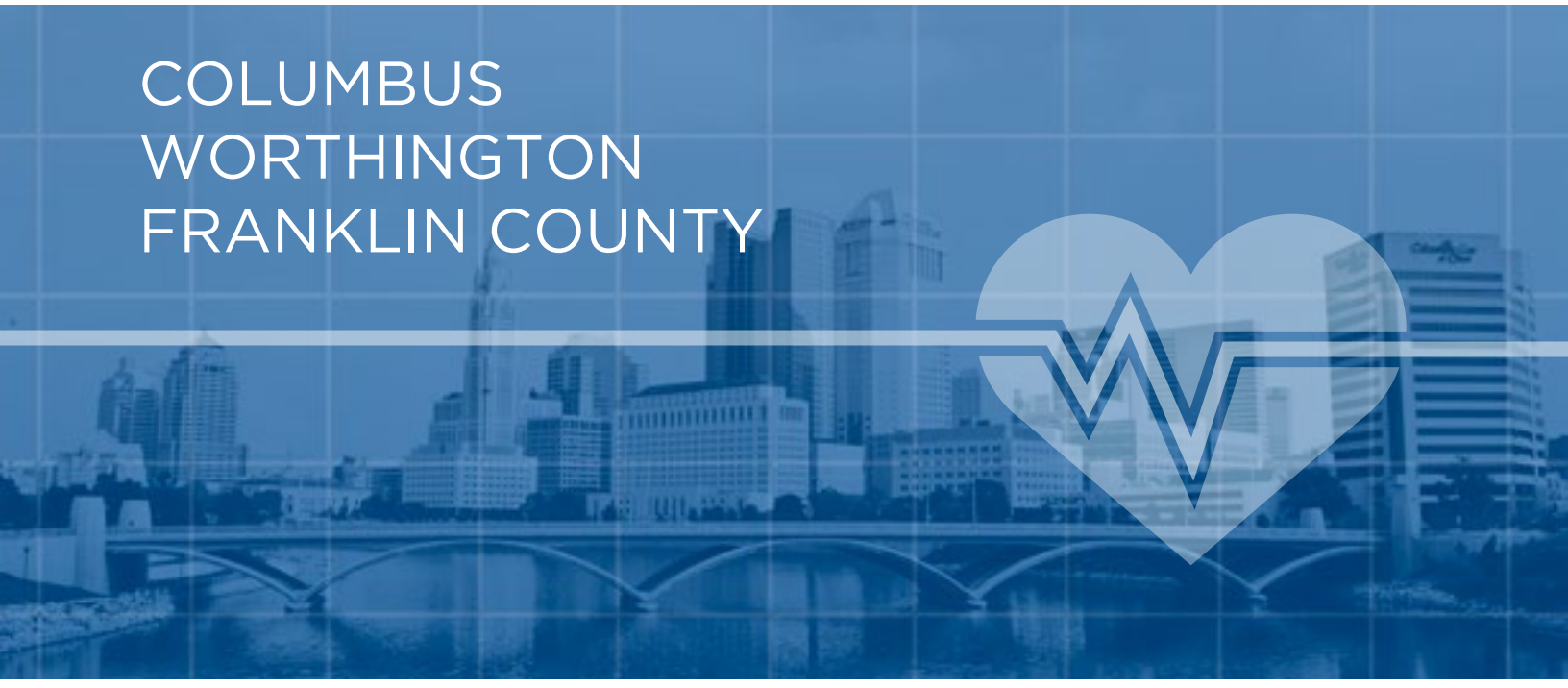
2017 COMMUNITY HEALTH ASSESSMENT

COLUMBUS
WORTHINGTON
FRANKLIN COUNTY



ACKNOWLEDGMENTS

A project of this scope would not have been possible without the support and meaningful participation of many people.

Thank you to the leadership of Columbus Public Health for your support and guidance.

Special thanks to the Office of Epidemiology at Columbus Public Health for their expertise, daily dedication to accuracy and commitment to the health of the Franklin County community.

To the participants in the focus groups and partnership forums: Your voice and leadership are invaluable. Your continued support is welcomed as we transition from the assessment to the planning stage of this endeavor.

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2017 Community Health Assessment Published September 2017

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
COLUMBUS PUBLIC HEALTH

A MESSAGE FROM THE HEALTH COMMISSIONER

September 2017

At Columbus Public Health, protecting the health and improving the lives of residents is our mission – and our highest calling. Understanding both the strengths and challenges around the health of our community is a critical step in achieving this goal.

This local Community Health Assessment report provides a snapshot of the overall health and well-being of our community. Health is more than health care, and this comprehensive assessment looks at the many issues that impact health outcomes, including personal behaviors, education, income and living conditions.

Highlighted in this assessment are both local successes and opportunities to improve health outcomes among all residents in our community. As part of our collective effort, I ask you to move beyond your comfort zone and traditional role to find new ways we can work together to address the root causes of poor health in our community.

Public health is not a solo act. It will take all of us – residents, businesses, government, not-for-profits, faith communities – working together over the long term to create the opportunity to live healthy and safe lives.

Yours in good health,

Teresa C. Long, MD, MPH
Health Commissioner
Columbus Public Health

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ABOUT THE COMMUNITY HEALTH ASSESSMENT

PURPOSE

The 2017 Franklin County Community Health Assessment (CHA) was conducted to fulfill several goals:

- To examine the current health status across Franklin County as compared to state;
- To explore the disparities for sex, race and age within current health statuses where available; and,
- To identify community strengths, forces of change and gaps in information.

This CHA focuses on Franklin County which is home to numerous communities, including Columbus, the capital city of Ohio. The city of Columbus makes up almost 68% of the Franklin County population. However, given the fluidity of where people work and live in the county and that numerous social service and health organizations in the area serve individuals across the county, data and community input from across the county are included.

This Community Health Assessment provides a snapshot in time of the health and well-being of Franklin County residents.

METHODS

The Franklin County CHA used an adapted *Mobilization for Action through Planning and Partnerships* (MAPP) approach. Three different focus areas were examined during the CHA process: 1) health status, 2) community strengths and themes, and 3) forces of change (external factors that affect health).

Work for the 2017 CHA continued efforts which began in 2011 by the Franklin County Community Health Needs Assessment (CHNA) Steering Committee to meet federal requirements of the Affordable Care Act for 501(c)(3) hospitals. Over the past 5 years, documents related to special populations, as well as an additional assessment have been completed. While CHA work started as a hospital initiative, the effort has continued into an ongoing multi-stakeholder effort, where a broad range of local organizations worked together to identify the health indicators and subsequent health priorities for the current report.

The following section details how data for the 2017 CHA were compiled and analyzed, as well as the wider lens used to guide this process. Specifically, the CHA defines health in the broadest sense and recognizes numerous factors at multiple levels: lifestyle behaviors (e.g., diet and exercise); clinical care (e.g., access to medical services); social and economic factors (e.g., employment opportunities); and, the physical environment. All have an impact on the community's health. One of the beginning chapters describes the larger social determinants of health framework which helped guide this process.

ABOUT THE DATA

Quantitative

To develop a complete picture of the health and well-being of Franklin County, existing data were drawn from national, state and local sources. Sources of data included, but were not limited to, the U.S. Census, Ohio Department of Health Vital Statistics, and Ohio Department of Public Safety. Types of data include self-report of health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), public health disease surveillance data, and vital statistics based on birth and death records.

This extensive list of indicators was assessed taking the following areas into consideration:

- Is county data available?
- Is state data available?
- Is the indicator meaningful, relevant & actionable?
- Is the indicator nationally recognized?
- Is indicator data reliable, accurate and timely?

Preference was given to indicators that include:

- Demographic breakouts (Sex, Age, Race/Ethnicity)
- Sub-county levels (data are available at the neighborhood level where possible)
- Benchmarks (benchmark values have been established for the metric by a reputable national organization (e.g., HealthyPeople 2020)
- Trends (trend data is available for at least one indicator per section (long term yearly, 5-10 years)

Qualitative Data

From November 2016 through April 2017, forums and focus groups were conducted with participants from a wide range of organizations in different sectors, community stakeholders and residents to gauge their perceptions of the health of the community, their primary health concerns, and what external factors may be impacting their health.

Partnership Forums

Two partnership forums were held at the Columbus Metropolitan Library Main branch.

The first forum in November 2016 engaged over 50 partners from across the city and county from a variety of sectors. Attendees participated in dialogue around health and their community. During the four hour session, facilitators guided discussions related to review of indicators for inclusion in the CHA, community themes and strengths, and community forces of change. Responses were captured by note takers and summarized by CPH epidemiologists.

ABOUT THE DATA, *CONTINUED*

Partnership Forums, *continued*

The second forum was held in February 2017 and again engaged approximately 50 partners from across the city and county from various sectors. Attendees participated in dialogue related to the progress of the CHA, review of just released State Health Improvement Priorities, and selection of local priorities to align with review of local data and the state.

Forum summaries can be found in Appendix E.

Focus Groups

A local nonprofit research center was contracted to facilitate a series of focus groups among City of Columbus residents considered part of a vulnerable or hard to reach population to learn more about their experiences, thoughts and beliefs regarding health and health care.

Participants for six focus groups were recruited between January and March 2017. Participant recruitment occurred via fliers distributed at Columbus Metropolitan Library branches and social service providers. All participants indicated they were 18 years and older and met at least one of the following criteria: limited access to health care due to disability, unemployment, cost or other reason. As an incentive to attend, participants received $20 Kroger gift cards.

A total of 70 people participated across all focus groups. The majority were between 45 and 64 years old. About 60% were Black/African American. There were approximately the same number of men and women. The summary of these focus groups can be found in Appendix D.

Understanding the Data

The CHA includes information from a variety of sources in order to provide a comprehensive picture of health and well-being in Franklin County. This assessment primarily focuses on Franklin County data due to Columbus making up almost 68% of the area and social and health services serving people across the county. However, Columbus Public Health's primary service area includes Columbus and Worthington. The last chapter of the assessment Includes available health and well-being indicators for the Columbus and Worthington areas.

Although over 100 indicators are presented in this report, this is not an exhaustive list of available local data. Where appropriate, links have been provided to additional topic-related information. Each indicator is presented for the most recent year or years available at the time of publication.

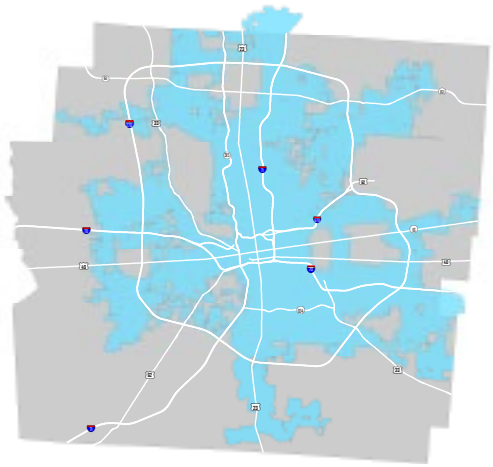
Additional Background

In addition to being reviewed by numerous internal staff and subject matter experts, a draft version of the CHA was made available for public comment at the end of September 2017.

ABOUT FRANKLIN COUNTY

Located in central Ohio, Franklin County is just over 540 square miles.[1] In addition to being the seat of Ohio's state capital Columbus, Franklin County is home to:

- The third largest university in the country, The Ohio State University;
- Four major hospital systems, including 16 registered hospitals with over 6,000 hospital beds;
- Nineteen metropolitan parks with over 200 miles of trails;
- Six main libraries with 27 branches; and,
- Several notable employers, including Abbott Laboratories, Cardinal Health, The Wendy's Company, Nationwide Mutual Insurance Company, and JP Morgan Chase & Company.[1]



Most residents are employed in the private sector with the primary industry being educational services, and health care and social assistance.

Over 1.25 million people live in Franklin County, making it the second most populous county in Ohio.[2] With over 849,000 people, the city of Columbus makes up almost 68% of the Franklin County population.[2] The population of Franklin County is ethnically diverse with wide variations in socioeconomic level. It is experiencing rapid growth, including demographic shifts among the aging, Hispanic and Asian populations.

GENDER[2]

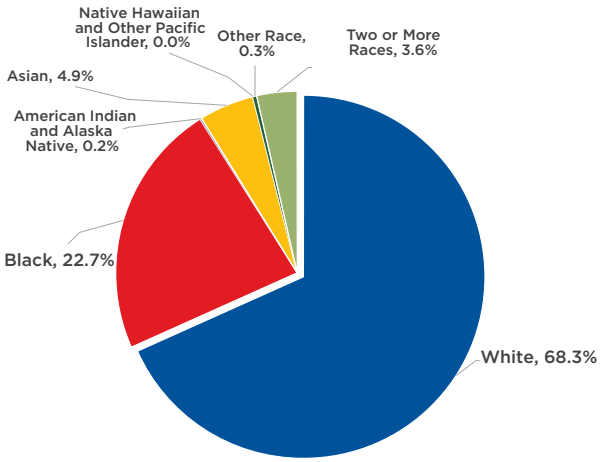
- There are slightly more females than males (51% vs. 49%).

RACE & ETHNICITY[2]

In Franklin County:

- The majority of the non-Hispanic population is White, with the largest minority race group being Black and the second largest race group being Asian.
- Since 2010, the overall population has increased by 7%.
  - Minority racial groups are all growing faster than the majority White population.
- Approximately 5% of the population is Hispanic.
  - The Hispanic population increased by 16% since 2010.

CHART 1: RACE (NON-HISPANIC)[2]
Franklin County, 2015



AGE[2]

In Franklin County:

- The median age is 34 years old.
- 24% of residents are under 18 years old.
- 11% of residents are 65 years and older.
  - There has been a 14% increase in this age group over the past 5 years.
  - There are over 35% more females than males in this age group.

COUNTRY OF BIRTH[2]

In Franklin County:

- Over 10% of residents were born outside of the United States.
- More than 2 in 5 of those who are foreign born have become naturalized citizens.
- Over 80% of resettled refugees originate from four countries: Bhutan, Somalia, Iraq and Burma.[3]

LANGUAGE[2]

- 13% of the Franklin County population ages 5 years and older primarily speak a language other than English at home.

AGE-FRIENDLY COLUMBUS

The population of those 65 years and older in central Ohio is expected to double over the next 35 years. Over a period of two years and through the lens of eight domains as outlined by the American Association of Retired People (AARP) in partnership with the World Health Organization (WHO), this project will assess the age-friendliness of the City of Columbus through research, field work and outreach. The citywide assessment will provide a clear picture of where the City needs to improve. From these findings, a 3-year, citywide action plan will be created to make sure Columbus embraces age-friendliness as a core value.

Age-Friendly Columbus is supported and funded by: The Osteopathic Heritage Foundation; the Central Ohio Area Agency on Aging; the Franklin County Office on Aging; The Columbus Foundation; National Church Residences, and, AARP Ohio.

http://agefriendlycolumbus.org/

[1] www.franklincountyohio.gov

[2] U.S. Census Bureau, American Community Survey, 2015.

[3] U.S. Bureau of Population, Refugees, and Migration (PRM). 2015. Analysis by Community Research Partners.

SOCIAL DETERMINANTS OF HEALTH

Most people know that health is related to personal behaviors such as eating well, staying active and not smoking. A growing body of knowledge tells us that health is not only the result of personal behaviors, but is also impacted by our homes, schools, workplaces and communities.[1]

Healthy People 2020 states that social determinants of health "are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." In addition, patterns of social engagement and sense of security and well-being are also affected by where people live. Resources such as access to education, public safety and health services, enhance quality of life and can also have a significant influence on population health outcomes.

Image: Healthy People 2020

Health disparities are differences or inequalities in the burden of disease and/or health conditions, mortality, health status and access to care. In Franklin County, certain populations are disproportionately affected by social and economic disadvantages creating inequity based on gender, age, race and/or ethnicity, sexual orientation, geography, and socio-economic position.

One of the four goals presented in Healthy People 2020, the nation's health agenda, is to achieve health equity, eliminate disparities, and improve the health of all groups. Franklin County and Columbus Public Health also consider health equity a priority for our community. Throughout this document, health indicators are presented within the context of the social determinants of health. Where possible, data are presented that show the disparities among sex, race/ethnicity and age throughout Franklin County. In this chapter, the social determinants listed above will be outlined for Franklin County and Ohio where possible.

NEIGHBORHOOD AND BUILT ENVIRONMENT

Housing

Affordable housing is essential to maintain a balanced budget that accommodates competing basic needs such as food, transportation, health care, child care and education. In order to have adequate monetary resources available to meet all basic needs, it is essential to not be cost-burdened by housing expenses alone.

Homeowners and renters are considered cost-burdened if their household is spending more than 30% of its income on housing. In Franklin County, over 1 in 4 homeowners and almost half of renters are considered cost-burdened by housing.

TABLE 1: HOUSING COST BURDEN[2]
Franklin County and Ohio, 2010-2014

	Franklin County	Ohio
Homeowners who are cost-burdened	28.1%	28.5%
Renters who are cost-burdened	48.3%	49.8%

Note: Households spending more than 30% of their income on housing are considered cost-burdened.

The availability of affordable housing in the area of residence can also be a determinant of whether or not an individual or family becomes cost-burdened by housing. A rental unit is considered affordable for low-income households if its rent is less than 30% of household income for households making less than or equal to 80% of the area's median income. Based on this definition, 70.1% of rental units in Franklin County are considered affordable to low-income households.[11]

SOCIAL DETERMINANTS OF HEALTH, *CONTINUED*

NEIGHBORHOOD AND BUILT ENVIRONMENT, *CONTINUED*

Homelessness[4,5]

Although many determinants contribute to homelessness, lack of affordable housing is a major contributing factor. While ideally no one in any community would be homeless, it is important that a community is properly equipped to take care of its homeless population, and ultimately, transition individuals and families to permanent housing.

Point-in-time counts are conducted nationwide to get an annual count of an area's sheltered and unsheltered homeless populations, including adults, youth and children. This count is done in compliance with a funding requirement by the U.S. Department of Housing and Urban Development. The most recent point-in-time count in Columbus and Franklin County was conducted on January 27, 2016 and counted 1,724 sheltered and unsheltered homeless people.

The maximum area capacity for the homeless in Franklin County is based on the current capacity that is determined by the Community Shelter Board for all area shelters and community or transitional housing. In Franklin County, an estimated 1,872 beds are available for the homeless, with 1,715 in shelters and 157 in transitional housing. Based on the 2016 point-in-time count, Franklin County is meeting the need for the number of beds available to its homeless population.

TABLE 2: HOMELESSNESS
Franklin County, 2016

	Franklin County
Point-In-Time Count (January 27, 2016)[4]	1,724
In Shelters	1,244
Unsheltered	339
In Transitional Housing	141
Maximum Area Capacity (Fiscal Year 2017)[5]	1,872
In Shelters	1,715
In Transitional Housing	157

Note: Transitional housing is defined as transitional housing or permanent supportive housing, but does not include rental assistance.

NEIGHBORHOOD AND BUILT ENVIRONMENT, *CONTINUED*

Food Access

Having a nutritionally balanced diet is critical to overall health, yet it is difficult for the majority of the population to attain due to multiple barriers. Healthy foods need to be both available and affordable to make a nutritionally balanced diet a routine part of the lives of all Franklin County residents.

The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, offers nutrition assistance to millions of eligible, low-income individuals and families in the United States. In Franklin County, 15.2% of households receive SNAP benefits.[2] Over half of the households that receive SNAP benefits in Franklin County have children under 18 years old in them or are living below the poverty level.

LOCAL FOOD ACTION PLAN

In 2014, the Columbus-Franklin County Local Food Action Plan, a community effort to create a stronger, more sustainable local food system, was launched. The Plan provides a framework of common goals and actions that unify residents, schools, community organizations, businesses and local government in supporting a healthy, strong and resilient local food system.

www.columbus.gov/LFAP

As defined by the U.S. Department of Agriculture, food insecurity is a "lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate food." In Franklin County, 17.9% of households are food insecure and 21.8% of households with children are food insecure, compared to 16.8% and 23.8% in Ohio.[6]

TABLE 3: FOOD ACCESS
Franklin County and Ohio, 2010-2014

	Franklin County	Ohio
SNAP/Food Stamp Households[2]		
Total	15.2%	15.0%
With children <18 years	54.4%	50.7%
Below poverty level	55.6%	56.3%
Food Insecure Households[6] (2014 only)		
Total	17.9%	16.8%
Child	21.8%	23.8%

HEALTH AND HEALTH CARE

Insurance Coverage

Insurance coverage allows the health care system to be more cost-effective by encouraging preventive and early care that keeps the population healthy and avoids the use of costly emergency department services for non-emergency care. As part of the Affordable Care Act, the U.S. government has mandated that all citizens must obtain insurance coverage or pay a monetary penalty. Health insurance is commonly provided, in part or in full, by an individual's employer. However, individuals and families who do not have the option of employer provided health insurance can seek coverage on the Health Insurance Marketplace.

In Franklin County, 12.4% of residents do not have any health insurance coverage, which is slightly higher than the proportion of uninsured in Ohio (10.9%).[2] Among children under 18 years old, 5.5% have no health insurance coverage, which is relatively similar to the proportion of uninsured in Ohio.[2] The low proportion of uninsured minors is due to the Ohio Healthy Start program, which provides free or low-cost health insurance to families with children who have income too high to qualify for Medicaid, but too low to afford private insurance.

In Franklin County, 43.1% of unemployed residents are uninsured, compared to 39.6% of unemployed Ohio residents.[2] This shows the crucial role employment status plays in insurance coverage and, therefore, overall access to health care.

TABLE 4: NO HEALTH INSURANCE COVERAGE[2]
Franklin County and Ohio, 2010-2014

	Franklin County	Ohio
Civilian Population (all ages)	12.4%	10.9%
Children (< 18 years)	5.5%	5.3%
Adults (18-64 years)	16.7%	15.3%
Employed	13.7%	12.5%
Unemployed	43.1%	39.6%

Note: For no health insurance coverage, the category of adults includes all non-institutionalized adults 18-64 years old; the categories of employed and unemployed only include non-institutionalized adults 18-64 years old who are currently in the workforce.

SOCIAL AND COMMUNITY CONTEXT

Social Support

An adequate social support system in the form of friends, family, neighbors or co-workers is essential to cope with everyday and major life stressors. When someone does not have adequate social support system, one small, manageable stressor (e.g., last minute child care) can quickly escalate into multiple major life stressors (e.g., loss of job which leads to increased food insecurity). This stress can negatively affect short- and long-term health outcomes.

Crime and Violence

Elevated rates of crime and violence can lead to residents feeling unsafe in their own homes and neighborhoods. This can inhibit an individual from participating in positive health behaviors such as physical activity, prevent them from gaining access to needed resources, and can cause chronic stress related to their personal and familial safety, all of which contribute to poor health outcomes.

Violent crime events are classified as murder, rape, robbery and aggravated assault. The violent crime rate in Franklin County is 4.2 per 1,000 people, compared to 2.9 per 1,000 people in Ohio.[7] Property crime events are classified as burglary, larceny, motor vehicle theft and arson. The property crime rate in Franklin County is 37.2 per 1,000 people, compared to 26.8 per 1,000 people in Ohio.[7]

TABLE 5: CRIME AND VIOLENCE[7]
Franklin County and Ohio, 2014

	Franklin County	Ohio
Violent Crime	4.2	2.9
Property Crime	37.2	26.8

** Rate per 1,000 population*

In Franklin County, the overall juvenile arrest rate is 20.3 per 1,000 among 10-17 year olds.[8] Juvenile arrest figures are classified as either Part I or Part II crimes as designated by the Federal Bureau of Investigation (FBI) for statistical tracking purposes. Part I violent crimes are classified as homicide, rape, robbery and aggravated assault. Part I property crimes are classified as burglary, larceny, motor vehicle theft and arson. The Part I violent crime rate is 2.0 and the Part I property crime rate is 2.6 in Franklin County.[8] All other crimes, which tend to be viewed as less severe, are classified as Part II crimes, including violent (e.g., other assaults, sex offenses), property (e.g., vandalism), society (e.g., drug abuse, disorderly conduct), status (e.g., curfew, truancy), and traffic offenses. Rates for Franklin County Part II juvenile arrests are presented in Table 6.

SOCIAL AND COMMUNITY CONTEXT, *CONTINUED*

TABLE 6: JUVENILE ARRESTS[8]
By Arrest Type
Franklin County, 2014

	Crime Rate*					
Classification	**Total (& Count)**	**Violent**	**Property**	**Society**	**Status**	**Traffic**
All (Part I and Part II)	20.3 (2,485)					
Part I Crime		2.0	2.6	-	-	-
Part II Crime		4.8	1.6	2.4	1.3	0.2

** Rate per 1,000, 10-17 year olds*

Homicide[9]

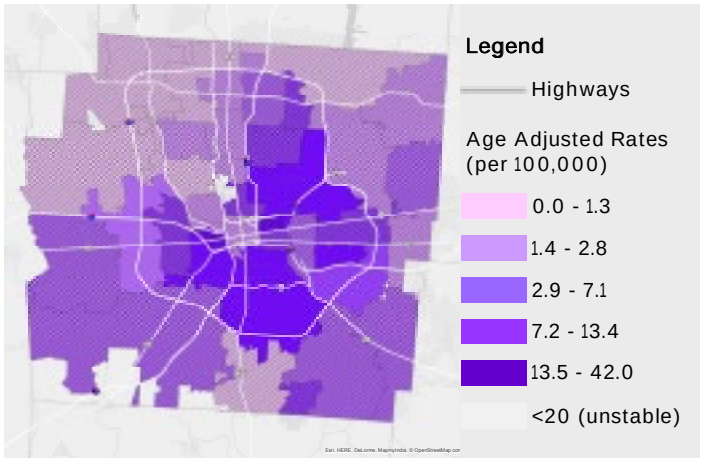
The overall homicide rate in Franklin County is about 30% higher than the rate for the state of Ohio.

In Franklin County:

- The homicide rate among males is over 3 times higher than the rate among females.
- The homicide rate is highest among non-Hispanic black males which is almost 10 times higher than that of non-Hispanic white males.

Homicide rates in Franklin County range from 0.0 to 42.0. Homicide rates are closely related to life expectancy. The majority of homicide victims in Franklin County are younger people; therefore, higher homicide rates in a ZIP code generally decreases the life expectancy in that area. A clustering of ZIP codes with the highest homicide rates can be seen along the I-71 corridor.

MAP 1: HOMICIDE RATES[9]
By ZIP Code
Franklin County, 2011-2015



EDUCATION

Educational Attainment

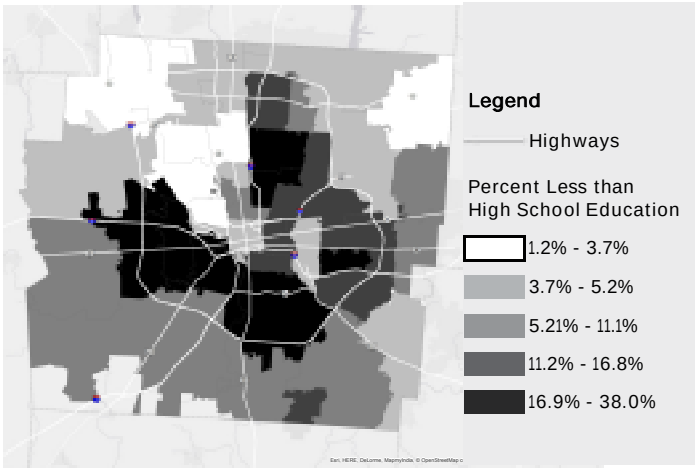
Educational attainment is defined as the highest degree or level of education completed by adults who are 25 years and older. A large body of evidence links education with health, even when other factors such as income are taken into consideration. Interrelated pathways in which education influences health, including health knowledge and behaviors; employment and income; and social and psychological factors, such as a sense of control, social standing and social networks.

TABLE 7: EDUCATION LEVEL (ADULTS 25 YEARS AND OLDER)[2]
Franklin County and Ohio, 2010-2014

	Franklin County	Ohio
Less than 9th grade	3.0%	3.2%
Some high school (no diploma)	7.7%	8.0%
High school graduate/GED	25.5%	34.5%
Some college (no degree)	20.9%	20.7%
Associate's degree	6.7%	8.1%
Bachelor's degree	23.4%	16.1%
Graduate or professional degree	13.4%	9.5%

In Franklin County, 10.7% of the population (25 years and older) have less than a high school education, ranging by ZIP code from 1% to 38%.[2] Slightly more than 25% have only a high school diploma or GED equivalent as their highest level of educational attainment.[2] However, Franklin County has a greater proportion of the population with a high level of educational attainment compared to Ohio, with over 1 in 3 Franklin County residents 25 years and older having achieved a Bachelor's degree or higher.

MAP 2: LESS THAN HIGH SCHOOL DIPLOMA[2]
By ZIP Code
Franklin County, 2011-2015



ECONOMIC STABILITY

Employment Status[2]

Educational attainment directly impacts future employment opportunities and, therefore, employment status. Employment status is broken down into several categories: not in labor force, in civilian labor force, or in armed forces. Within the civilian labor force, workers can either be employed or unemployed. The overall unemployment rate is the proportion of the civilian labor force that is currently unemployed.

The unemployment rate in Franklin County is 8.1%, which is lower than the unemployment rate of 9.2% for Ohio.

TABLE 8: EMPLOYMENT STATUS[2]
Population 16 years and older
Franklin County and Ohio, 2010-2014

	Franklin County	Ohio
Not in Labor Force		
Total	30.5%	36.4%
In Labor Force		
Total	69.5%	63.6%
Civilian labor force	69.5%	63.5%
Employed	63.9%	57.7%
Unemployed	5.6%	5.8%
Armed forces	0.1%	0.1%
Unemployment Rate		
Civilian Labor Force	8.1%	9.2%

Household Income[2]

The employment status of all adolescents and adults in a household contributes to their overall household income level. While information about household income can be used alone to assess certain populations, it is most helpful when household size is also taken into consideration to create a more complete picture of how many people are dependent on that household income.

The median household income in Franklin County is $51,890 which is 6% higher than the median household income of $48,849 in Ohio. The per capita income, which is the area's total income divided by the total population, is $28,807 in Franklin County and $26,520 in Ohio.

TABLE 9: HOUSEHOLD INCOME[2]
Franklin County and Ohio, 2010-2014

	Franklin County	Ohio
Per capita income	$28,807	$26,520
Median household income	$51,890	$48,849

ECONOMIC STABILITY, *CONTINUED*

Poverty Status[2]

Living in poverty or a low-income household greatly affects individual health outcomes. Poverty status, which is determined by household income and size, is directly linked to educational attainment, employment status, housing stability and affordability, transportation availability, food access, insurance coverage, and access to care — all of which contribute to the status of health.

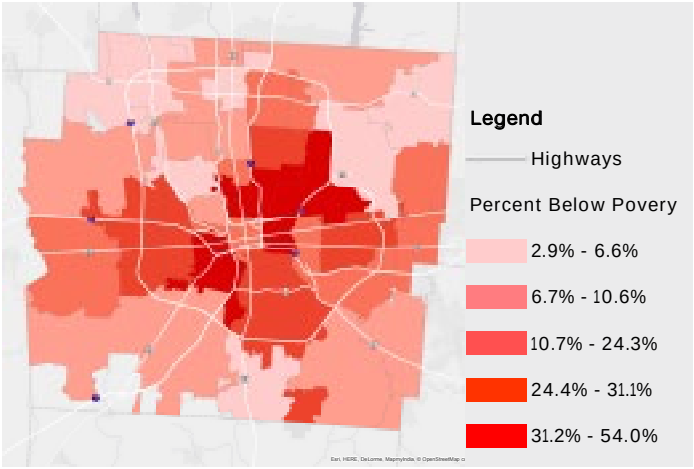
TABLE 10: FEDERAL POVERTY LEVEL (FPL)[2]
Franklin County and Ohio, 2010-2014

	Franklin County	Ohio
< 100% FPL	18.0%	15.9%
100%-199% FPL	17.5%	18.4%
≥ 200% FPL	64.5%	65.7%

Note: From 2010-2014, the 100% federal poverty level for an individual ranged from $10,830 to $11,670; and for a family of four ranged from $22,050 to $23,850.

In Franklin County, 18% of residents live in poverty which is higher than the rate of poverty in Ohio. The percent of poverty in Franklin County ranges by ZIP code from 3% to 54%. People living in areas of low poverty tend to have a longer life expectancy. However, poverty does not solely explain the unequal life expectancies between ZIP codes.

MAP 3: POVERTY[2]
By ZIP Code
Franklin County, 2011-2015



See "Mortality" on page 10-1 for additional information about violence and homicide.

[1] The Institute of Medicine. *Disparities in Health Care: Methods for Studying the Effects of Race, Ethnicity, and SES on Access, Use, and Quality of Health Care,* 2002. http://www.iom.edu/~/media/Files/Activity%20Files/Quality/NHDRGuidance/DisparitiesGornick.pdf

[2] U.S. Census Bureau, American Community Survey, 2010-2014.

[3] U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy, 2008-2012. Analysis by Community Research Partners (CRP).

[4] Community Shelter Board, *Point-in-Time Count of Homelessness in Columbus & Franklin County*, Columbus, Ohio, 2016.

[5] Community Shelter Board, Monthly Report on Program Occupancy Rates for Supportive Housing Programs, Columbus, Ohio, 10/07/2016.

[6] Feeding America, Map the Meal Gap, 2014.

[7] Office of Criminal Justice Services, Crime Statistics and Crime Reports, Ohio County Statistics, 2014.

[8] Franklin County Juvenile Detention Center, 2014. The geography for each arrest record represents the home city and ZIP code of the juvenile at the time of processing by the Franklin County Juvenile Detention Center, not the location of the crime event.

[9] Ohio Department of Health Vital Statistics, 2012-2014 (text), 2011-2015 (Homicide Map). Analysis by Office of Epidemiology, Columbus Public Health. Population data from U.S. Census Bureau, American Community Survey, 2011-2015.

[10] University of California, San Francisco, Center on Disparities in Health, 2011. *Exploring the Social Determinants of Health: Education and Health*. University of California, San Francisco. Princeton, NJ: Robert Wood Johnson Foundation.

[11] U.S. Housing and Urban Development, Comprehensive Housing and Affordability Strategy (CHAS) data, 2008-2012. Analysis by Community Research Partners.

ACCESS TO HEALTH CARE

Access to health care includes gaining entry into the local health care system, the ability to receive needed services, and the ability to pay for care. Limited access to health care comes at both a personal and societal cost. For example, those without access to appropriate preventative care may become ill and possibly spread the illness to others. Thus, an illness borne to an individual can lead to a larger burden on society. [1]

The Affordable Care Act (ACA) enacted in 2010 created a changing landscape for health care coverage. The primary goal of the ACA was to make affordable health care available to more people.[3] In 2017, the American Health Care Act (AHCA) was proposed. This ever changing health care coverage landscape creates continuing questions about the future of access to insurance coverage. The information below presents a snapshot of the status of Franklin County residents with the most current data available at the time of publication.

SOURCE OF CARE

Better health outcomes are associated with having a usual source of care.[2]

In Franklin County:

- Almost 90% of adults over 19 report having a usual source of care.[6]
  - More females over 19 reported having a usual source of care compared to males.[6]

Health Resource Availability

TABLE 1: HEALTH CARE PROVIDERS*,[4]
Franklin County and Ohio

	Franklin County	Ohio
Advance Practice Nurses	1,475:1	1,353:1
Physician Assistants	3,846:1	3,865:1
Physicians (All)	133:1	182:1
Family Practice Physicians	3,351:1	3,697:1
General Practice Physicians	33,783:1	45,725:1
Social Workers (LISW, LSW)	328:1	476:1
Chemical Counselors (Licensed)	2,587:1	2,966:1
Psychologists	2,589:1	3,829:1
Dentists	1,227:1	1,807:1
Optometrists	3,443:1	5,842:1

** Ratio of total population to 1 practitioner.*

UNINSURED

Access to health insurance coverage has been shown to be the most significant contributing factor to quality of care. The uninsured are less likely to get either recommended preventative care or disease management care making them more likely to have poor health status.[5]

Slightly more than 11% of Franklin County adults age 18 to 64 years are uninsured which is higher than in Ohio. In both Franklin County and Ohio, 4% of those under 18 are uninsured.

In Franklin County:

- One in 10 males are uninsured compared to 1 in 14 females.[7]
- 11% of blacks are uninsured compared to 7% of whites.[7]
- Over 20% of those born outside of the U.S. are uninsured compared to 7% of those who are native born.[7]
- Among those living below federal poverty level 11% are uninsured compared to 14% in Ohio.[7]

CHART 1: PERCENT UNINSURED[7]
By Age
Franklin County and Ohio, 2015

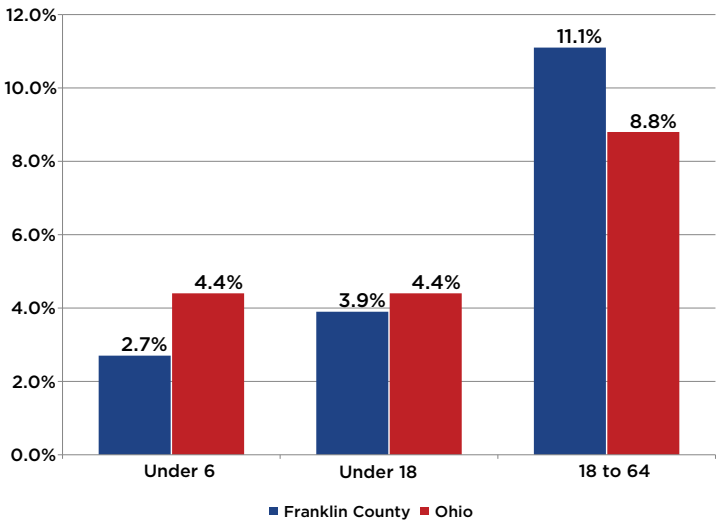
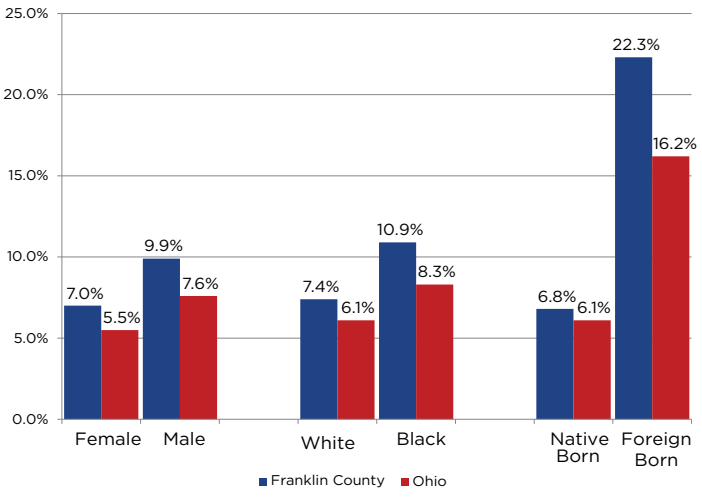


CHART 2: PERCENT UNINSURED[7]
By Sex, Race and Nativity
Franklin County and Ohio, 2015

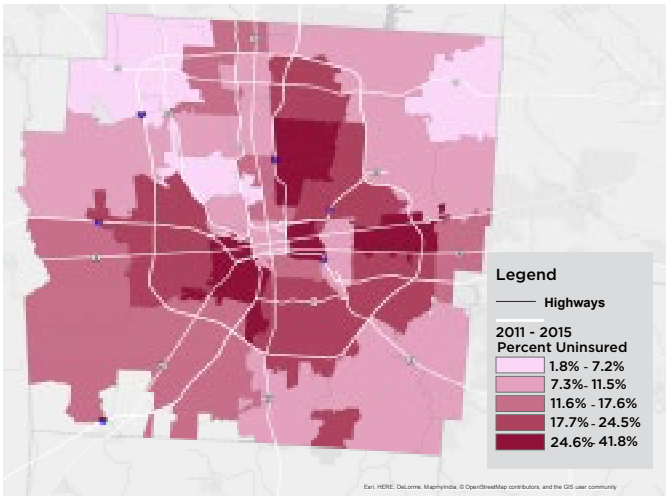


UNINSURED, *CONTINUED*

According to the Robert Wood Johnson Foundation, neighborhoods with low health insurance rates often have fewer providers, hospital beds and emergency resources than areas with higher rates. Therefore, those without insurance often live sicker lives due to receiving care later and often not receiving recommended preventative care at all.[2]

In Franklin County, the percent of uninsured, among those 18 to 64 years, ranges from over 40 percent to less than 2 percent across ZIP codes. Those areas with higher percentage of uninsured tend to mirror those areas with higher poverty rates (see poverty map in Social Determinants chapter).

MAP 1: PERCENT UNINSURED[7]
Residents Ages 18 TO 64
Franklin County, 2011-2015



UNMET HEALTH CARE NEEDS

Overall

In Franklin County:

- One in eight adults reported having an unmet dental care need (due to any reason) in the past 12 months.[6]
- More than 1 in 9 reported having an unmet vision care need (due to any reason) in the past 12 months.[6]
- About 6% reported having unmet mental health care needs (due to any reason) in the past 12 months.[6]
  - 8% of women reported unmet mental health needs compared to 5% of men in the past month.[6]

UNMET HEALTH CARE NEEDS, *CONTINUED*

Due to Cost

Cost can be a barrier to care whether an individual is insured or uninsured. Nationally, one in six people under 65 had premium and out of pocket costs totaling more than 10% of the family income in 2009.[2]

COMMUNITY TALK

Focus Group Participant:

"If I want medical, that costs money. If I want dental, that costs money. All of that would take about $90 out of my paycheck each month, so I just take medical and hope that nothing happens."

In Franklin County:

- Almost 12% of Franklin County adults (includes insured and uninsured) reported they couldn't afford a health care visit in the past 12 months even though it was needed. This percent is similar to that of Ohio.[8]
  - Twice as many males as females reported they couldn't afford a needed health care visit in the past 12 months.[8]
  - Twice as many non-Hispanic Blacks reported they couldn't afford a needed health care visit in the past 12 months.[8]
  - Those in the 45 to 64 year age group reported the highest percent of those who couldn't afford a needed health care visit in the past 12 months.[8]
- Over 20% reported having a major medical cost while uninsured.[6]
- Almost 1 in 5 reported delaying or avoiding getting any health care, including prescription drugs, because they were uninsured.[6]

Related to Substance Abuse Treatment

Often those seeking treatment for substance abuse can find a "treatment gap" due to inability to access care, inability to afford care, fear or shame, or lack of screening for substance misuse or abuse by primary providers.[10]

In Franklin County:

- One in 12 of those age 18 to 25 years reported needing, but not receiving, treatment for illicit drug use in the past year.[11]
- One in 8 of those 18 to 25 years reported needing, but not receiving, treatment for alcohol use in the past year. [11]

PSYCHIATRIC CRISIS AND EMERGENCY SYSTEM TASK FORCE (PCES)

In response to psychiatric patients in crisis overwhelming hospital emergency departments and posing serious challenges to other freestanding behavioral health and addiction crisis programs, representatives from a broad spectrum of community stakeholders joined together in November 2014 to identify ways to improve the psychiatric crisis and emergency services system in Franklin County. This group, known as the Psychiatric Crisis and Emergency System Task Force (PCES), issued a set of recommendations in February 2016. The PCES now includes several workgroups that are actively engaged in implementing the Task Force recommendations.
http://www.pcestaskforce.org/

QUALITY IN HEALTH CARE

According to the Institute of Medicine, while health care services are not the only, or even the most important determinant of population health, their quality matters to individuals and families and influences both health outcomes and the costs of health care.[9]

HEALTHCARE COLLABORATIVE OF GREATER COLUMBUS

Regional Health Care Improvement Project

A local nonprofit, public-private partnership, the Healthcare Collaborative of Greater Columbus (HCGC) serves to improve the value of health care for all people in greater Columbus by encouraging collaboration among public and private partners. One project it has initiated is to improve local health care transparency. The initiative currently has 12 health care affiliated participants. Electronic medical records are used to look at select measures endorsed by the National Quality Forum, including measures around diabetes, blood pressure and cancer. See charts 3 and 4 for examples of their results. www.ourhealthcarequality.org.

Percent of reporting practices at or above Healthy People 2020 target:

CHART 3: COLORECTAL CANCER SCREENINGS
Select Franklin County Providers, 2014-2016

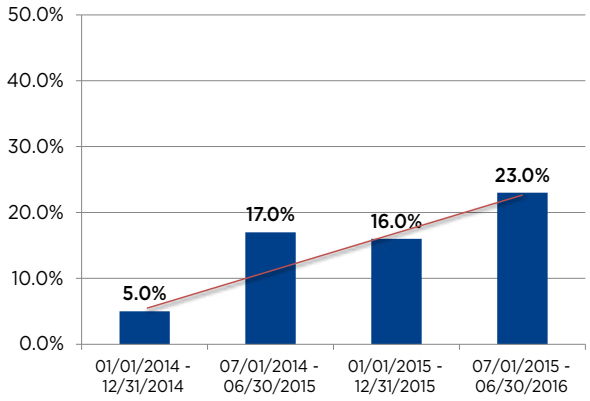
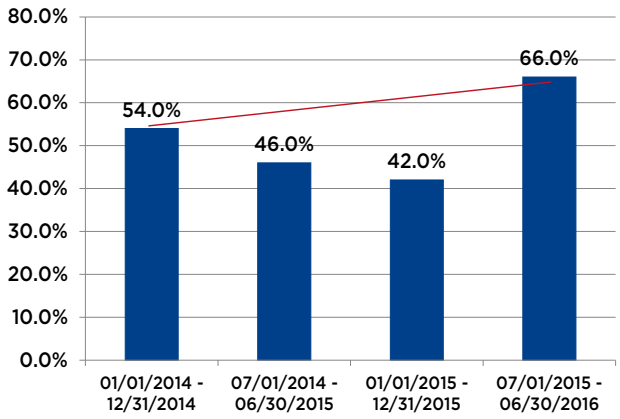


CHART 4 : DIABETES MANAGEMENT
Select Franklin County Providers, 2014-2016



See "Social Determinants of Health" on page 2-1 for additional information regarding availability of homeless beds.

[1] Chapter 9. *Access to Health Care*. Content last reviewed October 2014. Agency for Health Care Research and Quality, Rockville, MD. http://www.ahrq.gov/research/findings/nhqrdr/nhqr11/chap9.html

[2] *Why is Access to Care Important to Health?*, County Health Rankings and Roadmaps. A Robert Wood Johnson Foundation program. http://www.countyhealthrankings.org/our-approach/health-factors/access-care

[3] www.healthcare.gov

[4] Ohio Department of Administrative Services, 2017 (Nurses, Physicians Assistants, Physicians, Social Workers, Dentists). ; Ohio Board of Psychology, 2017 (psychologist).; Ohio Board of Optometry, 2017 (Optometrists).

[5]Robert Wood Johnson Foundation (RWJF). *What is the link between having health insurance and getting adequate health care?* Princeton: Robert Wood Johnson Foundation (RWJF); August 2011. Health policy snapshot. http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf71437

[6]Ohio Medicaid Assessment Survey, Ohio Colleges of Medicine Government Resource Center, The Ohio State University, 2015.

[7]American Community Survey, U.S. Census, 2011-2015. .

[8] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2015. Analysis by Columbus Public Health, Office of Epidemiology. Data provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

[9] Clancy C, Munier W, Brady J, et al. 2012 National Health Care Quality report. Rockville, MD: Agency for Health Care Research and Quality (AHRQ); 2013.

[10] U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

[11] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Average for 2012, 2013 and 2014. https://www.samhsa.gov/data/population-data-nsduh

MATERNAL & INFANT HEALTH

The health of mothers and infants determines the health of the next generation. For this reason, maternal and infant health indicators are often the most sensitive predictors of a community's overall health and well-being. Together, they help tell a story about how our health and social services delivery systems affect the quality of life of our most vulnerable residents.

PRECONCEPTION HEALTH

Women 18 to 44 years of age

The preconception health period is defined as the time in a person's life before they conceive a baby. Though there are preconception health indicators for men as well, this section focuses on indicators for women, specifically those ages 18 to 44 years. The overall health status of a woman before she is pregnant is a reliable predictor of the health of her baby. When preconception health indicators for a community are good, birth outcomes are better.

TABLE 1: SELECT PRECONCEPTION HEALTH INDICATORS

Women 18 to 44 years

Franklin County and Ohio, 2011-2015

	Franklin County	Ohio
Check-up (in the past year)[1]	70.5%	65.7%
Influenza Vaccine (in past 12 months)[1]	35.7%	31.2%
General Health Status (good or better health)[1]	87.2%	88.0%
Depressive Disorder (ever diagnosed)[1]	27.4%	26.5%
Binge Drinkers (≥ 4 drinks on one occasion)[1]	23.7%	20.8%
Current Smokers[1]	23.2%	27.1%
Overweight or Obese[1]	53.2%	52.8%
Did NOT meet Aerobic or Strengthening Physical Activity Guidelines[1]	39.6%	41.5%
Fruit Consumption (<1 per day)[1]	38.4%	40.9%
Vegetable Consumption (<1 per day)[1]	23.6%	23.0%
Hypertension[1]	14.6%	10.4%
Health Care Coverage[2]	89.9%	91.8%

Health Behaviors[1]

Drinking and smoking are two leading causes of adverse birth outcomes. These behaviors impact the mother's health, her ability to carry a full-term birth, and a baby's development.

In Franklin County:

- One in four women age 18 to 44 years reported being binge drinkers defined as having had four or more drinks on one occasion.
- 23% of women age 18 to 44 are current smokers.

PRECONCEPTION HEALTH, *CONTINUED*

Health Behaviors[1], *continued*

In Franklin County:

- Almost 40% of women age 18 to 44 years do not meet both physical activity and strength training guidelines.
- 40% of women age 18 to 44 years consume fruit less than once a day.
- 1/4 of women age 18 to 44 years consume vegetables less than once a day.

Chronic Conditions[1]

In Franklin County:

- 26% of women age 18 to 44 years are obese.
- 15% of women age 18 to 44 have been told by a doctor that they had hypertension.

SELECT PREGNANCY OUTCOMES

In Franklin County:

- Nearly 9% of all births were born low birth weight (< 2,500 grams or 5.5 pounds).[3]
- Almost 11% of all Franklin County births were preterm (< 37 weeks gestation).[3]
- Among females ages 15-17 years, there were 12 births for every 1,000 females.[3]
- The neonatal abstinence syndrome (NAS) rate is higher than the rate for Ohio.[4]
- The abortion rate is 11 for every 1,000 females.[5]

TABLE 2: SELECT PREGNANCY OUTCOMES
Franklin County and Ohio, 2015

	Franklin County	Ohio
Infant mortality rate[3]	7.7	7.2
Fetal death rate[3]	6.2	6.7
Percent births low birth weight[3]	8.9%	8.5%
Percent births preterm (< 37 weeks)[3]	10.6%	10.3%
Teen birth rate (15-17 years)[3]	11.6	10.0
Average NAS Rate[4] (2011 - 2015)[4]	14.2	12.3
Abortion rate (15-44 years)[5]	11.7	8.9

CELEBRATE**ONE**

To address the differences among infants' opportunity to survive and thrive in Franklin County, the Mayor of the City of Columbus, along with other public and private partners including Columbus Public Health, established a collective impact initiative, CelebrateOne, to strategically reduce infant mortality and the disparities that drive adverse birth outcomes. Celebrate**One** leads clinical, social and community-driven interventions to improve the health and quality of life of women, babies and families.

http://celebrateone.info/

SELECT PREGNANCY OUTCOMES, *CONTINUED*

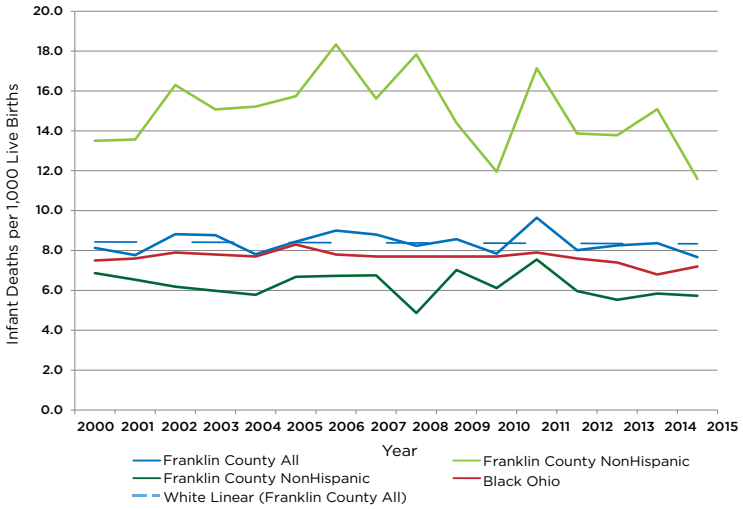
Infant Mortality[3]

Over a period of 16 years, from 2000 to 2015, Franklin County's overall infant mortality rate -- defined as the number of infant deaths per 1,000 live births -- remained unchanged and slightly higher than Ohio's. However, rates differ significantly by race within the county. As is documented across other dense, urban areas in the United States, Franklin County's non-Hispanic Black infant mortality rate is at least two times higher than that for the non-Hispanic White population.

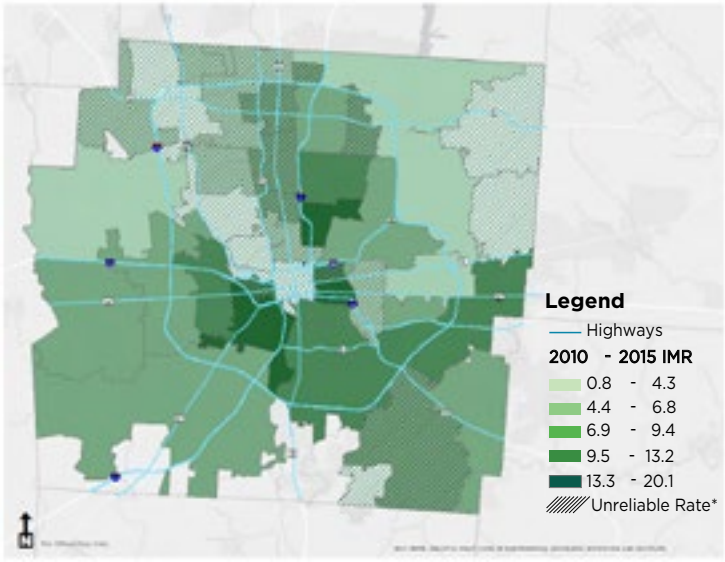
In Franklin County:

- The overall infant mortality rate is 7.7. A total of 147 infants died before reaching their first birthdays. These estimates are higher than those for Ohio,
  - 13% of those deaths were due to unsafe sleep conditions.
- Infant mortality rates range from 0.8 to 20.1.
  - Infant mortality rates improve (decrease) as you move away from the urban core (the middle of the county). This pattern is often duplicated for other undesirable health outcomes.
  - ZIP codes with the highest infant mortality rates are included in the Celebrate**One** priority areas.

CHART 1: INFANT MORTALITY RATE[3]
By Race and Ethnicity
Franklin County, 2000-2015



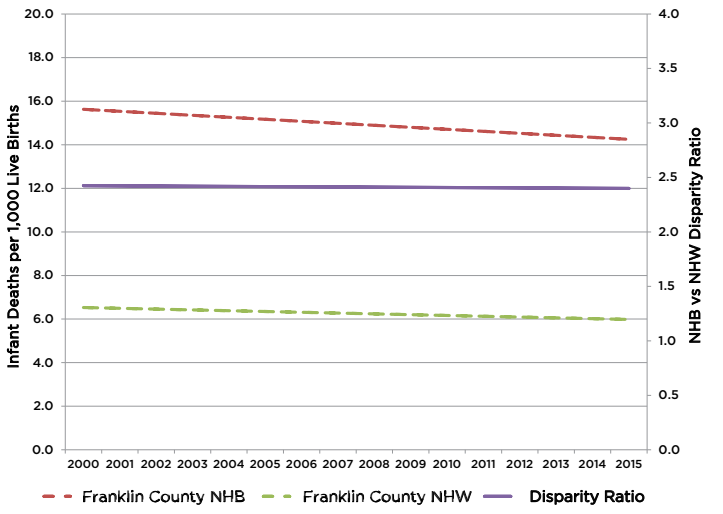
MAP 1: INFANT MORTALITY RATE[3]
By ZIP Code
Franklin County, 2010-2015



PERSISTENT DISPARITY

The gap between the infant mortality rate for Franklin County non-Hispanic Blacks and non-Hispanic Whites has not changed over the past 16 years. The disparity ratio, a measure of the difference in rates, will decrease toward 1 as the rates get closer to being equal. However, since 2000, Franklin County's non-Hispanic Black infant mortality rate has been 2.5 times higher on average than that for our non-Hispanic White population. This inequity is a symptom of a complex system involving policies and practices, most often rooted in racism, that have existed for decades. This complex system disenfranchises entire communities for generations by shaping people's opportunities for quality education, safe and affordable housing, economic stability, and health.

CHART 2: INFANT MORTALITY RATE[3]
By Race and Ethnicity
Franklin County, 2000-2015



See "Health Behaviors" on page 5-1 for additional information about preconception health indicators.

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, Atlanta, GA. 2011, 2013 & 2015 combined (Physical Activity), 2013 & 2015 (Fruit and Vegetable consumption), 2011-2015 (all other indicators). Analysis by Office of Epidemiology, Columbus Public Health. These data were provided by the Ohio Department of Health. The department specifically disclaims responsibility for any analyses, interpretations or conclusions. Due to changes made to BRFSS weighting structure data for 2011 and after CANNOT be compared to previous data.

[2] U.S. Census, American Community Survey, 2015.

[3] Ohio Department of Health, Vital Statistics, 2000-2015 (IMR Trends), 2010-2015 (IMR Map). Analysis by Office of Epidemiology, Columbus Public Health.

Infant Mortality: Number of deaths among infants (less than 1 year old) per 1,000 live births

Fetal Deaths: Number of fetal deaths per 1,000 live births and fetal deaths

Low Birth Weights: Percent of live births weighing less than 2,500 grams

Preterm Births: Percent of live births with gestational age less than 37 completed weeks

Teen Birth Rate: Number of live births to females ages 15-17 years per 1,000 females ages 15-17 years; Population estimates, U.S. Census, American Community Survey, 2015.

[4] Ohio Hospital Association, 2011-2015, Analysis by the Violence and Injury Prevention Program, Ohio Department of Health. Neonatal Abstinence Syndrome (NAS) is a set of symptoms associated with the abrupt withdrawal of opioids and other drugs when infants are born to mothers who were taking these substances. Average Rate = number of NAS hospitalizations per 1,000 live births.

[5] Ohio Department of Health, Induced Abortion Program, Analysis by Office of Epidemiology, Columbus Public Health, 2015. Abortion Rate: Number of induced abortions per 1,000 females ages 15-44 years.

HEALTH BEHAVIORS

Health behaviors can greatly impact overall health and wellbeing by either preventing or contributing to poor health outcomes, chronic conditions and premature death. This section examines both the positive (physical activity and healthy diet) and negative (smoking and heavy drinking) routine health behaviors of Franklin County residents, as well as periodic preventive behaviors (immunizations and screenings).

DIET

Eating more fruits and vegetables adds nutrients to diets, reduces the risk for heart disease, stroke and some cancers, and helps manage body weight when consumed in place of more energy-dense foods.[1]

In Franklin County:

- Almost half of adults consume fruit less than one time per day, which is similar to the fruit consumption among Ohio adults.[2]
  - More men consume fruit less than one time per day than women.[2]
  - More non-Hispanic Whites consume fruit less than one time per day than non-Hispanic Blacks.[2]
  - More 18 to 44 year olds consume fruit less than one time per day compared to those 45 to 64 years and 65 years and older.[2]
- One in four adults consume vegetables less than one time per day, which is similar to vegetable consumption among Ohio adults.[2]
  - More men consume vegetables less than one time per day than women.[2]
  - More non-Hispanic Blacks consume vegetables less than one time per day than non-Hispanic Whites.[2]
  - More adults 65 and older consume vegetables less than one time per day compared to 18 to 44 and 45 to 64 year olds.[2]

Centers for Disease Control and Prevention
Dietary Guidelines
https://www.cdc.gov/diabetes/ndep/pdfs/dietary_guidelines_slides.pdf

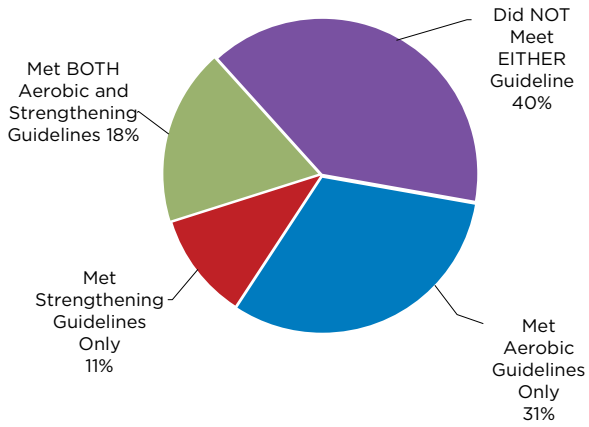
U.S. Department of Health and Human Services
Physical Activity Guidelines for Adults
https://health.gov/paguidelines/guidelines/adults.aspx

PHYSICAL ACTIVITY[2]

In Franklin County:

- Almost 4 out of 5 (78%) residents fall short of meeting both aerobic and strengthening physical activity guidelines.
  - 28% of adults meet only the aerobic physical activity guidelines.
  - 9% of adults meet only the strengthening physical activity guidelines.
  - 41% of adults do not meet either aerobic or strengthening physical activity guidelines.

CHART 1: PHYSICAL ACTIVITY GUIDELINES[2]
Franklin County Adults, 2015

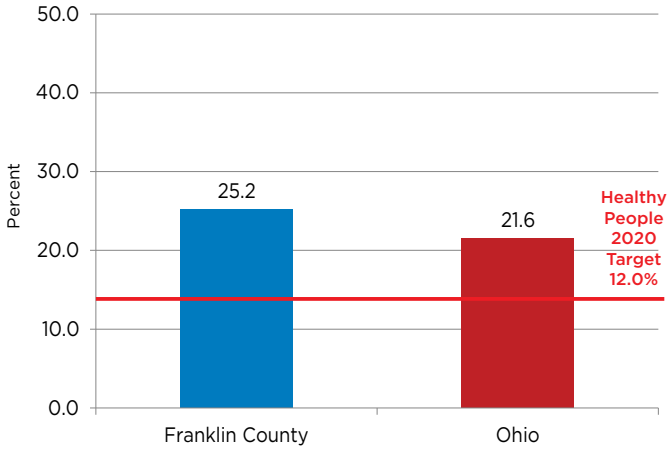


SMOKING

In Franklin County:

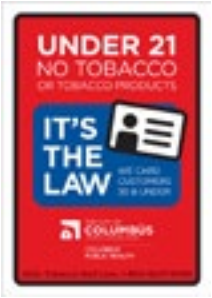
- 1/4 of adults are current smokers. Although this is comparable to Ohio, it is still well above the Healthy People 2020 goal of 12.0%.[2]
- Over 7% of children age 12 to 17 years have used a tobacco product (including cigarettes, chewing tobacco, snuff, cigars and pipe tobacco) in the past month.[4]

CHART 2: SMOKING[2]
Franklin County and Ohio Adults, 2015



TOBACCO 21

Smoking is the leading cause of preventable deaths in the U.S. It kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined.



To help combat these preventable deaths in our community, Columbus City Council passed a new ordinance that prevents the sale of tobacco products to youth under 21 years of age. Columbus Public Health now has the authority to regulate tobacco retailers by licensing and enforcing civil fines associated with Tobacco 21.

The Tobacco 21 law is in effect now, but will not be enforced until October 1, 2017.

https://www.columbus.gov/publichealth/programs/tobacco-21/

Ohio Tobacco Quit Line
1-800-QUIT-NOW

SUBSTANCE USE

Changes in the brain can occur with repeated use of alcohol and drugs resulting in substance use disorders. The most severe disorder results in addiction. According to the U.S. Surgeon General's *Report on Alcohol, Drugs, and Health (2016)*, "alcohol and drug misuse and related disorders are major public health challenges that are taking an enormous toll on individuals, families, and society." The results of alcohol and drug related crime and violence cause whole neighborhoods and communities to suffer. Few medical conditions are as misunderstood or involve such societal stigma as substance abuse. This stigma has caused substance use treatment to be segmented from the rest of health care and often leads to only a fraction of those in need receiving treatment.

Alcohol[2]

One in 16 Franklin County adults are heavy drinkers.

In Franklin County:

- More men are heavy drinkers than women. This is also true for Ohio.
- More non-Hispanic White adults are heavy drinkers than non-Hispanic Black adults.
- A higher percent of 18 to 44 year olds are heavy drinkers compared to those 65 and older.

Prescription Drugs[5]

In Franklin County:

- One in 15 adults (age 19 and older) reported misusing prescription pain medicine.
  - More men than women report misuse of prescription pain medicine.

Other Drugs[4]

Approximately 1 in 8 Franklin County residents report illicit drug use in the past month. This is higher than the use reported among Ohio residents.

In Franklin County:

- Almost 4% of the population reports dependence or abuse of illicit drugs in the past year.
  - Almost 4% of those age 12 to 17 years reported dependence or abuse.
  - Those in the 18 to 25 year age group showed the highest percent of reported dependence or abuse.
- One in 10 reported using marijuana in the past month. More than one in six reported using marijuana in the past year.
  - Those in the 18 to 25 year age group showed the highest percent of reported use for both time periods.
  - 8% of those 12 to 17 reported using marijuana in the past month and 14% reported using in the past year.

PREVENTION

Preventative care includes services like screenings, check-ups and patient counseling. These services and making healthy lifestyle choices are key steps to good health.

Cervical Cancer Screenings[2]

In Franklin County:

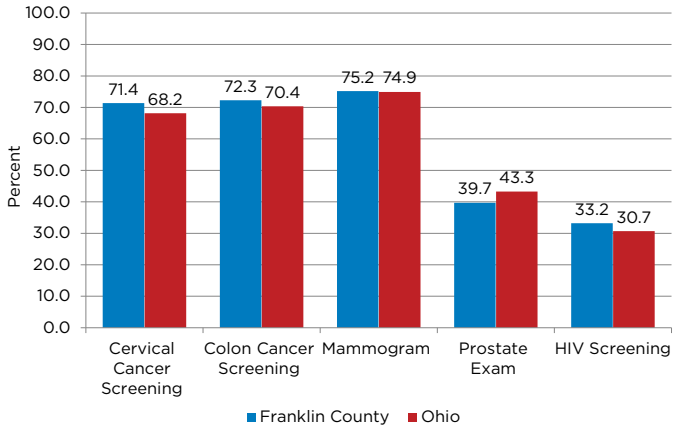
- Over 70% of women, 18 years and older, had a Pap test in the past 3 years.

Colon Cancer Screenings[2]

In Franklin County:

- Almost 73% of adults, 50 years and older, have ever had a colonoscopy or sigmoidoscopy.
- More women than men, 50 years and older, have ever had a colonoscopy or sigmoidoscopy.
- More non-Hispanic Blacks, 50 years and older, have ever had a colonoscopy or sigmoidoscopy than non-Hispanic Whites.

CHART 3: PREVENTION SCREENINGS[2]
Franklin County and Ohio Adults, 2015



Mammogram[2]

In Franklin County:

- Over 3/4 of women, ages 40 years and older, have had a mammogram within the past 2 years.
- Fewer non-Hispanic White women have had a mammogram within the past 2 years when compared to non-Hispanic White women in Ohio.

Prostate Exam[2]

In Franklin County:

- 40% of men, ages 40 years and older, have had a prostate exam within the past 2 years.
  - A higher proportion of men, ages 65 years and older, have had a prostate exam within the past 2 years compared to men, ages 45 to 64.

Human Immunodeficiency Virus (HIV) Screenings[2]

In Franklin County,

- 1/3 of adults have ever been screened for HIV. This amount is higher than the percent of adults screened in Ohio.
  - More non-Hispanic Black adults have ever been screened for HIV compared to non-Hispanic White adults.

PREVENTION, *CONTINUED*

Influenza Vaccination[2]

In Franklin County:

- Over 1/3 of adults have received an influenza vaccination in the past 12 months.
  - More non-Hispanic White adults have received an influenza vaccine in the past 12 months compared to non-Hispanic Black adults.
  - Influenza vaccination coverage increases as age groups increase.

Image: Centers for Disease Control and Prevention
https://www.cdc.gov/prevention/index.html

Pneumonia Vaccination[2]

- In Franklin County, 73% of adults 65 years and older have ever received a pneumonia immunization.

See the **Mortality** and **Chronic Conditions** section for additional information about illnesses resulting from poor health behaviors.

See the **Maternal and Child Health** section for additional information on conditions related to poor preconception health.

[1] Morbidity and Mortality Weekly Report, July 10, 2015 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a1.htm).

[2] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, Atlanta, GA. 2011-2015. Analysis by Office of Epidemiology, Columbus Public Health. Data were provided by the Ohio Department of Health. The department specifically disclaims responsibility for any analyses, interpretations or conclusions. Due to changes made to BRFSS weighting structure data for 2011 and after CANNOT be compared to previous data.

[3] American Community Survey, U.S. Census, 2015.

[4] Substance Abuse and Mental Health Services Administration, (SAMHSA), Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health: Substance Age Group Tables, Percentages. 2012, 2013, 2014. Annual Averages reported for 2012-2014. Illicit drugs include marijuana/hashish, cocaine, heroin, hallucinogens, inhalants or prescription type psychotherapeutics used non-medically.

[5] Ohio Medicaid Assessment Survey, The Ohio Colleges of Medicine Government Resource Center, 2015.

CHRONIC CONDITIONS

According to the Centers for Disease Control and Prevention, chronic conditions are among the most common, costly and preventable of all health problems. Multiple factors contribute to the development of chronic conditions, including health behaviors, clinical care, socio-economic determinants, and the physical environment. While not all of these factors can be controlled, there are several health behaviors, such as regular physical activity and a healthy diet, that can reduce the risk of developing a chronic condition.

ARTHRITIS[1]

In Franklin County:

- 1/4 of all adults have ever been told they have arthritis by a health professional. This is slightly lower than the prevalence of Ohio adults diagnosed with arthritis.
  - Women have a higher prevalence of arthritis than men in Franklin County.
  - Non-Hispanic Whites have a higher prevalence of arthritis than non-Hispanic Blacks.
  - The prevalence of arthritis increases with age.

ASTHMA[1]

In Franklin County:

- 11% of adults currently have asthma. This is slightly higher than the prevalence among Ohio adults.
  - The prevalence of asthma among women is almost double compared to that of men.
  - Non-Hispanic Blacks have a slightly higher prevalence of asthma than non-Hispanic Whites.

CANCER INCIDENCE[2]

Overall, Franklin County cancer incidence rates are higher than those of Ohio.

Overall Population

In Franklin County:

- The total cancer incidence for all sites is 463.0 per 100,000 people. This incidence is slightly higher than the rate of 453.4 per 100,000 people in Ohio.
  - Breast cancer is the leading site of new invasive cancer diagnoses; whereas in Ohio, lung and bronchus is the leading site of new invasive cancer diagnoses.

CANCER INCIDENCE, *CONTINUED*[2]

Females

In Franklin County:

- The total cancer incidence for all sites among females is 432.4 per 100,000 females. This incidence is slightly higher than the rate of 421.7 per 100,000 females in Ohio.
- The leading site of new invasive cancer diagnoses among females is breast cancer. This is the same for Ohio.
  - Females account for 99% of all new breast cancer diagnoses both in Franklin County and Ohio.

Males

In Franklin County:

- The total cancer incidence for all sites among males is 513.7 per 100,000 males. This incidence is slightly higher than the rate of 501.0 per 100,000 males in Ohio.
- The leading site of cancer incidence is prostate. This is the same for Ohio.
- Males are 40% more likely to receive a new lung or bronchus cancer diagnosis than females.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)[1]

In Franklin County:

- 6% of adults have ever been told by a health care provider that they have COPD. This is slightly lower than the prevalence among Ohio adults.
  - Twice as many women have been told they have COPD when compared to men.
  - The prevalence of COPD is over 4 times higher among non-Hispanic Whites than among non-Hispanic Blacks.
  - The prevalence of COPD among 45 to 64 year olds is almost 5 times higher than for 18 to 44 year olds. The prevalence of COPD among adults 65 years and older is over 3 times higher than for 18 to 44 year olds.

DIABETES[1]

In Franklin County:

- 11% of adults have ever been told by a health care professional that they have diabetes. This is about the same as the prevalence among Ohio adults.
  - The prevalence of diabetes is approximately the same among women and men.
  - Non-Hispanic Blacks have a slightly higher prevalence of diabetes than non-Hispanic Whites.
  - The prevalence of diabetes among 45 to 64 year olds is almost 4 times higher than 18 to 44 year olds. The prevalence of diabetes among adults 65 years and older is almost 8 times higher than 18 to 44 year olds.

HEART DISEASE[1]

In Franklin County:

- 2% of adults have ever been told by a health care professional that they have heart disease. This is half as high as the prevalence among Ohio adults.
  - There is no difference in the prevalence of heart disease between women and men.
  - Non-Hispanic Whites have a slightly higher prevalence of heart disease than non-Hispanic Blacks.
  - The prevalence of heart disease among adults 65 years and older is over 4 times higher than among those 45 to 64 years old.

STROKE[1]

In Franklin County:

- Almost 1 in 20 adults have ever been told by a health care professional that they have had a stroke. This is slightly higher than the prevalence among Ohio adults.
  - Men have a higher prevalence of stroke than women.
  - The prevalence of stroke is the same among non-Hispanic Blacks and non-Hispanic Whites.
  - The prevalence of stroke among 45 to 64 year olds is 15 times higher than 18 to 44 year olds. The prevalence of stroke among adults 65 years and older is 19 times higher than 18 to 44 year olds.

WEIGHT

In Franklin County:

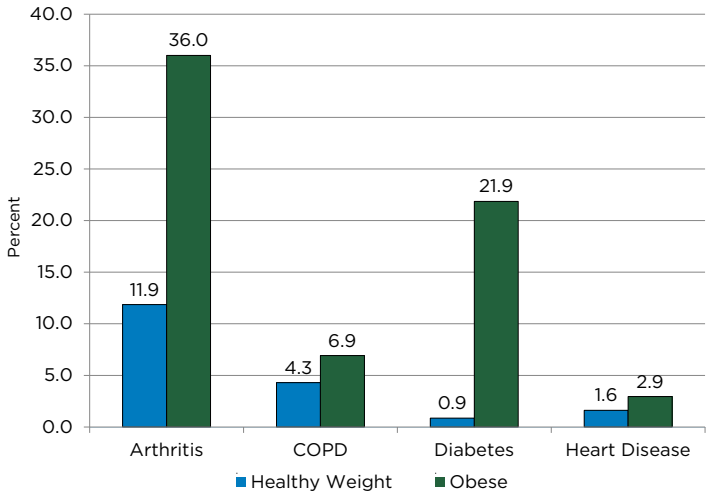
- 65% of adults are overweight or obese. This is slightly lower than the prevalence among Ohio adults.[1]
  - Men have a higher prevalence of being overweight or obese than women.
  - Non-Hispanic Blacks have a slightly higher prevalence of being overweight or obese than non-Hispanic Whites.[1]
  - The prevalence of being overweight or obese increases as age group increases.[1]

WEIGHT, *continued*

Being obese, compared to those with a healthy body weight, puts people at an increased risk for many of the chronic conditions listed above.[3] In Franklin County, those who are obese, are almost twice as likely to suffer from arthritis, COPD, diabetes and heart disease.

- Arthritis is over 3 times higher among those who are obese compared to those with a healthy weight.[1]
- Diabetes is almost 20 times higher among those who are obese compared to those with a healthy weight.[1]

CHART 1: CHRONIC CONDITIONS BY WEIGHT[1] Franklin County Adults, 2015



See "Health Behaviors" on page 5-1 for additional information about health behaviors that can either lead to or complicate chronic conditions.

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, Atlanta, GA. 2015. Analysis by Office of Epidemiology, Columbus Public Health. Data were provided by the Ohio Department of Health. The department specifically disclaims responsibility for any analyses, interpretations or conclusions.

[2] Ohio Department of Health, Ohio Cancer Incidence Surveillance System, 2011-2013. Analysis by Office of Epidemiology, Columbus Public Health.

[3] Centers for Disease Control and Prevention, *Adult Obesity Causes & Consequences*, https://www.cdc.gov/obesity/adult/causes.html

MENTAL HEALTH

Mental health includes our emotional, psychological and social well-being. Mental health conditions can impact a person's thinking, mood and behavior. Many factors over the course of a lifetime can effect mental health, including biological factors, life experiences such as trauma or abuse, and family history. Mental health conditions are common, but people can get better and often recover completely.[1]

POOR MENTAL HEALTH DAYS[2]

In Franklin County:

- One in eight adults report they have had at least 15 days in the past month of poor mental health, which includes stress, depression and problems with emotions. This is similar to Ohio.
  - More women than men report having had at least 15 days of poor mental health in the past month.
  - People 18 to 44 years report the highest percent of having had at least 15 days of poor mental health in the past month.

DEPRESSION[2]

In Franklin County:

- One in five adults report they have ever been diagnosed with a depressive disorder. This is similar to Ohio.
  - More women than men report ever being diagnosed with a depressive disorder.
  - Over twice as many non-Hispanic White adults report ever being diagnosed with a depressive disorder as non-Hispanic Black adults.

ANXIETY[2]

In Franklin County:

- 10% of adults have ever been diagnosed with an anxiety disorder. This is lower than for adults in Ohio.
  - More women than men report ever being diagnosed with an anxiety disorder.
  - Almost 3 times as many non-Hispanic Black adults report ever being diagnosed with an anxiety disorder as non-Hispanic White adults.
  - Only 1% of adults age 65 and older report ever being diagnosed with an anxiety disorder, compared to approximately 13% of adults between 18 and 64 years.

SUICIDE

In Franklin County:

- Over 4% of those 12 and older have had serious thoughts of suicide in the past year.[3]
  - One in 12 of those ages 18 to 25 years have had serious thoughts of suicide in the past year.[3]
- The rate of suicide is 11.8 per 100,000 population.[4]
  - Almost four times as many males commit suicide when compared to females.
  - Twice as many non-Hispanic White individuals commit suicide when compared to non-Hispanic Blacks.[4]
  - The highest rate of suicide is among non-Hispanic white males.[4]

SUICIDE PREVENTION

The Franklin County Psychiatric Crisis Line for youth and adolescents ages 17 and under is provided exclusively by Nationwide Children's Hospital.

The psychiatric crisis line is available 24 hours a day, 365 days a year to address the growing need of mental health and substance abuse crisis services for youth and adolescents.

Youth and Adolescent Psychiatric Crisis Line: 614-722-1800

Franklin County adults, 18 years of age and older, can seek psychiatric crisis care at Netcare Access. Netcare Access provides 24-hour mental health and substance abuse crisis intervention, stabilization and assessment.

Netcare Access Adult Crisis Line: 614-276-CARE (2273)

See the **Access** section for additional information regarding availability of mental health professionals.

See the **Health Behavior** section for additional information about substance use/abuse.

See the **Mortality** section for additional information about suicide.

See the **Injury** section for additional information about drug overdose and opiates use.

[1] U.S. Department of Health & Human Services. www.mentalhealth.gov

[2] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, Atlanta, GA. 2015. Analysis by Office of Epidemiology, Columbus Public Health. Data were provided by the Ohio Department of Health. The department specifically disclaims responsibility for any analyses, interpretations or conclusions.

[3] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Average for 2012, 2013 and 2014. https://www.samhsa.gov/data/population-data-nsduh

[4] Ohio Department of Health Vital Statistics, 2013-2015. Analysis by Office of Epidemiology, Columbus Public Health. The Ohio Department of Health specifically disclaims responsibility for any analyses, interpretations or conclusions.

INFECTIOUS DISEASE

Infectious diseases are caused by microorganisms, including bacteria, viruses, fungi and parasites. Depending on the organism, transmission can occur from human, animal, vector (e.g., mosquito), and/or environmental sources. Infectious diseases may be prevented through a variety of interventions, including hand hygiene, safe sex practices, water treatment, proper food handling, disinfection of environmental surfaces, and vaccination (for certain diseases). This section presents data on select infectious diseases of public health importance in Franklin County.

TABLE 1: SELECT INFECTIOUS DISEASES
Franklin County and Ohio, 2014 and 2015

	Franklin County		Ohio
	Number of Cases$_{\Delta}$	Rate*	Rate*
Enteric Diseases[1,2]			
Hepatitis A†	5	0.4	0.2
Listeriosis	4	0.3	0.3
Salmonellosis	148	12.0	10.2
Shiga Toxin-Producing *Escherichia coli* (STEC)	52	4.2	1.8
Sexually Transmitted Infections			
Chlamydia[3,4]	9,442	788.4	491.4
Gonorrhea[3,4]	3,264	272.5	143.6
Syphilis (primary and secondary)[5,6]	252	21.0	4.9
Living with diagnosed HIV^{x} infection[7]	4,642	377.0	186.4
New diagnosis of HIV^{x} infection[7]	215	17.5	8.2
Tuberculosis			
Tuberculosis[1,7]	49	4.0	1.3
Vaccine-Preventable Diseases[1,2]			
Influenza-associated hospitalization^	240	19.2	29.1
Measles	1	0.1	3.3
Meningococcal disease	1	0.1	0.1
Mumps	415	33.7	4.8
Pertussis	279	22.7	11.3
Rubella	0	0	0

Notes:
ΔCases = Incidence: number of newly diagnosed
**Per 100,000 population*
†Also a vaccine-preventable disease
^{x}HIV = Human Immunodeficiency Virus
^October 4, 2015 - April 30, 2016 (MMWR weeks 2015:40 - 2016:17)

ENTERIC DISEASES

Enteric diseases typically enter the body through the mouth from contaminated food or water, by contact with animals or their environments, or by contact with the feces of an infected person.[10]

In Franklin County:

- Rates of hepatitis A and listeriosis are low as they are in Ohio.[1]
- The rate of salmonellosis is higher than the rate in Ohio overall. In 2014, the rate of salmonellosis was the highest rate of any reportable enteric disease in the County.[1]
- The rate of Shiga toxin-producing *Escherichia coli* (STEC) is higher than in Ohio.[1]
- Shigella was the most common enteric disease seen among children in 2011-2015.[1]

INFECTIOUS DISEASE REPORTING SYSTEM (IDRS)

For over 14 years, Columbus Public Health and Franklin County Public Health have joined forces to make the reporting, tracking and investigation of infectious disease cases easier and more convenient through the centralized Infectious Disease Reporting System (IDRS). This system provides early identification of potential outbreaks and new trends in infectious diseases. Infectious disease staff ensure proper investigation, timely case follow-up of all reports and preventive interventions to reduce secondary cases.

www.idrsinfo.org

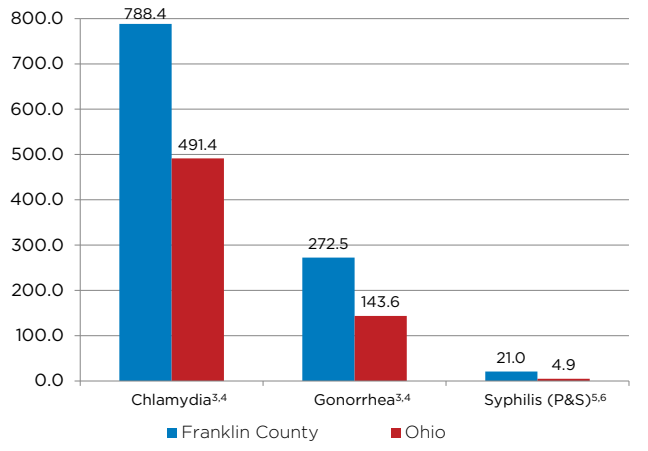
OUTBREAK INVESTIGATIONS

- There were 104 infectious disease outbreaks in Franklin County in 2015.[11]

SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections (STI) are viewed as a "hidden epidemic" with tremendous health and economic consequences by an Institute of Medicine report.[12] STIs can lead to long-term health consequences such as infertility, facilitate HIV transmission, and stigmatize entire subgroups of Americans.[13] STI rates are much higher in Franklin County than in Ohio and the U.S. overall. There are also substantial gender and racial disparities in STI incidence in Franklin County.

CHART 1: SEXUALLY TRANSMITTED INFECTION RATES
Franklin County and Ohio, 2015



SEXUALLY TRANSMITTED INFECTIONS, *CONTINUED*

Chlamydia

In Franklin County:

The chlamydia rate is over 700 per 100,000 and is 40% higher than the rate for Ohio.[3,4]

- The chlamydia rate is nearly two times higher among females than among males.[3]
- The rate among Blacks is over six times higher than among Whites.[3]

- ZIP code based chlamydia rates range from 5.9 to well over 2,000 per 100,000 people.[3]

Syphilis[5]

Information is presented here for primary and secondary syphilis.

In Franklin County:

- The syphilis rate is 21 per 100,000 and has increased significantly since 2011. In 2014, a syphilis outbreak was declared by local public health.*
  - The rate of primary and secondary syphilis is nearly 10 times higher among males than among females.
  - The rate of primary and secondary syphilis is nearly four times greater among Blacks than among Whites.

MAP 1: CHLAMYDIA RATES[3]
By ZIP Code
Franklin County, 2013-2015

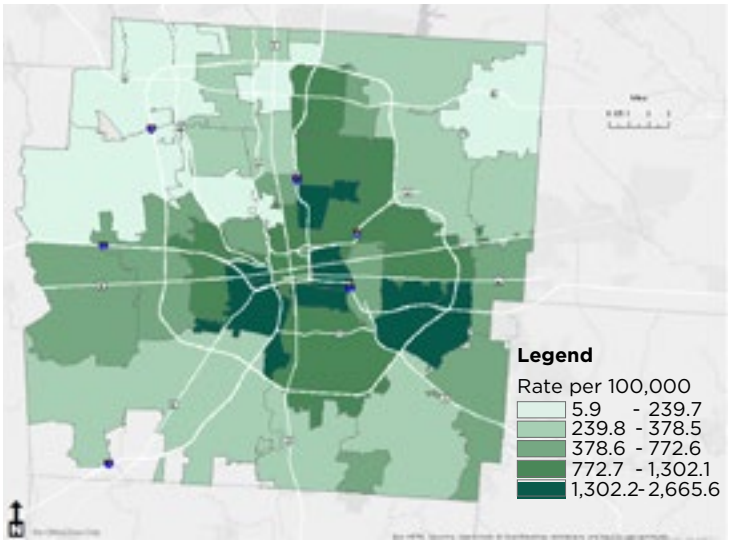
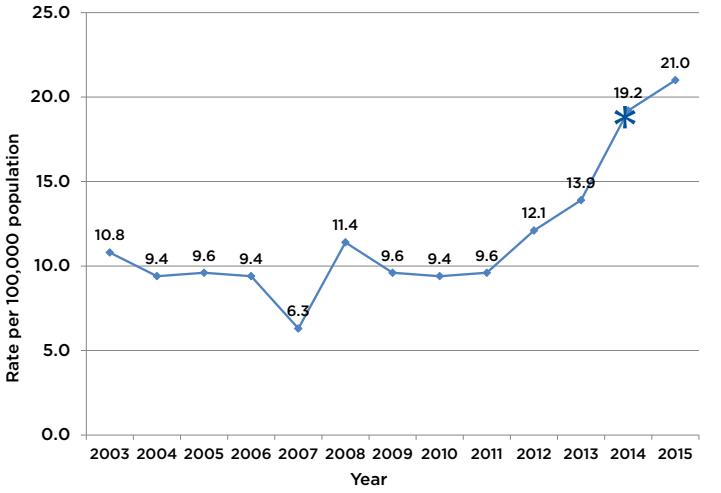


CHART 2: INCIDENCE OF PRIMARY AND SECONDARY SYPHILIS[5]
Franklin County, 2003-2015



CALL TO ACTION: Syphilis rates are increasing among women, their babies and men throughout the United States. Untreated syphilis can cause severe medical issues. Efforts are needed to create new tools to detect and treat syphilis, increase testing, control the further spread of syphilis, and improve electronic medical records in order to improve patient outcomes. - Centers for Disease Control and Prevention, Press Release, 2017.

SEXUALLY TRANSMITTED INFECTIONS, *CONTINUED*

Gonorrhea

In Franklin County:

- The gonorrhea rate is 245 per 100,000 and is 60% higher than the rate for Ohio.[3,4]
  - The gonorrhea rate is higher among males than among females.[3]
  - The gonorrhea rate for Blacks is seven times higher than among Whites.[3]

Human Immunodeficiency Virus (HIV)[7]

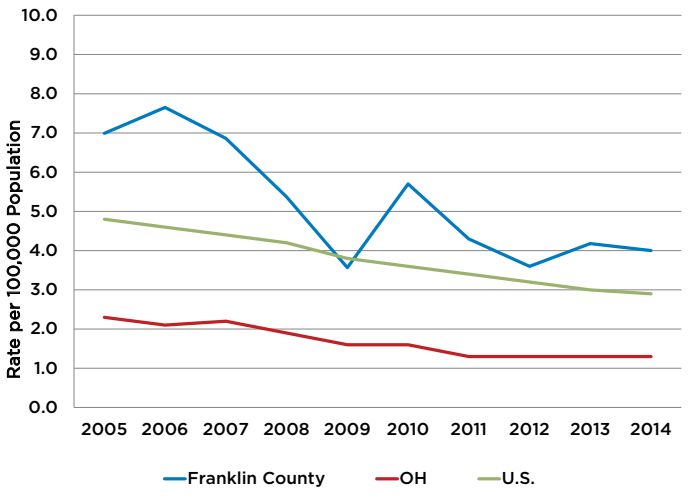
- The prevalence of persons living with diagnosed HIV is 377 per 100,000 which is over twice the rate for Ohio.
  - The prevalence of persons living with diagnosed HIV is over four times higher among males than among females.
  - The prevalence of persons living with diagnosed HIV is over two times greater among non-Hispanic Blacks than among non-Hispanic Whites.
- The rate of newly diagnosed HIV infections is almost 18 per 100,000 which is over twice the rate of Ohio.
  - The rate of new diagnoses of HIV infection is over seven times higher among males than among females.
  - The rate of new diagnoses of HIV is over three times greater among non-Hispanic Blacks than among non-Hispanic Whites.

TUBERCULOSIS (TB)[8]

In general, from 2005 to 2014, TB rates declined in Franklin County, Ohio and the U.S. However, the TB rate is higher in Franklin County than both Ohio and the U.S. Franklin County has the highest TB rate of all counties in Ohio.

- Compared to other racial/ethnic groups, non-Hispanic Asians have the highest TB rate in Franklin County, followed by non-Hispanic Blacks.
- TB incidence increases with age. Compared to other age groups, persons aged 65 years and older have the highest TB rate in Franklin County.
- The TB rate is over 30 times higher among the foreign-born population than among the U.S.-born population.
  - In 2014, 80% of Franklin County TB cases were foreign-born.

CHART 3: INCIDENCE OF TUBERCULOSIS[8,9]
Franklin County, Ohio, and the U.S., 2005-2014



HEALTH CARE-ASSOCIATED INFECTIONS[14]

Health care uses many types of invasive devices and procedures to treat patients. Infections can be associated with these devices, such as catheters or ventilators.

In 2014, acute care hospitals in Franklin County reported:

- 84% fewer central line-associated bloodstream infections (CLABSIs) than predicted in critical care locations.
- 43% more catheter-associated urinary tract infections (CAUTIs) than predicted in critical care locations.
- Approximately the same number of hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections as predicted.
- 14% fewer hospital-onset *Clostridium difficile* infections (CDI) than predicted.

TABLE 2: INCIDENCE OF SELECT HEALTH CARE-ASSOCIATED INFECTIONS[14]
Franklin County, 2014

	Franklin County		
	Cases	**SIR***	**Interpretation†**
Acute Care Hospitals, Critical Care Locations			
Central Line-Associated Bloodstream Infection (CLABSI)	20	0.16	Better than
Catheter-Associated Urinary Tract Infection (CAUTI)	280	1.43	Worse than
Acute Care Hospitals, Hospital-Wide			
Hospital-Onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bloodstream Infection (BSI)	68	1.1	No different
Hospital-Onset *Clostridium difficile* infection (CDI)	476	0.86	Better than

**Standardized Infection Ratio (SIR); the ratio of reported cases to cases predicted from national baseline data*
† Indicates better, not different, or worse than the national baseline. For more information, see "Interpreting the SIR" at the end of this section.

VACCINE-PREVENTABLE DISEASES[1]

In Franklin County:

- The rate of influenza-associated hospitalizations was lower than in Ohio during the 2015-2016 influenza season.
- Rates of measles, meningococcal disease and rubella are low in the county and in Ohio. In 2014, the measles rate in Ohio (3.3) was higher than usual due to a large outbreak in an Amish community.
- The mumps rates in the county and the state were higher than usual in 2014 due to a large outbreak in central Ohio.
- The rate of pertussis is higher than in Ohio.
  - Over 80% of cases in 2011-2015 were among children.

In 2015, Columbus Public Health provided over 29,000 immunizations to protect residents from preventable diseases.

[1] Ohio Disease Reporting System, 2014. Analysis by Columbus Public Health and Franklin County Public Health. http://idrsinfo.org/pdfs/cph-fcph_ComDisSum_14.pdf

[2]Ohio Department of Health, *Annual Summary of Infectious Diseases, 2014*. https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/bidstats/2014/14AnnSum.pdf?la=en

[3] Ohio Disease Reporting System, data extracted August 10, 2015 and October 24, 2016. Confirmed cases of Chlamydia and Gonorrhea in Franklin County. Analysis by Office of Epidemiology, Columbus Public Health.

[4] Ohio Department of Health STD Surveillance Program. Data reported through May 15, 2016. Confirmed cases of Chlamydia and Gonorrhea in Ohio. http://www.odh.ohio.gov/healthstats/disease/std/std1.aspx

[5] Ohio Disease Reporting System, data extracted August 10, 2015 and October 24, 2016. Confirmed and Probable cases of primary and secondary Syphilis in Franklin County. Analysis by Office of Epidemiology, Columbus Public Health.

[6] Ohio Department of Health STD Surveillance Program. Confirmed and Probable cases of primary and secondary Syphilis in Ohio. Data reported through May 15, 2016. http://www.odh.ohio.gov/healthstats/disease/std/std1.aspx

[7] Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through June 30, 2015. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf

[8] Ohio Department of Health, Tuberculosis Program, 2014. https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health-statistics---disease---tb/DetailReport2014.pdf?la=en

[9] Division of Foodborne, Waterborne, and Environmental Diseases, Centers for Disease Control and Prevention. https://www.cdc.gov/ncezid/dfwed/edeb/index.html

[10] Columbus Public Health and Franklin County Public Health, *Annual Summary of Reportable Diseases, 2015*. http://idrsinfo.org/pdfs/Annual%20Summaries%202015_9.14.2015.pdf

[11] Eng TR, Butler WT, editors; Institute of Medicine (US). *Summary: The hidden epidemic: confronting sexually transmitted diseases*. Washington (DC): National Academy Press; 1997. p. 43.

[12] Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2015. Atlanta: U.S. Department of Health and Human Services; 2016.

[13] Centers for Medicare and Medicaid Services. Hospital Compare Data Archive. Hospital Archive Revised Flat Files, *Healthcare-Associated Infections - Hospita*l Table. Published Oct 8, 2015. Available at https://data.medicare.gov/data/archives/hospital-compare. Analysis by Columbus Public Health, Office of Epidemiology. Significance was assessed using a two-tailed mid-p exact test with α =0.05

*Interpreting the Standardized Infection Ratio (SIR): The SIR compares the observed (actual) number of infections reported to CDC's National Healthcare Safety Network (NHSN) in 2014 to the predicted number of infections. The predicted number of infections is based on national aggregate data reported to NHSN during a baseline time period and is adjusted for key risk factors. The baseline time period is 2008 for CLABSI data, 2009 for CAUTI data, and 2010-2011 for MRSA and CDI. Case definitions, reporting protocols, and risk adjustment methods are available at: http://www.cdc.gov/nhsn/acute-care-hospital/index.html.

INJURY

Injuries, whether fatal or nonfatal, can affect people in all stages of life. Injury is defined as damage to the body from exposure to thermal, mechanical, electrical or chemical energy or from the absence of essentials such as heat or oxygen. Injury causes are classified by mechanism (cause) of injury (e.g., fall, fire, firearm, motor vehicle crash, poisoning) and intent of injury (unintentional injury, violence-related, homicide, legal intervention, suicide/intentional self-harm). This section presents data on select injury topics in Franklin County.

INJURY HOSPITALIZATIONS BY MECHANISM

Top Five Mechanisms of Injury[1]

In Franklin County:

- Falls are the primary cause of injuries, both overall and when considering sex and race.
- Firearm related injuries saw the greatest increase with over a 13% change between the 2007 to 2009 and 2010 to 2012 time periods.

TABLE 1: TOP FIVE INJURIES
By Mechanism
Franklin County, 2010-2012

Mechanism of Injury	Total Cases	Rate*
All Injuries	**11,939**	**354.1**
Falls	6,002	188.9
Motor Vehicle Traffic	2,486	69.7
Struck	1,113	30.8
Firearm	641	17.0
Fire/Hot Object	411	11.6

**Age-Adjusted Rate; Rate per 100,000*

Motor Vehicle Crash Injury[1]

The second leading cause of injury is motor vehicle crashes. Motor vehicle crashes include drivers, passengers, pedestrians and bicyclists involved in motor vehicle crashes in addition to motorcycle operators and their passengers.

In Franklin County:

- Most motor vehicle injuries happen to motor vehicle occupants.
- Males are injured more than females.
- White residents are injured more than Black residents.
- The highest number of hospitalizations are among those 25 to 44 years.

SAFE COMMUNITIES

In Franklin County, there were almost 500 pedestrian injury crashes and 200 bicycle injury crashes in 2016. Franklin County Safe Communities is a local coalition working with a variety of partners to promote traffic safety. The goal is to reduce traffic-related injuries and fatalities within Franklin County. Members partner on a variety of projects to provide traffic safety education, change policy, change the built environment, and improve safety for all modes of transportation in our community. https://www.columbus.gov/publichealth/programs/Safe-Communities/

INJURY HOSPITALIZATIONS BY INTENT

Intentional Injuries[1]

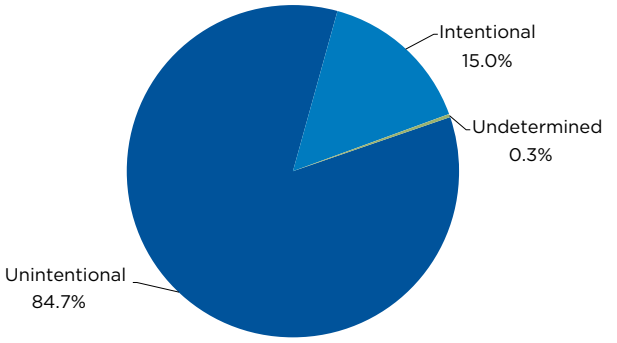
Intentional injury includes physically violent acts purposely inflicted by a person on themselves or another person.

- The age group with the highest hospitalization rate for intentional injuries is 15 to 24 year olds.

Unintentional Injuries[1]

According to the Central Ohio Trauma System (COTS) *2015 Report*, "unintentional injuries or accidents account for 62% of fatal injuries and 84% of 48-hour hospitalizations" in Central Ohio. Franklin County's total rate of unintentional injuries has gradually increased from 2002 to 2012 with the majority of injuries resulting from falls.

CHART 1: INJURY[1]
By Intent
Franklin County, 2010-2012



In Franklin County:

- The 11,939 external injury hospitalizations in 2010 to 2012 are nearly an 11% increase compared to 2007 to 2009.
- The rate of hospitalizations due to falls increased by 8% from the 2007 to 2009 time period to the 2010 to 2012 time period.
- The rate of injury hospitalizations for males is higher than the hospitalization rate for females. The ratio has remained constant from 2007 through 2012 with 1.3 males hospitalized for every female.
- The highest rate for unintentional injuries are for those age 45 years and older.

SUBSTANCE ABUSE

Emergency Medical Services - Poisoning/Drug Ingestion Injuries*[3]

In Franklin County:

- The rate of EMS runs for suspected poisoning/drug ingestion increased 162% between 2012 and 2014. Ohio saw less of an increase at 71% during the same time period.
- The age group with the highest rate of EMS runs categorized as poisoning/drug ingestion is 46 to 55 years. This is different from Ohio where the highest rate is for the 26 to 35 year age group.
- The rate for EMS runs categorized as poisoning/drug ingestion is higher for males than the rate for females. The ratio has increased steadily from 2012 to 2014 with 1.5 males hospitalized for every female in 2012 to 1.6 in 2014. Ohio has seen a similar increase.

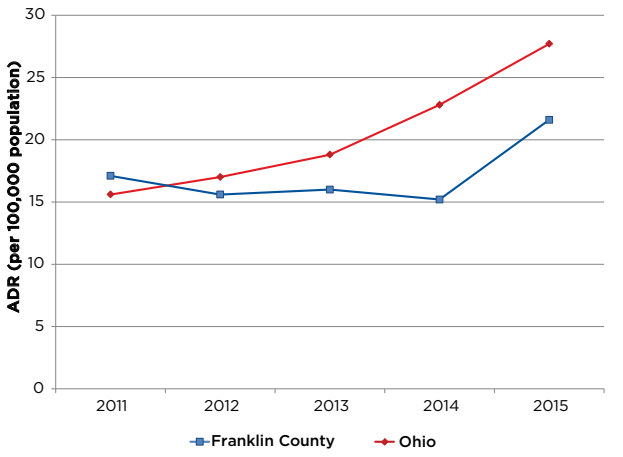
** Includes non-opiate related poisonings/drug ingestions related to alcohol and over-the-counter medications*

Unintentional Drug Overdose Injury Deaths [4]

In Franklin County:

- The rate of unintentional drug overdose deaths increased from 2011 to 2015. Ohio also saw an increase during this time period.
  - The largest increase was seen between 2014 and 2015 (42%). Ohio also saw an increase during the same time period (22%).

CHART 2: UNINTENTIONAL DRUG OVERDOSE DEATHS[4]
Franklin County and Ohio, 2011-2015



OPIATE CRISIS INFORMATION

According to the CDC, Ohio ranked 2nd in highest number of drug overdose deaths (2014) and Columbus was one of eight Ohio cities identified as a heroin hot spot by the Ohio Department of Health (2012).

If you or a loved one are experiencing a substance abuse related crisis, call:

Netcare Access Crisis Hotline:
614-276-CARE (2273)
Available 24 hours a day

or

Opiate Crisis Line:
614-724-HOPE (4673)
Monday-Friday 9 a.m.-5p.m.

See the **Mental Health** and **Health Behavior** sections for more information related to substance abuse and suicide.

See the **Social Determinants** and **Mortality** sections for more information related to intentional injury and homicide.

[1]Central Ohio Trauma System (COTS), Regional Trauma Registry, 2010-2012. Injury data is reported for injuries resulting in 48 hours or more hospitalization.

[2]Ohio Department of Public Safety, Death & Injury Statistics, 2015-2016.

[3] Ohio Emergency Medical Services. 2012-2014. Analysis by Office of Epidemiology, Columbus Public Health.

[4] Centers for Disease Control and Prevention, Wide-ranging OnLine Data for Epidemiologic Research (WONDER), 2011-2015.

For more information about Injury, see: http://www.centralohiotraumasystem.org/new-item2/newspublications.

MORTALITY

Life expectancy and mortality rates are often used as indicators of the health status of the population. This section presents life expectancy, mortality rates, including leading causes of death, diabetes and heart-disease specific mortality rates, chronic disease deaths, and deaths due to cancer among Franklin County residents.

All rates presented in this section are age adjusted rates per 100,000 population.

LIFE EXPECTANCY[1]

Life expectancy at birth for both Ohio and Franklin County residents is 77.5 years.[2]

Life expectancies within Franklin County range from 60 to 82 years.[2] There are no simple answers to explain why the 20 year gap exists. Health outcomes such as life expectancy are impacted by personal behaviors and the economic and social conditions that influence the health of people and communities.

In Franklin County...

- Females have a longer life expectancy (at birth) than males.[2]
- Non-Hispanic Whites have a longer life expectancy (at birth) than non-Hispanic Blacks.[2]
- Life expectancy increased significantly for both non-Hispanic Whites and non-Hispanic Blacks between 2000 and 2014.[2]

MAP 1: LIFE EXPECTANCY (YEARS)[1,2]
By ZIP Code
Franklin County, 2011-2015

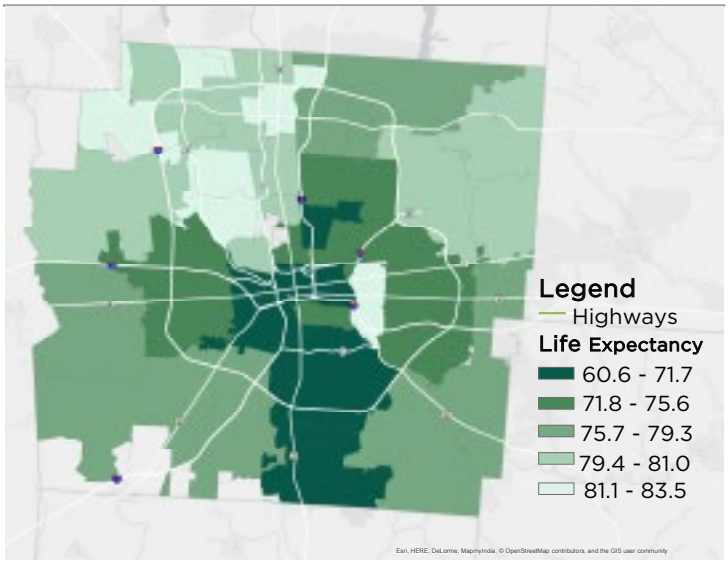
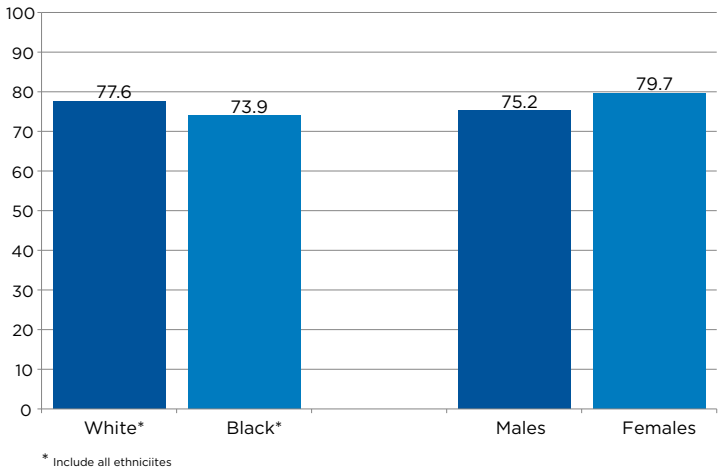


CHART 1: LIFE EXPECTANCY (YEARS)[1,2]
By Sex and Race
Franklin County, 2009-2013, 2011-2015



LEADING CAUSES OF DEATH (TOP 20)[2,3]

In general, the leading causes of death in Franklin County are not significantly different than those of Ohio.

TABLE 1: LEADING CAUSES OF DEATH (TOP 20)[2,3]
Franklin County and Ohio, 2012-2014

Cause of Death	Franklin County		Ohio
	Average Number of Deaths per Year	ADR*	ADR*
Cancer	1,910	172.3	179.0
Heart disease	1,874	173.5	186.7
Chronic lower respiratory disease	513	48.3	49.3
Accidents	495	41.6	46.6
Stroke	454	43.3	40.2
Diabetes	289	26.1	25.7
Alzheimer's disease	271	26.6	27.0
Influenza and pneumonia	205	19.4	16.3
Kidney disease	151	14.2	14.2
Suicide	142	11.7	12.7
Chronic liver disease	128	10.5	10.0
Septicemia	126	11.4	12.1
Homicide	102	8.1	5.6
Hypertension	85	7.8	9.1
Perinatal conditions	84	6.3	5.4
Parkinson's disease	81	8.2	7.7
Pneumonitis	56	5.3	5.9
Benign neoplasms	50	4.8	5.1
Birth defects/congenital anomalies	45	3.5	3.7
Aortic aneurysm	41	3.8	3.1

Notes:
ADR: Age-adjusted death rate; the number of deaths per 100,000.
Causes ranked by average number of deaths per year in Franklin County.

LEADING CAUSES OF DEATH, *CONTINUED*

Females[2,3]

In Franklin County:

- The all cause mortality rate among females is slightly higher than the rate among females in Ohio.

Leading Causes of Death:

- Cancer
- Heart Disease
- Chronic Lower Respiratory Disease
- Stroke
- Accidents

Males[2,3]

In Franklin County:

- The all cause mortality rate among males is slightly lower than the rate among males in Ohio.

Leading Causes of Death:

- Cancer
- Heart Disease
- Accidents
- Chronic Lower Respiratory Disease
- Stroke

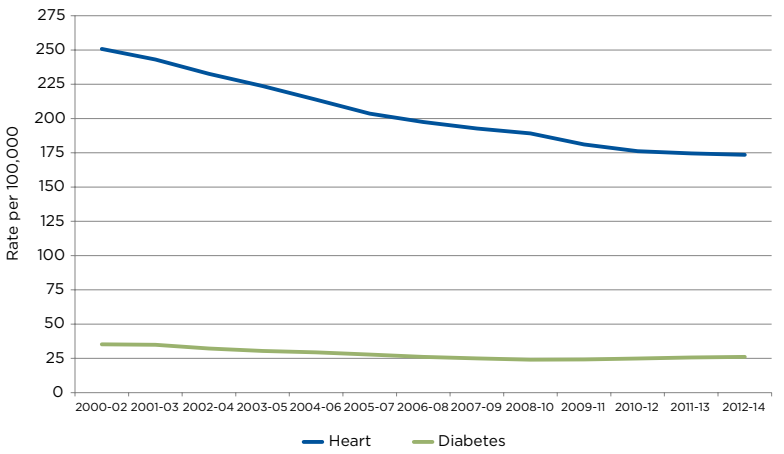
CHRONIC CONDITIONS[2]

Chronic disease mortality is any death due to Alzheimer's disease, aortic aneurysm and dissection, atherosclerosis, cerebrovascular disease, chronic liver disease and cirrhosis, chronic lower respiratory disease, diabetes mellitus, heart disease, essential primary hypertension and hypertensive renal disease, cancer, nephritis, nephritic syndrome, nephrosis, and Parkinson's disease.

In Franklin County...

- 66% of all deaths are due to chronic disease, which is slightly lower than 69% of all deaths in Ohio.
  - The percent of deaths due to chronic conditions is the same for both males and females.
- On average, heart disease mortality rates decreased by 3% each year between 2000 and 2014.
- Diabetes mortality rates also decreased by 3% on average each year between 2000 and 2014.

CHART 2: HEART DISEASE AND DIABETES[2]
3-year Moving Average ADR Trend
Franklin County, 2000-2014



**ADR: Age Adjusted Death Rate per 100,000 population*

LEADING SITES OF CANCER DEATHS[2,4]

The overall cancer mortality rate in Franklin County is 174.7 which is slightly lower than the rate for Ohio.

TABLE 2: TOP 5 SITES OF CANCER DEATHS[2,4]
Franklin County and Ohio, 2013-2015

	Franklin County		Ohio
Cause of Death	**Average Number of Deaths per Year**	**ADR***	**ADR***
Lung and Bronchus	555	48.9	49.9
Colon and Rectum	213	15.1	15.6
Breast (includes females and males)	173	14.2	12.6
Pancreas	163	12.0	11.6
Prostate (males only)	91	21.3	18.7

Notes:
ADR: Age-adjusted death rate; the number of deaths per 100,000 population.

Females[2,4]

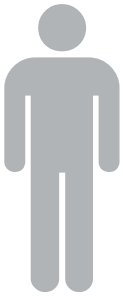
In Franklin County:

- The cancer mortality rate among females is 153.8. This mortality rate is slightly lower for Ohio.
- Female breast cancer deaths account for over 98% of all breast cancer deaths.

Leading Sites of Cancer Death:

- Lung and Bronchus
- Breast
- Colon and Rectum
- Pancreas
- Uterine

Males[2,4]



In Franklin County:

- The cancer mortality rate among males is 205.9. This mortality rate is slightly lower than for Ohio.

Leading Sites of Cancer Death:

- Lung and Bronchus
- Prostate
- Colon and Rectum
- Pancreas
- Liver

See “Social Determinants of Health” on page 2-1 for more information related to economics and social conditions of communities within Franklin County.

See “Health Behaviors” on page 5-1 for information related to behaviors that may impact life expectancy and mortality.

See “Maternal & Infant health” on page 4-1 for more information related to deaths of infants.

See “Chronic Conditions” on page 6-1 for more information related to the prevalence of chronic conditions and cancer incidence.

[1] Based on life expectancy calculations by Chiang-SEPHO and Chiang-Stats UK worksheets.

[2] Ohio Department of Health Vital Statistics, 2011-2015 (Life Expectancy), 2009-2013 (Life Expectancy by Race), 2013-2015 (Leading Causes of Death and Cancer Deaths). Analysis by the Office of Epidemiology, Columbus Public Health. Population: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin, on CDC WONDER On-line Database.

[3] In order to provide a consistent grouping and ranking standard, the National Center for Health Statistics (NCHS) prepared a List of 113 Selected Causes of Death. Fifty causes on that list were designated as eligible to be ranked as leading causes of death. For more information about the NCHS ranking, https://www.cdc.gov/nchs/.

[4] Cancer site codes used for ranking are based on the following ICD10 codes adapted form the Ohio Department of Health http://www.healthy.ohio.gov/-/media/ODH/ASSETS/Files/opi/cancer%20incidence%20surveillance%20system%20ociss/cancerincidenceandmortalityamongohioresidents2003-2007.pdf.

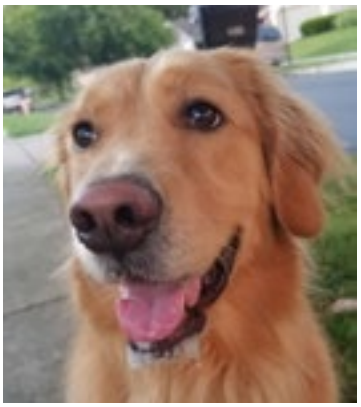
ENVIRONMENTAL HEALTH

Environmental health encompasses a vast array of influences in our environment, including the air we breathe, the water we drink and use, and the food we consume. It also includes the chemical, microbial and physical forces with which we come into contact. Our interactions with the environment are complex and may not always be healthy. Certain populations (children, the elderly, and people with disabilities) are particularly vulnerable to certain environmental hazards. Human illness, disability and death as a result of interactions between people and the environment can be prevented through a variety of interventions, including environmental health inspections of restaurants and pools, vector control programs, and animal health programs. This section presents data on select environmental health issues of public health importance in Franklin County.

ANIMAL SAFETY[1]

Rabies is a preventable virus that attacks the nerves and brain tissue of mammals and is transmitted through the bite of an infected animal. In Franklin County, dogs, cats and ferrets over the age of three months are required to have a current rabies vaccination.

- Four rabies vaccination clinics, sponsored by Columbus Public Health, have been held in Columbus. A total of 292 rabies vaccines have been administered to dogs, cats and ferrets.
- Over 1,300 bites to humans by mammals have been reported.



FOOD SAFETY[1]

Food safety involves the licensing and inspecting of all retail food businesses. These inspections are done to ensure the safety of the Columbus food supply for those who live and work in the cities of Columbus and Worthington.

- CPH conducted 17,419 restaurant inspections with a total of 9,956 critical violations[2] observed.

COLOR CODED SIGNS

In 2006, a color-coded signage system in Columbus and Worthington was initiated to accurately inform the public of the health and safety status of businesses licensed by Columbus Public Health. These dated and color coded signs inform the public of the most recent inspection and show what standing the business is in regarding that inspection. This signage system, along with other information, can help residents make healthy and safe choices about where to eat, play, live and work in the City of Columbus.

https://www.columbus.gov/Templates/Detail.aspx?id=56642

SMOKE-FREE COMPLIANCE[1]

Columbus Public Health works to enforce the Ohio Smoke-Free Workplace Act as guided by Ohio Revised Code 3794. CPH acts as an agent of the State of Ohio. All investigations are initiated based on complaints that are logged in the statewide system. A first violation results in a warning letter and subsequent violations carry monetary penalties.

Smoke-Free Places include:

- All public places and public places of employment, including restaurants and bars;
- All enclosed areas, including buildings and fleet vehicles; and,
- All areas near entrances and exits of a smoke-free building so that tobacco smoke does not enter through doorways, windows or ventilation systems.

In 2015 and 2016, Columbus Public Health conducted 408 investigations, resulting in 37 violations.

MOSQUITOES[1]

In addition to being a nuisance, mosquitoes and their bites can transmit dangerous infections and cause serious illness.[3] Mosquitoes are tracked for size and presence of disease. Currently, mosquitoes are being tested for West Nile Virus.

- CPH conducted 87,524 mosquito pool tests with 247 testing positive for West Nile Virus.

RECREATIONAL WATER SAFETY[1]

Public swimming pools, spas and special use pools are regulated under the authority of the Ohio Administrative Code (OAC). Rules were created to establish minimum standards to protect the bathing public from injury, minimize the potential for disease transmission, and provide safe and healthy aquatic recreational environments.

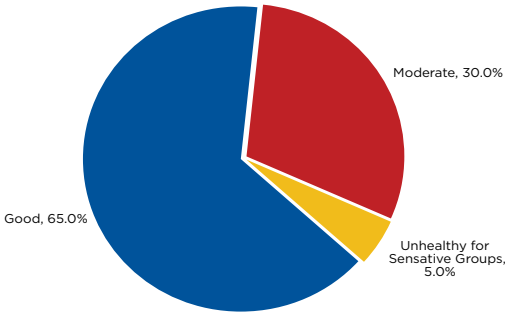
- CPH conducted 2,318 pool inspections with a total of 3,832 violations observed.

AIR QUALITY[4]

Central Ohio air quality is monitored by the Mid-Ohio Regional Planning Commission (MORPC). MORPC is part of a network of agencies across the country that issues daily air quality forecasts. Air quality alerts are triggered by unhealthy levels of air pollution.

- In 2016, 65% of days in Central Ohio were within the Good Air Quality Index (AQI)[5] category, compared to 60% in 2015.

CHART 1: PERCENT OF DAYS AT EACH AQI LEVEL* CENTRAL OHIO, SUMMER 2016



* $PM_{2.5}$ and Ozone

Air Quality Index[5]

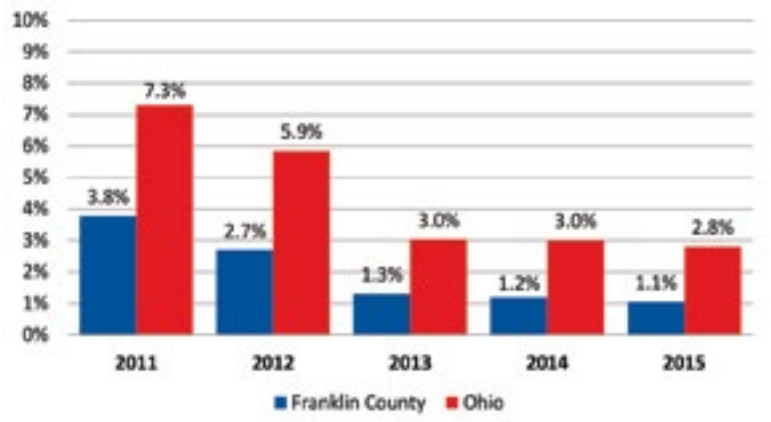
Good	Moderate	Unhealthy for Sensitive Groups	Unhealthy	Very Unhealthy
0-50	51-100	100-150	151-200	201-300

CHILDHOOD LEAD LEVELS[6,7]

Even low levels of lead in the blood have been shown to impair a child's mental abilities to learn and pay attention. These effects cannot be corrected or reversed.

- Over a period of 5 years, from 2011 to 2015, there has been a steady decline in the prevalence of children with blood lead levels of concern[4] in Franklin County. Franklin County also remains slightly lower than Ohio.

CHART 1: CONFIRMED BLOOD LEAD LEVELS OF CONCERN[6,7,*] FRANKLIN COUNTY AND OHIO, 2011-2015



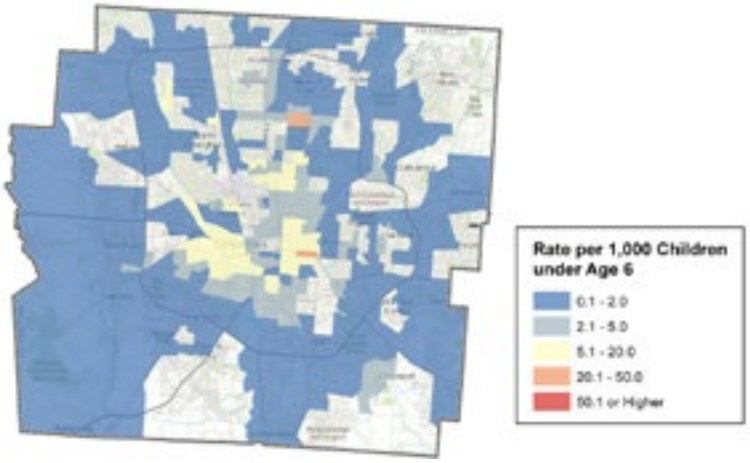
**Includes only children under the age of 6 who were tested for blood lead levels.*

CHILDHOOD LEAD LEVELS, *CONTINUED*[8]

In Franklin County:

- For children under the age of 6, rates of elevated blood lead levels range from 0.1 to over 50.0.
- CPH's Healthy Homes program focuses on outreach efforts, education and testing, in areas with the highest rates of elevated lead levels in children.

MAP 1: CONFIRMED BLOOD LEAD LEVELS OF CONCERN[8]
By Census Tract
Franklin County, 2010-2014



For this analysis, test results were limited to venous draw tests as this is the most reliable blood lead level (BLL) test method. A positive test was defined following the current CDC and Ohio standard of 5 ug/dL. For children with multiple test results in the database, only the result with the highest BLL was used to avoid double counting. Records were aggregated over five years to stabilize rates. Only census tracts with a nonzero rate are shown. (Note: This means counting positives is the same as that used by ODH in updating the state's high risk ZIP codes.)

[1] Columbus Public Health, Environmental Health Division. Information for 2015.

[2] Centers for Disease Control and Prevention, *Avoid Mosquito Bites*, 2017. http://www.cdc.gov/features/stopmosquitoes/index.html

[3] Critical Violations: violations of the Ohio Uniform Food Safety Code, which, if left uncorrected, are more likely than other violations to directly contribute to food contamination or foodborne illness. Examples of critical violations include poor temperature control of food, improper cooking, cooling, refrigeration or reheating temperatures. These problems can create environments that cause bacteria to grow and thrive which puts the consumer at risk for foodborne illness.

[4] Mid-Ohio Regional Planning Commission, *End of Ozone Season Report*, Central Ohio: April 1 through October 31, 2016. http://www.morpc.org/Assets/MORPC/files/forms/01.MORPC_EOS_Report_Summer2016_FINAL_3.pdf. Central Ohio includes Franklin, Delaware, Fairfield, Fayette, Hocking, Knox, Licking, Logan, Madison, Marion, Morrow, Perry, Pickaway, Ross and Union counties.

[5] Air Quality Index = A yardstick that runs from 0 to 500. The higher the AQI value, the greater the level of air pollution and the greater the health concern. An AQI value of 100 generally corresponds to the national air quality standard for the pollutant, which is the level EPA has set to protect public health. AQI values below 100 are generally thought of as satisfactory. When AQI values are above 100, air quality is considered to be unhealthy at first for certain sensitive groups of people, then for everyone as AQI values get higher

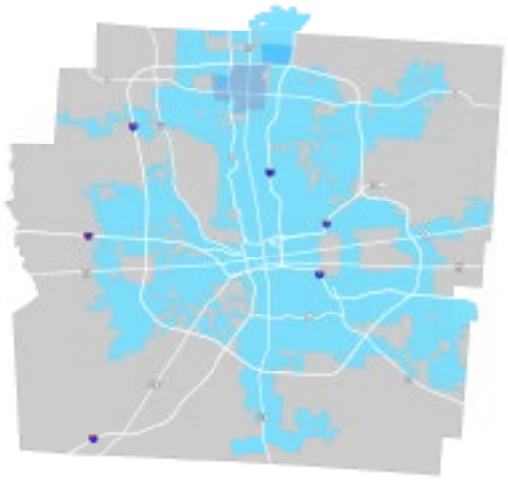
[6] Ohio Department of Health, The Ohio Healthy Homes and Lead Poisoning Prevention Program. Data and Statistics.

https://www.odh.ohio.gov/odhprograms/eh/lead_ch/lead_data.aspx

[7] Blood lead levels of concern include those that are confirmed greater than or equal to 5 µg/dL (micrograms per deciliter). The prevalence of confirmed blood lead levels ≥5 µg/dL is a measure of the proportion of children (less than six years of age) tested who were identified to have confirmed blood lead levels ≥5 µg/dL in a calendar year (2015).

[8]Lead test results data, Ohio Department of Health, 2010-2014, as compiled by the Kirwan Institute. Population of children under 6, American Fact Finder, U.S. Census, 5-year census tract estimates 2010-2014.

COLUMBUS AND WORTHINGTON



Columbus Public Health (CPH) is the local public health agency for the cities of Columbus and Worthington, Ohio. With an annual budget of $46 million and over 400 employees, CPH provides a wide range of programs, including health promotion, clinical, environmental health and population-based services.

COLUMBUS

DEMOGRAPHICS[1]

With a population of over 849,000 people, the city of Columbus makes up almost 68% of the Franklin County population.

Gender

In Columbus:

- There are slightly more females than males.

Race & Ethnicity

In Columbus:

- The majority of the non-Hispanic population is White, with the largest minority race group being Black and the second largest race group being Asian.
- Since 2010, the overall population has increased by over 7%.
  - The minority racial group populations are all growing faster than the majority White population.
- Approximately 5% of the population is Hispanic.

Age

In Columbus:

- The median age is 32 years old.
- 22% of residents are under 18 years old.
- 10% of residents are 65 years or older.
  - There was a 19% increase in this age group from 2011 to 2015.
  - There are over 30% more females than males in this age group.

DEMOGRAPHICS[1], *CONTINUED*

Country of Birth

In Columbus:

- Almost 12% of residents were born outside of the United States.
- Over 2 out of 5 of those who are foreign born have become naturalized citizens.

Language

In Columbus:

- Approximately 1 out of 7 of the population (5 years and older) primarily speak a language other than English at home.

TABLE 1: DEMOGRAPHICS[1]
Columbus, 2015

Total Population	**849,067**
Gender	**Percent**
Female	51.2
Male	48.8
Race & Ethnicity	**Percent**
Non-Hispanic	94.5
White	61.3
Black or African American	29.1
Asian	5.3
Other	4.3
Hispanic	5.5
Age	**Years**
Median Age	32.5
	Percent
Under 18 years	22.2
18 years and over	77.8
65 years and over	9.9
Country of Birth	**Percent**
Born in the United States	88.1
Foreign Born	11.9
Naturalized Citizen	41.0
Not a Naturalized Citizen	59.0
Language Spoken at Home	**Percent**
English only	85.6
Language other than English	14.4

SOCIAL DETERMINANTS OF HEALTH

Poverty Status[1]

In Columbus:

- 21% of residents live in poverty and an additional 20% live between 100%-199% of the federal poverty level, which are both higher than in Franklin County and Ohio.

Educational Attainment[1]

In Columbus:

- 11% of the population (25 years and older) has less than a high school education.
- Slightly over 26% of the population (25 years and older) has only a high school diploma or GED equivalent as their highest level of educational attainment.
- Over 1/3 of the population (25 years and older) has achieved a Bachelor's degree or higher, which is lower than in Franklin County and higher than for Ohio.

Employment Status[1]

In Columbus:

- The unemployment rate is 6.6% for the civilian labor force, which is slightly higher than the unemployment rates in Franklin County and Ohio.

Household Income[1]

In Columbus:

- The median household income is $47,401, which is less than in Franklin County and Ohio.
- The per capita income, which is the area's total income divided by the total population, is $25,755, which is less than in Franklin County and Ohio.

Housing Affordability[1]

Homeowners and renters are considered cost-burdened if their household is spending more than 30% of its income on housing.

In Columbus:

- 28% of homeowners are cost-burdened by housing, which is higher than in Franklin County and Ohio.
- 46% of renters are cost-burdened by housing, which is approximately the same as in Franklin County and Ohio.

SOCIAL DETERMINANTS OF HEALTH, *CONTINUED*

Food Access[1]

The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, offers nutrition assistance to millions of eligible, low-income individuals and families in the United States.

In Columbus:

- Almost 17% of households receive SNAP benefits, which is approximately the same as in Franklin County and slightly less than in Ohio.
  - Over half of the households that receive SNAP benefits have children under 18 years old in them.
  - Over half of the households that received SNAP benefits are living below the poverty level.

Homicide[2]

In Columbus:

- The overall homicide rate is about 65% higher than the rate for Franklin County.

TABLE 2: SOCIAL DEMOGRAPHICS
Columbus, 2015

Poverty Status - Federal Poverty Level (FPL)[1]	**Percent**
<100% FPL	20.7
100%-199% FPL	20.5
≥200% FPL	58.8
Educational Attainment (25 Years and Over)[1]	**Percent**
Less than High School Graduate	10.9
High School Graduate (includes equivalency)	26.2
Some College or Associate's Degree	28.1
Bachelor's Degree or Higher	34.8
Employment Status[1]	**Percent**
Unemployment Rate (Civilian Labor Force)	6.6
Income[1]	**U.S. Dollars**
Median Household Income	$47,401
Per Capita Income	$25,755
Housing Affordability[1]	**Percent**
Housing Cost-Burdened (Homeowners with Mortgage)	27.6
Housing Cost-Burdened (Renters)	45.9

TABLE 2: SOCIAL DEMOGRAPHICS
Columbus, 2015

Food Access[1]	**Percent**
Households Receiving SNAP Benefits	16.6
Households with Children Under 18 Years	52.9
Households Below Poverty Level	55.8
Violence[2]	**ADR**
Homicide (rate per 100,000)	13.4

ACCESS TO HEALTH CARE

Insurance Coverage[1]

In Columbus:

- One in eight adults, 18 to 64 years old, is uninsured. This is slightly higher than in Franklin County and Ohio.
  - 11% of males are uninsured compared to 8% of females.
  - 23% of those born outside of the U.S. are uninsured compared to 8% of those who are native born.

Unmet Health Care Needs Due to Cost[3]

In Columbus:

- 8% of adults (includes insured and uninsured) reported they could not afford a health care visit in the past 12 months even though it was needed. This is lower than in Franklin County and Ohio.

TABLE 3: ACCESS
Columbus, 2015

Insurance Coverage[1]	**Percent**
Uninsured (18 to 64 Years)	12.5
By Gender (All Ages)	
Female	8.2
Male	11.4
By Nativity (All Ages)	
Native Born	7.9
Foreign Born	23.4
Unmet Health Care Needs Due to Cost[3]	**Percent**
Couldn't Afford Health Care Visit Despite Need (Past 12 Months)	8.0

MATERNAL AND INFANT HEALTH

Infant Mortality Rate[2]

In Columbus:

- The overall infant mortality rate is 9.9 per 1,000 live births, with 100 infants dying before they reach their first birthday in one year. This is higher than the rate in Franklin County and Ohio overall.

Low Birth Weight[2]

In Columbus:

- Over 11% of all births are low birth weight (<2,500 grams or 5.5 pounds).

Preterm Births[2]

In Columbus:

- Over 10% of all births are preterm (<37 weeks gestation).

TABLE 4: MATERNAL AND INFANT HEALTH
Columbus, 2015

Infant Mortality[2]	
Infant Deaths	100
Infant Mortality Rate (per 1,000 live births)	9.9
Birth Outcomes[2]	**Percent**
Low Birth Weight Births (< 2,500 grams or 5.5 lbs)	11.3
Preterm Births (<37 weeks)	10.1

MENTAL HEALTH

Poor Mental Health Days[3]

In Columbus:

- Almost one in six adults report they have had at least 15 day in the past month of poor mental health, which includes stress, depression and problems with emotions. This is slightly higher than the prevalence in Franklin County and Ohio.

Depression[3]

In Columbus:

- Almost 1/4 of adults report they have ever been diagnosed with a depressive disorder. This is slightly higher than the prevalence in Franklin County and Ohio.

MENTAL HEALTH, *CONTINUED*

Anxiety[3]

In Columbus:

- 9% of adults report they have ever been diagnosed with an anxiety disorder. This is lower than the prevalence in Franklin County and Ohio.

TABLE 5: MENTAL HEALTH[3]
Columbus, 2015

Mental Health Indicators	Percent
Poor Mental Health Days (15-30 days in the past month)	15.6
Depressive Disorder	23.7
Anxiety Disorder	8.8

HEALTH BEHAVIORS

Diet[3]

In Columbus:

- Almost half of adults do not consume fruit at least one time per day, which is similar to the fruit consumption in Franklin County and Ohio.
- Over 1 in 4 adults do not consume vegetables at least one time per day, which is slightly higher than the vegetable consumption in Franklin County and Ohio.

Physical Activity[3]

In Columbus:

- 84% of adults fall short of meeting both aerobic and strengthening physical activity guidelines. This is slightly higher than the prevalence in Franklin County and Ohio.

Smoking[3]

In Columbus:

- 31% of adults are current smokers. This is 22% higher than the prevalence in Franklin County and 43% higher than the prevalence in Ohio. The prevalence for all 3 of these areas is well above the Healthy People 2020 goal of 12%.

Cervical Cancer Screening[3]

In Columbus:

- 73% of women, 18 years and older, have had a Pap test in the past 3 years. This is slightly higher than the percent of women screened in Franklin County and Ohio.

HEALTH BEHAVIORS, *CONTINUED*

Colon Cancer Screenings[3]

In Columbus:

- Almost 68% of adults, 50 years and older, have ever had a colonoscopy or sigmoidoscopy. This is lower than the percent of adults screened in Franklin County and Ohio.

Mammogram[3]

In Columbus:

- 70% of women, ages 40 years and older, have had a mammogram within the past 2 years. This is lower than the percent of women screened in Franklin County and Ohio.

Prostate Exam[3]

In Columbus:

- Over 40% of men, ages 40 years and older, have had a prostate exam within the past 2 years. This is slightly higher than the percent of men screened in Franklin County and slightly lower than the percent of men screened in Ohio.

Human Immunodeficiency Virus (HIV) Screenings[3]

In Columbus:

- 38% of adults have ever been screened for HIV. This is higher than the percent of adults screened in Franklin County and Ohio.

TABLE 6: HEALTH BEHAVIORS[3]
Columbus, 2015

Diet[3]	**Percent**
Fruit Consumption (<1 time/day)	45.8
Vegetable Consumption (<1 time/day)	28.0
Physical Activity[3]	
Met Aerobic Guidelines Only	34.1
Met Strengthening Guidelines Only	9.7
Met BOTH Aerobic and Strengthening Guidelines	15.9
Did NOT Meet EITHER Guideline	40.3
Smoking[3]	
Current Smoker	30.8
Preventative Screenings[3]	
Cervical Cancer Screening	73.3
Colon Cancer Screening	67.7
Mammogram	69.8
Prostate Exam	41.5
HIV Screening	37.8

CHRONIC CONDITIONS

Arthritis[3]

In Columbus:

- 1/4 of adults have ever been told they have arthritis by a health professional. This is approximately the same as the prevalence in Franklin County and slightly lower than the prevalence in Ohio.

Asthma[3]

In Columbus:

- 12% of adults currently have asthma. This is slightly higher than the prevalence in Franklin County and Ohio.

Chronic Obstructive Pulmonary Disease (COPD)[3]

In Columbus:

- 8% of adults have ever been told by a health care professional that they have COPD. This is slightly higher than the prevalence in Franklin County and approximately the same as the prevalence in Ohio.

Diabetes[3]

In Columbus:

- One in eight adults has ever been told by a health care professional that they have diabetes. This is slightly higher than the prevalence in Franklin County and Ohio.

Heart Disease[3]

In Columbus:

- 2% of adults have ever been told by a health care professional that they have heart disease. This is approximately the same as the prevalence in Franklin County and half as high as the prevalence in Ohio.

Stroke[3]

In Columbus:

- 5% of adults have ever been told by a health care professional that they have had a stroke. This is almost 25% higher than the prevalence in Franklin County and almost 50% higher than the prevalence in Ohio.

Weight[3]

In Columbus:

- 65% of adults are overweight or obese. This is approximately the same as the prevalence in Franklin County and slightly lower than the prevalence in Ohio.

TABLE 7: CHRONIC CONDITIONS
Columbus, 2015

Ever diagnosed with...[3]	**Percent**
Arthritis	24.6
Asthma	12.0
Chronic Obstructive Pulmonary Disease (COPD)	8.1
Diabetes	12.5
Heart Disease	2.0
Stroke	5.2
Body Mass Index (BMI)[3]	
Healthy Weight (BMI 20.0-24.9)	32.7
Overweight (BMI 25.0-29.9)	31.8
Obese (BMI 30.0+)	33.6

INFECTIOUS DISEASE

Enteric Diseases[4]

In Columbus:

- The rate of Hepatitis A is slightly higher than in Franklin County and twice as high as in Ohio.
- The rate of listeriosis is as low as in Franklin County and Ohio.
- The rate of salmonellosis is higher than in Franklin County and Ohio. In 2014, the rate of salmonellosis was the highest rate of any reportable enteric disease in Columbus.
- The rate of Shiga toxin-producing Escherichia coli (STEC) is higher than in Franklin County and Ohio.

Sexually Transmitted Infections[5]

In Columbus:

- The rate of chlamydia is over 1,100 per 100,000 people, which is over 40% more than in Franklin County and more than double the rate in Ohio.
- The rate of gonorrhea is 424 per 100,000 people, which is over 50% more than in Franklin County and almost 3 times the rate in Ohio.
- The rate of primary and secondary syphilis is 34 per 100,000 people, which is over 60% more than in Franklin County and almost 7 times the rate in Ohio. In 2014, an ongoing syphilis outbreak was declared by local public health.

INFECTIOUS DISEASE, *CONTINUED*

Tuberculosis[6]

In Columbus:

- The rate of tuberculosis is 1.5 times higher than in Franklin County and 4.5 times higher than in Ohio.

Vaccine-Preventable Diseases[4]

In Columbus:

- The rates of measles, meningococcal disease, and rubella are low, which is the same as in Franklin County and Ohio. In 2014, the measles rate in Ohio was higher than usual due to a large outbreak in the Amish community.
- The rate of mumps was higher than usual in 2014 due to a large outbreak in central Ohio. This outbreak also affected the overall rates in Franklin County and Ohio.
- The rate of pertussis is approximately the same as the rate in Franklin County, however, both of these rates are twice as high as the rate in Ohio.

TABLE 8: INFECTIOUS DISEASES
Columbus, 2014 & 2015

Enteric Diseases[4]	**Rate (per 100,000)**
Hepatits A	0.5
Listeriosis	0.3
Salmonellosis	13.9
Shiga Toxin-Producing Escherichia coli (STEC)	4.2
Sexually Transmitted Infections[5]	
Chlamydia	1,108.3
Gonorrhea	424.2
Syphilis (Primary & Secondary)	33.9
Tuberculosis[6]	5.9
Vaccine-Preventable Diseases[4]	
Measles	0.0
Meningococcal Disease	0.2
Mumps	46.9
Pertussis	22.4
Rubella	0.0

MORTALITY

Life Expectancy[2]

In Columbus:

- Life expectancy at birth is 74.8 years, which is more than 2.5 years less than the life expectancy in Franklin County.

Leading Causes of Death[2]

In Columbus:

- The all cause mortality rate is more than the rate in Franklin County.
- The top 5 leading causes of death are: heart disease, cancer, chronic lower respiratory disease, accidents and stroke.

TABLE 9: MORTALITY
Columbus, 2010 - 2015

Life Expectancy[2]	**Years**
Life Expectancy (at Birth)	74.8
Leading Causes of Death[2]	**ADR**
All Cause	953.0
Heart Disease	204.9
Cancer	198.5
Chronic Lower Respiratory Disease	63.1
Accidents	54.7
Stroke	49.2

* ADR = Age Adjusted Death Rate per 100,000 people

Columbus is defined using the following ZIP codes: 43235, 43209, 43214, 43202, 43231, 43229, 43228, 43224, 43232, 43204, 43227, 43201, 43219, 43206, 43215, 43207, 43205, 43211, 43223, 43203, 43222

[1] U.S. Census Bureau, American Community Survey, 2015.

[2] Ohio Department of Health Vital Statistics, 2010-2015 (Mortality), 2015 (Maternal and Child Health indicators), Life Expectancy (2011-2015). Analysis by Office of Epidemiology, Columbus Public Health. The Ohio Department of Health specifically disclaims responsibility for any analyses, interpretations or conclusions.

For any mortality data:

Population: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin, on CDC WONDER On-line Database.

Leading Causes of Death: In order to provide a consistent grouping and ranking standard, the National Center for Health Statistics (NCHS) prepared a List of 113 Selected Causes of Death. Fifty causes on that list were designated as eligible to be ranked as leading causes of death. For more information about the NCHS rankings see Cause of Death Ranking on the NCHS website (https://www. cdc.gov/nchs/).

[3] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, Atlanta, GA. 2011 (Anxiety), 2014 (Prostate Exam), or 2015 (all other indicators). Analysis by Office of Epidemiology, Columbus Public Health. These data were provided by the Ohio Department of Health (ODH). ODH specifically disclaims responsibility for any analyses, interpretation or conclusions.

[4] Ohio Disease Reporting System, 2014. Analysis by Office of Epidemiology, Columbus Public Health and Franklin County Public Health (http://idrsinfo.org/ pdfs/cph-fcph_ComDisSum_14.pdf).

[5] Confirmed cases of Chlamydia and Gonorrhea. Ohio Disease Reporting System, Data extracted June 21, 2017. Analysis by Office of Epidemiology, Columbus Public Health.

[6] Confirmed and Probable cases of primary and secondary Syphilis. Ohio Disease Reporting System, Data extracted June 21, 2017. Analysis by Office of Epidemiology, Columbus Public Health.

[7] Ohio Department of Health, Tuberculosis Program, 2014.

WORTHINGTON

Due to small numbers, not all indicators will be available for this area.

DEMOGRAPHICS[1]

With a population of almost 25,000 people, Worthington (43085) makes up almost 2% of the Franklin County population.

Gender

In Worthington:

- There are slightly more females than males (52% vs. 48%).

Race & Ethnicity

In Worthington:

- The majority of the non-Hispanic population is White, with the largest minority race group being Black and the second largest race group being Asian.
- Since 2011, the overall population has increased by over 6%.
  - The Black and Hispanic minority populations are growing faster than the majority White population.
- Approximately 5% of the population is Hispanic.

Age

In Worthington:

- The median age is 38 years old.
- 26% of residents are under 18 years old.
- 15% of residents are 65 years or older.
  - There was a 19% increase in this age group from 2011 to 2015.
  - There are over 30% more females than males in this age group.

Country of Birth

In Worthington:

- Over 8% of residents were born outside of the United States.
- Almost 2 out of 5 of those who are foreign born have become naturalized citizens.

Language

In Worthington:

- Over 10% of the population (5 years and older) primarily speaks a language other than English at home.

TABLE 1: DEMOGRAPHICS[1]
Worthington, 2011-2015

Total Population	24,815
Gender	**Percent**
Female	51.9
Male	48.1
Race & Ethnicity	**Percent**
Non-Hispanic	95.3
White	86.0
Black or African American	6.1
Asian	4.1
Other	3.7
Hispanic	4.7
Age	**Years**
Median Age	38.3
Under 18 years	25.7
18 years and over	74.3
65 years and over	14.6
Country of Birth	**Percent**
Born in the United States	91.7
Foreign Born	8.3
Naturalized Citizen	37.1
Not a Naturalized Citizen	62.9
Language Spoken at Home	**Percent**
English only	89.3
Language other than English	10.7

SOCIAL DETERMINANTS OF HEALTH

Poverty Status[1]

In Worthington:

- 5% of residents live in poverty and an additional 11% live between 100%-199% of the federal poverty level, which are both lower than in Franklin County and Ohio.

Educational Attainment[1]

In Worthington:

- 4% of the population (25 years and older) has less than a high school education.
- 11% of the population (25 years and older) has only a high school diploma or GED equivalent as their highest level of educational attainment.
- Over 60% of the population (25 years and older) has achieved a Bachelor's degree or higher, which is over 1.5 times higher than in Franklin County and over 2 times higher than in Ohio.

Employment Status[1]

In Worthington:

- The unemployment rate is 4.1% for the civilian labor force, which is 50% lower than the unemployment rates in Franklin County and Ohio.

Household Income[1]

In Worthington:

- The median household income is $76,190, which is almost 50% more than in Franklin County and Ohio.
- The per capita income, which is the area's total income divided by the total population, is $42,200, which is 40% higher than in Franklin County and 50% higher than in Ohio.

Housing Affordability[1]

Homeowners and renters are considered cost-burdened if their household is spending more than 30% of its income on housing.

In Worthington:

- 24% of homeowners are cost-burdened by housing, which is approximately the same as in Franklin County and Ohio.
- 38% of renters are cost-burdened by housing, which is less than in Franklin County and Ohio.

SOCIAL DETERMINANTS OF HEALTH, *CONTINUED*

Insurance Coverage[1]

In Worthington:

- One in 10 adults, 18 to 64 years old, is uninsured. This is lower than in Franklin County and Ohio.
  - Approximately the same proportion of females and males are uninsured.
  - 35% of those born outside of the U.S. are uninsured compared to 5% of those who are native born.

Food Access[1]

The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, offers nutrition assistance to millions of eligible, low-income individuals and families in the United States.

In Worthington:

- 4% of households receive SNAP benefits, which is less than in Franklin County and Ohio.
  - 70% of the households that receive SNAP benefits have children under 18 years old in them.
  - 25% of the households that received SNAP benefits are living below the poverty level.

Homicide[2]

In Worthington:

- The overall homicide rate is over six times lower than the rate for Franklin County.

TABLE 2: SOCIAL DEMOGRAPHICS
Worthington, 2011-2015

Poverty Status - Federal Poverty Level (FPL)[1]	**Percent**
<100% FPL	5.4
100%-199% FPL	11.1
≥200% FPL	83.5
Educational Attainment (25 Years and Over)[1]	**Percent**
Less than High School Graduate	4.4
High School Graduate (includes equivalency)	10.9
Some College or Associate's Degree	23.8
Bachelor's Degree or Higher	61.0

TABLE 2: SOCIAL DEMOGRAPHICS
Worthington, 2011-2015

Employment Status[1]	**Percent**
Unemployment Rate (Civilian Labor Force)	4.1
Household Income[1]	**U.S. Dollars**
Median Household Income	$76,190
Per Capita Income	$42,200
Housing Affordability[1]	**Percent**
Housing Cost-Burdened (Homeowners with Mortgage)	23.6
Housing Cost-Burdened (Renters)	37.5
Food Access[1]	**Percent**
Households Receiving SNAP Benefits	4.0
Households with Children Under 18 Years	69.7
Households Below Poverty Level	25.4
Homicide[2]	**Rate**
Age-Adjusted Death Rate (per 100,000)	1.3

ACCESS TO HEALTH CARE

Uninsured[1]

In Worthington:

- One in 10 adults, 18 to 64 years old, is uninsured. This is lower than in Franklin County and Ohio.
  - Approximately the same proportion of females and males are uninsured.
  - 35% of those born outside of the U.S. are uninsured compared to 5% of those who are native born.

Unmet Health Care Needs Due to Cost[3]

In Worthington:

- 6% of adults (includes insured and uninsured) reported they could not afford a health care visit in the past 12 months even though it was needed. This is lower than in Franklin County and Ohio.

TABLE 3: ACCESS
Worthington, 2011-2015

Insurance Coverage[1]	**Percent**
Uninsured (18 to 64 Years)	10.6
By Gender (All Ages)	
Female	7.8
Male	7.3
By Nativity (All Ages)	
Native Born	5.0
Foreign Born	34.8
Unmet Health Care Needs Due to Cost[3]	**Percent**
Couldn't Afford Health Care Visit Despite Need (Past 12 Months)	6.2

MATERNAL AND CHILD HEALTH[2]

Infant Mortality Rate

In Worthington:

- The overall infant mortality rate is 7.5 per 1,000 live births. This is approximately the same as the rates in Franklin County and Ohio overall.

Low Birth Weight

In Worthington:

- Over 6% of all births were low birth weight (<2,500 grams or 5.5 pounds).

Preterm Births

In Worthington:

- Over 9% of all births were preterm (<37 weeks gestation).

TABLE 4: MATERNAL AND INFANT HEALTH
Worthington, 2010-2015

Infant Mortality[2]	
Infant Mortality Rate (per 1,000 live births)	7.5
Birth Outcomes[2]	**Percent**
Low Birth Weight Births (< 2,500 grams or 5.5 lbs)	6.4
Preterm Births (<37 weeks)	9.1

MENTAL HEALTH

Poor Mental Health Days[3]

In Worthington:

- 12% of adults report they have had at least 15 days in the past month of poor mental health, which includes stress, depression and problems with emotions. This is approximately the same as in Franklin County and Ohio.

Depression[3]

In Worthington:

- Almost 20% of adults report they have ever been diagnosed with a depressive disorder. This is approximately the same as in Franklin County and Ohio.

TABLE 5: MENTAL HEALTH
Worthington (43085), 2011-2015

Mental Health Indicators[2]	Percent
Poor Mental Health Days (15-30 days in the past month)	12.2
Depressive Disorder	19.4

HEALTH BEHAVIORS

Physical Activity[3]

In Worthington:

- 78% of adults fall short of meeting both aerobic and strengthening physical activity guidelines. This is lower than the prevalence in Franklin County and Ohio.

Smoking[3]

In Worthington:

- Only 1% of adults are current smokers. This is drastically lower than the prevalence in Franklin County and Ohio. The prevalence of this area is well below the Healthy People 2020 goal of 12%.

Human Immunodeficiency Virus (HIV) Screenings[3]

In Worthington:

- Over 20% of adults have ever been screened for HIV. This is 35% lower than the percent of adults screened in Franklin County and 30% lower than the percent of adults screened in Ohio.

TABLE 6: HEALTH BEHAVIORS[3]
Worthington, 2011-2015

Physical Activity	**Percent**
Met Aerobic Guidelines Only	34.1
Met Strengthening Guidelines Only	9.7
Met BOTH Aerobic and Strengthening Guidelines	15.9
Did NOT Meet EITHER Guideline	40.3
Current Smoker	1.3
Preventative Screenings	
HIV Screening	37.8

CHRONIC CONDITIONS

Arthritis[3]

In Worthington:

- 41% of adults have ever been told they have arthritis by a health professional. This is 62% higher than the prevalence in Franklin County and 43% higher than the prevalence in Ohio.

Asthma[3]

In Worthington:

- 11% of adults currently have asthma. This is approximately the same as the prevalence in Franklin County and Ohio.

Chronic Obstructive Pulmonary Disease (COPD)[3]

In Worthington:

- Less than 1% of adults have ever been told by a health care professional that they have COPD. This is significantly lower than the prevalence in Franklin County and Ohio.

Diabetes[3]

In Worthington:

- One in eight adults has ever been told by a health care professional that they have diabetes. This is slightly higher than the prevalence in Franklin County and Ohio.

CHRONIC CONDITIONS, *CONTINUED*

Heart Disease[3]

In Worthington:

- 8% of adults have ever been told by a health care professional that they have heart disease. This is four times higher than the prevalence in Franklin County and twice as high as the prevalence in Ohio.

Stroke[3]

In Worthington:

- 6% of adults have ever been told by a health care professional that they have had a stroke. This is 30% higher than the prevalence in Franklin County and almost 60% higher than the prevalence in Ohio.

Weight[3]

In Worthington:

- 60% of adults are overweight or obese. This is lower than the prevalence in Franklin County and Ohio.

TABLE 7: CHRONIC CONDITIONS
Worthington, 2011-2015

Ever diagnosed with...[3]	**Percent**
Arthritis	40.6
Asthma	10.8
Chronic Obstructive Pulmonary Disease (COPD)	0.4
Diabetes	11.5
Heart Disease	8.3
Stroke	5.5
Body Mass Index (BMI)[3]	
Healthy Weight (BMI 20.0-24.9)	39.0
Overweight (BMI 25.0-29.9)	45.6
Obese (BMI 30.0+)	14.7

INFECTIOUS DISEASE

Sexually Transmitted Infections[4]

In Worthington:

- The rate of chlamydia is 194 per 100,000 people, which is about 1/4 of the rate in Franklin County and 2/5 the rate in Ohio.
- The rate of gonorrhea is 42 per 100,000 people, which is 1/6 the rate in Franklin County and 1/3 the rate in Ohio.
- The rate of primary and secondary syphilis is 4 per 100,000 people, which is almost 1/6 the rate in Franklin County and slightly less than the rate in Ohio. In 2014, an ongoing syphilis outbreak was declared by local public health.

TABLE 8: INFECTIOUS DISEASES
Worthington, 2015

Sexually Transmitted Infections[4]	Rate (per 100,000)
Chlamydia	194.0
Gonorrhea	41.8
Syphilis (Primary & Secondary)	4.2

MORTALITY

Leading Causes of Death[2]

In Worthington:

- The all cause mortality rate is lower than the rate in Columbus.
- Similar to both Columbus and Franklin County, heart disease and cancer are the leading causes of death in Worthington.

TABLE 9: MORTALITY
Worthington, 2012-2014

Leading Causes of Death[2]	ADR
All Cause	721.4
Heart Disease	151.9
Cancer	138.0

* ADR = Age Adjusted Death Rate per 100,000 people

Worthington is defined using the ZIP code 43085.

[1] U.S. Census Bureau, American Community Survey, 2011-2015.

[2] Ohio Department of Health Vital Statistics, 2010-2015 (MCH Indicators), 2012-2014 (Leading Causes of Death); Analysis by Office of Epidemiology, Columbus Public Health. The Ohio Department of Health specifically disclaims responsibility for any analyses, interpretations or conclusions.

For mortality data:

Population: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin, on CDC WONDER On-line Database.

Leading Causes of Death: In order to provide a consistent grouping and ranking standard, the National Center for Health Statistics (NCHS) prepared a List of 113 Selected Causes of Death. Fifty causes on that list were designated as eligible to be ranked as leading causes of death. For more information about the NCHS rankings see Cause of Death Ranking on the NCHS website (https://www. cdc.gov/nchs/).

[3] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, Atlanta, GA. 2011 and 2013 and 2015 Combined (Diabetes, High Blood Pressure, Physical Activity), 2011-2015 (all other indicators). Analysis by Office of Epidemiology, Columbus Public Health. These data were provided by the Ohio Department of Health (ODH). ODH specifically disclaims responsibility for any analyses, interpretation or conclusions.

[4] Confirmed cases of Chlamydia and Gonorrhea, 2010-2015. Ohio Disease Reporting System, Data extracted June 21, 2017. Analysis by Office of Epidemiology, Columbus Public Health.

[5] Confirmed and Probable cases of primary and secondary Syphilis, 2010-2015. Ohio Disease Reporting System, Data extracted June 21, 2017. Analysis by Office of Epidemiology, Columbus Public Health.

APPENDIX A

GLOSSARY

Population Health
The distribution of health outcomes across a geographically-defined group that results from the interaction between individual biology and behaviors; the social, familial, cultural, economic and physical environments that support or hinder wellbeing; and the effectiveness of the public health and health care systems (as defined by HPIO Population Health Definition Workgroup and published in HPIO publication "What is 'Population Health?'" [2015]).

Health Disparities
Differences in health status among distinct segments of the population, including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.

Health Equity
The absence of differences in health that are caused by social and economic factors. Achieving health equity means that all people have the opportunity to achieve their full health potential, with no one at a disadvantage because of social or economic circumstances.

Health Inequity
A subset of health disparities that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.

Prevalence
Prevalence is a measure of how commonly a disease or condition occurs in a population at a particular point in time. This differs from incidence, which is a measure of ***new*** cases of a disease or condition.

Age Adjusted Death Rate
The number of deaths per 100,000 population. This is a way of standardizing death rates to minimize the effects of differences in age compositions when comparing different populations.

ACRONYMS

ACS: American Community Survey

ADR: Age Adjusted Death Rate

BRFSS: Behavioral Risk Factor Surveillance System

CHA: Community Health Assessment

CHNA: Community Health Needs Assessment

CHR: County Health Rankings

CHIP: Community Health Improvement Plan

NSDUH: National Survey on Drug Use and Health

ODH: Ohio Department of Health

OMAS: Ohio Medicaid Assessment Survey

PHAB: Public Health Accreditation Board

RWJF: Robert Wood Johnson Foundation

SHA: State Health Assessment

SHIP: State Health Improvement Plan

Adapted from the Ohio Department of Health SHA.

Appendix B

Summary of Indicators				
Chapter	Indicator	Indicator Definition	Source	Year
County Profile	Population	Estimated number of residents in Franklin County	ACS	2015
	Male	Percent of residents that identify as male	ACS	2015
	Female	Percent of residents that identify as female	ACS	2015
	White	Percent of non-hispanic residents that are white	ACS	2015
	Black	Percent of non-hispanic residents that are black	ACS	2015
	American Indian/Alaska native	Percent of non-hispanic residents that are American indians or natives of Alaska	ACS	2015
	Asian	percent of non-hispanic residents that are Asian	ACS	2015
	Native Hawaiian/Other pacific islander	Percent of non-hispanic residents that are natives of Hawaii or another Pacific island	ACS	2015
	Other race	Percent of non-hispanic residents that are of an other race	ACS	2015
	Two or more races	Percent of non-hispanic residents that are bi or multi-racial	ACS	2015
	Hispanic	Percent of residents that identify as ethnically Hispanic	ACS	2015
	Median age	Percent of residents that identify as median age	ACS	2015
	Under 18	Percent of residents under 18 years of age	ACS	2015
	Over 65	Percent of residents over 65 years of age	ACS	2015
	Foreign Born	Percent of residents born outside of the United States	ACS	2015
	Naturalized	Percent of residents born outside of the United States that have become naturalized U.S. citizens	ACS	2015
	Language other than english	Percent of residents, age 5 or older, who speak a language other than English at home	ACS	2015
Social Determinants	<100% Federal poverty level	Percents of residents whose household income is less than 100% of the federal poverty line	ACS	2010-2014
	100%-199% Federal poverty level	Percents of residents whose household income is between 100 and 199% of the federal poverty line	ACS	2010-2014
	≥200% Federal poverty level	Percents of residents whose household income is greater than or equal to 200% of the federal poverty line	ACS	2010-2014
	Less than 9th grade education	Percent of residents, age 25 and older, whose highest level of education is below 9th grade	ACS	2010-2014
	Some high school	Percent of residents, age 25 and older, whose highest level of education is some high school	ACS	2010-2014
	High school graduate/GED	Percent of residents, age 25 and older, whose highest level of education is a high school diploma or GED	ACS	2010-2014
	Assosciate's degree	Percent of residents, age 25 and older, whose highest level of education is an associate's degree	ACS	2010-2014
	Bachelor's degree	Percent of residents, age 25 and older, whose highest level of education is a bachelor's degree	ACS	2010-2014
	Graduate or professional degree	Percent of residents, age 25 and older, whose highest level of education is a graduate or professional degree	ACS	2010-2014
	In labor force	Percent of residents, over age 16, that are in the in the civilian labor force (empolyed or unemployed) or in the Armed forces	ACS	2010-2014
	Not in labor force	Percent of residents, over age 16, that are not in the civilian labor force or in the armed forces	ACS	2010-2014
	Unemployment rate (civilian labor force)	Proportion of the civilian labor force that is currently unemployed	ACS	2010-2014
	Per capita income	Franklin county's total income divided by it's total population	ACS	2010-2014
	Median household income	Income that divides the income distribution into two equal groups; half of household earn above this income, half earn below	ACS	2010-2014

Summary of Indicators				
Chapter	Indicator	Indicator Definition	Source	Year
Social Determinants	Cost-burdened homeowners	Percent of home-owning residents who spend at least 30% of their income on housing costs	ACS	2010-2014
	Cost-burdened renters	Percent of renting residents who spent at least 30% of their income on rental costs	ACS	2010-2014
	Homeless Point-in-time count	Count of the area's homeless population including adults and youth, sheltered and unsheltered individuals as of 01/2016	CSB	2016
	Shelter Maximum area capacity	Total bed capacity of all area shelters and community/transitional housing as determined by the Community Shelter Board	CSB	2016
	No health insurance coverage, civilian	Percent of the civilian, non-instituionalized population, that does not have any form of health insurance coverage	ACS	2010-2014
	No health insurance coverage, children	Percent of Franklin county children, under age 18, that do not have any form of health insurance coverage	ACS	2010-2014
	No health insurance coverage, adults	Percent of Franklin county adults (in and out of the labor force, ages 18-64) that do not have any form of health insurance coverage	ACS	2010-2014
	SNAP/Food stamp households	Percent of Franklin county households that receive SNAP/Food stamp benefits	ACS	2010-2014
	SNAP/Food stamp households, children	Percent of SNAP households who have at least one resident under the age of 18	ACS	2010-2014
	SNAP/Food stamp households, poverty	Percent of SNAP households with a total household income less than 100% FPL	ACS	2010-2014
	Food insecure households	Percent of Franklin county households that are food insecure	Feeding America	2014
	Food insecure households, children	Percent of food insecure households who have at least one resident under the age of 18	Feeding America	2014
	Violent crime rate	Number of violent crimes(murder, rape, robbery, aggrevated assualt) per 1,000 residents	Ohio County Stats	2014
	Propery crime rate	Number of property crimes(burglary, larceny, motor vehicle theft, arson) per 1,000 residents	Ohio County Stats	2014
	Juvenile arrest rate	Number of Part 1 and Part 2 arrests per 1,000 residents age 10 to 17	FCJDC	2014
	Homicide rate	Ade-adjusted rate of death by homicide	ODH Vital Statistics	2013-2015

Summary of Indicators				
Chapter	**Indicator**	**Indicator Definition**	**Source**	**Year**
Access	Usual source of care	Percent of adults, over the age of 19, that have one place where they usually go to seek medical care or advice	OMAS	2015
	Uninsured	Percent of those 18 to 64 without health insurance coverage	ACS	2015
	Unmet dental care need	Percent of adults, over the age of 19, who reported at least one unmet dental care need, due to any reason, in the past 12 months	OMAS	2015
	Unmet vision care need	Percent of adults, over the age of 19, who reported at least one unmet visition care need, due to any reason, in the past 12 months	OMAS	2015
	Unmet mental health care need	Percent of adults, over the age of 19, who reported at least one nmet dental care need, due to any reason, in the past 12 months	OMAS	2015
	Unable to afford a healthcare visit	Percent of adults who, in the past 12 months, needed to see a doctor but could not because of cost	BRFSS	2015
	Major medical cost	Percent of uninsured adults who reported having a major medical cost while uninsured	OMAS	2015
	Delay of care	Percent of uninsured adults who reported delaying or avoiding getting any form of care, including prescription medications , because they were uninsured	OMAS	2015
	Unmet illict drug use treatment	Percent of respondents, who in the past year, needed treatment for illicit drug use but, for any reason, did not receive it	NSDUH	2012-2014
	Unmet alcohol abuse treatment	Percent of respondents, who in the past year, needed treatment for alochol use but, for any reason, did not receive it	NSDUH	2012-2014
	Infant mortality rate	Number of deaths among infants (<1 year old) per 1,000 live births	ODH Vital Statistics	2015
Maternal and Child Health	Fetal death rate	Number of fetal deaths per 1,000 live births and fetal deaths	ODH Vital Statistics	2015
	Percent biths low birth weight	Percent of live births weighing < 2,500 grams	ODH Vital Statistics	2015
	Percent births preterm (<37 weeks)	Percent of live births with gestational age less than 37 completed weeks	ODH Vital Statistics	2015
	Teen birth rate (15-17 years)	Number of live births to females ages 15-17 years per 1,000 females ages 15-17	ODH Vital Statistics	2015
	Abortion rate (15-44 years old)	Number of induced abortions per 1,000 females ages 15-44 years	ODH	2015
	Fruit consumption	Percent of adults who reported eating at least 1 serving of fruit per day	BRFSS	2015
Health Behaviors	Vegetable consumption	Percent of adults who reported eating at least 1 serving of vegetables per day	BRFSS	2015
	Met aerobic guidelines only	Percent of adults who reported doing enough physical activity to meet only aerobic guidelines	BRFSS	2015
	Met strengthining guidelines only	Percent of adults who reported doing enough physical activity to meet only strengthening guidelines	BRFSS	2015
	Met both guidelines	Percent of adults who reported doing enough physical activity to meet both aerobic and stengthening guidelines	BRFSS	2015
	Did not meet either guideline	Percent of adults whose reported physicial activity did not meet either guideline	BRFSS	2015
	Current smokers	Percent of adults who are current smokers	BRFSS	2015
	Tobaco product use	Percent of residents who reported having used a tobacco product (cigarette, cigar, chewing tobacco, pipe, or snuff) in the past month	NSDUH	2012-2014
	Heavy drinkers	Percent of adults who are heavy drinkers	BRFSS	2015
	Illicit drug use	Percent of residents reporting illicit drug use (i.e. marijuana/hashish, cocaine, heroin, hallucinogens, inhalants or prescription type psychotherapeutics used non-medically), in the past month	NSDUH	2012-2014
	Illicit drug dependence or abuse	Percent of residents reporting dependence on or abuse of any illicit drug in the past year	NSDUH	2012-2014
	Marijuana use in the past month	Percent of residents reporting marijuana use in the past month	NSDUH	2012-2014
	Marijuana use in the past year	Percent of residents reporting marijuana use in the past year	NSDUH	2012-2014
	Prescription pain medicine misuse	Percent of residents reporting misuse of prescription pain medication	OMAS	2015
	Cervical cancer screening (18+)	Percent of females 18+ reporting they have had a PAP test in the past 3 years	BRFSS	2015
	Colon cancer screening	Percent of adults 50+ reporting they have ever had a sigmoidoscopy or colonoscopy	BRFSS	2015
	Mammogram	Percent of females 40+ reporting they have had a mammogram in the past 2 years	BRFSS	2015
	Prostate exam	Percent of males 40+ reporthing they have had a prostate exam in the past 2 years	BRFSS	2014

Summary of Indicators				
Chapter	**Indicator**	**Indicator Definition**	**Source**	**Year**
	HIV screening	Percent of adults reporting they have ever been tested for HIV	BRFSS	2015
	Influenza vaccine	Percent of adults reporting they have had a flu shot in the past year	BRFSS	2015
	Pneumonia vaccine	Percent of adults 65+ reporthing they have ever recieved a pneumonia shot	BRFSS	2015
Health Behaviors	Preconception: Health care coverage	Percent of females 18-44 who reported having health care coverage	BRFSS	2011-2015
	Preconception: Check-up	Percent of females 18-44 who reported having had a check-up in the past 12 months	BRFSS	2011-2015
	Preconception: Influenza vaccine	Percent of females 18-44 who reported receiving the flu vaccine in the past 12 months	BRFSS	2011-2015
	Preconception: General health status	Percent of females 18-44 reporting good or better health	BRFSS	2011-2015
	Preconception: Depressive disorder	Percent of females 18-44 reporting ever being diagnosed with depression	BRFSS	2011-2015
	Preconception: Binge drinker	Percent of females 18-44 who drink at least 4 drinks on one occasion	BRFSS	2011-2015
	Preconception: Current smoker	Percent of females 18-44 who are current smokers	BRFSS	2011-2015
	Preconception: Overweight	Percent of females 18-44 with BMIs between 25 and 30	BRFSS	2011-2015
	Preconception: Obese	Percent of females 18-44 with BMIs of 30 or greater	BRFSS	2011-2015
	Preconception: Did not meet either guideline	Percent of females 18-44 who did not meet either physical activity guideline	BRFSS	2011,2013 & 2015
	Preconception: Fruit consumption	Percent of females 18-44 consuming < 1 serving per day	BRFSS	2013 & 2015
	Preconception: Vegetable consumption	Percent of females 18-44 consuming < 1 serving per day	BRFSS	2013 & 2015
	Preconception: Hypertension	Percent of females 18-44 who reported ever being diagnosed with hypertension	BRFSS	2011,2013 & 2015
	Arthritis	Percent of adults who reported ever been diagnosed with arthritis, gout, lupus, or fibromyalgia	BRFSS	2015
Chronic Conditions	Current asthma	Percent of adults who currently have asthma	BRFSS	2015
	Cancer incidence rate	Number of new invasive cancer diagnoses per 100,000 individuals	ODHCISS	2011-2013
	COPD	Percent of adults who have ever been diagnosed with COPD, emphysema, or chronic bronchitis	BRFSS	2015
	Diabetes	Percent of adults who have ever been diagnosed with diabetes	BRFSS	2015
	Heart disease	Percent of adults who have ever been diagnosed with heart disease	BRFSS	2015
	Stroke	Percent of adults who have ever been diagnosed with stroke	BRFSS	2015
	Healthy weight	Percent of adults who are currently at a healthy weight (BMI 18.5-24.9)	BRFSS	2015
	Overweight	Percent of adults who are currently overweight (BMI 25.0- 29.9)	BRFSS	2015
	Obese	Percent of adults who are currently obese (BMI 30.0+)	BRFSS	2015
	Poor mental health days	Percent of adults reporting at least 15 poor mental health days in the past month	BRFSS	2015
Mental Health	Depression	Percent of adults reporting ever being diagnosed with depression	BRFSS	2015
	Anxiety	Percent of adults reporting ever being diagnosed with an anxiety disorder	BRFSS	2011
	Serious thoughts of sucicide	Percent of adults reporting having serious thoughts of suicide within the past year	NSDUH	2012-2014
	Sucicide rate	Age-adjusted rate of death by suicide per 100,000 residents	ODH Vital Statistics	2013-2015
	Enteric disease rate	Confirmed and probable cases of enteric diseases per 100,000 residents	ODRS	2014

Summary of Indicators				
Chapter	**Indicator**	**Indicator Definition**	**Source**	**Year**
Infectious Disease	Sexually-transmitted infection rate	Confirmed and probable cases of STIs per 100,000 residents	ODRS	2015
	Living with HIV/AIDS	Number of individuals living with HIV	ODH	2014
	Newly diagnosed with HIV	Number of new HIV diagnoses	ODH	2014
	Tuberculosis rate	Confirmed and probable cases of of tuberculosis per 100,000 residents	ODRS	2014
	Vaccine-preventable disease rate	Confirmed and probable cases of vaccine preventable disesases per 100,000 residents	ODRS	2014
	Influenza-assosciated hospitalization rate	Number of hospitializations associated with influenza virus during the 2015-2016 flu season per 100,000 residents	ODRS	2015-2016
	Hospital-acquired infections	Confirmed and probable cases of hospital-acquired infections	CMS	2014
	Standardized Infection Ratio (SIR)	Ratio of reported cases of HAIs to cases predicted from national baseline data	CMS	2014
	Falls	Number of injuries from falling, tripping, stumbling, pushing, colliding, or diving resulting in at least a 48-hour hospitalization	COTS	2010-2012
Injury	Motor vehichle traffic	Number of injuries from motor vehicle crashes occurring on a public street or roadway resulting in at least a 48-hour hospitalization	COTS	2010-2012
	Struck	Number of injuries from being hit by a blunt object or person resulting in at least a 48-hour hospitalization	COTS	2010-2012
	Firearm	Number of injuries from discharge of a handgun, rifle, shotgun, larger firearm, or other and unspecified firearm resulting in at least a 48-hour hospitalization	COTS	2010-2012
	Fire/hot object	Number of injuries from asphyxia or poisoning from conflagration or ignition, burning by fire, hot substances or objects, caustic/ corrosive materials, and steam	COTS	2010-2012
	Rate	Age-adjusted rate of injuries per 100,000 residents	COTS	2010-2012
	Intentional injuries	Percent of inpatient injury hospitalizations that are of intentional or pursposeful intent	COTS	2010-2012
	Unintentional injuries	Percent of inpatient injury hospitalizations that are of unintentional or accidental intent	COTS	2010-2012
	EMS poisoning/drug injestion rate	Number of EMS runs with primary or secondary impression as drug ingestion/poisioning per 100,000	Ohio EMS	2012-2014
	Unintentional drug overdose death	Number of deaths due to unintentional drug overdoses per 100,000	ODH Vital Statistics	2011-2015
	Life expectancy	Number of years, on average, an infant born in a particular year can be expected to live	ODH Vital Statistics	2011-2015
Mortality	Average number of deaths	Average annual number of deaths due to a leading cause	ODH Vital Statistics	2012-2014
	Adjusted death rate (ADR)		ODH Vital Statistics	2012-2014
	Chronic disease mortality	Percent of all death attributable to one or more chronic conditions	ODH Vital Statistics	2012012-2014
	Cancer mortality rate	Number of deaths due to cancer per 100,000 residents	ODH Vital Statisics	2012-2014
	Rabies vaccination	Number of rabies vaccinations given at CPH clinics to dogs, cats, or feretts over 3 onths of age	CPH	2015

Summary of Indicators				
Chapter	Indicator	Indicator Definition	Source	Year
Environmental Health	Confirmed blood levels of concern	Percent of children, under 72 months of age, tested and determined to have blood lead levels great than 5 micrograms per deciliter	ODH	2011-2015
	Critical restaurant violations	Number of violations of the Ohio Uniform Food Safety Code, which, if left uncorrected, are more likely than other violations to directly contribute to food contamination or foodborne illness	CPH	2015
	Pool violations	Number of violations of the Ohio Administrative Code's safety and health standards for public swimming pools and spas	CPH	2015
	WNV+ mosquitoes	Number of mosquito pools with at least one mosquito testing positive for West Nile Virus	CPH	2015

APPENDIX C

DATA LIMITATIONS

The data presented in this report were compiled from a variety of sources, including primary data sources (collected for local health assessment purposes) and secondary data sources (collected for another purpose, usually by another organization/institution).

Most of the data in this assessment are from publicly-available sources such as government surveys or birth and death records. There is typically a delay between the time this information is collected and when it is finalized and released.

It should be noted that for the secondary data analyses, in some instances, city-level data were not available or could not be analyzed due to small sample sizes. In some cases, data was aggregated across multiple years to increase sample size (e.g., 2011-2015). Additionally, several sources did not provide current data stratified by race/ethnicity, gender or age; thus, these data could only be analyzed by total population. Due to the variety of sources used to conduct this assessment, race and ethnicity may not be consistently defined throughout the report. For example, for some data, "White" includes all ethnicities; however, for others, "non-Hispanic White," does not include those of Hispanic ethnicity.

Data based on self-report (e.g., BRFSS, OMAS, etc.) should be interpreted with particular caution. In some instances, respondents may over- or under-report behaviors and illnesses based on perceived social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias, meaning they attempt to answer accurately, but remember incorrectly. Despite these limitations, most of the self-report surveys used in this report benefit from large sample sizes and are often the best option for providing data on individual health behaviors and diagnoses.

Data that depend on health care diagnoses (e.g., hospital discharge, laboratory results, etc.) may not be comprehensive of the entire population due to variations in behaviors and barriers related to seeking care.

Data for public health surveillance purposes rely on definitions designed to standardize data collection and report across public health jurisdictions and may differ slightly from clinical definitions used in patient management. Outbreaks or media coverage of a particular disease can also influence testing and reporting rates.

Qualitative data from focus groups provide valuable insights. However, results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size. For more information regarding recruitment techniques see Appendix D.

In addition, there are some subject specific areas where indicator availability could be improved at the local level. In Columbus and Franklin County, there are limited measures related to mental health and hospital admission and discharge.

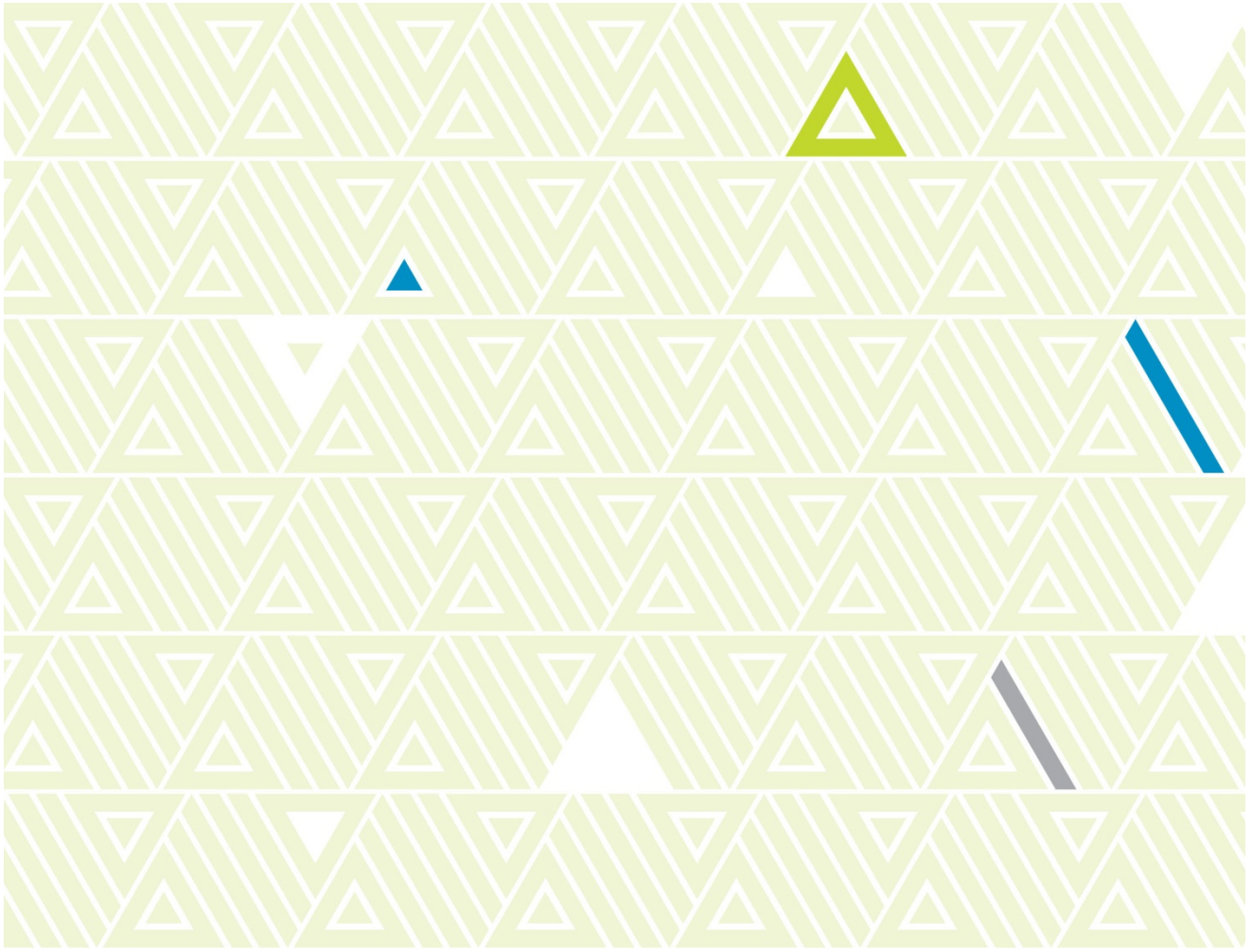
Efforts to improve data gaps and limitations for health-related indicators continue at the local, state and national level.

Appendix D

Columbus Public Health

Focus Group Executive Summary

May 2017



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CRP is a non-profit research, evaluation, and data center based in Columbus, Ohio, with a mission to strengthen communities through data, information, and knowledge. CRP is a partnership of the City of Columbus, United Way of Central Ohio, The Ohio State University, and the Franklin County Commissioners. CRP is also central Ohio's data intermediary, and a partner in the Urban Institute's National Neighborhood Indicators Partnership. Since its inception, CRP has undertaken hundreds of projects in central Ohio, statewide, and across the country.

Contents

1.0 Introduction

Columbus Public Health (CPH) approached Community Research Partners (CRP) to facilitate a series of focus groups among residents of the City of Columbus with limited access to healthcare to learn more about their experiences, thoughts, and beliefs regarding health and health care.

1.1 Methodology

CRP scheduled and recruited participants for six focus groups between January and March 2017. Participant recruitment occurred via flyers distributed at Columbus Metropolitan Library branches and social service providers, with a stated emphasis of seeking participants from vulnerable and hard to reach populations whose health outcomes may be worse than the overall Franklin County population. Prior to signing up for the focus group, all participants responded affirmatively that they met at least one of the following conditions: limited access to health care due to disability, unemployment, cost, or other reason. Additionally, all participants were 18 years old or older. As an incentive to attend, participants received a $20 Kroger gift card for participating.

While some participants provided an email address, many chose to RSVP or communicate updates about focus groups via phone. Some participants only had pay-as-you-go phones with limited minutes, which created some issues with effectively handling planning and reminder messages during the planning and recruitment process.

Following the facilitation of the focus groups, CRP analyzed and summarized participant input. This summary document will be incorporated into CPH's Community Health Assessment and will enhance CPH's understanding of the health-related needs and barriers for this population.

1.2 Demographics

Across all focus groups, a total of 70 people participated. CRP asked all participants for demographic information, including age, race, and gender, though the information was not required to participate. The following tables present a summary of information that was volunteered:

Age of Participants (n = 54)		
Age Range	Responses	Percent
18 – 24 years	2	3.7%
25 – 44 years	15	27.8%
45 – 64 years	35	64.8%
65 years and over	2	3.7%

Gender of Participants (n = 52)		
Gender	Responses	Percent
Female	25	48.1%
Male	27	51.9%

Race of Participants (n = 54)		
Race	Responses	Percent
African American	32	59.3%
American Indian	3	5.6%
Bi-Racial/Other	5	9.3%
Caucasian	13	24.1%
Pacific Islander	5	9.3%

2.1 Key Theme: Access to Healthcare

When asked about presence and availability of health insurance in focus groups, a majority of participants said they have insurance. However, their satisfaction with insurance varied. The uncertain landscape of the healthcare system was a concern, with several participants saying their insurance was through the Affordable Care Act and many felt nervous at the possibility of losing their coverage through legislation. Limitations of insurance were also discussed, with participants noting that some providers do not accept their coverage, or it is accepted but the cost of care makes it prohibitive. Senior citizens with Medicare also voiced concerns, saying they had limited access to dental and vision care, despite those being high areas of need and vital to physical health later in life.

For many, the cost of healthcare was a concern. The deductions from a paycheck could become too much, causing participants to choose between coverage options, such as choosing medical insurance over dental insurance. One participant said:

> *"If I want medical, that costs money. If I want dental, that costs money… All of that would take about $90 out of my paycheck each month, so I just take medical and hope that nothing happens."*

Insurance limitations go beyond the plans themselves; several participants referenced quality of care concerns that directly stem from their insurance selections. Participants said that high quality doctors are not located in easily accessible areas, with some believing there is a mentality among providers that they do not need to serve the interests of people with lower incomes. Others who attended their appointments related stories of receiving sub-par care, voicing concerns that this was the result of having lower quality insurance. As one participant related:

> *"I do not think health care officials are willing to treat people with lower incomes as the same as someone who has a very good insurance. I have pain so bad sometimes that I have to go to the emergency room to get pain medication to take care of it. I go to my regular family provider and they won't give me medication to take care of it."*

Specific concerns about accessible clinics and providers included worries about being prescribed the wrong medication and being treated by interns and students. Barriers such as these could dissuade some citizens from making appointments. Some participants noted that finding the right provider can be time-consuming and does not make scheduling appointments worthwhile.

2.2 Key Theme: Food Access

The issue of food access was discussed in-depth. Participants observed that fast food outlets were plentiful in their neighborhoods, but grocery stores and outlets selling fresh food were farther away. Participants also talked about the price of food, mentioning that grocery stores are less expensive in wealthier suburban areas compared to what's available in lower-income neighborhoods. Several said they would like to eat healthier, but the cost of fresh or organic food makes it challenging.

> *"The prices are killing people, when you want to eat healthy, say you are a chicken and fish person, you don't want to eat beef or pork, the prices are outlandish, it is high. Vegetables are high."*

For those in need, access to food pantries was also an issue. Participants felt availability varied across neighborhoods, noting that an area like Franklinton has access to numerous pantries and food programs, while areas farther east or west in the City have fewer opportunities with more spread out access.

2.3 Key Theme: Food Quality

Several participants were also conscious of the quality of food available. Some derided the "hidden" ingredients and additives of processed food. Others took care to look at ingredients when buying food, trying to avoid refinements and additives such as high fructose corn syrup.

2.4 Key Theme: Community Gardens

Community gardens were frequently discussed as a means of addressing both food access and food quality. Participants saw gardens as a positive for offering increased options for vegetables and fresh foods, and socially as a source of promoting community and encouraging residents to do something both fun and healthy together.

While overall viewed as positive, participants were also aware of challenges of maintaining community gardens. Convincing more residents to participate is tough, participants acknowledged, keeping in mind that gardening can be hard work. Some participants were unaware of where gardens are available or how to obtain a plot, another limiting factor to participation. Others also sought a balance, appreciating gardens as a productive use of vacant land but hopeful that more uses, such as housing development, could be found for those sites.

2.5 Key Theme: Cooking Food

Participants noted day-to-day life can deter people from cooking at home and lead them to purchase fast food and prepared food that is readily available. One participant remarked:

> *"We do not stay home and cook, we are such a fast economy. Everything is just so overloaded."*

Groups described the issue from multiple perspectives. On the one hand, some said they simply did not know how to cook, or how to prepare certain foods. Others worried families with children would not learn either how to prepare meals or sit at the table and socialize, activities emphasized as important for bonding and child development. When looking at solutions nutritional education was suggested, as a means of better learning how to cook and being a savvier consumer when buying food for individuals and their families alike.

2.6 Key Theme: Transportation

Many participants discussed how certain broader environmental characteristics, like transportation, affect health. As many relied on Central Ohio Transit Authority (COTA) buses for getting around town, scheduling and attending medical appointments also involves checking the bus schedule. Long wait times and delays in arrival can cause missed appointments and rescheduling those missed appointments is not always easy. Even more troubling, bad travel experiences can be a further deterrent to scheduling appointments in the first place. As a potential solution, some participants mentioned the availability of bus vouchers and door-to-door pick-ups if proof of an appointment is provided. Information on these programs' accessibility however, was not widely known.

When discussing how employment affects health, many attendees noted that many job opportunities are outside the 270 outer belt and the same concerns of wait times and delays affect their ability to get to work on time. Others mentioned that poor public transportation makes it difficult to visit family and friends, contributing to isolation and depression. When asked what could improve health outcomes in their neighborhoods, many participants answered better or more reliable transportation options.

2.7 Key Theme: Litter and Debris

Participants widely cited litter as a problem in their neighborhoods. Complaints ranged from its negative environmental impact to the presence of drug needles making it unsafe for children to walk or play.

> *"Where I live, it is bad to the point where my kids cannot go outside, because there are needles in the alleyway, right there in front of my house. Who wants to send their kids out there?"*

Despite challenges, some participants were proactive in addressing the problem and saw opportunities for improvement. Some preferred to clean up garbage themselves and not wait for property owners, especially unresponsive landlords who do not act on complaints that garbage is untreated. Others suggested policy solutions to prevent litter, such as fines to noncompliant owners or incentives to owners who keep areas maintained. The City of Columbus Land Bank's activities of buying delinquent properties was seen as a positive. Their authority to assume ownership of vacant, tax delinquent buildings for demolition and reuse as community gardens was noted as helpful for clean-up efforts.

2.8 Key Theme: Knowledge of Resources

There was a wide range of knowledge about available community resources among participants. For example, one participant said:

> *"I didn't know anything about resources offered until I was 30."*

For basic needs such as food or over-the-counter medication, a resource mentioned by a participant was followed by questions from the group about how others could access and learn more about it. When searching for specialists or specific types of medical care, some participants expressed unawareness of where to go or who to talk to, making care difficult to obtain. Pamphlets and fliers as compiled by social service providers are seen as helpful resources, both to learn more about accessible programs, events, and general health information; as well as a tangible source to share with others. As one participant summarized:

> *"A lot of times you see flyers, or word of mouth- that is how we find out about these resources."*

Networking was also important for word-of-mouth programming and updates. Some group participants would share information amongst themselves, and cited places such as Columbus Metropolitan Library branches, The Salvation Army, and the Habitat for Humanity Re-Store as examples of where further information is obtained.

The participants mentioned several positive and easy to access resources, including health events such as mobile clinics, volunteer doctors and nurses, and weekly clinics at churches. Educational events led by trained professionals, such as health fairs to inform residents of programs and benefits, were also spoken of favorably. Recreation centers operated by the

Department of Recreation and Parks were also seen positively, both as a community outlet and as a provider of resources to improve individual health, with several expressing a desire for greater availability citywide.

2.9 Key Theme: Role of Work

Participants discussed the complicated role that work played in their individual health. Some saw hard work and determination as essential to obtaining a healthier lifestyle, while others mentioned work has a price alongside rewards. A few participants talked directly about warehousing and other blue-collar work, and the physical toll and difficult conditions presented. The long hours of those and other jobs can take individual focus off of improving one's health. Long hours also meant several participants faced the benefits cliff, noting a reduction in Medicaid or SNAP benefits with working full-time but still in need of resources:

> *"They used to give me $190 in food stamps, then when I started my job, they called me in to reevaluate me, and they gave me $16. What am I going to do with $16?"*

2.10 Key Theme: Place and People

Participants held differing views on the places they live and its impact on health. For some, place had a role in how day-to-day life is lived, from what is made available to making choices like going outside. One participant said:

> *"Environment has a lot to do with it. As a whole, I think the community has access to things like healthcare, like free flu shots. Your income level has a lot to do with your environment."*

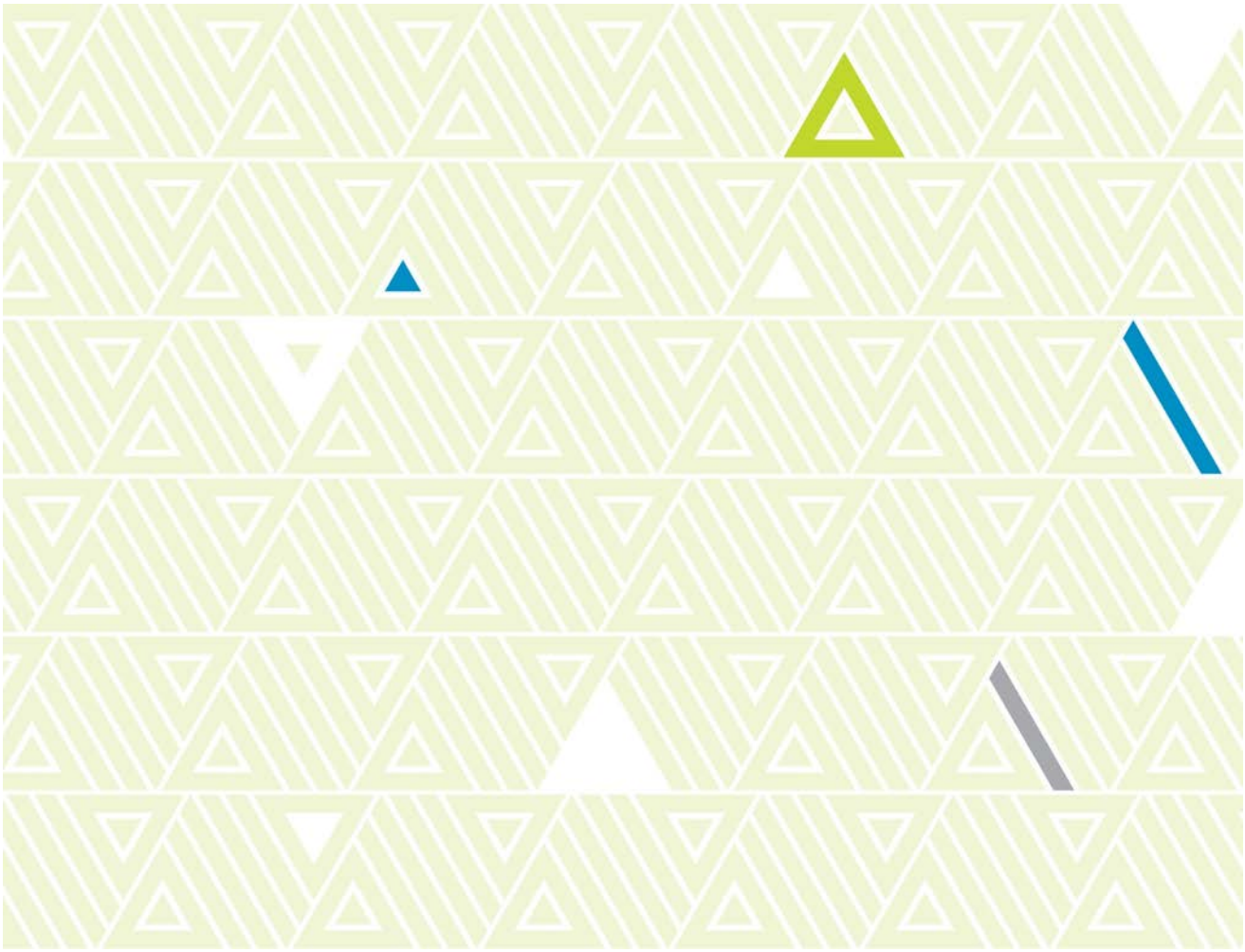
Not everyone agreed with this view. One participant believed in a "mind over matter" mindset, and that hard work could achieve a healthier lifestyle and environment. Another remarked that external factors do not influence her choice to be healthy, rendering place irrelevant.

3.0 Conclusion

It was demonstrated throughout the focus groups that participants will take and use information when they receive it. To that end, new strategies for reaching vulnerable populations may be considered. As a group with observed lower levels of access to technology, flyers advertising available resources and in-person events, such as health fairs, were important for disseminating accurate information that could be passed on to others.

Public health's role in policy was also identified. Litter and debris was a frequent topic of concern, and targeting property owners who fail to contain and dispose of garbage for intervention was seen as useful for potential improvements. Transportation in general was

discussed, but for those looking to attend medical appointments getting to the location on time was especially important. Improved access to and knowledge of available services to help participants keep their appointments could be considered.



APPENDIX E

PARTNERSHIP FORUMS

The Franklin County CHA used an adapted Mobilization for Action through Planning and Partnerships (MAPP) approach. In order to engage fellow public health partners, two forums were held at the main branch of the Columbus Metropolitan Library.

EXTERNAL PARTNER FORUM I

The first forum in November 2016 included over 50 external partners from public health, health care providers (including hospitals, primary care, and mental health and addiction services), insurers, consumers, community service agencies, employers and others who participated in dialogue on health and their community. During the four hour session, facilitators guided discussions related to review of indicators for inclusion in the CHA, community themes and strengths, and community forces of change.

Community Themes and Strengths

Provides an understanding of the issues that partners feel are important to the quality of life and health in our community and what can or is currently being done to improve it.

The majority of participants rated the health of our community as "Somewhat Healthy**."**

What do you think are the most important characteristics of a "healthy community?"

- Safety
  - Safe Affordable Housing
  - Feeling safe in your neighborhood
- Education
- Access to care (dental, mental health, insurance coverage)
- Green space, bike paths, sidewalks
- Supportive policies

What do you think are the most important "health problems" in our community?

- Equity
- Drug/Alcohol abuse
- Mental Health
  - Undiagnosed/untreated
  - Limited coverage/reimbursement

EXTERNAL PARTNER FORUM I, *CONTINUED*

Community Themes and Strengths, *continued*

What do you think are the most important "health problems" in our community? (continued)

- Overweight/Obesity
  - Lack of education on health literacy and chronic disease prevention
  - Access to healthy foods
  - Access to recreation/exercise (safety)
- Smoking

What are the most important issues that must be addressed to improve the health and quality of life in our community?

- Social Determinants
  - Poverty, racism, homelessness, living wages
- Systems issues (health)
  - Multi-pay systems
  - Communication and alignment
  - Hours
  - Quality

Of those mentioned, what health issues already have momentum?

- Infant mortality (CelebrateOne)
- Obesity reduction/healthy foods (Food Action Plan, City developing community gardens)
- Opiate reduction

What do you think is keeping our community from doing what needs to be done to improve health and the quality of life?

- Political climate
- Lack of collaboration across agencies or jurisdictions
- Lack of resources both financial and human
- Failure to use data to drive decisions

EXTERNAL PARTNER FORUM I, *CONTINUED*

Forces of Change

Identifies broad, all-encompassing categories that include trends, events and factors that affect the context in which the community and its public health system operate, and the challenges and opportunities they may create for our community.

POLITICS

Challenges	Opportunities
Unknown changes in Affordable Care Act	Local efforts may be able to continue
Relations with and treatment of Immigrant population	
Impact on Jobs	
Possible funding cuts	

OBESITY EPIDEMIC

Challenges	Opportunities
Contributes to all other chronic diseases	Education in making health behaviors the "norm"
Lack of real understanding of what is "healthy"	Making healthy food available and affordable

ADVANCED TECHNOLOGY/INTERNET

Challenges	Opportunities
Contributes to decreased physical activity	Increased access to resource and education
Unequal access and literacy	Managed care able to connect people to care
Social Media can facilitate bullying and predatory behavior	Increased communication

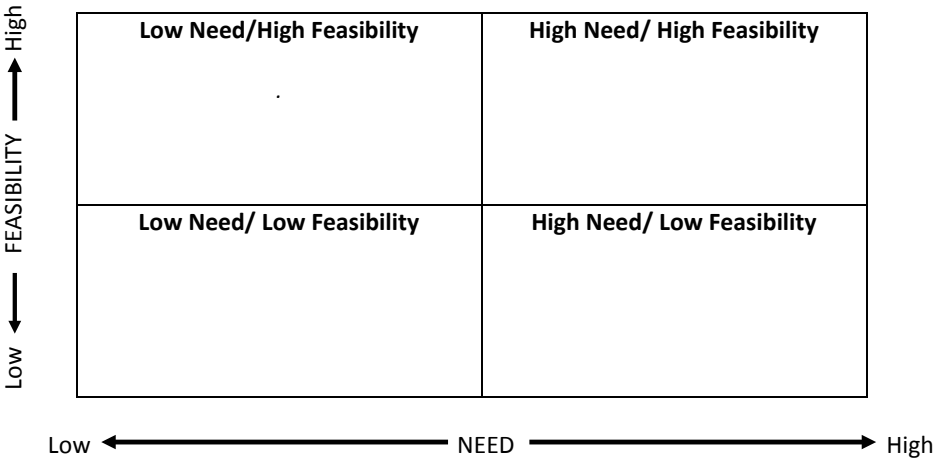
EXTERNAL PARTNER FORUM II

The second Partnership Forum in February 2017 included approximately 50 external partners from public health, health care providers (including hospitals, primary care, and mental health and addiction services), insurers, consumers, community service agencies, employers and others who engaged in dialogue related to progress with the local Community Health Assessment, recently released State Health Assessment and Improvement Priorities, and selection of local health priorities.

Local jurisdictions within the state of Ohio are required by the state health department to align with at least two of the state selected health priorities and at least one health outcome within those priorities.

Forum participants worked through a facilitated process, considering both data from the CHA and knowledge of community will to select two of the state health priorities as well as one additional local priority. Participants selected priorities through an individual voting process.

Next, outcome indicators for each priority area were selected through small group discussions using a conceptional 2x2 table looking at feasibility and need.



EXTERNAL PARTNER FORUM II, *CONTINUED*

NEED

	Low Need	High Need
Differences exist in jurisdiction	Issue is better locally	Issue worse locally
Alignment with State/Fed	No Fed/State requirements, mandates, laws	Required through Fed/ State requirements, mandates, laws
Magnitude of Problem	Affects a small percent of the population	Affects a large percent of the population
Quality of Life	Impediment to ability to work or function small	Impediment to ability to work or function large
Seriousness of Consequences	Does not cause severe illness or premature death	Causes severe illness or premature death
Disparities Exist	Disparities do not exist	Disparities do exist

FEASIBILITY

	Low Feasibility	High Feasibility
Cost Effective	Results are NOT worth the investment	Results ARE worth the financial investment
Potential for Impact	No evidence-based intervention exists to positively impact issue	Evidenced-based intervention exists to positively impact issue
Ability to Monitor Progress	No ability to track progress at the county level	Ability to track progress at the county level

In addition to the two external partnership forums, there was also an internal forum held with staff from Columbus Public Health. Staff engaged in the same process as community partners.

Health priorities were selected to align with the State Health Improvement Plan, local health data, and current ongoing community work. These priorities are outlined on the next page.

PRIORITIES SUMMARY

Health priorities were selected to align with the State Health Improvement Plan, local health data, and current ongoing community work.

THREE PRIORITY TOPICS

Mental Health and Addiction	Chronic Conditions	Maternal and Infant Health

PRIORITY OUTCOMES

• Adult Depression	• Heart Disease Prevalence	• Preterm Births
• Adolescent Depression	• Heart Disease Mortality	• Low Birth Weight
• Suicide Deaths	• Diabetes Prevalence	• Infant Mortality
• Unintentional Overdose Deaths	• Obesity Prevalence	

Red indicates outcomes also included in the SHIP.

Equity

Cross-Cutting Factors/Social Determinants

Indicator	Overall	Females	Males	Non-Hispanic Black	Non-Hispanic White	Year
Mental Health And Addiction						
Adult Depression	21.2%	25.1%	17.0%	9.7%	24.2%	2015
Adolescent Depression (ages 12-17 years)	9.5%	n/a	n/a	n/a	n/a	2012-2015
Suicide Deaths	11.8	5.5	19.1	6.8	13.4	2013-2015
Unintentional Drug Overdose Deaths	17.5	11.5	23.8	13.5	20.6	2013-2015
Chronic Disease						
Heart Disease Prevalence	2.1%	2.0%	2.2%	1.5%	2.6%	2015
Heart Disease Mortality	176.2	139.8	225.7	192.7	174.6	2015
Diabetes Prevalence	10.8%	10.7%	10.9%	12.0%	10.3%	2015
Obesity Prevalence	30.4%	27.8%	33.1%	33.3%	31.2%	2015
Maternal and Infant Health						
Preterm Births	10.6%	n/a	n/a	12.4%	10.0%	2015
Low Birth Weight	8.9%	n/a	n/a	11.6%	7.7%	2015
Infant Mortality	7.7	n/a	n/a	11.6	5.7	2015