THE CITY OF COLUMBUS
MICHAEL B. COLEMAN, MAYOR

COLUMBUS PUBLIC HEALTH

Franklin County HEALTHMAP2013 *Executive Summary*

This community health assessment is the result of a broad collaborative effort and is intended to help the local public health system better understand the health needs and priorities of Franklin County residents. The *HealthMap 2013* document contains data which Columbus Public Health staff worked over the course of several months to gather and develop regarding demographic and health outcome information for the local community. The Franklin County Community Health Needs Assessment (CHNA) Steering Committee (coordinated by the Central Ohio Hospital Council) identified many indicators that are included in this health assessment, to identify those health areas where Franklin County is lagging. In addition, both qualitative and quantitative information from other local health assessments was used to better understand racial disparities, economic strength, and priorities expressed by the residents themselves. A description of these assessments is included in Appendix A.

The CHNA Steering Committee worked during a half-day facilitated retreat to identify and prioritize the health needs for Franklin County. The Committee, working in subgroups, identified indicators as a local health need if the Franklin County data for that indicator was worse than comparative state and federal data.

After identifying local health needs for each health indicator category, the Steering Committee is completing the process of prioritizing the health needs, using a set of nine criteria which included such things as cost effectiveness and magnitude of the problem locally. These criteria were modeled after those being used in the Ohio Department of Health - State Health Assessment process (Appendix B). The list was originally shared by the Association of State and Territorial Health Officials (ASTHO), and adapted from the work of Baum et al., Platonova et al., and a collaborative project between ASTHO and Johns Hopkins School of Public Health. In addition to serving as a member of the Steering Committee, CPH gave input to this priority-setting process by having representatives from each CPH division evaluate data from the CHA and rank health needs. Those needs that were determined to fit the select categories of “high need” and “high feasibility” were recommended by CPH to the CHNA Steering Committee for consideration as high priority.

It is important to note that not every Franklin County health indicator is listed in this report, nor is every Franklin County health need identified in the Steering Committee’s findings. When considering more than 200 potential indicators for inclusion in this report, the Steering Committee chose those indicators which:

- reflect a healthcare issue that is pertinent to central Ohio, and, when possible, was available in state and national form to allow for benchmarking; and
- came from sources that are reliable and are likely to continue providing the data in future years to allow for trending and measurement.

Comments and feedback from public health partners and the community have been encouraged as the Steering Committee works to improve the information in this document.

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Franklin County HealthMap 2013

Navigating Our Way to a Healthier Community Together

Coordinated by the Central Ohio Hospital Council: Mount Carmel Health System, Nationwide Children's Hospital, OhioHealth and The Ohio State University Wexner Medical Center.

In Partnership with Central Ohio Trauma System, Columbus Public Health, Columbus Neighborhood Health Centers, Franklin County Public Health, Heart of Ohio Family Health Centers, Lower Lights Christian Health Center, The Ohio State University College of Public Health, United Way of Central Ohio.

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Questions about this Report

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Overview

Welcome to *Franklin County HealthMap2013*!

The Franklin County Community Health Needs Assessment Steering Committee is pleased to provide the residents of central Ohio with a comprehensive summary of the community's health status and needs.

This community health profile is the result of a broad collaborative effort, coordinated by the Central Ohio Hospital Council (COHC), and is intended to help hospitals and other organizations better understand the health needs and priorities of Franklin County residents. As part of its mission, COHC serves as the forum for community hospitals to collaborate with each other and with other community stakeholders to improve the quality, value, and accessibility of health care in the central Ohio region. Consistent with that mission, central Ohio hospitals believe that the issues facing the community's health care system can be solved more effectively when working together.

The work to conduct a Franklin County needs assessment was first initiated to fulfill a requirement in the federal Patient Protection and Affordable Care Act, enacted in March 2010, requiring every tax-exempt hospital to conduct a community health needs assessment (CHNA) and identify strategies that address its findings. This report serves as the basis for each Franklin County hospital to release a needs assessment, consistent with federal requirements. Hospital-specific CHNAs, which can be found on each hospital's website, may include additional data and information, focused on communities or populations served by the hospital.

While this work started as a hospital initiative, the effort has grown into a multi-stakeholder collaborative, whereby a broad range of local organizations worked together to identify, collect and analyze the health indicators contained in this report. It is the hope of the Community Health Needs Assessment Steering Committee that the *Franklin County HealthMap2013* will help organizations throughout central Ohio better understand – and ultimately improve – the health of the community.

Understanding the prevalence of chronic health conditions, barriers in access to care, and other health issues can help direct resources where they will have the biggest impact. To that end, hospitals will begin using the data to develop and implement strategic plans to meet the community health needs identified through the assessment.

The *Franklin County HealthMap2013* will be updated every three years, consistent with federal requirements. It is the hope of the CHNA Steering Committee that this assessment provides a window to the community's health status and needs, a guide to target limited resources, a vehicle for strengthening relationships, and an invaluable tool for keeping the community healthy. Your comments and feedback are invited as we work to improve the information in this document when preparing *Franklin County HealthMap2016*.

Franklin County CHNA Steering Committee

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Special recognition to Katherine Rybka, Graduate Associate with the Center for Public Health Practice, who compiled data, created an off-line electronic repository for all data sources, charts and graphs, and drafted this report.

How to Read this Report

This report is organized into two sections:

1. Health Needs of Franklin County. In this section, eight health areas have been identified by the Franklin County CHNA Steering Committee as being a local, priority health need. The section begins with an explanation of the process used by the Steering Committee to identify and prioritize the eight Franklin County health needs.

2. Franklin County Health Indicators. In this section, more than 140 health indicators are listed, separated by health category. These health indicators were used by the Steering Committee to identify the local health needs, which are contained in section one. This section begins with an explanation of the process used by the Steering Committee to select the health indicators as well as how the indicators are sourced and calculated.

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Health Needs of Franklin County

The Franklin County HealthMap 2013 is intended to help hospitals and other organizations better understand the health needs and priorities of Franklin County residents. To that end, the Franklin County Community Health Needs Assessment Steering Committee worked to identify those health areas where Franklin County is lagging, based on comparable state and federal data.

This document is intended to provide a snapshot of the health and well-being status of residents in Franklin County, Ohio. There are areas where Franklin County compares favorably with the state and/or the U.S., for instance, older adults receiving pneumonia and influenza vaccines, alcohol related incidents, and motor vehicle traffic injury deaths. There are also health indicators, such as incidence of chlamydia, homicide and suicide, access to dental care, and deaths from unintentional drug /medication ingestion, where Franklin County does not compare as well. In some instances, the data tends to raise more questions than are answered. All areas deserve our attention and best collaborative efforts.

Process for Our Work

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

First, working in subgroups, the committee considered all health indicators listed in this report, comparing them to state, and sometimes federal, data for those same indicators. The Steering Committee pulled those Franklin County health indicators which were found to be worse than comparative state and federal data for consideration in the second step. Indicators found to be similar or better than state or federal data were dropped from further analysis;

Second, the committee rated the indicators found to be worse than state and federal data, using a set on nine criteria:

1. Cost Effectiveness – Are potential results worth the financial investment?
2. Difference to similar jurisdictions – Is the issue worse here than elsewhere?
3. External directives – Are there federal/state mandates or laws or local ordinances that prohibit or require addressing the issue?
4. Feasibility of positively impacting – Is there a valid intervention to positively impact the issue?
5. Magnitude of the problem – Is a sizeable percent of population affected by the issue?
6. Mission critical/prevention potential – Does intervention keep people well?
7. Quality of life – To what degree does the issue impede the ability for individuals to work, attend school, function, etc.?
8. Seriousness of consequences – Does the issue cause severe illness and/or premature death?
9. Trend direction – Has the problem worsened or improved in the last 5 years?

After rating the indicators, members of the committee were asked to convene meetings of clinical experts within their institutions to obtain feedback on whether the rated indicators were consistent with what

clinicians see in health care settings. The feedback was shared with the whole committee before the next step of identifying the community health needs.

Third, the Steering Committee grouped related health indicators into clusters. These clusters were labeled as a broader health issue, and thus identified as a Franklin County health need. For example, diabetes mortality and diagnoses of diabetes were grouped with risk factors for diabetes, including obesity and high blood pressure. These indicators were grouped with indicators for other persistent conditions, such as asthma, arthritis and heart disease. Combined, this cluster was identified as a community health need of "Chronic Conditions." Eight local health needs were identified using this process.

Finally, consistent with federal requirements for conducting a needs assessment, the committee worked through a facilitated process to prioritize the health needs. First, each committee member ranked the health needs, using a 1 to 8 scale, with 1 being the top priority and 8 being the lowest. Committee members were asked to rank the needs based on the input they received from clinical experts, the number of health indicators in each cluster as well as the rating the health indicators received (see step 2 above). Individual committee member rankings were added together, and the clusters with higher scores were identified as higher priorities.

It is important to note that not every Franklin County health indicator is listed in this report; thus every Franklin County health need may not be identified in the Steering Committee's findings. The Steering Committee worked to balance the need to include a broad range of indicators that impact community health while ensuring the data came from reliable sources that are likely to continue providing the measure in future years to allow for trending and measurement. Individual comments and feedback are invited as the Steering Committee works to improve the information provided in this document.

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

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

Prioritized Community Health Needs of Franklin County

1. Access to Care

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

Learn more about "Access to Care"

Indicators for emergency department utilization can be found on page 19. Indicators for access to dental care can be found on page 24.

Potential Partners/Other Resources

Community Health Centers

- Columbus Neighborhood Health Centers
- Lower Lights Christian Health Center
- Heart of Ohio Family Health Centers
- Southeast Inc.

Free Clinics

- Asian Health Initiative Free Clinic
- Columbus Free Clinic
- Grace Clinic
- Helping Hands Health and Wellness Center
- Latino Free Clinic
- Linworth Free Clinic
- New Life Health and Wellness Center
- Noor Community Clinic/Muslim Clinic of Ohio
- Physicians CareConnection
- Victory Ministries Free Medical Clinic
- Vineyard Free Health Clinics
- Xenos Fourth Street Free Clinic

Dental

- Columbus Neighborhood Health Centers
- Columbus Public Health
- Dental Options
- Dentists CareConnection
- Franklin County Veteran Service Commission Preventive Dental Program
- Nationwide Children's Hospital Dental Clinic
- OSU Dental Clinic
- Stowe Baptist Church
- Vineyard Dental Clinic—Cooper Road/5th Ave.

Other Resources

- AccessHealth Columbus

2. Chronic Disease

Chronic diseases – such as heart disease, stroke, cancer, diabetes – are the leading causes of death and disability at the local, state and national levels. According to the Centers for Disease Control and Prevention medical care costs of people with chronic diseases account for more than 75% of total medical care costs in the U.S. In Franklin County, over 60% of all deaths were due to chronic disease. Franklin County has a higher prevalence of both adults and youth diagnosed with asthma when compared to state and national data. Though the prevalence of adults in Franklin County diagnosed with diabetes is slightly less than for adults in the state of Ohio, it is higher than for adults in the U.S. There is also a higher prevalence of obesity in Franklin County adults which can lead to diabetes.

Learn more about "Chronic Disease"

Indicators for mortality rates including diabetes, Alzheimer's, heart disease and respiratory diseases can be found on page 31. Adult health indicators, including asthma, arthritis, body mass index, diabetes and high blood cholesterol can be found on page 29. Youth diagnoses of asthma can be found on page 41.

Potential Partners/Other Resources

American Heart Association, Central Ohio Chapter
American Lung Association, Central Ohio Chapter
Central Ohio Breathing Association
Central Ohio Diabetes Association
Columbus Cancer Clinic
Columbus Public Health: Healthy Children, Healthy Weights
In My Backyard Health and Wellness
Ohio Asian American Health Coalition
YMCA: Diabetes Prevention Program

3. Infectious Disease

Incidences of infectious diseases, especially those that are sexually transmitted, more prevalent in Franklin County than in Ohio. Franklin County rates for pertussis and tuberculosis are higher than Ohio rates. The incidence rates for two hospital-acquired infections -- methicillin-sensitive *Staphylococcus Aureus* (MSSA) and methicillin-resistant *Staphylococcus Aureus* (MRSA) -- are slightly higher in Franklin County than in Ohio.

Learn more about "Infectious Disease"

Indicators for incidence and prevalence of infectious diseases can be found on page 39. Incidence of hospital-acquired infections can be found on page 40.

Potential Partners/Other Resources

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

4. Behavioral Health

A wide spectrum of psychiatric disorders is prevalent in Franklin County, including depression, chronic mental health conditions, substance abuse and post traumatic stress. In 2006-2008, suicide was the tenth leading cause of death in Franklin County. The overall rate in Franklin County was 12.4 suicide deaths per 100,000 people. This was higher than the 2006-2008 rate for the state of Ohio which was 11.3 per 100,000. According to the National Institutes of Mental Health, in 2007, suicide was also the tenth leading cause of death in the U.S., accounting for 34,598 deaths which was an overall rate of 11.3 suicide deaths per 100,000 people. An estimated 11 attempted suicides occur per every suicide death.

Learn more about "Behavioral Health"

Indicators for hospitalizations for attempted suicide can be found on page 26. Deaths due to suicide can be found on pages 26 and 31.

Potential Partners/Other Resources

Maryhaven Inc.
ADAMH Board of Franklin County
Amethyst Inc.
Dublin Springs
Mental Health America of Franklin County
National Alliance on Mental Illness, Franklin County
Netcare Access
Ohio Hospital for Psychiatry
Southeast Inc.
Twin Valley Behavioral Health
Veteran Administration Outpatient Health Center

5. High Incidence of Cancer

Cancer places a tremendous emotional and financial burden on patients, families and society. The number of new cancer cases can be reduced, and many cancer deaths can be prevented through early detection, vaccination, and maintaining healthy behaviors, such as being physically active and maintaining a healthy weight.

In Franklin County, cancer is the second leading cause of death. The top five cancer mortality rates in Franklin County are lung, colon, breast, pancreatic and prostate. Franklin County has a higher mortality rate than Ohio for lung, breast, and pancreatic cancer, but a lower mortality rate for colon and prostate cancer. Franklin County fairs well with cancer screenings, with percentages of adults receiving tests for cervical, breast and colorectal cancers higher than state and national percentages; however testing for prostate cancer was lower than state and national percentages.

Learn more about "High Incidence of Cancer"

Indicators for cancer mortality can be found on page 31. Indicators for cancer incidence can be found on page 32. Indicators on cancer screenings can be found on page 21.

Potential Partners/Other Resources

American Lung Association, Central Ohio Chapter
Cancer Support Community Central Ohio
Columbus Cancer Clinic
Komen Columbus
American Cancer Society, Central Ohio Region
Multiple Myeloma Opportunities for Research & Education (MMORE)

6. Interpersonal Violence

Individuals in every community, regardless of age, economic status, race, religion, nationality or educational background, are affected by interpersonal violence. The World Health Organization estimates the cost of interpersonal violence in the United States is more than $300 billion per year. In Franklin County, the homicide rate is higher than the Ohio rate. Higher percentages of Franklin County children are in families in need of services, however lower percentages suffer sexual abuse, compared to Ohio data. Franklin County adults have higher percentages of victims who suffer injuries than adults statewide.

Learn more about "Interpersonal Violence"

Indicators for domestic violence can be found on page 26. Indicators for child abuse can be found on page 25. Deaths due to homicide and hospitalizations due to assault and abuse can be found on page 26.

Potential Partners/Other Resources

BRAVO
Choices
Columbus Police Department
Franklin County Family and Children First Council
Franklin County Office on Aging
Franklin County Sheriff
Franklin County Prosecutor: Victim Witness Assistance Unit
Franklin County Children Services
Legal Aid Society of Columbus
Ohio Domestic Violence Network

7. High-Risk Pregnancy

Infant mortality rate, preterm birth rate and infant birth weights are all important measures of the care pregnant women and their newborns receive during pregnancy. In 2009, the March of Dimes gave Ohio an "F" for its efforts to reduce preterm births. Ohio is ranked 34th among the 50 states, Puerto Rico and the District of Columbia. Unfortunately, Franklin County fares even worse than the state in several areas of these. In Franklin County, the infant mortality rate and the percentage of low birth weight babies is higher than statewide data.

Learn more about "High-Risk Pregnancy"

Maternal health indicators, including infant mortality and low birth weight, can be found on page 22. Indicators for adolescent pregnancy can be found on page 23.

Potential Partners/Other Resources

Council on Healthy Mothers and Babies: Pregnancy Care Connection
Columbus Fetal Medicine Collaborative
Women, Infants and Children

8. Unintentional Injuries

Unintentional injuries are a leading cause of death for Americans of all ages, regardless of gender, race, or economic status. According to the Center for Disease Control, every six minutes someone in the United States dies from causes such as motor vehicle crashes, falls, poisoning, drowning, fire, bicycle crashes, suffocation, or pedestrians being struck by motor vehicles. In Franklin County, unintentional injuries are the leading cause of death for children between the ages of 1 and 14 and are the fourth leading cause of death for all ages. Individuals with the highest rates of hospitalizations from unintentional injuries are those ages 75 and over. Trauma patients seen in a Franklin County hospital in 2010 were treated mostly for falls and motor vehicle traffic accidents.

Learn more about "Unintentional Injuries"

Indicators for adult mortality due to accidents and unintentional injury can be found on page 31. Youth mortality due to accidents and unintentional injury can be found on page 42. Indicators for mechanism and location of injuries can be found on page 34.

Potential Partners/Other Resources

Safe Kids of Central Ohio
Franklin County Child Fatality Review Board
Franklin County Office on Aging

Summary of Findings and Next Steps

Understanding the prevalence of chronic health conditions, barriers in access to care, and other health issues can help direct resources where they will have the biggest impact. To that end, hospitals will use the data and findings contained in *Franklin County HealthMap 2013* to develop and implement strategic plans to address the community health needs identified through the assessment.

In addition to being used by our hospital systems, it is intended that a wide range of stakeholders – many more than represented on the CHNA Steering Committee – will also use this report to both identify areas where more data and analysis is needed and to inform their own planning efforts. Subsequent planning documents and reports from the Steering Committee will be shared with stakeholders and with the public.

The *Franklin County HealthMap2013* will be updated every three years, consistent with federal requirements. It is the hope of the CHNA Steering Committee that this assessment provides a window to the community's health status and needs, a guide to target limited resources, a vehicle for strengthening relationships, and an invaluable tool for keeping the community healthy. Your comments and feedback are invited as we work to improve the information in this document when preparing *Franklin County HealthMap2016*.

Users of *Franklin County HealthMap2013* are encouraged to send feedback and comments that can help to improve the usefulness of this information when future editions are developed. Please send your comments to Jeff Klingler at the Central Ohio Hospital Council, 614-358-2710, or jeffk@centralohiohospitals.org.

Franklin County Health Indicators

The Franklin County CHNA Steering Committee worked in a half-day, facilitated session to identify the health indicators to be included in this report. When considering more than 200 potential indicators for inclusion, the Steering Committee chose those indicators which:

- reflect a healthcare issue that is pertinent to central Ohio, and, when possible, was available in state and national form to allow for benchmarking; and
- came from sources that are reliable and are likely to continue providing the measure in future years to allow for trending and measurement.

Following this work, the data for Franklin County was compiled into an electronic database, and comparable data for Ohio and the United States was included, when available. Data sources included national sources such as the U.S. Census and the Centers for Disease Control and Prevention's Behavior Risk Factor Surveillance System. State sources included the Ohio Department of Health's Data Warehouse, the Ohio Family Health Survey, and the Ohio Hospital Association. Local data, such as that from the Central Ohio Trauma System (COTS), was also used. All sources are cited within this report. Rates and/or percentages were calculated when necessary. Where rates per population were calculated, U.S. Census population data or estimates for the relevant year were used.

The Central Ohio Hospital Council contracted with the Center for Public Health Practice, within The Ohio State University College of Public Health, to create a summary report of common health status indicators using existing data and resources. Although the COHC member hospitals have service areas that extend across central Ohio, for the purposes of this report, the community is defined as Franklin County.

Data is presented in the same way and with the same specificity as it appeared in the original source. Sources are listed in the Reference section that follows the report. All data appear in table and/or graph form, with supporting text. For ease in reading, citations are made within the data tables only, and are not repeated in the associated text. In some instances, comparable Ohio and/or U.S. data was not available at the time of the report and is not presented. This is indicated by 'NA'. Finally, wherever possible, the most current data from existing sources has been reported. Given the current economic and health care environments, pending policy, program, or health priority decisions for which this report is being consulted may best be made after considering data and information not available at the time of this report.

Community Profile

This section describes the demographic, social, economic, and housing characteristics of the population in Franklin County.

The total population of Franklin County is 1,163,414. Over 60% of the population is between the ages of twenty and sixty-four, and 9.9% of the population is over the age of sixty-five. The majority races are white and African American, and 4.8% of the population is Hispanic/Latino. 48.7% of residents are male and 51.3% are female.

Nearly 10% of the population in Franklin County is 65 years or older, which is lower than the state and national percentages.

Demographic Information[1]

		FRANKLIN COUNTY	OHIO	UNITED STATES
	Total Population	1,163,414	11,536,504	308,745,538
Age	Under 5 Years	7.1%	6.2%	6.5%
	5-17 Years	16.8%	17.4%	17.5%
	18-64 Years	66.1%	62.3%	62.9%
	65 Years and Over	9.9%	14.1%	13.0%
Race*	White	71.8%	84.5%	74.8%
	African American	23.1%	13.4%	13.6%
	American Indian/Alaska Native	1.0%	0.8%	1.7%
	Asian	4.6%	2.1%	5.6%
	Native Hawaiian/Other Pacific Islander	0.2%	0.1%	0.4%
	Other	2.7%	1.4%	7.0%
Ethnicity	Hispanic or Latino (of any race)	4.8%	3.1%	16.3%
Gender	Male	48.7%	48.8%	49.2%
	Female	51.3%	51.2%	50.8%

**Race alone or in combination with one or more other races*

1) Source: 2010 Census, U.S. Census Bureau

23.1% of residents in Franklin County are African American, compared to 13.4% in Ohio and 13.6% in the U.S.

Hispanic/Latinos make up 5% of the population in Franklin County, which is higher than the percentage in Ohio (3.1%) but much lower than the national percentage (16.3%).

The majority of households in Franklin County are family households, meaning there is a householder and one or more other people related to the householder by birth, marriage, or adoption. The average household size is 2.38 people and the average family size is 3.05 people. 7.8% of all households do not have a vehicle, compared to 8.0% in Ohio and 8.3% in the U.S.

English is the primary language, but 10.6% of the population speaks a language other than English at home. While 44.7% of the population in Franklin County is married, 11.8% is divorced. 36.1% of residents have never been married, which is higher than the state and national percentages.

Of the grandparents in Franklin County living with their own grandchildren, 44% are primary caregivers.

58% of households in Franklin County are family households, compared to 65% in Ohio and 66% in the U.S.

Household Information

		FRANKLIN COUNTY	OHIO	UNITED STATES
Household Size[1]	Average Household Size	2.38	2.44	2.58
	Average Family Size	3.05	3.01	3.14
Household Type[1]	Total Households	477,235	4,603,435	116,716,292
	Family Households	*58.3%*	*65.0%*	*66.4%*
	Nonfamily Households	*41.7%*	*35.0%*	*33.6%*
Households Without a Vehicle[2]	No Vehicle Available	7.8%	8.0%	8.3%
Grandparents as Caregivers[3]	Grandparents who are living with and are responsible for their own grandchildren under the age of 18	43.7%	46.5%	40.9%
Language Spoken at Home[3]	English Only	89.4%	93.9%	80.4%
	Speak a Language Other than English at Home	10.6%	6.1%	19.6%
Marital Status[3]	Never Married	36.1%	29.5%	30.8%
	Now Married	44.7%	50.3%	50.3%
	Separated	2.2%	1.8%	2.2%
	Widowed	5.2%	6.8%	6.3%
	Divorced	11.8%	11.6%	10.4%

1) Source: 2010 Census, U.S. Census Bureau
2) Source: 2009, American Community Survey, U.S. Census Bureau
3) Source: 2005-2009, American Community Survey, U.S. Census Bureau

Education Level[3]

		FRANKLIN COUNTY	OHIO	UNITED STATES
Education Level*	No High School	3.2%	3.5%	6.4%
	Some High School	8.2%	9.7%	9.1%
	High School Graduate	27.1%	36.3%	29.3%
	Some College	20.3%	19.8%	20.3%
	Associate's Degree	6.1%	7.1%	7.4%
	Bachelor's Degree	23.0%	15.0%	17.4%
	Graduate or Professional Degree	12.0%	8.6%	10.1%

**Population 25 years and over*

3) Source: 2005-2009, American Community Survey, U.S. Census Bureau

Nearly 90% of Franklin County residents who are 25 years and older have graduated from high school and 35% have a bachelor's degree or higher.

Employment Status[3]

		FRANKLIN COUNTY	OHIO	UNITED STATES
Employment Status*	Not in Labor Force	30.1%	35.0%	35.0%
	In Labor Force	69.9%	65.0%	65.0%
	(1) Civilian Labor Force	*69.8%*	*64.8%*	*64.6%*
	(a) Employed	*92.0%*	*92.0%*	*92.8%*
	(b) Unemployed	*8.0%*	*8.0%*	*7.2%*
	(2) Armed Forces	*0.1%*	*0.1%*	*0.5%*

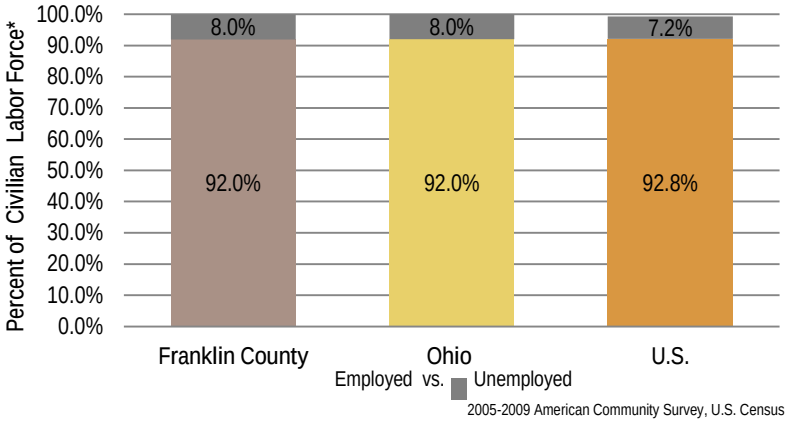
**Population 16 years and over*

3) Source: 2005-2009, American Community Survey, U.S. Census Bureau

11.4% of Franklin County residents aged twenty-five years and over have not graduated from high school. This percentage is lower than the percentage in Ohio (13.2%) and the U.S. (15.5%).

8.0% of those 16 years and older in the civilian labor force are unemployed in both Franklin County and Ohio. This is higher than the 7.2% unemployed in the U.S.

Employment Status



2005-2009 American Community Survey, U.S. Census
* 16 years and older

The top employment industries in Franklin County include Educational Services and Health Care & Social Assistance, and Retail Trade. The industry that employs the least amount of the population is Agriculture, Forestry, Fishing & Hunting, and Mining.

The highest percentage of Franklin County residents are employed in management, professional, or related occupations.

Employment by Occupation & Industry[3]

		FRANKLIN COUNTY	OHIO	UNITED STATES
Employment Occupations[1]	Management, Professional, and Related Occupations	39.8%	32.8%	34.8%
	Sales and Office	27.7%	25.5%	25.6%
	Service	15.7%	16.8%	16.9%
	Production, Transportation, and Material Moving	10.5%	16.4%	12.5%
	Construction, Extraction, Maintenance, and Repair	6.2%	8.2%	9.5%
	Farming, Fishing, and Forestry	0.1%	0.3%	0.7%
Employment Industry	Educational Services and Health Care & Social Assistance	22.5%	22.7%	21.5%
	Retail Trade	12.5%	11.6%	11.5%
	Professional, Scientific, & Management, and Administrative & Waste Management Services	11.9%	8.8%	10.3%
	Finance & Insurance, and Real Estate & Rental & Leasing	10.6%	6.6%	7.1%
	Arts, Entertainment, & Recreation, and Accommodation & Food Services	8.9%	8.5%	8.8%
	Manufacturing	7.7%	16.4%	11.2%
	Transportation & Warehousing, and Utilities	5.1%	5.0%	5.1%
	Public Administration	5.1%	3.8%	4.7%
	Construction	4.8%	5.8%	7.4%
	Other Services, Except Public Administration	4.4%	4.5%	4.8%
	Wholesale Trade	3.4%	3.2%	3.2%
	Information	2.9%	2.0%	2.4%
	Agriculture, Forestry, Fishing & Hunting, and Mining	0.2%	1.1%	1.8%

3) Source: 2005-2009, American Community Survey, U.S. Census Bureau

Franklin County has a greater percentage of people employed in the Professional, Scientific, & Management and Finance & Insurance industries (22.5%) than both Ohio (15.4%) and the U.S. (17.4%). However, Franklin County employs fewer people in the Manufacturing industry.

The per capita income in Franklin County is higher than the state average and comparable to that of the U.S. On average, 630 individuals use area homeless shelters per night, and emergency shelters serve 7,094 homeless individuals yearly.

In Franklin County, the median household income is $49,041, which is higher than the median in Ohio, but slightly lower than the national figure.

Income, Poverty, & Homelessness

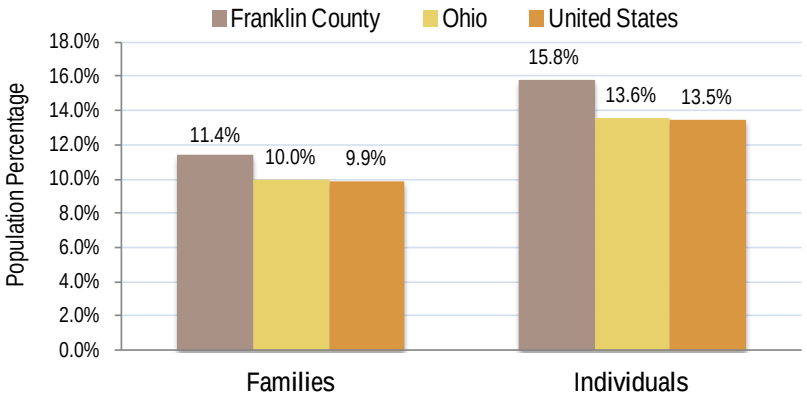
		FRANKLIN COUNTY	OHIO	UNITED STATES
Income[3]	Per Capita Income	$27,002	$24,830	$27,041
	Median Household Income	$49,041	$47,144	$51,425
	Mean Household Income	$65,006	$61,506	$70,096
Poverty Status[3]	Families Below Poverty Level	11.4%	10.0%	9.9%
	Individuals Below Poverty Level	15.8%	13.6%	13.5%
	Under 18 Years	21.2%	19.1%	18.6%
	18 to 64 Years	14.7%	12.6%	12.2%
	65 Years and Over	9.8%	8.5%	9.8%
Homeless Persons[4]	Homeless Persons Served in Emergency Shelters	7,094	NA	NA
	Average Number of Persons who use Shelter per Night	630	NA	NA

NA = Not Available

3) Source: 2005-2009, American Community Survey, U.S. Census Bureau

4) Source: June 1,2009-June 30, 2010, Community Shelter Board

Population Below Poverty Level



2005-2009, American Community Survey, U.S. Census Bureau

Franklin County has a higher percentage of families and individuals living below the poverty level than both Ohio and the U.S.

Among those with health insurance in Franklin County, the majority have private health insurance. Approximately 5% of Franklin County children under the age of eighteen lack health insurance, which is lower than both Ohio and the U.S.

13% of residents in Franklin County lack health insurance, which is higher than the percentage in Ohio (12.3%), but slightly lower than the national percentage (15.5%).

Health Insurance

		FRANKLIN COUNTY	OHIO	UNITED STATES
Insurance Status[5,*]	With Health Insurance Coverage	87.0%	87.7%	84.5%
	With Private Health Insurance (of those with coverage)†	*78.2%*	*79.1%*	*77.9%*
	With Public Health Insurance (of those with coverage)†	*31.4%*	*34.9%*	*35.1%*
	No Health Insurance Coverage	13.0%	12.3%	15.5%
	No Health Insurance Coverage - Under 18 Years	4.6%	6.0%	8.0%
	No Health Insurance Coverage – 18 to 64 Years	17.9%	17.4%	21.4%

**Among civilian non-institutionalized population*

†Private health insurance is a plan provided through an employer or union; a plan purchased by an individual from an insurance company; or TRICARE or other military health coverage. Public coverage includes the federal programs Medicare, Medicaid and other medical assistance programs, VA Health Care; the Children's Health Insurance Program (CHIP); and individual state health plans.

5) Source: 2010, American Community Survey

Among adults aged sixty-five years and over in Franklin County, 35.4% have a disability.

11% of the Franklin County population has a disability, with most of those individuals being 65 or older.

Disability Status[3]

		FRANKLIN COUNTY	OHIO	UNITED STATES
Disability Status	Total With a Disability	11.0%	13.4%	12.0%
	Under 18 Years* With a Disability	3.9%	4.7%	3.9%
	18 to 64 Years* With a Disability	10.0%	11.7%	10.1%
	65 Years and Over* With a Disability	35.4%	36.9%	37.4%

**Among civilian noninstitutionalized population within specified age groups.*

3) Source: 2005-2009, American Community Survey, U.S. Census Bureau

Civilian veterans account for 8.9% of the population, which is lower than the state and national percentages.

Veteran's Status[3]

Veteran Status	Civilian Veterans	8.9%	10.9%	10.1%

3) Source: 2005-2009, American Community Survey, U.S. Census Bureau

Health Resource Availability

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

In Franklin County there are 609 people for every one primary care physician, compared to 663 people per primary care physician in Ohio.

Generally, with the exception of nurses, Franklin County has lower population to licensed practitioner ratios than Ohio. There are 1,256 people for every one licensed dentist, compared to 2,181 people per dentist in Ohio.

Approximately 30% of all home care providers in Ohio practice in Franklin County.

With respect to staffed hospital beds, Franklin County has a lower population to bed ratio (240:1) than Ohio (340:1). However, Franklin County has a higher ratio of population to staffed nursing home beds (186:1) than Ohio (124:1).

The ratio of population to licensed nurses is higher in Franklin County (89:1) than in Ohio (69:1).

Healthcare Practitioners, Home Care Providers and Hospital Beds

		FRANKLIN COUNTY		OHIO	
		Total	Ratio*	Total	Ratio*
Licensed Practitioners	Dentists[6]	926	1,256:1	5,289	2,181:1
	Licensed Physicians (MDs and DOs)[7]	4,415	264:1	26,250	439:1
	Optometrists/Opticians[8]	304	3,827:1	1,865	6,186:1
	Practical Nurses[9]	989	1,176:1	9,469	1,218:1
	Nurses[9]	13,031	89:1	166,155	69:1
Primary Care Physicians	Primary Care Physicians[7]	1,910	609:1	17,410	663:1
Home Care Providers	Home Care Providers[10]	181	6,428:1	610	18,912:1
Staffed Beds	Hospital Beds[11]	4,740	240:1	33,860	340:1
	Nursing Home Beds[10]	6,246	186:1	92,786	124:1

**Ratio of population to providers*
6) Source: 2011, Ohio State Dental Board
7) Source: 2011, State Medical Board of Ohio
8) Source: 2011, Ohio Board of Optometry
9) Source: 2011, Ohio Board of Nursing
10) Source: 2011, Ohio Department of Health
11) Source: 2008, American Hospital Association & Ohio Hospital Association

There were a total of 601,608 Emergency Department visits by Franklin County residents in 2009. When visiting the ED, patients are either treated and released or admitted to the hospital.

The rate of Emergency Department visits is 541.5 per 1,000 Franklin County residents, compared to a rate of 533.2 for Ohio residents.

Emergency Department (ED) Visits[12]

		Franklin County Residents†		Ohio Residents*	
		Total	Rate^	Total	Rate^
ED Visits†	Emergency Department Visits	601,608	541.5	6,127,718	*533.2*
Types of ED Visits by Severity†	*ED Treated and Released*	*528,838*	*476.0*	*5,366,226*	*466.9*
	Severity 1	475,229	*427.7*	4,819,886	*419.4*
	Severity 2	52,678	*47.4*	536,853	*46.7*
	Severity 3	885	*0.8*	8,975	*0.8*
	Severity 4	46	*0*	512	*0*
	ED Admitted	*72,770*	*65.5*	*761,492*	*66.3*
	Severity 1	20,843	*18.8*	216,239	*18.8*
	Severity 2	39,089	*35.2*	409,109	*35.6*
	Severity 3	10,166	*9.2*	109,456	*9.5*
	Severity 4	2,672	*2.4*	26,688	*2.3*

†Visits represent total number of Franklin County residents seen in a hospital
*Visits represent total number of Ohio residents seen in a hospital
^Rate per 1,000 population
12) Source: 2009, Ohio Hospital Association

When patients are seen in the ED, they are assigned a "Severity" rating between 1 and 4, with 1 being the least complicated and 4 being the most complicated.

In both Franklin County and Ohio hospitals, over 84% of those seen in the Emergency Department are treated and released. Nearly, 90% of these patients are severity 1 level.

Nearly 90% of patients who were treated in the ED and released were classified as Severity 1, or least complicated, patients.

Of the patients that were admitted into the hospital through the Emergency Department, in both Franklin County and Ohio hospitals, most were classified as Severity 2 patients.

Behavioral Risk Factors

This section describes some behaviors of Franklin County adult residents that affect health.

When it comes to alcohol consumption, 4.4% of adults in Franklin County identify themselves as heavy drinkers, meaning more than two drinks per day for men and more than one drink per day for women.

18.3% of adults in Franklin County are current smokers, which is lower than the percentage in Ohio (22.5%), but slightly higher than the percentage in the U.S. (17.3%).

15.2% of adults identify themselves as binge drinkers, meaning five or more drinks on one occasion for men and four or more drinks on one occasion for women.

Over 70% of adults in Franklin County have participated in some kind of physical activity within the past month.

Nearly 24% of adults consume fruits and vegetables five or more times per day, and the percentage of adults participating in a physical activity within the past month in Franklin County is 72.4%, compared to 73.9% in Ohio.

Behavioral Risk Factors

		FRANKLIN COUNTY	OHIO	UNITED STATES
Cigarette Use*[13]	Current Smokers	18.3%	22.5%	17.3%
Alcohol Use*[13]	Heavy Drinkers	4.4%	5.3%	5.0%
	Binge Drinkers	15.2%	17.2%	15.1%
Nutrition*[14]	Consume Fruits and Vegetables 5 or More Times per Day	23.8%	21.0%	23.4%
Physical Activity*[14]	Participated in Physical Activities in the Past Month	72.4%	73.9%	NA

** Percent of adults 18 and over surveyed*

NA = Not Available

13) Source: 2010, Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

14) Source: 2009, Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

Wellness Care

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

In Franklin County, approximately 83% of women aged eighteen and over received a pap smear for cervical cancer screening in the past three years, which is a percentage very similar to that of women in both Ohio (81.7%) and the U.S. (81.1%).

For breast cancer screening, 75.8% of women aged 40 and over in Franklin County had a mammogram within the past two years, which is higher than the 74.2% of women in Ohio and comparable to the national percentage.

Nearly 53% percent of men in Franklin County aged forty and over received a prostate-specific antigen (PSA) test for prostate cancer screening within the past two years, a similar percentage to that of men in Ohio and the U.S. While 17.1% of adults aged fifty and over had a blood stool test to screen for colorectal cancer within the past two years, 66.2% also indicated that they had received a sigmoidoscopy or colonoscopy in the past.

Cancer Screening[13]

			FRANKLIN COUNTY	OHIO	UNITED STATES
Cancer Screening*	Cervical Cancer	Pap Smear Women aged 18 and over who have had a pap test within the past three years	83.3%	81.7%	81.1%
	Breast Cancer	Mammography Women aged 40 and over who have had a mammogram within the past two years	75.8%	74.2%	75.6%
	Prostate Cancer	Prostate-Specific Antigen (PSA) Test Men aged 40 and over who have had a PSA test within the past two years	52.7%	54.4%	53.3%
	Colorectal Cancer	Blood Stool Test Adults aged 50 and over who have had a blood stool test within the past two years	17.1%	18.7%	17.3%
		Sigmoidoscopy or Colonoscopy Adults aged 50 and over who have ever had a sigmoidoscopy or colonoscopy	66.2%	64.0%	65.3%

**Percent of adults 18 and over surveyed*

13) Source: 2010, Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

Maternal & Child Health

This section describes concerns about the health of pregnant women and newborns in Franklin County.

The infant mortality rate in Franklin County is approximately 8.2 deaths per 1,000 live births, which is slightly higher than the rate of 7.7 in Ohio. For minority populations, the mortality rate is 16.0 among Black infants and 6.2 among Hispanic or Latino infants.

Franklin County has a slightly higher percentage of low birth weight babies (newborns weighing less than 2,500 grams) than Ohio, 9.6% and 8.6% respectively.

With regard to cigarette use during pregnancy, 15.2% of pregnant women in Franklin County smoked during the last three months of their pregnancy, compared to 21.5% of pregnant women in Ohio.

While the mortality rate among White infants is 5 deaths per 1,000 live births in Franklin County, the mortality rate among Black infants is 16 deaths per 1,000 live births.

The abortion rate in Franklin County is 14.6 per 1,000 women, compared to 11.8 in Ohio.

Maternal Health Indicators

		FRANKLIN COUNTY	OHIO
Infant Mortality Rate[15]	Total Rate*	8.2	7.7
	White	5.0	6.0
	Black	16.0	16.2
	Native American	0.0	0.0
	Asian/Other Pacific Islander	4.9	1.8
	Hispanic or Latino†	6.2	6.1
Low Birth Weight Babies[15]	Less than 2,500 Grams^	9.6%	8.6%
Cigarette Use During Pregnancy[16]	Smoking in Last Three Months of Pregnancy§	15.2%	21.5%
Abortion Rate[15]	Total Induced Abortion Rate#	14.6	11.8

**Rate per 1,000 live births*
†Race categories may include Hispanics
^Percent of live births
§Percent of women in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
#Rate per 1,000 women ages 15-44
15) Source: 2008, Ohio Department of Health
16) Source: 2009, Ohio Department of Health

Adolescent Pregnancy[15]

		FRANKLIN COUNTY	OHIO
Adolescent Pregnancy Rate*	10-14 Years	1.5	1.3
	15-17 Years	44.4	38.7
	18-19 Years	117.1	108.0
Adolescent Live Birth Rate*	10-14 Years	0.8	0.5
	15-17 Years	24.9	19.7
	18-19 Years	79.2	73.7

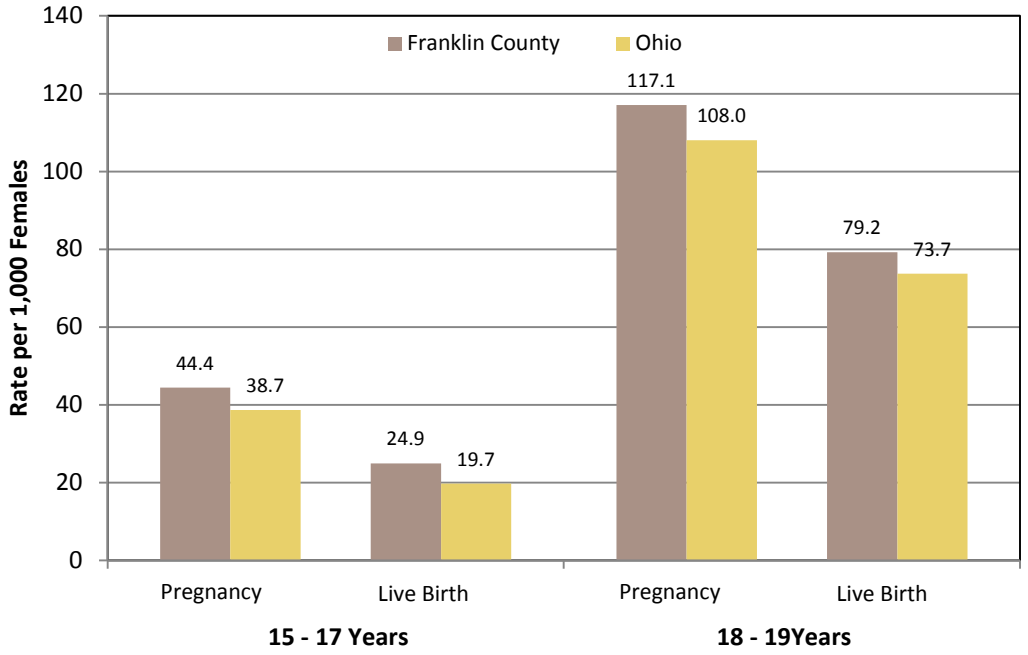
**Rate per 1,000 women*

15) Source: 2008, Ohio Department of Health

In Franklin County, the adolescent pregnancy rate among girls aged fifteen to seventeen years is 44.4 pregnancies per 1,000 females. That rate increases to 117.1 among adolescent girls between the ages of eighteen and nineteen. In addition, adolescent girls between the ages of eighteen and nineteen have a higher rate of live births (79.2) when compared to girls ages fifteen to seventeen (24.9).

Adolescent pregnancy and live birth rates are higher in Franklin County than in Ohio.

Adolescent Pregnancies and Live Births



Oral Health

This section describes the dental needs and availability of care for Franklin County adult residents.

In Franklin County, approximately 17% of adults between the ages of eighteen and sixty-four needed dental care, but could not secure it within the past year, while 15% percent in Ohio were unable to secure dental care.

8% of Franklin County residents who are 65 years and older needed dental care in the past year, but were not able to secure it, compared to 4.8% of adults 65 years and older in Ohio.

In Franklin County, 25.4% of adults over the age of 17 have no dental coverage even if insured, compared to 30.9% of adults in Ohio.

Access to Dental Care and Dental Coverage[5]

		FRANKLIN COUNTY	OHIO
Needed Dental Care, But Could Not Secure in the Past 12 Months	Over 17 Years	15.9%	13.1%
	18-64 Years	17.1%	14.9%
	65 Years and Older	8.0%	4.8%
No Dental Coverage, Even if Insured	Over 17 Years	25.4%	30.9%
	18-64 Years	19.5%	23.4%
	65 Years and Older	57.3%	59.8%

5) Source: 2008, Ohio Family Health Survey

Mental & Social Health

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

There were 12,883 cases of child abuse reported in Franklin County in 2007. Among those cases, most instances were families in need of services or dependency. In Ohio, most cases were instances of neglect, followed by physical abuse. Sexual abuse accounted for 10.9% of the cases in Franklin County, compared to 12.6% in Ohio.

Nearly 50% of the child abuse cases reported in Franklin County are the result of physical abuse or neglect.

Child Abuse[17]

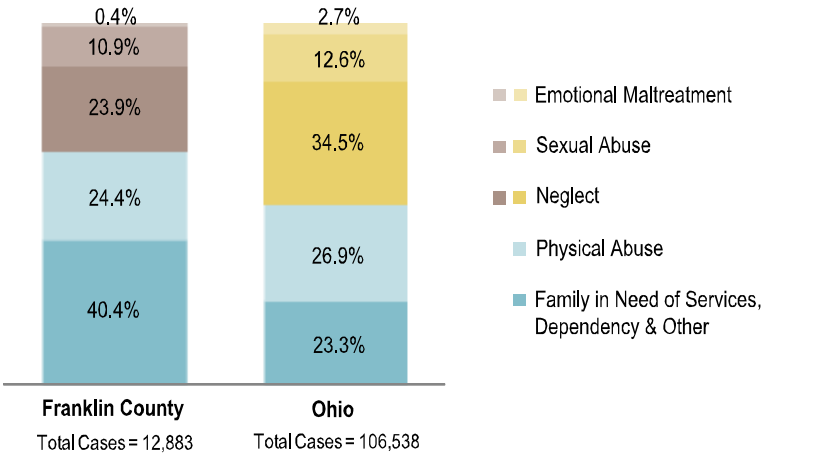
		FRANKLIN COUNTY	OHIO
Child Abuse	Total Cases	12,883	106,538
	Physical Abuse	*24.4%*	*26.9%*
	Neglect	*23.9%*	*34.5%*
	Sexual Abuse	*10.9%*	*12.6%*
	Emotional Maltreatment	*0.4%*	*2.7%*
	Family in Need of Services, Dependency & Other	*40.4%*	*23.3%*

Note: Includes those under the age of 18.

17) Source: 2007, Public Children Services Association of Ohio

Between 2007 and 2010 the number of hospitalizations for reported child abuse cases increased from 74 cases to 100 cases for children aged fifteen years and younger.

Child Abuse Cases



2007, Public Children Services Association of Ohio

Children Hospitalized due to Abuse[24]

	FRANKLIN COUNTY HOSPITALS	
	2007	2010
Hospitalized Child Abuse Cases*§	74	100

**Patients who were transferred in or out, admitted or died at Franklin County Hospitals, including patients living inside and outside Franklin County*

§Rate per 100,000 population under 15 years; 24) Source: 2007 & 2010, Central Ohio Trauma System

In 2010, there were 5,886 reported incidents of domestic violence in Franklin County and the majority of those incidents (55.6%) resulted in injury to the victim. The majority of incidents in Ohio (55.2%) did not result in an injured victim.

In Franklin County there were 12 reported incidents of domestic violence that resulted in a fatal injury.

Domestic Violence Incidents[18]

		FRANKLIN COUNTY	OHIO
Domestic Violence	Total Incidents	5,886	56,904
	Victim With No Injury	*44.2%*	*55.2%*
	Victim With Injury	*55.6%*	*44.6%*
	Victim With Fatal Injury	*0.2%*	*0.2%*

Note: Includes all domestic violence reports child, adult, male and female.

18) Source: 2010, Ohio Bureau of Criminal Identification and Investigation

In Franklin County, nearly 9 deaths per 100,000 people are due to homicide, while approximately 12 deaths per 100,000 people are due to suicide.

Franklin County has higher homicide and suicide rates than the state as a whole.

Intentional Injury

			FRANKLIN COUNTY	OHIO
Deaths	Homicide[19]	Homicide Rate*	8.7	5.6
	Suicide[19]	Suicide Rate*	12.4	11.3
Hospitalizations	Assault/Alleged Abuse[20]	Intentional (Injury Hospitalization Rate*)	43.0	NA
	Attempted Suicide[20]	Self-inflicted (Injury Hospitalization Rate*)	3.0	NA

**Age-adjusted death rate per 100,000 population*

NA = Not Available

19) Source: 2006-2008, Ohio Department of Health

20) Source: 2005-2007, Central Ohio Trauma System

Psychiatric Admissions

		Franklin County Residents		Ohio Residents	
		Number	Rate†	Number	Rate†
Psychiatric Admissions[12]	Psychiatric Admission Rate†	51,380	44.6	554,371	48.0

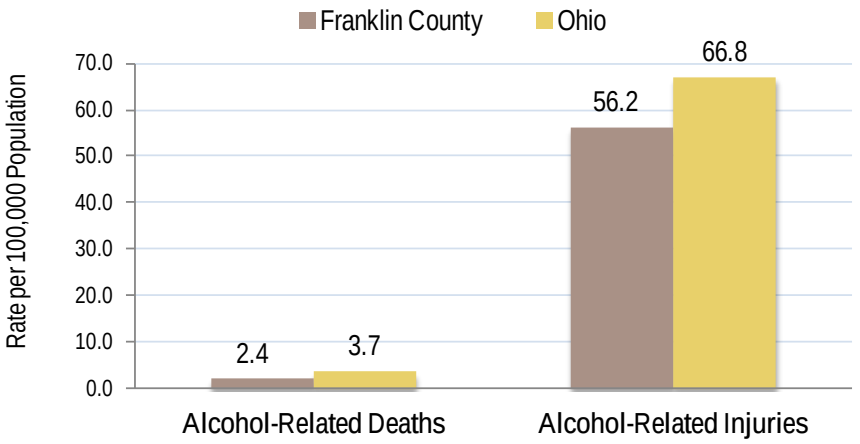
†Rate per 1,000 population

12) Source:2009, Ohio Hospital Association

The alcohol-related crash mortality rate in Franklin County is 2.4 deaths per 100,000 people, which is lower than the rate of 3.7 in Ohio. Franklin County also has a lower alcohol-related crash injury rate (56.2) when compared to Ohio (66.8).

In Franklin County there were 1,266 alcohol-related crashes, which represent approximately 10% of all alcohol-related crashes in Ohio.

Alcohol-Related Crashes



2010, Ohio Department of Public Safety

Alcohol Related Crashes

		FRANKLIN COUNTY	OHIO
Alcohol-Related Crashes[21]	Total Alcohol-Related Crashes	1,266	13,030
	Alcohol-Related Crash Mortality Rate*	2.4	3.7
	Alcohol-Related Crash Injury Rate*	56.2	66.8

**Rate per 100,000 population*

21) Source: 2010, Ohio Department of Public Safety

Drug-Related Incidents

		FRANKLIN COUNTY	OHIO
Unintentional Drug/Medication Mortality[15]	Unintentional Drug/Medication Mortality Rate*	15.7	12.5

15) Source: 2008, Ohio Department of Health

In Franklin County, approximately 16 people per 100,000 die due to unintentional drug or medication misuse.

Death, Illness, & Injury

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

General Health

Approximately 18% of adults in Franklin County believe their health is excellent, which is comparable to the percentage in Ohio, but slightly lower than the percentage in the U.S. While 12.3% of adults describe their general health as fair, 3.2% judge their general health to be poor.

Nearly 85% of adults in Franklin County describe their general health as good, very good, or excellent.

General Health Perception[13]

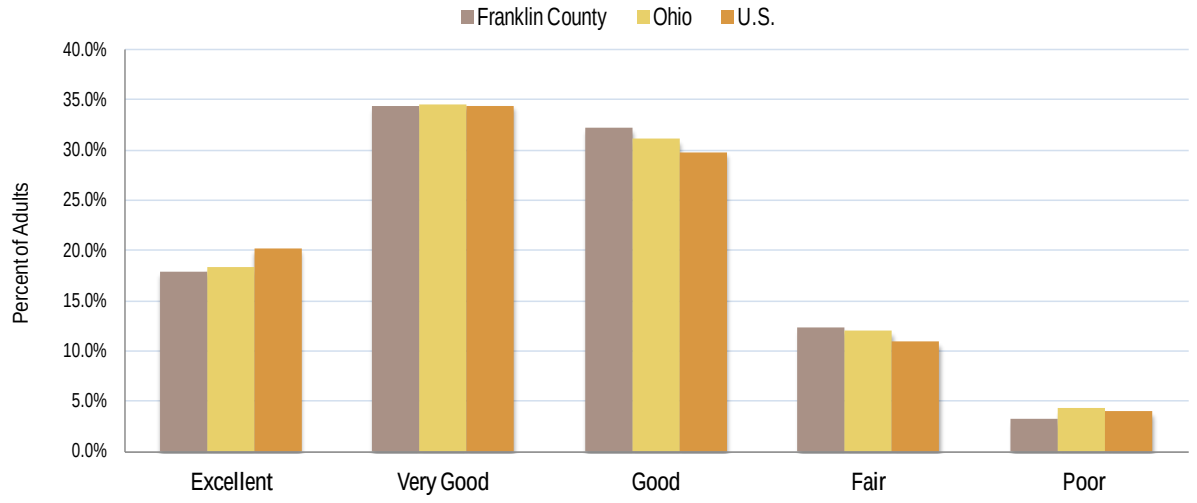
		FRANKLIN COUNTY	OHIO	UNITED STATES
How is your general health?*	Excellent	17.9%	18.3%	20.2%
	Very Good	34.4%	34.6%	34.5%
	Good	32.2%	31.1%	29.8%
	Fair	12.3%	12.0%	10.9%
	Poor	3.2%	4.2%	4.0%

**Percent of adults 18 and over surveyed*

13) Source: 2010, Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

The percentage of adults in Franklin County that perceive their health as poor (3.2%) is lower than in Ohio (4.2%) and the U.S. (4.0%).

Perceptions on Health Status: How is your General Health?



2010, Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

Adult Health Indicators

		FRANKLIN COUNTY	OHIO	UNITED STATES
Adult Diagnoses*	Arthritis[14]	26.7%	30.8%	26.0%
	Asthma[13]	10.5%	9.6%	9.1%
	Diabetes[13]	9.8%	10.1%	8.7%
	High Blood Cholesterol[14]	38.6%	39.6%	37.5%
	High Blood Pressure[14]	28.5%	31.7%	28.7%
Adult Body Mass Index* (BMI)	Healthy[13]	36.1%	34.3%	35.5%
	Overweight[13]	32.5%	36.0%	36.2%
	Obese[13]	31.4%	29.7%	27.5%

**Percent of adults 18 and over surveyed*

14) Source: 2009, Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

13) Source: 2010, Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

38.6% of adults in Franklin County have had their blood cholesterol checked and have been told it was high, and 28.5% have been told they have high blood pressure.

Approximately 10% of adults have been told by a doctor that they have diabetes, which is comparable to the percentages in Ohio and slightly more than the U.S.

Over 60% of adults in Franklin County are overweight or obese.

While Franklin County has a higher percentage of adults that are at a healthy weight when compared to Ohio and the U.S., it also has a higher percentage of obese adults.

Hospitalizations

In Franklin County, approximately 52 per 1,000 people were hospitalized due to hypertension, compared to 57 per 1,000 people in Ohio. Franklin County also has lower hospitalization rates for diabetes and heart failure when compared to Ohio.

Hypertension causes the most hospitalizations in Franklin County, followed by diabetes, heart failure, and asthma.

Hospitalization Rates[12]

		FRANKLIN COUNTY RESIDENTS		OHIO RESIDENTS	
		Number	Rate†	Number	Rate†
Hospitalizations*	Hypertension	42,885	37.3	528,400	45.8
	Diabetes	28,703	25.0	333,576	28.9
	Heart Failure	14,720	12.8	198,634	17.2
	Asthma	12,102	10.5	116,734	10.1
	Pneumonia	8,640	7.5	118,413	10.3
	Heart Attack	5,616	4.9	59,063	5.1
	Stroke	2,738	2.4	39,811	3.4
	Premature Births	1,981	1.7	23,266	2.0
	Influenza	1,902	1.7	12,941	1.1
	Cellulitis	660	0.6	6,146	0.5
	Burns	246	0.2	1,975	0.2

Note: Based on diagnosis.at discharge.
†Rate per 1,000 population
12) Source: 2009, Ohio Hospital Association

Mortality

The leading cause of death in Franklin County is cancer followed by heart disease and chronic lower respiratory diseases.

Mortality Rates[19]

		FRANKLIN COUNTY		OHIO	
		Deaths*	Rate**	Deaths*	Rate**
	Malignant Neoplasms (Cancer)	5,607	196.6	74,998	195.9
Mortality Rates *Top 10 Leading Causes*	Diseases of the Heart	5,579	200.1	81,952	209.0
	Chronic Lower Respiratory Diseases	1,475	54.5	19,364	50.5
	Accidents, Unintentional Injuries	1,303	40.5	14,644	40.6
	Cerebrovascular Disease (Stroke)	1,301	47.3	17,275	44.1
	Diabetes Mellitus	759	26.4	11,021	28.6
	Alzheimer's Disease	677	25.9	11,507	28.6
	Influenza and Pneumonia	522	19.0	5,775	14.7
	Nephritis, Nephrotic Syndrome, & Nephrosis	467	17.0	5,318	13.7
	Suicide	419	12.4	3,980	11.3
Cancer Mortality Rates *Top 5 Cancers*	Trachea, Bronchus, & Lung	1,746	62.0	22,220	58.3
	Colon, Rectum, & Anus	496	17.6	7,265	18.9
	Breast (Female)†	480	28.4	5,544	25.6
	Pancreas	349	12.2	4,431	11.5
	Prostate (Male)^	230	23.6	3,611	24.7

**Total Numbers for 3 years*
***Age-adjusted death rate per 100,000 population*
†Age-adjusted death rate per 100,000 females
^Age-adjusted death rate per 100,000 males
19) Source: 2006-2008, Ohio Vital Statistics, Analysis by Columbus Public Health

The mortality rate in Franklin County from diseases of the heart is approximately 200 deaths per 100,000 people, which is lower than the heart disease mortality rate in Ohio (209 deaths per 100,000 people).

Franklin County has higher mortality rates than Ohio for lung, breast, and pancreatic cancer, but lower mortality rates for colon and prostate cancer.

Cancer of the trachea, bronchus, and lung has the highest cancer mortality rate in Franklin County, causing 62.0 deaths per 100,000 people.

Cancer Incidence

Rates of new cases of breast, prostate, and lung & bronchus cancers in Franklin County are higher than both Ohio and the U.S.

Selected Cancer Incidence Rates[22]

		FRANKLIN COUNTY	OHIO	UNITED STATES
Cancer Incidence Rates*	Prostate (Male)^	161.0	145.5	156.9
	Breast (Female)†	128.8	119.9	122.9
	Lung & Bronchus	80.9	75.0	62.5
	Colon & Rectum	47.9	51.1	47.9

**Rate per 100,000 population*
†Rate per 100,000 females
^Rate per 100,000 males
22) Source: 2003-2007, Ohio Department of Health

The rate of unintentional injury hospitalization increases with age, with adults 75 years and older having the highest rate of hospitalization.

Injury Hospitalizations

Injury Hospitalization Rates by Age[20]

			FRANKLIN COUNTY
Injury Hospitalizations*	Unintentional Injuries (Adult)	25-44 Years	165.2
		45-64 Years	238.5
		65-74 Years	408.6
		75 Years and Over	1,241.2
	Intentional Injuries (Adult)	25-44 Years	63.7
		45-64 Years	37.0
		65-74 Years	8.3
		75 Years and Over	5.9

**Rate per 100,000 population*
20) Source: 2005-2007, Central Ohio Trauma System

Trauma

Among trauma patients in 2010, the largest age group was 35-54 year-olds (nearly 24% of patients), the primary racial group was white (nearly 80% of patients), and males made up over 63% of patients.

Between 2007 and 2010, the number of trauma patients in Franklin County increased 12% from 9,784 patients to 11,025.

The age, race, and gender distributions among trauma patients remained fairly similar between 2007 and 2010.

Trauma Patients by Demographics[24]

			FRANKLIN COUNTY HOSPITALS* 2007	FRANKLIN COUNTY HOSPITALS* 2010
Trauma Patients*	Total Trauma Patients		9,784	11,025
	By Age†	0-3	4.6%	5.0%
		4-12	8.5%	7.8%
		13-15	3.7%	3.1%
		16-19	7.1%	6.1%
		20-24	8.8%	8.7%
		25-34	13.6%	12.6%
		35-54	24.4%	23.7%
		55-64	8.9%	10.3%
		65-84	14.4%	15.7%
		85+	6.0%	7.0%
		Not Documented	0.0%	NA
	By Race†	White	78.8%	79.6%
		Black	13.8%	14.4%
		Asian	1.5%	1.7%
		Hispanic/Latino	2.2%	1.4%
		Other	1.1%	1.0%
		Not Documented	2.6%	1.9%
	By Gender†	Male	63.1%	63.3%
		Female	36.9%	36.7%

**Patients who were transferred in or out, admitted or died at Franklin County Hospitals, including patients living inside and outside Franklin County*

†Percent of total trauma patients

NA = Not Available

24) Source: 2007 & 2010, Central Ohio Trauma System

Trauma Patients by Mechanism of Injury and Location[24]

			FRANKLIN COUNTY 2007	FRANKLIN COUNTY 2010
Trauma Patients*	By Mechanism of Injury†	Fall	39.0%	41.5%
		MVT, Occupant	20.4%	18.5%
		Struck By	9.7%	11.2%
		Firearm	3.6%	3.7%
		MVT, Motorcycle	4.0%	3.4%
		Cut/Pierce	3.3%	3.2%
		MVT, Pedestrian	2.1%	2.1%
		Fire/Flame	1.6%	1.9%
		Hot Object	1.6%	1.8%
		Natural, Environmental	1.1%	1.1%
		Machinery	1.1%	0.7%
		MVT, Pedal	0.6%	0.5%
		Drown	0.3%	0.3%
		Suffocation	0.3%	0.3%
		Overexertion	0.1%	0.1%
		Poisoning	0.1%	0.1%
		Unspecified/Other	8.9%	7.6%
	By Location of Injury†	Home	31.8%	37.0%
		Street & Highway	31.1%	28.9%
		Public Building	7.4%	5.0%
		Place for Recreation & Sport	6.3%	6.8%
		Residential Institution	5.9%	6.1%
		Industrial Place	4.3%	3.3%
		Farm	0.4%	0.5%
		Mine or Quarry	0.0%	0.0%
		Unspecified/Other	12.9%	12.4%

MVT = Motor Vehicle Traffic

**Patients who were transferred in or out, admitted or died at Franklin County Hospitals, including patients living inside and outside Franklin County*

†Percent of total trauma patients

24) Source: 2007 & 2010, Central Ohio Trauma System

Between 2007 and 2010, the percent of trauma patients injured by a fall increased from 39.0% to 41.5%, while patients injured as an occupant in a motor vehicle traffic crash decreased from 20.4% to 18.5%.

In 2010, most of the trauma patients in Franklin County were injured by a fall.

Injuries caused by natural or environmental causes comprised approximately 1% of all trauma patients.

Most trauma patients are injured in their home, followed by the street and highway. The percent of patients with home injuries increased by approximately 16% between 2007 and 2010. Trauma patients that received their injuries in the street or on a highway decreased slightly from 31.1% in 2007 to 28.9% in 2010.

While the majority of trauma patients are discharged to their homes, the percentage of trauma patients being discharged to a nursing home increased from 12.2% in 2007 to 14.1% in 2010, and the percentage of patients discharged to jail increased from 1.7% to 2.5% in the same time period.

The majority of trauma patients are discharged to their homes.

Trauma Patients by Discharge Location[24]

			FRANKLIN COUNTY 2007	FRANKLIN COUNTY 2010
Trauma Patients*	By Discharge Location†	Home	70.3%	67.2%
		Nursing Home	12.2%	14.1%
		Transfer to Another Hospital	5.1%	5.5%
		Rehabilitation	3.6%	3.4%
		Morgue	3.3%	2.7%
		Jail	1.7%	2.5%
		Home with Care	1.2%	1.6%
		Against Medical Advice	0.6%	0.5%
		Other/Not Documented	2.0%	2.5%

**Patients who were transferred in or out, admitted or died at Franklin County Hospitals, including patients living inside and outside Franklin County*

†Percent of total trauma patients

24) Source: 2007 & 2010, Central Ohio Trauma System

The percent of total trauma patients requiring surgery increased from 37.6% in 2007 to 38.1% in 2010, and one quarter of those patients were between the ages of thirty-five and fifty-four.

The percentage of trauma patients ages sixty-five and over requiring surgery increased from 16.1% in 2007 to 17.2% in 2010, while the percentage of children ages three and younger requiring surgery increased by approximately 30% between 2007 and 2010.

Trauma Patients Requiring Surgery[24]

			FRANKLIN COUNTY 2007	FRANKLIN COUNTY 2010
Trauma Patients Requiring Surgery*	Total		3,675	4,198
	Percent of Total Trauma Patients		37.6%	38.1%
	By Age†	0-3	3.3%	4.3%
		4-12	10.1%	9.6%
		13-15	3.0%	3.0%
		16-19	7.3%	6.0%
		20-24	9.3%	9.3%
		25-34	14.5%	14.0%
		35-54	26.2%	25.0%
		55-64	10.0%	11.4%
		65-84	12.7%	13.6%
		85+	3.4%	3.6%
		Not Documented	0.1%	0.0%

**Patients who were transferred in or out, admitted or died at Franklin County Hospitals, including patients living inside and outside Franklin County*

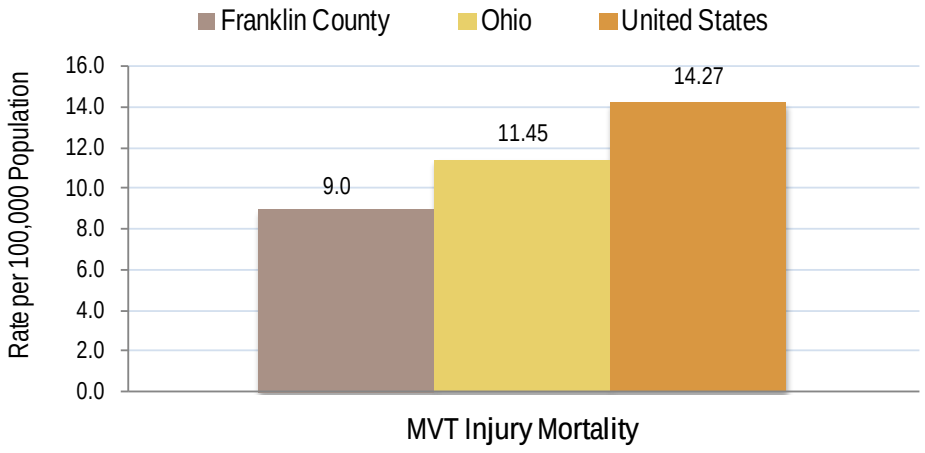
†Percent of total trauma patients requiring surgery

24) Source: 2007& 2010, Central Ohio Trauma System

Select Injuries

The mortality rate from motor vehicle traffic (MVT) injuries in Franklin County is lower than that of Ohio and the U.S.

Motor Vehicle Traffic Injury Mortality



Franklin County: 2005-2007, Central Ohio Trauma System
Ohio & U.S.: 2005-2007, Centers for Disease Control and Prevention

Motor Vehicle Traffic Injuries: Hospitalizations & Mortality Rates

		FRANKLIN COUNTY[20]	OHIO[23]	UNITED STATES[23]
Motor Vehicle Traffic Injuries	Hospitalization Rate*	69.1	NA	NA
	Mortality Rate*	9.0	11.45	14.27

**Rate per 100,000 population*
20) Source: 2005-2007, Central Ohio Trauma System
23) Source: 2005-2007, Centers for Disease Control and Prevention

Between 2007 and 2010 the number of work-related injury hospitalizations in Franklin County decreased from 422 people to 378.

Although the majority of patients hospitalized with work-related injuries are male, the percentage of women increased from 11.4% in 2007 to 14.0% in 2010.

Work-Related Injury Hospitalizations[24]

			FRANKLIN COUNTY HOSPITALS	
			2007	2010
Work-Related Injury Hospitalizations*	Total		422	378
	By Gender†	Male	88.6%	86.0%
		Female	11.4%	14.0%

**Patients who were transferred in or out, admitted or died at Franklin County Hospitals, including patients living inside and outside Franklin County*

†Percent of work-related injury hospitalizations

24) Source: 2007 & 2010, Central Ohio Trauma System

The number of hospitalizations for elderly patients (65 years and older) injured by a fall increased from 1,552 in 2007 to 1,964 in 2010.

Patients Age 65 and over Hospitalized by Fall[24]

	FRANKLIN COUNTY HOSPITALS	
	2007	2010
Elderly Patients Hospitalized by Fall*†	1,552	1,964

**Patients who were transferred in or out, admitted or died at Franklin County Hospitals, including patients living inside and outside Franklin County*

†Rate per 1,000 population 65 years and over

24) Source: 2007 & 2010, Central Ohio Trauma System

Infectious Disease

This section describes diseases caused by organisms, such as viruses and bacteria that enter and grow in the body, that affect the residents of Franklin County.

Sexually transmitted infections represent the highest rates of infectious disease in Franklin County.

There are 3,375 people living with a diagnosis of HIV/AIDS in Franklin County; this represents a rate of approximately 294 people per 100,000.

The incidence rate of chlamydia in Franklin County is 725.8 cases per 100,000 people, which is 63% higher than the rate in Ohio, where there are 445.7 cases per 100,000 people.

Franklin County has a higher incidence of gonorrhea than Ohio, approximately 279 cases compared to 144 cases per 100,000 people. There have been no known cases of rubella, diphtheria, or polio reported in the past five years.

Infectious Disease Incidence & Prevalence of AIDS/HIV

		FRANKLIN COUNTY		OHIO	
		Cases	Rate*	Cases	Rate*
Incidence of Select Infectious Diseases	Chlamydia[25]	8,195	725.8	51,194	445.7
	Gonorrhea[25]	3,155	279.4	16,522	143.8
	Pertussis[16]	211	19.7	1,100	9.5
	Syphilis (primary and secondary)[25]	109	9.7	525	4.6
	Tuberculosis[25]	66	5.7	190	1.6
	Hepatitis A[16]	7	0.7	34	0.3
	Meningococcal Disease[16]	4	0.4	42	0.4
	Measles[16]	0	0.0	1	0.0
	Mumps[16]	0	0.0	6	0.1
	Tetanus[16]	0	0.0	2	0.0
	Rubella†[16]	0	0.0	0	0.0
	Diphtheria†[16]	0	0.0	0	0.0
	Polio†[16]	0	0.0	0	0.0
Prevalence of HIV/AIDS	Persons living with HIV infection diagnosis[16a]	3,375	293.4	16,405	142.1

**Rate per 100,000 population*
†No known cases during at least the past five years
25) Source: 2010, Ohio Department of Health
16)Source: 2009, Ohio Department of Health
16a) Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through December 31, 2010.

Hospital-Acquired Infections[26]

		FRANKLIN COUNTY		OHIO	
		Cases	Rate*	Cases	Rate*
Incidence of Hospital Acquired Infections	C. diff	422	4.4	3,568	5.4
	MRSA	108	1.1	550	0.8
	MSSA	67	0.7	394	0.6

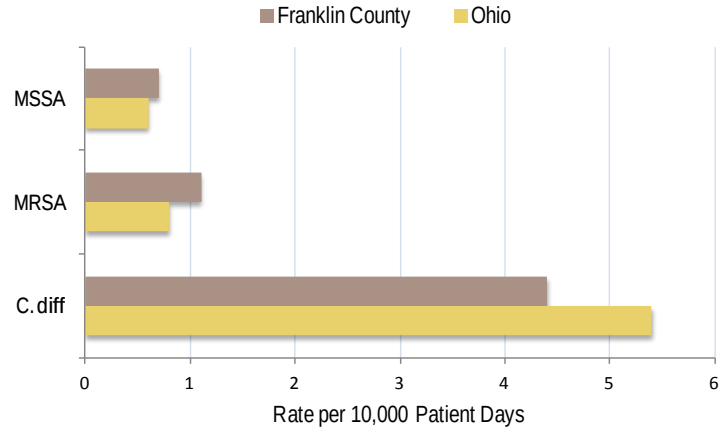
**Rate per 10,000 patient days*

26) Source: July 1, 2009-June 30, 2010, Ohio Department of Health

Among all patients seen in Ohio hospitals, the incidence rates for Methicillin-Sensitive *Staphylococcus aureus* (MSSA) and Methicillin-Resistant *Staphylococcus aureus* (MRSA) infections are slightly higher in Franklin County than in Ohio.

In Franklin County, the incidence rate for *Clostridium difficile* (C. diff) is 4.4 infections per 10,000 patient days, compared to 5.4 infections in Ohio.

Incidence of Hospital Acquired Infections



July 1, 2009-June 30, 2010, Ohio Department of Health

In Franklin County there were 108 reported cases of hospital acquired MRSA, which represents a slightly higher incidence rate than for Ohio.

More adults 65 and older receive a pneumonia vaccine than an influenza vaccine.

The percentage of adults in Franklin County aged 65 years and over receiving pneumonia and influenza vaccines is higher than the percentage of adults in both Ohio and the U.S.

Vaccination Rates for Pneumonia and Influenza[13]

		FRANKLIN COUNTY	OHIO	UNITED STATES
Vaccines*	Pneumonia Vaccine	74.4%	68.5%	68.8%
	Influenza Vaccine	69.3%	64.8%	67.5%

**Percent of adults 65 years and over surveyed*

13) Source: 2010, Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

Youth Issues

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

Among children under the age of eighteen in Franklin County, 4.7% have unmet dental health care needs and 16.9% have no dental coverage. In comparison, 4.5% of children in Ohio have unmet dental health care needs, while 18.3% do not have dental coverage.

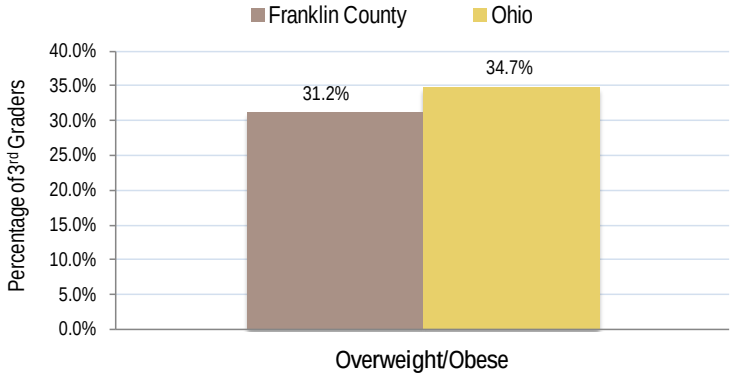
16.5% of children in Franklin County under the age of 18 have been diagnosed with asthma, which is higher than the percentage of children in Ohio (15.4%) and the U.S. (14.0%).

Asthma, Body Mass Index, and Dental Care in Youth

		FRANKLIN COUNTY	OHIO	UNITED STATES
Asthma*[5]	Youth Diagnosed with Asthma	16.5%	15.4%	14.0%
Body Mass Index (BMI)[27]	Overweight/Obese (≥85th percentile)	31.2%†	34.7%†	35.5%^
	Overweight(85th-<95th percentile)	NA	16.3%†	NA
	Obese (≥95th percentile)	NA	18.3%†	19.6%^
	Obese Level 2 (≥97th percentile)	NA	12.5%†	NA
Dental Care§[5]	Unmet Dental Health Care Needs	4.7%	4.5%	NA
	No Dental Coverage	16.9%	18.3%	NA

**Percent of children under age 18 ever diagnosed with asthma*
†Percent of 3rd graders
^Percent of children ages 6-11 years
§Percent of children under age 18, excluding 1 year olds.
NA = Not Available
5) Source: 2008, Ohio Family Health Survey
27) Source: 2009-2010, Ohio Department of Health (National data reflects 2007-2008)

Body Mass Index



2009-2010, Ohio Department of Health

Nearly one-third of Franklin County third graders are overweight or obese.

The youth mortality rate in Franklin County is nearly 17 deaths per 100,000 children between the ages of 1 and 14, compared to 19 deaths per 100,000 children in Ohio.

In Franklin County, the accident or unintentional injury mortality rate among children between the ages of one and fourteen is 4.9 deaths per 100,000 children, which is lower than the mortality rate in Ohio (5.6 deaths per 100,000 children).

The youth mortality rate caused by cancer is slightly higher in Franklin County than in Ohio, with rates of 2.7 and 2.3 respectively.

The leading causes of death among children between the ages of 1 and 14 are accidents or unintentional injuries, followed by cancer.

There were 10 instances of youth homicide in Franklin County, representing a rate similar to that in Ohio. Two of Ohio's 35 youth suicides between 2006 and 2008 were residents of Franklin County.

Youth Mortality Rates[19]

		FRANKLIN COUNTY		OHIO	
		Deaths	Rate*	Deaths	Rate*
Youth Mortality	Total Deaths	113	16.9	1,194	18.9
	Top Four Causes of Death				
	Accidents, Unintentional Injuries	33	4.9	353	5.6
	Malignant Neoplasms (Cancer)	18	2.7	146	2.3
	Congenital Malformations, Deformations & Chromosomal Abnormalities	11	1.6	111	1.8
	Homicide	10	1.5	104	1.6

**Rate per 100,000 population ages 1-14*

19) Source: 2006-2008, Ohio Vital Statistics, Analysis by Columbus Public Health

Bullying Behaviors by Victim & Perpetrator[28]

			FRANKLIN COUNTY
Bullying Behaviors*	During the past year, at least once….		
	Victim	Another student spread lies or rumors about student	56%
		Student was verbally bullied	38%
		Student had been called names, disrespected, physically threatened, or made to feel afraid online	26%
		Student feared for their physical safety	16%
		Student was physically bullied	11%
		Someone had taken money or things directly from the student using force, a weapon, or threats	7%
	Perpetrator	Student told lies or spread false rumors about someone	40%
		Student left someone out of a group or activity to hurt that person	28%
		Student had bullied someone to intimidate them	19%

**Among students in grade 10 in Franklin County.*

28) Source: 2009, Primary Prevention Awareness, Attitude, and Use Survey, Educational Council

Over half of 10th grade students in Franklin County admitted that in the past year another student had spread lies or rumors about them at least once. Forty percent of 10th grade students admitted that they had told lies or spread false rumors about someone else at least once in the past year.

Among students who heard another student being called mean or hurtful names, 45% asked the person to stop or did nothing, while 20% decided to laugh. Only 9% reported it to an adult. 43% of students who saw another student being physically bullied asked the person to stop and 28% reported it to an adult. When the student knew someone who was spreading rumors or gossip, 31% asked the person to stop, 42% did nothing and 36% listened to the gossip.

Students are more likely to ask a fellow student to stop calling another student names or to stop physically bullying another student, than ask to stop spreading rumors or gossip about another student.

Bullying Behaviors by Bystanders[28]

			FRANKLIN COUNTY
Bullying Behaviors*†	Bystander	Student heard another student being called mean or hurtful names…	
		Asked Person to Stop	45%
		Reported It to an Adult	9%
		Were Unsure What to Do	6%
		Did Nothing	45%
		Laughed	20%
		Joined In	5%
		Student saw another student being physically bullied…	
		Asked Person to Stop	43%
		Reported It to an Adult	28%
		Were Unsure What to Do	20%
		Did Nothing	27%
		Watched	23%
		Joined In	2%
		Student knew someone who was spreading rumors or gossip…	
		Asked Person to Stop	31%
		Reported It to an Adult	8%
		Were Unsure What to Do	16%
		Did Nothing	42%
		Listened	36%
		Joined In	6%

**Among students in grades 8, 10, and 12*

†Students may have selected more than one answer

28) Source: 2009, Primary Prevention Awareness, Attitude, and Use Survey, Educational Council

Tobacco Use Among Youth[28]

			FRANKLIN COUNTY
Tobacco Use*	Cigarettes	Smoke at least once a month	10%
		Smoke at least once a week	7%
		Smoke daily	5%
		Have never smoked	*67%*
	Chewing Tobacco	Regular use†	33%
		Have never used	*93%*
	Other Tobacco Products	Regular use†	7%
		Daily use	1%
		Have never used	*86%*

**Among students in grades 8, 10, and 12*

†Regular use refers to monthly or more often

28) 2009, Primary Prevention Awareness, Attitude, and Use Survey, Educational Council

67% of students have never smoked, while 5% smoke daily; and 33% use chewing tobacco regularly.

Of the 27% of students that had been drunk in the past year, 9% had been drunk 10 or more times.

Alcohol Use Among Youth[28]

			FRANKLIN COUNTY
Alcohol Use*	Student Drank Alcohol	At least once a month	20%
		Once a week or more often	7%
	Student Got Drunk in the Past Year	At least once	27%
		Had not been drunk	73%
	Student Drank Five or More Drinks in a Row in the Past 30 Days (Binge Drinking)†	One day	6%
		Two days	4%
		Three to five days	4%
		Six to nineteen days	4%
		Twenty or more days	2%
		No days	81%

**Among students in grades 8, 10, and 12*

28) 2009, Primary Prevention Awareness, Attitude, and Use Survey, Educational Council

When it comes to substance abuse, 1% of students report regular use of "designer" drugs (such as ecstasy) and over-the-counter drugs. A slightly higher percentage of students (2%) report regular use of prescription drugs.

While 74% of students have never smoked marijuana, 13% smoke regularly and 8% smoke at least once a week.

Substance Abuse Among Youth[28]

			FRANKLIN COUNTY
Substance Abuse*	Marijuana	Regular use†	13%
		Smoke at least once a week	8%
		Have never smoked	74%
	"Designer" Drugs	Regular use†	1%
		Have never used	97%
	Prescriptions	Regular use†	2%
		Have never used	94%
	OTCs	Regular use†	1%
		Have never used	95%

**Among students in grades 8, 10, and 12*

†Regular use refers to monthly or more often

28) Source: 2009, Primary Prevention Awareness, Attitude, and Use Survey, Educational Council

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12. 2009, Ohio Hospital Association
13. 2010, Behavioral Risk Factor Surveillance System, Centers for Disease Control & Prevention
14. 2009, Behavioral Risk Factor Surveillance System, Centers for Disease Control & Prevention
15. 2008, Ohio Department of Health
16. 2009, Ohio Department of Health

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21. 2010, Ohio Department of Public Safety
22. 2003-2007, Ohio Department of Health
23. 2005-2007, Centers for Disease Control & Prevention
24. 2007 & 2010, Central Ohio Trauma System
25. 2010, Ohio Department of Health
26. July 1, 2009 – June 30, 2010, Ohio Department of Health
27. 2009 – 2010, Ohio Department of Health
28. 2009, Primary Prevention Awareness, Attitude, and Use Survey, Educational Council

APPENDIX A

Additional Community Assessments

Key Community Health Indicators (released annually)
Organization: Columbus Public Health
Columbus Public Health works to continually monitor the health of Columbus and Franklin County. This brief, produced annually, contains the latest data for Franklin County and Ohio on a wide variety of measures within the areas of leading causes of death, communicable disease, maternal and child health, prevalence of health risk behaviors and conditions, environmental health and access to health care.

Benchmarking Central Ohio 2011
Organizations: Community Research Partners
The Columbus Foundation
Columbus Partnership
This assessment compares the eight-county Columbus metropolitan area to 15 other metros using a panel of 76 diverse indicators. The indicators focus on five broad areas – population vitality, economic strength, personal prosperity, community wellbeing, and lifelong learning – each of which describes a facet of the community that contributes to economic competitiveness. The research was jointly funded by the Columbus Foundation, a charitable organization whose mission is to assist donors and others in strengthening and improving the community for the benefit of all central Ohio residents, and The Columbus Partnership, a CEO organizations of 30 top business and community leaders in central Ohio whose mission is to improve the economy of central Ohio and be a catalyst for growth in the region. The report was prepared by Community Research Partners (CRP), a nonprofit research center that strengthens Ohio communities through data, information and knowledge.

Overall Themes for Community Wellbeing
Indicators of health, safety, civic life, transportation, environmental quality, and cultural and leisure activities. The Columbus metro area's community wellbeing indicator rankings were spread across the board, with more indicators in the middle tier (rank 6-11) than in either the top or bottom tier. In most cases, a #1 ranking indicates both "highest" and "best," and a #16 ranking indicates both "lowest" and "worst."
Columbus Top-tier Rankings (Rank 1-5):
- Local foods: Columbus ranked 2nd in percent of land area in agriculture.
- Asthma and air quality: Columbus was 2nd lowest in percent of adults with asthma and 5th highest in percent of days with good air quality.
- Violent crime: Columbus had a relatively low violent crime rate (#5).
- Volunteering: Columbus had relatively high rates of volunteering (#4) and volunteer retention (#2) and a high number of annual volunteer hours, on average (#3).
- Commute times: Columbus had fewer workers who commute 25+ minutes (#2), the 3rd shortest commute times by car, the 5th shortest commute times by public transit, and the lowest number of hours of traffic delay per person (#1).

Columbus Bottom-tier Rankings (Rank 12-16):
- Obesity and diabetes: Columbus ranked near the bottom in percent of adults who are obese (#14) and adults with diabetes (#14).
- Poverty and public assistance: Columbus ranked at the bottom in persons below the poverty level (#16) and near the bottom in persons receiving public assistance (#13).
- Charitable contributions: Columbus ranked low in amount of charitable contributions per tax return (#15).
- Local government: Columbus ranked 12th in percent of major public officials who are women and 14th in the number of local government units per 100,000 population.
- Infrastructure: Columbus ranked 13th in number of highway bridges rated structurally deficient.
- Public transit usage: Columbus ranked low in public transportation passenger miles (#12).
- Commute transportation mode: Columbus ranked 15th in percent of commuters driving alone and at the bottom in carpooling as a means to commute to work (#16).
- Airports: Columbus ranked low in commercial air passenger boardings per capita (#15).
- Arts establishments: Columbus ranked toward the bottom (#13) in the number of arts establishments per capita.
- Energy use: Columbus ranked low for carbon footprint from transportation (#12) and had the highest carbon emissions per capita from residential heating fuels (#16).

Voices from the Community (released 2011)
Organization: United Way of Central Ohio

Seeking to listen to interested residents and community stakeholders representing central Ohio, the United Way of Central Ohio organized and facilitated Community Conversations with the support of United Way staff and community volunteers. Participants engaged in conversations addressing Health and Wellness including questions like "What kind of community do you want?" and "What kinds of things are keeping us from achieving the level of health and wellness we want for our community?" There were 13 conversations with a total of 152 participants held in various locations throughout Franklin County providing valuable input and feedback.

Overall Themes from Community Conversations:

- Responses reflected general aspirations for health and wellness that suggest individuals prioritize accessibility to health and health care resources; aspirations also suggest that individuals want to see an ethic of healthy eating and physical activity – a focus on prevention.
- The frustrations voiced and the negative experiences individuals conveyed were in relation to the perceived functioning of the health care system and the limitations on care that were caused by health insurance companies.
- An apparent sense of anger and frustration as well as feelings of hopelessness were characteristic of many participant responses.
- There was equal responsibility suggested for individuals and systems in achieving and maintaining health – individuals need to take responsibility for their own health, while systems should be able to ensure a basic standard of care and resources that are proportionally available.
- Costs associated with health care and health insurance were viewed as significant barriers that both affect individuals directly and prevent our community from achieving health and wellness.
- People need support to make healthier decisions.
- Change will require a sustained, collaborative commitment – a culture shift.

Unequal Health: The Black White Gap in Franklin County (released 2011)
Organization: Columbus Public Health

This descriptive report presents the current state of health in Franklin County for the total population, for non-Hispanic-Blacks, and for non-Hispanic -Whites. Health disparities are differences or inequalities in the burden of disease and/or health conditions, mortality, health status and access to care. In the United States, inequalities exist based on gender, age, race and/or ethnicity, sexual orientation, geography, and socio-economic position. These are all very significant; however, adequate data are not always available at the county level to examine these different groups. For this reason, Columbus Public Health chose to focus on racial disparities between Blacks and Whites. A variety of data sources were used, including case reports for communicable disease and vital statistics for births and deaths. Data from the *2005/2006 Franklin County Community Health Risk Assessment* were used for health status and quality of life, chronic conditions, risk factors and health behaviors, access to care and the use of preventive services.

Selected Results from Unequal Health:

- The largest mortality disparities (disparity ratio=2+) where blacks fared worse than whites include infant mortality, homicide, Human Immunodeficiency Virus (HIV), conditions originating in the perinatal period, diabetes, hypertension, and kidney disease.
- Rates for blacks were also at least twice as high as the rates for whites for birth before 32 weeks gestation, birth weight of less than 3 pounds 5 ounces, lack of health insurance, being unable to see the doctor in the past year due to cost, and engaging in a high risk behavior in the past year.
- Blacks had higher rates of stroke and heart disease mortality. This discrepancy could be due to differences in access to care or the quality of care received.
- Blacks had better mortality rates than whites for chronic lower respiratory disease, Parkinson's disease, and suicide.
- Blacks also had lower rates of diagnosed coronary heart disease, heart attack, and high cholesterol.

Big Cities Health Inventory (released 2007)

Organization: National Association of County & City Health Officials (NACCHO)

The purpose of this document is to focus specifically on the health of people living in large cities in the United States. In so doing, the report attempts to increase knowledge of the issues large cities face and stimulate dialogue that will lead to a healthier city population. The *Big Cities Health Inventory, 2007: The Health of Urban USA* (BCHI) is the fifth edition of a report initially developed by the Chicago Department of Public Health (CDPH) to present epidemiologic data specific to large cities. The report focuses on 31 indicators of health, divided into five sections. Eight indicators cover communicable diseases, twelve causes on mortality, five indicators of maternal and child health, and six socioeconomic indicators

Selected Results from Big Cities Health Inventory:

Out of the 54 largest cities in the United States (where a #1 ranking indicates the "highest rate" or "worst," and a #54 ranking indicates "lowest rate" or "best")…

- Columbus ranked 3rd in Lung Cancer Mortality.
- Columbus ranked 10th in both Diabetes and Syphilis (primary and secondary) incidence.
- Columbus ranked 42nd in Motor Vehicle Injury Mortality.
- Columbus ranked 40th in HIV/AIDS Mortality.

Conversation on Community Health Improvement (October 2011)

Organization: Columbus Public Health

Community input was gathered through a community forum *"A Conversation on Community Health Improvement"* organized by Columbus Public Health and facilitated by the Center for Public Health Practice at The Ohio State University College of Public Health. Representatives from over 100 community organizations were invited to attend this half-day event. Attendees reviewed information on key community health indicators and in a facilitated exercise participants shared what they considered priorities for community health improvement.

Selected Results from Conversation on Community Health Improvement:

Collaboration and Coalitions

- Stakeholder involvement
- Ensure / create and integrative and collaborative infrastructure to sustain our community
- Coordination of services offered by community organizations with navigators to assist individuals find the services they need
- Based on tighter coordination, agree on definitions and criteria on actionable priorities
- Communication – within systems between system and community, within community
- Build sustainable collaboration within and beyond health to address social determinates of health
- Participatory coalitions or collaborative that include individuals and neighborhoods
- Cross communications and collaboration with multiple coalitions and partnerships to share resources, knowledge
- Need a city-wide health collaborative which includes all stakeholders, not just providers (housing, education, etc.)
- Increase coordination of city and county health departments
- Better coordination of all resources through unified collaboration
- Getting the right people to the table (grass roots to grass tops, decision-makers and consumers)
- Build programming targeted at adolescent and young adult black women to address STIs, unintended pregnancy, prematurity, infant mortality and child health disparities

Community Engagement and Community Level Response

- Grassroots engagement in public policy and health needs
- Build local communities – ownership, engagement, collaboration, promote safety
- Shifting cultural norms to create a community focused on health

Economic Impact

- Workforce development and economic development, supported by compulsory education for high school degrees and undergraduate degrees
- Connect the fact that an investment in community health has long-term economic impact
- Poverty and economy

Selected Results from Conversation on Community Health Improvement (continued):

Health Education

- Shifting community education / awareness towards community training around areas for prevention / health issues
- Build self-efficacy
- What are our (community) motivators? (education; access; love for self, family, friends; longevity; feeling good; self-esteem; fun)

Holistic Health

- World Health Organization (WHO) definition of health: physical, mental and social well-being, not just illness or disease; not just no access to care. If one part of physical-mental-social health is broken, other parts will crash too.
- Increase access to resources that enhance holistic health

Individual Health Issues

- Three-pronged approach: attack education (policy and programs) and income (re: access) to improve (community) health
- Wellness or health outcomes as the focus measured at neighborhood levels
- More sustainable funding in appropriate places (prevention and wellness)
- Violence – street, bullying, built environment
- Obesity – high prevalence, can prevent, impact on health and chronic disease

Policy

- Policies and systems to impact environmental change that reflect best practice accountability and minimizes negative outcomes

APPENDIX B

Ohio's State Health Assessment and State Health Improvement Plan

Columbus Pubic Health is an active participant in this process with members on both the State Health Improvement Council and individual work groups around Infectious Disease and Electronic Health Information Data Exchange.

Background

The Ohio Department of Health called together representatives from local health departments, academia, provider organizations, other health and human services state agencies, consumer advocacy groups, affiliated health professionals, health policy experts and regional planning experts to form a statewide Planning Council to develop a state health assessment (SHA)and state health improvement plan (SHIP).

The SHA which began in 2010 and was completed in 2011 was conducted to identify and better address the population health needs of the state. The SHA identified indicators and data for 11 areas of focus addressing disease burden, including data on the leading causes of death in Ohio; the prevalence of certain chronic, communicable, and infectious diseases; unintentional and intentional injury rates; health behaviors, clinical risk factors, and recommended care; maternal and child health; healthy system access; and environmental health.

The goals for the SHIP are to (1) develop measurable and achievable goals, identify strategies and specific activities, identify key partners and funding sources, and establish 12-month and 24-month outcomes for the 11 priorities through workgroups and with final approval by the entire Planning Council; (2) develop and implement a work plan; and (3) monitor, evaluate and update the SHIP. The process, which began with an introductory meeting at the end of August 2011, involved a series of meetings from October – December 2011, in which the Planning Council reviewed SHA data and national priorities (CDC Winnable Battles, National Prevention Strategy, and Healthy People 2020 Leading Health Indicators); determined criteria to use in selecting Ohio priorities, and selected 11 SHIP priorities that fall into three categories: Health Improvements, Service Improvements, and Operational Improvements.

On January 24, 2012, the Planning Council met to draft and reach consensus on guiding principles, review recommendations for priority logic model development, and discuss next steps to complete the SHIP.

State Health Improvement Plan
Priorities

Health improvements:
1. Chronic disease prevention:
2. Injury:
3. Infectious disease:
4. Infant Mortality/Preterm Birth
5. Mental Health & Addiction

Service improvements:
1. Access to care:
2. Patient-Centered Medical Home:
3. Integrate physical and mental health addiction:

Operational improvements:
1. EHR/HIE/Data exchange:
2. Workforce development:
3. Capacity building and TA for grants – public health funding:

Next Steps

A small team of Planning Council members will work on the creation of a template to be shared with each workgroup that assume responsibility for one of the priority. This template will identify strategies, action plans, timelines and indicators of success for each priority area.

At the next full Planning Council meeting, we'll have a discussion about "Guiding Principles" that would guide development of strategy and implementation plans for all of the selected priorities. Specifically, a focus on "systems thinking" versus typical programmatic silos, as well as the definition of "community engagement" and what community engagement should include at various levels (state, regional, local) were identified as potential guiding principles. Additional issues, such as collective understanding and agreement about the concepts of collaboration and coordination, will also be considered.

Navigating Our Way to a Healthier Community Together