

OhioHealth Riverside Methodist Hospital Community Health Needs Assessment

June 2019



OhioHealth Riverside Methodist Hospital

Consistently Ranked One of the Nation's Best

Serving patients since 1892, OhioHealth Riverside Methodist Hospital in Columbus, Ohio, is a 1,059-bed, teaching hospital and OhioHealth's largest hospital. Riverside Methodist shares the OhioHealth mission "to improve the health of those we serve." It is recognized locally, regionally and nationally for quality healthcare and is consistently ranked one of the nation's best hospitals.

Brian Jepson, *President and West Market Leader*

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Introduction

OhioHealth is a family of nationally recognized, not-for-profit, faith-based hospitals and healthcare organizations with Methodist roots. Serving central Ohio communities since 1891, all OhioHealth entities are connected by a shared mission, “to improve the health of those we serve.” With core values of compassion, excellence, stewardship, integrity and inclusion, OhioHealth is committed to delivering high quality, convenient, timely healthcare, regardless of ability to pay. OhioHealth is a family of 29,000 associates, physicians and volunteers, and a network of 12 hospitals, more than 50 ambulatory sites, hospice, home-health, medical equipment and other health services spanning a 40-county area. OhioHealth hospitals include: OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grady Memorial Hospital, OhioHealth Grove City Hospital, OhioHealth Marion General Hospital, OhioHealth Hardin Memorial Hospital, OhioHealth O’Bleness Hospital, OhioHealth Mansfield Hospital, OhioHealth Shelby Hospital and OhioHealth Rehabilitation Hospital. Truven Health Analytics has 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” for 13 years in a row: 2007-2019. OhioHealth was also recognized by FORTUNE Magazine as one of the “100 Best Workplaces for Women” and “100 Best Places to Work in Healthcare.”

OhioHealth Riverside Methodist, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital have been recognized nationally, regionally and locally. Examples of these prestigious certifications, recognitions and awards are as follows:

(a) Accreditation and Certification by The Joint Commission (The Joint Commission, 2018)

- + **OhioHealth Riverside Methodist Hospital** — (a) top performer on key quality measures, (b) hospital accreditation, (c) certification in heart failure, (d) joint replacement — hip, knee and shoulder, and (e) advanced certification as a Comprehensive Stroke Center and in ventricular assist device
- + **OhioHealth Grant Medical Center** — (a) top performer on key quality measures, (b) hospital accreditation, (c) certification in joint replacement — hip, knee and shoulder, (d) heart failure, and (e) advanced certification as Primary Stroke Center
- + **OhioHealth Doctors Hospital** — (a) top performer on key quality measures, (b) hospital accreditation, (c) advanced certification as Primary Stroke Center
- + **OhioHealth Dublin Methodist Hospital** — (a) top performer on key quality measures and (b) hospital accreditation
- + **OhioHealth Rehabilitation Hospital** — (a) hospital accreditation

(b) Certified Member of MD Anderson Cancer Network® — OhioHealth is the first health system in Ohio that is a certified member of MD Anderson Cancer Network®, advancing cancer care, research, education, screening and prevention (OhioHealth, 2015-2019e). Patients benefit from the OhioHealth relationship with the MD Anderson Cancer Network, through: (a) OhioHealth oncologists are certified MD Anderson Cancer Network® physicians, (b) OhioHealth certified physicians participates in peer-to-peer consultations with MD Anderson specialists to discuss comprehensive treatment plans, (c) patients may receive consults and treatment at MD Anderson Cancer Center in Houston, Texas, and (d) ongoing review of care provided by OhioHealth cancer specialists to provide care that’s based on nationally recognized standards (OhioHealth, 2018).

(c) 2017 HealthCare’s Most Wired® — Awarded to OhioHealth by American Hospital Association’s Health Forum and published annually by the Hospitals and Health Networks (H&HN) (OhioHealth 2015-2019a), the HealthCare’s Most Wired® measures how hospitals leverage information technology to improve performance for value-based healthcare through its infrastructure, business and administrative management, safety and quality of care, and clinical integration (OhioHealth 2015-2019a).

(d) American College of Surgeons Commission on Cancer® Accreditation — OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital are all accredited by the American College of Surgeons Commission on Cancer®. (American College of Surgeons, 1996-2019).

- (e) **Magnet® Redesignation by the American Nurses Credentialing Center** — OhioHealth Riverside Methodist Hospital and OhioHealth Grant Medical Center have been designated as a Magnet® facility by the American Nurses Credentialing Center since 2006. Riverside Methodist Hospital's and Grant Medical Center's Magnet® status represents the care sites' commitment to recognizing nursing talent, offering nursing education and career development, promoting nursing excellence, and fostering a multidisciplinary collaborative culture with the nursing team (American Nurses Association, American Nurses Credentialing Center, American Nurses Foundation, n.d.)
- (f) **American College of Surgeons Level I and Level II Verified Trauma Centers** — OhioHealth Trauma programs are easily accessible to both ground and air transport. The programs provide multidisciplinary and comprehensive care at all trauma activation levels and degrees of injuries. The programs also have a dedicated substance abuse coordinator who specializes in Screening, Brief Intervention and Referral to Treatment (SBIRT). Upon discharge, all patients receive follow-up care at the OhioHealth Outpatient Trauma Clinic at Grant or are referred to a specialist or their private physician.
 - + **OhioHealth Grant Medical Center** — The busiest adult Level I Trauma Center in central Ohio, OhioHealth Grant Medical Center offers a full range of care for seriously injured patients regardless of severity or complexity. A specialized team that includes a trauma surgeon, neurosurgeon, orthopedic surgeon and plastic surgeon is available onsite 24/7 (OhioHealth 2015-2019k).
 - + **OhioHealth Riverside Methodist Hospital** — One of the most active Level II Trauma Centers in central Ohio and the region, OhioHealth Riverside Methodist Hospital provides comprehensive trauma care regardless of severity of injury with immediate access to advanced heart and stroke care at OhioHealth Neuroscience Center (OhioHealth 2015-2019k).
- (g) **Watson Health's "100 Top Hospitals"** — OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital were named among Watson Health's "100 Top Hospitals" for their overall performance, based on clinical, operational and patient satisfaction data. Key performance measures include: better survival rates, fewer complications and infections, shorter length of stay, shorter Emergency Department wait times, lower inpatient expenses, higher profit margins, and higher patient satisfaction scores (Paavola, 2018).

OhioHealth is dedicated to serving communities through its community benefit. In Fiscal Year 2018, OhioHealth provided a total \$393.7 million in community benefit, including \$90 million in charity care, \$240.4 million in net cost of Medicaid programs, \$54.1 million in net cost of medical education, \$1.9 million in subsidized health services, \$3.8 million toward community health services, \$3 million in cash and in-kind contributions, and \$0.5 million for research.

The Patient Protection and Affordable Care Act of 2010 requires not-for-profit hospitals to conduct a community health needs assessment (CHNA) once every three years (Internal Revenue Service, 2018). OhioHealth Riverside Methodist Hospital, along with other OhioHealth hospitals that define the community served to be Franklin County, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital and OhioHealth Rehabilitation Hospital, conducted a joint CHNA. This joint CHNA report is for Riverside Methodist Hospital. In conducting its joint CHNA, OhioHealth and Riverside Methodist collaborated with the Franklin County Community Health Needs Assessment Steering Committee, which is comprised of: (a) Franklin County Public Health, (b) Columbus Public Health, (c) Central Ohio Area Agency on Aging, (d) Central Ohio Hospital Council, (e) Central Ohio Trauma System, (f) Mount Carmel Health System, (g) Nationwide Children's Hospital, (h) Ohio Department of Health Disability and Health Program, (i) PrimaryOne Health, (j) The Ohio State University College of Public Health, Center for Public Health Practice, (k) The Ohio State University Wexner Medical Center, and (l) United Way of Central Ohio. The prioritization of health needs meeting was held on October 11, 2018 at the Ohio Hospital Association Board Room, 155 East Broad Street, Columbus, Ohio 43215. The Franklin County Community Health Needs Assessment Steering Committee identified the top three significant health needs of Franklin County for 2019 are the following:

- (1) **Mental health and addiction** — includes significant number of Emergency Department admissions, lack of mental health providers, increased rates of deaths from drug overdoses, especially from opiates, education and training about Naloxone (Narcan®) administration to avoid overdose deaths
- (2) **Income/Poverty** — includes lack of access to affordable housing and lack of access to healthy and nutritious foods
- (3) **Maternal and infant health** — includes health of women before pregnancy, preterm births, and infant mortality

OhioHealth Riverside Methodist Hospital, in collaboration with other OhioHealth hospitals in Franklin County, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital and OhioHealth Rehabilitation Hospital developed the 2020-2022 Joint Implementation Strategy to meet the priority health needs in Franklin County. OhioHealth and Riverside Methodist Hospital collaborated with the Franklin County Public Health and Columbus Public Health in developing strategies that align with the Ohio 2017-2019 State Health Improvement Plan (Ohio Department of Health, n.d.). OhioHealth and Riverside Methodist continue to demonstrate our continuing commitment to play an active and effective role in the Franklin County community by fulfilling our mission, “to improve the health of those we serve.”

For information about OhioHealth Riverside Methodist Hospital’s CHNA processes and for a copy of the reports, please visit <https://www.ohiohealth.com/locations/hospitals/riverside-methodist-hospital/about-us/community-health-needs-assessment/>. Please contact Shannon Ginther, JD, senior director, Community Health Partnership, (614) 544.4392, or email Shannon.Ginther@ohiohealth.com, to obtain hard copies of the CHNA reports at no charge. Written comments regarding this CHNA report and related implementation strategy may be submitted to Shannon Ginther at Shannon.Ginther@ohiohealth.com.

A. Definition of the Community Served by the Hospital Facility and How the Community Served Was Determined

A1. Location of Hospitals and ZIP Codes of Communities Served

OhioHealth Riverside Methodist Hospital is located at 3535 Olentangy River Road, Columbus, Ohio 43214. OhioHealth Grant Medical Center is located at 111 South Grant Avenue, Columbus, Ohio 43215. OhioHealth Doctors Hospital is located at 5100 West Broad Street, Columbus, Ohio 43228. OhioHealth Dublin Methodist Hospital is located at 7500 Hospital Drive, Dublin, Ohio 43016. OhioHealth Rehabilitation Hospital is located at 1087 Dennison Avenue, Columbus, Ohio 43201. The “community served” by these hospitals is Franklin County. The communities reside in 64 zip codes listed below.

43002	43081	43126	43204	43213	43221	43230	43266
43004	43085	43137	43205	43214	43222	43231	43268
43016	43086	43194	43206	43215	43223	43232	43270
43017	43109	43195	43207	43216	43224	43234	43271
43026	43110	43199	43209	43217	43226	43235	43272
43054	43119	43201	43210	43218	43227	43236	43279
43068	43123	43202	43211	43219	43228	43251	43287
43069	43125	43203	43212	43220	43229	43260	43291

A2. Percent of Patients Served from Franklin County, Ohio

Review of OhioHealth internal data has shown that for Fiscal Year 2018, 58.34 percent of all patients who were admitted to OhioHealth Riverside Methodist Hospital resided in Franklin County at the time of admission. Similarly, 70.84 percent of all patients who had outpatient visits and/or procedures at Riverside Methodist Hospital resided in Franklin County at the time of outpatient visit or when the procedure was done. Accordingly, Franklin County, Ohio, has been determined to be the community served by Riverside Methodist Hospital.

Review of OhioHealth internal data has shown that for Fiscal Year 2018, 73.94 percent of all patients who were admitted to OhioHealth Grant Medical Center resided in Franklin County at the time of admission. Similarly, 69.35 percent of all patients who had outpatient visits and/or procedures at Grant Medical Center resided in Franklin County at the time of outpatient visit or when the procedure was done. Accordingly, Franklin County, Ohio, has been determined to be the community served by Grant Medical Center.

Review of OhioHealth internal data has shown that for Fiscal Year 2018, 85.5 percent of all patients who were admitted to OhioHealth Doctors Hospital resided in Franklin County at the time of admission. Similarly, 87.62 percent of all patients who had outpatient visits and/or procedures at Doctors Hospital resided in Franklin County at the time of outpatient visit or when the procedure was done. Accordingly, Franklin County, Ohio, has been determined to be the community served by Doctors Hospital.

Review of OhioHealth internal data has shown that for Fiscal Year 2018, 58.97 percent of all patients who were admitted to OhioHealth Dublin Methodist Hospital resided in Franklin County at the time of admission. Similarly, 63.95 percent of all patients who had outpatient visits and/or procedures at Dublin Methodist Hospital resided in Franklin County at the time of outpatient visit or when the procedure was done. Accordingly, Franklin County, Ohio, has been determined to be the community served by Dublin Methodist Hospital.

Review of OhioHealth internal data has shown that for Fiscal Year 2018, 64.1 percent of all patients who were admitted to OhioHealth Rehabilitation Hospital resided in Franklin County at the time of admission. Accordingly, Franklin County, Ohio, has been determined to be the community served by Rehabilitation Hospital.

B. Demographics of the Community

B1. Total Population

In 2010, the actual population of Franklin County was 1,163,414. In 2017, estimated total population was 1,291,981 (Ohio Development Services Agency, n.d.).

B2. Race/Ethnicity

In 2017, among Franklin County residents, 68.3 percent were white, 21.7 percent were African American, 4.6 percent were Asian, 5.1 percent were Hispanic (of any race), 1.5 percent were other races, 0.2 percent were Native American, and 3.7 percent were two or more races (Ohio Development Services Agency, n.d.). Total minority represented 34.9 percent of the population (Ohio Development Services Agency, n.d.).

B3. Age

In 2017, among Franklin County residents, 7.2 percent were younger than 5 years old, 16.4 percent were 5–17 years old, 10.4 percent were 18–24 years old, 31.1 percent were 25–44 years old, 24 percent were 45–64 years, and 10.8 percent were 65 years or older. Median age was 33.9 (Ohio Development Services Agency, n.d.).

B4. Income

Median household income for 2017 was \$54,037 and per capita income was \$48,150. Approximately 12.5 percent of families and 17.1 percent of individuals had income below the poverty level (Ohio Development Services Agency, n.d.).

Additional demographic characteristics for Franklin County are available in Ohio Development Services Agency (n.d.), HealthMap 2019 (see Appendix E), City of Columbus (2019a) and Franklin County Public Health (2019a).

C. Existing Healthcare Facilities and Resources within the Community that are Available to Respond to the Health Needs of the Community

- C1.1. OhioHealth Neuroscience Behavioral and Mental Health** — OhioHealth provides inpatient behavioral health services for patients suffering from emotional, psychological and behavioral crisis (OhioHealth, 2015-2019f). Inpatient services provide a safe environment to stabilize a patient, medication management, group therapy and activities, electroconvulsive therapy, consults and education (OhioHealth, 2015-2019f). The OhioHealth Outpatient Behavioral Health Offices provide: (a) partial hospitalization program and intensive outpatient program, (b) employee assistance program, (c) Sexual Assault Response Network of Central Ohio Rape Helpline, and (d) Mindfulness Based Stress Reduction program. The OhioHealth Neuroscience Center at Riverside Methodist Hospital, through The Dempsey Family Education and Resource Center offers a free Behavioral Health Family Support Group led by mental health professionals (OhioHealth, 2015-2019f).
- C1.2. Chalmers P. Wylie VA Ambulatory Care Center** — The Chalmers P. Wyle VA Ambulatory Care Center has a mental health clinic that provides treatment, including: medication, psychotherapy, psychological testing, or marital/family therapy. The treatment focuses on the following: (a) addictive behaviors, (b) aggressive or self-harming behaviors, (c) anxiety, worry or nervousness, (d) confused thinking, (e) depression, sadness or grief, (f) emotional or anger problems, (g) homeless veteran outreach, (h) military sexual trauma recovery, (i) smoking cessation, (j) troublesome ideas (U.S. Department of Veterans Affairs, 2019).
- C1.3. Mount Carmel Health System** — Mount Carmel Health System provides individualized behavioral health services for adults aged 18 years and older. The organization takes an interdisciplinary approach to treatment with a team that includes: psychiatrists, occupational therapists, nurses, social workers, counselors, chaplains, and other health professionals (Mount Carmel Health System, 2018).
- C1.4. Nationwide Children’s Hospital’s Big Lots Behavioral Health Services** — Starting in 2020, the Nationwide Children’s Hospital’s Big Lots Behavioral Health Services will be serving children and adolescents experiencing emotional, behavioral and developmental problems (Nationwide Children’s Hospital, 2019a). The services will include: psychiatry, psychology, pediatrics, counseling, social work, and nursing and take a holistic approach to the treatment of the patient. Programs to be provided will include both inpatient and outpatient care, prevention services, crisis services, and community-based services (Nationwide Children’s Hospital, 2019a).
- C1.5. Ohio Hospital for Psychiatry** — This organization strives for long term healing and recovery for individuals with mental health and addiction issues. Programs offered by the hospital include: inpatient programs, dual diagnosis inpatient programs, partial hospitalization program (PHP), intensive outpatient program, medical treatment programs, and home-based therapy. Information is also provided to customers about the mental health or cognitive disorders they may be experiencing in their lives in order to help develop an effective treatment plan for each individual (Ohio Hospital for Psychiatry, 2018).

- C1.6. Sequel Pomegranate Health Systems** — This organization provides treatment to teens aged 12-17 who may be struggling with mental health and behavioral disorders (Pomegranate Health Systems of Central Ohio, Inc., n.d.). Treatment at the facility is evidence-based and administered through a trauma-informed care perspective. Services include: residential treatment, shelter care, and a psychiatric hospital to treat teens in crisis (Pomegranate Health Systems of Central Ohio, Inc., n.d.). Therapy programs are also offered to clients and include: group therapy, individual therapy, family therapy, art therapy, music therapy, pet therapy, and yoga (Pomegranate Health Systems of Central Ohio Inc., n.d.).
- C1.7. The Ohio State University Wexner Medical Center** — This Columbus health system provides confidential behavioral health treatment at two locations in the area: Ohio State Harding Hospital and Talbot Addiction Medicine, as well as through outpatient clinics across Franklin County. Treatment options at The Ohio State University Wexner Medical Center include: evaluation, psychotherapy, medications, and transcranial magnetic stimulation (TMS). The hospital system also provides programs to aide in treatment, including: crisis management, partial hospitalization programs, outpatient care, addiction programs, child and adolescent care, neurotherapy programs, stress and trauma resilience programs, and programs to support women’s behavioral health (The Ohio State University Wexner Medical Center).
- C1.8. The Ohio State University Wexner Medical Center Traumatic Brain Injury (TBI) Network** — This network provides treatment to patients who have experienced a traumatic brain injury caused by substance abuse or developed a substance abuse disorder that is the result of a traumatic brain injury. Treatments through the TBI Network focus on outpatient rehabilitation services, such as: (a) assessment, (b) specialized case management for the individual and their family, (c) vocational rehabilitation, (d) crisis intervention, and (e) counseling (The Ohio State University Wexner Medical Center, n.d., a).
- C1.9. Twin Valley Behavioral Healthcare Hospital** — A certified center for mental health treatment by the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission, this organization provides mental health services in the Franklin County area. Local centers refer patients to the Twin Valley Behavioral Healthcare Hospital. The inpatient environment provides quality and cost effective services to all patients through a recovery-based approach. The average length of stay is 10 to14 days, and prior to discharge, patients are directed to mental health centers in the community to maintain their progress after leaving the facility (Ohio Mental Health and Addiction Services, 2019).
- C1.10. Africentric Personal Development Shop** – This behavioral healthcare center specializes in prevention, treatment, and recovery from addictions. Services include: (a) educational classes related to domestic violence, (b) youth summer camp, and (c) cultural activities and services to strengthen the community, such as the S.M.A.R.T. 2.0 Summer Enrichment Program and the Africentric Personal Development Shop Millicent “Mama Kim” Dixon Scholarship Fund (Africentric Personal Development Shop, 2017).
- C1.11. Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County** — This organization aims to reduce the incidence of mental health problems and eliminate the abuse of alcohol and drugs in Franklin County through the use of progressive and effective treatment and prevention services. Treatment programs are designed to be unique to the individual, and the organization helps to provide resources that offer cost-effective, timely and high quality care for individuals struggling with mental illness or addiction (ADAMH). Network members of ADAMH Board of Franklin County include but are not limited to: (a) Africentric Personal Development Shop, Inc., (b) Alvis Inc./Alvis House, (c) Amethyst Inc., (d) The Buckeye Ranch, (e) Central Ohio Area Agency on Aging, (f) Columbus Area Integrated Health Services Inc., (g) Columbus Public Health, (h) Columbus Urban League, (i) Community for New Direction, (j) Community Housing Network, (k) CompDrug Inc. (l) Concord Counseling Services, (m) Directions for Youth and Families, (n) Franklin County Local Outreach to Suicide Survivors (LOSS), (o) HandsOn Central Ohio Inc., (p) House of Hope for Alcoholics, (q) Huckleberry House, (r) Life Town – Friendship Circle, (s) Lutheran Social Services CHOICES for Domestic Violence, (t) Maryhaven, (u) Mental Health America of Franklin County, (v) National Alliance on Mental Illness (NAMI) Franklin County, (w) National Church Residences, (x) Nationwide Children’s Hospital Big Lots Behavioral Health Services, (y) Netcare Access, (z) North Central Mental Health Services, (aa) North Community Counseling Centers, and (bb) Ohio Guidestone (ADAMH Board of Franklin County, n.d.).

- C1.12. Alvis Inc.** — This organization provides: (a) residential reentry programs; 79 percent of clients who have gone through the program remain out of the criminal justice system, (b) behavioral health programs, (c) substance abuse treatment programs, (c) recovery housing for women and children, and (d) independent living services for individuals with developmental disabilities (Alvis, 2018).
- C1.12.1. Amethyst Inc.** — This client-centered treatment program helps substance-dependent women and their families work towards maintaining sobriety. Services include: (a) traditional and intensive outpatient treatment, (b) housing, (d) medical services, (e) family services, (f) mental health and trauma treatment, and (g) job readiness and placement (Alvis, 2018).
- C1.12.2. The Recovery Choices Program** — This program focuses on improving clients' decision-making skills and coping abilities to help them build drug- and alcohol-free lives. The program involves a thorough beginning assessment, followed by treatment services, a personal relapse plan, and an aftercare plan that involves support and implementation of concepts discussed in the program (Alvis, 2018).
- C1.13. Columbus Area Integrated Health Services Inc.** — This organization offers integrated behavioral health and wellness services, substance abuse and addiction programs, and employment training (Columbus Area Integrated Health Services, Inc., 2019). Examples of programs include: (a) Bell Center Africentric Therapeutic Community, (b) Medication-Assisted Treatment, and (c) Urban Youth Center (Columbus Area Integrated Health Services, Inc., 2019).
- C1.14. Columbus Public Health** — As part of its Alcohol and Drug Services program, Columbus Public Health offers the following services: (a) prevention, education and supportive services for youth and adults, (b) Latina Women's Program, (c) Parenting Wisely, (d) harm reduction intervention services, and (e) opiate crisis information (City of Columbus, 2019b). In collaboration with Franklin County Public Health and the Central Ohio Hospital Council, Columbus Public Health is also involved in free Naloxone trainings, information dissemination on medication disposal, and development and implementation of the Franklin County Opiate Action Plan (Franklin County Public Health, 2019).
- C1.15. Columbus Springs** — This organization provides services for mental health, addiction and co-occurring disorders (Columbus Springs, 2019). Programs include: adult inpatient, adult outpatient, child and adolescent programs, therapy, medication management, and alumni support (Columbus Springs, 2018). The involvement of family members and friends is encouraged to inspire positive change (Columbus Springs, 2018).
- C1.16. Community for New Direction** — This organization helps individuals achieve their brightest potential by providing programs to youth that discourage the use of alcohol, tobacco, and other drugs (Community for New Direction, 2019).
- C1.16.1. Adult Outpatient Addiction Treatment and Counseling Services** — This program provides individuals who may be struggling with addiction services such as but not limited to: (a) intensive and non-intensive outpatient programs, (b) individual counseling, (c) group counseling, (d) family counseling, and (e) life skills education, etc. (Community for New Direction, 2019).
- C1.16.2. Summer Day Camp** — Community for New Direction also runs a summer day camp that provides education, field trips, and prevention programs to youth aged five to 14 (Community for New Direction, 2019).
- C1.17. CompDrug Inc.** — This organization provides a range of programs and services to aide in the prevention, treatment, recovery, and lifestyle of those affected by addiction. CompDrug's philosophy for treatment is a mental health-based approach through interaction. Treatment programs include but are not limited to: (a) intensive outpatient treatment programs, (b) group counseling services, (c) therapeutic communities, (d) medication assisted treatment (MAT), and (e) pregnancy and parenting support (CompDrug Incorporated, 2014).
- C1.18. Concord Counseling Services** — This organization provides services such as but not limited to: (a) psychiatric and mental health services, (b) drug and alcohol treatment, (c) counseling, (d) school-based prevention programs, (e) psychological and practical support for older adults, (f) suicide prevention, (g) free support groups ("Survivors of Suicide," "Families in Touch," "Schizophrenics Anonymous"), (h)

community support for persons with severe mental disabilities, (i) access to full service pharmacy, and (j) respite program (Concord Counseling Services, 2019).

- C1.19. Directions for Youth and Families** — Provides mental, emotional, and behavioral health support for youth and families, counseling, community support, parenting classes, and after school and summer programs. Referrals come from schools, social services, juvenile court, family members, or other individuals who may be concerned with troubled youth or family (Directions for Youth and Families, 2019).
- C1.20. Franklin County Public Health** — Franklin County Public Health partners with Columbus Public Health, Maryhaven, and Central Ohio Hospital Council in providing free Naloxone training focused on different types of opiates, signs and symptoms of an opiate overdose, and how to administer Naloxone. Community participants in the Naloxone training are given free Naloxone kits (Franklin County Public Health, 2019b). Franklin County Public Health also helps disseminate public information on medication disposal and participates in the development and implementation of the Franklin County Opiate Action Plan (Franklin County Public Health, 2019b).
- C1.21. Maryhaven** — This organization specializes in addiction recovery. Maryhaven provides services that include but are not limited to: (a) inpatient and outpatient treatment, (b) medication assisted treatment (MAT), and (c) individual and group counseling. There are specific services for women, men, and adolescents, as well as public safety or court-related programs, and Addiction Stabilization Center (Maryhaven, 2018).
- C1.22. Mental Health America of Franklin County** — Services provided include counseling, maternal mental health groups, support groups, advocacy efforts, educational materials, a resource directory, mental health first aid training for the public, and professional trainings, all free of charge to individuals who need them (Mental Health America of Franklin County, n.d.). Mental Health of America of Franklin County provides certification for Mental Health First Aid training that educates the community of the warning signs of mental illness, makes known the impact of mental illness, and provides support to members of the community suffering from mental illness (Mental Health America of Franklin County, n.d.).
- C1.23. National Alliance on Mental Illness (NAMI) of Franklin County** — NAMI approaches mental illness as biologically based medical problems, providing support, education, and advocacy to those struggling with mental illnesses and their families (NAMI Franklin County, n.d.). NAMI offers free programs, such as but not limited to: (a) Concord Counseling Respite Program, (b) the Crisis Intervention Team (C.I.T.) Training Program, (c) NAMI Ending the Silence, (d) NAMI In Our Own Voice, and (e) NAMI Mentor Program.
- C1.24. Netcare Access** — This organization helps clients experiencing crisis and provides legal services. Netcare Access offers emergency response service, access to the Crisis Center; Assessment Center; ROW One program; specialized crisis and assessment services for clients with dual diagnosis of mental illness and/or developmental disabilities; older adult services; Crisis Stabilization Unit; Miles House, a short-term treatment facility for clients with mental illness; and Community Crisis Response (Netcare Access, 2018). Examples of legal services include but are not limited to: (a) forensic assessment services, and (b) family psychological services (Netcare Access, 2018). Netcare has a 24-hour mental health and substance abuse crisis hotline (614-276-CARE; 1-888-276-CARE). The hotline works in conjunction with the county's ADAMH system and provides assessment and referrals for treatment services for clients with: (a) developmental disabilities, (b) struggling with mental health or substance abuse crises, (c) clients with acute to severe mental disorders, and (d) clients requiring court-mandated mental health assessment. Once stabilized, patients will be discharged and referred to ADAMH programs for long-term treatment (Netcare Access, 2018).
- C1.25. North Central Mental Health Services** — This community-based mental health recovery agency provides services for all groups, from young children to older adults, and has both short- and long-term service options. Professionals approach treatment in a positive, constructive way, and the organization offers both direct treatment programs, as well as educational and preventative services. Services provided by the organization include: those focused on the elderly population, those with a family focus, as well as programs focused on recovery support, suicide prevention, community education, and psychiatric assessment (North Central Mental Health Services, 2016).

- C1.26. North Community Counseling Centers** — The Centers' programs aim to reach individuals, couples, and children struggling with the challenges of mental health and addiction. The North Community Counseling Centers offer both home- and school-based programs to provide resources that help residents of Franklin County reach their full potential. The North Community Counseling Centers provide individual and couples therapy, case management, medicine management, and medication assisted treatment (MAT) (North Community Counseling Center, 2019).
- C1.27. Ohio Mental Health and Addiction Services** — This agency implements statewide programs on prevention and wellness, treatment, support systems, workforce development for clinicians, peers and community leaders, regulations and research (Ohio Mental Health and Addiction Services, 2019).
- C1.28. Syntero** — This organization offers programs for youth, adults and older adults. Youth programs include but are not limited to: (a) outpatient counseling for mental health and substance use disorder counseling, (b) case management, (c) intensive outpatient for substance use disorder, (d) Help Me Grow, (e) integrated care, (f) mentoring, (g) Dublin Adolescents and Community Together (ACT), (h) Healthy Bodies/Healthy Futures, (i) diversion education, (j) Recovery-Engagement-Networking-Employment-Wellness (R.E.N.E.W.), (k) Permanent Family Solutions Network Partnership, and (l) school-based prevention services (Syntero, 2019). Adult programs include but are not limited to: (a) outpatient counseling for mental health and substance use disorder counseling, (b) case management, (c) intensive outpatient for substance use disorder, (d) integrated care, and (e) partnership with Goodwill Columbus to address mental health needs of their employment services in the community (Syntero, 2019). Older adult programs include but are not limited to: (a) outpatient mental health and substance use disorder counseling, (b) caregiver consultation, (c) older adults intensive-home based outreach, (d) Older Adults Volunteer Program, and (e) aging-focused support groups (Syntero, 2019).
- C1.29. The Buckeye Ranch** — The Ranch serves children and families and operates on a strengths-based approach, personalizing treatment to the individual and their strengths. The Buckeye Ranch provides clients with options such as: (a) foster care, (b) day treatment programs, (c) community support initiatives, (d) residential treatment services, and (e) a permanent family solutions network (Buckeye Ranch, 2019).
- C1.30. The PEER Center** – The PEER (Peer's Enriching Each Other's' Recovery) Center is a drop-in wellness, recovery and support center for persons with mental illness, addiction, and trauma. Through peer-to-peer communication and engagement, the PEER Center aims to help individuals understand their own triggers and what types of treatment are effective. Apart from peer support, the PEER Center also offers recovery tools and daily mental health, alcohol, drugs and trauma-informed support groups. (The PEER Center, 2017).
- C1.31. Urban Minority Alcoholism and Drug Abuse Outreach Program of Franklin County** — This agency serves the African American community through alcohol, tobacco, and other drug education and prevention services for youth and families, re-entry and training (Urban Minority Alcoholism and Drug Abuse Outreach Program of Franklin County. n.d.).

C2. Healthcare Facilities and Community Resources Addressing Income/Poverty (including lack of access to affordable housing and lack of access to healthy and nutritious foods)

- C2.1. Broad Street Presbyterian Church** — The Broad Street Food Pantry helps residents of Franklin County provide healthy meals to themselves and/or their families. From May to October, fresh produce is handed out in the parking lot of the church twice a month, and a variety of food, nutrition, and cooking classes are offered throughout the course of every month. The food pantry is open Monday through Friday, 8 a.m. to 11:30 a.m., and on some Saturdays, from 8 a.m. to 11 a.m. Services are limited to 35 families daily (Broad Street Presbyterian Church, 2017).
- C2.2. Career Transition Institute** — The Institute offers training at a small cost per month for individuals looking for jobs, wanting a career change or advancing their careers. Individuals are trained to develop skills in networking, interviewing, preparing resumes and cover letters and effective use of social media (Career Transition Institute, n.d.).
- C2.3. Cap4Kids** — The Children's Advocacy Project of Columbus, Ohio, provides families and their children information on community resources such as but not limited to: (a) food assistance, (b) healthy lifestyles and nutrition, (c) housing, (d) utilities, (e) clothing, (f) legal and financial help, and (g) mentorship and leadership programs (The Children's Advocacy Project, 2015).

- C2.4. Center for Employment Opportunities Columbus** — The Center aims to reduce recidivism by providing people returning from prison with paid temporary employment, development of skills and career support, job coaching and job-readiness training (Center for Employment Opportunities, 2018).
- C2.5. Central Community House** — This community center and human service agency serves the near east and near south neighborhoods of Columbus, Ohio. Examples include: assistance for basic needs and workforce development (United Way of Central Ohio, n.d.).
- C2.6. Columbus Works Inc.** — This organization works with job seekers and employer partners in providing job readiness training and coaching, ongoing career training, and leadership and coaching training for employers (Columbus Works, Inc., 2016).
- C2.7. Community Medication Services of Central Ohio** — This organization helps people develop and use their conflict resolution and mediation skills to address workplace issues, marital issues, elderly care, parent-teenager conflicts, neighborhood problems and managing evictions (Community Medication Services of Central Ohio, 2019).
- C2.8. Community Shelter Board** — The board's services include but are not limited to: (a) prevention of homelessness, (b) provision of shelter, (c) outreach to streets, (d) rapid re-housing, and (e) permanent supportive housing (Community Shelter Board, n.d.). Community Shelter Board projects receive funding and support from the City of Columbus, Franklin County Board of Commissioners, United Way of Central Ohio, Columbus Foundation, Nationwide Foundation, American Electric Power Foundation, and the U.S. Department of Housing and Urban Development.
- C2.9. Center for Groveport Madison Human Needs** — This non-profit organization provides emergency cash assistance, rental assistance, and household item assistance to low-income individuals in the Groveport Madison School District. The organization can provide up to \$500 in a 12-month period and up to \$1,000 per household in lifetime assistance. Cash assistance is provided to those who have exhausted all other forms of assistance (Center for Groveport Madison Human Needs, n.d.).
- C2.10. City of Columbus**
- C2.10.1. Columbus Public Health Local Food Action Plan** — A community effort led by the City of Columbus, Franklin County, and Local Matters to create a more sustainable local food system that addresses inequalities in access to local, healthy, and affordable food. This plan was also developed to create more jobs for residents of the Franklin County community. Developed in 2017, the goals of the program are to increase communication with food resource agencies, increase access to food education, increase the role of food in economic development, and prevent waste from food (City of Columbus, 2019c).
- C2.10.2. Development-Housing** — Development-Housing facilitates programs for Columbus residents who are eligible for assistance based on the Department of Housing and Urban Development income guide. It also offers grants for housing developers to develop new or remodeled housing units for low- to moderate-income households (City of Columbus, 2019d).
- C2.11. Columbus Metropolitan Housing Authority** — The Authority helps individuals in Franklin County gain access to affordable housing by developing and maintaining housing, promoting a sense of community within neighborhoods, and aiding residents in accessing needed social services, (Columbus Metropolitan Housing Authority, 2019). The Columbus Metropolitan Housing Authority aims to help low income families, seniors, and those persons with disabilities gain access to housing. Examples of programs include: Public Housing and Housing Choice Voucher (Columbus Metropolitan Housing Authority, 2019).
- C2.12. Columbus Urban League** — The Urban League serves African American and disadvantaged urban families in Columbus and Franklin County. The organization has 21 different initiatives, with the goal of overcoming barriers, achieving economic mobility, and teaching children academic and life skills (Columbus Urban League, 2019). Examples of initiatives include: (a) citizen empowerment (“Choose 2 Change,” “Transitions”), (b) managing money and mortgages (“Financial Empowerment/700 Credit Score Initiative,” homebuyer education, information about rental and fair housing, discrimination prevention), (c) jobs and training (“A.M.P.- Real Potential,” “Empower U,” “My Brother’s Closet,” “Transitions,” and “Urban Technology Jobs”), and (d) parenting and raising children (“Father 2 Father,”

“FRESH Afterschool,” “Headstart Academy,” “I Am my Brother’s Keeper,” “Project Survival”) (Columbus Urban League, 2019).

- C2.13. Community Housing Network** — The Community Housing Network provides permanent housing that allows for participants to be successful members of their community. The organization has developed more than 1,600 apartments across 32 zip codes in Franklin County. Advisory councils are assembled in communities prior to development to ensure responses to concerns expressed in the communities. An emphasis is placed on peer support and a sense of community, something those who previously struggled with homelessness or addiction might not have, (Community Housing Network, 2018).
- C2.14. Community Properties Impact Corporation** — The Community Properties Impact Corporation provides quality affordable housing, links residents with resources, promotes safe neighborhoods, and fosters community learning (Community Properties Impact Corporation, n.d.). For example, the Columbus Scholar House gives parents the opportunity to live in the Charles Building on Columbus’ near east side while they attend a college or university full time. The program allows parents to stay in school while also providing for their children. Emphasis is placed on academic performance, accessing affordable childcare, parenting skills, and transitioning from school to work (Community Properties Impact Corporation, n.d.).
- C2.15. Congregational Outreach Ministries Program of Assistance and Social Service (COMPASS)** — Guided by a group of churches and community groups in Franklin County, this program aims to provide emergency assistance to individuals willing to invest themselves in the program (Broad Street Presbyterian Church, 2019). The main goal of the program is to provide services to prevent homelessness and stall evictions (Broad Street Presbyterian Church, 2019).
- C2.16. Franklin County Department of Job and Family Services** — The “Learning, Earning, and Parenting (LEAP)” program offers cash assistance to parents up to age 20 who have not completed high school or received their General Education Development (GED) (Franklin County Department of Job and Family Services, 2017). Services such as childcare and transportation are also provided to participants to reduce obstacles to graduation (Franklin County Department of Job and Family Services, 2017).
- C2.17. Gladden Community House** — Gladden Community House provides emergency assistance and access to food pantry for individuals and families in Franklin County. Emergency financial assistance can be used to aide with rent, utilities, prescriptions, or medical services (Gladden Community House, 2014).
- C2.18. Habitat for Humanity MidOhio** — Through the building of homes in the Franklin County area, this organization is helping to create stability for families by giving them a place to call home. First-time homebuyers who earn 30 to 60 percent of the area’s median income are the target population for these homes. Families in the program are required to put in 200 to 250 hours of building time and attend homeownership and financial literacy classes in order to receive the benefits of the program (Habitat for Humanity International, 2019).
- C2.19. HandsOn Central Ohio** — This organization serves as the primary access point to food pantries in central Ohio and aims to increase food security in the area by creating a comprehensive food access system. In 2015, the organization made access to emergency food supplies even more efficient through call and text features on mobile phones (Hands On Central Ohio, 2018).
- C2.20. Homeport** — This Columbus-based, non-profit housing developer aims to provide opportunity and dignity to low-income families through the building of homes and revitalization of neighborhoods in the area. The organization takes a comprehensive approach to supporting the families they serve. Activities include: out-of-school programs, produce markets, homeownership classes, one-on-one homeownership coaching, and budget coaching services, all offered by this resource outside of simply owning a home (Homeport, 2019).
- C2.21. Homes on the Hill Community Development Corporation** — This organization provides affordable housing and educational and supportive services to low- and moderate-income families in the southwestern Franklin County area. Through housing counselors, who provide homeowner education workshops, budgeting and credit counseling sessions, and foreclosure prevention counseling, the organization has helped to fill more than 100 rental housing units (Homes on the Hill Community Development Corporation, 2018).

- C2.22. IMPACT Community Action** — The goal of this organization is to reduce poverty by providing opportunities for self-sufficiency. The organization provides emergency financial assistance to stabilize households during times of crisis and encourage self-sufficiency. Individuals served include those who are at or below 125 percent of the federal poverty line in Franklin County (IMPACT Community Action, 2019). Most individuals must also have an emergency that disrupts their life or lifestyle to qualify for assistance. Funds can be used for transportation assistance, furniture, rental assistance, water assistance, state identification assistance, and bereavement assistance (IMPACT Community Action, 2019).
- C2.23. Lutheran Social Services (LLS)** — By providing a food source for food insecure families in the Franklin County area, LSS food pantries allow these families to focus on other aspects of life, such as paying bills or finding employment. Services are provided to families living at 200 percent or less of the federal poverty level. LSS food pantries have a walk-in, a mobile pantry, or online pantry option for residents of Franklin County to obtain food (Lutheran Social Services, 2016).
- C2.24. Mid-Ohio Foodbank** — This organization works with various agencies and companies, grocery stores, farmers, the U.S. Department of Agriculture, and members of the community to distribute food to food pantries, soup kitchens, shelters, and after-school programs across central and eastern Ohio. The Mid-Ohio Foodbank leads and facilitates food distribution that meets nutritional needs (Mid-Ohio Foodbank). Examples of Mid-Ohio Foodbank programs include but are not limited to: (a) "Food is Health," (b) "Urban Farms of Central Ohio," and (c) "South Side Roots Cafe, Market and Kitchen" (Mid-Ohio Foodbank, n.d.).
- C2.25. Move to PROSPER** — This organization provides rental housing in neighborhoods with safety as a priority and good school districts so that all families in central Ohio can live in a community where they have opportunities to succeed. In the program, families receive three years of rental support, a rental home or apartment in a safe community, a life coach, and integration assistance into one's new life. Move to PROSPER provides these opportunities to low-income families with children under age 13 in the Gahanna, Olentangy, Dublin, and Hilliard school districts (Move to PROSPER, 2018).
- C2.26. Nationwide Children's Hospital** — Nationwide Children's Hospital collaborates with the Community Development for All People in providing affordable housing to revitalize Columbus' south side through "Healthy Homes." Examples of "Healthy Homes" projects include: renovations, new builds, and available grants for home repair (Nationwide Children's Hospital, 2019b). The main goal of the program is to provide safe and healthy homes for families and individuals in an effort to help clients in an effort to remove this potential barrier to health and well-being (Nationwide Children's Hospital, 2019b).
- C2.27. Near Northside Emergency Material Assistance Program (NNEMAP) Food Pantry** — NNEMAP provides access to nutritious food and other resources to qualifying residents of Franklin County from 43201, 43211, 43215 and 43224. Qualifying residents receive a three-day supply of food twice each month from the pantry (NNEMAP, 2019). For homeless clients, food options are provided that do not require cooking or refrigeration (NNEMAP, 2019). Weekly programs also exist to help clients in determining their eligibility for Supplemental Nutrition Assistance Program benefits (NNEMAP, 2019).
- C2.28. Neighborhood Services, Inc. Food Pantry** — This organization provides food and material items to those in need in Franklin County. The Choice Food pantry is open Monday through Thursday from 10 a.m. to 1 p.m. and provides a five-day supply of food to residents. (Neighborhood Services Food Pantry, n.d.). This service can be used once a month by those residing in 43201, 43202, 43210 and 43211 and once a year for residents of Franklin County residing in other zip codes (Neighborhood Services Food Pantry, n.d.). The organization also holds a monthly produce market and holiday food programs, which distribute seasonal foods during the Easter, Thanksgiving and Christmas holidays (Neighborhood Services Food Pantry, n.d.).
- C2.29. Ohio Works First (OWF)** — a temporary financial assistance program for Ohio's needy families. The program is designed to provide assistance three times to eligible families over the course of 36 months (Ohio Department of Job and Family Services, 2018). The focus of this program is self-sufficiency, responsibility, and employment (Ohio Department of Job and Family Services, 2018).
- C2.30. St. Stephen's Community House** — This charity provides emergency assistance to fund basic needs such as food, housing, clothing, and healthcare, free childcare and education for young children with the goal of strengthening the entire family. St. Stephen's Community House helps individuals or families

obtain their public assistance benefits if they were not previously receiving them and help to increase employment and education in the community (St. Stephens Community House, 2018).

- C2.31. The Columbus Foundation** — The Foundation assists various non-profits in fundraising for programs that address income and/or poverty in Franklin County, such as, but not limited to: (a) IMPACT Community Action, (b) Nothing into Something Real Estate, (c) Family Mentor Foundation, (d) Victory Ministries Inc., (e) Franklinton Rising, (f) Together We Grow Inc., (g) Bridges Community Action Partnership, (h) Compassion Furniture Bank, (i) Community Properties Impact Corporation, (j) Furniture Bank of Central Ohio, and (k) Neighborhood Services Inc. Food Pantry.
- C2.32. The Homeless Families Foundation** — This organization provides education and care to children while helping their families find housing and achieve self-sufficiency. The organization believes that education is key to breaking the cycle of homelessness, so year-round educational services are provided to families in the program. The organization has three specific programs to help previously homeless families find housing: (a) “Rapid Re-housing” works with families to help them transition directly from homelessness to stable housing, (b) “Beyond Housing” tackles issues that may jeopardize a family’s housing situation with the goal of breaking the generational cycle of homelessness, and (c) “Healthy Beginnings at Home” provides housing stability to expectant mothers to combat the region’s high infant mortality rate in collaboration with CelebrateOne (The Homeless Families Foundation, 2018).
- C2.33. United Methodist Church and Community Development for All People** — This organization offers access to services or partnerships that address income/poverty including, but not limited to: (a) “Free Store,” (b) “All People’s Fresh Market,” (c) access to affordable housing, (d) “First Birthdays,” (e) “Healthy Eating and Living,” (f) “Youth Development,” (g) “Bikes 4 All People,” (h) “South Side Leadership Academy,” and (i) job training (United Methodist Church and Community Development for All People, n.d.).
- C2.34. United Way of Central Ohio** — This organization supports a network of at least 80 local non-profit partners that provide services to address: (a) basic needs such as food, shelter and assistance, (b) attainment of good jobs through skills development, (c) strengthening neighborhood revitalization, and (d) promoting student success (United Way of Central Ohio, n.d.). United Way of Central Ohio also leads community collaborations to address poverty (United Way of Central Ohio, n.d., a).
- C2.35. Veterans Food Bank** — The largest food bank in Ohio, Veterans Food Bank is dedicated to feeding veterans and their families. Open from 8:30 a.m. to 4 p.m. Monday through Friday, the food bank is considered an emergency bank, meaning that 15 meals can be provided to each family member every month. Aside from providing food to veterans and their families, staff members work with clients to help them become self-reliant (Military Veterans Resource Center, 2017).

C3. Healthcare Facilities and Community Resources Addressing Maternal and Infant Health (Including health before pregnancy, preterm birth and infant mortality)

- C3.1. OhioHealth Women’s Health** — OhioHealth Women’s Health provides comprehensive women’s health services, prenatal care, postpartum care, and family planning services. Examples of OhioHealth clinics include but are not limited to: (a) OhioHealth Maternal Fetal Medicine Physicians Doctors Hospital, (b) OhioHealth Maternal Fetal Medicine Physicians Dublin Methodist, (c) OhioHealth Maternal Fetal Medicine Physicians Grant, (d) OhioHealth Maternal Fetal Medicine Physicians Riverside Methodist, (e) OhioHealth Obstetrics and Gynecology Physicians Columbus, (f) OhioHealth Obstetrics and Gynecology Physicians Grove City, (g) OhioHealth Obstetrics and Gynecology Physicians Hilliard, (h) Riverside OB/GYN Community Care (i) Riverside Women’s Center, and (j) OhioHealth Wellness on Wheels Women’s Health (OhioHealth, 2015-2019h).
- C3.2. Nationwide Children’s Hospital** — Nationwide Children’s Hospital provides services such as: (a) Young Women’s Contraceptive Services Program (BC4Teens) and (b) pediatric and adolescent gynecology (Nationwide Children’s Hospital, 2019c,d). Serving women up to age 22, the BC4Teens program makes it possible for patients and their families to talk with medical experts about sex, birth control and how to obtain it, and sexually transmitted infections (Nationwide Children’s Hospital, 2019c,d). During an appointment, young women and their family members meet with a medical professional to discuss any questions and birth control options. The Pediatric and Adolescent Gynecology department focuses on the diagnosis and management of female reproductive health for individuals up to age 27 (Nationwide Children’s Hospital, 2019c,d). The Pediatric and Adolescent Gynecology department provides comprehensive well-woman check-ups, initial reproductive health

visits, birth control, and administration of reproductive healthcare for special needs population (Nationwide Children's Hospital, 2019c,d).

- C3.3. Planned Parenthood Columbus** — Planned Parenthood Columbus provides reproductive healthcare, sex education and information to men and women worldwide (Planned Parenthood Federation of America Inc., 2018). Birth control services are provided on a walk-in basis or during business hours by appointment. Examples include but are not limited to: (a) birth control implant, (b) patch, (c) pill, (d) shot, (e) vaginal ring, (f) condom, (g) diaphragm, (h) emergency contraception and (i) hormonal and copper intrauterine device (IUD). Education on safer sex, abstinence and birth control are also provided (Planned Parenthood of Greater Ohio, 2019). Planned Parenthood also provides women's healthcare services, including annual well-woman exams, post abortion follow-up exams, sexual/reproductive health check-ups, vaginal infection testing and treatment, gynecological exams, cervical cancer screenings and other tests and screening surrounding the reproductive health of a woman. All services are available during regular business hours and services may be covered under insurance (Planned Parenthood of Greater Ohio, 2019).
- C3.4. PrimaryOne Health** — PrimaryOne offers obstetrics and gynecology (OB/GYN) procedures, screenings and tests, family planning services and obstetrics services. Examples of onsite OB/GYN procedures include: (a) cervical biopsy, (b) endometrial biopsy, (c) colposcopy, and (d) imaging services (PrimaryOne Health, 2019). Examples of gynecological screenings and tests include: (a) pap and cervical cancer screens, (b) breast exams, and (c) sexually transmitted diseases (PrimaryOne Health, 2019). Examples of family planning services include: (a) counseling for the use of birth control, and (b) Long-Acting Reversible Contraceptive (LARC) counseling and insertion (PrimaryOne Health, 2019). Examples of obstetric care services include: (a) fetal surveillance and monitoring, (b) ultrasound services, and (c) CenteringPregnancy® (PrimaryOne Health, 2019). Through CenteringPregnancy®, eight to 12 women with similar due dates are asked to enroll in the program, which consists of 10 two-hour sessions, from their first trimester to 24th week of pregnancy.
- C3.5. Amethyst Inc.** — An Alvis recovery program that serves women in substance abuse recovery and their families, Amethyst services include: intensive outpatient treatment for addiction, supportive housing, medical services, treatment for mental health and trauma, family services, and job readiness and placement. More specifically, clients and their families have access to: (a) self-help/peer support groups, (b) case management, (c) skills for managing homes and developing life skills, (d) intensive alcohol and drug treatment, (e) counseling for trauma, (f) services for mental health, (g) counseling family, (h) parenting, nutrition and health education, (i) access to emergency childcare, (j) summer camps for children, (k) access to healthcare and care coordination, (l) financial planning, (m) education support, (n) workforce development, (o) transportation assistance, and (p) information and linkage to community resources (Alvis, 2018).
- C3.6. Boys and Girls Clubs of Columbus** — Boys and Girls Clubs offer services such as but not limited to: (a) spaces for teens activities to prepare for college or careers, (b) opportunities to participate in sports, (c) development of leadership skills, (d) relationship building, (e) serving as role models, (f) adoption of healthy lifestyles, (g) achievement of academic success, (h) readiness to pursue post-secondary education or a career education, and (i) character and citizenship development (Boys and Girls Clubs of Columbus, 2019).
- C3.7. CelebrateOne** — This organization aims to carry out the Greater Columbus Infant Mortality Task Force's recommendations and helps to achieve the city's goal of: (a) reducing infant mortality rates in the city by 40 percent and (b) shrinking the racial health disparity gap in 2020 (City of Columbus, 2019f). CelebrateOne tackles the most significant factors that contribute to infant mortality: premature birth, sleep-related deaths and lack of connections. Resources are provided to expecting mothers to aide in a healthy pregnancy; teen pregnancy prevention is also a focus of the program (City of Columbus, 2019f). CelebrateOne also offers pregnancy and parenting support groups and assistance in making doctors' appointments for prenatal care and obtaining resources through StepOne (City of Columbus, 2019f).
- C3.8. Center for Healthy Families** — This organization helps teen parents achieve self-sufficiency through effective services such as, but not limited to: high school graduation and access to post-secondary education, healthy relationships, healthy babies, effective parenting, pregnancy prevention until the time is right, housing and support groups (The Center for Healthy Families, n.d.).
- C3.9. City of Columbus** — The Mayor's Office in the City of Columbus oversees implementation of CelebrateOne, StepOne and partners with various community programs or initiatives such as Moms2B,

Mothers Cove and Baby Nook to offer support groups and health education to pregnant and parenting women (City of Columbus, 2019f). As part of the City of Columbus, Columbus Public Health facilitates the implementation of community-based programs that address maternal and infant health, such as, but not limited to: Women, Infants and Children (WIC), sexual health, family planning and women's health services (City of Columbus, 2019g). The City of Columbus also facilitates the Early Start childhood education (City of Columbus, 2019h; Columbus Dispatch, 2018). The city of Columbus Department of Development explores opportunities to provide access to affordable housing in Columbus, Ohio (City of Columbus, 2019i).

- C3.10. Columbus City Schools** — The school district provides support to pregnant teens that includes: (a) allows home instruction for students who are pregnant and have medical complications that make them unable to attend school, and (b) partners with OhioHealth Wellness on Wheels Women's Health and Columbus Public Health's My Baby and Me Home Visiting program in providing pregnant patients with access to prenatal, postpartum care, women's health services, access to human papillomavirus vaccination, and home visits.
- C3.11. Columbus Diaper Coalition** — This organization partners with various food pantries and community organizations to collect diaper donations. Examples of community partners include but are not limited to: (a) Fruit of the Vine Food Pantry, (b) Northside Food Pantry, (c) Gahanna Residents in Need (GRIN), (d) Worthington Food Pantry, (e) Broad St. Food Pantry, (f) Canvas Salon + Skin Bar, (g) CD 102.5, (h) Resource/Ammirati, and (i) Church of Resurrection (Columbus Diaper Coalition, 2019).
- C3.12. Columbus Public Health Women's Health and Wellness Center** — This Center serves women, teens and their partners. Services include but are not limited to: (a) women's annual exams, (b) birth control and reproductive planning, (c) pregnancy tests, and (d) screening for certain sexually transmitted infections. The Women's Health and Wellness Center offers all birth control methods, emergency contraception, and preconception education and vitamins (City of Columbus, 2019e).
- C3.13. Franklin County Department of Job and Family Services** — This agency provides medical assistance, Medicaid and Healthy Start programs for women, children and their families. As part of the Medicaid programs, the Franklin County Job and Family Services Medicaid program includes: (a) "Healthy Start, Healthy Families," which is the Children's Health Insurance Program (CHIP), (b) pregnancy-related services, including prenatal and postpartum health services for low-income mothers, and (c) access to medical transportation services.
- C3.14. Franklin County Family and Children First Council** — The Council implements programs such as: (a) Help Me Grow, (b) care coordination, (c) family and civic engagement, (d) reduction of child abuse and neglect, (e) community collaborations serving children and families, and (f) "Building Better Lives" (Franklin County Family and Children First Council, n.d.).
- C3.15. Maryhaven** — Examples of programs offered through Maryhaven for pregnant women include: "Stable Cradle," which is implemented in partnership with The Ohio State University Wexner Medical Center to promote the health of mothers and babies and strengthen family bond. The "Stable Cradle" project offers individualized resources, access to mentors, and access to prenatal, labor and delivery and postpartum care. In partnership with OhioHealth, Maryhaven operates a 55-bed Addiction and Stabilization Center, a facility that stabilizes women and others in crisis and provides access to treatment and long-term recovery services (Price, 2018).
- C3.16. Moms2B** — Moms2B is a community-wide prenatal and first-year-of-life program directed to reduce infant mortality in Franklin County (The Ohio State University Wexner Medical Center, n.d.). Moms2B provides weekly education and support sessions to promote healthy lifestyle choices and link mothers with support services (The Ohio State University Wexner Medical Center, n.d.). Education topics include but are not limited to: breastfeeding, child development, family planning, goal setting, labor and delivery, maternal-infant health, positive parenting, reproductive health, safe sleep. The program meets weekly, and offers transportation assistance, free childcare, and incentives for attendance (The Ohio State University Wexner Medical Center, n.d.).
- C3.17. Healthy Bodies/Healthy Futures** — Designed to empower teens to make sound choices and practice health behaviors, Healthy Bodies/Healthy Futures is a comprehensive and free sexual health education program for teens in the Franklin County area. The program aims to prevent the spread of sexually transmitted diseases and decrease the number of unintended pregnancies (Syntero, 2019).

- C3.18. Maternity Resource Center (MRC)** — This Center provides pregnant women and their families free maternity clothes and infant and toddler clothing.
- C3.19. Ohio Better Birth Outcomes (OBBO)** — The Central Ohio Hospital Council aims to reduce the infant mortality rate in Franklin County through improvement of the delivery of healthcare services to pregnant women and their families. The three key initiatives of the council in this area are: (a) improving reproductive health, (b) expanding access to prenatal care, and (c) enhancing quality initiatives to help reduce premature births. The OBBO program aims to improve reproductive health by increasing access to long-acting reversible contraceptives and increasing the number of women who plan safe spacing (more than 18 months) between pregnancies. Prenatal care initiatives include increasing the number of women who receive care in the first trimester. Prematurity initiatives aim to decrease the number of premature births each year and increase the attendance rate for postpartum care visits in Franklin County (Ohio Wellness Coalition, 2011 – 2019).
- C3.20. OhioHealth Women's Health Services** — This service offers comprehensive gynecology and maternity services, including but not limited to: (a) annual well-woman exams, (b) fertility issues, (c) family planning/birth control, (d) maternity care, (e) screening for sexually transmitted diseases, minimally invasive and non-invasive treatment options for gynecologic conditions, and (f) adolescent care (first gynecology visit, menstrual issues, pap smear, human papilloma virus vaccine (OhioHealth, 2015-2019g)). The OhioHealth Wellness on Wheels Women's Health mobile clinic provides comprehensive women's health, prenatal and postpartum care in high-risk neighborhoods in central Ohio.
- C3.21. Physicians CareConnection** — This organization administers StepOne, which helps pregnant women schedule their first prenatal appointment and provides care coordination services for all patients, such as but not limited to: (a) dental care, (b) family coaching and support, (c) health insurance enrollment, (d) linkage to food services and nutrition, (e) medical diagnostic testing and laboratories, (f) medical interpretation, (g) assistance with prescriptions, and (h) prenatal care, primary care, specialty care and vision services.
- C3.22. St. Stephen's Community House** — St. Stephen's Community House helps children, youth and families become self-sufficient by eliminating social and health-related barriers through case management, youth groups and family events. As a means of tackling the high infant mortality rates in the Linden area, St. Stephen's Community House partners with Columbus Public Health to provide Community Connectors, a program that facilitates in-person visits with pregnant and new mothers (St. Stephen's Community House, 2018).
- C3.23. The Ohio State University East Hospital Total Health and Wellness** — This multidisciplinary healthcare team of caregivers offers comprehensive physical and mental health care. Examples of services include: (a) basic women's services, including pap smears and birth control, (b) health and wellness screening and education, (c) care and ongoing management of diabetes, asthma and heart failure, (d) mental health counseling for depression and anxiety, and (e) healthy lifestyle programs.
- C3.24. The Center for Healthy Families** — This organization helps teen parents achieve self-sufficiency through effective services such as, but not limited to: high school graduation and access to post-secondary education, healthy relationships, healthy babies, effective parenting, pregnancy prevention until the time is right, housing and support groups (The Center for Health Families, n.d.).
- C3.25. United Methodist Church and Community Development for All People** — This group organizes quarterly birthday parties to celebrate first birthdays as a means of supporting families and babies living in the south side of Columbus, Ohio. The goals of "First Birthdays" include: (a) to celebrate with families that their baby has reached age one, (b) to support women who are pregnant and provide them and their families with education on how to have a healthy birth outcome and baby's life, and (c) promote community awareness about the importance of community-wide support so babies reach their first birthday and beyond (United Methodist Church and Community Development for All People, n.d.). The parties offers door prizes, diapers, access to vendor tables, and health and wellness information. Community partners of Community Development for All People include but are not limited to: (a) Buckeye Community Health Plan, (b) Capital University, (c) CareSource, (d) Columbus Public Health, (e) Diaper Connection, (f) Growing Healthy Kids, (g) Moms2B, (h) Nationwide Children's Hospital, (i) OhioHealth, (j) Molina, (k) Nurse-Family Partnership, (l) South Side Learning and Development Center, (m) The Diaper Angels, and (n) The Ohio State University (United Methodist Church and Community Development for All People, n.d.).

D. How Data Were Obtained

D1.1. The definition of the community served by OhioHealth Riverside Methodist Hospital was based on the percentage of patients who resided in Franklin County during Fiscal Year 2018, according to the hospital's electronic medical records. See **Section A**.

D1.2. The demographic data of the Franklin County population were obtained from the Ohio Development Services Agency (Ohio Development Services Agency, n.d.). See **Section B**.

D1.3. Pertinent health data was summarized from Ohio's 2016 Community Health Assessment (Ohio Department of Health, n.d.). See **Appendix A**.

D1.4. Pertinent data and information were summarized from the following reports: (a) Columbus Public Health Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) (City of Columbus, 2019a) and (b) Franklin County Public Health CHA and CHIP (Franklin County Public Health, 2019a). See **Appendix B**.

No information gaps were identified that may have an impact on the ability to assess health needs during this community health needs assessment process.

E. The Significant Health Needs of the Community

The Central Ohio Hospital Council, representing OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System and Nationwide Children's Hospital, organized several meetings related to the completion of HealthMap 2019.

Based on HealthMap 2019, the following are the significant health needs in Franklin County:

- 1. Mental health and addiction** — includes: (a) lack of mental health providers, (b) increased number of Emergency Department visits, opioid overdoses, Naloxone training
- 2. Income/poverty** — includes low income, high rates of poverty, lack of access to affordable housing, and lack of access to healthy foods
- 3. Maternal and infant health** — includes health of pregnant women before delivery, need to prevent preterm births and infant mortality

F. Primary and Chronic Disease Needs, and Other Health Issues of Uninsured Persons, Low-income Persons and Minority Groups

The primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups residing in Franklin County and the latest data for each need are summarized in **Appendices A and B**.

G. The Process for Identifying and Prioritizing Community Health Needs

G1. Process and Criteria for Identifying and Prioritizing Significant Health Needs

The process and criteria for identifying and prioritizing significant health needs are discussed in the HealthMap 2019, pages 2 and 3. The members of the Franklin County Community Health Needs Assessment Steering Committee are listed in **Appendix C** of this report. The process and criteria are summarized below:

- + **October and November 2017** — The Community Health Needs Assessment Steering Committee completed pre-planning activities.
- + **January 2018** — The Community Health Needs Assessment Steering Committee identified health indicators that will be used to gather data for the HealthMap 2019 report.
- + **February to August 2018** — The Ohio State University College of Public Health Center for Public Health Practice, Illuminology, Columbus Public Health and the Central Ohio Hospital Council identified data sources and gathered pertinent data for the health indicators that were identified. The Ohio State University College of Public Health and Illuminology completed writing the draft of HealthMap 2019.
- + **October 2018** — Representatives from Columbus Public Health and Franklin County Public Health gave a brief overview of the process involved with their respective Community Health Assessments (CHA) and Community Health Improvement Plan (CHIP). The Community Health Needs Assessment Steering Committee was divided into groups of four participants and reviewed the information and data from the report and identified potential health issues. The Steering Committee then viewed the health issues through a “gallery walk” exercise. After a full understanding of the health issues, the Steering Committee members voted via “dot stickers” on the health issues that they thought were significant health needs of Franklin County residents.
 - o Participants considered the following criteria, as well as their experiences in their organization and in the community, while voting on and prioritizing the significant health needs:
 - **Seriousness:** Degree to which the health issue leads to death, disability and impairs one’s quality of life.
 - **Severity of the consequences of inaction:** Risks associated with exacerbation of health issue if not addressed at the earliest opportunity.
 - **Size:** Number of persons affected.
 - **Equity:** Degree to which different groups in the county are affected by the health issue.
 - **Feasibility:** Ability of an organization or individuals to reasonably combat the health issue given available resources, including the amount of control, knowledge, and influence the organization(s) have on the issue.
 - **Change:** Degree to which the health issue has become more or less prevalent over time, or how it compares to state/national indicators.
 - o From these exercises, the Steering Committee was able to complete its charge to identify and prioritize the significant health needs of Franklin County residents.
- + **November 2018** — The Steering Committee was asked to prioritize potential partners and /or resources potentially available to address and improve the health needs.
- + **January 2019** — The final HealthMap 2019 report was distributed to members of the Franklin County Community Health Needs Assessment Steering Committee

G2. Ranking Scores and Identification of Three Priority Health Needs in Franklin County

The ranking of scores and identification of three priority health needs in Franklin County are discussed in the HealthMap 2019, pages 2 and 3 (**Appendix E**).

The three priority health needs in Franklin County:

- 1. Mental health and addiction** — includes (a) lack of mental health providers, (b) increased number of Emergency Department visits, opioid overdoses, Naloxone training
- 2. Income/poverty** — includes low income, high rates of poverty, lack of access to affordable housing, and lack of access to healthy foods
- 3. Maternal and infant health** — Includes health of pregnant women before delivery, need to prevent preterm births and infant mortality

H. The Process for Consulting with Persons Representing the Community's Interests and Input Provided

Appendix C lists organizations that participated in assessing, identifying and prioritizing the significant health needs of the community. Community input was provided from those persons and organizations that represent the broad interests of the community, including leaders, representatives or members of medically underserved, low-income, and minority populations, and those with special knowledge of or expertise in public health.

No written comments on the prior CHNA and Implementation Strategy were received.

Community input was obtained from all required sources.

I. The Impact of Any Actions Taken to Address the Significant Health Needs Identified in the Hospital Facility's 2016 CHNA

Appendix D1 summarizes the impact of the actions that were identified in the 2017-2019 OhioHealth Joint Implementation Strategy of OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital to address the significant health needs in Franklin County (OhioHealth, 2016).

Appendix D2 summarizes the impact of the actions that were identified in the 2016-2018 OhioHealth Rehabilitation Hospital Implementation Strategy to address the significant health needs in Franklin County. While OhioHealth Rehabilitation Hospital conducted a CHNA in 2018 and adopted an Implementation Strategy for 2019-2021, because of the short time in which that implementation strategy was in effect, data on the impact of that implementation strategy was not available as of the writing of this report.

J. Organizations Contracted to Assist with the Community Health Needs Assessment

J1. Bricker & Eckler LLP/INCompliance Consulting (Chris Kenney, Jim Flynn)

Bricker & Eckler LLP, located at 100 South Third Street, Columbus, Ohio 43215, was contracted to review this community health needs assessment (CHNA) report. Jim Flynn is a partner with the Bricker & Eckler healthcare group, where he has practiced for 28 years. His general healthcare practice focuses on health planning matters, certificates of need, non-profit and tax-exempt healthcare providers, and federal and state regulatory issues. Mr. Flynn has provided CHNA consultation to healthcare providers, including non-profit and tax-exempt healthcare providers, as well as public hospitals. Chris Kenney is the director of regulatory services with INCompliance Consulting, an affiliate of Bricker & Eckler LLP. Ms. Kenney has more than 39 years of experience in healthcare planning and policy development, federal and state regulations, certificate-of-need regulations, and Medicare and Medicaid certification. She has been conducting CHNAs in compliance with federal rules since 2012, providing expert testimony on community needs and offering presentations and educational sessions regarding CHNAs.

J2. Illuminology

Illuminology is located at 5258 Bethel Reed Park, Columbus, OH 43220. Illuminology CEO Ori V. Kristel, PhD, Illuminology led the process for locating health status indicator data and creating the summary report. Dr. Kristel has more than 20 years of experience in research design, analysis and reporting, with a focus on community health assessments.

J3. The Ohio State University College of Public Health Center for Public Health Practice

The Ohio State University College of Public Health Center for Public Health Practice is located at 1841 Neil Avenue, Columbus, OH 43210. The Center, represented by Andrew Wapner, DO, MPH; Joanne Pearsol, MA, MCHES; Leslie Carson, MPH candidate; and Mackenzie Aughe, MPH candidate; provided data collection support and edits to the final CHNA report. The Center was also represented on the CHNA Steering Committee. Combined, the Center's staff have more than 40 years of experience in local, state and academic public health and routinely provide health needs assessment services.

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Appendix A

Summary of Data and Information from the Ohio 2016 State Health Assessment

- 1. Ohio's Rank on National Scorecards** (Ohio Department of Health, n.d.)

Various national scorecards, namely, America's Health Rankings, 2015 edition, Commonwealth State Scorecard, 2015 edition, Gallup-Healthways Wellbeing Index, 2014, and Health Policy Institute of Ohio 2014 Health Value Dashboard indicated that Ohio is in the bottom quartile of U.S. states for health outcomes.
- 2. Mental Health and Addiction** (Ohio Department of Health, n.d.)

Opiate overdose deaths are an immediate threat to health of Ohioans. In 2014, 37 percent of admissions for addiction treatment was due to heroin and prescription opioids, relative to 7 percent in 2001. The death rate due to unintentional injuries (primarily from drug overdoses) increased by 30 percent from 2009 to 2014. Opiate addiction and tobacco use are major challenges to health in Ohio.

 - 2.1. Poor mental health days – 4.1 (Ohio); 3.7 (U.S.)
 - 2.2. Unmet need for mental health – 21.3 percent (Ohio); 20.3 percent (U.S.)
 - 2.3. Youth with depression who did not receive mental health services – 64 percent (Ohio); 64.1 percent (U.S.)
 - 2.4. Unmet need for illicit drug use treatment – 2.7 percent (Ohio); 2.4 percent (U.S.)
- 3. Chronic Disease** (Ohio Department of Health, n.d.)
 - 3.1. Heart disease and cancer were the two leading causes of death in Ohio in 2014.
 - 3.2. Heart disease prevalence – 4.8 percent (Ohio); 4.2 percent (U.S.)
 - 3.3. Cancer incidence – 174 per 100,000 population (Ohio); 168 per 100,000 population (U.S.)
 - 3.4. Adult obesity – 32.6 percent (Ohio); 29.6 percent (U.S.)
 - 3.5. Youth obesity – 13.0 percent (Ohio); 13.7 percent (U.S.)
 - 3.6. Hypertension prevalence – 33.5 percent (Ohio); 31.4 percent (U.S.)
 - 3.7. Adult diabetes – 11.7 percent (Ohio); 10.0 percent (U.S.)
 - 3.8. Adult asthma – 10.8 percent (Ohio); 8.9 percent (U.S.)
 - 3.9. Child asthma – 14.3 percent (Ohio); 14.0 percent (U.S.)
- 4. Maternal and Infant Health** (Ohio Department of Health, n.d.)
 - 4.1. Infant mortality rate – 6.8 per 1,000 live births (Ohio); 6.0 per 1,000 live births (U.S.)
 - 4.2. In 2014, black infant mortality rate was 14.3 per 1,000 live births compared to white infant mortality rate of 5.3 per 1,000 live births and Hispanic infant mortality rate of 6.2 per 1,000 live births. Compared to whites and Hispanics, black Ohioans were least likely to obtain prenatal care within the first trimester of pregnancy.
 - 4.3. Breastfeeding at six months – 42.1 percent (Ohio); 49.4 percent (U.S.)
 - 4.4. Two notable areas of progress in Ohio: (a) teen birth rate declined 15.8 percent from 2012 to 2014, (b) percentage of infants most often laid on their back to sleep (“safe sleep”) – 76 percent (Ohio); 71.7 percent (U.S.)
 - 4.5. Preterm birth – 10.3 percent (Ohio); 9.6 percent (U.S.)
 - 4.6. Low birth weight – 8.5 percent (Ohio); 8.0 percent (U.S.)
- 5. Tobacco Use and Perceived Risks** (Ohio Department of Health, n.d.)
 - 5.1. Adult smoking – 21 percent (Ohio); 18.1 percent (U.S.)
 - 5.2. Youth tobacco use – 28.4 percent (Ohio); 25.3 percent (U.S.)
 - 5.3. Smoking during pregnancy – 16.3 percent (Ohio); 8.4 percent (U.S.)
 - 5.4. Perceived risk of cigarettes – 64.7 percent (Ohio); 65.3 percent (U.S.)
- 6. Alcohol and Other Drug Use and Perceived Risks** (Ohio Department of Health, n.d.)
 - 6.1. Illicit drug use – 8.7 percent (Ohio); 9.8 percent (U.S.)
 - 6.2. Excessive drinking – 19.1 percent (Ohio); 18.2 percent (U.S.)
 - 6.3. Perceived risk of alcohol abuse – 37 percent (Ohio); 39.1 percent (U.S.)
 - 6.4. Perceived risk of marijuana – 24.7 percent (Ohio); 23.5 percent (U.S.)

- 7. **Healthy Eating** (Ohio Department of Health, n.d.)
 - 7.1. Fruit consumption – 41.7 percent (Ohio); 39.2 percent (U.S.)
 - 7.2. Vegetable consumption – 26.3 percent (Ohio); 22.9 percent (U.S.)
- 8. **Lack of Physical Activity** (Ohio Department of Health, n.d.)
 - 8.1. Physical inactivity – 25 percent (Ohio); 23.7 percent (U.S.)
- 9. **Lack of Sleep** (Ohio Department of Health, n.d.)
 - 9.1. Insufficient sleep – 37.1 percent (Ohio); 34.2 percent (U.S.)

Appendix B

Summary of Data and Information from the Columbus Public Health and Franklin County Public Health Community Health Assessment and Community Health Improvement Plan

B1. Community Characteristics (2015)

- + **Birth count** – 25,521 (Franklin County); 140,121 (Ohio)
- + **Death count** – 9,678 (Franklin County); 118,011 (Ohio)
- + **Population growth between 2010 to 2014** – 5.8 percent (Franklin County); 0.5 percent (Ohio)
- + **Residents below 150 percent federal poverty level** – 18.0 percent (Franklin County); 15.9 percent (Ohio)
- + **Average household income** – \$51,890 (Franklin County); \$48,849 (Ohio)
- + **College degree or higher** – 36.7 percent (Franklin County); 25.6 percent (Ohio)

B2. Healthcare Access Indicators of Franklin County Residents

- + **Residents without health insurance in 2014** – 12.4 percent (Franklin County); 10.9 percent (Ohio)
- + **Residents aged 18-64 without health insurance in 2014** – 11.1 percent (Franklin County); 8.8 percent (Ohio)
- + **Unemployed adults without health insurance in 2014** – 43.1 percent (Franklin County); 39.6 percent (Ohio)
- + **Ratio of total population to practicing physicians in 2017** – 133:1 (Franklin County); 182:1 (Ohio)
- + **Ratio of total population to practicing dentists in 2017** – 1,227:1 (Franklin County); 1,807:1 (Ohio)

B3. Education, Income, Employment and Poverty Indicators of Franklin County Residents in 2014

- + **Homeowners who are cost-burdened** – 28.1 percent (Franklin County); 28.5 percent (Ohio)
- + **Renters who are cost-burdened** – 48.3 percent (Franklin County); 49.8 percent (Ohio)
- + **Households using food stamps** – 15.2 percent (Franklin County); 15.0 percent (Ohio)
- + **High School Diploma/GED received** – 25.5 percent (Franklin County); 34.5 percent (Ohio)
- + **Bachelor's degree received** – 23.4 percent (Franklin County); 16.1 percent (Ohio)
- + **Unemployment rate** – 8.1 percent (Franklin County); 9.2 percent (Ohio)
- + **Median household income** – \$51,890 (Franklin County); \$48,849 (Ohio)
- + **Residents living below 100 percent poverty level** – 18 percent (Franklin County); 15.9 percent (Ohio)

B4. Unmet Healthcare Needs of Franklin County Residents in 2015

- + **Dental care** – 1:8 adults had unmet dental care need in the past 12 months.
- + **Vision health** – 1:9 adults had unmet vision care need in the past 12 months.
- + **Mental health** – 6 percent of adults reported unmet mental health needs in the past 12 months.
- + **Cost burden** – 12 percent of adults reported not being able to afford a needed hospital visit within the past year.
- + **Uninsured medical costs** – Over 20 percent of adults reported having a major medical cost while uninsured.
- + **Delay of care** – 1:5 adults reported delaying or avoiding healthcare due to being uninsured.
- + **Substance abuse** – 1:12 residents aged 18-25 reported needing but not receiving treatment for substance abuse.
- + **Alcohol abuse** – 1:8 residents aged 18-25 reported needing but not receiving treatment for alcohol abuse.

B5. Maternal and infant Health – As reported by women 18 to 44 years of age in 2015

- + **Regular check-ups** – 70.5 percent (Franklin County); 65.7 percent (Ohio)
- + **Diagnosed with depressive disorder** – 27.4 percent (Franklin County); 26.5 percent (Ohio)
- + **Binge drinkers** – 23.7 percent (Franklin County); 20.8 percent (Ohio)
- + **Current smokers** – 23.2 percent (Franklin County); 27.1 percent (Ohio)
- + **Overweight/Obese** – 53.2 percent (Franklin County); 52.8 percent (Ohio)
- + **Low daily fruit consumption** – 38.4 percent (Franklin County); 40.9 percent (Ohio)
- + **Low daily vegetable consumption** – 23.6 percent (Franklin county); 23.0 percent (Ohio)
- + **Infant mortality rate** – 7.7 percent (Franklin County); 7.2 percent (Ohio)
- + **Births that were low birthweights** – 8.9 percent (Franklin County); 8.5 percent (Ohio)
- + **Teen birth rate** – 11.6 percent (Franklin County); 10.0 percent (Ohio)
- + **Preterm births** – 10.6 percent (Franklin County); 10.3 percent (Ohio)
- + **Mothers smoked before pregnancy** – 15.8 percent (Franklin County); 20.2 percent (Ohio)
- + **Mothers smoked 1st trimester** – 10.6 percent (Franklin County); 14.8 percent (Ohio)
- + **Mothers smoked 2nd trimester** – 8.9 percent (Franklin County); 12.7 percent (Ohio)
- + **Mothers smoked 3rd trimester** – 8.3 percent (Franklin County); 12.1 percent (Ohio)
- + **Mothers quit smoking in 3rd trimester** – 48.7 percent (Franklin County); 40.8 percent (Ohio)
- + **Immunization coverage of children aged 19-35 months in 2016**
 - **DTP/DTaP** – 78.6 percent in 2016
 - **Polio** – 86.6 percent in 2016
 - **MMR** – 87.4 percent in 2016
 - **Hib** – 79.0 percent in 2016
 - **Hepatitis B** – 88.0 percent in 2016
 - **Varicella (chickenpox)** – 85.5 percent in 2016
 - **PCV7 or PCV13** – 81.0 percent in 2016

B6. Health Behaviors of Franklin County Adults in 2015

- + **Fruit consumption** – Almost half of Franklin county adults consume <1 servings of fruit daily.
- + **Vegetable consumption** – 1:4 adults consume <1 servings of vegetables daily.
- + **Nutrition** – 72,906 residents do not have good access to healthy food.
- + **Fast food restaurants** – 96.53 per 100,000 residents eat fast food regularly (Franklin County); 79.03 per 100,000 residents eat fast food regularly (Ohio)
- + **Physical activity** – 78 percent of residents do not meet the aerobic and strength physical activity guidelines; 95 percent of residents have access to places for physical activity.
- + **Smoking** – 25.2 percent of adults reported being smokers (Franklin county); 21.6 percent of adults reported being smokers (Ohio)
- + **Underage tobacco use** – 7 percent of children aged 12-17 have used a tobacco product in the past month.
- + **Alcohol use** – 1:16 adults reported being heavy drinkers.
- + **Excessive drinking** – 20 percent of residents participate in binge drinking.
- + **Prescription drug abuse** – 1:15 adults reported presusing prescription drugs.
- + **Illicit drug use** – 4 percent of Franklin county residents reported dependence or abuse of illicit drugs.
- + **Quality of life** – Franklin County ranks 58th out of 88 Ohio counties for quality of life.
- + **Sleep** – 38 percent of Franklin County residents do not get enough sleep.
- + **Age demographics of residents who walk for transportation** – 32 percent (16-19 years); 28 percent (20-24 years); 24 percent (25-44 years); 12 percent (45-54 years); 2 percent (60-64 years); 5 percent (>65 years)
- + **Age demographics of residents who use public transportation** – 32 percent (16-19 years); 28 percent (20-24 years); 24 percent (25-44 years); 12 percent (45-54 years); 2 percent (60-64 years); 5 percent (>65 years)

B7. Preventative Care Measures Taken by Franklin County Residents in 2015

- + **Cervical cancer screening** – 71.4 percent (Franklin County); 68.2 percent (Ohio)
- + **Colon cancer screening** – 72.3 percent (Franklin County); 70.4 percent (Ohio)
- + **Mammograms** – 75.2 percent (Franklin County); 74.9 percent (Ohio)
- + **Prostate exams** – 39.7 percent (Franklin County); 43.3 percent (Ohio)
- + **HIV screening** – 33.2 percent (Franklin County); 30.7 percent (Ohio)
- + **Influenza vaccinations** – Over 1/3 adults have received a flu shot in the past 12 months.
- + **Pneumonia vaccinations** – 73 percent of adults aged 65 and older received a pneumonia vaccine.

B8. Chronic Diseases of Franklin County Residents in 2015

- + **Arthritis** – 1:4 of adults in Franklin County have been diagnosed with arthritis, slightly lower than in Ohio.
- + **Asthma** – 11 percent of adults in Franklin County have asthma, slightly higher than in Ohio.
- + **Cancer incidence rate** – 463.0 per 100,000 (Franklin County); 453.4 per 100,000 people (Ohio)
- + **Cancer incidence in females** – 432.4 per 100,000 (Franklin County); 421.7 per 100,000 (Ohio)
- + **Cancer incidence in males** – 513.7 per 100,000 (Franklin County); 501.0 per 100,000 (Ohio)
- + **Chronic Obstructive Pulmonary Disease (COPD)** – 6 percent of adults in Franklin County have been diagnosed with COPD.
- + **Diabetes** – 11 percent of adults in Franklin County have been diagnosed with diabetes.
- + **Heart Disease** – 2 percent of adults in Franklin County have been diagnosed with heart disease, half as high as in Ohio.
- + **Stroke** – 1:20 adults in Ohio have been diagnosed with stroke, slightly higher than Ohio.
- + **Weight** – 65 percent of adults are overweight or obese, slightly lower than in Ohio adults.
- + **Weight and chronic diseases** – Those in Franklin County who were obese were twice as likely to suffer from a chronic disease. Among those with arthritis, 11.9 percent were of healthy weight and 36.0 percent were obese. Among those with COPD, 4.3 percent were of healthy weight and 6.9 percent were obese. Among those with diabetes, 0.9 percent were of healthy weight and 21.9 percent were obese. Among those with heart disease, 1.6 percent were of healthy weight and 2.9 percent were obese.

B9. Mental Health and Addiction Among Franklin County Residents in 2015

- + **Poor mental health days** – 1:8 adults reported having 15 days in the last month with poor mental health conditions, such as stress, depression or emotional problems.
- + **Depression** – 1:5 adults in Franklin County have been diagnosed with a depressive disorder, similar to Ohio.
- + **Anxiety** – 10 percent of adults in Franklin County have been diagnosed with an anxiety disorder, lower than Ohio.
- + **Suicidal thoughts** – 4 percent of those aged 12 and older have had suicidal thoughts in the last year.
- + **Suicide rate** – 13.0 per 100,000
- + **Adolescent depression (12-17 years)** – 9.5 percent of adolescents in Franklin County reported feeling depressed.
- + **Youth mental health** – 12 percent of youth feel emotionally disconnected.
- + **Unintentional overdose deaths from 2011 to 2016** – 18.3 per 100,000
- + **Age-adjusted death rate caused by unintentional overdose** – 23.0 per 100,000
- + **Zip codes with highest overdose deaths** – (a) 43206 (German Village/Driving Park), (b) 43027 (South Side/Obetz), (c) 43211 (Linden), (d) 43223 (Greenlawn/Franklinton/SW), (e) 43232 (Near East Side)

B10. Rates of Infectious Diseases in Franklin County in 2014 and 2015

B10.1. Enteric diseases

- + **Hepatitis A** – 0.4 per 100,000 (Franklin County); 0.2 per 100,000 (Ohio)
- + **Listeriosis** – 0.3 per 100,000 (Franklin County); 0.3 per 100,000 (Ohio)
- + **Salmonellosis** – 12.0 per 100,000 (Franklin County); 10.2 per 100,000 (Ohio)
- + **Shiga Toxin producing E.coli** – 4.2 per 100,000 (Franklin County); 1.8 per 100,000 (Ohio)

B10.2. Sexually transmitted infections

- + **Chlamydia** – 788.4 per 100,000 (Franklin County); 491.4 per 100,000 (Ohio)
- + **Gonorrhea** – 272.5 per 100,000 (Franklin County); 143.6 per 100,000 (Ohio)
- + **Syphilis** – 21.0 per 100,000 (Franklin County); 4.9 per 100,000 (Ohio)
- + **Residents living with HIV** – 377.0 per 100,000 (Franklin County); 186.4 per 100,000 (Ohio)
- + **New HIV diagnoses** – 17.5 per 100,000 (Franklin County); 8.2 per 100,000 (Ohio)

B10.3. Tuberculosis

- + 4.0 per 100,000 (Franklin County); 1.3 per 100,000 (Ohio)

B10.4. Vaccine preventable diseases

- + **Influenza-associated hospitalization** – 19.2 per 100,000 (Franklin County); 29.1 per 100,000 (Ohio)
- + **Measles** – 0.1 per 100,000 (Franklin County); 3.3 per 100,000 (Ohio)
- + **Mumps** – 33.7 per 100,000 (Franklin County); 4.8 per 100,000 (Ohio)
- + **Pertussis** – 22.7 per 100,000 (Franklin County); 11.3 per 100,000 (Ohio)
- + **Salmonellosis** – 12.0 per 100,000 (Franklin County); 10.2 per 100,000 (Ohio)

- B10.5. Healthcare-associated infections in Franklin County acute-care hospitals during 2014**
- + **Central Line-Associated Bloodstream Infections (CLABSI)** – 20 cases, 84 percent fewer than predicted.
 - + **Catheter-Associated Urinary Tract Infections (CAUTI)** – 280 cases, 43 percent more than predicted.
 - + **MRSA Bloodstream infections** – 68 cases, meeting predictions.
 - + **Clostridium difficile infections** – 476 cases, 14 percent fewer than predicted.
- B11. Top five injuries associated with Franklin County residents from 2010-2012**
- + **Falls** – 188.9 per 100,000; 6,002 cases
 - + **Motor vehicle traffic** – 69.7 per 100,000; 2,486 cases
 - + **Struck** – 30.8 per 100,000; 1,113 cases
 - + **Firearm** – 17.0 per 100,000; 641 cases
 - + **Fire/Hot object** – 11.6 per 100,000; 411 cases
- B12. Substance abuse related injuries from 2011 to 2015**
- + **Suspected poisoning/drug ingestion in Emergency Medical Services runs** – 162 percent increase from 2012 to 2014 (Franklin County); 71 percent increase (Ohio).
 - + **Unintentional drug overdose deaths** – 42 percent increase from 2014 to 2015 (Franklin County); 22 percent increase (Ohio).
- B13. Environmental health and safety in Franklin County 2015-2016**
- + **Animal safety** – Over 1,300 bites from mammals have been reported by Franklin county residents.
 - + **Food safety** – Of the 17,419 restaurants inspected by Columbus Public Health, 9,956 critical violations were identified.
 - + **Smoke-free compliance** – During 2015 and 2016, Columbus Public Health conducted 408 investigations for smoke-free compliance, 37 violations were identified.
 - + **Mosquito control** – Of the 87,542 mosquito pool tests conducted by Columbus Public Health, 247 tested positive for West Nile Virus.
 - + **Recreational water safety** – Of the 2,318 pools inspected by Columbus Public Health, 3,832 violations were identified.
 - + **Air quality** – 65 percent of days in 2016 were within the Good Air Quality index.
 - + **Childhood blood lead levels** – 1.1 percent (Franklin County); 2.8 percent (Ohio). A steady decline of concerning blood lead levels was observed from 2011 to 2015 in both Franklin County and Ohio.
- B14. Social Determinants of Health (2015)**
- + **Households receiving Supplemental Nutrition Assistance Program (SNAP) benefits** – 14.89 percent (Franklin County); 15.03 percent (Ohio)
 - + **Percent of households (2008-2012) with at least 1 of 4 housing problems (overcrowding, high housing costs, lack of kitchen, lack of plumbing facilities)** – 17 percent (Franklin County); 15 percent (Ohio)
 - + **Homicide rate** – 8.5 percent (Franklin County); 5.5 percent (Ohio)

Appendix C

Summary of Input from Persons Who Represent the Broad Interests of the Community Served

Central Ohio Area Agency on Aging

- **Representatives:** Lynn Dobb, professional education manager
- **Inputs:** (a) Participation in pre-planning activities, (b) identification of health indicators, (c) review of data from various health indicators and identification of significant health needs in Franklin County, and (d) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health.
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all senior residents of Franklin County, including low income, minority or disabled populations.
- **Website:** <http://www.coaaa.org/>
- **Mission:** “To inform and support people as they navigate the experience of aging or disability.”
- **Examples of programs and services** (Central Ohio Area Agency on Aging, 2019):
 - + Assistance and support in staying at home (e.g., PASSPORT, Home Choice, Assisted Living Waiver)
 - + Caregiver advice and education
 - + Long-term care consults
 - + Outreach and education on Medicare
 - + Volunteer guardian program

Central Ohio Hospital Council

- **Representatives:** Jeff Klingler, president and chief executive officer
- **Inputs:** (a) Overall leadership, coordination and project management of HealthMap 2019, (b) participation in pre-planning activities, (c) identification of health indicators, (d) gathering of data for the health indicators identified, (e) review of data from various health indicators and identification of significant health needs in Franklin County, and (f) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health.
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all patients of four central Ohio health systems, Mount Carmel Health System, Nationwide Children’s Hospital, OhioHealth, and The Ohio State University Wexner Medical Center, including low income, minority or disabled populations.
- **Website:** <https://centralohiohospitals.org/>
- **Mission:** “Addressing critical healthcare issues, driving innovation in service and improving operations.”
- **Examples of programs and services** (Central Ohio Hospital Council, n.d.):
 - + Support and collaboration with CelebrateOne, a collective community impact project that aims to reduce infant mortality by 40 percent and reduce the racial disparity gap by 50 percent in 2020
 - + Support of the Franklin County Opiate Action Plan
 - + Behavioral health projects such as the Franklin County Bedboard and Psychiatric Crisis Task Force
 - + Sharing of best practices to reduce energy usage and associated costs

Central Ohio Trauma System

- **Representatives:** Jodi Keller, associate director of healthcare system emergency preparedness
- **Inputs:** (a) Participation in pre-planning activities, (b) identification of health indicators, (c) review of data from various health indicators and identification of significant health needs in Franklin County, and (d) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health.
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all patients of four central Ohio health systems, Mount Carmel Health System, Nationwide Children's Hospital, OhioHealth, and The Ohio State University Wexner Medical Center, including low income, minority or disabled populations.
- **Website:** <https://centralohiohospitals.org/>
- **Mission:** "Addressing critical health care issues, driving innovation in service and improving operations."
- **Examples of programs and services** (Central Ohio Hospital Council, n.d.):
 - + Support and collaboration with CelebrateOne, a collective community impact project that aims to reduce infant mortality by 40 percent and reduce the racial disparity gap by 50 percent in 2020.
 - + Support of the Franklin County Opiate Action Plan
 - + Behavioral health projects such as the Franklin County Bedboard and Psychiatric Crisis Task Force
 - + Sharing of best practices to reduce energy usage and associated costs

Columbus Public Health

- **Representatives:** Kathy Cowen, director, Office of Epidemiology and Population Health; Melissa Sever, director, Office of Planning and Quality Improvement (with special knowledge and expertise in public health)
- **Inputs:** (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all city of Columbus residents, regardless of ability to pay
- **Website:** <https://www.columbus.gov/publichealth/About-Columbus-Public-Health/>
- **Mission:** "Helping all people live healthier and safer lives."
- **Examples of programs and services** (Columbus Public Health, 2019j):
 - + Access to health care
 - + Alcohol and drug programs
 - + Environmental health services
 - + Chronic disease programs
 - + Women's health

Franklin County Public Health

- **Representatives:** Theresa Seagraves, director, Health Systems and Planning (with special knowledge and expertise in public health)
- **Inputs:** (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all residents of Franklin County, regardless of ability to pay
- **Website:** <https://myfcph.org/>
- **Mission:** "Improves the health of our communities by preventing disease, promoting healthy living and protecting against public health threats through education, policies, programs and partnerships."
- **Examples of programs and services** (Franklin County Public Health, 2019):
 - + Public health services (immunization clinics, sexual health, dental clinics, tuberculosis testing, Women, Infants and Children (WIC), food safety inspection)
 - + Tobacco prevention
 - + Health fairs and community outreach

Illuminology

- **Representatives:** Orié V. Kristel, PhD, chief executive officer

- **Inputs:** (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves private and non-profit businesses and local governments
- **Website:** <http://illuminoology.net/>
- **Mission:** NA
- **Examples of programs and services** (Illuminology, 2019)
 - + Program evaluation
 - + Community health needs assessment
 - + Secondary data analysis
 - + Strategic planning

Mount Carmel Health System

- **Representatives:** Candice Coleman, manager, Community Benefit; Sister Barbara Hahl, senior vice president, Community Services; Jackie Hilton, retired employee
- **Inputs:** (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all persons, including those in Franklin County, regardless of ability to pay
- **Website:** <https://www.mountcarmelhealth.com/>
- **Mission:** "We serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities."
- **Examples of programs and services** (Mount Carmel Health System, 2018):
 - + Church partnerships
 - + Home visits for children through Ohio's Early Intervention Program
 - + Welcome Home program
 - + Mobile Medical Coach
 - + Street medicine for homeless persons
 - + Support groups
 - + Crime and trauma assistance programs

Nationwide Children's Hospital

- **Representatives:** Carla Fountaine, senior community relations specialist; Libbey Hoang, vice president, Planning and Business Development; Brennan Dias, team member, Planning and Business Development
- **Inputs:** (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all persons, including those in Franklin County, regardless of ability to pay
- **Website:** <https://www.nationwidechildrens.org/>
- **Mission:** "Nationwide Children's Hospital believes that no child should be refused necessary care and attention for lack of ability to pay. Upon this fundamental belief, Nationwide Children's is committed to providing the highest quality Patient care, Advocacy for children and families, Pediatric research, Education of patients, families and future providers, Outstanding service to accommodate the needs of patients and families."
- **Examples of programs and services** (Nationwide Children's Hospital, 2019):
 - + Comprehensive pediatric services
 - + Behavioral and mental health
 - + Healthy Neighborhoods, Healthy Families

Ohio Department of Health

- **Representatives:** David Ellsworth, health services policy specialist, Ohio Disability and Health Program (with knowledge and expertise in public health)
- **Inputs:** (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all residents of Ohio, including those in Franklin County, who have disabilities, regardless of ability to pay
- **Website:** <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Ohio-Disability-Health-Program/welcome/>
- **Mission:** "To promote health, improve emergency preparedness, and increase access to care for Ohioans with disabilities."
- **Examples of programs and services** (The Ohio State University Nisonger Center, 2017):
 - + Physical activity
 - + Nutrition intervention
 - + Tobacco cessation
 - + Training and education

OhioHealth

- **Representatives:** Shannon Ginther, JD, senior director, Community Health Partnerships; Mary Ann G. Abiado, PhD, MSN, RN, data management and evaluation specialist/community health nurse, Community Health and Wellness
- **Inputs:** a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely mental health and addiction, income/poverty, and maternal and infant health
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all persons, including those residing in Franklin County, needing health care services, regardless of ability to pay
- **Website:** www.ohiohealth.com
- **Mission:** "To improve the health of those we serve."
- **Examples of programs and services** (OhioHealth, 2015-2019i)
 - + OhioHealth Wellness on Wheels Primary Care
 - + OhioHealth Wellness on Wheels Women's Health
 - + OhioHealth ENGAGE Health Literacy Programs

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

- **Representatives:** Andy Wapner, director; Joanne Pearsol, associate director (with special knowledge and expertise in public health)
- **Inputs:** (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves students, faculty, staff and community residents who need assistance with public health practice, including population health, workforce development, strategic planning, public health accreditation, evaluation and facilitation
- **Website:** <https://u.osu.edu/cphp/>
- **Mission:** "To protect and improve the health of the people of Ohio, the nation and the world. Through interdisciplinary research, we seek to understand the forces that affect public health and the delivery of health services. We prepare the next generation of public health practitioners, health care managers and scholars. Collaborating with government agencies and other partners, we develop solutions to current and emerging public health problems."
- **Examples of programs and services** (College of Public Health, 2019):
 - + Biostatistics
 - + Environmental health services
 - + Epidemiology
 - + Health behavior and health promotion
 - + Health services management and policy
 - + Community health needs assessments

The Ohio State University Wexner Medical Center

- **Representatives:** Beth Necamp, associate vice president, Marketing and Strategic Communications; Wanda Dillard, director, Community Development; Deborah Frazier, resource planning analyst; Chasity Washington, program director, Center for Cancer Health Equity
- **Inputs:** (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all persons, including those residing in Franklin County, regardless of ability to pay
- **Website:** <https://wexnermedical.osu.edu/>
- **Mission:** "To improve people's lives in Ohio and across the world through innovation in research, education and patient care."
- **Examples of programs and services** (The Ohio State University Wexner Medical Center, n.d., c.)
 - + Comprehensive healthcare services for cancer, heart and vascular, sports medicine, neurosciences, mental and behavioral health, and others
 - + Moms2B — An outreach program that provides prenatal care, baby care up to age one, health education and support. Program participants have ongoing access to multidisciplinary healthcare team, including physicians, nurses, dietitians, lactation counselors, social workers, parenting and child educators, community health workers, and health professional students.

PrimaryOne Health

- **Representatives:** John Tolbert, chief community services officer
- **Inputs:** (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all persons, including those residing in Franklin County, regardless of ability to pay
- **Website:** <https://www.primaryonehealth.org/>
- **Mission:** "To provide access to services that improve the health status of families — including people experiencing financial, social or cultural barriers to healthcare."
- **Examples of programs and services** (PrimaryOne Health, 2019):
 - + Obstetrics and gynecology
 - + Primary care and pediatrics
 - + Dental services
 - + Vision services
 - + Behavioral and mental health
 - + Adult and internal medicine
 - + Specialty care services
 - + Healthcare for the homeless

United Way of Central Ohio

- **Representatives:** Lisa S. Courtice, PhD, president and chief executive officer
- **Inputs:** (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report
- **Timeframe of inputs:** October 2017 to January 2019
- **Population represented:** Serves all persons, including those residing in Franklin County, regardless of ability to pay
- **Website:** <https://liveunitedcentralohio.org>
- **Mission:** "Improve the lives of others by mobilizing the caring power of our community."
- **Examples of programs and services** (United Way of Central Ohio, n.d., a):
 - + Community partnerships that address basic needs, good jobs, strong neighborhoods, and student success
 - + Community-wide collaborations to fight poverty

Appendix D. Documentation of Program Impacts

Appendix D1. Documentation of Program Impacts from the CHNA and Implementation Strategy Adopted in 2016 by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital

Unless otherwise indicated, the action continued into Fiscal Year 2019, however, impact data for Fiscal Year 2019 was not available as of the writing of this report.

Need 1: Obesity (O)

O1.1. Patients, families and community residents will be referred to OhioHealth McConnell Heart Health Center programs to increase access to physical activity, as well as health and wellness education through: (a) free non-surgical or surgical weight management seminars, (b) education classes on lifestyle change, exercise, heart health and stress management, and (c) access to individual or group exercise programs.

Fiscal Year 2017 and Fiscal Year 2018

(a) Seminars

- **Free non-surgical (medical) weight management seminars** — Completed 48 seminars in Fiscal Year 2017 and 47 seminars in Fiscal Year 2018; served 398 persons in Fiscal Year 2017 and 830 persons in Fiscal Year 2018.
- **Free surgical-related weight management seminars** — Completed 47 seminars in Fiscal Year 2017 and 57 seminars in Fiscal Year 2018; served 1,240 persons in Fiscal Year 2017 and 1,517 persons in Fiscal Year 2018.

(b) Education classes on nutrition, exercise and behavioral classes — Served 274 persons in Fiscal Year 2017 and 250 persons in Fiscal Year 2018. The education classes focused on the importance of losing weight to improve quality of life and improve comorbid medical conditions such as high blood pressure, high cholesterol, gastroesophageal reflux disease (GERD), sleep apnea and diabetes.

(c) Access to individual or group exercise programs — Served 288 persons in Fiscal Year 2017 and 260 persons in Fiscal Year 2018.

O1.2. Patients, families and community residents will be referred to OhioHealth Grant Health and Fitness Center programs, which offer access to physical activity through: (a) community health and fitness memberships, (b) cardiac rehabilitation fitness plus memberships, (c) limited time passes, (d) customized fitness programs, and (e) group exercise classes.

Fiscal Year 2017 and Fiscal Year 2018

(a) Community health and fitness memberships — 301 persons enrolled in Fiscal Year 2017 and 375 persons enrolled in Fiscal Year 2018. The memberships provide unlimited access to the Grant Health and Fitness Center and group fitness classes.

(b) Cardiac rehabilitation fitness plus memberships — 18 persons enrolled in Fiscal Year 2017 and 12 persons enrolled in Fiscal Year 2018. These persons graduated from the Phase II Cardiac Rehabilitation Program. The membership allows unlimited access to the facility, as well as group classes, clinical supervision services (blood pressure, glucose and heart rhythm checks), exercise program design and card review, laboratory work and medication consultation, and physician follow-ups as needed.

- (c) **Limited time passes** — 67 persons availed of limited time passes in Fiscal Year 2017 and 72 persons availed of limited time passes in Fiscal Year 2018. The limited time passes include a one-week pass that provides unlimited access, as well as parking for a short time, a walking/showers-only pass that grants limited access to the indoor track, as well as locker rooms, and a 12-visit pass, as well as student memberships, group exercise class pass for eight classes, medical residents' spouse packages, medical education rotating resident passes, and complimentary shower passes for family members or guests of a patient in the hospital.
- (d) **Customized fitness programs** — 3,035 appointments in Fiscal Year 2017 and 1,434 appointments in Fiscal Year 2018. This program includes individual training, small group training, and a competition-based makeover challenge. There is a focus on safety and also involves an exercise physiologist.
- (e) **Group fitness classes** — Additionally, there were 1,498 group fitness classes held in Fiscal Year 2017 and 1,270 group fitness classes in Fiscal Year 2018. Group fitness classes include: Zumba, spinning, Pilates, yoga, high-intensity interval training (HIIT), and TRX (total body resistance exercise). At least 6,000 persons attended the group fitness classes during Fiscal Year 2017 and Fiscal Year 2018.

O 1.3. Patients, families and community residents will be referred to OhioHealth ENGAGE Health and Wellness Programs, such as “ENGAGE Diabetes” and “ENGAGE Heart and Vascular,” which offer biometric screenings, one-on-one consultations with a registered nurse, evidence-based, interactive education, as well as support groups focused on the importance of regular physical activity, healthy eating habits, menu planning, food preparation, stress management, and sustainable engagement and empowerment to manage one’s health.

OhioHealth ENGAGE (Empower, Nutrition, Goals, Activity, Guidance, Education) is an evidence-based, eight-week community benefit program that addresses diabetes and prediabetes prevalence in central Ohio, especially among African American and minority populations. The course helps participants understand their chronic health conditions and gives them the tools needed for better management and control.

ENGAGE promotes self-care and self-motivated learning. Interactive topics and activities include: developing practical skills to manage diabetes, diet and nutrition; managing medications, weight and complications; participating in a grocery store tour and eating-out experience; and optional free six-week cooking class in collaboration with Local Matters. The ENGAGE Diabetes program incorporates the American Association of Diabetes Educators' Seven Self-Care Behaviors™, which include: healthy eating, being active, monitoring, taking medication, problem solving, reducing risks, and healthy coping. ENGAGE also offers “In The Driver’s Seat,” a four-hour interactive workshop for those with or at risk for developing diabetes or heart disease due to uncontrolled blood sugar, cholesterol, blood pressure levels and obesity. Topics discussed include: the importance of healthy eating, active lifestyle, managing stress, tobacco cessation, and understanding the health and wellness implications of body mass index, cholesterol levels, blood pressure readings, and hemoglobin A1C.

During Fiscal Year 2017 and Fiscal Year 2018, OhioHealth ENGAGE Diabetes and “In The Driver’s Seat” programs served approximately 300 persons per year.

ENGAGE Diabetes meets diabetes patients where they are and empowers them to take control of their health in small steps. It integrates key adult learning principles and application of supportive intervention through:

- Nine weeks of learning that provides the maximum interface to impart knowledge, monitor learning, bridge gaps, and support lifestyle changes.
- Curriculum that is based on recommended components from the American Diabetes Association, Centers for Disease Control and Prevention, and National Institutes of Health.
- Peer learning through small group interaction as an innovative group teaching intervention that enhances knowledge.
- Coaching with professionals who apply “Motivational Interviewing” during structured weekly interactions.
- Weekly monitoring of weight and blood pressure, including a six-month follow-up.
- Professional educators, including: registered nurses, certified diabetes educators, registered dietician, nutritionist, pharmacist and licensed professional counselors.
- Community-based, hands-on learning experiences through a supervised grocery store experience and a dining-out experience.

ENGAGE has had a positive impact on the lives of people with diabetes or prediabetes:

- 55 percent of participants have been rewarded with “Diabetes Dollar” incentives from changes in lifestyle and behavior they have demonstrated. This shows engagement and proactive involvement in managing their care.
- 85.7 percent of participants participated in weekly interactions with their health coach.
- Participants met their nutrition and exercise goals 50 percent of the time.
- Participants reported compelling improvements in understanding of core concepts and skills: (a) 97.6 percent improved their understanding of diabetes, (b) 96.4 percent improved their understanding of food labels, (c) 90.5 percent improved their understanding of carbohydrates, (d) 94.1 percent improved their understanding of meal planning, (e) 96.4 percent improved their understanding of diabetes complications, (f) 88.1 percent improved their understanding of diabetes complications, (g) 77.4 percent improved their understanding of changes in feelings, stress and being overwhelmed due to diabetes, (h) 79.8 percent improved their understanding of medication adherence and compliance.
- 95.4 percent of participants who attended the “In The Driver’s Seat” workshop reported that they will use what they learned to make a lifestyle change.

O 1.4. Patients, families and community residents will be referred to the OhioHealth Gerlach Center for Senior Health’s Advantage Health, Wellness and Education Programs, which offer: (a) exercise and fitness classes such as yoga and tai chi to maintain flexibility, strength, balance and gait, and (b) “Food for Thought” educational series to promote health and wellness

Fiscal Year 2017 and Fiscal Year 2018

The OhioHealth Gerlach Center for Senior Health provides health, wellness and education programs for seniors, as well as medical consultations, testing and additional outpatient services. The Gerlach Center also offers exercise classes, as well as an educational program series, called “Food for Thought” through the center’s AdvantAge Health, Wellness and Education Program. These exercise classes include tai chi and yoga to maintain flexibility, strength and balance. Exercise has been shown to positively affect health in a variety of ways, one of those being weight management. The Gerlach Center offers a variety of exercise and fitness options for active to frail seniors on a daily basis and other educational series.

Across all AdvantAge health and wellness exercise and education programs offered by the OhioHealth Gerlach Center for Senior Health, there were 4,342 contacts with consumers in Fiscal Year 2017 and 4,266 contacts in Fiscal Year 2018.

- (a) **Exercise and fitness classes** — Exercise classes offered through the Gerlach Center also provide a social network for attendees and many regulars have found and maintained friendships through these classes, creating a support network. There were a total of 3,310 visits in Fiscal Year 2017 and 3,629 visits in Fiscal Year 2018 to the exercise classes offered to the central Ohio community.
- (b) **“Food for Thought”** – The “Food for Thought” series through the Gerlach Center covers a wide range of topics including: bone health, medication management, estate planning, and advance directives. The dedication to providing evidence-based health information to attendees led one woman to state that the lecture on dehydration probably saved her life. “Food for Thought” lectures are offered weekly for 1.5 hours, covering a wide variety of topics. Many of these topics address obesity directly or obesity as a component of the content offered. Class examples for Fiscal Year 2017 and Fiscal Year 2018 that addressed obesity included: “Health after Midlife,” “Back Pain,” “Wonder Foods” and “Arthritis Update: Knee & Hip,” “Neuropathy.” “Balance” and “Putting Health into Motion.” A total 608 attended the classes in Fiscal Year 2017 and 637 attended in Fiscal Year 2018.
- (c) **Case management and care coordination** — The Gerlach Center’s nurses and social workers provide face-to-face and telephone-based case management and care coordination services totaling 922 hours (3,240 patient contacts) in Fiscal Year 2017 and 1,110 hours (3,833 patient contacts) in Fiscal Year 2018.

- 01.5. Patients, families and community residents will be referred to: (a) OhioHealth Surgical Weight Loss Program, which uses three major types of bariatric surgery performed laparoscopically, such as: (i) Roux-en-Y gastric bypass, (ii) adjustable gastric band, and (iii) gastric sleeve procedure, or (b) OhioHealth Medical (Non-Surgical) Program, which uses meal replacement plans for significant weight loss.**

Fiscal Year 2017 and Fiscal Year 2018

- (a) OhioHealth Surgical Weight Loss Program —** Helps patients lose a significant amount of weight to improve their quality of life. Additionally, weight loss improves comorbid medical conditions such as high blood pressure, high cholesterol, gastroesophageal reflux disease (GERD), sleep apnea and diabetes. At post-surgery, participants attend a monthly support group.
- **Number of patients referred to the OhioHealth Surgical Weight Loss Program —** 1,240 persons referred in Fiscal Year 2017 and 1,517 persons referred in Fiscal Year 2018.
 - **Number of patients who availed of bariatric surgery —** 507 persons in Fiscal Year 2017 and 451 persons in Fiscal Year 2018.
- (b) OhioHealth Medical (Non-Surgical) Program —** Helps patients avail of a medically supervised diet program and provides access to weekly support groups and clinical support. The program has been shown to improve comorbid medical conditions such as high blood pressure, high cholesterol and diabetes.
- **Number of patients referred to the OhioHealth Medical (Non-Surgical) Program —** 398 persons in Fiscal Year 2017 and 830 persons in Fiscal Year 2018.
 - **Number of patients who availed of the medical program —** 274 persons in Fiscal Year 2017 and 250 persons in Fiscal Year 2018.

Need 2: Infant Mortality (IM)

- IM 2.1.** Patients, families and community residents will be referred to OhioHealth Wellness on Wheels Women's Health, a multidisciplinary program that provides prenatal, postpartum and gynecologic care, as well as home visits (on an as-needed basis), to underserved women of reproductive age.

Fiscal Year 2017 and Fiscal Year 2018

The objective of OhioHealth Wellness on Wheels Women's Health is to provide comprehensive prenatal and postpartum care and women's health services to all women in central Ohio regardless of their ability to pay. Services are provided in a 54-foot mobile unit, a "doctor's office on wheels," equipped with two exam rooms, two consultation rooms, a reception area and a restroom. Clinical care is provided by a multidisciplinary team comprised of board-certified OB/GYN physicians, a women's health nurse practitioner, registered nurses, social worker, dietitian and registration personnel. Clinic services at the mobile unit are complemented by home visits provided by two registered nurses and a community health worker. From 1994 to 2016, Wellness on Wheels Women's Health served a total 6,285 patients and provided care at 33,523 clinic visits. During the three-year period, Wellness on Wheels Women's Health served a total 888 patients and provided care at 5,187 clinic visits for prenatal, postpartum and women's health services. During the three-year period, among patients who delivered their babies, Wellness on Wheels Women's Health served 13.7 percent teens (aged 19 years and under) and 86.3 percent adults (aged 20 years and under). The patient base for Wellness on Wheels Women's Health patients broke down as follows: African American (47.4 percent), Caucasian (24.1 percent), African (16.8 percent), Hispanic/Latino (5.1 percent), Asian (4.1 percent), biracial (1.6 percent), Middle Eastern (0.5 percent), American Indian or Alaska Native (0.2 percent), and Eastern European (0.2 percent). It is noteworthy that the percent of African patients who availed of prenatal care from Wellness on Wheels Women's Health nearly doubled during Fiscal Year 2014-2016 compared to Fiscal Year 2012-2013. The percent of Asian patients was 0.6 percent higher compared to Fiscal Year 2012-2013. However, the percent of Hispanic/Latino patients in Fiscal Year 2014 to 2016 was 2.7 percent lower compared to Fiscal Year 2012-2013. Among all women served (including those who availed of women's health services) in Fiscal Year 2014 to 2016, 12.6 percent were teens and 87.4 percent were adults. The number of women served by Wellness on Wheels Women's Health broke down as follows: African American (52 percent), Caucasian (22.5 percent), African (14.3 percent), Hispanic or Latino (5.1 percent), Asian (3 percent), biracial (1.3 percent), Middle Eastern (0.7 percent), American Indian or Alaska Native (0.2 percent), Eastern European (0.2 percent), other races (0.1 percent), and declined to specify (0.6 percent).

From 1994 to 2016, Wellness on Wheels Women's Health birth outcomes were as follows: (a) infant mortality rate — 5.2 per 1,000 live births, (b) average percent preterm birth — 5.7 percent, (c) average percent low birth weight — 6.5 percent, and (d) average percent admissions to neonatal intensive care unit/special care unit (NICU/NSCU) — 6.5 percent. Wellness on Wheels' infant mortality rate, percent preterm birth and percent low birth weight outcomes data met Healthy People 2020 targets (Office of Disease Prevention and Health Promotion, 2017). Healthy People 2020 does not have a target for percent admissions to NICU/NSCU.

During Fiscal Year 2017 and Fiscal Year 2018, the Wellness on Wheels Women's Health mobile clinic had 1,217 patient visits at six clinic locations, namely: (a) East High School, (b) Northland High School, (c) South High School, (d) Walnut Ridge High School, (e) Van Buren Shelter, and (f) 393 Suite 226 Office.

- (a) **Number of patient visits** — 1,217 completed visits in Fiscal Year 2017 and 1,439 completed visits in Fiscal Year 2018
- (b) **Number of unduplicated patients served** — 235 patients in Fiscal Year 2017 and 272 patients in Fiscal Year 2018
- (c) **Number of new patients served** — 128 patients in Fiscal Year 2017 and 174 patients in Fiscal Year 2018
- (d) **Race and ethnicity breakdown** —
 - **Fiscal Year 2017** — 51.9 percent African American, 2.1 percent Asian, 25.5 percent Caucasian, 1.7 percent multiracial, 0.4 percent Native Hawaiian or other Pacific Islander, 0.4 percent other races, and 17.9 percent declined to specify their racial identify. Six percent of patients reported Hispanic or Latino ethnicity.
 - **Fiscal Year 2018** — 48.9 percent African American, 1.8 percent Asian, 34.9 percent Caucasian, 1.5 percent multiracial, 0.4 percent Native Hawaiian or other Pacific Islander, 1.1 percent other races, and 11.4 percent declined to specify their racial identify. Total of 6.6 percent of patients reported Hispanic or Latino ethnicity.

(IM 2.2) Patients and their families will be educated about the Baby-Friendly Hospital Initiative, which promotes breastfeeding among postpartum women through education about the importance of breastfeeding to the overall health of mothers and babies, how to properly breastfeed and pump breast milk for future use and participate in breastfeeding support groups.

Fiscal Year 2017 and Fiscal Year 2018

During Fiscal Year 2017 and Fiscal Year 2018, OhioHealth Riverside Methodist Hospital (Fiscal Year 2017) and OhioHealth Doctors Hospital (Fiscal Year 2017 and Fiscal Year 2018) were accredited as a Baby-Friendly[®] Hospital by the Baby-Friendly USA, Inc. (BFUSA) (Baby-Friendly USA, Inc., 2012-2019). BFUSA provides accreditation related to the Baby-Friendly Hospital Initiative in the United States, which is based on: (a) following the standards and criteria for implementing the "Ten Steps to Successful Breastfeeding," (b) assessment and accreditation of birthing hospitals that meet the standards and uphold the "International Code of Marketing of Breast-milk Substitutes," and (c) promoting and upholding the learning and implementation of best practice feeding for infants (Baby-Friendly USA, Inc., 2012-2019). As part of the accreditation process, OhioHealth Doctors Hospital implemented the following and shared best practices with other OhioHealth birthing hospitals in Franklin County, namely: (a) OhioHealth Riverside Methodist Hospital, (b) OhioHealth Grant Medical Center, and (c) OhioHealth Dublin Methodist Hospital:

- Collaborative report for Doctor's Hospital and Riverside Methodist Hospital
- Development of policy and procedures that are compliant with BFUSA specifications and guidelines
- Development of optimization changes for documentation allowing improved gathering of information, statistics and compliant education and information in care plans
- Development of education materials for the healthcare team
- Information sharing and dissemination
- Troubleshooting required documentation and applications for BFUSA
- Sharing methods to assist with patient education
- Decrease the use of formula or pacifier use

- Supporting patient care

OhioHealth Riverside Methodist Hospital

- **Education on the importance of breastfeeding to the overall health of mothers and babies** — 6,000 interactions in Fiscal Year 2017 and 6,500 interactions in Fiscal Year 2018
- **Teaching on proper breastfeeding techniques** — 6,000 interactions in Fiscal Year 2017 and 6,000 interactions in Fiscal Year 2018
- **Coordination of breastfeeding pumps for rental** — 483 interactions in Fiscal Year 2017 and 500 interactions in Fiscal Year 2018
- **Breast pump consultations at the hospital postpartum unit** — 888 interactions in Fiscal Year 2017 and 2,000 interactions in Fiscal Year 2018
- **Breast pump consultations during postpartum clinic visit** — 912 interactions in Fiscal Year 2017 and 1,014 interactions in Fiscal Year 2018
- **Breast pump instructions** — 766 interactions in Fiscal Year 2017 and 3,000 interactions in Fiscal Year 2018
- **Coordination of support groups** — 657 interactions in Fiscal Year 2017 and 437 interactions in Fiscal Year 2018
- **Breastfeeding rate** — 88 percent in Fiscal Year 2017 and 90 percent in Fiscal Year 2018
- **Patient understanding of breastfeeding techniques taught** — 96 percent of patients in Fiscal Year 2017 and 96 percent in Fiscal Year 2018
- **Patient understanding of breast pump instructions** — 89 percent of patients in Fiscal Year 2017 and 89 percent in Fiscal Year 2018
- **Repeat attendance in breastfeeding support groups** — 65 percent of patients in Fiscal Year 2017 and 70 percent in Fiscal Year 2018

OhioHealth Grant Medical Center

- **Education on the importance of breastfeeding to the overall health of mothers and babies** — 1,498 interactions in Fiscal Year 2017 and 1,512 interactions in Fiscal Year 2018
- **Teaching on proper breastfeeding techniques** — 1,498 interactions in Fiscal Year 2017 and 1,512 interactions in Fiscal Year 2018
- **Breastfeeding rate** — 72 percent in Fiscal Year 2017 and 76 percent in Fiscal Year 2018

OhioHealth Doctors Hospital

- **Education on the importance of breastfeeding to the overall health of mothers and babies** — 964 interactions in Fiscal Year 2017 and 930 interactions in Fiscal Year 2018
- **Teaching on proper breastfeeding techniques** — 964 interactions in Fiscal Year 2017 and 930 interactions in Fiscal Year 2018
- **Coordination of breastfeeding pumps for rental** — 20 interactions in Fiscal Year 2017 and 22 interactions in Fiscal Year 2018
- **Breast pump consultations at the hospital postpartum unit** — 79 interactions in Fiscal Year 2017 and 72 interactions in Fiscal Year 2018
- **Breast pump consultations during outpatient visits** — 20 interactions in Fiscal Year 2017 and 23 interactions in Fiscal Year 2018
- **Breast pump instructions** — 242 interactions in Fiscal Year 2017 and 94 interactions in Fiscal Year 2018
- **Breastfeeding rate** — 80 percent in Fiscal Year 2017 and Fiscal Year 2018
- **Patient understanding of breastfeeding techniques taught** — 100 percent of patients in Fiscal Year 2017 and Fiscal Year 2018 understood what was taught based on teach-back methods

OhioHealth Dublin Methodist Hospital

- **Teaching on proper breastfeeding techniques** — 2,186 interactions in Fiscal Year 2017 and 2,300 interactions in Fiscal Year 2018
- **Breast pump consultations at the hospital postpartum unit** — 788 interactions in Fiscal Year 2017 and 852 interactions in Fiscal Year 2018
- **Breast pump instructions** — 788 interactions in Fiscal Year 2017 and 852 interactions in Fiscal Year 2018
- **Breastfeeding rate** — 88 percent in Fiscal Year 2017 and 89 percent in Fiscal Year 2018

- IM 2.3** Patients, families and community residents will be educated about the OhioHealth Mothers' Milk Bank's pasteurized donor's breast milk for infants who were either born preterm, seriously ill or have life-threatening illness. Preterm or ill infants will be provided with donor's breast milk when prescribed by a neonatologist.

Fiscal Year 2017 and Fiscal Year 2018

The OhioHealth Mothers' Milk Bank is the only milk bank in Ohio. It is one of 27 milk banks in North America that operates under the guidelines of the Human Milk Banking Association of North America (HMBANA). The OhioHealth Mothers' Milk Bank accepts surplus breast milk donated after a stringent screening process. The milk is pasteurized in three- and six-ounce bottles and distributed to neonatal intensive care units (NICUs) and outpatient clients by prescription.

Infants benefit greatly from breast milk, especially those who are premature, ill or have life-threatening conditions. Human milk is the ultimate source of nutrients and immune protection for infants, providing active growth hormones, developmental enzymes, as well as infection-fighting and immunological factors to these infants. The OhioHealth Mothers' Milk Bank follows strict guidelines to ensure the safety of our banked human milk. Mothers drop off breast milk at the OhioHealth Mother's Milk Bank facility at 4850 E. Main Street, Columbus, Ohio 43213 or at approved "milk drop" locations outside Franklin County, such as OhioHealth O'Bleness Hospital (Athens, Ohio), Dayton Children's Hospital (Dayton, Ohio), Union Institute and University (Cincinnati, Ohio), Mommy Xpress (Cincinnati, Ohio) and Marietta Memorial Hospital (Marietta, Ohio). OhioHealth Mothers' Milk Bank ships at least 25,000 ounces of milk to at least 75 hospitals and 30 outpatient clinics in the United States. Each ounce of pasteurized breast milk can feed up to three premature infants in the neonatal intensive care unit (NICU). To date, the milk bank has received milk from more than 3,000 donors.

- **Number of breast milk donors** — 454 mothers in Fiscal Year 2017 and 512 mothers in Fiscal Year 2018
- **Number of new breast milk donors** — 367 out of 454 donors in Fiscal Year 2017; 360 out of 512 donors in Fiscal Year 2018
- **Total ounces of breast milk received from donors** — 397,996.5 ounces in Fiscal Year 2017 and 354,115 ounces in Fiscal Year 2018
- **Total ounces of pasteurized donor breast milk distributed throughout the United States and Canada** — 287,229 ounces in Fiscal Year 2017 and 295,851 ounces in Fiscal Year 2018
 - **Pasteurized donor breast milk distributed to NICUs** — 268,287 ounces in Fiscal Year 2017; 97,326 ounces in Fiscal Year 2018
 - **Pasteurized donor breast milk distributed to NICUs in Franklin County** — 22,791 ounces in Fiscal Year 2017; 36,108 ounces in Fiscal Year 2018
 - **Pasteurized donor breast milk distributed to newborn nurseries** — 10,989 ounces in Fiscal Year 2017; 4,425 ounces in Fiscal Year 2018
 - **Pasteurized donor breast milk distributed to outpatients** — 31,962 ounces in Fiscal Year 2017; 26,691 ounces in Fiscal Year 2018
- **Number of families with financial difficulties given free pasteurized donor milk** — six families in Fiscal Year 2017; eight families in Fiscal Year 2018
- **Number of adults who received pasteurized donor breast milk for life-threatening conditions** — two persons in Fiscal Year 2017 and three persons in Fiscal Year 2018

The OhioHealth Mothers' Milk Bank gave presentations and health education to community groups and participated in a state-wide lactation conference sponsored by the Ohio Lactation Consultants Association (OLCA). More than 200 lactation professionals attend the conference annually. The OhioHealth Mothers' Milk Bank is actively involved in various community groups, serving at least 300 persons in various activities such as but not limited to: (a) Franklin County Breastfeeding Outreach, (b) Ohio Valley Medical Center Baby Fair, (c) Ohio Breastfeeding Alliance, (d) health education table at various community events, (e) Education event at Madison County Hospital, (f) Women Infants and Children (WIC), (g) OhioHealth Lactation Consultants, (h) Adena Regional Medical Center Lunch & Learn, (i) Akron Children's Hospital, (j) Crucial Connection: the Mother-Baby Symbiosis, (k) Appalachian Breastfeeding Network 1st Annual Conference, (l) Human Milk Banking Association of North America conference, and (m) International Lactation Consultant Association (ILCA) conference in Toronto Canada. In Fiscal Year 2017 and Fiscal Year 2018, observation opportunities were provided to three dietetic students interning with WIC at The Ohio State University.

IM 2.4 Collaborative initiatives with Central Ohio Hospital Council on safe sleep, preterm birth, very low birth weight, reducing early elective deliveries, progesterone project and increasing early entry into prenatal care through StepOne for a Healthy Pregnancy, a new community intake and referral service.

Calendar Years 2016, 2017 and 2018

As part of the Ohio Better Birth Outcomes (OBBO) collaborative, OhioHealth partners with central Ohio hospitals and health systems (Mount Carmel Health System; Nationwide Children’s Hospital; The Ohio State University Wexner Medical Center; PrimaryOne Health, a federally qualified health center; and City of Columbus) on three main priorities: (a) improve reproductive health by increasing use of long-acting reversible contraceptives (LARCs), increase the number of women practicing safe birth spacing and reduce teen pregnancies; (b) improve prenatal care access by increasing the number of women who receive prenatal care during first trimester and increase the number of women receiving prenatal care and support services during pregnancy; and (c) reduce preterm birth by clinical quality improvement involving progesterone use for women with history of preterm birth and improve show rates during postpartum visits.

The data summarized in the following table show characteristics of pregnancy behaviors, birth outcomes, access to contraceptives and community referrals from Calendar Years 2016, 2017 and 2018 (Ohio Better Birth Outcomes, 2018).

	Calendar Year		
	2016	2017	2018
Infant mortality rate (per 1,000 live births) in Franklin County	8.7	8.2	7.5
Infant mortality disparity ratio in Franklin County, Non-Hispanic Blacks to Non-Hispanic Whites	2.6	2.7	2.5
Percent preterm birth in Franklin County	10.7%	10.6%	10.8%
Percent preterm birth in CelebrateOne neighborhoods	12.2%	12.5%	13.1%
Teen birth rate (per 1,000), aged 15-19	23.1	20.8	17.8
Percent births in Franklin County with interpregnancy interval greater than or equal to 24 months	50.5%	51.0%	50.1%
Percent births in CelebrateOne neighborhoods with interpregnancy interval greater than or equal to 24 months	50.1%	52.6%	51.3%
Percent births in Franklin County with no prenatal care	2.5%	1.9%	1.9%
Percent births in CelebrateOne neighborhoods with no prenatal care	3.6%	3.0%	3.1%
Percent women in Franklin County on Medicaid with a high-risk pregnancy prescribed progesterone	35.9%	32.2%	29.2%
Percent pregnant women in Franklin County who smoke during third trimester	7.8%	7.1%	6.9%
Number of long-acting reversible contraceptive (LARC) insertions immediately postpartum at maternity stay at OhioHealth and The Ohio State University Wexner Medical Center	278	493	624
Number of LARC insertions at Columbus Public Health Women’s Health and Wellness Center	No data	530	627
Number of LARC insertions during postpartum appointments at PrimaryOne Health and Nationwide Children’s Hospital Teen and Pregnant (TaP) Program	No data	242	112
Number of women in Franklin County scheduled for prenatal care by StepOne	2,571	3,134	3,799
Number of women in CelebrateOne neighborhoods scheduled for prenatal care by StepOne	1,460	1,775	2,133
Number of eligible women in OBBO clinics accepting progesterone	439	423	292
Number of referrals from OBBO prenatal clinics to Columbus Public Health’s My Baby & Me Tobacco-Free Program	No data	77	488

IM 2.5. Countywide collaborations, cash and in-kind contributions to support efforts addressing infant mortality, including but not limited to: CelebrateOne, Ohio Better Birth Outcomes and Ohio Perinatal Quality Collaborative.

Fiscal Year 2017 and Fiscal Year 2018

- (a) **Partnerships with CelebrateOne** — OhioHealth Wellness on Wheels Women’s Health has a community health worker from CelebrateOne working onsite. The community health worker is called a CelebrateOne Connector Corps (CelebrateOne, n.d.). OhioHealth is also regularly attending meetings organized by CelebrateOne or as part of county-wide efforts to address infant mortality.
- (b) **Partnerships with Ohio Better Birth Outcomes (OBBO)** — OhioHealth makes an annual cash contribution to OBBO and submits data monthly on infant mortality, pregnancy health outcomes and administration of long-acting reversible contraceptives. OhioHealth representatives attend OBBO meetings regularly to keep abreast of progress related to the county-wide approach to address infant mortality.
- (c) **Ohio Perinatal Quality Collaborative (OPQC)** — The OhioHealth Maternal Fetal Medicine departments at Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital and Dublin Methodist Hospital report data to OPQC as part of MOMS+ project, which aims to:
 - Identify more pregnant women with opioid use disorder
 - Increase number of pregnant women receiving medication-assisted treatment and behavioral health counseling
 - Improve communication among obstetricians, outpatient doctors and community organizations to ensure an effective referral system and sharing of best practices
 - Increase number of women with negative toxicology screen at delivery
 - Reduce the percent of full-term babies with neonatal abstinence syndrome (NAS)
 - Increase percent of babies who go home with their mother
 - Improve continuity of care after delivery of baby
- (d) **Partnerships with CATCH Court, Amethyst Inc., Alvis Inc. and Maryhaven** — to provide access to obstetrics and other women’s health services for women with substance abuse disorders or victims of human trafficking, various forms of abuse, and/or domestic violence.

[*Need 3: Access to Care*](#)

AC 3.1. Patients without primary care doctors will be referred to OhioHealth Primary Care.

Fiscal Year 2017 and Fiscal Year 2018

OhioHealth provides comprehensive primary care services in 68 locations in central Ohio. The care team is comprised of board-certified physicians, certified nurse practitioners and licensed physician assistants. Established patients have access to the Express Appointment Centers.

- (a) In Fiscal Year 2017 and Fiscal Year 2018, five OhioHealth Primary Care clinics in Franklin County were part of Riverside Methodist Hospital. These primary care clinics served 15,576 patients in Fiscal Year 2017 and 18,843 patients in Fiscal Year 2018.
- (b) In Fiscal Year 2017, 11 OhioHealth Primary Care clinics in Franklin County were under Grant Medical Center. In Fiscal Year 2018, 16 clinics in Franklin County were part of Grant Medical Center. These primary care clinics served 40,911 patients in Fiscal Year 2017 and 42,507 patients in Fiscal Year 2018.
- (c) In Fiscal Year 2017 and Fiscal Year 2018, seven OhioHealth Primary Care clinics in Franklin County were under Doctors Hospital. These primary care clinics served 34,379 in Fiscal Year 2017 and 34,779 in Fiscal Year 2018.
- (d) In Fiscal Year 2017, three OhioHealth Primary Care clinics in Franklin County were part of Dublin Methodist Hospital. In Fiscal Year 2018, four clinics in Franklin County were part of Dublin Methodist Hospital. These primary care clinics served 7,861 patients in Fiscal Year 2017 and 16,380 patients in Fiscal Year 2018.

- (e) In Fiscal Year 2017, there were 26 OhioHealth Primary Care clinics in Franklin County. In Fiscal Year 2018, there were 32 primary care clinics in Franklin County. These primary care clinics served 98,727 patients in Fiscal Year 2017 and 112,509 patients in Fiscal Year 2018.

AC 3.2. Stroke patients from OhioHealth regional hospitals or other partner hospitals through the OhioHealth Stroke Network will be provided immediate access to expert medical advice from neurologists and stroke specialists based at OhioHealth Riverside Methodist Hospital and OhioHealth Grant Medical Center, facilitated by the OhioHealth Electronic Intensive Care Unit (eICU).

Fiscal Year 2017 and Fiscal Year 2018

With OhioHealth's innovative electronic intensive care unit (eICU) system, we've added another layer of safety, expertise and proactive care to hospital intensive care units. These benefits come from an additional group of specialists, called intensivists, who monitor our patients closely to detect the slightest change in their conditions, often without ever seeing them in person. In Franklin County, the OhioHealth's eICU serves patients at OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital. At these locations, board-certified intensivists (physicians who specialize in caring for critically ill patients), work from a control center instead of patient rooms. They observe a patient's progress minute by minute, 24/7, using video, audio and vital sign monitors. This continuous observation can pick up small changes in a patient's status. When this occurs, the eICU intensivist alerts ICU physicians and nurses, who take corrective action immediately. Studies show that this close monitoring and quick response saves lives, reduces complications and helps patients recover more quickly.

Technology is key to eICU. The system uses microphones, video cameras, alarms and other monitoring tools to observe the patient and send the information to the control center. The camera is located above the door in each room and is always on. To preserve privacy for the patient and family, the lens faces the wall and is only turned toward the patient periodically. The equipment has no recording capabilities.

The OhioHealth ICU physician still oversees the patient's care and determines how much the eICU team will be involved, from round-the-clock monitoring to consultation to providing treatment. At whatever level of support is needed, eICU intensivists coordinate closely with the patient's physician to make sure they're carrying out the designated treatment plan accordingly. The eICU system delivers a level of expertise and vigilance that few hospitals in the nation can match. For OhioHealth, it's another example of our continuing commitment to quality patient care.

(a) Care of stroke patients

- **OhioHealth Riverside Methodist Hospital**
 - Served 1,931 stroke patients in Fiscal Year 2017 and 2,229 stroke patients in Fiscal Year 2018 (with 24/7 stroke team available onsite)
 - 1,200 stroke patients in Fiscal Year 2017 and 1,509 patients in Fiscal Year 2018 had access to Virtual Health, telemedicine that enables patients to be seen by a neurologist.
- **OhioHealth Grant Medical Center**
 - Served 246 stroke patients in Fiscal Year 2017 and 297 stroke patients in Fiscal Year 2018
 - 120 stroke patients in Fiscal Year 2017 and 156 stroke patients in Fiscal Year 2018 had access to Virtual Health, telemedicine that enables patients to be seen by a neurologist.
- **OhioHealth Doctors Hospital**
 - Served 381 stroke patients in Fiscal Year 2017 and 363 stroke patients in Fiscal Year 2018 (Virtual Health only)
- **OhioHealth Dublin Methodist Hospital**
 - Served 70 stroke patients in Fiscal Year 2017 and 69 stroke patients in Fiscal Year 2018 (Virtual Health only)

(b) Number of patients who used OhioHealth eICU

- **OhioHealth Riverside Methodist Hospital** — Served 9,041 patients in Fiscal Year 2017 and 8,724 patients in Fiscal Year 2018
- **OhioHealth Grant Medical Center** — Served 7,930 patients in Fiscal Year 2017 and 6,902 patients in Fiscal Year 2018
- **OhioHealth Doctors Hospital** — Served 597 patients in Fiscal Year 2017 and 628 patients in Fiscal Year 2018
- **OhioHealth Dublin Methodist Hospital** — Served 471 patients in Fiscal Year 2017 and 500 patients in Fiscal Year 2018

AC 3.3 Patients with urgent or non-urgent medical issues will be provided with timely access to their primary care doctor through telemedicine capabilities.

Fiscal Year 2017 and 2018

E-Visits are for non-urgent medical conditions, namely: (a) back pain, (b) cough, (c) eye redness, (d) indigestion and heartburn, (e) urinary problems, (f) cold and sinus, (g) diarrhea, (h) headache, (i) tiredness (fatigue), and (j) vaginal discharge/irritation. The patient uses his or her OhioHealth MyChart account anytime 24/7 and selects E-Visit. The patient completes a questionnaire about his/her symptoms, verifies health insurance and medications and submits. Healthcare providers will reply with a treatment plan within one business day or a request to see you in person.

During Fiscal Year 2017 and 2018, 700 patients and 1,174 patients, respectively, availed of either an E-Visit or video visit (telemedicine). There were 886 and 1,794 E-Visits or video visits in Fiscal Year 2017 and Fiscal Year 2018, respectively. The top 10 medical diagnoses were: sinusitis; back pain; urinary tract infection; pharyngitis; bronchitis; upper respiratory infection; ear, nose and throat complaints; conjunctivitis; headache; and diarrhea.

AC 3.4 Franklin County residents will be provided access to health screenings for breast cancer, lung cancer, colorectal cancer and skin cancer, as well as cancer prevention education.

Fiscal Year 2017 and Fiscal Year 2018

OhioHealth is a certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center. This means patients have access to nationally recognized cancer care protocols and best practices, while still receiving direct care from their local OhioHealth cancer physician. OhioHealth cancer physicians certified by MD Anderson follow best practices for: (a) patient outcomes, (b) quality care assurances and protocols, (c) new technologies, treatments and clinical research, (d) integrated patient care and prevention, (e) access to peer-to-peer consultations and clinical trials, and (f) specialized treatment for a specific type of cancer. Additionally, OhioHealth offers patients access to patient navigators, integrative care, and state-of-the-art facilities close to home.

OhioHealth offers comprehensive and compassionate cancer care across the healthcare continuum — from prevention and screening to diagnosis and treatment to survivorship. OhioHealth hospitals in Franklin County, namely Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital and Dublin Methodist Hospital, work together with community partners to promote public awareness of various cancer screening and prevention activities.

(a) Breast cancer screening and education

- **OhioHealth Riverside Methodist Hospital**
 - **2017** — 4,510 patients received screening mammograms. Among those screened, 323 patients received additional testing, 69 patients were biopsied and 22 patients were diagnosed with breast cancer. Through the mobile mammography unit, 1,269 screening mammograms were performed. A

total 128 patients received additional testing, 23 patients were biopsied, and four patients were diagnosed with breast cancer.

- **2018** — 2,199 patients received screening mammograms through the mobile mammography unit. Among those screened, 249 patients had abnormal results, requiring additional workup. An additional 75 women had screening mammograms after an educational outreach event at the Riverside Methodist Hospital cafeteria on how to do breast self-exams.
- **OhioHealth Grant Medical Center**
 - **2017** — 4,111 patients received screening mammograms and 1,180 patients received diagnostic mammograms. Of those screened, 127 patients were biopsied and 92 patients were diagnosed with cancer. A total 469 women working downtown received screening mammograms using the Convenient Care Mammogram Shuttle. Of those, 32 patients required additional diagnostic workup, and two cancers were diagnosed.
 - **2018** — 4,128 patients received screening mammograms and 1,196 patients received diagnostic mammograms. Of those screened, 125 patients were biopsied. At OhioHealth Pickerington Medical Campus, 3,939 patients received screening mammograms and 915 patients received diagnostic mammograms. At OhioHealth Westerville Medical Campus, 13,844 patients received screening mammograms and 2,054 patients received diagnostic mammograms. A total 539 patients working downtown received screening mammograms using the Convenient Care Mammogram Shuttle. Of those screened, 37 patients required additional diagnostic workup, resulting in three benign breast condition diagnoses, and one Stage 0 breast cancer diagnosis.
- **OhioHealth Doctors Hospital**
 - **2017** — Performed 5,874 screening mammograms. Of those screened, 626 patients were recommended for additional imaging, 221 patients were biopsied, and 41 patients were diagnosed with breast cancer.
 - **2018** — Performed 6,048 screening mammograms. Of those screened, 652 patients were recommended for additional imaging, 264 patients were biopsied, and 66 patients were diagnosed with breast cancer.
- **OhioHealth Dublin Methodist Hospital**
 - **2017** — Performed 37 screening mammograms and provided breast cancer education to 55 patients.
 - **2018** — Hosted a breast cancer screening event in the hospital lobby, where a surgical oncologist and nurse navigator answered clinical questions while attendees were scheduled for screening mammograms. Educational materials about breast cancer and genetic counseling were also provided. Of those who attended, 37 were registered for screening mammograms, and 30 others were counseled and given educational materials.
- **OhioHealth Pink Pathways Latina**
 - **2017** — Served 476 Hispanic/Latina patients.
 - **2018** — Served 302 Hispanic/Latina patients.

(b) Lung cancer screening

- **OhioHealth Riverside Methodist Hospital**
 - **2017** — 171 patients received low-dose chest CT scans and 21 patients required additional testing. Two patients were diagnosed with lung cancer.
 - **2018** — 437 patients were screened for lung cancer using low-dose chest CT scan technology. Of these, 295 patients had initial screenings and 142 patients had annual follow-up screenings. Of

those screened, 45 persons required additional diagnostic workup. Five patients were diagnosed with lung cancer.

- **OhioHealth Grant Medical Center**

- **2017** — 355 patients received low-dose chest CT scans for lung cancer. A total 261 patients received initial screenings and 94 annual screenings, Of those screened, 14 required additional diagnostic workup and four lung cancers were diagnosed. All patients screened were referred for tobacco cessation counseling.
- **2018** — 712 patients were screened for lung cancer at Grant Medical Center, OhioHealth Pickerington Medical Campus or OhioHealth Westerville Medical Campus using low-dose chest CT scan technology. Of these, 491 were initial screenings and 221 were annual follow-up screenings. Of those screened, 80 patients required additional diagnostic workup and seven lung cancers were diagnosed. Every patient screened was referred for tobacco cessation counseling.

- **OhioHealth Doctors Hospital**

- **2017** — 238 people received low-dose chest CT scans. Of those, 24 patients received an abnormal screening that required follow-up. Three patients were diagnosed with earliest stage lung cancer. All patients were referred for tobacco cessation counseling; of these, 11 participants completed three courses.
- **2018** — 398 people were screened for lung cancer using low-dose chest CT scan technology. Of those, 279 were initial screenings and 119 were follow-up annual screenings. Of those screened, seven lung cancers were diagnosed, four of which were Stage I. Every patient screened was referred for tobacco cessation counseling.

(c) Colorectal cancer screening

- **OhioHealth Riverside Methodist Hospital**

- **2017** — 1,275 colonoscopies were performed through physician and self-referral. A total 65 patients were diagnosed with colorectal cancer.
- **2018** — 1,269 colonoscopies were performed through physician and self-referral. A total 495 patients were identified with adenomas.

- **OhioHealth Grant Medical Center**

- **2017** — 2,023 patients received outpatient colonoscopy procedures. Of those screened, 780 patients were identified with adenomas.
- **2018** — 890 patients received screening colonoscopies and 1,083 diagnostic colonoscopies.

- **OhioHealth Doctors Hospital**

- **2017** — 880 patients received screening colonoscopies. Of those screened, 15 patients were diagnosed with colon cancer.
- **2018** — 1,128 patients received screening colonoscopies. Of those screened, seven patients were diagnosed with rectal cancer. Sixteen patients were diagnosed with colon cancer.

(d) Skin cancer screening

- **OhioHealth Riverside Methodist Hospital**

- **2017** — 24 patients were screened for melanoma. Of those, 17 patients required follow-up and/or a biopsy.
- **2018** — Provided skin cancer prevention education and skin screenings at the Ohio Fire Chiefs and Firefighters Convention, where 38 attendees were screened. Of those screened, 25 were recommended for follow-up, and all sought appropriate follow-up care. In May 2018, Riverside

Methodist Hospital provided skin cancer prevention and risk reduction education to 2,000 EMS workers and firefighters at the OhioHealth EMS Conference at Columbus Convention Center. At the event, 30 attendees received full-body screenings, and of these, 15 were referred for follow-up. The hospital provided resources for follow-up to all participants, and at three months, checked up on individuals who were referred.

- **OhioHealth Grant Medical Center**
 - **2017** — 76 patients were screened for melanoma and 35 people required follow-up or a biopsy. Health education on the warning signs of melanoma was also provided. Of those who participated in education events, 59 percent indicated they knew the “ABCDE” warning signs of melanoma, and 58 percent were confident about performing a self-skin exam.
 - **2018** — Provided skin cancer prevention and risk reduction education to 2,000 emergency medical services (EMS) workers and firefighters at the OhioHealth EMS Conference at the Columbus Convention Center. At the event, 30 attendees received full body screenings, and of these, 15 persons were referred for follow-up. The hospital provided resources for follow-up to all participants, and at three months, checked up on individuals who were referred.

AC 3.5. Financial contribution will be provided to the Physicians CareConnection dental program.

Fiscal Year 2017 and Fiscal Year 2018

Physicians CareConnection (PCC) is a volunteer-based health organization that provides the following services: (a) coordinates care for vulnerable populations, (b) links physicians and other healthcare professionals with patients in need, and (c) provides learning opportunities for students and other learners to develop their skills, improve their knowledge and build relationships. Care coordination services include but are not limited to: (a) dental care, (b) coaching and support of the family, (c) enrollment to health insurance, (d) links to food services, (e) medical diagnostic testing and laboratory tests, (f) medical interpretation, (g) prescription assistance, (h) prenatal care, (i) primary care, (j) specialty care, and (k) vision services (Physicians CareConnection, 2015).

A program of Physicians CareConnection, Dental CareConnection holds a Monday night walk-in clinic at Columbus Public Health, located at 240 Parsons Avenue, Columbus, Ohio 43215. Dental CareConnection provides dental services to uninsured and underserved residents of Franklin County. Dental CareConnection is a volunteer dental network that provides charitable dental services such as but not limited to: (a) regular dental hygiene, (b) single tooth extractions, (c) full dental extractions, (d) deep cleaning, (e) restorations and fillings and (f) free dentures for low-income and uninsured residents in Franklin County.

OhioHealth provides annual financial contributions to Physicians CareConnection to improve access to dental care in Franklin County and other central Ohio counties.

- **Total number of underinsured or uninsured patients from Franklin County who needed dental services** — 309 patients in Fiscal Year 2017; 320 patients in Fiscal Year 2018
- **Total number of underinsured or uninsured patients from Delaware, Fairfield, Franklin, Licking, Madison, Knox and Union Counties who needed dental services** — 322 patients in Fiscal Year 2017; 333 patients in Fiscal Year 2018
- **Number of patients receiving various dental services and number of clinic visits:**
 - **Restorative (x-ray consult and/or fillings)**
 - 90 patients in Fiscal Year 2017 and 34 patients in Fiscal Year 2018
 - 118 clinic visits in Fiscal Year 2017 and 64 clinic visits in Fiscal Year 2018
 - **Extractions**
 - 144 patients in Fiscal Year 2017 and 171 patients in Fiscal Year 2018
 - 186 clinic visits in Fiscal Year 2017 and 218 clinic visits in Fiscal Year 2018
 - **Cleanings**
 - 55 patients in Fiscal Year 2017 and 18 patients in Fiscal Year 2018
 - 65 clinic visits in Fiscal Year 2017 and 31 clinic visits in Fiscal Year 2018

- **Dentures (new or repair)**
 - 33 patients in Fiscal Year 2017 and 20 patients in Fiscal Year 2018
 - 58 clinic visits in Fiscal Year 2017 and 20 clinic visits in Fiscal Year 2018

Need 4: Mental Health and Addiction

MHA 4.1. Implementation of the OhioHealth Behavioral Health Programs, namely electroconvulsive therapy, inpatient behavioral healthcare, intensive outpatient program, partial hospitalization program, psychiatric emergency services, employee assistance program and Sexual Assault Response Network of Central Ohio (SARNCO) to assess, stabilize, treat, support and refer patients suffering from mental health and addiction.

Fiscal Year 2017 and Fiscal Year 2018

- (a) **Electroconvulsive therapy (ECT)** — 2,000 ECTs performed in Fiscal Year 2017 and 1,752 ECTs in Fiscal Year 2018
- (b) **Inpatient behavioral healthcare** — 1,684 patients served in Fiscal Year 2017 and 1,602 patients served in Fiscal Year 2018
- (c) **Intensive outpatient program** — 170 patients served in Fiscal Year 2017 and 170 patients served in Fiscal Year 2018
- (d) **Partial hospitalization program** — 200 patients served in Fiscal Year 2017 and 223 patients served in Fiscal Year 2018
- (e) **Psychiatric emergency services**
 - **OhioHealth Riverside Methodist Hospital Emergency Department** — Completed 3,666 psychiatric assessments in Fiscal Year 2017 and 3,605 psychiatric assessments in Fiscal Year 2018
 - **OhioHealth Grant Medical Center Emergency Department** — Completed 2,100 psychiatric assessments in Fiscal Year 2017 and 2,274 psychiatric assessments in Fiscal Year 2018
 - **OhioHealth Doctors Hospital Emergency Department** — Completed 879 psychiatric assessments in Fiscal Year 2017 and 858 psychiatric assessments in Fiscal Year 2018
 - **OhioHealth Dublin Methodist Hospital Emergency Department** — Completed 429 psychiatric assessments in Fiscal Year 2017 and 378 psychiatric assessments in Fiscal Year 2018
 - **OhioHealth Freestanding Emergency Departments in Franklin County** — Completed 497 psychiatric assessments in Fiscal Year 2017 and 40 psychiatric assessments in Fiscal Year 2018
- (f) **Employee assistance program** — Served 1,278 OhioHealth employees and their family members in Fiscal Year 2017 and 1,531 OhioHealth employees and their family members in Fiscal Year 2018
- (g) **Sexual Response Network of Central Ohio (SARNCO)** — Served 19,100 persons in Fiscal Year 2017 and 19,524 persons in Fiscal Year 2018
 - **HelpLine advocacy (local HelpLine, (614) 267.7020)** — Served 452 persons in Fiscal Year 2017 and 648 persons in Fiscal Year 2018
 - **HelpLine advocacy (statewide HelpLine, (800) 656-HOPE)** — Served 395 persons in Fiscal Year 2017 and 488 persons in Fiscal Year 2018
 - **Hospital advocacy (support and resource packets)** — Served 852 persons in Fiscal Year 2017 and 719 persons in Fiscal Year 2018
 - **Aftercare advocacy (support)** — Served 81 persons in Fiscal Year 2017 and 109 persons in Fiscal Year 2018

- **Sexual violence prevention education** — Served 2,320 persons in Fiscal Year 2017 and 2,560 persons in Fiscal Year 2018
- **Central Ohio and statewide outreach** — Served approximately 15,000 persons in Fiscal Year 2017 and 15,000 persons in Fiscal Year 2018

MHA 4.2 The Emergency Department and the Behavioral Health department at OhioHealth will provide crisis assessments, intervention and transfer to appropriate level of inpatient or outpatient care and community referral.

Fiscal Year 2017 and Fiscal Year 2018

The Emergency Departments (ED) of all OhioHealth hospitals in Franklin County and all OhioHealth Free-Standing EDs in Franklin County provide assessment for mental illness. Patients are stabilized, treated, referred and transferred as appropriate. Telemedicine is available for initial assessment of patients by a psychiatric Licensed Independent Social Worker (LISW) and to provide a psychiatrist consultation when needed through OhioHealth Riverside Methodist Hospital, OhioHealth Doctors Hospital, OhioHealth Grant Medical Center, OhioHealth Westerville Freestanding ED and OhioHealth Pickerington Freestanding ED. This provides 24/7 care for mental health at these facilities for Franklin County residents.

- **OhioHealth Riverside Methodist Hospital**
 - **Fiscal Year 2017** — 36,910 ED visits with mental and behavioral health diagnosis or 40 percent of a total 91,502 ED visits
 - **Fiscal Year 2018** — 36,997 ED visits with mental and behavioral health diagnosis or 41 percent of a total 90,703 ED visits
- **OhioHealth Grant Medical Center**
 - **Fiscal Year 2017** — 44,216 ED visits with mental and behavioral health diagnosis or 56 percent of a total 78,956 ED visits
 - **Fiscal Year 2018** — 39,522 ED visits with mental and behavioral health diagnoses or 56 percent of a total 70,506 ED visits
- **OhioHealth Doctors Hospital**
 - **Fiscal Year 2017** — 35,490 ED visits with mental and behavioral health diagnosis or 45 percent of a total 79,442 ED visits
 - **Fiscal Year 2018** — 31,352 ED visits with mental and behavioral health diagnoses or 42 percent of a total 73,810 ED visits
- **OhioHealth Dublin Methodist Hospital**
 - **Fiscal Year 2017** — 9,353 ED visits with mental and behavioral health diagnosis or 26 percent of a total 35,615 ED visits
 - **Fiscal Year 2018** — 9,238 ED visits with mental and behavioral health diagnoses or 28 percent of a total 33,221 ED visits

MHA 4.3 Interventions by the OhioHealth Riverside Methodist Trauma Program to assess patients using “Screening, Brief Intervention and Referral to Treatment (SBIRT)” for patients who tested positive for alcohol and/or drug screen.

Fiscal Year 2017 and 2018

The OhioHealth Grant Medical Center Level I Trauma Program and OhioHealth Riverside Methodist Hospital Level II Trauma Program provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) for more than 1,000 trauma patients per year. Substance abuse counselors provide interventions to patients who indicate at-risk substance use related to positive toxicology tests, nursing admission summary, and/or patient history and

physical assessments. Based on screening results, substance abuse counselors communicate the findings to the medical team and make referrals to community agencies that specialize in treating substance use disorders.

- **SBIRT at OhioHealth Riverside Methodist Hospital** — Administered SBIRT to approximately 480 patients in Fiscal Year 2017 and 480 patients in Fiscal Year 2018
- **SBIRT at OhioHealth Grant Medical Center** — Administered SBIRT to 1,368 trauma patients in Fiscal Year 2017 and 1,992 trauma patients in Fiscal Year 2018
- **Alcohol screening at OhioHealth Grant Medical Center** — 1,231 trauma patients tested positive for alcohol in Fiscal Year 2017 and 1,129 trauma patients tested positive for alcohol in Fiscal Year 2018

MHA 4.4. Patients will be referred or linked to community agencies providing programs and services for mental health and addiction. Partnerships with these agencies will be strengthened to ensure an effective referral process.

Fiscal Year 2017 and Fiscal Year 2018

Trauma patients from OhioHealth Riverside Methodist Hospital and OhioHealth Grant Medical Center who received SBIRT in Fiscal Year 2017 and/or Fiscal Year 2018 were referred to Maryhaven, Netcare Access, Southeast Inc., The Ohio State University Wexner Medical Center, Talbot Hall Drug and Alcohol Addiction Treatment Services and Columbus Public Health.

OhioHealth has partnered with several community organizations that provide mental and behavioral health services such as but not limited to:

- (a) **Mental Health America of Franklin County** — Administers or facilitates community programs such as but not limited to: (a) pro bono counseling, (b) ombudsman (advocate), (c) maternal mental health (Perinatal Outreach and Encouragement for Moms or POEM), (d) support groups, (e) online screenings, (f) Healthy Connections, (g) workplace and community programs, and (h) professional training (Mental Health America of Franklin County, 2019)
- (b) **Concord Counseling Services** — Provides psychiatric and medical services, drug and alcohol treatment, counseling, mental and behavioral health programs for children, adolescents and young adults, mental health services for older adults, suicide prevention, support groups, access to pharmacy and other support services (Concord Counseling Services, 2019). Concord Counseling Services provides free skill-building classes and support groups in collaboration with National Alliance on Mental Illness. Examples of topics taught in the community include: (i) “Healthy Boundaries,” (ii) “Mindfulness,” (iii) “Self-Care,” (iv) “Communication,” (v) “Stress Reduction,” (vi) “Managing Anxiety,” (viii) De-Escalation, and (ix) “Co-Dependency.”
- (c) **National Alliance on Mental Illness (NAMI)** — NAMI approaches mental illness as biologically based medical problems and provides support, education, and advocacy to those struggling with mental illnesses and their families (NAMI Franklin County, n.d.). NAMI offers free programs such as but not limited to: (a) Concord Counseling Respite Program, (b) Crisis Intervention Team (CIT) Training Program, (c) NAMI Ending the Silence, (d) NAMI In Our Own Voice, and (e) NAMI Mentor Program (NAMI Franklin County, n.d.).
- (d) **Amethyst Inc.** — Client-centered treatment program for substance-dependent women and their families to work towards achieving and/or maintaining sobriety. Services include: (a) traditional and intensive outpatient treatment, (b) housing, (d) medical services, (e) family services, (f) mental health and trauma treatment, and (g) job readiness and placement (Alvis, 2018).
- (e) **Syntero** — Offers programs for youth, adults and older adults. Youth programs include but are not limited to: (a) outpatient counseling for mental health and substance use disorder counseling, (b) case management, (c) intensive outpatient for substance use disorder, (d) Help Me Grow, (e) integrated care, (f) mentoring, (g) Dublin Adolescents and Community Together (ACT), (h) Healthy Bodies/Healthy Futures, (i) diversion education, (j) Recovery-Engagement-Networking-Employment-Wellness (RENEW), (k) Permanent Family Solutions Network Partnership, and (l) school-based prevention services (Syntero, 2019). Adult programs include but are not limited to: (a) outpatient counseling for mental health and substance use disorder counseling, (b) case management, (c) intensive outpatient for substance use disorder, (d) integrated care, and (e) partnership with Goodwill Columbus to address mental health needs of their employment services in the community (Syntero, 2019). Older adult

- programs include but are not limited to: (a) outpatient mental health and substance use disorder counseling, (b) caregiver consultation, (c) older adults intensive home-based outreach, (d) Older Adults Volunteer Program, and (e) aging-focused support groups (Syntero, 2019).
- (f) **Directions for Youth and Families** — Provides mental, emotional and behavioral health support for youth and families, counseling, community support, parenting classes, after-school and summer programs. Referrals come from schools, social services, juvenile court, family members or other individuals who may be concerned with the troubled youth or family (Directions for Youth and Families, 2019).
 - (g) **Ohio Attorney General's Office** — The Mental Health and the Courts subcommittee of the Ohio Attorney General's Office seeks to promote public safety by determining Ohioans with mental health needs who committed crimes and providing support through diversion and referral to trauma-informed, culturally sensitive services. The Psychiatry and Treatment subcommittee improves access to Behavioral Health Interventions and Treatment, which includes prevention and early intervention for all age groups of people with mental illness who are involved or at risk for involvement in the criminal justice system.
 - (h) **Franklin County Coroner's Office** — Investigates accidental deaths, homicide, suicide, work-related deaths, sudden deaths, death on arrival, death due to special circumstances, therapeutic death and other specified deaths. In 2017, deaths in Franklin County were categorized as follows: (a) natural (25.9 percent, 505 persons), (b) suicide (9.6 percent, 188 persons), (c) undetermined (2.8 percent, 55 persons), (d) accidental deaths (53.4 percent, 1,042 persons), and (e) homicide (8.3 percent, 161 persons).
 - (i) **Maryhaven** — Specializes in addiction recovery, providing services that include but are not limited to: (a) inpatient and outpatient treatment, (b) medication-assisted treatment (MAT), and (c) individual and group counseling. There are specific services for women, men and adolescents, as well as public safety or court-related programs, and the Maryhaven Addiction Stabilization Center (Maryhaven, 2018).
 - (j) **Columbus Medical Association** — Facilitates discussions and workshops on topics such as but not limited to: (a) dispensing of Naloxone, (b) trauma-informed care, (c) alcohol or marijuana abuse, and (d) suicide prevention (Columbus Medical Association, 2018).
 - (j) **Tyler's Light** — Provides public information related to substance abuse prevention and treatment programs and services that are available in the community (Tyler's Light, 2019).
 - (k) **Ohio Citizen Advocates for Addiction Recovery** — Provides advocacy and education outreach related to addiction (Ohio Citizen Advocates for Addiction Recovery, n.d.).
 - (l) **Southeast Healthcare Services** — Provides primary care, behavioral health, dental care, homeless services, and adult and family outpatient services. Primary care services include but are not limited to: (i) chronic disease management, (ii) annual physical exams, (iii) diabetes care, (iv) immunizations, (v) laboratory services, (vi) specialist referrals, (vii) well and sick child exams, (viii) tobacco cessation, (ix) pharmacy, and (x) family planning. Mental and behavioral health services include but are not limited to: (i) specialized community treatment teams serving at-risk populations such as criminal justice, hearing impaired and recovery teams, (ii) case management, (iii) psychiatric services, (iv) chemical dependency treatment, (v) residential housing treatment, and (vi) mobile psychiatric outreach (Southeast, Inc., 2019).
 - (m) **CompDrug** — Provides outpatient treatment programs, medication-assisted treatment (MAT), group counseling, facilitation of therapeutic communities, pregnancy and parenting support, substance abuse prevention programs for youth, seniors and people at risk for HIV or sexually transmitted diseases (CompDrug Incorporated, 2014).

MHA 4.5. Community outreach and partnerships that focuses on prevention of mental illness and addiction to alcohol and illegal drugs will be strengthened.

Fiscal Year 2017 and Fiscal Year 2018

OhioHealth Behavioral Health continues to partner with the Mental Health Association of Franklin County to offer a weekly family support group meeting for family and friends of patients who have mental health issues. It is staffed by an OhioHealth Behavioral Health registered nurse and art therapist and is held at The Dempsey Family Education and Resource Center in OhioHealth Neuroscience Center at Riverside Methodist Hospital.

The family support group is offered every Tuesday (50-52 times per year, depending on holidays) and co-facilitated by licensed mental healthcare providers from OhioHealth Behavioral Health and Mental Health America of Franklin County. Topics discussed are related to issues faced by someone giving emotional, financial or practical support to a person with a mental health condition. Confidentiality is honored. Participants are only asked to provide their first name, residential zip code and basic demographic information. They also have the option to provide an email address for a confidential, anonymous email group that receives periodic group announcements.

The group also features a monthly guest speaker on the last Tuesday of each month. While the group is only open to adults who have an adult loved one with a mental illness/mental health condition, guest speaker nights are open to everyone. Topics are focused on mental illness and recovery. Past guest speakers have included psychiatrists, mental health consumers, area treatment providers, adjunctive therapists, law enforcement officials specially trained to respond to mental health crises, and legal advocates.

- **Program participation** — Served 64 persons in Fiscal Year 2016, 90 persons in Fiscal Year 2017 and 98 persons in Fiscal Year 2018

MHA 4.6. OhioHealth partnership with Franklin County Psychiatric Crisis and Emergency Services Task Force.

Fiscal Year 2017 and Fiscal Year 2018

The Franklin County Psychiatric Crisis and Emergency Services (PCES) Task Force is a collaborative project that includes: (a) Central Ohio Hospital Council, (b) OhioHealth Riverside Methodist Hospital, (c) OhioHealth Grant Medical Center, (d) OhioHealth Doctors Hospital, (e) OhioHealth Dublin Methodist Hospital, (f) Columbus Medical Association, (g) Franklin County ADAMH Board, and (h) The Columbus Foundation. Its main objective is to manage the increasing need for emergency care for mental health-related crises in Franklin County and provide the best care possible for mentally ill patients (PCES Task Force, n.d.)

The OhioHealth Behavioral Health medical chief, Ambulatory Care director and Emergency Department psychiatry manager represent OhioHealth and are active participants at the PCES Task Force. During Fiscal Year 2017 and Fiscal Year 2018, OhioHealth worked with Battelle to perform a community needs assessment and revamp the Franklin County Bedboard to address changes arising from a Centers for Medicare and Medicaid Services (CMS) decision to allow states to expand Medicaid for short-term stays for acute care provided in Institutions for Mental Diseases (IMDs) such as psychiatric hospitals or residential treatment centers. The PCES Task Force is examining the possibility of a community mental health crisis center as a result of the their findings and is revisiting the protocol for accepting patients from the bedboard in light of the Medicaid expansion, other for-profit hospitals that have come to the market and a state of Ohio waiver for the "institutions for mental disease" (IMD) rules. These changes ensure that everyone can participate in an equitable way and a reasonable number of providers in the area are in network, including Medicaid Managed Care.

MHA 4.7. OhioHealth cash and in-kind contributions to The Stand Project of Upper Arlington, a community action project focused on substance abuse prevention, education and awareness.

Fiscal Year 2017 and Fiscal Year 2018

The Stand Project of Upper Arlington is a community action project focused on preventing substance abuse and serving as a resource for students and families to obtain credible information, assistance and support (OhioHealth surgeon John Leff, MD, actively participates in The Stand Project initiatives.) OhioHealth also provides cash and in-kind donations to The Stand Project to support dissemination of information to the community on substance abuse prevention and other resources for parents, families and youth.

CC 5.1. Patients, families and community residents will be referred to OhioHealth ENGAGE (Empower, Nutrition, Goals, Activity, Guidance, Education) Health and Wellness Programs, such as “ENGAGE Diabetes” and “ENGAGE Heart and Vascular,” which offer biometric screenings, one-on-one consultations with a registered nurse, evidence-based and interactive education, and support groups focused on the importance of regular physical activity, healthy eating habits, menu planning, food preparation, stress management, and sustainable engagement and empowerment to manage one’s health.

Fiscal Year 2017 and Fiscal Year 2018

OhioHealth ENGAGE (Empower, Nutrition, Goals, Activity, Guidance, Education) is an evidence, based, eight-week community benefit program that addresses diabetes and prediabetes prevalence in central Ohio, especially among African American and minority populations. The course helps participants understand their chronic health condition and gives them the tools they need for better management and control. ENGAGE promotes self-care and self-motivated learning. Interactive topics and activities include: developing practical skills to manage diabetes, diet and nutrition; managing medications, weight and complications; participating in a grocery store tour and eating-out experience, and an optional free six-week cooking class in collaboration with Local Matters. The ENGAGE Diabetes program incorporates the American Association of Diabetes Educators’ Seven Self-Care Behaviors™, which include healthy eating, being active, monitoring, taking medication, problem solving, reducing risks, and healthy coping. ENGAGE also offers “In The Driver’s Seat,” a four-hour interactive workshop for those with or at-risk for developing diabetes or heart disease due to uncontrolled blood sugar, cholesterol, blood pressure levels and obesity. Topics discussed include the importance of healthy eating, active lifestyle, managing stress, tobacco cessation, and understanding the health and wellness implications of body mass index, cholesterol levels, blood pressure readings, and hemoglobin A1C. During Fiscal Year 2017 and Fiscal Year 2018, ENGAGE Diabetes and the “In The Driver’s Seat” program served approximately 300 persons per year.

ENGAGE Diabetes meets diabetes patients where they are and empowers them to take control of their health in small steps. It integrates key adult learning principles and application of supportive intervention through:

- Nine weeks of learning that provides the maximum interface to impart knowledge, monitor learning, bridge gaps, and support lifestyle changes.
- Curriculum that is based on recommended components from The American Diabetes Association, Centers for Disease Control and Prevention and the National Institutes of Health.
- Peer learning through small group interaction as an innovative group teaching intervention that enhances knowledge.
- Coaching with professionals who apply “Motivational Interviewing” during structured weekly interactions
- Weekly monitoring of weight and blood pressure, including a six-month follow-up.
- Professional educators, including: registered nurses, certified diabetes educators, registered dietician, nutritionist, pharmacist and licensed professional counselors.
- Community-based, hands-on learning experiences through a supervised grocery store experience and dining out experience.

ENGAGE has had a positive impact on the lives of people with diabetes or prediabetes:

- 55 percent of participants have been rewarded with “Diabetes Dollar” incentives from changes in lifestyle and behavior they have demonstrated, thus showing engagement and proactive involvement in managing their care.
- 85.7 percent of participants participated in weekly interactions with their health coach.
- Participants met their nutrition and exercise goals 50 percent of the time.
- Participants reported compelling Improvements in understanding core concepts and skills: (a) 97.6 percent improved their understanding of diabetes, (b) 96.4 percent improved their understanding of food labels, (c) 90.5 percent improved their understanding of carbohydrates, (d) 94.1 percent improved their understanding of meal planning, (e) 96.4 percent improved their understanding of diabetes complications, (f) 88.1 percent improved their understanding of diabetes complications, (g) 77.4 percent improved their understanding of changes in feelings, stress and being overwhelmed due to diabetes, (h) 79.8 percent improved their understanding of medication adherence and compliance.
- 95.4 percent of participants who attended the “In The Driver’s Seat” workshop reported that they will use what they learned to make a lifestyle change.

CC 5.2. Patients, families and community residents will be referred to OhioHealth John J. Gerlach Center for Senior Health's AdvantAge Health, Wellness and Education Program, which offers: (a) exercise and fitness classes such as yoga and tai chi to maintain flexibility, strength, balance and gait, and (b) "Food for Thought" educational series to promote health and wellness.

Fiscal Year 2017 and Fiscal Year 2019

The OhioHealth John J. Gerlach Center for Senior Health provides health, wellness and education programs for seniors, as well as medical consultations, testing and additional outpatient services. The Gerlach Center also offers exercise classes and an educational program series called, "Food for Thought" through the center's AdvantAge Health, Wellness, and Education Program. These exercise classes include tai chi and yoga to maintain flexibility, strength, and balance. Exercise has been shown to positively affect health in a variety of ways, one of those being weight management. The Gerlach Center offers a variety of exercise and fitness options for active to frail seniors on a daily basis and other educational series.

Across all AdvantAge health and wellness exercise and educational programs offered by the Gerlach Center in Fiscal Year 2017, there were 4,342 contacts with consumers in Fiscal Year 2017 and 4,266 contacts in Fiscal Year 2018.

- (a) Exercise and fitness classes** — Exercise classes offered by the Gerlach Center to the central Ohio community also provide a social network for attendees, and many regulars have found and maintained friendships through these classes, creating a support network. There were a 3,310 visits in Fiscal Year 2017 and 3,629 visits in Fiscal Year 2018.
- (b) "Food for Thought"** — The "Food for Thought" series offered by the Gerlach Center covers a wide range of topics, including: bone health, medication management, estate planning and advance directives. Food for Thought lectures are offered weekly for 1.5 hours and cover a wide variety of topics. Many of these topics directly address obesity or obesity as a component of other content. Examples for Fiscal Year 2017 and Fiscal Year 2018 include: "Health after Midlife," "Back Pain," "Wonder Foods" and "Arthritis Update: Knee and Hip," "Neuropathy," "Balance," and "Putting Health into Motion." A total 608 persons attended a class or classes during Fiscal Year 2017 and 637 attended a class or classes during Fiscal Year 2018.
- (c) Case management and care coordination** — The Gerlach Center's nurses and social workers provide face-to-face and telephone-based case management and care coordination services, which totaled 922 hours or 3,240 patient contacts in Fiscal Year 2017 and 1,110 hours or 3,833 patient contacts in Fiscal Year 2018.

CC 5.3. OhioHealth Primary Care will assess, diagnose, educate and refer patients to specialist physicians, and/or community resources.

Fiscal Year 2017 and Fiscal Year 2018

Number of specialist referrals and patients served by various OhioHealth Physician Group (OPG) primary care and outpatient care clinics in Franklin County, Fiscal Year 2017 versus Fiscal Year 2018

Primary Care Clinic	Fiscal Year 2017		Fiscal Year 2018	
	Specialist Referrals	Patients Served	Specialist Referrals	Patients Served
OPG Baltimore-Reynoldsburg Road	918	739	608	513
OPG Neil Ave.	107	99	242	219
OPG 41 S. High St.	146	135	97	91
OPG 4191 Kelnor Drive	840	645	947	748
OPG 504 Havens Corner Road	554	487	1,797	1,405
OPG 5300 Nike Drive	1,309	1,057	1,160	975
OPG Scioto-Darby Road	379	342	501	435
OPG 784 E. Main St.	451	383	972	747
OPG 990 Galloway Road	610	492	556	449
OPG Doctors Hospital Medical Office Building	257	237	506	437
OPG Dublin Methodist Hospital Office Building 1	979	819	1,342	1,096
OPG Eastside Health Center	181	158	197	176
OPG Gahanna Health Center	1,011	847	1,053	888
OPG Hilliard Health Center	1,132	894	1,266	1,020
OPG Market Exchange Building	407	339	423	360
OPG Millhon Clinic	4,043	2,965	4,852	3,589
OPG Riverside Family Practice Center	1,285	975	1,016	810
OPG Upper Arlington Medical Office Building	13	13	22	21
OPG Westerville Medical Campus	1,033	858	1,491	1,246

CC 5.4. Franklin County residents will be provided with comprehensive neuroscience care at the OhioHealth Neuroscience Center, including clinical services such as: (a) epilepsy monitoring unit, (b) heart critical care, (c) infusion center, (d) interdisciplinary neuroscience clinics, (e) interventional procedures, (f) neurocritical care, (g) neurodiagnostics and imaging, (h) neurosurgery, and (i) radiation oncology. As part of the interdisciplinary clinics, OhioHealth provides Franklin County residents access to the Movement Disorders Clinic, Multiple Sclerosis Clinic and the Stroke Prevention Clinic. As part of brain and stroke therapies, OhioHealth provides Franklin County residents with access to: (a) physical therapy, (b) occupational therapy, (c) speech therapy, (d) neuropsychology, (e) social services and support groups, and (f) specialty programs such as OhioHealth ALS Clinic for patients with amyotrophic lateral sclerosis (Lou Gehrig's Disease) and OhioHealth Delay the Disease™ for patients with Parkinson's Disease.

Fiscal Year 2017 and Fiscal Year 2018

OhioHealth offers an interdisciplinary approach to treating neurological disorders and conditions, with neuroscience programs and services available throughout the central Ohio region. OhioHealth's programs include the right neuroscience specialists, facilities, clinics, clinical trials, technology, support groups and more to help patients manage their unique brain or spine condition. OhioHealth's neuroscience clinical programs include but are not limited to: (a) amyotrophic lateral sclerosis (ALS), (b) behavioral and mental health, (c) cerebrovascular, (d) cognitive neurology, (e) epilepsy, (f) general neurology, (g) medical spine, (h) movement disorders, (i) multiple sclerosis, (j) neuro-oncology, (k) neurological rehabilitation, (l) neuropsychology, (m) neurosurgery, and (n) stroke. In Fiscal Year 2019, the OhioHealth Neuroscience Center will empower neuroscience patients and their caregivers to build strength and health through exercise, education and support.

(a) Brain and stroke therapies

- **Patients served** — 2,503 patients served in Fiscal Year 2017 and 2,467 patients served in Fiscal Year 2018
- **Encounters** — 2,596 encounters in Fiscal Year 2017 and 2,566 encounters in Fiscal Year 2018

(b) Epilepsy monitoring unit

- **Patients served** — 1,962 patients served in Fiscal Year 2017 and 1,907 patients served in Fiscal Year 2018
- **Encounters** — 2,093 encounters in Fiscal Year 2017 and 2,008 encounters in Fiscal Year 2018

(c) Infusion center

- **Patients served** — 42 patients served in Fiscal Year 2017 and 153 patients served in Fiscal Year 2018
- **Encounters** — 106 encounters in Fiscal Year 2017 and 257 encounters in Fiscal Year 2018

(d) Interdisciplinary neuroscience clinics

- **Patients served** — 1,796 patients served in Fiscal Year 2017 and 3,726 patients served in Fiscal Year 2018
- **Encounters** — 5,889 encounters in Fiscal Year 2017 and 7,216 encounters in Fiscal Year 2018

(e) Multiple Sclerosis Clinic

- **Patients served** — 1,647 patients served in Fiscal Year 2017 and 1,337 patients served in Fiscal Year 2018.
- **Encounters** — 6,378 encounters in Fiscal Year 2017 and 7,203 encounters in Fiscal Year 2018

(f) Neurocritical care

- **Patients served** — 1,731 patients served in Fiscal Year 2017 and 1,685 patients served in Fiscal Year 2018
- **Encounters** — 1,826 encounters in Fiscal Year 2017 and 1,782 encounters in Fiscal Year 2018

(g) Neurodiagnostics and imaging

- **Patients served** — 2,249 patients served in Fiscal Year 2017 and 2,205 patients served in Fiscal Year 2018
- **Encounters** — 2,343 encounters in Fiscal Year 2017 and 2,319 encounters in Fiscal Year 2018

(h) Neurosurgery

- **Patients served** — 3,261 patients served in Fiscal Year 2017 and 3,435 patients served in Fiscal Year 2018

- **Encounters** — 3,545 encounters in Fiscal Year 2017 and 3,744 encounters in Fiscal Year 2018

(i) **Radiation oncology**

- **Patients served** — 143 patients served in Fiscal Year 2017 and 85 patients served in Fiscal Year 2018
- **Encounters** — 203 encounters in Fiscal Year 2017 and 143 encounters in Fiscal Year 2018

CC 5.5 Patients will be referred and linked to community partners listed in the Collaborative Partners section of the OhioHealth Riverside Methodist, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital implementation strategies. The collaborative partners include: (a) American Heart Association (Central Ohio Chapter), (b) American Lung Association (Columbus Chapter), (c) Central Ohio Breathing Association, (d) Central Ohio Diabetes Association, (e) Columbus Cancer Clinic, (f) United Methodist Church and Community Development for All People, (g) Local Matters Cooking Matters, (h) Ohio Asian American Health Coalition, (i) St. Stephen's Community House, and (j) YMCA's Diabetes Prevention Program.

Fiscal Year 2017 and Fiscal Year 2018

- (a) **OhioHealth partnership with American Heart Association (Central Ohio Chapter)** — Approximately 3,000 OhioHealth employees on more than 250 teams participate in various Central Ohio Heart Walk events each year. OhioHealth physicians and leaders are members of the Central Ohio Chapter of the American Heart Association. OhioHealth also provides cash and in-kind donations to the American Heart Association.
- (b) **OhioHealth partnership with American Lung Association (Columbus Chapter)** — OhioHealth's tobacco cessation class curricula reference evidence-based information from the American Lung Association.
- (c) **OhioHealth partnership with Central Ohio Breathing Association** — One of OhioHealth's leaders is a member of the board of directors for the Central Ohio Breathing Association. OhioHealth also provides cash and in-kind donations to the Central Ohio Breathing Association.
- (d) **OhioHealth partnership with Central Ohio Diabetes Association** — One of OhioHealth's leaders is a member of the board of directors for the Central Ohio Diabetes Association. OhioHealth also provides cash and in-kind donations to the Central Ohio Diabetes Association.
- (e) **OhioHealth partnership with Columbus Cancer Clinic** — One of the programs implemented under LifeCare Alliance. One of OhioHealth's leaders is a member of the board of directors for LifeCare Alliance. OhioHealth Cancer Services refers patients to LifeCare Alliance and Columbus Cancer Clinic.
- (f) **OhioHealth partnership with United Methodist Church and Community Development for All People** — OhioHealth's department of Mission and Ministry and Community Partnerships are actively involved in outreach activities at the United Methodist Church and Community Development for All People. Examples include OhioHealth's participation in the "First Birthdays," a quarterly program for families that celebrates baby's first birthdays and provides families diapers, free items and access to health education made possible through community vendors.
- (g) **OhioHealth partnership with Local Matters "Cooking Matters"** — OhioHealth ENGAGE Diabetes program offers participants access to a five-week program that teaches the basics of cooking and food preparation, planning healthy meals on a budget, and grocery shopping.
- (h) **OhioHealth partnership with Ohio Asian American Health Coalition** — OhioHealth keeps abreast of outreach activities of the Ohio Asian American Health Coalition such as but not limited to: (a) systemic lupus erythematosus, and (b) hepatitis.
- (j) **OhioHealth partnership with St. Stephen's Community House** — OhioHealth provides cash and in-kind donations to St. Stephen's Community House.
- (j) **OhioHealth partnership with YMCA's Diabetes Prevention Program** — OhioHealth offers services provided by the YMCA's Diabetes Prevention Program, recognized by the Centers for Disease Control and Prevention, to employees and their families who are members of its OhioHealthy Medical Plan.

CC 5.6. Cash and in-kind contributions to non-profit organizations addressing various chronic diseases, including but not limited to the American Heart Association, American Lung Association, Central Ohio Diabetes Association and Local Matters.

Fiscal Year 2017 and Fiscal Year 2018

OhioHealth has provided cash or in-kind support for American Heart Association's activities such as but not limited to: (a) "Heart Walk," a free fundraising event to encourage people to walk and fight against heart disease and stroke, (b) "Heart Ball," a dinner and auction event that aims to advance the American Heart Association's efforts to change health outcomes for heart disease and stroke, (c) "Go Red for Women," an inspirational and educational luncheon to address heart disease in women, and (d) "Men Go Red," which seeks to change women's lives by raising funds to help find a cure for the heart disease, the number-one killer of women.

OhioHealth has also provided cash and in-kind contributions to Local Matters "Harvest Ball," a signature fundraising event to promote healthy lifestyles among children and adults.

Need 6: Infectious Diseases

ID 6.1. Mandatory patient safety training of all OhioHealth staff and reinforcement of patient safety practices on hospital units and care sites through the OhioHealth Patient Safety Coaches will be implemented.

Fiscal Year 2017 and Fiscal Year 2018

OhioHealth uses tools and processes as part of quality healthcare measures to ensure patient safety. These include: (a) every member of OhioHealth's staff, including our physicians, complete mandatory patient safety training, (b) OhioHealth has patient safety coaches who are specially trained in reinforcing patient safety practices on hospital units or floors at each OhioHealth hospital and care site, (c) patient wristbands are checked before administering treatment or testing, (d) caregivers ask patients their name or other identifying information prior to treatment, and (e) use of barcode scanning prior to dispensing medications.

ID 6.2. OhioHealth Quality and Patient Safety will implement interventions to combat infectious diseases, hospital-acquired infections, and ensure hospital-wide and system-wide Ebola preparedness.

Fiscal Year 2017 and Fiscal Year 2018

OhioHealth is committed to preventing healthcare-associated infections. A team of expert health professionals who are specially trained in infection prevention are responsible for facilitating the implementation of evidence-based guidelines that are designed to reduce the burden of healthcare-associated infections. Particular focus has been given to reducing Central Line Associate Bloodstream Infections (CLABSI) and Methicillin-Resistant Staphylococcus Aureus (MRSA). The aggregate results of these initiatives are shown below for OhioHealth Franklin County hospitals, namely OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital relative to the data from the Centers for Disease Control and Prevention (CDC):

- (a) **CLABSI** — Critical care CLABSI rates for OhioHealth Franklin County hospitals were 0.15 per 1,000 central line days in Fiscal Year 2017 and 0.32 per 1,000 central line days in Fiscal Year 2018.
- (b) **MRSA bacteremia** — MRSA rates for OhioHealth Franklin County Hospitals were 0.80 per 10,000 patient days in Fiscal Year 2017 and 0.65 per 10,000 patient days in Fiscal Year 2018.
- (c) **Patient influenza vaccination** — All OhioHealth Franklin County hospitals have vaccination rates that were above 96 percent for Fiscal Year 2017 and greater than 92 percent for Fiscal Year 2018.
- (d) **Hand hygiene** — Hand hygiene is an important foundation for any infection prevention program. OhioHealth is committed to assessing and improving this basic tenet of safe patient care. Independent, specially trained hand hygiene observers assess compliance and outside personnel collect data to ensure accuracy and objectivity for continuous improvement for each OhioHealth hospital in Franklin County.

- (e) **Preparation for highly infectious diseases** — OhioHealth has invested in a highly trained team of critical and intermediate care nurses who are always ready to respond to a suspect or real infectious disease threat. This team trains quarterly with high level personal protection equipment (PPE) and has the necessary equipment and highly skilled qualification to combat any highly infectious disease that may pose a threat to the health of Ohio residents. This team is drawn from several OhioHealth hospitals and can be activated to serve any OhioHealth hospital, including those located in Franklin County.

ID 6.3. Patient testing for sexually transmitted disease, diagnosis, education and community referral by OhioHealth Women’s Health Centers and Maternity Centers will be provided.

Fiscal Year 2017 and Fiscal Year 2018

OhioHealth Women’s Health and Maternity Centers follow the American College of Obstetrics and Gynecology (ACOG) guidelines for testing, diagnoses, education and community referral for sexually transmitted diseases (STDs) (American College of Obstetricians and Gynecologists, 2019). OhioHealth data on chlamydia, gonorrhea and syphilis during Fiscal Year 2017 and Fiscal Year 2018 are reported here.

Chlamydia is the most common STD in the United States. Chlamydia can be transmitted through vaginal, oral or anal sex. Chlamydia is treated by antibiotic pills and the patients are asked to let partners know so that they can be tested. If left untreated, chlamydia can lead to pelvic inflammatory disease and fertility problems.

Gonorrhea is the second most common STD in the United States. Gonorrhea can be transmitted through vaginal, oral or anal sex. Gonorrhea is also treated with antibiotics. If left untreated, gonorrhea can lead to pelvic inflammatory disease and disseminated gonococcal infection. Patients are asked to inform their partners so that they can be tested.

Syphilis is caused by bacteria that enters the body through a skin cut or a chancre (syphilis sore). The chancre commonly occurs at the vulva, vagina, anus or penis. Hence, sexual contact is the most common transmission of syphilis. Syphilis testing is recommended for pregnant women and treated with antibiotics. If left untreated, syphilis may cause heart problems, neurological disorders, hearing problems, blindness, paralysis or death

(a) Count of patients who tested positive for chlamydia

- OhioHealth Riverside Methodist Hospital — 367 patients in Fiscal Year 2017 and 400 patients in Fiscal Year 2018
- OhioHealth Grant Medical Center — 448 patients in Fiscal Year 2017 and 364 patients in Fiscal Year 2018
- OhioHealth Doctors Hospital — 129 patients in Fiscal Year 2017 and 77 patients in Fiscal Year 2018
- OhioHealth Dublin Methodist Hospital — 52 patients in Fiscal Year 2017 and 77 patients in Fiscal Year 2018

(b) Count of patients who tested positive for gonorrhea

- OhioHealth Riverside Methodist Hospital — 68 patients in Fiscal Year 2017 and 66 patients in Fiscal Year 2018
- OhioHealth Grant Medical Center — 133 patients in Fiscal Year 2017 and 95 patients in Fiscal Year 2018
- OhioHealth Doctors Hospital — 36 patients in Fiscal Year 2017 and 24 patients in Fiscal Year 2018
- OhioHealth Dublin Methodist Hospital — 9 patients in Fiscal Year 2017 and 16 patients in Fiscal Year 2018

(c) Count of patients who tested positive for syphilis –

- OhioHealth Riverside Methodist Hospital — 39 patients in Fiscal Year 2017 and 48 patients in Fiscal Year 2018
- OhioHealth Grant Medical Center — 83 patients in Fiscal Year 2017 and 35 patients in Fiscal Year 2018
- OhioHealth Doctors Hospital — 36 patients in Fiscal Year 2017 and 11 patients in Fiscal Year 2018
- OhioHealth Dublin Methodist Hospital — 1 patient in Fiscal Year 2017 and 11 patients in Fiscal Year 2018

ID 6.4. Mandatory requirement for OhioHealth physicians, associates and volunteers to obtain annual flu shots will be implemented.

Fiscal Year 2017 and Fiscal Year 2018

OhioHealth recognizes that to maintain patient and employee, physician and volunteer safety, as well as to ensure high quality care, it is important that all employees, physicians and volunteers protect themselves and OhioHealth patients by receiving a flu vaccination. All OhioHealth employees, employed physicians and volunteers have to receive the flu vaccines unless they provide documentation supporting a medical or spiritual exemption.

- (a) **OhioHealth Riverside Methodist Hospital** — 90.6 percent (6,479 out of 7,149) employees, physicians and volunteers received the flu vaccine in Fiscal Year 2017; 91 percent (8,112 out of 8,912) employees, physicians and volunteers received the flu vaccine in Fiscal Year 2018.
- (b) **OhioHealth Grant Medical Center** — 90 percent (3,100 out of 3,443) employees, physicians and volunteers received the flu vaccine in Fiscal Year 2017; 90.2 percent (3,667 out of 4,066) employees, physicians and volunteers received the flu vaccine in Fiscal Year 2018.
- (c) **OhioHealth Doctors Hospital** — 91.3 percent (1,331 out of 1,458) employees, physicians and volunteers received the flu vaccine in Fiscal Year 2017; 90.7 percent (1,527 out of 1,683) employees, physicians and volunteers received the flu vaccine in Fiscal Year 2018.
- (d) **OhioHealth Dublin Methodist Hospital** — 90.2 percent (784 out of 869) employees, physicians and volunteers received the flu vaccine in Fiscal Year 2017; 91.9 percent (958 out of 1,042) employees, physicians and volunteers received the flu vaccine in Fiscal Year 2018.

ID 6.5 Flu shots will be provided by OhioHealth Employer Services to employees from companies and community agencies in Franklin County.

Fiscal Year 2017 and Fiscal Year 2018

OhioHealth Employer Services provides comprehensive health and wellness services for employees so that they can come to work healthier and more energized. Rising healthcare costs and health-related absences are constant challenges for employers. Employee health and wellness programs can help lower medical costs and increase productivity. OhioHealth provided flu shots to employees of companies and organizations in Franklin County.

Franklin County Zip Code	Number of Companies/ Organizations Served (Fiscal Year 2017)	Number of Persons who Received a Flu Shot (Fiscal Year 2017)	Number of Companies/ Organizations Served (Fiscal Year 2018)	Number of Persons who Received a Flu Shot (Fiscal Year 2018)
43016	4	165	5	255
43017	2	18	5	52
43026	6	207	2	116
43054	1	9	3	54
43068	1	391	1	302
43081	4	32	4	23
43085	1	68	1	71
43110	1	346	1	142
43123	7	211	7	284
43125	3	119	3	31
43137	2	44	1	50
43201	1	2	0	0
43204	2	2	0	0
43207	4	52	3	68
43212	2	51	1	52
43213	2	347	1	363
43214	4	551	3	581
43215	13	487	12	623
43216	1	1	1	3
43219	3	190	3	177
43221	2	42	1	50
43223	1	29	1	19
43228	2	34	1	41
43230	1	38	1	50
43231	4	54	3	94

ID 6.6. OhioHealth participation in the Ohio Hospital Association’s statewide Sepsis Initiative focused on reducing severe sepsis and septic shock.

Fiscal Year 2017 and Fiscal Year 2018

In 2017, sepsis impacted the health of 41,000 Ohio residents. Early recognition and treatment can save lives. Signs of sepsis include (a) temperature higher or lower (**T**), (b) infection (**I**), (c) mental decline (**M**), and (d) extremely ill (**E**). Sepsis is the human body’s overactive and toxic response to an infection that can lead to damage of the tissues, failure of organs and death. OhioHealth sepsis specialist James O’Brien, MD, MS, is physician champion of the state-wide Sepsis Initiative, led by the Ohio Hospital Association (OHA). Dr. O’Brien also was a member of the Clinical Advisory Committee of the OHA Board that focused on a sepsis reduction initiative, which included: education, evidence-based data collection, analysis and dissemination of lessons learned, and the OHA SOS “Signs of Sepsis” Campaign, which educates the community, patients, caregivers and health professionals about recognizing signs of sepsis and providing early interventions.

During Fiscal Year 2017 and Fiscal Year 2018, Dr. O’Brien collaborated with the OHA team in providing educational opportunities to OHA member hospitals and health professionals to learn further about trends in effectively managing and treating sepsis. OhioHealth’s involvement through Dr. O’Brien’s leadership are summarized in the table below. In addition, several OhioHealth healthcare professionals actively participated in the Central Ohio Regional Quality Collaborative.

Date	Name of Speaker	Title of Talk	Estimated Attendance
July 20, 2016 (Fiscal Year 2017)	Michael Patterson, DO	“Fluid Resuscitation: Addressing Physician Buy-in with Clinical Evidence”	200
August 17, 2016 (Fiscal Year 2017)	Michael Taylor, MD	“Adequacy of Fluid Resuscitation”	200
August 30, 2016 (Fiscal Year 2017)	James O’Brien, MD, MS	“How Three States Tackled Sepsis” (A Centers for Disease Control and Prevention webcast program that featured Ohio’s efforts to reduce sepsis mortality statewide)	400
April 24, 2017 (Fiscal Year 2017)	James O’Brien, MD, MS	“Sepsis: A Medical Emergency”	200
June 12, 2017 (Fiscal Year 2017)	Mary Ann DelAguaro, OhioHealth Emergency Department outcomes specialist; Dixie Lee Davenport, OhioHealth EMS outreach manager	“EMS Feedback on Sepsis Cases”	25
June 14, 2017 (Fiscal Year 2017)	James O’Brien, MD, MS	“Sustaining Reduction in Sepsis Mortality” (A panel at the OHA 10 th Annual Quality Summit)	250
June 19, 2017 (Fiscal Year 2017)	Halle Prescott, MD, MSc	“The Chronicity of Sepsis: Part One”	200
August 16, 2017 (Fiscal Year 2018)	Halle Prescott, MD, MSc	“The Chronicity of Sepsis: Part Two”	200
September 13, 2017 (Fiscal Year 2018)	St. Joseph Hospital, Orange, California	“Code Sepsis & Sepsis Resource Nurses”	200
January 24, 2018 (Fiscal Year 2018)	Christopher Seymour, MD	“Pre-hospital Sepsis Care: Recognition”	200
February 21, 2018 (Fiscal Year 2018)	Christopher Seymour, MD	“Pre-hospital Sepsis Care: Treatment”	200
March 21, 2018 (Fiscal Year 2018)	Julie Kliger, MPA, RN	“Cultural Change for Sepsis Mortality Reduction”	200
April 18, 2018 (Fiscal Year 2018)	Al Cardillo, Home Care Association of New York State	“Synchronizing Care Between the Hospital and the Community to Reduce Sepsis Mortality”	200

Appendix D2. Documentation of Program Impacts from the CHNA and Implementation Strategy Adopted in 2015 by OhioHealth Rehabilitation Hospital (January 1, 2016 to December 31, 2018)

The OhioHealth Rehabilitation Hospital conducted a CHNA in Fiscal Year 2018 and adopted an implementation strategy to cover Fiscal Year 2019 to Fiscal Year 2021. The OhioHealth Rehabilitation Hospital continues to monitor the impact of this implementation strategy. OhioHealth Rehabilitation Hospital has no data to report as of the writing of this report.

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 were addressed by other OhioHealth member hospitals in Franklin County. The outcomes were reported in the 2016 Community Health Needs Assessment of OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital. The reports are available on the OhioHealth website, www.ohiohealth.com.

Need 2: Chronic Disease (CD)

CD 2.1. 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.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

Diabetes and heart disease are two known factors that put individuals at high risk for developing a stroke, according to the American Stroke Association/American Heart Association. All stroke patients and their caregivers receive, as part of our CARF-accredited Stroke Program, a two-part educational series, titled, "The Wellness Group." Part 1 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 Fiscal Year 2016, 480 patients were identified with an actual comorbid condition of heart disease and/or diabetes, of which 422 participated in Part 1 for a participation rate of 88 percent. In Fiscal Year 2017, 610 patients were identified, of which 561 participated for a participation rate of 92 percent. In Fiscal Year 2018, 680 patients were identified with an actual comorbid condition of heart disease and/or diabetes, of which 616 participated in the wellness program.

CD 2.2. 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.

OhioHealth Rehabilitation Hospital 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 Fiscal Year 2016, 402 patients received inpatient one-on-one diabetic education utilizing the workbook. During

Fiscal Year 2017, 540 patients and during Fiscal Year 2018, 569 patients received one-on-one inpatient diabetic education utilizing the workbook.

CD 2.3. Participate with the Central Ohio Diabetes Association’s referral program in partnership with Nationwide Insurance for free glucose meters for patients.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

OhioHealth Rehabilitation Hospital 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 Fiscal Year 2017, Nationwide transitioned its program to Ascensia Diabetes Care Center. OhioHealth Rehabilitation Hospital now maintains a partnership program with Ascensia to provide the same free service to diabetic patients, equipping them with a new home meter and testing supplies. During Fiscal Year 2016, a total of 93 newly diagnosed or existing diabetic patients were referred to the program and received a free blood glucose meter. During Fiscal Year 2017, 130 patients and during Fiscal Year 2018, 139 newly diagnosed or existing diabetic patients were referred to the program and received a free glucose meter.

CD 2.4. Patients with newly diagnosed diabetes will receive a referral for outpatient diabetic education by a registered dietician.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

In addition to the actions listed in CD 2.1 and CD 2.3, 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 Fiscal Year 2016, 54 patient referrals were made to McConnell Heart Center. During Fiscal Year 2017, 80 patient referrals and during Fiscal Year 2018, 84 patient referrals were made to McConnell Heart Center.

CD 2.5. 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.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

As stated in CD 2.1, “The Wellness Group” Part 2 is offered weekly to all patients with diabetes and heart disease and not necessarily admitted to OhioHealth Rehabilitation Hospital with a stroke. The purpose of Part 2 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 five persons attended the class per week for a total of 320 patients for Fiscal Year 2016. For Fiscal Year 2017, approximately eight persons attended per week for a total of 416 patients and for Fiscal Year 2018, approximately eight to 10 persons attended the class per week for a total of 468 patients.

CD 2.6. As part of ongoing education, select patients will receive the “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.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

As mentioned in CD 2.1 and CD 2.5, participants in Part 1 and 2 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. An OhioHealth Rehabilitation Hospital physician provided patients the “Important Numbers to Know about Your Heart Health” form, which 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. During Fiscal Year 2016, 481 patients received the education. During Fiscal Year 2017 and Fiscal Year 2018, 561 and 621 patients, respectively, received the education.

CD 2.7. Hospital pharmacists in conjunction with respiratory therapy to offer tobacco cessation classes to patients with history of tobacco product usage.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

It is well known that tobacco use is a risk factor for many chronic diseases. Quitting tobacco improves a person’s current or future health status. OhioHealth Rehabilitation Hospital has adopted and uses the evidence-based smoking cessation program based on the Centers for Disease Control and Prevention and American Lung Association. It helps patients assess their own smoking behavior, identify reasons for quitting and develop an individualized plan to stop smoking and remain 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. OhioHealth Rehabilitation Hospital, in conjunction with OhioHealth, has adopted and uses OhioHealth Tobacco Cessation Program based on national guidelines. OhioHealth Rehabilitation Hospital respiratory therapists and clinical pharmacists manage the program, which offers patients a variety of techniques, moral support, behavior modification and time to change one’s 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 one’s thoughts and attitudes can help identify connections to smoking.

During Fiscal Year 2016, 23 patients received and benefited from the evidence-based Smoking Cessation Program. During Fiscal Year 2017 and Fiscal Year 2018, 45 patients and 63 patients, respectively, benefited from the program. In addition, patients were offered a referral to OhioHealth McConnell Heart Center for continuing outpatient smoking cessation resources.

Need 8: Unintentional Injuries (UI)

UI 8.1. Hospital occupational and speech therapists to review and demonstrate home safety by problem solving and sequencing home exit plan in case of home fire.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

Patients who have suffered a stroke, brain injury or other neurological condition sometimes exhibit difficulty with problem solving or sequencing. Ensuring that patients remain safe once they go home is a priority at OhioHealth Rehabilitation Hospital, which provides problem solving and sequencing activities as part of the patient’s occupational and speech therapy. This includes scenarios for how to exit the home safely in case of fire. Patients are tested and expected to give the appropriate steps they would take. During Fiscal Year 2016, 770 patients with a diagnosis of stroke, brain injury and other neurological conditions were treated. During Fiscal Year 2017 and Fiscal Year 2018, 1,113 patients and 1,095 patients, respectively, were treated.

UI 8.2. Hospital occupational and physical therapists integrate balance, floor transfers and home safety recommendations in reducing falls at home.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

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 or without injury once they return home. Ensuring that patients remain safe and free from injury once they return home is a priority at OhioHealth Rehabilitation Hospital. Patients who are determined a high risk for falls are offered to participate in a home safety class offered weekly at OhioHealth Rehabilitation Hospital. 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 Fiscal Year 2016, 895 patients with a diagnosis of stroke, brain injury, orthopedic and other neurological conditions were treated. During Fiscal Year 2017 and Fiscal Year 2018, 1,287 patients and 1,035 patients, respectively, were treated. Any patient determined to be a high fall risk was offered the class. During Fiscal Year 2016, approximately 79 percent of patients identified to be high risk for falls were offered and received the education. During Fiscal Year 2017 and Fiscal Year 2018, 85 percent of patients and 81 percent of patients, respectively, were identified to be high risk for falls and received the education.

UI 8.3. Pharmacy and nursing to collaborate on medication teaching that educates patients and family/caregivers on medications that could contribute to falls at home.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

Medications that can commonly cause sedation, aid 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 OhioHealth Rehabilitation Hospital reviews all patients' medication profiles for discharge medications that could cause falls at home. Medication education with patients and their family/caregiver is jointly shared by pharmacy and nursing at OhioHealth Rehabilitation Hospital. Information sheets are generated for each of the medications identified and provided to the patient by nursing during discharge. It is a standard of practice at OhioHealth Rehabilitation Hospital that all patients discharged are educated on medication safety and documented by nursing in the discharge instructions.

UI 8.4. Utilize IT Health Tracks to monitor 90-day post discharge data to track falls and falls with injuries at home.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

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

In Fiscal Year 2016, IT Health Track conducted telephonic assessment of 816 patients from OhioHealth Rehabilitation Hospital to obtain data for falls 90 days post discharge with injury. In the first quarter, one patient or 1.6 percent of patients discharged home sustained a fall with injury, compared to the benchmark of 4.6 percent. In the second quarter, one patient or 4.3 percent of patients discharged home sustained a fall with injury, compared to the benchmark of 4.7 percent. In the third quarter, 10 patients or 8.6 percent of patients discharged home sustained a fall with injury, compared to the benchmark of 4.4 percent. In the fourth quarter, three patients or 4.3 percent of patients discharged home sustained a fall with injury, compared to the benchmark of 4.8 percent.

In Fiscal Year 2017, IT Health Track conducted telephonic assessment of 1,152 patients, respectively, from OhioHealth Rehabilitation Hospital to obtain data for falls 90-days post discharge with injury. In the first quarter of FY 2017, one patient or 1.7 percent of patients discharged sustained a fall with injury, compared to the benchmark of 4.9 percent. In the second quarter of FY 2017, one patient or 1.8 percent of patients discharged home sustained a fall with injury, compared to the benchmark of 4.7 percent. By the third quarter of FY 2017,

four patients or 5.1 percent of patients discharged home sustained a fall with injury, to the benchmark of 4.8 percent. In the fourth quarter of FY 2017, total of four patients or 4.7 percent of the patients discharged home sustained a fall with injury, compared to the benchmark of 4.8 percent.

In Fiscal Year 2018, IT Health Track conducted telephonic assessment of 826 patients from OhioHealth Rehabilitation Hospital to obtain data for falls 90 days post discharge with injury. In the first quarter of FY 2018, one patient or 3.5 percent of the patients discharged home sustained a fall with injury, compared to the benchmark of 4.5 percent. In the second quarter of FY 2018, one patient fell, which represented 2.4 percent of home discharges compared to the expected benchmark of 4.1 percent. By the third quarter of FY 2018, three patients discharged home sustained a fall with injury at 6.8 percent of patient discharge home that quarter compared to the benchmark of 4.1 percent. In the fourth quarter of FY 2018, one patient fell sustaining an injury at 2.9 percent of the patients discharged home compared to the benchmark of 3.9 percent. Overall OHRH scored below the expected benchmarks for fall with injury at 90-day post discharge. This information is continually evaluated to alter and augment the education patients at high risk for fall and their caregivers receive. This information is continually evaluated to alter and augment the education patients at high risk for falls and their caregivers receive.

UI 8.5. Referral made to OhioHealth Home Health physical therapy for home safety evaluation if patient is at high risk for falls.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

OhioHealth Home Health is valued as a care partner by OhioHealth Rehabilitation Hospital and part of the care continuum in transitioning a patient home. Determination for ongoing home health physical therapy is determined by the interdisciplinary team at OhioHealth Rehabilitation Hospital as part of safe discharge planning. Patients who still have balance issues or are determined to be at high risk for falls 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 Fiscal Year 2016, 18 percent of patients were referred to OhioHealth Home Health for ongoing therapy and received a home safety evaluation as part of the standard of care. For Fiscal Year 2017, 685 patients or 42 percent and for Fiscal Year 2018, 18 percent of patients were referred to OhioHealth Home Health for ongoing therapy and received a home safety evaluation as part of the standard of care.

UI 8.6. Patients with neurological diagnoses attend Home Safety Part I and II classes that focus on compensatory strategies and instruction on adaptive equipment to reduce falls at home and in the community.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

Falls and falls with injury along with aspiration pneumonia can be two leading complications for stroke and neurological patients once they transition to home. OhioHealth Rehabilitation Hospital 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. In Fiscal Year 2016, 229 patients attended the class. For Fiscal Year 2017, 490 patients attended the class. For Fiscal Year 2018, 563 patients attended the class.

UI 8.7. OhioHealth Rehabilitation Hospital offers a Community Re-Entry Program that allows patients to learn how to navigate community barriers with the safety of a therapist.

Fiscal Year 2016, Fiscal Year 2017 and Fiscal Year 2018

OhioHealth employs two full-time, certified therapeutic recreation specialists (CTRS) who manage the Community Re-Entry Program. On a weekly basis, patients 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 Fiscal Year 2016, 88 patients participated in the Community Re-Entry Program. During Fiscal Year 2017 and Fiscal Year 2018, 144 patients and 152 patients, respectively, participated in the program.

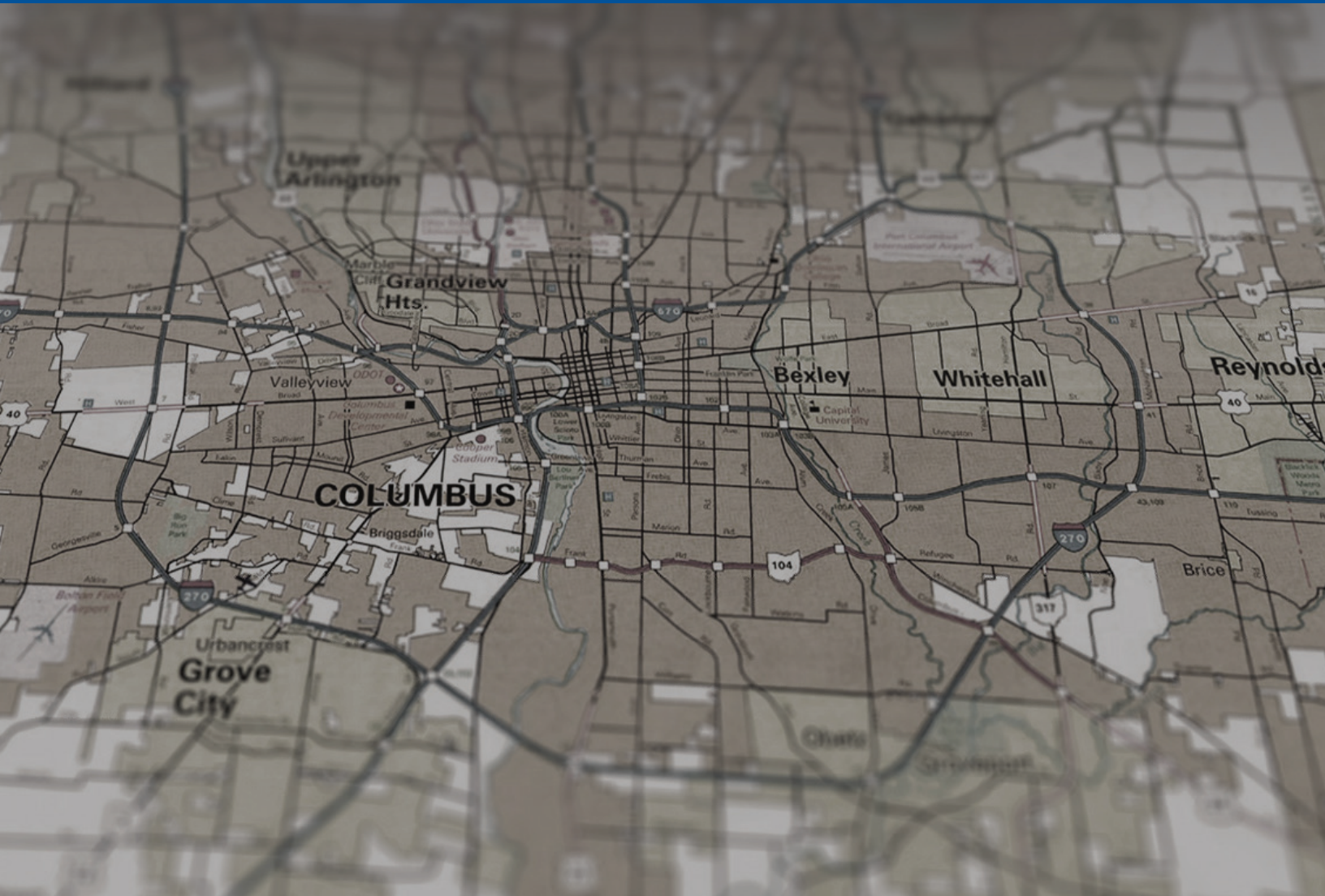
Appendix E

Franklin County HealthMap 2019

Franklin County
HealthMap 2019



Navigating Our Way to a
Healthier Community Together



Overview of Franklin County HealthMap2019

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 HealthMap2019*.

Franklin County HealthMap2019 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 HealthMap2019*, 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 HealthMap2019* will be updated in three years.

The Franklin County Community Health Needs Assessment Steering Committee hopes *Franklin County HealthMap2019* 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 HealthMap2019's Process

The Franklin County Community Health Needs Assessment Steering Committee, whose members are listed on page 5, worked on January 23, 2018 to identify the health indicators that are included in *Franklin County HealthMap2019*. To do this, the Steering Committee reviewed indicators that were included in the *Franklin County HealthMap2016* and, in small group discussions, decided whether to include them in the updated report.

Starting in February 2018, indicators identified by the Steering Committee for inclusion in the *Franklin County HealthMap2019* were collected and entered into a database. 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.

In early October, in preparation for its upcoming work session, the Steering Committee was sent a draft copy of the *Franklin County HealthMap2019*, along with a request for comments on and edits to the report. On Oct. 11, 2018, the Steering Committee worked to identify potential health issues for the *Franklin County HealthMap2019*. The Committee was divided into small groups, with each group being asked to identify discrete health issues within a specific report section as well as a brief description of why the discrete health issue was chosen.

At the Oct. 11 session, the Steering Committee also identified and prioritized the significant health needs for the *Franklin County HealthMap2019*. Through a "Gallery Walk" exercise, the Steering Committee viewed the issues identified by the small groups. After the group had a full understanding of the health issues identified, committee members voted, via "dot stickers," on the discrete health issues that they thought were significant health needs for Franklin County residents. Members were asked to consider the following criteria when voting on the significant health needs and prioritizing the significant health needs:

- **Seriousness:** Degree to which the health issue leads to death, disability, and impairs one's quality of life.
- **Severity of the Consequences of Inaction:** Risks associated with exacerbation of health issue if not addressed at the earliest opportunity.
- **Size:** Number of persons affected.

- **Equity:** Degree to which different groups in the county are affected by the health issue.
- **Feasibility:** Ability of an organization or individuals to reasonably combat the health issue given available resources, including the amount of control, knowledge, and influence the organization(s) have on the issue.
- **Change:** Degree to which the health issue has become more or less prevalent over time, or how it compares to state/national indicators.

From these exercises, the Steering Committee was able to complete its charge to identify and prioritize the significant health needs of Franklin County. The prioritized list, as well as the individual health issues that correspond to the health needs, are listed on pages 9 and 10.

In November 2018, the Steering Committee was asked to provide “Potential Partners/Other Resources,” including existing healthcare facilities, community organizations and programs or other resources, which can help address and improve the health area. Inclusion of partners and resources in the *Franklin County HealthMap2019* is consistent with hospital requirements for conducting a needs assessment.

In December 2018, the Central Ohio Hospital Council conducted a review of the *Franklin County HealthMap2019* to ensure that it was compliant with Internal Revenue Service regulations for conducting community health needs assessments. COHC contracted with Bricker & Eckler LLP/INCompliance Consulting for guidance.

About the Data in the Franklin County HealthMap2019

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, Ohio Medicaid Assessment Survey), 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 a reference list following each section of the report.

In some cases, new indicators were identified for 2019 that were not included in the previous report (2016). For example, new indicators include the number of people living below the federal poverty level, data on fruit and vegetable consumption, rates of drug overdose deaths, percentage of people who use illicit drugs, and cases of elder abuse. In these instances, the most recent data are listed under 2019, and previous data are listed under the 2016 heading, even though they will not be found in the *HealthMap2016*. 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 2019 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 HealthMap2019*, indicator data must have been collected or published by 2014. 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 Amber Yors with the Ohio Hospital Association, Roxanna Giambri from Central Ohio Trauma System, and Justina Moore from the Ohio Department of Health for providing a substantial amount of data for sections in *Franklin County HealthMap2019*. COHC would also like to acknowledge Leslie Carson and Mackenzie Aughe, MPH students, for compiling and updating the electronic repository of data sources used in this report.

How to Read This Report

Franklin County HealthMap2019 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 the Franklin County header, there are three columns, labeled HM2013, HM2016 and HM2019. HM2019 references the most recent data presented in *HealthMap2019*. HM2016 references *HealthMap2016* or relevant historical data, and HM2013 references *HealthMap2013* or relevant historical data. Throughout this report, the phrase “not available” is used within the tables when data was not presented previously or is not accessible.

In each table, the HM2019 column also includes an upward-facing triangle (▲) if HM2019 figures represent an increase of 10% or greater over those observed in HM2016. A downward-facing triangle (▼) indicates that HM2019 figures are at least 10% lower than HM2016. Use caution when interpreting these indicators next to small numbers, which only need relatively small changes to be flagged as a 10% difference.

The Community Health Needs Assessment Steering Committee

Work on *Franklin County HealthMap2019* 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. All other entities listed represent all populations within the community.

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

- Lynn Dobb

Central Ohio Hospital Council

- Jeff Klingler

Central Ohio Trauma System

- Jodi Keller

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

- Joanne Pearsol
- Andy Wapner

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

- Kathy Cowen
- Melissa Sever

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

- Theresa Seagraves

Mount Carmel Health System

- Candice Coleman
- Sister Barbara Hahl
- Jackie Hilton

Nationwide Children’s Hospital

- Carla Fontaine
- Libbey Hoang

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

- David Ellsworth

OhioHealth

- Shannon Ginther

The Ohio State University Wexner Medical Center

- Wanda Dillard
- Deborah Frazier
- Beth Necamp
- Chasity Washington

PrimaryOne Health (representing low-income, medically underserved and homeless populations)

- John Tolbert

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

- Lisa Courtice

Input from all required sources was obtained for this report. No written comments on the *HealthMap2016* were received by the Central Ohio Hospital Council.

COHC contracted with various parties to assist with conducting the *Franklin County HealthMap2019*. Representatives of those organizations, along with their qualifications and addresses, are provided below.

Bricker & Eckler LLP/INCompliance Consulting— located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler LLP, provided overall guidance in ensuring that the conduct of the CHNA was compliant with the Internal Revenue Service regulations. Jim Flynn is a managing partner with Bricker & Eckler LLP and has 28 years of practice experience related to health planning matters, certificate of need, non-profit and tax-exempt health care providers, and federal and state regulatory issues. Christine Kenney has over 39 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 Andrew Wapner, DO, MPH, Joanne Pearsol, MA, MCHES, Leslie Carson, MPH candidate, and Mackenzie Aughe, 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 5258 Bethel Reed Park, Columbus, OH 43220. Illuminology, represented by Orië V. Kristel, Ph.D., led the process for locating health status indicator data and creating the summary report. Dr. Kristel is CEO of Illuminology and has over 20 years of experience related to research design, analysis, and reporting, with a focus on community health assessments.

Franklin County Zip Codes

Below is a map of Franklin County with each zip code displayed. Throughout this report, key data available by zip code are presented visually in a map like this.



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Prioritized Health Needs of Franklin County Residents

This section lists the Prioritized Health Needs of Franklin County.

The significant health needs facing Franklin County residents, as identified by the Steering Committee, are mental health and addiction, income and poverty issues, and maternal and infant health. These health needs are interrelated, and in many cases are likely co-occurring. For example, pregnant women who struggle to access quality housing or food may be at greater risk for their children to develop health problems.

For each of these prioritized health needs, additional information such as ethnicity, age, and zip code-level data are incorporated into the report when available. These sections are set apart, and labeled “A Closer Look.”

Mental health and addiction needs are the top priority for Franklin County. Mental health needs account for a significant number of emergency department admissions, and more mental health providers are needed. Deaths from drug overdoses, especially from opiates, are increasing at alarming rates.

Priority #1: Mental Health and Addiction	
Key health needs	See pages
Mental health	• 65-70
• Providers	• 37-39
• ED visits	• 79-80
Drug overdose deaths	• 46-51
• Opioid overdoses	• 52-53
• Narcan administrations	• 47, 54

The all-encompassing concern of poverty facing many Franklin County residents is the second highest priority health need. Struggling to pay for housing and food can be linked to a number of health issues. As one example of this problem, the percent of households spending a significant percentage (i.e., at least 30%) of their income on housing has increased over time in Franklin County.

Priority #2: Income / Poverty	
Key health needs	See pages
Income / Poverty	• 17-21
Housing	• 21-23
Food access	• 24-26

The third highest priority for Franklin County is maternal and infant health, specifically the health of pregnant women before delivery along with the need to prevent preterm births. While infant mortality was not selected here as a priority health need, it is closely related to pre-pregnancy health and preterm births, so additional data are included.

Priority #3: Maternal and Infant Health	
Key health needs	See pages
Health before pregnancy	• 62-64
Preterm births	• 60-62
Infant mortality	• 58-60

For a list of potential partners and resources that could be utilized to address these three priorities, see pages 103-104.

For context, Ohio’s 2017-2019 State Health Improvement Plan (SHIP) identified three priority health topics (or, general areas of focus) that communities should consider when planning to improve the population’s health. These three health topics include mental health and addiction, chronic disease, and maternal and infant health, as shown below. For each of these priority health topics, the Ohio 2017-2019 SHIP also identified specific priority health outcomes; these are also listed in the table below. Overall, there is a good alignment between the health priorities identified by *HealthMap2019* and Ohio’s 2017-2019 SHIP.

Health Priority Topics And Outcomes Identified By Ohio’s 2017-2019 SHIP

Mental Health and Addiction	Chronic Disease	Maternal and Infant Health
Depression	Heart disease	Preterm births
Suicide	Diabetes	Low birth weight
Drug dependency / abuse	Child asthma	Infant mortality
Drug overdose deaths		

During the prioritization session, several other health indicators were considered important enough to make it to the final round of voting, though they did not receive as many votes and therefore were not considered significant health needs. In order of number of votes received, from most to least, these included:

- Sexually transmitted infections;
- Chronic respiratory disease;
- Youth suicide;
- Homicide;
- Access to mental health providers;
- Obesity; and
- Nutrition.

Community Profile

While the population of Franklin County has increased, the demographic profile of its residents and households has remained largely consistent.

Franklin County Residents

		Franklin County			
		HM2013	HM2016	HM2019	
Total Population¹	Population of Franklin County	1,163,414	1,212,263	1,264,518	
Gender¹	Male	48.7%	48.7%	48.8%	
	Female	51.3%	51.3%	51.2%	
Age¹	Under 5 years	7.1%	7.2%	7.3%	
	5-19 years	19.9%	19.4%	19.0%	
	20-64 years	62.9%	62.8%	62.3%	
	65 years and over	9.9%	10.6%	11.3%	
Race¹	White	70.1%	69.1%	67.6%	
	African American	21.4%	21.2%	22.2%	
	Asian	3.9%	4.2%	5.0%	▲
	American Indian / Alaska Native	0.2%	0.1%	N	
	Native Hawaiian / Other Pacific Islander	N	N	N	
	Some other race	1.5%	1.7%	1.2%	▼
	Two or more races	2.9%	3.6%	3.8%	
Ethnicity¹	Hispanic or Latino (of any race)	4.8%	5.0%	5.3%	
Marital Status²	Never married	36.1%	39.4%	39.7%	
	Now married (except separated)	44.7%	42.4%	42.0%	
	Divorced or Separated	14.0%	13.4%	14.1%	
	Widowed	5.2%	4.8%	4.3%	▼
Veterans²	Civilian veterans	8.9%	6.9%	6.5%	
Disability Status³	Total with a disability	11.0%	12.1%	11.8%	
	Under 18 years with a disability	3.9%	4.7%	4.6%	
	18 to 64 with a disability	10.0%	10.7%	10.3%	
	65 years and over with a disability	35.4%	38.0%	35.8%	
Disability by Type¹	Hearing Difficulty	2.6%	2.9%	3.1%	
	Vision Difficulty	1.9%	2.0%	1.8%	
	Cognitive Difficulty (age 5+)	5.7%	5.9%	5.4%	
	Ambulatory Difficulty (age 5+)	6.5%	6.4%	6.3%	
	Self-Care Difficulty (age 5+)	2.5%	2.5%	2.4%	
	Independent Living Difficulty (age 18+)	5.4%	5.5%	4.8%	▼

N=data cannot be displayed because the number of sample cases is too small

While there are more households in Franklin County, the characteristics of these households remain stable.

Franklin County Households

		Franklin County		
		HM2013	HM2016	HM2019
Total¹	Number of households	477,235	476,532	502,932
Household Size¹	Average household size	2.4	2.5	2.5
	Average family size	3.1	3.2	3.2
Household Type¹	Family households	58.3%	57.7%	58.0%
	Nonfamily households	41.7%	42.3%	42.0%
No Vehicle³	Households without a vehicle	7.8%	8.3%	7.8%
Grandparents as Caregivers³	Children living with a grandparent	5.2%	5.2%	6.1% ▲
	Children living with a grandparent who is responsible for them	3.0%	3.8%	3.6%
Language Spoken at Home²	English only	89.4%	87.3%	86.8%
	Speak a language other than English	10.6%	12.7%	13.2%

References

¹ U.S. Census Bureau, American Community Survey 1-Year Estimates, 2016 (HM2019), 2013 (HM2016), 2010 (HM2013)

² U.S. Census Bureau, American Community Survey 1-Year Estimates, 2016 (HM2019), 2013 (HM2016); U.S. Census Bureau, American Community Survey 5-Year Estimates; 2005-2009 (HM2013)

³ U.S. Census Bureau, American Community Survey 1-Year Estimates, 2016 (HM2019), 2013 (HM2016), 2009 (HM2013)

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)

The percentage of Franklin County residents with insurance continues to increase, suggesting there may be increasing access to health care. However, this percentage is still below the *Healthy People 2020* goal of insuring 100% of adults under age 65.

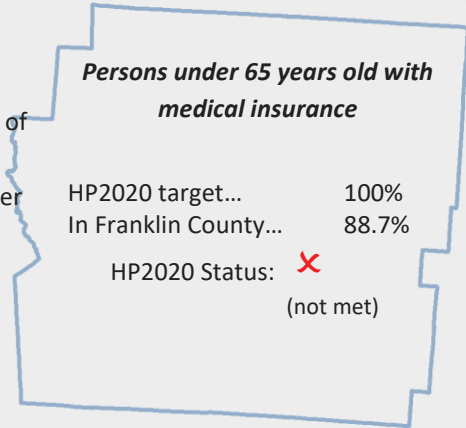
The percentage of Franklin County residents that have health insurance coverage has increased slightly since the previous *HealthMap* (86.9% to 89.8%).

Individuals With Health Insurance¹

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Total with insurance	85.4%	86.9%	89.8%	91.5%	88.3%
Private health insurance	69.2%	67.5%	68.6%	69.4%	66.7%
Public health coverage	25.0%	27.8%	29.8%	34.6%	33.0%
Group VIII Medicaid coverage	Not available	Not available	5.6%	6.1%	4.8%
Under 18 years old	91.8%	94.0%	95.1%	95.4%	94.1%
18-64 years old	81.0%	82.4%	86.4%	88.1%	83.6%
65 years old+	Not available	99.0%	98.8%	99.5%	99.1%

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 88.7% of people under 65 have medical insurance.



Among Franklin County residents with health insurance, the most common type of health care is employment-based insurance. The percentage of residents with public health insurance as their only source of insurance has increased since the last *HealthMap*. 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 Insurance” 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 Insurance		
		HM2013	HM2016	HM2019	HM2013	HM2016	HM2019
Private Health Insurance Coverage	Total with private health insurance	69.2%	67.5%	68.6%	Not available	57.5%	58.5%
	Employment-based health insurance	61.5%	58.9%	60.0%	53.4%	51.7%	52.7%
	Direct-purchase health insurance	10.3%	10.2%	10.0%	4.6%	5.5%	5.4%
	TRICARE/military health coverage	1.6%	1.3%	1.4%	0.4%	0.4%	0.4%
Public Health Insurance Coverage	Total with public health insurance	25.0%	27.8%	29.8%	Not available	17.7%	19.5% ▲
	Medicaid/CHIP/state specific public coverage	15.3%	17.3%	18.9%	12.0%	14.1%	15.5%
	Medicare coverage	11.2%	11.9%	12.2%	2.6%	3.3%	3.7%
	VA health care	1.3%	1.7%	1.7%	0.2%	0.3%	0.3%

In Franklin County, 82.5% of adults have one place they usually go when sick or need advice about their health.

Persons with Usual Source of Medical Care³

	Franklin County			Ohio
	HM2013	HM2016	HM2019	HM2019
Individual has one place they usually seek medical care	Not available	82.7%	82.5%	85.2%

Income/Poverty Indicators

This section describes income and poverty indicators that affect health.

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

From *HealthMap2016* to *HealthMap2019*, median household income has increased slightly, however many other poverty indicators remain steady, such as the percentage of families and children living below the federal poverty line and reliance on food stamps.

In addition, the percent of households who spend at least 50% of their income on housing costs has increased since the last *HealthMap*.

In Franklin County, the median household income is \$54,037, which is 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. These percentages have remained steady since the previous *HealthMap* (12.2% to 12.5% for families and 24.8% to 24.5% for children). Also, 53.6% of children enrolled in school in Franklin County are eligible for free or reduced lunches, a higher percentage than in Ohio overall.

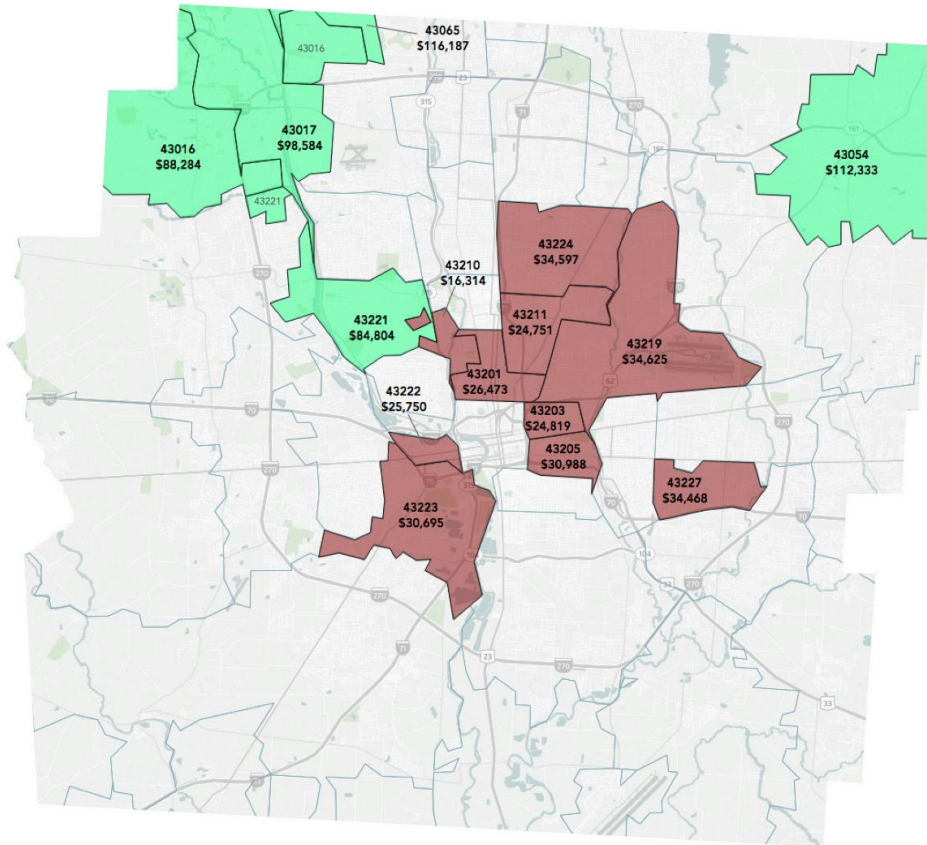
Income and Poverty

		Franklin County			Ohio	United States
		HM2013	HM2016	HM2019	HM2019	HM2019
Household Income⁴	Per capita income	\$27,002	\$28,283	\$30,098	\$27,800	\$29,829
	Median household income	\$49,041	\$50,877	\$54,037	\$50,674	\$55,322
	Mean household income	\$65,006	\$69,197	\$73,666	\$68,341	\$77,866
Total People Below Federal Poverty Level (FPL)		154,772	209,500	205,186	1,732,839	46,932,225
Poverty Status of Families⁵	Below 100% FPL	12.0%	12.2%	12.5%	11.2%	11.0%
	100% - 199% FPL	13.7%	15.0%	15.0%	15.2%	16.0%
	At or above 200% FPL	74.3%	72.8%	72.5%	73.6%	73.0%
Poverty Status of Those Under 18 Years Old⁵	Below 100% FPL	21.2%	24.8%	24.5%	23.1%	21.2%
	100% - 199% FPL	19.6%	20.0%	21.3%	21.3%	22.1%
	At or above 200% FPL	58.6%	55.2%	54.3%	55.7%	56.7%
Children Eligible for Free or Reduced Lunch⁶		Not available	54.2%	53.6%	46.5%	Not available

FPL=Federal Poverty Level

A Closer Look, Priority #2: Median Household Income

The ten Franklin County zip codes with the lowest median household income in Franklin County are shaded in red in the map below; the five zip codes with the highest median household income are shaded in green. The median household income is lowest in 43210, 43211, and 43203.*



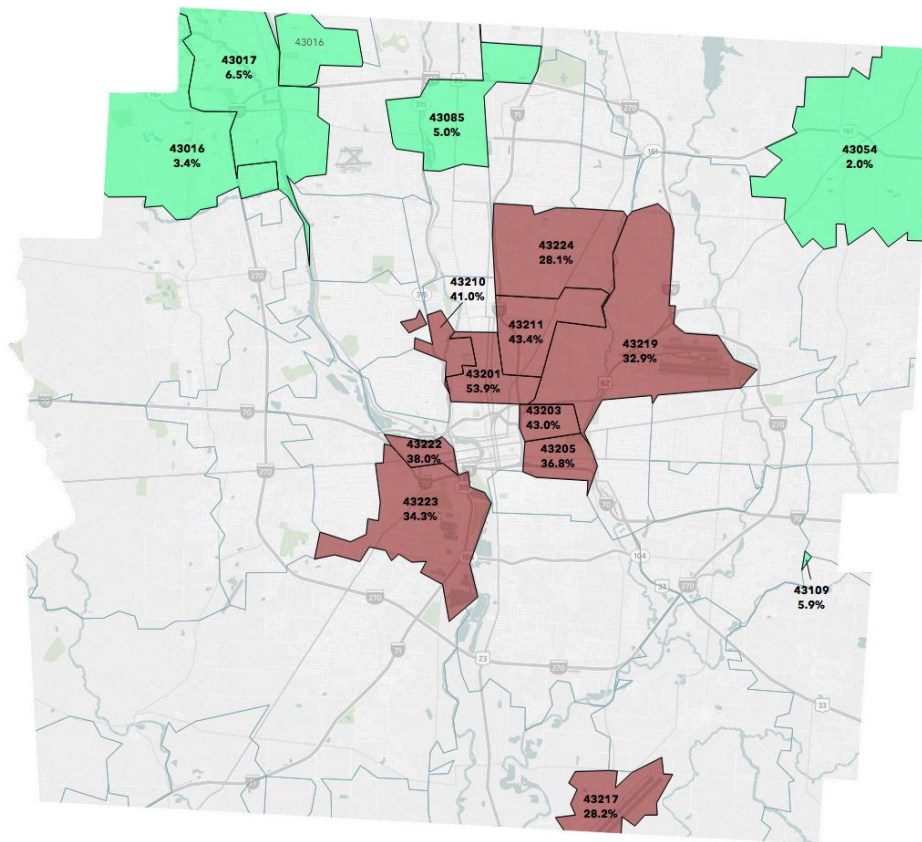
In addition, considering only households with children, the zip codes with the lowest median income are 43201, 43205, 43203, 43211, and 43222.+

*"A Closer Look" References: *U.S. Census Bureau, American Community Survey 1-Year Estimates, 2016;*

+U.S. Census Bureau, American Community Survey 5-year Estimates

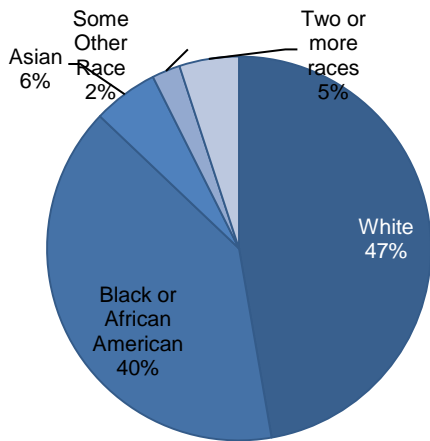
A Closer Look, Priority #2: Living Below the Federal Poverty Level

In Franklin County, over 200,000 people, or about 17% of the population, live below the Federal Poverty Level (FPL). The ten zip codes with the highest percentage of the population living below the FPL are shaded in red in the map below. Over 40% of those living in 43201, 43211, and 43203 have a household income below the FPL. The zip codes with the smallest percentage of people living below the FPL are shaded in green.*

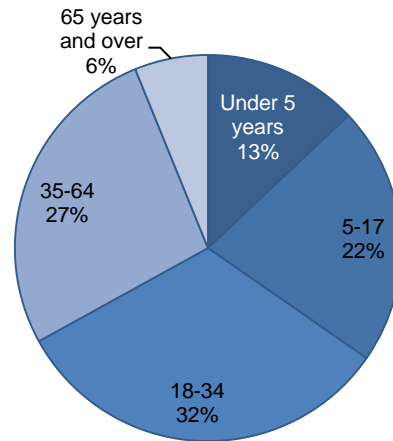


The ethnicity, age, and gender breakdowns of the population living below the FPL in Franklin

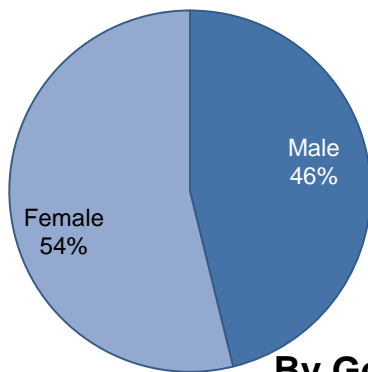
County are shown in the figures below.†



By Ethnicity



By Age



By Gender

“A Closer Look” References: *U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016;
†U.S. Census Bureau, American Community Survey 1-Year Estimates, 2016

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.

In Franklin County, the percentage of homeless people using an emergency shelter who are part of a family has decreased since the last *HealthMap*. Over three-fourths of families using emergency shelters in Franklin County are African American.

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

Housing and Homelessness

		Franklin County**			Ohio	United States
		HM2013	HM2016	HM2019	HM2019	HM2019
Point in Time (PIT) Count of Emergency Shelter Use^{7*}	Total persons*	1,104	1,245	1,229	6,759	262,430 ▼
	Persons in families*	35.4%	36.3%	32.4% ▼	35.1%	46.3%
Composition of Families Using Emergency Shelters^{8**}	Black or African American	Not available	73.0%	76.0%	Not available	Not available
	White	Not available	26.0%	22.0% ▼	Not available	Not available
	Other / Missing	Not available	1.0%	2.0% ▲	Not available	Not available
	Hispanic	Not available	3.0%	3.0% □	Not available	Not available
Households with Housing Costs ≥50% of Income⁹	Percent of households	15.6%	14.6%	17.2% ▲	16.1% ▲	20.5% ▲
Households with Housing Costs ≥30% of Income¹⁰	Percent of households	27.9%	26.3%	31.9% ▲	28.3% ▲	32.9% ▲

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

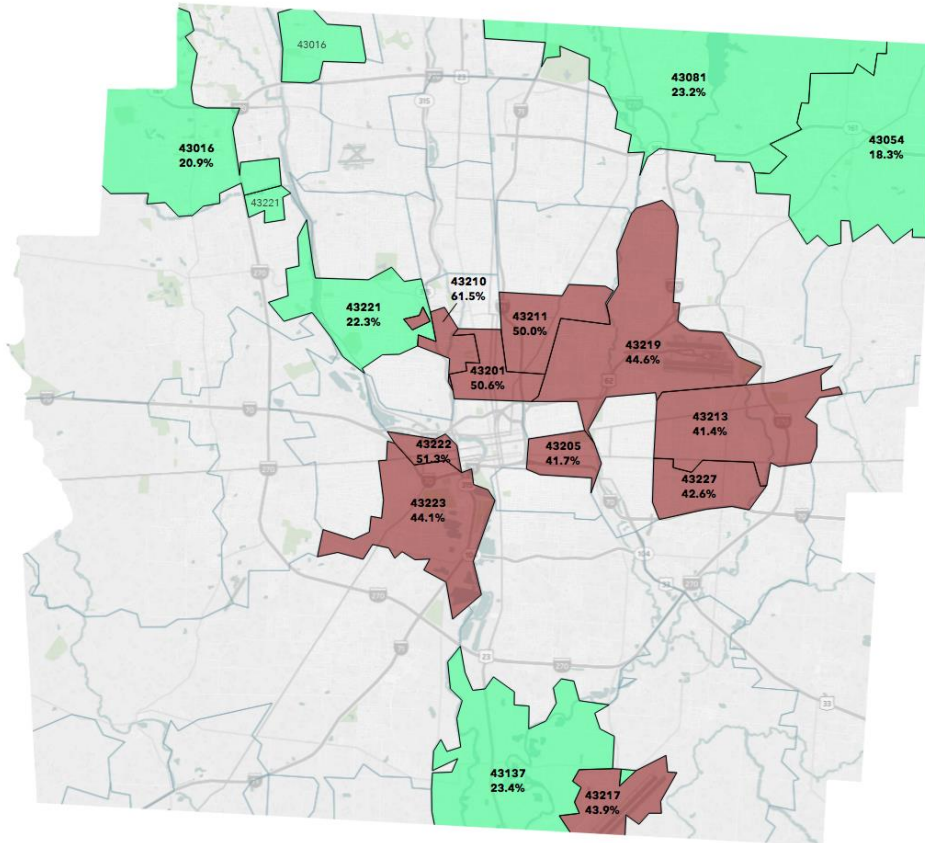
***Columbus, not Franklin County*

In Columbus, the eviction rate is 4.6 per 100 renter homes, similar to the eviction rates in Cleveland (4.6) and Cincinnati (4.7). In other Midwestern cities, the eviction rate varies from 1.1 in Chicago, to 5.2 in Detroit, and 7.3 in Indianapolis.¹¹

The zip code with the highest number of households with housing costs at least 50% of their income in Franklin County is 43210, followed by 43222, 43201, 43211, and 43109.¹²

A Closer Look, Priority #2: Housing Costs $\geq 30\%$ of Income

There are four zip codes in Franklin County where half of households spend a minimum of 30% of their income on housing. The ten zip codes with the highest percentage of households who spend this proportion of their income on housing costs are shaded in red in the map below; the five zip codes with the lowest percentage spending this on housing are shaded in green.



"A Closer Look" Reference: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016

Social Determinants of Health, continued

The ability to access 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, 17.4% of residents are food insecure.

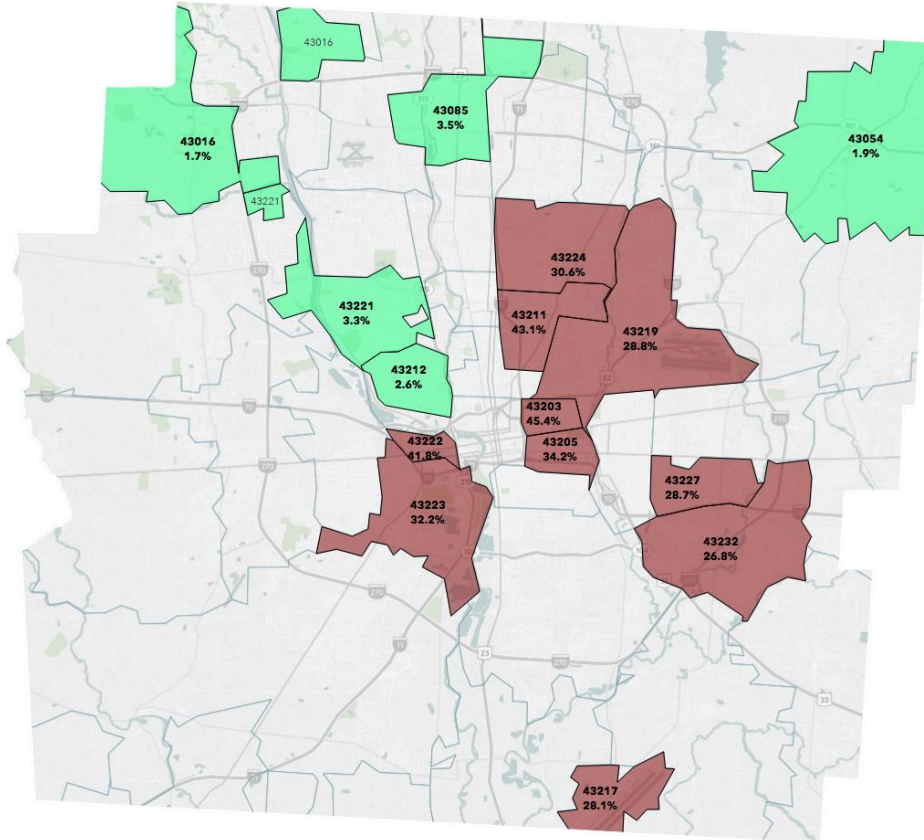
Over half of all the Franklin County households using food stamps have children under the age of 18 present.

Food Access

		Franklin County			Ohio	United States
		HM2013	HM2016	HM2019	HM2019	HM2019
Food Insecure Households¹³	Total	Not available	17.7%	17.4%	16.0%	13.4% ▼
	Children	Not available	22.3%	20.4%	21.9% ▼	17.9% ▼
Total		12.4%	15.5%	14.6%	14.8%	13.0%
Food Stamp Households¹⁴	With one or more people 60 years and over	19.3%	22.4%	23.5%	26.6%	29.2%
	With children under 18 years	61.0%	51.7%	53.7%	49.5%	53.0%

A Closer Look, Priority #2: Food Stamp Households

In 43203, 43211, and 43222, over 40% of residents receive food stamps. The ten zip codes with the highest percentage of residents receiving food stamps in Franklin County are shaded in red in the map below; the five zip codes with the lowest percentage of residents receiving food stamps are shaded in green.*



As shown in the table below, 22% of households in Franklin County with children under 18 years old receive food stamp assistance, and 36% of households with a female householder only receive this assistance.[†]

Food Stamp Assistance, By Household Type	
Household Type	% of HH type receiving SNAP
Married-couple family	7%
Nonfamily household	10%
With children under 18 years	22%
With no children under 18 years	9%
Male householder, no wife present	19%
Female householder, no husband present	36%

*"A Closer Look" References: *U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016;*

†U.S. Census Bureau, American Community Survey 1-Year Estimates, 2016

Education Indicators

This section describes education indicators that are related to health.

Key Findings – Social Determinants of Health (Education)

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 still less likely than Ohio youth (overall) to be ready for kindergarten.

As shown in the table below, 38.4% of Franklin County adult residents have a Bachelor’s degree or higher. This is higher than the state and national percentages (26.7% and 30.3%, respectively).

Educational Attainment¹⁵

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
No high school	3.2%	3.2%	3.1%	3.0%	5.6%
Some high school (no degree)	7.9%	7.1%	6.6%	7.5%	7.4%
High school graduate	27.0%	25.7%	25.0%	33.8%	27.5%
Some college (no degree)	20.5%	21.0%	20.2%	20.6%	21.0%
Associate’s degree	6.3%	6.7%	6.8%	8.4%	8.2%
Bachelor’s degree	22.8%	23.4%	24.4%	16.7%	18.8%
Graduate/Professional degree	12.2%	13.0%	14.0%	10.0%	11.5%

Regarding high school graduation rates specifically, 9.7% of people in Franklin County aged 25 years and over have not graduated from high school. The groups with the highest percentage of members that have less than a high school diploma are those listing “Other” as their race (34.5%) and Hispanics (30.6%).

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.

High School Graduation

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Overall	11.1%	10.3%	9.7%	10.5%	13.0%
Male	11.0%	10.5%	9.9%	11.0%	13.7%
Female	11.2%	10.1%	9.3%	10.0%	12.4%
African American	Not available	Not available	14.2%	15.8%	15.7%
American Indian & Alaskan native	Not available	Not available	16.5%	17.7%	20.7%
Asian	Not available	Not available	12.9%	12.7%	13.7%
Hispanic	Not available	Not available	30.6%	26.2%	34.3%
Native Hawaiian & pacific islander	Not available	Not available	15.0%	16.6%	13.6%
Other	Not available	Not available	34.5%	30.8%	39.8%
Multiracial	Not available	Not available	9.9%	12.7%	13.3%
White, non-Hispanic	Not available	Not available	7.0%	9.3%	8.0%
Overall	Not available	88.6%	87.8%	83.6%	83.2%
Male	Not available	90.4%	>89.0%*	90.2%	Not available
Female	Not available	92.3%	>91.8%*	92.3%	Not available
African American, non-Hispanic	Not available	86.8%	76.2% ▼	84.3%	74.6%
Asian or pacific islander	Not available	91.9%	81.1% ▼	88.4%	90.2%
American Indian or Alaskan Native	Not available	Not available	Not available □	66.7% ▲	71.6%
Hispanic	Not available	79.8%	63.7% ▼	83.0%	77.8%
Multiracial	Not available	88.8%	87.3%	86.0%	Not available
White, non-Hispanic	Not available	92.8%	92.0%	92.0%	87.6%

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

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

Healthy People 2020 Goal

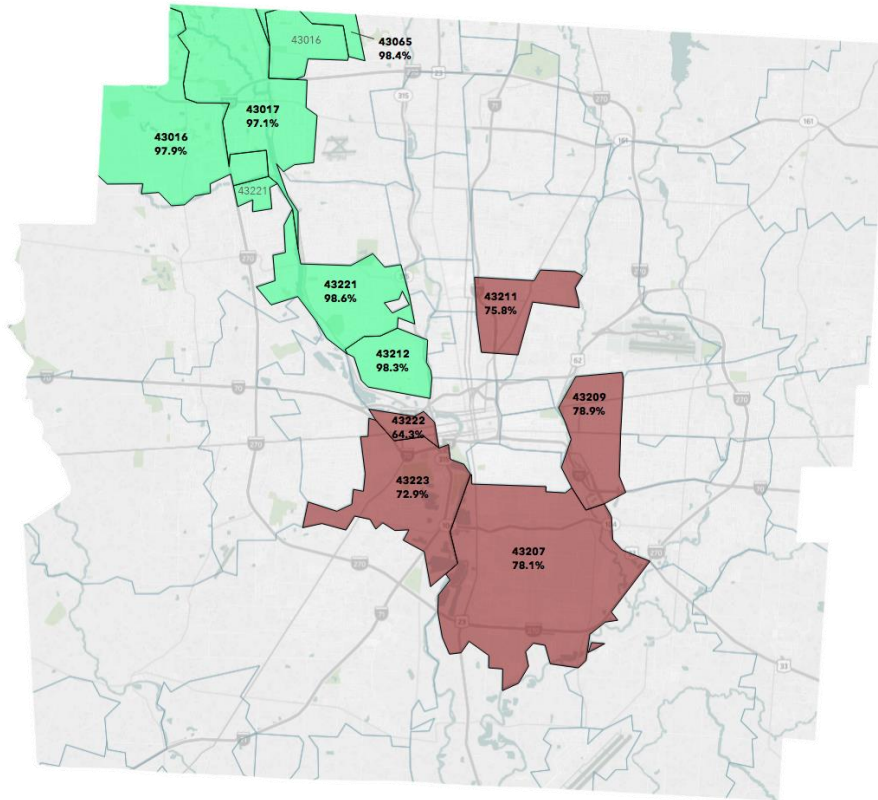
How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal that 82.4% of Americans would graduate high school four years after starting 9th grade by the year 2020. Currently, Franklin County exceeds this target, as 87.8% 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...	87.8%
HP2020 Status:	✓ (met)

The school districts with the lowest high school graduation rates in Franklin County are Columbus City, followed by Whitehall City, Groveport Madison Local, South-Western City and Westerville City.¹⁷ The school districts with the highest high school graduation rates in Franklin County are Dublin City and Upper Arlington City, followed by New Albany-Plain Local, Canal Winchester Local, and Grandview Heights City.¹⁷

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.¹²



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.

As measured by the Ohio Department of Education, only 73.4% of Franklin County children score in Bands 2 and 3 of Ohio's Kindergarten Readiness Assessment-Literacy.

Educational Proficiency

	Franklin County			Ohio
	HM2013	HM2016	HM2019	HM2019
Students ready for kindergarten ¹⁸	Not available	68.8%	73.4%	77.2%
3 rd graders with reading proficiency ¹⁹	Not available	94.8%	91.4%	93.9%

The school districts with the lowest rates of kindergarten readiness in Franklin County are Whitehall City, followed by Columbus City, Reynoldsburg City, South-Western City and Groveport Madison Local.²⁰

The school districts with the lowest rates of 3rd grade reading proficiency in Franklin County are Groveport Madison Local, followed by Columbus City, South-Western City, Whitehall City, and Reynoldsburg City.²⁰

Employment Indicators

This section describes employment indicators that are related to health.

Key Findings – Social Determinants of Health (Employment)

From *HealthMap2016* to *HealthMap2019*, 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* (6.6% to 3.9%), following a statewide and national trend.

Employment Status

		Franklin County			Ohio	United States
		HM2013	HM2016	HM2019	HM2019	HM2019
Not in Labor Force⁴	Total	30.6%	30.5%	30.3%	36.7%	36.5%
	Total	69.4%	69.5%	69.7%	63.3%	63.5%
In Labor Force⁴	Civilian labor force	69.3%	69.4%	69.6%	63.2%	63.1%
	Armed forces	0.10%	0.09%	0.1% ▲	0.1%	0.4%
Employment Rate of Civilian Labor Force²¹	Employed	92.9%	93.4%	96.1%	95.0%	95.7%
	Unemployed	7.1%	6.6%	3.9% ▼	5.0% ▼	4.3% ▼
Annual Average Unemployment Rate^{*21}	Not available	4.9%	4.0% ▼	5.0%	4.4%	

**Annual averages of all monthly estimates; seasonally adjusted*

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

Employment Occupations¹⁵

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Management, professional, and related occupations	39.8%	41.4%	42.1%	35.4%	37.0%
Sales and office	27.7%	24.0%	24.9%	23.7%	23.8%
Service	15.7%	17.7%	16.8%	17.5%	18.1%
Production, transportation, and material moving	10.5%	11.3%	11.1%	15.8%	12.2%
Natural resources, construction, and maintenance	6.3%	5.5%	5.1%	7.6%	8.9%

Other Indicators

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

Key Findings – Social Determinants of Health (Other)

Compared to Ohio and the U.S., Franklin County has a smaller percentage of family households, but a larger proportion of family households with children.

Both violent and property crime rates overall have decreased since the last *HealthMap*, but remain higher than the statewide rates.

A “family household” includes two or more people related by birth, marriage, or adoption who live in the same dwelling. In Franklin County, 58.6% are considered family households, a lower percentage than the statewide and national percentages. However, a higher percentage of Franklin County households are family households with children under 18 compared to Ohio and the U.S.

Household Type²²

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Total	59.1%	57.7%	58.6%	63.9%	65.4%
Family Households					
Married couple	41.0%	39.6%	39.7%	46.5%	47.9%
Male householder, no wife present	4.3%	4.1%	4.8% ▲	4.6%	4.9%
Female householder, no husband present	13.7%	14.1%	14.2%	12.8%	12.6%
Family Households With Own Children Under 18 Present	49.2%	47.6%	47.7%	42.1%	42.2%
Married couple	44.3%	42.3%	43.0%	37.0%	38.9%
Male householder, no wife present	50.0%	49.1%	50.8%	51.0%	46.8%
Female householder, no husband present	63.8%	62.1%	59.6%	57.3%	52.9%
Nonfamily Households	40.9%	42.3%	41.4%	36.1%	34.6%
Householder living alone	32.0%	32.1%	32.1%	30.1%	28.0%
65 years and over living alone	7.9%	8.6%	8.4%	11.4%	10.7%

Regarding crime and safety levels in Franklin County, the total rates of both violent crime and property crime that occur for every 1,000 residents has decreased since the last *HealthMap*. When examining different types of violent crime, the rate of murder and aggravated assault has increased slightly, while the rate of robberies has decreased. Note that the rate of rape has increased since the last *HealthMap* in Franklin County, across Ohio and the U.S., however this may be due to the different definition of rape since then.

Crime and Safety²³

	Franklin County				Ohio	United States	
	HM2013	HM2016	HM2019		HM2019	HM2019	
Violent crime	Total	5.1	4.5	3.8	▼	2.8	3.9
	Murder*	0.08	0.07	0.08	▲	0.05	0.05
	Rape**	0.6	0.5	0.8	▲	0.4	0.4
	Robbery	3.2	2.7	1.8	▼	1.0	1.0
	Aggravated assault	1.3	1.0	1.2	▲	1.3	2.5
Property crime	Total	Not available	47.2	34.4	▼	25.4	24.5

Rate per 1,000 population

**US data include nonnegligent manslaughter*

***FC&OH: Defined as "forcible rape" for HM13, HM16, & "rape" in HM2019; US: "legacy definition" in HM13 & HM16, "revised definition" in HM19*

References

- ¹ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019), 2010-2014 (HM2016), 2005-2009 (HM2013)
- ² U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019); U.S. Census Bureau, American Community Survey 1-Year Estimates, 2013 (HM2016), 2009 (HM2013)
- ³ Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey, 2015 (HM2019), 2012 (HM2016)
- ⁴ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019), 2009-2013 (HM2016), 2005-2009 (HM2013)
- ⁵ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019); U.S. Census Bureau, American Community Survey 1-Year Estimates, 2013 (HM2016); U.S. Census Bureau, American Community Survey 3-Year Estimates, 2007-2009 (HM2013); Percentages for those less than 18 years below 100% FPL from American Community Survey 5-Year Estimates, 2005-2009 (HM2013)
- ⁶ Ohio Department of Education, Data for Free and Reduced Price Meal Eligibility, FY2018 (HM2019), FY2016 (HM2016)
- ⁷ Community Shelter Board (Franklin County), 2017 (HM2019), 2014 (HM2016), 2010 (HM2013); U.S. Department of Housing and Urban Development (Ohio and United States), 10/1/16-9/30/17 (HM2019), 2013 (HM2016), 2010 (HM2013)
- ⁸ Community Shelter Board (Franklin County), FY2018 (HM2019), FY2014 (HM2016)
- ⁹ U.S. Census Bureau, American Community Survey 1-Year Estimates, 2016 (HM2019), 2013 (HM2016), 2009 (HM2013)
- ¹⁰ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019), 2009-2013 (HM2016), 2006-2010 (HM2013)
- ¹¹ Princeton University Eviction Lab, Top Evicting Areas, 2016 (HM2019)
- ¹² U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019)
- ¹³ Feeding America, "Map the Meal Gap," 2015 (HM2019), 2012 (HM2016)
- ¹⁴ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2010-2014 (HM2019); U.S. Census Bureau, American Community Survey 1-Year Estimates, 2013 (HM2016), 2009 (HM2013)
- ¹⁵ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019), 2005-2009 (HM2013); U.S. Census Bureau, American Community Survey 1-Year Estimates, 2013 (HM2016)
- ¹⁶ Ohio Department of Education (Franklin County and Ohio), 2016 (HM2019), 2012-2013 (HM2016); U.S. Department of Education (United States), 2014-2015 (HM2019), 2011-2012 (HM2016)
- ¹⁷ Ohio Department of Education, Class of 2016 (HM2019)

¹⁸ Ohio Department of Education (Franklin County), 2016-2017 (HM2019), (Ohio) 2015-2016 (HM2019), 2013-2014 (HM2016)

¹⁹ Ohio Department of Education, 2016-2017 (HM2019), 2013-2014 (HM2016)

²⁰ Ohio Department of Education, 2016-2017 (HM2019)

²¹ Ohio Department of Jobs and Family Services, Ohio Labor Market Information, Civilian Labor Force estimates, 2017 (HM2019); U.S. Census Bureau, American Community Survey 1-Year Estimates, 2013 (HM2016); U.S. Census Bureau, American Community Survey 5-Year Estimates, 2005-2009 (HM2013)

²² U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019), 2006-2010 (HM2013); U.S. Census Bureau, American Community Survey 1-Year Estimates, 2013 (HM2016)

²³ Office of Criminal Justice Services, Crime by County Statistics (Franklin County and Ohio), 2016 (HM2019), 2012 (HM2016), 2009 (HM2013); FBI Criminal Justice Information Services Division (United States), 2016 (HM2019), 2012 (HM2016), 2009 (HM2013)

Health Resource Availability

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

Key Findings – Health Resource Availability

Franklin County residents now have greater access to certain types of health care providers (advance practice nurses, physician assistants,) and more Franklin County residents are visiting emergency departments. Fewer emergency department visits result in inpatient stays.

Access to needed dental care has improved for adults Franklin County and Ohio.

Regarding primary care providers, there are an increasing number of advanced practice nurses and physician assistants. The ratio of Franklin County residents per licensed advanced practice nurse is 703:1, meaning there is one licensed advanced practice nurse available for every 703 residents. This ratio has decreased from the previous *HealthMap* (846:1). Similarly, the ratio of residents to physician assistants has decreased since the last *HealthMap* (5,181:1 to 3,321:1)

Regarding mental health providers, the ratio of Franklin County residents per provider is lower than the statewide ratio for social workers and psychologists.

The ratio of Franklin County residents per physician (both MDs and DOs) has not changed much since the last *HealthMap* (239:1 to 234:1); neither has the ratio of residents per licensed optometrist (3,640:1 to 3,639:1).

Licensed Practitioners (Ratio of total population: practitioner)

		Franklin County				Ohio	
		HM2013	HM2016	HM2019		HM2019	
Primary Care Providers	Advanced practice nurses ^{1,2}	1,176:1	846:1	703:1	▼	692:1	▼
	Physician assistants ¹	Not available	5,181:1	3,321:1	▼	3,260:1	▼
Mental Health Providers	Social workers ¹	Not available	333:1	339:1		442:1	
	Chemical counselors ^{3,4}	Not available	1,341:1	1,137:1	▼	1,041:1	▼
	Psychologists ^{3,5}	Not available	2,305:1	2,379:1		3,716:1	
Dentists	Dentists ⁶	1,256:1	1,259:1	1,337:1		1,704:1	
Physicians (Includes Primary Care and Specialists)	MDs & DOs ^{1,7}	264:1	239:1	234:1		240:1	
Optometrists/ Opticians	Optometrists ⁸	3,827:1	3,640:1	3,639:1		5,245:1	
	Opticians ^{3,9}	Not available	4,376:1	4,785:1		3,825:1	

Next, the *HealthMap* turns to a review of emergency department (ED) utilization. The ED data presented in this report are from the four major health systems in Central Ohio, including OhioHealth (10 EDs), Mount Carmel (5 EDs), Ohio State University Wexner Medical Center (2 EDs), and Nationwide Children’s Hospital (1 ED). These data do not include visits to private, freestanding EDs.

The total number of ED visits per 1,000 people in Franklin County has increased slightly since the last *HealthMap* (583.2 to 608.8), and remains higher than the number of visits statewide. When breaking down ED visits by treated and released and admitted, the rate of visits where patients were treated and released increased since the last *HealthMap*, while the rate of visits where patients were admitted decreased.

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

Regarding emergency department patients who were treated and then released, the majority of patients were classified as severity level 3. These severity classifications have changed since the last *HealthMap*, so comparisons cannot be made.

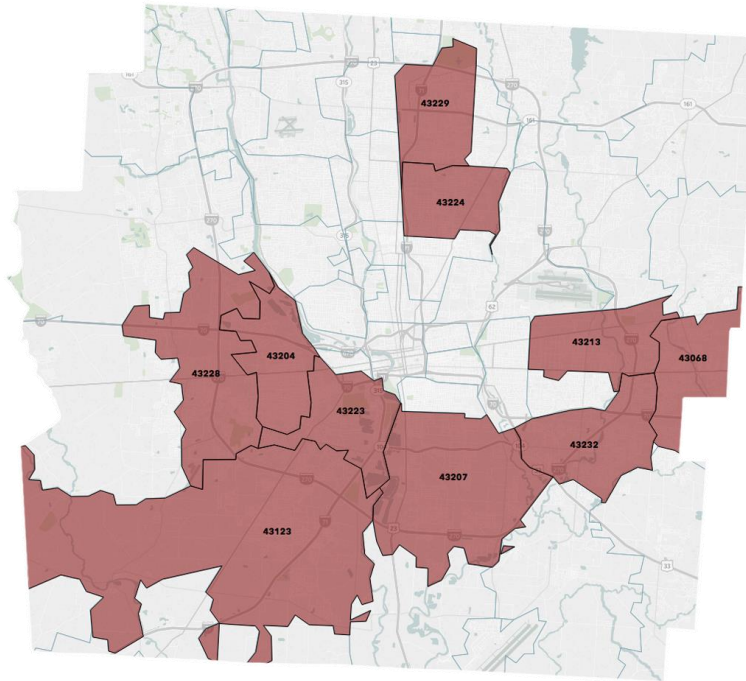
Individuals age 18 and younger were more likely than those 19-64 or 65 years and older to be treated and released; individuals age 65 and older were most likely to be admitted.

Emergency Department Visits

		Franklin County				Ohio
		HM2013	HM2016	HM2019		HM2019
ED Visits¹⁰	Total	Not available	583.2	608.8		594.8
	Total	Not available	486.4	546.3	▲	526.7
ED Visits by Age: Treated and Released¹⁰	Age 0-18	Not available	663.3	709.7		572.1
	Age 19-64	Not available	455.1	508.9	▲	531.4
	Age 65+	Not available	284.5	427.7	▲	448.8
	Total	Not available	97.1	62.4	▼	68.1
ED Visits by Age: Admitted¹⁰	Age 0-18	Not available	28.1	18.6	▼	15.5
	Age 19-64	Not available	86.9	53.0	▼	52.2
	Age 65+	Not available	314.6	202.2	▼	196.8
ED Visits by Severity: Treated and Released¹¹	Level 1	Not available	Not available	10.0		Not available
	Level 2	Not available	Not available	52.8		Not available
	Level 3	Not available	Not available	161.3		Not available
	Level 4	Not available	Not available	142.7		Not available
	Level 5	Not available	Not available	94.1		Not available

Rate per 1,000 population

The Franklin County zip codes with the highest number of emergency department visits are shaded in red in the map below.¹¹



Highest Number of Emergency Department Visits	
Zip Codes	Rate per 1,000
43228	40,990
43207	39,725
43232	39,014
43229	36,363
43204	36,351
43223	34,897
43224	34,123
43068	33,827
43123	31,034
43213	28,261

In Franklin and the surrounding counties, fewer adults age 19-64 could not access needed dental care compared to the last *HealthMap* (11.4% compared to 15.8%). While the percent of children who could not access needed dental care remained about the same in Franklin County, the percent of children with this problem in Ohio overall had decreased (from 5.4% to 4.1%).

Could Not Secure Dental Care¹²

		Franklin County			Ohio	
		HM2013	HM2016	HM2019	HM2019	
Needed Dental Care, Could Not Secure In Past 12 Months	Children age 3-18	Not available	4.7%	5.0%	4.1%	▼
	Adults age 19-64	Not available	15.8%	11.4%	▼	14.2%
	Adults age 65+	Not available	1.5%	1.3%	▼	6.9%

In Franklin County, 69.4% of adults have visited a dentist or dental clinic in the past year, similar to the past *HealthMap*. Among those 65 years and older, 17.3% have had all of their natural teeth extracted.

Oral Health Indicators¹³

	Franklin County			Ohio
	HM2013	HM2016	HM2019	HM2019
Visited the dentist or dental clinic within the past year for any reason	Not available	71.6%	69.4%	67.9%
Have had any permanent teeth extracted	Not available	60.1%	61.7%	45.4%
Age 65+ who have had all of their natural teeth extracted	Not available	16.4%	17.3%	17.1% ▼

References

¹ Ohio Department of Administrative Services, 2016 (HM2019), 2014 (HM2016)

² Ohio Board of Nursing, 2011 (HM2013)

³ Ohio Department of Administrative Services, 2016 (HM2019)

⁴ Ohio Chemical Dependency Professionals Board, 2014 (HM2016)

⁵ Ohio Board of Psychology, 2014 (HM2016)

⁶ Ohio State Dental Board, 2016 (HM2019), 2014 (HM2016), 2011 (HM2013)

⁷ State Medical Board of Ohio, 2011 (HM2013)

⁸ Ohio State Board of Optometry, 2018 (HM2019), 2014 (HM2016), 2011 (HM2013)

⁹ Ohio Optical Dispenser's Board, 2014 (HM2016)

¹⁰ Ohio Hospital Association, 2017 (HM2019), 2013 (HM2016)

¹¹ Ohio Hospital Association, 2017 (HM2019)

¹² Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey, 2015 (HM2019), 2012 (HM2016)

¹³ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), 2012 (HM2016), 2010 (HM2013)

Health Behaviors

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

Key Findings – Health Behaviors

In Franklin County, death rates from unintentional drug overdoses are increasing, but remain lower than Ohio overall. Overdose death rates from opiates, heroin, fentanyl, and cocaine have increased in Franklin County since the last *HealthMap*.

Tobacco and alcohol use has decreased since the last *HealthMap*, though the rate of alcohol related deaths has increased.

Regarding cigarette smoking, the percentage of Franklin County adults who are current smokers (21.9%) is lower than the percentage from the last *HealthMap* (24.5%).

Turning to 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) decreased to 6.2%. 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) remained steady and similar to the statewide percentage.

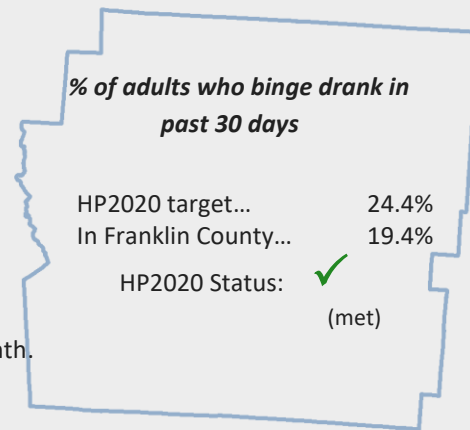
Cigarette and Alcohol Use

		Franklin County			Ohio	United States
		HM2013	HM2016	HM2019	HM2019	HM2019
Cigarette Use¹	Current smokers	18.3%	24.5%	21.9% ▼	22.5%	17.1%
Drinking¹	Heavy drinkers	4.4%	7.7%	6.2% ▼	6.4% ▲	6.5%
	Binge drinkers	15.2%	20.5%	19.4%	17.9%	16.9%
Drinking & Driving²	Crashes* (alcohol-related)	Not available	100.8	104.2	105.4	Not available
	Injuries* (alcohol-related)	56.2	52.3	57.4	62.0	Not available
	Deaths* (alcohol-related)	2.4	1.9	2.3 ▲	2.8	3.2

*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 who binge drink in the previous month would decrease to 24.4% by the year 2020. Currently, Franklin County achieves this target, as data suggest only 19.4% of adults binge drank in the previous month.



The percentage of Franklin County adults who report participating in a physical activity in the past month is similar to the last *HealthMap*, while the percentage of Franklin County residents who meet aerobic and strength guidelines has increased (from 21.4% to 26.5%). According to the Centers for Disease Control and Prevention, adults who meet these guidelines engage in at least 1.25 hours of vigorous-intensity exercise or 2.5 hours of moderate-intensity exercise weekly and muscle strengthening exercises at least twice a week.

Regarding nutrition, an increasing number of Franklin County adults are eating fruit less than once a day, and 24.3% eat vegetables less than once a day. These percentages are similar to statewide rates and slightly higher than national rates.

Other Health Behaviors

		Franklin County			Ohio	United States
		HM2013	HM2016	HM2019	HM2019	HM2019
Seat Belt Use³	Always or nearly always wears a seat belt*	Not available	90.7%	91.2%	91.4%	94.3%
Physical Activity	Met aerobic and muscle strengthening exercise guidelines ⁴	Not available	21.4%	26.5% ▲	19.7%	20.3%
	Participated in physical activities in the past month ¹	72.4%	73.1%	77.9%	74.1%	76.9%
Nutrition⁵	Adults who have consumed fruits and vegetables 5+ times per day	23.8%	23.8%	Not available	Not available	Not available
	Adults who consumed fruit less than one time per day	Not available	40.9%	45.2% ▲	42.9%	39.7%
	Adults who consumed vegetables less than one time per day	Not available	26.1%	24.3%	24.8%	22.1%

*Franklin County data are Columbus MSA

The percentages of Franklin County residents who are overweight and obese have remained relatively constant from the previous *HealthMap*, and are similar to the statewide percentages. Turning to Franklin County youth, 31.1% are overweight or obese, similar to the last *HealthMap*.

Weight Status

		Franklin County			Ohio	United States
		HM2013	HM2016	HM2019	HM2019	HM2019
Adult Body Mass Index¹	Underweight	Not available	2.0%	2.2%	1.8%	1.8%
	Healthy	36.1%	34.0%	34.9%	31.9%	32.9%
	Overweight	32.5%	32.2%	33.4%	34.8%	35.3%
	Obese	31.4%	31.8%	29.5%	31.5%	29.9%
Youth Body Mass Index⁶	Overweight or obese*	Not available	29.3%	31.1%	32.9% ▲	31.2%

*Franklin County prevalence for age 11-18; Ohio and United States for age 10-17

Regarding drug use, the rate of unintentional drug/medication mortality has increased (from 16.0 to 24.1 per 100,000) since the last *HealthMap*. This means that out of 100,000 Franklin County residents, 24 of them die each year due to drugs or medication. This is lower than the rate in the state of Ohio (36.8), but higher than the national rate (19.7).

The recent increase in overdose deaths in Franklin County from opiates, prescription opiates, heroin, and fentanyl has mirrored the statewide patterns. In 2017, the opioid overdose antidote drug Narcan was administered 5,506 times in Franklin County.

Drug Overdose Deaths

	Franklin County				Ohio		United States	
	HM2013	HM2016	HM2019		HM2019		HM2019	
Unintentional Drug / Medication Mortality⁷	15.7	16.0	24.1	▲	36.8	▲	19.7	▲
Opiates	12.0	12.1	20.6	▲	32.0	▲	Not available	
Opioid Pain Relievers*	Not available	Not available	Not available		Not available		7.0	▲
Prescription Opiates	9.0	5.8	15.0	▲	26.6	▲	Not available	
Heroin	3.2	7.1	9.2	▲	13.2	▲	4.0	▲
Fentanyl and Analogues	0.9	xx	8.8		21.7	▲	3.0	▲
Methadone	1.9	1.4	1.0	▼	0.8	▼	Not available	
Other Opiates	6.1	4.1	6.1	▲	6.6	▲	Not available	
Drug Overdose Deaths⁸								
Benzodiazepines	4.8	1.4	2.6	▲	5.0	▲	2.7	▲
Cocaine	4.5	4.9	9.9	▲	10.0	▲	2.1	▲
Alcohol	2.0	2.4	2.5		4.9	▲	Not available	
Barbiturates	xx	xx	xx		0.1		Not available	
Hallucinogens	xx	xx	xx		1.0	▲	Not available	
Other Narcotics	xx	xx	xx		1.7	▲	Not available	
Other Synthetic Narcotics	2.3	0.9	9	▲	20.8	▲	Not available	
Other Unspecified Drugs	8.6	xx	1.2	▲	18.7	▲	Not available	
Narcan Administrations⁹	Not available	Not available	5,506		47,201	▲	Not available	

Rate per 100,000 population

*Includes other opioids, methadone, and other synthetic narcotics

xx indicates rates not calculated due to counts less than 10

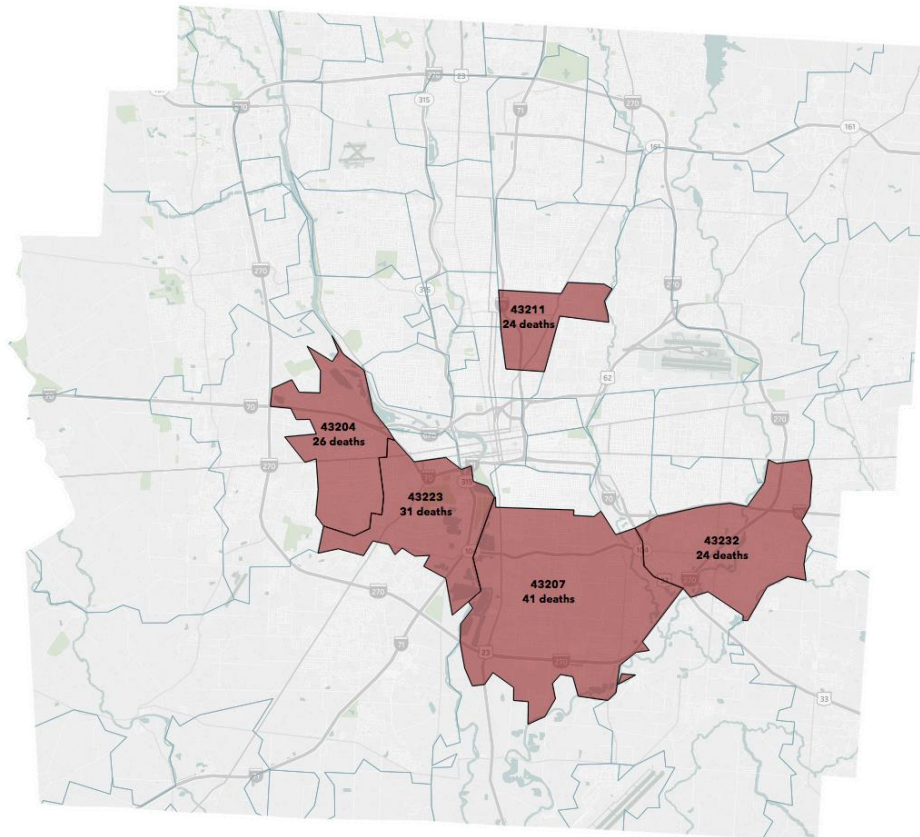
A Closer Look, Priority #1: Overdose Deaths

In 2017, there were 520 overdose deaths in Franklin County, a 47% increase from the previous year. Two-thirds involved fentanyl (see table below).*

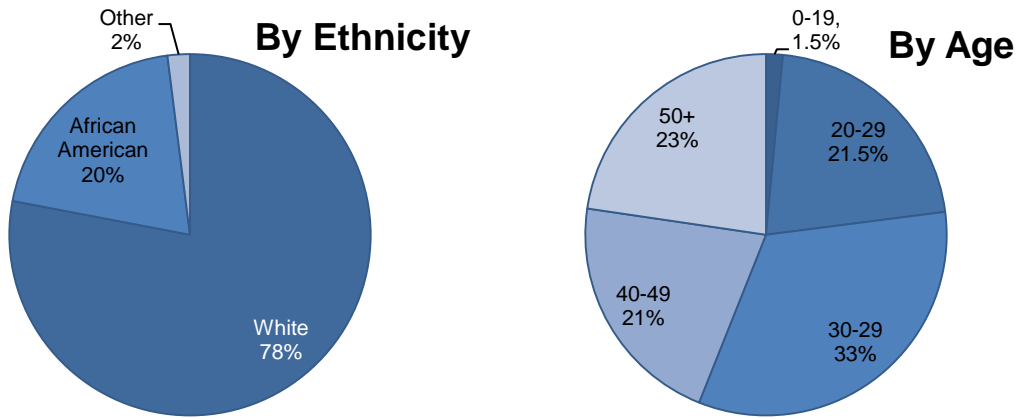
Overdose Deaths, By Substance

Fentanyl	67%
Cocaine	36%
Heroin	16%
Carfentanil	14%
Methamphetamine	5%

Among those who died from an overdose in 2017, the most common zip codes of residence were 43207, 43223, 43204, 43211, and 43232.* These are shaded in red in the map below, with the number of deaths in each.



The ethnicity and age breakdowns of overdose deaths overall are shown in the figures below.*



The counts and rates of unintentional overdose deaths by drug in 2016, broken down by ethnicity, are listed in the following table.†

Overdose Deaths By Ethnicity								
Drug Category	White		Black		American Indian		Asian	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Opiates	219	23.8	48	15.8	1	*	1	*
Heroin	105	11.3	16	5.3	0	*	0	*
Fentanyl and Analogues	79	8.5	36	11.9	0	*	1	*
Benzodiazepines	28	3.1	6	*	0	*	0	*
Cocaine	91	10.1	36	12.4	0	*	1	*
Alcohol (all types)	27	2.8	7	*	0	*	0	*
Methadone	12	1.2	1	*	1	*	0	*
Hallucinogens	2	*	2	*	0	*	0	*
Barbiturates	0	*	0	*	0	*	0	*
Other Opiates	67	7.4	12	3.8	0	*	0	*
Other Narcotics	6	*	2	*	0	*	0	*
Prescription Opiates	151	16.5	42	13.8	1	*	1	*
Other Synthetic Narcotics	83	9	34	11.1	0	*	1	*
Other Unspecified Drugs	12	1.2	5	*	0	*	0	*

Rate per 100,000 population

*Rate is too small to be displayed

The counts and rates of unintentional overdose deaths by drug in 2016, broken down by gender, are listed in the following table.†

Overdose Deaths By Gender				
Drug Category	Male		Female	
	Count	Rate	Count	Rate
Opiates	189	28.9	81	12.5
Heroin	83	12.4	38	6
Fentanyl and Analogues	90	13.6	27	4.1
Benzodiazepines	19	2.8	15	2.4
Cocaine	91	14.1	37	6
Alcohol (all types)	27	4.1	7	*
Methadone	7	*	7	*
Hallucinogens	3	*	1	*
Barbiturates	0	*	0	*
Other Opiates	50	7.8	29	4.5
Other Narcotics	6	*	2	*
Prescription Opiates	137	21.1	59	9
Other Synthetic Narcotics	86	13	33	5
Other Unspecified Drugs	12	1.7	5	*

Rate per 100,000 population
**Rate is too small to be displayed*

The counts and rates of unintentional overdose deaths by drug in 2016, broken down by age, are listed in the following table.†

Overdose Deaths By Age						
Drug Category	15-24 years		25-34 years		35-44 years	
	Count	Rate	Count	Rate	Count	Rate
Opiates	21	12.3	89	38.7	71	42.1
Heroin	13	7.6	44	19.1	29	17.2
Fentanyl and Analogues	8	4.7	47	20.4	25	20.7
Benzodiazepines	3	1.8	10	4.3	9	5.3
Cocaine	8	4.7	34	14.8	39	23.1
Alcohol (all types)	1	0.6	13	5.6	6	3.6
Methadone	0	*	3	1.3	4	2.4
Hallucinogens	1	0.6	2	0.9	0	*
Barbiturates	0	*	0	*	0	*
Other Opiates	4	2.3	21	9.1	23	13.6
Other Narcotics	0	*	1	*	1	*
Prescription Opiates	12	7	63	27.4	55	32.6
Other Synthetic Narcotics	8	4.7	46	20	35	20.7
Other Unspecified Drugs	1	0.6	9	3.9	3	1.8

Drug Category	45-54 years		55-64 years		65-74 years	
	Count	Rate	Count	Rate	Count	Rate
Opiates	54	34.3	32	22.1	3	3.4
Heroin	24	15.3	11	7.6	0	*
Fentanyl and Analogues	13	8.3	12	8.3	2	2.3
Benzodiazepines	7	4.5	5	3.4	0	*
Cocaine	25	15.9	18	12.4	4	4.6
Alcohol (all types)	8	5.1	4	2.8	2	2.3
Methadone	1	0.6	6	4.1	0	*
Hallucinogens	1	0.6	0	*	0	*
Barbiturates	0	*	0	*	0	*
Other Opiates	18	11.4	12	8.3	1	1.1
Other Narcotics	5	3.2	0	*	1	1.1
Prescription Opiates	38	24.2	25	17.2	3	3.4
Other Synthetic Narcotics	16	10.2	13	9	1	1.1
Other Unspecified Drugs	2	1.3	1	0.7	1	1.1

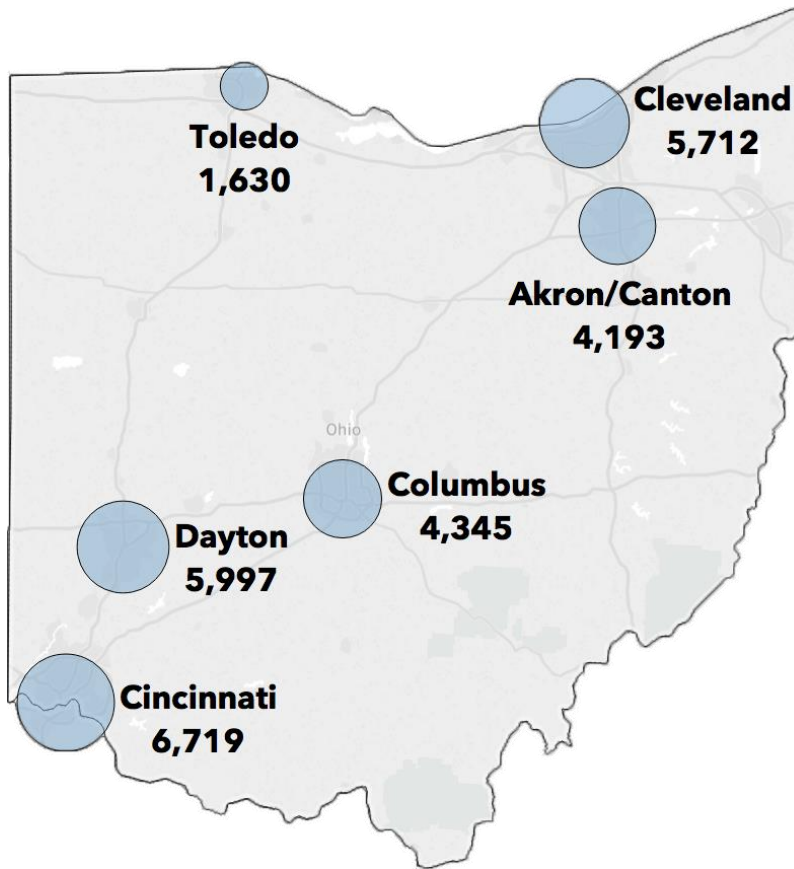
Rate per 100,000 population

*Rate is too small to be displayed; counts unavailable for <15 years and 75+ years

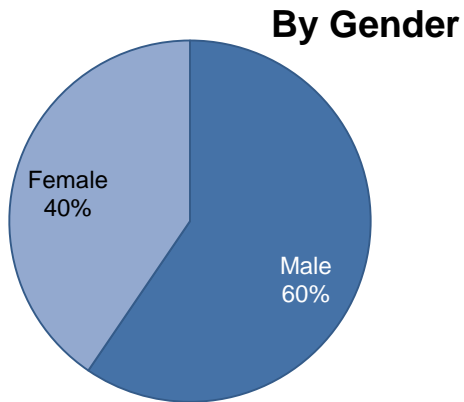
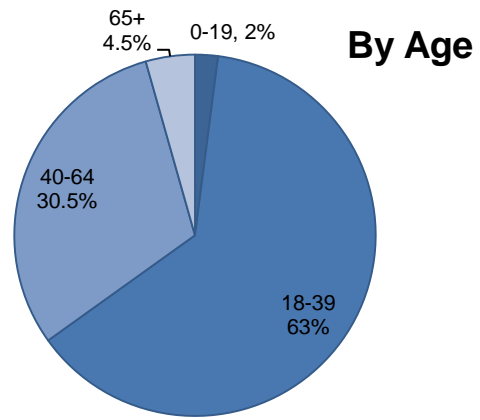
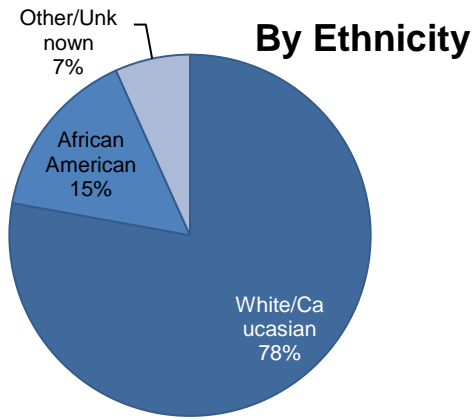
“A Closer Look” References: *Franklin County Coroner’s Office, 2017; †Ohio Department of Health Public Health Data Warehouse, 2016

A Closer Look, Priority #1: Opioid Overdoses

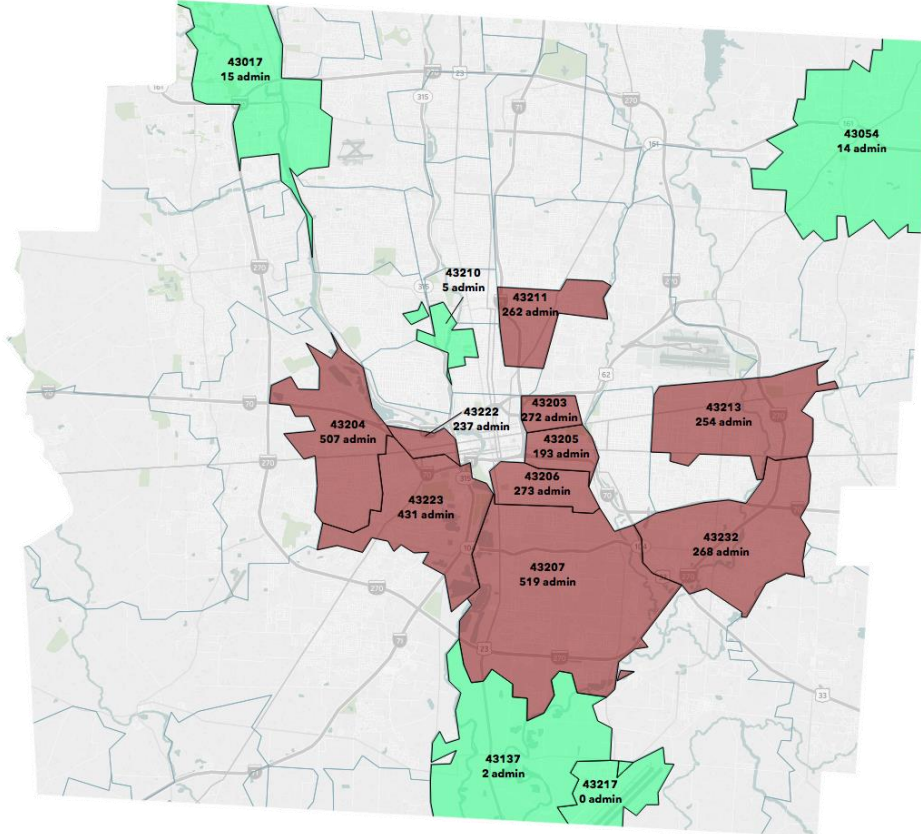
The number of opioid overdoses resulting in an inpatient or outpatient encounter at a hospital in Ohio's metropolitan areas are displayed in the map below. In Columbus, there were 4,345 opioid overdoses recorded at hospitals in 2017.*



The ethnicity, age, and gender breakdowns of opioid overdoses resulting in an inpatient or outpatient encounter are displayed in the figures below.*



Narcan is a medication given to people experiencing an opioid overdose to block the effects of the opioid. The zip codes in Franklin County where the most Narcan administrations occurred in 2017 are highlighted in red in the map below; the zip codes where the fewest Narcan administrations occurred are in green.⁺



The table to the right lists the zip codes with the most Narcan administrations, and how many patients received the treatment, in 2017. In both 43207 and 43204, Narcan was administered over 500 times to over 300 patients.⁺

Zip Codes With Most Narcan Administrations, 2017		
Zip	# Admin	# Patients
43207	519	316
43204	507	306
43223	431	278
43206	273	173
43203	272	165
43232	268	183
43211	262	167
43213	254	168
43222	237	144
43205	193	118

⁺“A Closer Look” References: *Ohio Hospital Association Statewide Database, 2017;
⁺Ohio Emergency Medical Services – Incident Reporting System, 2017

In Franklin County, a higher percentage of residents have used illicit drugs in the past month compared to the last HealthMap.

Illicit Drug Use

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Illicit Drug Use in Past Month ^{10,11}	Not available	11.9%	13.1% ▲	10.5% ▲	10.4% ▲
Illicit Drug Use Other than Marijuana in Past Month ^{11,12}	Not available	4.3%	4.1%	3.1%	3.5%
Illicit drug dependence or abuse (in the past year) ¹²	Not available	4.0%	3.9%	Not available	Not available
Marijuana Use in Past Month ^{11,12}	Not available	9.3%	10.6% ▲	9.1% ▲	8.7% ▲
Marijuana Use in Past Year ^{11,12}	Not available	16.0%	17.8% ▲	14.0% ▲	13.8%
Non-medical use of pain relievers (in the past year) ^{11,12}	Not available	6.1%	5.6%	4.6%	4.5%
Illicit Drug Use Disorder in Past Year ¹¹	Not available	Not available	Not available	2.6%	2.8%

References

- ¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), 2012 (HM2016), 2010 (HM2013)
- ² Ohio Department of Public Safety, Traffic Crash Facts Report (Franklin County and Ohio), 2016 (HM2019), 2013 (HM2016), 2010 (HM2013); National Highway Traffic Safety Administration, Traffic Safety Facts: Alcohol Impaired Driving (United States), 2016 (HM2019), Deaths: 2012, Injuries: 2010 (HM2016)
- ³ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), 2012, 2013 (HM2016), 2010 (HM2013)
- ⁴ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2015 (HM2019), 2013 (HM2016), 2010 (HM2013)
- ⁵ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2015 (HM2019), 2013 (HM2016), 2009 (HM2013)
- ⁶ Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey (Franklin County and Ohio), 2015 (HM2019), 2012 (HM2016); National Survey of Children's Health (United States), 2016 (HM2019); Centers for Disease Control and Prevention High School Youth Risk Behavior Survey (United States), 2013 (HM2016), 2009 (HM2013)
- ⁷ Ohio Department of Health, Vital Statistics (Franklin County and Ohio), 2016 (HM2019), 2012 (HM2016), 2008 (HM2013); Centers for Disease Control and Prevention (CDC) WISQARS Fatal Injury Data (United States), 2016 (HM2019), 2012 (HM2016), 2008 (HM2013)
- ⁸ Ohio Department of Health, Vital Statistics, Ohio Resident Mortality Data (Franklin County and Ohio), 2016 (HM2019), 2013 (HM2016), 2010 (HM2013); National Institute on Drug Abuse, Overdose Death Rates (United States), 2015 (HM2019), 2013 (HM2016)
- ⁹ Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers By County, Ohio, 2017 (HM2019), 2013 (HM2016), 2010 (HM2013)
- ¹⁰ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health (Franklin County), Average of 2011, 2013 & 2014 (HM2019), Average of 2010, 2011 & 2012 (HM2016)
- ¹¹ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health (Ohio and United States), Average of 2015 & 2016 (HM2019), Average of 2013 & 2014 (HM2016); National Survey on Drug Use and Health (United States), 2010 (HM2013)
- ¹² Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health Small Area Estimates (Franklin County), 2012-2014 (HM2019), 2010-2012 (HM2016)

Maternal and Infant Health

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

In Franklin County, 165 infants died before their first birthday in 2016. Overall, the infant mortality rate has

Key Findings – Maternal and Infant Health

The infant mortality rate in Franklin County remained relatively constant since the last *HealthMap*. However, the infant mortality rate among Blacks has increased and remains higher than infant mortality rates among Whites.

On a more positive note, the rates of pregnancies and live births among adolescents in Franklin County have decreased since the last *HealthMap*.

The percentage of mothers who smoke during the third trimester and rates of babies hospitalized due to Neonatal Abstinence Syndrome remain lower than Ohio overall.

remained relatively constant since the last *HealthMap*. However, this rate remains higher than the statewide and national rates.

The infant mortality rate among Blacks has increased since the last *HealthMap* (from 13.7 to 15.2 per 1,000 live births), and remains considerably higher than Whites (5.8 per 1,000 live births).

Infant Mortality Rates¹

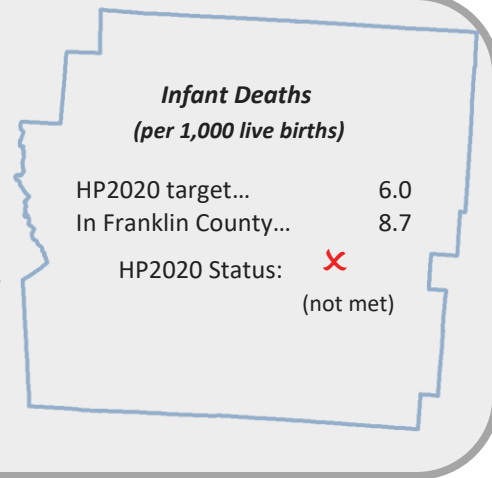
	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Total	8.2	8.3	8.7	7.4	5.9
White	5.0	5.7	5.8	5.8	4.8
Black	16.0	13.7	15.2 ▲	15.2	11.4
Native American	0.0	xx	xx	xx	8.2
Asian / Other Pacific Islander	4.9	xx	xx	xx	3.4
Hispanic	6.2	xx	xx	7.3 ▲	5.2

Rates per 1,000 live births

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 8.7 in 2016 and 8.2 in 2017 (see A Closer Look below).



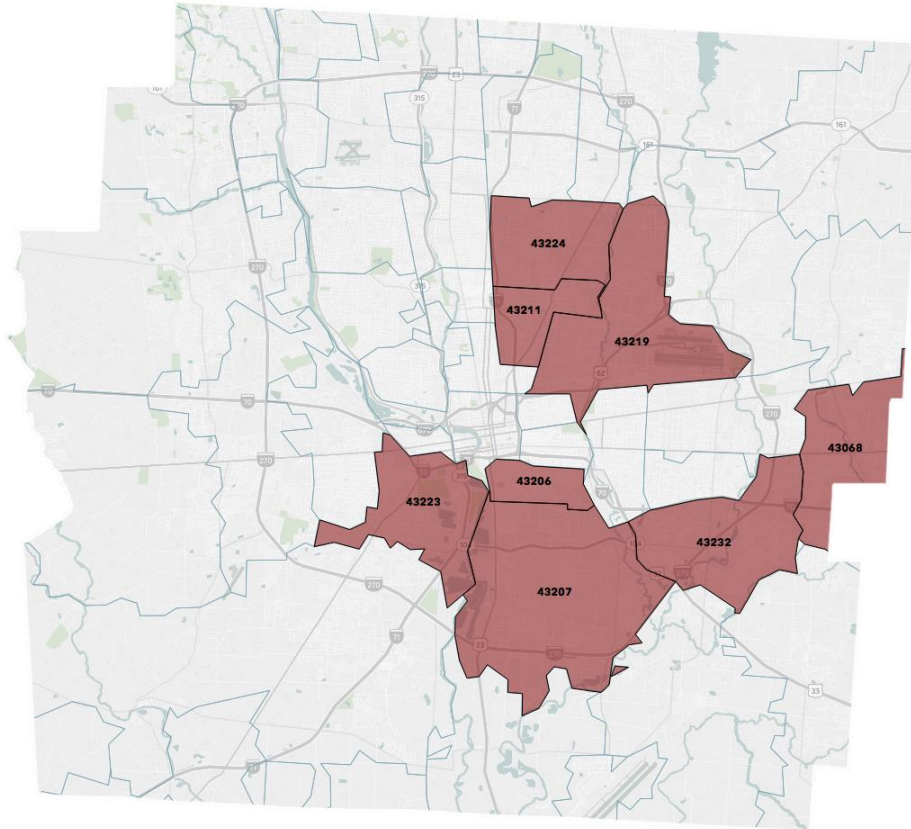
A Closer Look, Priority #3: Infant Mortality

Pre-pregnancy health and pre-term births were the prioritized health needs identified by the steering committee, but infant mortality is an important, related issue. In 2017, there were 18,880 births in Franklin County and 155 infant deaths. Therefore, the infant mortality rate was 8.2 per 1,000 live births, still higher than the Healthy People 2020 Goal of 6.0. Non-Hispanic black infants are 2.7 times more likely to die than non-Hispanic white infants.*

Infant Mortality, 2017	
Rates per 1,000 live births	
Franklin County, overall	8.2
<i>By Ethnicity</i>	
Non-Hispanic White	5.5
Non-Hispanic Black	14.6

Three-quarters of infant deaths occurred before babies were 28 days old. The remaining 25% occurred between 28 days and 1 year old.*

The zip codes with the most infant deaths in Franklin County between 2012-2016 are shaded in red in the map below.†



*“A Closer Look” References: *Office of Epidemiology, Columbus Public Health, CY 2017;
†Office of Epidemiology, Columbus Public Health, 2012-2016*

In Franklin County and Ohio, the rates of live births and estimated pregnancies among adolescents under 18 years old have decreased since the last *HealthMap*. Abortion rates in Franklin County have also decreased.

The percentage of low birth weight babies (i.e., <2,500 grams, or 5.5 pounds) and preterm births have remained relatively constant since the last *HealthMap*.

Maternal and Infant Health

		Franklin County				Ohio	United States		
		HM2013	HM2016	HM2019	HM2019	HM2019			
Adolescent Pregnancies²	17 & under	7.5	4.0	3.1	▼	2.8	▼	5.1	▼
	10-14 years	0.7	0.4	0.2	▼	0.3		0.5	▼
	15-17 years	18.5	10.2	8.0	▼	6.7	▼	15.6	▼
	18-19 years	57.0	31.6	29.1		29.1	▼	60.8	▼
Adolescent Live Births³	17 & under	4.9	2.5	1.9	▼	1.7	▼	4.3	▼
	10-14 years	0.4	0.2	0.1	▼	0.1		0.3	
	15-17 years	12.1	6.3	5.0	▼	4.4	▼	10.9	▼
	18-19 years	37.2	21.8	19.9		20.1	▼	43.8	
Low Birth Weight⁴	Low birth weight babies (<2500 grams)	7.8%	7.2%	7.4%		7.1%		8.1%	
	Very low birth weight babies* (<1500 grams)	1.7%	1.8%	1.9%		1.6%		1.4%	
Abortion⁵	Total induced abortion rate**	13.7	14.0	11.1	▼	8.9		12.1	▼
Preterm Birth Rate⁶	Preterm births (<37 weeks)	11.6%	10.4%	10.7%		10.4%		11.0%	

Rates per 1,000 females in same age group unless otherwise noted

*VLBW babies percentage is contained in the LBW babies percentage above

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

Healthy People 2020 Goal

How does Franklin County match up with national objectives? The *Healthy People 2020* goal is for only 9.4% of all live births to occur before 37 weeks gestation by the year 2020. Currently, Franklin County does not achieve this target, as 10.7% of live births are considered preterm.

Total preterm live births (less than 37 weeks gestation)

HP2020 target...	9.4%
In Franklin County...	10.7%
HP2020 Status:	X (not met)

A Closer Look, Priority #3: Preterm Births

As shown in the table on the previous page, in 2016, 10.7% of live births in Franklin County occurred pre-term, or before 37 weeks completed gestation. In 2017, 10.6% of lives births occurred pre-term, which still does not achieve the Healthy People 2020 goal of 9.4%.*

The percentages of preterm births broken down by age and ethnicity are shown in the following table.†

Preterm births			
By Age		By Ethnicity	
< 15 years	0.0%	Hispanic	10.1%
15-17 years	**	Non-Hispanic	10.6%
18-19 years	14.2%		
20-24 years	11.1%		
25-29 years	10.1%		
30-34 years	9.5%		
35-39 years	11.5%		
40-44 years	16.9%		
45+ years	**		

**Cell values blinded for confidentiality

“A Closer Look” References: *Office of Epidemiology, Columbus Public Health, CY 2017;

†Ohio Department of Health Public Health Data Warehouse, 2017

Preconception and pregnancy health and behavior indicators are listed in the table on the next page. Before becoming pregnant, 4.7% of women in Franklin County had been diagnosed with diabetes and 48.5% were overweight or obese. About half of women in Franklin County and Ohio overall were not taking multi-vitamins, pre-natal vitamins, or folic acid the month before becoming pregnant.

During pregnancy, fewer women in Franklin County smoked cigarettes during their third trimester than Ohio overall (5.0% vs. 12.2%). Also, rates of babies hospitalized with neonatal abstinence syndrome, a result of mothers using drugs during pregnancy, is 12.3 out of every 1,000 live births in Franklin County, a slightly lower rate than Ohio overall (14.7).

In Franklin County, about one-quarter of pregnancies were unintended, meaning these women did not want to get pregnant or wanted to get pregnant at a later time. Finally, the percent of women age 18-44 without health insurance in Franklin County and Ohio has decreased since the last *HealthMap*.

Preconception & Pregnancy Health and Behavior Indicators

	Franklin County			Ohio	
	HM2013	HM2016	HM2019	HM2019	
Health Before Pregnancy⁷	Had Type 1 or Type 2 diabetes	Not available	Not available	4.7%	3.8%
	Had hypertension	Not available	Not available	4.9%	6.0%
	Were overweight or obese	Not available	Not available	48.5%	54.0% ▲
Tobacco Use⁷	Currently smoke	Not available	Not available	11.0%	17.2%
	Smoked cigarettes during 3rd trimester	Not available	Not available	5.0%	12.2% ▼
Alcohol Use⁷	Drank alcohol during 3rd trimester	Not available	Not available	7.4%	6.4%
	Heavy drinker before pregnant (1+ drinks per day)	Not available	Not available	2.1%	2.9%
Folic Acid Deficiency⁷	Percent of births to women who did not take multi-, prenatal, or folic acid vitamins the month before pregnancy	Not available	Not available	49.9%	53.3%
Unintended Pregnancy⁷	Pregnant women who did not want to be pregnant or wanted to be pregnant later	Not available	Not available	24.8%	30.1% ▼
Lack of Health Insurance and Check Ups	Age 18-44 without health insurance ⁸	Not available	16.5%	12.0% ▼	11.1% ▼
	Have not had a health check up in past year ⁷	Not available	Not available	10.9%	6.2%
	Have not had a PAP in the past 3 years ⁹	Not available	15.0%	13.1% ▼	18.1%
Neonatal Abstinence Syndrome (NAS)¹⁰	Rate of NAS hospitalizations out of total live births*	Not available	Not available	12.3	14.7

*Rate out of 1,000 live births

A Closer Look, Priority #3: Health Before Pregnancy

As shown in the table on the previous page, in 2016, 24.8% of pregnant women in Franklin County were experiencing unintended pregnancies, meaning they did not want to be pregnant, or wanted to be pregnant at a later time. The percentages of these women broken down by age and ethnicity are shown in the table below. For example, 30.2% of pregnant women under 24 years old were experiencing an unintended pregnancy.*

Unintended Pregnancy			
By Age		By Ethnicity	
< 24 years	30.2%	White	27.4%
25-34 years	26.5%	Black	22.2%
35+ years	**	Other	19.7%

**Cell value blinded for confidentiality

Some additional data related to health before pregnancy in Franklin County in 2017 include:⁺

- 56.5% of births occurred to women who had inter-pregnancy intervals of at least 24 months
- 1.9% of births occurred with no prenatal care
- 7.1% of pregnant women in Franklin County smoked cigarettes during their 3rd trimester

⁺"A Closer Look" References: *Ohio Department of Health, Ohio Pregnancy Survey, 2016;

*Ohio Better Birth Outcomes, Nationwide Children's Hospital, 2017

References

¹ Ohio Department of Health, Public Health Data Warehouse (Franklin County), 2016 (HM2019); Ohio Department of Health, Infant Mortality Data (Ohio), 2016 (HM2019); National Kids Count Data Center (United States), 2015 (HM2019), 2011 (HM2016), 2010 (HM2013); Ohio Department of Health, Vital Statistics (Franklin County and Ohio), 2012 (HM2016), 2010 (HM2013)

² Ohio Department of Health, Public Health Data Warehouse & 2014 Annual Induced Abortions in Ohio Report (Franklin County and Ohio), 2014 (HM2019); National Vital Statistics Report (United States), 2014 (HM2019); Ohio Department of Health, Office of Vital Statistics (Franklin County and Ohio), 2013 (HM2016); Centers for Disease Control and Prevention, National Center for Health Statistics Data Brief No. 136, 2008 (HM2016, HM2013); Ohio Department of Health, Center for Public Health Statistics and Informatics (Franklin County and Ohio), 2008 (HM2013)

³ Ohio Department of Health, Public Health Data Warehouse (Franklin County and Ohio), 2016 (HM2019); National Vital Statistics Report (United States), 2014 (HM2019), 2013 (HM2016); Ohio Department of Health, Office of Vital Statistics, data analyzed by Columbus Public Health; Ohio Department of Health Public Health Information Warehouse (Franklin County), 2014, (Ohio), 2013 (HM2016); Ohio Department of Health, Center for Public Health Statistics and Informatics (Franklin County and Ohio), 2008 (HM2013); Centers for Disease Control and Prevention, National Center for Health Statistics Data Brief No. 136 (United States), 2008 (HM2013)

⁴ Ohio Department of Health Public Data Warehouse (Franklin County and Ohio), 2014 (HM2019), 2012 (HM2013); Centers for Disease Control and Prevention, Kids Count Data (United States), 2015 (HM2019); Ohio Department of Health Vital Statistics analyzed by Columbus Public Health (Franklin County and Ohio), 2012 (HM2016); National Vital Statistics Report (United States), 2012 (HM2016); Ohio Department of Health, Vital Statistics (Franklin County and Ohio), 2008 (HM2013)

⁵ Ohio Department of Health, Induced Abortions in Ohio (Franklin County and Ohio), 2016 (HM2019), 2012 (HM2016), 2009 (HM2013); Centers for Disease Control Abortion Surveillance Summary (United States), 2014 (HM2019), 2010 (HM2016)

⁶ Ohio Department of Health Public Data Warehouse (Franklin County and Ohio), 2016 (HM2019), 2014 (HM2016); Centers for Disease Control and Prevention, Kids Count Data (United States), 2014 (HM2019), 2012 (HM2016); Ohio Department of Health Vital Statistics data analyzed by Columbus Public Health (Franklin County and Ohio), 2008 (HM2013)

⁷ Ohio Department of Health, Ohio Pregnancy Assessment Survey, 2016 (HM2019)

⁸ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019), 2008-2012 (HM2016)

⁹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), Ohio: 2011-2012, Franklin County: 2012 (HM2016)

¹⁰ Ohio Hospital Association, 2017 (HM2019)

Mental and Social Health

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

Key Findings – Mental and Social Health

The mental and social health of Franklin County residents has improved according to some indicators. For example, rates of depression have decreased.

According to other indicators, the mental and social health of Franklin County residents has declined. Since the last *HealthMap*:

- Domestic violence incidents have increased among Franklin County adults
- Reports of elder abuse have increased

Almost 22% of Franklin County adult residents have been told they have a form of depression. While this rate is higher than statewide, rates of depression have been decreasing in Franklin County and Ohio.

The homicide rate (8.0 per 1,000) is similar to the previous *HealthMap* (8.7), though still higher than the statewide rate (5.9). The suicide rate is also comparable to the last *HealthMap*. Neither the suicide rate nor the homicide rate meets the Healthy People 2020 objectives.

Regarding domestic violence, the number of incidents in Franklin County increased since the last *HealthMap*, while the percentage of all people involved in domestic violence incidents who were injured has decreased.

The decrease in the rate of psychiatric admissions since the last *HealthMap* should be interpreted with caution. Beds at freestanding psychiatric hospitals have recently increased in Franklin County, and admissions to these types of hospitals are not included in the data. General hospitals dedicate 112 beds to psychiatric admissions, while psychiatric hospitals now have over 400 beds. If admissions to these hospitals were included, the rate of 35.7 would likely be higher.

Mental and Social Health

		Franklin County			Ohio	United States
		HM2013	HM2016	HM2019	HM2019	HM2019
Prevalence of Depression¹	Have ever been told have a form of depression	Not available	25.2%	21.8% ▼	17.4% ▼	17.4%
Suicide Deaths²	Suicides*	12.4	11.6	12.3	13.5	13.3
Hospitalizations³	Assault / Alleged abuse** (intentional)	Not available	Not available	87.2	Not available	Not available
	Attempted suicide** (injury hospitalization and self-inflicted)	Not available	Not available	4.8	Not available	Not available
Psychiatric Admissions⁴	Psychiatric admissions***	44.6	49.1	35.7 ▼	37.2 ▼	Not available
Homicides⁵	Homicides*	8.7	8.7	8.0	5.9	5.4
Domestic Violence⁶	Domestic violence incidents	9,011	10,138	11,224 ▲	76,416 ▲	1,109,610 ▼
	Domestic violence victims	5,886	7,247	6,781	67,201 ▲	630,720
	Victims with injury****	55.6%	53.5%	43.3% ▼	41.2%	Not available

*Age adjusted rate per 100,000 population

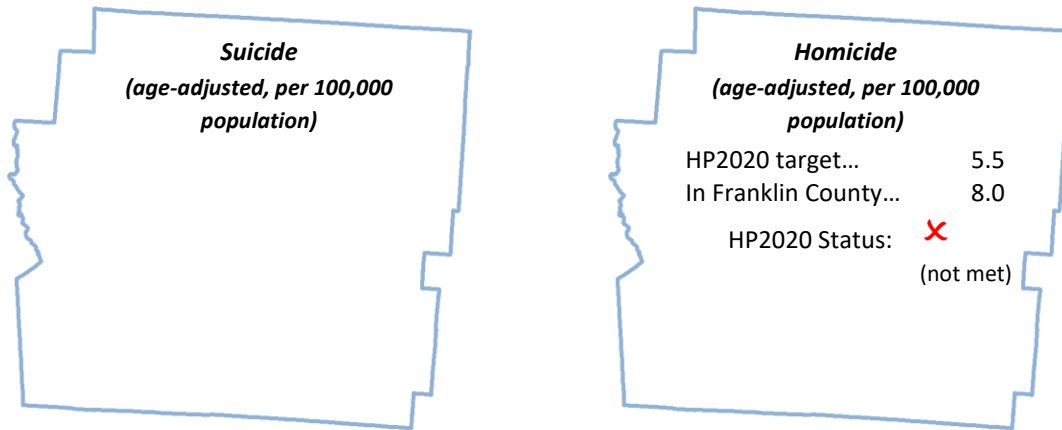
**Rate per 100,000 population

***Rate per 1,000 population; data do not include admissions to freestanding psychiatric hospitals

**** 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 is similar to the last *HealthMap*, but the types of abuse have shifted somewhat. Physical abuse cases make up a larger percentage of cases (42%, compared to 35%), while a smaller percentage are considered neglect, sexual abuse, or include multiple allegations of abuse or neglect.

Child Abuse Cases⁷

	Franklin County				Ohio	United States
	HM2013	HM2016	HM2019		HM2019	HM2019
Number of cases	12,883	13,353	13,580		97,602	1,897,196
Percent of cases	Physical abuse	24.4%	35.0%	42.0% ▲	30.0% ▲	18.2%
	Neglect	23.9%	22.0%	19.0% ▼	26.0% ▼	74.8%
	Sexual abuse	10.9%	11.0%	9.0% ▼	9.0% ▼	8.5%
	Emotional maltreatment	0.4%	1.0%	1.0%	1.0% ▼	5.6% ▼
	Multiple allegations of abuse / neglect	Not available	12.0%	10.0% ▼	14.0% ▲	Not available
	Family in need of services, dependency, & other	40.4%	19.0%	19.0%	19.0%	6.9% ▼

As shown in the table below, reports of abuse, neglect and exploitation of adults age 60 and older in non-protective settings such as homes and apartments have increased in Franklin County since the last *HealthMap*.

Elder Abuse⁸

	Franklin County			
	HM2013	HM2016	HM2019	
Number of reports of abuse, neglect, and exploitation of individuals age 60+, in non-protective settings (i.e., independent living environments such as homes and apartments)	Not available	1,258	1,635	▲

In addition to these reports, the Ohio Office of the Long-Term Care Ombudsman investigated 11,846 complaints about abuse, neglect and exploitation in long-term care facilities in 2016, an increase from the 10,256 complaints investigated in 2013.⁹ Note these complaints are not limited to seniors, and may not include additional complaints investigated by the Ohio Department of Health Abuse, Neglect and Exploitation Investigation Unit or the Ohio Attorney General’s Health Care Unit.

The suicide rate among youths age 15-24 is 12.8, a slightly higher number than Ohio overall, but similar to the national rate.

Mental and Social Health – Youth

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Suicide deaths age 15-24 ¹⁰	Not available	Not available	12.8	10.7	13.4 ▲
Children currently in foster care ¹¹	Not available	13.2	13.7	9.3 ▲	5.8

*Suicide rate per 100,000 population; Ohio & U.S. are crude rates
Children in foster care rate per 1,000 population age 18 and under*

References

- ¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), 2012-2013 (HM2016)
- ² Ohio Violent Death Reporting System Annual Report (Franklin County and Ohio), 2015 (HM2019); Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS) (United States), 2015 (HM2019); Ohio Department of Health Vital Statistics, data analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016); Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database (Ohio and United States), 1999-2012 (HM2016); Ohio Department of Health, Vital Statistics, (Franklin County and Ohio), 2006-2008 (HM2013)
- ³ Central Ohio Trauma System, 2017 (HM2019)
- ⁴ Ohio Hospital Association, 2017 (HM2019), 2013 (HM2016), 2009 (HM2013)
- ⁵ Office of Criminal Justice Services, Crime by County Statistics (Franklin County and Ohio), 2014 (HM2019); Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database (United States), 1999-2016 (HM2019); Ohio Department of Health Vital Statistics, data analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016); Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database (Ohio and United States), 1999-2012 (HM2016); Ohio Department of Health Vital Statistics, 2006-2008 (HM2013)
- ⁶ Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Report (Franklin County and Ohio), 2017 (HM2019), 2013 (HM2016), 2010 (HM2013); U.S. Department of Justice Bureau of Justice Statistics Crime Victimization Bulletin (United States), 2016 (HM2019)
- ⁷ Public Children Services Association of Ohio Factbook (Franklin County and Ohio), 2016 (HM2019); U.S. Department of HHS Child Maltreatment Report (United States), 2016 (HM2019), 2012 (HM2016); Ohio Department of Job and Family Services, SACWIS/FACSIS data (Franklin County and Ohio), 2011 (HM2016); Public Children Services Association of Ohio, 2009-2010 PCSAO Factbook (Franklin County and Ohio), 2007 (HM2013)
- ⁸ Ohio Office of Aging, 2016 (HM2019), 2013 (HM2016)
- ⁹ Ohio Office of the Long-Term Care Ombudsman, 2016 (HM2019), 2013 (HM2016)
- ¹⁰ Ohio Department of Health, Youth Suicide in Ohio (Franklin County and Ohio), 2012-2014 (HM2019); Centers for Disease Control, WISQARS (United States), 2016 (HM2019), (Ohio and United States), 2013 (HM2016), 2010 (HM2013)
- ¹¹ Ohio Department of Job and Family Services data request (Franklin County and Ohio), 2016 (HM2019), 2012 (HM2016); National Data Archive on Child Abuse and Neglect, Child trends analysis from the Adoption and Foster Care Analysis and Reporting System (AFCARS) (United States), 2015 (HM2019), 2012 (HM2016)

Death, Illness, and Injury

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

Key Findings – Death, Illness, and Injury

Several measures indicate Franklin County residents' health has remained the same or improved since the last *HealthMap*.

From *HealthMap2016* to *HealthMap2019*, a similar amount of people:

- Rate their health as “fair” or “poor”
- Are overweight or obese
- Have been diagnosed with high blood pressure, high cholesterol, or arthritis
- Have died from lung, breast, and prostate cancers

Fewer adults have been diagnosed with diabetes or asthma, and rates of death from lung cancer have decreased.

The most common reasons Franklin County residents visit emergency departments include respiratory infections and chest pain.

Regarding Franklin County residents' overall health, about 16% consider their health to be “fair” or “poor,” slightly lower than the state overall, but on par with the United States as a whole.

Perceptions on Health Status¹

	Franklin County			Ohio	United States	
	HM2013	HM2016	HM2019	HM2019	HM2019	
How is your general health?	Excellent, very good, or good	84.5%	83.0%	83.8%	82.0%	83.8%
	Fair or poor	15.5%	17.0%	16.2%	18.0%	16.7%

Turning to mortality rates overall, lung cancer is the leading causes of death in Franklin County, though the mortality rate has decreased since the last *HealthMap*. The next most common causes of death are heart disease and dementia. While death rates from dementia have decreased, this trend should be interpreted with caution. According to the National Center for Health Statistics, the ICD-10 code for dementia is discouraged from being entered on death certificates in favor of a more useful description.²

Mortality – Leading Causes in Adults (ages 15+)³

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Bronchus or Lung Cancer	69.1	64.3	57.7 ▼	60.0	48.1 ▼
Coronary Artery Disease	63.5	53.7	53.1	59.4 ▼	53.2
Dementia	56.6	62.2	51.1 ▼	42.4 ▼	33.3 ▼
Chronic Obstructive Pulmonary Disease (COPD)	49.0	43.0	46.5	46.1	38.7
Alzheimer's	35.8	32.3	41.2 ▲	41.2 ▲	37.6 ▲

Age adjusted rates per 100,000

Among Franklin County males, heart disease and lung cancer are the most common causes of death. Death rates from COPD have increased while death rates from heart attacks and dementia have decreased since the last *HealthMap*.

Among Franklin County females, dementia is the most common cause of death, followed by lung cancer. Mortality rates associated with dementia have decreased, while mortality rates from Alzheimer’s have increased, as they have statewide and nationally.

Mortality – Leading Causes by Gender³

	Franklin County			Ohio	United States	
	HM2013	HM2016	HM2019	HM2019	HM2019	
Males	Coronary Artery Disease	73.5	58.9	58.9	63.5 ▼	56.6
	Bronchus or Lung Cancer	67.2	59.7	55.5	58.6	46.0 ▼
	Chronic Obstructive Pulmonary Disease (COPD)	44.2	33.6	40.8 ▲	39.9	33.6
	Heart Attack	49.3	40.2	32.4 ▼	41.6 ▼	37.2 ▼
	Dementia	36.9	43.1	31.9 ▼	29.3 ▼	22.4 ▼
Females	Dementia	48.0	51.7	44.6 ▼	35.6 ▼	28.3 ▼
	Bronchus or Lung Cancer	44.2	43.4	37.9 ▼	38.4	31.4 ▼
	Alzheimer's	30.6	27.7	35.5 ▲	36.1 ▲	33.0 ▲
	Chronic Obstructive Pulmonary Disease (COPD)	35.3	34.0	33.3	33.6	28.1
	Coronary Artery Disease	34.0	31.2	29.5	34.5 ▼	30.7 ▼

Age adjusted rates per 100,000

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

The mortality rate of youth ages 1-14 is 24.6, meaning about 25 children died per 100,000 in the population.

Youth Mortality Ages 1-14⁴

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Total Deaths, Ages 1-14	16.9	Not available	24.6	18.4	16.7

Rate per 100,000 population

Turning to mortality rates of cancer specifically, lung cancer is the most deadly cancer in Franklin County. Breast and prostate cancers have the next highest mortality rates, followed by colon and rectum cancer and pancreatic cancer.

Cancer Mortality Rates – Top Cancers⁵

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Lung and Bronchus*	62.0	52.3	51.1	48.9 ▼	44.7
Breast (Female)	28.4	24.2	24.3	22.7	21.2
Prostate	27.5	Not available	20.0	19.0 ▲	20.1 ▲
Colon and Rectum**	17.6	16.2	15.2	15.1 ▼	14.8
Pancreas	12.2	11.1	11.2	12.1	10.9

Age adjusted rates per 100,000

*Lung and Bronchus also included cancer of the trachea in 2013 and 2016, so interpretations of change should be made with caution

**Colon and Rectum also included cancer of the anus in 2013 and 2016, so interpretations of change should be made with caution

Lung cancer is the most deadly among both Franklin County males and females. Males are next most likely to die from prostate or colon and rectum cancer. Breast cancer is the next most deadly cancer among females.

Cancer Mortality Rates by Gender⁵

	Franklin County			Ohio	United States	
	HM2013	HM2016	HM2019	HM2019	HM2019	
Males	Lung*	64.1	Not available	57.7	61.0 □	55.9
	Prostate	18.9	Not available	21.3	19.0	20.1
	Colon and Rectum**	20.9	Not available	18.1	17.8 ▼	17.7
	Pancreas	14.3	Not available	13.0	13.4	12.6
Females	Lung*	43.8	Not available	42.1	39.8	36.3
	Breast	24.2	Not available	24.9	22.7	21.2
	Colon and Rectum**	12.8	Not available	13.0	13.0	12.4
	Ovary	7.7	Not available	Not available	6.6 ▼	7.4

Age adjusted rates per 100,000

*For Franklin County, this category included cancers of the bronchus and trachea in 2013. For Ohio & U.S., this category included cancers of the trachea and bronchus in 2016, and cancer of the bronchus in 2019. Thus, interpretations of change should be made with caution.

**This category included cancer of the anus in 2013 for Franklin County and in 2016 for Ohio & U.S. Thus, interpretations of change should be made with caution.

Breast, lung, and prostate cancer have the highest incidence rates in Franklin County, but incidence rates of prostate and colon and rectum cancer have decreased since the last *HealthMap*.

Cancer Incidence Rates – Top Cancers⁶

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Breast (females)	Not available	127.3	128.4	127.9	124.9
Lung & Bronchus	Not available	75.9	69.2	67.2	55.8
Prostate (males)	Not available	163.5	125.2 ▼	99.2 ▼	119.8 ▼
Colon & Rectum	Not available	44.7	38.9 ▼	42.3	40.1 ▼
Melanoma of the Skin	Not available	20.2	19.7	25.4 ▲	22.3

Age adjusted rates per 100,000

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

Prostate cancer is the most commonly diagnosed cancer among men, though incidence rates are decreasing in Franklin County, in Ohio, and across the United States. Breast cancer is the most common cancer among women. Lung and bronchus cancer has the next highest incidence rate for both genders.

Cancer Incidence Rates by Gender⁶

	Franklin County			Ohio	United States	
	HM2013	HM2016	HM2019	HM2019	HM2019	
Males	Prostate	Not available	163.5	125.2 ▼	99.2 ▼	119.8 ▼
	Lung & Bronchus	Not available	93.5	87.5	78.5 ▼	65.7 ▼
	Colon & Rectum	Not available	52.8	45.8 ▼	48.2 ▼	46.0 ▼
	Bladder	Not available	35.8	33.3	37.5	34.9
	Melanoma of the Skin	Not available	22.3	25.6 ▲	29.8 ▲	29.2
Females	Breast	Not available	127.3	128.4	127.9	124.9
	Lung & Bronchus	Not available	63.8	59.4	58.9	48.4
	Colon & Rectum	Not available	38.8	36.3	37.6	35.1 ▼
	Thyroid	Not available	21.2	19.6	22.4 ▲	21.0 ▲
	Melanoma of the Skin	Not available	Not available	17.6 □	22.7 □	17.3

Age adjusted rates per 100,000

In an attempt to diagnose cancer in its early stages, adults often undergo routine cancer screenings. To screen for cervical cancer, 86.9% of women age 21-65 have had a pap test within the past three years, and to screen for

breast cancer, 75.4% of Franklin County women have recently had a mammogram. In addition, 64.9% of adults between the ages of 50 and 75 have had a colonoscopy in the past 10 years.

Cancer Screenings⁷

		Franklin County			Ohio	United States
		HM2013	HM2016	HM2019	HM2019	HM2019
Cervical Cancer Screening	Pap smear: Women aged 21-65 who have had a pap test within past 3 years	Not available	84.9%	86.9%	81.9%	79.8%
Colorectal Cancer Screening (Ages 50+)	Blood stool test: Adults aged 50+ who have had test within past 2 years	17.1%	9.3%	Not available	Not available	Not available
	Blood stool test: Adults aged 50-75 who have had test within past year	Not available	4.8%	7.1% ▲	8.1%	8.0%
	Colonoscopy: Adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy	66.2%	69.7%	Not available	Not available	Not available
	Colonoscopy: Adults aged 50-75 who have had a colonoscopy in past 10 years	Not available	63.2%	64.9%	63.6%	63.5%
Breast Cancer Screening	Mammography: Women aged 40+ who have had a mammogram within the past 2 years	75.8%	82.4%	75.4%	73.7%	72.5%

Regarding diagnoses of other diseases, the percentage of adults diagnosed with high blood pressure, high cholesterol, and arthritis have remained relatively constant since the last *HealthMap*. The percentages of adults diagnosed with diabetes and asthma have decreased since the last *HealthMap*. A higher percentage of children have been diagnosed with asthma (15.8% compared to 11.8%).

Diagnoses

		Franklin County			Ohio	United States
		HM2013	HM2016	HM2019	HM2019	HM2019
Diabetes¹	Ever been told by a doctor that you have diabetes	9.8%	10.0%	8.9% ▼	12.0%	11.3% ▲
High Blood Pressure⁸	Ever been told they have high blood pressure	28.5%	31.3%	31.0%	34.3%	30.9%
High Blood Cholesterol⁸	Had blood cholesterol checked and told it was high	38.6%	39.7%	38.1%	36.7%	36.3%
	Had blood cholesterol checked within the last 5 years	76.1%	76.7%	78.2%	77.9%	77.7%
Arthritis⁹	Been told they have arthritis	26.7%	26.0%	23.7%	30.5%	25.8%
Asthma	Adults told they currently have asthma ¹	10.5%	15.8%	14.2% ▼	9.7%	9.3%
	Youth diagnosed with asthma ¹⁰	16.5%	11.8%	15.8% ▲	14.2% □	22.8%

The following tables present data related to emergency department visits to the four major health systems in Central Ohio. In Franklin County, the rates of trips to the emergency department for mental health issues, asthma, and diabetes are higher than statewide rates.

Emergency Department Visits For Selected Health Issues¹¹

	Franklin County			Ohio
	HM2013	HM2016	HM2019	HM2019
Mental health	Not available	Not available	165.7	148.9
Asthma	Not available	Not available	50.7	35.5
Diabetes	Not available	Not available	50.7	44.9
Cardiovascular disease	Not available	Not available	29.2	29.3
Dental care	Not available	Not available	8.3	9.8
Influenza	Not available	Not available	6.3	5.0
Hepatitis C	Not available	Not available	2.7	1.9
HIV	Not available	Not available	2.5	1.1
Alzheimer's	Not available	Not available	0.9	1.0
Sepsis	Not available	Not available	0.7	0.7
Stroke	Not available	Not available	0.4	1.0
Hepatitis B	Not available	Not available	0.4	0.2
Gonorrhea	Not available	Not available	0.2	0.1
Chlamydia	Not available	Not available	0.1	0.1
Syphilis	Not available	Not available	0.1	0.04
Pertussis	Not available	Not available	0.04	0.02

Rate per 1,000 population

Categories may be a combination of more than one ICD-10 code

Death, Illness, and Injury, continued

When patients visit an emergency room in Franklin County they can be treated and released or admitted to the hospital. The table below shows the top diagnoses among patients who are treated and released. Each diagnosis includes the ICD-10 code and description.

Acute upper respiratory infections and unspecified chest pains are the most common causes of these emergency department visits, followed by abdominal pain, headache, and other types of chest pain.

Leading Causes of Emergency Department Admissions¹¹

	Franklin County			Ohio
	HM2013	HM2016	HM2019	HM2019
Acute Upper Respiratory Infection (J06.9; infection affecting the upper respiratory tract)	Not available	Not available	21.4	14.8
Chest Pain Unspecified (R07.9; chest pain)	Not available	Not available	11.6	10.6
Unspecified Abdominal Pain (R10.9; pain in the abdominal region)	Not available	Not available	9.8	7.9
Headache (R51)	Not available	Not available	9.8	7.8
Other Chest Pain (R07.89; chest pain not classified elsewhere)	Not available	Not available	9.5	10.8
Streptococcal Pharyngitis (J02.0; infection of the throat)	Not available	Not available	8.1	4.7
Urinary Tract Infection Site Not Specified (N39.0; infection affecting any part of the urinary tract)	Not available	Not available	7.5	8.9
Acute Pharyngitis Unspecified (J02.9; throat inflammation)	Not available	Not available	7.2	7.4
Low Back Pain (M54.5; acute or chronic pain in lower back)	Not available	Not available	6.9	6.1
Viral Infection Unspecified (B34.9; a disease produced by a virus)	Not available	Not available	5.7	4.8

Rate per 1,000 population

The table below shows the top diagnoses among emergency department patients who are eventually admitted to the hospital. Sepsis is the most common cause of these hospital admissions, followed by acute kidney failure, and hypertensive heart and chronic kidney disease.

Leading Causes of Hospital Admissions From Emergency Department¹¹

	Franklin County			Ohio
	HM2013	HM2016	HM2019	HM2019
Sepsis Unspecified Organism (A41.9; bacteria or toxins in the blood causing a rapidly progressing systemic reaction)	Not available	Not available	4.2	4.5
Kidney Failure Unspecified (N17.9; acute loss of kidney function)	Not available	Not available	1.4	1.7
Hypertensive Heart and Chronic Kidney Disease With Heart Failure and Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Kidney Disease (I13.0)	Not available	Not available	1.4	1.6
Hypertensive Heart Disease With Heart Failure (I11.0)	Not available	Not available	1.2	1.3
Chronic Obstructive Pulmonary Disease With Acute Exacerbation (J44.1; acute flare-up of COPD)	Not available	Not available	1.1	1.8
Non-ST Elevation Myocardial Infarction (I21.4; heart attack without observable q wave abnormalities)	Not available	Not available	1.0	1.3
Acute and Chronic Respiratory Failure With Hypoxia (J96.21; respiratory failure without enough oxygen in blood)	Not available	Not available	0.8	0.8
Pneumonia Unspecified Organism (J18.9; inflammation of the lung usually caused by an infection)	Not available	Not available	0.7	1.4
Cerebral Infarction Unspecified (I63.9; stroke)	Not available	Not available	0.7	0.7
Urinary Tract Infection Site Not Specified (N39.0; infection affecting any part of the urinary tract)	Not available	Not available	0.7	1.0

Rate per 1,000 population

The table below shows the top diagnoses among youth patients who are treated and released. Acute upper respiratory infections are the most common causes of these emergency department visits, followed by strep throat, other types of throat infections, fever, and viral infection.

Leading Causes of Emergency Department Admissions: Youth Age 0-18¹¹

	Franklin County			Ohio
	HM2013	HM2016	HM2019	HM2019
Acute Upper Respiratory Infection (J06.9; infection affecting the upper respiratory tract)	Not available	Not available	64.6	39.7
Streptococcal Pharyngitis (J02.0; infection of the throat)	Not available	Not available	26.1	15.1
Acute Pharyngitis Unspecified (J02.9; throat inflammation)	Not available	Not available	18.2	15.5
Fever Unspecified (R50.9; higher than normal body temperature)	Not available	Not available	17.8	13.5
Viral Infection Unspecified (B34.9; a disease produced by a virus)	Not available	Not available	17.6	12.7
Otitis Media Unspecified Right Ear (H66.91; ear infection in the middle ear area)	Not available	Not available	13.0	8.3
Cough (R05)	Not available	Not available	12.3	7.0
Otitis Media Unspecified Left Ear (H66.92; ear infection in the middle ear area)	Not available	Not available	11.7	7.5
Acute Obstructive Laryngitis Croup (J05.0; inflammation in the larynx and barking cough)	Not available	Not available	11.5	8.1
Vomiting Unspecified (R11.10; ejecting the stomach contents through the mouth)	Not available	Not available	9.8	6.6

Rate per 1,000 population

The table below shows the top diagnoses among youth emergency department patients who are eventually admitted to the hospital. Acute bronchiolitis due to RSV, or a respiratory infection caused by a virus, is the most common cause of hospital admission among youth. Other causes include types of major depression, other respiratory infections, pneumonia, and complications from type 1 diabetes.

Leading Causes of Hospital Admissions From Emergency Department: Youth Ages 0-18¹¹

	Franklin County			Ohio
	HM2013	HM2016	HM2019	HM2019
Acute Bronchiolitis Due To RSV (J21.0; respiratory infection caused by respiratory syncytial virus)	Not available	Not available	1.3	0.6
Major Depression Disorder, Recurrent Severe Without Psychotic Features (F33.2; major depression that is severe and recurring with no psychotic symptoms)	Not available	Not available	0.5	0.4
Acute Bronchiolitis Due To Other Specified Organisms (J21.8; respiratory infection)	Not available	Not available	0.4	0.2
Type 1 Diabetes Mellitus With Ketoacidosis Without Coma (E10.10; type 1 diabetes when the body produces high levels of blood acids)	Not available	Not available	0.3	0.3
Dehydration (E86.0; loss of too much water from the body)	Not available	Not available	0.2	0.3
Pneumonia Unspecified Organism (J18.9; inflammation of the lung usually caused by an infection)	Not available	Not available	0.2	0.3
Major Depressive Disorder, Single Episode, Unspecified (F32.9; single episode of major depression)	Not available	Not available	0.2	0.5
Acute Bronchiolitis Unspecified (J21.9 - respiratory infection)	Not available	Not available	0.2	0.3
Unspecified Bacterial Pneumonia (J15.9; inflammation of the lung caused by bacterial infections)	Not available	Not available	0.2	Not available
Major Depressive Disorder, Single Episode, Severe Without Psychotic Features (F32.2; major depressive episode that is severe with no psychotic symptoms)	Not available	Not available	0.2	0.2

Rate per 1,000 population

The next several tables present data about injuries. In 2016, 8,390 injured patients were admitted to the hospital or transferred in or out of the emergency department for further evaluation in Franklin County. The table below lists the different categories of causes of injury.

Trauma Patients – Mechanism of Injury¹²

	Franklin County		
	HM2013	HM2016	HM2019
Total Patients	Not available	Not available	6.6
Falls	Not available	Not available	331.6
Motor Vehicle Traffic	Not available	Not available	123.7
Struck By or Against	Not available	Not available	65.7
Firearm	Not available	Not available	29.3
Motor Vehicle, Non-Traffic	Not available	Not available	27.8
Fire/Hot Object	Not available	Not available	16.0
Cut/Pierce	Not available	Not available	15.7
Natural/Environment	Not available	Not available	9.8
Other Specified - Classifiable	Not available	Not available	8.3
Pedal Cyclist, Other (Non-MVC)	Not available	Not available	7.8
Overexertion	Not available	Not available	7.7
Pedestrian, Other (Non-MVC)	Not available	Not available	7.3
Other Land Transport	Not available	Not available	4.8
Unspecified/Other	Not available	Not available	2.8
Other Specified - NEC	Not available	Not available	2.6
Machinery	Not available	Not available	2.5

Rate per 1,000 population

Presented another way, of the 8,390 trauma patients hospitalized for injury in 2016, 50% experienced falls, and 18.6% were involved in motor vehicle crashes.

Trauma Patients – Percent of Total Trauma Patients¹²

	Franklin County		
	HM2013	HM2016	HM2019
Falls	Not available	50.3%	50.0%
Motor Vehicle Traffic Crashes	Not available	20.1%	18.6%
Struck By or Against	Not available	9.3%	9.9%
Firearm Related Injuries	Not available	5.4%	4.4% ▼
Motor Vehicle, Non-Traffic	Not available	Not available	4.2%

Franklin County residents die from motor vehicle traffic injuries at the same rate as in the last *HealthMap*, a rate slightly lower than the statewide and national rates.

Motor Vehicle Traffic Injury Mortality¹³

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Total	9.0	9.0	8.7*	11.1	12.2

Rate per 100,000 population
*Crude rate

As shown on the next page, in Franklin County, the elderly are most likely to suffer injury and visit a hospital due to a fall. Young adults between the ages of 18 and 24 visit hospitals due to injuries from motor vehicle traffic and non-traffic injuries, being struck, or firearms a higher rate than any other age group.

Top Five Mechanisms of Injury by Age¹²

		Franklin County		
		HM2013	HM2016	HM2019
Falls	0-17 years	Not available	134.7	141.3
	18-24 years	Not available	77.5	84.6
	25-44 years	Not available	134.1	128.3
	45-64 years	Not available	322.6	354.5
	65 years +	Not available	1,595.3	1,460.0
Motor Vehicle, Traffic Injuries	0-17 years	Not available	Not available	37.3
	18-24 years	Not available	Not available	215.1
	25-44 years	Not available	Not available	148.6
	45-64 years	Not available	Not available	131.0
	65 years +	Not available	Not available	139.6
Struck By or Against	0-17 years	Not available	Not available	28.5
	18-24 years	Not available	Not available	118.4
	25-44 years	Not available	Not available	86.3
	45-64 years	Not available	Not available	68.6
	65 years +	Not available	Not available	34.2

Rate per 100,000 population

Top Five Mechanisms of Injury by Age, Continued¹²

		Franklin County		
		HM2013	HM2016	HM2019
Firearm	0-17 years	Not available	Not available	17.8
	18-24 years	Not available	Not available	107.2
	25-44 years	Not available	Not available	36.2
	45-64 years	Not available	Not available	10.6
	65 years +	Not available	Not available	5.6
Motor Vehicle, Non-Traffic Injuries	0-17 years	Not available	Not available	8.7
	18-24 years	Not available	Not available	62.8
	25-44 years	Not available	Not available	34.7
	45-64 years	Not available	Not available	26.9
	65 years +	Not available	Not available	20.2

Rate per 100,000 population

Examining elderly patients and falls specifically, Franklin County residents age 65 and older are hospitalized because of a fall at the rate slightly lower than the national rate.

Elderly Patients (65+) Hospitalized By Fall^{12,14}

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Elderly Patients Hospitalized by Fall	Not available	16.0	14.6	Not available	17.6 ▲

Rate per 1,000 population

Females are more likely to visit the hospital due to an injury from falling compared to males. However, males are more likely to visit the hospital due to motor vehicle traffic and non-traffic incidents, being struck, or firearms.

Top Five Mechanisms of Injury by Gender¹²

		Franklin County		
		HM2013	HM2016	HM2019
Falls	Male	Not available	301.6	312.6
	Female	Not available	348.3	349.7
Motor Vehicle, Traffic Injuries	Male	Not available	Not available	142.1
	Female	Not available	Not available	106.1
Struck By or Against	Male	Not available	Not available	101.3
	Female	Not available	Not available	31.8
Firearm	Male	Not available	Not available	53.0
	Female	Not available	Not available	6.6
Motor Vehicle, Non-Traffic Injuries	Male	Not available	Not available	33.5
	Female	Not available	Not available	22.4

Rate per 100,000 population

In Franklin County, White residents are more likely to visit the hospital due to an injury from falling compared to Black residents. However, Blacks are more likely to visit the hospital due to motor vehicle traffic and non-traffic incidents, being struck, or firearms.

Top Five Mechanisms of Injury by Race¹²

		Franklin County		
		HM2013	HM2016	HM2019
Falls	White	Not available	389.6	404.8
	Black	Not available	233.7	264.8 ▲
	Other / Unknown	Not available	141.7	148.6
Motor Vehicle, Traffic Injuries	White	Not available	Not available	109.6
	Black	Not available	Not available	216.3
	Other / Unknown	Not available	Not available	68.2
Struck By or Against	White	Not available	Not available	56.1 □
	Black	Not available	Not available	125.0
	Other / Unknown	Not available	Not available	30.8 □
Firearm	White	Not available	Not available	9.5 □
	Black	Not available	Not available	105.3
	Other / Unknown	Not available	Not available	9.7
Motor Vehicle, Non-Traffic Injuries	White	Not available	Not available	24.4
	Black	Not available	Not available	49.2
	Other / Unknown	Not available	Not available	15.7

Rate per 100,000 population

Men in Franklin County are much more likely to be hospitalized as a result of an injury sustained while at work.

Hospitalization From Work-Related Injuries¹²

		Franklin County		
		HM2013	HM2016	HM2019
	Total	Not Available	Not available	16.1
Hospitalization Due to Work- Related Injuries	Females	Not available	Not available	19.2%
	Males	Not Available	Not available	80.8%

Rate per 100,000 population

Considering all types of injuries and unintentional injuries specifically, those age 0-17 years old are least likely to be hospitalized, while those 65 years and older are most likely. Regarding intentional injuries, those ages 18-24 years are most likely to be hospitalized, and rates decrease as residents get older.

Franklin County Injury Hospitalizations – By Age¹²

		Franklin County		
		HM2013	HM2016	HM2019
All Injuries	0-17 years	Not available	Not available	326.6
	18-24 years	Not available	Not available	677.6
	25-44 years	Not available	Not available	504.8
	45-64 years	Not available	Not available	681.8
	65 years and over	Not available	Not available	1,753.7
Unintentional Injuries	0-17 years	Not available	Not available	292.7
	18-24 years	Not available	Not available	440.7
	25-44 years	Not available	Not available	364.7
	45-64 years	Not available	Not available	597.6
	65 years and over	Not available	Not available	1,730.0
Intentional Injuries	0-17 years	Not available	Not available	31.2
	18-24 years	Not available	Not available	223.2
	25-44 years	Not available	Not available	136.8
	45-64 years	Not available	Not available	81.2
	65 years and over	Not available	Not available	20.9

Rate per 100,000 population

In Franklin County, males are more likely than females to be hospitalized for both unintentional and intentional injuries.

Franklin County Injury Hospitalizations – By Gender¹²

		Franklin County		
		HM2013	HM2016	HM2019
All Injuries	Male	Not available	Not available	761.4
	Female	Not available	Not available	570.2
Unintentional Injuries	Male	Not available	Not available	603.4
	Female	Not available	Not available	529.2
Intentional Injuries	Male	Not available	Not available	151.0
	Female	Not available	Not available	39.7

Rate per 100,000 population

When examining rates of injuries by race, Black residents are more likely than White residents to be hospitalized for all types of injuries. This difference is seen more dramatically among rates of intentional injuries than unintentional injuries.

Franklin County Injury Hospitalizations – By Race¹²

		Franklin County		
		HM2013	HM2016	HM2019
All Injuries	White	Not available	Not available	686.5
	Black	Not available	Not available	887.3
	Other / Unknown	Not available	Not available	325.3
Unintentional Injuries	White	Not available	Not available	621.1
	Black	Not available	Not available	639.5
	Other / Unknown	Not available	Not available	288.5
Intentional Injuries	White	Not available	Not available	62.9
	Black	Not available	Not available	236.4
	Other / Unknown	Not available	Not available	36.2

Rate per 100,000 population

References

¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), 2013 (HM2016), 2010 (HM2013)

² Personal communication with a statistician from the Mortality Statistics Branch of the National Center for Health Statistics (September 21, 2018)

³ Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database, Detailed Mortality File 1999-2016, 2016 (HM2019), 2013 (HM2016), 2010 (HM2013)

⁴ Ohio Department of Health, Data Warehouse (Franklin County and Ohio), 2016 (HM2019), 2012 (HM2016), 2006-2008 (HM2013); Centers for Disease Control and Prevention National Vital Statistics, WONDER Online Database, Underlying Cause of Death (United States), 2016 (HM2019), 2012 (HM2016), 2010 (HM2013)

⁵ Franklin County Cancer Profile (Franklin County), 2010-2014 (HM2019); Ohio Department of Health Office of Health Improvement and Wellness, Ohio Annual Cancer Report (Ohio), 2015 (HM2019); SEER Cancer Statistics Review, 1975-2014, National Cancer Institute (United States) 2010-2014 (HM2019); Ohio Department of Health Vital Statistics Data Analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016); Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 1999-2012 (Ohio and United States), 2010-2012 (HM2016); Ohio Department of Health, Ohio Cancer Incidence Surveillance System, Ohio Cancer Facts & Figures 2010 (Franklin County), 2003-2007 (HM2013)

⁶ Franklin County Cancer Profile (Franklin County), 2010-2014 (HM2019); Ohio Department of Health Office of Health Improvement and Wellness, Ohio Annual Cancer Report (Ohio), 2015 (HM2019); Ohio Department of Health Ohio Cancer Incidence Surveillance System, End of Year File 1996-2011 (Franklin County and Ohio), 2006-2010 (HM2016); SEER Cancer Statistics Review, 1975-2010 / 1975-2014, National Cancer Institute (United States) 2010-2014 (HM2019), 2006-2010 (HM2016)

⁷ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), 2012 (HM2016), 2010 (HM2013)

⁸ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2015 (HM2019), 2013 (HM2016), 2009 (HM2013)

⁹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), 2013 (HM2016), 2009 (HM2013)

¹⁰ Ohio Department of Health Local Asthma Profiles (Franklin County and Ohio), 2014 (HM2019); Centers for Disease Control and Prevention High School YRBSS (United States), 2015 (HM2019); Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey (Franklin County), 2012 (HM2016); Centers for Disease Control and Prevention High School Youth Risk Behavior Survey (Ohio and United States), 2013 (HM2016), (United States) 2009 (HM2013); Ohio Family Health Survey (Franklin County and Ohio), 2008 (HM2013)

¹¹ Ohio Hospital Association, 2017 (HM2019)

¹² Central Ohio Trauma System, 2016 (HM2019)

¹³ Ohio Department of Public Safety Traffic Crash Facts (Franklin County), 2016 (HM2019); Centers for Disease Control and Prevention, WISQARS (Ohio and United States), 2016 (HM2019), 2012 (HM2016); Ohio Department of Health Vital Statistics, data analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016); Central Ohio Trauma Systems Registry, data analyzed by Columbus Public Health (Franklin County), 2010 (HM2013); Ohio Hospital Association (Ohio), 2010 (HM2013); WISQARS Non-Fatal Injury Report (United States), 2013 (HM2013)

¹⁴ Central Ohio Trauma System (Franklin County), 2014 (HM2016); Ohio Department of Health, Falls Among Older Adults (Ohio), 2012 (HM2016); Centers for Disease Control and Prevention WISQARS Nonfatal Injury Reports (United States), 2016 (HM2019), 2013 (HM2016)

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, such as pertussis, has decreased since the last *HealthMap*.

However, rates of other infectious diseases have grown. For example, from *HealthMap2016* to *HealthMap2019*:

- Rates of syphilis, gonorrhea, and chlamydia have increased
- Rates of hepatitis B and hepatitis C have increased
- Rates of people living with HIV have increased

Regarding preventative measures for elderly residents, a higher percentage have received a pneumonia vaccination, while fewer have received a flu shot in the past year, compared to the last *HealthMap*.

Among Franklin County residents ages 65 years and older, a higher percentage report having had a pneumonia vaccination than the last *HealthMap*, but fewer have gotten a flu shot in the past year.

Vaccines (65 years and Older)¹

	Franklin County				Ohio	United States
	HM2013	HM2016	HM2019		HM2019	HM2019
Adults age 65+ ever had a pneumonia vaccination	74.4%	72.3%	80.9%	▲	74.7%	73.4%
Adults age 65+ had a flu shot within the past year	69.3%	68.3%	60.8%	▼	57.3%	58.6%

Overall, there were 1,330 confirmed cases of the flu in Franklin County during the 2017-2018 flu season, translating into a rate of 102.9 per 100,000 people.

Influenza Cases²

	Franklin County			Ohio	United States
	HM2013	HM2016	HM2019	HM2019	HM2019
Confirmed Influenza Cases	Not available	Not available	102.9	Not available	68.2

Rate per 100,000

Rates of several infectious diseases in Franklin County, Ohio, and the U.S. are shown on a table on the next page. The rates of syphilis, gonorrhea, and chlamydia among Franklin County residents continue to increase since the last *HealthMap* and remain higher than the statewide and national rates.

Rates of hepatitis B and hepatitis C are increasing in Franklin County, Ohio, and the U.S.

The rate of pertussis has decreased from the last *HealthMap*, but remains higher than statewide and national rates.

Incidence of Infectious Disease

	Franklin County				Ohio		United States	
	HM2013	HM2016	HM2019		HM2019		HM2019	
Syphilis (Primary and Secondary) ^{3,4}	9.7	25.1	39.7	▲	13.9	▲	8.6	
Gonorrhea ^{4,5}	279.4	243.1	336.3	▲	176.8	▲	145.0	
Chlamydia ^{4,6}	725.8	648.0	768.8	▲	521.9	▲	494.7	
Tuberculosis ⁷	5.7	4.2	3.9		1.2		2.9	
Meningococcal Diseases ⁸	0.4	0.2	0.1	▼	0.1		0.1	▼
Hepatitis A ⁹	0.7	0.6	0.6		0.4	▼	0.6	▲
Measles ⁹	N/A	N/A	N/A		0.0		0.0	
Mumps ⁹	N/A	0.2	0.4	▲	0.5	▲	2.0	▲
Pertussis ⁹	19.7	26.7	21.2	▼	7.4	▼	5.6	▼
Tetanus ¹⁰	N/A	N/A	Not available		0.0		0.0	
Rubella ¹⁰	N/A	0.1	Not available		N/A		0.0	
Diphtheria ¹⁰	N/A	N/A	Not available		N/A		Not available	
Varicella ¹¹	12.4	6.0	3.9	▼	3.8	▼	3.5	▼
<i>E. coli</i> *O157:H7 ¹¹	1.2	0.5	4.5	▲	2.4	▲	2.5	
Listeriosis ¹¹	0.1	0.2	0.2	▲	0.2	▲	0.2	▲
Salmonellosis ¹¹	12.9	12.1	11.3		12.0	▲	16.7	
Hepatitis B (Acute) ¹¹	3.1	4.5	5.8	▲	2.4	▲	1.0	▲
Hepatitis C (Chronic) ¹²	Not available	Not available	170.3		186.7		Not available	
Hepatitis C (Acute) ¹¹	0.1	0.3	3.1	▲	1.9	▲	1.0	▲
Strep pneumo (inv), drug resistant ¹²	Not Available	Not Available	1.0		2.6		Not available	
Cryptosporidiosis ^{12,13}	Not Available	Not Available	5.1		5.6		4.2	

Rate per 100,000 population

N/A=no cases reported

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

While rates of tuberculosis have remained constant overall, rates of the disease in every demographic group are higher in Franklin County compared to Ohio.

Tuberculosis¹⁴

	Franklin County			Ohio		
	HM2013	HM2016	HM2019	HM2019		
Tuberculosis Rate, Overall	Not available	4.2	4.2	1.3		
Tuberculosis Rates by Race	Male	Not available	5.5	4.9	▼	1.7
	Female	Not available	2.9	3.6	▲	0.9
	White	Not available	1.3	0.8	▼	0.4 ▼
	African American	Not available	10.0	9.7		4.0 ▲
Tuberculosis Rates by Age	0-4 years	Not available	N/A	N/A		N/A
	5-14 years	Not available	1.9	0.6	▼	0.1 ▼
	15-24 years	Not available	3.4	4.1	▲	1.0 ▲
	25-44 years	Not available	6.3	5.5	▼	2.1 ▲
	45-64 years	Not available	3.8	5.3	▲	1.1
	65 years old+	Not available	5.6	4.9	▼	1.9 ▼

Rate per 100,000 population

N/A=no cases reported

The rates of Franklin County residents currently living with a diagnosis of HIV infection (392.6 per 100,000) is higher than the last *HealthMap* (348.8), and this rate is almost double the statewide rate (199.5).

Prevalence of HIV / AIDS¹⁵

	Franklin County			Ohio		United States		
	HM2013	HM2016	HM2019	HM2019		HM2019		
Persons living with a diagnosis of HIV infection	293.4	348.8	392.6	▲	199.5	▲	303.5	▼

Rate per 100,000 population

Among Franklin County residents, the incidence of *Clostridium difficile* (*C. diff*) and CLABSI are comparable to the statewide rates, when looking at only outpatient cases.

Incidence (Cases) of Healthcare-Associated Infections – Outpatient Only¹⁶

	Franklin County			Ohio
	HM2013	HM2016	HM2019	HM2019
Clostridium difficile (<i>C. diff</i>)	Not available	Not available	0.7	0.5
Bloodstream infection due to central venous catheter (CLABSI)	Not available	Not available	0.03	0.03

Rate per 10,000 population

References

- ¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), 2013 (HM2016), 2010 (HM2013)
- ² 2017-2018 Columbus and Franklin County Seasonal Influenza Activity Weekly Summary (Franklin County), 2017-2018 Influenza Season (HM2019); Centers for Disease Control and Prevention, 2017-2018 Influenza Season Week 18 Ending May 5, 2018 (United States), 2017-2018 Influenza Season (HM2019)
- ³ 2013-2017 Ohio Infectious Disease Status Report: Total Syphilis (Franklin County and Ohio), 2016 (HM2019)
- ⁴ Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019); Annual Summary of Reportable Diseases 2012-2013, Ohio Reportable Disease Data (non-TB, preliminary) – Quarterly Summary of Selected Reportable Infectious Diseases (Franklin County and Ohio), 2013 (HM2016); Ohio Department of Health, STD Surveillance Report (Franklin County and Ohio), 2010 (HM2013); Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance (United States), 2009 (HM2013)
- ⁵ 2013-2017 Ohio Infectious Disease Status Report: Gonorrhea (Franklin County and Ohio), 2016 (HM2019)
- ⁶ 2013-2017 Ohio Infectious Disease Status Report: Chlamydia (Franklin County and Ohio), 2016 (HM2019)
- ⁷ Ohio Department of Health TB Demographic Breakdown for Ohio and Four Selected Counties (Franklin County and Ohio), 2016 (HM2019), 2013 (HM2016); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019); Ohio Department of Health, 2010 TB Cases (Franklin County and Ohio), 2010 (HM2013); Centers for Disease Control and Prevention, Reported Tuberculosis in the United States (United States), 2010 (HM2013)
- ⁸ Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Diseases, Ohio (Franklin County and Ohio), 2017 (HM2019), 2013 (HM2016), 2010 (HM2013); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019), 2012 (HM2016), 2010 (HM2013)
- ⁹ Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio (Franklin County and Ohio), 2017 (HM2019), 2010 (HM2013); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019), 2012 (HM2016), 2010 (HM2013); Annual Summary of Reportable Diseases 2012-2013, Ohio Reportable Disease Data (non-TB, preliminary) – Quarterly Summary of Selected Reportable Infectious Diseases (Franklin County and Ohio), 2013 (HM2016)
- ¹⁰ Ohio Department of Health Reported Cases of Notifiable Diseases by County of Residence, Ohio (Franklin County and Ohio), 2016 (HM2019), 2010 (HM2013); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019), 2012 (HM2016), 2010 (HM2013); Annual Summary of Reportable Diseases 2012-2013, Ohio Reportable Disease Data (non-TB, preliminary) – Quarterly Summary of Selected Reportable Infectious Diseases (Franklin County and Ohio), 2013 (HM2016)
- ¹¹ Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio (Franklin County and Ohio), 2017 (HM2019); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019), 2012 (HM2016); Annual Summary of Reportable Diseases 2012-2013, Ohio Reportable Disease Data (non-TB, preliminary) – Quarterly Summary of Selected Reportable Infectious Diseases (Franklin County and Ohio), 2013 (HM2016); Ohio Department of Health (Franklin County and Ohio), 2010 (HM2013)
- ¹² Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio Fourth Quarter, 2017 (HM2019)

¹³ Centers for Disease Control and Prevention, WONDER Online Database, Reported Cases of Notifiable Diseases and Rates Per 100,000, Excluding U.S. Territories, 2016 (HM2019)

¹⁴ Ohio Department of Health, Ohio TB Cases, Demographic Breakdowns for Ohio and Four Selected Counties, 2017 (HM2019), 2013 (HM2016)

¹⁵ Ohio Department of Health, HIV Infection in Ohio (Franklin County and Ohio), 2016 (HM2019); Centers for Disease Control and Prevention, HIV in the United States by Geography (United States), 2015 (HM2019), 2011, (HM2016); Ohio Department of Health, HIV/AIDS Surveillance Program (Franklin County and Ohio), 2013 (HM2016), 2009 (HM2013)

¹⁶ Ohio Hospital Association, 2017 (HM2019)

Potential Partners / Resources

Priority #1: Mental Health and Addiction

Potential Partners/Other Resources

Action for Children
ADAMH Board of Franklin County
Alvis House
Amethyst
Buckeye Ranch
Community Mental Health Centers
Directions for Youth and Families
Eastway Behavioral Healthcare, Heritage of Hannah Neil
Guidestone
Huckleberry House
Maryhaven Inc.
Mental Health America of Franklin County
National Alliance on Mental Illness
Saint Vincent's Family Center
Sequel Pomegranate of Central Ohio
St. Stephen's Community House
Star House
United Methodist Children's Home
Veteran Administration Outpatient Health Center
YMCA and YWCA Family Centers

Franklin County Bedboard Providers

Columbus Springs
Mount Carmel Health System
Nationwide Children's Hospital
OhioHealth
Netcare Access
Ohio Hospital for Psychiatry
Ohio State University Wexner Medical Center
River Vista
SUN Behavioral Health
Twin Valley Behavioral Healthcare

Priority #2: Income/Poverty

Potential Partners/Other Resources

Career Transition Institute
Cap4Kids
Center for Employment Opportunities
Central Community House
The Columbus Foundation
Columbus Metropolitan Housing Authority
Columbus Urban League
Columbus Works
Community Development for All People
Community Mediation Services
Community Properties of Ohio
Community Shelter Board
Congregational Outreach Ministries Program of Assistance & Social Service (COMPASS)
Economic Community Development Institute
Federally Qualified Health Centers
Fortuity Calling
Franklin County Free Clinics
Franklin County Jobs and Family Services
Gladden Community House
Godman Guild
Goodwill Columbus
Healthy Homes Home port
Human Services Chamber of Franklin County
Impact Community Action
Legal Aid Society of Columbus
Lutheran Social Services
Mid-Ohio Food Bank
Military veterans Resources Center
Nehemiah House of Refuge
New Directions Career Center
Ohio Hispanic Coalition
Ohio Means Jobs – Franklin County
OSU Extension
Partners Achieving Community Transformation
Physician Care Connection
Reeb Avenue Center
Saint Stephen’s Community House
Salvation Army
United Way of Central Ohio
YMCA and YWCA of Central Ohio

Priority #3: Maternal and Infant Health

Potential Partners/Other Resources

Amethyst/Alvis women's treatment programs
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 Diaper Bank and Diaper Coalition
Columbus Public Health
Community Development for All People
Federally Qualified Health Centers
Franklin County Department of Job and Family Services
Franklin County Family and Children First Council
MaryHaven Women's Program
Maternity Resource Center
Moms2B
Ohio Better Birth Outcomes
Physicians CareConnection
Planned Parenthood
Total Health and Wellness
St. Stephen's Community House
Stable Cradle
Women, Infants and Children (WIC)

Summary

Franklin County HealthMap2019 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 HealthMap2019 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 HealthMap2019* 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 HealthMap2019* 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 HealthMap2019* may be shared with:

Jeff Klingler, Central Ohio Hospital Council

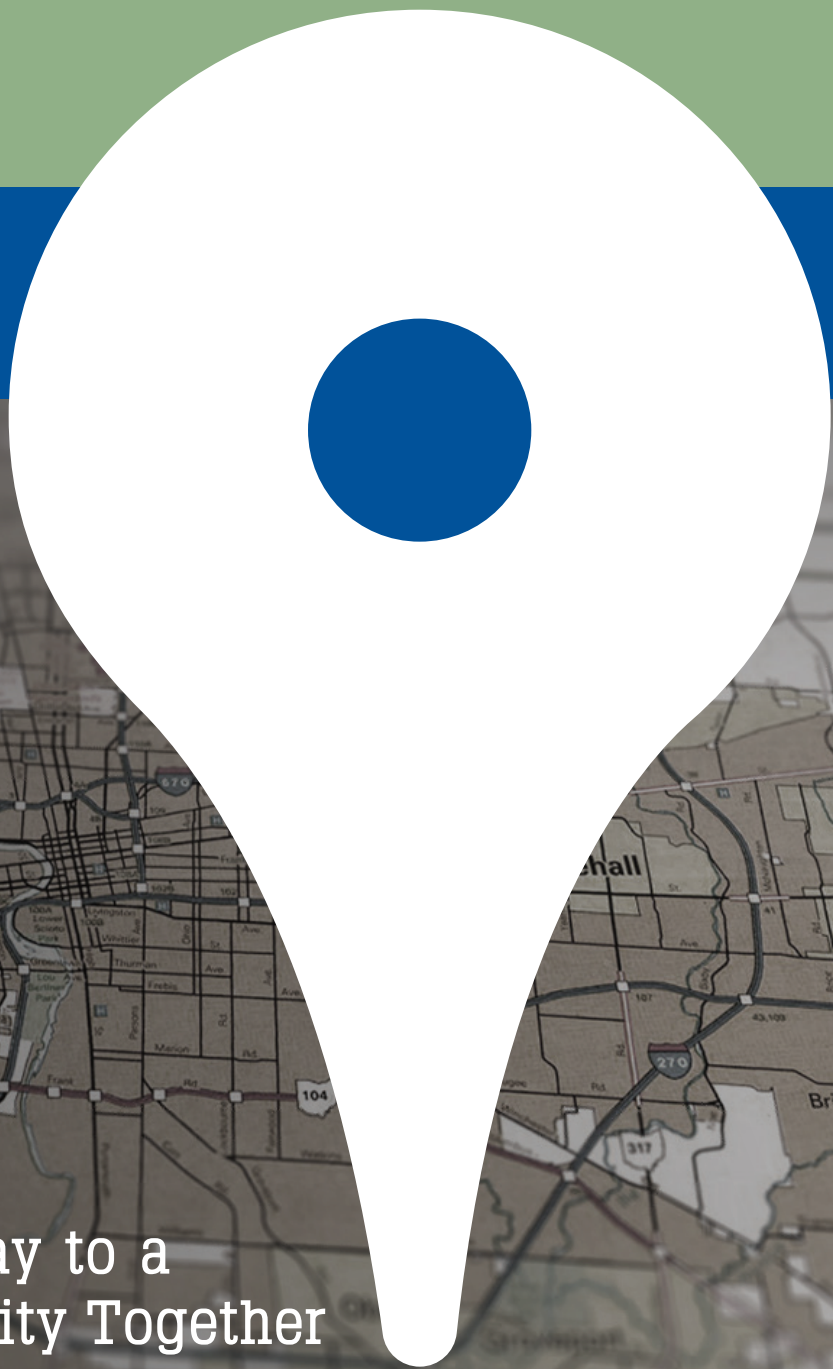
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Navigating Our Way to a
Healthier Community Together