 4 (per person)	\$7,542	\$7,888	\$346	4.6%
2-bedroom for 5 (per person - double)	\$7,542	\$7,888	\$346	4.6%
2-bedroom for 5 (per person - triple)	\$6,504	\$6,802	\$298	4.6%
3-bedroom for 5 (per person - single)	\$7,944	\$8,308	\$364	4.6%
3-bedroom for 5 (per person - double)	\$7,542	\$7,888	\$346	4.6%
Private apartment	\$8,966	\$9,378	\$412	4.6%
NEWARK				
1-person efficiency	\$8,446	\$8,834	\$388	4.6%
2-person efficiency (per person)	\$8,156	\$8,530	\$374	4.6%
2-bedroom for 4 (per person)	\$8,200	\$8,576	\$376	4.6%
3-bedroom for 6 (per person)	\$7,728	\$8,082	\$354	4.6%
McConnell Hall	\$8,446	\$8,834	\$388	4.6%
MANSFIELD				
2-bedroom for 2 (per person)	\$8,618	\$9,014	\$396	4.6%
2-bedroom for 4 (per person)	\$6,896	\$7,212	\$316	4.6%
5-bedroom for 5 (per person)	\$7,232	\$7,564	\$332	4.6%
5-bedroom for 6 - single (per person)	\$6,896	\$7,212	\$316	4.6%
5-bedroom for 6 - double (per person)	\$6,216	\$6,502	\$286	4.6%

Dining Rates

Meal Plan Rates	Cohort 2021- 2022 and All Non-Tuition Guarantee	Cohort 2022- 2023 and All Non-Tuition Guarantee		
	Students	Students	\$	Change % Change
Autumn and Spring Terms				
Scarlet Access 14	\$5,068	\$5,302	\$234	4.6%
Declining Balance	\$4,522	\$4,730	\$208	4.6%
Gray Access 10	\$4,256	\$4,452	\$196	4.6%
Traditions (formerly "Unlimited") Access	\$4,152	\$4,342	\$190	4.6%
Optional add-in for Traditions (5 weekly to-go options*)	N/A	\$295	N/A	N/A
McConnell (Newark)	\$2,962	\$3,098	\$136	4.6%
Summer Term				
Carmen 1 (\$582 / \$596 Dining Dollars)	\$918	\$960	\$42	4.6%
Carmen 2 (\$1,138 / \$1,166 Dining Dollars)	\$1,794	\$1,877	\$83	4.6%

FY 2023 FINANCIAL PLAN

Appendix B | Typical Annual Undergraduate Fees

Columbus Campus by Cohort – Autumn and Spring Terms

Resident	Continuing, enrolled between August 2015 and July						
	2017	Cohort 2017- 2018	Cohort 2018- 2019	Cohort 2019- 2020	Cohort 2020- 2021	Cohort 2021- 2022	Cohort 2022- 2023
Instructional Fees	\$ 9,351	\$ 9,718	\$ 9,852	\$ 10,197	\$ 10,615	\$ 11,018	\$ 11,525
General Fees	\$ 390	\$ 372	\$ 372	\$ 385	\$ 401	\$ 416	\$ 458
Student Activity Fee	\$ 75	\$ 80	\$ 80	\$ 80	\$ 80	\$ 80	\$ 80
Student Union Fee	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149
Rec Fee	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246
COTA Fee	\$ 27	\$ 27	\$ 27	\$ 27	\$ 27	\$ 27	\$ 27
Total Tuition and Fees	\$ 10,238	\$ 10,591	\$ 10,726	\$ 11,084	\$ 11,518	\$ 11,936	\$ 12,485
Housing (Rate I)	\$ 7,876	\$ 8,348	\$ 8,472	\$ 8,658	\$ 8,874	\$ 9,096	\$ 9,514
Dining (Gray 10)	\$ 3,790	\$ 3,904	\$ 3,962	\$ 4,050	\$ 4,152	\$ 4,256	\$ 4,452
Total	\$ 21,904	\$ 22,843	\$ 23,160	\$ 23,792	\$ 24,544	\$ 25,288	\$ 26,451

Non-Resident Domestic	Continuing, enrolled between August 2015 and July						
	2017	Cohort 2017- 2018	Cohort 2018- 2019	Cohort 2019- 2020	Cohort 2020- 2021	Cohort 2021- 2022	Cohort 2022- 2023
Instructional Fees	\$ 9,351	\$ 9,718	\$ 9,852	\$ 10,197	\$ 10,615	\$ 11,018	\$ 11,525
General Fees	\$ 390	\$ 372	\$ 372	\$ 385	\$ 401	\$ 416	\$ 458
Student Activity Fee	\$ 75	\$ 80	\$ 80	\$ 80	\$ 80	\$ 80	\$ 80
Student Union Fee	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149
Rec Fee	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246
COTA Fee	\$ 27	\$ 27	\$ 27	\$ 27	\$ 27	\$ 27	\$ 27
Non-Resident Surcharge	\$ 24,237	\$ 24,237	\$ 24,237	\$ 24,237	\$ 24,237	\$ 24,237	\$ 24,237
Total Tuition and Fees	\$ 34,475	\$ 34,828	\$ 34,963	\$ 35,321	\$ 35,755	\$ 36,173	\$ 36,722
Housing (Rate I)	\$ 7,876	\$ 8,348	\$ 8,472	\$ 8,658	\$ 8,874	\$ 9,096	\$ 9,514
Dining (Gray 10)	\$ 3,790	\$ 3,904	\$ 3,962	\$ 4,050	\$ 4,152	\$ 4,256	\$ 4,452
Total	\$ 46,141	\$ 47,080	\$ 47,397	\$ 48,029	\$ 48,781	\$ 49,525	\$ 50,688

Non-Resident International	Continuing, enrolled between August 2015 and July						
	2017	Cohort 2017- 2018	Cohort 2018- 2019	Cohort 2019- 2020	Cohort 2020- 2021	Cohort 2021- 2022	Cohort 2022- 2023
Instructional Fees	\$ 9,351	\$ 9,718	\$ 9,852	\$ 10,197	\$ 10,615	\$ 11,018	\$ 11,525
General Fees	\$ 390	\$ 372	\$ 372	\$ 385	\$ 401	\$ 416	\$ 458
Student Activity Fee	\$ 75	\$ 80	\$ 80	\$ 80	\$ 80	\$ 80	\$ 80
Student Union Fee	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149
Rec Fee	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246
COTA Fee	\$ 27	\$ 27	\$ 27	\$ 27	\$ 27	\$ 27	\$ 27
Non-Resident Surcharge	\$ 24,237	\$ 24,237	\$ 24,237	\$ 24,237	\$ 24,237	\$ 24,237	\$ 24,237
International Surcharge	\$ 1,932	\$ 2,928	\$ 2,928	\$ 2,928	\$ 2,928	\$ 2,928	\$ 2,928
Total Tuition and Fees	\$ 36,407	\$ 37,756	\$ 37,891	\$ 38,249	\$ 38,683	\$ 39,101	\$ 39,650
Housing (Rate I)	\$ 7,876	\$ 8,348	\$ 8,472	\$ 8,658	\$ 8,874	\$ 9,096	\$ 9,514
Dining (Gray 10)	\$ 3,790	\$ 3,904	\$ 3,962	\$ 4,050	\$ 4,152	\$ 4,256	\$ 4,452
Total	\$ 48,073	\$ 50,008	\$ 50,325	\$ 50,957	\$ 51,709	\$ 52,453	\$ 53,616

FY 2023 FINANCIAL PLAN

Appendix C | Tuition and SSI History (Columbus Campus)

Fiscal Year	Undergraduate		Undergraduate		Columbus	
	Resident Total	% Change	Non-Resident (Domestic) Total	% Change	SSI (000's)	% Change
1998	\$3,687	6.3%	\$10,896	5.4%	\$297,551	5.1%
1999	\$3,906	5.9%	\$11,475	5.3%	\$305,161	2.6%
2000	\$4,137	5.9%	\$12,087	5.3%	\$312,839	2.5%
2001	\$4,383	5.9%	\$12,732	5.3%	\$317,721	1.6%
2002	\$4,788	9.2%	\$13,554	6.5%	\$305,389	-3.9%
2003	\$5,691	18.9%	\$15,114	11.5%	\$300,064	-1.7%
2004	\$6,651	16.9%	\$16,638	10.1%	\$299,998	0.0%
2005	\$7,542	13.4%	\$18,129	9.0%	\$301,898	0.6%
2006	\$8,082	7.2%	\$19,305	6.5%	\$305,588	1.2%
2007	\$8,667	7.2%	\$20,562	6.5%	\$314,597	2.9%
2008	\$8,676	0.1%	\$21,285	3.5%	\$330,269	5.0%
2009	\$8,679	0.0%	\$21,918	3.0%	\$362,682	9.8%
2010	\$8,726	0.5%	\$22,298	1.7%	\$391,658	8.0%
2011	\$9,420	8.0%	\$23,604	5.9%	\$390,830	-0.2%
2012	\$9,735	3.3%	\$24,630	4.3%	\$329,548	-15.7%
2013	\$10,037	3.1%	\$25,445	3.3%	\$331,829	0.7%
2014	\$10,037	0.0%	\$25,757	1.2%	\$334,394	0.8%
2015	\$10,037	0.0%	\$26,537	3.0%	\$330,878	-1.1%
2016	\$10,037	0.0%	\$27,365	3.1%	\$341,582	3.2%
2017	\$10,037	0.0%	\$28,229	3.2%	\$362,654	6.2%
2018	\$10,591	5.5%	\$29,695	5.2%	\$360,816	-0.5%
2019	\$10,726	1.3%	\$30,742	3.5%	\$359,412	-0.4%
2020	\$11,084	3.3%	\$32,061	4.3%	\$353,396	-1.7%
2021	\$11,518	3.9%	\$33,502	4.5%	\$375,115	6.1%
2022	\$11,936	3.6%	\$35,019	4.5%	\$376,486	0.4%
2023 (Estimated)	\$12,485	4.6%	\$36,722	4.9%	\$376,486	0.0%

APPENDIX XCIV

The Ohio State University
Board of Trustees

May 19, 2022

BACKGROUND

Topic:

2022-2023 Academic Year Tuition & Mandatory Fees

Context:

The Board of Trustees sets rates for tuition and mandatory fees for each academic year. The adopted rates will be reflected in the Fiscal Year 2023 budget.

This summary first lays out the total cost of tuition and mandatory fees for each type of undergraduate student to reflect the university's focus on overall affordability. With the Ohio State Tuition Guarantee, the tuition and fee rates set for each incoming cohort of new first-year undergraduates are frozen for the entirety of a four-year education. State law requires the board to set rates for individual fees contained within these totals. Those line items are listed below.

UNDERGRADUATE TUITION & FEES - COLUMBUS										
DESCRIPTION	FY 2015	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	1-year change		5 YEAR CAGR
BASE (RESIDENT) TUITION AND MANDATORY FEES										
Continuing (pre-Guarantee)	\$10,037	\$10,037	\$10,037	\$10,037	\$10,037	\$10,037	\$10,238	\$201	2.0%	NA
Cohort 2019-20				\$11,084	\$11,084	\$11,084	\$11,084	\$0	0.0%	2.0%
Cohort 2020-21					\$11,518	\$11,518	\$11,518	\$0	0.0%	2.8%
Cohort 2021-22						\$11,936	\$11,936	\$0	0.0%	3.5%
Cohort 2022-23							\$12,485	\$549	4.6%	3.3%
U.S. NON-RESIDENT TUITION AND FEES										
Continuing (pre-Guarantee)	\$26,537	\$29,141	\$30,053	\$31,014	\$32,021	\$33,120	\$34,475	\$1,355	4.1%	NA
Cohort 2019-20				\$32,061	\$33,068	\$34,167	\$35,321	\$1,154	3.4%	3.9%
Cohort 2020-21					\$33,502	\$34,601	\$35,755	\$1,154	3.3%	4.1%
Cohort 2021-22						\$35,019	\$36,173	\$1,154	3.3%	4.4%
Cohort 2022-23							\$36,722	\$1,703	4.9%	4.3%
INTERNATIONAL TUITION AND FEES										
Continuing (pre-Guarantee)	\$30,161	\$31,073	\$31,985	\$32,946	\$33,953	\$35,052	\$36,407	\$1,355	3.9%	NA
Cohort 2019-20				\$34,989	\$35,996	\$37,095	\$38,249	\$1,154	3.1%	4.9%
Cohort 2020-21					\$36,430	\$37,529	\$38,683	\$1,154	3.1%	4.5%
Cohort 2021-22						\$37,947	\$39,101	\$1,154	3.0%	4.7%
Cohort 2022-23							\$39,650	\$1,703	4.5%	4.0%
UNDERGRADUATE TUITION & FEES - LIMA, MANSFIELD, MARION, AND NEWARK										
DESCRIPTION	FY 2015	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	1-year change		5 YEAR CAGR
BASE (RESIDENT) TUITION AND MANDATORY FEES										
Continuing (pre-Guarantee)	\$7,140	\$7,140	\$7,140	\$7,140	\$7,140	\$7,140	\$7,283	\$143	2.0%	NA
Cohort 2019-20				\$7,912	\$7,912	\$7,912	\$7,912	\$0	0.0%	2.1%
Cohort 2020-21					\$8,237	\$8,237	\$8,237	\$0	0.0%	2.9%
Cohort 2021-22						\$8,550	\$8,550	\$0	0.0%	3.7%
Cohort 2022-23							\$8,944	\$394	4.6%	3.4%
U.S. NON-RESIDENT TUITION AND FEES										
Continuing (pre-Guarantee)	\$23,640	\$26,244	\$27,156	\$28,117	\$29,124	\$30,223	\$31,520	\$1,297	4.3%	NA
Cohort 2019-20				\$28,889	\$29,896	\$30,995	\$32,149	\$1,154	3.7%	4.1%
Cohort 2020-21					\$30,221	\$31,320	\$32,474	\$1,154	3.7%	4.3%
Cohort 2021-22						\$31,633	\$32,787	\$1,154	3.6%	4.5%
Cohort 2022-23							\$33,181	\$1,548	4.9%	4.5%
INTERNATIONAL TUITION AND FEES										
Continuing (pre-Guarantee)	\$27,264	\$28,176	\$29,088	\$30,049	\$31,056	\$32,155	\$33,452	\$1,297	4.0%	NA
Cohort 2019-20				\$31,817	\$32,824	\$33,923	\$35,077	\$1,154	3.4%	5.2%
Cohort 2020-21					\$33,149	\$34,248	\$35,402	\$1,154	3.4%	4.7%
Cohort 2021-22						\$34,561	\$35,715	\$1,154	3.3%	4.9%
Cohort 2022-23							\$36,109	\$1,548	4.5%	4.1%

UNDERGRADUATE TUITION & FEES - ATI										
DESCRIPTION	FY 2015	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	1-year change		5 YEAR CAGR
BASE (RESIDENT) TUITION AND MANDATORY FEES										
Continuing (pre-Guarantee)	\$7,104	\$7,104	\$7,104	\$7,104	\$7,104	\$7,104	\$7,246	\$142	2.0%	NA
Cohort 2019-20				\$7,874	\$7,874	\$7,874	\$7,874	\$0	0.0%	2.1%
Cohort 2020-21					\$8,197	\$8,197	\$8,197	\$0	0.0%	2.9%
Cohort 2021-22						\$8,508	\$8,508	\$0	0.0%	3.7%
Cohort 2022-23							\$8,900	\$392	4.6%	3.4%
U.S. NON-RESIDENT TUITION AND FEES										
Continuing (pre-Guarantee)	\$23,604	\$26,208	\$27,120	\$28,081	\$29,088	\$30,187	\$31,483	\$1,296	4.3%	NA
Cohort 2019-20				\$28,851	\$29,858	\$30,957	\$32,111	\$1,154	3.7%	4.1%
Cohort 2020-21					\$30,181	\$31,280	\$32,434	\$1,154	3.7%	4.3%
Cohort 2021-22						\$31,591	\$32,745	\$1,154	3.7%	4.5%
Cohort 2022-23							\$33,137	\$1,546	4.9%	4.5%
INTERNATIONAL TUITION AND FEES										
Continuing (pre-Guarantee)	\$27,228	\$28,140	\$29,052	\$30,013	\$31,020	\$32,119	\$33,415	\$1,296	4.0%	NA
Cohort 2019-20				\$31,779	\$32,786	\$33,885	\$35,039	\$1,154	3.4%	5.3%
Cohort 2020-21					\$33,109	\$34,208	\$35,362	\$1,154	3.4%	4.7%
Cohort 2021-22						\$34,519	\$35,673	\$1,154	3.3%	4.9%
Cohort 2022-23							\$36,065	\$1,546	4.5%	4.1%

Undergraduate factors in these totals:

- New first-year students enrolled at all campuses in 2022-23 will be part of a new Ohio State Tuition Guarantee cohort. Tuition and mandatory fees for the 2022-23 cohort:
 - 4.6% increase in resident (base) tuition and mandatory fees
 - Housing and dining charges included in the guarantee are set out in the 2022-2023 Academic Year User Fees & Charges resolution
- Students in the Tuition Guarantee cohorts that began in Fiscal Years 2020, 2021 and 2022 will continue at the rates established for their cohorts and will therefore see no change (0%) in their tuition, mandatory fees, and room and board rates for Fiscal Year 2023
- Students in the Tuition Guarantee cohort that began in Autumn of 2018 (Fiscal Year 2019), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2020 as the Tuition Guarantee is for four years.
- Ohio resident undergraduate students, not included in the Ohio State Tuition Guarantee program, resident (base) tuition and mandatory fees will increase by 2.0%
- Non-resident surcharge: 5.0% increase
- International surcharge: 0% increase on new and existing students

Graduate (Master's and Ph.D.) program charges:

- 4.6% increase in resident (base) tuition and mandatory fees
- Non-resident surcharge: 2.5% increase, except as noted in the 2022-2023 Academic Year User Fees & Charges resolution

Requested of The Board of Trustees:

Approval of the attached resolution regarding 2022-2023 Academic Year Tuition & Mandatory Fees.

The Ohio State University Board of Trustees
May 19, 2022

Approval of 2022-2023 Academic Year Tuition & Mandatory Fees

- I. Background
 - II. Tuition and mandatory fees
 - a. Recommended undergraduate and graduate tuition and mandatory fees for Columbus.
 - b. Recommended undergraduate and graduate tuition and mandatory fees for regional campuses and ATI
 - c. Comparison to other selective admission Ohio universities
 - d. Benchmark comparisons
 - e. Online programs
 - III. Summary and Conclusions
-

I. Considerations in Setting Tuition and Fees

The university considers many factors in developing the proposed 2022-2023 Academic Year tuition and mandatory fee recommendations. These include:

- A. Our commitment to access, affordability, and excellence, including
 - Pathways for students to attend Ohio State (all campuses)
 - Controlling costs and providing financial aid to support students
 - Clarity and predictability for incoming Ohio resident students and their families through the Ohio State Tuition Guarantee, which sets base tuition and fees (as well as housing and dining rates) for four years
 - Investments in academic quality
- B. Financial factors we consider
 - State funding and regulatory requirements
 - i. State Share of Instruction
 - ii. Flexibility on resident tuition and fees for continuing students
 - iii. Tuition rates in Ohio State Tuition Guarantee for the 2022-23 cohort of new first-year students only
 - Peer comparisons/competition for students and faculty (See Section II-Part C for a comparison of tuition and mandatory fees among main campuses of Ohio universities.)
 - Inflationary pressures on the university's budget

II. Tuition

A. Recommended tuition and mandatory fees effective Autumn semester 2022 (Fiscal Year 2023) - Columbus

1. New First-Year Undergraduates:
- a. Ohio resident students: As members of the 2022-23 cohort of the Ohio State Tuition Guarantee, tuition and mandatory fees will be frozen for four years for Ohio residents, as will housing and dining rates. Tuition and mandatory fees will be \$12,485, a 4.6% increase compared with the 2021-22 tuition guarantee cohort.
 - b. Non-resident domestic students: Tuition and mandatory fees will be \$36,722, a 4.9% effective increase compared with new first-year students who entered in 2021-22. The total includes the 4.6% increase to the resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
 - c. International students: Tuition and mandatory fees will be \$39,650, a 4.5% effective increase compared with the 2021-22 tuition guarantee cohort. The total reflects the 4.6% increase to resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2022-23					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 11,018	\$ 11,525	\$ 507	4.6%	
General	\$ 416	\$ 458	\$ 42	10.1%	
Student Activity	\$ 80	\$ 80	\$ -	0.0%	
Student Union	\$ 149	\$ 149	\$ -	0.0%	
Recreation Fee	\$ 246	\$ 246	\$ -	0.0%	
COTA Fee	\$ 27	\$ 27	\$ -	0.0%	
Total Resident	\$ 11,936	\$ 12,485	\$ 549	4.6%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 35,019	\$ 36,722	\$ 1,703	4.9%	
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%	
Total Non-Resident International	\$ 37,947	\$ 39,650	\$ 1,703	4.5%	

2. Second-Year Undergraduates reflecting the Ohio State Tuition Guarantee (continuing 2021-22 Tuition Guarantee cohort and corresponding Tuition Guarantee-eligible transfer students)
- a. Ohio resident students: Tuition and mandatory fees will remain at \$11,936.
 - b. Non-resident domestic students: Tuition and mandatory fees will be \$36,173, a 3.3% effective increase. This total reflects resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
 - c. International students: Tuition and mandatory fees will be \$39,101, a 3.0% effective increase. This total reflects resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge, and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2021-22					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 11,018	\$ 11,018	\$ -	0.0%	
General	\$ 416	\$ 416	\$ -	0.0%	
Student Activity	\$ 80	\$ 80	\$ -	0.0%	
Student Union	\$ 149	\$ 149	\$ -	0.0%	
Recreation Fee	\$ 246	\$ 246	\$ -	0.0%	
COTA Fee	\$ 27	\$ 27	\$ -	0.0%	
Total Resident	\$ 11,936	\$ 11,936	\$ -	0.0%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 35,019	\$ 36,173	\$ 1,154	3.3%	
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%	
Total Non-Resident International	\$ 37,947	\$ 39,101	\$ 1,154	3.0%	

3. Third-Year Undergraduates reflecting the Ohio State Tuition Guarantee (continuing 2020-21 Tuition Guarantee cohort and corresponding Tuition Guarantee-eligible transfer students)
- a. Ohio resident students: Tuition and mandatory fees will remain at \$11,518.
 - b. Non-resident domestic students: Tuition and mandatory fees will be \$35,755, a 3.3% effective increase. This total reflects resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
 - c. International students: Tuition and mandatory fees will be \$38,683, a 3.1% effective increase. This total reflects resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2020-21					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 10,615	\$ 10,615	\$ -	0.0%	
General	\$ 401	\$ 401	\$ -	0.0%	
Student Activity	\$ 80	\$ 80	\$ -	0.0%	
Student Union	\$ 149	\$ 149	\$ -	0.0%	
Recreation Fee	\$ 246	\$ 246	\$ -	0.0%	
COTA Fee	\$ 27	\$ 27	\$ -	0.0%	
Total Resident	\$ 11,518	\$ 11,518	\$ -	0.0%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 34,601	\$ 35,755	\$ 1,154	3.3%	
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%	
Total Non-Resident International	\$ 37,529	\$ 38,683	\$ 1,154	3.1%	

4. Fourth-Year Undergraduates under the Ohio State Tuition Guarantee (continuing 2019-20 Tuition Guarantee cohort and corresponding Tuition Guarantee-eligible transfer students)
- Ohio resident students: Tuition and mandatory fees will remain at \$11,084.
 - Non-resident domestic students: Tuition and mandatory fees will be \$35,321, a 3.4% effective increase. This total reflects resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
 - International students: Tuition and mandatory fees will be \$38,249, a 3.1% effective increase. This total reflects resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2019-20					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 10,197	\$ 10,197	\$ -	0.0%	
General	\$ 385	\$ 385	\$ -	0.0%	
Student Activity	\$ 80	\$ 80	\$ -	0.0%	
Student Union	\$ 149	\$ 149	\$ -	0.0%	
Recreation Fee	\$ 246	\$ 246	\$ -	0.0%	
COTA Fee	\$ 27	\$ 27	\$ -	0.0%	
Total Resident	\$ 11,084	\$ 11,084	\$ -	0.0%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 34,167	\$ 35,321	\$ 1,154	3.4%	
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%	
Total Non-Resident International	\$ 37,095	\$ 38,249	\$ 1,154	3.1%	

5. Fifth-Year Undergraduates under the Ohio State Tuition Guarantee (continuing 2018-19 Tuition Guarantee cohort and corresponding Tuition Guarantee-eligible transfer students), will move to the Tuition Guarantee cohort (2019-20) rates established for Fiscal Year 2020
6. Ohio resident undergraduate students, not included in the Ohio State Tuition Guarantee program.
- a. Tuition and mandatory fees will be \$10,238, a 2.0% increase compared with the 2021-22 Academic Year.
 - b. Non-resident domestic students: Tuition and mandatory fees will be \$34,475, a 4.1% effective increase. The total includes the 2.0% increase to the resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
 - c. International students: Tuition and mandatory fees will be \$36,407, a 3.9% effective increase. The total includes the 2.0% increase to the resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the continuing freeze to the international fee (\$1,932 annually for most students) charged at the time they started at the university.

UNDERGRADUATE OHIO STATE PRE- TUITION GUARANTEE					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 9,168	\$ 9,351	\$ 183	2.0%	
General	\$ 372	\$ 390	\$ 18	4.8%	
Student Activity	\$ 75	\$ 75	\$ -	0.0%	
Student Union	\$ 149	\$ 149	\$ -	0.0%	
Recreation Fee	\$ 246	\$ 246	\$ -	0.0%	
COTA Fee	\$ 27	\$ 27	\$ -	0.0%	
Total Resident	\$ 10,037	\$ 10,238	\$ 201	2.0%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 33,120	\$ 34,475	\$ 1,355	4.1%	
International Surcharge	\$ 1,932	\$ 1,932	\$ -	0.0%	
Total Non-Resident International	\$ 35,052	\$ 36,407	\$ 1,355	3.9%	

7. Graduate (Master’s and Ph.D.) Program tuition and mandatory fees
- a. Ohio resident students: Tuition and mandatory fees will be \$12,997, a 4.6% effective increase compared with the 2021-22 cohort.
 - b. Non-resident graduate students: Tuition and mandatory fees will be \$39,598, a 3.2% effective increase. This reflects a 2.5% increase to the non-resident surcharge for most programs. (See the 2022-2023 Academic Year User Fees & Charges resolution and background for information on programs that are not applying the standard increase to the non-resident surcharge.)

GRADUATE (Master's and Ph.D.) - COLUMBUS				
Description	FY 2022	FY 2023	Change	% Change
Fees:				
Instructional Fees	\$ 11,560	\$ 12,092	\$ 532	4.6%
General	\$ 368	\$ 408	\$ 40	10.9%
Student Activity	\$ 75	\$ 75	\$ -	0.0%
Student Union	\$ 149	\$ 149	\$ -	0.0%
Recreation Fee	\$ 246	\$ 246	\$ -	0.0%
COTA Fee	\$ 27	\$ 27	\$ -	0.0%
Total Resident	\$ 12,425	\$ 12,997	\$ 572	4.6%
Non-Resident Surcharge	\$ 25,952	\$ 26,601	\$ 649	2.5%
Total Non-Resident Domestic	\$ 38,377	\$ 39,598	\$ 1,221	3.2%

B. Recommended tuition and mandatory fees effective Autumn semester 2022 (Fiscal Year 2023) - Regional Campuses and Agricultural Technical Institute (ATI).

1. New first-year undergraduates.

Regional Campuses (Lima, Mansfield, Marion, and Newark)

- a. Ohio resident students: As members of the 2022-23 cohort of the Ohio State Tuition Guarantee, tuition and mandatory fees will be frozen for four years, as will applicable housing and dining rates. Tuition and mandatory fees will be \$8,944, an increase of 4.6% from the 2021-22 tuition guarantee cohort.
- b. Non-resident domestic students: Tuition and mandatory fees will be \$33,181, a 4.9% effective increase compared with new first-year students in 2021-22. The total reflects the 4.6% increase to resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
- c. International students: Tuition and mandatory fees will be \$36,109, a 4.5% effective increase compared with the 2021-22 tuition guarantee cohort. The total reflects the 4.6% increase to resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2022-23				
Description	FY 2022	FY 2023	Change	% Change
Fees:				
Instructional Fees	\$ 8,295	\$ 8,677	\$ 382	4.6%
General	\$ 255	\$ 267	\$ 12	4.7%
Total Resident	\$ 8,550	\$ 8,944	\$ 394	4.6%
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%
Total Non-Resident Domestic	\$ 31,633	\$ 33,181	\$ 1,548	4.9%
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%
Total Non-Resident International	\$ 34,561	\$ 36,109	\$ 1,548	4.5%

ATI

- a. Ohio resident students: As members of the 2022-23 cohort of the Ohio State Tuition Guarantee, tuition and mandatory fees will be frozen for four years, as will applicable housing and dining rates. Tuition and mandatory fees will be \$8,900, an increase of 4.6% from the 2020-21 tuition guarantee cohort.
- b. Non-resident domestic students: Tuition and mandatory fees will be \$33,137, a 4.9% effective increase compared with new first-year students in 2021-22. The total reflects the 4.6% increase to resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
- c. International students: Tuition and mandatory fees will be \$36,065, a 4.5% effective increase compared with the 2021-22 tuition guarantee cohort. The total reflects the 4.6% increase to resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2022-23					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 8,253	\$ 8,633	\$ 380	4.6%	
General	\$ 255	\$ 267	\$ 12	4.7%	
Total Resident	\$ 8,508	\$ 8,900	\$ 392	4.6%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 31,591	\$ 33,137	\$ 1,546	4.9%	
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%	
Total Non-Resident International	\$ 34,519	\$ 36,065	\$ 1,546	4.5%	

- 2. Second-Year Undergraduates under the Ohio State Tuition Guarantee (continuing 2021-22 Tuition Guarantee cohort and corresponding Tuition Guarantee-eligible transfer students)
Regional Campuses (Lima, Mansfield, Marion, and Newark)

- a. Ohio resident students: Tuition and mandatory fees will remain at \$8,550.
- b. Non-resident domestic students: Tuition and mandatory fees will be \$32,787, a 3.6% effective increase. This total reflects resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
- c. International students: Tuition and mandatory fees will be \$35,715, a 3.3% effective increase. This total reflects resident (base) tuition and mandatory fees, and the 5.0% increase to the non-resident surcharge and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2021-22					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 8,295	\$ 8,295	\$ -	0.0%	
General	\$ 255	\$ 255	\$ -	0.0%	
Total Resident	\$ 8,550	\$ 8,550	\$ -	0.0%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 31,633	\$ 32,787	\$ 1,154	3.6%	
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%	
Total Non-Resident International	\$ 34,561	\$ 35,715	\$ 1,154	3.3%	

ATI

- a. Ohio resident students: Tuition and mandatory fees will remain at \$8,508.
- b. Non-resident domestic students: Tuition and mandatory fees will be \$32,745, a 3.7% effective increase. This total reflects resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
- c. International students: Tuition and mandatory fees will be \$35,673, a 3.3% effective increase. This total reflects resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2021-22					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 8,253	\$ 8,253	\$ -	0.0%	
General	\$ 255	\$ 255	\$ -	0.0%	
Total Resident	\$ 8,508	\$ 8,508	\$ -	0.0%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 31,591	\$ 32,745	\$ 1,154	3.7%	
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%	
Total Non-Resident International	\$ 34,519	\$ 35,673	\$ 1,154	3.3%	

- 3. Third-Year Undergraduates under the Ohio State Tuition Guarantee (continuing 2020-21 Tuition Guarantee cohort and corresponding Tuition Guarantee-eligible transfer students)

Regional Campuses (Lima, Mansfield, Marion, and Newark)

- a. Ohio resident students: Tuition and mandatory fees will remain at \$8,237.
- b. Non-resident domestic students: Tuition and mandatory fees will be \$32,474, a 3.7% effective increase. This total reflects resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
- c. International students: Tuition and mandatory fees will be \$35,402, a 3.4% effective increase. This total reflects resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2020-21					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 7,991	\$ 7,991	\$ -	0.0%	
General	\$ 246	\$ 246	\$ -	0.0%	
Total Resident	\$ 8,237	\$ 8,237	\$ -	0.0%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 31,320	\$ 32,474	\$ 1,154	3.7%	
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%	
Total Non-Resident International	\$ 34,248	\$ 35,402	\$ 1,154	3.4%	

ATI

- a. Ohio resident students: Tuition and mandatory fees will remain at \$8,197.
- b. Non-resident domestic students: Tuition and mandatory fees will be \$32,434, a 3.7% effective increase. This total reflects resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
- c. International students: Tuition and mandatory fees will be \$35,362, a 3.4% effective increase. This total reflects resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2020-21					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 7,951	\$ 7,951	\$ -	0.0%	
General	\$ 246	\$ 246	\$ -	0.0%	
Total Resident	\$ 8,197	\$ 8,197	\$ -	0.0%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 31,280	\$ 32,434	\$ 1,154	3.7%	
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%	
Total Non-Resident International	\$ 34,208	\$ 35,362	\$ 1,154	3.4%	

4. Fourth-Year Undergraduates under the Ohio State Tuition Guarantee (continuing 2019-20 Tuition Guarantee cohort and Tuition Guarantee-eligible transfer students)

Regional Campuses (Lima, Mansfield, Marion, and Newark)

- a. Ohio resident students: Tuition and mandatory fees will remain at \$7,912.
- b. Non-resident domestic students: Tuition and mandatory fees will be \$32,149, a 3.7% effective increase. This total reflects resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
- c. International students: Tuition and mandatory fees will be \$35,077, a 3.4% effective increase. This total reflects resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2019-20					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 7,676	\$ 7,676	\$ -	0.0%	
General	\$ 236	\$ 236	\$ -	0.0%	
Total Resident	\$ 7,912	\$ 7,912	\$ -	0.0%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 30,995	\$ 32,149	\$ 1,154	3.7%	
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%	
Total Non-Resident International	\$ 33,923	\$ 35,077	\$ 1,154	3.4%	

ATI

- a. Ohio resident students: Tuition and mandatory fees will remain at \$7,874.
- b. Non-resident domestic students: Tuition and mandatory fees will be \$32,111, a 3.7% effective increase. This total reflects resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
- c. International students: Tuition and mandatory fees will be \$35,039, a 3.4% effective increase. This total reflects resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the freeze to the international surcharge.

UNDERGRADUATE OHIO STATE TUITION GUARANTEE - COHORT 2019-20				
Description	FY 2022	FY 2023	Change	% Change
Fees:				
Instructional Fees	\$ 7,638	\$ 7,638	\$ -	0.0%
General	\$ 236	\$ 236	\$ -	0.0%
Total Resident	\$ 7,874	\$ 7,874	\$ -	0.0%
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%
Total Non-Resident Domestic	\$ 30,957	\$ 32,111	\$ 1,154	3.7%
International Surcharge	\$ 2,928	\$ 2,928	\$ -	0.0%
Total Non-Resident International	\$ 33,885	\$ 35,039	\$ 1,154	3.4%

5. Fifth-Year Undergraduates under the Ohio State Tuition Guarantee (continuing 2018-19 Tuition Guarantee cohort and Tuition Guarantee-eligible transfer students, will move to the Tuition Guarantee cohort (2019-20) rates established for Fiscal Year 2020

Regional Campuses (Lima, Mansfield, Marion, and Newark) and ATI

6. Ohio resident undergraduate students, not included in the Ohio State Tuition Guarantee program.

Regional Campuses (Lima, Mansfield, Marion, and Newark)

- a. Tuition and mandatory fees will be \$7,283, a 2.0% increase compared with the 2021-22 Academic Year.
- b. Non-resident domestic students: Tuition and mandatory fees will be \$31,520, a 4.3% effective increase. The total includes the 2.0% increase to the resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
- c. International students: Tuition and mandatory fees will be \$33,452, a 4.0% effective increase. The total includes the 2.0% increase to the resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the continuing freeze to the international fee (\$1,932 annually for most students) charged at the time they started at the university.

UNDERGRADUATE OHIO STATE PRE-TUITION GUARANTEE				
Description	FY 2022	FY 2023	Change	% Change
Fees:				
Instructional Fees	\$ 6,912	\$ 7,050	\$ 138	2.0%
General	\$ 228	\$ 233	\$ 5	2.2%
Total Resident	\$ 7,140	\$ 7,283	\$ 143	2.0%
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%
Total Non-Resident Domestic	\$ 30,223	\$ 31,520	\$ 1,297	4.3%
International Surcharge	\$ 1,932	\$ 1,932	\$ -	0.0%
Total Non-Resident International	\$ 32,155	\$ 33,452	\$ 1,297	4.0%

ATI

- a. Tuition and mandatory fees will be \$7,247, a 2.0% increase compared with the 2021-22 Academic Year.
- b. Non-resident domestic students: Tuition and mandatory fees will be \$31,484, a 4.3% effective increase. The total includes the 2.0% increase to the resident (base) tuition and mandatory fees and a 5.0% increase to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.
- c. International students: Tuition and mandatory fees will be \$33,416, a 4.0% effective increase. The total includes the 2.0% increase to the resident (base) tuition and mandatory fees, the 5.0% increase to the non-resident surcharge and the continuing freeze to the international fee (\$1,932 annually for most students) charged at the time they started at the university.

UNDERGRADUATE OHIO STATE PRE- TUITION GUARANTEE					
Description	FY 2022	FY 2023	Change	% Change	
Fees:					
Instructional Fees	\$ 6,876	\$ 7,014	\$ 138	2.0%	
General	\$ 228	\$ 233	\$ 5	2.2%	
Total Resident	\$ 7,104	\$ 7,247	\$ 143	2.0%	
Non-Resident Surcharge	\$ 23,083	\$ 24,237	\$ 1,154	5.0%	
Total Non-Resident Domestic	\$ 30,187	\$ 31,484	\$ 1,297	4.3%	
International Surcharge	\$ 1,932	\$ 1,932	\$ -	0.0%	
Total Non-Resident International	\$ 32,119	\$ 33,416	\$ 1,297	4.0%	

7. Graduate (Master’s and Ph.D.) Program tuition and mandatory Fees – Regionals (no ATI)

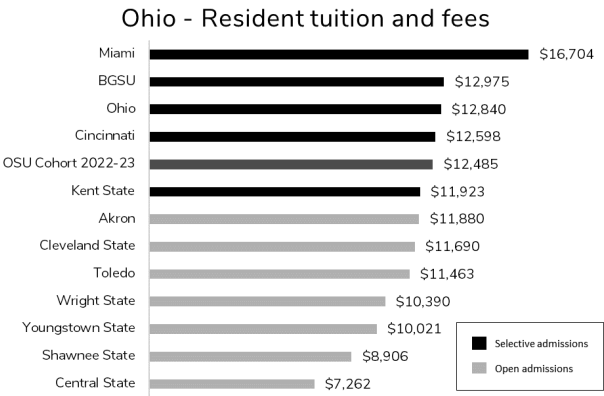
- a. Ohio resident students: Tuition and mandatory fees will be \$12,276, a 4.6% effective increase compared with the 2021-22 cohort.
- b. Non-resident graduate students: Tuition and mandatory fees will be \$38,877, a 3.2% effective increase. This total reflects resident (base) tuition and mandatory fees and a 2.5% increase in non-resident surcharge.

GRADUATE (Master's and Ph.D.) - REGIONAL				
Description	FY 2022	FY 2023	Change	% Change
Fees:				
Instructional Fees	\$ 11,496	\$ 12,025	\$ 529	4.6%
General	\$ 240	\$ 251	\$ 11	4.6%
Total Resident	\$ 11,736	\$ 12,276	\$ 540	4.6%
Non-Resident Surcharge	\$ 25,952	\$ 26,601	\$ 649	2.5%
Total Non-Resident Domestic	\$ 37,688	\$ 38,877	\$ 1,189	3.2%

C. Comparisons to other Ohio selective admissions public universities

The charts below outline undergraduate tuition and mandatory fees for Ohio public universities for Autumn semester 2021 (Fiscal Year 2022).

With Ohio State’s proposed 4.6% change to resident (base) tuition and mandatory fees for the incoming cohort of the Ohio State Tuition Guarantee, the university would be the second most affordable for resident students among selective admission public universities.

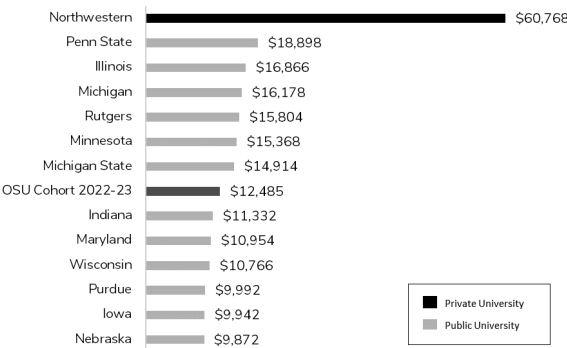


D. Comparison to benchmark universities

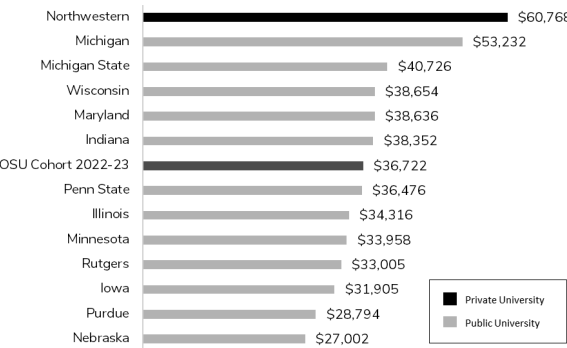
The charts below outline tuition and mandatory fees for Big Ten schools for 2021-22 (Fiscal Year 2022), along with the proposed Ohio State rate for the 2022-23 Tuition Guarantee cohort (Fiscal Year 2023).

Ohio State is near the median among the 14 Big Ten schools. Resident tuition and mandatory fees are more affordable than 7 Big Ten peers, while non-resident tuition and mandatory fees are more affordable than 6 universities.

BIG10 - Resident tuition and fees



BIG10 - In-Person Non-Resident Tuition



E. Online Degree / Programs

The charts below outline tuition, mandatory and program-specific fees for Online Undergraduate and Graduate degree/certificate programs

Undergraduate

- a. Ohio resident students: As members of the 2022-23 cohort of the Ohio State Tuition Guarantee, tuition and mandatory fees will be frozen for four years for Ohio residents. Tuition and mandatory fees will be \$6,091.50, a 4.6% increase compared with the 2021-22 tuition guarantee cohort.
- b. Non-resident students: Tuition and mandatory fees will be \$6,291.50, a 4.6% effective increase compared with new first-year students in 2021-22. The total reflects the 4.6% increase to resident (base) tuition and mandatory fees and no change to the non-resident surcharge. The

FY23 Online Undergraduate Degree Programs / Certificate Program Fees (per semester)

	General Fees			Program Specific Fees			Non-Resident Surcharge	Non-Resident Total
	Instructional Fees	General	Distance Education Fee	Program	Other	Resident Total		
Undergraduate								
Associate of Arts in Early Childhood Development and Education	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Certificate in Essential Skills for Travel and Business in Russia	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Bachelor of Science, Dental Hygiene	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Healthcare Environmental and Hospitality Services	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
AS to Bachelor of Science in Radiological Sciences	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Assistive and Rehabilitative Technology Certificate	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Bachelor of Science in Health Sciences	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ 200.00	\$ -	\$ 6,291.50	\$ 200.00	\$ 6,491.50
Nursing in School Health Services Certificate	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Primary Care Academic Certificate	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Registered Nurses in Primary Care Certificate	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
RN to Bachelor of Science in Nursing	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ 624.00	\$ 190.00	\$ 6,905.50	\$ 200.00	\$ 7,105.50
School Nurse Professional Pupil Services Licensure Certificate	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Diversity, Equity and Inclusion Certificate	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Usability and User Experience in Health Care Certificate	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Bachelor of Science in Health and Wellness Innovation	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Medical Coding and Healthcare Data Analytics for Practice Certificate	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50
Bachelor of Science Degree Completion MLT to MLS	\$ 5,762.50	\$ 229.00	\$ 100.00	\$ -	\$ -	\$ 6,091.50	\$ 200.00	\$ 6,291.50

Graduate

- a. Ohio resident students: For programs charging the standard graduate tuition and mandatory fees, will increase by 4.6% compared with the 2021-22 Academic Year.
- d. Non-resident students: The total reflects the 4.6% increase to resident (base) tuition and mandatory fees and no change to the non-resident surcharge. The State of Ohio requires a non-resident surcharge.

FY23 Online Graduate Degree Programs / Certificate Program Fees (per semester)

Graduate	General Fees				Program Specific Fees		Non-Resident Surcharge	Non-Resident Total
	Instructional Fees	General	Distance Education Fee	Program		Resident Total		
				Program	Other			
Master of Arts in Art Education	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master of Dental Hygiene	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Core Practices in World Language Education	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master of Science in Learning Technologies	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master of Engineering Management	\$ 8,560.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 8,864.00	\$ 200.00	\$ 9,064.00
Master of Global Engineering Leadership	\$ 8,560.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 8,864.00	\$ 200.00	\$ 9,064.00
Master of Science in Welding Engineering	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master in Plant Health Management	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master of Science in Agricultural Communication, Education, and Leadership	\$ 7,172.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 7,476.00	\$ 200.00	\$ 7,676.00
Specialized Master in Business Analytics	\$ 13,666.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 13,970.00	\$ 200.00	\$ 14,170.00
Working Professional MBA	\$ 12,592.00	\$ 164.00	\$ 100.00	\$ -	\$ -	\$ 12,856.00	\$ 200.00	\$ 13,056.00
Master of Supply Chain Management	\$ 13,383.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 13,687.00	\$ 200.00	\$ 13,887.00
Micro-Certification in FinTech Fundamentals	\$ 7,560.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 7,864.00	\$ 200.00	\$ 8,064.00
Graduate Certificate in Business Strategy for IT Leaders	\$ 11,176.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 11,480.00	\$ 200.00	\$ 11,680.00
Assistive and Rehabilitative Technology Graduate Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Biomedical Informatics Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master of Arts in Bioethics	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master of Science in Translational Pharmacology	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Doctor of Nursing Practice	\$ 7,780.00	\$ 204.00	\$ 100.00	\$ 1,249.00	\$ 190.00	\$ 9,523.00	\$ 200.00	\$ 9,723.00
Health and Wellness Coaching Graduate Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Healthcare Leadership and Innovation Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master of Clinical Research	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ 1,249.00	\$ 190.00	\$ 7,789.00	\$ 200.00	\$ 7,989.00
Master of Healthcare Innovation	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ 1,249.00	\$ 190.00	\$ 7,789.00	\$ 200.00	\$ 7,989.00
Master of Science, Nursing	\$ 7,780.00	\$ 204.00	\$ 100.00	\$ 1,249.00	\$ 190.00	\$ 9,523.00	\$ 200.00	\$ 9,723.00
Nurse Coaching Graduate Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Nurse Educator Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
School Nurse Wellness Coordinator Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master of Science in Health-System Pharmacy	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Criminal Justice Administration Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master of Public Administration and Leadership	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ 180.00	\$ 6,530.00	\$ 200.00	\$ 6,730.00
Public Management Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master of Social Work	\$ 6,116.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,420.00	\$ 200.00	\$ 6,620.00
Master of Social Work ASAP	\$ 6,116.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,420.00	\$ 200.00	\$ 6,620.00
Advanced Chemistry Knowledge for Educators Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Environmental Assessment Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Master of Translational Data Analytics	\$ 9,530.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 9,834.00	\$ 200.00	\$ 10,034.00
Master of Public Health - Program for Experienced Professionals	\$ 8,196.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 8,500.00	\$ 200.00	\$ 8,700.00
CyberSecurity Studies: Design and Implementation Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
CyberSecurity Studies: Offense and Defense Techniques Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Certificate in Federal Policy and Management	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Usability and User Experience in Health Care Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Medical Coding and Healthcare Data Analytics for Practice Graduate Certificate	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Doctor of Nursing Education	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00
Teaching English Language Learners (PreK-12)	\$ 6,046.00	\$ 204.00	\$ 100.00	\$ -	\$ -	\$ 6,350.00	\$ 200.00	\$ 6,550.00

III. Summary and Conclusions

- A. Ohio State is freezing tuition and mandatory fees for continuing Ohio resident students, including:
 - a. Students who are part of the Ohio State Tuition Guarantee (2019-20, 2020-21, 2021-22 and 2022-23). The program provides each incoming cohort of first-year Ohio resident students with a four-year freeze on tuition and mandatory fees (along with housing and dining rates).
 - b. Students in the Tuition Guarantee cohort that began in Autumn of 2018 (Fiscal Year 2019), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2020.
 - c. Ohio resident undergraduate students, not included in the Ohio State Tuition Guarantee program, resident (base) tuition and mandatory fees will increase by 2.0%
- B. The Ohio State Tuition Guarantee will continue into its sixth year in Fiscal Year 2023, with a 4.6% increase on resident (base) tuition and mandatory fees compared with the 2021-22 cohort for all campuses. These rates will be frozen for four years.
- C. The 5.0% increase to the non-resident surcharge will be implemented for undergraduate students and 2.5% for most graduate programs. Selective professional programs (Law, Dentistry, Medicine, Optometry, and Veterinary Medicine) will not be implementing this level of increase due to market considerations.
- D. The international surcharge will not increase.

APPENDIX XCV

The Ohio State University
Board of Trustees

May 19, 2022

BACKGROUND

Topic:

2022-2023 Academic Year User Fees & Charges

Context:

Beyond tuition and mandatory fees, the university charges other fees for specific purposes, including student housing, dining, and health insurance, as well as to support graduate and professional programs.

Differential fees for graduate and professional programs are market-based and reflect the need to continually invest in the academic excellence of Ohio State programs. Proposals for Academic Year 2022-2023 include new or changed differential fees for eight programs, five new program fees and specific fees in one other program.

Housing and dining fees support those operations, including the associated debt service and maintenance costs. The proposed 4.6% increases for housing and dining would apply to new first-year Ohio residents in the 2022-23 Tuition Guarantee cohort and to continuing students who enrolled prior to 2017-18 when the guarantee program was established. The proposed rates would be frozen for four years for Ohio resident students in the 2022-23 Tuition Guarantee cohort.

Ohio State requires students to carry health insurance, but most are not required to use the university's health plans. The proposed 4.9% increase reflects the cost charged by a third-party vendor. The university uses the fee to cover the costs of the third-party provider.

Summary:

- Approval of differential, clinical and pass-through fees for graduate and professional programs
- Approval of housing and dining rates
- Approval of student health insurance rates
- Approval of transcript fee

Requested of Board of Trustees:

Approval of the attached resolution regarding 2022-2023 Academic Year User Fees and Charges

The Ohio State University
Board of Trustees

May 19, 2022

The Ohio State University Board of Trustees
May 19, 2022

Approval of 2022-2023 Academic Year User Fees and Charges

- I. Graduate and professional programs:
 - A. Differential instruction and non-resident surcharge fees
 - B. Other fees:
 - a. Dentistry Clinical fee
 - b. Dentistry Hand Piece Pass-through fee
 - c. Engineering Aviation Fuel Pass-through fee
 - d. Law Bar Prep and Regalia Pass-through fee
 - e. Elimination of course fees as specified
 - C. Ohio Revised Code Section 3333-1-10 Excluded Programs
- II. Housing and dining plans and rates
- III. Student health insurance
- IV. Transcript Fee
- V. Summary and conclusions

I. Differential Fee Requests and Specific Professional School Non-Resident Surcharge, Deposit and Clinical requests

A. Differential Instruction Fees

University policy allows professional and Ohio Department of Higher Education-approved tagged master's programs to charge differential instructional fee rates based on market demand and pricing.

Thirteen programs across nine colleges are seeking changes or new differential instruction fees:

- Seven Colleges — Dentistry, Law, Medicine, Optometry, Pharmacy, Public Health, and Veterinary Medicine — have requested increases.
- Three Colleges — Business, Engineering and Law — have requested new differentials

In addition, four colleges are seeking changes to the non-resident surcharge. These changes would apply instead of the standard increase (2.5%) proposed for Fiscal Year 2023:

- The College of Dentistry is requesting a 5.0% increase for all ranks
- The College of Medicine has requested no change for Rank 1-2 and a reduction in the non-resident surcharge by 73% (\$3,333) for Ranks 3-4.
- The College of Veterinary Medicine is requesting a 2.0% increase for Rank 1 and no change for Rank 2-4
- The College of Pharmacy is requesting a 2.5% increase for Rank 1 and no change for Rank 2-4
- The College of Law, Optometry and Public Health are requesting no change

Each case reflects the college's response to market conditions.

Differential Fees are shown at the per-semester rate

College	Fee Name	Instructional: Current	Instructional: Proposed	Proposed Increase	Proposed Increase %	Non-Resident: Current	Non-Resident: Proposed	Non-Resident: Proposed Increase	Non-Resident: Proposed Increase %
Business	Master of Supply Chain Management	New program	\$13,383	N/A	N/A	New program	\$200	N/A	N/A
	Micro-Certification in FinTech Fundamentals	New program	\$7,560	N/A	N/A	New program	\$200	N/A	N/A
	Certificate in Business Strategy for IT Leaders	New program	\$11,176	N/A	N/A	New program	\$200	N/A	N/A
Dentistry	Dentistry - Rank 1	\$20,032	\$21,036	\$1,004	5.0%	\$22,501	\$23,626	\$1,125	5.0%
	Dentistry - Ranks 2-4	\$16,852	\$17,696	\$844	5.0%	\$19,953	\$20,951	\$998	5.0%
Engineering	Professional Master of Structural Engineering	New program	\$8,560	N/A	N/A	New program	\$13,301	N/A	N/A
Law	Law - Doctor of Jurisprudence (J.D.)	\$15,910	\$16,228	\$318	2.0%	\$7,626	\$7,626	\$0	0.0%
	Law - Master in Study of Law (MSL) - Full time	New Program	\$14,352	N/A	N/A	New Program	\$7,626	N/A	N/A
	Law - Master in Study of Law (MSL) - Part time	\$7,176	\$7,463	\$287	4.0%	\$7,626	\$7,626	\$0	0.0%
Medicine	Medicine - Rank 1	\$15,062	\$15,062	\$0	0.0%	\$12,460	\$12,460	\$0	0.0%
	Medicine - Rank 2	\$15,118	\$15,062	-\$56	-0.4%	\$12,460	\$12,460	\$0	0.0%
	Medicine - Rank 3	\$14,967	\$15,118	\$151	1.0%	\$12,460	\$3,333	-\$9,127	-73.3%
	Medicine - Rank 4	\$14,840	\$14,967	\$127	0.9%	\$12,460	\$3,333	-\$9,127	-73.3%
Optometry	Optometry - Rank 1	\$13,468	\$13,737	\$269	2.0%	\$10,528	\$10,528	\$0	0.0%
	Optometry - Rank 2	\$13,468	\$13,737	\$269	2.0%	\$5	\$5	\$0	0.0%
	Optometry - Rank 3 - 4	\$11,956	\$12,195	\$239	2.0%	\$5	\$5	\$0	0.0%
Pharmacy	Pharmacy Ranks 1	\$12,650	\$12,904	\$254	2.0%	\$13,664	\$14,006	\$342	2.5%
	Pharmacy Ranks 2-4	\$12,650	\$12,904	\$254	2.0%	\$5	\$5	\$0	0.0%
Public Health	Master of Health Administration	\$6,984	\$8,400	\$1,416	20.3%	\$12,976	\$12,976	\$0	0.0%
Veterinary Medicine	Veterinary Medicine Rank 1	\$16,405	\$16,733	\$328	2.0%	\$20,061	\$20,462	\$401	2.0%
	Veterinary Medicine Ranks 2-4	\$16,405	\$16,733	\$328	2.0%	\$5	\$5	\$0	0.0%

B. Other fees:

In addition to the differential instructional fees, Dentistry, Engineering, Law, Social Work and Education and Human Ecology have proposed other changes to their fees:

- Dentistry is seeking to increase a clinical fee for Ranks 1 – 4
- Dentistry is requesting a Hand Piece Pass-through fee for their dental and hygiene students
- Engineering is requesting an increase in program fees for the Aviation fuel pass-through
- Law is requesting a new Bar Prep and Regalia pass-through fee
- Social Work is seeking to eliminate field education fee
- Education and Human Ecology is requesting a reduction in the voucher fee through the removal of the edTPA assessment and a decrease in the voucher fee

Below is the market-related information and the basis for each graduate or professional college requesting to increase a fee or fees:

Fisher College of Business

- Requests a new Master of Supply Chain Management program with a differential instructional fee of \$13,383 per semester and non-resident surcharge of \$200 per semester

- Requests a new Micro-Certification in FinTech Fundamentals program with a differential instructional fee of \$7,560 per semester and non-resident surcharge of \$200 per semester
- Requests a new Graduate Certificate in Business Strategy for IT Leaders program with a differential instructional fee of \$11,176 per semester and non-resident surcharge of \$200 per semester

Master of Supply Chain Management

The Fisher College of Business is requesting a differential fee for a new Master of Supply Chain Management graduate program that the college will offer beginning in Summer 2023. The MSCM program is an online program developed to help practitioners gain skills that are required to succeed in supply chain management. The revenue from the program will be used to support the upgrade of various classroom spaces with additional distance capabilities to give our faculty the tools to deliver the best interactive learning experience for our students.

Micro-Certification in Fin-Tech Fundamentals

The Fisher College of Business proposes a micro-certification in FinTech (Financial Technology) Fundamentals that will launch in Autumn 2022. The micro-certification will consist of 4.5 credit hours and will provide introductory-level knowledge pertaining to the emerging technologies that organizations use to improve and automate the delivery of financial services. Those technologies include artificial intelligence, machine learning, and blockchain. The fee revenue will be used to offset curricular delivery and continuous delivery improvements and updates.

Graduate Certificate in Business Strategy for IT Leaders

The Graduate Certificate in Business Strategy for IT Leaders is designed to develop competent and confident IT leaders who will be prepared for a new role in the organization. The nature of this program allows the college to work with employers (CIOs and senior IT leaders) to identify qualified candidates within their organizations and to select prospective students for the program. The college will also work directly with those prospects/students to ensure that the program is a good fit, and to support their success as they proceed through the program. The fee revenue will be used to deliver and enhance the learning experience for the students in the program.

College of Dentistry

- Requests a 5.0% (Rank 1) / 5.0% (Rank 2-4) increase in differential instructional fees
- Requests a 5.0% increase in the non-resident surcharge, rather than the university's proposed 2.5% increase
- Requests an 8% increase in clinical fees for all the ranks
- Requests a new Hand Piece Pass-through fee for their dental and hygiene students

Dentistry has two different sets of rates. Rank 1 students attend for two semesters and are predominately attending lectures. While Ranks 2-4 students attend three semesters per year and are in clinical settings that have higher costs associated with instruction.

The additional revenue will be used to support increases in the overall costs of the college's Doctor of Dental Surgery (DDS) instructional program. This includes faculty and staff compensation and benefits, purchase and/or replacement of instruments, equipment, materials, supplies, and other costs associated with our didactic courses and operations of our student clinics. Additionally, the fee revenue will be used to hire additional faculty that will be used to teach the ever-increasing high technology curriculum and support our new clinic model.

Ohio State's College of Dentistry tuition has traditionally been below the average cost of all U.S. dental schools; however, the college is moving even lower in the ranking because of more significant increases in tuition at other schools. The average tuition of the 66 U.S. dental schools that responded to a request for information has grown an average of 3.5% per year over the six most recent survey years per the American Dental Association, while Ohio State's DDS program tuition has increased only an average of 2.2% per year. The college's ranking in first-year tuition costs is 45th of the 66 responding dental schools.

Dentistry charges a clinical fee that is applied towards modernizing instruments, technology, and services (such as sterilization) that is essential to attract top students and faculty while remaining compliant with the Commission on Dental Accreditation standards.

Differential and Clinical Fees are shown at the per-semester rate

College	Fee Name	Current	Proposed	Proposed Increase	Proposed Increase %	Non-Resident: Current	Non-Resident: Proposed	Non-Resident: Proposed Increase
Differentials:								
Differentials:								
Dentistry	Dentistry - Rank 1	\$20,032	\$21,036	\$1,004	5.0%	\$22,501	\$23,626	5.0%
	Dentistry - Ranks 2-4	\$16,852	\$17,696	\$844	5.0%	\$19,953	\$20,951	5.0%
Clinic Fees								
Dentistry	Dentistry - Rank 1	\$2,422	\$2,616	\$194	8.0%	N/A	N/A	N/A
	Dentistry - Ranks 2-4	\$1,786	\$1,929	\$143	8.0%	N/A	N/A	N/A
Overall:								
Dentistry	Dentistry - Rank 1	\$22,454	\$23,652	\$1,198	5.3%	\$22,501	\$23,626	5.0%
	Dentistry - Ranks 2-4	\$18,638	\$19,625	\$987	5.3%	\$19,953	\$20,951	5.0%

Hand Piece Pass-Through Fee

The College of Dentistry is requesting a pass-through fee for the hand pieces purchased by the dental and hygiene students. Dental students purchase two kits throughout their dental program. One kit is purchased in the first year (simulation labs) and an additional one is purchased in advance of their third year (student clinics). Furthermore, hygiene students purchase one kit that is used throughout their two-year program. Unfortunately, the process to execute the purchase and payments to the vendor has proven to be challenging for students, the vendor and the college administration. To simplify the process for purchasing the kits, the College of Dentistry is requesting the creation of a new special discounted pass-through fee with the university. The fee will be included in the cost of attendance, allowing student to utilize financial aid for the purchase of their hand pieces. This will eliminate students having to take financial aid distributions and make purchases on personal credit cards.

	Quantity	OSU Proposed Price (Four Year Contract)	2021 Vendor Retail Price	OSU Price Compared to Retail (%)
Dental Student First Year Kit				
MX2 Motor	1	\$760.75	\$1,818.00	58%
EVO Micro-Series CA 1.5L Friction Grip Highspeed	1	\$600.00	\$2,400.00	75%
EVO Micro-Series CA 1.1L Latch Lowspeed	1	\$600.00	\$2,400.00	75%
PM 1:1 Straight Lab Nose Cone	1	\$295.00	\$868.00	66%
Total		\$2,255.75	\$7,486.00	70%
Dental Student Third Year Kit				
MX2 Motor	1	\$760.75	\$1,818.00	58%
EVO Micro-Series CA 1.5L Friction Grip Highspeed	1	\$600.00	\$2,400.00	75%
Total		\$1,360.75	\$4,218.00	68%
Dental Hygiene Student Kit				
PMP 10:1 Prophyl Straight	1	\$295.00	\$715.00	59%

College of Education and Human Ecology

- Requests a reduction in the voucher fee through the removal of the edTPA assessment (\$300) and a decrease in the voucher fee from \$105 to \$95

Voucher Fee

The College of Education and Human Ecology is seeking to reduce their voucher fee. The University Teacher Education Council (UTEC) has approved the removal of the edTPA assessment as a graduation requirement for teacher education licensure students. Therefore, the edTPA voucher of \$300 is no longer required. Additionally, a new contract with Tk20/Watermark was signed for a site license. With the new change, the estimated cost per student will be reduced from \$105 (previous per unit price) to \$95. The goal of the proposed Education Preparation Voucher program is to have the identified cost included as part of the student's tuition and fees so that it can be incorporated into the student's financial need assessment, allowing eligible students to use financial aid dollars to fund the cost.

College of Engineering

- Requests a new Professional Master of Structural Engineering program with a differential instructional fee of \$8,560 per semester and non-resident of \$13,301 per semester
- Requests a total program increase of \$9,228 per student (or an annual increase of \$3,076) for pass-through fuel expenses. This fee is broken down by type of flight credit hour based on aircraft and certification desired.

Professional Master of Structural Engineering (PMSE)

The Professional Master of Structural Engineering is a degree program like the Master of Engineering Management and Master of Global Engineer Leadership. Therefore, a differential fee will keep the PMSE consistent with other professional engineering programs at Ohio State. The program requires sufficient teaching, administrative and support staff to provide a high-quality experience. The fee revenue will be used to ensure continuous assessment of courses, high-quality immersive learning in the Structural Engineering Studio Project and superior customer service. Through the recent survey of prospective employers, it was clear that the industry is interested in having students with education beyond the undergraduate level. The cost of the PMSE degree is competitive with the peer institutions while also reflecting the reputation of the College of Engineering.

Aviation Fuel Pass-Through Fee

The College of Engineering is requesting an increase in the course fees for the flight education program. The College is focused on making the Flight Education Department (FED) a premiere educational program for undergraduate students and improving their career pathway programs to recruit the next generation of pilots. The fees, based on the type of aircraft and certification desired, would be used to pay for pass-through fuel expenses for the flight education program. Over the last 15 years, flight education fees have not increased while the fuel costs have increased by 50%. The increase in course fees is needed to generate the revenue to cover the projected cost of fuel.

Fee Name	Current Fee per credit hour	Proposed Fee per credit hour	Proposed Increase %
CFI Rate	\$45.00	\$50.00	11%
C172 Rate	\$120.00	\$210.00	75%
Supervised Solo	\$30.00	\$45.00	50%

College of Law

- Requests a 2.0% increase in differential instructional fees for Doctor of Jurisprudence (J.D.)
- Requests a 4.0% increase in their part-time Master in Study of Law (MSL)
- Request a new full-time structure of the Master in Study of Law program with cost of \$14,352 per semester
- Requests to keep the non-resident surcharge flat, rather than the university's proposed increase of 2.5%
- Requests a new Bar Prep and Regalia Program Fee of \$251 per semester

Doctor of Jurisprudence (J.D.)

The College of Law proposes a 2% increase in differential instructional fees, which will apply to all enrolled J.D. and LL.M. students. The college is not requesting a change in the non-resident fee this year to remain competitive with peer institutions. The program's tuition with the requested increase is comparative the average tuition of other similarly ranked law schools. The College of Law will use the additional revenue to increase student financial aid and allows them to raise our credentials and diversity while maintaining a balanced budget. A strong competitive scholarship program allows them to recruit high academic achievers and to bring those who will contribute to the institution in unique and invaluable ways.

Master in Study of Law (MSL)

The College of Law recently changed portions of the structure of its Master's in the Study of Law (MSL) program to make the program more dynamic, increase accessibility to working professionals, and attract new students. To meet the needs of the curriculum while also aligning with benchmark universities, the college will be running the program on both a full-time and a part-time basis and require fee changes to reflect this. This rate was calculated so that the all-in cost of the program, whether full-time or part-time, is \$30,000. The proposed rates would make the program competitive with other benchmark schools, allowing the college to enroll additional students and diversifying and increasing revenue streams to support and grow the program.

Bar Prep and Regalia Pass-Through Fee

The College of Law is proposing a new pass-through fee of \$251 per semester to students to fund the bar prep course and regalia. Bar passage research has found that students who take a formal bar preparation course have a higher pass rate than those who study on their own, but most courses can cost over \$2,000 which can create financial strain on a student. To simplify the process for purchasing the bar prep courses, the College of Law is requesting the creation of a new special discounted pass-through fee with the university. The fee will be included in the cost of attendance, allowing a student to utilize financial aid for the purchase of their bar prep courses and regalia. During the final year (or 3L year), these accumulated revenues will be used to purchase Themis bar prep courses and regalia rental costs. The College of Law will not charge any marginal amount but rather use the fee to cover the cost of the bar preparation course.

College of Medicine

- Requests a reduction in differential instructional fees of \$56 per semester for Rank 2
- Requests an increase in differential instructional fees of \$151 per semester for Rank 3
- Requests an increase in differential instructional fees of \$127 per semester for Rank 4
- Requests a reduction in non-resident surcharge for Ranks 3-4 from \$12,460 to \$3,333 per semester

The College of Medicine has reviewed the non-resident tuition for medical students in relation to AAMC and Big Ten Schools and found the cost to be in the top part of the range. In

reviewing the fees, the 3rd and 4th-year non-resident tuition costs were identified as significantly above the non-resident tuition costs of the other Big Ten Schools. There is an opportunity for students to eliminate the non-resident surcharge and obtain in-state residency. In a survey of current students, common themes of frustration in guidelines, communication, and support were identified. Therefore, the College is proposing a decrease in the 3rd and 4th-year non-resident tuition to make it more competitive with other Big Ten universities.

College of Optometry

- Requests a 2.0% increase in differential instructional fees for all ranks
- Requests to keep the non-resident surcharge flat, rather than the university's proposed increase of 2.5%

The College of Optometry is requesting a 2% increase in instruction for all students enrolled in our Doctor of Optometry (OD) professional program. The college is also requesting to keep the non-resident surcharge flat for this degree program. The additional fee revenue will be used to finance the projected increases in the fixed costs (such as salaries, benefits, utilities, maintenance, etc.) of providing the professional program. In addition, the college anticipates additional Plant Operation and Maintenance costs beginning in FY23 with phase two of the Interdisciplinary Health Sciences building. Next year's incoming class of students will experience new lecture rooms, hands-on lab spaces, and student support areas that soon will be available to them.

College of Pharmacy

- Requests a 2.0% increase in differential instructional fees for all ranks
- Requests a standard 2.5% increase in the non-resident surcharge for Rank 1

The College of Pharmacy is requesting a 2.0% increase in the instructional fee for all the ranks and requests the standard increase of 2.5% in non-resident surcharge. The labor market for pharmacists continues to tighten and it is critical that the college provide services and programming that allow our graduates to differentiate themselves. The college has already developed several programs and certifications that provide some differentiation and continue to develop additional programming to support job placement and career development. This differential fee increase is needed to continue to enhance our PharmD program by investing in instruction, professional student services/programming and renovating the teaching and learning spaces. One of the primary drivers of this request is to continue to provide funding to meet the increased teaching needs (increase in faculty and associated faculty FTE). The I3 pharmacy curriculum is based on the delivery of cutting-edge pedagogies that require more FTE to deliver per credit hour. The College must continue to increase its elective offerings to provide these opportunities for our students.

College of Public Health

- Requests a 20.3% increase in differential instructional fee of Master of Health Administration (first increase since 2003)
- Requests to keep the non-resident surcharge flat, rather than the university's proposed increase of 2.5%

The College of Public Health is requesting a differential instructional fee increase for the Master of Health Administration (MHA) degree program. The college is also requesting to keep the non-resident surcharge flat for this degree program. The MHA differential fee has not increased since it was established in 2003. The MHA degree program tuition differential supports critical program functions that complement a robust academic curriculum and are

The Ohio State University
Board of Trustees

May 19, 2022

not covered by standard tuition, including support for CAHME accreditation, MHA Program Director and Manager, Coordination of alumni-student programming, and Graduate Associates.

College of Social Work

- Requests the elimination field education course fee of \$95

Field Education Fee

The College of Social Work is requesting the elimination of their Field Education fee. Every student in the college takes field education classes, and the fee is charged to students in the undergraduate and master's programs. These field courses entail placement at an agency providing social services to clients, including agencies in education, health care, drug and addiction services, and mental health services. On the other hand, most student fieldwork is unpaid and less than 20% of student placements receive any level of stipend. College leadership has identified a goal of making the degrees more affordable for students, which aligns with President Johnson's call for increasing student financial aid. The College of Social Work believes one very direct way of doing this would be to eliminate the field course fee.

College of Veterinary Medicine

- Requests a 2.0% increase in differential instructional fees
- Requests a 2.0% increase in non-resident surcharge for Rank 1

The College of Veterinary Medicine is requesting a 2.0% increase in the Differential Fee, 2.0% increase in the Non-Resident Surcharge for Rank 1 students. The increased fee revenue is needed to fund anticipated salary/benefit increases (FY23), inflationary costs for supplies/services and help support additional Plant Operation and Maintenance costs associated with space that has been added to support the program.

The following chart lists all programs that have differential fees from the view of an Academic Year — which is either two or three semesters, based on the requirements of the program. Instructional and mandatory fees are paid by both Ohio resident and non-resident students. The non-resident surcharge is paid by students from outside Ohio.

The Ohio State University
Board of Trustees

May 19, 2022

College	Program	Resident Tuition & Mandatory Fees (per Academic Year)				Non-Resident Tuition & Mandatory Fees (per Academic Year)			
		FY 2022	FY 2023	Change	% Change	FY 2022	FY 2023	Change	% Change
Arts & Sciences	Doctor of Audiology	\$13,001	\$13,041	\$40	0.3%	\$38,953	\$39,642	\$689	1.8%
	Master of Speech-Language Pathology	\$13,001	\$13,041	\$40	0.3%	\$38,953	\$39,642	\$689	1.8%
Business	Graduate Minor in Business for Health Sciences	\$12,076	\$12,096	\$20	0.2%	\$12,081	\$12,101	\$20	0.2%
	Master of Accounting	\$32,321	\$32,361	\$40	0.1%	\$58,273	\$58,962	\$689	1.2%
	Master of Business Administration (MBA)	\$30,617	\$30,657	\$40	0.1%	\$56,569	\$57,258	\$689	1.2%
	Master of Business Administration - Working Professional	\$39,013	\$39,013	\$0	0.0%	\$73,597	\$74,462	\$865	1.2%
	Master of Business Administration - Working Professional Online	\$38,568	\$38,568	\$0	0.0%	\$39,168	\$39,168	\$0	0.0%
	Master of Business Logistics Engineering (MBLE)	\$42,073	\$42,073	\$0	0.0%	\$76,657	\$77,522	\$865	1.1%
	Master of Human Resource Management (MHRM)	\$17,875	\$17,915	\$40	0.2%	\$41,733	\$42,369	\$636	1.5%
	Specialized Masters in Business - Finance	\$56,129	\$56,169	\$40	0.1%	\$56,139	\$56,179	\$40	0.1%
	Master of Business Administration - Executive	\$85,452	\$85,452	\$0	0.0%	\$85,467	\$85,467	\$0	0.0%
	Master of Business Operational Excellence (MBOE)	\$53,802	\$53,802	\$0	0.0%	\$53,817	\$53,817	\$0	0.0%
	Graduate Business Leadership Certificate	\$12,932	\$12,952	\$20	0.2%	\$12,937	\$12,957	\$20	0.2%
	Specialized Master of Business - Analytics	\$41,850	\$41,910	\$60	0.1%	\$42,450	\$42,510	\$60	0.1%
	Master of Supply Chain Management	N/A	\$41,061	N/A	N/A	N/A	\$41,661	N/A	N/A
	Micro-Certification in FinTech Fundamentals	N/A	\$7,864	N/A	N/A	N/A	\$8,064	N/A	N/A
	Certificate in Business Strategy for IT Leaders	N/A	\$22,960	N/A	N/A	N/A	\$23,360	N/A	N/A
Dentistry	Dentistry - Rank 1	\$40,329	\$42,977	\$2,048	5.0%	\$85,931	\$90,229	\$4,298	5.0%
	Dentistry - Ranks 2-4	\$51,793	\$54,325	\$2,532	4.9%	\$111,652	\$117,178	\$5,526	4.9%
Engineering	Master of Engineering Management (MEM)	\$26,532	\$26,592	\$60	0.2%	\$27,132	\$27,192	\$60	0.2%
	Master of Global Engineering Leadership (MGEL)-DL	\$26,532	\$26,592	\$60	0.2%	\$27,132	\$27,192	\$60	0.2%
	Professional Master of Structural Engineering	N/A	\$27,037	N/A	N/A	N/A	\$66,939	N/A	N/A
FAES	Master of Ag and Extension Education	\$22,368	\$22,428	\$60	0.3%	\$22,968	\$23,028	\$60	0.3%
Graduate School	Masters of Translational Data Analytics (PSM-TDA)	\$19,325	\$19,965	\$40	0.2%	\$45,877	\$46,566	\$689	1.5%
Law	Doctor of Jurisprudence (J.D.)	\$32,685	\$33,361	\$676	2.1%	\$47,937	\$48,613	\$676	1.4%
	Master in Study of Law (MSL) - Part time	\$15,217	\$15,831	\$614	4.0%	\$30,469	\$31,083	\$614	2.0%
	Master in Study of Law (MSL) - Full time	N/A	\$29,609	N/A	N/A	N/A	\$44,861	N/A	N/A
Medicine	Medicine - Rank 1	\$30,949	\$30,949	\$0	0.0%	\$55,869	\$55,869	\$0	0.0%
	Medicine - Rank 2	\$31,060	\$30,949	-\$111	-0.4%	\$55,960	\$55,869	-\$111	-0.2%
	Medicine - Rank 3	\$46,138	\$46,591	\$453	1.0%	\$83,518	\$86,590	\$2,672	3.2%
	Medicine - Rank 4	\$45,757	\$46,138	\$381	0.8%	\$83,137	\$86,137	\$2,000	2.4%
	Master of Dietetics and Nutrition (MDN)	\$19,885	\$19,945	\$60	0.3%	\$58,813	\$59,847	\$1,034	1.8%
	Master of Genetic Counseling	\$30,001	\$30,061	\$60	0.2%	\$50,842	\$51,423	\$581	1.1%
	Doctor of Occupational Therapy	\$20,905	\$20,905	\$0	0.0%	\$52,333	\$53,119	\$786	1.5%
	Doctor of Physical Therapy	\$20,797	\$20,797	\$0	0.0%	\$53,734	\$54,558	\$824	1.5%
Nursing	Doctor of Nursing Practice Program - Online	\$24,192	\$24,252	\$60	0.2%	\$24,792	\$24,852	\$60	0.2%
	Doctor of Nursing Practice Program - On Campus	\$24,637	\$24,697	\$60	0.2%	\$63,565	\$64,599	\$1,034	1.6%
	Master of Science in Nursing Program	\$24,637	\$24,697	\$60	0.2%	\$63,565	\$64,599	\$1,034	1.6%
Optometry	Optometry - Rank 1	\$27,801	\$28,379	\$578	2.1%	\$48,857	\$49,435	\$578	1.2%
	Optometry - Rank 2	\$27,801	\$28,379	\$578	2.1%	\$27,811	\$28,389	\$578	2.1%
	Optometry - Ranks 3-4	\$37,105	\$37,822	\$717	1.9%	\$37,120	\$37,837	\$717	1.9%
Pharmacy	Pharmacy - Rank 1	\$26,165	\$26,713	\$548	2.1%	\$53,493	\$54,724	\$1,231	2.3%
	Pharmacy - Rank 2-3	\$26,165	\$26,713	\$548	2.1%	\$26,175	\$26,723	\$548	2.1%
	Pharmacy - Rank 4	\$39,247	\$40,069	\$822	2.1%	\$39,262	\$40,084	\$822	2.1%
Public Health	Master of Public Health	\$13,257	\$13,297	\$40	0.3%	\$39,209	\$39,898	\$689	1.8%
	Program for Experienced Professionals	\$13,257	\$13,297	\$40	0.3%	\$39,209	\$39,898	\$689	1.8%
	Master of Health Administration	\$14,833	\$17,705	\$2,872	19.4%	\$40,785	\$43,657	\$2,872	7.0%
Social Work	Master of Social Work	\$13,097	\$13,137	\$40	0.3%	\$39,049	\$39,738	\$689	1.8%
	Veterinary Medicine - Rank 1	\$33,675	\$34,371	\$696	2.1%	\$73,797	\$75,295	\$1,498	2.0%
Veterinary Medicine	Veterinary Medicine - Ranks 2-3	\$33,675	\$34,371	\$696	2.1%	\$33,685	\$34,381	\$696	2.1%
	Veterinary Medicine - Rank 4	\$50,512	\$51,556	\$1,044	2.1%	\$50,527	\$51,571	\$1,044	2.1%

C. Ohio Revised Code Section 3333-1-10 Excluded Programs

Ohio Revised Code section 3333-1-10 (C) 11 provides for exclusions of post-baccalaureate professional programs related to residency for subsidy and tuition surcharge purposes. We are excluding all post-baccalaureate professional programs as permitted under 3333-1-10 (C) 11 including all Juris doctorate, medical, dentistry, veterinary, optometry, pharmaceutical doctoral

The Ohio State University
Board of Trustees

May 19, 2022

programs, all tagged masters programs and any other similar post-baccalaureate professional programs. These excluded programs will be posted on our website and will be reported to the Chancellor of the Ohio Department of Higher Education.

II. Housing and Dining

The Office of Student Life continues to implement cost-savings initiatives to keep room and board plans as affordable as possible for students and their families.

The proposed 4.6% increases for housing and dining rates will apply to new first-year students in 2022-23 and to continuing students who enrolled prior to 2017-18 when the guarantee program was established. The new rates will be frozen for four years for Ohio resident first-year students who are part of the Ohio State Tuition Guarantee.

The following are the proposed rates for the 2022-23 Academic Year, excluding students in the previous Tuition Guarantee cohorts. Housing and dining rates for students who entered with the 2019-20, 2020-21 and 2021-22 Tuition Guarantee cohorts will remain at the levels set when those students entered the university.

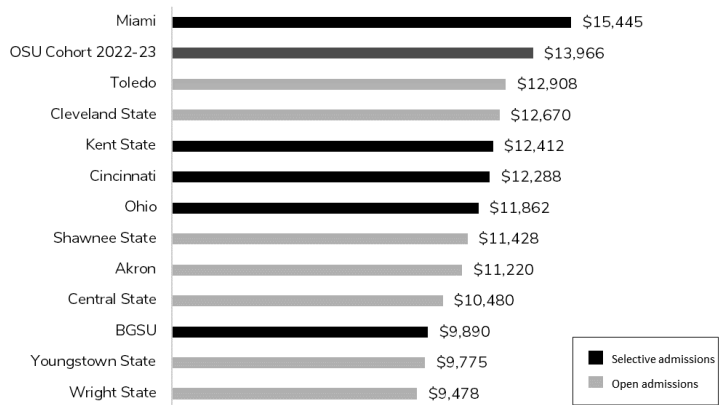
Housing Plans	FY 2022	FY 2023	\$ Change	% Change
Rate I	\$9,096	\$9,514	\$418	4.6%
Rate II	\$7,578	\$7,926	\$348	4.6%
Rate IIA	\$7,334	\$7,672	\$338	4.6%
Rate III	\$7,082	\$7,408	\$326	4.6%

Dining Plans	FY 2022	FY 2023	\$ Change	% Change
Scarlet Access 14	\$5,068	\$5,302	\$234	4.6%
Declining Balance	\$4,522	\$4,730	\$208	4.6%
Gray Access 10	\$4,256	\$4,452	\$196	4.6%
Traditions (formerly "Unlimited") Access	\$4,152	\$4,342	\$190	4.6%
Optional add-in for Traditions (5 weekly to-go options*)	N/A	\$295	N/A	N/A

*5 meals available for \$8 exchanges at any retail locations (Markets, Coffee Shops, Food Trucks, etc.)

Ohio State's room and board rates remain affordable compared to Ohio public universities (Rate I is the most common type of housing and Gray 10 is the most common dining plan):

Ohio - Most Common Housing & Dining



The Ohio State University
Proposed Housing Rates for FY 2023

Housing Plans	FY 2022	FY 2023	\$ Change	% Change
Columbus Campus (Annual Rates - 2 semesters)				
Rate I	\$9,096	\$9,514	\$418	4.6%
Rate II	\$7,578	\$7,926	\$348	4.6%
Rate IIA	\$7,334	\$7,672	\$338	4.6%
Rate III	\$7,082	\$7,408	\$326	4.6%
Summer Term Options				
4-Week Session - Rate II	\$947	\$991	\$44	4.6%
6-Week Session - Rate II	\$1,421	\$1,486	\$65	4.6%
8-Week Session - Rate II	\$1,894	\$1,981	\$87	4.6%
4-Week Session - Rate IIA	\$917	\$959	\$42	4.6%
6-Week Session - Rate IIA	\$1,375	\$1,438	\$63	4.6%
8-Week Session - Rate IIA	\$1,834	\$1,918	\$84	4.6%
Summer Term - Rate II	\$2,842	\$2,973	\$131	4.6%
Summer Term - Rate IIA	\$2,750	\$2,877	\$127	4.6%
Stadium Scholars Program				
Alumnae Scholarship Houses - single or double w/bath	\$6,004	\$6,280	\$276	4.6%
Alumnae Scholarship Houses - double or triple	\$6,886	\$7,203	\$317	4.6%
German House - 1-person room	\$6,736	\$7,046	\$310	4.6%
German House - 2-person room	\$6,986	\$7,307	\$321	4.6%
German House - 2-person room	\$6,502	\$6,801	\$299	4.6%

The Ohio State University
Board of Trustees

May 19, 2022

Housing Plans	FY 2022	FY 2023	\$ Change	% Change
Monthly Housing Rates				
237 E 17th - mini-single	\$480	\$502	\$22	4.6%
237 E 17th - single	\$664	\$695	\$31	4.6%
237 E 17th - supersingle	\$803	\$840	\$37	4.6%
237 E 17th - double	\$438	\$458	\$20	4.6%
Family - 1 bedroom	\$569	Discontinued		
Family - 2 bedroom	\$718	Discontinued		
Gateway - studio	\$996	\$1,042	\$46	4.6%
Gateway - 1 bedroom apartment	\$1,068	\$1,117	\$49	4.6%
Gateway - 2 bedroom apartment	\$1,040	\$1,088	\$48	4.6%
Gateway - 3 bedroom apartment	\$905	\$947	\$42	4.6%
Neil - efficiency	\$905	\$947	\$42	4.6%
Neil - 4 bedroom	\$897	\$938	\$41	4.6%
Penn Place - 1 person room	\$856	\$895	\$39	4.6%
Penn Place - 2 person room	\$491	\$514	\$23	4.6%
Housing Plans	FY 2022	FY 2023	\$ Change	% Change
ATI				
1-bedroom for 2 (per person)	\$7,542	\$7,888	\$346	4.6%
2-bedroom for 2 (per person)	N/A	\$9,378	N/A	N/A
2-bedroom for 4 (per person)	\$7,542	\$7,888	\$346	4.6%
2-bedroom for 5 (per person - double)	\$7,542	\$7,888	\$346	4.6%
2-bedroom for 5 (per person - triple)	\$6,504	\$6,802	\$298	4.6%
3-bedroom for 5 (per person - single)	\$7,944	\$8,308	\$364	4.6%
3-bedroom for 5 (per person - double)	\$7,542	\$7,888	\$346	4.6%
Private apartment	\$8,966	\$9,378	\$412	4.6%
Newark				
1-person efficiency	\$8,446	\$8,834	\$388	4.6%
2-person efficiency (per person)	\$8,156	\$8,530	\$374	4.6%
2-bedroom for 4 (per person)	\$8,200	\$8,576	\$376	4.6%
3-bedroom for 6 (per person)	\$7,728	\$8,082	\$354	4.6%
McConnell Hall	\$8,446	\$8,834	\$388	4.6%
Mansfield				
2-bedroom for 2 (per person)	\$8,618	\$9,014	\$396	4.6%
2-bedroom for 4 (per person)	\$6,896	\$7,212	\$316	4.6%
5-bedroom for 5 (per person)	\$7,232	\$7,564	\$332	4.6%
5-bedroom for 6 - single (per person)	\$6,896	\$7,212	\$316	4.6%
5-bedroom for 6 - double (per person)	\$6,216	\$6,502	\$286	4.6%

Dining Plans	FY 2022	FY 2023	\$ Change	% Change
McConnell (Newark)	\$2,962	\$3,098	\$136	4.6%
Carmen 1 (\$582 / \$596 Dining Dollars)	\$918	\$960	\$42	4.6%
Carmen 2 (\$1,138 / \$1,166 Dining Dollars)	\$1,794	\$1,877	\$83	4.6%
Summer:				
Carmen 1 (\$582 / \$596 Dining Dollars)	\$918	\$960	\$42	4.6%
Carmen 2 (\$1,138 / \$1,166 Dining Dollars)	\$1,794	\$1,877	\$83	4.6%

III. Student Health Insurance

Background: All Ohio State students are required to have health insurance. Domestic students may choose outside insurance, and most do (73%). International students typically buy Ohio State's plan.

The university uses fee revenue to cover the cost of third-party insurance. Rates are designed to be affordable and keep up with health care costs.

The recommendation for Academic Year 2022-2023, based on third-party costs, is a 4.9% increase for students.

Plan Level	FY 2022	FY 2023	\$ Change	% Change
Student	\$3,366	\$3,530	\$164	4.9%
Student & Spouse	\$6,732	\$7,062	\$330	4.9%
Student & Children	\$10,098	\$10,592	\$494	4.9%
Student & Family	\$13,464	\$14,124	\$660	4.9%

IV. Transcript Fee

A transcript fee of \$7 is charged if a student requests a copy of their transcript as an elective service charge. This fee has not been increased since 2003. We are requesting an increase of \$4 from \$7 to \$11. This increased fee is comparable to the transcript fees of peer universities.

University	Current	Proposed
Iowa*	\$ 16.00	\$ 16.00
Minnesota	\$ 15.00	\$ 15.00
Penn State	\$ 10.00	\$ 10.00
Maryland	\$ 8.00	\$ 8.00
Northwestern	\$ 8.00	\$ 8.00
Ohio State	\$ 7.00	\$ 11.00
Rutgers	\$ 7.00	\$ 7.00

* Before moving to a lifetime fee of \$225 that all student pay

V. Summary and Conclusions

A. Differentials for professional programs are market-driven.

The Ohio State University
Board of Trustees

May 19, 2022

- B. Housing and dining rates will increase 4.6% for the new first-year Ohio resident students in the 2022-23 Ohio State Tuition Guarantee and continuing non-guarantee students.
- C. Housing and dining rates will remain unchanged (0.0%) for students associated with the previous Tuition Guarantee cohorts (2019-20, 2020-21, and 2021-22).
- D. Student health insurance rates will increase 4.9%.
- E. Transcript fee will increase by \$4.

APPENDIX XCVI

BACKGROUND

TOPIC: Revisions to University Debt Policy

CONTEXT: Policy review was initiated to address university fundraising requirements for capital projects prior to board of trustees' approval. The most recent material update to the University Debt policy occurred in 2015.

- A review of the University Debt policy has been undertaken in a coordinated effort by the Office of Business and Finance, the Office of Administration and Planning, the Office of Advancement, and the Office of Legal Affairs. Policy revisions were also reviewed by various stakeholders including the university's Senior Management Council, Council of Deans, University Senate's Fiscal Committee and the President's Cabinet.
- Updates and proposed changes to the policy include the following:
 - Align the policy with peer best practices and current management strategy related to fundraising requirements for capital facilities improvement projects.
 - Address housekeeping elements such as nomenclature, references, and other small changes to improve clarity and modernize the policy.

SUMMARY OF REVISIONS:

Legal, Compliance and Structural:

- Clarify policy audience.
- Update definitions to provide better understanding.
- Add quick links to applicable policies.
- Update roles and responsibilities to align with current process.
- Clean-up terms and make other small changes to improve readability, provide clarity and modernize the policy.

Principles Regarding Capital Facilities Improvement Projects:

- Revise to require 75% of targeted fundraising be pledged and 100% of other funding be in-hand prior to requesting Board approval for design/professional services.
- Revise to require 100% of targeted fundraising be pledged and 100% of other funding be in-hand prior to requesting Board approval to enter into the construction stage of a project.
- Clarify and refine requirements of the Project Funding Agreement (funding plan) and outline which university officials are required to sign off on the plan.
- Require a fundraising plan be developed for capital projects that include a fundraising component of \$4.0 million or more, with that plan reviewed with the Board of Trustees prior to implementation of the plan.
- Clarify that internal loans or lines of credit for cash flow gap funding is limited to requests where repayment is secured through fundraising pledge agreements or third party contributions.
- Provide that changes to the funding requirements may be made on a project-by-project basis with the President's approval.

Principles Regarding Financing Leases:

- Clarify lease requirements in this policy only apply to financing leases.
- Remove the role of the Controller in determining whether a lease is capital or operating as the distinction is no longer necessary due to accounting changes associated with GASB 87.

REQUESTED OF AUDIT, FINANCE AND INVESTMENT COMMITTEE:

Approval of revisions to the University Debt policy.



University Debt University Policy

Applies to: University personnel responsible for the management of the university's debt and internal bank, and units undertaking capital facilities improvement projects, seeking use of the university's internal bank funds, or entering into a financing lease

Responsible Office **Office of Business and Finance**

POLICY

Issued: 03/04/2005
Revised: 05/19/2022

The university recognizes the issuance of university-backed debt as an important resource to employ in support of the institution's goals. To best accomplish these goals in a way that makes best use of this limited resource, the university will follow the principles in this policy.

Purpose of the Policy

To maintain the highest levels of fiscal stewardship, to ensure university investments further the university's mission, and to comply with all university, state, and federal laws and reporting requirements.

Definitions

Term	Definition
Exception	Any violation of or noncompliance with a university policy issued by the Office of Business and Finance (Business and Finance).
Financing lease	A lease in which the unit will own or have the option to purchase at a nominal price the equipment or asset being financed at the end of the lease.
In-hand	Funds that are held by or have been received by the university and are dedicated to the project.
Pledged	Fundraising gifts dedicated to the project that are evidenced by a signed pledge agreement.
Unit	College or administrative unit.
Unit leader	Head of college or administrative unit (e.g., dean, senior vice president, president, provost).
Waiver	Permission granted to a unit to operate differently than specified or required by a university policy issued by Business and Finance.

Policy Details

- I. Principles Regarding Use of University External Debt
 - A. Access to university-issued debt is not an entitlement. Debt will be granted only to those projects approved through the university's capital planning process and initiatives consistent with the university [vision, mission, and values](#).
 - B. No debt can be issued without prior recommendation by the senior vice president for business and finance (CFO) and the vice president of financial services (treasurer), and approval by the Board of Trustees.
 - C. The university seeks to maintain a credit rating of at least AA or its equivalent.
 - D. The university should seek to limit debt service payments to no more than 5% of annual operating expenditures.
 - E. The university should use variable rate debt consistent with market conditions.
 - F. Capitalization of interest is discouraged.
 - G. Refinancing of debt is permissible provided that:
 - 1. An advance refunding transaction is expected to generate net present value savings at least three percent or greater, and
 - 2. A current refunding transaction is expected to generate net present value savings greater than the cost of the refunding transaction.



Applies to: University personnel responsible for the management of the university's debt and internal bank, and units undertaking capital facilities improvement projects, seeking use of the university's internal bank funds, or entering into a financing lease

II. Principles Regarding Capital Facilities Improvement Projects

- A. Major capital facilities improvement projects must be supported by a Project Funding Agreement (funding plan) that sets forth the total project cost, cash flows, and funding sources/commitments. The Project Funding Agreement must include documentation supporting the amount and availability of each funding source, including confirmation of cash funding, debt funding via an internal bank memorandum of understanding (MOU), agreements evidencing third-party funding commitments and, if a fundraising component is included, a fundraising plan (see section IV herein).
- B. Project Funding Agreements must be reviewed and approved by the Office of Business and Finance, the Office of Administration and Planning, the sponsoring unit and, if a fundraising component is included, the Office of Advancement prior to inclusion in the university's capital plan.
- C. It is the responsibility of the sponsoring **unit** to notify the Office of Business and Finance if funding sources/commitments have changed and to secure an appropriately amended Project Funding Agreement.
- D. Capital facilities improvement projects will not enter into the design/professional services stage, or if applicable pursuant to the Board of Trustees Review and Approval of Facilities Improvement Projects and Real Estate Transactions policy, request design/professional services approval from the Board of Trustees, until:
 1. 75% of targeted fundraising is **pledged**, 100% of debt funding is evidenced by an executed internal bank MOU, and 100% of cash funding is **in-hand**; and
 2. The Project Funding Agreement has been reviewed, updated (if necessary), and approved pursuant to II.B above.
- E. For capital facilities improvement projects approved for design/professional services only, the sponsoring unit construct financial responsibility for all expenses incurred if the project does not move forward to construction.
- F. Capital facilities improvement projects will not proceed to construction or, if applicable pursuant to the Board of Trustees Review and Approval of Facilities Improvement Projects and Real Estate Transactions policy, request construction approval from the Board of Trustees until:
 1. 100% of targeted fundraising is **pledged**, 100% of debt funding is evidenced by an executed internal bank MOU, and 100% of cash and other funding is **in-hand**; and
 2. The Project Funding Agreement has been reviewed, updated (if necessary), and approved pursuant to II.B. above.
- G. Internal loans or lines of credit are available for cash-flow gap funding to the extent they are secured by fundraising pledges or by contributions from third parties.
- H. Changes to the funding requirements applicable to design/professional services and construction approval set forth in II. D. and II. F. above may be made on a project-by-project basis upon approval by the university president.

III. Principles Regarding the Use of the Internal Bank

- A. Internal loans or lines of credit may be granted to units for strategic purposes consistent with the university's vision, mission, and values.
- B. All requests for internal bank funding must be approved by the requesting **unit leader** and the senior vice president for business and finance.
- C. An MOU setting forth terms, conditions and payback schedule must be fully executed by the sponsoring **unit leader**, the senior vice president for business and finance (CFO) and the vice president of financial services (treasurer) prior to funding being released. For loans supporting capital facilities improvement projects, a fully executed MOU must be in place prior to requesting design/professional services or construction approval.
- D. Recipients must identify the source of repayment and provide an approved business plan as part of the MOU.
- E. Regardless of source, all internal loans and lines of credit to affiliated entities require approval by the senior vice president for business and finance (CFO) and the vice president of financial services (treasurer).



University Debt University Policy

Applies to: University personnel responsible for the management of the university's debt and internal bank, and units undertaking capital facilities improvement projects, seeking use of the university's internal bank funds, or entering into a financing lease

- F. Early repayment is encouraged with no penalty.
 - G. The senior vice president for business and finance must report annually to the Audit, Finance & Investment Committee of the Board of Trustees on all approved internal loans and lines of credit and their disposition.
- IV. Principles Regarding Capital Project Fundraising Plans
- A. All major capital projects over \$4 million in size that include a fundraising component must include a Fundraising Plan prepared by the Office of Advancement and approved by the **unit leader**, the senior vice president for advancement, the senior vice president for business and finance (CFO) and the university president. All fundraising plans must be reviewed with the Board of Trustees prior to implementation of the plan.
 - B. Each Fundraising Plan will include the following elements: i) an established project fundraising goal; ii) proposed solicitation timeline and an estimate of timing with respect to **pledged** amounts reaching the thresholds identified in Section II above; iii) a listing of the number of potential donors sorted by range of planned asks; and iv) rationale supporting the fundraising goal in consideration of prospective donors and all other university or college fundraising priorities.
 - C. All major capital projects with an approved fundraising plan will be included and progress tracked as part of the capital fundraising scorecard, as presented to the Board of Trustees.
- V. Principles Regarding **Financing Leases**
- A. All leases must be approved by the senior vice president for business and finance (CFO) or designee.
 - B. All leases of a present value of \$10 million or more must be approved by the Board of Trustees.
 - C. For additional information on leases refer to the university's Purchasing policy.

PROCEDURE

Issued: 03/04/2005
Revised: 05/19/2022

- I. Use of the Internal Bank
- A. Requests for a university internal loan or line of credit are submitted on an Internal Bank Loan Application to the office of Financial Services.
 - B. Approval should not be assumed unless received in writing from the office of the senior vice president for business and finance.
 - C. Principal is expected to be paid down in regular installments consistent with the approved agreement. Balloon payments are discouraged.
- II. **Waivers** to this policy must be approved in advance and documented by the Office of Business and Finance, using the Business and Finance University Policy Waiver Request.
- III. Policy Violations
- A. All policy violations must be tracked as an **exception** in accordance with the Fiscal Stewardship policy.
 - B. The university may require successful completion of training.
 - C. The university may enforce corrective action, up to and including termination, in accordance with applicable policies or rules.
 - D. The university may seek restitution, as appropriate.
 - E. Criminal charges may be filed, as appropriate.



University Debt University Policy

Applies to: University personnel responsible for the management of the university's debt and internal bank, and units undertaking capital facilities improvement projects, seeking use of the university's internal bank funds, or entering into a financing lease

Responsibilities

Position or Office	Responsibilities
Board of Trustees	1. Approve debt to be issued as appropriate. 2. Approve all leases of a present value of \$10 million or more.
	1.
Office of Administration and Planning	Review and approve Project Funding Agreements.
Office of Advancement	Review and approve Project Funding Agreements that contain a fundraising component.
Office of Business and Finance	1. Review and approve Project Funding Agreements. 2. Approve and document waiver requests.
Office of the senior VP for business and finance	Issue written approvals for all university internal loans or lines of credit.
Parties to university internal loans or lines of credit	Execute MOUs prior to funding being released. Execute MOUs prior to requesting design/professional services or construction approval in cases of capital facilities improvement projects.
President	Approve changes to funding requirements as set forth in the policy.
Recipients of university internal loans or lines of credit	1. Identify sources of repayment and approved business plans in required MOUs. 2. Pay principal down in regular installments consistent with approved agreements.
Senior VP for administration and planning	Review and execute Project Funding Agreements (or designee).
Senior VP for advancement	Review and execute Project Funding Agreements that contain a fundraising component (or designee).
Senior VP for business and finance	1. Recommend to the Board of Trustees that debt be issued as appropriate. 2. Review and execute Project Funding Agreements (or designee). 3. Approve requests for internal bank funding. 4. Issue advance approval for agreements for more than 10 years or more than \$10 million. 5. Report annually to the Audit, Finance & Investment Committee of the Board of Trustees on all approved loans and lines of credit and their disposition. 6. Approve all financing leases (or designee).
Unit	1. Notify the Office of Business and Finance if funding commitments have changed and amend the Project Funding Agreement appropriately. 2. Assume financial responsibility for all expenses incurred if a capital facilities improvement project approved for design only does not move forward to construction. 3. Submit requests for university internal loans or lines of credit to the office of Financial Services.
Unit leader	1. Review and execute Project Funding Agreements. 2. Approve requests for internal bank funding.
Vice president of financial services (treasurer)	Recommend to the Board of Trustees that debt be issued as appropriate.

Resources

University Policies, policies.osu.edu/

Affiliated Entities, legal.osu.edu/sites/default/files/pdf/AffiliatedEntitiesPolicy.pdf

Board of Trustees Review and Approval of Facilities Improvement Projects and Real Estate Transactions, ap.osu.edu/sites/default/files/330_bot-review-approval.pdf

Fiscal Stewardship, busfin.osu.edu/sites/default/files/111_internalcontrols.pdf



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Purchasing, busfin.osu.edu/sites/default/files/221_purchasing.pdf

Forms and Other Resources

Business and Finance University Policy Waiver Request,
docusign.net/Member/PowerFormSigning.aspx?PowerFormId=fd68959a-4afb-48bb-a0ac-67521b9ad821&env=na1&acct=387d1013-fb1c-4705-9bd9-7cf575f484ce&v=2
Financial Code of Ethics, busfin.osu.edu/sites/default/files/financial-code-of-ethics.pdf
Ohio State Vision, Mission, Values, oaa.osu.edu/vision-mission-values
Request for Internal Bank Financing form,
busfin.osu.edu/sites/default/files/internal_bank_financing_form_01.08.18.pdf

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Debt Management, Office of Business and Finance	614-292-6261	busfin.osu.edu/debt-management
Affiliated entities	Office of Legal Affairs	614-292-0611	legal.osu.edu
Accounting for leases	Controller's Office, Office of Business and Finance	614-292-6220	busfin.osu.edu/controller

History

Issued:	03/04/2005	Board of Trustees resolution #2005-106
Revised:	05/13/2010	Board of Trustees resolution #2010-91
Revised:	04/06/2012	Board of Trustees resolution #2012-89
Reviewed:	06/29/2015	
Revised:	10/01/2018	Minor revision
Edited:	06/01/2019	Number removed from title
Revised:	01/07/2021	Minor revision
Revised:	05/19/2022	Board of Trustees resolution #2022-##



University Debt University Policy

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Responsible Office **Office of Business and Finance**

POLICY

Issued: 03/04/2005
Revised: 05/19/2022

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Pledged	Fundraising gifts dedicated to the project that are evidenced by a signed pledge agreement.
Unit	College or administrative unit.
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 - E. The university should use variable rate debt consistent with market conditions.
 - F. Capitalization of interest is discouraged.
 - G. Refinancing of debt is permissible provided that:
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- B. Project Funding Agreements must be reviewed and approved by the Office of Business and Finance, the Office of Administration and Planning, the sponsoring unit and, if a fundraising component is included, the Office of Advancement prior to inclusion in the university's capital plan.
- C. It is the responsibility of the sponsoring **unit** to notify the Office of Business and Finance if funding sources/commitments have changed and to secure an appropriately amended Project Funding Agreement.
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 1. 75% of targeted fundraising is **pledged**, 100% of debt funding is evidenced by an executed internal bank MOU, and 100% of cash funding is **in-hand**; and
 2. The Project Funding Agreement has been reviewed, updated (if necessary), and approved pursuant to II.B above.
- E. For capital facilities improvement projects approved for design/professional services only, the sponsoring unit construct financial responsibility for all expenses incurred if the project does not move forward to construction.
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- A. Internal loans or lines of credit may be granted to units for strategic purposes consistent with the university's vision, mission, and values.
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- C. An MOU setting forth terms, conditions and payback schedule must be fully executed by the sponsoring **unit leader**, the senior vice president for business and finance (CFO) and the vice president of financial services (treasurer) prior to funding being released. For loans supporting capital facilities improvement projects, a fully executed MOU must be in place prior to requesting design/professional services or construction approval.
- D. Recipients must identify the source of repayment and provide an approved business plan as part of the MOU.
- E. Regardless of source, all internal loans and lines of credit to affiliated entities require approval by the senior vice president for business and finance (CFO) and the vice president of financial services (treasurer).



University Debt

University Policy

Applies to: University personnel responsible for the management of the university's debt and internal bank, and units undertaking capital facilities improvement projects, seeking use of the university's internal bank funds, or entering into a financing lease

- F. Early repayment is encouraged with no penalty.
- G. The senior vice president for business and finance must report annually to the Audit, Finance & Investment Committee of the Board of Trustees on all approved internal loans and lines of credit and their disposition.

IV. Principles Regarding Capital Project Fundraising Plans

- A. All major capital projects over \$4 million in size that include a fundraising component must include a Fundraising Plan prepared by the Office of Advancement and approved by the **unit leader**, the senior vice president for advancement, the senior vice president for business and finance (CFO) and the university president. All fundraising plans must be reviewed with the Board of Trustees prior to implementation of the plan.
- B. Each Fundraising Plan will include the following elements: i) an established project fundraising goal; ii) proposed solicitation timeline and an estimate of timing with respect to **pledged** amounts reaching the thresholds identified in Section II above; iii) a listing of the number of potential donors sorted by range of planned asks; and iv) rationale supporting the fundraising goal in consideration of prospective donors and all other university or college fundraising priorities.
- C. All major capital projects with an approved fundraising plan will be included and progress tracked as part of the capital fundraising scorecard, as presented to the Board of Trustees.

V. Principles Regarding **Financing Leases**

- A. All leases must be approved by the senior vice president for business and finance (CFO) or designee.
- B. All leases of a present value of \$10 million or more must be approved by the Board of Trustees.
- C. For additional information on leases refer to the university's [Purchasing policy](#).

PROCEDURE

Issued: 03/04/2005

Revised: 05/19/2022

- I. Use of the Internal Bank
 - A. Requests for a university internal loan or line of credit are submitted on an [Internal Bank Loan Application](#) to the office of Financial Services.
 - B. Approval should not be assumed unless received in writing from the office of the senior vice president for business and finance.
 - C. Principal is expected to be paid down in regular installments consistent with the approved agreement. Balloon payments are discouraged.
- II. **Waivers** to this policy must be approved in advance and documented by the Office of Business and Finance, using the [Business and Finance University Policy Waiver Request](#).
- III. Policy Violations
 - A. All policy violations must be tracked as an **exception** in accordance with the [Fiscal Stewardship policy](#).
 - B. The university may require successful completion of training.
 - C. The university may enforce corrective action, up to and including termination, in accordance with applicable policies or rules.
 - D. The university may seek restitution, as appropriate.
 - E. Criminal charges may be filed, as appropriate.



University Debt University Policy

Applies to: University personnel responsible for the management of the university's debt and internal bank, and units undertaking capital facilities improvement projects, seeking use of the university's internal bank funds, or entering into a financing lease

Responsibilities

Position or Office	Responsibilities
Board of Trustees	<ol style="list-style-type: none"> 1. Approve debt to be issued as appropriate. 2. Approve all leases of a present value of \$10 million or more.
Office of Administration and Planning	Review and approve Project Funding Agreements.
Office of Advancement	Review and approve Project Funding Agreements that contain a fundraising component.
Office of Business and Finance	<ol style="list-style-type: none"> 1. Review and approve Project Funding Agreements. 2. Approve and document waiver requests.
Office of the senior VP for business and finance	Issue written approvals for all university internal loans or lines of credit.
Parties to university internal loans or lines of credit	<p>Execute MOUs prior to funding being released.</p> <p>Execute MOUs prior to requesting design/professional services or construction approval in cases of capital facilities improvement projects.</p>
President	Approve changes to funding requirements as set forth in the policy.
Recipients of university internal loans or lines of credit	<ol style="list-style-type: none"> 1. Identify sources of repayment and approved business plans in required MOUs. 2. Pay principal down in regular installments consistent with approved agreements.
Senior VP for administration and planning	Review and execute Project Funding Agreements (or designee).
Senior VP for advancement	Review and execute Project Funding Agreements that contain a fundraising component (or designee).
Senior VP for business and finance	<ol style="list-style-type: none"> 1. Recommend to the Board of Trustees that debt be issued as appropriate. 2. Review and execute Project Funding Agreements (or designee). 3. Approve requests for internal bank funding. 4. Issue advance approval for agreements for more than 10 years or more than \$10 million. 5. Report annually to the Audit, Finance & Investment Committee of the Board of Trustees on all approved loans and lines of credit and their disposition. 6. Approve all financing leases (or designee).
Unit	<ol style="list-style-type: none"> 1. Notify the Office of Business and Finance if funding commitments have changed and amend the Project Funding Agreement appropriately. 2. Assume financial responsibility for all expenses incurred if a capital facilities improvement project approved for design only does not move forward to construction. 3. Submit requests for university internal loans or lines of credit to the office of Financial Services.
Unit leader	<ol style="list-style-type: none"> 1. Review and execute Project Funding Agreements. 2. Approve requests for internal bank funding.
Vice president of financial services (treasurer)	Recommend to the Board of Trustees that debt be issued as appropriate.

Resources

University Policies, policies.osu.edu/

Affiliated Entities, legal.osu.edu/sites/default/files/pdf/AffiliatedEntitiesPolicy.pdf

Board of Trustees Review and Approval of Facilities Improvement Projects and Real Estate Transactions, ap.osu.edu/sites/default/files/330_bot-review-approval.pdf

Fiscal Stewardship, busfin.osu.edu/sites/default/files/111_internalcontrols.pdf

Purchasing, busfin.osu.edu/sites/default/files/221_purchasing.pdf



University Debt University Policy

Applies to: University personnel responsible for the management of the university's debt and internal bank, and units undertaking capital facilities improvement projects, seeking use of the university's internal bank funds, or entering into a financing lease

Forms and Other Resources

Business and Finance University Policy Waiver Request,
docusign.net/Member/PowerFormSigning.aspx?PowerFormId=fd68959a-4afb-48bb-a0ae-67521b9ad821&env=na1&acct=387d1013-fb1c-4705-9bd9-7cf575f484ce&v=2
Financial Code of Ethics, busfin.osu.edu/sites/default/files/financial-code-of-ethics.pdf
Ohio State Vision, Mission, Values, oaa.osu.edu/vision-mission-values
Request for Internal Bank Financing form,
busfin.osu.edu/sites/default/files/internal_bank_financing_form_01.08.18.pdf

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Debt Management, Office of Business and Finance	614-292-6261	busfin.osu.edu/debt-management
Affiliated entities	Office of Legal Affairs	614-292-0611	legal.osu.edu
Accounting for leases	Controller's Office, Office of Business and Finance	614-292-6220	busfin.osu.edu/controller

History

Issued:	03/04/2005	Board of Trustees resolution #2005-106
Revised:	05/13/2010	Board of Trustees resolution #2010-91
Revised:	04/06/2012	Board of Trustees resolution #2012-89
Reviewed:	06/29/2015	
Revised:	10/01/2018	Minor revision
Edited:	06/01/2019	Number removed from title
Revised:	01/07/2021	Minor revision
Revised:	05/19/2022	Board of Trustees resolution #2022-##

APPENDIX XCVII

The Ohio State University
Board of Trustees

May 19, 2022

BACKGROUND

TOPIC: Modification to LTIP distribution calculation period and addition of a new benchmark for measuring performance of a designated government only mandate within the Operating Funds Portfolio.

CONTEXT FOR MODIFICATION TO LTIP DISTRIBUTION CALCULATION PERIOD: The LTIP generates annual distributions to support students, faculty and the broader university community. Under the current policy, the LTIP distributes funds at the beginning of each fiscal year based on the following formula:

- The distribution amount is calculated on an average monthly market value per share of the LTIP over the most recent seven-year period.
- The distribution rate is 4.5%.

The seven-year moving average is designed to provide a smoothing effect so that university initiatives are not adversely affected by short-term market trends. In surveying peer universities (Big 10 and certain large public universities) with respect to various financial metrics, the university learned that the average length of the calculation period used to determine market value is five years and based on a Cambridge Associates 2020 survey of their university clients, the average length is 3.7 years.

CONTEXT FOR ADDITION OF NEW BENCHMARK: The Operating Funds Portfolio of the university must comply with Ohio Revised Code 3345.05(c)(1) which states that "at least twenty-five percent [25%] of the average amount of the investment portfolio over the course of the previous fiscal year be invested in securities of the United States government" or other qualifying holdings. The use of a government only portfolio of fixed income securities aids the university's ability to continue to comply with the code requirement.

SUMMARY OF MODIFICATION TO LTIP DISTRIBUTION CALCULATION PERIOD: In line with peer institutions, the university proposes to modify the LTIP distribution calculation period from seven years to five years while retaining the current 4.5% distribution percentage.

SUMMARY OF ADDITION OF NEW BENCHMARK: Operating Funds performance is measured against fixed income benchmarks based on mandate and duration. The proposed revision highlighted below reflects the addition of a new Government Only Fixed Income benchmark. The new benchmark shown below aligns with the new mandate and duration:

<u>Operating Funds Fixed Income Mandate</u>	<u>Benchmark</u>
Working Capital	Bank of America ML 91-day T-Bill
0-1 Year	ICE Bank of America 6m T-Bill
1-3 Year	ICE ML US Corp & Govt 1-3 Bloomberg US Treasury: 1-3 Year (New)
1-5 Year	BBG Barclays 1-5 Yr. Govt/Credit Bond Index
1-10 Year	Barclays 1-10 Year Intermediate Govt/Credit Bond Index
1-30 Year	Barclays US Aggregate Index

REQUESTED OF THE AUDIT, FINANCE AND INVESTMENT COMMITTEE: Approval of a revised Investment Policy to modify the LTIP distribution calculation period and approval of the addition of a new benchmark, each to be effective July 1, 2022.

APPENDIX XCVIII

The Ohio State University
Board of Trustees

May 19, 2022

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

BACKGROUND

TOPICS: Annual resolution to authorize the university treasurer and/or the university senior vice president for business and finance to undertake a variety of financial transactions on behalf of the university.

CONTEXT: This annual resolution is required by the institutions with which the university does business. There are no changes from last year's annual resolution.

SUMMARY: This resolution will continue the current policies that authorize the university treasurer and/or senior vice president for business and finance or their designees to provide oversight and signature authority over the function of buying, selling, and transferring of stocks, bonds, and other financial instruments. The resolution continues the authorization that allows the university treasurer and/or senior vice president for business and finance or their designees to designate depositories and custodians and to open and maintain accounts at various financial institutions. It allows the university treasurer or the treasurer's designees be authorized to enter into agreements with institutions providing financial products and services on behalf of the university. In addition, the university treasurer and/or senior vice president for business and finance or their designees retain the authorization to sign agreements for bank financing, underwriting, brokerage, leasing, equipment financing, deposits, foreign currency exchange, hedging vehicles including forwards, futures, swaps and options, and other financial advisory services. The resolution also will continue the current authorization that allows the university treasurer and/or senior vice president for business and finance or their designees to enter into insurance-related agreements which includes emergency response service agreements.

REQUESTED OF THE AUDIT, FINANCE, & INVESTMENT COMMITTEE: Approval of the resolution.

APPENDIX XCIX

The Ohio State University
Board of Trustees

May 19, 2022

THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES AUDIT, FINANCE AND INVESTMENT COMMITTEE

May 19, 2022

TOPICS: Men's Basketball Ticket Prices

CONTEXT:

The Ohio State University Department of Athletics continues to be one of a very limited number of self-sustaining athletics programs in the nation. Currently, the Department of Athletics funds more than 1,000 student-athletes in successful endeavors of academic achievement and athletics competitions, as well as personal and professional development, with a Graduation Success Rate of 87% and a career placement rate of 91%. The Department of Athletics transfers approximately \$52 million annually to the University for contributions, and payments for goods and services provided to the Department, which includes \$29 million for grant-in-aid.

The Department of Athletics first introduced premier-game pricing in 2013, and beginning with the 2017-2018 basketball season adopted an expanded variable pricing model for all individual game tickets while also offering discounts for public, faculty and staff full season ticket purchasers. The scaling of the arena was expanded from four price zones to six price zones beginning with the 2019-2020 season. This pricing model provides a fluid pricing structure to align to market demands, offers significantly more choice for ticket purchasers, and has contributed to successfully increasing both sales and attendance. The Athletic Council and university administrators recommend continuation of these pricing guidelines. Historical pricing for the previous three seasons is included in the attached appendix.

RECOMMENDATION:

- Price the individual games according to exhibition, non-conference, conference or premier opponent categorization, with a maximum of five games categorized as premier.
- Assign the individual game and season ticket pricing for the 2022-2023 men's basketball season as indicated in the following table.

CONSIDERATIONS:

- Variable ticket pricing is widely used by other Big Ten institutions and various athletic programs across the country, provides better access and affordability for fans, and has been successful at Ohio State since it was first introduced for the 2013-2014 season.
- Discounts for full season ticket packages will remain for faculty, staff and the general public.
- The student ticket price will remain at \$9 for all opponent categories.
- Premier games for previous seasons have been designated as follows:
 - 2018-2019 season: Syracuse, Michigan State, Purdue and Wisconsin
 - 2019-2020 season: Cincinnati, Villanova, Maryland and Michigan
 - 2020-2021 season: No tickets sold due to COVID-19 restrictions on attendance
 - 2021-2022 season: Duke, Wisconsin, Indiana, Michigan State and Michigan

The Ohio State University
Board of Trustees

May 19, 2022

- The schedule for the 2022-2023 season has not yet been determined but is projected to have 16 regular home games.

Opponent Category	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Student
Exhibition	\$ 10	\$ 10	\$ 10	\$ 10	\$ 10	\$ 5	\$ 9
Non-Conference	\$ 28	\$ 25	\$ 20	\$ 13	\$ 11	\$ 7	\$ 9
Conference	\$ 48	\$ 44	\$ 39	\$ 29	\$ 20	\$ 11	\$ 9
Premier	\$ 61	\$ 57	\$ 51	\$ 36	\$ 25	\$ 16	\$ 9
Season Ticket (Public)	\$ 642	\$ 584	\$ 507	\$ 363	\$ 255		
Season Ticket (Faculty/Staff)	\$ 587	\$ 545	\$ 472	\$ 340	\$ 245		

REQUESTED OF AUDIT, FINANCE AND INVESTMENT COMMITTEE:

Approval

APPENDIX – MEN’S BASKETBALL TICKET PRICING HISTORY

2021-2022 Men’s Basketball Season (17 regular home games plus 1 exhibition game)

Opponent Category	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Student
Exhibition	\$ 10	\$ 10	\$ 10	\$ 10	\$ 10	\$ 5	\$ 9
Non-Conference	\$ 28	\$ 25	\$ 20	\$ 13	\$ 11	\$ 7	\$ 9
Conference	\$ 46	\$ 43	\$ 38	\$ 29	\$ 20	\$ 11	\$ 9
Premier	\$ 59	\$ 55	\$ 49	\$ 36	\$ 25	\$ 16	\$ 9
Season Ticket (Public)	\$ 670	\$ 616	\$ 540	\$ 394	\$ 284		
Season Ticket (Faculty/Staff)	\$ 612	\$ 561	\$ 489	\$ 361	\$ 255		

2020-2021 Men’s Basketball Season (no tickets sold due to COVID-19 restrictions on attendance)

2019-2020 Men’s Basketball Season (18 regular home games plus 1 exhibition game)

Opponent Category	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Student
Exhibition	\$ 10	\$ 10	\$ 10	\$ 10	\$ 10	\$ 5	\$ 9
Non-Conference	\$ 28	\$ 25	\$ 20	\$ 13	\$ 11	\$ 7	\$ 9
Conference	\$ 45	\$ 42	\$ 37	\$ 28	\$ 19	\$ 10	\$ 9
Premier	\$ 57	\$ 53	\$ 47	\$ 34	\$ 23	\$ 14	\$ 9
Season Ticket (Public)	\$ 659	\$ 604	\$ 532	\$ 385	\$ 273		
Season Ticket (Faculty/Staff)	\$ 599	\$ 555	\$ 483	\$ 357	\$ 252		

2018-2019 Men’s Basketball Season (18 regular home games plus 1 exhibition game)

Opponent Category	PSL/ Club	Zone 1	Zone 2	Zone 3	Zone 4	Student
Exhibition	\$ 10	\$ 10	\$ 10	\$ 10	\$ 5	\$ 9
Non-Conference	\$ 29	\$ 24	\$ 13	\$ 11	\$ 7	\$ 9
Conference	\$ 46	\$ 41	\$ 28	\$ 19	\$ 10	\$ 9
Premier	\$ 57	\$ 52	\$ 32	\$ 23	\$ 14	\$ 9
Season Ticket (Public)	\$ 684	\$ 604	\$ 374	\$ 276		
Season Ticket (Faculty/Staff)		\$ 546	\$ 341	\$ 253		

APPENDIX C

	Amount Establishing <u>Endowment*</u>	Total <u>Commitment</u>
<u>Establishment of Named Endowed Professorship</u> <u>(University)</u>		
Centennial Endowed Professor of Nursing Established August 27, 2020, with transfers from the College of Nursing and gifts from alumni and friends of the college; used to support a professorship position in the College of Nursing. This professorship is designed to promote and enhance nursing and trans-disciplinary research consistent with the then current priorities of the college. Revised May 19, 2022.	\$1,000,210.00	\$1,000,210.00
<u>Establishment of Named Endowed Fund (University)</u>		
Richard G. O'Brien Scholarship Fund Established May 19, 2022, with a fund transfer by the College of Engineering a gift from the estate of Josephine C. LaPlaca in honor of Richard G. O'Brien (BME 1966); used to provide one or more scholarships to students who are enrolled in the College of Engineering, are majoring in mechanical engineering and demonstrate financial need.	\$457,137.81	\$457,137.81
Brian and Lynn Kezur Scholarship Fund Established May 19, 2022, with gifts from Brian Kezur (BA 2005) and Lynn Kezur (BA 2005) and matching gifts as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more non-renewable scholarships to first-year undergraduate students who graduated from Sylvania Southview High School or Sylvania Northview High School in Sylvania, Ohio. It is the donors' desire to provide as significant financial support as possible to two eligible recipients: one from each high school referenced above. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. In any given year, if there are no eligible students who graduated from Sylvania Southview High School or Sylvania Northview High School in Sylvania, Ohio, the scholarship(s) will be open to students in the following order of preference: First-year undergraduate students from Sylvania, Ohio First-year undergraduate students from Lucas County, Ohio First-year undergraduate students from Ohio	\$275,000.00	\$275,000.00
The Ohio State University Retirees Association Fund to Combat Student Food Insecurity Established May 19, 2022, with gifts from members of The Ohio State University Retirees Association; used to benefit the Buckeye Food Alliance at the direction of the senior vice president for Student Life. Should the Buckeye Food Alliance cease to exist, the fund shall be used in a matter in line with the intent of the Buckeye Food Alliance, which was created to combat student food insecurity and limited to the direct and specific support of student hunger.	\$103,422.12	\$103,422.12

Judge George C. Smith Memorial Law Scholarship Fund Established May 19, 2022, with gifts from friends, family, and colleagues of Judge George C. Smith (BA 1957, JD 1959); used to provide one or more scholarships to students who are enrolled in the Michael E. Moritz College of Law and graduated from a high school in Ohio. Preference shall be given to candidates with disabilities.	\$100,075.16	\$100,075.16
John F. Guilmartin Jr. Endowed Scholarship Award Fund Established May 19, 2022, with a fund transfer by the College of Arts and Sciences, Department of History and a transfer of gifts from a current use fund known as the John F. Guilmartin Jr. Scholarship Award Fund; used to provide one or more scholarships for travel expenses for undergraduate students to participate in the History of World War II Study Abroad Program. Candidates must have completed the World War I and World War II history courses and demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students who wish to participate in the History of World War II Study Abroad Program.	\$100,000.00	\$100,000.00
Men's Swimming Team Support Fund Established May 19, 2022, with a fund transfer by the Department of Athletics of an unrestricted gift from the estate of C. LaVon Shook (BS 1950, MA 1956); used at the discretion of the director of the Department of Athletics to support the men's swimming team.	\$100,000.00	\$100,000.00

Change in Name and Description of Named Endowed Fund (University)

From: The Charles E. Thorne Graduate Fellowship Fund
To: The Charles E. Thorne Fund

Change in Description of Named Endowed Fund (University)

Julius Gluck Memorial Fund

The Woody and Anne Hayes 1968 National Championship Athletic Scholarship Fund

George Beecher Kauffman Memorial Fund

Establishment of Named Endowed Executive Director (Foundation)

<p>Sandy and Andy Ross Endowed Director of the Chadwick Arboretum and Learning Gardens</p> <p>Established September 2, 2016, with a grant recommended by Sandra (BA 1970) and M. Andrew (BA 1964, JD 1967) Ross from their donor-advised fund at The Columbus Foundation; used to support a director position in Chadwick Arboretum and Learning Gardens. Distributions shall be used to support Chadwick at the discretion of the director, which may include, but is not limited to, enhanced programming and staff support for Chadwick. The donors desire to enhance funding at Chadwick rather than replace existing funding. Revised May 19, 2022.</p>	\$3,526,609.25	\$3,526,609.25
<p><u>Establishment of Named Endowed Chair (Foundation)</u></p>		
<p>David H. George Endowed Chair in Chemical Engineering</p> <p>Established May 19, 2022, with gifts from the estate of Marilyn George; used to support a chair position in the William G. Lowrie Department of Chemical and Biomolecular Engineering, College of Engineering focused on chemical engineering.</p>	\$3,500,000.00	\$3,500,000.00
<p><u>Establishment of Named Endowed Program Director (or equivalent) (Foundation)</u></p>		
<p>Tom Rieland Endowed WOSU General Manager</p> <p>Established May 19, 2022, with gifts from M. Andrew Ross (BA 1964, JD 1967) and Sandra L. Ross (BS 1970) and friends and colleagues of Tom Rieland to commemorate his retirement as General Manager of WOSU Public Media after 19 years of service; used to support an endowed position in WOSU at the highest level possible. If the position is vacant, the annual distribution may be used at the discretion of the highest ranking official in WOSU or his/her designee.</p>	\$2,853,320.34	\$2,853,320.34
<p><u>Establishment of Named Endowed Professorship (Foundation)</u></p>		
<p>Engineering Entrepreneurship Professorship</p> <p>Established May 19, 2022, with gifts from an anonymous donor to emphasize his/her/their beliefs in non-partisan teaching and research; used to support a professorship position in the Department of Food, Agricultural, and Biological Engineering for the person who best exemplifies the innovative and entrepreneurial spirit of the department. Subject to the University's standard guidelines, the position holder's work should encourage entrepreneurial experiences to educate both graduate and undergraduate students about the benefits of commercializing research and discovery, provide education on the requirements of a startup, and expose students to partnerships and people from industry who have been through a startup, both successful and failures.</p>	\$1,000,000.00	\$1,000,000.00

The Anne K. "Nancy" Jeffrey Endowed Professorship for Mental Health Equity and Resilience Established May 19, 2022, with grants from The Columbus Foundation through a donor-advised fund advised by Anne Jeffrey Wright and Elizabeth Jeffrey Balderston; used to support a professorship position in the Department of Psychiatry and Behavioral Health. Candidates should focus on studies working towards enhancing mental health equity and resilience amongst marginalized and underserved communities. If the position is vacant, the annual distribution may be used to support the faculty in the department.	\$1,000,000.00	\$1,000,000.00
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Establishment of Named Endowed Professorship Fund (Foundation)

Colleen McMahon Faculty Excellence Fund in Music Established May 19, 2022, with a gift from the Honorable Colleen McMahon (BA 1973); used to support a professorship position in the School of Music if full funding is reached. Prior to full funding or if the position is vacant, the annual distribution may be used to support faculty in the School of Music.	\$250,000.00	\$1,000,000.00
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Head and Neck Cancer Innovation Fund Established May 19, 2022, with gifts from Dr. John Old and Lynn Old; used to support innovative, multidisciplinary research, education, and clinical excellence under the direction of the highest ranking official(s) in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute or his/her/their designee(s), in consultation with the highest ranking official in the Department of Otolaryngology or his/her designee with recommendation from the highest ranking official in the Division of Head and Neck Oncology or his/her designee. If at any time the gifted principal balance of the fund reaches the then current minimum required for an endowed faculty position, the fund purpose and name shall be revised accordingly to support an endowed position in the Department of Otolaryngology. If the position is vacant, the annual distribution may be used to support the faculty in the department.	\$100,100.00	\$1,100,000.00
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Establishment of Named Endowed Fund (Foundation)

The Anne K. "Nancy" Jeffrey Endowed Mental Health Equity and Resilience Research Fund Established May 19, 2022, with grants from The Columbus Foundation through a donor-advised fund advised by Anne Jeffrey Wright and Elizabeth Jeffrey Balderston; used to support research and programming to promote mental health equity and/or resilience in the Department of Psychiatry and Behavioral Health. Such programming may include, but is not limited to, clinical programs, services, symposia/lectureship, and community engagement activities. If at any time the need to support programming ceases to exist, the fund may be used to support the department.	\$1,000,000.00	\$1,000,000.00
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<p>Chuck and Sharon Elgin ISE Scholarship Fund</p> <p>Established May 19, 2022, with gifts from Charles Robert Elgin (BS 1978) and Sharon Ann Elgin (BS 1979) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more scholarships to undergraduate students who are enrolled in the Department of Integrated Systems Engineering. First preference shall be given to candidates who graduated from a high school program at Eastland-Fairfield Career & Technical Schools, Bishop Ready, or Groveport-Madison. Second preference shall be given to non-traditional students who are in need of financial support and attended a vocational school program or worked part or full-time jobs before applying for college in the state of Ohio. Third preference shall be given to candidates who graduated from a Columbus public high school. Fourth preference shall be given to candidates who graduated from an Ohio high school</p>	<p>\$250,000.00</p>	<p>\$250,000.00</p>
<p>The Wampler Family Student-Athlete Nutrition Fund</p> <p>Established May 19, 2022, with a gift from Dr. Daniel Joseph Wampler (BS 1980, PhD 1983) and Lisa Marshall Wampler (BS 1982); used to support performance nutrition programs and initiatives of student-athletes who are members of a varsity sport at the University.</p>	<p>\$250,000.00</p>	<p>\$250,000.00</p>
<p>Rick and Kathy Ueltschy Undergraduate Accounting Scholarship Fund</p> <p>Established May 19, 2022, with gifts from Richard G. Ueltschy (BS 1978) and Kathy L. Ueltschy and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more scholarships to undergraduate students who are studying accounting and demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the Max M. Fisher College of Business.</p>	<p>\$202,867.80</p>	<p>\$202,867.80</p>
<p>The Gregory L. and Nancy A. Ridler Endowed Scholarship Fund</p> <p>Established May 19, 2022, with gifts from Gregory L. Ridler (JD 1969) and Nancy A. Ridler and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more scholarships based on the following criteria:</p> <p>1-Candidates must be honorably discharged student veterans or students currently serving within the reserves, national guard, and/or active duty. If there are no eligible honorably discharged student veterans or students currently serving within the reserves, national guard, and/or active duty, scholarships will be open to tri-service ROTC cadets and midshipman.</p> <p>2-Candidates must be residents of Ohio (preference for residents of Mahoning, Columbiana, or Trumbull Counties).</p> <p>3-Candidates must be second, third, or fourth-year undergraduate students who are enrolled full-time in the College of Nursing.</p> <p>4-Candidates must be in good academic standing, with preference given to candidates who have a minimum 3.0 grade point average.</p> <p>5-Preference shall be given to, but not limited to, candidates who demonstrate financial need.</p>	<p>\$200,000.00</p>	<p>\$200,000.00</p>

<p>The Justine Skestos Fund in the Division of Pulmonary, Critical Care and Sleep Medicine Established May 19, 2022, with a gift from George A. Skestos of Columbus, Ohio, in honor of his wife, Justine "Tina" Serednesky Skestos; used to support the work of Dr. Jeffrey Horowitz in the Division of Pulmonary, Critical Care and Sleep Medicine or his successor.</p>	\$200,000.00	\$200,000.00
<p>Calvin J. and June E. Cotrell Career and Technical Education Leadership Development Award Established May 19, 2022, with an estate gift from Calvin J. Cotrell (BS 1950, PhD 1960) and June E. Cotrell; used to provide financial support for career and technical education teachers enrolled in the graduate program of Work Force Development and Education, in the College of Education and Human Ecology.</p>	\$179,621.38	\$179,621.38
<p>Kristina M. Johnson Endowed Scholarship Fund Established May 19, 2022, with gifts from Kristina M. Johnson and Veronica Meinhard and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to equally supplement the grant-in-aid costs of undergraduate, student-athletes who are members of the Women's Field Hockey team and the Women's Lacrosse team. If the need for grant-in-aid support for the Women's Field Hockey and/or Women's Lacrosse teams cease to exist or have been fulfilled by other sources, any remaining annual distribution shall supplement the grant-in-aid costs of undergraduate, student-athletes who are members of the Women's Swimming team. If no students meet the selection criteria, the scholarship(s) will be open to undergraduate students who are members of a women's varsity athletic team.</p>	\$166,666.67	\$250,000.00
<p>Veronica Meinhard Endowed Scholarship Fund Established May 19, 2022, with gifts from Kristina M. Johnson and Veronica Meinhard and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more scholarships to undergraduate students who are first-generation college students.</p>	\$166,666.67	\$250,000.00
<p>G. John and Betty J. Lambillotte Endowed Scholarship Fund in Chemical Engineering Established May 19, 2022, with gifts from the Lambillotte Charitable Remainder Unitrust; used to provide one or more scholarships to students who are enrolled in the College of Engineering and studying chemical engineering. The donor desires that when awarding this scholarship special consideration be given to candidates who are members of organizations recognized by the University that are open to all but whose missions seek to advance the need of women in engineering. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the college.</p>	\$164,541.95	\$164,541.95

Joseph B. Borgo Endowed Scholarship Fund in French or Italian Studies Established May 19, 2022, with gifts from Joseph B. Borgo (BA 1970, MSW 1972) and Mary C. Borgo and matching funds as part of the Scarlet and Gray Endowed Matching Gift Program; used to provide one or more scholarship(s) to undergraduate students who are enrolled in the College of Arts and Sciences and majoring in French or Italian.	\$150,000.00	\$200,000.00
Dr. Anishka K. Turner-Barnes Legacy Fund Established May 19, 2022, with gifts from Dr. Phillip Deshawn Barnes and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more scholarships to undergraduate students, including incoming freshmen, who are enrolled in the College of Engineering. The donor desires that when awarding this scholarship special consideration be given to candidates with preference given as outlined below. 1-whose pre-school, primary, and/or secondary education occurred in the following areas in this order of preference: Cat Island in The Bahamas; The Commonwealth of The Bahamas; The Caribbean region. 2-members of organizations recognized by the University that are open to all but whose missions seek to advance the needs of populations underrepresented in the field of engineering, such as the National Society of Black Engineers. 3-members of organizations recognized by the University that are open to all but whose missions seek to advance the needs of populations underrepresented in the field of engineering, such as the Minority Engineering Program. The donor desires that this scholarship be renewable to students who remain in good academic standing and with the preface that the candidate's financial need will be assessed annually. If no students meet the selection criteria for a period of two consecutive years, the scholarship(s) will be open to all undergraduate students who are enrolled in the College of Engineering	\$136,895.39	\$136,895.39
We Gonna Be Alright Scholarship Fund Established May 19, 2022, with gifts from an anonymous donor and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more high-impact scholarships to undergraduate students who are attending Ohio State Lima with preference given to students who are graduates of Lima Senior High School in Lima, Ohio. If no candidates meet the selection criteria, the scholarship(s) will be open to students who graduated from a high school in Allen County, Ohio.	\$125,000.00	\$125,000.00
Veterinary Medicine Class of 1978 Scholarship Fund Established May 19, 2022, with gifts from members of Veterinary Medicine Class of 1978; used to provide one or more scholarships to third or fourth year DVM students who demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the College of Veterinary Medicine.	\$120,753.69	\$120,753.69

<p>The Judy and Jeff Mitchell Athletic Scholarship Fund Established May 19, 2022, with gifts from Jeffrey C. Mitchell (BS 1975) and Judy R. Mitchell (BS 1976); used to supplement the grant-in-aid costs for undergraduate student-athletes who are majoring in business. It is the donors' desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients.</p>	\$120,000.00	\$150,000.00
<p>Hogarth-Butturini Family Financial Services Fund for Public-Service Internships Established May 19, 2022, with gifts from Dr. Jeanne M. Hogarth (MS 1979, PhD 1981) and Randal S. Butturini; used to provide financial support for students who are enrolled in the College of Education and Human Ecology and are majoring in consumer and family financial services. The donors desire to support students who are participating in unpaid internships in the government or non-profit sector. Candidates can obtain their own internships, or be a part of a University run program such as the Washington Internship Program or the Ohio Government Internship Program in the John Glenn College of Public Affairs. If no students meet the selection criteria, the scholarship(s) will be open to (in succeeding order): 1) students minoring in consumer and family financial services, or 2) students studying in the Department of Human Science or its successor(s).</p>	\$115,000.30	\$115,000.30
<p>Robert and Darlene Rankin 100% TBDBITL Fund Established May 19, 2022, with gifts from Robert C. Rankin (BS 1951) and Darlene Rankin (BS 1953, MA 1979); used to provide scholarships to active members of The Ohio State University Marching Band.</p>	\$105,050.00	\$105,050.00
<p>Dr. James L. Cornett Scholarship Fund Established May 19, 2022, with gifts from Dr. Sandra J. Cornett (BS 1965, MS 1970, PhD 1981); used to provide one or more scholarship(s) to students who are enrolled in the College of Dentistry and studying in the Division of Endodontics. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college.</p>	\$104,330.00	\$104,330.00
<p>Captain R. Scott Gledhill Economics Scholarship Fund in Memory of Dr. Novice G. Fawcett Established May 19, 2022, with gifts from Captain Robert Scott Gledhill Jr. (BS 1967) in memory of Dr. Novice G. Fawcett (MA 1937, DRH 1972) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more scholarships to undergraduate students who are majoring in economics. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the College of Arts and Sciences.</p>	\$103,394.18	\$103,394.18

Alpha Gamma Sigma Foundation Scholarship Fund in honor of Dwain and Marilyn Sayre Established May 19, 2022, with gifts from T. Dwain Sayre (BS 1961, MS 1968); used to provide one or more scholarships to undergraduate students who are enrolled in the College of Food, Agricultural, and Environmental Sciences and are members of the Alpha Gamma Sigma Fraternity provided the fraternity remains open to all and is recognized by the University. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. The donor desires to provide as significant financial support as possible to as many qualified recipients as possible.	\$101,640.78	\$101,640.78
The Janet Braun Student Engagement Scholarship Fund Established May 19, 2022, with gifts from Janet L. Braun (BS 1982, JD 1985); used to provide one or more scholarship(s) to students who are enrolled in the College of Engineering, display leadership skills, and demonstrate community engagement outside the classroom, either within or outside the University. Preference shall be given to candidates who are participating in activities to develop relationship-building, communication or other skills needed to excel professionally.	\$101,465.95	\$101,465.95
Lynne Russell Brophy Nursing Education Fund Established May 19, 2022, with gifts from Lynne L. Brophy; used to support nursing assistants at The Ohio State University Wexner Medical Center or The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) who are pursuing education that will allow them to sit for registered nurse licensure. To qualify, candidates must be employed by the Medical Center or the OSUCCC – James for at least one year and must be in good standing as an employee. Medical Center and OSUCCC – James leadership will review and select candidates on an annual basis. If no candidates can be identified, the annual distribution may be used by any employee of the Medical Center or the OSUCCC – James who is pursuing advanced nursing education.	\$100,162.36	\$100,162.36
The Dr. John C. Baker Veterinary Scholarship Fund Established May 19, 2022, with gifts from Dr. John C. Baker (BS 1973, MS 1975, DVM 1980); used to provide one or more scholarships to DVM students who are in good academic standing. Preference shall be given to third or fourth-year students with an interest in farm animal medicine, surgery, or research.	\$100,000.66	\$100,000.66
Jack Davis Multiple Sclerosis Endowed Research Fund Established May 19, 2022, with a gift from Dr. Vivian W. Davis (PhD 1982) given in memory of her husband, John “Jack” R. Davis; used to support basic science, clinical, and translational multiple sclerosis research, including progressive types, in the Department of Neurology.	\$100,000.00	\$100,000.00

<p>Director's Scholarship Fund Established May 19, 2022, with gifts from John J. Schiff Jr (BS 1965) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more scholarships to undergraduate students who are active members of The Ohio State University Marching Band.</p>	\$100,000.00	\$100,000.00
<p>The Doherty Family Fund in Thyroid Cancer Research Established May 19, 2022, with gifts from Shirley D. Doherty and the Doherty Family in memory of Michael B. Doherty; used to support thyroid cancer research at The Ohio State University Comprehensive Cancer Center - Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC-James) with special emphasis to support the research work of undergraduate, graduate and post-doctoral students. If thyroid cancer research ceases to exist at the OSUCCC-James, the annual distribution may support other types of cancer research at the OSUCCC-James.</p>	\$100,000.00	\$100,000.00
<p>Dr. Thomas and Barbara Dunham Scholarship Fund Established May 19, 2022, with gifts from Dr. Thomas Dunham (BME 1965, cum laude; PhD 1968) and Barbara Dunham and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more scholarships to undergraduate students who are studying a major in the Department of Materials Science and Engineering that participate in out-of-classroom and/or co-curricular learning experiences. The donors desire that special consideration be given to candidates who participate in the specified activities.</p>	\$100,000.00	\$100,000.00
<p>Dr. James L. Smith Endowed Physics Student Scholarship Fund Established May 19, 2022, with gifts from Dr. James L. Smith (BS 1964, MS 1966) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more scholarships to undergraduate students who are enrolled in the College of Arts and Sciences and are studying a major in the Department of Physics.</p>	\$100,000.00	\$1,000,000.00
<p>Sue Smith Farmer Memorial Scholarship Fund Established May 19, 2022, with gifts from James Burton Farmer; used to provide one or more scholarships to students who are studying in the Austin E. Knowlton School of Architecture and demonstrate an interest in city and regional planning. First preference shall be given to graduate students. Second preference shall be given to undergraduate students. The donor desires that when awarding this scholarship special consideration be given for students who are members of organizations recognized by the University that are open to all but whose missions seek to advance women in engineering.</p>	\$100,000.00	\$100,000.00
<p>Jeremy Gottlieb International Scholarship Fund Established May 19, 2022, with gifts from Jeremy Gottlieb (BS 1983) as part of the Joseph A. Alutto Global Leadership Initiative; used to provide scholarships to undergraduate or graduate students enrolled in the Max M. Fisher College of Business who are pursuing critical, action-based learning experiences around the world.</p>	\$100,000.00	\$125,000.00

Keith Family Scholarship Fund Established May 19, 2022, with gifts from Dustin Paul Keith (JD 2007, MBA 2018) and Muriel Keith, DVM (BS 2005, DVM 2010), and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; used to provide one or more scholarships to neurodiverse undergraduate students (incoming or current) who have neurological, cognitive, or sensory disabilities and demonstrate financial need. Preference will be given to incoming students on the Columbus campus. It is the donors' desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who demonstrate financial need.	\$100,000.00	\$100,000.00
Kodiyalam Family Endowed Fund for Pharmaceutical Business Practices Established May 19, 2022, with gifts from Sundar R. Kodiyalam (MS 1987); used to support programs in the College of Pharmacy's Division of Outcomes and Translational Sciences that help students and/or fellows pursue professional options in the pharmaceutical/biotech industry. Expenditures may include support for fellows studying outcomes research or other expenses that advance the business training for students and/or fellows. If this division would cease to exist, it is the donor's preference that the fund support other activities initiated within the college to further training and employment of students in the pharmaceutical/biotech industry.	\$100,000.00	\$100,000.00
The McGarity Family Idiopathic Pulmonary Fibrosis Research Fund Established May 19, 2022, with a gift from Thomas Walter McGarity (BS 1973) in honor of Frank Benson; used to support research or related activities that may lead to new discoveries in idiopathic pulmonary fibrosis or other advanced lung diseases at The Dorothy M. Davis Heart and Lung Research Institute.	\$100,000.00	\$100,000.00
Brad A. Myers Sphinx Endowed Scholarship Fund Established May 19, 2022, with gifts from Bradley Allan Myers (BS 1977, JD 1980) and Stephen Morgan Rowlands (BS 1981); used to provide one or more non-renewable scholarship(s) to students who are members of Sphinx, Ohio State Senior Class Honorary (Sphinx), plan to graduate from The Ohio State University and plan to attend the University as a graduate or graduate-professional (for example, the Michael E. Moritz College of Law) student. Special consideration shall be given to students who have demonstrated leadership at the University and in Sphinx.	\$100,000.00	\$100,000.00
Ritchie Endowed Fund for Mechanical and Aerospace Engineering Established May 19, 2022, with gifts from Rex E. Ritchie (BME 1968) and Helen J. Ritchie (BS 1961); used to support the highest priorities of the Department of Mechanical and Aerospace Engineering at the discretion of the chair of the department. Expenditures may include, but are not limited to, student groups, hands-on undergraduate curriculum, student support and priority capital projects in the department.	\$100,000.00	\$100,000.00

<p>John Wingard Faculty Support Endowed Fund Established May 19, 2022, with gifts from John Wingard (BS 1963, JD 1966); used to support faculty in the Michael E. Moritz College of Law. Preference shall be given to faculty members in environmental law and if possible, faculty who focus on the laws relating to the preservation, conservation, or stewardship of trees, or forests or related resources.</p>	\$100,000.00	\$100,000.00
<p>The Dr. Ronald Ling, Eagle Scout and Caron Ann Lau Optometry Scholarship Fund Established May 19, 2022, with gifts from Dr. Ronald W. Y. Ling (OD 1978); used to provide one or more renewable scholarships to students who are enrolled in the College of Optometry, demonstrate clinical excellence, participate in community service, and demonstrate financial need. Preference shall be given to candidates from the following states: Montana, Colorado, Idaho, Utah, New Mexico, Nevada, Arizona, Washington, Oregon, California, Alaska, and Hawaii. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the college.</p>	\$62,500.00	\$62,500.00
<p>Jeffrey M. Gibbs Memorial Endowed Fund Established May 19, 2022, with gifts from Carol H. Gibbs (BS 1983, MA 1987); used to support research, education, training and patient care in medical oncology focused on rare and unknown primary cancers at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James). First preference is to support the Roychowdhury Lab for Precision Cancer Medicine (or successor) and the work of Dr. S. Roychowdhury (or successor) focused on rare and unknown primary cancers. Expenditures shall not include capital or equipment expenditures. If the Roychowdhury Lab for Precision Cancer Medicine ceases to exist at the OSUCCC-James, the annual distribution may support other rare cancer research at the OSUCCC-James.</p>	\$56,554.07	\$56,554.07
<p>Architecture Class of '67 Endowed Scholarship Fund Established May 19, 2022, with gifts from the Knowlton School of Architecture Class of '67; used to provide renewable scholarships to students enrolled in the Austin E. Knowlton School of Architecture who demonstrate academic merit and financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the school.</p>	\$53,371.05	\$53,371.05

<p>Fraley Public Health Fund</p> <p>Established May 19, 2022, with gifts from Reed Fraley (MS 1975) and Mel Fraley (BS 1992); used to support the College of Public Health at the discretion of the highest ranking official in the college or his/her designee. If at any time the gifted principal balance reaches the then current minimum required to establish a restricted endowed fund, the fund name and purpose shall be revised. The fund name shall be revised to the Health Equity Fund for Health Services Management and Policy. The purpose will be revised to promote health equity through support of students in the Division of Health Services Management and Policy, with due consideration of underrepresented populations. While usage should remain flexible, the fund should focus on addressing health equity and/or leadership development for those who wish to advance populations underrepresented in health care leadership roles.</p>	\$50,191.41	\$50,191.41
<p>Dennis R. Baer Family Athletic Scholarship Fund</p> <p>Established May 19, 2022, with gifts from Dennis R. Baer (BS 1977); used to provide one or more tuition and fees scholarships to undergraduate student-athletes who are participating on one of the following teams in this order of preference: men's cross country/track, men's wrestling, men's gymnastics, men's swimming, men's ice hockey. First preference shall be given to candidates who are working towards a BS in mathematics; second preference shall be given to candidates working towards a BS in physics. If no candidates meet the selection criteria, scholarships may be awarded to undergraduate student-athletes who are participating on one of the following teams in this order of preference: women's cross country/track, women's wrestling, women's gymnastics, women's swimming, women's ice hockey. First preference shall be given to candidates who are working towards a BS in mathematics; second preference shall be given to candidates working towards a BS in physics.</p>	\$50,099.80	\$50,099.80
<p>The Captain Steven P. Drefahl, USN, Endowed Scholarship Fund</p> <p>Established May 19, 2022, with gifts from Captain Steven P. Drefahl (BS 1974) and Cynthia L. Drefahl; used to provide renewable scholarship support for Navy ROTC students who are in good standing with the University. If the Navy ROTC program at the University ceases to exist, the scholarship will support student veterans who have received an honorable discharge from the United States Armed Forces, with preference to student veterans who served in the United States Navy.</p>	\$50,094.72	\$50,094.72
<p>Ronald G. Berlan Endowed Fund</p> <p>Established May 19, 2022, with gifts from Ronald G. Berlan (BS 1971); used at the discretion of the highest ranking official in Student Financial Aid or his/her designee.</p>	\$50,000.00	\$50,000.00
<p>The Dr. Douglas A. Gormley Scholarship Fund</p> <p>Established May 19, 2022, with gifts from Dr. Douglas A. Gormley (DDS 1974) and Jane C. Gormley; used to supplement the grant-in-aid costs for an undergraduate student-athlete(s) majoring in a health-related field. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate student-athletes.</p>	\$50,000.00	\$50,000.00

Dale McArdle and Marilyn Duker Scholarship in the Arts and Sciences Established May 19, 2022, with grants from The Duker / McArdle Family Charitable Fund at Schwab Charitable as recommended by advisors, Dale R. McArdle (BA 1972, MPA 1982) and Marilyn K. Duker; used to provide scholarships to students enrolled in the College of Arts and Sciences with preference given to candidates whose major is in the social and behavioral sciences group.	\$50,000.00	\$50,000.00
Aaron Selby Memorial 4-H Endowed Scholarship Fund Established May 19, 2022, with gifts from Deborah Selby Jones; used to provide need-based scholarships to undergraduate students from the state of Ohio who are enrolled in the College of Food, Agricultural and Environmental Sciences. Candidates must have participated in 4-H for at least four years and demonstrate community service. Preference shall be given to candidates from Fairfield County.	\$50,000.00	\$50,000.00
The Terence J. Sullivan Endowed Scholarship Fund Established May 19, 2022, with gifts from Terence J. Sullivan (BS 1977); used to provide one or more renewable scholarships to graduate or undergraduate students who are studying architecture in the Austin E. Knowlton School of Architecture. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the school.	\$50,000.00	\$50,000.00

Change in Name and Description of Named Endowed Fund (Foundation)

From: The James R. and Melissa S. Allen Graduate Scholarship Fund
To: The James R. and Melissa S. Allen Scholarship Fund

From: The Reinhart Butter Annual Design Affair Fund
To: The Annual Reinhart Butter and Heike Goeller Design Affair Fund

From: The Maryann Z. and Lawrence D. Kennedy Scholarship Fund in Pharmacy
To: The Maryann Z. and Larry Kennedy Scholarship Fund in Pharmacy

From: The Justine Skestos Chair in Minimally Invasive Neurological Spinal Surgery
To: The Justine Skestos Fund in Minimally Invasive Neurological Spinal Surgery

Change in Name of Named Endowed Fund (Foundation)

From: Women of Scarlet and Gray Fund
To: Women's Athletics Excellence Fund

From: The Arvo Toukonen Scholarship Fund
To: The Toukonen Family Scholarship Fund

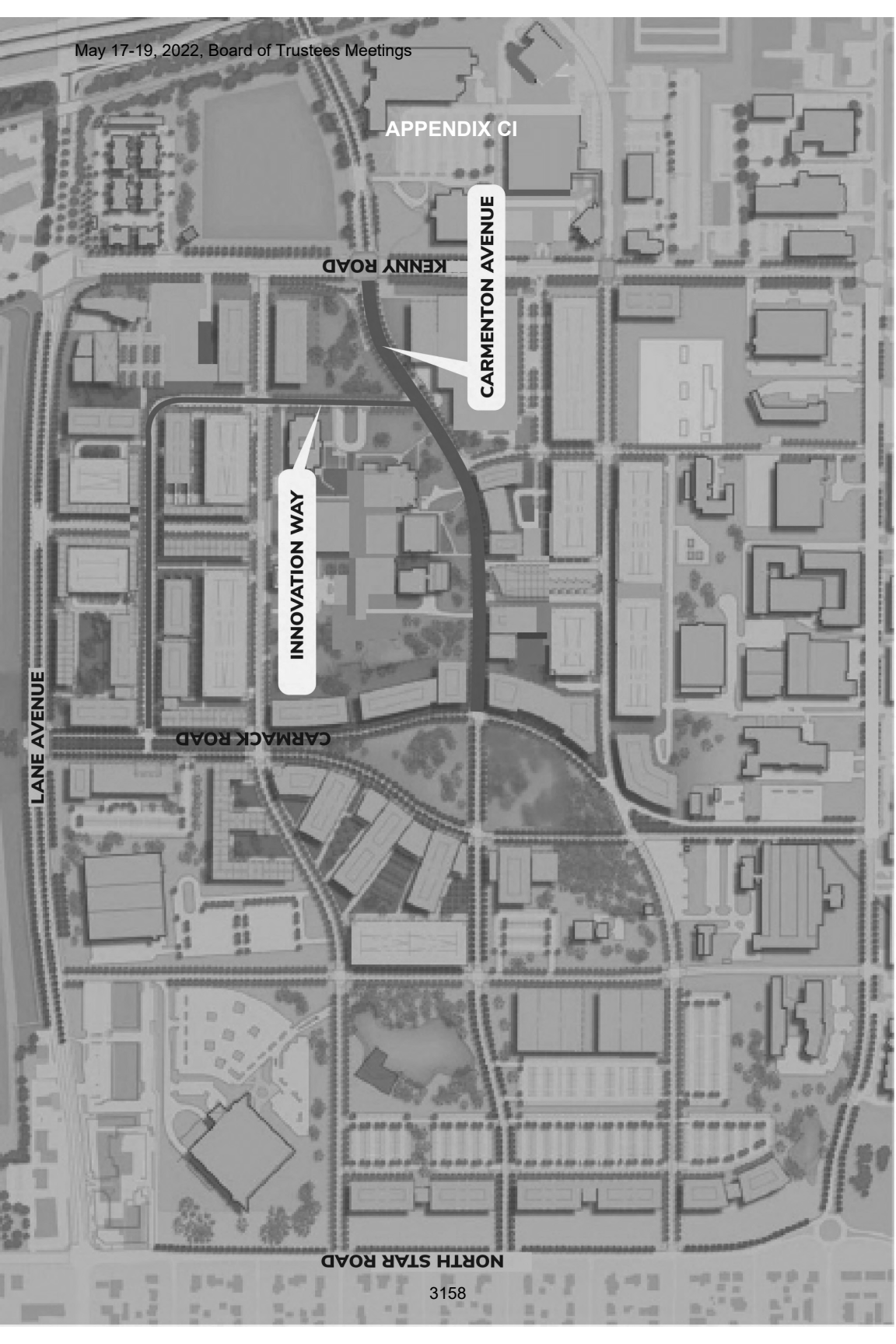
Change in Description of Named Endowed Fund
(Foundation)

- The Shirley Abrams Endowed Scholarship Fund
- The William M. and Darlene Aldrige Music Scholarship Fund
- Dr. Craig and Pamela Clouse Veterinary Scholarship Endowed Fund
- Daniel ('78) and Ellen ('79) Coombs Chemical Engineering Endowed Scholarship Fund
- The Molly B. Demuth Memorial Scholarship Fund
- Steve and Diane Jones Endowed Scholarship Fund
- The Todd and Kelly Kranz Leadership Fund in Nursing
- Max D. Phillips Endowed Scholarship Fund
- The James A. Shertzer / Julie Kennel Endowed Scholarship Fund
- Grayce Sills Archive Endowment Fund
- The Mary Beth Fontana Wise M.D. Faculty Development and Medical Education Fund

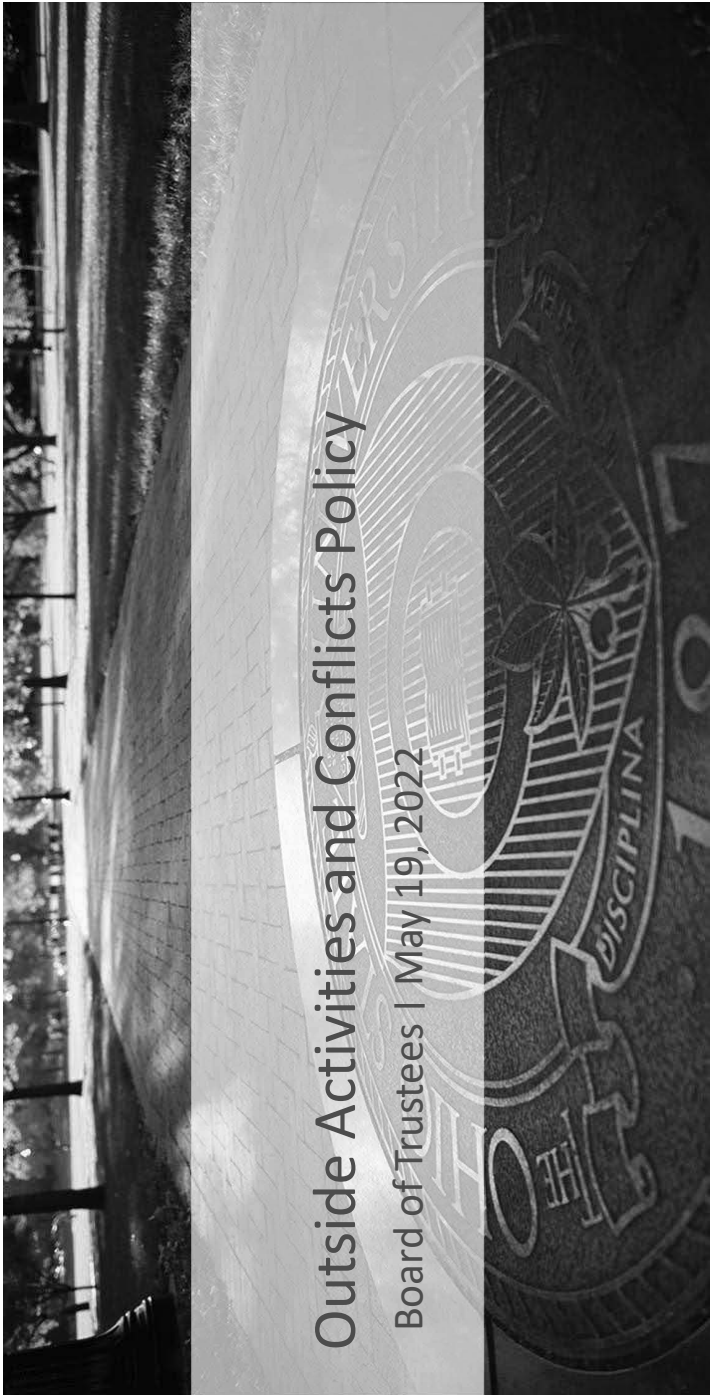
Total \$20,502,743.51

*Amounts establishing endowments as of April 30, 2022, unless notated otherwise.

APPENDIX CI



APPENDIX CII





Conflicts of Interest in Higher Education:
Process Improvement Strategy (2014-2022)

Phase 1	Align and simplify processes to improve the electronic conflict of interest (eCOI) disclosure process
Phase 2	1. Combine four COI policies 2. Revise UTCC Rule
Phase 3	Continue to advocate for regulatory change in higher education and Ohio State’s strategic direction

Laws and Regulations	Ohio Ethics Law O.R.C. 102 & 2921	Federal Research	Ohio Technology Commercialization O.R.C. 3345	CMS Open Payments
Purpose	Ensure public employees maintain high ethical standards	Manage potential conflicts of interest in research	Allow university inventors to own interest in technology	Monitor physician/manufacturer and
The Ohio State University Rules, Policies, & Requirements	3335-13-03 University Facilities			
	Nepotism Policy		3335-13-07 Technology Commercialization	
	Financial Code of Ethics		3335-13-06 Rights to and Interests in Intellectual	
	Medical Center Vendor Interaction Policy	Medical Center Vendor Interaction Policy		
	Conflict of Interest and Work Outside the University Policy			Medical Center Conflict of Interest Protocol/Process
Individuals covered by law/regulation	Faculty Financial Conflict of Interest Policy			
	Faculty Paid External Consulting Policy			
Current disclosure process	Faculty Conflict of Commitment Policy			
	OSU BOT Protocol		Intellectual Property Policy	
Manager/reviewer	~40,000	~15,000	Varies (faculty with intellectual property)	~1600 physicians and others
	Electronic Conflict of Interest Disclosure (eCOI) Form (not all employees are required to disclose)		CEO Invention Disclosure	Open payments data reviewed against eCOI Form
	OUCI/Med Center Compliance	Office of Research Integrity/Dean/Chair	Corporate Engagement Office (CEO)	Med Center Compliance

Organizational Alignment

Institutional Strategy Map

- Improves operational efficiencies
- Accelerates decision making
- Reduces policy barriers
- Expands research infrastructure and eliminates redundancy

Shared Values

- Creates sustainable solutions
- Facilitates openminded exploration and freedom of expression
- Advances institutional fairness
- Meets people where they are and promotes transparency

Outside Activities and Conflicts Policy

Incorporated Policies (to be Retired)

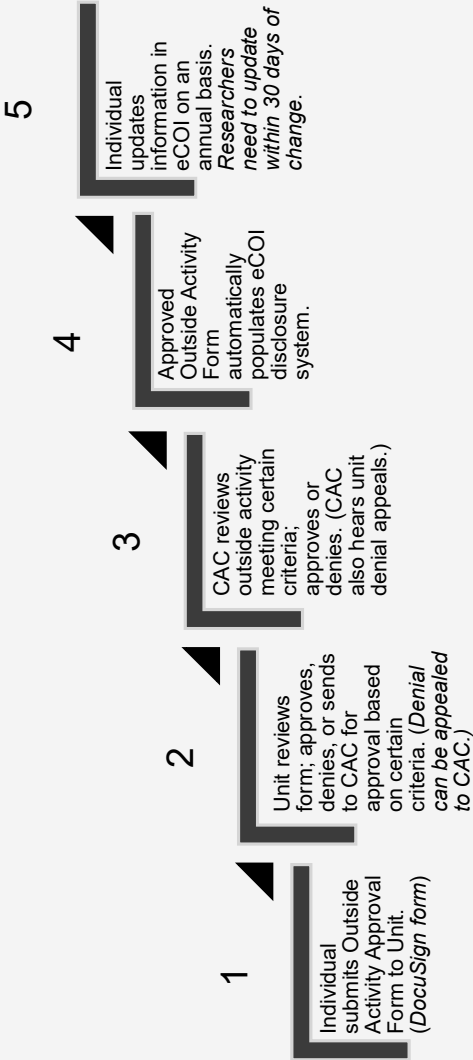
- **Faculty Financial Conflict of Interest (Office of Research).** Governs conflicts related to research; applies to faculty, staff, and students associated with research activities; approval process involves COIAC
- **Conflicts of Commitment (Office of Academic Affairs).** Governs conflicts related to all faculty responsibilities; conflicts reviewed by chair/dean
- **Faculty Paid External Consulting (Office of Academic Affairs).** Governs conflicts related to consulting/other paid outside activities; requires approval by chair or supervisor
- **Conflict of Interest and Work Outside the University Policy (Office of Human Resources).** Governs conflicts related to all staff responsibilities

Proposed Policy Key Elements

- **Integrates university values, four pre-existing policies, and multiple processes;** clarifies expectations and responsibilities regarding conflicts
- **Combines requirements of multiple legal areas**
- **Codifies existing university-wide eCOI disclosure process**
- **Establishes a Conflicts Approval Committee (CAC)** to review/approve outside activities for conflicts meeting certain criteria; allows college/unit participation in approvals, and allows them to set more restrictive requirements
- **Clarifies accountability for violations**



Outside Activities Approval Process (Consolidated steps replace 4 disparate processes)



- Sept. 20 University-wide Feedback
- Mar. 24 University Senate
- Apr. 6 Senior Management Council
- Apr. 19 President’s Cabinet
- May 19 Board of Trustees

Socialization and Engagement

This complex policy initiative relied on a well-established university policy process to solicit feedback and obtain buy-in.

Thank you



Senior Leader Support

- Office of Academic Affairs
- Enterprise, Research, Innovation, and Knowledge
- Office of Human Resources
- Office of Legal Affairs



Stakeholders

- University Senate
- University Integrity and Compliance Council
- Conflict of Interest Advisory Committee
- University Research Committee



Working Groups

- Policy/Approval Form Writing Group
- Ad-hoc Advisory Group
- OUCI Policy Team





Outside Activities and Conflicts

University Policy

Applies to: Faculty, staff, student researchers, student employees, graduate associates, applicants

Responsible Office **Office of University Compliance and Integrity**

POLICY

Issued: *target effective date in Autumn 2022*

The university encourages individual participation in **outside activities**, such as collaborations with government, industry, and other private institutions, because such participation helps advance the university’s mission through mutually beneficial partnerships and contributes to social and economic development and increased knowledge. Participation in outside activities therefore is permitted to the extent that the activity aligns with an individual’s responsibilities to the university, and that participation does not create a **conflict of commitment (COC)** or **conflict of interest (COI)**. Individuals conducting **research** also must avoid **financial conflicts of interest (FCOI)** in research.

All **employees** are required to devote their primary professional allegiance to the university and conduct their **university responsibilities** with integrity, demonstrating both honesty and transparency. Similarly, all healthcare professionals have an ethical obligation to provide safe, effective, patient-centered, timely, efficient, and high-quality care for their patients. Therefore, all employees must arrange outside obligations, financial interests, and activities so as not to conflict or interfere with this commitment to the university or the best interest of the patient. This policy will not be interpreted to interfere with any faculty member’s academic freedom, including their freedom to exercise their constitutional rights as citizens without institutional censorship or discipline. See [Faculty Rule 3335-5-01](#).

In keeping with these ethical commitments, employees engaged in research at the university, employees identified by their **unit** as having significant financial or fiduciary responsibilities, college and regional campus deans, and all President’s Cabinet members must complete an electronic conflict of interest disclosure (eCOI) irrespective of their engagement in outside activities.

In addition, all employees who wish to engage in outside activities (excluding professional services as defined in the policy) must submit an Outside Activities Approval Form *[link to be added]* and obtain approval before engaging in any outside activities.

Purpose of the Policy

To delineate expectations and requirements for conducting outside activities; establish processes for transparency and accountability through the identification, disclosure, approval, and, when possible, management of COCs, COIs, and FCOIs; facilitate compliance with federal research regulations, state ethics laws, and unit-specific requirements; and notify employees and applicants of potential consequences of noncompliance with federal regulations, state laws, and this policy.

Definitions

Term	Definition
Conflict of commitment (COC)	A COC exists when outside activities: (1) Interfere with an employee’s ability to fulfill university expectations, obligations, and/or responsibilities; or (2) Compete with the university’s interests, including its educational, research, or service missions.
Conflict of interest (COI)	A COI exists when outside activities or relationships may: (1) Create an improper influence on the employee’s or another individual’s university decisions; (2) Create a prohibited interest in a university contract or transaction under the Ohio Ethics Law; (3) Create any other conflict under the Ohio Ethics Law; or (4) Involve the use of university resources without prior approval.



Outside Activities and Conflicts

University Policy

Applies to: Faculty, staff, student researchers, student employees, graduate associates, applicants

Term	Definition
Conflict management plan (CMP)	A set of written obligations, created by the Conflict Approval Committee (CAC) and agreed to by the unit and the employee, to manage conflicts.
Designated work time	Hours agreed upon by a supervisor of when an employee will perform work for the university.
eCOI disclosure process	An annual process that requires certain employees to report outside activities using an internal online program.
Employees	Faculty, staff, graduate associates, and student employees.
Financial conflict of interest (FCOI) in research	An FCOI in research exists when financial interests could affect, or be perceived to affect, the design, conduct, or reporting of research.
Outside activities	Any activity, paid or unpaid, that is related or similar to an employee's university responsibilities and is performed outside the university (excluding professional service). This includes, but is not limited to, outside employment, consulting, advising, personally reimbursed or sponsored travel, conducting research outside Ohio State, roles on outside boards, financial interests, gifts, foreign government affiliations (any academic, scientific, professional, or institutional affiliation with a foreign government entity, including participation in a Foreign Government Talent Recruitment Program), and other compensated or uncompensated activities or interests.
Professional service	Service to governmental agencies and other entities such as peer review panels and advisory bodies to other universities and professional organizations; service to academic or professional journals; presentations to either professional or public audiences in such forums as professional societies and organizations, libraries, and other universities; and peer review activities undertaken for either for-profit or nonprofit publishers, including grant reviews and consultation.
Public health service (PHS) agencies	PHS agencies include, but are not limited to, the National Institutes of Health (NIH), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare & Medicaid Services (CMS), Administration for Children and Families (ACF), and Administration on Aging (AOA).
Research or conducting research	Any organized program of scientific inquiry, including designing research, directing or serving as a researcher performing laboratory experiments, having a role in soliciting consent from research subjects or making decisions related to eligibility of patients to participate in research, analyzing or reporting research data, or submitting manuscripts or abstracts concerning the research for publication. This includes projects for which outside support is requested and/or projects for which approval (or exemption) of an Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), or Institutional Biosafety Committee (IBC) is required.
Researcher	Project director, principal investigator, and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of university research. This definition may include students, collaborators, or consultants. This definition does not include individuals who perform only incidental or isolated tasks related to a university research project.
Significant financial interest (SFI) (for researchers)	For researchers, outside activities that reasonably appear to be related to the researcher's university responsibilities during the twelve (12) months preceding disclosure, which include the following: <ol style="list-style-type: none"> (1) Payments received, and/or equity interests held, in aggregate, exceeding \$10,000. For PHS-funded researchers, the aggregate threshold is \$5,000. (2) Any equity interest in a non-publicly traded entity; (3) Any equity interest in a publicly-traded company that is 5% or greater; (4) Intellectual property rights and interests from an organization other than The Ohio State University or its affiliates upon receipt of income.
Unit	College or administrative unit.
University responsibilities	Collectively, the educational, healthcare, research, scholarship, service, and administration activities that constitute an employee's obligations to the university, including time and effort allocation and the protection of university resources and intellectual property. University responsibilities are the same as institutional responsibilities in federal regulations.



Outside Activities and Conflicts

University Policy

Applies to: Faculty, staff, student researchers, student employees, graduate associates, applicants

Policy Details

- I. Expectations and Responsibilities
 - A. This policy conveys university practices and procedures to maintain compliance with laws, regulations, and policies while also protecting university employees pursuing outside activities.
 - B. All employees covered under this policy are required to devote their primary professional allegiance to the university. Outside activities, while often valuable in themselves, may interfere or appear to interfere with ones' expectations, obligations, and/or responsibilities to students, colleagues, and the university.
 - C. All employees must disclose outside activities, as set forth in this policy, for review and approval before engaging in them.
 - D. Employees must take all necessary steps to avoid, eliminate, remediate, and/or manage COCs, COIs, and FCOIs.
 - E. The ethical expectations and responsibilities for all employees are also requirements of various state and federal laws and regulations, two of which are highlighted below.
 1. All university employees are subject to the Ohio Ethics Law found in Ohio Revised Code Chapter 102, Section 2921.42, and Section 2921.43. Employees may be exempt from certain restrictions based on their positions in accordance with applicable law. Additional information is available on the Ohio Ethics Commission's website and in the university's Guide to the Ohio Ethics Law and Outside Activities *[link to be added]*. Under the Ohio Ethics Law, university employees may not:
 - a. Have a prohibited financial or fiduciary interest in a contract involving the university;
 - b. Use their authority or influence to obtain or authorize a contract between the university and themselves, a family member, or business associate;
 - c. Accept compensation for the performance of their university duties from any person or entity other than the university; or
 - d. Accept anything of value that may have a substantial and improper influence upon them with respect to their university duties.
 2. Federal regulations require the university to adopt a policy and procedures for identifying, managing, and reporting FCOIs. Specifically, the university must comply with the requirements of 42 C.F.R. 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought" as implemented in the 2011 Final Rule for grants and cooperative agreements and 45 C.F.R., Part 94, "Responsible Prospective Contractors."
 - F. Units may have additional, more restrictive requirements or patterns of administration, such as the Ohio State Wexner Medical Center Vendor Interaction Policy and the College of Medicine Guidance on Faculty Consulting.
 - G. All employees must disclose all outside activities to their unit, in accordance with Procedure I-II below. An employee also must provide additional relevant information concerning disclosed or undisclosed matters as may be requested by their supervising authority for the purpose of evaluating actual or potential COCs, COICs, and FCOIs.
- II. Conflict of Commitment (COC)
 - A. The responsibilities and professional activities that constitute an appropriate and primary commitment will differ among units but must be in accord with university policies and based on an understanding between the employee and their unit.
 - B. Faculty
 1. Faculty members, including administrators with faculty appointments, are encouraged to engage in outside activities to the extent that their unit supports such activities. However, any such activities must be clearly related to the mission of the university and the expertise of the faculty member, and must not create an unmanageable conflict.
 2. The proportion of a full-time faculty member's professional effort devoted to outside activities is not to exceed one business day per week during a fiscal year. Faculty with an appointment of at least fifty percent but less than full-time may be allowed a prorated number of days for outside activities as



Outside Activities and Conflicts

University Policy

Applies to: Faculty, staff, student researchers, student employees, graduate associates, applicants

determined by their employing unit within its sole discretion. Faculty with an appointment of less than fifty percent are not allowed to engage in outside activities during on-duty periods. See [Faculty Rule 3335-5-07](#) for an explanation of on-duty periods.

3. Absent prior unit approval, situations that create an actual or a perceived COC include, but are not limited to, the following examples:
 - a. Teaching at another university during on-duty periods, or otherwise representing yourself as a faculty member of another university.
 - b. Using one's professional or clinical expertise during on-duty periods to provide services that compete with those provided by the university.
 - c. Participating in outside activities to the detriment of your university responsibilities.
 - d. Participating in professional and/or private business activities that interfere with or reduce effort and time committed to awarded federal or other external funds.
 - e. Conducting research or novel scientific investigation as an employee of or a private consultant to an outside entity when such work may be conducted as research sponsored through the Office of Sponsored Programs.
4. Outside activities during off-duty periods are not subject to time limitations; however, to ensure a conflict does not exist, the outside activities are still subject to prior approval and disclosure requirements.
- C. Staff
 1. Staff engaging in outside activities must avoid a COC with their assigned university responsibilities.
 2. Staff must use accrued vacation, compensatory time (non-exempt staff only), and/or leave without pay for both paid and unpaid outside activities occurring during **designated work time**.
 3. Staff may perform unpaid outside activities that advance the university interests during designated work time if prior approval from the staff member's supervisor is obtained and the activities otherwise comply with this policy.
- D. Employees involved in outside activities with foreign entities may raise unique COC concerns. COCs may exist in outside activities with foreign entities in a variety of situations, including but not limited to when:
 1. Activities interfere with the employee's time commitment and work obligations to the university;
 2. An employee cites a primary affiliation with the foreign entity on publications;
 3. An employee's activities at the foreign entity compete with their obligations to carry out similar activities at the university; or
 4. Intellectual property that would be the sole property of the university becomes jointly shared with the foreign entity

III. Conflict of Interest (COI)

- A. All employees are prohibited from engaging in outside activities that create an improper influence on their university decisions. All employees are also prohibited from engaging in outside activities that create a prohibited interest in a university contract or transaction or that otherwise violate the Ohio Ethics Law. (For more information see the Guide to the Ohio Ethics Law and Outside Activities [\[link to be added\]](#).)
- B. Faculty members must be especially sensitive to potential conflicts between their outside activities and their teaching responsibilities relative to students and trainees working under their supervision and/or grants. To avoid such conflicts, a faculty member may not hire or directly supervise a university student in outside activities while simultaneously serving as the student's advisor, supervisor, or as a participant on that student's thesis or dissertation committee without prior approval of the Conflict Approval Committee (CAC).

IV. Financial Conflict of Interest (FCOI) in Research

- A. All individuals conducting university research must disclose outside activities so as to either avoid potential conflicts of interest or allow such conflicts to be managed as described in Procedure I-VIII and the [FCOI SOP](#).
- B. An FCOI may arise when the **researcher** (or the researcher's spouse or dependent child) holds a **significant financial interest (SFI)** that is related to the research. Examples include, but are not limited to, the following situations:



Outside Activities and Conflicts

University Policy

Applies to: Faculty, staff, student researchers, student employees, graduate associates, applicants

1. The SFI is held in an entity that is funding the research, providing in-kind support for the research, or participating in the research, or the entity may otherwise financially benefit from the research.
2. The SFI could affect the design, conduct, or reporting of the research.
3. The SFI could be affected by the research.
- C. If the unit or the CAC determines that a research conflict cannot be managed, the researcher must eliminate the outside activity or refrain from participating in the research.

V. Use of University Resources, Name/Other Identifiers, and Employees for Outside Activities

- A. Employees may not use the university's facilities, equipment, services, supplies, or other resources for outside activities except when such use is pursuant to a contractual agreement with the university.
- B. Employees must ensure that any publicity or advertising relating to authorized outside activities is not detrimental to the reputation and/or interests of Ohio State.
- C. Employees may not use the university's name, trademarks, logos, indicia, or the fact that they are affiliated with the university in a manner that suggests that the university approves, disapproves, endorses, or promotes the following:
 1. A product or service provided by a for-profit, non-profit, or governmental entity;
 2. Research that the university has not performed or issued research findings when the university has not done so, or misleadingly states the results of university research; or
 3. Any communication that may be interpreted as the official position of the university on any issue, such as when providing expert testimony in a legal proceeding.
- D. Employees engaging in outside activities may not use other university employees to assist in the outside activity unless they obtain pre-approval from the CAC. In the case of graduate associates, prior approval of the applicable dean is also required.

VI. Intellectual Property

- A. Ohio law, federal law, and the university's [Intellectual Property policy](#) govern ownership of intellectual property rights. These laws and the university's Intellectual Property policy apply to university employees during both on-duty and off-duty periods.
- B. For outside activities, whether paid or unpaid, university employees must not agree to transfer, license, grant, or assign to other people or entities any intellectual property rights that the university owns pursuant to applicable laws or the university's Intellectual Property policy. Before signing any agreement that transfers, licenses, grants, or assigns any intellectual property rights, a university employee must contact the university's technology commercialization office to determine the applicability of Ohio law, federal law, and/or the university's Intellectual Property policy, and the university employee must abide by the university's requirements to protect the university's intellectual property rights, which may include adding the university's intellectual property addendum to agreements for outside activities.
- C. Employees who wish to participate in the commercialization of their university work must adhere to the specific standards and requirements as stated in the university's Intellectual Property policy and the University Rules Governing Faculty and Staff Participation in Companies Commercializing University Research. See [Rule 3335-13-07](#).

VII. Accountability

- A. Violations of this policy include the failure to report potential conflicts or to abide by a **conflict management plan (CMP)**. Violations of this policy also include the failure to obtain prior approval before engaging in outside activities and failure to disclose outside activities with foreign entities, particularly participation in foreign government talent programs or other programs that would require an individual to not disclose their participation in such a program to the university.
- B. Individuals who violate this policy may be subject to corrective or disciplinary action, up to and including termination or dismissal, in accordance with applicable policies, rules, collective bargaining agreements, or the [Code of Student Conduct](#).



Outside Activities and Conflicts

University Policy

Applies to: Faculty, staff, student researchers, student employees, graduate associates, applicants

PROCEDURE

Issued: *target effective date in Autumn 2022*

I. General Procedure – **Electronic Conflict of Interest (eCOI) Disclosure Process**

- A. Individuals engaged in university research activities (see [FCOI SOP](#)), employees otherwise identified by their unit, including those who have financial or fiduciary responsibilities, college/regional campus deans, and President's Cabinet members must annually complete an eCOI disclosure form regardless of whether they are engaged in outside activities. Proper completion of the eCOI disclosure form promotes transparency and accountability. (See [Common Scenarios for eCOI](#) and [eCOI: What Not to Disclose](#)).
 - 1. Researchers must update their annual eCOI disclosure form within 30 days of when any disclosed activity changes or they engage in a new outside activity.
 - 2. All researchers must disclose all outside activities in eCOI and must complete the required formal COI training in eCOI before engaging in any PHS-funded research. (See [FCOI SOP](#).)
 - 3. Disclosures are normally updated automatically when a new outside activity is approved by the unit or the CAC. However, the employee is responsible for ensuring that their eCOI disclosure is accurate.
 - 4. Units are responsible for identifying employees not engaged in research who are also required to complete an eCOI disclosure based on criteria identified in the eCOI Disclosure Criteria Document and the Ohio State University Wexner Medical Center Conflict of Interest Protocol/Process Document.

II. General Procedure – Outside Activities Approval Form Submission, Review, and Approval

- A. Before participating in outside activities, all employees must submit an Outside Activities Approval Form [\[link to be added\]](#) to their unit, provide the required documentation, and obtain approval from the unit for all outside activities.
- B. The unit is responsible for reviewing the Outside Activities Approval Form [\[link to be added\]](#) and determining, in consultation with conflict administrators (see Procedure IV below) as needed, whether the unit will approve, deny, or obtain required Conflict Approval Committee (CAC) approval of the outside activity.
- C. If the unit determines that CAC approval is not required, the unit may approve or deny the outside activity using the Outside Activities Approval Form [\[link to be added\]](#).
- D. Individuals may appeal a unit's denial by submitting an appeal in writing to the CAC chair. The CAC chair, in consultation with the CAC, will review the appeal and decide whether to issue an advisory opinion to the unit.
- E. CAC approval is required if the outside activity may:
 - 1. Create an FCOI that could affect the design, conduct, or reporting of research;
 - 2. Interfere with the employee's time commitment to the university;
 - 3. Compete with coursework or services that are or may be provided by the university;
 - 4. Interfere with the employee's ability to carry out their university responsibilities;
 - 5. Improperly influence the employee's or another individual's university decisions;
 - 6. Create a prohibited interest in a university contract or transaction;
 - 7. Involve the use of university resources, name/other identifiers, or employees; or
 - 8. Involve the use or generation of university-owned intellectual property
- F. Individuals must cooperate fully in the review of the pertinent facts and circumstances.
- G. Upon completing its review, the CAC will provide its decision to individuals in writing.
- H. If the CAC determines that a conflict exists, the CAC will require a CMP to manage the conflict whenever possible. Employees must fulfill the requirements of CMPs to engage in the desired outside activities.
- I. If an activity cannot be managed to avoid a conflict, the employee must refrain from participating in the activity.
- J. The CAC will review information regarding the approval and denial of outside activities on an annual basis.
- K. Employees do not need prior approval from their unit to engage in **professional service** within the U.S. However, employees do need prior approval from their unit to engage in professional service involving a



Outside Activities and Conflicts

University Policy

Applies to: Faculty, staff, student researchers, student employees, graduate associates, applicants

foreign government agency or a foreign government institution. Approving units may consult with the Office of Secure Research for additional information.

- L. Unit approvers and employees are encouraged to consult with conflict administrators (see Procedure IV below) about complex outside activities requests.

III. Financial Conflicts of Interest (FCOI) in Research

- A. The unit and/or conflict administrators (see Procedure IV below) will review eCOI disclosures with SFIs, or personally reimbursed or sponsored travel related to university responsibilities, and may refer such matters to the CAC for review if the activity presents a potential COI. (See [FCOI SOP](#).)
- B. If an individual fails to disclose or properly manage an FCOI or fails to comply with a CMP related to a PHS-funded project, the university may complete a retrospective review of the research at issue to evaluate whether these actions created any bias in the design, conduct, or reporting of the research. If bias is found, the university will take corrective action as it deems appropriate. (See [FCOI SOP](#).)
- C. The vice president for research or designee (see [FCOI SOP](#)) is responsible for providing FCOI reports to outside funding agencies as required by federal regulations or the terms of sponsored research agreements.
- D. Potential conflicts involving human subjects research require special scrutiny. Given the real or perceived risks to the welfare and rights of human subjects, the CAC will advise the Institutional Review Board (IRB) regarding such conflicts. (See [FCOI SOP](#).)
 - 1. Conflicted researchers may not serve as principal investigators in projects deemed greater than minimal risk by the IRB. Limited exceptions may be made in specific cases.
 - 2. Researchers who believe that the conflict management measures adopted by an IRB are not appropriate or are based on erroneous information must follow applicable IRB procedures for requesting additional review. Decisions made by the IRB are final.

IV. Conflict Administrators

- A. The executive vice president and provost will appoint a conflict administrator in the Office of Academic Affairs (OAA) to support implementation of this policy, assist faculty in identifying conflicts, and inform the university community about the policy.
- B. The vice president for research will appoint a conflict administrator in the Office of Research Compliance (ORC) to support implementation of this policy; design procedures for reporting FCOIs to federal sponsors; assist faculty and other employees in the research community in identifying, managing, or COCs, COIs and FCOIs; and inform the university research community about regulatory or policy changes.
- C. The vice president and chief compliance officer will appoint a conflict administrator in the Office of University Compliance and Integrity (OUCI) to support implementation of this policy; assist employees in identifying conflicts; and inform the university community about the policy and issues relating to COCs, COIs, and compliance with the Ohio Ethics Law.
- D. The senior vice president for human resources will appoint a conflict administrator in the Office of Human Resources (OHR) to support implementation of this policy; assist employees in identifying conflicts; and inform the university community about the policy.
- E. The Ohio State University Wexner Medical Center (OSUWMC) chief compliance officer will appoint a conflict of interest officer to support OSUWMC faculty and staff with implementing this policy and unit-specific policies.
- F. The senior vice president and general counsel will appoint one or more attorneys to advise conflict administrators and the CAC on the requirements of the law and university policy.

V. Conflict Approval Committee (CAC)

- A. CAC membership is comprised of the following:
 - 1. A chair selected by OUCI;
 - 2. Faculty or staff voting representatives recommended by units and approved by OUCI;
 - 3. Non-voting conflict administrators and representatives from major constituency groups, including ORC, OUCI, OSUWMC, OHR, OAA, Office of Legal Affairs, and Office of Responsible Research Practices.



Outside Activities and Conflicts

University Policy

Applies to: Faculty, staff, student researchers, student employees, graduate associates, applicants

- B. A majority of the CAC voting members will be tenured faculty.
- C. The CAC will review and approve or manage COC, COI, and FCOIs related to employees’ outside activities, as described in Procedure II.
- D. The CAC will periodically review the operations of this policy related to COCs, COIs, and FCOIs and make operational changes as needed, including those mandated by federal and state regulation or accreditation requirements.
- E. CAC members will meet for annual training sessions provided by the ORC and the OUCI regarding the Outside Activities and Conflicts policy and related federal regulations and state ethics laws.

VI. CAC Reconsideration Process

- A. Within seven (7) days of receiving a CAC decision, an employee may request reconsideration by submitting a written request to the CAC chair. A request for reconsideration must show that the CAC decision was not appropriate or was based on erroneous or incomplete information. Employees may present relevant new or additional information in their reconsideration requests.
- B. The CAC chair, in consultation with the CAC, will review and consider requests for reconsideration.
- C. In cases where a CAC decision prevents an employee from participating in an outside activity because it is incompatible with the interests of the university, the CAC may request an additional evaluation from other university officials with relevant knowledge or expertise.
- D. The CAC chair will make every effort to respond in writing within fourteen (14) days to the employee requesting reconsideration.
- E. Reconsideration decisions by the CAC are final.

VII. Prospective Employees

- A. Job applicants must disclose potential COCs, COIs, and FCOIs and make acceptable arrangements with the unit, and if necessary, the CAC. These arrangements must be included in the offer letter. The inability to reach an acceptable arrangement regarding a conflict may result in revocation of the offer letter or non-selection.

Responsibilities

Position or Office	Responsibilities
Conflict administrator	<ul style="list-style-type: none">1. Support implementation of this policy, assist employees in identifying conflicts, and inform university community about policy.2. Consult with unit to review Outside Activities Approval Form as needed.3. Review eCOI disclosures with SFIs or personally reimbursed or sponsored travel related to university responsibilities and design procedures for reporting FCOIs to federal sponsors (Conflict Administrator in ORC only).
Conflict Approval Committee (CAC)	<ul style="list-style-type: none">1. Review and issue a decision on Outside Activities Approval Forms elevated by the unit.2. Consult with CAC chair to review appeals of unit denials and requests for reconsideration of CAC decisions as set forth in the policy.3. Review and approve or manage outside activities that meet any condition outlined in Procedure II.E.4. Require a CMP to manage a conflict, whenever possible, if a conflict is determined to exist.5. Review information regarding approval and denial of outside activities on an annual basis.6. Advise IRB regarding potential conflicts involving human subjects research.7. Periodically review the operations of this policy related to COCs, COIs, and FCOIs and make operational changes as needed.8. Meet for annual training sessions as set forth in the policy.
CAC chair	<ul style="list-style-type: none">1. Review appeals of unit denials and requests for reconsideration of CAC decisions, in consultation with the CAC, as set forth in the policy.2. Make every effort to respond in writing within fourteen (14) days to employees requesting reconsideration.
Employee	<ul style="list-style-type: none">1. Devote primary professional allegiance to the university and conduct university responsibilities with integrity.



Outside Activities and Conflicts

University Policy

Applies to: Faculty, staff, student researchers, student employees, graduate associates, applicants

Position or Office	Responsibilities
	<ol style="list-style-type: none"> 2. Arrange outside obligations, financial interests, and activities so as not to conflict or interfere with commitment to the university or best interests of patients. 3. Submit an Outside Activities Approval Form and obtain approval before engaging in outside activities. 4. Take all necessary steps to avoid, eliminate, remediate, and/or manage COCs, COIs, and FCOIs. 5. Refrain from participating in activities if an activity cannot be managed to avoid a conflict. 6. Ensure that any publicity or advertising relating to authorized outside activities is not detrimental to the reputation and/or interests of Ohio State. 7. Contact TCO to determine applicability of Ohio law, federal law, and/or the university's Intellectual Property policy before signing any agreement that transfers, licenses, grants, or assigns any intellectual property rights. 8. Ensure that any required eCOI disclosure is accurate. 9. Fulfill requirements of CMPs, if required, to engage in the desired outside activities. 10. Receive prior approval from their unit to engage in professional service involving a foreign government agency or foreign government institution.
Employees engaged in research at the university, employees identified by unit as having significant financial or fiduciary responsibilities, college and regional campus deans, and President's Cabinet members	Annually complete eCOI disclosure form regardless of whether they are engaged in outside activities.
Executive vice president and provost	Appoint a conflict administrator in OAA.
Individuals conducting university research	<ol style="list-style-type: none"> 1. Update annual eCOI disclosure form within 30 days of when any disclosed activity changes or engaging in a new outside activity. 2. Complete required formal COI training in eCOI before engaging in any PHS-funded research.
Job applicants	Disclose potential COCs, COIs, and FCOIs and make acceptable arrangements with unit, and if necessary, CAC.
Senior vice president and general counsel	Appoint one or more attorneys to advise conflict administrators and the CAC on the requirements of the law and university policy.
Office of University Compliance and Integrity (OUCI)	<ol style="list-style-type: none"> 1. Select CAC chair. 2. Approve CAC faculty or staff voting representatives recommended by units. 3. Provide annual training sessions to CAC members as set forth in the policy.
OSUWMC chief compliance officer	Appoint a conflict of interest officer to support OSUWMC faculty and staff with implementing this policy and unit-specific policies.
Office of Research Compliance (ORC)	Provide annual training sessions to CAC members as set forth in the policy.
Unit	<ol style="list-style-type: none"> 1. Identify employees who are required to complete an eCOI disclosure. 2. Review Outside Activities Approval Form and determine, in consultation with conflict administrators as needed, whether to approve, deny, or obtain required Conflict Approval Committee (CAC) approval of the outside activity. 3. Review eCOI disclosures with SFIs or personally reimbursed or sponsored travel related to university responsibilities as set forth in the policy. 4. Recommend CAC faculty or staff voting representatives to OUCI.
Vice president and chief compliance officer	Appoint a conflict administrator in OUCI.
Vice president for research or designee	<ol style="list-style-type: none"> 1. Provide FCOI reports to outside funding agencies as required by federal regulations or the terms of sponsored research agreements. 2. Appoint a conflict administrator in ORC.



Outside Activities and Conflicts

University Policy

Applies to: Faculty, staff, student researchers, student employees, graduate associates, applicants

Resources

Governance Documents

42 C.F.R. 50, Subpart F-Promoting Objectivity in Research, ecfr.gov/current/title-42/part-50
 45 C.F.R., Part 94-Responsible Prospective Contractors, ecfr.gov/current/title-45/part-94
 Code of Student Conduct, trustees.osu.edu/bylaws-and-rules/code
 Corrective Action and Involuntary Termination policy, hr.osu.edu/policy/policy815.pdf
 Faculty Rule 3335-5-01, trustees.osu.edu/bylaws-and-rules/3335-5
 Faculty Rule 3335-5-07, trustees.osu.edu/bylaws-and-rules/3335-5
 Faculty Rule 3335-13-07, trustees.osu.edu/university-faculty-rules/3335-13
 Financial Conflict of Interest Standard Operating Procedures, go.osu.edu/fcoiinresearchsop
 Intellectual Property policy, oied.osu.edu/sites/default/files/pdfs/IP-Policy.pdf
 Ohio Ethics Law, Ohio Revised Code Chapter 102, codes.ohio.gov/ohio-revised-code/chapter-102
 Ohio Ethics Law, Ohio Revised Code §2921.42, codes.ohio.gov/ohio-revised-code/section-2921.42
 Ohio Ethics Law, Ohio Revised Code §2921.43, codes.ohio.gov/ohio-revised-code/section-2921.43
 Review of Research by The Convened IRB, go.osu.edu/hrpppolicy12
 Wexner Medical Center Vendor Interaction Policy, wexnermedical.osu.edu/about-us/employee-onesource

Additional Guidance

College of Medicine Guidance on Faculty Consulting,
onesource.osumc.edu/sites/forms/Pages/COM%20Faculty%20Affairs%20Forms.aspx
 Common Scenarios for eCOI, go.osu.edu/commondisclosurescenarios
 eCOI: What Not to Disclose, go.osu.edu/whatnottodisclose
 Guide to the Ohio Ethics Law and Outside Activities, [\[link to be added\]](#)
 Outside Activities Approval Form, [\[link to be added\]](#)
 The Ohio Ethics Law for Public Universities & Colleges,
ethics.ohio.gov/education/factsheets/PublicUniversitiesandColleges.pdf

Contacts

Subject	Office	Telephone	E-mail/URL
COC questions regarding faculty	Office of Academic Affairs	614-292-5881	paa.osu.edu
COC questions regarding staff	Office of University Compliance and Integrity	614-292-3251	Compliance-integrity@osu.edu Compliance.osu.edu
COI questions	Office of University Compliance and Integrity	614-292-3251	Compliance-integrity@osu.edu Compliance.osu.edu
FCOI in Research questions	Office of Research Compliance	614-292-9258	conflictinfo@osu.edu orc.osu.edu
International engagement questions	Office of Secure Research	614-688-0725	secureresearch@osu.edu go.osu.edu/international-engagements
Legal issues	Office of Legal Affairs	614-292-0611	legal.osu.edu

History

Issued: XX/XX/2022 This policy replaces the Faculty Financial Conflict of Interest policy, Faculty Conflict of Commitment policy, Faculty Paid External Consulting policy, and Conflict of Interest and Work Outside the University policy, which are being retired as standalone policies.



Faculty Paid External Consulting

Office of Academic Affairs

Applies to: Faculty (including administrators with faculty appointments)

POLICY

Issued: 04/04/98

Revised:

Edited: 05/14/12

Reviewed:

I. Preamble

Participation by faculty members of The Ohio State University in activities of government, in industry and in other private institutions generally serves the academic interests of the university. As a result of such activities, the people of Ohio benefit from the dissemination of knowledge and technology developed within the university and students benefit from experiences faculty bring to the classroom. Moreover, the professional experience and recognition that such participation brings to the faculty member is shared indirectly by the university. The patterns of administration of tenure-initiating units (TIUs), colleges, and university offices may discuss in greater detail the relation of such participation to the missions of those units.

The purpose of this policy is to establish guidelines and reporting requirements for paid consulting, external to the university, that is undertaken by faculty members, including administrators with faculty appointments, and that is related to their areas of professional expertise. The following activities are not subject to this policy's guidelines and reporting requirements:

- 1) External professional activities that reflect normal and expected public service activities of faculty and that do not entail compensation beyond reimbursement for expenses and/or a nominal honorarium. These activities include service to governmental agencies and boards such as peer review panels and advisory bodies to other universities; presentations to either professional or public audiences in such forums as professional societies, libraries, and other universities; and peer review activities undertaken for either for-profit or nonprofit publishers.
- 2) Health care activities that are explicitly covered by approved practice plans.

II. Policy

Faculty members, including administrators with faculty appointments, are encouraged to engage in paid external consulting to the extent that these activities are clearly related to the mission of the university and the expertise of the faculty member, provide direct or indirect benefits to the university, and do not entail a conflict of interest as defined in the Conflict of Interest Policy.

As a general rule, the proportion of a faculty member's professional effort devoted to consulting should not exceed one business day per week. Prior approval must be obtained as outlined in the procedures below. Faculty members should avoid any conflict or appearance of conflict between consulting and university responsibilities. In particular, the disruption of formal instructional activities because of consulting must be avoided. Consulting during off-duty periods is not subject to time limitations.

Under Ohio law, the university owns any intellectual property that is a "product of university research" as defined in Section B of the Policy on Patents and Copyrights. The external consulting policy applies to faculty members from the initial date of employment, including during off-duty periods, until the date of resignation. When consulting, faculty members must not assign to other entities the rights to a product of university research. Before signing a consulting agreement that requires assignment of intellectual property rights, a faculty member should contact the Office of Technology Licensing and Commercialization to determine the applicability of the Policy on Patents and Copyrights.

Faculty may not, in connection with paid external consulting, use the university name or the fact that they are affiliated with the university, in a manner that:



Faculty Paid External Consulting

Office of Academic Affairs

Applies to: Faculty (including administrators with faculty appointments)

- 1) Suggests that the university approves or disapproves of a product or service provided by a profit, non-profit or governmental entity; or
- 2) Suggests that the university has performed research or issued research findings when it has not done so, or misleadingly states the results of university research; or
- 3) May be interpreted to communicate the official position of the university on any issue of public interest.

Faculty may not use university letterhead in connection with paid external consulting, nor may they use university facilities and other resources to support consulting unless permission is obtained from the TIU chair and the university is appropriately compensated.

Faculty may not use university Institutional Reviews Boards, e.g., the Human Subjects Review Board, for research conducted as part of a consulting arrangement.

Faculty are personally responsible for any damages or claims for damages which may arise in connection with their consulting activities. The limited immunity conferred by Section 9.86 of the Ohio Revised Code does not apply to consulting.

III. Procedures

1) Reporting Requirements

a) Prior approval

A faculty member must complete the Paid External Consulting Approval Form for each consulting arrangement. These forms shall be filed with the TIU chair or, in the case of an administrator, with the individual to whom he or she reports. All paid external consulting related to one's area of expertise requires prior approval. If a faculty member engages in paid external consulting without first obtaining approval or participates in activities that have been disapproved, a complaint may be filed against the faculty member under Faculty Rule 3335-5-04.

If a proposed consulting arrangement causes or could be perceived to cause a potential conflict of interest, the faculty member must file a Conflict of Interest Form along with the Paid External Consulting Approval Form.

All absences from duty of one full business day or more resulting from consulting, and all absences resulting from consulting that cause a missed commitment such as a class, require the prior approval of the TIU chair or other unit administrator. The Human Resources Application for Leave Form is used for this purpose.

b) Timing of reporting

Some consulting arrangements are on-going whereas others occur at a specific moment in time. For on-going activities, a faculty member may complete a single Paid External Consulting Approval Form for that activity to cover the entire time during which the activity will take place, but not beyond the end of the fiscal year in which the form is filed. A new form is required if the activity continues into another fiscal year. Each non-continuing activity during a fiscal year requires a separate form. These forms must be filed sufficiently in advance of the planned activity to permit time for a meaningful approval process including the development of a plan to manage any conflict of interest or other legal issues posed by the proposed activity.

c) Approval mechanism

The Paid External Consulting Approval Form must be approved by the tenure unit initiating unit chair and dean, or by a regional campus dean. In the case of administrators, the form must be approved by the person to whom he or she reports. A copy of the form shall be included in the faculty member's primary personnel file. If the TIU chair



Faculty Paid External Consulting

Office of Academic Affairs

Applies to: Faculty (including administrators with faculty appointments)

does not approve the proposed activity, the faculty member may appeal to the dean. If the dean does not approve the proposed activity, the faculty member may appeal to the provost. The provost's decision shall be final.

Resources

- Application for Leave Form, <http://hr.osu.edu/forms/index.aspx#leave>
- Faculty Financial Conflict of Interest, <http://orc.osu.edu/files/Policy-on-Faculty-Financial-Conflict-of-Interest.pdf>
- Faculty Conflict of Commitment, https://oaa.osu.edu/sites/default/files/links_files/conflictofcommitment.pdf
- Ohio Revised Code, <http://codes.ohio.gov/>
- Paid External Consulting Approval Form, <https://oaa.osu.edu/policies-guidelines-forms>
- Policy on Patents and Copyrights, <http://research.osu.edu/researchers/policies/patents-and-copyrights/>
- Rules of the University Faculty, <http://trustees.osu.edu/ChapIndex/index.php>

Contacts

Subject	Office	Telephone	E-mail/URL
Consulting agreements	Office of Technology Licensing and Commercialization	614-292-1315	http://tlc.osu.edu/
Intellectual property rights	Office of Technology Licensing and Commercialization	614-292-1315	http://tlc.osu.edu/
Paid external consulting	Office of Academic Affairs	614-292-5881	http://oaa.osu.edu
Technology licensing and commercialization	Office of Technology Licensing and Commercialization	614-292-1315	http://tlc.osu.edu/

History

Reviewed and approved by the University Senate.

Issued: 04/04/98
Revised:
Edited: 01/01/11, 05/14/12
Reviewed:



Faculty Conflict of Commitment

Office of Academic Affairs

Applies to: Full-time faculty (including administrators and staff with faculty appointments)

POLICY

Issued: 07/08/05

Revised:

Edited: 05/14/12

Reviewed:

I. Preamble

Faculty at The Ohio State University accept an obligation to avoid conflicts of commitment in carrying out their university education, research, scholarship or service responsibilities. This policy is intended to assist faculty members, including administrators and staff with faculty appointments, in avoiding these conflicts and in finding a balance between activities that enhance the university's core purpose—to advance the well-being of the people of Ohio and the global community through the creation and dissemination of knowledge—and those that detract from it.

II. State and Federal Laws and Regulations

Federal regulations require the university to adopt a policy governing conflicts of interest in research. In addition, faculty members should be aware that they are also subject to various provisions of Ohio law governing ethics and conflicts of interest in public employment. Additional information about the requirements of Ohio law may be obtained by consulting the Office of Legal Affairs.

III. Definition

For purposes of this policy, a conflict of commitment exists when external or other activities are so substantial or demanding as to interfere with the individual's teaching, research, scholarship or service responsibilities to the university or its students.

IV. Policy

Ohio State University full-time faculty members, including administrators with faculty appointments, owe their primary professional allegiance to the university, and their primary commitment of time and intellectual energies should be to the education, research, service and scholarship programs of the institution. The specific responsibilities and professional activities that constitute an appropriate and primary commitment will differ across schools and departments and will be based on academic practice and/or specific written agreement between the faculty member and his or her department chair and/or college dean.

Even with such understandings in place, however, attempts by faculty to balance university responsibilities with non-university related external activities can result in conflicts regarding allocation of professional time and energies. Conflicts of commitment usually involve issues of time allocation. For example, whenever a faculty member's outside consulting activities (as defined in the university's Faculty Paid External Consulting Policy) exceed the permitted limits (normally one eight hour day per week or less, as may otherwise be established by formal college or departmental policy) or whenever a full-time faculty member's primary professional obligation is not to Ohio State, a conflict of commitment exists.

Faculty should disclose and discuss external commitments with their department chairs and/or deans. If an activity cannot be managed by the faculty member and his/her chair or dean to avoid a conflict of commitment or the reasonable appearance of a conflict of commitment, the faculty member must refrain from participating in the activity.

Examples of situations that, absent prior department or college review and approval, may create an actual or a perceived conflict of commitment are presented below. The examples are by no means exhaustive, and are provided only as samples of some commonly encountered situations.



Faculty Conflict of Commitment

Office of Academic Affairs

Applies to: Full-time faculty (including administrators and staff with faculty appointments)

- Teaching at another university during on-duty periods in an academic year, or otherwise representing yourself as a faculty member of another university.
- Use of one's professional expertise during on-duty periods in an academic year to provide services that compete with services provided by an academic or service entity within the university.
- Participating in private business activities to the detriment of your university education, research, scholarship or service responsibilities.
- Conducting research or novel scientific investigation as a private consultant to outside entities, which should be conducted more appropriately as research sponsored through the Office of Sponsored Research Programs.

Failure to comply with this policy may result in administrative or disciplinary actions against the faculty or staff member in accordance with the procedures set forth in Faculty Rule 3335-5-04. If the conflict of commitment involves a research project administered by the university, whether or not that administration is through the Office of Sponsored Research Programs, any action required by funding or regulatory agencies will also be taken. The procedures for reporting such conflicts and management plans shall be promulgated by the Office of Academic Affairs in consultation with the Conflict of Interest Policy Advisory Committee.

Resources

- Faculty Paid External Consulting Policy, <http://oaa.osu.edu/assets/files/documents/paidexternalconsulting.pdf>
- Rules of the University Faculty, <https://trustees.osu.edu/bylaws-and-rules/university-faculty-rules>

Contacts

Subject	Office	Telephone	E-mail/URL
Faculty conflict of commitment	Office of Academic Affairs	614-292-5881	http://oaa.osu.edu
Requirements under Ohio law	Office Of Legal Affairs	614-292-0611	http://legal.osu.edu
Sponsored research	Office of Sponsored Research Programs	614-292-3815	http://rf.osu.edu/

History

Policy reviewed and approved by the University Senate and the Board of Trustees.

Issued: 07/08/05

Revised:

Edited: 08/10/05, 01/01/11, 05/14/12

Reviewed:



Faculty Financial Conflict of Interest

Office of Research

POLICY

Issued: 07/10/98
Revised: 03/02/07
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Table of Contents

Policy	
I. Preamble	1
II. State and Federal Laws and Regulations	1
III. Policy and Advisory Committee	2
IV. Definition	2
V. Policy	2
Procedures	
I. Disclosure and training requirements	5
II. Review of conflicts of interest	7
III. Conflict of interest management standards	8
IV. Review and management of conflicts of interest in human subjects research	10
V. Legal Obligations	11
VI. Appeals	12
VII. Sanctions for failure to comply	12

I. Preamble

Faculty at The Ohio State University accept an obligation to avoid financial conflicts of interest in carrying out their institutional responsibilities. This policy is intended to assist faculty members, including administrators with faculty appointments, in avoiding these conflicts.

II. State and Federal Laws and Regulations

Federal regulations require the university to adopt a policy governing conflicts of interest in research. In addition, faculty members should be aware that they are also subject to various provisions of Ohio law governing ethics and conflicts of interest in public employment. For example, as a general rule, a university employee may not have an interest in a contract involving the university. In addition, an employee may not use his or her authority or influence to obtain a contract between the university and a family member or business associate of the employee. A university employee may not accept compensation for the performance of his or her university duties from any person or entity other than the university. Finally, the Ohio Ethics Law prohibits university employees from accepting anything of value that will exert a substantial and improper influence upon them with respect to their university duties. Additional information about the requirements of Ohio law may be obtained by consulting the Office of Legal Affairs.



Faculty Financial Conflict of Interest Office of Research

III. Policy Advisory Committee

In consultation with the provost and the Executive Committee of Faculty Council, the vice president for research shall appoint a Conflict of Interest Advisory Committee composed of a minimum of six faculty members, two from colleges in the health sciences, two from the college of arts and sciences and two from professional colleges (Business; Education and Human Ecology; Engineering; Food, Agricultural and Environmental Sciences; Law; Social Work). This committee shall periodically review the operation of this policy and make recommendations for change as needed, including changes mandated by federal and state regulation or accreditation requirements. In addition, the vice president for research shall consult with the committee regarding particularly difficult or complicated conflict of interest situations.

IV. Definition

For purposes of this policy, a conflict of interest exists if financial interests or other opportunities for tangible personal benefit may exert a substantial and improper influence upon a faculty member or administrator's professional judgment in exercising any institutional responsibility.

V. Policy

Faculty members, including administrators with faculty appointments, are expected to review their professional activities to determine if financial conflicts of interest may exist, and to avoid activities that entail or create a conflict of interest. Faculty members shall report and conduct their activities in a way that will avoid potential conflicts of interest, or allow conflicts to be managed. The procedures for reporting and managing such activities shall be promulgated by the Office of Academic Affairs in consultation with the Conflict of Interest Advisory Committee. If the activity cannot be managed to avoid the conflict, the faculty member must refrain from participating in the activity. Examples of situations that might entail or create a conflict of interest are presented below. The examples are by no means exhaustive, and are provided only as samples of some commonly encountered situations.

- Having significant involvement and/or financial interest in an entity that does business with the university.
- Participation in research that is funded by an entity in which the faculty member or the faculty member's family is involved or holds a significant financial interest.
- Entering into consulting agreements that purport to transfer to a private entity intellectual property that belongs to the university. (See the university's policy on [Intellectual Property](#) for further detail.)
- Use of one's professional expertise to provide services that compete with services provided by an academic entity within the university.

The university encourages faculty authorship of instructional materials and does not discourage the use of such materials in courses in the faculty member's department. However, every academic unit should establish a policy appropriate to its circumstances that ensures that instructional materials are selected on their academic merit and also ensures that there is no significant conflict of interest or appearance of conflict of interest in the selection of such materials.

This policy shall apply to ongoing and future activities, but not to completed purchases, past transactions or past professional activities. The latter are subject to applicable university policies in place at the time these activities were undertaken.

Failure to comply with this policy may result in the filing of a complaint against the faculty member under Faculty Rule 3335-5-04. If the conflict of interest involves a research project administered by the university, whether or not that administration is through the Office of Sponsored Programs, any action legally required by the funding agency will also be taken.



Faculty Financial Conflict of Interest

Office of Research

History

Reviewed and approved by the University Senate and the Board of Trustees.

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Definitions

Term	Definition
Conflict of Interest Advisory Committee (COIAC)	A standing faculty committee created under the Faculty Conflict of Interest Policy.
Externally funded research	Research funded by a public or private entity separate from the university through a gift, grant, award, contract, cooperative agreement or similar arrangement and administered through the university or the Office of Sponsored Programs (OSP).
Family member	For the purposes of this Faculty Conflict of Interest Policy, family members include spouses or domestic partners and dependent children.
Fiduciary role	A legal or ethical obligation on the part of an individual to act in the best interests (the financial success) of another, such as membership on a board of directors or a management role in a company or partnership.
Human subjects research	Human subjects research means any activity that either meets the Department of Health and Human Services (DHHS) definition of "research" and involves "human subjects" as defined by DHHS or the Food and Drug Administration (FDA) definition of "research" and involves "human subjects" as defined by FDA.
Research or conducting research	Any organized program of scientific inquiry, including designing research, directing or serving as an investigator performing laboratory experiments, having a role in soliciting consent from research subjects or making decisions related to eligibility of patients to participate in research, analyzing or reporting research data, or submitting manuscripts or abstracts concerning the research for publication. Specific examples include projects for which outside support is requested and projects for which approval of an IRB (or exemption) is required. The determination of what constitutes research and what constitutes the conduct of research will be made by COIAC.
Institutional responsibilities	An investigator's institutional responsibilities refers to professional responsibilities on behalf of the institution including, but not limited to, research, research consultation, teaching, extension/outreach, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.
Investigator	Project director, principal investigator, and any other person, regardless of title or position, who is responsible for the design, conduct or reporting of university research, which may include, for example, collaborators or consultants. This definition does not include individuals who perform only incidental or isolated tasks related to a university research project.
Public Health Service (PHS) Agencies	PHS agencies include the National Institutes of Health (NIH), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare & Medicaid Services (CMS), Administration for Children and Families (ACF), or Administration on Aging (AOA).



Faculty Financial Conflict of Interest Office of Research

<p>Significant financial interest (non-PHS)</p>	<p>Financial interest consisting of one or more of the following interests of the investigator (and those of the investigator's family members) that reasonably appears to be related to the investigator's institutional responsibilities:</p> <ol style="list-style-type: none"> 1) Any equity interest in a non-publicly traded entity or any financial remuneration received from the entity in the twelve (12) months preceding the disclosure that, when aggregated, exceeds \$10,000; 2) An equity interest in a publicly traded company that is 5% or greater or any financial remuneration received from the entity in the twelve (12) months preceding the disclosure that, when aggregated, exceeds \$10,000; and 3) Intellectual property rights and interests upon receipt of income related to those rights and interests. <p>The above terms do not include the following types of financial interests: Salary, royalties, or other remuneration paid by the institution to the investigator, if the investigator is currently employed or otherwise appointed by the institution. The term also does not apply to diversified mutual funds in which the shareholder has no control over the equities held by the fund.</p> <p>The terms also do not include income from seminars, lectures or teaching engagements sponsored by a federal, state or local government agency, an accredited U.S. college or university, a U.S. academic health center, or a U.S. research institution that is formally affiliated with a U.S. college or university.</p> <p>The terms do not include income from serving on advisory committees or review panels for a federal, state or local government agency, an accredited U.S. college or university, a U.S. academic health center, or a U.S. research institution that is formally affiliated with a U.S. college or university.</p>
<p>Significant financial interest (PHS only)</p>	<p>Federal regulations require a lower financial threshold for financial interests of investigators who work on research funded by Public Health Service Agencies. As a result, significant financial interests involving PHS-funded research consist of one or more of the following interests of the investigator (and those of the investigator's family members) that reasonably appears to be related to the investigator's institutional responsibilities:</p> <ol style="list-style-type: none"> 1) Any equity interest in a non-publicly traded entity; or any financial remuneration received from the entity in the twelve (12) months preceding the disclosure that, when aggregated, exceeds \$5,000; 2) An equity interest in a publicly traded company that is 5% or greater or any financial remuneration received from the entity in the twelve (12) months preceding the disclosure that, when aggregated, exceeds \$5,000; and 3) Intellectual property rights and interests upon receipt of income related to those rights and interests. <p>The above terms do not include the following types of financial interests: Salary, royalties, or other remuneration paid by the institution to the investigator, if the investigator is currently employed or otherwise appointed by the institution. The term also does not apply to diversified mutual funds in which the shareholder has no control over the equities held by the fund.</p> <p>The terms also do not include income from seminars, lectures or teaching engagements sponsored by a federal, state or local government agency, an accredited U.S. college or university, a U.S. academic health center, or a U.S. research institution that is formally affiliated with a U.S. college or university.</p> <p>The terms do not include income from serving on advisory committees or review panels for a federal, state or local government agency, an accredited U.S. college or university,</p>



Faculty Financial Conflict of Interest

Office of Research

	a U.S. academic health center, or a U.S. research institution that is formally affiliated with a U.S. college or university.
Sponsor or financially interested company	A commercial entity, or in certain cases, a not-for-profit entity that is sponsoring research to commercialize a product, whose financial interests would reasonably appear to be affected by the conduct or outcome of the research, including commercial companies that directly sponsor research, companies that hold patent rights for discoveries, drugs, or devices being studied in research protocols, or companies that provide financial or "in-kind" support for research projects. A financially interested company may also include a company that competes with the sponsor of the research or the manufacturer of the investigational product, if the researcher knows that the financial interests of such a company would reasonably appear to be affected by the research. This term also includes any entity acting as the agent of a sponsor or financially interested company such as a contract research organization.

PROCEDURE

Issued: 02/01/99
Revised: 08/01/07
Edited: 01/01/11, 03/20/12, 02/05/13, 05/01/18

The vice president for research will be responsible for administering the Financial Conflict of Interest Policy. The vice president for research may designate an associate or assistant vice president to perform his/her responsibilities under the policy.

The vice president for research will appoint a conflict of interest administrator in consultation with the provost. The conflict of interest administrator will provide professional staff support for implementation of the policy. With the approval of the provost, and in consultation with the Conflicts of Interest Policy Advisory Committee (COIAC), the conflict of interest administrator will design procedures for the reporting of potential conflicts of interest. The administrator will also assist faculty and other university employees in identifying, managing or eliminating conflicts of interest and will periodically inform the university community about the policy and other issues relating to conflicts of interest.

The general counsel will designate a conflict of interest legal advisor who will assist the vice president for research, the COIAC, and the conflict of interest administrator with respect to the requirements of state and federal law and university rules. Counsel represents the university and not the individual faculty member. Joint representation can be provided where warranted if there is no conflict of interest or the conflict is waived in writing by both parties after full disclosure. Further, faculty members have the right to have their own (private) attorney.

The vice president for research will be responsible for providing reports to outside funding agencies as may be required by federal regulations or the terms of sponsored research agreements.

I. Conflict of Interest disclosure and training requirements

Financial interest disclosure

An On-line Electronic Financial Interest Disclosure must be filed by the following persons who may, in carrying out their institutional responsibilities, meet the definition of "Investigator" under this policy:

- Faculty who have been identified as a project director, principal investigator or senior/key personnel (including non-university employee consultants) on a sponsored project during the past twelve (12) months;



Faculty Financial Conflict of Interest Office of Research

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- Faculty, who are investigators, or key personnel on protocols requiring review (or exemption) by the Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC) or Institutional Biosafety Committee (IBC) during the past twelve (12) months;
 - Member physicians of The Ohio State University Faculty Group Practice; and
 - Research staff members and students, who are listed as investigators or senior or key personnel on sponsored projects, or protocols requiring IRB, IACUC, or IBC review (or exemption) are also required to comply with these reporting requirements and the following procedures.

Financial interest disclosures must be filed annually. Updates must be made to the disclosure within thirty (30) days if the filing party acquires any new financial interests, external professional activities, or business or financial transactions that were previously unreported, or if changes occur in the circumstances of a previously reported transaction or activity.

Faculty financial interest disclosures containing significant personal financial interests (as defined in this policy) must be reviewed by their department chair or with their regional campus dean. For regional campus faculty, the dean fulfills the responsibilities of the department chair noted elsewhere in these procedures. The chair or dean will determine whether the significant financial interest may be related to the faculty member's institutional responsibilities.

Staff and student financial interest disclosures containing significant personal financial interests (as defined in this policy) must be reviewed by the chair of their department or appropriate supervisory official (in the case where the filing party is not a member of an academic department), who shall perform the duties of a department chair under these procedures, in cases where a potential conflict is disclosed.

Electronic disclosures filed by faculty, staff and students will be automatically routed to the appropriate signatory. The chair, dean or supervisory official will determine whether a significant financial interest may be related to a faculty, student or staff member's institutional responsibilities on a case-by-case basis using the following general considerations:

- Is the financial interest with a company, foundation or other organization that provides products or services in the faculty, staff member or student's academic discipline - or area of study?
- Will the entity likely make use of the scholarly work or research - either directly or indirectly?
- Is the financial interest with a member of an industry, trade, or advocacy group that funds scholarly work or research in the faculty, staff member or student's discipline or area of study?
- Does the entity have some other relationship not described above that could be related to or could be affected by the faculty, staff member or student's university responsibilities?

Travel disclosure

In addition to financial disclosures, faculty, staff and students who have participated as project directors, principal investigators or senior/key personnel on U.S. Public Health Service-funded research projects in the past twelve (12) months or who reasonably expect to receive new PHS funding during the current year must disclose the occurrence of any reimbursed or sponsored travel related to their institutional responsibilities. Public Health Service agencies include the National Institutes of Health (NIH), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare & Medicaid Services (CMS), Administration for Children and Families (ACF), or Administration on Aging (AOA).

This specific travel disclosure requirement does not apply to the following types of travel:

- Travel that is reimbursed or sponsored by a federal, state or local government agency (e.g., travel associated with service on an NIH or NSF or other federal agency study section, site visits, and/or grant peer review panel);
- Travel that is sponsored by an accredited U.S. college or university (e.g., travel for providing peer review consultation or speaking engagements);



Faculty Financial Conflict of Interest Office of Research

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- Travel sponsored by a U.S. academic health center (e.g., speaking engagements);
 - Travel sponsored by a U.S. research institution that is formally affiliated with a U.S. college or university; or
 - Travel that is paid for as part of an Office of Sponsored Program sponsored research study/program (e.g., investigator meetings).

The On-line Electronic Conflict of Interest Disclosure application will also be used for travel reporting. At a minimum, faculty, research staff and students who are required to report reimbursed and sponsored travel must indicate the purpose of the trip, the identity of the sponsoring organization/business, the destination of the travel and the duration of the trip.

Training requirement

The federal financial conflict of interest regulations also require that the institution provide formal conflict of interest training to investigators. The COIAC shall recommend a formal training process, which will reasonably comply with the applicable federal regulations.

Deans, department chairs, or other supervisory officials will be responsible for ensuring the faculty, staff and students complete the required formal conflict of interest training before engaging in research related to any PHS-funded grant and at least every four (4) years and immediately when any of the following circumstances apply:

- The institution substantially revises its financial conflict of interest policy in a manner that affects the requirements of investigators;
- An investigator is new to the institution; or
- The institution finds an investigator that is not in compliance with the institution's financial conflict of interest policy or management plan.

II. Review of financial disclosures for possible conflicts of interest

Chairs will review financial disclosures containing significant financial interests within 15 days of receipt. Disclosures reviewed through the electronic application will automatically be forwarded to the conflict of interest administrator. If the conflict of interest administrator determines that a disclosed financial interest or activity presents a potential conflict of interest related to a particular research project, s/he will forward to COIAC for review. Disclosures and documentation of plans to minimize or manage possible conflicts of interest will be maintained in the office of the conflict of interest administrator.

The COIAC will review significant personal financial interests related to an investigator's activities, which are reported to the COIAC by the chair, dean or supervisor (in the case of staff), or the conflict of interest administrator.

The COIAC will determine whether a financial interest with an external entity (or travel sponsored by an external entity if travel disclosure is required) is related to a particular research project or protocol on a case-by-case basis using the following general considerations:

- Is the financial interest with a sponsor, subcontractor, supplier or lessor of goods, materials, proprietary information, services, or facilities of the investigator's current or proposed research?
- Will the entity likely make use of the research or scholarly work - either directly or indirectly?
- Is the financial interest with a member of an industry, trade, or advocacy group that funds the involved research or scholarly work?
- Is the entity manufacturing, commercializing or developing a product that is being used, evaluated, or further developed by the research or scholarly work at issue?
- Will the entity receive materials, data, or other information from the investigator?
- Is the entity a competitor of the investigator's sponsor?
- Does the entity have some other relationship not described above that could be related to or could be affected by the investigator's university responsibilities?



Faculty Financial Conflict of Interest Office of Research

If the COIAC determines that a financial interest (or travel sponsored by an external entity when travel disclosure is required) is reasonably related to an investigator's institutional responsibilities, the COIAC will then review the potential impact of the financial interest on the following:

- The integrity of the research;
- Risks to the rights and safety of human research subjects;
- Risks to the rights and obligations of students and trainees participating in research;
- The availability of research results to the scientific community for use in the public interest;
- The appearance of a conflict of interest; and
- The perception to the university community (In agreements and contracts related to the arrangements under review by COIAC, the university will require terms that ensure the freedom of timely academic publication, uphold the rights and responsibilities of students and trainees, and ensure appropriate reporting of inventions and assignment of intellectual property rights.)

III. Conflict of interest management standards

Upon completing its review, COIAC will recommend that the personal financial interests of the individual in a financially interested company or entity are either eliminated or managed, subject to the development of a formal conflict management plan. COIAC will render a final decision and will communicate that decision, along with the recommended management plan to the involved faculty, staff member or student in writing.

Conflict of interest management plans

Conflict of interest management plans may include one or more of the following requirements:

- **Disclosure**: public disclosure of potential financial conflicts of interest is required in all management plans and includes the following:
 - public disclosure of the financial interests of the investigator and of the university, if applicable, in all relevant publications, presentations (whether or not academic), including presentations at the level of the individual's primary department or higher
 - disclosure to the appropriate co-investigators, members of the laboratory or research group, and students or trainees
 - disclosure of an investigator's financial interest on human subjects consent forms
- **Restriction on equity**: requirements that options, warrants, and similar instruments not be exercised without prior permission of COIAC (Researchers should be aware that separate Securities and Exchange Commission and other state and federal regulations may apply to their ownership of such equity. Obtaining the necessary information and complying with such regulations is the responsibility of the individual researcher.)
- **Limiting the role of the investigator with a financial interest**: requiring that the role of the investigator with a significant financial interest be limited in some way; in research involving the use of human or animal subjects, investigators are generally not permitted to:
 - serve as principal investigator
 - analyze data
 - determine whether potential subjects are eligible for enrollment
 - solicit consent
 - determine whether an adverse event report is required
- **Oversight**: appointment of a disinterested individual or group to monitor the relevant research activity; an oversight committee might be charged with:
 - reviewing abstracts and manuscripts before they are submitted for publication to ensure that the research is conducted and reported according to scientific and ethical standards and that conflict of interest management measures are observed



Faculty Financial Conflict of Interest Office of Research

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- o meeting at specific intervals to review protocols, subject accrual, subject safety and complications, review the resulting project data before publication, and other issues as appropriate

Oversight committees are required in management plans involving human subjects research where the principal investigator has a significant financial interest in the research and the research involves greater than minimal risk to human subjects.

- Divestiture: allow arrangements to go forward contingent upon sale or disposal of specified financial interests to eliminate or reduce the financial conflict of interest by a certain date
- Severance of relationships that heighten or create actual or potential conflicts: relinquishing a seat on a board of directors or terminating a consulting arrangement with an outside entity in order to reduce the financial or fiduciary conflict of interest.

COIAC may recommend other conditions or restrictions on the proposed arrangements if, in its view, such conditions will contribute to the elimination, reduction, or management of the conflict of interest. For conflict of interest management plans involving human subject research, the COIAC will make a recommendation to the IRB.

A written update will be required annually for all active personal financial conflict of interest conflict management plans. Significant financial interests disclosed or discovered after a funded research project has begun must be reviewed and approved and any necessary conflict of interest management plans must be in place within sixty (60) days.

As required by Public Health Service (PHS) rules, the university must report potential financial conflicts of interest involving federally-sponsored research to the sponsor prior to the expenditure of federal research funding, or within sixty (60) days of the university identifying potential financial conflicts of interests after a project has begun. The conflict of interest administrator and the Offices of Research Compliance and Sponsored Programs will be responsible for reporting potential financial conflicts of interest to the PHS, National Science Foundation or other sponsors, along with additional information concerning the COIAC-approved management plan that may be requested by the sponsor. PHS regulations require that the university also submit an annual conflict of interest update to the agency at the time the investigator's annual project report/update is due.

PHS regulations also require that the university provide the following information within five (5) business days to a public records request for information disclosed by faculty and staff investigators under this Policy: the investigator's name; the investigator's title and role with respect to a specific research project; the name of the entity in which the significant financial interest is held; the nature of the significant financial interest; and the value of the significant financial interest within the following dollar ranges (\$0-\$4,999; \$5,000-\$9,999; \$10,000-\$19,999; amounts between \$20,000-\$100,000 by increments of \$20,000; amounts above \$100,000 by increments of \$50,000), or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value.

If an investigator fails to disclose a significant financial interest that the COIAC determines to be a financial conflict of interest related to a particular research project, if the university fails to review or manage a financial conflict of interest, or if an investigator fails to comply with the terms of a conflict of interest management plan, the university will within one hundred and twenty (120) days complete a retrospective review of the investigator's research to determine whether there was any bias in the design, conduct or reporting of the research. The Office of Research will keep a record of the retrospective review and make any necessary reports to funding agencies in accordance with federal regulations.

In cases where the COIAC or a federal sponsor determines that a financial conflict of interest was not managed or reported by the university as required by federal law, the investigator involved will be required to disclose the



Faculty Financial Conflict of Interest Office of Research

financial conflict of interest in each public presentation of the results of the research and to request an addendum to previously published presentations.

IV. Review and management of potential conflicts of interest in human subjects research

In preparing this section, the university acknowledges the document titled "Preserving Trust, Promoting Progress: Guidelines for Developing and Implementing a Policy Concerning Individual Financial Interests in Human Subjects Research," issued in December 2001 by the Association of American Medical Colleges.

Financial interests in human subject research require special scrutiny. Such interests may present real or perceived risks to the welfare and rights of human subjects, in addition to presenting risks to research integrity.

The university presumes that faculty may not participate as principal investigators in greater than minimal risk research projects involving human subjects (as determined by the IRB) while they have a significant financial interest in the research project or in a financially interested company. Limited exceptions may be made in specific cases when, in the judgment of COIAC, individuals holding significant conflicting financial interests provide the COIAC with a compelling justification (s/he is the only researcher at the university who possesses the expertise, know-how, or the necessary technical or procedural skills) in writing for being permitted to simultaneously hold the financial interest and participate in the human subjects research project. Principal investigators who seek exceptions to the above presumption are required to obtain a letter of support from their chair and dean (or vice dean for research), noting that the department and college support the compelling justification and will provide the resources necessary to manage the potential financial conflict of interest. Such resources may include, for example, the cost of external review boards, data integrity consultants or committees, or subject safety monitoring committees that may be needed to ensure the integrity of the research and the protection of human subjects involved in the research.

As per Ohio State University Rule 3335-13-07, faculty and staff members who hold financial interests in companies commercializing technology owned by the university may not serve as principal investigators in sponsored research projects funded by technology commercialization companies in which they have a personal financial interest if the projects involve the use of human subjects or veterinary clinical trials involving the use of animals.

The COIAC will review reports of all significant financial interests in proposed human subjects research projects. Information concerning a faculty, staff, or student's relationship to the outside sponsor will be communicated in writing to the appropriate convened IRB, including the proposed management plan. To ensure the primacy of the welfare and rights of the human subjects, the convened IRB will have the full and final authority for implementing the decision concerning the role of the concerned individual in the human subjects research protocol. Accordingly, the convened IRB will communicate its decision concerning participation in the human subjects research protocol to the investigator and will provide a copy of that communication to COIAC.

Conflict of interest issues associated with research projects involving human subjects that are determined by the Office of Responsible Research Practices to be exempt are subject to COIAC review.

COIAC's recommendation may involve either prohibition or management.

- **Prohibition:** If, upon reviewing specific information provided by the investigator with the relevant financial interest, COIAC believes that a conflict of interest is incompatible with human subjects research, it will recommend to the appropriate IRB that the involved investigator be required to eliminate the relevant financial interest before beginning the project or be barred from participating in the research.
- **Management:** In a limited number of cases involving significant financial interests, if COIAC concludes that the justification provided by the investigator is sufficiently compelling and that the conflict of interest can be managed, it will recommend specific project-related management measures to the appropriate IRB.

In all cases involving human subjects research in which informed consent is required and an involved investigator has a relevant financial interest of any magnitude, a financial disclosure statement including the name of the financially



Faculty Financial Conflict of Interest Office of Research

interested individual and description of the source and nature of the relevant financial interests must be included in the consent process/form.

Additional project-related management measures may include prohibiting the investigator from one or more of the following:

- Serving as principal investigator
- Analyzing data
- Determining whether potential subjects are eligible for enrollment
- Soliciting consent
- Determining whether an adverse event report is required.

COIAC's recommendation, accompanied by a description of the nature and magnitude of the potential conflict of interest, will be communicated in writing to the appropriate IRB. The IRB, which is responsible for ensuring the ethical acceptability of the research, will evaluate the recommendations of the COIAC and decide whether to:

- Accept the recommendations
- Accept the recommendations with additional management measures prescribed by the IRB
- Conclude that the human subjects research cannot proceed.

COIAC will communicate its determination to the investigator in writing. Upon concluding its evaluation, the IRB will inform COIAC of its determination, and the IRB's decision is final.

V. Legal Obligations

Investigators should be aware that financial interests in companies or external entities may result in personal or institutional obligations under federal and state laws, formal contractual requirements of commercial research sponsors, as well as with conflict of interest requirements of accreditation entities. The Ohio State University is also required to comply with federal conflict of interest regulations, including maintaining a written and enforced financial conflict of interest policy, managing, reducing or eliminating identified conflicts, and reporting identified conflicts to federal agencies within prescribed timeframes.

When the institution carries out federally-funded research through a subrecipient (e.g., subcontractors or consortium members), the institution must also meet applicable agency requirements to ensure that subrecipient investigators also comply with the federal conflict of interest regulations.

The Office of Research Compliance, in consultation with the Offices of Legal Affairs and Sponsored Programs, will be responsible for complying with sponsor and regulatory agency reporting requirements, as well as the maintenance of conflict of interest records, pursuant to applicable federal and state requirements and Ohio State University Office of Research record retention policies.

A. Public Health Service (PHS)/National Science Foundation (NSF)

Individuals who receive research funding from either the Public Health Service (PHS) (including the National Institutes of Health) or National Science Foundation (NSF) must comply with agency regulations, which ensure that personal financial interests do not affect the design, conduct, or reporting of federally-funded research. The PHS regulations on "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought" (42 C.F.R. Part 50, Subpart F) and "Responsible Prospective Contractors" (45 C.F.R. Part 94) can be found at <http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>. The NSF conflict of interest policy can be found in Chapter V, Grantee Standards, Section 510, Conflict of Interest Policies, in the NSF Grant Policy Manual at http://www.nsf.gov/pubs/manuals/gpm05_131/gpm5.jsp#510.

B. Food and Drug Administration (FDA)



Faculty Financial Conflict of Interest Office of Research

The FDA requires applicants, under its regulations at 21 CFR Part 54, to submit to FDA a list of clinical investigators who conduct covered clinical studies and to certify the absence of and/or disclose the existence of certain financial arrangements. The FDA's most recent guidance is available at

<http://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM256525.pdf> (May 2011).

In cases where an individual investigator holds an Investigational New Drug application (IND) for a study drug, or an Investigational Device Exemption (IDE) for an experimental study device, the investigator him/herself may be required to personally comply with the above FDA conflict of interest reporting requirements and should consult the FDA or legal counsel at the Office of Legal Affairs concerning applicable rules and regulations.

The Office of Research Compliance, in consultation with the Offices of Legal Affairs and Sponsored Programs, will be responsible for complying with sponsor and regulatory agency reporting requirements, as well as the maintenance of conflict of interest records, pursuant to applicable federal and state requirements and Ohio State University Office of Research record retention policies.

C. Securities and Exchange Commission (SEC)

The SEC enforces regulations concerning equity ownership, including insider trading, which may affect investigators who hold equity in research sponsors. For additional information, investigators should seek advice from their personal legal counsel or the Office of Legal Affairs. It is the obligation of the financially interested individual to ensure that s/he complies with applicable SEC regulations.

D. Other sponsors

Outside sponsors may also have specific requirements regarding investigators who have personal interests with the sponsor. For more information, contact your sponsored program officer at the Office of Sponsored Programs (OSP).

E. Accreditation entities

Outside academic accreditation entities and programs, such as the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP), require that the institution's human research protection program specifically include policies and procedures to identify and manage potential personal financial conflicts of interest, as well as potential institutional conflicts of interest, to ensure that all human research participants are respected and are protected from unnecessary harm. For more information on these AAHRPP requirements, contact the Office of Responsible Research Practices.

VI. Appeals

If an investigator believes that a determination made by COIAC is not appropriate or is based on erroneous information, s/he may request reconsideration by COIAC by submitting a written request to the chair of the COIAC. If, after a second review by COIAC, the investigator still wishes to appeal COIAC's decision, s/he may appeal to the vice president for research. The vice president for research's decision is final.

Investigators who believe that the conflict of interest management measures adopted by an IRB are not appropriate or are based on erroneous information must follow applicable IRB procedures for requesting additional review. Decisions made by the IRB are final.

VII. Sanctions for failure to comply

Failure by faculty to comply with the conflict of interest policy or procedures, or with COIAC management plans, will be subject to review by the vice president for research. If the vice president for research determines that a violation of university rules may have occurred, s/he may file a complaint against the faculty member pursuant to Faculty Rule 3335-5-04. Failure by university staff or students to comply with the conflict of interest policy or procedures, or with COIAC management plans, will be subject to review by the applicable Human Resources (for staff) or Office of Student Life (for student) policies.



Faculty Financial Conflict of Interest Office of Research

Resources

- Conflict of Interest Screening/Disclosure Form, <http://go.osu.edu/coi>
- Ohio Ethics Law, <http://legal.osu.edu/ethics.php>
- Policy on Intellectual Property, <https://tco.osu.edu/v2/wp-content/uploads/IP-Policy.pdf>
- Rules of the University Faculty, <http://trustees.osu.edu/rules/university-rules.html>

Contacts

Subject	Office	Telephone	E-mail/URL
Conflict of interest	Office of Research Compliance	614-292-4284	http://orc.osu.edu
Research compliance	Office of Research Compliance	614-292-4284	http://orc.osu.edu
Requirements under Ohio law	Office of Legal Affairs	614-292-0611	http://legal.osu.edu
Human subjects research	Office of Responsible Research Practices	614-688-8457	http://orrr.osu.edu
Institutional Review Boards	Office of Responsible Research Practices	614-688-8457	http://orrr.osu.edu
Sponsored research	Office of Sponsored Programs	614-292-3815	http://osp.osu.edu

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