



*The Right Choice.
Right Setting. Right Outcome.*



OhioHealth Rehabilitation Hospital
2018 Community Health Needs Assessment



At OhioHealth Rehabilitation Hospital, we offer a full complement of inpatient rehabilitation services. Our mission is to provide an exceptional patient care experience that promotes healing and recovery in a compassionate environment.

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Chief Executive Officer
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Columbus, Ohio 43201

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Introduction

OhioHealth is a family of nationally recognized, not-for-profit, faith-based hospitals and healthcare organizations with Methodist roots. OhioHealth operates as a regional health system, whereby all member hospitals are integrated and cross-functional. Truven Health Analytics have recognized OhioHealth as one of the top five large health systems in America in 2008, 2009, 2011, 2013, 2014 and 2015 (IBM Watson Health, n.d.). FORTUNE Magazine has recognized OhioHealth as one of the “100 Best Companies to Work For” and has been for 11 years in a row: 2007–2017 **(71)**. OhioHealth was also recognized as one of the 100 Best Workplaces for Women and 100 Best Places to Work in Healthcare. Serving central Ohio communities since 1891, all OhioHealth entities are connected by a shared mission “to improve the health of those we serve”, core values of compassion, excellence, stewardship and integrity, and committed to deliver high quality, convenient, timely healthcare, regardless of ability to pay. OhioHealth has been recognized in central Ohio as a leader in promoting community health and wellness and supporting community-building activities. In May 2014, OhioHealth received the President’s Award from the United Way of Central Ohio to recognize its financial contribution from the Associate Giving Campaign. In November 2015, OhioHealth received the Seize Hope Partner Award from the Epilepsy Foundation of Greater Cincinnati and Columbus.

In Franklin County, OhioHealth has four general medical and surgical member hospitals, namely, Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, and Dublin Methodist Hospital, and one specialty hospital, namely, OhioHealth Rehabilitation Hospital. These five hospitals complement each other’s programs and services to effectively address the health needs of the community. All four general medical and surgical hospitals are certified members of the MD Anderson Cancer Network®, a world-renowned leader in cancer care **(72)**.

OhioHealth Riverside Methodist Hospital

Riverside Methodist Hospital is a 765-bed general medical and surgical facility located at 3535 Olentangy River Road, Columbus, Franklin County, Ohio 43214. In 2014, Riverside Methodist had 88,093 emergency department visits, 44,665 admissions, 12,148 inpatient surgeries, and 9,163 outpatient surgeries **(99)**. Riverside Methodist Hospital is a Primary Stroke Center and a Level II Trauma Center **(69)**. In 2014, Riverside Methodist was recognized by the U.S. News and World Report as “America’s Best Hospitals” for neurology and neurosurgery **(99)**, Truven Health’s 100 Top Hospitals® list in the “Teaching Hospitals” category **(93)**, and Becker’s Hospital Review’s “100 Hospitals with Great Women’s Health Programs” **(8)**.

OhioHealth Grant Medical Center

Grant Medical Center is a 427-bed general medical and surgical facility located at 111 South Grant Avenue, Columbus, Franklin County, Ohio 43215. In 2014, Grant Medical Center had 88,273 emergency department visits, 22,280 admissions, 8,887 inpatient surgeries, and 11,355 outpatient surgeries **(97)**. Grant Medical Center is a Level I Trauma Center and a Primary Stroke Center **(69)**. In 2014, Grant Medical Center was included in Truven Health’s 100 Top Hospitals® list in the “Teaching Hospitals” category **(93)**, and American Heart Association/American Stroke Association Get With the Guidelines®—Stroke Gold Plus, Target: Stroke Honor Roll, and Mission: Lifeline Silver Performance Achievement

Award **(69)**. Grant Medical Center was recognized for clinical quality and stroke care in the 2014 VHA® Peak Awards **(101)**.

OhioHealth Doctors Hospital

Doctors Hospital is a 262-bed general medical and surgical facility located at 5100 W. Broad Street, Columbus, Franklin County, Ohio 43228. In 2014, Doctors Hospital had 83,619 emergency department visits, 9,316 admissions, 1,780 inpatient surgeries, and 4,068 outpatient surgeries **(96)**. Doctors Hospital is a Primary Stroke Center **(69)**. Doctors Hospital was included in the 2014 Truven Health's 100 Top Hospitals® list "Major Teaching Hospitals" category **(93)** and in The Leapfrog Group's 2013 Top Hospitals **(80)**. Doctors Hospital received the 2014 VHA® Peak Awards for clinical quality **(101)** and the 2015 Health Leader Award during the Ohio Latino Awards hosted by El Sol de Ohio **(92)**.

OhioHealth Dublin Methodist Hospital

Dublin Methodist Hospital is a 92-bed general medical and surgical facility located at 7500 Hospital Drive, Dublin, Franklin County, Ohio 43016. In 2014, Dublin Methodist Hospital had 35,465 emergency department visits, 4,772 admissions, 1,345 inpatient surgeries, and 4,625 outpatient surgeries **(98)**. Dublin Methodist Hospital was included in Truven Health's 100 Top Hospitals®, 2015 list under the "Small Community Hospitals" category **(93)**, and was a VHA Peak Award Winner under the patient experience category **(101)**.

OhioHealth Rehabilitation Hospital

OhioHealth Rehabilitation Hospital is a 72-bed physical rehabilitation facility located at 1087 Dennison Avenue, Columbus, Franklin County, Ohio 43201. OhioHealth Rehabilitation Hospital was established in 2013 as a joint venture between OhioHealth and Select Medical Corporation to better serve the inpatient rehabilitation needs of OhioHealth patients and residents of central Ohio. In 2017, OhioHealth Rehabilitation Hospital had 1,503 admissions with 19,203 inpatient days. OhioHealth Rehabilitation Hospital is the largest free-standing CARF-accredited rehabilitation hospital in Ohio for stroke and comprehensive rehabilitation **(23)**.

Priority health needs

The Patient Protection and Affordable Care Act of 2010 requires not-for-profit hospitals to conduct a community health needs assessment (CHNA) once in three years **(39)**. Through OhioHealth, The five OhioHealth hospitals in Franklin County, namely, Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital collaborated with the Central Ohio Hospital Council in conducting the CHNA and identifying the six priority health needs as obesity (1st), infant mortality (2nd), access to care (3rd), mental health and addiction (4th), chronic conditions (5th), and infectious diseases (6th). The five OhioHealth member hospitals will collaboratively develop an implementation strategy that would include shared programs, services and resources to effectively address these significant health needs.

Written comments

Written comments on the most recently conducted CHNA and related implementation strategy for OhioHealth Rehabilitation Hospital may be provided to Eric Yap, FACHE, Chief Executive Officer, 1087 Dennison Avenue, Columbus, Ohio 43201 or eayap@ohiohealth-rehab.com.

How to obtain a copy

A paper copy of this CHNA report is available without charge by contacting Eric Yap, FACHE, Chief Executive Officer, 1087 Dennison Avenue, Columbus, Ohio 43201 or eayap@ohiohealth-rehab.com.

A. Definition of Community Served and how Community was Determined

OhioHealth Rehabilitation Hospital is located at 1087 Dennison Avenue, Columbus, Franklin County, Ohio 43201. The hospital has no satellite facilities.

The “community served” by OhioHealth Rehabilitation Hospital is Franklin County, Ohio. The communities reside in zip codes 43002, 43004, 43016, 43017, 43026, 43054, 43065, 43068, 43069, 43081, 43085, 43086, 43109, 43110, 43119, 43123, 43125, 43126, 43137, 43146, 43194, 43195, 43199, 43201, 43202, 43203, 43204, 43205, 43206, 43207, 43209, 43210, 43211, 43212, 43213, 43214, 43215, 43216, 43217, 43218, 43219, 43220, 43221, 43222, 43223, 43224, 43226, 43227, 43228, 43229, 43230, 43231, 43232, 43234, 43235, 43236, 43251, 43260, 43266, 43268, 43270, 43271, 43272, 43279, 43287, 43291 **(46)**. These zip codes include the communities of Amlin, Blacklick, Dublin, Hilliard, New Albany, Reynoldsburg, Westerville, Columbus, Brice, Canal Winchester, Galloway, Grove City, Groveport, Harrisburg, and Lockbourne. Other communities that cross into Franklin County but are not primarily within Franklin County include Pataskala, Plain City, Powell, London, and Orient.

Review of OhioHealth internal data during Calendar Year 2017 has shown that the majority of OhioHealth Rehabilitation Hospital admissions were residents of Franklin County; specifically, 69 percent of admissions to OhioHealth Rehabilitation Hospital were residents of Franklin County. Accordingly, OhioHealth Rehabilitation Hospital has defined the community served to be the residents of Franklin County.

B. Process and Methods Used to Conduct the CHNA

B.1. Data and other information used in the assessment

B1.1 Demographics of the community

Total population. In 2010, actual population was 1,163,414. In 2016, estimated total population was 1,264,518 (57). Compared to 2010, an 8.7 percent increase in population was recorded in 2016.

Race/Ethnicity. Among Franklin County residents in 2016, 68.8 percent were White, 21.3 percent were African American, 4.3 percent were Asian, 5.0 percent were Hispanic (of any race), 1.7 percent were other races, 0.2 percent Native American, zero percent Pacific Islander, and 3.6 percent were two or more races. Total minority represented 34.2 percent of the population (57).

Age: Among Franklin County residents in 2016, 7.2 percent were under 5 years old, 16.5 percent were 5 to 17 years old, 10.7 percent were 18 to 24 years old, 30.8 percent were 25 to 44 years old, 24.2 percent were 45 to 64 years old, and 10.6 percent were 65 years and older. Median age is 33.8 (57).

Income: In 2016, the median household income was \$52,341 and in 2015 per capita income was \$46,949. Approximately 12.8 percent of families and 17.6 percent of the population had income below the poverty level (57).

Additional discussion of demographic characteristics and description of primary and chronic disease needs and other health issues of Franklin County residents, including the uninsured, low-income, and minority groups, are available in the Franklin County Health Map 2016 (Appendix A).

B2. Methods of collecting and analyzing data and information

B2.1. Primary data collection

The health indicators that were included in the Franklin County HealthMap 2016 were determined from members of the Franklin County Community Health Needs Assessment Steering Committee through small group discussions and survey. Primary data collection was conducted from July 1, 2014 to March 31, 2015.

B2.2. Secondary data collection

The Central Ohio Hospital Council obtained secondary data from national, state and local sources (e.g., U.S. Census Bureau, Center for Disease Control and Prevention Behavior Risk Factor Surveillance System, Ohio Department of Health, Central Ohio Trauma System, Columbus Public Health, and Ohio Hospital Association). Secondary data collection and synthesis was contracted to The Ohio State University College of Public Health Center for Public Health Practice and Illuminology. Secondary data collection

was conducted from July 1, 2014 to March 31, 2015. Updated secondary data was conducted by INCompliance Consulting and collection occurred on April 10, 2018 to May 1, 2018.

No written comments on the prior community health needs assessment were received.

No information gaps that would impact the ability to assess the needs of the community were identified through this CHNA process.

B3. Parties with whom hospital collaborated or contracted for assistance

- (a) **Bricker & Eckler LLP/INCompliance Consulting**— located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler LLP, represented by Chris Kenney and Jim Flynn, provided overall guidance in ensuring that the conduct of the CHNA was compliant with the Internal Revenue Service regulations **(39)**. Mr. Flynn has practiced for 26 years related to health planning matters, certificate of need, non-profit and tax-exempt health care providers, and federal and state regulatory issues. Ms. Kenney has over 37 years of experience in health care planning and policy development, federal and state regulations, certificate of need regulations and Medicare and Medicaid certification.
- (b) **The Ohio State University College of Public Health Center for Public Health Practice** — located at 250 Cunz Hall, 1841 Neil Avenue, Columbus, Ohio 43210. The Center for Public Health Practice was represented by Joanne Pearsol, MA, MCHES, and two graduate students, Dayna Benoit, and Tyler Gorham **(85)**. Ms. Pearsol, Ms. Benoit and Mr. Gorham assisted Central Ohio Hospital Council in locating and summarizing data for the health status indicators, synthesizing the electronic data sources, and creating maps.
- (c) **Illuminology** — a marketing research company located at 1500 West Third Avenue, Suite 126, Columbus, Ohio 43212 **(37)**. Illuminology, represented by Orié Kristel, PhD, chief executive officer, assisted Central Ohio Hospital Council in locating and summarizing data for the health status indicators.

C. Input from Persons who Represent the Broad Interests of the Community Served

The community organizations and their representatives that participated in the Franklin County Community Health Needs Assessment Steering Committee were as follows:

C1. Central Ohio Area Agency on Aging (COAAA)

Representative: Lynn Dobb, education coordinator

Description of the medically underserved, low-income or minority populations represented by organization: Serves seniors and their caregivers, regardless of ability to pay.

Input: Member of the Franklin County Community Health Needs Assessment Steering Committee

Time frame of input: March 2014 to January 2016

Examples of programs and services: Older adult foster home, assisted living, in-home care, Healthy U, long-term care consultation, and Medicare outreach **(10)**.

C2. Central Ohio Trauma System (COTS)

Representative: Jodi Keller, associate director of healthcare system emergency preparedness

Description of the medically underserved, low-income or minority populations represented by organization: Serves patients with trauma or critical care diagnosis in central Ohio regardless of ability to pay.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee and (b) provided secondary data.

Time frame of input: March 2014 to January 2016

Examples of programs and services: Education to member hospitals, coordination of disaster preparedness, and maintenance of the Regional Trauma Registry and the Emergency Department Real-Time Activity Status databases **(26)**.

C3. Central Ohio Hospital Council (COHC)

Representative: Jeff Klingler, president and chief executive officer and Joanna Skillings, office manager

Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons, regardless of ability to pay.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee and (b) overall leadership and coordination of the Franklin County community health needs assessment (Franklin County HealthMap 2016).

Time frame of input: March 2014 to January 2016

Examples of programs and services: Joint Committee on Local Accountability for supply and price of blood products, Breastfeeding Initiative, Uniform Charity Care Policy, Central Ohio Health Information Exchange, Central Ohio Hospital Quality Collaborative, Community Health Needs Assessment, Ohio Better Birth Outcomes, Progesterone Promotion Project, Safe Sleep Initiative **(12-13)**.

C4. Columbus Public Health

Representative: Kathy Cowen, director, Office of Epidemiology, Michelle Groux, team member, office of epidemiology, and Richard Hicks, director, office of health planning (All persons have knowledge of and expertise in public health.)

Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons in Franklin County, Ohio, specifically Columbus residents who need public health assistance.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary and secondary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.

Time frame of input: March 2014 to January 2016

Examples of programs and services: Various health programs serving children, adolescents, adults, and older adults, regardless of ability to pay **(16-21)**.

C5. PrimaryOne Health (formerly Columbus Neighborhood Health Centers)

Representative: Parminder Bajwa, director of quality improvement/risk management

Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons, regardless of ability to pay, including persons facing financial, social or cultural barriers to healthcare.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.

Time frame of input: March 2014 to January 2016

Examples of programs and services: Obstetrics/gynecology, primary care, dental care, vision care, healthcare for the homeless, and diabetes care **(28)**.

C6. Franklin County Public Health

Representative: Jimmie Davis, supervisor, community health and wellness program, and Kyle Idahosa, epidemiologist (Both persons have knowledge of and expertise in public health.)

Description of the medically underserved, low-income or minority populations represented by organization: Serves all residents of Franklin County.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) review, analysis and selection of health indicators, (c) clustering of related health

indicators, (d) identification of three health needs from each cluster, (e) prioritization of health needs and (f) identification of six priority health needs.

Time frame of input: March 2014 to January 2016

Examples of programs and services: Environmental health and safety, food safety, health and wellness programs, health education and provision of resources **(30)**.

C7. Healthcare for the Homeless

Representative: Lori Summers, coordinator

Description of the medically underserved, low-income or minority populations represented by organization: Serves health care needs of homeless persons.

Input: Member of the Franklin County Community Health Needs Assessment Steering Committee

Time frame of input: March 2014 to January 2016

Examples of programs and services: Primary care, obstetrics/gynecology, pediatrics, vision, dental, transportation assistance, case management, community outreach, referrals to mental health and substance abuse counseling **(28)**.

C8. Illuminology

Representative: Orié Kristel, chief executive officer and principal researcher

Description of the medically underserved, low-income or minority populations represented by organization: Serves public health agencies and other organizations that assist medically underserved, low-income or minority populations.

Input: (a) Secondary data collection, (b) review, analysis and selection of health indicators, (c) clustering of related health indicators, (d) identification of three health needs from each cluster, (e) prioritization of health needs and (f) identification of six priority health needs.

Time frame of input: July 2014 to January 2016

Examples of programs and services: Conducts research on consumer insight, community affairs and community impact.

C9. Mount Carmel Health System

Representative: Candice Coleman, supervisor, church partnerships and community benefit ministry, Jackie Hilton, community benefit ministry officer, and Sister Barbara Hahl, senior vice president of system mission

Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons, regardless of ability to pay.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.

Time frame of input: March 2014 to January 2016

Examples of programs and services: Home visits for children up to age three, free nursing visits to first-time teen mothers ("Welcome Home" program), free urgent care through the mobile medical

coach, healthcare for the homeless (“Street Medicine”), support groups, hospice care, and faith community nursing program (49).

C10. Nationwide Children’s Hospital

Representative: Carla Fountaine, senior community relations specialist, Libbey Hoang, director, planning and business development, Tim Madrid, project manager, and Angela Mingo, community relations director

Description of the medically underserved, low-income or minority populations represented by organization: Serves all children, regardless of ability to pay.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.

Time frame of input: March 2014 to January 2016

Examples of programs and services: “Good Neighbor Agreement”, and “Healthy Neighborhoods, Healthy Families” (53).

C11. Ohio Department of Aging

Representative: Tracy Brown, staff

Description of the medically underserved, low-income or minority populations represented by organization: Serves Ohioans, age 60 and older.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) review, analysis and selection of health indicators, (c) clustering of related health indicators, (d) identification of three health needs from each cluster, (e) prioritization of health needs and (f) identification of six priority health needs.

Time frame of input: March 2014 to January 2016

Examples of programs and services: “Healthy Lifestyles Program”, “Golden Buckeye Program”, “Passport Program”, “Senior Community Service Employment Program”, and “Senior Farmer’s Market Nutrition Program” (59).

C12. The Ohio State University Nisonger Center Ohio Disability and Health Program

Representative: David Ellsworth, health policy specialist (Has knowledge of and expertise in public health.)

Description of the medically underserved, low-income or minority populations represented by organization: Serves persons with disabilities.

Input: Member of the Franklin County Community Health Needs Assessment Steering Committee

Time frame of input: March 2014 to January 2016

Examples of programs and services: Health promotion, access to care and emergency preparedness for persons with disabilities (87-88).

C13. OhioHealth

Representative: Orelle Jackson, system director, community health and wellness

Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons, regardless of ability to pay.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.

Time frame of input: March 2014 to January 2016

Examples of programs and services: ENGAGE health and wellness and Wellness on Wheels **(70)**.

C14. The Ohio State University College of Public Health Center for Public Health Practice

Representative: Joanne Pearsol, associate director (Has knowledge of and expertise in public health)

Description of the medically underserved, low-income or minority populations represented by organization: Provides public health professionals and organizations with continuing education and training as well as assistance with strategic planning and change management.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary and secondary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.

Time frame of input: March 2014 to January 2016

Examples of programs and services: Workforce development and continuing education and training for public health professionals, and strategic planning and change management **(85)**.

The Ohio State University Wexner Medical Center

Representative: Wanda Dillard, director of community development, Deborah Frazier, resource planning analyst, and Chastity Washington, program director

Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons, regardless of ability to pay.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.

Time frame of input: March 2014 to January 2016

Examples of programs and services: Community Health Day at Carepoint East, Asian Health Initiative Free Clinic, Noor Community Clinic, Moms2B, Stable Cradle Project, La Clinica Latina, and Men of Color Health Initiative **(89-91)**.

C16. United Way of Central Ohio

Representative: David Ciccone, assistant vice president, community impact and senior impact director, health

Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons in Central Ohio.

Input: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection and (c) review, analysis and selection of health indicators.

Time frame of input: March 2014 to January 2016

Examples of programs and services: Education and skills development, health improvement, provision of emergency food, shelter and financial assistance, safe and affordable housing and good neighborhoods **(100)**.

All required sources for community input were obtained for this CHNA.

D. Description of Significant Health Needs and Process and Criteria of Identifying and Prioritizing Significant Health Needs

D1. Description of significant health needs

The Franklin County Community Health Needs Assessment Steering Committee identified six priority health needs, including, in priority order, obesity, infant mortality, access to care, mental health and addiction, chronic conditions, and infectious diseases. Additional information on these needs is described in the Franklin County HealthMap 2016 in **Appendix A**. Whenever appropriate, the secondary data pertinent to these health needs were compared to demographic profile in Franklin County, Ohio (57, 94):

D1.1. Obesity

- a. Twenty percent of Franklin County women (18-44 years old) are overweight or obese, compared to 22 percent in Ohio.
- b. 31.2 percent of Franklin County adults are overweight and 30.7 percent are obese.
- c. Obesity rates in Franklin County were 0.6 percent higher compared to all of Ohio and 3.1 percent higher compared to United States.
- d. Females have disproportionately higher percent of obesity (76 percent) compared to the percent of females in Franklin County (51.3 percent).
- e. Among Franklin County residents who are obese, 41 percent are 18 to 39 years of age, 48 percent are 40 to 64 years of age, nine percent are 65 years of age or older and two percent are 0 to 17 years of age.
- f. Top zip codes with highest obesity rates include 43223 (Hilltop), 43232 (east side Columbus), 43207 (south side Columbus), 43211 (northeast Columbus), 43204 (Hilltop), 43224 (northeast Columbus), 43228 (Galloway/Lincoln Village), 43219 (northeast Columbus), 43213 (east side Columbus), and 43229 (northeast Columbus).

D1.2. Infant Mortality

- a. Infant mortality rate in Franklin County is 8 per 1,000 live births compared to 7.6 per 1,000 live births in Ohio and 6.1 per 1,000 live births in the United States.
- b. Infant mortality among non-Hispanic African Americans (13.9 per 1,000 live births) is more than double that of non-Hispanic Whites (6.0 per 1,000 live births).
- c. More than three families per week experience the death of a baby before age 1.
- d. Priority areas include Near South, Linden, Near East, Hilltop, Franklinton, Morse Road and State Route 161, Southeast, and Northeast.

D1.3. Access to Care

D1.3.1 Emergency Department (ED) visits

- a. In Franklin County, ED visits among persons who were treated and released was 298.9 per 1,000 population for ages 19 to 64, compared to 157.3 per 1,000 population for children ages 0 to 18 and 30.2 per 1,000 population for older adults ages 65 or older.
- b. ED visits among persons who were admitted was 57.1 per 1,000 population for ages 19 to 64, compared to 6.7 per 1,000 population for children 0 to 18 years of age and 33.4 per 1,000 population for older adults 65 years of age or older.
- c. Highest rates of ED visits were from persons living in zip codes 43109 (east side Columbus), 43222 (Hilltop area), 43203 (downtown Columbus), 43205 (downtown Columbus), 43223 (Hilltop), 43211 (northeast Columbus), 43217 (south side Columbus), 43227 (east side Columbus), 43206 (downtown Columbus), and 43219 (northeast Columbus).

D1.3.2. Dental care

- a. Percent of African Americans with lack of access to dental care is disproportionately higher compared to the percentage of African Americans in Franklin County (21.2 percent).
- b. Highest percent of persons with lack of access to dental care live in Zip codes 43204 (Hilltop), 43223 (Hilltop), 43207 (south side Columbus), 43228 (Galloway/Lincoln Village), 43232 (east side Columbus), 43211 (northeast Columbus), 43224 (northeast Columbus), 43206 (downtown Columbus), 43229 (northeast Columbus) and 43213 (east side Columbus).

D1.4. Mental Health and Addiction

- a. Approximately 25 percent of adults have a mental illness.
- b. More than 10 percent of residents ages 12 and older received treatment due to illegal drug or alcohol use problems.
- c. Females have disproportionately higher mental health diagnosis (56 percent) compared to the percent of females in Franklin County (51.3 percent).
- d. African Americans have disproportionately higher (26 percent) mental health diagnosis compared to the percent of African Americans in Franklin County (21.2 percent).
- e. Among persons with mental health diagnosis, 55 percent are ages 18 to 39 years, 37 percent are 40 to 64 years of age, six percent are ages 65 or older and two percent are 0 to 17 years of age.

D1.5. Chronic Conditions

D1.5.1. Alzheimer's disease

- a. Females have disproportionately higher Alzheimer's disease (64 percent) relative to the percent of females in Franklin County (51.3 percent).
- b. Whites have disproportionately higher Alzheimer's disease (75 percent) compared to the percent of Whites in Franklin County (69.1 percent).
- c. Ninety-five percent of Alzheimer's disease occurs among persons 65 years or older while five percent occurs among persons 40 to 64 years of age.
- d. Highest rates of Alzheimer's disease were among residents of zip codes 43207 (south side Columbus), 43081 (Westerville), 43123 (Grove City), 43230 (Gahanna), 43232 (east side Columbus), 43235 (Worthington), 43068 (Reynoldsburg), 43016 (Dublin), 43125 (Groveport), and 43213 (east side Columbus).

D1.5.2. Asthma

- a. Females have disproportionately higher asthma rates (66 percent) compared to the percent of females in Franklin County (51.3 percent).
- b. African Americans have disproportionately higher asthma rates (38 percent) relative to the percent of African Americans in Franklin County (21.2 percent).
- c. Seventy-eight percent of asthma diagnosis occurs among persons 18 to 64 years of age, 18 percent among children 0-17 years of age, and four percent 65 years of age or older.
- d. Highest asthma rates were among residents of zip codes 43207 (south side Columbus), 43232 (east side Columbus), 43223 (Hilltop), 43224 (northeast Columbus), 43229 (northeast Columbus), 43204 (Hilltop), 43211 (Northeast Columbus), 43213 (east side Columbus), 43219 (northeast Columbus), and 43228 (Galloway/Lincoln Village).

D.1.5.3. Cardiovascular disease

- a. Males have disproportionately higher cardiovascular disease prevalence rates (52 percent) relative to the percent of males in Franklin County (48.7 percent).
- b. Fifty-two percent of cardiovascular disease diagnosis occurs among persons 40 to 64 years of age while 40 percent occurs among persons 65 years of age or older.
- c. Zip codes with the highest prevalence rates of the disease include 43207 (south side Columbus), 43223 (Hilltop), 43204 (Hilltop), 43232 (east side Columbus), 43228 (Galloway/Lincoln Village), 43123 (Grove City), 43068 (Reynoldsburg), 43213 (east side Columbus), 43206 (downtown Columbus), and 43211 (northeast Columbus).

D1.5.4. Diabetes

- a. Females have disproportionately higher diabetes prevalence rates (60 percent) relative to the percent of females in Franklin County (51.3 percent),
- b. African Americans have disproportionately higher rates of diabetes (29 percent) relative to the percent of African Americans in Franklin County (21.2 percent).
- c. Among persons diagnosed with diabetes, 54 percent were 40 to 64 years of age, 25 percent were ages 65 or older and 21 percent were 18 to 39 years of age.
- d. Zip codes with the highest diabetes rates include 43207 (south side Columbus), 43232 (east side Columbus), 43223 (Hilltop), 43224 (northeast Columbus), 43204 (Hilltop), 43213 (east side Columbus), 43123 (Grove City), 43229 (northeast Columbus), 43068 (Reynoldsburg) and 43228 (Galloway/Lincoln Village).

D1.5.5. Stroke

- a. Among persons who had a stroke, 50 percent were persons 65 years of age or older, 37 percent were 40 to 64 years of age and 11 percent were 18 to 39 years of age.
- b. Zip codes with the highest stroke rates include 43081 (Westerville), 43229 (north east Columbus), 43110 (Canal Winchester), 43228 (Galloway/Lincoln Village), 43207 (south side Columbus), 43206 (downtown Columbus), 43204 (Hilltop), 43223 (Hilltop), 43232 (east side Columbus), and 43068 (Reynoldsburg).

D1.6. Infectious Diseases**D1.6.1. Chlamydia**

- a. Females have disproportionately higher rates of chlamydia (67 percent) relative to the percent females in Franklin County (51.3 percent).

- b. African Americans have disproportionately higher rates of chlamydia (54 percent) relative to the percent of African Americans residing in Franklin County (21.2 percent).
- c. Among persons with chlamydia, 79 percent were persons 18 to 39 years of age, 18 percent 0 to 17 years of age and three percent were 40 to 64 years of age.
- d. Zip codes with the highest chlamydia rates include 43211 (northeast Columbus), 43232 (east side Columbus), 43223 (Hilltop), 43224 (northeast Columbus), 43205 (downtown Columbus), 43206 (downtown Columbus), 43227 (east side Columbus), 43228 (Galloway/Lincoln Village), 43213 (east side Columbus), and 43219 (northeast Columbus).

D1.6.2. Gonorrhea

- a. Females have disproportionately higher rates of gonorrhea (68 percent) relative to the percent of females in Franklin County (51.3 percent).
- b. African Americans have disproportionately higher rates of gonorrhea (59 percent) relative to the percent of African Americans in Franklin County (21.2 percent).
- c. Among persons with gonorrhea, 81 percent were persons 18 to 39 years of age, 11 percent were children 0 to 17 years of age and eight percent were persons 40-64 years of age.
- d. Zip codes with the highest gonorrhea rates include 43211 (northeast Columbus), 43224 (northeast Columbus), 43227 (east side Columbus), 43204 (Hilltop), 43219 (northeast Columbus), 43228 (Galloway/Lincoln Village), 43223 (Hilltop), 43232 (east side Columbus), 43213 (east side Columbus), and 43205 (downtown Columbus).

D1.6.3. Human Immunodeficiency Virus (HIV)

- a. Males have disproportionately higher rates of HIV (73 percent) relative to the percent males in Franklin County (48.7 percent).
- b. African Americans have disproportionately higher rates of HIV (37 percent) relative to the percent of African Americans in Franklin County (21.2 percent).
- c. Among persons with HIV, 54 percent were 18 to 39 years of age, 45 percent were 40 to 64 years of age, and one percent were 65 years of age or older.
- d. Zip codes with the highest HIV rates include 43213 (east side Columbus), 43205 (downtown Columbus), 43206 (downtown Columbus), 43207 (south side Columbus), 43211 (northeast Columbus), 43224 (northeast Columbus), 43232 (east side Columbus), 43223 (Hilltop), 43204 (Hilltop), and 43219 (northeast Columbus).

D1.6.4. Pertussis

- a. African Americans have disproportionately higher rates of pertussis (27 percent) relative to the percent of African Americans in Franklin County (21.2 percent).
- b. Among persons diagnosed with pertussis, 83 percent were 0 to 17 years of age, nine percent were 18 to 39 years of age, seven percent were 40 to 64 years of age, and one percent were 65 years of age or older.
- c. Zip codes with the highest pertussis rates include 43123 (Grove City), 43207 (south side Columbus), 43229 (northeast Columbus), 43026 (Hilliard), 43211 (northeast Columbus), 43213 (east side Columbus), 43232 (east side Columbus), 43125 (Groveport), 43219 (northeast Columbus), and 43110 (Canal Winchester).

D1.6.5. Sepsis

- a. Among persons diagnosed with sepsis, 41 percent were persons 40 to 64 years of age, 28 percent were 65 years of age or older, 23 percent 18 to 39 years of age, and eight percent 0 to 17 years of age.
- b. Zip codes with the highest sepsis rates include 43110 (Canal Winchester), 43228 (Galloway/Lincoln Village), 43229 (northeast Columbus), 43081 (Westerville), 43068 (Reynoldsburg), 43207 (south side Columbus), 43204 (Hilltop), 43026 (Hilliard), 43232 (east side Columbus), and 43235 (Worthington).

D1.6.6. Syphilis

- a. Males have disproportionately higher rates of syphilis (68 percent) relative to the percent of males in Franklin County (48.7 percent).
- b. African Americans have disproportionately higher rates of syphilis (36 percent) relative to the percent of African Americans in Franklin County (21.2 percent).
- c. Among persons diagnosed with syphilis, 70 percent were 18 to 39 years of age and 30 percent were 40 to 64 years of age.
- d. Zip codes with highest syphilis rates include 43207 (south side Columbus), 43232 (east side Columbus), 43224 (northeast Columbus), 43228 (Galloway/Lincoln Village), 43201 (downtown Columbus), 43211 (northeast Columbus), 43223 (Hilltop), 43213 (east side Columbus), 43215 (downtown Columbus), and 43203 (downtown Columbus).

D2. Process and criteria of identifying and prioritizing significant health needs

The Franklin County Community Health Needs Assessment Steering Committee prioritized the health needs through a six-step process:

D2.1. Review, analysis, and selection of health indicators

The review, analysis and selection of health indicators were conducted on May 7, 2015, and involved four steps:

- a. Community stakeholders were divided into small groups (subgroups) and were assigned to review all Franklin County health indicators compared to state of Ohio and United States data.
- b. Subgroups selected health indicators where Franklin County data was worse compared to Ohio and United States data.
- c. Subgroups selected health indicators which worsened relative to Franklin County HealthMap 2013 **(60)**.
- d. Subgroups identified health indicators where Franklin County data was similar or better compared to Ohio and United States data.

D2.2. Clustering of related health indicators

Clustering of related health indicators was conducted on June 3, 2015, and involved two steps:

- a. Full Steering Committee categorized similar health indicators into clusters.
- b. Each cluster was named and considered as a broader health issue.

D2.3. Identification of three health needs from each cluster

Identification of three health needs from each cluster was conducted from June 3, 2015 to September 2, 2015. Subgroups suggested three specific health needs from each broader health issue, which yielded 16 health needs.

D2.4. Prioritization of health needs

Prioritization of health needs was conducted from June 3, 2015 to September 2, 2015, and involved two steps:

- a. The 16 health needs that were identified include (i) obesity, (ii) infant mortality, (iii) cancer screening, (iv) increase in primary care providers to decrease emergency department (ED) visits, (v) vaccines for preventable diseases, (vi) Alzheimer's disease, (vii) asthma, (viii) unintentional drug mortality, (ix) diabetes, (x) dental care, (xi) cardiovascular disease, (xii) sexually transmitted infections, (xiii) domestic violence, (xiv) child abuse, (xv) unintentional injury, and (xvi) stroke.
- b. Subgroups scored the 16 health needs using a one (low priority) to three (high priority) scale following the National Association of City and County Health Officials (NACCHO) prioritization tool (73). The tool used nine criteria, including (i) number of persons affected, (ii) degree to which the health problem leads to death, disability, or impairs quality of life, (iii) whether or not the health problem gets better or worse over time, (iv) degree to which specific groups are affected by the problem, (v) availability of existing multi-level strategies that have been proven to be effective, (vi) ability to address the problem with available resources, (vii) importance of the problem to the community, (viii) consequences of inaction and (ix) whether or not a health problem is a root cause or social determinant that impacts other health issues.

D2.5. Identification of six priority health needs

Six priority health needs were identified from June 3, 2015 to September 2, 2015 based from the ranking during the prioritization process. The Steering Committee members voted on the health needs using numbered dots - one (highest vote), two and three (lowest vote). The members were asked to base their decision from (i) NACCHO prioritization ranking, (ii) magnitude of difference between Franklin County data compared to state of Ohio and United States data, (iii) worsening of health indicator relative to Franklin County HealthMap 2013, (iv) significance of the health need in clinical setting and (v) personal perspective of the importance of the health need based on media reports, studies and presentations.

D2.6. Open forum on final list and ranking of six priority health needs

On September 2, 2015, the Steering Committee members discussed the final ranking of health needs and voted on final order of health need as follows: Obesity (1st), infant mortality (2nd), access to care (3rd), mental health and addiction (4th), chronic conditions (5th), infectious diseases (6th).

E. Resources Potentially Available to Address Significant Health Needs

E1. Obesity

E1.1. American Academy of Pediatrics, Ohio Chapter – examples of programs include “Good4Growth”, “Ounce of Prevention is Worth a Pound” toolkit **(4)**.

E1.2. Nationwide Children’s Hospital Center for Healthy Weight and Nutrition – examples of programs include family-based, medical weight management programs (New U Flex, New U Weekly, and New U Jr.) **(52-53)**.

E1.3. Columbus Public Health Growing Healthy Kids Columbus Coalition – examples of projects include creation of the Columbus Early Childhood Obesity Prevention Plan, Healthy Children, Healthy Weights, and information dissemination about the Water First for Thirst! **(17)**.

E1.4. Franklin Park Conservatory Growing to Green Program – examples of programs include starting community gardens, neighborhood beautification projects, school learning garden, and Growing to Green awards **(34)**.

E1.5. Children’s Hunger Alliance Healthy Kids, Healthy Schools – aims to encourage middle school children to improve their health through nutrition education and physical fitness programs, improving the nutritional content of food served in schools and encourage participation in school breakfast **(14)**.

E1.6. In My Backyard Health and Wellness – offers “Healthy Options for people Everywhere (HOPE)”, which uses the backyard for exercise, nutrition and health education **(38)**.

E1.7. Columbus Public Schools Learn4Life – a community-wide support system to promote learning from birth to career age through programs that foster school readiness, achievement in schools, and post-secondary success **(40)**.

E1.8. Local Matters – examples of programs include Food Matters, Cooking Matters, Growing Matters and Wellness Matters **(43)**.

E1.9. Mid-Ohio Food Bank – examples of programs include South Side Roots Café and Market, Community Conversations, Collaborating for Clients, Urban Farms of Central Ohio, Produce Markets, Mobile Markets and Community Garden **(48)**.

E1.10. YMCA of Central Ohio Strong-Well-Fit – a free, 12-week program for children and youth ages 8 to 16 and their parents that includes fun physical activities, learning about nutrition and healthy choices as well as goal setting and means of achieving goals set **(105)**.

E1.11 OhioHealth Rehabilitation Hospital –programs include educational offerings that focus on controlling diabetes, heart disease management, adherence to a proper diet, heart healthy foods, medication compliance, monitoring and follow-up with a primary care physician. Activities include the distribution of free glucose meters and referrals to the OhioHealth McConnell Heart Center **(66)**.

E2. Infant Mortality

E2.1. CelebrateOne — created in November 2014 to implement programs that address infant mortality as recommended by the Greater Columbus Infant Mortality Task Force **(9)**.

E2.2. Center for Healthy Families – examples of community services include education, teaching about healthy relationships, healthy babies, parenting, birth spacing, assisting teens and families obtain safe and stable housing and other school-based services **(79)**.

E2.3. Central Ohio Hospital Council – examples of initiatives include Progesterone Promotion Project, Safe Sleep Initiative and Ohio Better Birth Outcomes **(12-13)**.

E2.4. City of Columbus/Department of Development — oversees provision of safe and affordable housing as well as neighborhood services and planning **(22)**.

E2.5. Church and Community Development for All People — implements affordable housing programs such as South Side Homeownership Program, Healthy Neighborhoods, Healthy Families and South Side Renaissance **(15)**.

E2.6. Columbus Public Health — infant mortality initiatives include Child Fatality Review Team, Fetal-Infant Mortality Review, monitoring and release of infant mortality data, partnership with CelebrateOne, education about infant safe sleep, coordination of the Ohio Equity Institute and South Side Network **(19)**.

E2.7. Franklin County Department of Job and Family Services — provide development of workforce and support programs for families, including assistance for food, child care and medical services provided by the Healthy Start, Healthy Families **(31)**.

E2.8. Franklin County Family and Children First Council — coordinates Help Me Grow, strengthening families and preventing child abuse and neglect, service coordination and family and civic engagement **(32)**.

E2.9. Moms2B — community-wide comprehensive prenatal and first-year-of-life program that provides new mothers from Zip codes with highest infant mortality rates with ongoing access to doctors, family advocates, community advisers, dietitians, certified lactation counselors, nurses and other multidisciplinary health professionals **(90)**.

E2.10. Neighborhood House — programs and services include child care services, drug and alcohol counseling, transportation for seniors, senior education, food pantry and educational to reduce infant mortality (Nest Program) **(81-83)**.

E2.11. Ohio Better Birth Outcomes — includes initiatives such as improving access to reproductive health planning and education, enhancing prenatal care and support to high-risk families and increasing quality of care during and between pregnancies **(58)**.

E2.12. Physicians CareConnection, Columbus Medical Association — operates the Physicians Free Clinic and provides care coordination **(27)**.

E2.13. St. Stephen’s Community House — programs include community and emergency services, OhioHealth Food and Nutrition Center (food pantry), youth services and family services **(75)**.

E2.14. Women, Infants and Children (WIC) — provides supplemental nutrition for pregnant, postpartum, and breastfeeding women, infants and children up to age 5 **(21)**.

E3. Access to Care

E3.1. Community health centers — examples include (a) Heart of Ohio Family Health Centers **(35)**, (b) Lower Lights Christian Health Center **(44)**, (c) PrimaryOne Health **(28)** and (d) Southeast, Inc. **(74)**.

E3.2. Free clinics — examples include (a) Asian Health Initiative Free Clinic **(7)**, (b) Columbus Free Clinic **(25)**, (c) Grace Clinic **(29)**, (d) Helping Hands Health and Wellness Center **(36)**, (e) La Clinica Latina **(86)**, (f) Linworth Road Church Free Medical Clinic **(42)**, (g) New Life Health and Wellness Center **(54)**, (h) Noor Community Clinic/Muslim Clinic of Ohio **(86)**, (i) Physicians CareConnection **(27)**, (j) Victory Ministries Free Medical Clinic **(102)**, (k) Vineyard Free Health Clinics **(103)** and (l) Xenos Fourth Street Free Clinic **(104)**.

E3.3. Dental clinics — examples of dental clinics serving low-income persons include (a) Columbus Public Health Dental Clinic **(16)**, (b) Dental OPTIONS **(56)**, (c) CareConnection **(24)** and (d) Franklin County Veteran Service Commission Preventive Dental Program **(33)**. Additional dental clinics serving low-income persons are included in the Franklin County HealthMap 2016 and in Columbus Public Health’s health resources lists **(18)**.

E3.4. The Ohio State University Nisonger Center — provides health care services and programs for persons with disabilities, including (a) Adult Down Syndrome Clinic, (b) School-Aged Autism and Developmental Clinic, (c) behavior support services, (d) dental program, (e) interdisciplinary developmental clinic and (f) early childhood education **(87-88)**.

E4. Mental Health and Addiction

E4.1. Alcohol, Drug, and Mental Health (ADAMH) Board of Franklin County — offers access to (a) network of providers and agencies to assist residents with alcohol, drug and mental health problems, (b) support groups, (c) care coordination and referral to community services, (d) consumer advocacy and (e) education on suicide prevention **(1-2)**.

E4.2. Maryhaven — examples of integrated behavioral health services include addiction recovery, detoxification services, inpatient and outpatient programs, residential treatment and prevention measures **(45)**.

E4.3. Mental Health America of Franklin County — examples of programs and services include care coordination through the Ombudsman Program, pro bono counseling, support for maternal mental health, support groups, professional training as well as advocacy and dissemination of educational materials related to mental health screening, assessment and prevention measures **(47)**.

E4.4. National Alliance on Mental Illness (NAMI), Franklin County — examples of education and support services include NAMI Family-to-Family Education Program, NAMI Basics, NAMI Peer to Peer Education Program, NAMI Connections (support group), NAMI Tea and Tears for caregivers and family, Amigas Latino Support Group and NAMI Family and Caregiver Mentorship Program **(50)**.

E4.5. Southeast Inc. — examples of programs and services for persons with severe and persistent mental illness include community treatment programs, case management, psychiatric services and employment support and assistance. Examples of services for homeless residents include community treatment teams, mobile psychiatric outreach and Friends of the Homeless Shelters for Adult Men. Southeast Inc. also provides outpatient services for alcohol and drug addiction, counseling, criminal justice, school-based prevention programs and medication-assisted treatment **(74)**.

E4.6. Chalmers P. Wylie VA Ambulatory Care Center — examples of services include Post-Traumatic Stress Outpatient Clinic, Military Sexual Trauma Recovery Services, Veterans Industries/Community Placement and Supported Employment, Psychosocial Rehabilitation and Recovery Center, Outpatient Addictive Disorders Division, Mental Health Intensive Case Management and Health Care for Homeless Veterans **(95)**.

E4.7. The Neighborhood House — examples of programs include child care services and early childhood education, counseling for alcohol and drugs, transportation, outing and computer education for seniors, food pantry, Nest Program for pregnant and parenting women and advocacy for the family **(81-83)**.

E4.8. St. Stephen's Community House — examples of programs fostering access to care include services for seniors, youth, families and young children **(76)**.

E5. Chronic Conditions

E5.1. American Heart Association, Central Ohio Chapter — examples of programs include Columbus Go Red for Women, Life's Simple 7, "My Heart. My Life", central Ohio community awareness, and Ignite **(5)**.

E5.2. American Lung Association, Columbus — examples of programs include "Find a Flu Shot", which assists persons with finding flu vaccines and LUNG FORCE Expo, which educates patients and health care providers on the latest information about lung cancer and other lung diseases **(6)**.

E5.3. Central Ohio Breathing Association — examples of programs include (a) Free Lung Health Clinic and Mobile Medical Unit, which serves income-eligible persons with asthma and chronic obstructive pulmonary disease, (b) assistance with accessing the Home Energy Assistance Program (HEAP), (c) comprehensive services for persons with chronic obstructive pulmonary disease and/or asthma such as home visits, demonstration of medical devices and breathing techniques, access to medical supplies, care planning and community referrals; and (d) “Be AIR Aware,” which enables residents to receive free air quality alerts from the Mid-Ohio Regional Planning Commission (MORPC) **(78)**.

E5.4. Central Ohio Diabetes Association — examples of services include (a) detection and outreach programs, (b) education and awareness in English and Spanish, (c) diabetes camps and (d) Camp Hamwi for children with diabetes **(11)**.

E5.5. Columbus Cancer Clinic — provides cancer prevention education, cancer screening exams, mammograms and home care support services, regardless of ability to pay **(41)**.

E5.6. Community Development for All People — examples of programs include Free Store, Bikes for All People, Healthy Eating and Living (H.E.A.L.) and community gardens **(15)**.

E5.7. In My Backyard Health and Wellness — examples of programs include physical activity, healthy eating, gardening and education, chronic disease prevention, management of diabetes and men’s and women’s health **(38)**.

E5.8. Local Matters: Cooking Matters — assists participants in selecting inexpensive and nutritious foods and teaches them to prepare healthy meals **(43)**.

E5.9. Ohio Asian American Health Coalition — examples of activities include education about healthcare laws provided in various Asian languages, hosting of statewide conferences on key issues affecting Asian Americans in Ohio and dissemination of health-related education materials **(55)**.

E5.10. St. Stephen’s Community House — programs and services include community and emergency services, OhioHealth Food and Nutrition Center (food pantry), youth and family services and Project AquaStar **(75-76)**.

E5.11. YMCA’s Diabetes Prevention Program — a 12-month, group-based program focused on healthy nutrition, physical activity, stress reduction and problem solving. The Diabetes Prevention Program is offered in various YMCA locations throughout Franklin County, Ohio **(106)**.

E5.12. OhioHealth Rehabilitation Hospital —programs include educational offerings that focus on controlling diabetes, heart disease management, adherence to a proper diet, heart healthy foods, medication compliance, monitoring and follow-up with a primary care physician. Activities include the distribution of free glucose meters and referrals to the OhioHealth McConnell Heart Center **(66)**.

E6. Infectious Diseases

E6.1. AIDS Resource Center Ohio — examples of programs and activities include Camp Sunrise (serves children impacted by human immunodeficiency virus/who have acquired immunodeficiency syndrome

(HIV/AIDS)), The Ohio HIV/STD Hotline, Ohio Aids Coalition, medical care, mental and behavioral support, pharmacy services, case management, housing assistance, testing, prevention and advocacy **(3)**.

E6.2. AIDS Education and Training Resource Center — in Ohio, the Midwest AIDS Education and Training Center (AETC) oversees and facilitates education and training programs for healthcare professionals in Ohio. In Columbus, Ohio, The Ohio State University Wexner Medical Center Division of Infectious Diseases is a local affiliate of the Midwest AETC **(73)**.

E6.3. Columbus Public Health: Sexual Health Program — examples of services include prevention education as well as testing, diagnosis and treatment of sexually transmitted diseases **(20)**.

E6.4. LifeCare Alliance: Project Open Hand-Columbus — addresses the nutritional needs of persons living with AIDS in central Ohio through (a) individualized nutrition counseling, (b) “Groceries-to-Go” food pantry, (c) home-delivered meals and (d) congregate lunch **(41)**.

E6.5. Neighborhood House — as part of its Alcohol and Drug Outpatient Counseling Program, individuals are taught and counseled on coping behaviors for alcohol and drug addiction as well as awareness of risks for having sexually transmitted diseases (STDs) and/or HIV/AIDS. The Neighborhood House provides STD and HIV/AIDS testing in collaboration with Nationwide Children’s Hospital’s Family AIDS Clinic and Education Services (FACES) program **(53, 83)**.

E6.6. Ohio Hospital Association — assists Ohio hospitals in preparing and responding to infectious disease events such as the H1N1 flu pandemic and Ebola infection preparedness **(84)**.

E6.7. Stonewall Columbus — examples of programs and services include facilitation of recovery groups (Crystal Meth Recovery and Support Group; Gay, Joyous and Free Narcotics Anonymous), support groups (Columbus Bi Network Group; Family Pride Network), and social groups (Columbus Gay Men’s Social Group; Girls Game Night; OutLoud) **(77)**.

F. Evaluation of the Impact of Actions Taken by the Hospital to Address Significant Health Needs Identified in the 2015 Board-Approved Community Health Needs Assessment

Appendix B summarizes the impact of community benefit programs conducted by Ohio Health Rehabilitation Hospital, in complementation with OhioHealth system support entities. These community benefit programs were impactful while successfully addressing the priority health needs in the 2015 board-approved community health needs assessment and related implementation strategy (60-68).

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Appendix A: Franklin County HealthMap 2016

Franklin County

HealthMap 2016



Navigating Our Way to a
Healthier Community Together



Overview of Franklin County HealthMap2016

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 the *Franklin County HealthMap2016*.

Franklin County HealthMap2016 is the result of a broad collaborative effort, coordinated by the Central Ohio Hospital Council (COHC), intended to help hospitals and other organizations 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.

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 will begin using the data reported in *Franklin County HealthMap2016*, 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 HealthMap2016* will be updated in three years.

The Franklin County Community Health Needs Assessment Steering Committee hopes *Franklin County HealthMap2016* 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.

About the Franklin County HealthMap2016's Process

The Franklin County Community Health Needs Assessment Steering Committee, whose members are listed on the next page, worked June 12, 2014 to identify the health indicators that are included in *Franklin County HealthMap2016*. To do this, the Steering Committee reviewed indicators that were included in the *Franklin County HealthMap2013* and, in small group discussions, decided whether to include them in the updated report. Subgroups also discussed including new indicators, which were identified previously via a survey to Steering Committee members.

The Central Ohio Hospital Council contracted with the Center for Public Health Practice, within The Ohio State University College of Public Health, and Illuminology, a central Ohio-based research firm, to locate data and create a summary report of these health status indicators. COHC also contracted with Bricker & Eckler LLP/Quality Management Consulting Group for overall guidance in ensuring that the conduct of the CHNA was compliant with the Internal Revenue Service regulations. Qualifications and addresses of representatives of these contracting parties can be found on page 5.

Data for these 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), and local sources (e.g., Central Ohio Trauma System, Columbus Public Health). Rates and/or percentages were calculated when necessary. In some instances, comparable state and/or national data were unavailable at the time of report preparation and, accordingly, are not included in this report. All data sources are identified in the Reference section at the end of the report.

In some cases, new indicators were identified for 2016 that were not included in the previous report (2013). In these instances, the most recent data are listed under 2016, and previous data are listed under the 2013 heading, even though it will not be found in the *HealthMap2013*. This was done for ease of reading. No information gaps that may impact the ability to assess the health needs of the community were identified while conducting the 2016 health needs assessment for Franklin County.

To ensure community stakeholders are able to 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 HealthMap2016*, indicator data must have been collected or published by 2011. Lastly, although the COHC-member hospitals have service areas that extend across central Ohio, for the purposes of this report, the local geographic focus area is Franklin County.

COHC would like to thank Kathleen Cowen and Michelle Groux from Columbus Public Health and Amber Yors with the Ohio Hospital Association for providing a substantial amount of data for sections in *Franklin County HealthMap2016*. COHC would also like to acknowledge Dayna Benoit, MPH student, for compiling and updating the electronic repository of data sources used in this report, and Tyler Gorham, PhD student, for generating the maps.

How to Read This Report

As shown on page 6, *Franklin County HealthMap2016* is organized into multiple, distinct sections. Each section begins with a sentence that briefly describes the section, and is then followed by a “call-out box” that highlights and summarizes 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 2020* goals are included with Franklin County’s status indicated as “met” or “not 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 each of these headers are two columns, labeled HM2016 and HM2013. HM2016 references the most recent data presented in *HealthMap2016*. HM2013 references *HealthMap2013* or relevant historical data. Throughout this report, the phrase “not available” is used within the tables when data was not reported in *HealthMap2013* or when the data did not exist.

The Community Health Needs Assessment Steering Committee

Work on *Franklin County HealthMap2016* was overseen by a Steering Committee consisting of the following individuals and their respective organizations. Consistent with federal requirements for conducting health needs assessments, entities which represent specific populations within the community are highlighted:

Central Ohio Area Agency on Aging (representing the senior community)

- Lynn Dobb

Central Ohio Trauma System

- Jodi Keller

Central Ohio Hospital Council

- Jeff Klingler

PrimaryOne Health (formerly Columbus Neighborhood Health Centers, representing low-income, medically underserved and minority populations)

- Parminder Bajwa

Columbus Public Health (special knowledge of and expertise in public health)

- Kathy Cowen
- Michelle Groux
- Richard Hicks

Franklin County Public Health (special knowledge of and expertise in public health)

- Jimmie Davis
- Kyle Idahosa

Healthcare for the Homeless (representing the homeless community)

- Lori Summers

Mount Carmel Health System

- Candice Coleman
- Sister Barbara Hahl
- Jackie Hilton

Nationwide Children's Hospital

- Carla Fountaine
- Libbey Hoang
- Tim Madrid
- Angela Mingo

Ohio Department of Aging (representing the senior community)

- Tracy Brown

Ohio Department of Health, Ohio Disability and Health Program (representing the disabled community)

- David Ellsworth

OhioHealth

- Orelle Jackson

The Ohio State University College of Public Health, Center for Public Health Practice

- Joanne Pearsol

The Ohio State University Wexner Medical Center

- Wanda Dillard
- Deborah Frazier
- Chastity Washington

United Way of Central Ohio (representing low-income, medically underserved and minority populations)

- David Ciccone

Input from all required sources was obtained for this report.

COHC contracted with various parties to assist with conducting the *Franklin County HealthMap2016*. Representatives of those organizations, along with their qualifications and addresses, are provided below.

Bricker & Eckler LLP/Quality Management Consulting Group — located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler LLP, represented by Chris Kenney and Jim Flynn, provided overall guidance in ensuring that the conduct of the CHNA was compliant with the Internal Revenue Service regulations. Mr. Flynn is a managing partner with Bricker & Eckler LLP and has 25 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. Ms. Kenney has over 36 years of experience in health care planning and policy development, federal and state regulations, certificate of need, and assessment of community need.

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 Michael Bisesi, Ph.D., Joanne Pearsol, MA, MCHES, and Dayna Benoit, MPH candidate, provided data collection support and edits to the final CHNA report. The Center was also represented on the CHNA 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.

Illuminology – located at 1500 West Third Avenue, Columbus, OH 43212. Illuminology, represented by Orië V. Kristel, Ph.D., led the process for locating health status indicator data and creating the summary CHNA report. Dr. Kristel is CEO of Illuminology and has over 18 years of experience related to research design, analysis, and reporting, with a focus on community health assessments.

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Prioritized Health Needs of Franklin County Residents

This section outlines the process used to identify the Prioritized Health Needs of Franklin County and lists the needs themselves.

Process for Our Work

To complete this work, the Steering Committee worked during three facilitated sessions to identify and prioritize the health needs for Franklin County, using the health indicators contained in the second section of this report. The committee did this in six steps:

First, on May 7, 2015, the committee, working in subgroups, considered all health indicators listed in this report, comparing them to state, and sometimes federal, data for those same indicators. The Steering Committee pulled those Franklin County health indicators which were found to be worse than comparative state and federal data for consideration in the second step. The Steering Committee also pulled for consideration those indicators which worsened since they were collected for *HealthMap2013*, if known. Finally, the Steering Committee reviewed indicators found to be similar or better than state or federal data and decided whether to include them for further analysis.

Second, the full Steering Committee grouped related health indicators into clusters. These clusters were labeled as a broader health issue for consideration in the next step.

Third, on June 3, 2015, the Steering Committee again convened in subgroups to nominate up to three health needs from each cluster. Subgroups were instructed to identify specific health needs rather than broad health categories (i.e. diabetes versus chronic conditions).

Fourth, from the process above, 16 health needs were identified for further consideration. Working in subgroups, the Committee rated each of the identified health needs on a 1 to 3 scale, using a set on nine criteria recommended by the National Association of City and County Health Officials for prioritizing health needs:

1. Size: Number of persons affected
2. Seriousness: Degree to which the problem leads to death, disability, and impairs one's quality of life
3. Trends: Whether or not the health problem is getting better or worse in the community over time
4. Equity: Degree to which specific groups are affected by a problem
5. Intervention: Any existing multi-level strategies proven to be effective in addressing the problem
6. Feasibility: Ability of organizations or individuals to reasonably combat the problem given available resources
7. Value: The importance of the problem to the community
8. Consequences of Inaction: Risks associated with exacerbation of problem if not addressed at the earliest opportunity

9. Social Determinant/ Root Cause: Whether or not a problem is a root cause or social determinant of health that impacts one or more health issues

Fifth, based on the results of the process above, the Steering Committee on July 29, 2015, narrowed the list of health needs to six local health needs, at times combining related health issues, for inclusion in *Franklin County HealthMap2016*. Consistent with federal requirements for conducting a needs assessment, the committee worked through a facilitated process to prioritize the health needs. First, the Committee viewed the list of six health needs in order, based on the ranking developed for each health need in step four. Individually, committee members then voted on their choices for prioritizing health needs by placing numbered dots next to each health need, with dot number 1 being their highest vote and dot number 3 being their lowest vote. When voting, committee members were asked to consider the following:

- The rate developed for the indicators in step four.
- The disparity in the local data when compared to similar state or federal data.
- Whether the indicator worsened since the data reported in *HealthMap2013*.
- The prevalence or importance of the health need, as seen in the clinical setting, if known.
- Their own views of the health need based on media reports, local studies, presentations, etc.

The votes for each health need were calculated and presented to the Committee for further discussion.

Sixth, the Steering Committee held an open forum on the prioritized list of local health needs. The Committee was given the opportunity to rearrange the prioritized list, based on majority vote.

It is important to note that not every Franklin County health indicator is listed in this report; thus every Franklin County health need may not be identified in the Steering Committee's findings. Individual comments and feedback are invited as the Steering Committee works to improve the information provided in this document. Comments can be provided at the COHC website at centralohiohospitals.org/CHNA.html

The following section lists, in prioritized order, the health needs of the community, as identified by the Franklin County CHNA Steering Committee.

The health needs identified in this section include "Potential Partners/Other Resources," which are existing healthcare facilities, community organizations and programs or other resources which can help address and improve the health area, consistent with federal requirements on conducting a needs assessment. Hospitals and other organizations working to address local health needs are encouraged to work collaboratively in order to have the best impact on community health.

In summary, the Franklin County health needs listed below have been prioritized by the CHNA Steering Committee, using the criteria and processes described above. Indicators rated by the Steering Committee as being a higher community priority are listed first.



A Closer Look @

“A Closer Look @” provides additional data, such as race, age and zip code-level data, for each health need, when available. At times, “A Closer Look @” also provides additional data on subsets within the health need area, such as Alzheimer’s, asthma and diabetes under the “Chronic Conditions” health need.

Unless otherwise specified, the data under “A Closer Look @” was obtained from the Ohio Hospital Association’s Statewide Clinical and Financial Database. The data is for Franklin County residents treated and released from any hospital emergency department in Ohio in calendar year 2014 for that condition. The data includes primary and secondary diagnosis for the ED visits. The ICD-9 codes used to pull the data are available from the Central Ohio Hospital Council, upon request. Zip code percentages are the number of residents in the zip code who were treated and released from an ED for each condition divided by the total number of Franklin County residents treated in the ED for the same condition.

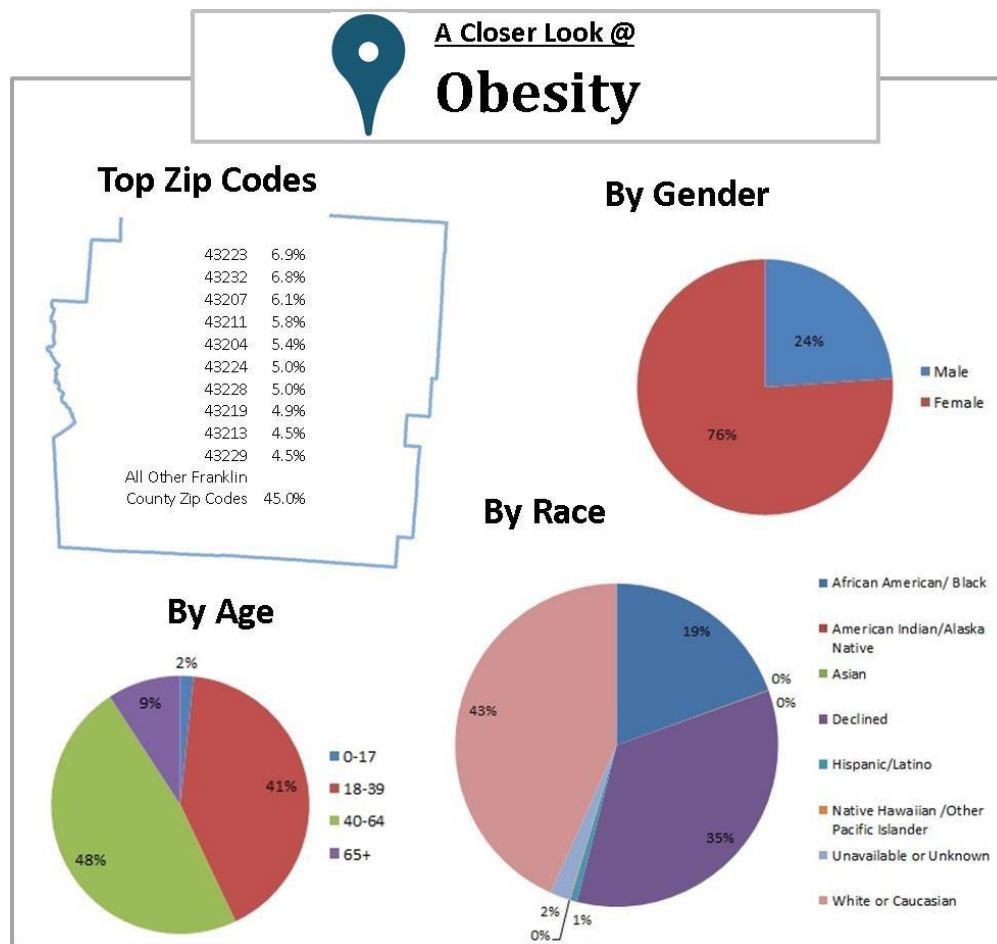
Prioritized Health Needs of Franklin County Residents

1. OBESITY

Studies estimate the annual health care costs of obesity-related illness are a staggering \$190.2 billion, or nearly 21% of annual medical spending in the United States. Childhood obesity alone is responsible for \$14 billion in direct medical costs nationally. People who are obese, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including high blood pressure, Type 2 diabetes, coronary heart disease, stroke, osteoarthritis, some cancers and mental illness. In Franklin County, the percentage of obese adults (30.7%) is higher than the national average (27.6%). Franklin County children fare even worse, with 19.8% of children considered obese compared to a 13.7% national average.

[Learn more about “Obesity”](#)

Indicators for overweight or obese adults can be found on page 66. Indicators on obese and overweight youth can be found at page 79.



For additional explanation on this data, see page 9

Potential Partners/Other Resources

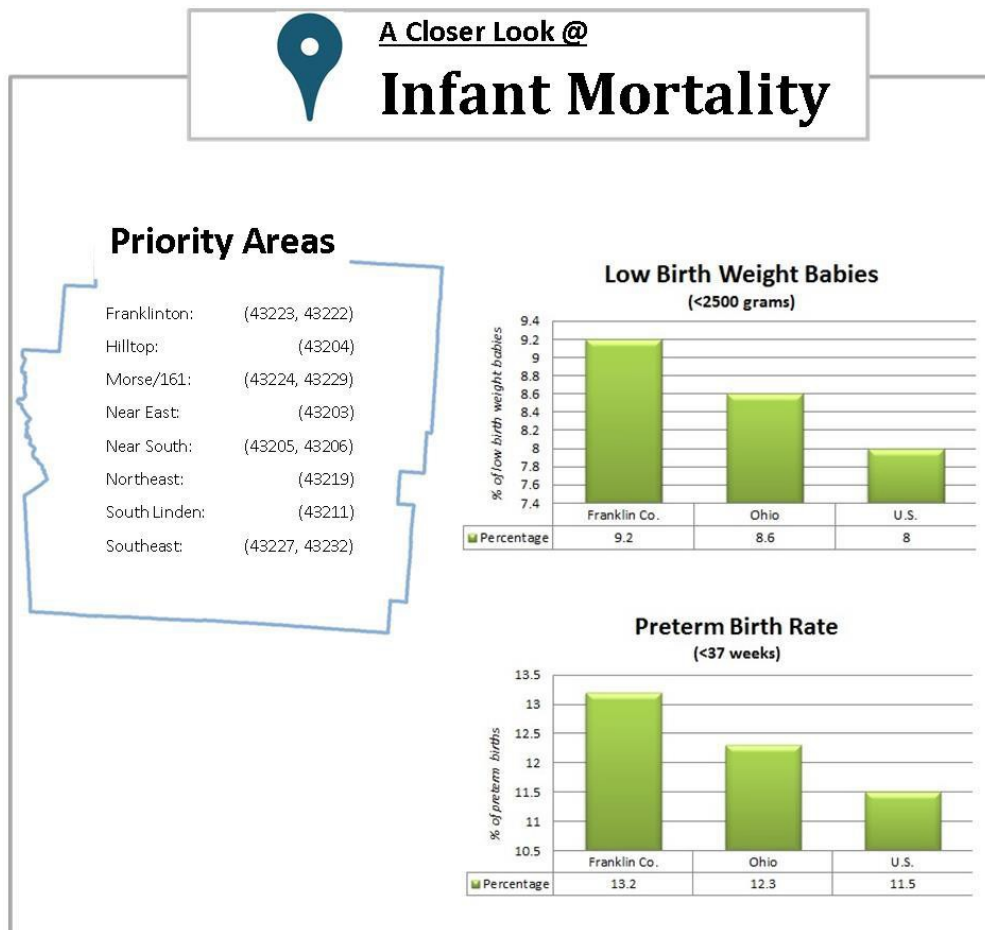
American Academy of Pediatrics, Ohio Chapter
Center for Healthy Weight and Nutrition, Nationwide Children's Hospital
Growing Healthy Kids Columbus, Columbus Public Health
Growing to Green Program, Franklin Park Conservatory
Healthy Kids, Healthy Schools, Children's Hunger Alliance
In My Backyard Health and Wellness
Learn4Life, Columbus Public Schools
Local Matters
Mid-Ohio Food Bank
Strong, Well, Fit, YMCA of Central Ohio

2. INFANT MORTALITY

Franklin County’s infant mortality rate is far above the national rate. Every week in Franklin County, more than three families experience the death of a baby before his or her first birthday. Franklin County’s infant mortality rate for 2013 is as high as the national rate from the early 1990s. The infant mortality rate for black babies is two-and-a-half times that of white babies in Franklin County. Not only are too many babies dying before they reach their first birthdays, too many – 13 percent of babies in Franklin County – are born too early. Disorders related to prematurity and low birth weights are the leading causes of infant deaths, but those same disorders can cause ongoing challenges for babies who survive.

Learn more about “Infant Mortality”

Indicators for infant mortality, broken down by race, can be found on page 52. Indicators on adolescent pregnancy, low birth weight, cigarette use during pregnancy and preterm birth (all of which are indicators of infant mortality) can be found at page 54.



The “Priority Areas” have been identified by CelebrateOne, the community-wide initiative to reduce infant deaths, as the neighborhoods where the infant mortality rates are highest. Low birth weight and preterm birth rate were obtained from Ohio Department of Health Vital Statistics and National Center for Health Statistics. For more information on infant mortality in Franklin County, visit www.CelebrateOne.info.

Potential Partners/Other Resources

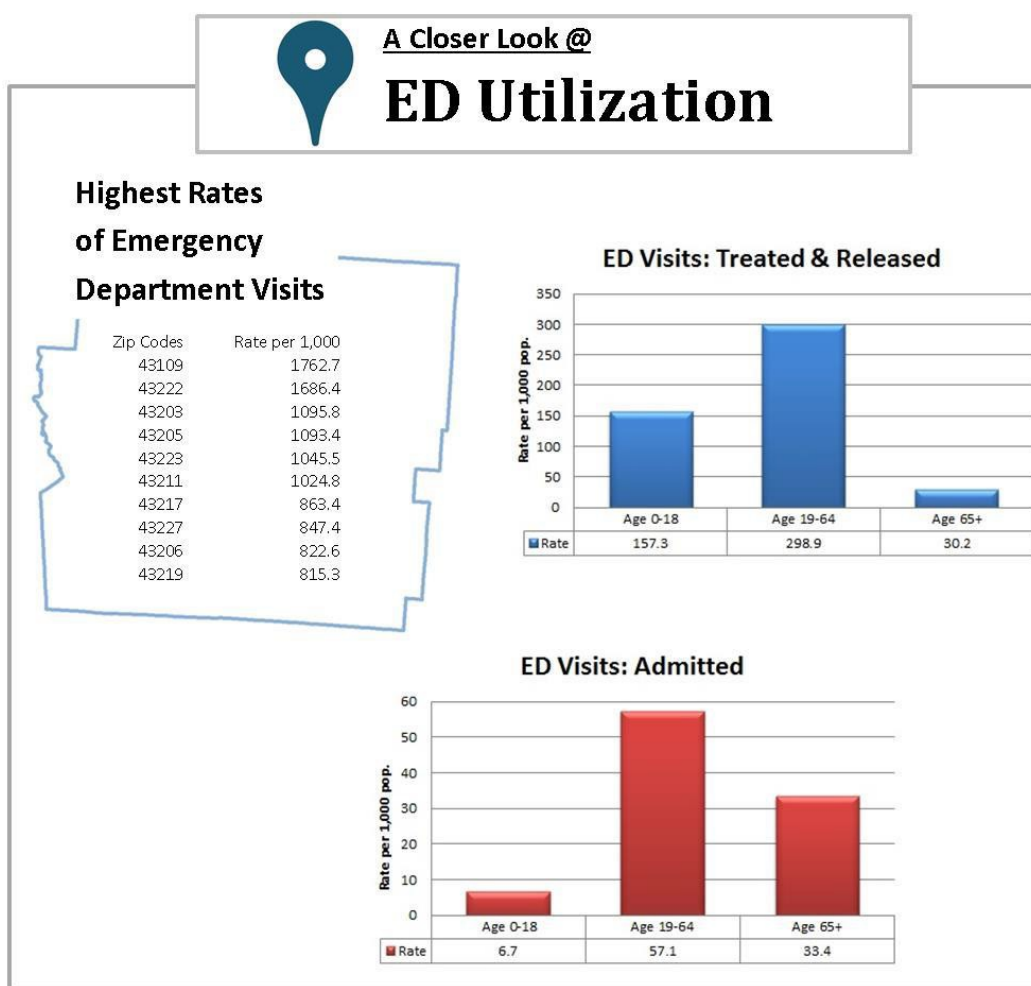
Boys and Girls Clubs of Columbus
CelebrateOne
Center for Healthy Families
Central Ohio Hospital Council
City of Columbus/Department of Development
Columbus City Schools
Columbus Public Health
Community Development for All People
Franklin County Department of Job and Family Services
Franklin County Family and Children First
Moms2Be
Neighborhood House
Ohio Better Birth Outcomes
Physicians CareConnection, Columbus Medical Association
St. Stephen's Community House
Women, Infants and Children (WIC)

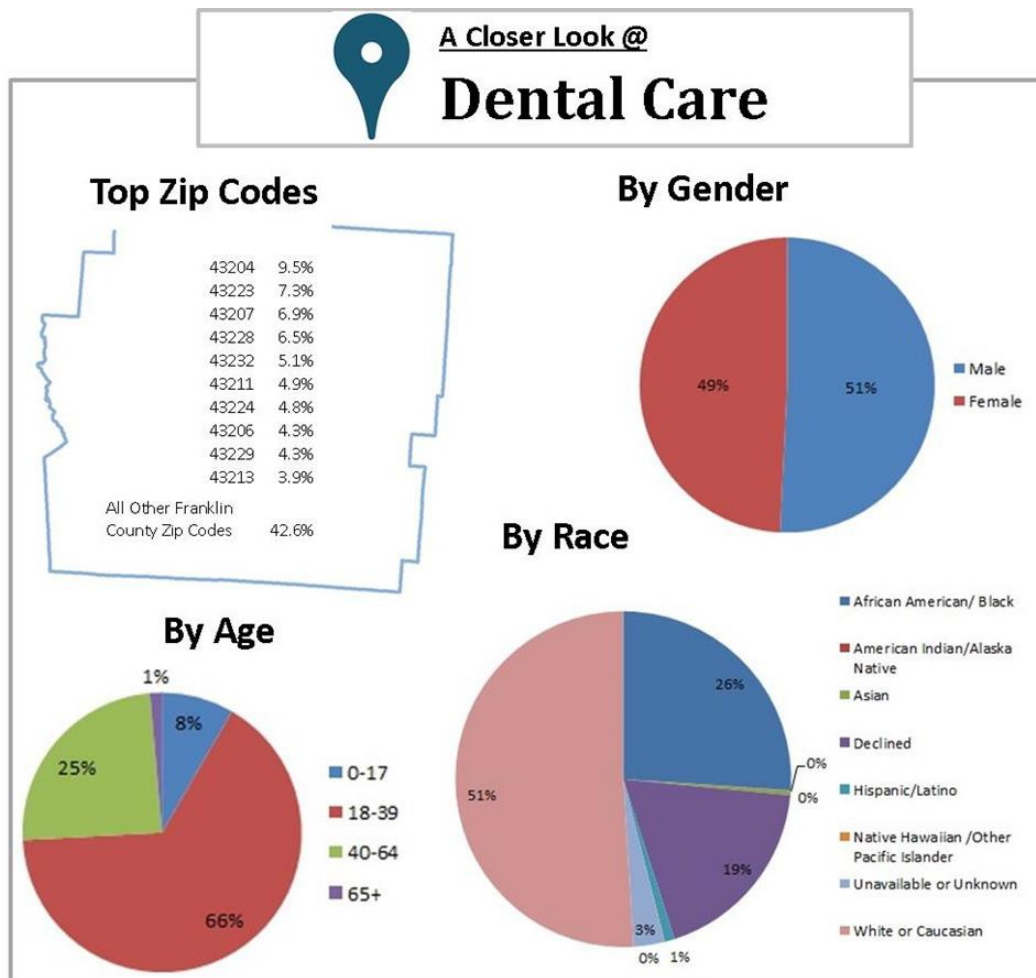
3. ACCESS TO CARE

Emergency departments (EDs) in Franklin County experience higher utilization, when comparing rates per population, than do EDs across the state. Similarly, emergency departments in Franklin County are utilized more often for less severe cases, when comparing rates per population, than EDs across the state. In terms of specific conditions where access to care poses a problem, the CHNA Steering Committee felt that Franklin County residents continue to have difficulty in accessing dental care in the appropriate setting.

Learn more about “Access to Care”

Indicators for emergency department utilization can be found on page 46. Indicators for access to dental care can be found on page 57.





New Life Health and Wellness Center
Noor Community Clinic/Muslim Clinic of Ohio
Physicians CareConnection
Victory Ministries Free Medical Clinic
Vineyard Free Health Clinics
Xenos Fourth Street Free Clinic

Dental

Columbus Public Health
Dental Options
Dentists CareConnection
Franklin County Veteran Service Commission Preventive Dental Program
Lower Lights Christian Health Center
Nationwide Children’s Hospital Dental Clinic
Nisonger Center Dental Program
OSU Dental Clinic
Physicians CareConnection
PrimaryOne Health
St. Stephen’s Community House
Stowe Baptist Church
Vineyard Dental Clinic—Cooper Road/5th Ave.

Disabilities

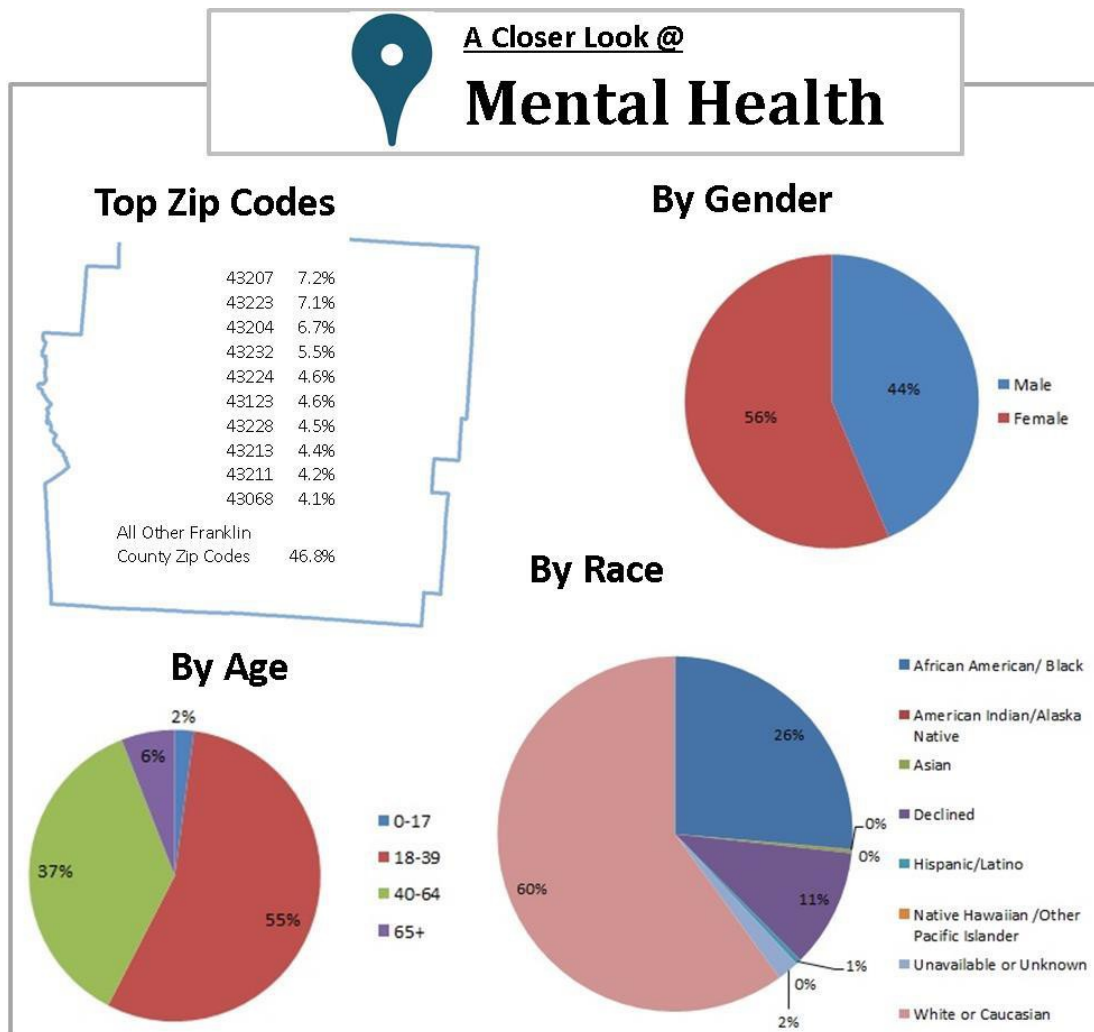
Nisonger Center at The Ohio State University

4. MENTAL HEALTH AND ADDICTION

According to the Alcohol, Drug Addiction and Mental Health Board of Franklin County (ADAMH), nearly one in four adults in Franklin County experience mental illness. And more than ten percent of Franklin County residents ages 12 and older have needed treatment for an illegal drug or alcohol use problem. In Franklin County, psychiatric admissions and hospitalizations due to attempted suicide have both increased since the *HealthMap2013*. Psychiatric patients in crisis often crowd hospital emergency departments, with psychiatric patients in crisis often facing long waits before accessing a bed and/or skilled psychiatric care.

Learn more about “Mental Health and Addiction”

Indicators for depression, suicides, hospitalizations due to attempted suicide and psychiatric admissions can be found on page 59.



For additional explanation on this data, see page 9

Potential Partners/Other Resources

ADAMH Board of Franklin County
Community Mental Health Centers
Maryhaven Inc.
Mental Health America of Franklin County
National Alliance on Mental Illness, Franklin County
Neighborhood House
St. Stephen's Community House
Veteran Administration Outpatient Health Center

Bedboard Group Providers

Dublin Springs
Mount Carmel Health System
Nationwide Children's Hospital
OhioHealth
Netcare Access
Ohio Hospital for Psychiatry
Ohio State University Wexner Medical Center
Pomegranate of Central Ohio
Twin Valley Behavioral Health

5. CHRONIC CONDITIONS

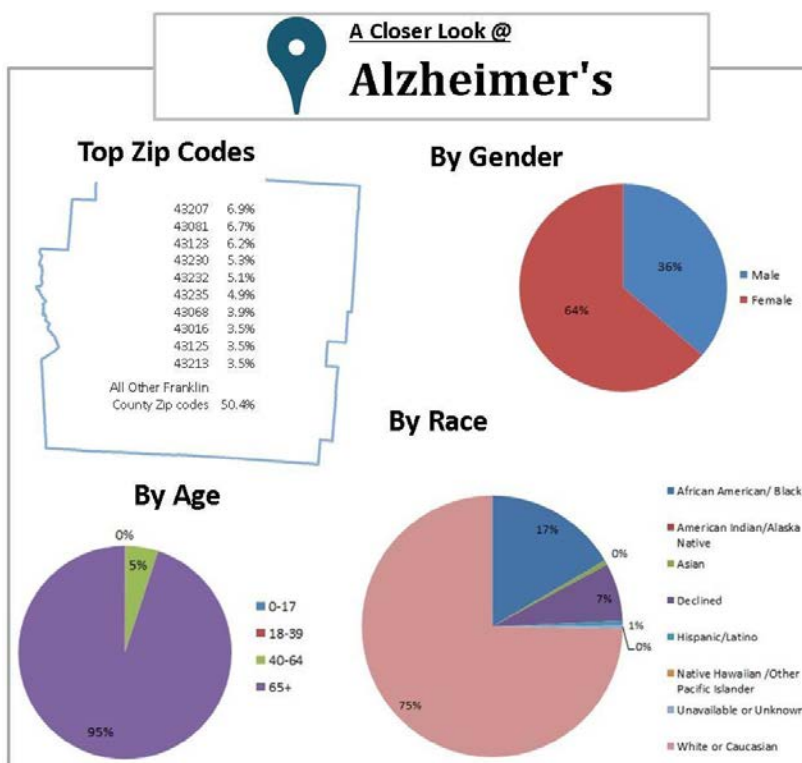
Chronic diseases – such as heart disease, stroke, cancer and diabetes – are the leading causes of death and disability at the local, state and national levels. According to the Centers for Disease Control and Prevention, medical care costs of people with chronic diseases account for more than 75% of total medical care costs in the United States. While mortality rates for each of the top five deadliest cancers in Franklin County have decreased since the last HealthMap, county rates for lung, colon, breast and pancreas are higher than national rates. Franklin County has a higher prevalence among adults diagnosed with asthma when compared to national data. Franklin County also has higher mortality rates for cerebrovascular disease compared to national data.

Learn more about “Chronic Conditions”

Indicators for cancer mortality – top five cancers can be found on page 64. Cancer mortality rates by gender can be found on page 65. Adult diagnoses of diabetes, high blood pressure, high blood cholesterol, arthritis and asthma can be found on page 66. Mortality due to Alzheimer’s disease can be found on page 62.

Alzheimer’s

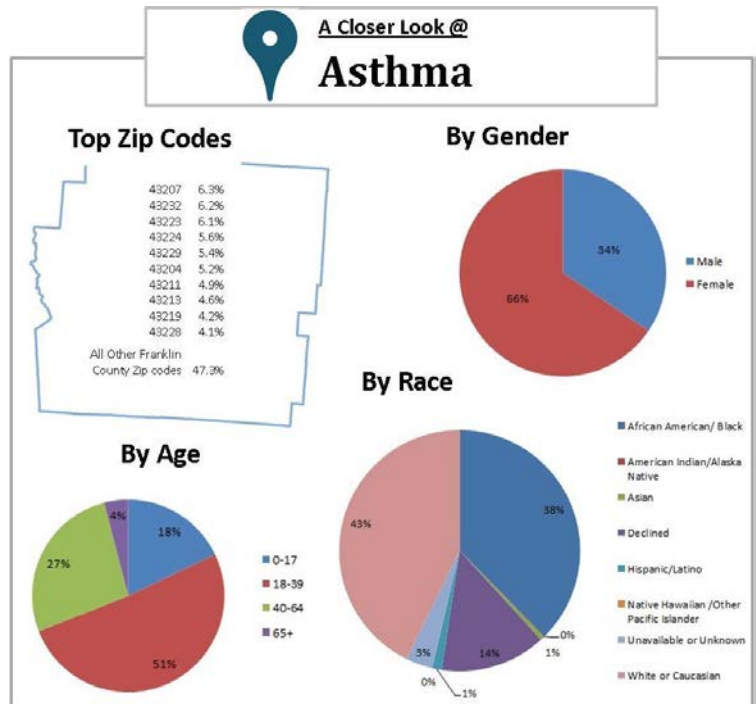
An estimated 5.3 million Americans of all ages have Alzheimer's disease in 2015. Of the 5.3 million Americans with Alzheimer's, an estimated 5.1 million people are age 65 and older, and approximately 200,000 individuals are under age 65 (younger-onset Alzheimer's). Almost two-thirds of Americans with Alzheimer's are women. Of the 5.1 million people age 65 and older with Alzheimer's in the United States, 3.2 million are women and 1.9 million are men. By 2025, the number of people age 65 and older with Alzheimer's disease is estimated to reach 7.1 million — a 40 percent increase from the 5.1 million age 65 and older affected in 2015. (Source: The Alzheimer’s Association)



For additional explanation on this data, see page 9

Asthma

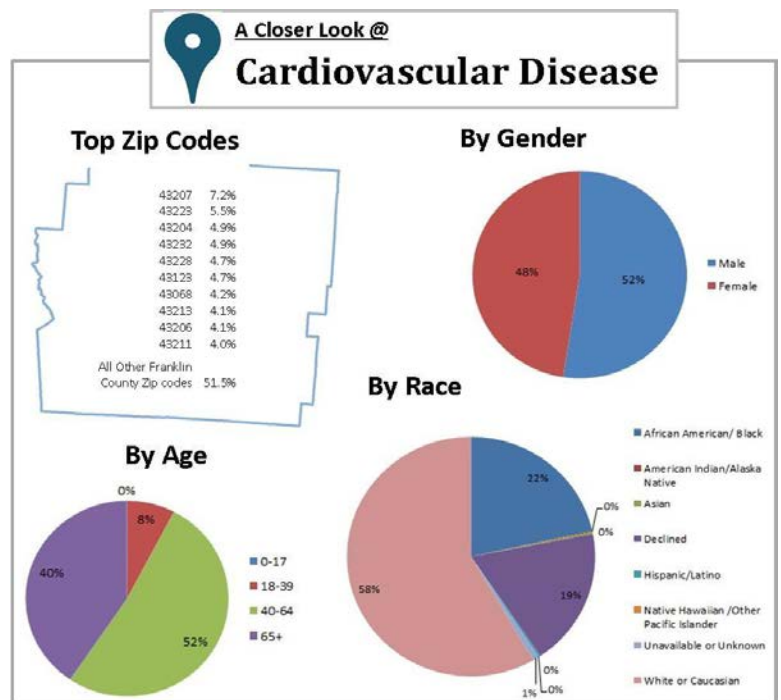
In the United States, approximately 25 million people have asthma—one out of every 12 people. The disease affects all age groups: infants, school children, young adults, baby boomers, and seniors, but the prevalence in children is particularly high and is rapidly growing. Almost one in 9 children in the U.S. has asthma. Each year, nearly 3,500 people in the U.S. die from asthma. Asthma is the single most prevalent cause of childhood disability in the U.S. The cost to society of asthma in the U.S. is over \$50 billion per year in healthcare expenses, missed school and work days, and early death. (Source: American Asthma Foundation)



For additional explanation on this data, see page 9

Cardiovascular Disease

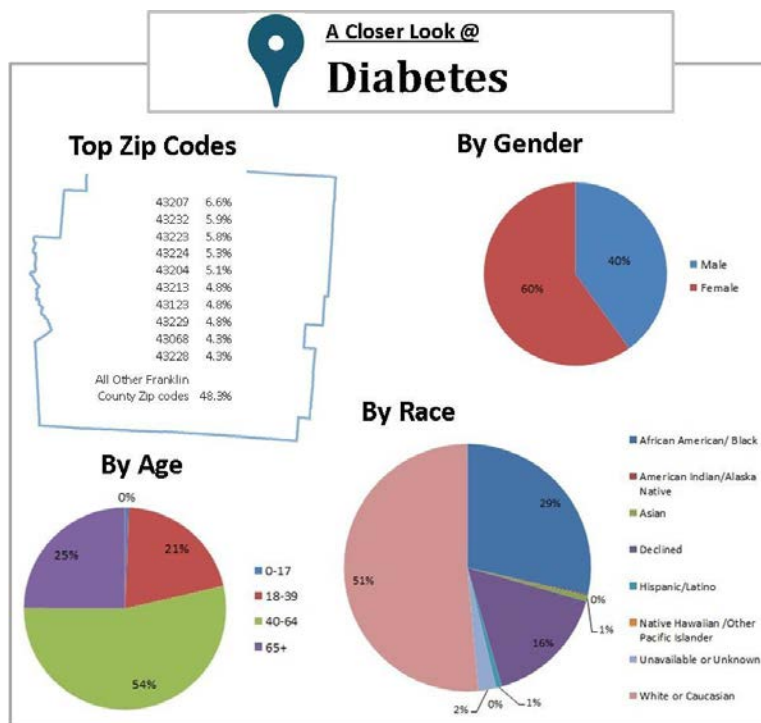
Cardiovascular disease (CVD), or heart disease, is the general term for a group of diseases and conditions that are related to the heart and blood vessels. Common diseases include coronary heart disease, heart failure, and stroke. CVD is currently the leading cause of death in the United States, affecting men and women equally. While CVD may previously have been thought of a disease limited to the elderly, it is increasingly being realized that those in their prime are being affected as well. The majority of CVD cases are caused by high blood pressure, high cholesterol, tobacco usage, excess weight, and lack of physical activity and healthy diet. The direct and indirect costs of CVD in the United States was estimated to be \$444 billion in 2010, which is \$1 out of every \$6 spent on healthcare (Source: Centers for Disease Control and Prevention)



For additional explanation on this data, see page 9

Diabetes

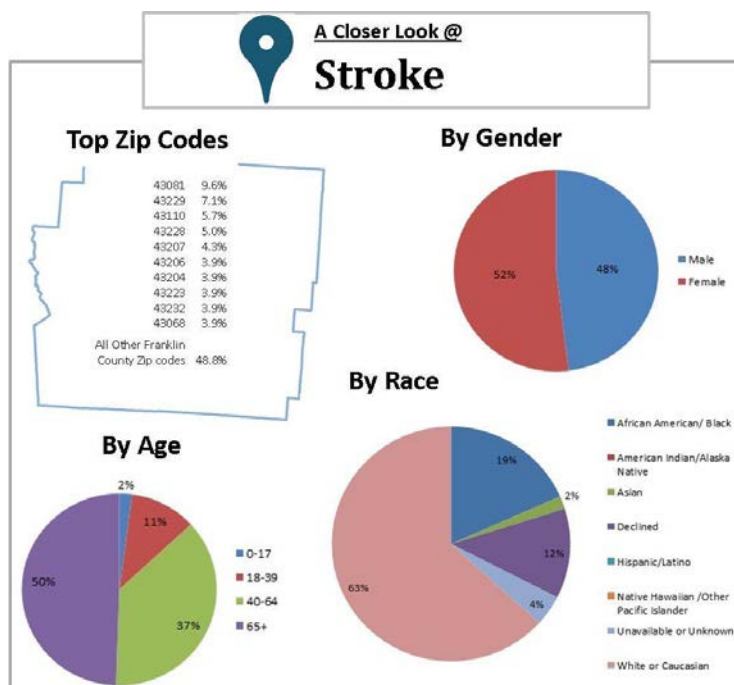
In 2012, 29.1 million Americans, or 9.3% of the population, had diabetes. Approximately 1.25 million American children and adults have type 1 diabetes. Of the 29.1 million, 21.0 million were diagnosed, and 8.1 million were undiagnosed. The percentage of Americans age 65 and older remains high, at 25.9%, or 11.8 million seniors (diagnosed and undiagnosed). In 2012, 86 million Americans age 20 and older had prediabetes; this is up from 79 million in 2010. Diabetes remains the 7th leading cause of death in the United States in 2010, with 69,071 death certificates listing it as the underlying cause of death, and a total of 234,051 death certificates listing diabetes as an underlying or contributing cause of death. (Source: American Diabetes Association)



For additional explanation on this data, see page 9

Stroke

About 795,000 Americans each year suffer a new or recurrent stroke. That means, on average, a stroke occurs every 40 seconds. Stroke kills nearly 129,000 people a year nationally. It is the No. 5 cause of death for adults. About 40 percent of stroke deaths occur in males, and 60 percent in females. In 2010, worldwide prevalence of stroke was 33 million, with 16.9 million people having a first stroke. Stroke is the leading cause of adult disability. African-Americans have nearly twice the risk for a first-ever stroke than Caucasians and a much higher death rate from stroke. (Source: American Stroke Association)



For additional explanation on this data, see page 9

Potential Partners/Other Resources

American Heart Association, Central Ohio Chapter
American Lung Association, Central Ohio Chapter
Central Ohio Breathing Association
Central Ohio Diabetes Association
Columbus Cancer Clinic
Community Development for All People
In My Backyard Health and Wellness
Local Matters: Cooking Matters
Ohio Asian American Health Coalition
St. Stephen's Community House
YMCA: Diabetes Prevention Program

6. INFECTIOUS DISEASES

Incidences of infectious diseases, especially those that are sexually transmitted, are significantly more prevalent in Franklin County than in Ohio and the nation. The Centers for Disease Control and Prevention (CDC) estimates that nationally there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as \$15.9 billion annually. Franklin County rates for syphilis, gonorrhea and chlamydia are significantly higher than Ohio and national rates. Franklin County rates for pertussis, tuberculosis and varicella are also higher than Ohio and national rates.

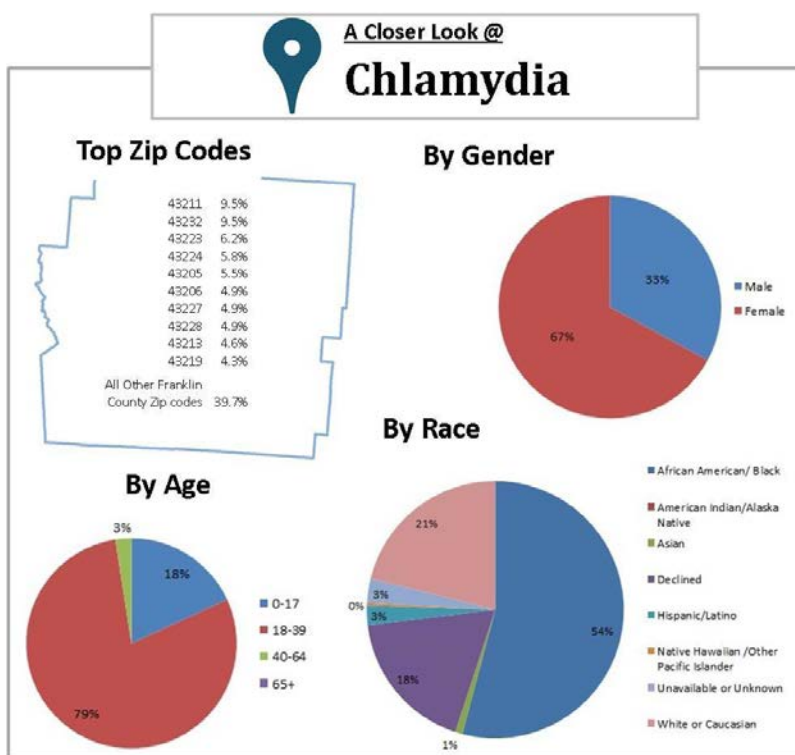
Learn more about “Infectious Disease”

Indicators for incidence of infectious disease can be found on page 73. Rates for syphilis, gonorrhea and chlamydia broken down by gender, race and age can be found beginning on page 74.

Sexually-transmitted Infections

Chlamydia

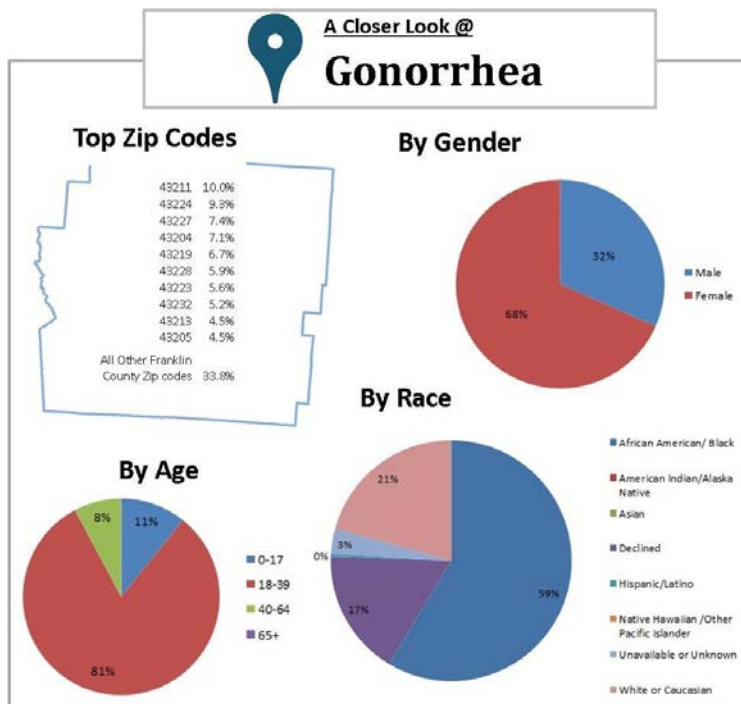
Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States. In 2014, 1,441,789 cases of chlamydia were reported to the CDC from 50 states and the District of Columbia, but an estimated 2.86 million infections occur annually. Chlamydia is most common among young people. Almost two-thirds of new chlamydia infections occur among youth aged 15 to 24 years. It is estimated that 1 in 20 sexually active young women in the U.S. aged 14 to 24 years has chlamydia. (Source: Centers for Disease Control and Prevention)



For additional explanation on this data, see page 9

Gonorrhea

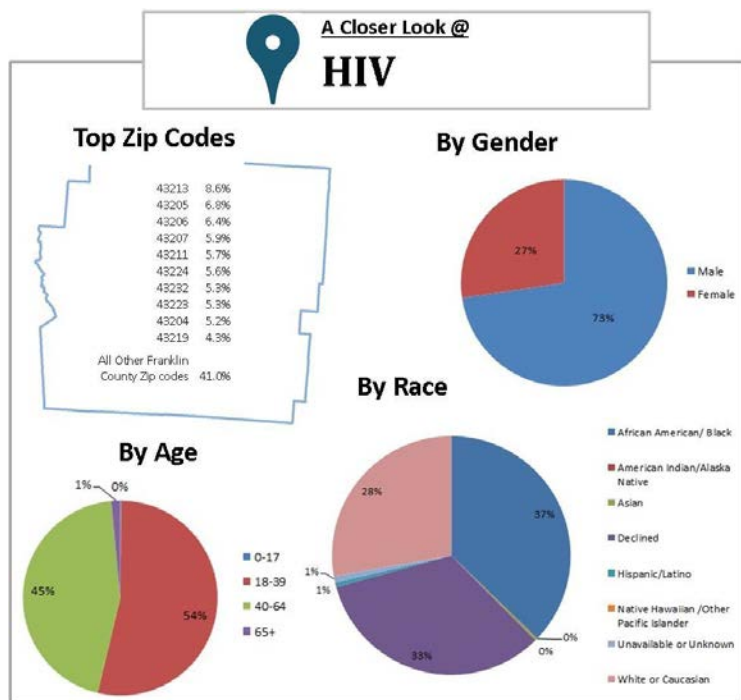
Gonorrhea is a very common infectious disease, with an estimated 820,000 new gonorrheal infections occurring in the United States each year. Less than half of these infections are detected and reported to CDC. CDC estimates that nationally 570,000 infections were among young people 15 to 24 years of age. In 2014, 350,062 cases of gonorrhea were reported to CDC. (Source: Centers for Disease Control and Prevention)



For additional explanation on this data, see page 9

Human Immunodeficiency Virus (HIV)

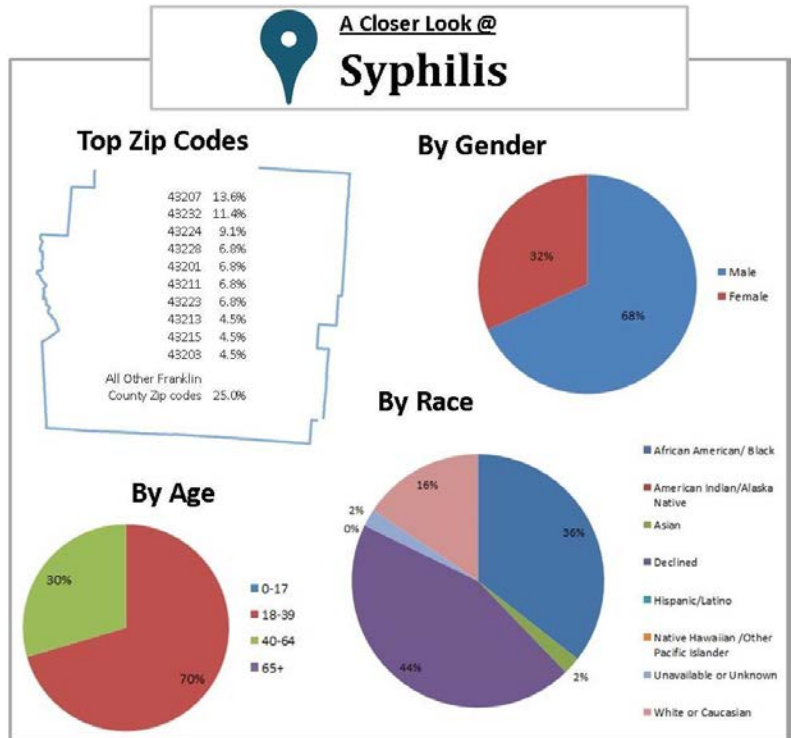
Approximately 1,218,400 persons aged 13 years and older are living with HIV infection in the United States, including 156,300 (12.8%) who are unaware of their infection. Nationally, the number of people living with HIV has increased over the past decade, while the annual number of new HIV infections has remained relatively stable at about 50,000 new HIV infections per year. In 2013, an estimated 47,352 people were diagnosed with HIV infection in the United States. In that same year, an estimated 26,688 people were diagnosed with AIDS. Overall, an estimated 1,194,039 people in the United States have been diagnosed with AIDS. An estimated 13,712 people with an AIDS diagnosis died in 2012. (Source: Centers for Disease Control and Prevention)



For additional explanation on this data, see page 9

Syphilis

During 2014, there were 63,450 reported new cases of syphilis, with 20,000 of those cases being primary and secondary syphilis, the earliest and most transmissible stages of syphilis. Congenital syphilis (syphilis passed from pregnant women to their babies) continues to be a concern in the United States. During 2014, 458 cases of congenital syphilis were reported, compared to an estimated 107 cases of perinatal HIV infection during 2013. Congenital syphilis rates were 10.3 times and 3.3 times higher among infants born to black and Hispanic mothers compared to white mothers. (Source: Centers for Disease Control and Prevention)

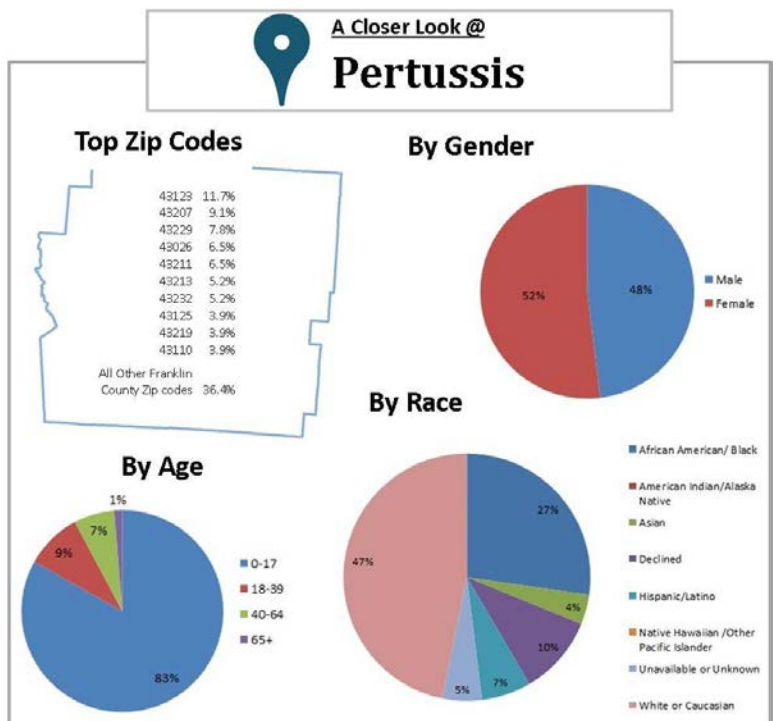


For additional explanation on this data, see page 9

Vaccine-preventable Infections

Pertussis

Pertussis, commonly known as whooping cough, is a serious respiratory infection of the lungs and breathing tubes caused by the pertussis bacteria. It causes violent coughing, and is most harmful, sometimes deadly, for young babies. Doctors recommend that children get five doses of the DTaP vaccine for best protection, starting at age 2 months. In 2014, whooping cough made about 30,000 people sick in the United States. Before the DTaP shot was given routinely to infants, about 8,000 people in the U.S. died each year from whooping cough. Today, because of the vaccine, this number has dropped to fewer than 20 per year. (Source: Centers for Disease Control and Prevention)

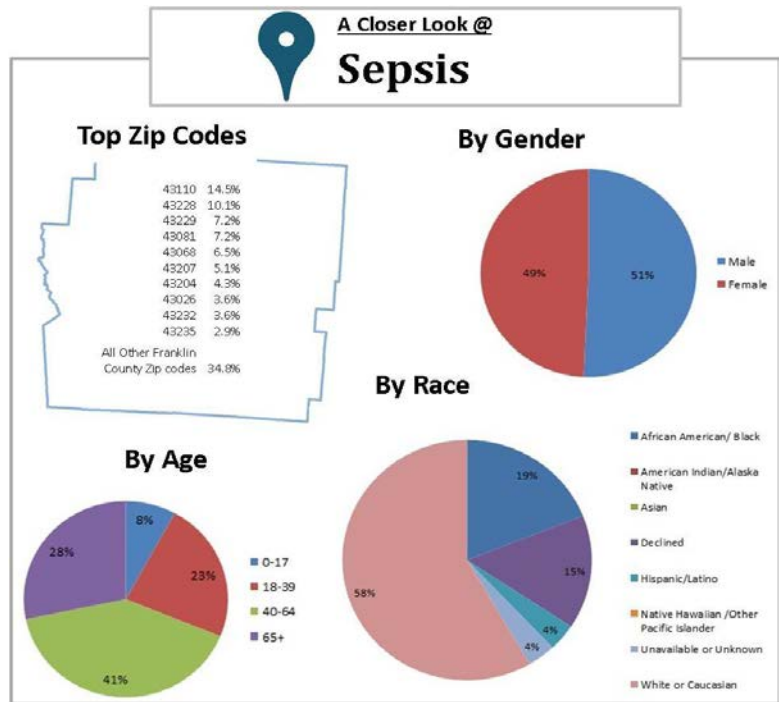


For additional explanation on this data, see page 9

Conditions Caused by Infections

Sepsis

Sepsis is the body’s overwhelming and life-threatening response to an infection which can lead to tissue damage, organ failure, and death. Any type of infection in the body can cause sepsis, including infections of the skin, lungs, urinary tract, abdomen, or other part of the body. Sepsis kills more than 258,000 Americans each year and leaves thousands of survivors with life-changing after effects. According to CDC, there are over 1 million cases of sepsis each year in the U.S., and it is the ninth leading cause of disease-related deaths. (Source: Centers for Disease Control and Prevention)



Potential Partners/Other Resources

- AIDS Resource Center Ohio
- Aids Education and Training Resource Center
- Columbus Public Health: Sexual Health Program
- LifeCare Alliance: Project OpenHand
- Neighborhood House
- Ohio Hospital Association: The Quality Institute
- Stonewall Columbus

Community Profile

While the population of Franklin County has increased, the demographic profile of its residents and households has remained largely consistent. Some small shifts have occurred. For example, there are more residents who have never been married and fewer who are currently married. Also, there are a smaller percentage of civilian veterans.

Franklin County Residents

		Franklin County	
		HM2016	HM2013
Total Population¹	Population of Franklin County	1,212,263	1,163,414
Gender¹	Male	48.7%	48.7%
	Female	51.3%	51.3%
Age¹	Under 5 years	7.2%	7.1%
	5-19 years	19.4%	19.9%
	20-64 years	62.8%	62.9%
	65 years and over	10.6%	9.9%
Race¹	White	69.1%	71.8%
	African American	21.2%	23.1%
	Asian	4.2%	4.6%
	American Indian / Alaska Native	0.0%	1.0%
	Native Hawaiian / Other Pacific Islander	0.0%	0.2%
	Other	1.7%	2.7%
Ethnicity¹	Hispanic or Latino (of any race)	5.0%	4.8%
Marital Status²	Never married	39.4%	36.1%
	Now married (except separated)	42.4%	44.7%
	Separated	2.0%	2.2%
	Widowed	4.8%	5.2%
	Divorced	11.4%	11.8%
Veterans²	Civilian veterans	6.9%	8.9%
Disability Status³	Total with a disability	12.1%	11.0%
	Under 18 years with a disability	4.7%	3.9%
	18 to 64 with a disability	10.7%	10.0%
	65 years and over with a disability	38.0%	35.4%

Regarding Franklin County households, household size has increased slightly, as has the percentage of households in which the primary language spoken is not English.

Franklin County Households

		Franklin County	
		HM2016	HM2013
Total Households^{1,5}	Number of households	476,532	477,235
Household Size^{4,2}	Average household size	2.5	2.4
	Average family size	3.2	3.1
Household Type^{4,5}	Family households	57.7%	58.3%
	Nonfamily households	42.3%	41.7%
Households Without a Vehicle³	No vehicle available	8.3%	7.8%
Grandparents as Caregivers⁴	Grandparents responsible for own grandchildren under 18 years (Percentage of grandparents who live with their own grandchildren)	38.0%	43.7%
Language Spoken at Home⁶	English only	87.3%	89.4%
	Speak a language other than English	12.7%	10.6%

Social Determinants of Health

This section describes the socio-economic aspects of Franklin County residents that affect their health.

Health Care Access Indicators

This section describes indicators that describe the population's access to health care.

Key Findings – Social Determinants of Health (Health Care Access Indicators)

An increasing percentage of Franklin County residents with insurance suggests there may be increasing access to health care.

From *HealthMap2013* to *HealthMap2016*, fewer people in Franklin County are without health insurance coverage and more people in Franklin County have public health insurance.

Comparing Franklin County residents to Ohioans (overall), more Franklin County adults have a personal doctor or health care provider.

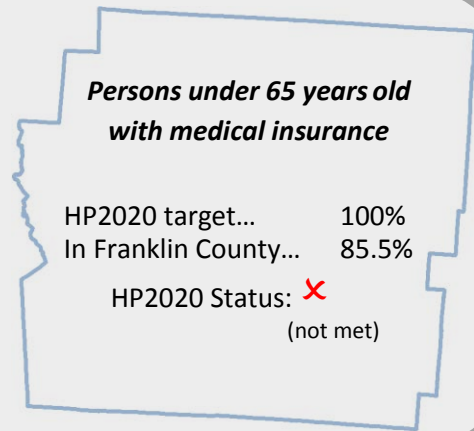
The percentage of Franklin County residents that do not have health insurance coverage has decreased since the previous *HealthMap* (14.6% to 13.1%). This is slightly higher than the state percentage of uninsured persons, but lower than the national figure. Note that the data in this section was collected prior to the full implementation of the Affordable Care Act.

Health Insurance

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Total with insurance¹	86.9%	85.4%	89.0%	87.8%	85.5%	84.9%
Private health insurance ¹	67.5%	69.2%	68.6%	70.7%	65.0%	67.4%
Public health coverage ¹	27.8%	25.0%	32.4%	29.5%	31.6%	28.5%
Under 18 years ²	94.0%	91.8%	94.7%	93.6%	92.9%	91.4%
Age 18-64 ²	82.4%	81.0%	84.3%	83.1%	79.7%	79.4%
Under 65 years ²	85.5%	Not available	87.1%	Not available	83.3%	Not available

Healthy People 2020 Goal

How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal that 100% of Americans under age 65 would have health insurance by the year 2020. Currently, Franklin County does not meet this target, as 85.5% of adults under 65 have medical insurance.



Among Franklin County residents with health insurance, the most common type of health care is employment-based insurance. Public health care coverage has slightly increased since the HM2013 (25.0% to 27.8%). Note that residents who have health insurance could have more than one type of insurance. For example, someone with “Direct-Purchase Insurance” may also have “VA Health Care.” In the following table, the “Total” column provides data on those who have the specified type of coverage either as their single source of health care or in addition to another type of health care. The “Only Source of Health Care” column provides data on only those who have the specified type of coverage as their single source of health care.

Type of Health Insurance in Franklin County²

		Total		Only Source of Health Care	
		HM2016	HM2013	HM2016	HM2013
Private Health Insurance Coverage	Total with private health insurance	67.5%	69.2%	57.5%	<i>Not available</i>
	Employment-based health insurance	58.9%	61.5%	51.7%	53.4%
	Direct-purchase health insurance	10.2%	10.3%	5.5%	4.6%
	TRICARE/military health coverage	1.3%	1.6%	0.4%	0.4%
Public Health Insurance Coverage	Total with public health insurance	27.8%	25.0%	17.7%	<i>Not available</i>
	Medicaid/CHIP/state specific public coverage	17.3%	15.3%	14.1%	<i>available 12.0%</i>
	Medicare coverage	11.9%	11.2%	3.3%	2.6%
	VA health care	1.7%	1.3%	0.3%	0.2%

A greater percentage of those living in Franklin County (91.2%) stated that they had a usual source of medical care, as compared to the percentage of the state (80.7%) and national (77.7%) populations.

Persons with Usual Source of Medical Care^{3,4}

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Individual has one person they think of as their personal doctor or health care provider	91.2%	<i>Not available</i>	80.7%	<i>Not available</i>	77.1%	<i>Not available</i>

Healthy People 2020 Goal

How does Franklin County match up with national objectives? Included in *Healthy People 2020* is a goal that 83.9% of Americans have a person they think of as their personal doctor or health care provider by the year 2020. Currently, Franklin County exceeds this target, as 91.2% of adults reported that they have a primary care provider.

Persons with a usual primary care provider

HP2020 target...	83.9%
In Franklin County...	91.2%
HP2020 Status:	✓ (met)

Income/Poverty Indicators

This section describes income and poverty indicators that affect health.

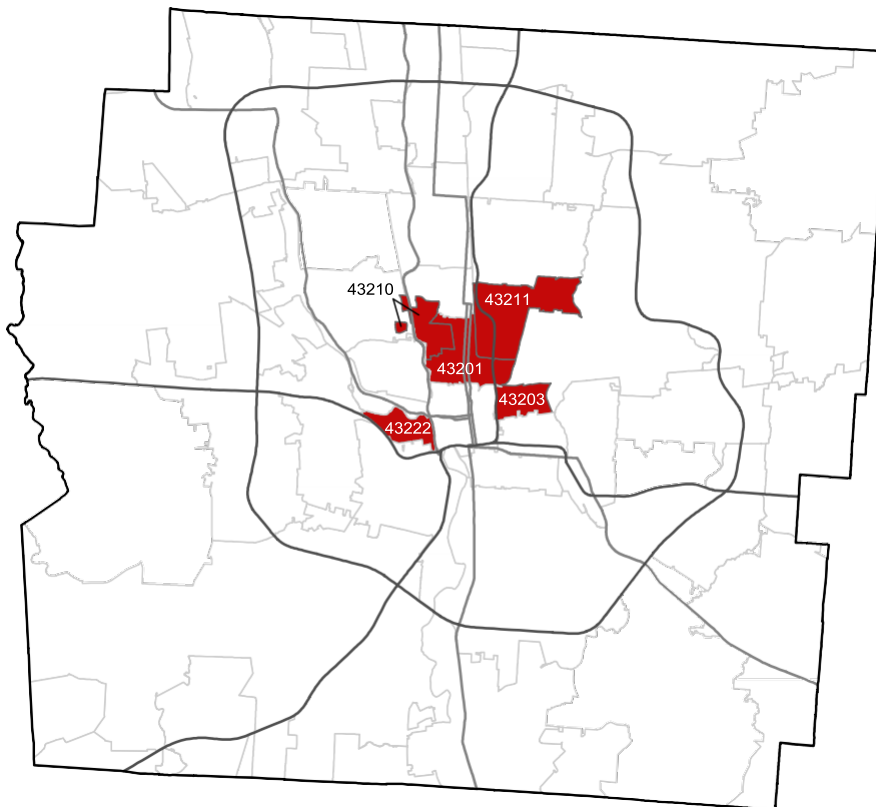
Key Findings – Social Determinants of Health (Income/Poverty Indicators)

From HealthMap2013 to HealthMap2016, median household income has decreased, and many indicators (e.g., percentage of families and children living below the federal poverty line, emergency shelter use, reliance on food stamps) suggest more Franklin County individuals and families are living in poverty.

Additionally, about two-thirds of families in emergency shelters in Franklin County are African American.

In Franklin County HealthMap2016, the median household income is \$51,460, which is less than the last HealthMap, after adjusting for inflation (\$53,252). It remains higher than the median in Ohio, but slightly lower than the national figure. There are higher percentages of both families and children living below 100% of the federal poverty level in Franklin County than in Ohio or the United States. This percentage has increased since the previous HealthMap (11.4% to 12.2% for families and 21.2% to 24.8% for children).

The Franklin County zip codes with the lowest median household income in Franklin County are shaded in red in the map below.



Lowest Median Household Income	
Zip Codes	Income
43210	\$16,372
43203	\$18,100
43201	\$20,860
43222	\$21,455
43211	\$22,367

Data Source: U.S. Census Bureau, American Community Survey 5 Year Estimates (2008-2012)

The zip code with the lowest median income in households with children present is 43205, followed by 43210, 43203, 43211, and 43222.⁶

Income and Poverty

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Household Income¹	Per capita income	\$28,481	\$29,320	\$26,354	\$26,962	\$28,184	\$29,363
	Median household income	\$51,460	\$53,252	\$48,081	\$51,192	\$52,250	\$55,840
	Mean household income	\$70,152	\$70,587	\$65,129	\$66,787	\$73,767	\$76,114
Poverty Status of Families	Below 100% federal poverty level (FPL) ¹	12.2%	11.4%	11.6%	10.0%	11.6%	9.9%
	100% - 199% FPL ⁵	15.0%	13.7%	15.8%	14.9%	16.4%	15.5%
	At or above 200% FPL ⁵	72.8%	74.3%	72.5%	74.9%	72.0%	74.5%
Poverty Status of Those Less than 18 Years Old	Below 100% FPL ¹	24.8%	21.2%	22.0%	19.1%	21.6%	18.6%
	100% - 199% FPL ⁵	20.0%	19.6%	21.4%	20.5%	22.3%	21.5%
	At or above 200% FPL ⁵	55.2%	58.6%	56.6%	60.2%	56.1%	60.3%

NOTE: HM2013 income values were inflation-adjusted to be comparable to HM2016 values

Homelessness, and/or the struggle to maintain housing, can also affect health. A “Point in Time Count” (PIT) estimates the total number of homeless people who are and are not using a shelter on a single night of the year. Homeless persons were considered part of a family if they belonged to a group consisting of at least one adult and at least one child under age 18.

Franklin County has a higher percentage of homeless people using an emergency shelter who are part of a family than at the state level. The percentage of these persons in Franklin County has increased slightly since 2010 (35.4% to 36.3%). Over two-thirds of families using emergency shelters in Franklin County were African American.

Housing and Homelessness

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Point in Time (PIT) Count of Emergency Shelter Use^{6,7}	Total persons	1,245	1,104	6,336	6,190	<i>Not available</i>	403,543
	Persons in families	36.3%	35.4%	33.8%	33.5%	<i>Not available</i>	47.4%
Composition of Families Using Emergency Shelters^{8,9}	Black or African American	68%	<i>Not available</i>	<i>Not available</i>	<i>Not available</i>	45%	<i>Not available</i>
	White, non-Hispanic/Latino	25%	<i>Not available</i>	<i>Not available</i>	<i>Not available</i>	27.7%	<i>Not available</i>
	White, Hispanic/Latino	1%	<i>Not available</i>	<i>Not available</i>	<i>Not available</i>	11.3%	<i>Not available</i>
	Multiple races	4%	<i>Not available</i>	<i>Not available</i>	<i>Not available</i>	11.3%	<i>Not available</i>
	Other	0%	<i>Not available</i>	<i>Not available</i>	<i>Not available</i>	4.8%	<i>Not available</i>
Households with Housing Costs ≥50% of Income²	Total	14.6%	15.6%	13.0%	14.0%	15.4%	16.2%

A slightly lower percentage of Franklin County households have housing costs of at least 50% of their income when compared to the last *HealthMap*.

The zip code with the highest number of households with housing costs at least 50% of their income in Franklin County is 43109, followed by 43210, 43201, 43222, and 43211.¹⁰

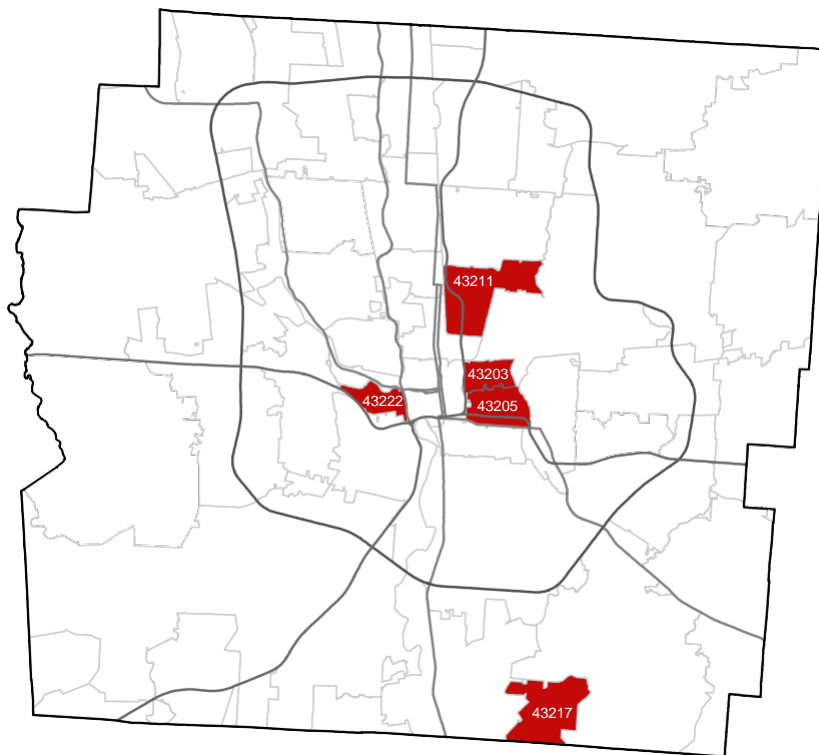
The ability to access to healthy, fresh food can also affect health. Food insecurity is defined by the United States Department of Agriculture as a lack of access to enough food for an active, healthy life and a limited availability of nutritionally adequate foods. In Franklin County, 17.7% of residents are food insecure.

As shown on the next page, Franklin County has a slightly higher percentage of low-income individuals who do not live near a grocery store than the statewide and national percentages. And approximately half of all the Franklin County households using food stamps have children under the age of 18 present, a smaller percentage than HM2013 (61.0% to 51.7%).

Food Access

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Food Insecure Households¹¹	Total	17.7%	Not available	17.2%	Not available	15.9%	Not available
	Children	22.3%	Not available	25.2%	Not available	21.6%	Not available
Total		15.5%	12.4%	15.4%	12.6%	13.4%	10.3%
Food Stamp Households²	With one or more people 60 years and over	22.4%	19.3%	25.7%	21.1%	27.5%	24.3%
	With children under 18 years	51.7%	61.0%	50.2%	53.7%	54.0%	57.6%
Limited Access¹²	Low income population not living near grocery store	6.3%	Not available	5.9%	Not available	5.7%	Not available

A higher percentage of Franklin County households use food stamps now, as compared to HM2013. Below, the Franklin County zip codes with the highest percentage of food stamp households are shown in red.



Highest Percentage Food Stamp Households	
Zip Codes	% of HH
43203	48.2%
43211	40.6%
43222	38.4%
43205	37.0%
43217	36.1%

Data Source: U.S. Census Bureau, American Community Survey 5 Year Estimates (2008-2012)

Education Indicators

This section describes education indicators that are related to health.

Key Findings – Social Determinants of Health (Education Indicators)

On a positive note, Franklin County adults are more likely than Ohioans (overall) to have graduated from high school in four years and to have post-secondary degrees. However, Franklin County youth are less likely than Ohio youth (overall) to be ready for kindergarten. Franklin County Hispanics and individuals listing their race as “Other” are less likely to have a high school diploma than their peers statewide.

As shown in the table below, 37.4% of Franklin County adult residents have a Bachelor’s degree or higher. This number has increased since the last *HealthMap* (35%) and is greater than the state and national percentages (26.1% and 29.6%, respectively).

Educational Attainment¹

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
No high school	3.6%	3.2%	3.2%	3.5%	5.8%	6.4%
Some high school (no degree)	6.8%	8.2%	7.8%	9.7%	7.6%	9.1%
High school graduate	25.4%	27.1%	34.2%	36.3%	27.8%	29.3%
Some college (no degree)	20.6%	20.3%	20.5%	19.8%	21.1%	20.3%
Associate’s degree	6.2%	6.1%	8.2%	7.1%	8.1%	7.4%
Bachelor’s degree	23.5%	23.0%	16.4%	15.0%	18.4%	17.4%
Graduate or professional degree	13.9%	12.0%	9.7%	8.6%	11.2%	10.1%

Regarding high school graduation rates specifically, there are slightly fewer people in Franklin County aged 25 years and over who have not graduated from high school since the last *HealthMap* (10.4%, down from 11.4%). The groups with the highest percentage of members that have less than a high school diploma are those listing “Other” as their race (40%) and Hispanics (37%). Both of these numbers are higher than the statewide percentages for these groups (33% of other and 29% for Hispanics).

The four-year high school graduation rate is the percentage of ninth grade students that received a high school diploma four years later. As shown on the next page, Franklin County’s four-year high school graduation rate is better than state and national figures. The data showed that Hispanics have the lowest four-year graduation rates in Franklin County.

High School Graduation


	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Total	10.4%	11.4%	11.0%	13.2%	13.4%	15.5%
Male	10.1%	10.3%	11.5%	12.7%	14.1%	15.5%
Female	9.9%	10.6%	10.5%	12.0%	12.8%	14.1%
African American	14.0%	15.2%	17.0%	19.4%	16.0%	18.6%
American Indian & Alaskan native	0.0%	Not available	16.0%	25.0%	21.0%	23.6%
Asian	16.0%	7.9%	13.0%	10.4%	14.0%	14.7%
Hispanic	37.0%	36.1%	29.0%	30.4%	35.0%	39.1%
Native Hawaiian & pacific islander	0.0%	Not available	17.0%	Not available	14.0%	14.2%
Other	40.0%	32.7%	33.0%	36.1%	41.0%	44.0%
Multiracial	10.0%	5.2%	13.0%	13.9%	14.0%	15.9%
White, non-Hispanic	8.0%	8.4%	10.0%	11.1%	8.0%	7.5%
Overall	88.6%	Not available	82.2%	Not available	81%	Not available
Male	90.4%	Not available	89.8%	Not available	78%	Not available
Female	92.3%	Not available	92.3%	Not available	85%	Not available
African American, non-Hispanic	86.8%	Not available	82.5%	Not available	68%	Not available
Asian or pacific islander	91.9%	Not available	89.1%	Not available	93%	Not available
Hispanic	79.8%	Not available	81.4%	Not available	76%	Not available
Multiracial	88.8%	Not available	85.9%	Not available	Not available	Not available
White, non-Hispanic	92.8%	Not available	91.8%	Not available	85%	Not available

*Gender and racial graduation rates for Franklin County & Ohio are an average of all individual school district gender and racial graduation rates

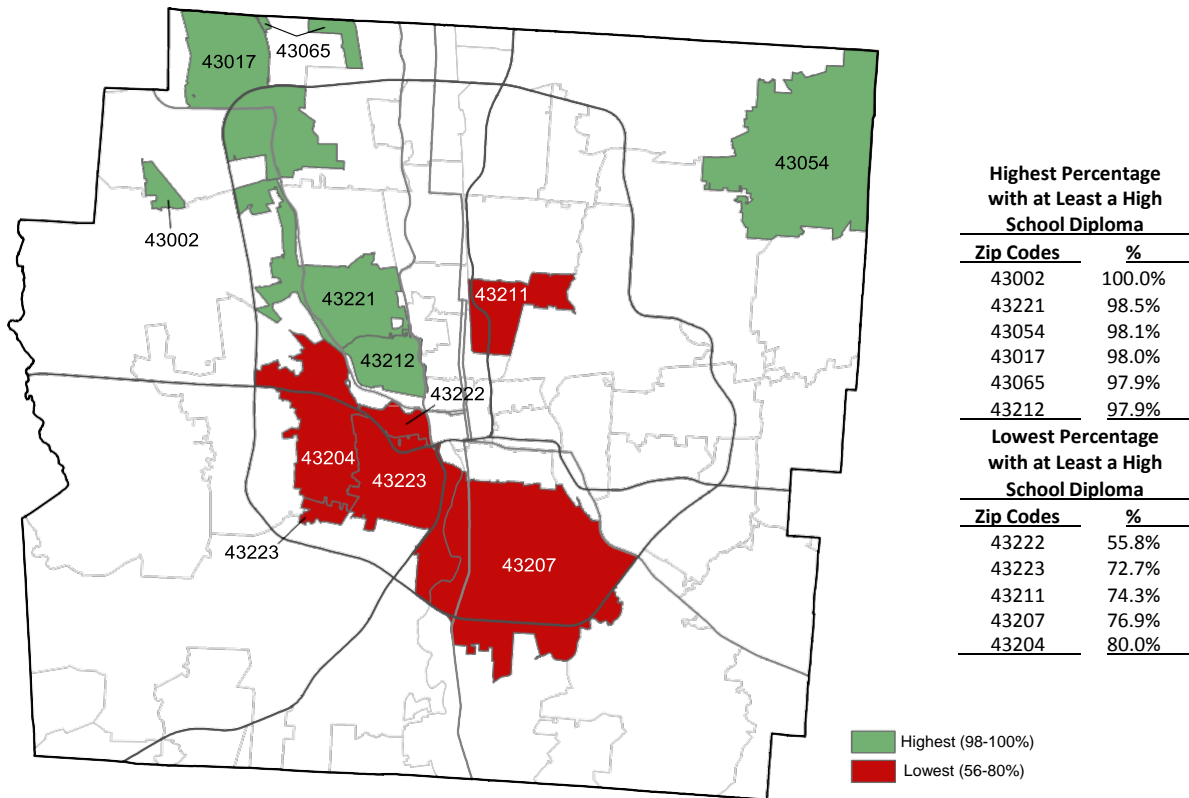
Healthy People 2020 Goal

How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal that 82.4% of Americans would graduate high school four years after starting 9th grade by the year 2020. Currently, Franklin County exceeds this target, as 88.6% of students graduate high school in four years.

Students awarded a high school diploma 4 years after starting 9th grade

HP2020 target... 82.4%
 In Franklin County... 88.6%
 HP2020 Status:  (met)

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



Data Source: U.S. Census Bureau, American Community Survey 1 Year Estimate (2013)

The state of Ohio uses the Kindergarten Readiness Assessment-Literacy to determine if students are ready for kindergarten. Students' scores can place them into one of three bands, with Band 1 - Poor, Band 2 - Average, and Band 3 - High. Those scoring in Bands 2 and 3 are considered ready for kindergarten.

Compared to Ohio overall, Franklin County students are less likely to be ready to begin kindergarten, as measured by the Ohio Department of Education. Specifically, only 68.8% of Franklin County children score in Bands 2 and 3 of Ohio's Kindergarten Readiness Assessment-Literacy.

Educational Proficiency¹⁵

	Franklin County		Ohio	
	HM2016	HM2013	HM2016	HM2013
Students ready for kindergarten	68.8%	Not available	78.8%	Not available
3 rd graders with reading proficiency	79.8%	Not available	81.0%	Not available

The school districts with the lowest rates of kindergarten readiness in Franklin County are Columbus City, followed by Groveport Madison Local, Whitehall City, South-Western City, and Hamilton Local.¹⁶

The school districts with the lowest rates of 3rd grade reading proficiency in Franklin County are Columbus City, followed by Whitehall City, Groveport Madison Local, Hamilton Local, and South-Western City.¹⁹

Employment Indicators

This section describes employment indicators that are related to health.

Key Findings – Social Determinants of Health (Employment Indicators)

From HealthMap2013 to HealthMap2016, Franklin County’s unemployment rate has decreased. Other employment indicators (e.g., the percentage of adults employed in various occupations and industries in Franklin County) have largely remained stable over time.

As shown by the table below, the percentage of Franklin County residents in the civilian labor force who are unemployed has decreased since the last HealthMap (7.1% to 6.6%). This is lower than the state and national unemployment figures.

Employment Status¹

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Not in Labor Force	Total	30.6%	30.1%	36.8%	35.0%	36.4%	35.0%
	Total	69.4%	69.9%	63.2%	65.0%	63.6%	65.0%
In Labor Force	Civilian labor force	69.3%	69.8%	63.1%	64.8%	63.2%	64.6%
	Armed forces	0.1%	0.1%	0.1%	0.1%	0.4%	0.5%
Employment Rate of Civilian Labor Force	Employed	93.4%	92.9%	91.8%	92.0%	91.6%	92.8%
	Unemployed	6.6%	7.1%	8.2%	8.0%	8.4%	7.2%

As shown on the next page, over 40% of all Franklin County residents are employed in management, professional or related occupations.

Employment Occupations¹

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Management, professional, and related occupations	41.4%	39.8%	34.9%	32.8%	36.3%	34.8%
Sales and office	24.0%	27.7%	23.7%	25.5%	24.2%	25.6%
Service	17.7%	15.7%	17.9%	16.8%	18.4%	16.9%
Production, transportation, and material moving	11.3%	10.5%	15.8%	16.4%	12.2%	12.5%
Natural resources, construction, and maintenance	5.5%	6.3%	7.7%	8.5%	8.9%	10.2%

The top employment sector in Franklin County continues to be “educational services, health care, and social assistance.” The sector that employs the fewest residents is “agriculture, forestry, fishing and hunting, and mining.” While there are fewer individuals working in the “manufacturing” sector in Franklin County than the state and nation as a whole, there are more employed in “finance and insurance, real estate, and rental and leasing.”

Employment Industries¹

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Educational services, health care, and social assistance	23.9%	22.5%	24.4%	22.7%	23.0%	21.5%
Retail trade	12.5%	12.5%	11.7%	11.6%	11.6%	11.5%
Professional, scientific, management, administrative, and waste management services	11.8%	11.9%	9.1%	8.8%	11.1%	10.3%
Finance and insurance, real estate, and rental and leasing	9.7%	10.6%	6.4%	6.6%	6.6%	7.1%
Arts, entertainment, and recreation, accommodation, and food services	10.8%	8.9%	9.3%	8.5%	9.7%	8.8%
Manufacturing	7.5%	7.7%	15.6%	16.4%	10.5%	11.2%
Transportation, warehousing, and utilities	4.7%	5.1%	4.7%	5.0%	4.9%	5.1%
Public administration	4.6%	5.1%	3.8%	3.8%	4.7%	4.7%
Construction	4.3%	4.8%	5.0%	5.8%	6.2%	7.4%
Other services, except public administration	4.2%	4.4%	4.4%	4.5%	5.0%	4.8%
Wholesale trade	3.4%	3.4%	2.7%	3.2%	2.7%	3.2%
Information	2.4%	2.9%	1.8%	2.0%	2.1%	2.4%
Agriculture, forestry, fishing and hunting, and mining	0.3%	0.2%	1.2%	1.1%	2.0%	1.8%

Other Indicators

This section describes other socio-economic indicators related to health.

Key Findings – Social Determinants of Health (Other Indicators)

Since HealthMap2013, more Franklin County households are “nonfamily” households, and fewer households include the family’s own children under 18 years of age. Compared to Ohio and the U.S., a smaller percentage of Franklin County households include a married couple. Also, the crime rate in Franklin County is higher than the statewide crime rate.

A “family household” includes two or more people related by birth, marriage, or adoption who live in the same dwelling; in Franklin County, 57.7% are considered family households. This percentage has decreased slightly since the last HealthMap (59.2% to 57.7%), and is lower than the statewide and national percentages. Franklin County (8.6%) has fewer households in which individuals 65 years or older live alone as compared to the state (11.0%) and U.S. (10.1%).

Household Type²

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Family Households	Total	57.7%	59.2%	64.0%	65.1%	65.9%	66.5%
	Married couple	39.6%	40.9%	46.4%	48.0%	48.0%	49.1%
	Male householder, no wife present	4.1%	4.2%	4.7%	4.2%	4.8%	4.6%
	Female householder, no husband present	14.1%	14.2%	13.0%	12.9%	13.1%	12.7%
Family Households With Own Children Under 18 Present	Total	27.5%	29.5%	27.0%	28.9%	28.6%	30.3%
	Married couple	16.7%	18.7%	17.1%	18.8%	19.1%	20.6%
	Male householder, no wife present	2.0%	2.1%	2.3%	2.2%	2.3%	2.3%
	Female householder, no husband present	8.7%	8.7%	7.5%	7.8%	7.2%	7.4%
Nonfamily Households	Total	42.3%	40.8%	36.0%	34.9%	34.1%	33.5%
	Householder living alone	32.1%	32.7%	29.9%	29.4%	27.7%	27.5%
	65 years and over living alone	8.6%	7.9%	11.0%	10.1%	10.1%	9.4%

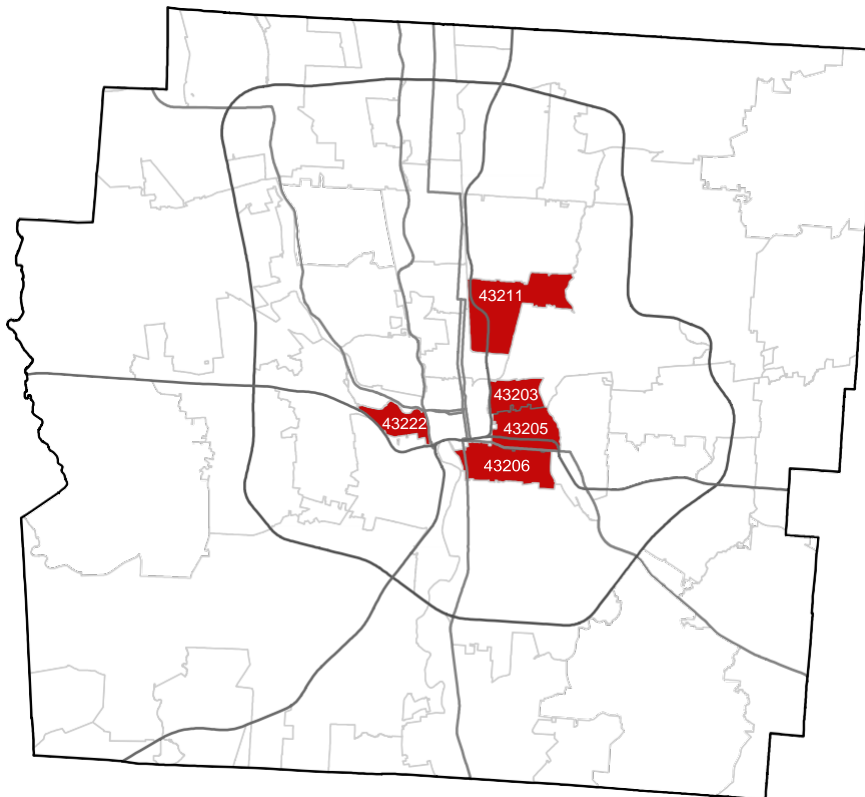
Regarding crime and safety levels in Franklin County, the number of both violent and property crimes that occur for every 1,000 residents is higher in Franklin County than the statewide and national levels.

Crime and Safety¹⁷

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Violent crime*	4.5	Not available	2.3	Not available	3.9	Not available
Property crime*	47.2	Not available	31.2	Not available	28.6	Not available

*Rate per 1,000 population

The Franklin County zip codes with the highest rates of violent crime are shaded in red in the map below.



Highest Rates of Violent Crime	
Zip Codes	Rate per 1,000
43222	13.7
43205	12.5
43211	12.4
43203	11.5
43206	10.5

Data Source: RAIDS Online Database (2013)

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, MDs, DOs, and optometrists), and more Franklin County residents are visiting emergency departments.

Regarding primary care providers, the ratio of Franklin County residents per licensed advanced practice nurse is 846:1, meaning there is one licensed advanced practice nurse available for every 846 residents. This ratio has decreased from the previous *HealthMap* (1,176:1 to 846:1). The ratio of residents per licensed practitioner is higher in Franklin County than at the state level for physician assistants, family practice physicians, and general practice physicians.

Regarding mental health providers, the ratio of Franklin County residents per licensed practitioner is lower than the statewide ratio for all types of providers.

The ratio of Franklin County residents per physician (both MDs and DOs) has decreased since the last *HealthMap* (264:1 to 239:1). The ratio of residents per licensed optometrist has also decreased (3,827:1 to 3,640:1). The Franklin County ratios for both physicians and optometrists continue to be lower than the statewide ratios.

Licensed Practitioners *

		Franklin County		Ohio	
		HM2016	HM2013	HM2016	HM2013
Primary Care Providers^{1,2}	Advanced practice nurses	846:1	1,176:1	939:1	1,218:1
	Physician assistants	5,181:1	Not available	4,150:1	Not available
	Family practice physicians	5,388:1	Not available	4,945:1	Not available
	General practice physicians	19,973:1	Not available	14,969:1	Not available
Mental Health Providers^{1,3}	Social workers (LISW,LSW)	333:1	Not available	460:1	Not available
	Chemical counselors	1,341:1	Not available	1,709:1	Not available
	Psychiatrists	5,718:1	Not available	5,967:1	Not available
	Psychologists	2,305:1	Not available	3,454:1	Not available
Dentists^{1,4}	Dentists	1,259:1	1,256:1	1,608:1	2,181:1
Physicians (Includes Primary Care and Specialists)^{1,5}	MDs & DOs	239:1	264:1	257:1	439:1
Optometrists/Opticians^{6,7}	Optometrists	3,640:1	3,827:1	5,327:1	6,186:1
	Opticians	4,376:1	Not available	3,699:1	Not available

*Ratio of total population : practitioner

The total number of emergency department (ED) visits per 1,000 people in Franklin County has increased slightly since the last *HealthMap* (574.9 to 583.2), and remains higher than the number of visits statewide.

When patients are seen in the ED, they are assigned a “severity” rating between 1 and 4, with 1 being the least severe and 4 being the most severe. Regarding emergency department patients who were treated and then released, the majority of patients were classified as severity level 1. The number of severity 1 patients per 1,000 in Franklin County decreased since the previous *HealthMap* (437.3 to 426.0), and remains higher than the statewide number of severity 1 patients.

The majority of emergency department patients who were admitted were classified as severity level 2. The number of severity 2 patients per 1,000 in Franklin County has increased slightly since the last *HealthMap* (45.4 to 51.4) and remains higher than the number of admitted severity 2 patients statewide.

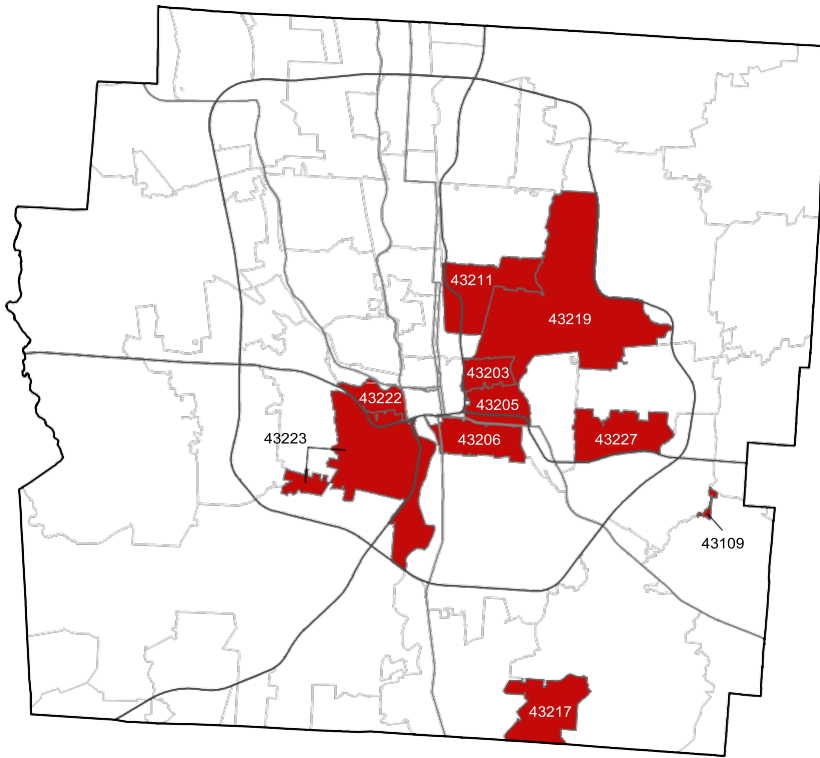
Individuals between the ages of 19 and 64 years were most likely to visit the emergency department overall.

Emergency Department Visits⁸

		Franklin County		Ohio	
		HM2016	HM2013	HM2016	HM2013
ED Visits*	Total	583.2	541.5	559.8	533.2
	Total	486.2	476.0	476.4	466.9
ED Treated and Released*	Severity 1	426.0	427.7	419.0	419.4
	Severity 2	59.4	47.4	56.4	46.7
	Severity 3	0.8	0.8	0.9	0.8
	Severity 4	0.0	0.0	0.0	0.0
	Total	97.1	65.5	83.4	66.3
ED Admitted*	Severity 1	31.4	18.8	25.9	18.8
	Severity 2	51.4	35.2	43.0	35.6
	Severity 3	11.4	9.2	12.0	9.5
	Severity 4	2.9	2.4	2.6	2.3
	Total	97.1	65.5	83.4	66.3
ED Visits by Age: Treated and Released*	Age 0 to 18	157.3	Not available	Not available	Not available
	Age 19 to 64	298.9	Not available	Not available	Not available
	Age 65 and older	30.2	Not available	Not available	Not available
ED Visits by Age: Admitted*	Age 0 to 18	6.7	Not available	Not available	Not available
	Age 19 to 64	57.1	Not available	Not available	Not available
	Age 65 and older	33.4	Not available	Not available	Not available

⁸Rate per 1,000 population

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



Highest Rates of Emergency Department Visits	
<u>Zip Codes</u>	<u>Rate per 1,000</u>
43109	1,762.7
43222	1,686.4
43203	1,095.8
43205	1,093.4
43223	1,045.5
43211	1,024.8
43217	863.4
43227	847.4
43206	822.6
43219	815.3

Data Source: OHA Statewide Clinical and Financial Database (2013)

This section describes some behaviors of Franklin County adults that affect their health.

Key Findings – Behavioral Risk Factors

More Franklin County residents are engaging in risky behaviors (smoking, drinking heavily) and healthy behaviors (engaging in physical activity).

From *HealthMap2013* to *HealthMap2016*...

- More Franklin County adults are current smokers.
- More Franklin County adults are heavy or binge drinkers.
- More Franklin County adults are physically active.

Regarding cigarette use, the percentage of Franklin County adults who are current smokers has increased slightly from the last *HealthMap* (from 18.3% to 20.2%). However, the countywide percentage of current smokers remains lower than the statewide percentage.

Regarding alcohol use, the percentage of Franklin County adults who are heavy drinkers (i.e., more than two drinks per day for men; more than one drink per day for women) increased from 4.4% to 6%. Similarly, the percentage of Franklin County adults who identify themselves 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) increased from 15.2% to 18.9%. The percentages of Franklin County adults who are heavy or binge drinkers are greater than the statewide percentages.

The percentage of Franklin County adults who report participating in a physical activity in the past month has increased a good deal from the previous *HealthMap* (i.e., from 72.4% to 77.5%), and is now higher than the statewide percentage.

Behavioral Risk Factors

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Cigarette Use¹	Current smokers*	20.2%	18.3%	23.4%	22.5%	19%	17.3%
Drinking¹	Heavy drinkers*	6.0%	4.4%	5.7%	5.3%	6.2%	5.0%
	Binge drinkers*	18.9%	15.2%	17.1%	17.2%	16.8%	15.1%
Drinking & Driving^{2,3}	Crashes (alcohol-related)**	100.8	Not available	104.9	Not available	Not available	Not available
	Injuries (alcohol-related)**	52.3	56.2	60.8	66.8	105.3	Not available
	Deaths (alcohol-related)**	1.9	2.4	2.6	3.7	3.3	Not available
Seat Belt Use¹	Always or nearly always wears a seat belt*	90.7%	Not available	91.4%	Not available	94.1%	Not available
Physical Activity¹	Participated in physical activities in the past month*	77.5%	72.4%	71.5%	73.9%	74.7%	Not available

* Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time
 **Rate per 100,000 population

Healthy People 2020 Goal

How does Franklin County match up with national objectives?

As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal that the percent of adults aged 18 years and older who were current cigarette smokers would decrease to 12.0% by the year 2020. Currently, Franklin County is above this target with 22.4% of adults reporting being current smokers in 2014.

% of adults who are current smokers

HP2020 target... 12.0%
 In Franklin County... 22.4%
 HP2020 Status: **X**
 (not met)

Regarding drug use, the rate of unintentional drug/medication mortality is up slightly (16.0 from 15.7 per 100,000) since the last *HealthMap*. This means that out of 100,000 Franklin County residents, 16 of them die each year due to drugs or medication. This is higher than the national number of unintentional deaths due to drugs or medication per 100,000. Regarding drug related convictions, the number of convictions per 100,000 in Franklin County is higher than the state level.

Drug Use

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Unintentional Drug / Medication Mortality ^{4,5}	16.0	15.7	16.6	12.5	10.5	Not available
Drug Convictions ^{6,7}	263.0	Not available	248.5	Not available	Not available	Not available

Rate per 100,000 population

Wellness Care

This section describes some of the early disease detection practices among Franklin County residents.

Key Findings – Wellness Care

With the exception of mammograms, fewer Franklin County adults are getting cancer screening tests compared to the last *HealthMap*. From *HealthMap2013* to *HealthMap2016*...

- More Franklin County women age 40+ have had a mammogram within the past two years.
- Fewer Franklin County men age 40+ had a PSA test to screen for prostate cancer within the past two years.
- Fewer Franklin County adults age 50+ had a blood stool test to screen for colorectal cancer within the past two years.
- More Franklin County adults age 50+ have had a sigmoidoscopy or colonoscopy to screen for colorectal cancer.

Specific to women, a larger percentage have had a mammogram within the past two years. Specific to men, a smaller percentage had gotten a PSA test to screen for prostate cancer in the past two years compared to the last *HealthMap* (44.8%, down from 52.7%).

Regarding colorectal cancer screening, 9.3% of Franklin County adults 50 years and over have had a blood stool test in the past two years, down from 17.1%. This number is also lower than the statewide percentage. However, 69.7% of Franklin County adults 50 years and over have had a sigmoidoscopy or colonoscopy, a higher percentage than both the last *HealthMap* and Ohio overall.

Wellness Care Behaviors¹

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Cervical Cancer Screening	Pap smear within past three years (women aged 18+)*	82.3%	83.3%	78.4%	81.7%	78.0%	81.1%
Breast Cancer Screening	Mammogram within past two years (women aged 40+)*	82.3%	75.8%	74.2%	74.2%	74.0%	75.6%
Prostate Cancer Screening	PSA test within past two years (men aged 40+)*	44.8%	52.7%	Not available	54.4%	Not available	53.3%
Colorectal Cancer Screening	Blood stool test within past two years (adults aged 50+)*	9.3%	17.1%	15.0%	18.7%	14.2%	17.3%
	Had a sigmoidoscopy or colonoscopy (adults aged 50+)*	69.7%	66.2%	65.0%	64.0%	67.3%	65.3%

* Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time

Maternal and Child Health

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

Key Findings – Maternal and Child Health

Maternal and child health in Franklin County improved only slightly over time.

From *HealthMap2013* to *HealthMap2016* ...

- The infant mortality rate in Franklin County remained relatively constant. The infant mortality rates among Non-Hispanic Blacks remains much higher than infant mortality rates among Non-Hispanic Whites.
- Rates of pregnancies and live births among adolescents in Franklin County have decreased.
- Abortion rates have decreased slightly.
- Fewer Franklin County women smoke cigarettes in the last three months of pregnancy.

The infant mortality rate has remained relatively constant since the last *HealthMap*. However, this rate remains higher than the statewide rate, and much higher than the U.S. rate.

The infant mortality rate among Non-Hispanic (NH) Blacks (13.9 per 1,000 live births) remains considerably higher than Whites (6.0 per 1,000 live births), a disparity that also exists at the statewide level.

Infant Mortality Rates (Rates Per 1,000 live births)^{1,2,3}

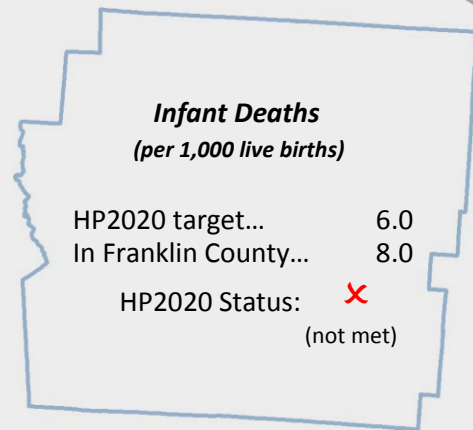
	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Infant Mortality Rate	8.0	8.2	7.6	7.7	6.1	6.6
Infant Mortality Rate By Race:						
NH White	6.0	4.9	6.2	Not available	5.1	Not available
NH Black	13.9	17.8	14.0	Not available	11.5	Not available
NH Native American	xx	0.0	xx	Not available	7.8	Not available
NH Asian/Other Pacific Islander	xx	xx	xx	Not available	3.5	Not available
Hispanic	xx	xx	7.5	Not available	5.3	Not available
Other/Unknown	xx	0.0	xx	Not available	Not available	Not available

NH = Non-Hispanic

XX = rate not reported; may be unstable due to small numbers

Healthy People 2020 Goal

How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal for the infant mortality rate to decrease to 6.0 per 1,000 live births by the year 2020. Currently, Franklin County does not achieve this target, with an infant mortality rate of 8.0.



The rates of live births among adolescents have decreased since the last *HealthMap*. Among women age 18-19 years, the pregnancy rate has decreased from 117.1 to 79.5, and the live birth rate among females in this age group has decreased from 76.0 to 49.0. Statewide rates have similarly decreased.

Fewer low birth weight babies were born since *HealthMap* 2013. The percentage of Franklin County babies born weighing less than 2,500 grams (about 5 and a half pounds) has decreased slightly, from 9.6% to 9.2%. Abortion rates have also decreased (from 14.6 to 13.9), though this rate is still higher than the statewide rate.

Finally, fewer women reported smoking in the last three months of pregnancy compared to the last *HealthMap* (15.2% to 10.1%). This percentage is also lower than the statewide percentage.

Maternal and Child Health

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Adolescent Pregnancies ^{4,5}	10-14 years*	0.8	1.5	0.8	1.3	Not available	Not available
	15-17 years*	25.6	44.4	22.6	38.7	Not available	39.5
	18-19 years*	79.5	117.1	76.6	108.0	Not available	114.2
Live Births (Adolescent) ^{5,6,7,8}	10-14 years*	xx	0.8	0.3	0.5	0.3	0.6
	15-17 years*	13.9	24.7	11.6	19.2	12.3	21.1
	18-19 years*	49.0	76.0	50.0	69.6	47.1	68.2
Low Birth Weight ^{1,9}	Low birth weight babies (<2500 grams)	9.2%	9.6%	8.6%	8.6%	8.0%	Not available
Abortion ¹⁰	Total induced abortion rate**	13.9	14.6	10.8	11.8	Not available	Not available
Cigarette Use During Pregnancy ^{11,12}	Smoking in last 3 months of pregnancy	10.1%	15.2%	14.0%	21.5%	Not available	Not available
Preterm Birth Rate ^{9,13}	Preterm births (<37 weeks)	13.2%	Not available	12.3%	Not available	11.5%	Not available

*Rate per 1,000 females in same age group

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

XX = rate not reported; may be unstable due to small numbers

Healthy People 2020 Goal

How does Franklin County match up with national objectives? The *Healthy People 2020* goal is for only 11.4% of all live births to occur before 37 weeks gestation by the year 2020. Currently, Franklin County does not achieve this target, as 13.2% of live births are considered preterm.

Total preterm live births (less than 37 weeks gestation)

HP2020 target...	11.4%
In Franklin County...	13.2%
HP2020 Status:	X (not met)

Most preconception health and behavior indicators listed in the table shown on the next page are more favorable among Franklin County women, compared to Ohio overall. Among Franklin County women (18-44 years), a smaller percentage have diabetes (4%, compared to 6%), are obese (20%, compared to 22%), have experienced an unintended pregnancy (52% compared to 55%), and currently smoke (13% compared to 29%). In addition, a smaller percentage have not had a health check up in the past year (31% compared to 34%) or a pap smear in the past three years (15% compared to 19%).

Finally, a higher percentage (23%) have health insurance coverage, compared to 16% in Ohio overall. One exception to this trend are fewer women are in “good health or better” in Franklin County (83%) compared to Ohio (88%). A slightly higher percentage of women (18-44 years) are heavy drinkers in Franklin County (8% compared to 7%). Also a slightly higher percentage in the County (52%) have a folic acid deficiency the month before pregnancy compared to Ohio (51%).

Preconception Health and Behavior Indicators (Women 18-44 Years)

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Overall Health^{14,15}	In good health or better	83.0%	Not available	88.0%	Not available	Not available	Not available
Diabetes^{14,15}	Told they have diabetes	4.0%	Not available	6.0%	Not available	Not available	Not available
Hypertension^{14,15}	Told they have hypertension	Not available	Not available	9.0%	Not available	Not available	Not available
Tobacco Use^{14,15}	Currently smoke	13.0%	Not available	29.0%	Not available	Not available	Not available
Alcohol Misuse^{14,15}	Heavy drinkers (1+ drinks per day)	8.0%	Not available	7.0%	Not available	Not available	Not available
Obesity^{14,15}	Overweight or obese	20.0%	Not available	22.0%	Not available	Not available	Not available
Folic Acid Deficiency¹⁶	Births to women who did not take multivitamins, prenatal vitamins, or folic acid vitamins the month before pregnancy	52.0%	Not available	51.0%	Not available	Not available	Not available
Unintended Pregnancy¹⁶	Percent of pregnant women who did not want to be pregnant at all or wanted to get pregnant at a later time	52.0%	Not available	55.0%	Not available	Not available	Not available
Health Insurance Coverage¹⁷	Do not have health insurance	23.0%	Not available	16.0%	Not available	Not available	Not available
Preventative Health Services^{14,15}	Have not had a health check up in past year	31.0%	Not available	34.0%	Not available	Not available	Not available
	Have not had a PAP in the past 3 years	15.0%	Not available	19.0%	Not available	Not available	Not available

Oral Health

This section describes dental needs and availability of care.

Key Findings – Oral Health

Franklin County adults have better oral health than Ohio overall.

Comparisons between Franklin County and Ohio overall...

- A higher percentage of Franklin County adults visited the dentist the past year than adults statewide.
- A smaller percentage of Franklin County adults have had any permanent teeth extracted.
- A smaller percentage of Franklin County adults age 65+ have had all their natural teeth extracted.

Oral health indicators reveal that Franklin County residents tend to have better oral health than the state overall. A higher percentage of Franklin County residents have visited a dentist within the past year (71.5%) compared to Ohio residents overall (67.6%). Also, a smaller percentage of Franklin County residents have had any permanent teeth extracted, and a smaller percentage of adults 65 years and over have had all their natural teeth extracted, compared to the statewide percentages.

Oral Health Indicators¹

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Visited the dentist or dental clinic within the past year for any reason	71.5%	Not available	67.6%	Not available	67.2%	Not available
Have had any permanent teeth extracted	39.6%	Not available	45.5%	Not available	44.5%	Not available
Age 65+ who have had all their natural teeth extracted	15.8%	Not available	20.3%	Not available	16.1%	Not available

Note: United States data reflect the median for all 50 states and the District of Columbia

Mental and Social Health

This section describes issues associated with the mental and social health of Franklin County residents, including domestic violence, psychiatric admissions, and alcohol related incidents.

Key Findings – Mental and Social Health

The mental and social health of Franklin County residents is declining according to many indicators.

From *HealthMap2013* to *HealthMap2016*...

- Rates of suicides among Franklin County adults have decreased. However, rates of hospitalizations due to attempted suicide and assault/alleged abuse have increased.
- Rates of psychiatric admissions among Franklin County adults have increased.
- Rates of homicide have remained constant.
- Domestic violence incidence and victims have increased among Franklin County adults.
- Child abuse cases have increased.

Almost 19% of Franklin County adult residents have been told they have a form of depression, slightly below the statewide percentage, but on par with the national percentage.

The rate of suicides (11.6 per 1,000) is down slightly from the last *HealthMap* (12.4), but hospitalizations due to assault/alleged abuse and attempted suicide are up from the last *HealthMap*. The rates of psychiatric admissions (49.1 per 1,000) are also up from the last *HealthMap* (44.6), but remain below the statewide rate (52.3).

The homicide rate remained the same as the previous *HealthMap* (8.7 per 1,000), still higher than the statewide rate (5.5).

Regarding domestic violence, the number of incidents and victims in Franklin County increased since the last *HealthMap*, while the number of incidents and victims in Ohio overall decreased. The percentage of all people involved in domestic violence incidents who were injured in Franklin County decreased from 55.6% in the last *HealthMap* to 53.5% currently.

Mental and Social Health

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Prevalence of Depression¹	Have ever been told have a form of depression	18.9%	Not available	20.2%	Not available	18.7%	Not available
Suicides^{2,3,4}	Suicides*	11.6	12.4	12.5	11.3	12.3	Not available
Hospitalizations^{5,6}	Assault/Alleged abuse **	46.4	43.0	Not available	Not available	Not available	Not available
	Attempted suicide **	4.2	3.0	Not available	Not available	Not available	Not available
Psychiatric Admissions⁷	Psychiatric admissions***	49.1	44.6	52.3	48.0	Not available	Not available
Homicides^{2,3,4}	Homicides*	8.7	8.7	5.5	5.6	5.3	Not available
Domestic Violence^{8,9}	Domestic violence incidents	10,138	9,011	66,620	70,717	1,411,330	Not available
	Domestic violence victims	7,247	5,886	56,037	56,904	Not available	Not available
	Victims with injury****	53.5%	55.6%	43.9%	44.6%	Not available	Not available

*Age adjusted rate per 100,000 population

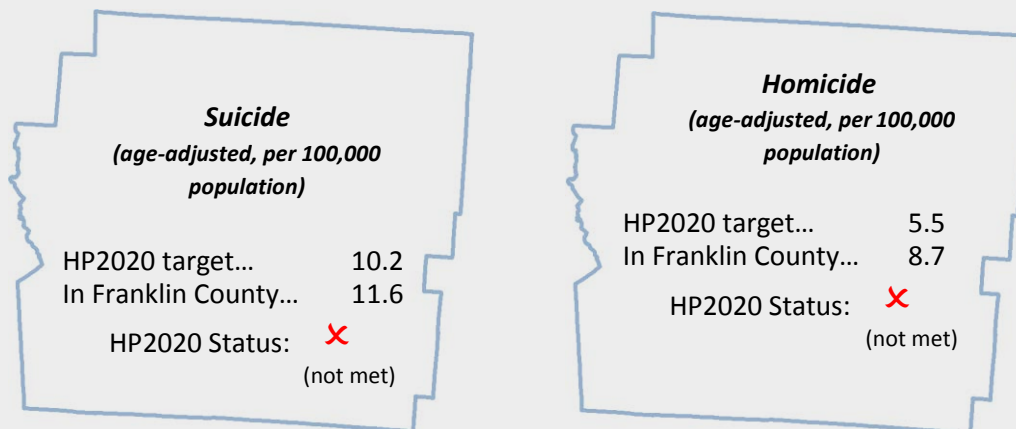
**Rate per 100,000 population

***Rate per 1,000 population

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

Healthy People 2020 Goals

How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services aims for the suicide rate in the U.S. to decrease to 10.2 per 100,000 and the homicide rate to decrease to 5.5 by the year 2020. Currently, Franklin County does not achieve either HP2020 target.



In Franklin County, the number of child abuse cases has increased since the last *HealthMap*, while the number of cases statewide has decreased. In Franklin County, 35% of these cases are from physical abuse, while 22% are neglect cases. While these types also made up a large percentage of the child abuse cases referenced in the last *HealthMap*, the categories are not perfectly comparable. Since the last *HealthMap*, a new category is included (Multiple allegations of abuse/neglect) that includes cases considered to fit into more than one category.

Child Abuse Cases^{10,11,12}

	Franklin County		Ohio	
	HM2016	HM2013	HM2016	HM2013
Child abuse Cases	13,353	12,883	100,804	106,538
Percent of child abuse cases:				
Physical abuse	35.0%	24.4%	27.0%	26.9%
Neglect	22.0%	23.9%	30.0%	34.5%
Sexual abuse	11.0%	10.9%	10.0%	12.6%
Emotional maltreatment	1.0%	0.4%	2.0%	2.7%
Multiple allegations of abuse / neglect	12.0%	Not available	12.0%	Not available
Family in need of services, dependency, & other	19.0%	40.4%	19.0%	23.3%

Child abuse cases are total screened in traditional or alternative response referrals for which the PCSA completed a CAPMIS assessment, as well as accepted referral for Families in Need of Services

This section describes leading causes of death, illness, and injury among the residents of Franklin County.

Key Findings – Death, Illness, and Injury

Franklin County adults are experiencing lower rates of death from many diseases and several measures indicate their health is improving (e.g., fewer are overweight or have high blood cholesterol; more rate their health as “excellent”).

From HealthMap2013 to HealthMap2016...

- More Franklin County adults rate their health as “excellent.”
- Mortality rates for cancer, heart disease, and top 5 cancers have decreased.
- Fewer Franklin County adults have high blood cholesterol, and slightly fewer Franklin County adults are overweight or obese.
- The rate of Franklin County adults aged 25-64 years who have been hospitalized due to both intentional and unintentional injuries has increased.

A higher percentage of Franklin County adults say their general health is “excellent” compared to the last HealthMap (19.7% compared to 17.9%). Relatedly, a smaller percentage of Franklin County residents say their health is “fair” or “poor” compared to those statewide.

Perceptions on Health Status¹

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Excellent*	19.7%	17.9%	19.3%	18.3%	18.8%	20.2%
Very good*	32.1%	34.4%	31.0%	34.6%	33.4%	34.5%
Good*	32.8%	32.2%	31.4%	31.1%	30.9%	29.8%
Fair*	11.8%	12.3%	13.5%	12.0%	12.5%	10.9%
Poor*	3.6%	3.2%	4.9%	4.2%	4.4%	4.0%

* Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time

Cancer and heart disease are the top two leading causes of death in Franklin County, though these mortality rates have decreased since the last *HealthMap*, and are lower than the statewide rates. The next most common causes of death in Franklin County are chronic lower respiratory diseases, accidents, and cerebrovascular disease (stroke).

Mortality – Leading Causes^{2,3,4}

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Malignant Neoplasms (Cancer)	176.6	196.6	185.1	195.9	169.3	Not available
Diseases of the Heart	176.1	200.1	190.0	209.0	174.4	Not available
Chronic Lower Respiratory Diseases	53.2	54.5	51.1	50.5	42.1	Not available
Accidents (Unintentional Injuries)	41.5	40.5	43.5	40.6	38.7	Not available
Cerebrovascular Disease (Stroke)	43.8	47.3	41.7	44.1	38.0	Not available
Alzheimer’s Disease	27.3	25.9	28.5	28.6	24.5	Not available
Diabetes Mellitus	24.9	26.4	26.3	28.6	21.2	Not available
Influenza and Pneumonia	19.8	19.0	15.6	14.7	15.1	Not available
Nephritis, Nephrotic Syndrome & Nephrosis (Chronic Kidney Disease)	13.9	17.0	14.8	13.7	13.9	Not available
Suicide	11.6	12.4	12.5	11.3	12.3	Not available
Septicemia (HM2013 only)	--	11.3	--	10.2	--	Not available

Age adjusted rates per 100,000
Causes are ranked using count data (not displayed in this report)

Death, Illness, and Injury, continued

Among Franklin County males, heart diseases are the most common cause of death, followed by cancer. Among Franklin County females, cancer is the most common cause of death, followed by heart disease. For both genders, the rates of death from these two categories of disease are lower than the statewide rates, but higher than the national rates.

Mortality – Leading Causes by Gender^{3,4}

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Males						
Diseases of the Heart	223.1	Not available	239.3	Not available	219.2	Not available
Malignant Neoplasms (Cancer)	210.4	Not available	224.8	Not available	204.6	Not available
Accidents (Unintentional Injuries)	52.1	Not available	57.8	Not available	52.3	Not available
Chronic Lower Respiratory Diseases	57.9	Not available	57.7	Not available	48.2	Not available
Cerebrovascular Disease (Stroke)	43.4	Not available	42.4	Not available	38.1	Not available
Females						
Malignant Neoplasms (Cancer)	154.5	Not available	157.6	Not available	144.3	Not available
Diseases of the Heart	141.5	Not available	152.0	Not available	139.1	Not available
Chronic Lower Respiratory Diseases	50.6	Not available	47.1	Not available	38.1	Not available
Cerebrovascular Disease (Stroke)	43.4	Not available	40.6	Not available	37.2	Not available
Accidents (Unintentional Injuries)	31.5	Not available	30.3	Not available	26.2	Not available

Age adjusted rates per 100,000
Causes are ranked using count data (not displayed in this report)

The mortality rates for each of the deadliest cancers in Franklin County have decreased since the last *HealthMap*. Tracheal, bronchial, and lung cancers have the highest mortality rates in Franklin County, followed by colon, rectal, and anal cancers, and breast cancer.

Cancer Mortality Rates – Top Cancers^{2,3,4}

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Trachea, Bronchus & Lung	52.3	62.0	54.6	58.3	46.1	Not available
Colon, Rectum & Anus	16.2	17.6	16.9	18.9	15.3	Not available
Breast (all)	14.1	16.5	13.2	14.5	12.1	Not available
Breast – Females only	24.2	28.4	23.5	25.6	21.7	Not available
Pancreas	11.1	12.2	11.6	11.5	11.0	Not available
Prostate	7.1	8.5	8.2	9.4	8.3	Not available

HM2016 Age-adjusted rates per 100,000

HM2013 Rates per 100,000

xx=Not reported due to small numbers

Causes are ranked using count data (not displayed in this report)

Tracheal, bronchial, and lung cancers are the most deadly among Franklin County males and females. Males are next most likely to die from colon, rectal, and anal cancers or prostate cancer. Breast cancer is the next most deadly cancer among females.

Cancer Mortality Rates by Gender^{3,4}

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Males						
Trachea, Bronchus & Lung	64.1	Not available	69.2	Not available	58.0	Not available
Colon, Rectum & Anus	20.9	Not available	20.6	Not available	18.2	Not available
Prostate	18.9	Not available	21.0	Not available	20.7	Not available
Pancreas	14.3	Not available	13.6	Not available	12.6	Not available
Esophagus	9.6	Not available	9.2	Not available	7.4	Not available
Females						
Trachea, Bronchus & Lung	43.8	Not available	43.7	Not available	37.2	Not available
Breast	24.2	Not available	23.5	Not available	21.7	Not available
Colon, Rectum & Anus	12.8	Not available	14.0	Not available	13.0	Not available
Pancreas	8.9	Not available	10.0	Not available	9.6	Not available
Ovary	7.7	Not available	7.8	Not available	7.6	Not available

Age adjusted rates per 100,000
Causes are ranked using count data (not displayed in this report)

A slightly lower percentage of Franklin County adults have ever been told they have diabetes (9.2%) compared to the previous *HealthMap* (9.8%), and a slightly higher percentage have been told they have high blood pressures (29.1%, compared to 28.5%). Both of these percentages are less than the statewide percentages.

About a third of Franklin County adults (32%) have had their blood cholesterol checked and were told it was high; this is lower than the previous *HealthMap* (38.6%) and current statewide statistic (38.9%).

About a quarter of have been told they have arthritis, slightly down from the previous *HealthMap*, but below the statewide percentage. The percentage of residents who have been told they have asthma has remained consistent.

Adult Diagnoses

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Diabetes¹	Ever been told by a doctor that you have diabetes*	9.2%	9.8%	11.7%	10.1%	9.7%	8.7%
High Blood Pressure⁵	Ever been told they have high blood pressure*	29.1%	28.5%	32.7%	31.7%	30.8%	28.7%
High Blood Cholesterol⁵	Had blood cholesterol checked and told it was high*	32.0%	38.6%	38.9%	39.6%	38.4%	37.5%
Arthritis⁶	Been told they have arthritis*	25.7%	26.7%	30.0%	30.8%	25.7%	26.0%
Asthma¹	Been told they currently have asthma*	10.4%	10.5%	10.5%	9.6%	8.9%	9.1%

* Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time

The percentage of Franklin County adults who are overweight (31.2%) and obese (30.7%) have decreased slightly from the previous *HealthMap* (32.5% and 31.4%, respectively). The percentage of overweight adults is lower than the statewide percentage, while the percentage of obese adults is just over the statewide percentage.

Body Mass Index¹

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Body Mass Index	Healthy*	36.8%	36.1%	33.0%	34.3%	34.2%	35.5%
	Overweight*	31.2%	32.5%	35.2%	36.0%	35.8%	36.2%
	Obese*	30.7%	31.4%	30.1%	29.7%	27.6%	27.5%

* Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time

Giving birth is the most common reason Franklin County residents are admitted to a hospital. Non-birth related diagnoses include pneumonia, septicemia, and osteoarthritis. The data below reflects the primary diagnoses of hospital inpatients at time of discharge.

Top Reasons Franklin County Residents Admitted to an Ohio Hospital⁷

	Franklin County		Ohio	
	HM2016	HM2013	HM2016	HM2013
Single baby delivered without C-Section	10.5	Not available	7.7	Not available
Single baby delivered by C-Section	4.2	Not available	3.3	Not available
Post-term pregnancy delivered	2.1	Not available	0.9	Not available
Pneumonia caused by unknown organism	1.7	Not available	2.9	Not available
Previous C-Section delivered	1.7	Not available	1.4	Not available
Septicemia	1.7	Not available	2.8	Not available
Osteoarthritis localized to lower leg	1.7	Not available	1.9	Not available
Acute renal failure	1.6	Not available	2.0	Not available
Obstructive chronic bronchitis	1.6	Not available	2.1	Not available
Atrial fibrillation	1.4	Not available	1.9	Not available

Rate per 1,000 population

Considering all injuries together, the rates of injury hospitalizations increase as Franklin County residents age. Those age 0-17 years old are less likely to be hospitalized due to injury, while those 65 years and older are more likely. Conversely, rates of hospitalization due to intentional injuries decrease with age among those age 18 and older.

Regarding intentional injuries, those ages 18-24 years are most likely to be hospitalized. Finally, the rate of hospitalizations due to intentional and unintentional injuries has increased among those ages 25-44 years and 45-64 years since the last *HealthMap*.

Franklin County Injury Hospitalizations – By Age

		Franklin County	
		HM2016	HM2013
All Injuries⁸	0-17 years	158.0	Not available
	18-24 years	271.4	Not available
	25-44 years	262.6	Not available
	45-64 years	334.8	Not available
	65 years and over	1,062.6	Not available
Unintentional Injuries^{8,9}	0-17 years	136.0	Not available
	18-24 years	160.7	Not available
	25-44 years	181.7	165.2
	45-64 years	290.4	238.5
	65 years and over	1,052.9	Not available
Intentional Injuries^{8,9}	0-17 years	19.0	Not available
	18-24 years	97.6	Not available
	25-44 years	72.5	63.7
	45-64 years	40.4	37.0
	65 years and over	8.7	Not available

Rate per 100,000 population

Looking at injury hospitalizations by race, Whites are hospitalized due to injury at a higher rate than Blacks. Breaking this down further, rates of hospitalizations due to unintentional injuries are higher among Whites, and hospitalizations due to intentional injuries are more common among Blacks.

Franklin County Injury Hospitalizations – By Race⁸

		Franklin County	
		HM2016	HM2013
All Injuries	NH White	352.8	Not available
	NH Black	335.6	Not available
	Hispanic / Latino	Not available	Not available
	Other	446.2	Not available
Unintentional Injuries	NH White	318.6	Not available
	NH Black	215.5	Not available
	Hispanic / Latino	Not available	Not available
	Other	361.3	Not available
Intentional Injuries	NH White	28.7	Not available
	NH Black	112.1	Not available
	Hispanic / Latino	Not available	Not available
	Other	77.5	Not available

NH= Non-Hispanic
Rate per 100,000 population

Looking at injury hospitalizations by gender, males are hospitalized due to unintentional and intentional injuries at higher rates than women in Franklin County.

Franklin County Injury Hospitalizations – By Gender⁸

		Franklin County	
		HM2016	HM2013
All Injuries	Females	283.9	Not available
	Males	393.3	Not available
Unintentional Injuries	Females	265.5	Not available
	Males	301.3	Not available
Intentional Injuries	Females	15.9	Not available
	Males	82.6	Not available

Rate per 100,000 population

The number of trauma patients has increased since *HealthMap2013*. Half (50.3%) of trauma hospitalizations in Franklin County are due to falls, and 20.8% are due to motor vehicle traffic crashes.

Trauma Patients - Top Causes of Injury Hospitalizations

		Franklin County	
		HM2016	HM2013
Total Trauma Patients¹⁰		11,939	11,025
Percent of Total Trauma Patients¹⁰			
	Falls	50.3%	41.5%
	Motor Vehicle Traffic Crashes	20.8%	Not available
	Struck by or Against*	9.3%	Not available
	Firearm Related Injuries	5.4%	3.7%
	Fire or Hot Object Injuries**	3.4%	3.7%

*Struck by or against an object, such as occurs in an assault or an inadvertent projectile
 **HM2013 presented this as two separate categories: "Fire/Flame" and "Hot Object." These historical data have been pooled into one category, "Fire or Hot Object Injuries," for this report

Franklin County residents are hospitalized due to motor vehicle traffic injuries at a slightly higher rate than the last *HealthMap*. This rate for Franklin County is lower than the national rate. Residents ages 18-24 are most likely to be hospitalized due to a motor vehicle traffic injury, and those ages 65 and over and next most likely.

Motor Vehicle Traffic Injury Hospitalizations

	Franklin County		United States	
	HM2016	HM2013	HM2016	HM2013
Overall^{8,9,11}	69.7	69.1	84.4	Not available
By Age^{8,11}				
Age 0-17 years	24.9	Not available	16.2	Not available
Age 18-24 years	96.1	Not available	97.4	Not available
Age 25-44 years	82.9	Not available	92.7	Not available
Age 45-64 years	76.8	Not available	90.8	Not available
Age 65 years and over	93.8	Not available	61.8	Not available

Rate per 100,000 population

Franklin County residents die from motor vehicle traffic injuries at the same rate as in the last *HealthMap*, a rate lower than the statewide and national rates. Those ages 18-24 are most likely to die from a motor vehicle traffic injury, followed by those 65 years and older.

Motor Vehicle Traffic Injury Mortality

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Overall^{3,9,12}	9.0	9.0	11.2	11.5	11.1	14.3
By Age^{3,12}						
Age 0-17 years	2.1	Not available	2.6	Not available	3.1	Not available
Age 18-24 years	14.0	Not available	16.9	Not available	18.5	Not available
Age 25-44 years	10.5	Not available	12.2	Not available	12.7	Not available
Age 45-64 years	9.2	Not available	11.0	Not available	11.9	Not available
Age 65 years and over	12.6	Not available	14.6	Not available	14.8	Not available

Rate per 100,000 population

Infectious Diseases

This section describes diseases caused by organisms, such as viruses and bacteria that enter and multiply in the body.

Key Findings – Infectious Diseases

In Franklin County, progress has been made as the rate of people suffering from some infectious diseases has decreased; however, rates of other infectious diseases have grown since the HealthMap2013.

From *HealthMap2013* to *HealthMap2016*...

- Fewer Franklin County adults 65+ years have had a flu shot in the past year.
- Rates of syphilis and pertussis have increased among Franklin County adults.
- Rates of gonorrhea and chlamydia have decreased among Franklin County adults.
- The rates of people living with HIV have increased among Franklin County adults.
- Incidence of Healthcare-Associated Infections MRSA and MSSA has decreased; *C. diff* has increased.

Among Franklin County residents ages 65 years and older, 73% have had a pneumonia vaccination, and 63.9% had a flu shot within the past year. While these rates are lower than those in the last *HealthMap*, they are higher than the statewide percentages.

Vaccines (65 years and Older)¹

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Pneumonia Vaccine	Ever had a pneumonia vaccination*	73.0%	74.4%	69.5%	68.5%	68.8%	68.8%
Influenza Vaccine	Had a flu shot within the past year*	63.9%	69.3%	61.0%	64.8%	60.1%	67.5%

* Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time

Infectious Diseases, continued

The rate of syphilis among Franklin County residents has increased since the last *HealthMap* and remains higher than the statewide and national rates. Rates of gonorrhea, chlamydia, and tuberculosis have decreased since the last *HealthMap*, though the rates of each of these is higher than the statewide rates. The rate of pertussis has increased from 19.7 in the last *HealthMap* to 26.7 per 100,000 population currently.

Incidence of Infectious Disease

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Syphilis (primary and secondary) ^{2,3,4,5,6}	13.9	9.7	3.8	4.6	5.3	4.6
Gonorrhea ^{2,3,4,5,6}	256.2	279.4	144.4	143.8	107.5	99.1
Chlamydia ^{2,3,4,5,6}	694.7	725.8	462.0	445.7	456.7	409.2
Tuberculosis ^{7,8,9,10,11}	4.2	5.7	1.3	1.6	3.2	3.6
Meningococcal Diseases ^{9,11,12,13,14}	0.2	0.4	0.1	0.4	0.2	0.3
Hepatitis A ^{9,11,12,13,14}	0.6	0.7	0.5	0.3	0.5	0.7
Measles ^{9,11,12,13,14}	0.0	0.0	0.0	0.0	0.0	0.0
Mumps ^{9,11,12,13,14}	0.2	0.0	0.1	0.1	0.1	0.7
Pertussis ^{9,11,12,13,14}	26.7	19.7	12.7	9.5	15.5	5.5
Tetanus ^{9,11,12,13,14}	0.0	0.0	0.0	0.0	0.0	0.0
Rubella ^{9,11,12,13,14}	0.1	0.0	0.0	0.0	0.0	0.0
Diphtheria ^{9,11,12,13,14}	0.0	0.0	0.0	0.0	0.0	0.0
Varicella ^{9,11,12,14}	6.0	12.4	5.7*	16.1	5.3*	Not available
<i>E. coli</i> O157:H7 ^{9,11,12,14}	0.5*	1.2	0.7	0.8	0.0	Not available
Listeriosis ^{9,11,12,14}	0.2	0.1	0.2	0.3	0.2	Not available
Salmonellosis ^{9,11,12,14}	12.1	12.9	10.3	12.1	17.3	Not available
Hepatitis B (Acute) ^{9,11,12,14}	5.4	3.1	1.9	1.9	0.9	Not available

Rate per 100,000 population

**CDC reports E. Coli O157:H7 cases in combination with other STEC (Shiga toxin-producing Escherichia coli) cases*

The rate of syphilis among males in Franklin County (26.0 per 100,000) is much higher than rates of syphilis among Franklin County females (2.3). The rate among males in Franklin County is higher than the rates of syphilis among males across Ohio (6.7) and the United States (9.8). Similarly, the rate of syphilis among African Americans (29.6) is much higher than the rate among Whites (9.8), and is higher than the rates of syphilis among African Americans across Ohio (14.1) and the U.S. (16.4). Finally, rates of syphilis in each age group for which there were high enough numbers to report are higher in Franklin County compared to Ohio and the U.S.

Syphilis (Primary and Secondary) ^{4,6,15}

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Syphilis Rates by Gender	Male	26.0	Not available	6.7	Not available	9.8	Not available
	Female	2.3	Not available	1.1	Not available	0.9	Not available
Syphilis Rates by Race*	White	9.8	Not available	2.0	Not available	2.7	Not available
	African American	29.6	Not available	14.1	Not available	16.4	Not available
Syphilis Rates by Age	15-19	xx	Not available	3.8	Not available	4.1	Not available
	20-24	33.6	Not available	14.1	Not available	14.8	Not available
	25-29	38.2	Not available	12.6	Not available	13.7	Not available
	30-34	xx	Not available	7.1	Not available	10.8	Not available
	35-39	27.4	Not available	7.1	Not available	8.0	Not available
	40-44	xx	Not available	4.0	Not available	7.7	Not available
	45-54	17.6	Not available	3.9	Not available	5.5	Not available
	55-64	xx	Not available	1.2	Not available	1.6	Not available
	65+	xx	Not available	xx	Not available	0.3	Not available

Rate per 100,000 population

xx= not reported due to small numbers

**For Franklin County and Ohio: African American is defined as all Blacks, including Hispanics. For the United States: African American is defined as Blacks, Non-Hispanic.*

Though gonorrhea exists at a greater rate in Franklin County, when broken down by demographic groups, the rates of gonorrhea show similar patterns to syphilis. The rate of gonorrhea among males in Franklin County (283.9 per 100,000) is much higher than rates of gonorrhea among Franklin County females (229.9). The rate among males in Franklin County is higher than the rates of gonorrhea among males across Ohio (132.2) and the United States (105.8). Similarly, the rate of gonorrhea among African Americans (677.5) is much higher than the rate among Whites (76.9), and is higher than the rates of

syphilis among African Americans across Ohio (588.8) and the U.S. (462.0). Finally, rates of gonorrhea in each age group are higher in Franklin County compared to Ohio and the U.S.

Gonorrhea^{4,6,15}

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Gonorrhea Rates by Gender	Male	283.9	Not available	132.2	Not available	105.8	Not available
	Female	229.9	Not available	156.0	Not available	108.7	Not available
Gonorrhea Rates by Race*	White	76.9	Not available	37.1	Not available	31.0	Not available
	African American	677.5	Not available	588.8	Not available	462.0	Not available
Gonorrhea Rates by Age	15-19	884.4	Not available	539.9	Not available	376.8	Not available
	20-24	860.6	Not available	713.3	Not available	520.1	Not available
	25-29	508.4	Not available	389.9	Not available	274.6	Not available
	30-34	352.1	Not available	219.7	Not available	153.2	Not available
	35-39	260.2	Not available	121.0	Not available	82.6	Not available
	40-44	156.5	Not available	69.2	Not available	52.1	Not available
	45-54	81.8	Not available	33.1	Not available	27.7	Not available
	55-64	41.6	Not available	15.2	Not available	8.5	Not available
	65+	xx	Not available	2.8	Not available	1.6	Not available

Rate per 100,000 population

xx= not reported due to small numbers

**For Franklin County and Ohio: African American is defined as all Blacks, including Hispanics. For the United States: African American is defined as Blacks, Non-Hispanic*

The rates of chlamydia are higher among females (918.2 per 100,000) than males (458.5) in Franklin County. African Americans have chlamydia at higher rates (1,430.3) than Whites (220.4). Rates of chlamydia are highest among those ages 20-24 years (3,030.8), followed closely by those ages 15-19 years (2,967.9). In each of these demographic groups, the rates of chlamydia are higher than the statewide and national rates.

Chlamydia^{4,6,15}

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Chlamydia Rates by Gender	Male	458.5	Not available	263.9	Not available	262.6	Not available
	Female	918.2	Not available	651.4	Not available	643.3	Not available
Chlamydia Rates by Race	White	220.4	Not available	166.7	Not available	179.6	Not available
	African American	1,430.3	Not available	1,322.6	Not available	1,229.4	Not available
Chlamydia Rates by Age	15-19	2,967.9	Not available	2,219.3	Not available	2,001.7	Not available
	20-24	3,030.8	Not available	2,647.9	Not available	2,501.5	Not available
	25-29	1,317.7	Not available	1,097.2	Not available	1,052.7	Not available
	30-34	686.3	Not available	477.3	Not available	476.5	Not available
	35-39	353.5	Not available	216.6	Not available	222.8	Not available
	40-44	160.3	Not available	87.1	Not available	113.5	Not available
	45-54	64.8	Not available	29.3	Not available	45.4	Not available
	55-64	22.8	Not available	11.0	Not available	13.0	Not available
	65+	xx	Not available	1.2	Not available	2.7	Not available

Rate per 100,000 population

xx= not reported due to small numbers

**For Franklin County and Ohio: African American is defined as all Blacks, including Hispanics. For the United States: African American is defined as Blacks, Non-Hispanic*

While rates of tuberculosis are very low overall, rates of the disease are higher in almost every demographic group in Franklin County compared to Ohio. The lone exception to this trend is within age 0-4, where there were no known cases in Franklin County.

Tuberculosis^{9,10,11}

	Franklin County		Ohio		United States		
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013	
Tuberculosis Rates by Gender	Male	5.5	Not available	1.7	Not available	3.9	Not available
	Female	2.9	Not available	0.9	Not available	2.5	Not available
Tuberculosis Rates by Race	White	1.3	Not available	0.6	Not available	1.7	Not available
	African American	10.0	Not available	3.3	Not available	5.4	Not available
Tuberculosis Rates by Age	0-4	0.0	Not available	0.1	Not available	1.3	Not available
	5-14	1.9	Not available	0.4	Not available	0.6	Not available
	15-24	3.4	Not available	0.9	Not available	2.3	Not available
	25-44	6.3	Not available	1.7	Not available	Not available	Not available
	45-64	3.8	Not available	1.2	Not available	Not available	Not available
	65+	5.6	Not available	2.2	Not available	5.3	Not available

Rate per 100,000 population

The rates of Franklin County residents currently living with a diagnosis of HIV infection (348.8 per 100,000) is higher than the last *HealthMap* (293.4), and this rate is more than double the statewide rate (169.4).

Prevalence of HIV / AIDS^{16,17}

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Persons living with a diagnosis of HIV infection	348.8	293.4	169.4	142.1	464.3	Not available

Rate per 100,000 population

Among Franklin County residents, the incidence of *Clostridium difficile* (*C. diff*) (5.4 per 10,000 patient days) has increased since the last *HealthMap* (4.4), but still remains below the statewide rate (5.8). The rates of Methicillin-resistant *Staphylococcus aureus* (MRSA) (0.6) and Methicillin-sensitive

Staphylococcus aureus (MSSA) (0.5) have decreased since the last *HealthMap* (1.1 and 0.7, respectively), equal to statewide rates.

Incidence (Cases) of Healthcare-Associated Infections^{18,19}

	Franklin County		Ohio		United States	
	HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
<i>Clostridium difficile</i> (C. diff)	5.4	4.4	5.8	5.4	Not available	Not available
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)*	0.6	1.1	0.6	0.8	Not available	Not available
Methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA)*	0.5	0.7	0.5	0.6	Not available	Not available

Rate per 10,000 patient days; cases acquired while in hospital; adults and children
*Number of blood stream infections identified by the hospital laboratory that developed on or after day 4 of hospital admission

Youth Issues

This section describes issues of concern for Franklin County's youth.

Key Findings – Youth Issues

From *HealthMap2013* to *HealthMap2016*...

- Fewer Franklin County youths are overweight, and slightly fewer are obese.
- Fewer Franklin County youths have been diagnosed with asthma.

Regarding body mass index, the percentage of youth in Franklin County considered overweight or obese has decreased since the last *HealthMap* (from 37.7% to 32.8%). This is mostly due to a reduction in the percentage of youth who are overweight, 13.3%, down from 17.4%. However, the percentages of Franklin County youth who are obese (19.8%) is higher than the statewide or national percentages (13.0% and 13.7%, respectively).

The percentage of youth who have been diagnosed with asthma is down slightly from the last *HealthMap* (15.3%, down from 16.5%). This percentage is the same as statewide, and lower than the national percentage.

Additionally, 5.3% of Franklin County youth have unmet dental health care needs, a figure up slightly from the last *HealthMap* (4.7%), but still just below the statewide rate. Finally, 15.7% of those 18 and under in the Central Ohio Medicaid Managed Care Planning region (i.e., a multi-county area that includes Franklin County) have no dental coverage.¹

Youth Issues

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Body Mass Index ^{2,3,4}	Overweight/Obese	32.8%	37.7%*	28.9%	35.6%*	30.3%	27.4%
	Overweight	13.3%	17.4%*	15.9%	17.1%*	16.6%	15.6%
	Obese	19.8%	20.4%*	13.0%	18.5%*	13.7%	11.8%
Asthma ^{5,6,7}	Diagnosed with asthma	15.3%	16.5%	15.3%	15.4%	21.0%	14.0%
Dental Care ^{1,5,8}	Percent unmet dental health care needs	5.3%	4.7%	5.7%	4.5%	5.5%	Not available

*Includes youth ages 10-17. (Remaining body mass index percentages includes youth ages 6-18.)

After visiting the emergency department, the rates of Franklin County youth (age 18 and under) “treated and released” are higher than the statewide rates (157.3 vs. 122.5, per 1,000 population). Rates of admission to the hospital and psychiatric admissions among Franklin County youths are also higher than the statewide rates.

Youth – Emergency Department Visits⁹

		Franklin County		Ohio		United States	
		HM2016	HM2013	HM2016	HM2013	HM2016	HM2013
Emergency Department Visits	Treated and released	157.3	Not available	122.5	Not available	Not available	Not available
	Hospital admission	6.7	Not available	5.1	Not available	Not available	Not available
	Psychiatric admission	1.3	Not available	0.96	Not available	Not available	Not available

**Rate per 1,000 population*

Aside from birth-related reasons, the most common reasons youth are admitted to a hospital in Franklin County include asthma, major depression, and bronchiolitis.

Top Reasons Franklin County Youth Admitted to Hospital¹⁰

	Franklin County HM2016
	<i>Number of cases</i>
Single birth delivered without cesarean section*	12,704
Single birth delivered with cesarean section*	5,052
Twin birth delivered with cesarean section	439
Asthma with acute exacerbation	291
Major depression	275
Severe asthma	248
Acute bronchiolitis due to respiratory syncytial virus	245
Acute bronchiolitis due to other infectious organisms	174
Twin birth delivered without cesarean section	173
Preterm infant weighing 2000 to 2499 grams	171

**Also a top reason youth are admitted to a hospital in Ohio.*

Summary

Franklin County HealthMap2016 provides a comprehensive overview of our community's health status and needs. There are numerous indicators that suggest the health of Franklin County, Ohio's residents compares favorably with the state and country.

Franklin County HealthMap2016 also uncovered a number of 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 federal requirements, the contributing hospitals 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 represented on the *Franklin County HealthMap2016* 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 HealthMap2016* 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 HealthMap2016* may be shared with:

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Social Determinants of Health

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- ⁵ U.S. Census Bureau, American Community Survey; 2013 (HM2016); 2007-2009 (HM20123)
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- ¹⁷ Office of Criminal Justice Services; 2012 (HM2016)

Health Resource Availability

- ¹ Ohio Department of Administrative Services; 2014 (HM2016)
- ² Ohio Board of Nursing; 2011 (HM2013)
- ³ Ohio Chemical Dependency Professionals Board; 2014 (HM2016)
- ⁴ Ohio State Dental Board; 2011 (HM2013)
- ⁵ State Medical Board of Ohio; 2011 (HM2013)
- ⁶ Ohio State Board of Optometry; 2014 (HM2016), 2011 (HM2013)
- ⁷ Ohio Optical Dispenser's Board; 2014 (HM2016)
- ⁸ Ohio Hospital Association Statewide Clinical & Financial Database; 2013 (HM2016), 2009 (HM2013)

Behavioral Risk Factors

- ¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; 2012&2013 (HM2016), 2010 (HM2013)
Note: Due to changes made in the Behavioral Risk Factor Surveillance System (BRFSS) weighting methodology in 2011, it is recommended that data for 2011 and after NOT be compared with 2010 or earlier data. This report includes some BRFSS data from prior to 2011. Comparison with current HealthMap 2016 data should be viewed with caution.
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- ⁴ Ohio Department of Health (Franklin County & Ohio); 2012 (HM2016), 2008 (HM2013)
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⁷ National Survey on Drug Use and Health (United States); 2013 (HM2016)

Wellness Care

¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; 2012 (HM2016); 2010 (HM2013)

Maternal and Child Health

¹ Ohio Department of Health, Vital Statistics (Franklin County & Ohio); 2012 (HM2016); 2008 (HM2013)

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¹⁷ United States Census Data (Franklin County & Ohio); 2008-2012 (HM2016)

Oral Health Indicators

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Mental and Social Health

¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; (Franklin County & Ohio); 2012 (HM2016); (United States); 2013 (HM2016)

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⁵ Central Ohio Trauma System 2009 Report (Franklin County); 2005-2007 (HM2013)

⁶ Central Ohio Trauma Systems Registry (Franklin County); 2010-2012 (HM2016)

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⁸ Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Report (Franklin County & Ohio); 2013 (HM2016); 2010 (HM2013)

⁹ U.S. Department of Justice Nonfatal Domestic Violence Report (United States); 2003-2012 (HM2016)

¹⁰ Public Children Services Association of Ohio, 2009-2010 Factbook (Franklin County & Ohio); 2007 (HM2013)

¹¹ Ohio Department of Job and Family Services, SACWIS/FACSIS data (Franklin County & Ohio); 2011 (HM2016)

¹² U.S. Department of Health & Human Services Child Maltreatment (United States); 2012 (HM2016)

Death, Illness, and Injury

- ¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; 2012 (HM2016); 2010 (HM2013)
- ² Ohio Department of Health (Franklin County & Ohio); 2006-2008 (HM2013)
- ³ Ohio Department of Health Vital Statistics (Franklin County); 2010-2012 (HM2016)
- ⁴ Centers for Disease Control and Prevention, National Center for Health Statistics (Ohio & United States); 2010-2012 (HM2016)
- ⁵ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; 2011 (HM2016); 2009 (HM2013)
- ⁶ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; 2012 (HM2016); 2009 (HM2013)
- ⁷ Ohio Hospital Association, Statewide Clinical & Financial Database (Franklin County & Ohio); 2013 (HM2016)
- ⁸ Central Ohio Trauma Systems Registry (Franklin County); 2010-2012 (HM2016)
Note: Included in the analysis are Franklin County residents admitted to any central Ohio COTS member hospital.
- ⁹ Central Ohio Trauma System 2009 Report (Franklin County); 2005-2007 (HM2013)
Note: Included in the analysis are Franklin County residents admitted to any central Ohio COTS member hospital
- ¹⁰ Central Ohio Trauma System (Franklin County); 2010-2012 (HM2016); 2010 (HM2013)
Note: Included in the analysis are Franklin County residents admitted to any central Ohio COTS member hospital
- ¹¹ Centers for Disease Control and Prevention, WISQARS Nonfatal Injury Report (United States); 2013 (HM2016)
- ¹² Centers for Disease Control and Prevention, WISQARS Report (Ohio and United States); 2012 (HM2016); 2005-2007 (HM2013)

Infectious Diseases

- ¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; 2012 (HM2016); 2010 (HM2013)
- ² Ohio Department of Health, STD Surveillance Report (Franklin County & Ohio); 2010 (HM2013)
- ³ Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance (United States); 2009 (HM2013)
- ⁴ Ohio Disease Reporting System (Franklin County); 2013 (HM2016)
- ⁵ Ohio Department of Health STD Surveillance Program (Ohio); 2013 (HM2016)
- ⁶ Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (United States); 2012 (HM2016)
- ⁷ Ohio Department of Health, 2010 Ohio TB Cases (Franklin County & Ohio); 2010 (HM2013)
- ⁸ Centers for Disease Control and Prevention, Reported Tuberculosis in the United States (United States); 2010 (HM2013)
- ⁹ Annual Summary of Reportable Diseases (Franklin County); 2013 (HM2016)
- ¹⁰ Ohio Department of Health TB Demographic Breakdown (Ohio); 2013 (HM2016)
- ¹¹ MMWR Summary of Notifiable Diseases (United States); 2012 (HM2016)
- ¹² Ohio Department of Health, Reported Cases of Notifiable Diseases (Franklin County & Ohio); 2009 (HM2013)
- ¹³ Centers for Disease Control and Prevention, Summary of Notifiable Diseases (United States); 2009 (HM2013)
- ¹⁴ Quarterly Summary of Selected Reportable Infectious Diseases, Ohio, 2013Q4 (Ohio); 2013 (HM2016)
- ¹⁵ Ohio Department of Health STD Surveillance Program (Ohio); 2013 (HM2016)
- ¹⁶ Ohio Department of Health, HIV/AIDS Surveillance Program; 2013 (HM2016); 2009 (HM2013)
- ¹⁷ Centers for Disease Control and Prevention. HIV Surveillance Supplemental Report 2014; 19 (no.3); (United States); 2011 (HM2016)
- ¹⁸ Ohio Department of Health, Ohio Hospital Compare, Infections (Franklin County & Ohio); 7/1/09-6/30/10 (HM2013)

¹⁹ Ohio Hospital Compare (Franklin County & Ohio); 2012 (HM2016)

Youth Issues

¹ Ohio Medicaid Assessment Survey; 2012 (HM2016)

² Ohio Medicaid Assessment (Franklin County); 2012 (HM2016)

³ Centers for Disease Control and Prevention, Youth Risk Behavior Survey (Ohio & United States); 2013 (HM2016); (United States); 2009 (HM2013)

⁴ Ohio Family Health Survey (Franklin County & Ohio); 2008 (HM2013)

⁵ Ohio Family Health Survey (Franklin County, Ohio, and United States); 2008 (HM2013)

⁶ Ohio Medicaid Assessment (Franklin County & Ohio); 2012 (HM2016)

⁷ Centers for Disease Control and Prevention, Youth Risk Behavior Survey (United States); 2013 (HM2016)

⁸ National Health Interview Survey (United States); 2012 (HM2016)

⁹ Ohio Hospital Association (Franklin County & Ohio); 2013 (HM2016)

¹⁰ Ohio Hospital

Appendix B: Documentation of Program Impacts from the 2015 Community Health Needs Assessment and Related Implementation Strategy (January 1, 2016 to December 31, 2018)

The eight priority health needs identified by the 2015 Community Health Needs Assessment were the following:

- 1.) Access to Care
- 2.) Chronic Disease
- 3.) Infectious Disease
- 4.) Behavioral Health
- 5.) High Incidence of Cancer
- 6.) Interpersonal Violence
- 7.) High-Risk Pregnancy
- 8.) Unintentional Injuries

Of the eight identified priorities, OhioHealth Rehabilitation Hospital (OHRH) chose to address #2 Chronic Disease and #8 Unintentional Injuries. The remaining six identified needs are being addressed by other OhioHealth member hospitals in Franklin County.

Need #2: Chronic Disease

2.1 Impact of actions taken to address “Chronic Disease”

- 2.1.1 Offer and facilitate diabetes / heart disease health management classes to patients admitted with diabetes / heart disease to provide current information on diabetes / heart disease self-care, wellness promotion, self-motivation and how to prevent complications from diabetes / heart disease.

Diabetes and heart disease are two known risk factors putting individuals at high risk for developing a stroke according to the American Stroke / Heart Association. All stroke patients and their caregivers receive, as part of our CARF-accredited Stroke Program, a two part educational series entitled, “The Wellness Group.” Part I of the “Wellness Group” focuses on the risk factors of stroke as it relates to poorly controlled diabetes and improper heart disease management. This segment of the education focuses on adherence to a proper diet, medication compliance, routine monitoring and follow-up

with a primary care provider. In FY2016, 480 patients were identified with an actual co-morbid condition of heart disease and/or diabetes of which 422 participated in Part 1 for a participation rate of 88%. In FY 2017, 610 patients were identified of which 561 participated for a participation rate of 92%. In FY2018-Q1, 168 patients were identified of which 151 participated for a participation rate of 90%.

- 2.1.2 Each patient requiring specific diabetic education will receive, “Your Guide to Understanding Diabetes Management” (HERC Publishing) as a workbook to guide education throughout their hospital stay.

OHRH employs a full-time clinical dietician who is a certified diabetic educator. Patients newly diagnosed with diabetes or admitted with uncontrolled diabetes are referred to the diabetic educator for inpatient diabetic education. Each diabetic patient meeting this criterion receives, “Your Guide to Understanding Diabetes Management” (HERC Publishing) as a workbook to guide education throughout their hospital stay. The workbook explains diabetes, complications of diabetes if not controlled properly, various types of medications used for management, diet and proper food selections and suggested physical activity. During FY 2016, 402 patients received inpatient one-on-one diabetic education utilizing the workbook. During FY 2017, 540 patients and during FY 2018-Q1, 89 patients received the workbook education.

- 2.1.3 Participate with the Central Ohio Diabetes Association’s referral program in partnership with Nationwide Insurance for free glucose meters for patients.

OHRH participates in a program with the Central Ohio Diabetes Association and Nationwide Insurance to distribute free glucose meters to diabetic patients without a home meter or testing supplies. During the first quarter of FY 2017, Nationwide transitioned its program to Ascensia Diabetes Care Center. OHRH now maintains a partnership program with Ascensia to provide the same free service to diabetic patients providing them with a new home meter and testing supplies. During FY 2016, a total of 93 newly diagnosed or existing diabetic patients were referred to the program which provided them with a free blood glucose meter. During FY2017, 130 patients and during FY2018-Q1, 16 patients were referred to the program.

- 2.1.4 Patients with newly diagnosed diabetes will receive a referral for outpatient Diabetic education by a registered dietician.

In addition to the actions listed in 2.1.2 and 2.1.3, patients with newly diagnosed or poorly controlled diabetes are referred for additional outpatient diabetic education to promote continuity and compliance. Patients requiring a referral are referred to the OhioHealth McConnell Heart Center, an outpatient wellness center that offers diabetic education classes for the community. In FY 2016, 54 patient referrals were made to the OhioHealth McConnell Heart Center. During FY 2017, 80 patient and during FY 2018-Q1, 18 patient referrals were made to OhioHealth McConnell Heart Center.

2.1.5 Provide a weekly educational offering, “The Wellness Group” to patients

and family members that discusses heart healthy foods, sodium and blood pressure, food label reading, risk factors for stroke / heart disease, reduction of risk factors, exercise and depression.

As stated in action 2.1.1, “The Wellness Group” part II is open to all patients with diabetes and heart disease and not necessarily admitted to OHRH with a stroke and is offered weekly. The purpose of part II is to promote heart health through a discussion of heart-healthy foods and recipes, learning how to read food labels for sodium and cholesterol content, reduction in stress, adopting a low impact exercise routine and the importance of routine blood pressure monitoring. According to the facilitator of the weekly educational offering, approximately 5 persons attend the class per week for a total of 320 patients for FY 2016. For FY 2017, approximately 8 persons attend per week for a total of 416 patients and for FY 2018-Q1, approximately 8 persons attend per week for a total of 104 patients.

2.1.6 As part of on-going education, select patients will receive, “Important Numbers to Know about Your Heart Health” form. It is a customized table with a patient’s current BMI, cholesterol levels, hemoglobin A1c and blood pressure. It also provides a description of each value and evidenced-based goals based on each value.

As mentioned in actions 2.1.1 and 2.1.5, participants in part I and II of “The Wellness Group” are offered the “Important Numbers to Know about Your Heart Health” form. Patients are shown how to complete the health grid using their own information. For instance, the patient’s body mass index (BMI) is calculated based on the patient’s height and weight. The most recent laboratory values for total cholesterol and hemoglobin A1c are provided if available and most recent blood pressure reading. Action 2.1.6 is provided by one of the Rehabilitation Physicians at OHRH. During FY 2016 this activity was provided to at least 481 patients as described in 2.1.1. During FY 2017, 561 patients and during FY 2018-Q1, 140 patients received the education.

2.1.7 Hospital pharmacists in conjunction with respiratory therapy to offer tobacco cessation classes to patients with history of tobacco product usage.

It is well known that tobacco use is a risk factor to many chronic diseases. Quitting tobacco use improves a person’s current or future health status. OHRH has adopted and uses the evidence-based Smoking Cessation Program based from the Centers for Disease Control and Prevention and American Lung Association. It helps patients assess his or her own smoking behavior, identify reasons for quitting and develop an individualized plan to stop smoking and remain as a non-smoker. Quitting smoking requires determination to break strong physiological and psychological dependencies. Patients participate in a behavioral program combined with nicotine replacement and other pharmacological agents. OHRH in conjunction with OhioHealth has adopted and uses OhioHealth Smoking

Cessation Program. OHRH respiratory therapists and clinical pharmacists manage the program which offers patients a variety of techniques, moral support, behavior modification and time to change ones attitude, habits and thoughts. The program is based on mind-body connection and use of relaxation techniques to maintain a non-smoking status. A patient's self-awareness of ones thoughts and attitudes can help identify connections to smoking.

During FY 2016, 23 patients received and benefited from the evidence-based Smoking Cessation Program based on the Centers for Disease Control and Prevention and American Lung Association. During FY 2017, 45 patients and during FY 2018-Q1, 12 patients benefited from the program. In addition, patients were offered a referral to the McConnell Heart Center for continuing outpatient smoking cessation resources.

Need #8: Unintentional Injuries

8.1 Impact of actions taken to address "Unintentional Injuries"

- 8.1.1 Hospital occupational and speech therapists to review and demonstrate home safety by problem solving and sequencing home exit plan in case of home fire.

Patients who have suffered a stroke, brain injury or other neurological condition sometimes exhibit difficulty with problem solving or sequencing which is completing a task following the appropriate steps. Ensuring that patients remain safe once they go home is a priority at OHRH. Therefore problem solving and sequencing activities are performed as part of the patient's occupational and speech therapy. Patients are provided with the scenario of how to exit the home safely if there was a fire. They are tested and expected to give the appropriate steps they would take. During FY 2016, a total of 770 patients with a diagnosis of stroke, brain injury and other neurological conditions were treated. During FY 2017, 1,113 patients and during FY 2018-Q1, 285 patients were treated.

- 8.1.2 Hospital occupational and physical therapists integrate balance, floor transfers and home safety recommendations in reducing falls at home.

Patients who have suffered a stroke, brain injury, orthopedic or other neurological condition may exhibit difficulty with balance and gait putting them at high risk for falls with our without injury once they return home. Ensuring that patients remain safe and free from injury once they return home is a priority at OHRH. Patients that are determined a high risk for falls are offered to participate in the home safety class which is offered weekly at OHRH. The class reviews hazards in the home that may lead to falls such as throw rugs, improper lighting, cluttered walkways, pets and not using the recommended adaptive equipment to aid ambulation and balance. During FY 2016, a total of 895 patients with a diagnosis of stroke, brain injury, orthopedic and other neurological conditions were treated. During FY 2017, 1,287 patients and during FY 2018-

Q1, 323 patients were treated. If a patient was determined a high fall risk, they were offered the class. During FY 2016 approximately 79% of patients identified to be high risk for falls were offered and received the education. During FY 2017, 85% of patients and during FY 2018-Q1, 62% of patients were identified to be high risk for falls and received the education.

8.1.3 Pharmacy and nursing to collaborate on medication teaching that educates patients and family / caregivers on medications that could contribute to falls at home.

Medications that can commonly cause sedation, assist in obtaining sleep or cause frequent urination or using the bathroom put patients at a greater risk for falls with or without injury in the home. Prior to discharge, a clinical pharmacist at OHRH reviews all patients' medication profile for discharge medications that could cause falls at home. Medication teaching with patients and family / caregiver is jointly shared with pharmacy and nursing at OHRH. Medication information sheets are generated on each of these medications identified and provided to the patient by nursing during discharge medication education. At OHRH it is a standard of practice that all patients discharged are educated on medication safety and documented by nursing in the discharge instructions.

8.1.4 Utilize IT Health Tracks to monitor 90 day post discharge data to track falls and falls with injuries at home.

In order for OHRH to evaluate the effectiveness of its fall education, falls and falls with injury 90 days post discharge is tracked. OHRH collaborates with IT Health Tracks, Inc. which is a clinical gathering service focused on sustainability of outcomes. IT Health Tracks, Inc. performs a 90 day post discharge telephonic assessment to determine if a patient has fallen in the last 90 days post discharge and whether injury occurred and if an emergency department or hospitalization resulted from the fall.

In FY2016, IT Health Track conducted telephonic assessment of 816 patients from the OHRH to obtain data for falls 90 day post discharge with injury. In Q1, one patient sustained a fall with injury which equated to 1.6% of the patients discharged home that quarter compared to the benchmark of 4.6%. In Q2, one patient fell composing 4.3% of home discharges compared to the expected benchmark of 4.7%. By Q3, ten patients discharged home sustained a fall with injury at 8.6% of patients discharged home that quarter compared to the benchmark of 4.4%. Finally in Q4, a total of three patients fell sustaining an injury at 4.3% of the patients discharged home compared to the benchmark of 4.8%.

In FY 2017, IT Health Track conducted telephonic assessment of 1,152 patients from the OHRH to obtain data for falls 90 day post discharge with injury. In Q1, one patient sustained a fall with injury which equated to 1.7% of the patients discharged home that quarter compared to the benchmark of 4.9%. In Q2, one patient fell composing 1.8% of home discharges compared to the expected benchmark of 4.7%. By Q3, four patients

discharged home sustained a fall with injury at 5.1% of patients discharged home that quarter compared to the benchmark of 4.8%. Finally in Q4, a total of four patients fell sustaining an injury at 4.7% of the patients discharged home compared to the benchmark of 4.8%.

In FY 2018-Q1, IT Health Track conducted telephonic assessment of 227 patients from the OHRH to obtain data for falls 90 day post discharge with injury. In Q1, one patient sustained a fall with injury which equated to 3.5% of the patients discharged home that quarter compared to the benchmark of 4.5%.

This information is continually evaluated to alter and augment the education patients at high risk for fall and their caregivers receive.

- 8.1.5 Referral made to OhioHealth Home Health physical therapy for home safety evaluation if patient is at high risk for falls.

Home health is valued as a care partner by OHRH and part of the care continuum in transitioning a patient home. Determination for on-going home health physical therapy is determined by the interdisciplinary team at OHRH as part of safe discharge planning. Patients still with balance issues or determined to be a high fall risk for fall are referred. The home health physical therapist can adequately assess the home environment for fall, trip and slip hazards and make the appropriate recommendations. In FY 2016, 18% of patients were referred to home health for ongoing therapy and received a home safety evaluation as part of the standard of care. For FY 2017, 685 patients or 42% and for FY 2018-Q1, 18% of patients were referred to home health.

- 8.1.6 Patients with neurological diagnoses attend Home Safety Part I & II classes that focus on compensatory strategies and instruction on adaptive equipment to reduce falls at home and in the community.

Falls and falls with injury along with aspiration pneumonia can be two leading complications for stroke and neurological patients once they transition to home. OHRH screens every patient for risk factors that may lead to falls using the evidenced-based Berg Balance Assessment tool. In addition, patients determined to be high risk for falls are enrolled in a two part series during their hospitalization that focuses on home safety and identifying risk factors in the home and community that may lead to falls and falls with injury. The classes are facilitated by physical medicine physicians, physical therapists, occupational therapists and therapeutic recreation specialists. These classes are part of the action mentioned in 8.1.2. In FY 2016, approximately 229 patients attended the class. For FY 2017, approximately 490 patients and for FY 2018-Q1, approximately 124 patients attended the class.

- 8.1.7 OHRH offers a Community Re-Entry Program that allows patients to learn how to navigate community barriers with the safety of a therapist.

OHRH employs two full-time, certified therapeutic recreation specialists (CTRS) which manage the Community Re-Entry Program. On a weekly basis, there are patients that are identified to participate in a community re-entry activity that would be meaningful towards their transition home. This entails a CTRS along with a physical, occupational or speech therapist accompanying the patient on a community-based activity to work on balance, negotiating curbs or uneven surfaces, problem solving, social interaction, memory, strength and reaching. During FY 2016, 88 patients participated in the Community Re-Entry Program. During FY 2017, 144 patients and during FY 2018-Q1, 36 patients participated.