

Shared Community Health Improvement Objectives 2026

In June 2025, Columbus Public Health, Franklin County Public Health and the Central Ohio Hospital Council released *HealthMap 2025* to assess the overall health status of Franklin County and identify the community's most pressing health needs. Through this report, health departments, hospitals, social service agencies and community organizations can develop plans to collectively address identified health needs. Close to 30 agencies contributed to this effort. The assessment's executive steering committee of Columbus Public Health, Franklin County Public Health and the Central Ohio Hospital Council continue this collaboration by identifying a minimum set of objectives that local health departments and hospital systems in Franklin County can use to set a foundation for their health improvement efforts and track the progress of their work.

Below are the priority health needs identified in *HealthMap 2025* and the agreed-upon shared objectives and metrics that will be used to determine progress, assuming data sources for the metrics remain available for Franklin County. The goals reflect the progress we want to see in Franklin County by 2029.

Social Drivers of Health: Focus on Housing

Objective: Increase housing security.

- Metric: Cost-burdened household prevalence¹
 - Baseline: 33.2%
 - Goal: 26.8%
- Metric: Number of unhoused individuals²
 - Baseline: 2,556
 - Goal: 2,300

Mental Health

Objective: Improve mental health and decrease loneliness.

- Metric: Adult depression prevalence⁴
 - Baseline: 28.9%
 - Goal: 20.3%
- Metric: Adult loneliness prevalence³
 - Baseline: 26.6%
 - Goal: 22.5%

Adverse Childhood Experiences (ACEs)

Objective: Prevent and mitigate ACEs.

- Metric: Adult prevalence of 4 or more ACEs⁴
 - Baseline: 16.0%
 - Goal: 12.5%
- Metric: 4-year high school graduation rate⁵
 - Baseline: 91.4%
 - Goal: 96.5%

Maternal and Infant Health

Objective: Increase infant vitality.

- Metric: Infant mortality rate⁶
 - Baseline: 7.4
 - Goal: 5.4

Objective: Improve pre-pregnancy and perinatal health.

- Metric: Reproductive-age healthcare visit prevalence⁴
 - Baseline: 75.4%
 - Goal: 91.5%

Violence and Injury

Objective: Decrease unintentional drug and alcohol deaths.

- Metric: Unintentional overdose death rate⁶
 - Baseline: 33.2
 - Goal: 22.8
- Metric: Alcohol-attributable (100%) death rate⁶
 - Baseline: 13.4
 - Goal: 12.1

Objective: Decrease deaths by violence.

- Metric: Suicide rate⁶
 - Baseline: 13.2
 - Goal: 12.8
- Metric: Homicide rate⁶
 - Baseline: 9.8
 - Goal: 6.2

About our Metrics and Goals

- Local goals are aligned with Healthy People 2030 targets: cost-burdened household prevalence, infant mortality rate, unintentional overdose death rate, suicide rate, and homicide rate. To learn more about how goals were set, visit the [National Center for Health Statistics Healthy People 2030 Target Setting page](#). Aligned goals in this document represent intermediary goals for 2029 to meet Healthy People targets by 2030.
- In alignment with CelebrateOne's work to lower the Franklin County infant mortality rate (IMR) to 5.0 by 2030, this document establishes an intermediary IMR goal of 5.4 by 2029.
- The Columbus & Franklin County Addiction Plan established a goal to decrease the count of unintentional overdose deaths by 15% through 2028. This document establishes a rate-based goal in alignment with Healthy People 2030.
- Cost-burdened households are defined as occupied households that spend 30% or more of their income on housing.
- Four-year high school graduation rates include only public-school students.
- Infant mortality rate is the number of live-born babies who die before their first birthday per 1,000 live births. All other death rates are age-adjusted per 100,000 Franklin County population.
- Metric estimates may vary depending on the data source and analysis methods used. For questions about the methods used for the data in this document, contact the Columbus Public Health Office of Epidemiology or the Franklin County Public Health Office of Epidemiology & Data.

Data Sources

1. US Census Bureau American Community Survey (ACS) (Baseline Year: 2024)
2. Community Shelter Board Point in Time Count (Baseline Year: 2025)
3. Ohio Medicaid Assessment Survey (OMAS)* (Baseline Year: 2023)
4. CDC Behavioral Risk Factor Surveillance System Survey (BRFSS)** (Baseline Year: 2024)
5. Ohio Department of Education and Workforce (Baseline Year: 2024)
6. Ohio Department of Health Bureau of Vital Statistics*** (Baseline Year: 2024)

*Adult estimates include residents age 19 years and older.

**Adult estimates include residents age 18 years and older.

***The Ohio Department of Health specifically disclaims responsibility for any analyses, interpretations or conclusions.