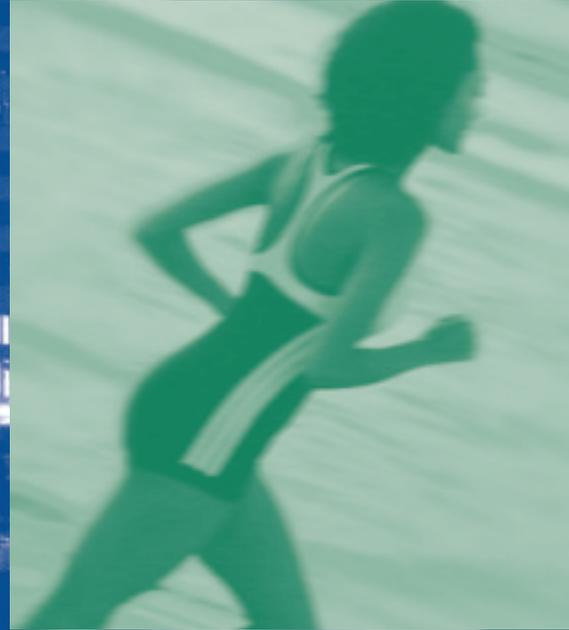


COLUMBUS HEALTH DEPARTMENT:

2000 Columbus / Franklin County Community Health Risk Assessment, **Assessment Series No. 17**



2000 Columbus/Franklin County Community Health Risk Assessment

Prepared by
Columbus Health Department

With support from
Columbus Medical Association Foundation
Franklin County Board of Health
OhioHealth
Osteopathic Heritage Foundation
United Way of Central Ohio

Project Coordinator
Suellen I. Bennett, MSPH
Epidemiologist, Columbus Health Department

Columbus, Ohio
May 2002

Columbus Community Health Assessment Series No. 17

City of Columbus Board of Health:

Mayor Michael B. Coleman, President Ex-Officio

Carole A. Anderson, Ph.D, R.N.

John Boxill

Wilburn H. Weddington, Sr., M.D.

Jacqueline T. Williams, M.S.

Thomas J. Horan, M.P.A., Interim Health Commissioner

For more information, please contact:

Columbus Health Department

Health Assessment, Planning and Promotion

240 Parsons Avenue

Columbus, Ohio 43215-5331

Telephone: (614) 645-5658, FAX: (614) 645-5888

E-Mail: suellenb@cmhmetro.net

Visit our website: <http://www.cmhhealth.org/communityhealthinfo/2000chra.html>

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Project Team:

Coordinator:

Suellen I. Bennett, MSPH, Epidemiologist
Columbus Health Department

Members:

Columbus Health Department

Health Assessment, Planning, and Promotion Leader/Public Health Administrator:

Manisha H. Maskay, PhD

Epidemiology Team Leader:

Kathleen S. Cowen, MS

Epidemiology Team Members:

Suellen I. Bennett, MSPH
Ben DeJesus, MS
Michelle L. Groux, MPH
Evette Larry, MS, MPH

Columbus Medical Association Foundation: Jewell K. Garrison, MSW

Franklin County Board of Health: Timothy R. Sahr, MPH, MA, MDiv, ThM

OhioHealth: Karen J. Morrision, MS and Michael Wachter

Osteopathic Heritage Foundation: Terri Donlin

United Way of Central Ohio: Deborah Crawford, MSW, MAPA

Authors:

Suellen I. Bennett, MSPH

Bob R. Brems, MPH

Kathleen S. Cowen, MS

Melinda Cowles, RN

Karen Gray, MS, CHES

Jeanne C. Grothaus, MA, LSW, LPC

Michelle L. Groux, MPH

David E. Heisel, DDS, MBA

Judith Heeg Harmon, RN, BSN, MPH

Ryan E. Johnson

Stace L. Klempnauer, MSW

Merry Krempasky

Randi Love, PhD, CHES, OCPSII

Manisha Maskay, PhD

Pat Metzler, BSN, RN

Timothy R. Sahr, MPH, MA, MDiv, ThM

Carolyn B. Slack, MS, RN

Michael Smeltzer, MPH

Michael Wachter

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INTRODUCTION

This is the second community health risk assessment issued for Columbus and Franklin County. The first assessment was part of a pilot project funded by the National Center for Health Statistics of the Centers for Disease Control and Prevention and contained data gathered in 1995-96. The 2000 Columbus/Franklin County Health Risk Assessment is a collaborative project between the Columbus Health Department, The Franklin County Board of Health, Columbus Medical Association Foundation, OhioHealth, Osteopathic Heritage Foundation, and the United Way of Central Ohio. The assessment examines a variety of health risk behaviors and health-related characteristics, including the use of preventive services. Topics were chosen based upon their strong relationship with many of the leading causes of premature death and disability. Most of the health behaviors addressed are potentially modifiable and, therefore, of great interest in helping to guide the development of prevention interventions.

The report contains estimates for the general non-institutionalized adult and child populations of Franklin County, Ohio. It also presents differences between demographic groups that are statistically significant. This information is important because statistically significant differences can help to focus resources and interventions toward the most needy populations.

Each chapter has three sections: 1) Background, 2) Survey Results, and 3) Recommendations/Action Steps. The Background Section gives an overview of a topic and includes information on its importance, national trends, etc. The Survey Results Section reports on the data obtained by the 2000 Columbus/Franklin County Health Risk Assessment. The specific question or subsection for the chapter is in **bold print**; indented below it is the Franklin County estimate. Statistically significant differences between demographic groups are presented in **bold print** and are indented below the Franklin County estimate. The reported demographic variables are gender, race (limited to African-American and Caucasian, in order to ensure adequate sample size), age, poverty level, education level, employment status, marital status and area of residence. *Italics* highlight the specific differences (e.g. *more college graduates...*). The Recommendations/Actions Steps Section shows national recommendations, if they exist, and gives suggestions for community and individual action. On graphs, red stars indicate statistically significant differences between demographic groups.

This is the second community health risk assessment issued for Columbus and Franklin County. The first document was part of a pilot project funded by the National Center for Health Statistics and contained data gathered in 1995-96. **The 2000 Columbus/Franklin County Health Risk Assessment** is a collaborative project between the Columbus Health Department, the Franklin County Board of Health, Columbus Medical Association Foundation, OhioHealth, Osteopathic Heritage Foundation, and the United Way of Central Ohio. The assessment explores a variety of health behaviors and health-related characteristics, including the use of preventive health services. Most topics were chosen based upon their strong relationship with many of the leading causes of premature death and disability. Many of the health behaviors addressed are potentially modifiable. This report can, therefore, help guide the development and implementation of prevention programs and other health interventions. The results have been weighted by gender, race and age to represent the Franklin County population. Presented below are some of the highlights from the adult and child surveys.

ADULT SURVEY HIGHLIGHTS

The adult section contains information on 2,311 adults ages 18 and older. The following results are for Franklin County.

General Health Status

- 88% of Franklin County residents consider their health good, very good, or excellent.
- Franklin County adults were unable to perform their usual activities due to poor physical or mental health an average of 4 days in the past 30 days.

Physical Activity and Nutrition

- 46% of adults exercise adequately (at least 30 minutes of moderate exercise) and regularly (5-7 days per week).
- 41.2% of Franklin County adults engage in strength training 2 or more days per week.
- 15.3% of respondents report eating 5 or more servings of fruits and vegetable each day.
- 6.6% of Franklin County adults report being concerned about having enough food to eat in the past 30 days.

Diabetes

- 6% of Franklin County adults have non-gestational diabetes.
- 39.3% of adults who have diabetes rate their health as fair or poor compared to only 10.3% of adults who do not have diabetes.
- 30.9% of adults with diabetes have not seen a doctor or nurse for their diabetes in the past year.

Oral Health

- 66.3% of Franklin County adults made timely (within the past year) visits to a dentist or dental specialist.
- The average number of teeth lost due to tooth decay, gum disease, or infection per adult is 2.5 teeth.
- 3.9% of Franklin County adults have lost all their teeth.
- 27.6% of Franklin County adults reported having no dental insurance coverage.
- 12.5% of Franklin County adults indicated cost was a barrier to dental care.

Executive Summary

2000 Columbus / Franklin County Community Health Risk Assessment

Weight Management

- 56.4% of Franklin County adults are overweight.
- Only 45.7% of adults who are overweight have been told to lose weight by a doctor, nurse or other health professional.

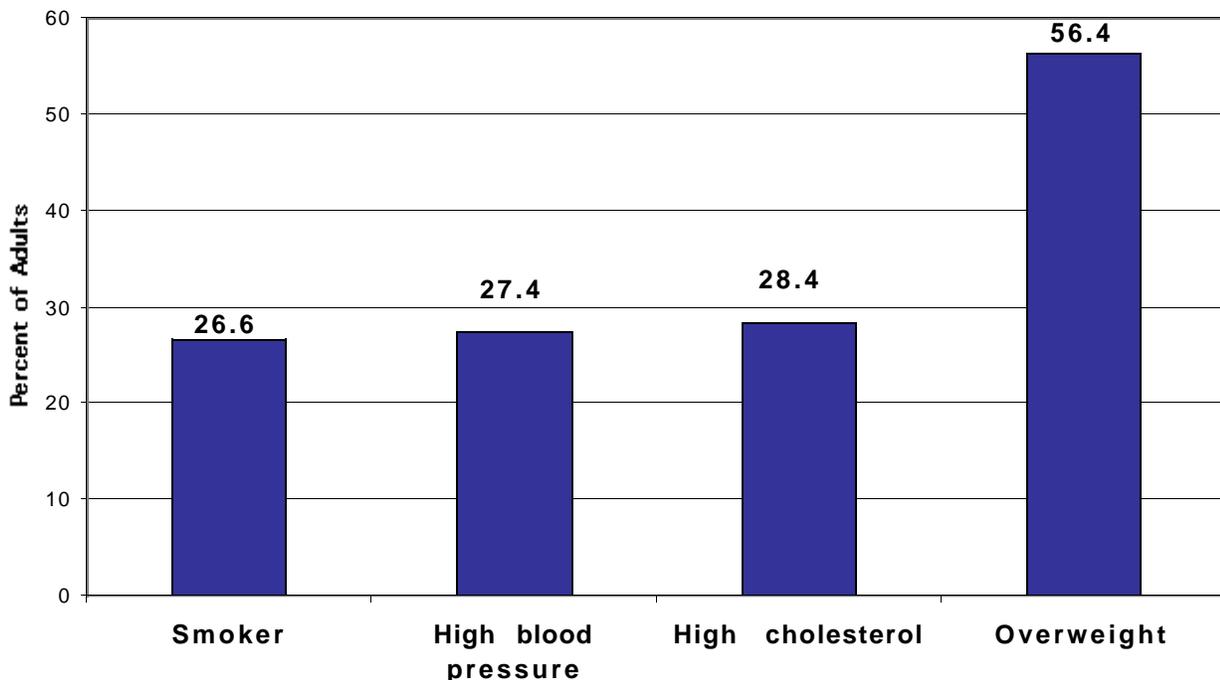
Cholesterol Awareness

- 28.4% of Franklin County adults report ever being told that they have high blood cholesterol.
- 50% of adults who continue to have high blood cholesterol report that they do not follow a prescribed diet to control their blood cholesterol level.
- 69.5% of adults have had a timely blood cholesterol check (within the past 5 years).

Hypertension Awareness

- 27.4% of Franklin County adults have high blood pressure.
- 19.2% of those with hypertension report being prescribed a regular exercise program to control blood pressure. However, 62.3% of these report that they do not perform regular, adequate exercise (30+ minutes of moderate exercise, 5-7 days a week).
- 96.7% of adults have had a timely blood pressure check (within the past 2 years).

Figure 1: Cardiovascular Risk Factors, Franklin County, Ohio 2000.



Mental Health

- 19.9% of Franklin County adults are at risk for depression based on a 4 question depression screen.
- 15.6% of adults in Franklin County have been diagnosed with depression in their lifetime.
- 6.7% of Franklin County adults rate their mental health as fair or poor.
- 2.7% of Franklin County adults admit to considering suicide in the past year.

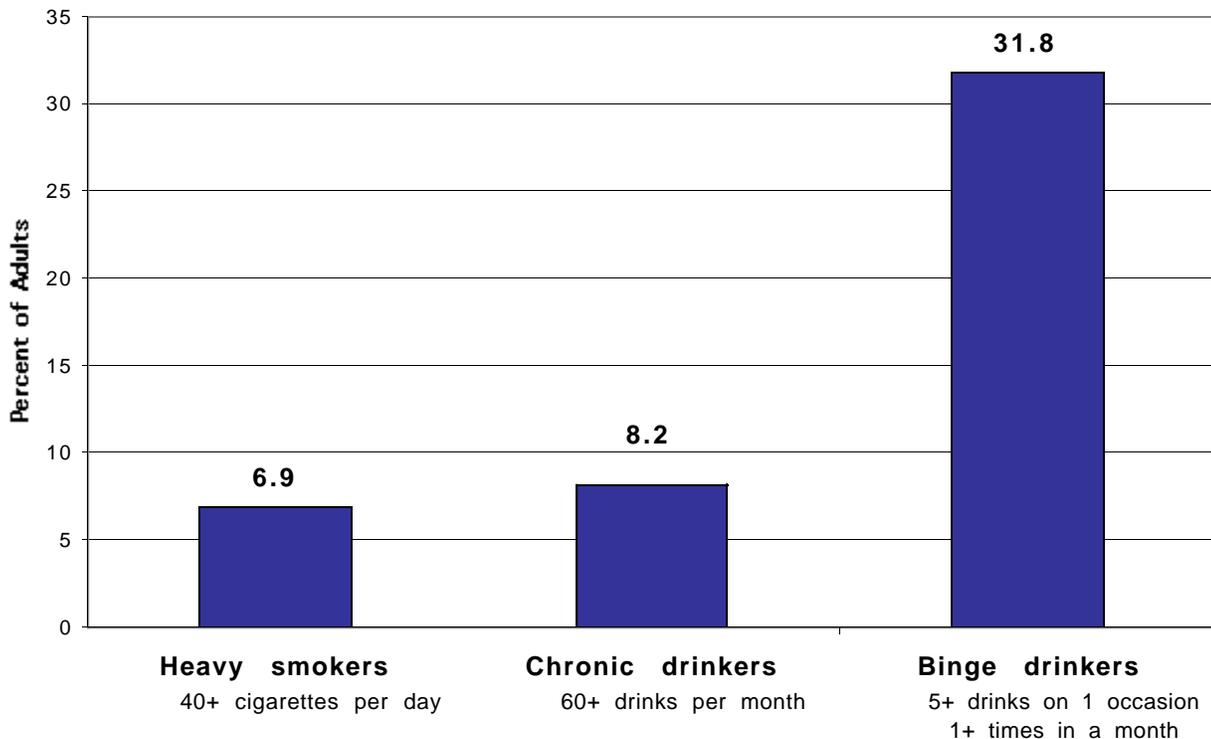
Tobacco Use

- 26.6% of Franklin County adults smoke.
- 6.9% of adults who smoke are heavy smokers (smoke 40+ cigarettes daily).
- Most smokers (82.7%) want to quit smoking.
- 23.3% of Franklin County adults are exposed to environmental tobacco smoke (ETS) for at least one hour a day. Over half of this group (52.4%) is exposed for 6 or more hours each day.
- 41.9% of those reporting that they prohibit smoking anywhere in their house report being exposed to ETS for one or more hours per day in other environments (e.g., the work places, restaurants, entertainment establishments).

Alcohol Use

- 8.2% of Franklin County adults who consume alcohol are chronic drinkers (2 or more drinks per day).
- 31.8% of Franklin County drinkers report binge drinking (5 or more drinks on 1 occasion).
- 7.2% of Franklin County drinkers report driving after having had too much to drink.

Figure 2: High Risk Use of Tobacco and Alcohol, Franklin County, Ohio 2000.



Interpersonal Violence

- 1.6% of Franklin County adults admit that they do not feel physically safe in their current relationship.
- 5.8% of Franklin County adults have been hit, kicked, punched, or otherwise hurt by someone within the past year.
- 4.2% of Franklin County adults have hit, kicked, punched, or otherwise hurt someone within the past year.

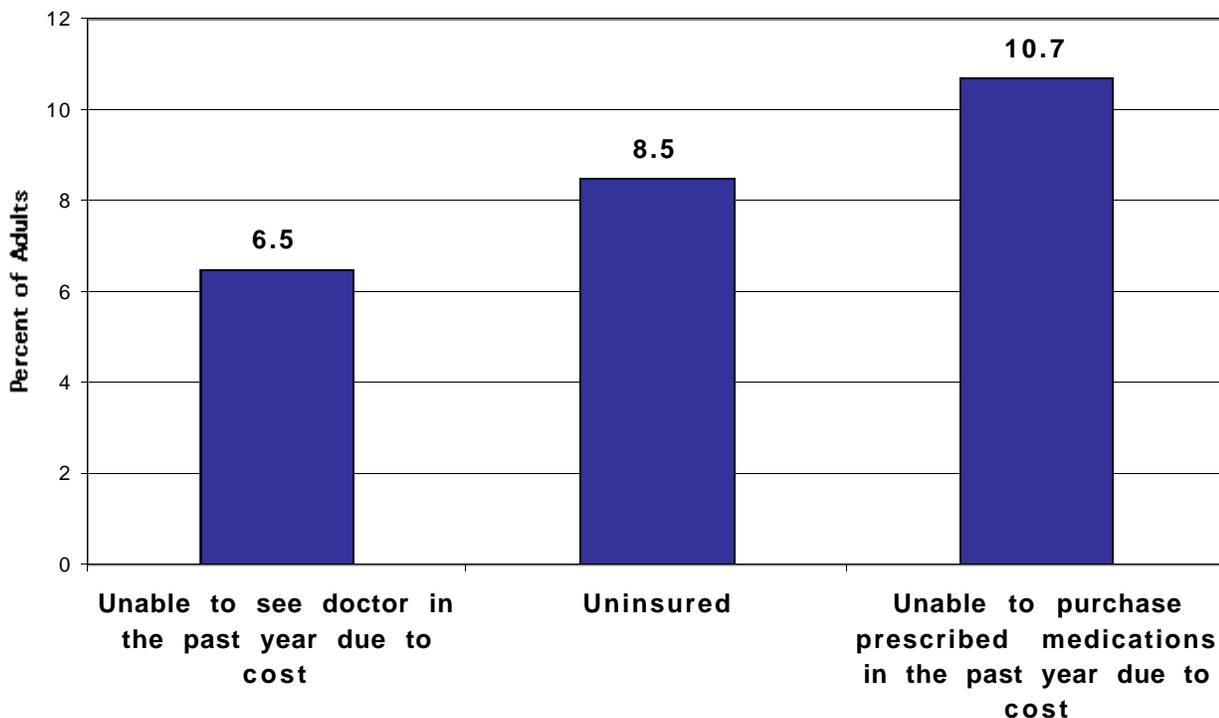
Sexual Behavior

- 76.5% of Franklin County adults have been sexually active in the past 12 months.
- 3.4% of adults report one or more of the following situations applies to them: use of intravenous (IV) drugs, diagnosis of a sexually transmitted disease, having anal sex in the past year, or testing positive for HIV, the virus that causes AIDS.
- 96.4% of Franklin County adults believe children should receive HIV and AIDS education at school and 60.2% believe it should begin in 4th through 6th grade.

Health Care Access

- 8.5% of Franklin County adults do not have any type of health insurance.
- 74.6% of adults in Franklin County have had a routine exam in the past year.
- 6.5% of Franklin County adults were unable to see a health professional in the past year due to cost.
- 10.7% of adults in Franklin County were unable to get needed medicine due to the cost.
- 16.4% of Franklin County adults have no usual health care, such as a health clinic, health center, doctor's office, or other place where they would go if they are sick or if they are in need of advice concerning their health.

Figure 3: Access to Care, Franklin County, Ohio 2000.



Executive Summary

2000 Columbus / Franklin County Community Health Risk Assessment

Breast Cancer Screening

- 41.6% of women ages 40 and older have received timely mammograms (within the past year).
- The main reason that women ages 40 and older have not had a mammogram in the past year is that they believe there is no reason to have one.
- 61.4% of women ages 20 and older examine their breasts monthly.

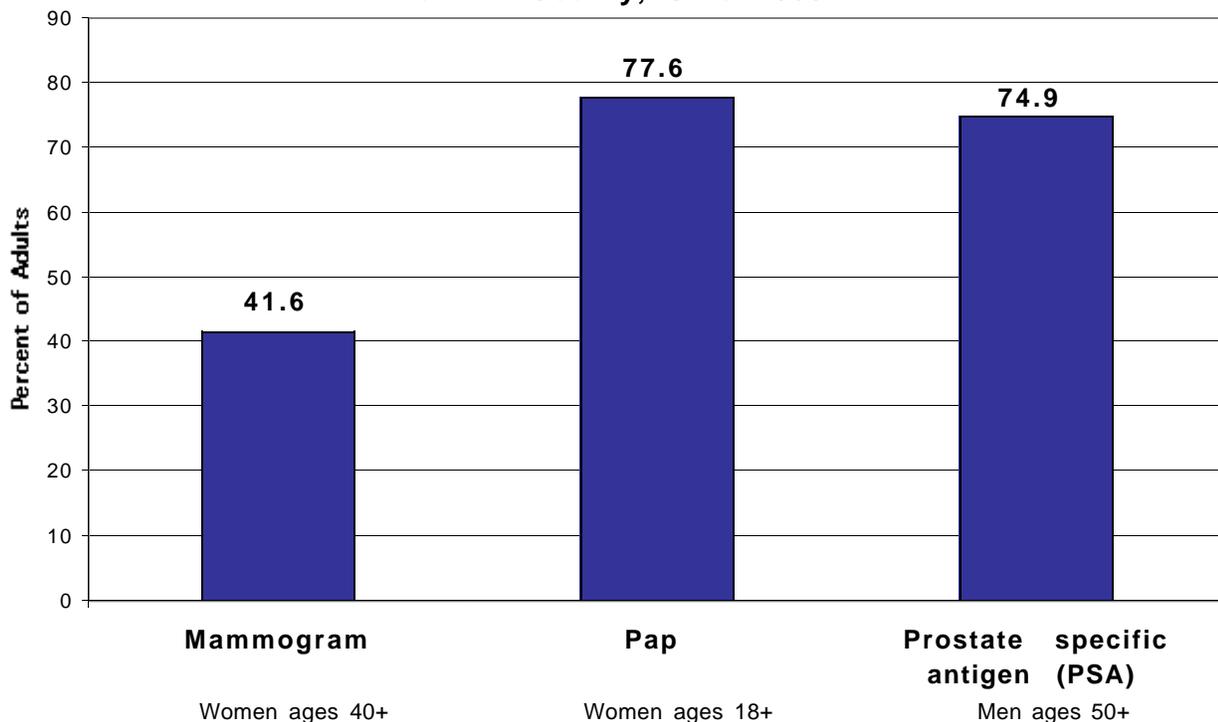
Cervical Cancer Screening

- 77.6% of women ages 18 and older have had a timely Pap smear (within the past year).
- The main reason that women ages 18 and older have not had a pap smear in the past year is that they believe there is no reason to have one.

Prostate Cancer Screening

- 74.9% of men ages 50 and older have ever had a prostate specific antigen (PSA) blood test.
- 84.8% of men who have ever had a PSA have had one in the past year.

Figure 4: Cancer Screenings in the Past Year, Franklin County, Ohio 2000.



CHILD SURVEY HIGHLIGHTS

The child section contains information on 723 children ages 17 and younger via proxy interview with a parent or guardian. The following results are for Franklin County.

General Health Status

- 96.8% Franklin County parents consider their children’s health good, very good, or excellent.
- Franklin County children were unable to perform their usual activities due to poor physical or mental health an average of 2.1 days in the past 30 days.

Weight Management

- 12.7% of Franklin County children are overweight.
- 43.9% of parents incorrectly believe their child is overweight when the child is actually at a healthy weight.

Physical Activity and Nutrition

- 47.2% of Franklin County children get adequate daily exercise (at least 30 minutes of moderate exercise).
- 18.8% of Franklin County children eat 5 or more servings of fruits and vegetables each day.

Health Care Access

- 1 in 20 children (5.3%) lacks any kind of child health care coverage.
- 3.8% of children were unable to see a medical doctor in the past 12 months due to cost.
- 2.4% of parents have no usual source of health care for their children, such as a health clinic, health center, doctor’s office, or other place where they would go if their child is sick or if they are in need of advice concerning their child’s health.

Immunizations

- 5% of parents do not know where their child’s immunization records are located.
- 2.3% of children are vaccinated somewhere other than where they receive primary health care.

Oral Health

- 82.8% of children have made timely visits (within the past year) to the dentist.
- 88.5% of children have dental insurance.

Lead Testing

- 33.9% of Franklin County children have been tested for lead poisoning.
- 3.3% of the tested children had high levels of lead.

Asthma

- 8.5% of children have been diagnosed with asthma.
- 30.8% of children with asthma have had 5 or more episodes in the past year.
- 4.2% of children with asthma have no health insurance.

Executive Summary

2000 Columbus / Franklin County Community Health Risk Assessment

Injury Prevention

- 80.5% of children are always restrained when riding in a car.
- 30.3% of children always wear helmets when they are bicycling or in-line skating.

Mental Health

- 16.2% of parents believe that their child could benefit from talking with a mental health professional.
- 51.1% of these parents have actually taken their child to see a mental health professional.
- 8.1% of parents suspect that their child has thought about committing suicide.

COLUMBUS HEALTH DEPARTMENT: ADULT SURVEY

2000 Columbus / Franklin County Community Health Risk Assessment



General Health Status

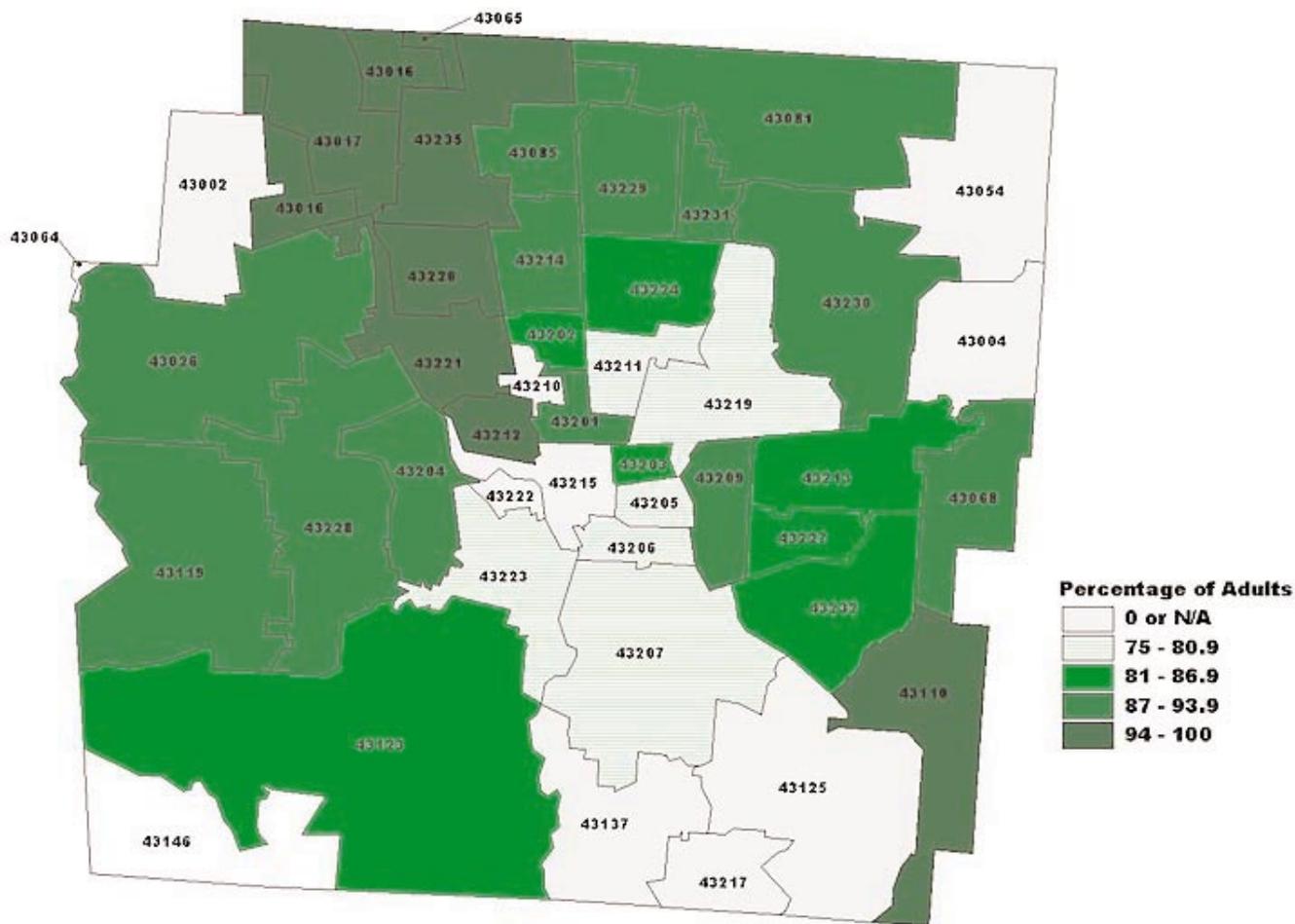
BACKGROUND

Health status measures help to supplement traditional measures of mortality and morbidity in assessing the health of a community. There are 4 questions that are used nationally to supplement this information: 1) self-rated health status, 2) number of days within the past 30 when physical health was not good, 3) number of days in the past 30 when mental health was not good, and 4) number of days in the past 30 when normal activity was limited due to poor physical or mental health. These questions reflect a personal sense of physical and mental health and are subjective.

Self-rated health status is an indicator of one's perceived overall health. If a person perceives their health as poor, then he or she are more likely to access health care in the near future. It also assesses the current symptom burden of acute and chronic conditions.

Discerning the number of recent days that a person has had poor physical health is a global measure of recent physical symptoms, and the number of recent days with poor mental health is a measure of recent mental and emotional distress. Recent activity limitation is an indicator of perceived disability, as well as an indicator of productivity and human capital. Responses to these questions indicate the general health status of the community and track general health needs; however, the information cannot be used to identify specific public health interventions.

Adults who Rate Their General Health Status as Good, Very Good, or Excellent by ZIP Code, Franklin County, Ohio 2000.



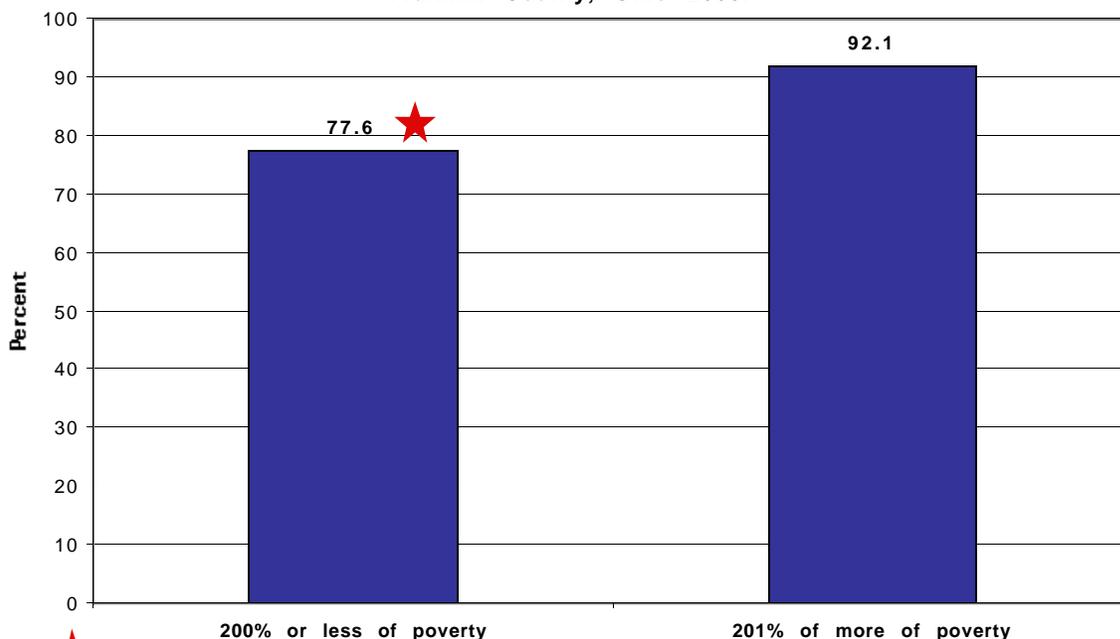
FRANKLIN COUNTY SURVEY RESULTS

Self-perceived general health status

■ 88% of Franklin County adults rate their overall health as either good, very good, or excellent. The following demographic differences are statistically significant.

- **RACE:** Fewer African-American adults (81.7%) rate their general health as good, very good, or excellent compared to Caucasian adults (89.1%).
- **AGE:** Fewer adults ages 65 and older (71.8%) rate their general health as good, very good, or excellent compared to adults ages 45-54 (89.5%), ages 35-44 (89.5%), ages 25-34 (94.8%), and adults ages 18-24 (94.1%).
- **INCOME LEVEL:** Fewer adults living in low-income households (77.6%) perceive their general health as good, very good, or excellent compared to adults living in middle- or high-income households (92.1%). (See Figure 1)
- **EDUCATION LEVEL:** Fewer adults who do not have a high school diploma (69.1%) rate their general health as good, very good, or excellent compared to adults with a high school diploma (85%), those who attended some college (88.5%), and adults who are college graduates (94.8%).
- **EMPLOYMENT STATUS:** Fewer adults who work in the home (83%) rate their general health as good, very good, or excellent compared to adults who work outside the home full-time (92.5%), part-time (93.6%), or who are in school (97.1%).

Figure 1: Adults who Rate Their General Health Status as Good, Very Good, or Excellent by Income Level. Franklin County, Ohio 2000.



Indicates a statistically significant difference between income levels.

General Health Status

2000 Columbus / Franklin County Community Health Risk Assessment

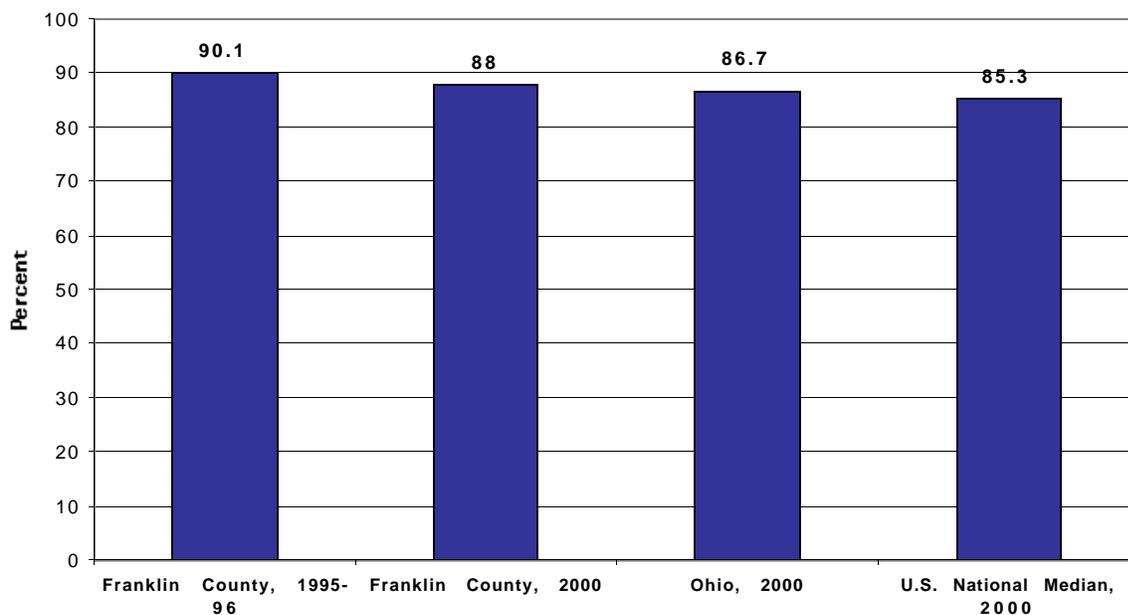
- The following county (trend), state and national data show the percentage of all adults who rate their overall health as good, very good, or excellent. **There are no statistically significant differences between demographic groups.** (See Figure 2)

- 1995-96 Franklin County: 90.1%
- 2000 Franklin County: 88%
- 2000 Ohio: 86.7%
- 2000 National Median: 85.3%

Poor physical health days are the number of days in the past 30 days that a person suffered from illness or injury.

- Total number of poor physical health days in the past 30 days:
 - No days: 63.6%
 - 1-2 days: 12.9%
 - 3-7 days: 9.6%
 - 8-29 days: 8.7%
 - All 30 days: 5.3%

Figure 2: Adults Who Rate Their General Health Status as Good, Very Good, or Excellent for Franklin County, Ohio, & the United States.



General Health Status

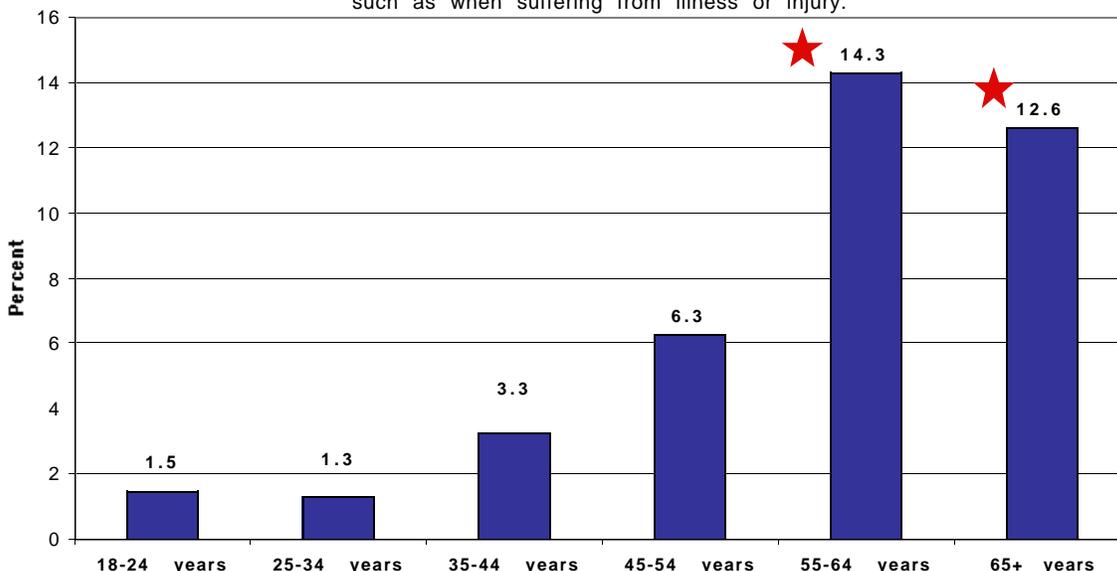
2000 Columbus / Franklin County Community Health Risk Assessment

- Franklin County adults averaged 3.9 poor physical health days in the past 30 days.
- 5.3% of Franklin County adults report poor physical health for 30 of the previous 30 days. **The following demographic differences are statistically significant.**

- **GENDER:** *More women (6.8%) report poor physical health for the past 30 days than men (3.7%).*
- **RACE:** *More African-American adults (8%) report poor physical health for the past 30 days than Caucasian adults (5%).*
- **AGE:** *More adults ages 55 and older report poor physical health for 30 of the past 30 days than younger adults. More adults ages 65 and older (12.6%) report poor physical health for the past 30 days than adults ages 18-24 (1.5%), ages 25-34 (1.3%), and adults ages 35-44 (3.3%). More adults ages 55-64 (14.3%) report poor physical health for the past 30 days than adults ages 18-24 (1.5%), 25-34 (1.3%), 35-44 (3.3%), and 45-54 (6.3%). (See Figure 3)*
- **EDUCATION LEVEL:** *More adults without a high school diploma (11.8%) report poor physical health for the past 30 days compared to adults who attended some college (4.1%) and adults who completed college (3.4%).*
- **EMPLOYMENT STATUS:** *More adults who are retired (15.9%) report poor physical health for all of the past 30 days compared to adults who work full-time (2%), who work part-time (3.8%), who work in the home (6.7%), or who are full-time students (1.7%). This may be a function of age.*

Figure 3: Adults who had 30 Poor Physical Health Days in the Past 30 Days by Age, Franklin County, Ohio 2000.

Poor physical health days are the number of days when physical health was not good, such as when suffering from illness or injury.



★ Indicates a statistically significant difference between adults ages 55-64 and adults in the age groups under 55. There is also a statistically significant difference between adults ages 65 and older and adults in the age groups under age 45. There is not a statistically significant difference between adults ages 55-64 and adults ages 65 and older.

General Health Status

2000 Columbus / Franklin County Community Health Risk Assessment

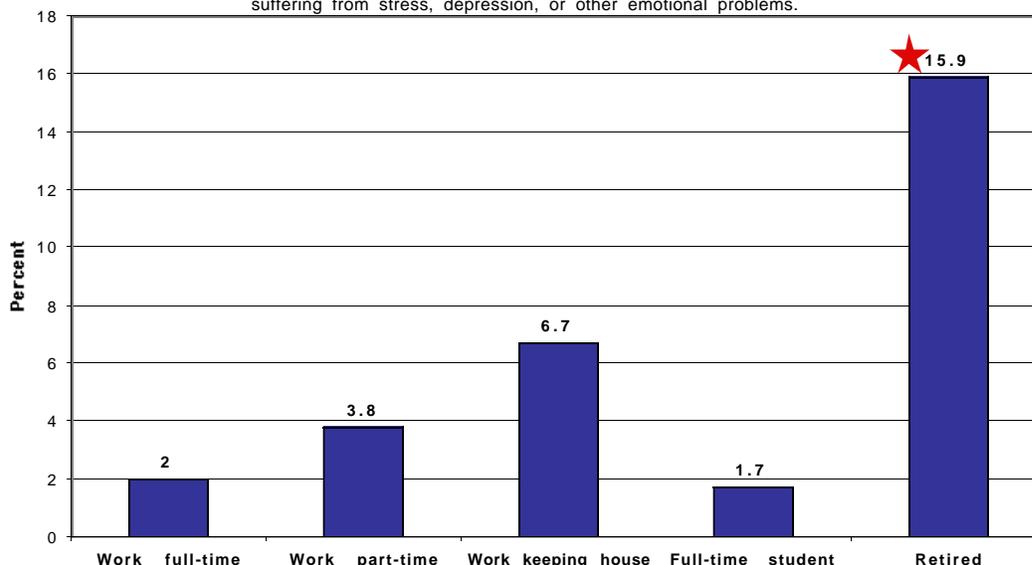
- **MARITAL STATUS:** *More adults who are widowed (12.4%) report poor physical health for the past 30 days than adults who are married/living together (5.4%). This may be a function of age.*

Poor mental health days are the number of days in the past 30 days that a person suffered from stress, depression, or other problems with emotions.

- Total number of poor physical health days in the past 30 days:
 - No days: 58.4%
 - 1-2 days: 12.6%
 - 3-7 days: 13.3%
 - 8-29 days: 10.1%
 - All 30 days: 5.7%
- Franklin County adults averaged 4.5 poor mental health days in the past 30 days.
- 5.7% of Franklin County adults report poor mental health for 30 of the previous 30 days. **The following demographic differences are statistically significant.**
 - **INCOME LEVEL:** *More adults living in low-income households (9.6%) report poor mental health for the past 30 days than adults living in middle-or high-income households (4.1%).*

Figure 4: Adults who had 30 Poor Mental Health Days in the Past 30 Days by Employment Status, Franklin County, Ohio 2000.

Poor mental health days are the number of days when mental health was not good, such as when suffering from stress, depression, or other emotional problems.



★ Indicates a statistically significant difference between adults who are retired and adults who work full-time, work part-time, work keeping house, and adults who are full-time students.

General Health Status

2000 Columbus / Franklin County Community Health Risk Assessment

- **EDUCATION LEVEL:** *More adults without a high school diploma (13.2%) report poor mental health for 30 of the past 30 days compared to adults who attended some college (4.1%) and adults who completed college (3.9%).*
- **EMPLOYMENT STATUS:** *More adults who are retired (15.9%) report poor mental health for the past 30 days compared to adults who work full-time (2%), who work part-time (3.8%), who work in the home (6.7%), or who are full-time students (1.7%).*
(See Figure 4)

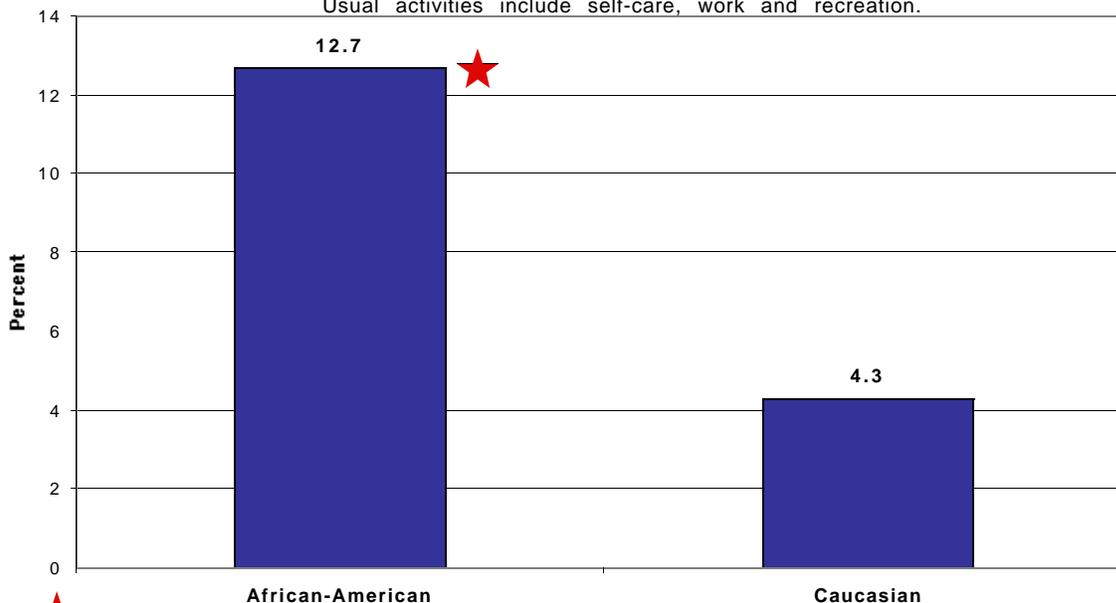
Activity limited days are the number of days in the past 30 days that a person's physical or mental health kept him/her from doing his/her usual activities, such as self-care, work, or recreation.

■ Total number of activity limited days in the past 30 days:

- No days: 60.8%
- 1-2 days: 14.6%
- 3-7 days: 11.6%
- 8-29 days: 7.5%
- All 30 days: 5.5%

Figure 5: Adults who Were Unable to Perform Their Usual Activities 30 of the Last 30 Days by Race.
Franklin County, Ohio 2000

Usual activities include self-care, work and recreation.



Indicates a statistically significant difference between African-American and Caucasian adults.

General Health Status

2000 Columbus / Franklin County Community Health Risk Assessment

- Franklin County adults averaged 4 activity limited days in the past 30 days.
- 5.5% of Franklin County adults were unable to perform their usual activities for all of the previous 30 days. **The following demographic differences are statistically significant.**
 - **RACE:** *More African-American adults* (12.7%) report being unable to perform their usual activities for the past 30 days compared to Caucasian adults (4.3%). (See Figure 5)
 - **AGE:** *More adults ages 65 and older* (16.9%) were unable to perform their usual activities for 30 of the previous 30 days compared to adults ages 18-24 (0.7%), ages 25-34 (0.9%), ages 35-44 (4.4%) and adults ages 45-54 (6.4%).
 - **EDUCATION LEVEL:** *More adults without a high school diploma* (13%) report being unable to perform their usual activities for all of the past 30 days due to poor physical or mental health compared to adults who attended some college (3.2%) and adults who completed college (3.7%).
 - **EMPLOYMENT STATUS:** *More adults who are retired* (18.8%) report being unable to perform their usual activities for the past 30 days compared to adults who work full-time (1.3%), who work part-time (2.8%), who work in the home (7.1%), or who are full-time students (1.3%). This may be a function of age.
- 45.1% of adults who report activity limitation for all of the past 30 days due to poor physical or mental health also rated their overall health as good, very good, or excellent.
- 9.5% of adults who report activity limitation for all of the past 30 days do not have any type of health insurance.
- 6.7% of adults who report activity limitation for all of the past 30 days also report being unable to make a necessary doctor's visit in the past year due to cost.

Suellen I. Bennett, MSPH
Epidemiologist
Columbus Health Department

Weight Management

BACKGROUND

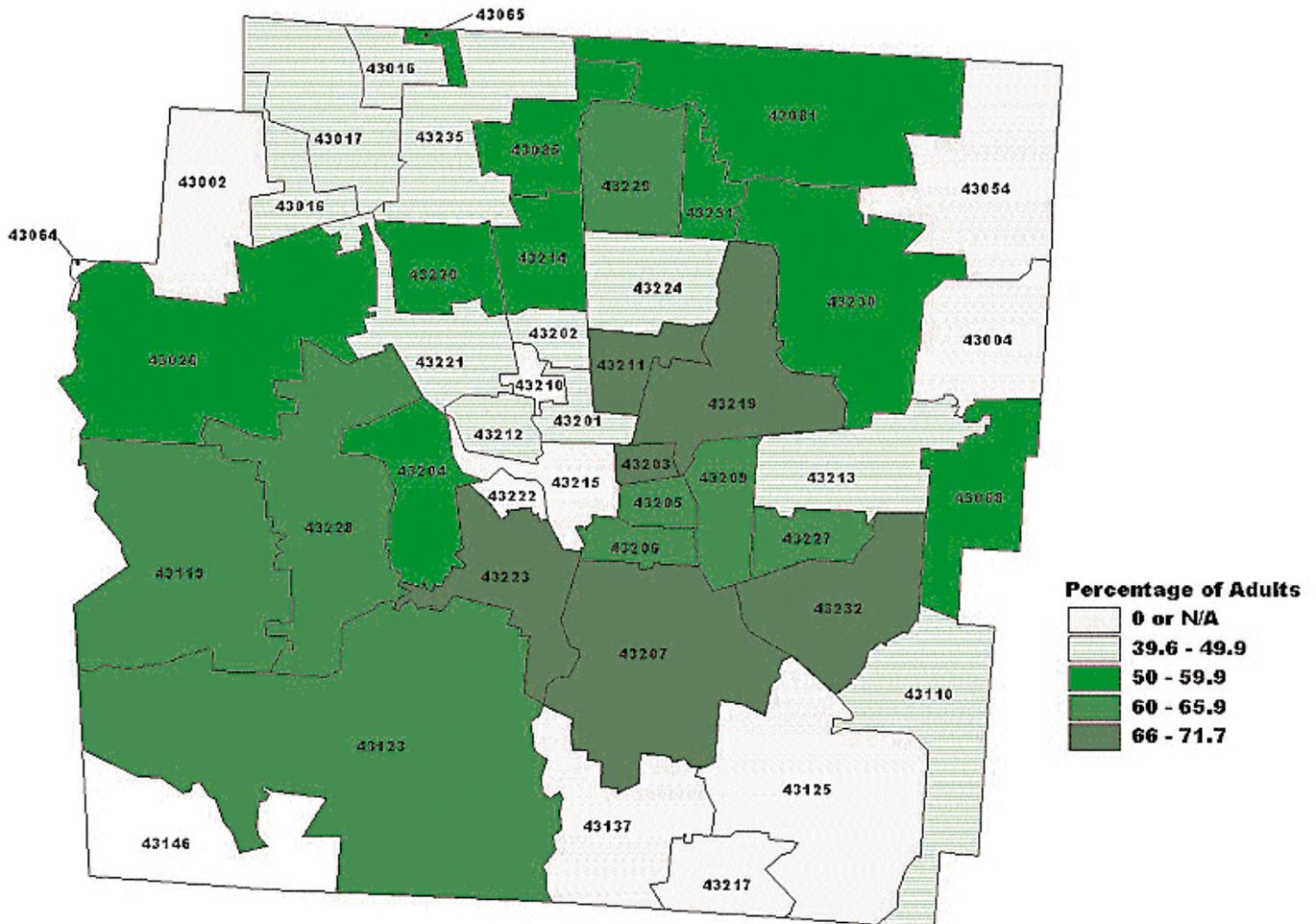
The management of weight calls for an understanding of the relationship of weight to health as well as how underweight, overweight and obesity are defined and measured. Underweight refers to low body weight and overweight refers to excess body weight, compared to set standards. Obesity refers to excess body fat. Techniques to exactly measure body fat are not yet readily available. The concept of the Body Mass Index (BMI) correlates well to laboratory measures of body fat and can be used to assess both overweight and obesity in adults. It is calculated by dividing weight in kilograms by height in meters squared or by dividing weight in pounds by height in inches squared then multiplying that number by 703. The formula is: weight (pounds) divided by height² (inches) x 703.

Individuals with very low and high BMIs are at greater risk for poor health and premature death. BMI health categories are as follows:

Healthy	18.5 to 24.9
Overweight	25 to 29.9
Obese	≥ 30
Underweight	≤ 18.4

Adults who are Overweight by ZIP code. Franklin County, Ohio 2000.

Overweight is a Body Mass Index of 25 or greater



Weight Management

2000 Columbus / Franklin County Community Health Risk Assessment

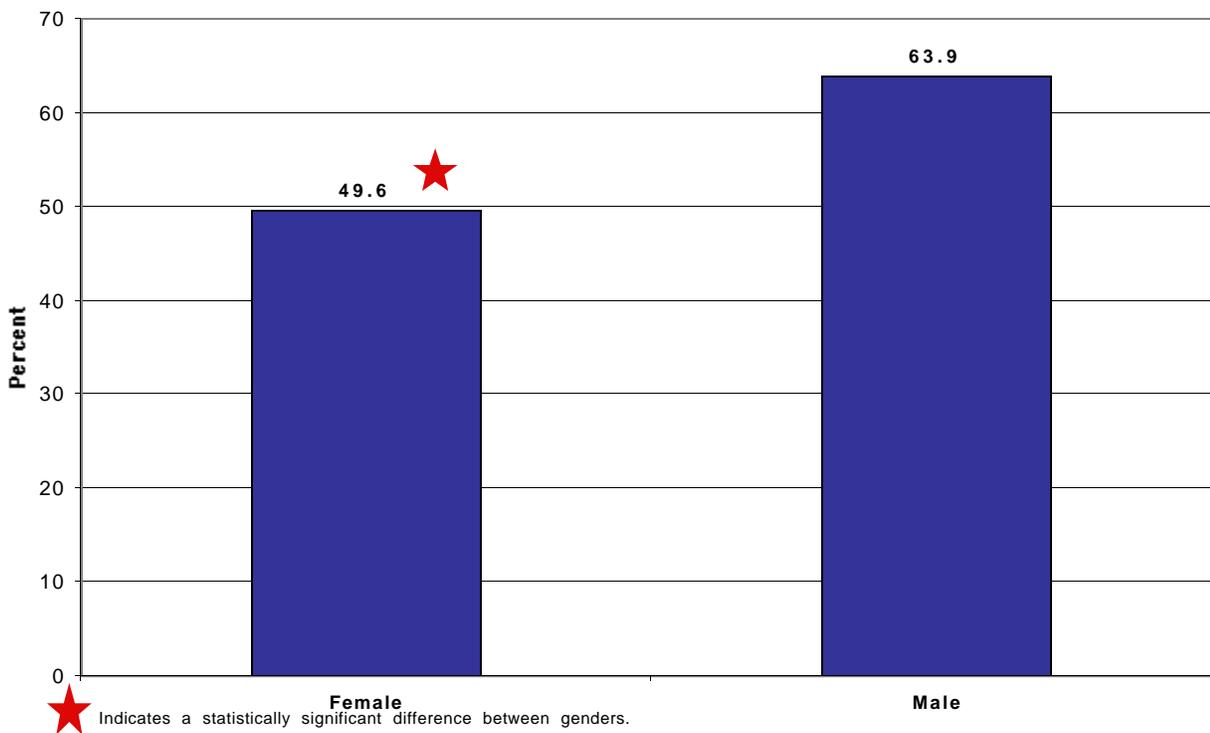
The prevalence of overweight and obesity is increasing rapidly in the United States in all population groups. Overweight and obese individuals are at greater risk of developing several diseases. One indicator for health risk is waist circumference – as waist circumference increases, threats of poor health increase. Women with a waist circumference of more than 35 inches and men with a waist measuring more than 40 inches have a greater chance of developing specific health problems.

Overweight and obesity are known risk factors for:

- Diabetes
- Heart Disease
- Stroke
- Hypertension
- Gallbladder Disease
- Osteoarthritis
- Sleep Apnea and Other Breathing Problems
- Some Types of Cancers

Figure 1: Overweight Adults by Gender, Franklin County, Ohio 2000

Overweight is a Body Mass Index of 25 or greater.



Obesity is also associated with high blood cholesterol, complications of pregnancy and menstrual irregularities as well as some psychological disorders. Those with a BMI greater than 30 are at a higher risk of dying from all causes, and obesity may be related to 300,000 deaths per year.

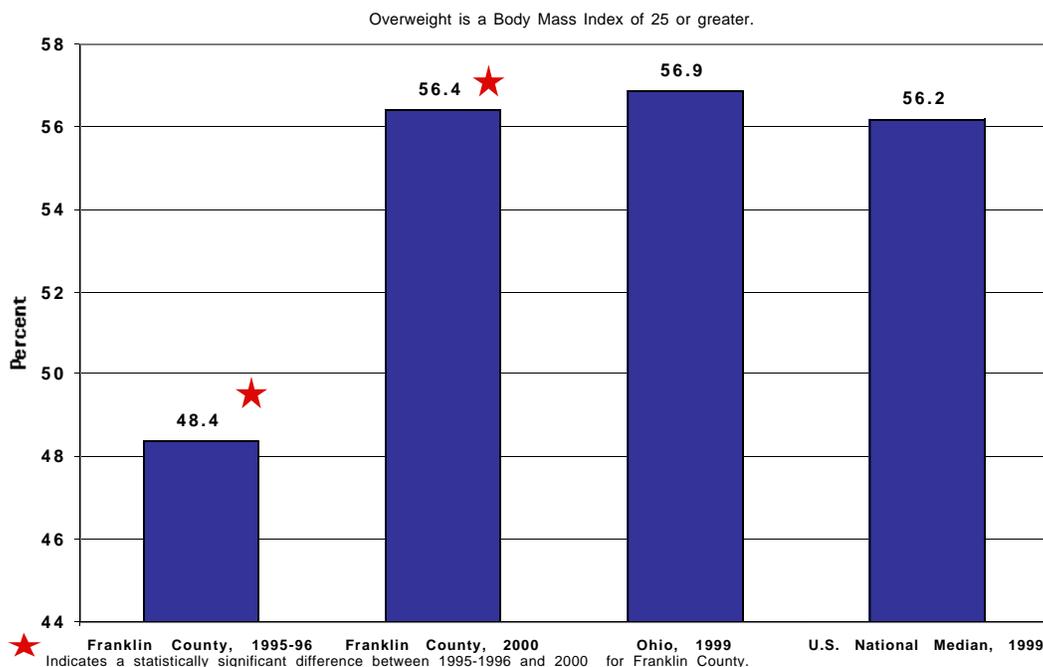
A weight loss of just 5-10% of initial body weight can significantly improve the health status of overweight and obese individuals. For example, if an individual is obese at 240 pounds, a weight loss of just 12–24 pounds would help improve health status.

FRANKLIN COUNTY SURVEY RESULTS

Adults are considered overweight if they have a body mass index (BMI) of 25 or higher. BMI is a function of weight related to height.

- 56.4% of Franklin County adults are overweight. **The following demographic differences are statistically significant.**
 - **GENDER:** *More males* (63.9%) are overweight than females (49.6%). (See Figure 1)
 - **RACE:** *More African-Americans* (67.5%) are overweight compared to Caucasians (55.3%).
 - **AGE:** *Fewer adults ages 18-24* (36.6%) are overweight in comparison to ages 35-44 (65.2%), ages 45-54 (62.4%), ages 55-64 (67.8%), ages 65 and older (64.6%).
 - **EDUCATIONAL LEVEL:** *More high school graduates* (63.7%) are overweight compared to college graduates (52.3%).

Figure 2: Overweight Adults for Franklin County, Ohio & the United States.



Weight Management

2000 Columbus / Franklin County Community Health Risk Assessment

- **EMPLOYMENT STATUS:** *Fewer full-time students* (23.4%) are overweight in comparison to adults employed part-time (51.4%), work in the home (52.5%), employed full-time (59.1%), retired (66.2%), or unemployed (73.1%).
- **MARITAL STATUS:** *Fewer single adults* are (49.5%) overweight in comparison to married /living together adults (58.2%), and divorced/separated adults (69.4%).
- The following county (trend), state and national data detail the percentage of all adults who are overweight (BMI \geq 25). **The 8.2% increase since 1995-1996 for Franklin County is statistically significant.** (See Figure 2)
 - 2000 Franklin County Survey: 56.6%
 - 1995-96 Franklin County Survey: 48.4%
 - 1999 Ohio: 56.9%
 - 1999 National Median:56.2%
- Of the adults who believe that they are overweight, 81.9% are overweight (BMI \geq 25), 17.8% are at a healthy weight (BMI= 18.5 - 24.9), and 0.3% are underweight (BMI < 18.5).
- Of the adults who are trying to lose weight, 73.2% are overweight (BMI \geq 25), 26.5% are at a healthy weight (BMI= 18.5 - 24.9), and 0.3% are underweight (BMI < 18.5).
- Only 45.7% of adults who are overweight have been told to lose weight by a doctor, nurse or other health professional.

ACTION STEPS

For Communities:

- Empower community members to take action and engage in weight management efforts.
- Find out what assistance community members need to help with weight management efforts and facilitate development of appropriate programs, in addition to removing or decreasing weight control barriers.
- Provide opportunities to educate the community regarding the process of weight management.
- Create an environment that promotes a healthy lifestyle. Ensure adequate opportunities for people to enjoy safe exercise by promoting sidewalks, bicycle paths, walking clubs, dance and aerobic groups, etc.
- Develop community events that promote physical activity.
- Advocate for healthy food choices at restaurants, group dining programs, church events and other situations where people gather to eat.

Weight Management

2000 Columbus / Franklin County Community Health Risk Assessment

- Hold cooking demonstrations and taste sessions to promote healthy, lower calorie eating.
- Engage the media, community leaders and others to promote the importance of weight management, nutrition and physical activities.

For Individuals:

- Evaluate your weight: weigh yourself, measure your height and waist.
- Use weight-related information to set goals for a healthy weight which you can maintain over the long-term: BMI 18.5-24.9, waist at or less than 35 inches for women and 40 inches for men.
- If you are at a healthy weight, aim to prevent weight gain and if you are overweight, lose weight gradually at a rate of 1 to 2 pounds per week.
- To lose weight, create a calorie deficit of 250 to 1000 kilocalories per day by increasing physical activity and decreasing food intake.
- Use the Food Guide Pyramid to choose a balanced diet.
- Consume enough vegetables, fruits, grains and fluids with small amounts of added fat and sugar.
- Ensure dietary balance by not avoiding any food group.
- Allow yourself to eat foods that you like such as sweets, but in small amounts.
- Manage your portion sizes to help control calorie intake.
- Avoid fad diets.
- Plan a time to eat and avoid skipping meals.
- Manage emotional triggers to eating, such as boredom, stress, and anxiety.
- Enjoy eating without other activities, such as watching television, driving and working.
- Decrease sedentary activities, such as watching television.
- Be physically active most days of the week, preferably everyday: perform 20 to 30 minutes of aerobic activity three or more times a week. Include some type of muscle strengthening activity and stretching at least twice a week, and remember that any physical activity utilizes additional calories and is useful.

Manisha H. Maskay, PhD
Public Health Administrator, Health Assessment, Planning and Promotion
Columbus Health Department

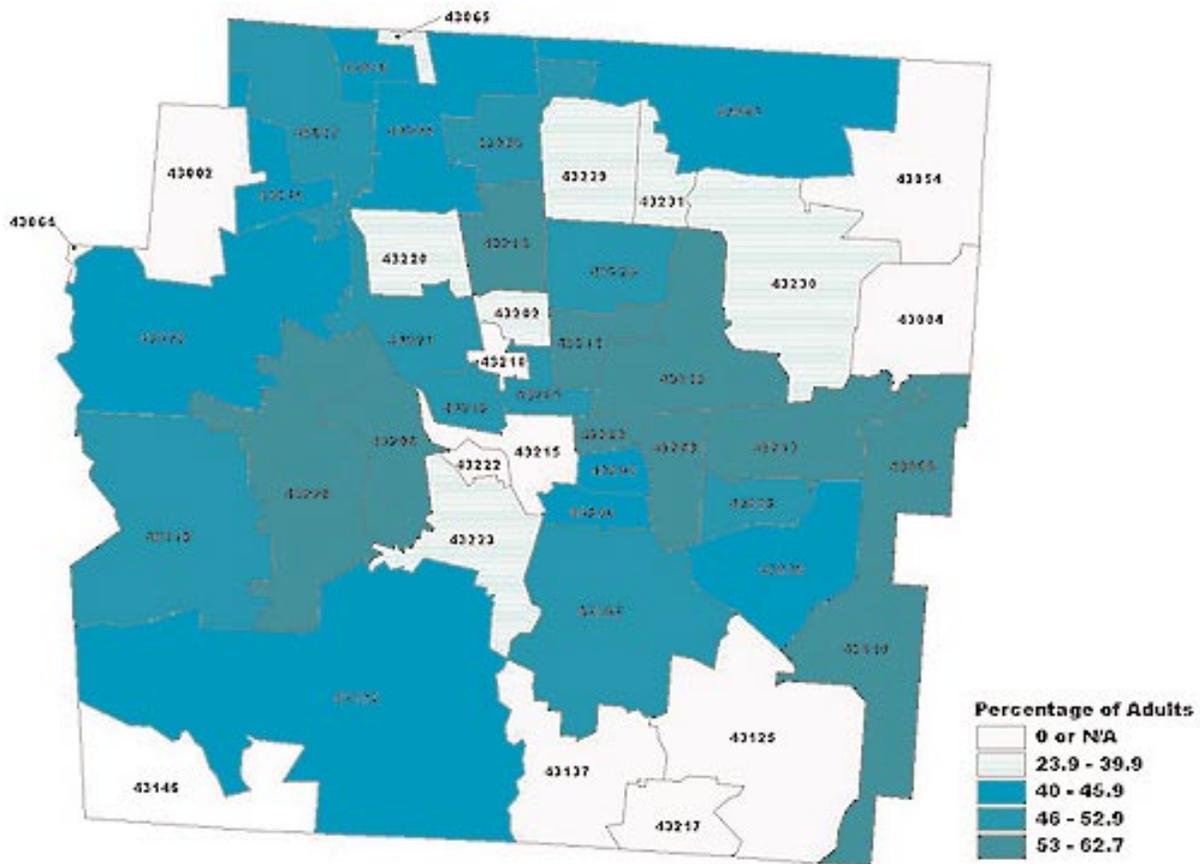
BACKGROUND

According to the United States Department of Agriculture’s publication Dietary Guidelines for Americans, 2000, combining sensible eating habits with regular physical activity is key to maintaining a long and healthy life. Lack of exercise and poor eating habits have contributed to a substantial increase in the percentage of adults who are overweight. The Centers for Disease Control and Prevention (CDC) estimate that over 60 million people in the United States are overweight. By being overweight (Body Mass Index [BMI] between 25 and 29) or obese (BMI of 30 or more), adults increase their risk of high blood pressure, high cholesterol, heart disease, stroke, diabetes, certain types of cancer, arthritis, and respiratory problems. The CDC has estimated that a lack of exercise and poor eating habits are responsible for at least 300,000 preventable deaths each year, and the economic impact in 1995 from poor exercise and eating habits is estimated at nearly \$100 billion.

The CDC and the Surgeon General recommend that adults engage in at least 30 minutes of moderate physical activity per day 5-7 days per week. Moderate physical activity is that which requires as much energy as walking two miles in 30 minutes. Adults should strive to engage in both aerobic activity as well as strength and flexibility exercise. Aerobic activities speed up the heart rate to improve cardiovascular fitness, while strength and flexibility exercise maintains and builds muscle and bone.

Adults Who Engage in Moderate Exercise for at Least 30 Minutes, 5-7 Days per Week by ZIP Code, Franklin County, Ohio 2000.

Moderate exercise includes activities such as brisk walking or moving somewhat heavy materials.



Physical Activity and Nutrition

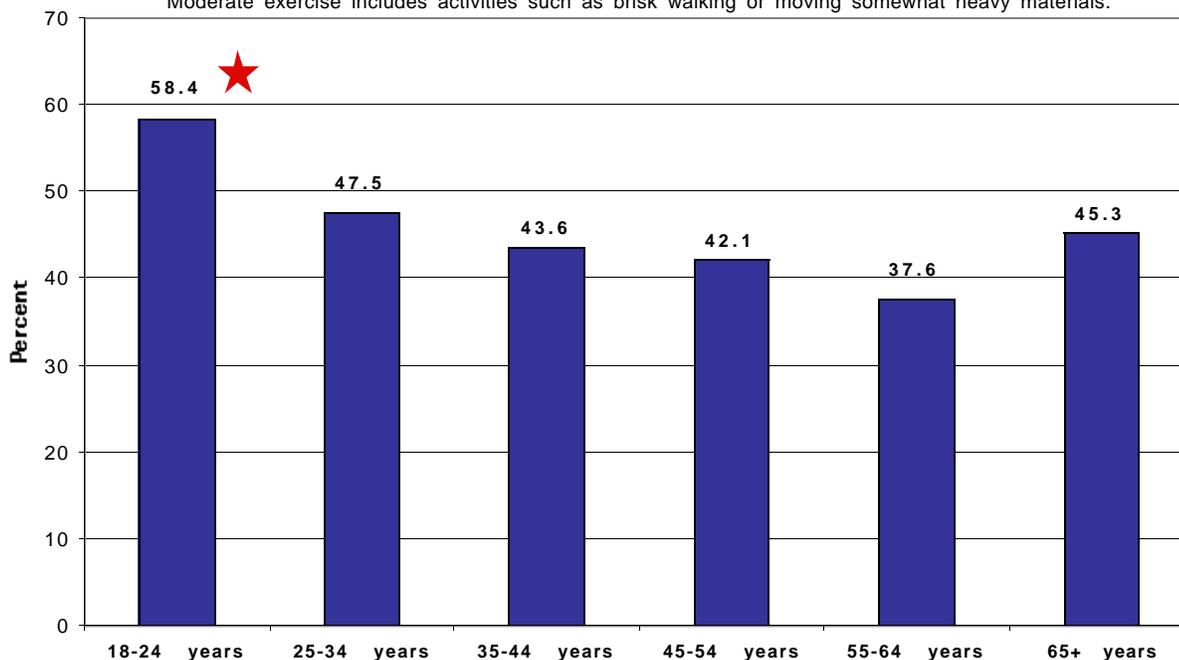
2000 Columbus / Franklin County Community Health Risk Assessment

Regular physical activity and healthy eating habits can help to:

- Increase physical fitness
- Build and maintain strong bones, muscles, and joints
- Manage weight and reduce body fat
- Control high blood pressure
- Reduce the risk of dying from heart disease
- Lower risk factors for cardiovascular disease, colon cancer, and Type 2 diabetes
- Promote psychological well-being and self-esteem
- Promote mental health by reducing feelings of depression and anxiety

Figure 1: Adults Who Engage in Moderate Exercise for at Least 30 Minutes, 5-7 Days per Week by Age, Franklin County, Ohio 2000.

Moderate exercise includes activities such as brisk walking or moving somewhat heavy materials.



★ Indicates a statistically significant difference between adults ages 18-24 and adults ages 35-44, 45-54, 55-64, and 65 and older. There is not a statistically significant difference between adults ages 18-24 and adults ages 25-34.

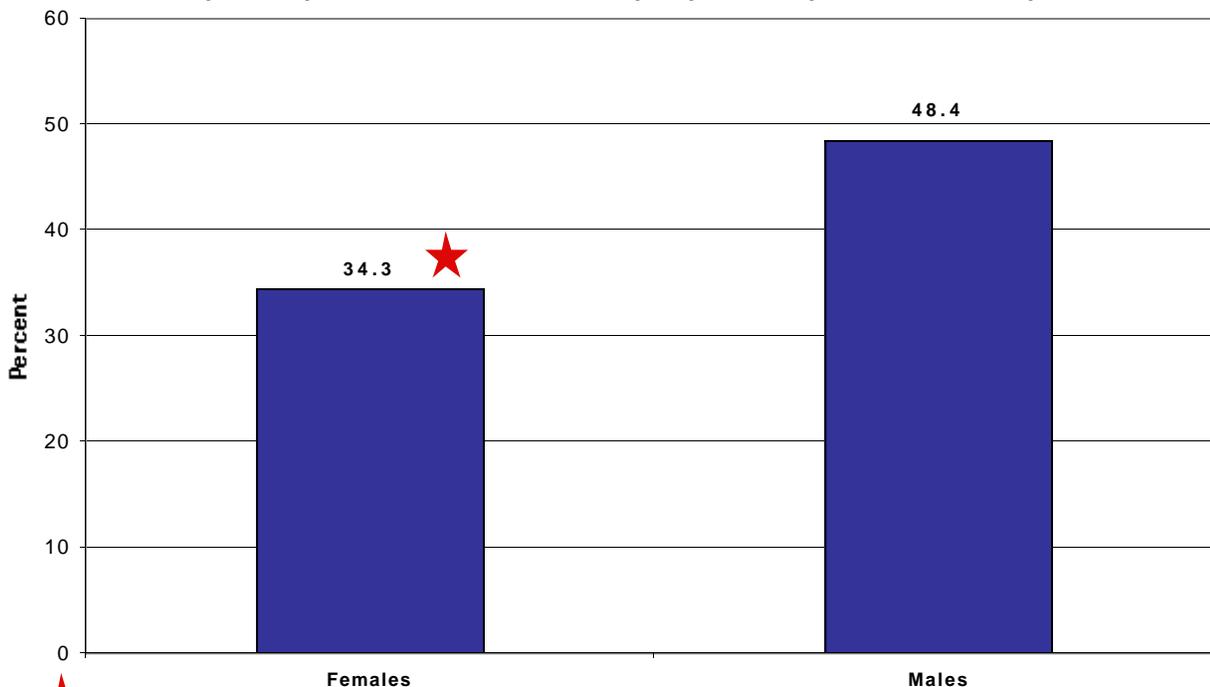
FRANKLIN COUNTY SURVEY RESULTS

Moderate exercise includes activities such as brisk walking, moving somewhat heavy materials, etc. It is recommended that adults exercise moderately for at least 30 minutes 5-7 days per week.

- 46% of adults exercise adequately (at least 30 minutes of moderate exercise) and regularly (5-7 days per week). **The following demographic differences are statistically significant.**
 - **GENDER:** *More males* (53.1%) report exercising adequately and regularly than females (39.7%).
 - **AGE:** *A higher proportion of young adults ages 18-24* (58.4%) get adequate regular exercise compared to ages 35-44 (43.6%), 45-54 (42.1%) 55-64 (37.6%), or 65 and older (45.3%). (See Figure 1)
 - **EDUCATION LEVEL:** *Fewer college graduates* get adequate and regular exercise (36.4%) compared to adults who attended some college (49.5%), are high school graduates (50.9%), or did not complete high school (56.5%).
 - **EMPLOYMENT STATUS:** *Fewer adults who work keeping house* (35.4%) exercise adequately and regularly compared to those who work full-time (45.8%).
 - **MARITAL STATUS:** *More singles* (54%) report getting adequate regular exercise than those who are married/living together (42%).

Figure 2: Adults Who Engage in Strength Training at least 2 Days per Week by Gender. Franklin County, Ohio 2000.

Strength training includes activities such as lifting weights or doing calisthenics to strengthen muscles.



★ Indicates a statistically significant difference between females and males.

Physical Activity and Nutrition

2000 Columbus / Franklin County Community Health Risk Assessment

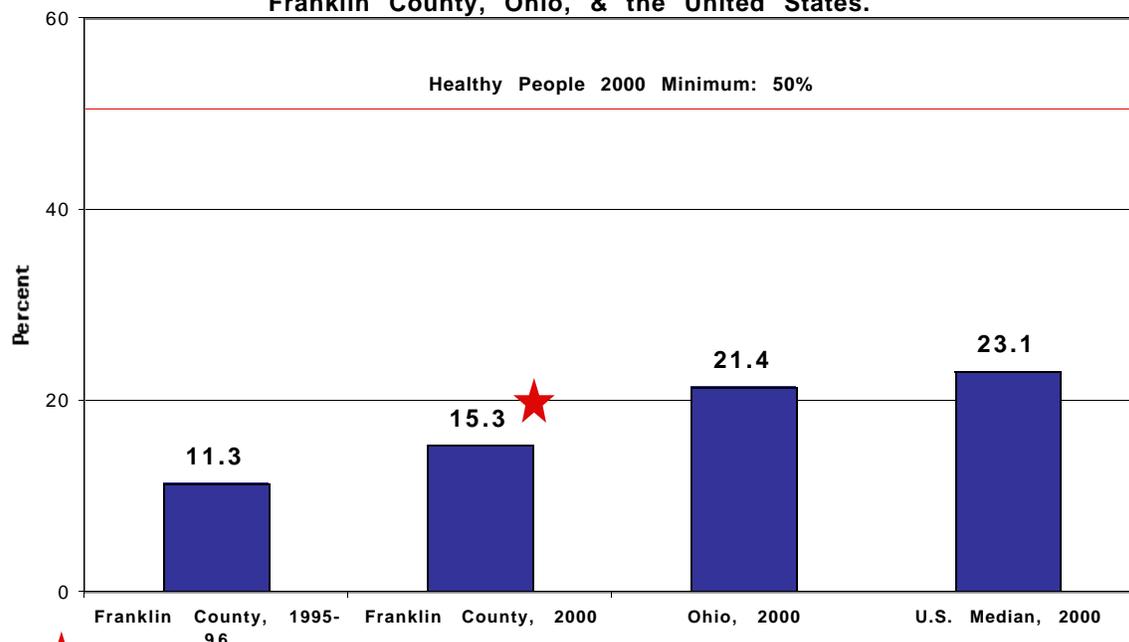
Strength training is defined as lifting weights or doing calisthenics to strengthen muscles 2 or more days per week.

- 41.2% of Franklin County adults strength train 2 or more days per week.

The following demographic differences are statistically significant.

- **GENDER:** *More Franklin County males (48.4%) strength train than females (34.3%). (See Figure 2)*
- **AGE:** *A higher proportion of adults ages 18-24 (49.7%) and ages 25-34 (52.2%) strength train than people ages 45 and older (ages 45-54 = 31.9%; ages 55-64 = 29.2%; and ages 65 and older (27.0%).*
- **EDUCATION LEVEL:** *More adults who are college graduates (48.3%) strength train compared to adults who are not high school graduates (30.8%), those who are high school graduates (36.8%), and those who attended some college (39.4%).*
- **EMPLOYMENT STATUS:** *A higher proportion of adults who work full-time (46.3%) strength train in comparison to people who work in the home (30.6%), are unemployed (8.0%) or retired (30.7%).*

Figure 3: Adults Who Eat 5 or More Servings of Fruits and Vegetables Daily for Franklin County, Ohio, & the United States.



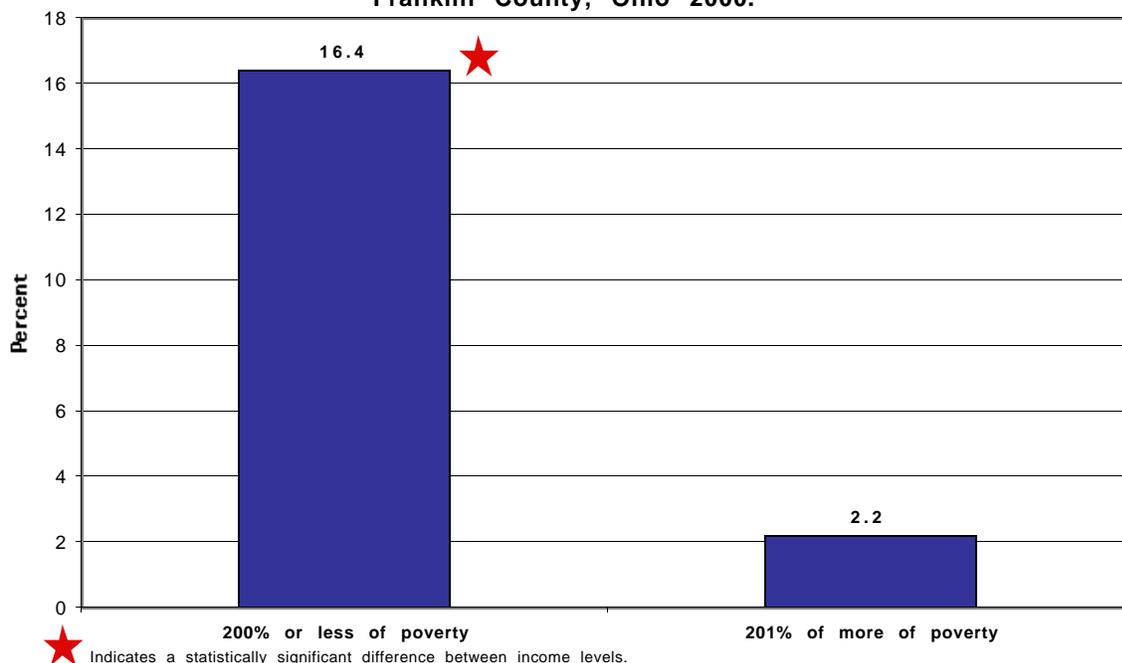
★ Indicates a statistically significant difference between 1995-96 & 2000 for Franklin County and between Franklin County 2000 & Ohio 2000.

FRANKLIN COUNTY SURVEY RESULTS FOR NUTRITION

Healthy nutrition is defined as eating 5 or more servings of fruits and vegetables per day.

- Only 15.3% of respondents report eating 5 or more serving of fruits and vegetable each day. **The following demographic differences are statistically significant.**
 - **GENDER:** *More Franklin County females (19.1%) eat 5 or more servings of fruits and vegetables each day than males (11.0%).*
 - **AGE:** *Fewer adults ages 18-24 (8.9%) eat 5 or more servings of fruits and vegetables per day than people ages 45-54 (14.1%), ages 55-64 (24.3%), and ages 65 and older (22.4%).*
 - **EDUCATION LEVEL:** *A higher proportion of adults with a college degree (19.6%) eat 5 or more servings of fruits and vegetables daily than those who did not graduate from high school (5.4%) or adults who finished high school, but did not attend college (11.1%).*
 - **MARITAL STATUS:** *More adults who are married/living together (18.2%) eat 5 or more servings of fruits and vegetables each day than adults who are single (10.1%).*

Figure 4: Adults who Report Being Concerned about Having Enough Food to Eat in the Past 30 Days. Franklin County, Ohio 2000.



- The following county (trend), state and national data show the percentage of all adults who eat 5 or more servings of fruits and vegetables per day. **The 4.0% increase between the 1995-96 Franklin County Survey and the 2000 survey is statistically significant.** (See Figure 3)
 - 2000 Franklin County Survey: 15.3%
 - 1995-96 Franklin County Survey: 11.3%
 - 1999 Ohio: 16.0%
 - 1999 National Median: 23.8%
 - Healthy People 2000 Goal: At least 50%

Food insecurity is defined as being concerned about having enough food to eat in the past 30 days.

- 6.6% of Franklin County adults report being concerned about having enough food to eat. **The following demographic differences are statistically significant.**
 - **RACE:** *More African-American adults (12.3%) lack food security than Caucasian adults (4.5%).*
 - **INCOME LEVEL:** *More adults who live in low-income households (16.4%) report food insecurity than adults who live in middle- or high-income households (2.2%). (See Figure 4)*
 - **EDUCATIONAL LEVEL:** *A higher proportion of people without a high school diploma (15.0%) report being concerned about having enough food compared to those who attended some college (5.9%) or graduated from college (2.8%).*
 - **EMPLOYMENT STATUS:** *Fewer people who work full-time (4.8%) report food insecurity compared to adults who work part-time (13.2%).*
 - **MARITAL STATUS:** *More adults who are single (9.5%) report food insecurity than adults who are married/living together (4.5%).*
 - **AREA OF RESIDENCE:** *There are more residents of Columbus (7.8%) who report food insecurity compared to adults who live in Franklin County, excluding Columbus (4.0%).*
- 6.4% of those reporting being concerned about having enough food in the past 30 days, eat 5 or more servings of fruits and vegetables daily, compared to 15.9% of adults who report not being concerned about having enough food. **This difference is statistically significant.**

PHYSICAL ACTIVITY RECOMMENDATIONS

It is recommended that one consult a physician prior to undertaking a vigorous activity plan. However, if you have a heart condition, are at risk for heart disease, are a male over 40 or a female over 50, you should check with a physician before starting any exercise regimen.

Typically, it is recommended that most people should exercise moderately for 30 minutes, 5 to 7 days per week, or vigorously for 20 minutes 3 or more days per week. Vigorous activity is that which raises the heart rate to 60% or more of maximum heart rate. Maximum heart rate is calculated as the number 220 minus age. For example, a 40 year-old male's maximum heart rate would be 180 beats per minute ($220 - 40 = 180$). Attempts should be made to keep your heart rate between 60% and 80% of your maximum during vigorous activity.

ACTION STEPS

For Communities:

- Provide lighted, safe and accessible trails separate from automobile traffic for walking and bicycling, and lighted sidewalks and curbs.
- Open schools, community centers, or malls before and after hours for physical activity.
- Provide community-based exercise programs to meet the needs of all citizen groups (e.g., elderly, minorities, low-income, parents with child care needs).
- Encourage bicycle and pedestrian activity by allowing mixed-use development - mixing housing units with retail and commercial buildings decreases the need for motorized travel.
- Offer location mortgages as a way of making housing more affordable in areas that favor public transit use, bicycling and walking over vehicle travel.
- Develop interconnected street networks - typical suburban development relies on local streets leading to collector streets rather than to major arteries. Sometimes this arrangement creates physical barriers to walking and bicycling. Interconnected street networks may also reduce travel distances and make it more likely that people will walk or bicycle instead of drive to their destinations.
- Encourage employers to provide worksite physical activity programs.
- Encourage health care providers to promote daily physical activity among their patients.

For Individuals:

- Choose activities you enjoy and participate with a friend to foster an exercise routine.
- Become physically active if you are inactive, or increase physical activity if you are already active.
- Use local park systems for walking, running, skating, or bicycling.
- Walk as part of your lunch break, and use the stairs instead of the elevator.

NUTRITION RECOMMENDATIONS

Eat the recommended servings of grains, fruits, vegetables, milk, and meat each day, and keep fat intake to 30% or less of total calories consumed. (See appendix for Food Guide Pyramid)

For Communities:

- Encourage health care providers to promote proper nutrition and teach patients to read nutrition labels.
- Promote food establishments with "healthy" menus.

For Individuals:

- Learn to read nutrition labels to determine what constitutes a serving.
- Control portion sizes - when eating out, split a portion in half and share it or take it home.
- Eat a variety of foods.
- Minimize snacking between meals - when snacking choose fruits, vegetables, whole grain foods, or low-fat yogurt.

Bob R. Brems, MPH
Epidemiologist
Franklin County Board of Health

BACKGROUND

Diabetes is a chronic disease characterized by high levels of blood glucose resulting from defects in insulin secretion, insulin action, or both. Insulin is a hormone produced by the pancreas. It allows glucose (sugar) to enter body cells for conversion into energy. In uncontrolled diabetes, high levels of glucose remain in the bloodstream and lead to complications such as blindness, amputations, kidney and heart disease.

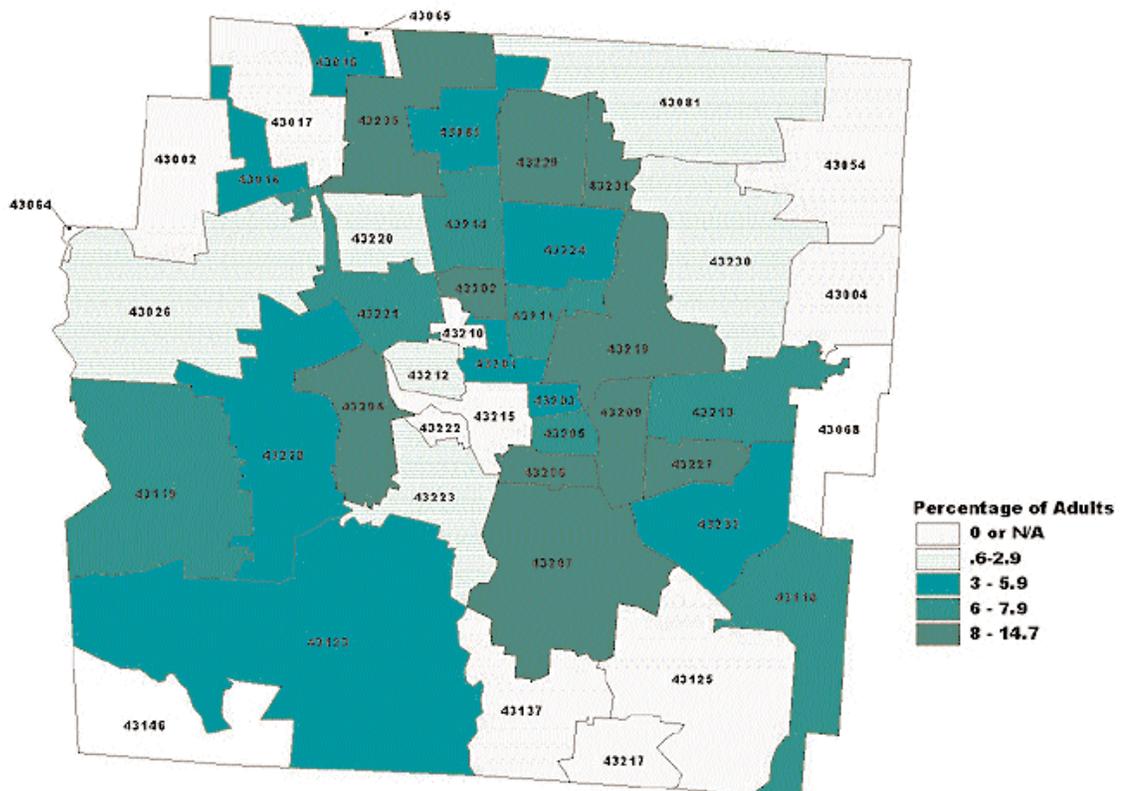
There are two main types of diabetes: Type 1 ("juvenile onset") and Type 2. Type 1 is 5 to 10% of all diabetes cases and most often appears in the childhood or teen years. In Type 1 diabetes, the pancreas produces little or no insulin, so those persons with Type 1 diabetes require daily injections of insulin to survive.

Type 2 is the most common type of diabetes and affects 90 to 95% of those with diabetes. In Type 2 diabetes, although the pancreas usually produces insulin, the body cannot use it effectively. Type 2 diabetes is most commonly diagnosed in people over age 40, although the prevalence is increasing among younger people.

Diabetes affects 16 million people nationwide, an increase of 33% in the last eight years. Approximately 171,500 Central Ohioans will have diabetes by 2002. Diabetes is the 5th leading cause of death in Columbus and Franklin County (1998). The diabetes mortality rate in Columbus (22 per 100,000 people) is twice the national rate and four times the national rate for African-American men. Columbus' diabetes death rate has increased almost 6% each year since 1990. Over 1/2 of Central Ohioans diagnosed or in treatment for diabetes have developed diabetes complications.

Type 2 diabetes is especially menacing because symptoms may be missed. Warning signs include drowsiness, fatigue, weight gain or loss, blurred vision, itching, skin infections, slow healing of wounds, tingling and numbness in the limbs, excessive thirst and frequent urination. In Ohio, half of those with diabetes are undiagnosed.

Adults Diagnosed with Diabetes (non-gestational) by ZIP Code, Franklin County, Ohio 2000.



Risk Factors

- Obesity (leading risk factor for Type 2 diabetes)
- Lack of exercise
- Poor diet/nutrition
- Family history of diabetes (parent/grandparent, sister/brother, aunt/uncle)
- Age 40 and older
- Minority population (African-Americans, Hispanics, Asians, Native-Americans have higher risk of developing diabetes and its complications than do Caucasians.)
- Female (higher rates of diabetes than males)

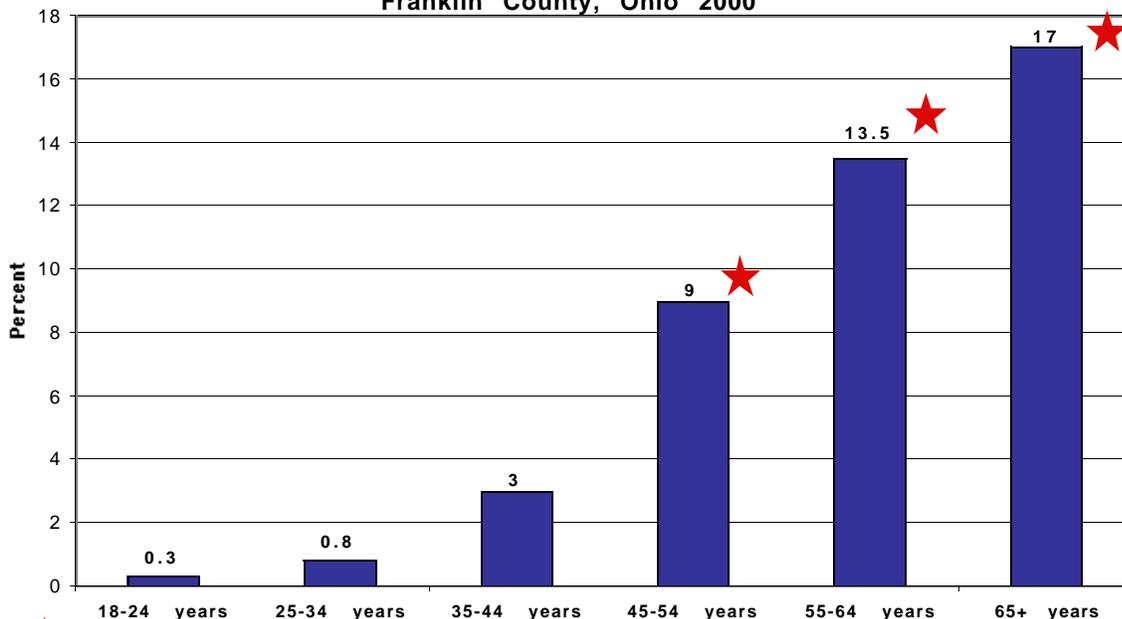
FRANKLIN COUNTY SURVEY RESULTS

People with diabetes are those who report being told by a doctor that they have diabetes (unrelated to pregnancy).

- 6% of Franklin County adults have diabetes. **The following demographic differences are statistically significant.**

- **RACE:** *Diabetes is more prevalent among African-Americans (8.5%) than among Caucasians (5.7%).*

**Figure 1: Adults Diagnosed with Diabetes by Age.
Franklin County, Ohio 2000**



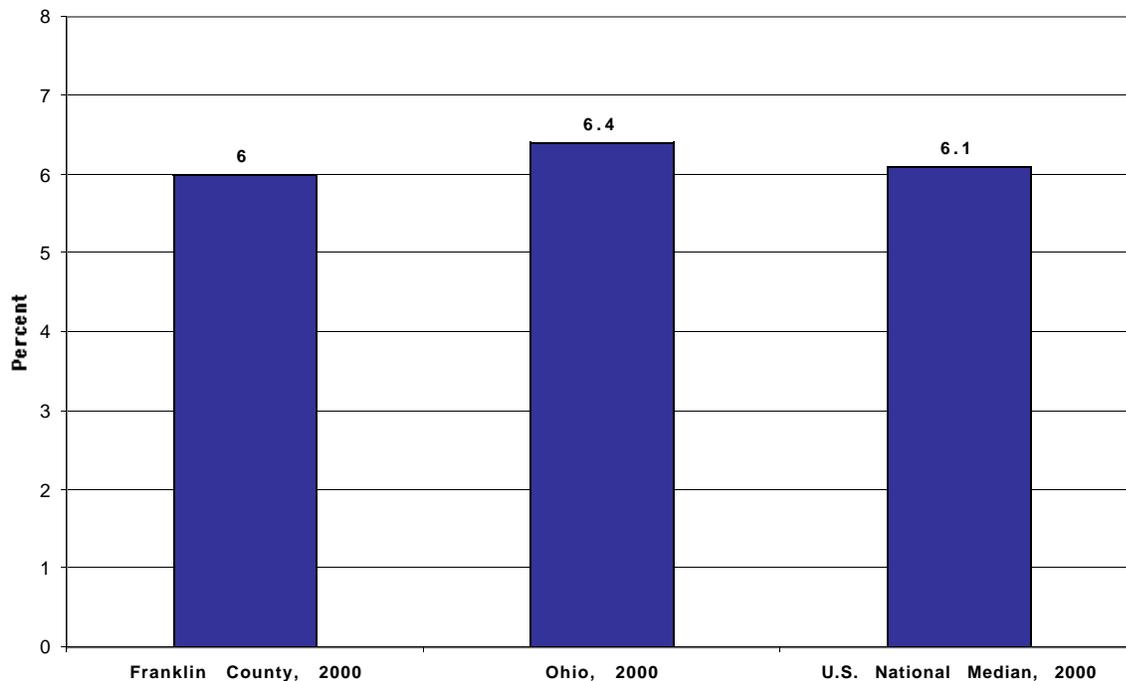
★ Indicates a statistically significant difference between adults age 65 & older and those in the age groups under age 55. There is also a statistically significant difference between adults ages 55-64 and those in the age groups under age 45. Another statistically significant difference is between ages 45-54 and those in the age groups under age 45 and adults age 65 & older. There is not a statistically significant difference between adults ages 55-64 and adults 45-54 or adults 65 & older.

Diabetes

2000 Columbus / Franklin County Community Health Risk Assessment

- **AGE:** *More middle-aged and older adults have diabetes:* ages 45-54 (9.0%), 55-64 (13.5%), and 65 and older (17.0%) compared to ages 35-44 (3.0%), 25-34 (0.8%), or 18-24 (0.3%). (See Figure 1)
 - **EDUCATION LEVEL:** *More adults without a high school diploma have diabetes* (10.2%) than adults who are college graduates (4.4%).
 - **MARITAL STATUS:** *Fewer single adults* (2.1%) have diabetes in comparison to widowed adults (17.6%), divorced/separated adults (8.8%), or married/living together adults (6.6%). This is likely a function of age.
- The average age at diagnosis is 50 years old. 17.1% were diagnosed under age 35 and 66.1% were diagnosed age at 45 or older.
- The following county (trend), state and national data show the percentage of all adults who have non-pregnancy related diabetes. **There are no significant differences.** (See Figure 2)
- 2000 Franklin County Survey: 6%
 - 2000 Ohio: 6.4%
 - 2000 National Median: 6.1%

Figure 2: Adults Diagnosed with Diabetes for Franklin County, Ohio, & the United States.

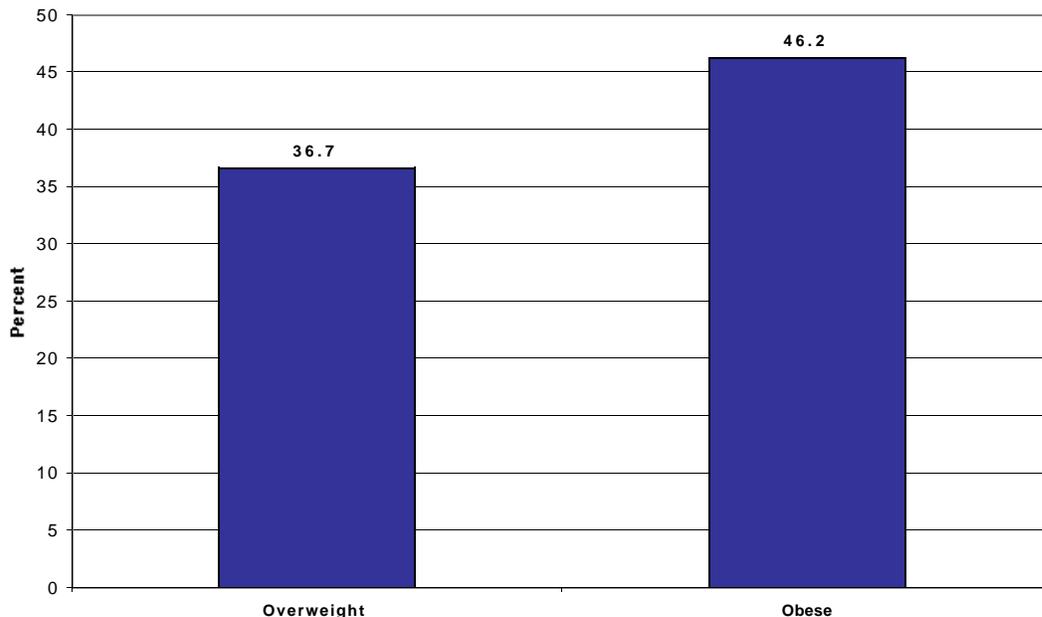


Concerning Franklin County adults who have been diagnosed with non-gestational diabetes:

- 39.3% rate their health as fair or poor compared to 10.3% of adults without diabetes. **This difference is statistically significant.**
- 4.0% do not have any kind of health insurance and 3.5% have no usual source of health care.
- 1 in 17 (6.4%) were unable to get a necessary medical appointment with a physician in the past year due to cost.
- 62.8% have been diagnosed with high blood pressure.
- 46.2% are obese (Body Mass Index [BMI] of 30 or more) and 36.7% are overweight (BMI between 25 and 29.99). (See Figure 3)
- 36.5% moderately exercise for the recommended 30 or more minutes, 5 to 7 days per week.
- 14.8% are smokers.
- 5.3% are chronic drinkers and 11.0% have engaged in binge drinking within the past month.
- 64.4% have had a dental exam in the past year. The Healthy People 2010 goal for this indicator is 75%.

Figure 3: Adults Diagnosed with Diabetes who are Overweight or Obese, Franklin County, Ohio 2000.

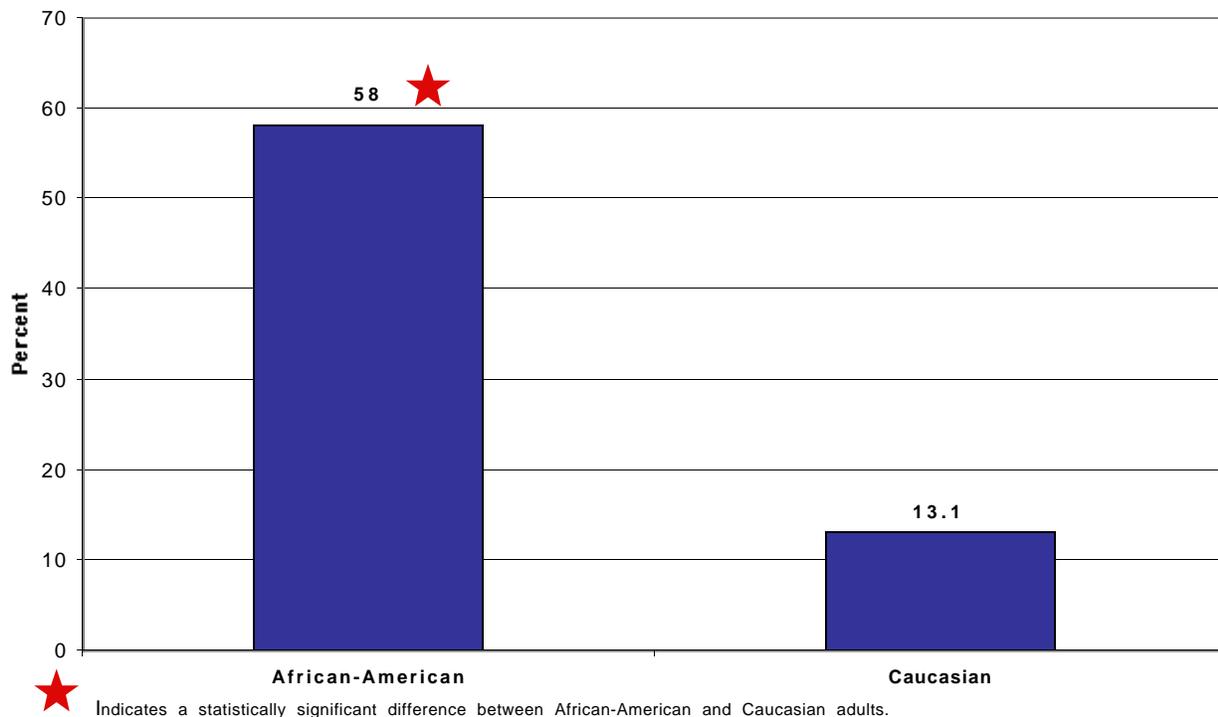
Overweight is having a Body Mass Index (BMI) between 25 to 29.9. Obese is having a BMI of 30 or greater.



Management of Diabetes

- 28.7% of people with diabetes do not monitor their blood glucose levels daily.
- 66.5% monitor their blood glucose levels 2 or more times per day.
- 30.9% of adults with diabetes have not seen a doctor or nurse for their diabetes in the past year. **The following demographic differences are statistically significant.**
 - **RACE:** *More African-Americans with diabetes (58.0%) report not seeing a doctor or nurse for their diabetes in the past year than Caucasians (13.1%). (See Figure 4)*
 - **MARITAL STATUS:** *More adults with diabetes who are divorced/separated (49.1%) have not seen a health professional for their diabetes in the past year, compared to people who are widowed (16.6%).*
 - **AREA OF RESIDENCE:** *More Columbus adults with diabetes (35.3%) have not seen a health professional for their diabetes in the past year, compared to adults with diabetes who live in Franklin County, excluding Columbus (9.8%).*

Figure 4: Adults Diagnosed with Diabetes who have NOT seen a Health Professional for their Diabetes in the Past Year. Franklin County, Ohio 2000



RECOMMENDATIONS

The key to reducing diabetes complications and mortality is early detection and diabetes self-management education. Complications can be reduced by up to 76% with good self-management. 80% of Type 2 diabetes can be controlled by diet and exercise alone.

ACTION STEPS

For Communities:

Diabetes is a complex and urgent public health issue that encompasses both social and economic issues.

- Raise awareness of diabetes risk factors, warning signs and community resources to encourage early detection and diabetes self-management education.
- Support diabetes cost-reduction legislation to help people access diabetes medications, blood glucose monitoring supplies and self-management education.
- Encourage healthy life-style choices regarding diet and exercise among adults and children.
- Address disparity issues in health care for minority and at-risk populations to increase access and reduce barriers to care.
- Collaborate with existing community groups and resources to deliver services that are affordable, accessible and culturally competent.
- Establish community leadership to coordinate partnerships and develop a community-based solution to a community problem.

For Individuals:

- Be aware of the risk factors and warning signs of diabetes.
- If you are at risk for diabetes, get annual screenings. Everyone age 45 and over should be tested every three years.
- Eat a healthy diet, exercise and maintain a healthy weight.
- If you are overweight, lose weight.
- If you are diagnosed with diabetes, see your doctor regularly, monitor your blood glucose levels daily, and attend a diabetes self-management class. Call the Central Ohio Diabetes Association (614-486-7124) for a referral and/or information.

Jeanne C. Grothaus, MA, LSW, LPC
Executive Director
Central Ohio Diabetes Association

BACKGROUND

Cholesterol is a soft, waxy substance that is needed for key body functions such as building cell membranes, making hormones, and forming tissues. Our bodies can make their own supplies of cholesterol in the liver. Cholesterol is also supplied in the diet through animal products such as meats, poultry, fish, eggs, and milk. The body usually makes enough cholesterol for its needs, and any dietary cholesterol is considered excess.

Cholesterol is transported in blood by lipoproteins, which are proteins combined with fat components. Low-density lipoprotein (LDL) is one such carrier in the blood. When too much LDL cholesterol circulates in the blood, it slowly builds up in the arteries that feed the heart and brain, forming a plaque. For this reason, LDL cholesterol is referred to as the "bad" cholesterol. Some factors that may affect LDL cholesterol levels are: heredity, what you eat, weight, physical activity/exercise, age, gender, alcohol intake, and stress.

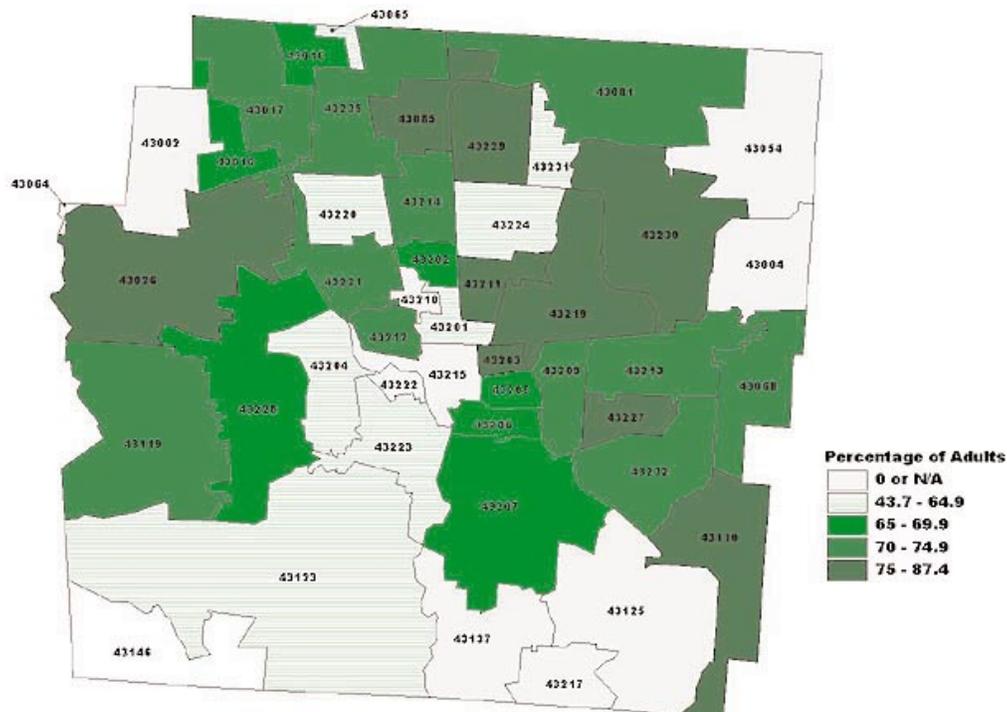
High-density lipoprotein (HDL) is believed to carry cholesterol away from the arteries and back to the liver, which then helps to remove it from the body. For this reason, HDL cholesterol is referred to as the "good" cholesterol.

Knowing your total blood cholesterol and LDL cholesterol levels is an important first step in determining your risk for heart disease. If either of these levels are high, serious health problems can develop, such as:

- Atherosclerosis and arteriosclerosis (formation of plaque on artery walls that makes the arteries thicker, harder and less flexible, slowing down and sometimes blocking blood flow to the heart)
- Heart attack (disrupted heart function or the inability of the heart to perform its normal functions)
- Stroke (brain disorders caused by an interruption of blood to the brain)

Timely Blood Cholesterol Screening by ZIP code, Franklin County, Ohio 2000.

Timely screening is having blood cholesterol levels checked within the past 5 years.



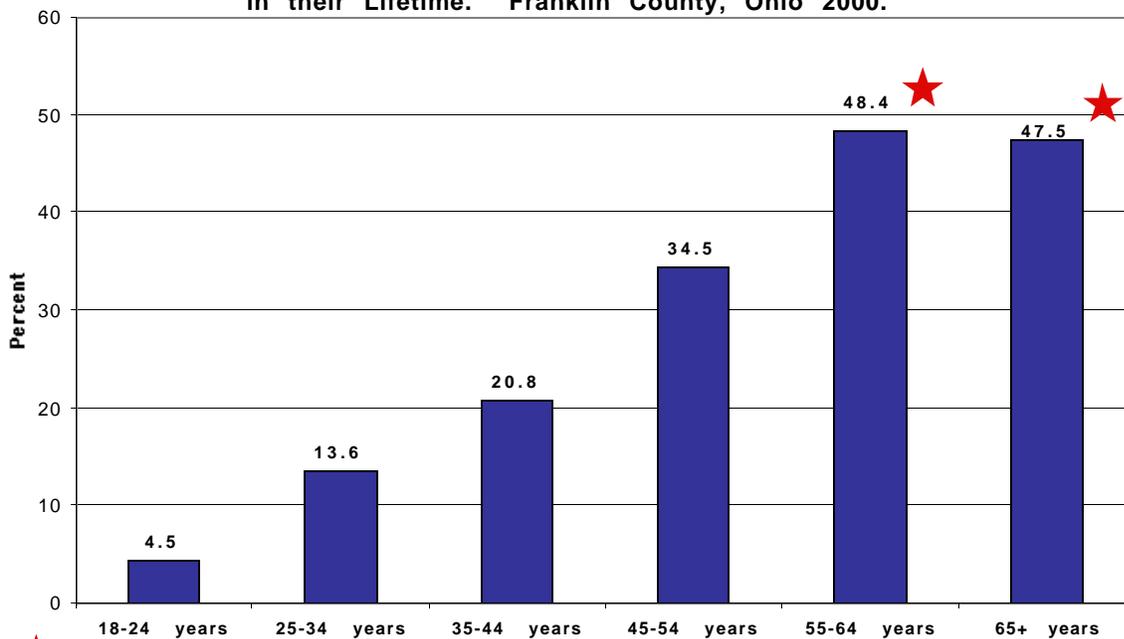
New research shows that high LDL cholesterol levels in the blood are a major cause of heart disease. Even though there are many lifestyle changes you can make to lower your blood cholesterol and protect yourself, half of all Americans still have levels that are too high, that is a total blood cholesterol of more than 200 milligrams per deciliter (dL) of blood.

FRANKLIN COUNTY SURVEY RESULTS

Cholesterol is a fatty substance found in the blood.

- 28.4% of Franklin County adults report ever being told that they have high blood cholesterol. **The following demographic differences are statistically significant.**
 - **AGE:** *More adults ages 55-64 (48.4%) and ages 65 and older (47.5%)* have been diagnosed with high blood cholesterol in comparison to adults ages 45-54 (34.5%), ages 35-44 (20.8%), ages 25-34 (13.6%) or ages 18-24 (4.5%). (See Figure 1)
 - **EMPLOYMENT STATUS:** *More retired adults (47.3%)* have been diagnosed with high blood cholesterol in comparison to those employed part-time (31.5%); who work in the home (30.7%); are employed full-time (22.6%) or are full-time students (14.3%). Please note this is likely a function of age.
 - **MARITAL STATUS:** *More widowed adults (52.6%)* have been diagnosed with high blood cholesterol in comparison to married/living together (29.1%), or single adults (15.8%). Please note this is likely a function of age.

Figure 1: Adults who Have Been Diagnosed with High Cholesterol in their Lifetime. Franklin County, Ohio 2000.



Indicates a statistically significant difference between adults ages 55-64 and those under age 55. There is also a statistically significant difference between adults ages 65 and older and those under age 55. There is not a statistically significant difference between adults ages 55-64 and adults ages 65 and older.

Concerning adults who have high cholesterol:

- 50.0% of adults who continue to have high blood cholesterol report that they do not follow a prescribed diet to control their cholesterol level.
- 5.7% of adults who continue to have high blood cholesterol report that they do not exercise to control their cholesterol level, despite a doctor’s recommendation.
- 50.2% of those reporting high blood cholesterol also report having high blood pressure.

Timely cholesterol screening is having blood cholesterol levels checked within the past 5 years.

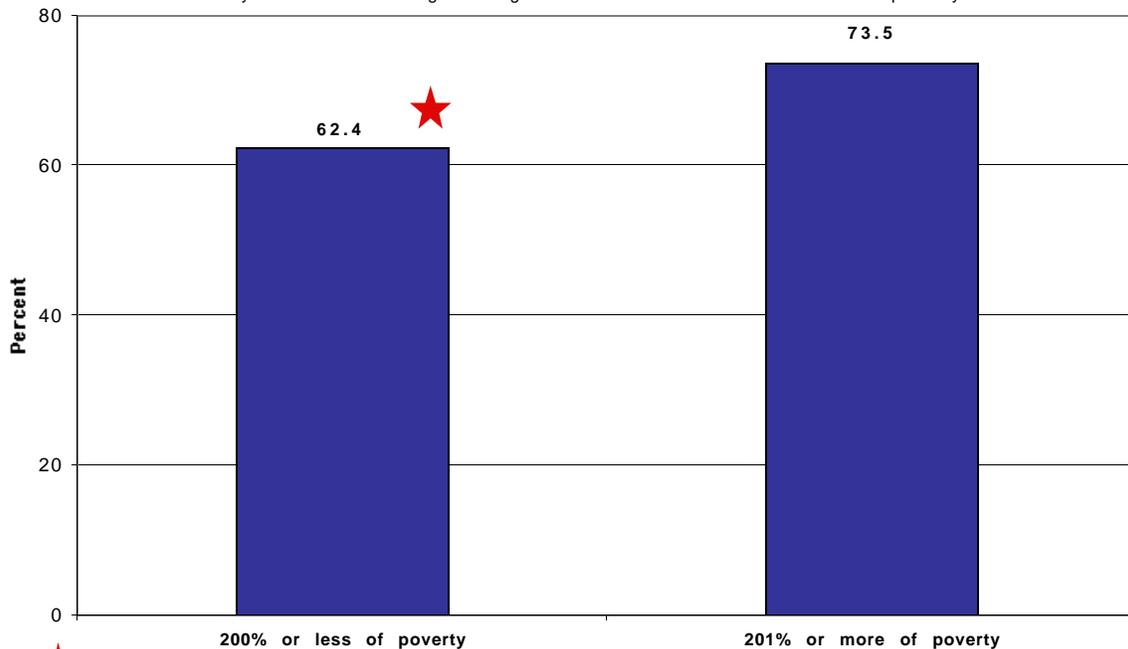
- 69.5% of adults have had their blood cholesterol levels checked within the past 5 years.

The following demographic differences are statistically significant.

- **AGE:** *More adults ages 65 and older (88.18%) have had a timely blood cholesterol screening in comparison to ages 45-54 (79.6%), ages 35-44 (74.9%), ages 25-34 (60.5%), or ages 18-24 (37.5%).*
- **INCOME LEVEL:** *More adults living in middle- or high-income households (73.5%) have received timely blood cholesterol screening than adults living in low-income households (62.4%). (See Figure 2)*
- **EDUCATION LEVEL:** *More adults who completed college (73.4%) have received timely blood cholesterol screening than adults without a high school diploma (58.2%).*

Figure 2: Timely Blood Cholesterol Screening by Percent of Poverty Level, Franklin County, Ohio 2000.

Timely Cholesterol Screening is having blood cholesterol levels checked within the past 5 years.



★ Indicates a statistically significant difference between income levels.

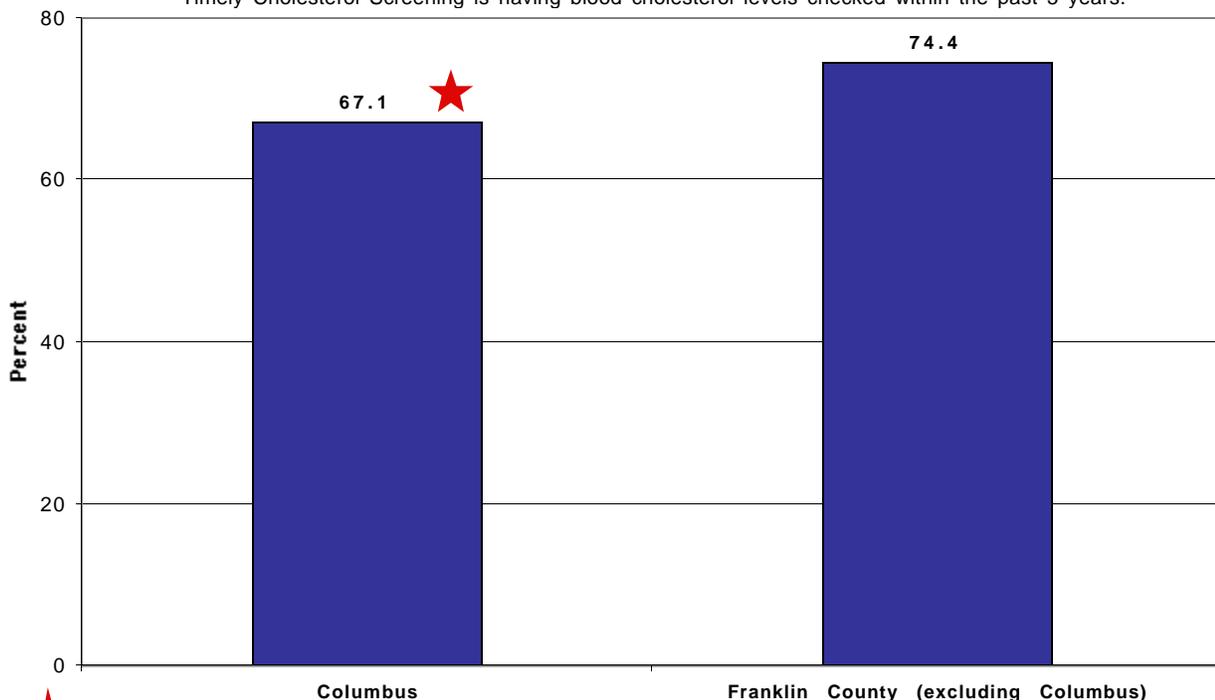
Cholesterol Awareness

2000 Columbus / Franklin County Community Health Risk Assessment

- **EMPLOYMENT STATUS:** *More retired adults* (86.9%) have received timely blood cholesterol screening in comparison to adults employed part-time (70.2%), employed full-time (69.5%), who work in the home (62.0%), or who are full-time students (45.5%).
 - **MARITAL STATUS:** *Fewer single adults* (15.8%) have received timely blood cholesterol screening in comparison to widowed adults (85.1%), divorced/separated adults (81.9%), or married/living together adults (74.5%).
 - **AREA OF RESIDENCE:** *More adults living in Franklin County, excluding Columbus* (74.4%) have had their blood cholesterol checked in the past 5 years than adults living Columbus (67.1%). (See Figure 3)
- The following county data details the trend in the percentage of all adults who have had their blood cholesterol levels checked within the past 5 years and the national standards. **The Franklin County differences are not statistically significant.** (See Figure 4)
- 2000 Franklin County Survey: 69.5%
 - 1995-96 Franklin County Survey: 69.2%
 - Healthy People 2000 Goal: 75.0%
 - Healthy People 2010 Goal: 80.0%

Figure 3: Timely Blood Cholesterol Screening by Area of Residence, Franklin County, Ohio 2000.

Timely Cholesterol Screening is having blood cholesterol levels checked within the past 5 years.



Indicates a statistically significant difference between residents of Columbus and residents of Franklin County excluding Columbus.

RECOMMENDATIONS

All adults, 20 years and older should have a fasting blood lipoprotein profile done every 5 years. This includes total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides. If you are known to have elevated cholesterol levels, you should have it checked more often. The Adult Treatment Panel III of the National Cholesterol Education Program (NCEP) classifies LDL, total and HDL blood cholesterol as follows:

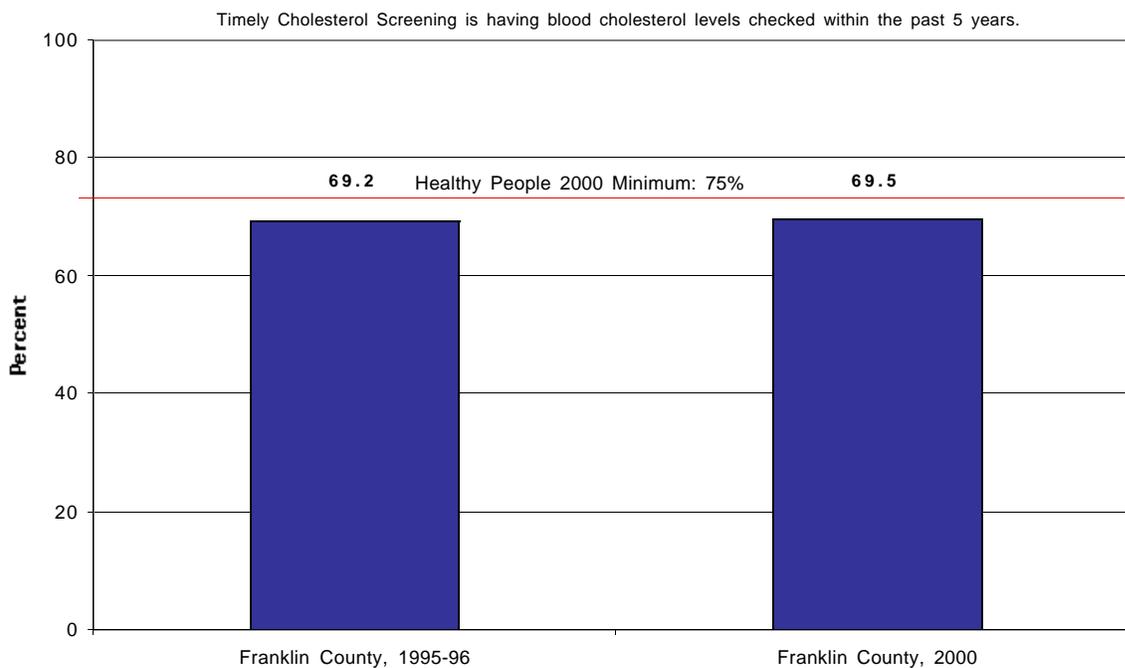
LDL ("bad") cholesterol:

- Optimal = less than 100 mg/dL
- Near Optimal = less than 130 mg/dL
- Borderline high risk = 130-159 mg/dL
- High risk = 160 mg/dL or higher

Total blood cholesterol:

- Desirable = less than 200 mg/dL
- Borderline high risk = 200-239 mg/dL
- High risk = 240 mg/dL or higher

Figure 4: Timely Blood Cholesterol Screening for Franklin County, Ohio 1995-96 and 2000.



HDL ("good") cholesterol:

- Desirable = at least 60 mg/dL
- High risk = less than 40 mg/dL

HDL cholesterol that is less than 40 mg/dL is considered low and puts you at high risk for heart disease. You can raise your HDL level by quitting smoking, losing excess weight, and being more physically active.

ACTION STEPS

For Communities:

- Encourage health care providers to obtain a fasting blood lipoprotein profile for all adults age 20 and older, every 5 years.
- Encourage health care providers to counsel patients about the dangers of high blood cholesterol levels and to provide suggestions on positive lifestyle behavior changes that can play an important role in lowering cholesterol levels.
- Encourage employers to provide worksite screening programs to identify individuals with high blood cholesterol.

For Individuals:

- Increase your levels of physical activity. Exercising more often can decrease LDL cholesterol levels while increasing HDL cholesterol levels in the blood. The best type of exercises for this purpose is aerobic activity. It is recommended that aerobic activity be performed at least three times per week for a minimum of 30 minutes.
- Follow a low saturated fat, low cholesterol diet. This means you should limit your intake of foods that come from animals and animal products as well as margarine and other hydrogenated fats. Read food labels to help you to make healthy food choices.
- Consume sufficient fruits and vegetables – 5 servings per day (1 serving = 1/2 cup cooked/vegetable or non-leafy vegetable, 1 cup raw leafy vegetable, 1/2 cup fruit, or 3/4 cup of juice). (See Food Guide Pyramid in Appendix)
- Lose weight if you are overweight. Excess weight increases LDL cholesterol levels in the blood.
- Do not smoke. Smoking has been shown to lower HDL cholesterol levels in the blood.
- Take any cholesterol medication exactly as prescribed by your health care provider.

Karen Gray, MS, CHES
Cardiovascular Health Program Manager
Columbus Health Department

BACKGROUND

According to recent estimates, one in four American adults has high blood pressure, or hypertension. The causes of hypertension are varied and most of the time the exact cause is not known. Hypertension is often referred to as the "silent killer," because it gives few warning signs or symptoms. In fact, due to the lack of warning signs, it is estimated that millions of Americans do not even know they have hypertension.

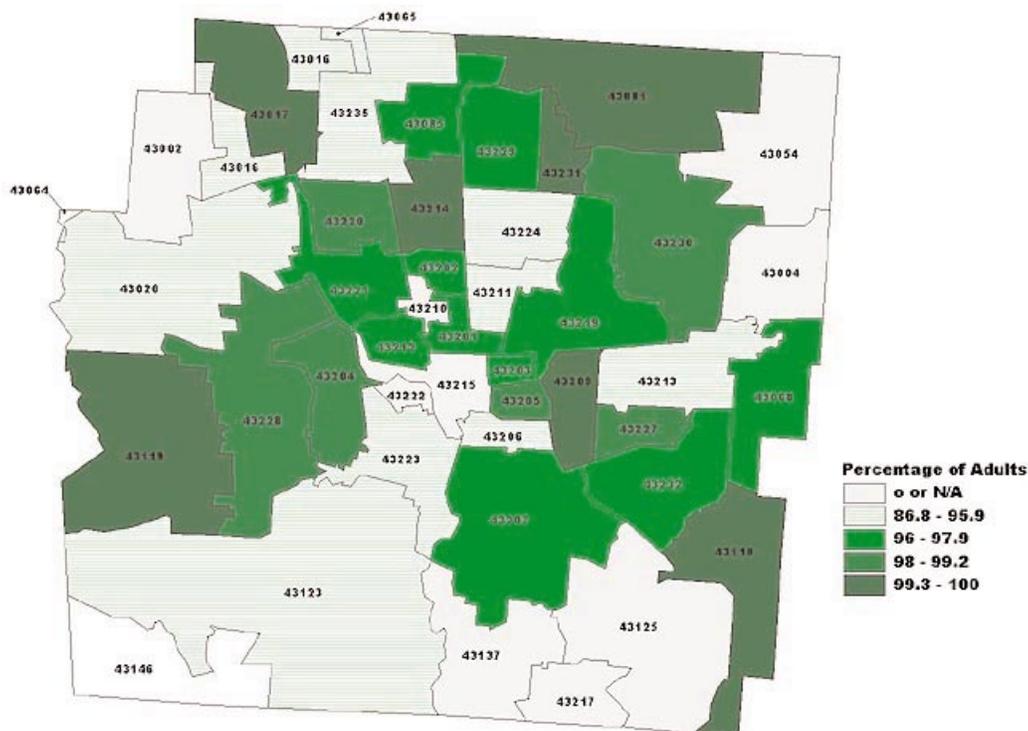
Blood pressure results from two forces. One force is created as blood pumps through arteries and the circulatory system; the other is created as arteries resist blood flow. There are two numbers provided in a blood pressure reading: the systolic number represents the pressure while the heart is beating; the diastolic number represents the pressure when the heart is resting between beats. An optimal blood pressure reading is less than 120/80 mm Hg (120 millimeters of mercury of pressure [systolic] over 80 millimeters of mercury of pressure [diastolic].)

Risk Factors

- Family History
- Race (African-Americans are more likely to have high blood pressure than Caucasians)
- Age (blood pressure tends to increase with age)
- Sodium sensitivity
- Obesity and being overweight

Timely Hypertension Screening by ZIP Code, Franklin County, Ohio 2000.

Timely hypertension screening is having blood pressure checked within the past 2 years



- Heavy alcohol consumption
- Smoking
- Lack of exercise
- Use of oral contraceptives and some other medications

Hypertension can hurt the body in many ways, mainly because it adds to the workload of the heart and arteries. When hypertension is undetected or uncontrolled, it can lead to serious health problems, such as:

- Heart attack (disrupted heart function or the inability of the heart to perform its normal functions)
- Congestive heart failure
- Atherosclerosis and arteriosclerosis (formation of plaque on artery walls which make the arteries thicker, harder and less flexible, slowing down and sometimes blocking blood flow to the heart)
- Stroke (brain disorders caused by an interruption of bloodflow to the brain)
- Kidney problems
- Eye problems
- Death

Hypertension plays a role in approximately 700,000 deaths annually from heart disease, stroke, and kidney disease. Illnesses resulting from uncontrolled hypertension cost the United States billions of dollars each year. It is easier to prevent or treat hypertension than the diseases related to high blood pressure.

FRANKLIN COUNTY SURVEY RESULTS

High blood pressure is having been diagnosed with high blood pressure by a health professional on multiple occasions.

- 27.4% of Franklin County adults have high blood pressure. **The following demographic differences are statistically significant.**

- **RACE:** *More African-American adults (37.2%) have high blood pressure than Caucasian adults (26.2%). (See Figure 1)*
- **AGE:** *More adults ages 65 and older (55.3%) and ages 55-64 (47.3%) have high blood pressure compared to ages 45-54 (34.8%), 35-44 (20.3%), 25-34 (13.3%), or 18-24 (12.8%).*
- **EMPLOYMENT STATUS:** *More retired adults (53.9%) have high blood pressure than adults who work in the home (28.1%), full-time (21.8%), part-time (26.9%), or who are full-time students (12.5%).*

Hypertension Awareness

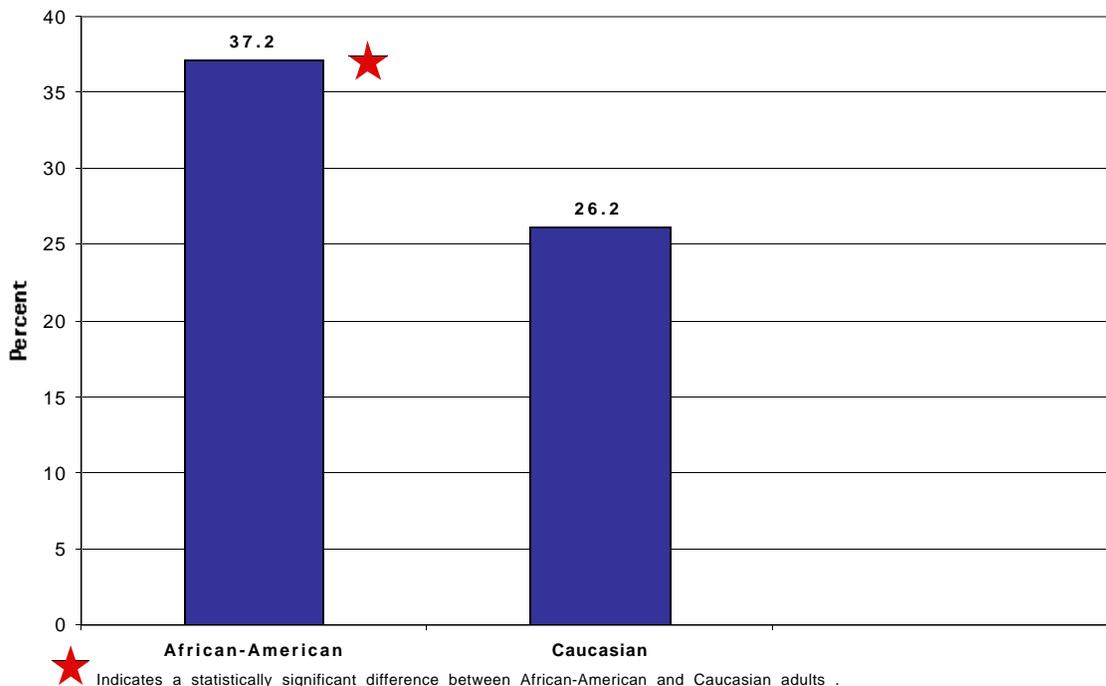
2000 Columbus / Franklin County Community Health Risk Assessment

- **MARITAL STATUS:** *More adults who are divorced/separated (39.0%) have high blood pressure than people who are married/living together (27.1%), or who are single (19.7%).*

Concerning adults with high blood pressure:

- 18.7% report that their blood pressure is routinely elevated.
- 24.2% believe that their high blood pressure is attributable to stress.
- 11.2% believe that their high blood pressure relates to not following a prescribed diet.
- 95.2% need to take medication to control their blood pressure, yet 3.0% report that they do not take their prescribed medication.
- 19.2% of these report being prescribed a regular exercise program to control blood pressure. However, 2.5% admit that they do not follow their prescribed exercise program.
- 25.9% are supposed to follow a special diet, yet 16.5% of these do not follow the prescribed diet.
- 74.8% are overweight. (See Figure 2)
- 5.5% have no health insurance. (See Figure 2)
- 7.3% do not have a usual place where they receive health care, and 7.8% do not have a usual doctor. (See Figure 2)

**Figure 1: Adults with High Blood Pressure by Race
Franklin County, Ohio 2000.**



Hypertension Awareness

2000 Columbus / Franklin County Community Health Risk Assessment

Timely screening for hypertension is defined as having your blood pressure checked within the past 2 years.

- 96.7% of adults have had their blood pressure checked in the past 2 years.

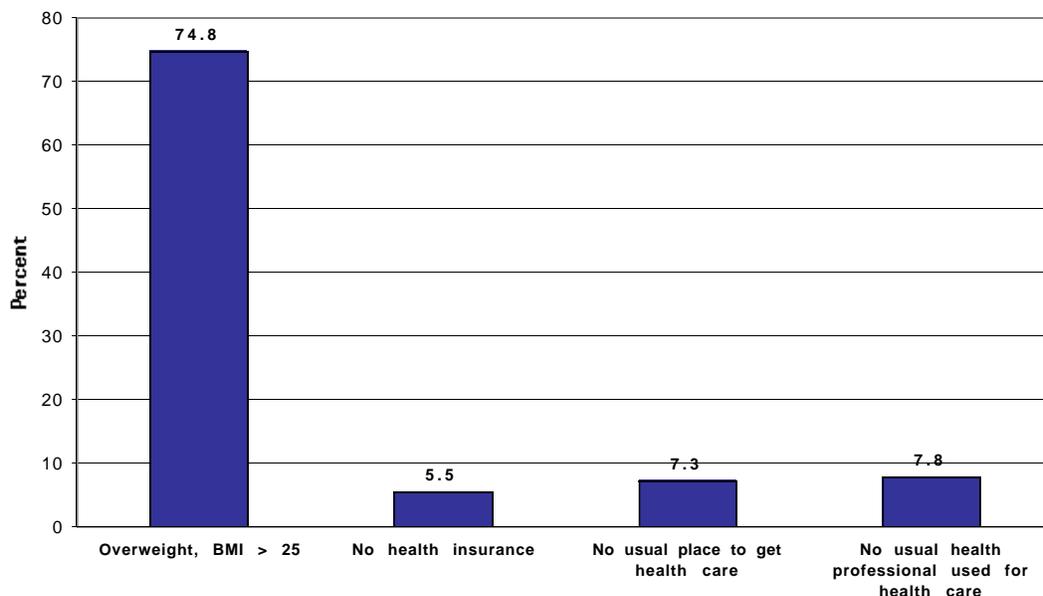
The following demographic differences are statistically significant.

- **GENDER:** *More females* (98.3%) report having their blood pressure checked within the past two years than males (94.9%). (See Figure 3)
- **MARITAL STATUS:** *More adults who are divorced/separated* (98.8%) have had a timely hypertension screening than adults who are single (95.2%).

- The following county, (trend) state and national data show the percentages of adults who have checked their blood pressure in the past 2 years. **The 4.3% increase since the 1995-96 Franklin County Survey is statistically significant.** (See Figure 4)

- 2000 Franklin County Survey: 96.7%
- 1995-96 Franklin County Survey: 92.4%
- 1999 Ohio: 96.1%
- 1999 National Median: 94.8%
- Healthy People 2000 Goal: 90.0 %
- Healthy People 2010 Goal: 95.0%

**Figure 2: Statistics Concerning Adults with High Blood Pressure.
Franklin County, Ohio 2000.**



RECOMMENDATIONS

Due to a lack of observable symptoms, nearly one-third of people who suffer hypertension do not know they have high blood pressure. The only way to know if you have hypertension is to have your blood pressure checked regularly by a physician or a qualified health care professional. According to guidelines from the National High Blood Pressure Education Program and the American Heart Association, an optimal blood pressure reading is less than 120/80 mm Hg. A blood pressure reading of less than 130/85 mm Hg is normal, but a systolic reading of 130-139 and a diastolic reading of 85-89 are considered on the high side of normal. Hypertension is defined as a blood pressure reading of 140/90 mm Hg or higher. Hypertension is a lifelong disease that can be controlled but not cured. Treatment will almost always include making lifestyle modifications to help reduce risks of heart disease, stroke and kidney disease.

ACTION STEPS

For Communities:

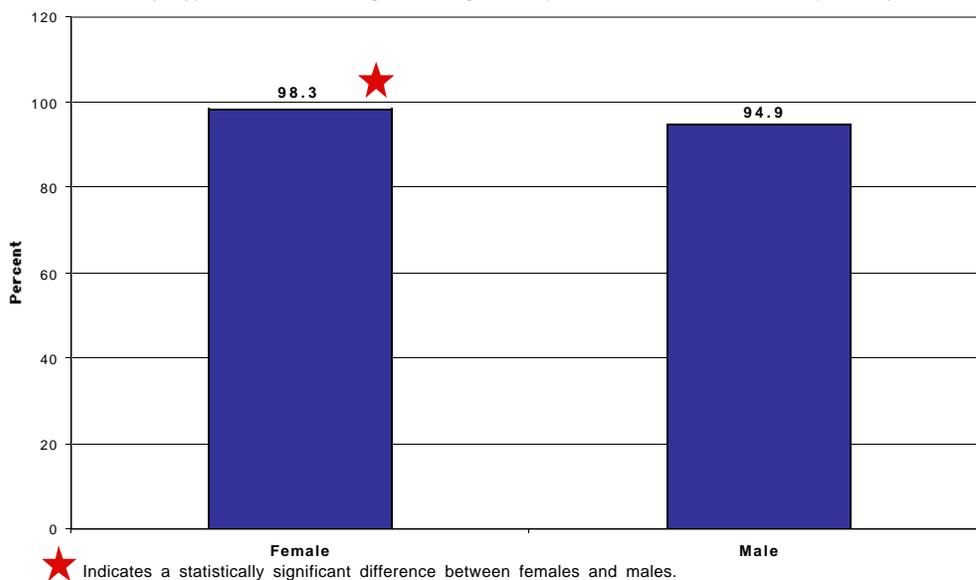
- Encourage health care providers to counsel patients about the dangers of high blood pressure and to provide suggestions on positive lifestyle behavior changes that can play an important role in lowering blood pressure levels.
- Encourage employers to provide worksite screening programs to identify individuals with high blood pressure.

For Individuals:

- Know your blood pressure and have it regularly checked. You should have your blood pressure checked yearly unless you have hypertension, in which case you should have it checked more frequently.

Figure 3: Timely Hypertension Screening by Gender, Franklin County, Ohio.

Timely hypertension screening is having blood pressure checked within the past 2 years.



Hypertension Awareness

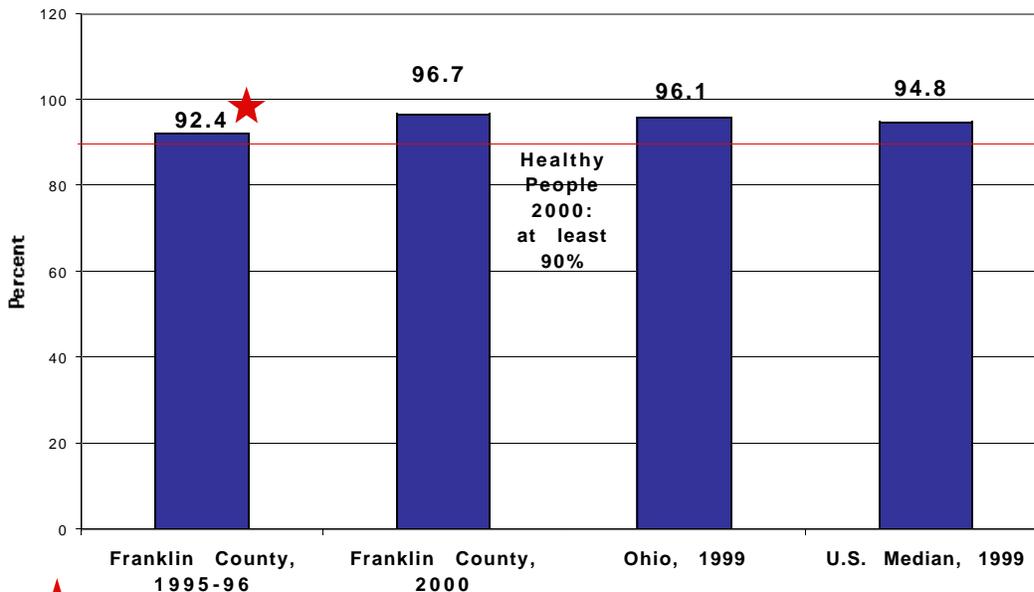
2000 Columbus / Franklin County Community Health Risk Assessment

- Lose weight if you are overweight; it will reduce the strain on your heart.
- Know what your weight should be and work to keep it at that level.
- Be sure to exercise regularly. The U.S. Surgeon General recommends moderate exercise 5-7 days per week for at least 30 minutes, or vigorously exercise (60% or more of maximum heart rate) 3 or more days per week for at least 20 minutes.
- Avoid drinking excessive amounts of alcohol. Limit alcohol consumption to no more than 1-2 drinks per day.
- Stop smoking.
- Manage stress.
- Decrease sodium intake to no more than 2,400 milligrams (or 6 grams of salt) per day.
- Use the Food Guide Pyramid to help balance your diet. (See Appendix)
- Read food labels.
- Take blood pressure medications exactly as prescribed by your health care provider.

Karen Gray, MS, CHES
Cardiovascular Health Program Manager
Columbus Health Department

Figure 4: Timely Hypertension Screening for Franklin County, Ohio, & the United States.

Timely hypertension screening is having blood pressure checked within the past 2 years.



Indicates a statistically significant difference between 1995-96 and 2000 for Franklin County.

BACKGROUND

Maintaining good oral health is essential to maintaining good overall health. Diseases and defects of the oral region can cause problems with self-image, self-esteem, and well-being. Oral pain or loss of teeth can affect appetite and the ability to eat, resulting in poor nutrition and decreased overall health.

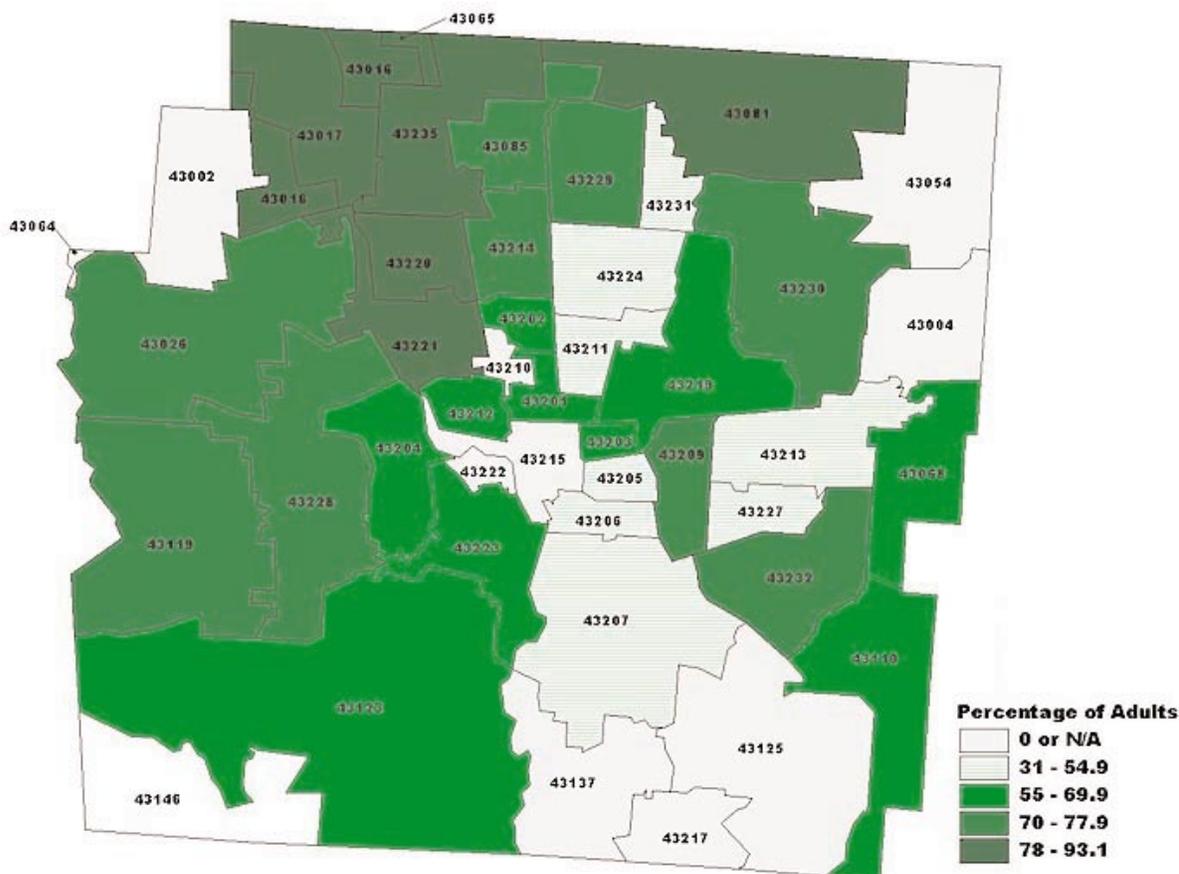
Many behaviors adults choose affect oral health. Tobacco use and excessive drinking of alcohol are factors in oral and throat cancers and periodontal disease, which cause bone loss around the teeth. Oral complications may arise from various diseases. Parkinson’s Disease causes problems with speech, chewing, taste, and swallowing. Persons with AIDS may suffer from dry mouth, pain, infections and cancers of the oral tissues. Cancer treatments can result in ulcers and dental caries. Periodontal disease is associated with complications of diabetes. Prescription and non-prescription drugs may cause dry mouth, which can lead to additional cavities and other problems.

As many people age, they may experience recession of the gums from the teeth. When gums move away from the teeth, exposed roots may become sensitive to hot and cold foods, and sweets. Exposed roots are also susceptible to cavities.

Thirty percent of American adults over 65 years of age have lost all of their natural teeth. Tooth loss decreases the ability to chew since teeth also help to support muscles and other tissues of the face, loss of teeth causes these muscles and tissues to sag.

Adults Who Made Timely Dental Visits by ZIP Code, Franklin County, Ohio 2000.

A timely dental visit is seeing a dentist or dental specialist within a year.



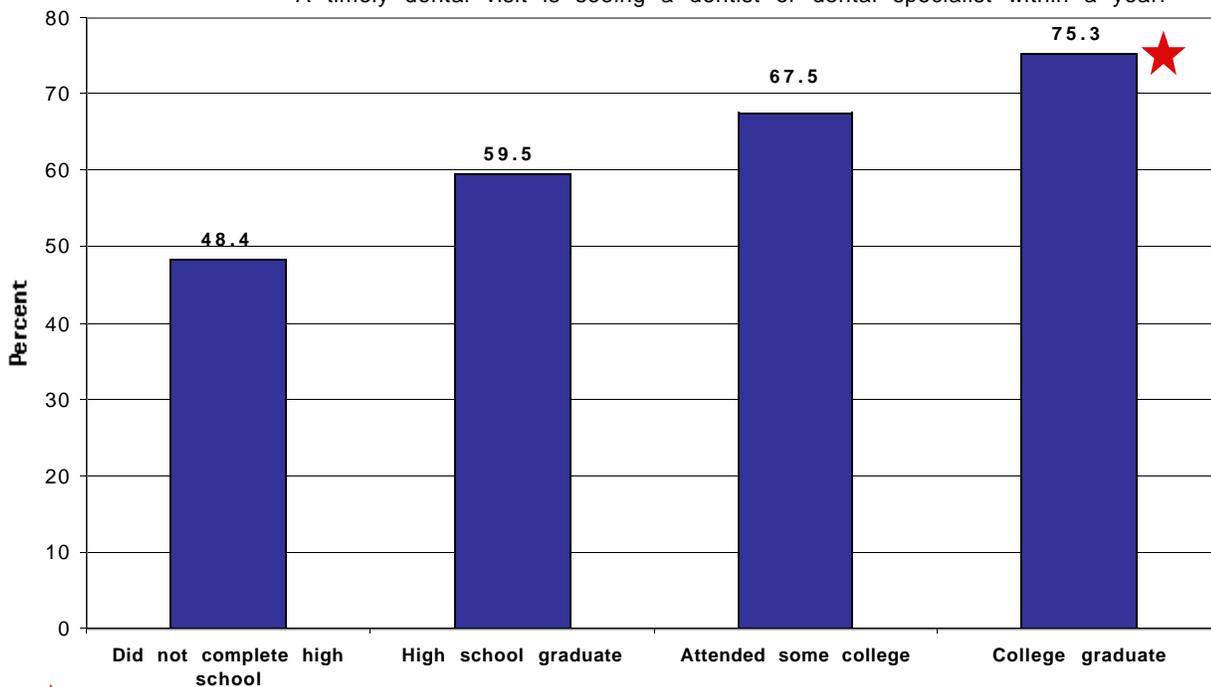
FRANKLIN COUNTY SURVEY RESULTS

A timely dental visit is defined as visiting a dentist or dental specialist within the past year.

- 66.3% of Franklin County adults made timely visits to a dentist or dental specialist. The following demographic differences are statistically significant.
 - **RACE:** *More Caucasian adults (70%) had timely dental visits than African-American adults (51.2%).*
 - **INCOME LEVEL:** *More adults living in middle- or high-income households (70.5%) made timely dental visits than adults living in low-income households (50.9%).*
 - **EDUCATION LEVEL:** *More college graduates (75.3%) saw a dentist in the past year in comparison to adults who attended some college (67.5%), are high school graduates (59.5%), or are without a high school diploma (48.4%). (See Figure 1)*
 - **MARITAL STATUS:** *More married/living together adults (69.9%) have made timely dental visits than widowed adults (53.6%).*
 - **AREA OF RESIDENCE:** *Fewer adults who live in Columbus (62.3%) made timely dental visits than adults who live in Franklin County, excluding Columbus (74%).*

Figure 1: Adults Who Made Timely Dental Visits by Education Level. Franklin County, Ohio 2000

A timely dental visit is seeing a dentist or dental specialist within a year.



★ Indicates a statistically significant difference between adults who are college graduates and adults who attended some college, who are high school graduates, or who did not complete high school.

Oral Health

2000 Columbus / Franklin County Community Health Risk Assessment

- The following county (trend), state, and national statistics show the percentage of adults who have visited a dentist or dental specialist within a year of being surveyed. **The difference between Franklin County (2000) and Ohio (1999) is not statistically significant.** (See Figure 2)

- 2000 Franklin County Survey: 66.3%
- 1999 Ohio: 68.9%
- 1999 National Median: 68.1%

- Main reasons Franklin County adults have not visited a dentist or dental specialist within the past year:

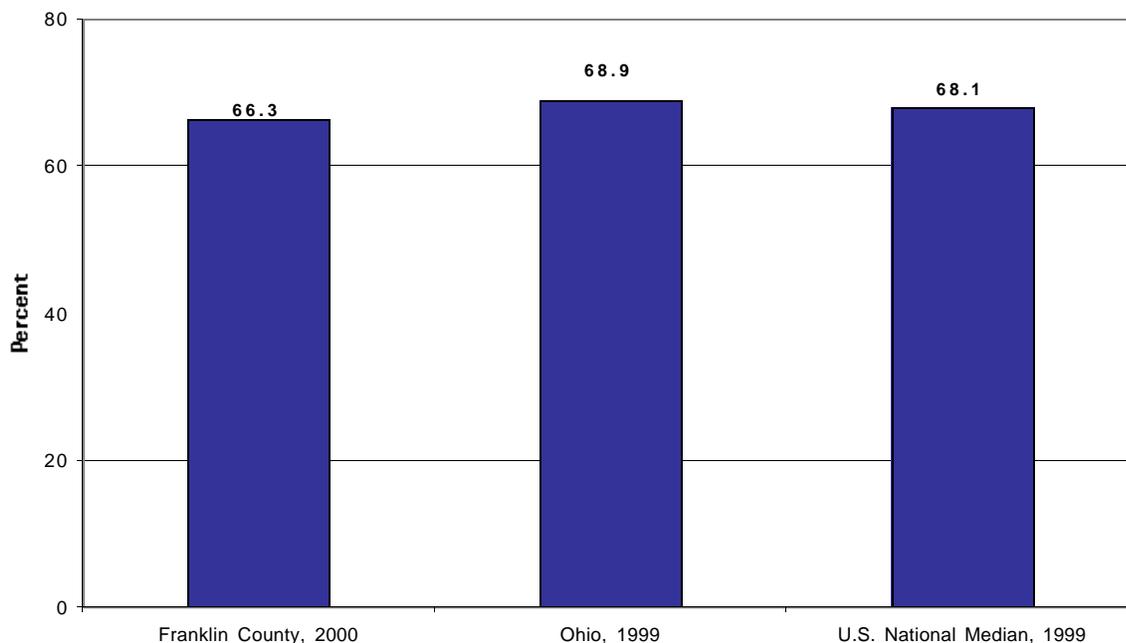
- Had no reason to go (no problems): 29.5%
- Could not afford dental care: 9.9%
- Had not thought about visiting a dentist or dental specialist: 5.4%

The number of permanent teeth removed from adults because of tooth decay, gum disease, or infection, but not including teeth lost for other reasons such as injury

- The average number adult teeth lost are 2.5 in Franklin County

Figure 2: Adults Who Made Timely Visits to a Dentist or Dental Specialist for Franklin County, Ohio, & the United States.

A timely dental visit is seeing a dentist or dental specialist within a year.



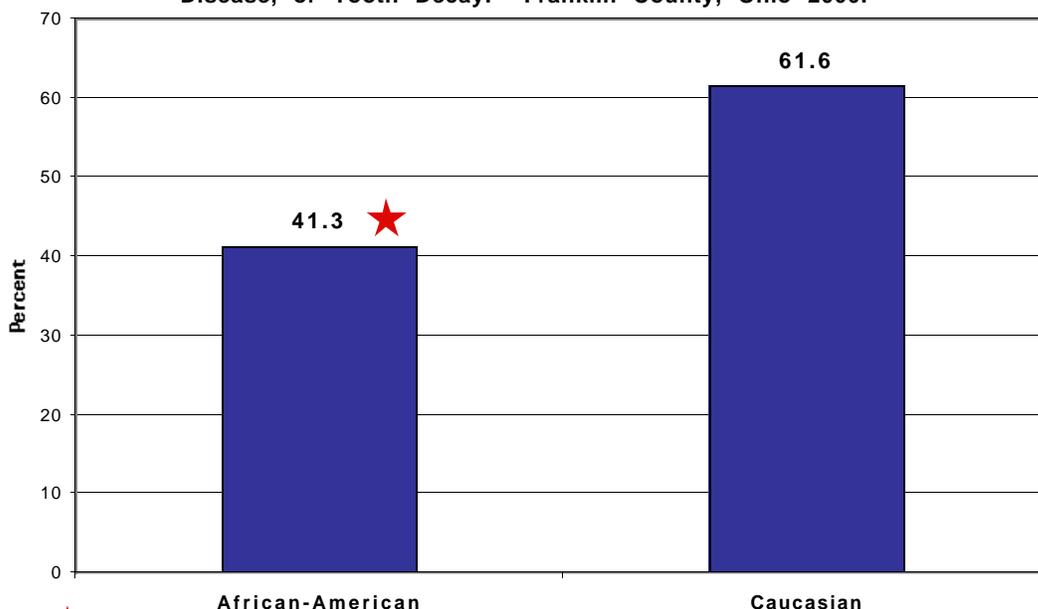
■ 59.2% of surveyed Franklin County adults reported having no teeth removed. **The following demographic differences are statistically significant**

- **RACE:** *More Caucasian adults (61.6%) have had no teeth removed than African-American adults (41.3%). (See Figure 3)*
- **AGE:** *More adults ages 18-24 (90.8%) have had no teeth removed in comparison to ages 25-34 (76.0%), 35-44 (60.0%), 45-54 (48.2%), or 65 and older (23.2%).*
- **EDUCATION LEVEL:** *A higher proportion of college graduates (70.7%) have had no teeth removed compared to adults with some college (61.6%), high school graduates (47%), or adults without a high school diploma (42.8%).*
- **EMPLOYMENT STATUS:** *A smaller percentage of adults who are unemployed (20.5%) or retired (24.1%) still have all their teeth compared to adults who work in the home (58.9%), full-time (63.4%), part-time (66.8%), or who are full-time students (88.3%).*
- **MARITAL STATUS:** *Fewer widowed adults (18.6%) still have all their teeth compared to divorced/separated adults (39.4%), married/living together adults (58.2%), or single adults (72.2%).*

■ 3.9% of Franklin County adults have had all their teeth removed. **The following demographic differences are statistically significant.**

- **AGE:** *More adults ages 65 and older (15.0%) and 55 - 64 (11.5%) have lost all their teeth, in comparison to adult ages 45 - 54 (3.7%), 35 - 44 (1.3%), and 18 - 34 (0%).*

Figure 3: Adults Who Have Lost No Teeth From Infection, Gum Disease, or Tooth Decay. Franklin County, Ohio 2000.



★ Indicates a statistically significant difference between African-American and Caucasian adults.

Oral Health

2000 Columbus / Franklin County Community Health Risk Assessment

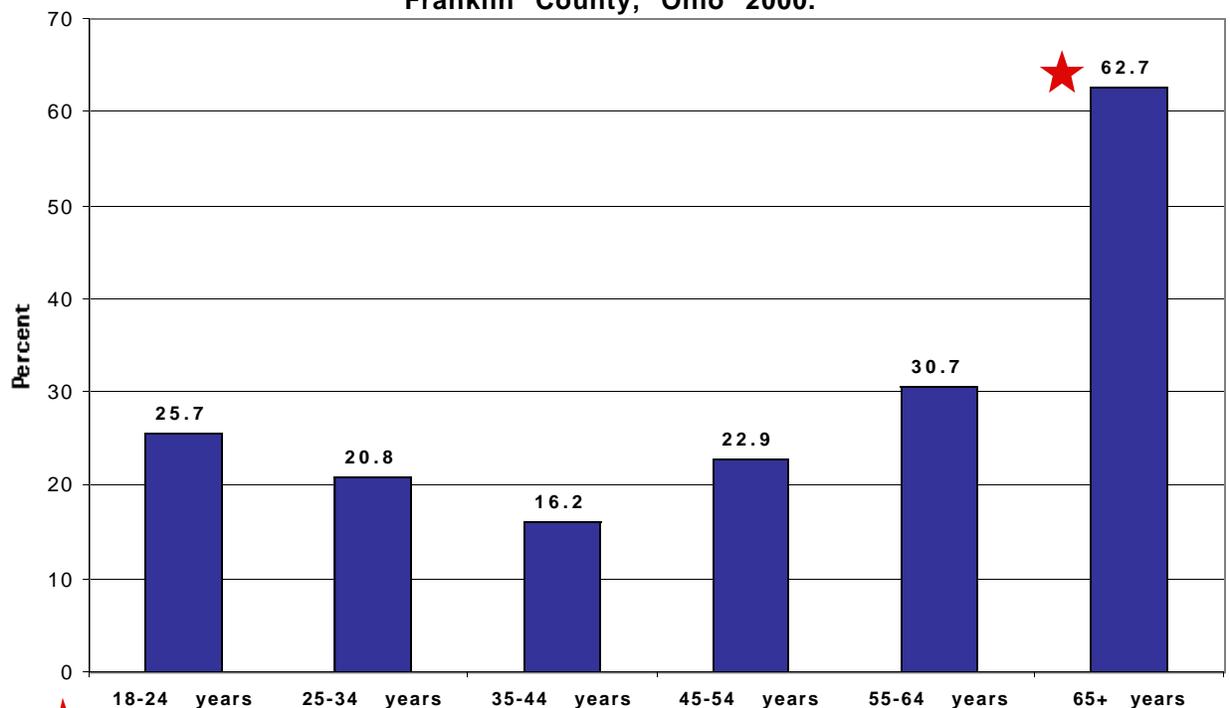
- **EDUCATION LEVEL:** *More adults who did not graduate from high school (13.3%) and who completed high school (6.8%) have had all their teeth removed compared to adults who attended some college (2.8%) or are college graduates (0.3%).*
- **EMPLOYMENT STATUS:** *More retired adults (14.9%) have had all their teeth removed in comparison to people who work in the home (5.2%), part-time (1.9%), or full-time (1.8%).*
- **MARITAL STATUS:** *More adults who are widowed (20.8%) have lost all their teeth in comparison to divorced/separated adults (7.9%), married/living together adults (3.4%), or single adults (1%).*

Dental insurance coverage

- 27.6% of Franklin County adults reported having no dental insurance coverage. **The following demographic differences are statistically significant.**

- **AGE:** *More adults ages 65 and older (62.7%) have no dental insurance in comparison to adults ages 55 - 64 (30.7%), 45 - 54 (22.9%), 35 - 44 (16.2%), 25 - 34 (20.8%), or ages 18 - 24 years (25.7%). (See Figure 4)*
- **INCOME LEVEL:** *More adults living in low-income households (41.4%) have no dental insurance in comparison to adults living in middle- or high-income households (20.8%).*
- **EDUCATION LEVEL:** *Fewer college graduates (20.3%) have no dental insurance, in comparison to adults who attended some college (27.2%), are high school graduates (32.1%), or did not complete high school (32.1%).*

**Figure 4: Adults Without Dental Insurance.
Franklin County, Ohio 2000.**



Indicates a statistically significant difference between adults ages 65 and older and adults ages 18-24, 25-34, 35-44, 45-54, and 55-64.

Oral Health

2000 Columbus / Franklin County Community Health Risk Assessment

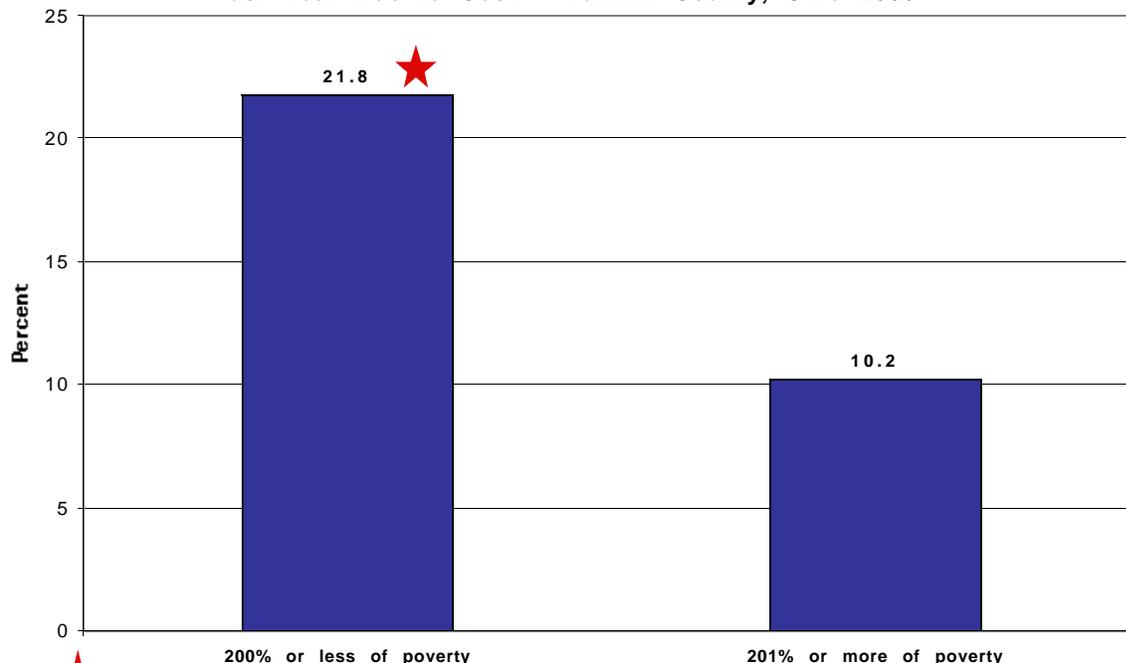
- **EMPLOYMENT STATUS:** *Fewer adults who work full-time* (16.9%) or are full-time students (17.6 %) have no dental insurance, in comparison to adults who work in the home (36.7%), part-time (39.7%), are retired (57.8%), or are unemployed (69.3%).
- **MARITAL STATUS:** *More widowed adults* (58.2%) have no dental insurance, in comparison to divorced/separated adults (34.6%), married/living together adults (23.8%), or single adults (27.4%).

Adults who were unable to see the dentist in the past year due to cost

- 12.5% of Franklin County adults indicated cost as a barrier to dental care. **The following demographic differences are statistically significant.**

- **RACE:** *More African-American adults* (20.4%) report that cost is a barrier to dental care than Caucasian adults (10.8%).
- **AGE:** *Fewer adults ages 65 and older* (5.4%) cannot afford dental services compared to ages 35-44 (14.9%), 25-34 (16.4%), or 18-24 (12.9%).
- **INCOME LEVEL:** *More adults living in low-income households* (21.8%) report cost is a barrier to dental care compared to adults living in middle- or high-income households (10.2%). (See Figure 5)
- **EDUCATION LEVEL:** *More adults who did not complete high school* (26.6%) cannot afford dental services, in comparison to high school graduates (13.8%), those who attended some college (13.1%), or college graduates (7.3%).

Figure 5: Adults Who Were Unable to See the Dentist in the Past Year Due to Cost. Franklin County, Ohio 2000.



 Indicates a statistically significant difference between income levels.

- **MARITAL STATUS:** *More divorced/separated adults* (19.3%) report that cost is a barrier to dental services, in comparison to married/living together adults (10.7%).

Using the emergency room (E.R.) in the past year for an oral health problem

- 3.0% of Franklin County adults used an E.R. for an oral health problem in the past year. **The following demographic differences are statistically significant.**
 - **RACE:** *More African-American adults* (6.8%) visit an E.R. for dental services than Caucasian adults (2.3%).
 - **AGE:** *More seniors ages 65 and older* (7.3%) used the E.R. for dental problems compared to adults ages 18 - 24 (2.3%), 35 - 44 (1.9%), or 45 -54 (1.6%).
 - **EDUCATIONAL LEVEL:** *Fewer college graduates* (0.7%) used an E.R. for dental services, in comparison to adults who attended some college (3.4%), are high school graduates (3.8%), or did not complete high school (7.1%).

ACTION STEPS

For Communities:

- Increase capacity of dental facilities that serve people with the most need.
- Increase the marketing of community-based dental services to promote the importance of good oral health and regular, preventive dental appointments.
- Provide incentives to dentists to set up practices in underserved areas within Franklin County.
- Promote dentistry as a career choice for minority students.

For Individuals:

- Brush teeth at least twice a day and floss daily.
- Get regular preventive dental check-ups.
- Stop using tobacco products.
- Do not drink alcohol excessively.
- Adults who have lost all of their teeth should still visit their dentist on a regular basis to have soft tissues of the mouth examined for sore spots and possible cancers.

David E. Heisel, DDS, MBA
Community Dental Program Director
Columbus Health Department

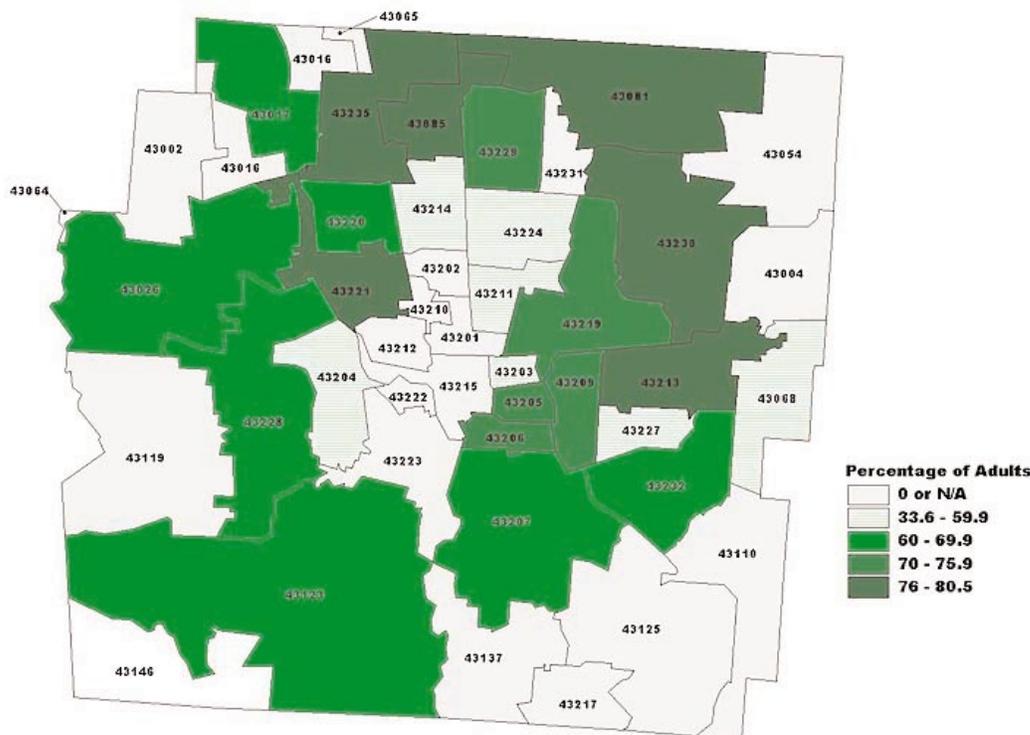
BACKGROUND

According to the American Cancer Society (ACS), approximately 203,500 women will develop breast cancer in the United States in 2002, and approximately 39,600 women will die from breast cancer. In the state of Ohio, approximately 9,500 women will develop breast cancer and 1,900 women will die from it in 2002 (ACS). While this disease chiefly afflicts women, approximately 400 men will die from breast cancer across the United States during 2002. The incidence rate for breast cancer in African-American women is about 13% lower than in white women. Yet, the death rate among African-American women is approximately 28% higher than among white women. Next to lung cancer, breast cancer remains the second leading cause of cancer deaths in women. All women are at risk for breast cancer.

Risk Factors

- Increasing age
- Family history
- Atypical hyperplasia, diagnosed by biopsy
- Early onset of menstrual periods
- Never having children or having first child after age 30
- Genetic alterations (BRCA1 and BRCA2) can increase risk

Women 40 Years & Older who had a Mammogram in the Past Year by ZIP Code, Franklin County, Ohio 2000.



Some studies documented by the National Cancer Institute have shown increased breast cancer risk for those who:

- Consume 2 or more alcoholic drinks a day
- Experience obesity, especially after menopause

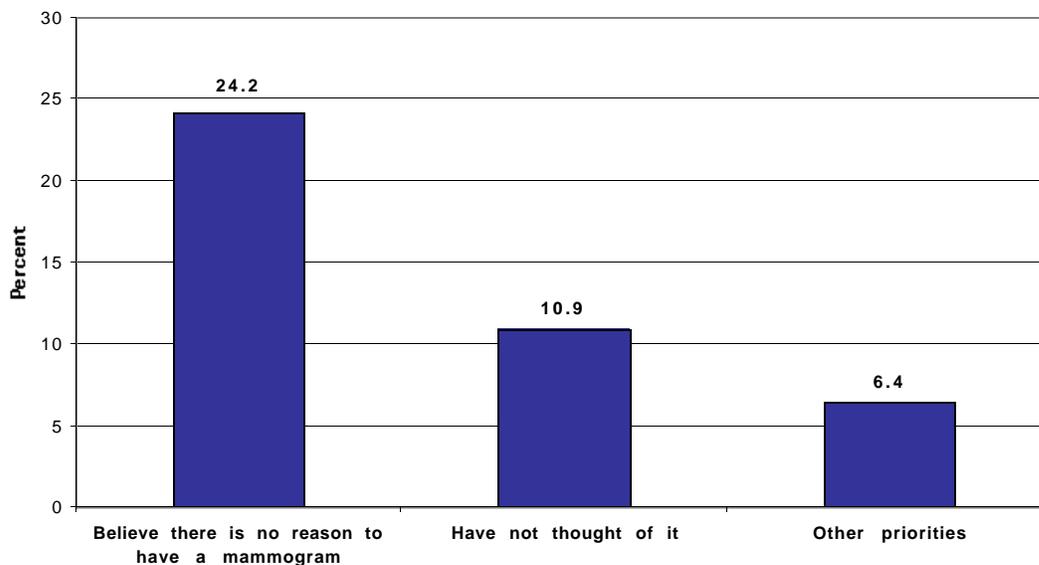
However, most women who develop breast cancer have none of these risk factors, except the risks associated with age.

FRANKLIN COUNTY SURVEY RESULTS

A mammogram is an x-ray of the breast to look for abnormalities that may be cancerous. The American Cancer Society recommends that all women ages 40 and older have a mammogram every year.

- 89.4% of women 40 and older have had at least 1 mammogram. **The following demographic difference is statistically significant.**
 - **AGE:** Fewer women ages 40-49 (83.8%) have had at least 1 mammogram compared to women ages 50-64 (93%) or 65 and older (92.6%).
- 41.6% of women 40 and older have received timely mammograms (within the past year). **There are no significant differences between demographic groups.**

Figure 1: Top 3 Reasons Reported by Women Age 40 and Older for Not Having Had a Mammogram in the Past Year. Franklin County, Ohio 2000



Breast Cancer Screening

2000 Columbus / Franklin County Community Health Risk Assessment

■ Main reasons women age 40 and older have not had a mammogram within the past year:
(See Figure 1)

- Believe there is no reason to have one: 24.2%
- Have not thought of it: 10.9%
- Other priorities: 6.4%

■ Reason for most recent mammogram:

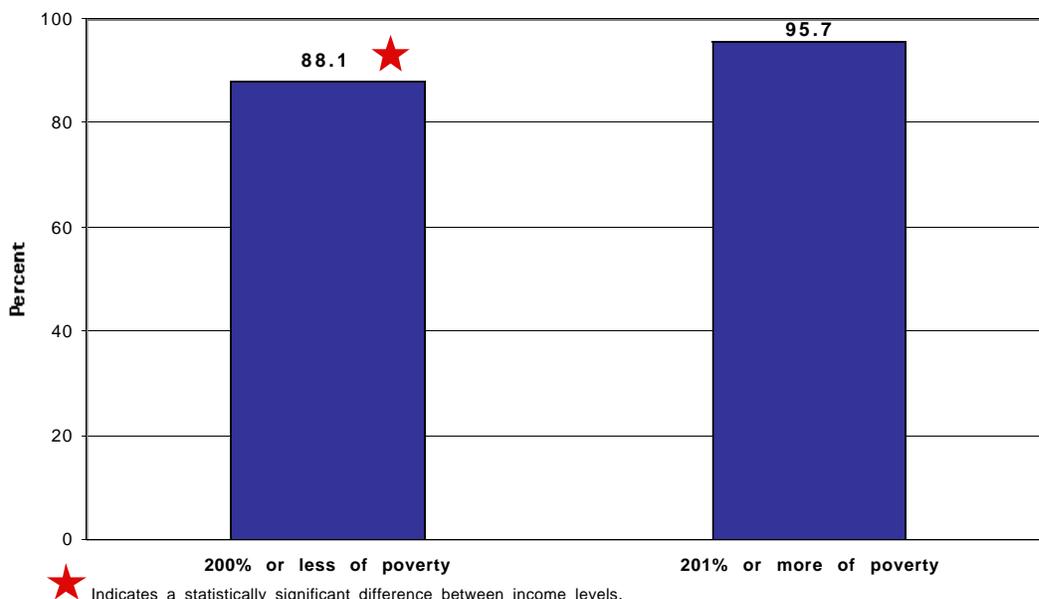
- Routine check-up: 91.1%
- Had a breast problem that was not cancer: 6.3%
- Had a breast problem that turned out to be cancer: 0.5%
- Being treated for breast cancer: 2.1%

A clinical breast exam (CBE) is when a health professional feels the breast for lumps. The American Cancer Society recommends that women ages 20 - 39 have a clinical breast exam within 3 years and that women 40 and older have one every year.

■ 92.8% of women 20 and older have had at least 1 CBE. **The following demographic differences are statistically significant.**

- **AGE:** More women ages 40-49 (98.3%) and ages 50-64 (95.4%) have had at least 1 CBE compared to ages 20-29 (88.2%).

Figure 2: Women Ages 20 and Older who Have Had at Least 1 Clinical Breast Exam (CBE) by Percent of Poverty. Franklin County, Ohio 2000.

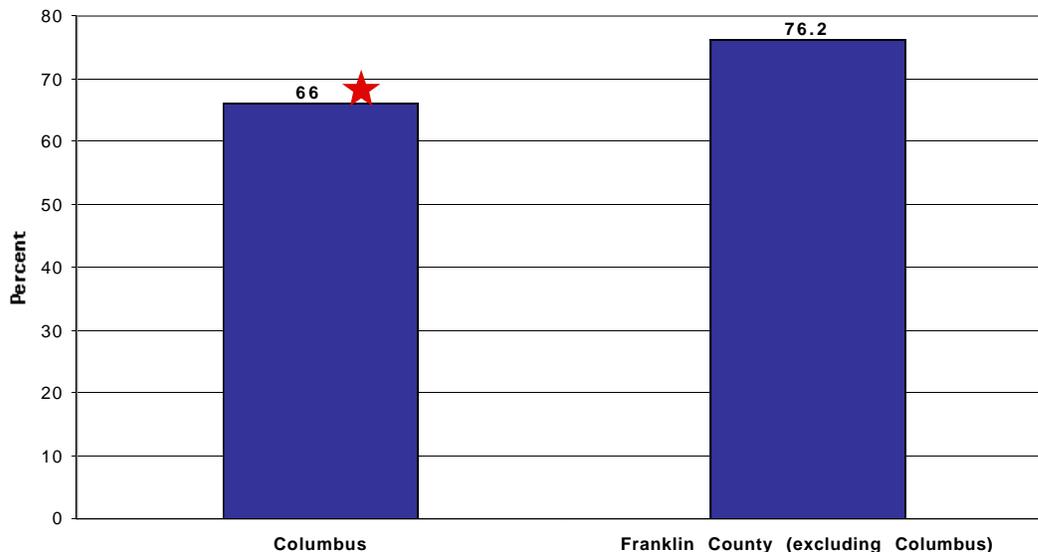


Breast Cancer Screening

2000 Columbus / Franklin County Community Health Risk Assessment

- **INCOME LEVEL:** *More women living in middle- or high-income households (95.7%) have had at least 1 CBE compared to women living in low- income households (88.1%). (See Figure 2)*
 - **MARITAL STATUS:** *More divorced/separated women (97.2%) and married/living together women (95.8%) have had at least 1 CBE in comparison to single (88.7%) or widowed women (88.6%).*
 - **AREA OF RESIDENCE:** *More women residing in Franklin County, excluding Columbus (96.4%) have had at least 1 CBE compared to women residing in Columbus (92.1%).*
- 81.2% of women 20-39 have had a CBE within the past 3 years. **There are no statistically significant differences based upon demographics.**
 - Main reasons for not having a CBE within the past year (women ages 20-39):
 - Believe there is no reason to have one: 27.8%
 - Have not thought of it: 10.8%
 - Other priorities: 6.6%
 - No insurance: 5.1%
 - Reason for most recent clinical breast exam (women ages 20-39):
 - Routine check-up: 96%
 - Had a breast problem that was not cancer: 3.6%

Figure 3: Women Ages 40 and Older Who Have Had a Clinical Breast Exam in the Past Year by Area of Residence, Franklin County, Ohio 2000



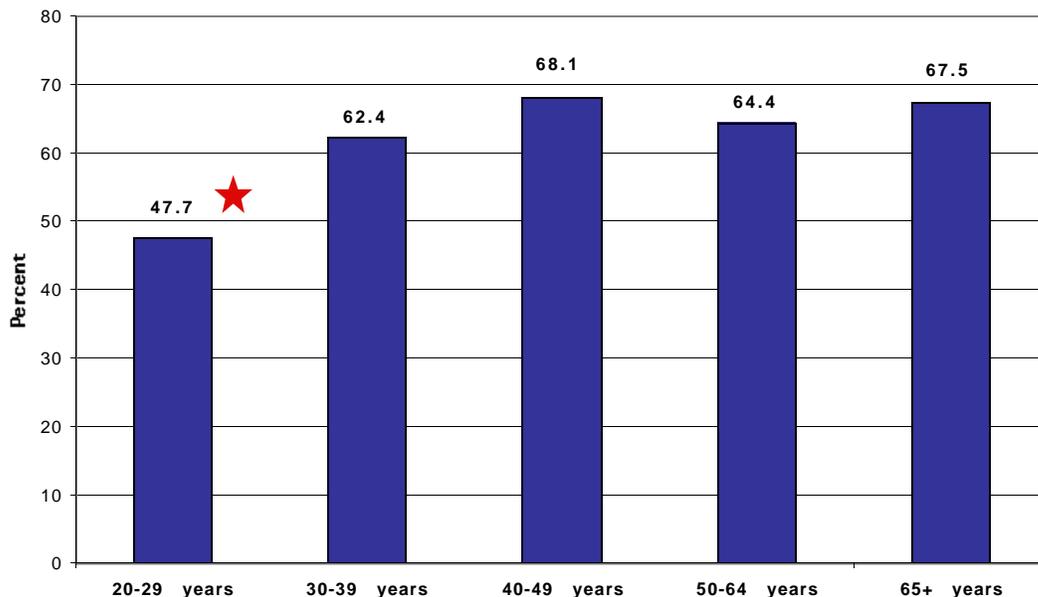
★ Indicates a statistically significant difference between adults who are residents of Columbus and adults who are residents of the parts of Franklin County that exclude Columbus.

Breast Cancer Screening

2000 Columbus / Franklin County Community Health Risk Assessment

- Had a breast problem that turned out to be cancer: 0.1%
 - Being treated for breast cancer: 0.2%
- 70.1% of women 40 and older have had a CBE within the past year. **The following demographic differences are statistically significant.**
- **INCOME LEVEL:** *Fewer women living in low-income households (56.3%) have had a timely CBE than women living in middle- or high-income households (73.6%).*
 - **MARITAL STATUS:** *More divorced/separated women (84.2%) and married/living together women (75%) have had a CBE in the past year than single women (48.2%) or widowed women (64.2%).*
 - **AREA OF RESIDENCE:** *More women residing in Franklin County, excluding Columbus (76.2%) have had a timely CBE compared to women residing in Columbus (66%). (See Figure 3)*
- Main reasons for not having a CBE within the past year (women 40 and older):
- Believe there is no reason to go: 9.0%
 - Other priorities: 5.1%
 - No convenient appointments available: 4.9%

Figure 4: Women Ages 20 and Older who Perform Monthly Breast Self-Exams (BSE) by Age. Franklin County, Ohio 2000.



★ Indicates a statistically significant difference between women ages 20-29 and women in ages groups 30 and older.

- Reason for most recent clinical breast exam (women 40 and older):
 - Routine check-up: 93.4%
 - Had a breast problem that was not cancer: 4.5%
 - Had a breast problem that turned out to be cancer: 0.3%
 - Being treated for breast cancer: 1.8%

Breast self-examination (BSE) is when a woman feels her own breast for lumps. The American Cancer Society recommends that women ages 20 and older perform one every month, preferably the week after her menstrual cycle.

- 61.4% of women 20 and older examine their breasts monthly. **The following demographic differences are statistically significant.**
 - **AGE:** *Fewer women ages 20-29 (47.7%) perform monthly BSE compared to ages 30-39 (62.4%), 40-49 (68.1%), 50-64 (64.4%), or 65 and older (67.5%). (See Figure 4)*
 - **EDUCATION LEVEL:** *Fewer college graduates (52%) perform monthly BSE compared to women without a high school diploma (67.3%), high school graduates (65.2%), or women who attended some college (65.7%).*
 - **MARITAL STATUS:** *Fewer single women (51.3%) perform monthly BSE in comparison to married/living together women (64.4%) or widowed women (66.7%).*

RECOMMENDATIONS

Currently, little information exists on preventing breast cancer. The best strategy is to reduce known risk factors whenever possible, recognizing and following up on any symptoms. When breast cancer first develops, there may be no symptoms at all. But as the cancer grows, it can cause changes that women should watch for such as breast lumps, breast skin dimpling (looking like the outside of an orange), a lump or thickening in or near the breast or in the underarm area, a change in the size or shape of the breast, a change in the way the skin of the breast, areola, or nipple looks or feels (for example, warm, swollen, red, or scaly), nipple retraction (turning inward), and nipple discharge.

Most importantly, practice early screenings and detection. Statistically, early detection is the key to surviving breast cancer. The American Cancer Society's guidelines for the early detection of breast cancer include 3 tiers: (1) Breast self-examination (BSE), (2) clinical breast examination by a health care professional, and (3) mammography screening. The American Cancer Society guidelines are:

- Women ages 20 to 39 should at least perform a monthly breast self-examination, and have a clinical breast exam performed by a health care professional every three years.
- Women ages 40 and older should at least perform a monthly breast self-examination, and have an annual clinical breast exam and an annual mammogram screening.

Women at particularly high risk should talk with their physicians about starting early screenings. Regular early screenings increase the chance of detecting cancer at a stage more conducive to treatment. Mammography can detect cancer several years before a woman or physician can feel a lump. According to the National Cancer Institute, older women who are at the highest risk for breast cancer are least likely to get routine mammograms. Additionally, socioeconomic factors and a lack of health insurance are associated with lower breast cancer survival rates. Access to screenings and health services, breast cancer education, and practicing early detection are vital to saving lives.

ACTION STEPS

For Communities:

- Advocate for community sponsored support for local breast cancer outreach, screening, diagnostic, and treatment programs.
- Participate in community education programs which focus on breast cancer.
- Encourage health care providers to incorporate early detection of breast cancer as part of a woman's health care regimen.
- Advocate for an increase in the number of mobile mammography sessions offered in Franklin County.
- Educate young women on breast health and early detection in high school health classes.

For Individuals:

- Learn how to properly perform a self-exam, then do it monthly.
- Receive age-appropriate clinical breast exams and mammograms.
- Be self-advocating and request screenings as recommended by the American Cancer Society.
- Set up support teams with family, friends, and loved ones to remind each other to receive clinical breast exams and mammograms.
- For information concerning free or low-cost mammograms and breast cancer screenings, telephone the American Cancer Society at 1-800-ACS-2345, the Breast Education Screening and Treatment Program at 614-621-BEST or 1-800-625-BEST, or the Columbus Health Department's Women's Cancer Initiative at 614-645-1836.

Pat Metzler, BSN, RN
Program Manager, Women's Cancer Initiative
Columbus Health Department

BACKGROUND

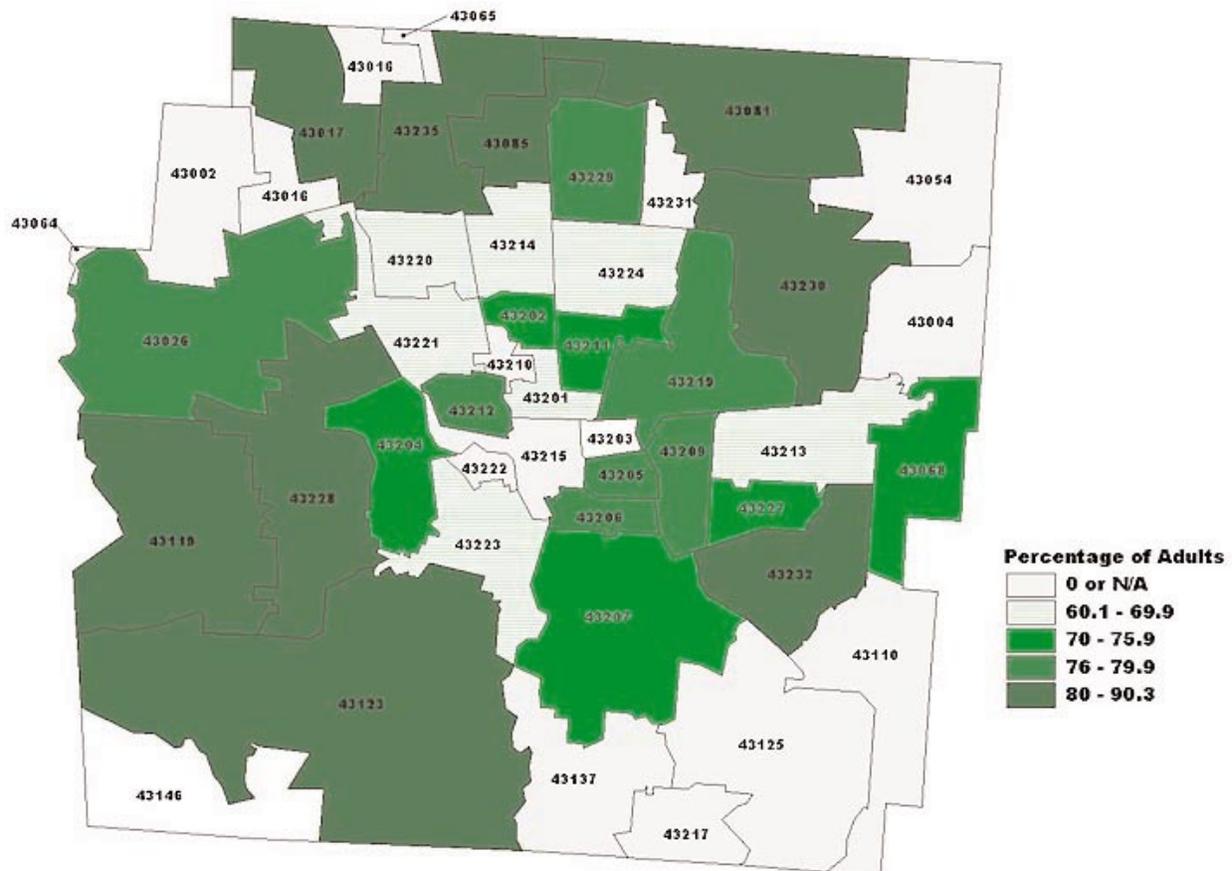
According to the American Cancer Society, approximately 13,000 women will develop cervical cancer in the United States during 2002. In the State of Ohio approximately 600 women will develop cervical cancer. According to the National Cancer Institute, cervical cancer rates have decreased since the 1970's. The main reason for the decrease is the increased use of the Pap test screening, which permits the diagnosis of pre-cancer and early invasive cancers. According to the National Cancer Institute, African-American mortality rates associated with cervical cancer continue to be more than twice that of Caucasian women. Hispanic women and Native American women have recently experienced increased cervical cancer mortality rates.

Cervical cancers do not form suddenly – there is usually a gradual change over several years from non-cancerous to pre-cancer to a manifest cancer. When detected early, cervical cancers can be treated effectively. As a primary prevention tool, a Pap test measures cervical changes before manifest cancer develops. Since pre- and the very early onset of cervical cancer are nearly 100% curable, regular Pap tests can greatly reduce the number of cervical cancer deaths.

Risk Factors

- The most important risk factor for cervical cancer is the Human Papillomavirus (HPV) infection, which is sexually transmitted. There are over 70 types of HPV viruses, including a small number of high cancer risk types.

Women 18 Years & Older who had a Pap Test in the Past Year by ZIP code, Franklin County, Ohio 2000.

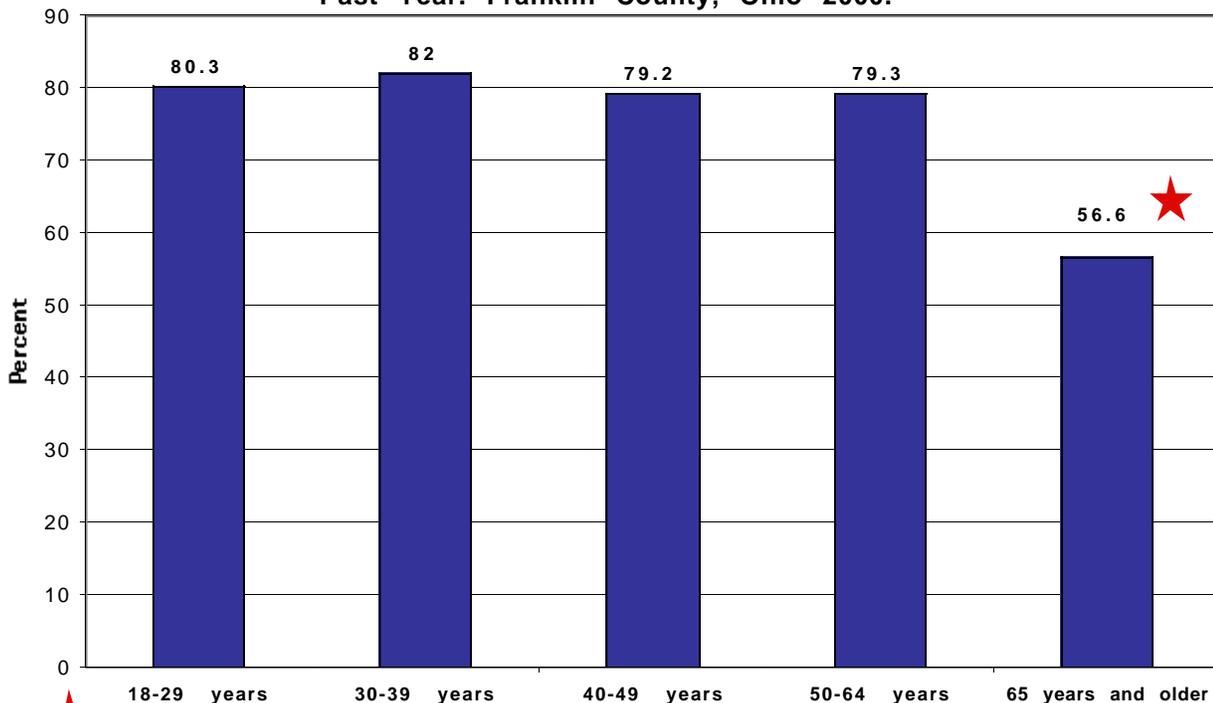


Cervical Cancer Screening

2000 Columbus / Franklin County Community Health Risk Assessment

- **Pap history.** Women who have never had a Pap test or who infrequently have Pap tests (every several years or so) have a higher than average risk of being diagnosed with cervical cancer due to a lack of early detection of pre-cancer cervical changes. The screening schedule for women should be determined by discussing risk factors with a health care provider.
- **Sexual history.** Women who first had sexual intercourse at an early age or who have had many sexual partners have a higher than average risk for developing cervical cancer. Women whose partners have had many sexual partners are also at an increased risk.
- **Smoking.** Cigarette smoking is associated with increased cervical cancer incidence.
- **Diet.** Women with poor diets may be at increased risk. Diets low in fruits and vegetables are associated with increased risk of cervical cancer.
- **Oral contraceptives.** A woman considering oral contraceptives should talk with her physician concerning whether the benefits of oral contraceptive use outweigh the slightly increased risk for cervical cancer.
- **Socioeconomic status.** Many women with low incomes do not access health care, including Pap test screening. Such barriers to care can increase the risks for cervical cancer.

Figure 1: Women 18 Years & Older who had a Pap Smear in the Past Year. Franklin County, Ohio 2000.



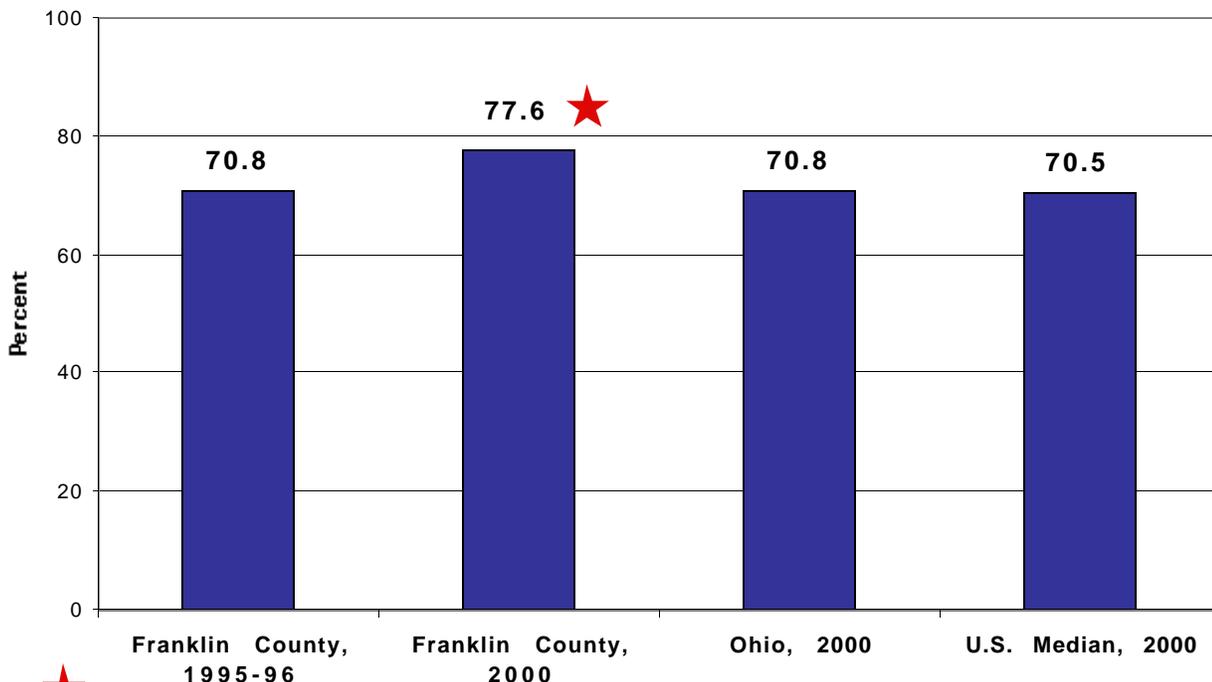
★ Indicates a statistically significant difference between women ages 65 and older and women ages 18-29, 30-39, 40-49, and 50-64.

FRANKLIN COUNTY RESULTS SURVEY

A Pap smear is a test for cancer of the cervix. The American Cancer Society recommends that all women ages 18 and older have a Pap smear every year.

- 96.4% of women 18 and older have had at least 1 Pap smear. **There are no statistically significant differences based upon demographics.**
- 77.6% of women 18 and older have had a timely Pap smear (within the past year). **The following demographic differences are statistically significant.**
 - **AGE:** *Fewer women ages 65 and older (56.6%) have had a timely Pap smear compared to women ages 50-64 (79.3%), 40-49 (79.2%), 30-39 (82%), or 18-29 (80.3%). (See Figure 1)*
 - **EMPLOYMENT STATUS:** *Fewer retired women (60.7%) have had a timely Pap smear in comparison to women who work in the home (80.8%), work full-time (80.2%), or are unemployed (89.2%). This may be a function of age.*
 - **MARITAL STATUS:** *Fewer women who are widowed (57.1%) have had a timely Pap smear compared to women who are married/living together (79.9%), divorced/separated (77.5%), or single (77.3%). This may be a function of age.*

Figure 2: Women 18 & Older who had a Pap Smear in the Past Year for Franklin County, Ohio, & the United States.



★ Indicates a statistically significant difference between 1995-96 and 2000 for Franklin County. There is also a statistically significant difference between Franklin County 2000 and Ohio 2000.

- The following county (trend), state and national data show the percentage of women 18 years and older who have had a Pap smear in the past year. **The 6.8% increase since 1995-96 for Franklin County is statistically significant. Franklin County 2000 is significantly higher than Ohio 2000.** (See Figure 2)

- 2000 Franklin County: 77.6%
- 1995-96 Franklin County: 70.8%
- 2000 Ohio: 70.8%
- 2000 National Median: 70.5%

- Main reasons for not having Pap smear within the past year:

- Believe there is no reason to have one: 21.2%
- Professional said not needed: 5.2%
- Other priorities: 4.9%

- Reason for most recent Pap smear:

- Routine check-up: 93.4%
- Current or previous problem: 5.3%
- Other: 1.3%

RECOMMENDATIONS

The American Cancer Society guidelines for early detection recommend that women should begin having yearly Pap tests at 18 years of age, or when they become sexually active, whichever occurs first. If a woman has 3 negative annual Pap tests in a row, the necessity for annual tests may be diminished. If a woman is considered at high risk, she should discuss her individual testing schedule with her health care provider. Post-menopausal women should continue to receive a Pap test. According to the National Cancer Institute, those tending to not get regular Pap tests are older women, uninsured women, and ethnic minorities. Nationally, about half of women with newly diagnosed invasive cervical cancer did not have a Pap test within the past 5 years.

A woman should have a Pap test when she is not menstruating. The best time for a pap test is between 10 and 20 days after the first day of her menstrual period. For about 2 days before a Pap test, she should avoid douching or using spermicidal foams, creams, or jellies or vaginal medicines (except as directed by a physician), which may wash away or hide any abnormal cells.

ACTIONS STEPS

For Communities:

- Disseminate information about the Human Papillomavirus (HPV) and other sexually transmitted diseases.
- Make women's health and the importance of Pap tests a part of health education in high school health classes.
- Promote women's cervical health and Pap tests as part of an annual examination.
- Remove barriers which prevent women from receiving services such as lack of affordable health care, transportation, and culturally competent care.
- Make information on programs offering low income cervical services readily available to all physicians and health care providers.
- Address disparity in health care for the elderly and minority populations at the state and local governmental levels.
- Foster collaboration with existing community groups to raise cervical cancer awareness and early detection issues.
- Develop community resources to foster quick referrals for free or low cost pelvic exams and Pap testing.

For Individuals:

- Talk with a health care provider about risks for the development of cervical cancer.
- Limit the number of sexual partners to decrease risks of exposure to HPV infection.
- Stop smoking.
- Have regular Pap tests – cervical irregularities are often asymptomatic.
- Unusual bleeding needs to be evaluated by a health care professional.
- Seek treatment for all lesions.
- For information about low-cost or free Pap tests telephone the American Cancer Society at 1-800-ACS-2345, or the Columbus Health Department Women's Cancer Initiative at 614-645-1836.

Pat Metzler, BSN, RN
Program Manager, Women's Cancer Initiative
Columbus Health Department

BACKGROUND

Prostate cancer is the leading form of diagnosed cancer among males in the United States (National Cancer Institute Cancer Incidence Report, 2000). Prostate cancer is second only to lung cancer as a cause of cancer-related deaths among men. Statistics gathered by the American Cancer Society (ACS) estimate that 189,000 men will develop prostate cancer in the United States in 2002, and approximately men 30,200 will die from it. In Ohio, ACS estimates 8,100 new prostate cancer cases and 1,300 deaths in 2002.

The causes of prostate cancer are not known. However, research studies have shown that certain risk factors are associated with prostate cancer.

Risk Factors

- **Age.** In the United States, prostate cancer is found mainly in men over age 55. The average age of patients at the time of diagnosis is 70.
- **Family history of prostate cancer.** A man's risk for developing prostate cancer is higher if his father or brother has had the disease.
- **Race.** This disease is much more common in African-American men than in white men. It is less common in Asian and American Indian men.
- **Diet and dietary factors.** Some evidence suggests that a diet high in animal fat may increase the risk of prostate cancer and a diet high in fruits and vegetables may decrease the risk.

Screening for prostate cancer can be done by digital rectal exam (DRE) and testing blood for prostate specific antigen (PSA). A digital rectal exam (DRE) involves the health care provider inserting a gloved finger into the man's rectum to detect palpable lumps on the prostate. The blood test measures the levels of prostate specific antigen in nanograms per milliliter (ng/ml). These tests are used to detect prostate abnormalities, but they cannot show whether abnormalities are cancer or another, less serious condition. The health care provider will take the results into account in deciding whether to check the patient further for signs of cancer. Additional tests include a transrectal ultrasound or a biopsy.

FRANKLIN COUNTY SURVEY RESULTS

The prostate is a male sex gland and is part of a man's reproductive system. The prostate is about the size of a walnut. It is located below the bladder and in front of the rectum. A prostate specific antigen (PSA) test is a blood test that detects abnormalities of the prostate gland, which can be a sign of prostate cancer.

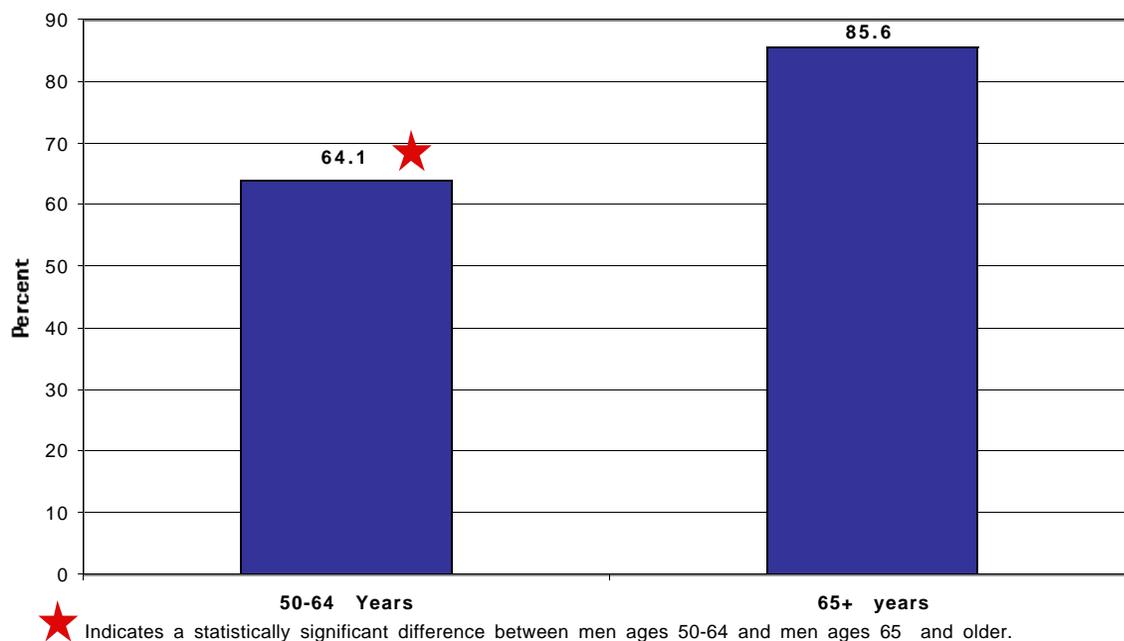
- 59.8% of men ages 50 and older have been told to have a PSA blood test by their doctor or health professional. **The following demographic difference is statistically significant.**
 - **AGE:** *Fewer men ages 50-64 (45.6%) have been told by their doctor or health professional to have a PSA blood test compared to men ages 65 and older (74.1%).*

Prostate Cancer Screening

2000 Columbus / Franklin County Community Health Risk Assessment

- 74.9% of men ages 50 and older have had at least 1 PSA blood test. **The following demographic difference is statistically significant:**
 - **AGE:** Fewer men ages 50- 64 (64.1%) have had at least 1 PSA blood test compared to men ages 65 and older (85.6%). (See Figure 1)
- 85% of men ages 50 and older that have ever had a PSA blood test have also had timely PSA blood screens (within the past year).
- Reason for most recent PSA blood test: (See Figure 2)
 - Routine check-up: 84.2%
 - Prostate problem that was not cancer: 7.5%
 - Prostate problem that turned out to be cancer: 4%
 - Had prostate cancer: 4.2%
- 6.8% of Franklin County men ages 50 and older have a first degree relative (father, brother, or son) who has been diagnosed with prostate cancer.
 - 96.9% of men ages 50 and older who have a first degree relative who has/had prostate cancer have had at least 1 PSA blood test.

Figure 1: Men 50 Years and Older Who Have Had at least 1 Prostate Specific Antigen (PSA) Blood Test. Franklin County, Ohio 2000.



Prostate Cancer Screening

2000 Columbus / Franklin County Community Health Risk Assessment

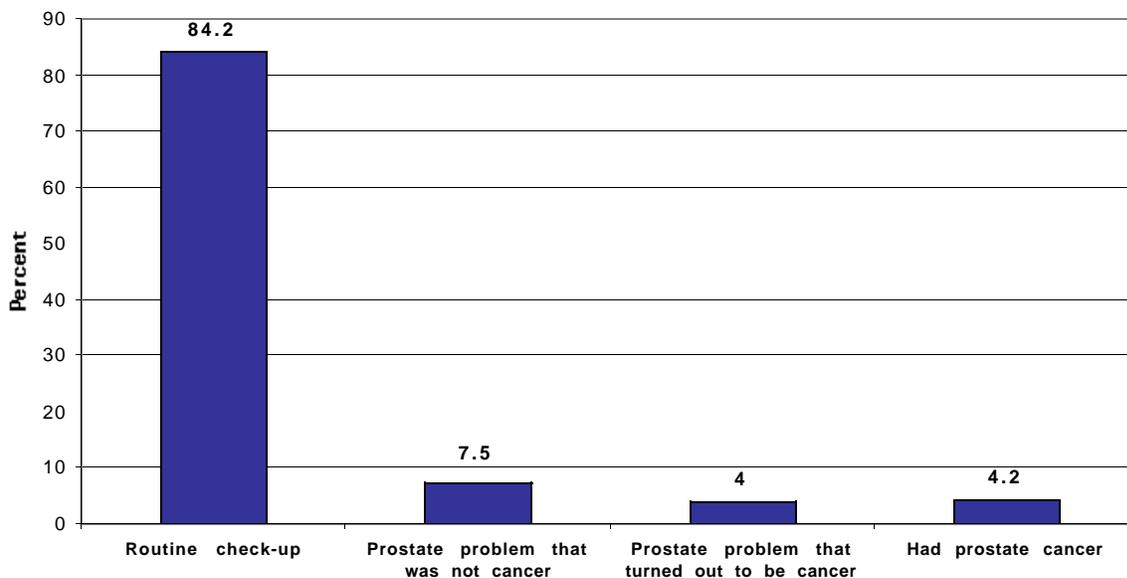
- 90.7% of men ages 50 and older who have a first degree relative who has/had prostate cancer have had a PSA blood test within the past year.

RECOMMENDATIONS

Information should be provided to men at an early age about prostate cancer, its signs and symptoms, and the benefits of early detection. Prostate cancer often does not cause symptoms for many years. By the time symptoms occur, the disease may have spread beyond the prostate. When symptoms do occur, they may include:

- Frequent urination, especially at night
- Inability to urinate
- Trouble starting or holding back urination
- A weak or interrupted flow of urine
- Painful or burning urination
- Blood in the urine or semen
- Painful ejaculation
- Frequent pain or stiffness in the lower back, hips, or upper thighs

Figure 2: Reasons Given by Men 50 Years and Older for Having Their Most Recent Prostate Specific Antigen (PSA) Blood Test. Franklin County, Ohio 2000.



These can be symptoms of cancer, but more often they are symptoms of non-cancerous enlargement of the prostate. It is important to check with a doctor.

Men over the age of 50 with a life expectancy of 10 or more years should consult with their health care provider about having the DRE and PSA blood test on an annual basis.

High-risk groups (African-Americans, men with close family members diagnosed with prostate cancer) should begin having annual screenings at age 45.

ACTION STEPS

For Communities:

- Sponsor community education programs that instruct men about the potential risks and symptoms associated with prostate cancer and their individual responsibility for obtaining screenings.
- Conduct free or low-cost prostate cancer screenings (deploying the DRE or PSA) throughout the year in areas of the community where screening compliance is lowest.
- Provide education and screening programs for the African-American community due to high incidence and mortality rates.
- Encourage health care providers to talk with men about the benefits of prostate cancer screenings.

For Individuals:

- Learn more about prostate cancer and the screenings used to detect its presence.
- Discuss screening options with a health care providers to determine when to add prostate screenings to one's annual health regimen (at age: 45 to 50).
- Encourage male relatives and friends to have annual prostate screenings.
- Discuss openly the risks of prostate cancer with others to limit the potential embarrassment associated with this disease.

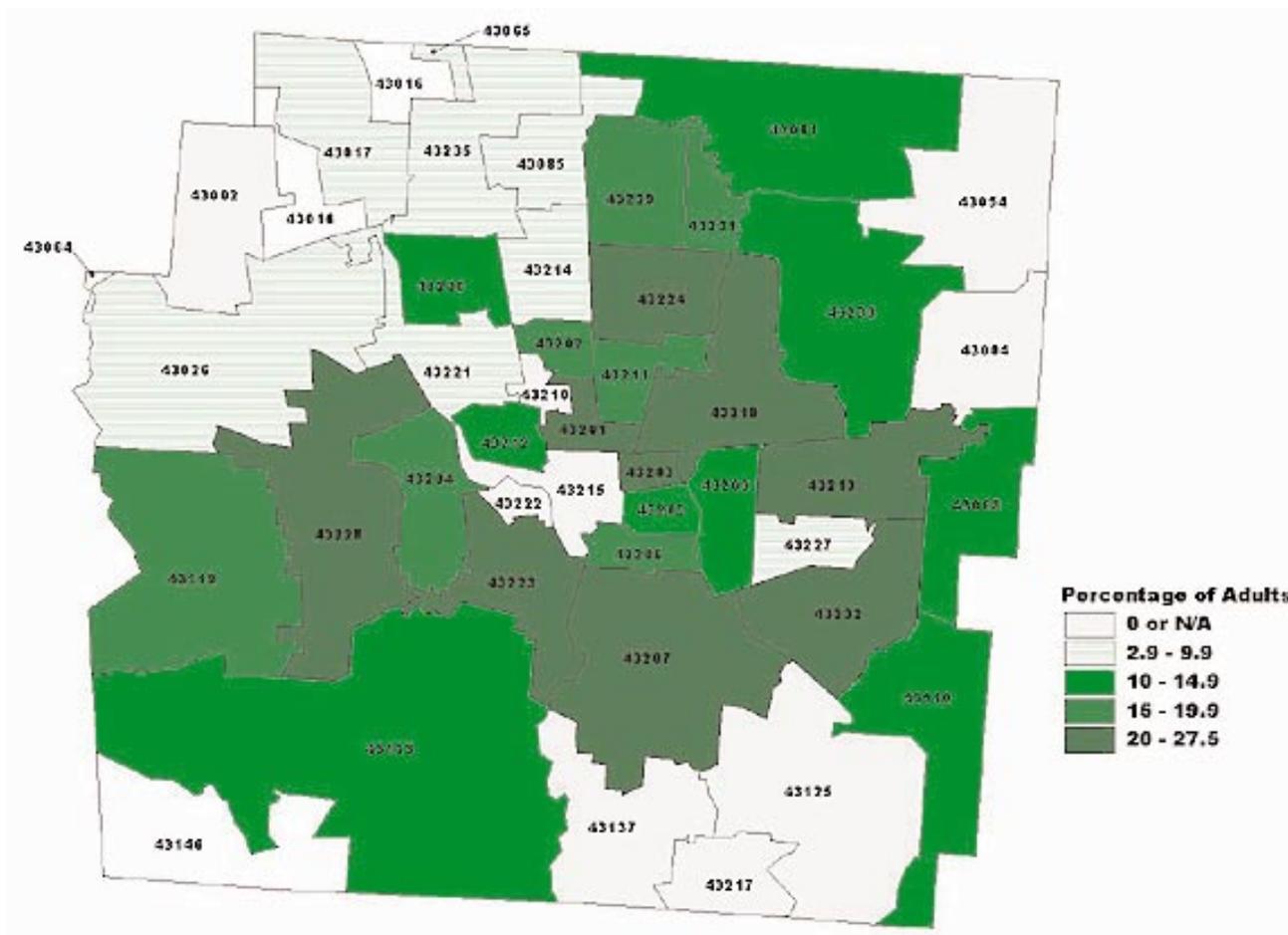
Michael Wachter
Senior Manager, Planning and Market Research
OhioHealth

BACKGROUND

According to former Surgeon General, Dr. David Satcher, "Mental health is fundamental to a person's overall health, indispensable to personal well being and instrumental to leading a balanced and productive life." Unfortunately, the U.S. Department of Health and Human Services (HHS) estimates that 56 million (1 in 5) Americans experience diagnosable mental disorders each year. According to the National Institute of Mental Health (NIMH) mental illness accounts for 4 of the leading 10 causes of disability in the United States. The estimated economic cost of mental illness is more than \$170 billion per year (HHS). The cost is even higher when one looks at how mental illness contributes to the loss of life. Over 90% of people who kill themselves have a diagnosable mental disorder (NIMH) and suicide is one of the top 10 leading causes of death in both Franklin County and the United States (2000).

Mental disorders are characterized by alterations in thinking, mood, or behavior associated with distress and/or impaired mental function. Two main types of mental disorders are anxiety disorders and depressive disorders. Anxiety disorders are the most prevalent mental disorder in adults. NIMH estimates that more than 14% of the population is affected by anxiety disorders each year. Depressive disorders affect over 9.5% of the adult population each year. Most people who think about committing suicide or try to kill themselves suffer from a depressive disorder.

Adults Who Screened Positive for Depression by ZIP Code, Franklin County, Ohio 2000.



Persons with a mental disorder are not the only ones in need of mental health services; those with mental health problems are also in need. Mental health problems are those that are not of sufficient intensity or duration to meet the criteria of any mental health disorder. Certain events such as divorce, loss of a family member, or other stressful events, create mental health problems. These problems can be debilitating and should be treated rather than left unattended. Early intervention for a mental health problem can keep it from becoming a mental health disorder.

Untreated mental disorders can lead to unsuccessful relationships, lost productivity, and significant distress and dysfunction. It is important to realize that despite the numbers of people affected in the United States (1 in 5 adults), only 25% of adults in need of mental health services actually receive care (HHS). This is due, in part, to disparities in the availability of and access to mental health services. A key disparity is a person's income level. Financial barriers block needed mental health care for many people, both those who have health insurance with inadequate mental health benefits and the uninsured. Even people with adequate financial means are reluctant to seek care due to the stigma that many in our society attach to mental illness and to people who have a mental illness. Stigma erodes confidence that mental disorders are valid, treatable health conditions. It leads people to avoid socializing, employing or working with, or living near persons who have a mental disorder. Stigma deters the public from wanting to pay for care and, thus, reduces access to treatment and social services.

While the causes of mental illness are not as well known, a range of effective treatments exist for most mental disorders. Current research has improved the ability to recognize, diagnose and treat these conditions. These increasingly effective treatments may be the best way to overcome stigma. Effective interventions help people to understand that mental disorders are not character flaws but are legitimate illnesses that respond to specific treatments, just as other health conditions respond to medical interventions.

FRANKLIN COUNTY SURVEY RESULTS

General mental health status for Franklin County adults

■ Self-perceived general mental health status:

- Excellent: 37.5%
- Very good: 35.2%
- Good: 20.7%
- Fair: 5.2%
- Poor: 1.5%

Depression screen

■ 19.9% of Franklin County adults screened positive for depression. **The following demographic differences are statistically significant.**

- **INCOME LEVEL:** *More adults living in low-income households (37.3%) screened positive for depression compared to adults living in middle- or high- income households (12.5%). (See Figure 1)*

Mental Health

2000 Columbus / Franklin County Community Health Risk Assessment

- **MARITAL STATUS:** *Fewer adults who are married/living together (12%) screened positive for depression compared to adults who are divorced/separated (27%) or single (17.7%).*
- 11.1% of Franklin County adults who screened positive for depression also reported that they seriously considered attempting suicide in the past 12 months. Only 1.2% of adults with a negative depression screen considered suicide in the past 12 months. **This difference is statistically significant.**
- 78.1% of Franklin County adults who screened positive for depression have not seen a mental health professional in the past year.

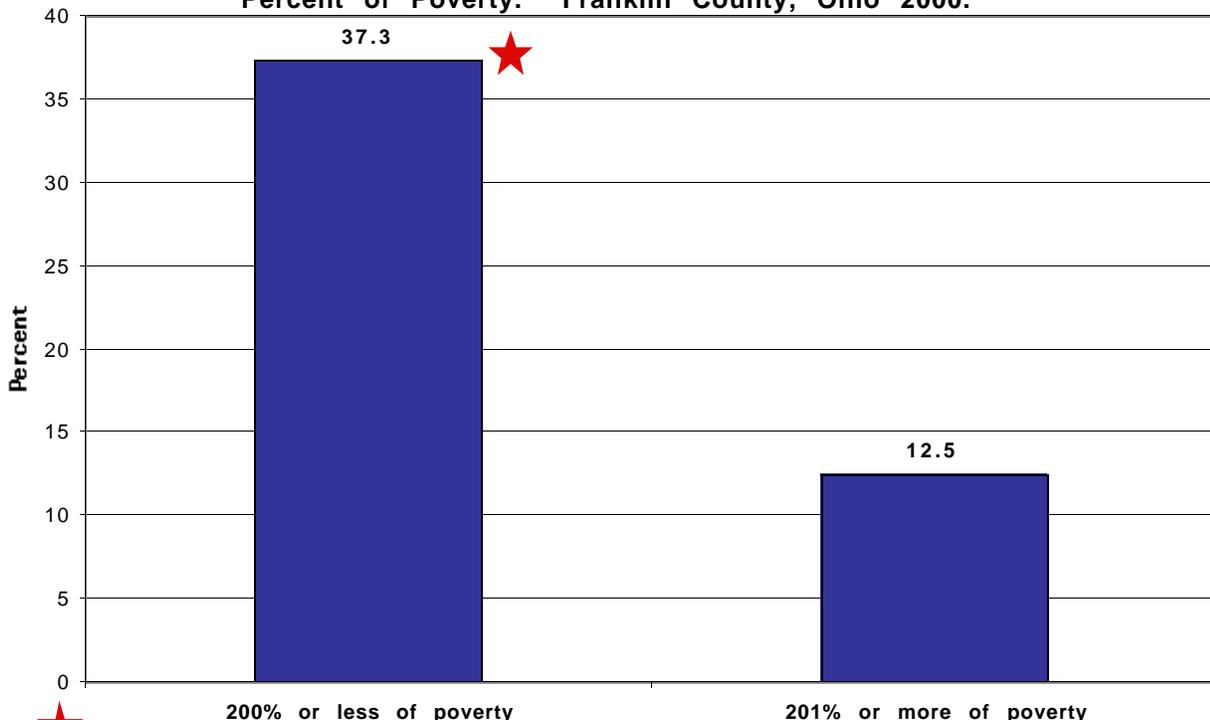
Visiting a health care professional in the past 12 months

- 7.2% of Franklin County adults have seen a mental health professional in the past 12 months. **The following demographic difference is statistically significant.**
 - **GENDER:** *More females (9%) have been diagnosed with an anxiety disorder than males (5.3%).*

Seriously considered suicide in the past 12 months

- 2.7% of adults report having seriously considered suicide in the past 12 months. **There are no statistically significant differences based on demographics.**
- 65.5% of adults who seriously considered suicide in the past 12 months have not seen a mental health professional in the past 12 months.

Figure 1: Adults Who Screened Positive for Depression by Percent of Poverty. Franklin County, Ohio 2000.



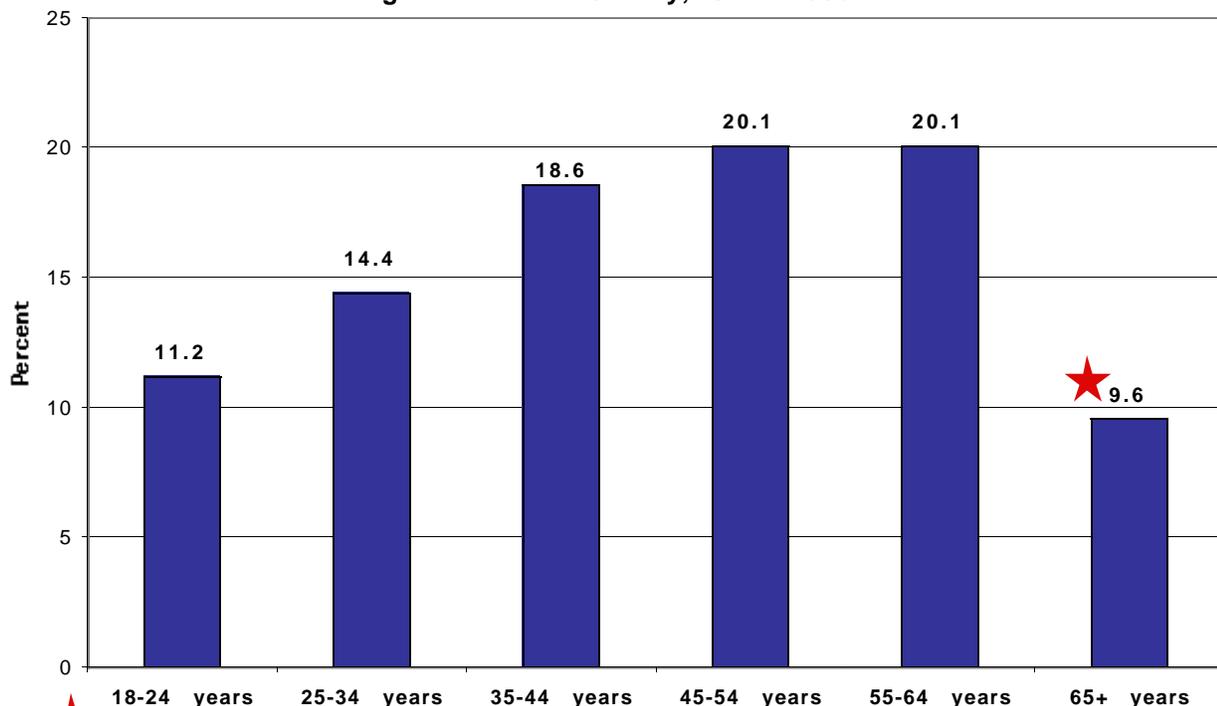
★ Indicates a statistically significant difference between income levels.

- 53% of adults who seriously considered suicide in the past 12 months rate their general mental health status as fair or poor.

Mental Health diagnosed by a health care or mental health professional

- 15.6% of Franklin County adults report being diagnosed with depression. **The following demographic differences are statistically significant.**
 - **GENDER:** *More women* (21.1%) have been diagnosed with depression than men (9.5%).
 - **AGE:** *Fewer adults ages 65 and older* (9.6%) have been diagnosed with depression than adults ages 35-44 (18.6), ages 45-54 (20.1%), or adults ages 55-64 (20.1%). (See Figure 2)
 - **MARITAL STATUS:** *More adults who are divorced/separated* (24.7%) have been diagnosed with depression compared to adults who are married/living together (15.1%) or single (13.9%).
- 1.6% of Franklin County adults report being diagnosed with an adjustment disorder. **There are no statistically significant differences based upon demographics.**
- 8.4% of Franklin County adults have been diagnosed with an anxiety disorder. **The following demographic difference is statistically significant.**
 - **GENDER:** *More females* (11.6%) have been diagnosed with an anxiety disorder than males (4.7%).

Figure 2: Adults Who Have Been Diagnosed with Depression by Age. Franklin County, Ohio 2000.



★ Indicates a statistically significant difference between adults ages 65 & older and adults ages 35-44, ages 45-54, and ages 55-64. There is not a statistically significant difference between adults ages 65 & older and adults ages 18-24 or adults ages 25-34.

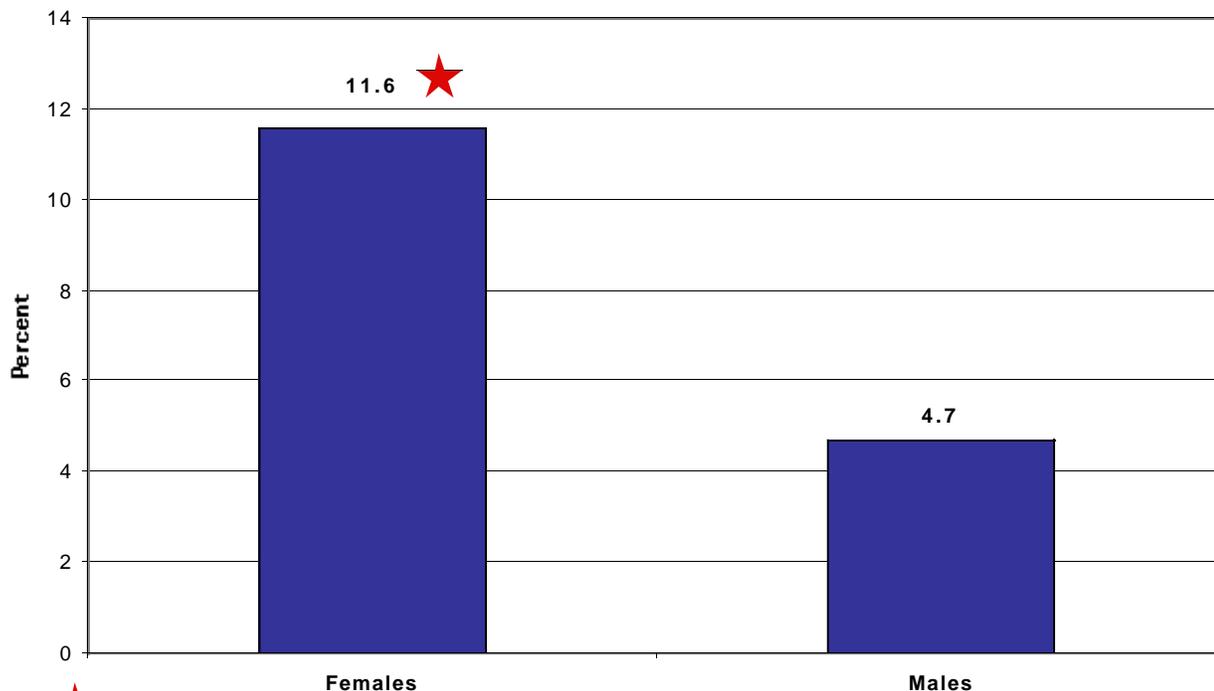
- 1.1% of Franklin County adults have been diagnosed with a personality disorder. **There are no statistically significant differences based upon demographics.**

ACTION STEPS

For Communities:

- Improve public awareness of effective treatment options
- Ensure the supply of and access to mental health services and providers
- Ensure the delivery of state-of-the-art treatments
- Tailor treatment to age, gender, race, and culture.
- Overcome stigma
- Facilitate entry into treatment.
- Reduce financial barriers to treatment
- Strive to get better mental health coverage and equity between mental health coverage and other health coverage.

Figure 3: Adults Who Have Been Diagnosed with an Anxiety Disorder by Gender. Franklin County, Ohio 2000



★ Indicates a statistically significant difference between genders.

- Integrate primary care and mental health services.
- Annual programs to educate the community on mental health and mental illness are provided by The Mental Health Association of Franklin County. Information on upcoming programs may be received by calling (614) 221-1441.
- The Ohio Department of Mental Health conducts Community Forums, a series of community conversations on a variety of issues regarding mental health. For further information on Community Forums, visit <http://www.mh.state.oh.us/initiatives/forums/homepg.html>.

For Individuals:

- Seek help if you have a mental health problem or think that you have symptoms of mental illness.
- Reduce stress (See below)
- Carefully select a therapist
- Become familiar with local bills regarding mental health and addiction treatment services within the Ohio Legislature. For current information on mental health issues, visit the National Mental Health Association website at www.nmha.org.
- Promote an understanding of the causes of mental disorders in your community.

Controlling Stress:

- For mental health problems related to stress, try to control stress by doing the following:
 - Be realistic – take on only what you can realistically handle, and compromise.
 - Shed the "superwoman"/"superman" persona – no one is perfect. Don't expect perfection from yourself or others.
 - Meditate - ten to twenty minutes of quiet reflection may bring relief from chronic stress as well as increase your tolerance to it. Use this time to listen to some music, relax and think of nothing at all.
 - Exercise – regular exercise is a good way to relieve stress.
 - Healthy lifestyle – good nutrition, exercise, a lower intake of caffeine and alcohol, adequate rest and a balance of work and play are important for mental and physical health.
 - Go easy with criticism – you may expect too much from yourself or others. Try not to feel disappointed or let down when another person doesn't measure up. For further information on handling stress and everyday problems, go to <http://www.mhafc.org/stress.htm>.

Suellen I. Bennett, MSPH
Stace L. Klempnauer, MSW
Columbus Health Department

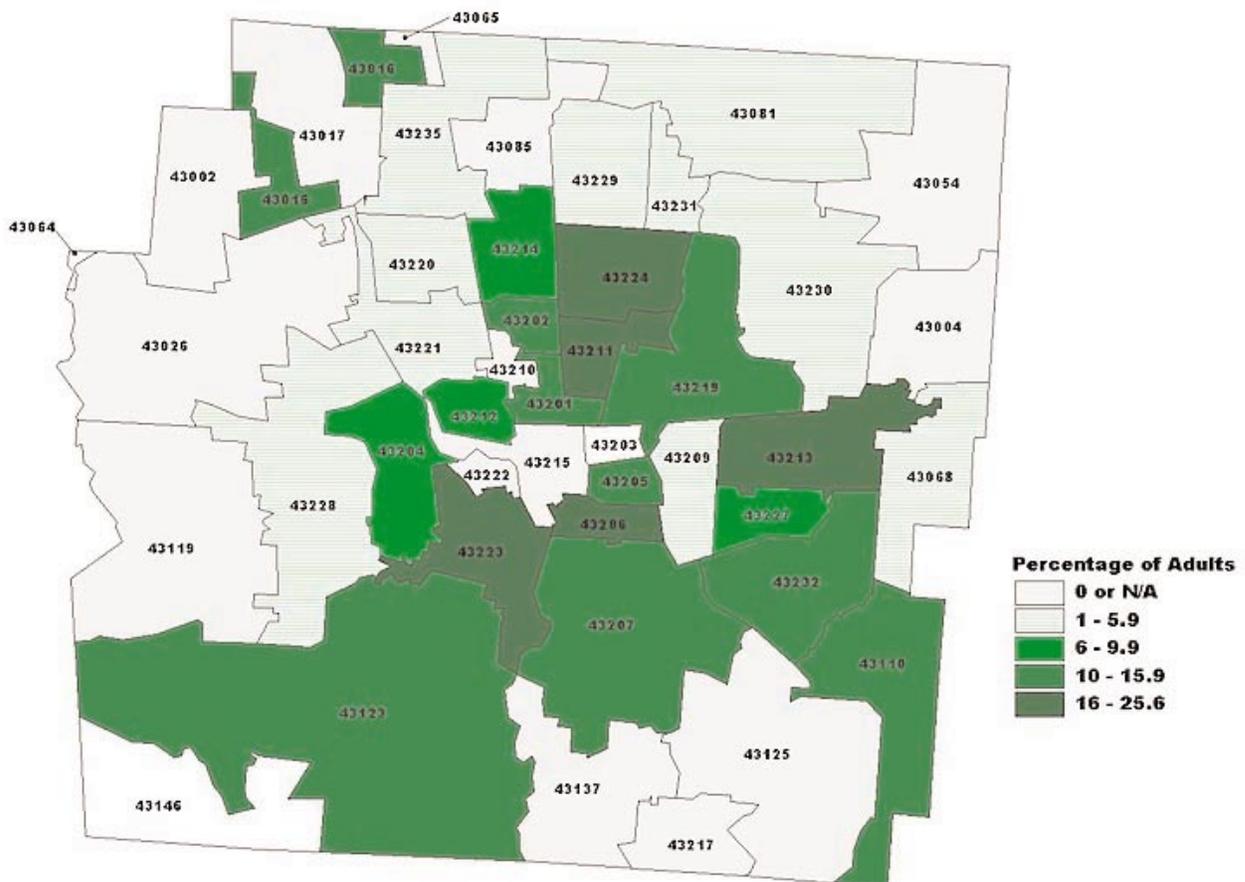
BACKGROUND

Measuring health care access in a community like Franklin County usually consists of three factors: (1) the number of people uninsured, (2) the number of people without accessible doctors, hospitals, or clinics, and (3) the number of people who have difficulty paying for health care out-of-pocket. Major influences to these factors include employment, education, and family composition (2 parent or single parent families). The Healthy People 2010 objective for health care access is to "Reduce to zero percent the proportion of children and adults under 65 without health care coverage."

In 1996 the Urban Institute estimated that 18% (28.8 million) of the United States' adult population (18 to 64 years) was uninsured for at least one week in the previous year. Adjusting for Medicaid enrollment, the 1997 Medical Expenditures Panel Survey (MEPS) estimated that 19.2% of all American adults (31.5 million people) were uninsured. An April 2000 Kaiser Family Foundation (KFF) study found that the uninsured are 65% less likely to visit a physician when needed, are 62% less likely to receive preventive health services (e.g., immunizations or preventive screenings), and are 43% more likely to have ongoing health problems (e.g., diabetes, hypertension, high blood cholesterol). The KFF study also found that the uninsured were often forced to make decisions between purchasing food, heating, rent, and doctor visits when considering how to spend their income. The Robert Wood Johnson Foundation found that nationally 59% of the uninsured are not offered insurance by their places of employment. Additionally, rural areas have more difficulty than metropolitan areas in securing health care insurance or services.

Adults Who Do Not Have Any Type of Health Care Coverage by ZIP code, Franklin County, Ohio 2000.

Health care coverage includes, but is not limited to, health insurance, prepaid health care plans such as health maintenance organizations (HMO's), and governmental plans such as Medicare.



The 1998 Ohio Family Health Survey found that 11.2% of all Ohioans (1,252,136 individuals) were uninsured for at least one week prior to being surveyed, the adult uninsured rate in Ohio was 13.8% (882,697 adults). The 1997 Medical Expenditure Panel Survey (MEPS) estimated that Ohio ranked below average for having readily available health care access, with the metropolitan areas having much better access than the rural counties. In fact, it is believed that Ohio's southeastern region (with a high Appalachian population) mirrors other national Appalachian regions as having a health care provider drought. Research from the National Centers for Health Statistics (1998) estimates that 37% of Ohio residents have difficulty paying out-of-pocket expenses for health care. Pharmaceutical and dental costs contribute significantly to the problem. In Ohio, those who reported being uninsured also routinely reported a lower health status than those who have an employment-based insurance source (Ohio Family Health Survey, 1998). In Franklin County many barriers exist to health care access. A 1997 Columbus Medical Association Foundation commissioned survey examined these barriers. According to the survey the uninsured face barriers such as not knowing where to go, the cost of prescriptions and follow-up care, and the choice between seeking health care and earning wages to meet basic needs.

The Benefits of Increased Community-Based Health Access:

- Better health screenings for needy populations
- A reduction in negative medical outcomes
- Additional education and intervention for behavioral risk factors (e.g., poor diet, smoking)
- A reduction of preventable morbidity and mortality
- A reduction in unnecessary medical expenses for private and governmental insurance systems
- A reduction in unnecessary out-of-pocket expenses
- A reduction in inappropriate health care system use (e.g., emergency room usage)

FRANKLIN COUNTY SURVEY RESULTS

Health care coverage includes, but is not limited to, health insurance, prepaid plans such as HMOs, or government plans such as Medicare.

- 8.5% of Franklin County adults do not have health care coverage. **The following demographic differences are statistically significant.**

- **RACE:** *More African-American adults (17.5%) lack health care coverage than Caucasian adults (6.2%).*
- **AGE:** *More adults ages 18-24 (15.2%) lack health care coverage compared to adults ages 35-44 (6.4%), ages 55-64 (5.3%), and adults ages 65 and older (0.4%). (See Figure 1)*
- **INCOME LEVEL:** *More adults living in low-income households (21.2%) lack health care coverage compared to adults living in middle- or high-income households (4.5%).*

Health Care Access

2000 Columbus / Franklin County Community Health Risk Assessment

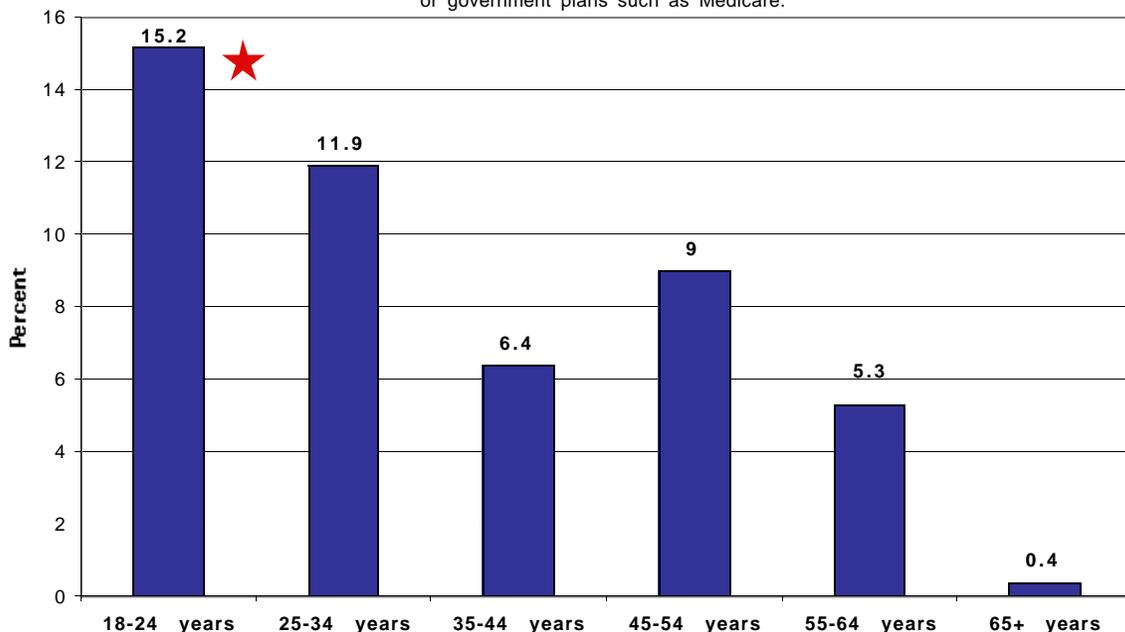
- **EDUCATION LEVEL:** *More adults without a high school diploma (20.2%) lack health care coverage compared to adults who attended some college (9.1%) and adults with a college degree (3.4%).*
- **EMPLOYMENT:** *Fewer adults who work full-time (7.3%) lack health care coverage compared to adults who work part-time (15.7%) and adults who work in the home (16.6%).*
- **MARITAL STATUS:** *More adults who are single (15.6%) or divorced/separated are not covered by health care in comparison to adults who are married/living together (4.3%) or 2 adults who are widowed (2.4%).*

- Currently uninsured adults have been uninsured for an average of 2 years.
- The following county (trend), state, and national data details the percentage of adults who do not have any kind of health care coverage and the national standard. **There is a significant difference between Franklin County (2000) and Ohio (2000).** (See Figure 2)

- 2000 Franklin County Survey: 8.5%
- 1995-96 Franklin County Survey: 9.8%
- 2000 Ohio: 10.2%
- 2000 National Median: 11.8%
- Healthy People 2010 Goal: 0%

Figure 1: Adults Without any Type of Health Care Coverage by Age. Franklin County, Ohio 2000.

Health care coverage includes, but is not limited to health insurance, pre-paid plans such as HMO's, or government plans such as Medicare.



★ Indicates a statistically significant difference between adults ages 18-24 and adults ages 35-44, ages 55-64, and adults ages 65+.

Health Care Access

2000 Columbus / Franklin County Community Health Risk Assessment

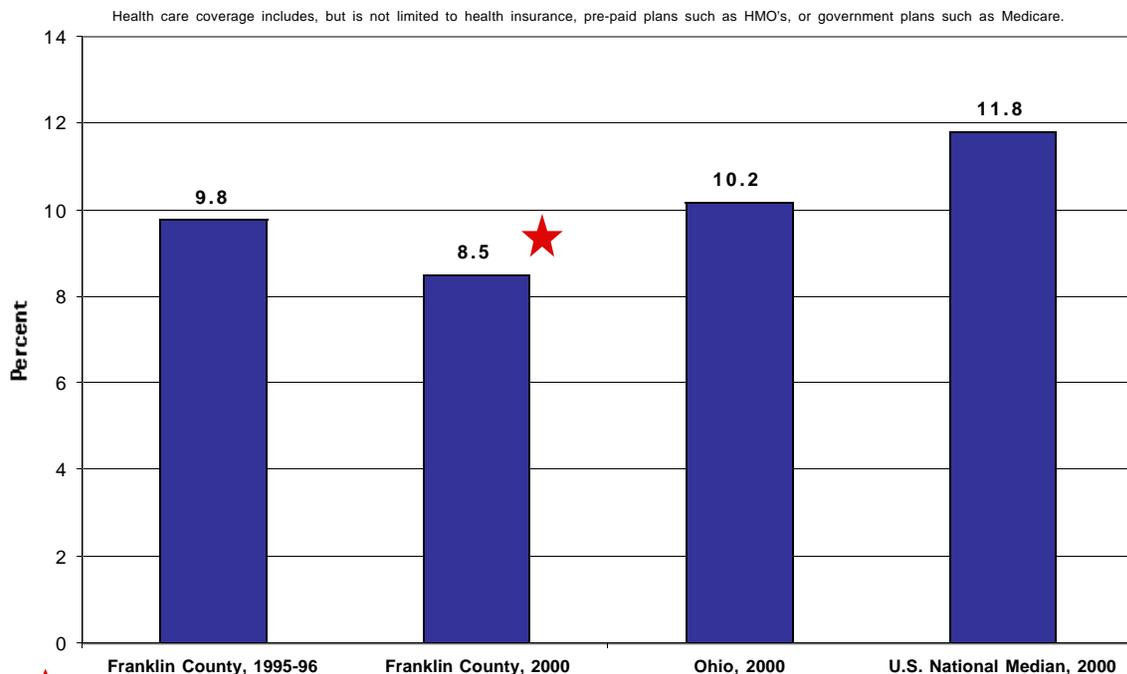
- Main reasons given for why an adult does not have any health care coverage:
 - Loss of job or changed employers: 27.3%
 - Couldn't afford to pay premiums: 20.2%
 - Employer doesn't offer coverage or has stopped offering coverage: 14%

A usual source of health care (place) is the place that a person usually goes when he or she is sick or to seek health advice, such as a particular clinic, health center, doctor's office or any other such place.

- 16.4% of Franklin County adults do not have a usual source of health care. **The following demographic differences are statistically significant.**

- **GENDER:** *More males* (22.7%) do not have a usual source of health care (place) than females (10.8%). (See Figure 3)
- **AGE:** *More adults ages 18-24* (34.7%) do not have a usual source of health care (place) compared to adults ages 25-34 (20.4%), ages 35-44 (15.4%), ages 45-54 (12.4%), ages 55-64 (6.7%), and adults ages 65 and older (3.7%).
- **MARITAL STATUS:** *More adults who are single* (29.9%) do not have a usual source of health care (place) in comparison to adults who are married/living together (10.7%) and adults who are divorced/separated (13.1%).

Figure 2: Adults Without Any Type of Health Coverage for Franklin County, Ohio, & the United States.



★ Indicates a statistically significant difference between Franklin County and Ohio in year 2000.

Health Care Access

2000 Columbus / Franklin County Community Health Risk Assessment

- Primary places used by Franklin County adults as a usual source of health care:
 - Doctor's office: 79.9%
 - Hospital outpatient clinic: 7%
 - Company or school health clinic/center: 5.3%

A usual source of health care (person) is having one particular doctor or health professional that one sees for routine medical care.

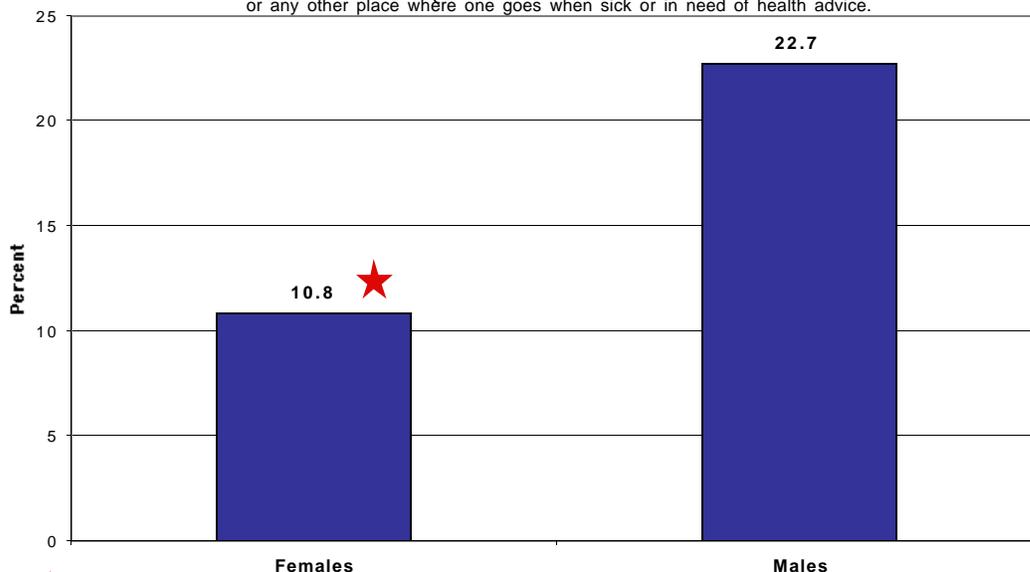
- 18.5% of Franklin County residents do not have a usual source of medical care (person).
The following demographic differences are statistically significant.
 - **MARITAL STATUS:** *More adults who are single (32.9%) do not have a usual source of medical care (person) compared to adults who are married/living together (12.6%), adults who are divorced/separated (12.9%), and adults who are widowed (5.6%).*
 - **AREA OF RESIDENCE:** *More adults who live in Columbus (20.9%) do not have a usual source of medical care (person) compared to adults who live in Franklin County excluding Columbus (13.4%). (See Figure 4)*

Timely medical exam is having a routine exam by a doctor or other health professional in the past year.

- 74.6% of Franklin County adults had a routine medical exam in the past year.
The following demographic differences are statistically significant.
 - **GENDER:** *More females (80.7%) have had a timely medical exam than males (64.2%).*

Figure 3: Adults without a Usual Source of Health Care (Place) by Gender. Franklin County, Ohio 2000.

A usual source of health care is a place such as a particular clinic, health center, doctor's office, or any other place where one goes when sick or in need of health advice.



★ Indicates a statistically significant difference between genders.

Health Care Access

2000 Columbus / Franklin County Community Health Risk Assessment

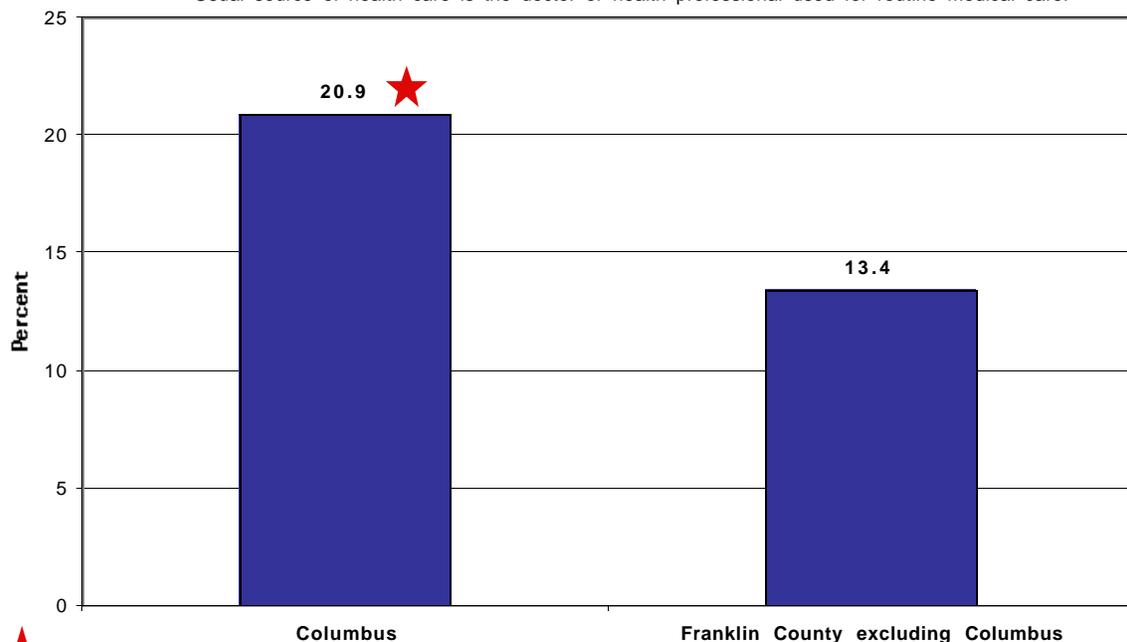
- **RACE:** *More African-American adults (85.4%) have had a timely medical exam than Caucasian adults (72.6%). (See Figure 5)*
- **AGE:** *More adults ages 65 and older (91%) have had a timely medical exam compared to adults ages 18-24 (72.5%), ages 25-34 (65.7%), ages 35-44 (67.1%), and adults ages 45-54 (79.2%).*
- **EDUCATION LEVEL:** *Fewer adults with a college degree (68.1%) have had a timely medical exam compared to adults without a high school diploma (78.8%) and adults with high school diploma (83.3%).*
- **EMPLOYMENT STATUS:** *More adults who are retired (90.6%) have had a timely medical exam compared to adults who work full-time (70.2%), part-time (73.2%), work in the home (79.6%), and adults who are full-time students (65.3%). This may be a function of age.*
- **MARITAL STATUS:** *More adults who are widowed (93%) have had a timely medical exam compared to adults who are married/living together (74.4%), who are divorced/separated (79.3%), and adults who are single (70.6%). This may be a function of age.*

■ Reasons for not having a routine medical exam in the past year:

- No reason to have one: 55.8%
- Have not thought about it: 6.9%
- Other priorities: 5%

Figure 4: Adults without a Usual Source of Health Care (Person) by Area of Residence, Franklin County, Ohio 2000.

Usual source of health care is the doctor or health professional used for routine medical care.



Indicates a statistically significant difference between residents of Columbus and residents of Franklin County excluding Columbus.

Health Care Access

2000 Columbus / Franklin County Community Health Risk Assessment

Cost as a barrier to medical care is when a person could not afford to make a needed visit to the doctor in the past 12 months.

■ 6.5% of Franklin County residents report cost as a barrier to medical care. **The following demographic differences are statistically significant.**

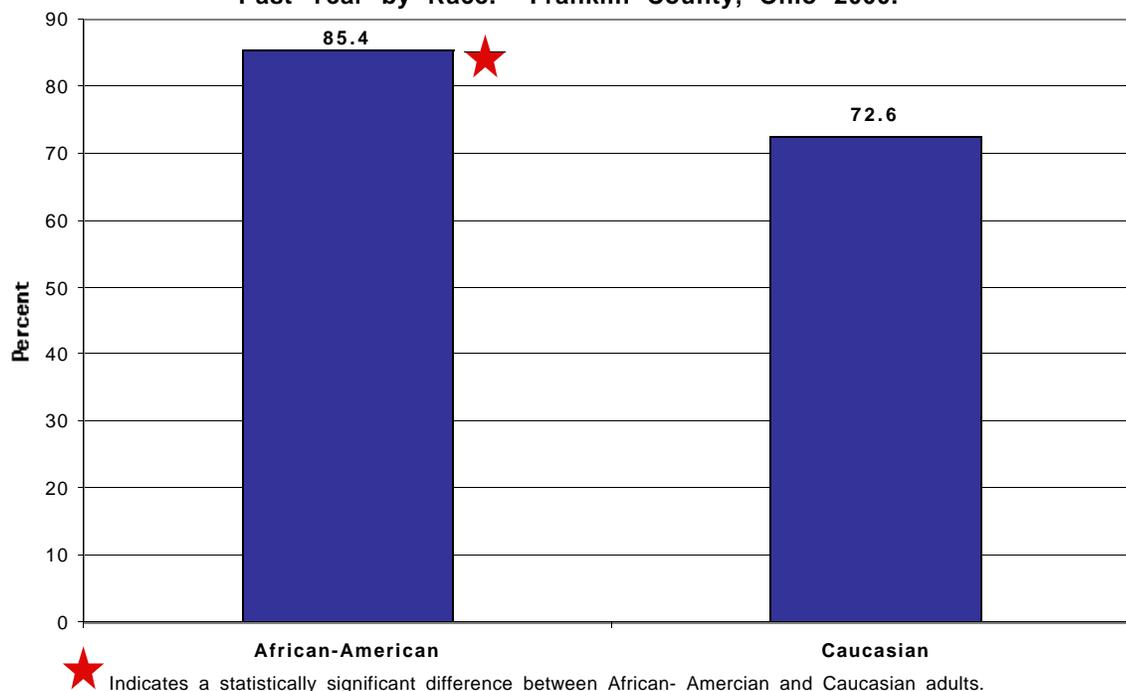
- **RACE:** *More African American adults (12%) report cost as a barrier to medical care than Caucasian adults (4.6%).*
- **AGE:** *Fewer adults ages 65 and older (1.9%) report cost as a barrier to medical care compared to adults ages 18-24 (10.2%), ages 25-34 (7.9%), and adults ages 35-44 (6.4%). (See Figure 6)*
- **INCOME LEVEL:** *More adults living in low-income households (14.6%) report cost as a barrier to medical care than adults living in middle- or high-income households (3.4%).*
- **EDUCATION LEVEL:** *More adults without a high school diploma (18.2%) report cost as a barrier to medical care than adults with a college degree (2.3%).*

Cost as a barrier to medications is when a person could not afford to purchase prescribed medications in the past 12 months.

■ 10.7% of Franklin County residents report cost as a barrier to medications. **The following demographic differences are statistically significant.**

- **GENDER:** *More females (14.1%) report cost as a barrier to medications than males (6.9%).*

Figure 5: Adults Who Had a Routine Medical Exam in the Past Year by Race. Franklin County, Ohio 2000.



Health Care Access

2000 Columbus / Franklin County Community Health Risk Assessment

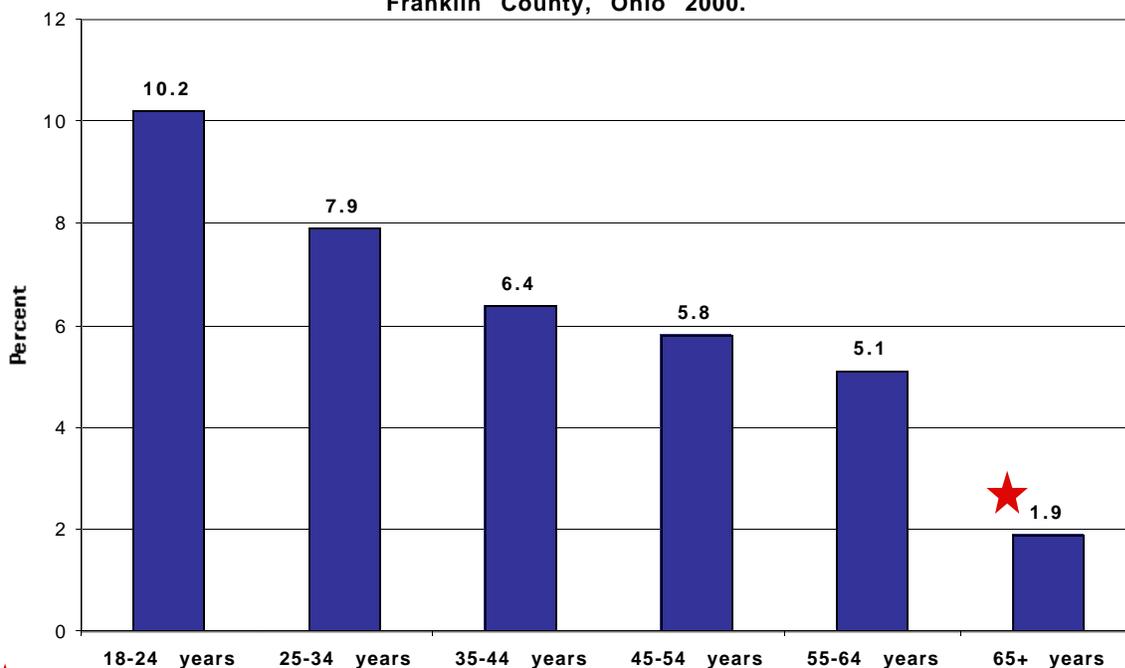
- **RACE:** *More African-American adults (19.1%) report cost as a barrier to medications than Caucasian adults (9%). (See Figure 7)*
- **INCOME LEVEL:** *More adults living in low-income households (19%) report cost as a barrier to medications compared to adults living in middle- or high-income households (8.7%).*
- **EDUCATION LEVEL:** *More adults without a high school diploma (22.1%) report cost as a barrier to medications compared to adults with some college (11.4%) and adults with a college degree (4.6%).*
- **MARITAL STATUS:** *More adults who are divorced/separated (21.8%) report cost as a barrier to medications compared to adults who are married/living together (9.2%) and adults who are single (10.3%).*

Overall satisfaction with received health care:

■ Overall health care rating:

- Excellent: 21%
- Very good: 32%
- Good: 31.4%
- Fair: 9.9%
- Poor: 3.3%

Figure 6: Adults Who Could not Afford to Make a Needed Visit to the Doctor in the Past 12 Months by Age, Franklin County, Ohio 2000.



★ Indicates a statistically significant difference between adults ages 65+ and adults ages 18-24, ages 25-34, and adults ages 35-44.

Health Care Access

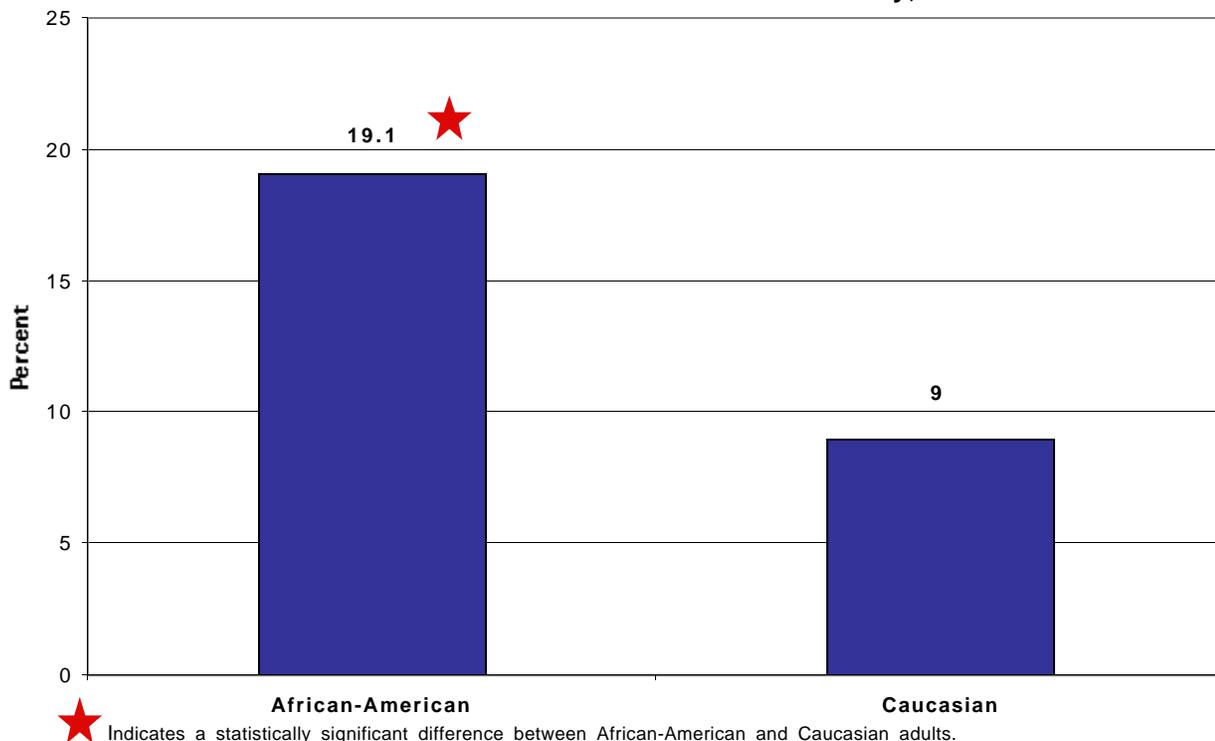
2000 Columbus / Franklin County Community Health Risk Assessment

- 21% of Franklin County adults rate their overall health care as excellent. **The following demographic differences are statistically significant.**
 - **RACE:** *Fewer African-American adults (15.5%) rate the health care they received as excellent than Caucasian adults (22.7%).*
 - **AREA OF RESIDENCE:** *Fewer adults who reside in Columbus (18.4%) rate their received health care as excellent compared to adults who reside in Franklin County excluding Columbus (26.1%).*

RECOMMENDATIONS

- Increase community capacity to offer health care services to those uninsured
- Increase health education aimed at lessening health care risks for those uninsured
- Increase health screenings for the uninsured (e.g., blood pressures, mammograms)
- Increase distribution of physicians and clinics within the more impoverished areas of Franklin County
- Increase to 95% the proportion of people who have a usual source of health care
- Increase to 90% the enrollment of Medicaid eligible residents

Figure 7: Adults Who Could Not Afford to Purchase Prescribed Medications in the Past 12 Months. Franklin County, Ohio 2000.



ACTION STEPS

For Communities:

- Increase the health care community's collaborative efforts to increase health services at no-payment or sliding-fee payment health services to the uninsured
- Use geographical coding techniques to assist physicians, hospitals, clinics, local health departments, and health care insurance agencies to focus health care services to neighborhoods of greatest need
- Increase government and private collaboration to enhance mass media messages aimed at enrolling Medicaid eligible families that are currently uninsured
- Continue to support community initiatives, such as Access HealthColumbus

Timothy R. Sahr, MPH, MA, MDiv, ThM
Head of Research and Policy
Franklin County Board of Health

Interpersonal Violence

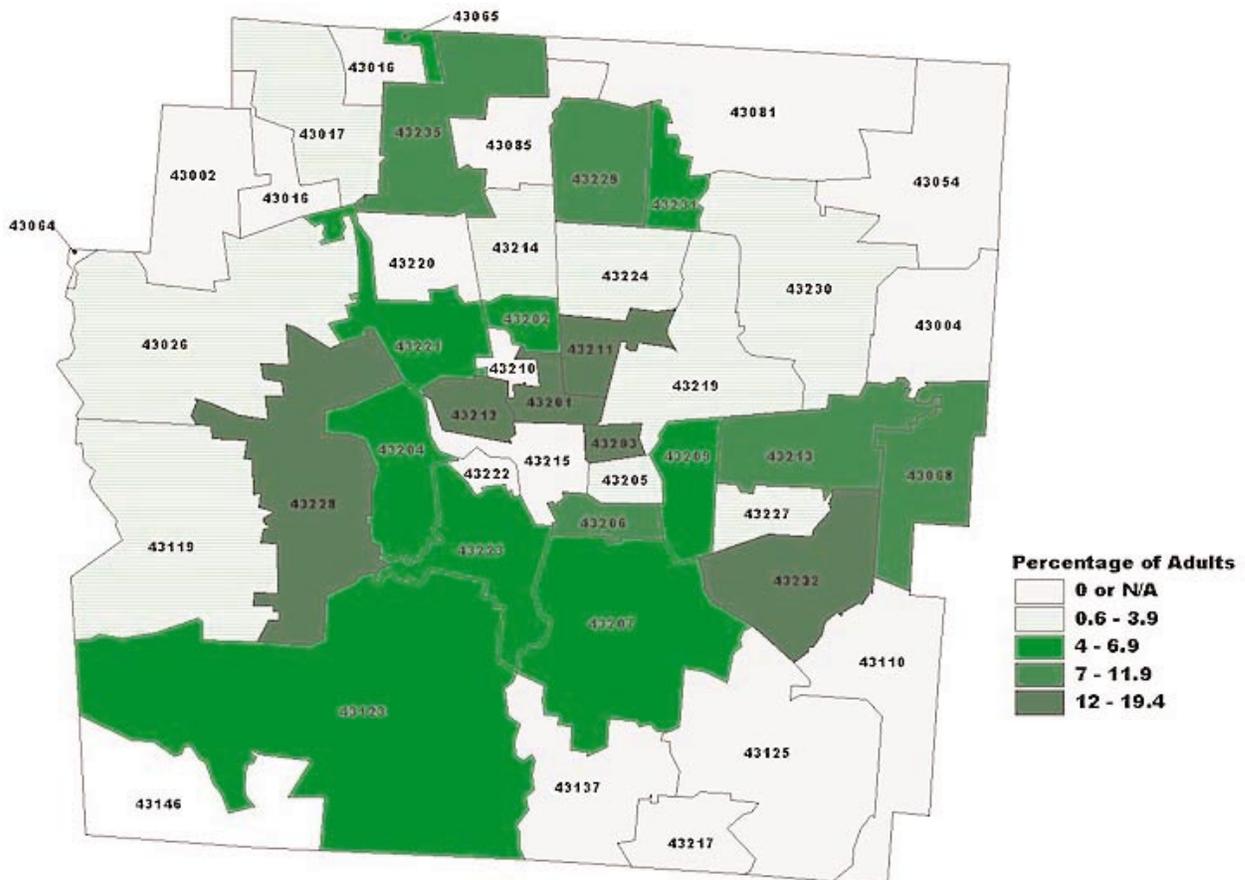
BACKGROUND

During the year 2000, the Columbus Police Department responded to 20,417 domestic dispute or domestic violence calls. In other words, every 26 minutes, police officers were dispatched to assist a family in crisis. According to FBI statistics, 50% of American women, who are married or in an intimate relationship, will be hit at least once during their lifetimes.¹ The single greatest cause of injury to women is domestic violence; more common than automobile crashes, muggings and rapes combined.² Research indicates that violence against women is primarily partner violence. Over three quarters of women who reported interpersonal violence (rape and/or sexual assault), were victimized by a former or current husband, cohabitating partner, date or boyfriend.³ Interpersonal violence is underreported.

Risk Factors and Consequences of Domestic Violence⁴

- Often, interpersonal violence will start or become worse during pregnancy.
- Although interpersonal violence affects all women, women in poverty are at greater risk.
- Women who hold a higher position in their relationships in terms of educational and occupational status are more at risk.
- Pregnant women who are abused are more likely to be at risk for spontaneous abortion, preterm delivery or a low birth weight baby.

Adults who Report Having Been a Victim of Violence in the Past Year, Franklin County 2000.
Being a victim of violence includes being hit, kicked, punched, or otherwise hurt by someone.



Interpersonal Violence

2000 Columbus / Franklin County Community Health Risk Assessment

- Women living in abusive relationships may experience, in addition to injuries, many other medical symptoms – such as chronic pain, depression, sleep and gastric disturbances, chronic headaches, atypical chest pain or gynecologic problems.

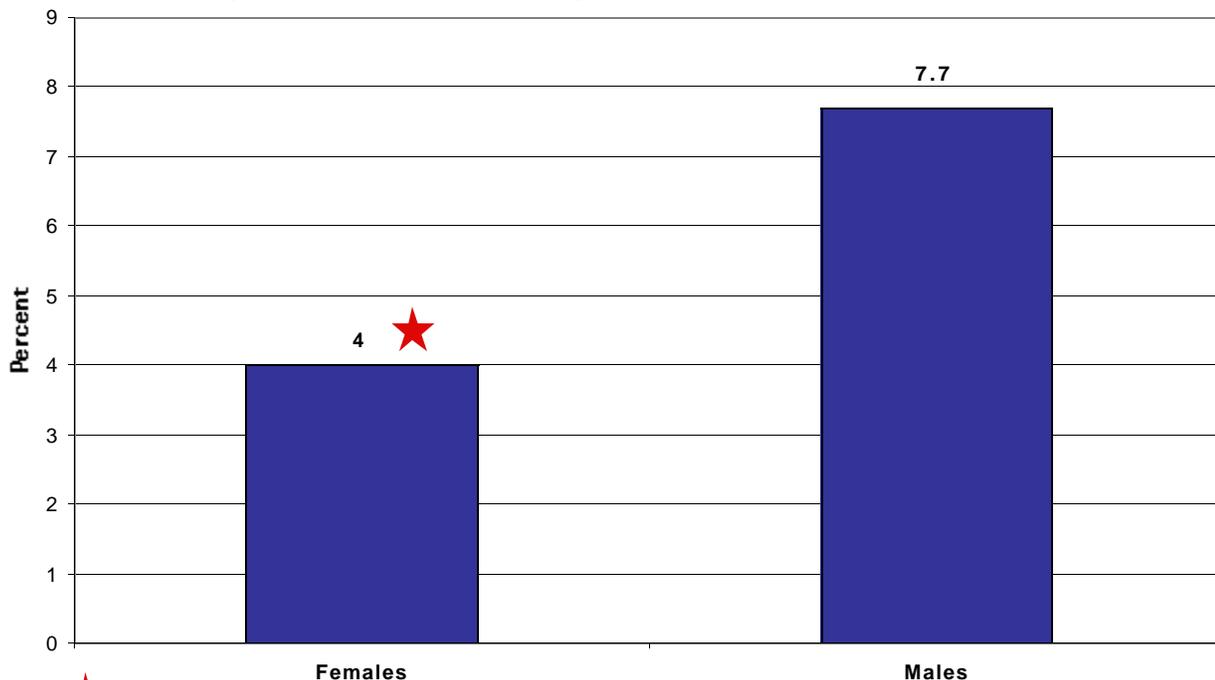
FRANKLIN COUNTY SURVEY RESULTS

- 92.6% of Franklin County adults feel physically safe in their current relationship(s).
The following demographic differences are statistically significant.

- **GENDER:** *More men (94.4%) feel physically safe in their current relationship(s) than women (90.7%).*
- **RACE:** *More Caucasian adults (94%) feel physically safe in their current relationship(s) compared to African-American adults (82.2%).*
- **INCOME LEVEL:** *More adults living in middle- or high-income households (94.4%) feel physically safe in their current relationship(s) compared to adults living in low-income households (85.4%).*
- **AREA OF RESIDENCE:** *More residents of Franklin County excluding the city of Columbus (95.4%) feel physically safe in their current relationship(s) than residents of the City of Columbus (90.9%).*

Figure 1: Adults who Reported Being a Victim of Violence in the Past Year, Franklin County, Ohio 2000.

Being a victim of violence includes being hit, kicked, punched, or otherwise hurt by someone.



★ Indicates a statistically significant difference between females and males.

Interpersonal Violence

2000 Columbus / Franklin County Community Health Risk Assessment

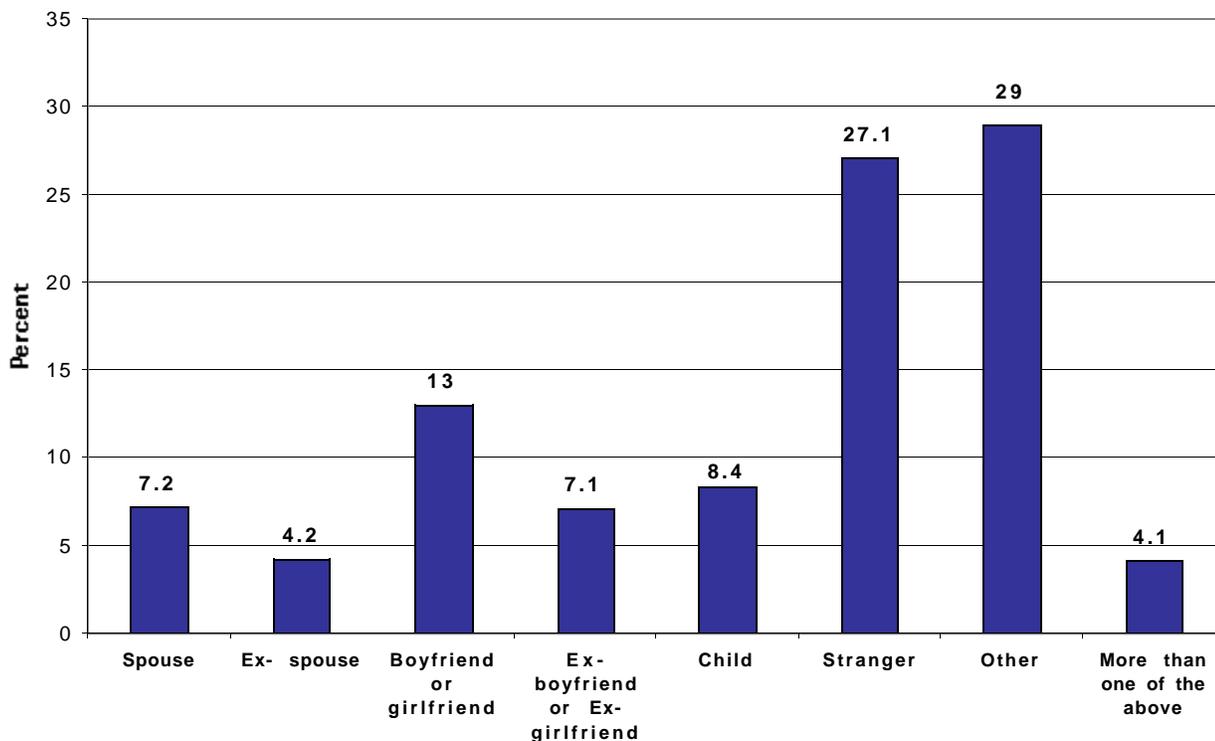
Adults who report having been a victim of violence such as being hit, kicked, punched, or otherwise hurt in the past year.

- 5.8% of Franklin County adults have been victims of violence in the past year.

The following demographic differences are statistically significant.

- **GENDER:** *More males (7.7%) report having been victims of violence in the past year than females (4%). (See Figure 1)*
- **AGE:** *More adults ages 18-24 (14.3%) report having been victims of violence in the past year compared to adults ages 35-44 (3.5%), ages 45-54 (3.4%), ages 55-64 (0.7%), and adults ages 65 and older (1.3%).*
- **MARITAL STATUS:** *Fewer adults who are married/living together (2.7%) report having been victims of violence in the past year compared to adults who are divorced/separated (9.4%), or who are single (11.3%).*
- **AREA OF RESIDENCE:** *More adults who reside in Columbus (6.8%) report having been victims of violence in the past year than adults who reside in Franklin County excluding Columbus (4%).*

Figure 2: Person who Hit, Kicked, Punched, or Otherwise Hurt the Victim of Violence in the Past Year, Franklin County, Ohio 2000.



Interpersonal Violence

2000 Columbus / Franklin County Community Health Risk Assessment

■ Person who committed the violence against Franklin County adults in the past year: (See Figure 2)

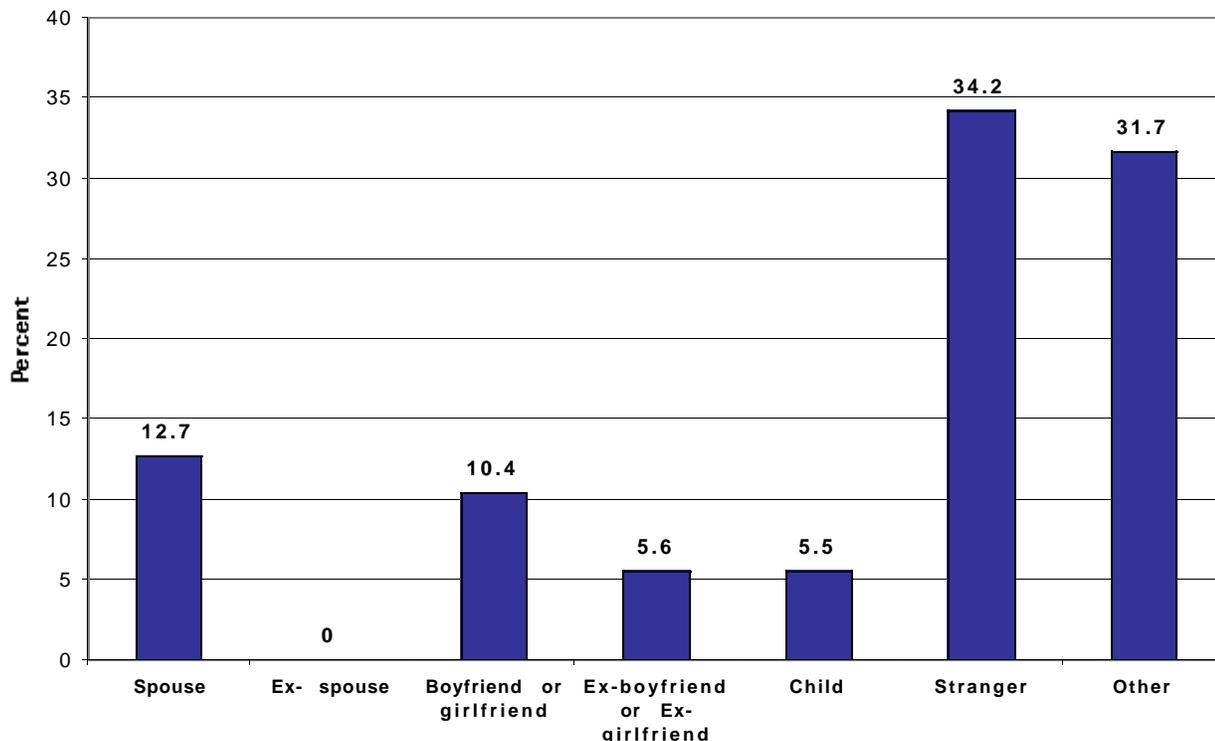
- Spouse: 7.2%
- Ex-spouse: 4.2%
- Boyfriend or girlfriend: 13%
- Ex-boyfriend or ex-girlfriend: 7.1%
- Child: 8.4%
- Stranger: 27.1%
- Other: 29%
- More than one of the above: 4.1%

Adults who report committing an act of violence such as hitting, kicking, punching, or otherwise hurting someone in the past year.

■ 4.2% of Franklin County adults committed an act of violence in the past year.
The following demographic differences are statistically significant.

- **GENDER:** *More males (6%) report committing an act of violence in the past year than females (2.4%).*

Figure 3: Person who Adults Report Having Hit, Kicked, Punched, or Otherwise Hurt in the Past Year, Franklin County, Ohio 2000.



Interpersonal Violence

2000 Columbus / Franklin County Community Health Risk Assessment

- **AGE:** *More adults ages 18-24 (13.3%) report committing an act of violence in the past year compared to adults ages 35-44 (2.3%), ages 45-54 (1.1%), ages 55-64 (0%), and adults ages 65 and older (0%).*
 - **MARITAL STATUS:** *Fewer adults who are married/living together (1.7%) report committing an act of violence in the past year compared to adults who are single (9%).*
- Person against whom Franklin County adults committed violence in the past year: (See Figure 3)
- Spouse: 12.7%
 - Ex-spouse: 0%
 - Boyfriend or girlfriend: 10.4%
 - Ex-boyfriend or ex-girlfriend: 5.6%
 - Child: 5.5%
 - Stranger: 34.2%
 - Other: 31.7%

RECOMMENDATIONS

Interpersonal violence, specifically violence against women, is underreported and under-identified. Increasing awareness of the issue and devising solutions must occur at all levels. Domestic violence rarely stops on its own. Outside assistance, support and education are necessary to break the cycle. Interpersonal violence against women results in both fatal and non-fatal injuries. Increased cooperation among health, social service and law enforcement agencies is necessary in order to protect victims.

ACTION STEPS

For Communities:

- Health care providers need to screen all women for domestic violence.
- Train health and social service providers about understanding domestic violence, screening techniques, documentation and referral options.
- Advocate for state and federal statutes that limit access to handguns.
- Advocate for State or County Jobs and Family Services Departments to adopt the Family Violence Option which provides victims (who are Ohio Works First – OWF – recipients) with confidential screening, referrals for counseling and other services and waivers from work requirements and time limits.
- Provide programs for children and youth on communication skills and conflict management.

Individual level

- For 24 hour information and resources in your area, call the Ohio Domestic Violence Network at 1-800-934-9840.
- If you have a friend, relative or co-worker who is being abused, listen without judgment and provide her with information about local resources.
- Teach your children that hitting and bullying are not acceptable.
- Do not perpetuate patriarchal social norms that reinforce male power over female partners.
- Remember, domestic violence is a crime. The justice system can provide help and protection.

Carolyn B. Slack, MS, RN
Director, Family Health Policy
Columbus Health Department

¹ Sudler, Elizabeth, "Domestic Violence." Behavioral Health Update, United Behavioral Health. Volume 8 No. 7.

² Ohio State Medical Association (OSMA), "TrustTalk on Domestic Violence." OSMA, Columbus, Ohio.

³ Tjaden, P. and Thoennes, N., "Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey." National Institute of Justice and Centers for Disease Control and Prevention, Research Brief. November, 1998.

⁴ O'Campo, P and Baldwin, K., "Abuse Against Women by Their Intimate Partners." Perinatal and Women's Health Issue Summary, HRSA and Women's and Children's Health Policy, Johns Hopkins University, 1988.

BACKGROUND

Forty-four percent of the adult population in the United States (18 and over) are current drinkers. Most people who drink do so safely¹. The minority who consume alcohol in a high-risk manner impact not only themselves, but also their families, friends and communities. Consider the following: more than one half of American adults have a close family member who has or has had alcoholism²; approximately one child in four is exposed to alcohol abuse or dependence in the family³; nationally, traffic crashes involving alcohol killed more than 16,000 people in 1997 alone⁴; the estimated economic cost of alcohol abuse in the United States was \$184.6 billion for 1998⁵; alcohol is a contributing factor in many violent acts and injuries.

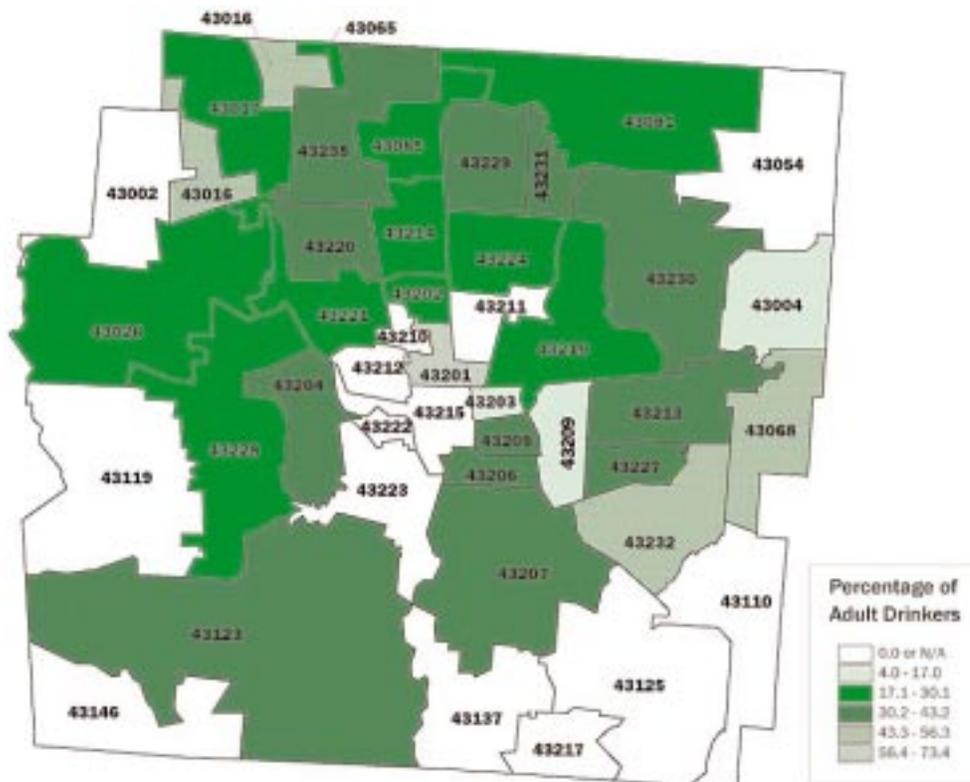
Alcohol abuse and dependence can have devastating effects on the individual. There is a well-established relationship between heavy alcohol consumption and cognitive impairment.

Documented physical effects include an increased incidence of:

- Stroke and hypertension
- Peripheral vascular disease
- Liver cirrhosis
- Cancers of the head, neck, stomach, pancreas, and breast

Binge Drinking Among Drinkers by ZIP Code, Franklin County 2000.

Binge drinking is having 5 or more drinks on 1 occasion, 1 or more times in a month.



FRANKLIN COUNTY SURVEY RESULTS

Adult drinkers are defined as those who report having at least one alcoholic beverage within the past month.

- Over 1/2 of Franklin County adults (60.5%) drink alcohol.
- The average Franklin County drinker consumes alcohol 4 days per month.
- The average Franklin County drinker has 2 alcoholic beverages on the days (s)he drinks.
- 1 in 25 Franklin County drinkers (4.5%) has sought help for his/her use of alcohol.

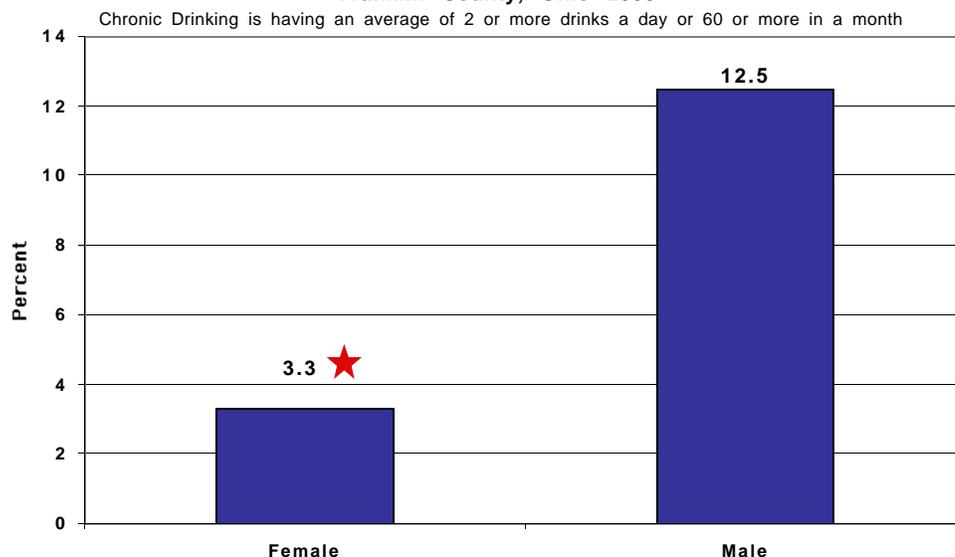
Chronic drinking is defined as having an average of 2 or more alcoholic beverages a day, or 60 or more alcoholic beverages in a month.

- 8.2 % of Franklin County adults who consume alcohol are chronic drinkers.

The following demographic differences are statistically significant.

- **GENDER:** *More male drinkers* (12.5%) are chronic drinkers than female drinkers (3.3%). (See Figure 1)
- **AGE:** *Chronic drinking is more prevalent among college age drinkers: ages 18-24* (16.8%) compared to ages 25-34 (6.4%) and 35-44 (6.6%). The sample size was too small for ages 45 and older to make a valid statistical comparison for this group.
- **MARITAL STATUS:** *More single adults* (13.2%) are chronic drinkers compared to 4.5% of drinkers who are married/living together.

Figure 1: Adult Chronic Drinking Among Drinkers by Gender, Franklin County, Ohio 2000



★ Indicates a statistically significant difference between males and females.

Alcohol Use

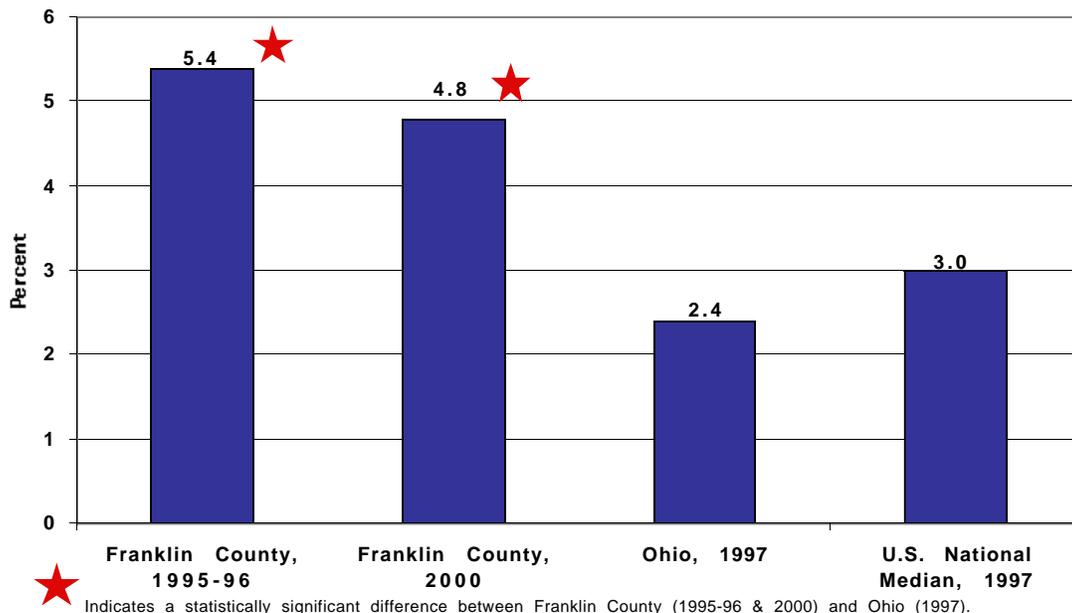
2000 Columbus / Franklin County Community Health Risk Assessment

- 62.0% of chronic drinkers are current smokers.
- 1 in 4 chronic drinkers (25.4%) have driven at least one time in the past month after they had too much to drink, compared to 1 in 20 non-chronic drinkers (5.5%). **This difference is statistically significant.**
- The following county (trend), state, and national data show the percentage of all adults who are at risk for alcohol related illnesses due to chronic drinking. **Chronic drinking among adults (drinkers and non-drinkers) in Franklin County (2000) is significantly higher than among Ohioans (1997).** (See Figure 2)
 - 2000 Franklin County Survey: 4.8%
 - 1995-96 Franklin County Survey: 5.4%
 - 1997 Ohio: 2.4%
 - 1997 National Median: 3.0%

Binge drinking is defined as consuming 5 or more alcoholic beverages on one occasion.

- 31.8% of Franklin County drinkers report binge drinking. **The following demographic differences are statistically significant.**
 - **GENDER:** *More males* (41.5%) report binge drinking, compared to females (20.8%).

Figure 2: Adult Chronic Drinking Among Drinkers & Non-Drinkers for Franklin County, Ohio & the United States



Alcohol Use

2000 Columbus / Franklin County Community Health Risk Assessment

- **AGE:** *Binge drinking is more prevalent among adults ages 18-24 (53.4%) and ages 25-34 (41.7%) compared to ages 35-44 (29.2%), 45-54 (17.8%), 55-64 (13.3%), or 65 and older (5.8%). (See Figure 3)*
- **INCOME LEVEL:** *More drinkers living in low-income households (46.7%) report binge drinking compared to drinkers in middle- or high-income households (29.7%). (See Figure 4)*
- **EMPLOYMENT STATUS:** *More students (53.6%) engage in binge drinking than drinkers who work full-time (35.7%), part-time (23.4%), or who are retired (11.2%).*
- **MARITAL STATUS:** *A higher proportion of singles (51.7%) binge drink compared to those married/living together (20.1%), divorced/separated (28.4%), or widowed (11.9%).*
- **AREA OF RESIDENCE:** *More drinkers who live in Columbus (35.3%) are binge drinkers, compared to those who live in Franklin County, excluding Columbus (25.3%). (See Figure 5)*

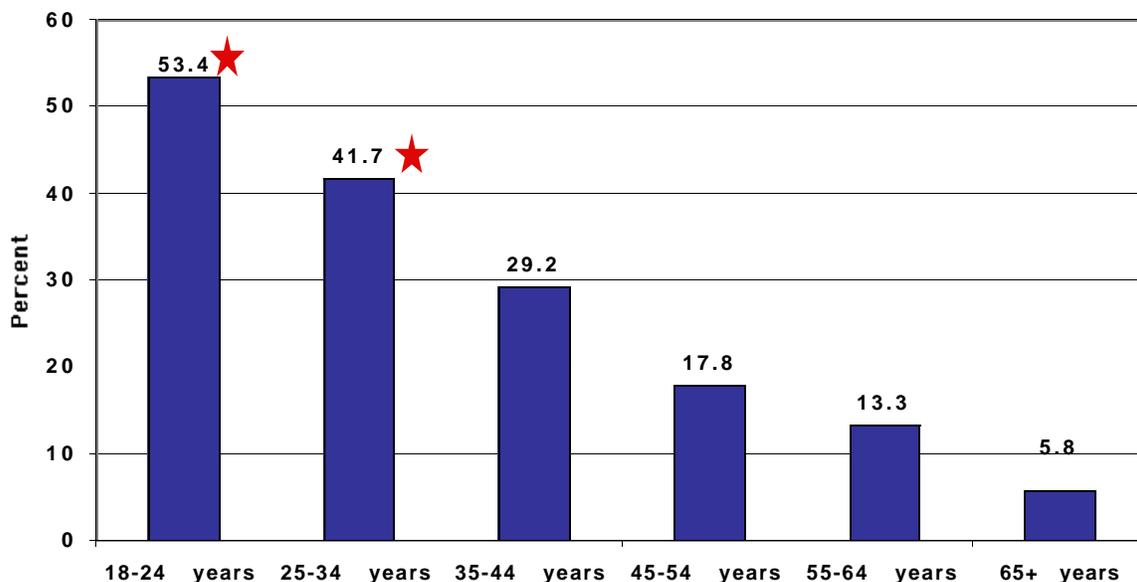
Drinking and Driving (Drivers): Adult drinkers who report driving a vehicle at least once in the past month after drinking too much alcohol.

- 7.2% of Franklin County drinkers report driving after having had too much to drink.
The following demographic differences are statistically significant.

- **AGE:** *Driving after having too much to drink is more prevalent among people ages 18-24 (13.6%), than those ages 35-44 (4.6%), or 45-54 (4.5%).*

Figure 3: Binge Drinking Among Drinkers by Age, Franklin County, Ohio 2000

Binge drinking is having 5 or more drinks on 1 occasion, 1 or more times in a month.



Indicates a statistically significant difference between drinkers age 18-24 and those who are 35 and older. There is also a statistically significant difference between those age 25-34 and those 35 and older. There is not a statistically significant difference between age groups 18-24 and 25-34.

Alcohol Use

2000 Columbus / Franklin County Community Health Risk Assessment

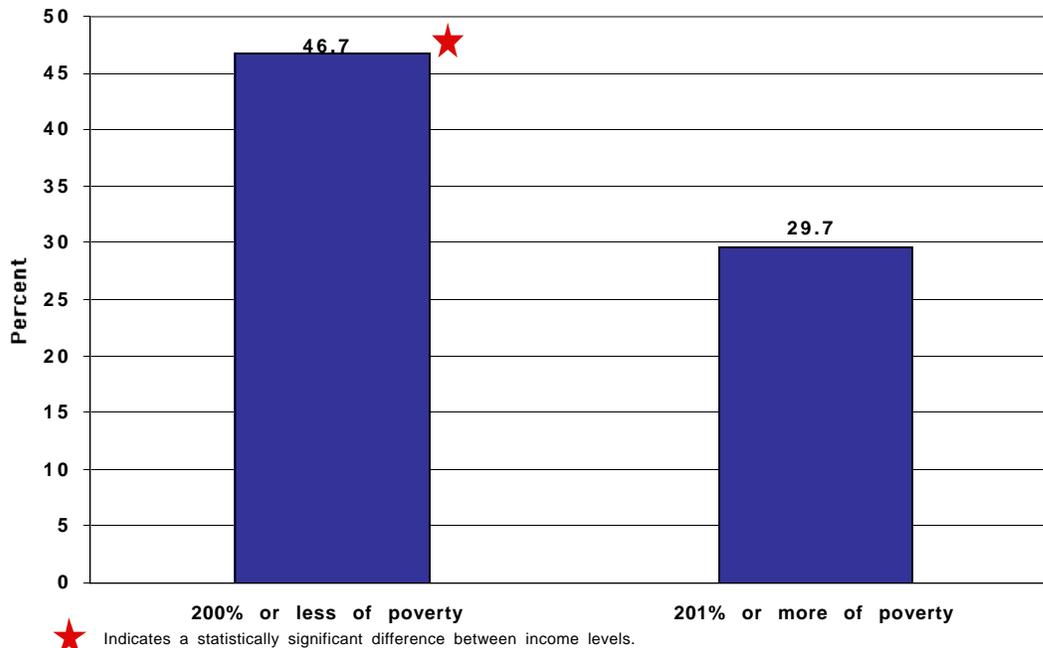
- **MARITAL STATUS:** A higher proportion of singles (13.3%) drove after drinking too much, compared to adults who are married/living together (3.1%) or who are divorced/separated (5.1%).

Drinking and Driving (Passengers): Drinking and non-drinking adults who report riding in a car at least once in the past month when the driver had too much to drink.

- 6.3% of Franklin County residents (drinkers and non-drinkers) report riding in a car when the driver had too much alcohol. **The following demographic differences are statistically significant.**
 - **GENDER:** More males (8.4%) report riding in a car when the driver had too much to drink compared to females (4.3%).
 - **AGE:** More adults ages 18-24 (18.9%) report being a passenger in a car when the driver had too much to drink, compared to people ages 25-34 (8.6%), 35-44 (3.3%), or 45-54 (2.4%).
 - **INCOME LEVEL:** Being a passenger in a car when the driver had too much to drink is more prevalent among people living in low-income households (10%) than among those living in middle- to high-income households (4.7%).
 - **MARITAL STATUS:** A higher proportion of singles (14.7%) reported riding in a car when the driver had too much to drink, compared to adults who are married/living together (2.3%), or divorced/separated (5.2%).

Figure 4: Binge Drinking Among Drinkers by Percent of Poverty, Franklin County, Ohio 2000.

Binge drinking is having 5 or more drinks on 1 occasion, 1 or more times in a month.



RECOMMENDATIONS

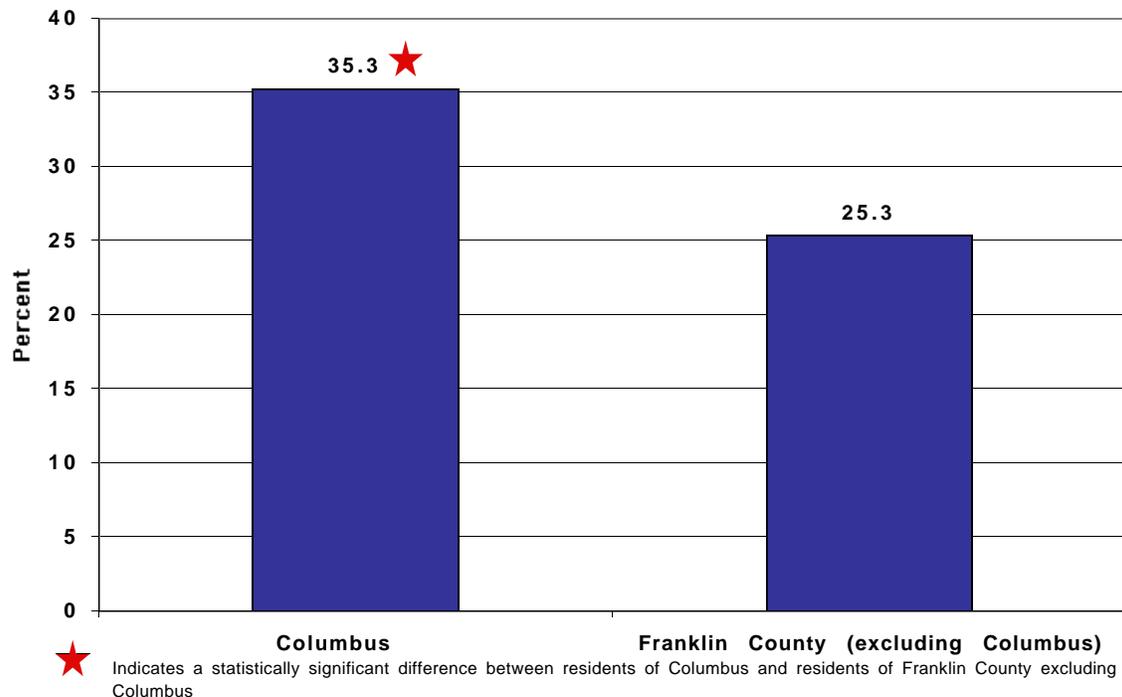
The National Institute on Alcohol Abuse and Alcoholism (2001) states that most adults can drink moderate amounts of alcohol – up to two drinks per day for men and one drink per day for women and seniors – and avoid alcohol related problems. However, certain people should not drink at all. They include women who are pregnant or trying to become pregnant; people who plan to drive or engage in other activities requiring alertness and skill; people taking certain medications, including over-the-counter medications; people with medical conditions that can be worsened by drinking; recovering alcoholics; and people under the age of 21.

ACTION STEPS

For Communities:

- Make prevention of alcohol use by youth a priority for your community, organization, or group. State your commitment in printed materials and in public statements made on behalf of your group.
- Host appealing Alcohol-Free alternative activities for underage people and encourage schools, parks and recreation departments, and other youth-serving groups to offer such activities.
- Advocate public policies shown to reduce underage alcohol use and related problems such as lower legal blood alcohol levels for those younger than 21 years of age, enforcement of age-at-purchase laws, and restriction of outdoor advertising near or adjacent to youth gathering places.
- Establish a clear no-use policy regarding alcohol for all youth activities.

Figure 5: Binge Drinking among Drinkers by Area of Residence, Franklin County, Ohio 2000.
 Binge drinking is having 5 or more drinks on 1 occasion, 1 or more times in a month.



- Host Alcohol-Free social events for adults to illustrate that they can also enjoy normal social activities where alcohol is not served.
- If you see a driver who appears to be intoxicated, call 1-800-GRAB-DUI.

For Individuals:

- Talk with children, friends, and family members about alcohol. Listen to find out what kind of pressures the people you talk with are facing.
- Help a child deal with peer pressure by acknowledging good choices and reinforcing connections to supportive social, family, and community systems.
- Encourage healthy, creative activities that do not involve alcohol.
- Make an educated decision about alcohol use in your life. Put yourself and your family in situations that support your decision. If you are not sure about your decision, seek assistance from a local prevention community group or leader.
- Be a positive role model. Do not engage in any illegal, unhealthy, or dangerous alcohol use practices. Provide an example consistent with your messages to youth.
- Help young people learn the health, safety, and legal consequences of using alcohol.
- If a family member exhibits signs of an alcohol problem, connect them with appropriate help in your area.
- Never drive while under the influence of alcohol and never get in a car when the driver is intoxicated. Arrange for a designated driver: a designated driver is a person who has not had anything to drink - **NOT** the person who has had the least to drink. If no one qualifies, **CALL A CAB!**

Randi Love, PhD, CHES, OCPSII
Team Leader, Health Promotion, Columbus Health Department
Clinical Asst. Professor, Division of Health Behavior/Health Promotion
School of Public Health, The Ohio State University

CAGE Questionnaire

- Have you ever felt you ought to Cut down on drinking?
- Have people Annoyed you by criticizing your drinking?
- Have you ever felt bad or Guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye-opener)?

One "yes" response should raise concerns of alcohol abuse. More than one "yes" response should be considered a strong indication that alcohol abuse exists.

¹ Dawson, D.A.; Grant, B.F.; Chou, S.P.; and Pickering, R.P. Subgroup variation in U.S. drinking patterns: Results of the 1992 National Longitudinal Alcohol Epidemiologic Study. *Journal of Substance Abuse* 7:331-344, 1995.

² Dawson, D.A.; and Grant, B.F. Family history of alcoholism and gender: Their combined effects on DSM-IV alcohol dependence and major depression. *Journal of Studies on Alcohol* 59(1): 97-106, 1998.

³ Grant, B.F. Estimates of U.S. children exposed to alcohol abuse and dependence in the family. *American Journal of Public Health* 90(1):112-115, 2000.

⁴ National Highway Traffic Safety Administration. *Traffic safety facts 1997: A compilation of motor vehicle crash data from the total accident reporting system and the general estimates system.* DOT HS 808 764. Washington D.C. U.S. Department of Transportation, 1998.

⁵ Harwood, H. Updating estimates of the economic costs of alcohol abuse in the United States: Estimates, updates, methods and data. Report prepared by the Lewin Group for the National Institute on Alcohol Abuse and Alcoholism, 2000. *American Journal of Public Health.* 2000, 90(1): 112-115.

BACKGROUND

The United States Department of Health and Human Services reports that tobacco is the leading cause of preventable death in the United States. Responsible for 1 in 5 deaths, tobacco use kills 430,000 adults per year. About half of all smokers die of smoking related diseases. Deaths due to smoking are higher than the combined number of deaths from alcohol, cocaine, heroin, suicide, homicide, car crashes, fire and AIDS. The Centers for Disease Control and Prevention (CDC) estimates that direct medical costs associated with tobacco use ranges from \$50 billion to \$73 billion per year.

Primary Diseases Associated With Smoking Include:

- Chronic Obstructive Pulmonary Disease (COPD)
- Emphysema
- Heart Disease
- Stroke
- Cancer of the lungs, larynx, esophagus, mouth, bladder, cervix, pancreas, and kidneys
- Pregnancy complications such as lowbirth weight babies

Additionally, the Surgeon General has determined that environmental tobacco smoke, or second-hand smoke, is the third leading cause of preventable death in the United States, killing 53,000 nonsmokers annually. Cigarette smoke contains over 4,000 chemicals, over 40 of which are cancer causing, and the Environmental Protection Agency (US EPA) has identified tobacco smoke as a Group A carcinogen, placing it in the same disease influencing category as asbestos and arsenic. **Biologically, there is no safe amount of exposure to the carcinogens contained in environmental tobacco smoke.**

Environmental Tobacco Smoke (ETS) is a Health Hazard

Environmental Tobacco Smoke (ETS) is defined as tobacco smoke from cigarette smoke exhalation or the passive burning of tobacco products (e.g., a lit cigarette burning in an ashtray). The CDC estimates that environmental tobacco smoke is responsible for 3,000 lung cancer deaths a year of non-smokers in the U.S. The EPA estimated that "every year environmental tobacco smoke is responsible for 26,000 new asthma cases in children; up to 1,000,000 asthma exacerbations; and up to 300,000 cases of bronchitis and pneumonia in toddlers – 15,000 of which require hospitalization." A study conducted at the University of California, Berkley found that minimal exposure to environmental tobacco smoke mirrors the effect of direct smoking for nonsmokers. The chart on the following page shows how environmental tobacco smoke compares to direct smoking.

Environmental Tobacco Smoke (ETS) or Secondhand Smoke Can Lead to:

- Cancer in nonsmokers
- Heart disease in nonsmokers
- Lower respiratory tract infections and asthma in children
- Sudden Infant Death Syndrome (SIDs)

Tobacco Use

2000 Columbus / Franklin County Community Health Risk Assessment

Duration of Exposure to Tobacco Smoke	Equivalent Number of Cigarettes
A smoky bar for 2 hours.	4 cigarettes
A nonsmoking section of a restaurant for 2 hours.	1.5 cigarettes
An office that allows smoking for 8 hours.	6 cigarettes
A car for 1 hour with the windows closed.	3 cigarettes

FRANKLIN COUNTY SURVEY RESULTS

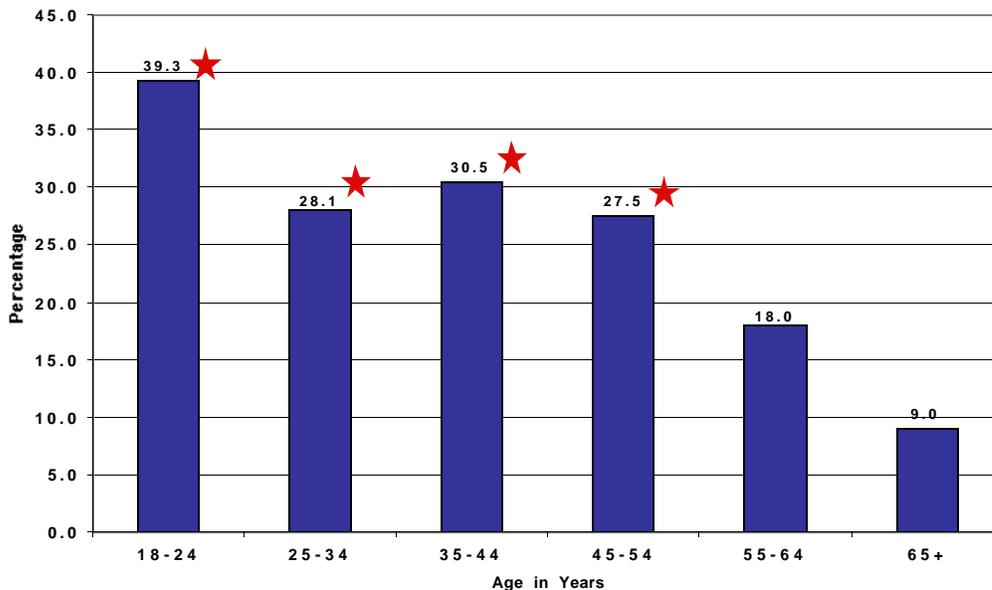
Smokers are defined as people who report having smoked 100 cigarettes or more in their lifetime and currently smoke.

■ 26.6% of Franklin County adults are smokers. **The following demographic differences are statistically significant.**

- **AGE:** *More adults ages 18-44 smoke:* ages 18-24 (39.3%), ages 25-34(28.1%), ages 35-44 (30.5%) and ages 45-54 (27.5%) in comparison to ages 55-64 (18.0%) or ages 65 and older (9.0%). (See Figure 1)
- **EDUCATION LEVEL:** *More adults without a high school diploma (46.3%) smoke* compared to high school graduates (31.9%), adults who attended some college (32.3%), or those who completed college (12.1%).

Figure 1: Current Smokers by Age, Franklin County, Ohio 2000.

Smokers have smoked 100 cigarettes in their lifetime and currently smoke cigarettes



★ Indicates that the proportion of individuals in the 18-24, 25-34, 35-44 and 45-54 age groups who smoke is statistically significantly higher than those in the 55-64 and 65+ age groups.

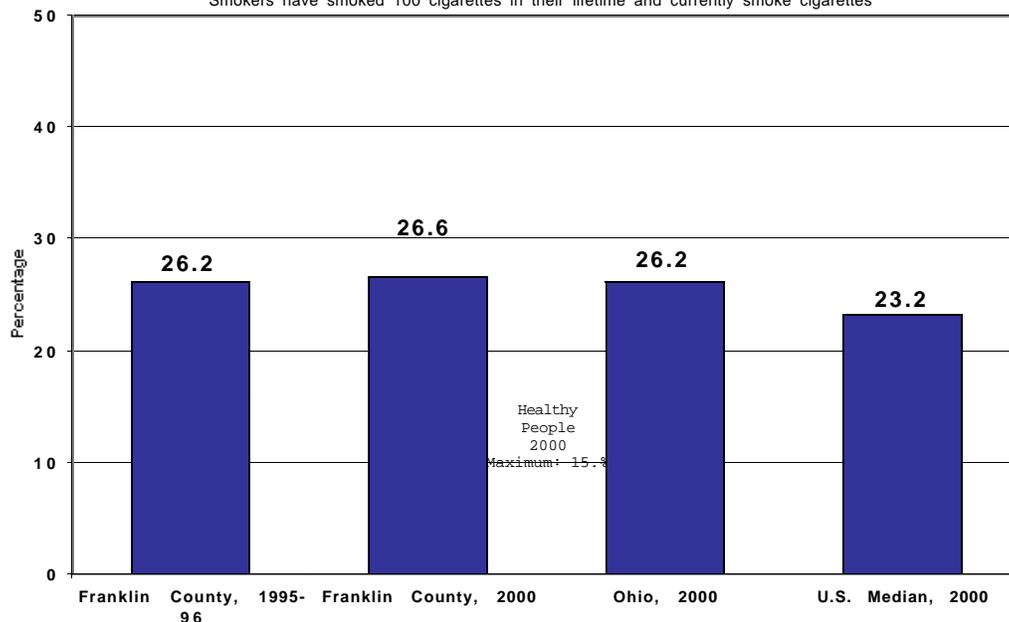
Tobacco Use

2000 Columbus / Franklin County Community Health Risk Assessment

- **EMPLOYMENT STATUS:** Fewer people who are retired (12.5 %) smoke compared to adults who work full-time (30.0%), part-time (24.6 %), or in the home (30.7%).
 - **MARITAL STATUS:** A higher proportion of single adults (34.9%) and divorced/separated adults (39.1 %) smoke than do married/living together adults (20.7%) or widowed adults (21.5 %).
- Among adults who smoke, the median number of cigarettes smoked per day is **20 (1 pack)**.
- The following county (trend), state, and national statistics detail the percentage of adults who smoke cigarettes and the national standards. **These differences are not statistically significant.** (See Figure 2)
- 2000 Franklin County Survey: 26.6%
 - 1995-96 Franklin County Survey: 26.2%
 - 2000 Ohio: 26.2%
 - 2000 National Median: 23.2%
 - Healthy People Goal 2000: 15.0%
 - Healthy People Goal 2010: 12.0%

Figure 2: Current Smokers for Franklin County, Ohio, & the United States 2000.

Smokers have smoked 100 cigarettes in their lifetime and currently smoke cigarettes



Heavy smokers are defined as those who report smoking an average of 2 packs (40 cigarettes) per day.

■ 6.9% of adults who smoke are heavy smokers. **The following demographic differences are statistically significant.**

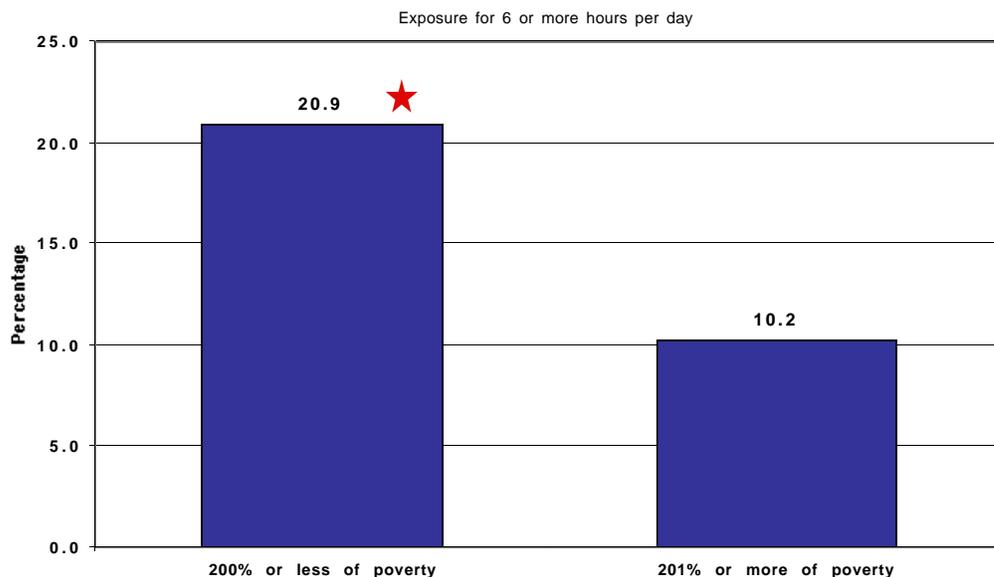
- **AGE:** *More smokers ages 55-64 (24.2%) are heavy smokers compared to smokers ages 45-54 (1.6%).*
- **EMPLOYMENT STATUS:** *More smokers who are retired (26%) are heavy smokers compared to those who work full-time (4.9%), part-time (1.6%), or in the home (9.2%).*
This is maybe a function of age.

Quit Attempts (Smoking Cessation):

■ Most smokers (82.7%) want to quit smoking, and 64.0% of daily smokers have tried to quit smoking for one or more days in the past year. **The following demographic differences are statistically significant.**

- **AGE:** *Quit attempts of one or more days are more prevalent among younger smokers: ages 18-24 (82.4%) and 25-34 (78.0%) compared to smokers ages 35-44 (50.4%), 45-54 (52.0%), 55-64 (45.1%), and 65 and older (40.3%).*
- **EMPLOYMENT STATUS:** *A higher proportion of smokers who are full-time students (88.5%) have quit smoking for at least one day compared to smokers who work full-time (60.8%), or who are retired (54.0%).*
- **MARITAL STATUS:** *More smokers who are single (72.6 %) have tried to quit smoking for at least one day compared to smokers who are divorced/separated (52.9 %).*

Figure 3: Environmental Tobacco Smoke by Percent of Poverty, Franklin County, Ohio 2000



★ Indicates that the proportion of individuals who are living at 200% and less of poverty who are exposed for 6 or more hours each day is statistically significantly higher than those individuals living at 201% or more of poverty.

Tobacco Use

2000 Columbus / Franklin County Community Health Risk Assessment

- Over half of former smokers (56.1%) report that it has been five or more years since they quit smoking. The average length of time that former smokers have maintained smoking cessations is 11 years.

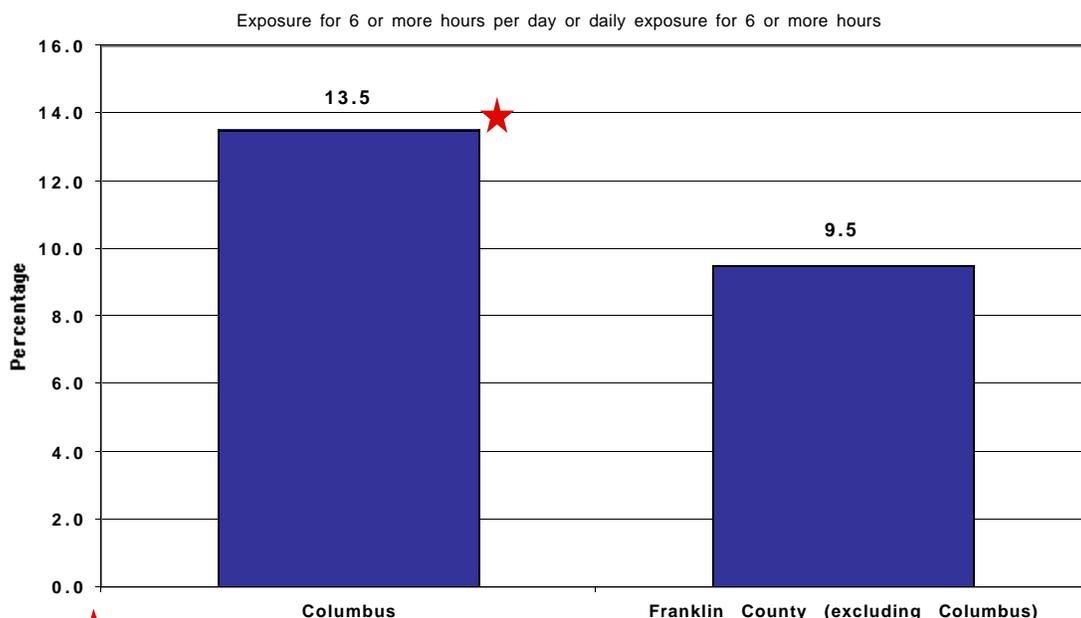
Environmental Tobacco Smoke (ETS) exposure was determined by the amount of time each day one is close enough to people who are smoking to smell secondhand tobacco smoke.

- 23.3% of Franklin County Adults are exposed to ETS for at least one hour a day. Over half of this group (52.4%) is exposed for 6 or more hours each day.

The following demographic differences are statistically significant.

- **AGE:** *A higher proportion of young adults are exposed to ETS for 6 or more hours per day:* Ages 18- 24 (25.4%) compared to ages 25-34 (11.3%), 35-44 (11.6%), 45-54 (13.0%), 55-64 (7.8%), or 65 and older (2.9%).
- **INCOME LEVEL:** *More people living in low-income households (20.9%) are exposed to ETS for 6 or more hours each day than those living in middle- or high- income households (10.2%).* (See Figure 3)
- **EDUCATION LEVEL:** *More adults without a high school diploma (26.6 %) are exposed to ETS for 6 or more hours per day than adults with a high school diploma (14.8%), with some college (14.6%), or with a college degree (4.5%).*
- **EMPLOYMENT STATUS:** *Fewer retired (4.3 %) people are exposed to ETS for 6 or more hours per day, compared to adults who work full-time (13.3 %), part-time (12.6%), or in the home (12.1%).*
- **MARITAL STATUS:** *A higher proportion of singles (16.6%) report exposure to ETS for 6 or more hours each day compared to those who are married/living together (10.1%), or widowed (3.1%).*

Figure 4: Environmental Tobacco Smoke by Area of Residence, Franklin County, Ohio, 2000.



Indicates that the proportion of individuals who are residents of Columbus and are exposed for 6 or more hours each day is statistically significantly higher than those individuals who are residents of Franklin County excluding Columbus.

Tobacco Use

2000 Columbus / Franklin County Community Health Risk Assessment

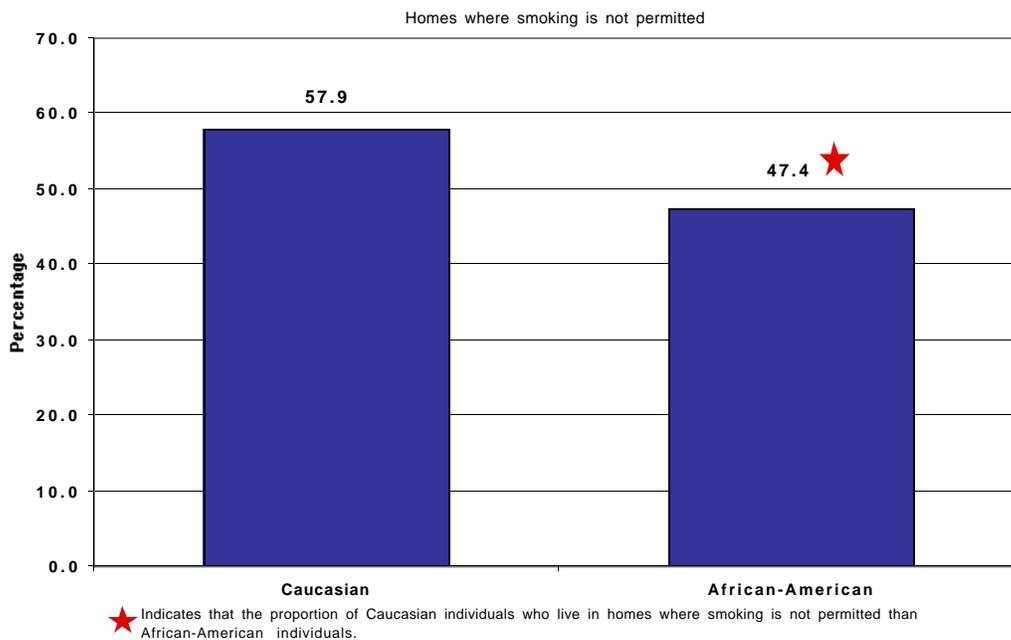
- **AREA OF RESIDENCE:** *More residents of the City of Columbus (13.5%) are exposed to ETS for 6 or more hours per day than those living in Franklin County, excluding Columbus (9.5%). (See Figure 4)*

- 19.1% of those who report exposure to ETS for 6 or more hours per day prohibit smoking in their homes.

Environmental Tobacco Smoke: Household rules about where smoking is permitted.

- 20.1% of adults live in homes where smoking is permitted anywhere.
- 22.9% of residents live in homes where smoking is restricted to specific areas in the house.
- 57.0% of adults live in homes where smoking is not permitted. **The following demographic differences are statistically significant.**
 - **RACE:** *More Caucasian adults (57.9%) live in homes where smoking is prohibited than African-American adults (47.4%). (See Figure 5)*
 - **INCOME LEVEL:** *More adults living in middle- or high income households (60.3%) reside in homes that prohibit smoking compared to people living in low-income households (44.5%).*
 - **EDUCATION LEVEL:** *More college graduates (73.1%) live in homes where smoking is prohibited compared to those without a high school diploma (30.7%), high school graduates (49.7%), or those with some college (52.3%).*
 - **MARITAL STATUS:** *Living in a home that prohibits smoking is more prevalent among those who are married/living together (63.5%) than among those who are either divorced/separated (42.7%), widowed (49.3%), or single (50.3%).*

Figure 5: Environmental Tobacco Smoke Exposure by Race, Franklin County, Ohio 2000.



Tobacco Use

2000 Columbus / Franklin County Community Health Risk Assessment

- **AREA OF RESIDENCE:** *More people living in Franklin County, excluding Columbus (63.4%), reside in homes where smoking is prohibited compared to Columbus residents (53.8%).*
- 41.9% of those reporting that they prohibit smoking anywhere in their house report being exposed to ETS for one or more hours per day in other environments (e.g., the work places, restaurants, entertainment establishments).

Smokeless Tobacco Products: Chewing Tobacco and Snuff

- 0.4% of adults report using chewing tobacco. **There are no significant differences between demographic groups.**
- 33.5% of people who use chewing tobacco also smoke cigarettes.
- 1.7% of residents report using snuff. **The following demographic differences are statistically significant.**
 - **GENDER:** *More men (3.1%) use snuff than women (0.4%).*
 - **RACE:** *Snuff use is more prevalent among Caucasians (2.0%) than among African-Americans (0.2%).*
 - **MARITAL STATUS:** *More adults who are single (2.9%) or married/living together (1.4%) use snuff than people who are divorced/separated (0.1%).*
- 13.6% of snuff users also smoke cigarettes.
- 0.3% of all adults report using both chewing tobacco and snuff. **There are no significant differences between groups.**
- 33.9% of people who use both chewing tobacco and snuff also smoke cigarettes.

ACTION STEPS: Tobacco Use

For Communities:

- Eliminate tobacco product sales, advertising and promotion to youth.
- Increase excise tax on cigarettes.
- Eliminate cost barriers to smoking cessation treatment for underserved populations, particularly the uninsured and the underinsured.
- Engage youth to plan and conduct community tobacco prevention and education events and campaigns.

For Individuals:

Quitting smoking cigarettes is hard because nicotine, a key component of tobacco, is a very addictive drug. Smokers are not only physically addicted to nicotine, they link smoking with many social activities such as dining out, which makes the habit extremely difficult to break. Usually people trying to quit smoking make 2 or more tries before being able to quit. The Centers for Disease Control and Prevention (CDC) recommends the following strategies for quitting smoking:

- Set a quit date. Tell family and friends about your plans for quitting, and get their support.
- Consult your health care provider about medications that can help you stop smoking.
- Take a smoking cessation class.
- Seek out individual, group, or telephone counseling.
- Find other ways to cope with stress (exercise, read).
- Vary your routine (take a different route to work, eat breakfast in a different place, drink tea instead of coffee).
- Prepare yourself for relapse or difficult situations.
- Once you quit, don't smoke!

According to the American Lung Association, some of the **benefits to quitting smoking**, listed by length of cessation, are:

- 24 hours: risk of heart attack decreases.
- 1-9 months: coughing, sinus congestion, fatigue, and shortness of breath decrease.
- 1 year: excess risk of heart disease is half that of a smoker.
- 5 –15 years: stroke risk is reduced to that of people who have never smoked.
- 10 years: risk of lung cancer is half that of continuing smokers, and risk of cancer of mouth, throat, esophagus, bladder, kidney and pancreas decreases.
- 15 years: risk of heart disease and risk of death return to nearly the level of people who have never smoked.

ACTION STEPS: Environmental Tobacco Smoke

For Communities:

- Develop laws, rules, and regulations to restrict or ban tobacco consumption in workplaces and public areas.
- Develop educational presentations and strengthen tobacco use policies in schools and community centers.

For Individuals:

- Go outside to smoke!
- Do not smoke around other people.
- Provide clean indoor air for children to prevent respiratory and inner ear infections, the onset or worsening of asthma, and Sudden Infant Death Syndrome (SIDS).

Stace L. Klempnauer, MSW
Former Tobacco Prevention Coordinator
Columbus Health Department

BACKGROUND

In the United States, more than 65 million people are currently living with an incurable sexually transmitted disease (STD). An additional 15 million people become infected with one or more STDs each year. Yet, STDs are one of the most under-recognized health problems in the country today. Despite the fact that STDs are extremely widespread, have severe and sometimes deadly consequences, and add billions of dollars to the nation's healthcare costs each year, most Americans remain unaware of the risks and consequences of all but the most prominent STD, the human immunodeficiency virus (HIV).

Some STDs are curable and some are not. Many people who have an STD do not know it. They may look healthy, but they could still have an STD. Some people will not tell partners even if they know. More than 25 diseases are spread primarily through sexual activity. Not including HIV, the most common STDs in the U.S. are chlamydia, gonorrhea, syphilis, genital herpes, human papillomavirus (HPV), hepatitis B, trichomoniasis, and bacterial vaginosis. Because there is no single STD epidemic, but rather multiple epidemics, discussions about trends over time must focus on specific STDs. The latest scientific data suggest that although chlamydia prevalence has declined in areas which have screening and treatment programs, levels are high elsewhere. For the first time in 2 decades, gonorrhea is on the rise, and increased more than 9% from 1997 to 1999. Syphilis is now at an all time low, presenting an opportunity for elimination of the disease. Genital herpes continues to increase, spreading across all social, economic, racial, and ethnic boundaries, but most dramatically affecting teens and young adults. With an estimated 20 million Americans currently infected with HPV, this viral STD also continues to spread.

Risks Associated with STDs

- Chlamydia and gonorrhea can cause infertility if left untreated.
- While genital herpes can cause painful sores that keep coming back, the majority of individuals do not know that they are infected.
- HPV not only can cause genital or anal warts, but it can also lead to cancer of the cervix.
- HIV and hepatitis B can be fatal.
- Women, infants, teens, and some racial/ethnic minorities often bear the greatest burden of STDs.

FRANKLIN COUNTY SURVEY RESULTS

Sexual activity refers to oral, vaginal, or anal sexual activity, but not masturbation in the past 12 months.

- 76.5% of Franklin County adults have been sexually active in the past 12 months.
The following demographic differences are statistically significant.
 - **GENDER:** *More males* (82.1%) have been sexually active in the past year than females (71.4%).

Sexual Behavior

2000 Columbus / Franklin County Community Health Risk Assessment

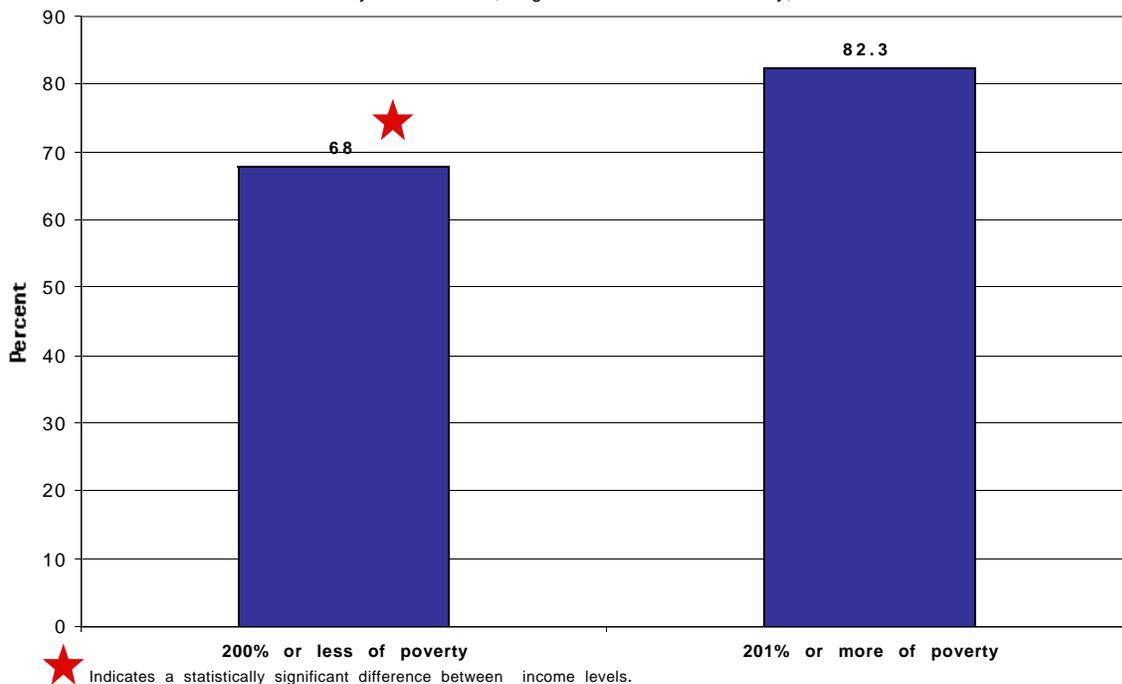
- **AGE:** *More adults ages 25-34 (93.5%) have been sexually active in the past year than adults ages 18-24 (78.1%), 35-44 (85.9%), 45-54 (81.1%), 55-64 (63.2%), and 65 and older (32.4%).*
 - **INCOME LEVEL:** *More adults living in middle- or high-income households (82.3%) have been sexually active in the past year than adults living in low-income households (68%).* (See Figure 1)
 - **EMPLOYMENT STATUS:** *Fewer retired adults (39.1%) have been sexually active in the past year in comparison to people who are full-time students (67.1%), unemployed (72.3%), employed part-time (77.9%), work in the home (81.5%), or employed full-time (85.2%).* Please note this maybe a function of age.
 - **EDUCATION LEVEL:** *Fewer adults without a high school diploma (63.2%) have been sexually active in the past year in comparison to high school graduates (73.7%), people who attended some college (75.8%), or college graduates (82.7%).*
 - **MARITAL STATUS:** *More married/living together adults (88.2%) have been sexually active in the past year compared to single adults (72.1%), divorced/separated adults (55%), or widowed adults (13.2%).*
- 11% of Franklin County adults report having 2 or more sexual partners in the past year.

Condom use by adults reporting 2 or more sexual partners in the past year

- 48.9% of adults with 2 or more sexual partners in the past year report using condoms all or most of the time. **There are no statistically significant differences based upon demographics.**

Figure 1: Adults who Have Been Sexually Active in the Past Year by Percent of Poverty Level. Franklin County, Ohio 2000.

Sexual activity includes oral, vaginal or anal sexual activity, but not masturbation.



High risk situations are defined as one or more of the following: use of intravenous (IV) drugs, diagnosis of a sexually transmitted disease, having anal sex in the past year, or testing positive for HIV, the virus that causes AIDS.

- 3.4% of adults report that at least one of these situations applies to them.

The following demographic differences are statistically significant.

- **AGE:** *More young adults ages 18-24 (7.4%) and ages 25-34 (5.8%) report that at least one of these situations applies to them in comparison to people ages 35-44 (1.7%), 45-54 (2.4%), 55-64 (0%), or 65 and older (1.2%).*
- **INCOME LEVEL:** *More adults living in low-income households (9.5%) state that at least one of the situations applies to them then adults living in middle- or high-income households (2.2%).*
- **EDUCATION LEVEL:** *Fewer adults who completed college (1.2%) state that at least one of the situations applies to them than adults who attended some college (4.4%) or do not have a high school diploma (8.4%).*
- **MARITAL STATUS:** *More single adults (6.5%) report that at least one of these situations applies to them compared to married/living together adults (1.7%).*
- **AREA OF RESIDENCE:** *More Columbus residents (4.6%) report that at least one of these situations applies to them than residents of Franklin County, excluding Columbus (1.2%). (See Figure 2)*

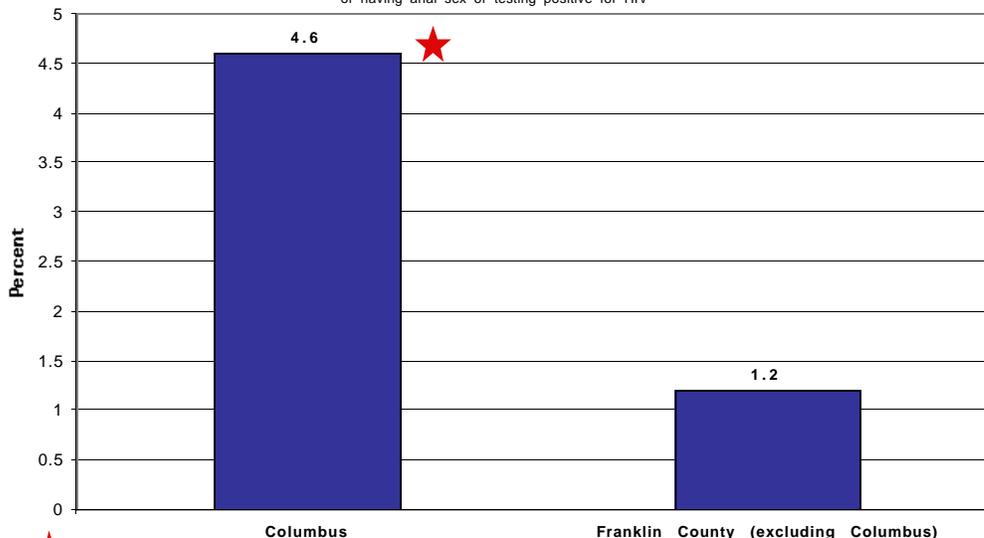
School based HIV and AIDS education for children

- 96.4% of adults believe that children should receive HIV and AIDS education at school.

There are no statistically significant differences based upon demographics.

Figure 2: Adults Who Have Engaged in at Least 1 High Risk Situation in the Past Year or Have Been Diagnosed with HIV. Franklin County, Ohio 2000.

High risk situations include use of intravenous (IV) drugs, diagnosis of a sexually transmitted disease (STD), or having anal sex or testing positive for HIV



★ Indicates a statistically significant difference between residents of Columbus and residents of Franklin County excluding Columbus.

Sexual Behavior

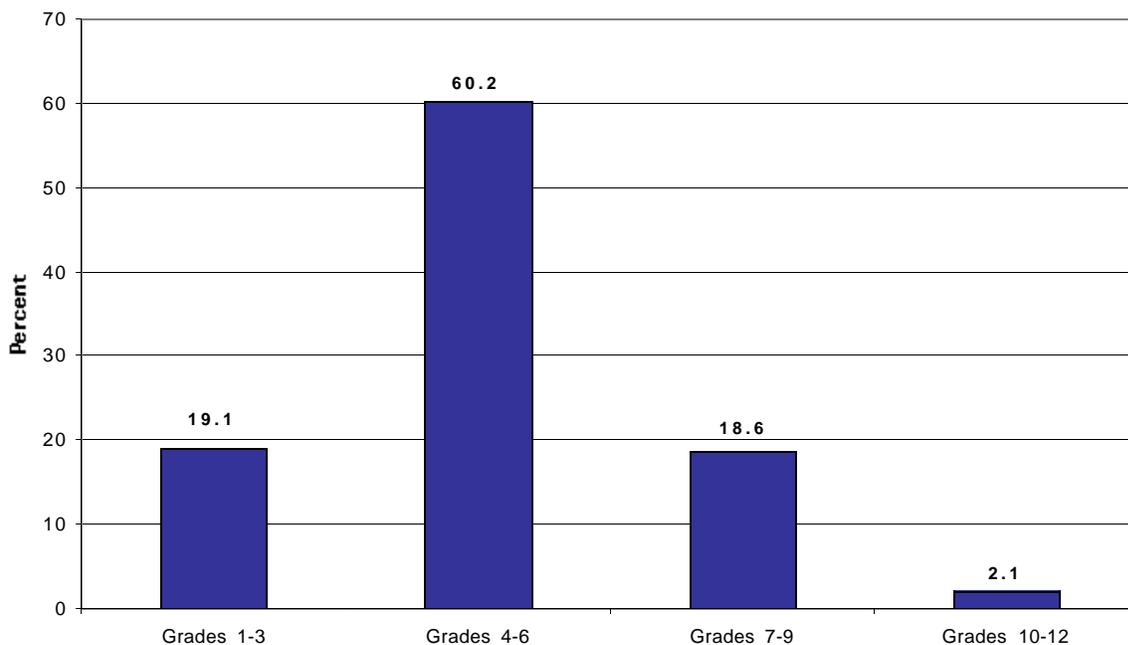
2000 Columbus / Franklin County Community Health Risk Assessment

- 60.2% of these adults believe that school based HIV and AIDS education programs should begin in 4th through 6th grade. (See Figure 3)

Self-labeled sexual orientation and reported sexual behavior

- Chosen sexual orientation label:
 - Bisexual (both male and female sexual partners): 1.4%
 - Heterosexual (opposite gender sexual partners): 94.8%
 - Homosexual (same gender sexual partners): 2.2%
 - Something else: 1.6%
- 0.6% of adults consider themselves transgender. This means that they enjoy expressing themselves in the gender role of the opposite sex.
- Gender of sexual partners:
 - Sexual partners of both genders: 0.2%
 - Sexual partners of opposite gender only: 97%
 - Sexual partners of the same gender only: 2.8%

Figure 3: Grades in Which Adults Believe School based HIV & AIDS Education Should Begin. Franklin County, Ohio 2000.



ACTION STEPS

For Communities:

- Undertake media (e.g. television, radio, billboard, etc) campaigns to increase the awareness level of individuals about the risks of acquiring STDs.
- Educate policy makers/legislators about STD prevalence and the benefits of prevention, early diagnosis, and treatment.
- Ensure that appropriate and adequate sexual health education is provided in the school system.
- Support free and accessible public STD clinics and school-based clinics.
- Educate health care providers about more effective sexual health communication with their patients and state-of-the-art STD diagnostics, treatments, and emerging vaccines.
- Work with community-based organizations (e.g. social, educational, and religious) to help deliver the STD prevention message to at-risk populations.
- Encourage managed care organizations and insurance companies to pay for screening patients for STDs, especially chlamydia.

For Individuals:

- Abstinence, or not having oral, vaginal, or anal sex, is the best protection. It is possible to get an STD even without having intercourse through skin-to-skin contact.
- Self-masturbation is an alternative to sex.
- If you have sex, choose only one partner whom you know well and trust. Choosing a partner who only has sex with you is called mutual monogamy.
- Use latex condoms correctly for any type of sex (vaginal, oral, or anal) from start to finish. Always have a latex condom close by. Do not count on your partner to be prepared.
- Always use water-based lubricants (e.g., K-Y jelly) with latex condoms.
- Limiting your number of sex partners helps reduce your risk of getting an STD. But remember, even if you and your partner are currently monogamous with each other, the risk of getting an STD is increased by the number of previous sexual partners your partner has had.
- If you or your partner has had another sex partner, both of you should consider getting tested for STDs.

Merry Krempasky
Sexual Health Team Leader
Columbus Health Department

COLUMBUS HEALTH DEPARTMENT: CHILD SURVEY

2000 Columbus / Franklin County Community Health Risk Assessment

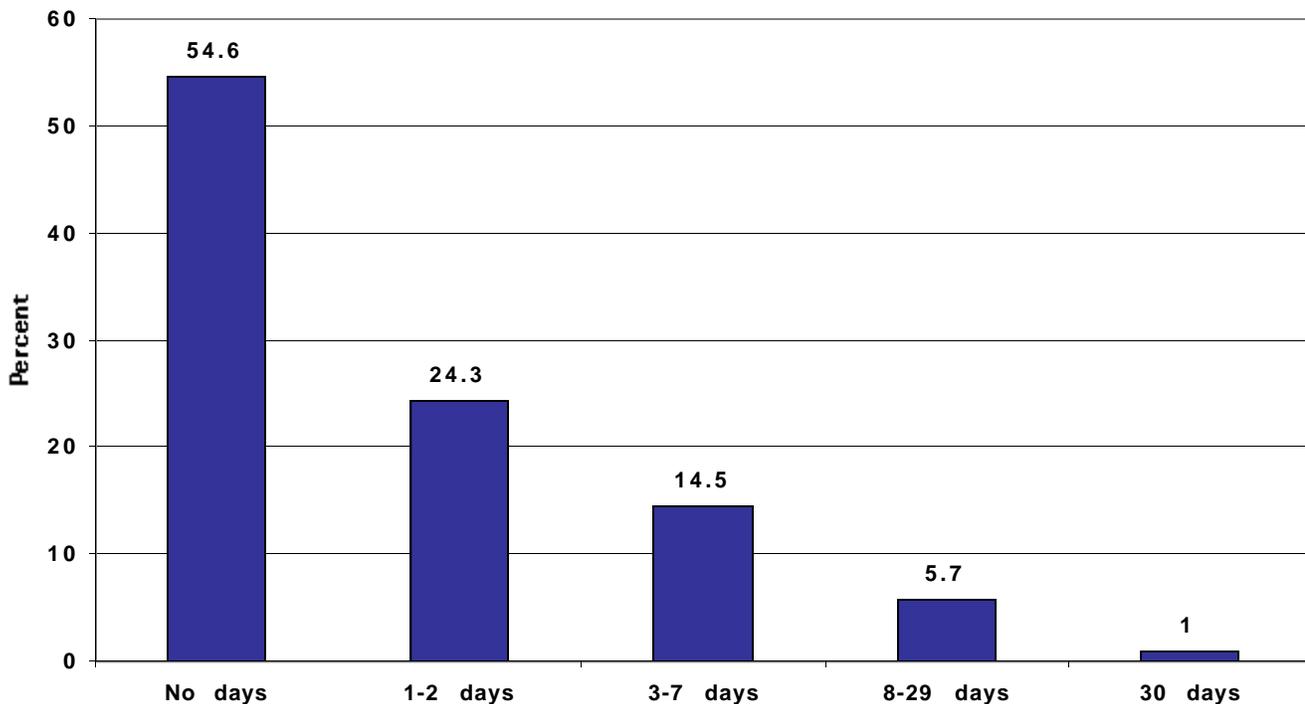


BACKGROUND

Health status measures help to supplement traditional measures of mortality and morbidity in assessing the health of a community. There are 4 questions that are used nationally to supplement this information: 1) self-rated health status, 2) number of days in the last 30 when physical health was not good, 3) number of days in the last 30 when mental health was not good, and 4) number of days in the last 30 when normal activity was limited due to poor physical or mental health. In the child portion of the survey, these questions were asked of the parent/guardian about the child.

For the child health assessment, health status is an indicator of the parent/guardian's perception of the child's overall health. If a parent/guardian perceives the child's health as poor, then they are more likely to access health care for the child in the near future. It also assesses the current symptom burden of acute and chronic conditions for children in Franklin County. Discerning the number of recent days that the child has had poor physical health is a global measure of recent physical symptoms and the number of recent days with poor mental health is a measure of recent mental and emotional distress. Recent activity limitation is an indicator of the parent/guardian's perception of the child's disability. Responses to these questions show the general health status of children in Franklin County and tracks their general health needs; however, the information cannot be used to identify specific public health interventions.

Figure 1: Number of Days in the Past 30 Days when Poor Physical or Mental Health Prevented the Child from Doing His/Her Usual Activities, Franklin County, Ohio 2000.



FRANKLIN COUNTY SURVEY RESULTS

- 96.8% of parents in Franklin County rate their child’s overall health as either good, very good, or excellent. **There are no significant differences between demographic groups.**

- Number of days in the past 30 days when the child’s physical health was not good:
 - No days: 64.2%
 - 1-2 days: 18.3%
 - 3-7 days: 13.5%
 - 8-29 days: 3.5%
 - 30 days: 0.5%

- Number of days in the past 30 days when the child’s mental health was not good:
 - No days: 81.8%
 - 1-2 days: 6.5%
 - 3-7 days: 7.3%
 - 8-29 days: 2.7%
 - 30 days: 1.7%

- Number of days in the past 30 days when poor physical or mental health prevented the child from his/her usual activities: (See Figure 1)
 - No days: 54.4%
 - 1-2 days: 24.3%
 - 3-7 days: 14.5%
 - 8-29 days: 5.7%
 - 30 days: 1.0%

Suellen I. Bennett, MSPH
Epidemiologist
Columbus Health Department

BACKGROUND

The management of weight calls for an understanding of the relationship of weight to health as well as how underweight, overweight and obesity are defined and measured. Underweight refers to low body weight and overweight refers to excess body weight, compared to set standards. Obesity refers to excess body fat. Techniques to exactly measure body fat are not yet readily available. Body Mass Index (BMI), which is a ratio of weight to height, correlates well to laboratory measures of body fat and can be used to assess both overweight and obesity in children and adults.

For children, it is more difficult to evaluate whether they are overweight, because they grow in unpredictable spurts. BMI-for-age and gender charts are recommended to assess weight in relation to stature for children who are at least 2 years of age (2 to 20 years). A child's health care provider should be consulted to determine whether the child truly has a weight problem. Health problems are more likely at very low or high extremes of the BMI-for-age scale:

Underweight	BMI-for-age < 5th percentile
Overweight	BMI-for-age ≥ 85th percentile
Obese	BMI-for-age ≥ 95th percentile

The number of overweight or obese children and adolescents continues to increase rapidly in the United States. Overweight children are more likely to become obese adults. BMI-for-age at the 95th percentile is linked to increased risks of:

- Type 2 Diabetes at younger ages
- Heart disease
- Lower self-esteem

Additionally, maintaining a healthy weight reduces the risk of developing a variety of diseases, especially in adulthood.

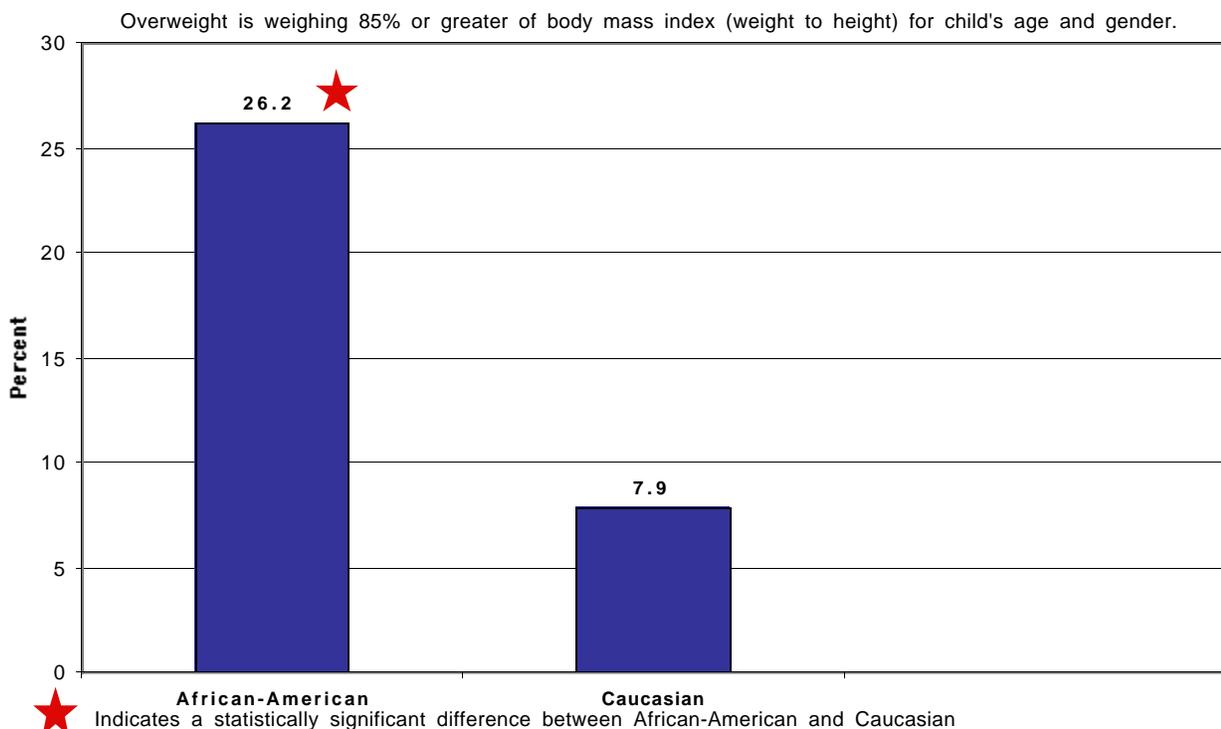
The reasons for becoming overweight and obese are complex. Genetic factors, inadequate physical activity and unhealthy eating patterns all play a role. Other factors such as endocrine disorders may contribute to overweight and obesity in rare cases. Whereas children whose parents and siblings are overweight are more likely to be overweight, the lack of physical activity and an unhealthy diet are key contributory factors to childhood weight control. Research shows that children are spending many hours being inactive because of increased time watching television, playing computer games, and spending time indoors. Poor eating patterns, which encourage a high intake of fat and sugar and a low intake of vegetables and fruit, cause an increased calorie intake.

FRANKLIN COUNTY SURVEY RESULTS

Overweight children weigh 85% or greater than the body mass index (weight to height) for their age and gender.

- 12.7% of Franklin County children are overweight. **The following demographic differences are statistically significant:**
 - **RACE:** *More African-American children (26.2%) are overweight, compared to Caucasian children (7.9%). (See Figure 1)*
 - **AGE:** *More children ages 12-17 (18.6%), are overweight than children ages 6-11 (7.2 %).*
- The following county data details the trend in the percentage of children who are overweight and the national standard. **The Franklin County differences are not significant.** (See Figure 2)
 - 2000 Franklin County Survey: 12.7%
 - 1995-96 Franklin County Survey: 17.4%
 - Healthy People 2010 Goal: No more than 15%

Figure 1: Overweight Children by Race, Franklin County, Ohio 2000.



Child Weight Management

2000 Columbus / Franklin County Community Health Risk Assessment

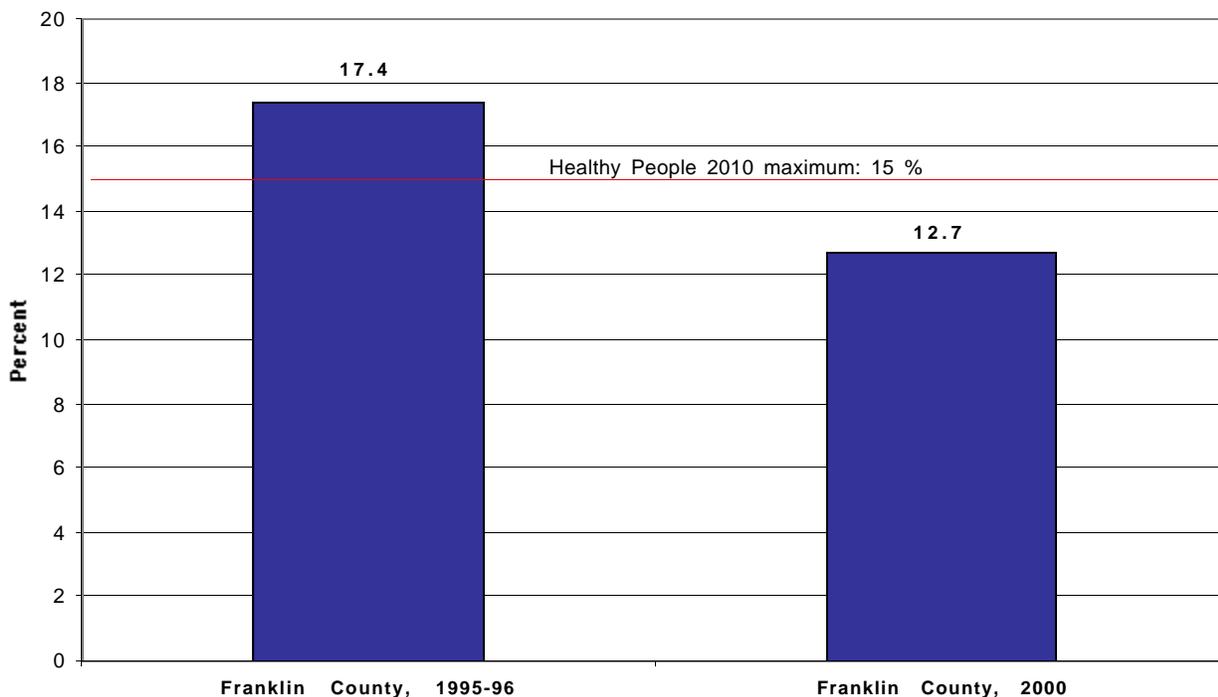
- Of the parents who believe that their child is overweight, 44.5% of the children actually are overweight, 43.9% are at a normal weight, and 8.2% are underweight.

RECOMMENDATIONS

- Discuss your child’s weight with his/her health care professional to verify whether (s)he is at a healthy weight.
- If your child is overweight, be accepting of him/her and provide support and encouragement to foster weight control.
- Focus on gradually improving eating habits and physical activity for the entire family, rather than setting the child apart.
- Manage weight effectively through regular physical activity and healthy eating.
- Use the Food Guide Pyramid to help plan balanced meals with enough vegetables, fruits, and grains with small amounts of added fat and sugar – however, do not restrict sweets excessively.
- Help your child to be physically active most days of the week, preferably everyday.

Figure 2: Overweight Children, Franklin County, Ohio 1995-96 and 2000.

Overweight is weighing 85% or greater of body mass index (weight to height) for child's age and gender.



ACTION STEPS

For Communities:

- Empower community members to take action by engaging in weight management efforts for the entire community.
- Provide opportunities to educate parents and children about the process of weight control and management.
- Create an environment that promotes a healthy lifestyle.
- Ensure adequate opportunities for children to enjoy safe exercise by promoting sidewalks, bicycle paths, parks, community recreation facilities, and group sports.
- Advocate opportunities for regular physical activities with schools, after school programs, and other venues.
- Advocate for healthy food choices with schools, after school programs, at church events, and with other events involving eating.
- Hold taste sessions for children to try to lower calorie choices for snacks and meals.
- Engage the media, community leaders and others to promote the importance of weight management, nutrition, and physical activities for children and youth.

For Individuals:

- Plan snacks and avoid constant snacking.
- Manage portion sizes, but do not place the child on a restricted diet.
- Do not use food as a reward or punishment.
- Avoid eating while watching television and doing other activities.
- Enjoy eating meals together as a family.
- Help your child manage emotional triggers to eating such as boredom, stress, and anxiety.
- Reduce the amount of time spent watching television, playing video games, and doing other sedentary activities.
- Increase physical activity

Manisha H. Maskay, PhD
Public Health Administrator, Health Assessment, Planning & Promotion
Columbus Health Department

BACKGROUND

Research has shown that routine exercise and a healthy diet are essential elements for good health. Currently, the National Institutes of Health (NIH) and the Surgeon General recommend that children ages 6 and older get at least 60 minutes of moderate physical activity each day. *[Please note that this exercise recommendation was released after the 2000 data were collected. The survey questions and results reflect the previous recommendation of at least 30 minutes of exercise per day].* NIH states that following this recommendation may improve a child's overall health and may protect against child onset chronic diseases (e.g., premature heart disease, Type 2 Diabetes).

Adequate nutrition during childhood is essential for optimal growth and development as well as good health throughout the life-cycle. Since no single food can provide all the nutrients required by the human body, children must consume a variety of foods from the 5 major food groups. Poor diet and nutrition is a known risk factor for heart disease, cancer, stroke, Type 2 Diabetes, high blood pressure and osteoporosis. Establishing healthy eating habits during childhood can serve as an important prevention tool.

Parents must accept that they are ultimately responsible for planning the structure of their children's physical activity and diet. In addition, they are important role models. If they engage in daily physical activity and enjoy a variety of healthful foods, children are more likely to do the same. Healthy eating and exercise habits developed during childhood are more likely to be sustained for life (American Dietetic Association).

Benefits of Regular Physical Activity

- Increases physical fitness.
- Helps build and maintain healthy bones, muscles, and joints.
- Builds endurance and muscular strength.
- Helps maintain weight.
- Lowers risk factors for chronic diseases such as Type 2 Diabetes, cardiovascular disease, colon cancer, etc.
- Helps control blood pressure.
- Promotes psychological well-being and self-esteem.
- Reduces feelings of depression and anxiety.

Benefits of Adequate Nutrition

- Ensures optimal growth and development.
- Provides a foundation to build health status through the life-cycle.
- May enhance emotional well-being.
- Helps learning capabilities.
- Promotes mental and physical fitness and well-being.
- May help to maintain a healthy weight.
- Decreases risk of developing chronic diseases such as Type 2 Diabetes, heart disease, osteoporosis etc.

FRANKLIN COUNTY SURVEY RESULTS

Adequate exercise for children ages 6 to 17 is defined as exercising moderately (e.g., brisk walking and active play or recreation) for at least 30 minutes daily. (New recommendation is 60 minutes daily)

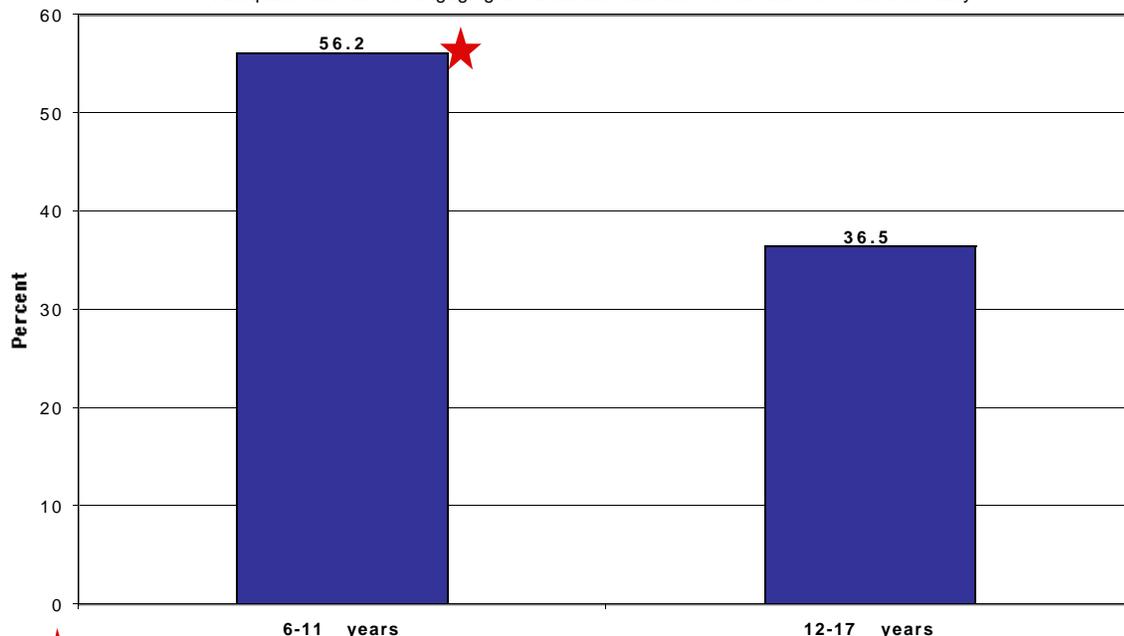
- 47.2% of Franklin County children get adequate daily exercise (at least 30 minutes of moderate exercise). **The following demographics are statistically significant.**
 - **AGE:** *More children ages 6-11 (56.2%) get adequate daily exercise than children ages 12-17 (36.5 %).* (See Figure 1)
 - **PARENTAL EDUCATION LEVEL:** *More children whose parents are not high school graduates (70.3%) get adequate daily exercise compared to children whose parents are college graduates (37%).*

Adequate fruit and vegetable consumption is eating 5 or more servings daily.

- 18.8% of Franklin County children eat 5 or more servings of fruits and vegetables each day. **The following demographics are statistically significant.**
 - **PARENTAL EDUCATION LEVEL:** *Fewer children whose parents are not high school graduates (5.2%) eat 5 servings of fruits and vegetables daily compared to children whose parents are high school graduates (16.4%), who attended some college (18.2%), or are college graduates (25.2%).* (See Figure 2)

Figure 1: Adequate Exercise for Children Ages 6-17 by Age, Franklin County, Ohio 2000.

Adequate exercise is engaging in moderate exercise for at least 30 minutes daily



★ Indicates a statistically significant difference between age groups

Child Physical Activity and Nutrition

2000 Columbus / Franklin County Community Health Risk Assessment

- **PARENTAL MARITAL STATUS:** *More children whose parents are married/living together (20.8%) eat 5 servings of fruits and vegetables daily than children whose parents are divorced/separated (9.7%).*

■ The following county data details the trend in the percentage of children who eat 5 or more servings of fruits and vegetables daily and the national standard. **The Franklin County differences are not statistically significant.** (See Figure 3)

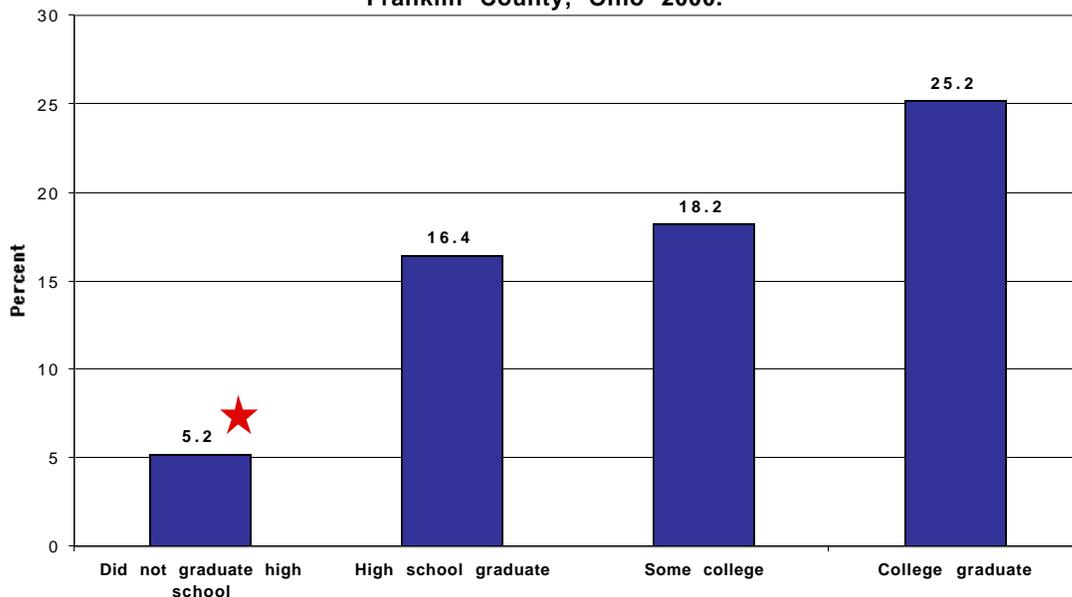
- 2000 Franklin County Survey: 18.8%
- 1995-96 Franklin County Survey: 10.5%
- Healthy People 2000 Goal: at least 50%

RECOMMENDATIONS

The Departments of Health and Human Services and Agriculture (Dietary Guidelines for Americans 2000) suggest that children do at least 60 minutes of moderate physical activity daily. Moderate physical activity is any activity that requires about as much energy as walking 2 miles in 30 minutes.

Children need sufficient food for proper growth and development but too many calories and inadequate physical activity can lead to excess weight. The basis of healthy eating is having a variety of foods from the 5 major food groups. The number of servings from each food group will depend on the child's age, developmental stage and level of physical activity. The Food Guide Pyramid can help guide meal planning and portion sizes. Food labels can also help guide selection of commercially prepared foods. Foods that are high in fat and in added sugar should be consumed in limited quantities.

Figure 2: Children who Eat 5 or More Servings of Fruits and Vegetables Daily by Parental Education Level, Franklin County, Ohio 2000.



★ Indicates a statistically significant difference between children whose parents did not graduate high school and children whose parents graduated high school, attended some college, or graduated from college.

ACTION STEPS

For Communities:

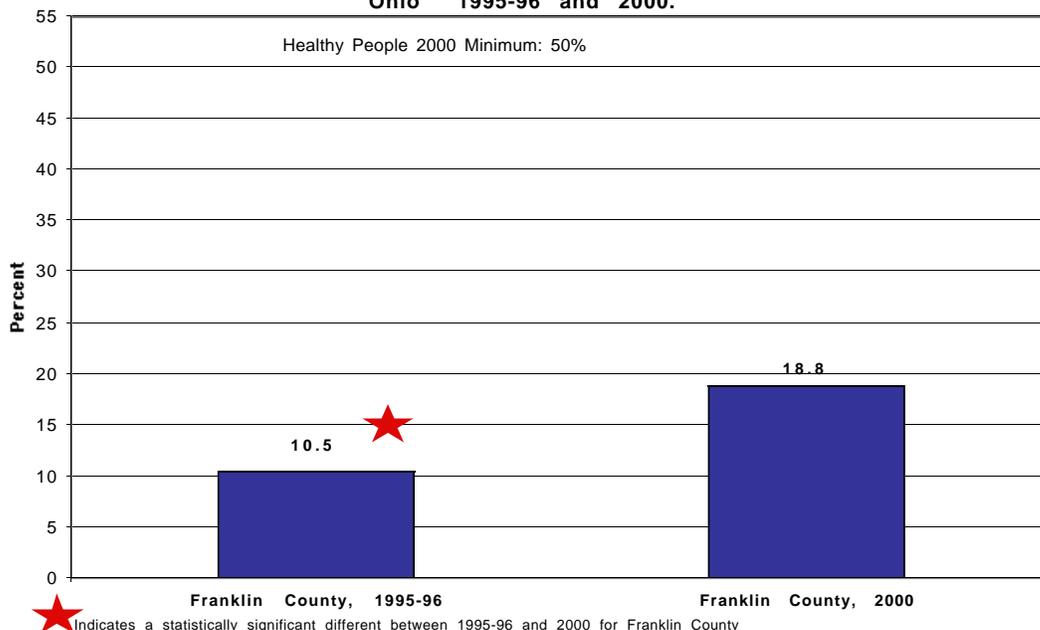
- Develop programs for health care professionals to communicate the importance of regular physical activity and optimal nutrition to parents.
- Encourage parents to be physically active role models.
- Advocate for quality school and community physical activity programs.
- Increase community support of regular physical activity with environmental and policy changes at schools, and community centers.
- Make information about good nutrition available to families through health care providers, school lunch providers, and other community groups.

For Individuals:

For Children:

- Play tag, jump rope or ride a bicycle.
- Walk, skip, run, or roller skate.
- Play actively during school recess.
- Take part in physical education activity classes at school.
- Join after-school physical activity programs.

Figure 3: Children who Eat 5 or more Servings of Fruits and Vegetables Daily for Franklin County, Ohio 1995-96 and 2000.



Child Physical Activity and Nutrition

2000 Columbus / Franklin County Community Health Risk Assessment

- Choose a variety of foods from each of the 5 major food groups.

For Parents:

- Set limits on the amount of time that children spend watching television and playing video or computer games.
- Plan and participate in family activities that include physical activity and include physical activity in family events such as birthday parties, picnics and vacations.
- Help children to develop healthy eating habits and be a positive role model.
- Use the Food Guide Pyramid to help plan meals and guide portion sizes.
- Use food labels to help guide selection of commercially prepared foods.
- Present balanced meals but allow children to decide how much they want.
- Offer foods that are high in fats and added sugar in small amounts only.

Ryan E. Johnson
Health Educator
Franklin County Board of Health

BACKGROUND

According to the American Academy of Pediatrics, medical care for infants, children and adolescents should be accessible, continuous, comprehensive, family-centered, coordinated, culturally sensitive and compassionate. The Academy believes that physicians and families should be in long-term relationships characterized by mutual responsibility and trust. Services provided should include preventive, primary and acute care, and inpatient hospital and ambulatory care extended over a duration that is available 24 hours a day, 7 days a week. The goal of these services is to establish a "medical home." Many children in Franklin County currently lack a medical home.

Health care access and utilization are affected by many factors. A lack of adequate health care coverage, usually due to the states of being uninsured or being too impoverished to pay for out-of-pocket health care expenses, is a major barrier to parents' abilities to establish a medical home for their children. With 14.2% of Franklin County youth 18 years old and younger being uninsured (1998), the absence of an affordable medical home also negatively affects when, where, and how children receive minimal health care services (e.g., basic screenings and immunizations). Our nation is making great strides in removing financial health care barriers for children. The Federal Child Health Insurance Program (CHIP), called Healthy Start/Healthy Families in Ohio, has expanded health care coverage to children up to 200% of the Federal Poverty Level (FPL) (currently set at an annual income of \$36,200 for a family of four). The array of government-sponsored health care services available for children in Ohio is fairly comprehensive. However, Franklin County and Ohio, along with the Nation, have faced challenges in getting children signed up for the program; – an unanticipated consequence of welfare reform is an overall reduction in enrolled children for Healthy Start. In order to increase enrollment, Ohio has invested in Healthy Start outreach and has simplified its enrollment application process.

Benefits of a Medical Home and Insurance Coverage

- A child who is insured is more likely to have a medical home.
- A child with a medical home has a provider who knows the child, his or her history, the family and has access to the child's medical records.
- Immunizations are more likely to be up to date when a child is insured and has a usual source of care.
- Inappropriate or unnecessary emergency department visits are reduced.
- Children who are insured are more likely to receive ongoing primary care and prompt treatment of childhood illnesses.
- Children who are insured and receiving ongoing primary care are less likely to miss school.

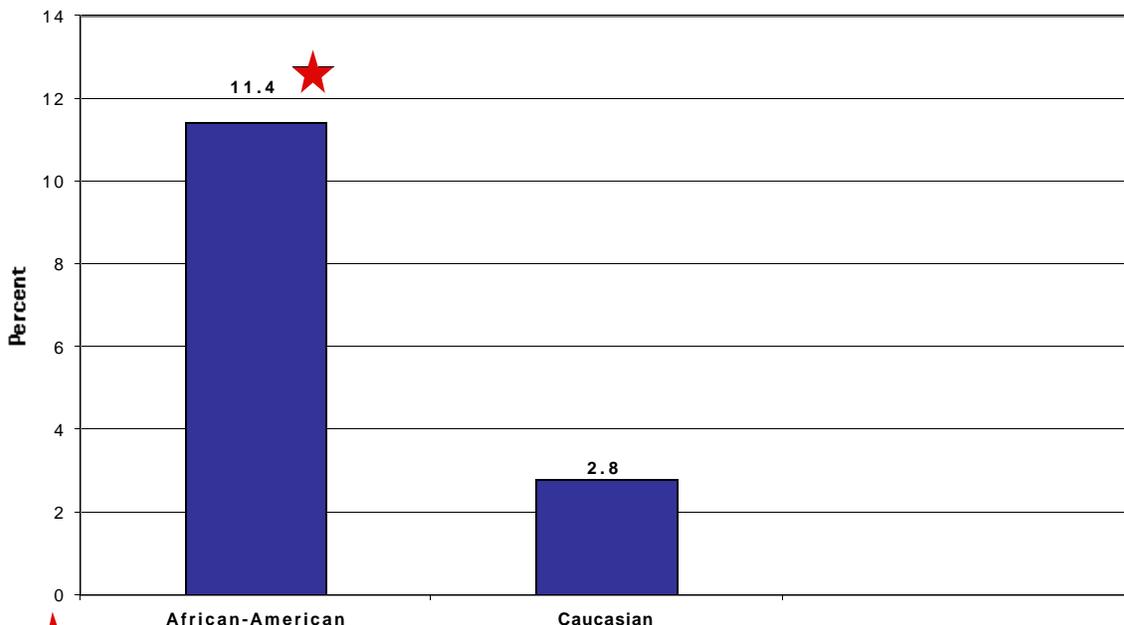
FRANKLIN COUNTY SURVEY RESULTS

Child health care coverage, including health insurance, prepaid health care plans such as HMOs, and governmental plans such as Medicare.

- 1 in 20 children (5.3%) lacks any kind of child health care coverage.
The following demographic differences are statistically significant.
 - **RACE:** *More African-American children (11.4%) lack health insurance than Caucasian children (2.8%). (See Figure 1)*
 - **PARENTAL INCOME LEVEL:** *More children living in low-income households (11.1 %) lack health insurance than children living in middle- or high- income households (2.2%).*
- The following Franklin County data show the trend in the percentage of children without health insurance. **The change since 1995-96 is not statistically significant.**
 - Franklin County 2000: 5.3%
 - Franklin County 1995-96: 12.2%
- 3.8% of children were unable to see a doctor in the past 12 months due to cost.
- 98.2% of children have health coverage that includes preventive care, such as well-child check-ups and immunizations.

Figure 1: Children Without Any Kind of Health Care Coverage by Race, Franklin County, Ohio 2000.

Health care coverage includes health insurance, pre-paid plans such as HMO's, and governmental plans such as Medicare.



★ Indicates a statistically significant difference between African-American and Caucasian children.

Child Health Care Access

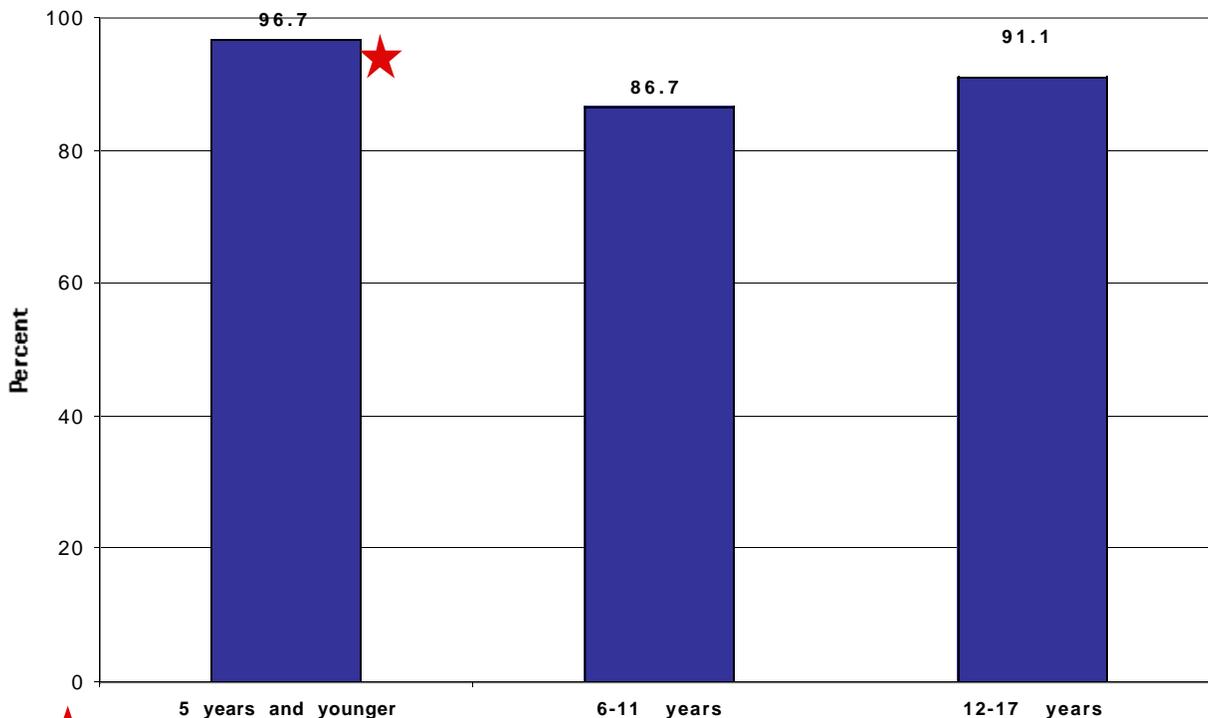
2000 Columbus / Franklin County Community Health Risk Assessment

- Most child health care is covered through either the parent's employer (40.9%), someone else's employer (40.3%), or through Medicaid (8.6%) or Medicare (2.5%).

Routine Child Check-Ups by Health Care Providers

- Approximately 9 in 10 children (91.5%) have had timely visits (within the past year) to the doctor. **The following demographic difference is statistically significant.**
 - **AGE:** *More children ages 0-5 (96.7%) have had timely health check-ups than children ages 6-11 (86.7%).* (See Figure 2)
- The main reasons for **not** having a routine check-up within the past year:
 - No perceived reason to have one: 51.6%
 - Have not thought of it: 8.6%
 - No health insurance: 8.4%

Figure 2: Children Who Have Had a Routine Health Check-Up in the Past Year by Age, Franklin County, Ohio 2000.



Indicates a statistically significant difference between children ages 5 and younger and children ages 6-11.

Parents' Satisfaction Rating with Child's Overall Health Care

■ Overall child health care quality was rated by parents as:

- Excellent: 44.2%
- Very Good: 31.4%
- Good: 19.9%
- Fair: 3.4%
- Poor: 1.1%

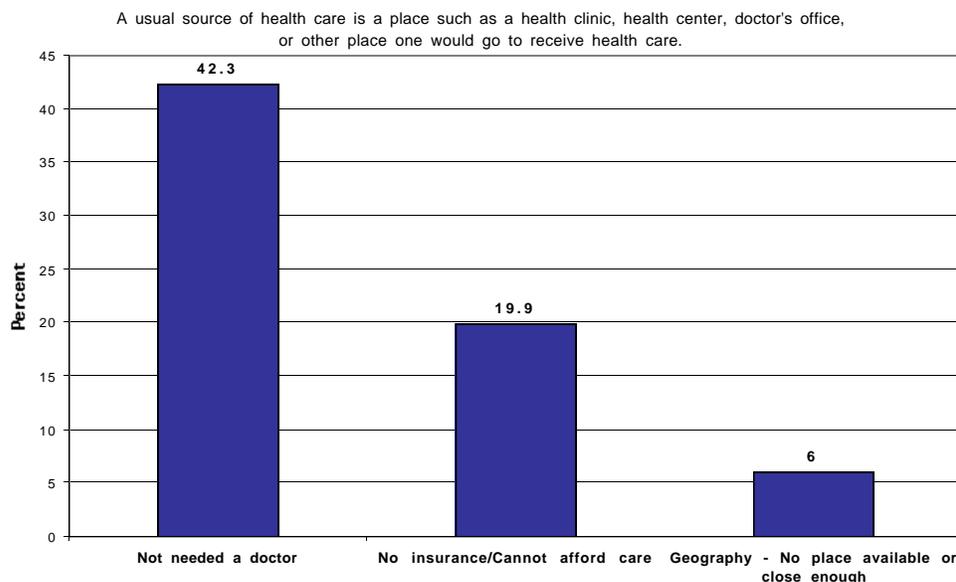
Source for Regular Child Health Care

■ 2.4% of parents have no usual source of health care for their children, such as a health clinic, health center, doctor's office, or other place where they would go if their child is sick or if they are in need of advice concerning their child's health.

■ The main reasons parents do not have a usual source of medical care (place) for their child include: (See Figure 3)

- Have not needed a doctor: 42.3%
- No insurance or cannot afford health care out-of-pocket: 19.9%
- Geography – no place is available or close enough: 6.0%

Figure 3: Reasons Children Do NOT Have a Usual Source of Health Care, Franklin County, Ohio 2000.



- The kind of place used most often for child health care needs include:
 - Doctor's office: 82.9%
 - Hospital outpatient: 9.5%
 - Community health center: 2.2%
 - Company or school health clinic: 2.1%

RECOMMENDATIONS

Ohio's Healthy Start/Healthy Families Program offers parents the ability to secure health care access for their children when health insurance coverage is either not offered through employment or cannot be afforded due to financial restrictions. Children up to 18 years old who live in families with incomes at or below 200% of the Federal Poverty Level are eligible for the Healthy Start/Healthy Families Program. A general recommendation is to make parents aware of health care access offerings provided by Healthy Start/Healthy Families while advocating policies that enhance and expand childhood health care coverage.

ACTION STEPS

For Communities:

- Advocate for twelve-month continuous coverage for all children on Medicaid.
- Continue Medicaid application and health care access simplification strategies, such as self-declaration of income.
- Advocate for coordinating application processes for children services programs, such as the Women, Infants, and Children program (WIC), school lunches, child care or Head Start.
- Advocate for competitive reimbursement rates for providers who accept Medicaid enrollees.
- Encourage private physicians to serve children who are insured by Medicaid.
- Educate parents about what they should expect from a medical home.
- Advocate for expansion of Medicaid parent coverage above 100% of the Federal poverty level.

For Individuals:

- Call 1-800-324-8680 for info concerning health care offerings for children who are uninsured.

Carolyn B. Slack, MS, RN
Director, Family Health Policy
Columbus Health Department

1 American Academy of Pediatrics Policy Statement. Pediatrics: Volume 90, Number 5. November, 1992, p. 774

2 Sahr, T.; Mitchell, L.; Nestel, G. "1998 Ohio Family Health Survey, Franklin County, Uninsured Youth Report." Franklin County Board of Health Data Run, March 1999: 1.

BACKGROUND

A child cannot have good health without good oral health. Dental decay and other oral infections may cause a child to be unable to eat well, thereby causing delayed growth or "failure to thrive." Such a situation may inhibit a child's ability to sleep, thereby causing diminished concentration in school and subsequent learning failures. The 1999 Columbus Child Oral Health Survey revealed that 29% of 1st to 3rd grade students had untreated cavities, and 5% had very large cavities, pain, or swelling. An unsightly smile may cause the child to have a lower self-image and self-esteem.

Good dental health of the child begins with good dental health of the mother. Chronic oral infections of the mother may be associated with low birthweight and premature births. Additionally, the mother may pass infectious oral bacteria to her unborn child. Good oral health is imperative for an expectant mother.

With fluoridation of water supplies (Columbus, 1973), topical fluorides, fluoride toothpaste and rinses, dental sealants, and proper oral hygiene, no child should ever have to experience tooth decay. As the baby begins teething, the parents should begin wiping the gums and new teeth with a soft cloth or toothbrush so the child becomes accustomed to cleaning its own teeth later. When a child is put to bed with a bottle, only water should be used. Milk, formula, soft drinks, and fruit juices contain sugar that may cause "baby bottle tooth decay" if allowed to stay on the teeth for long periods of time.

Deciduous or baby teeth are often viewed as not very important, since "they fall out anyway." However, maintaining healthy baby teeth until the permanent teeth erupt is very important for providing adequate space and supporting the healthy development of the new teeth. Once the permanent teeth begin erupting, fluorides, dental sealants, and good oral hygiene are the best prevention options to maintain healthy teeth. Dental sealants are plastic coatings that are painted into the grooves of the back teeth, where over 80% of decay develops. To prevent loss of teeth due to accident or contact, especially in sports, mouthguards help to prevent teeth from being chipped or knocked out, and also help to prevent concussions.

Regular dental check-ups are essential for maintaining good oral health. Any problems diagnosed early are usually easily corrected. Many families lack education about the need for regular, preventive check-ups and do not emphasize dental care because of other priorities or due to the cost of dental care.

FRANKLIN COUNTY SURVEY RESULTS

A timely dental visit is defined as visiting a dentist within the past year.

- 82.8% of children have made timely visits to the dentist.

The following demographic differences are statistically significant.

- **PARENTAL INCOME LEVEL:** *Fewer children living in low-income households (69.8%) have had a timely dental exam than children living in middle- or high-income households (85.0%).*
- **PARENTAL EDUCATION LEVEL:** *Fewer children whose parents are not high school graduates (59.2%) have had a timely dental exam in comparison to children whose parents are high school graduates (87.3%), or college graduates (87.5%).*

Child Oral Health

2000 Columbus / Franklin County Community Health Risk Assessment

- The following county data details the trend in the percentage of children who did have a timely dental exam (within 1 year) and the national standard. **The Franklin County differences are not significant.** (See Figure 1)

- 2000 Franklin County Survey: 82.8%
- 1995-96 Franklin County Survey: 84.9%
- Healthy People 2010 Goal: At least 83.0%

- Main reasons for **not** visiting a dentist within the past year:

- No perceived reason to have one: 24.8%
- Could not afford visit: 6.9%

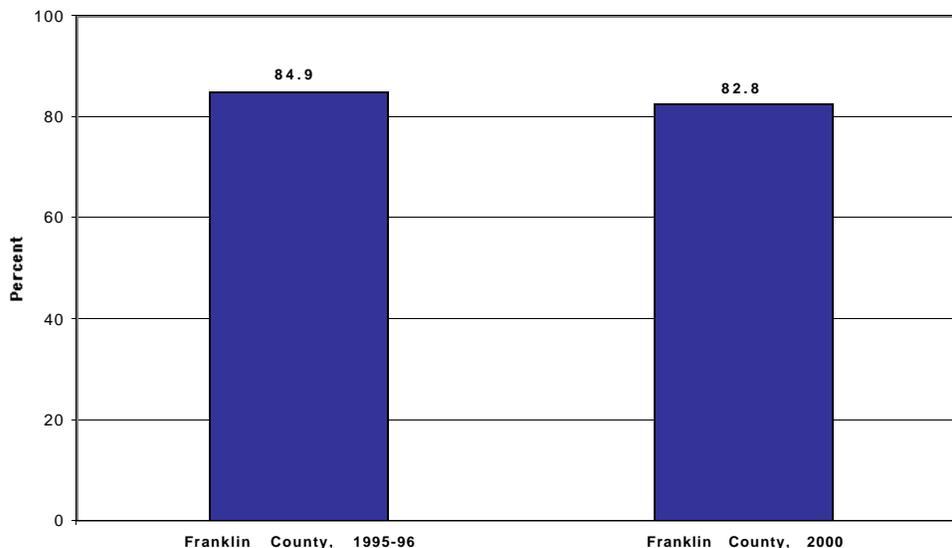
Children who have insurance coverage for dental care:

- 88.5% of children have dental insurance. **There are no significant differences based upon demographics.**

Children who were unable to see the dentist in the past year due to cost:

- 5.2% of parents stated that cost deterred needed dental care. **The following demographic difference is statistically significant.**
 - **PARENTAL INCOME LEVEL:** *More children living in low-income households (9.4%) did not see the dentist due to cost compared to children living in middle- or high-income households (1.1%).* (See Figure 2)

Figure 1: Children who had a Dental Exam in the Past Year, Franklin County, Ohio 1995-96 and 2000.



ACTION STEPS

For Communities:

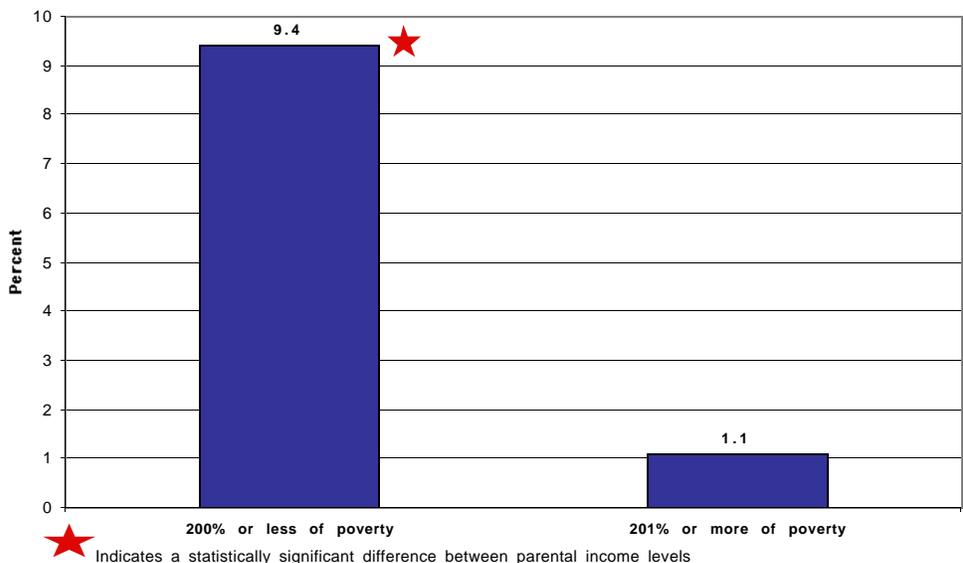
- Increase capacity of safety-net dental facilities.
- Increase Mobile Dental Van capacities in order to better serve communities that have school children without available dental care.
- Establish and enhance a marketing campaign to promote the importance of good oral health and regular, preventive dental appointments.

For Individuals:

- Parents should take their child to a dentist by the child’s first birthday. This allows the child to become accustomed to good dental visits and allows the dentist to provide the family with prevention education.
- Provide your child with regular, preventive check-ups twice a year.
- Children should be instructed to brush their teeth at least twice a day; the most important time is right before going to bed.
- If children play a contact sport (football, basketball), provide them with a protective mouthguard.

David E. Heisel, DDS, MBA, Director
Community Dental Programs
Columbus Health Department

Figure 2: Children Prevented from Seeing the Dentist due to Cost by Percent of Poverty, Franklin County, Ohio 2000.



BACKGROUND

Vaccinations are an important public health measure for preventing disease. Before vaccines were available, infectious diseases killed thousands of children and adults each year in the United States. Without vaccinations, millions of children and adults would contract serious diseases and suffer long lasting negative health effects or death.

The goal of immunization programs is to prevent or eliminate infectious diseases. For infectious diseases that can only be transmitted from person to person, eradication of the organisms that cause diseases can be achieved thru immunization. This was the case with smallpox, and may be the case with two other diseases: polio and measles. Polio has been eliminated from the Americas and measles has been markedly reduced in the United States. However, measles outbreaks have occurred in areas where vaccination rates fell. In 1998, 71% of measles cases in the US were imported from other countries.

Community immunity or "herd immunity" is an important part of protecting people against diseases. Because vaccinated people are protected, they are much less likely to transmit germs to the community. Thus, even people who have not been vaccinated are often protected by community immunity because vaccinated people around them are not getting sick. Community immunity becomes more effective as the percentage of people vaccinated increases. It is believed that 95% of the people in a community must be vaccinated to achieve community immunity. Counter to herd immunity, people not immunized increase the chance that the others will get a disease.

Immunizations are cost effective. Every dollar spent on diphtheria, tetanus and whooping cough vaccines saves \$29 in direct medical costs and indirect social costs. However, the cost of immunizations is out of reach for many families. The full series of required vaccines can average \$420, not including doctor's office fees.

Barriers that prevent children from receiving timely immunizations include: cost, lack of information, and lack of knowledge. The vaccine schedule has become much more complicated than it once was, with children being recommended to receive more shots than before. Children can receive as many as 20 shots by the time they are 2 years old, and as many as six shots in a single visit.

The disappearance of many childhood diseases has led some parents to question whether vaccines are still necessary. The fear of adverse events or side-effects sometimes decreases confidence in vaccines. A growing number of parents are concerned that vaccines may cause diseases such as autism and multiple sclerosis. There is little scientific evidence to support this belief. Vaccines are still given for three reasons: (1) to prevent common infections (i.e., chicken pox), (2) to prevent infections that could easily reemerge, and (3) to prevent infections that are common in other parts of the world.

According to a 1998-1999 National Immunization Survey conducted by the Centers for Disease Control, only 78% of children in Franklin County were adequately immunized (4 DTP, 3 Polio, and 1 MMR) by age 2. This suboptimal immunization rate exposes Franklin County to outbreaks of vaccine preventable diseases. In 2000, Franklin County had 115 confirmed cases of pertussis (whooping cough) and 2 non-imported measles cases.

Economic and racial disparities exist in relation to age-appropriate immunizations, with low income and minority children and adults being at greater risk for being under-immunized. Surveys conducted by the Ohio Department of Health show that "pockets of need" exist primarily in inner cities.

Benefits of Immunizations

- Protect the community from outbreaks of infectious disease.
- Have the potential to eradicate certain infectious diseases, such as polio.
- Prevent chronic infections, such as perinatal hepatitis B.
- Babies and toddlers who receive all of their immunizations on time can be protected from eleven dangerous diseases: Measles, Mumps, Rubella (German Measles), Hepatitis B, Polio, Diphtheria, Tetanus, Pertussis (Whooping Cough), Type b (Hib) Meningitis, Chicken Pox, and Pneumococcal disease.

FRANKLIN COUNTY SURVEY RESULTS

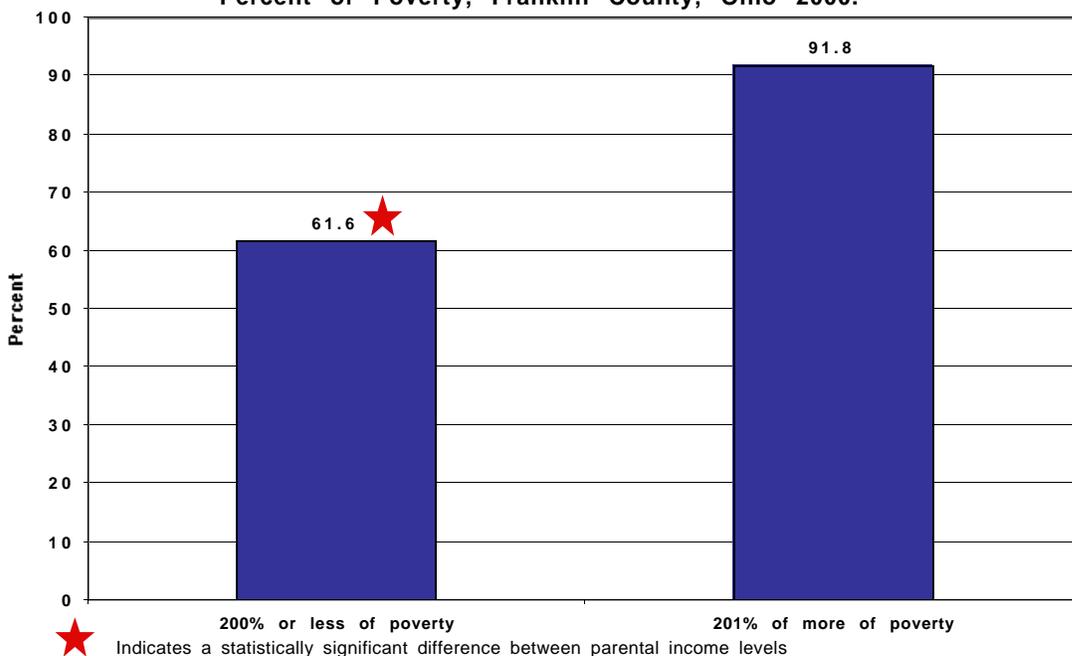
Immunization record for the child is available (parent knows where it is).

- 95.0% of parents know where their child’s immunization records are located.
There are no significant differences between demographic groups.

Age appropriate vaccination coverage (in the parent’s opinion, the child has received all recommended shots for her/his age).

- 95.8% of children have received all the recommended shots for their age, in the parent’s opinion.
There are no significant differences between demographic groups.

Figure 1: Children Vaccinated at their Doctor's Office by Percent of Poverty, Franklin County, Ohio 2000.



Child Immunizations

Location where child is vaccinated:

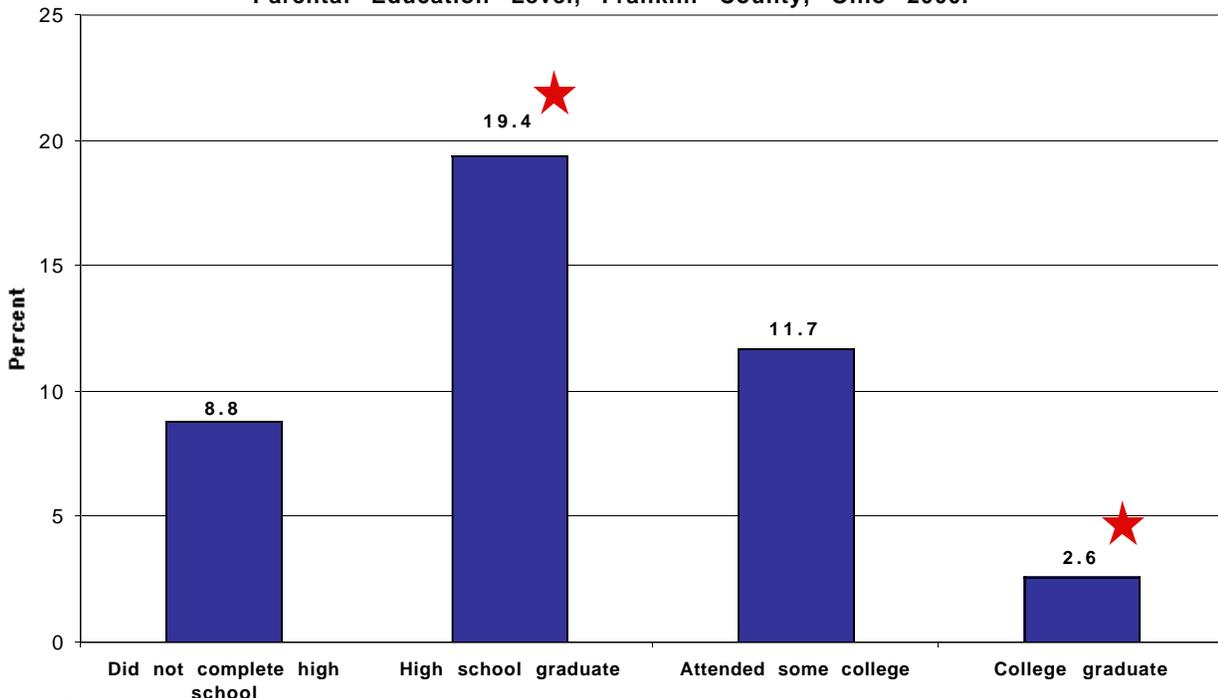
- 82.0% of children receive their shots at their doctor’s office. **The following demographic differences are statistically significant.**

- **PARENTAL INCOME LEVEL:** *More children who live in middle- or high-income households (91.8%) use the doctor’s office for immunizations than children who live in low-income households (61.6%). (See Figure 1)*
- **PARENTAL EDUCATION LEVEL:** *More children whose parents completed college (96.1%) use the doctor’s office for immunizations compared to children whose parents attended some college (84.5%), completed high school (71.6 %), or did not complete high school (62.2%).*
- **PARENTAL MARITAL STATUS:** *More children whose parents are married/living together (90.3 %) use the doctor’s office for immunization than children whose parents are single (63.8 %).*

- 10.5% of children get vaccinated at a hospital outreach clinic. **The following demographic differences are statistically significant.**

- **PARENTAL EDUCATION LEVEL:** *More children whose parents graduated high school, but did not attend college (19.4%) are vaccinated at a hospital outreach clinic than children whose parents are college graduates (2.6%). (See Figure 2)*

Figure 2: Children Vaccinated at a Hospital Outreach Clinic by Parental Education Level, Franklin County, Ohio 2000.



★ Indicates a statistically significant difference between children whose parents graduated high school and those who graduated

Child Immunizations

2000 Columbus / Franklin County Community Health Risk Assessment

- **PARENTAL MARITAL STATUS:** *More children whose parents are single (63.8%) receive vaccinations at a hospital outreach clinic than children whose parents are married/living together (5.4%).*
- 2.3% of children are vaccinated somewhere other than where they receive primary health care:
 - Half (50.0%) go elsewhere because shots are not offered where the child gets primary care.
 - Nearly one-third (30.3%) report using another site because of cost.
 - 19.7% state that their health care professional referred them to a different site.

ACTION STEPS

For Communities:

- Make sure that no-cost or low-cost vaccines are available to low-income families to protect their children. Options could include referrals to public clinics or linkage to resources such as Healthy Start/Healthy Families.
- Doctors are one of the most important sources of information on immunizations for parents. Accordingly, the most current recommendations concerning vaccine administration should be provided to physicians who immunize babies.
- Health professionals should help educate and dispel myths concerning the safety of vaccines. Side effects from vaccines are usually limited to pain and tenderness where the shot was given or low-grade fever.
- Continue to invest in local Immunization Action Plans to help communities educate parents and carry out effective immunization programs.
- Participate in local and state immunization registry initiatives.

For Individuals:

- Check with your clinician or physician to make sure your baby is getting immunized on time.
- Make sure you ask your clinician or physician to give you an immunization record with all the dates of your baby's shots.
- Take record cards when going to a clinic or doctor's office.
- Make it a priority to visit a clinic or doctor's office when immunizations are due. If you miss a visit for immunizations, reschedule the appointment or visit the immunization clinic as soon as possible.
- Keep your immunization record card in a safe place at home with other important documents like your baby's birth certificate and Social Security card.
- Obtain accurate information from reliable sources regarding immunizations.

Child Immunizations

2000 Columbus / Franklin County Community Health Risk Assessment

The Advisory Committee on Immunization Practices (ACIP), which is part of the Centers for Disease Control and Prevention (CDC), the Infectious Disease Committee of the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) make the recommendations regarding the vaccination schedule for the United States.

Judith Heeg Harmon, RN, BSN, MPH
Health Program Manager, Communicable Disease Prevention
Columbus Health Department

Melinda Cowles, RN
Public Health Nurse, Communicable Disease Prevention
Columbus Health Department

BACKGROUND

Childhood lead poisoning is linked to reduced intelligence, low attention span, reading and learning disabilities, juvenile delinquency, behavioral problems, and other adverse health effects. (HUD 1999) The United States Environmental Protection Agency (US EPA) estimates that between the years 1987 and 1990, over 3 million children had blood lead levels that were high enough to cause negative health effects – a level of at least 10 $\mu\text{g}/\text{dL}$ (10 micro-grams per deciliter). (CDC 1998) In 1996 it was estimated that approximately 1.7 million children had blood lead levels higher than 10 $\mu\text{g}/\text{dL}$, and that over 200,000 had blood lead levels higher than 20 $\mu\text{g}/\text{dL}$. (MMWR 1997) Blood lead levels of over 70 $\mu\text{g}/\text{dL}$ are considered critical and can cause seizures, coma, and death. Due to the lack of readily noticeable symptoms in children with blood lead levels below 25 $\mu\text{g}/\text{dL}$, the Centers for Disease Control and Prevention recommends lead screenings for any children who may have been exposed to lead, no matter how minor the dose.

The National Health and Nutrition Examination Survey (NHANES) estimated that 63% of children living in families that are below 100% of the Federal Poverty Level (\$17,650 for a family of 4 in year 2001) have elevated blood lead levels. NHANES also estimates that of all the children with high blood lead levels, 21.9% are Black, 13.1% are Hispanic, and 58.6% are White. (NHANES 1997) It is believed that most childhood lead exposure is from decaying lead-based paint in older homes (most notably in houses built before 1950), drinking water that travels through lead soldered copper pipes, soil that is lead contaminated, different types of folk medicine remedies that still exist in many mountainous areas of the United States areas (e.g., lead placed into a liquid chalk to reduce fever), and through take-home exposure from household members who are occupationally exposed to lead. While most children are at some risk for lead exposure, children who live in deteriorating houses have the highest risk for exposure to lead contamination. Most of this older housing is located in inner-urban and older rural areas. The normal route for childhood lead exposure is through chronic hand-to-mouth ingestion. Children who crawl around or have their hands exposed to flaking, chipped, or pulverized paint ingest lead by placing their hands in their mouths.

Nationally, the CDC estimates that approximately 4.4% of all children between the ages of newborn to 5 years have an elevated blood lead level of at least 10 $\mu\text{g}/\text{dL}$ or more. (MMWR 1997) Ohio Department of Health statistics show that 8% of all children given a lead test have blood levels of 10 $\mu\text{g}/\text{dL}$ or higher. The Healthy People 2010 Objective for blood lead toxins is to "Reduce the prevalence of blood lead levels exceeding 10 $\mu\text{g}/\text{dL}$ to zero in children aged 1-5."

Benefits of Lead Screening

There are many physical and mental health benefits to early lead screening. The most predominant reasons for lead screening of children at or below age 6 are to:

- Prevent negative impact on intelligence, stature and growth, learning activity, and neurological development.
- Prevent damage to children's central nervous system (CNS), kidneys and reproductive system.
- Prevent (at high levels) the possibility of coma, convulsions, and death.

Benefits of Lead Exposure Abatement

There are also many environmental health benefits to correcting loose, chipping, or pulverized lead paint and to replacing lead soldered water piping in older homes:

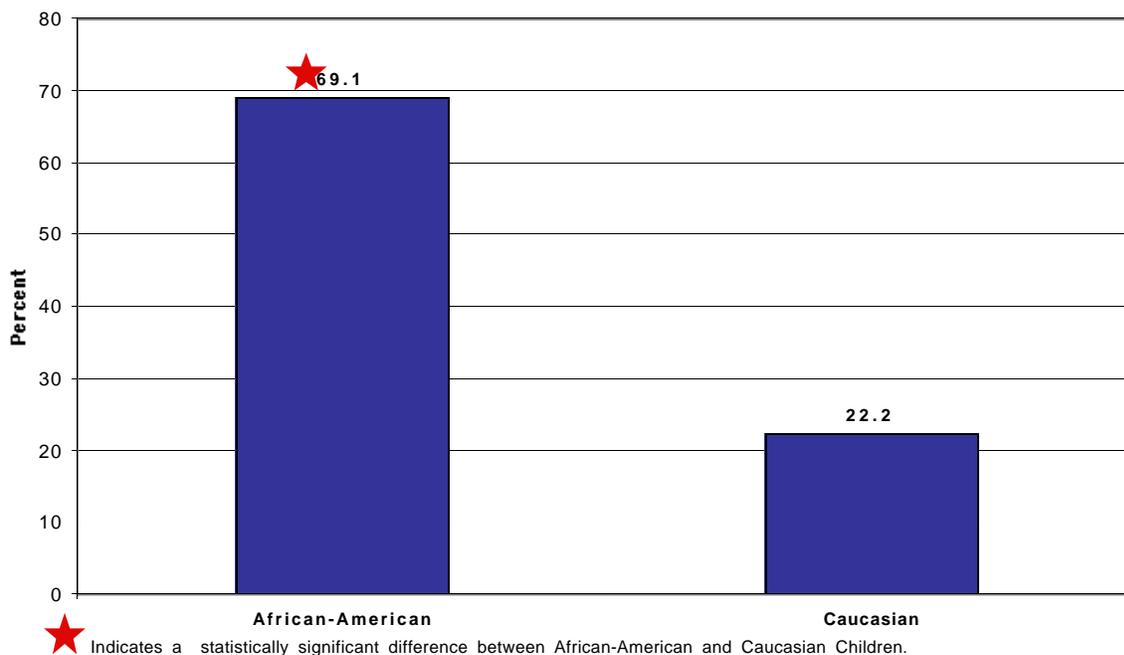
- Decreased lead poisoning.
- Decreased environmental allergies.
- Decreased stress upon home ventilation maintenance.
- Better water quality.
- Better overall home maintenance.
- Safer home environment.

FRANKLIN COUNTY SURVEY RESULTS

LEAD TESTING IN CHILDREN

- 33.9% of Franklin County children have been tested for lead poisoning.
The following demographic differences are statistically significant.
 - **RACE:** *More African-American children (69.1%) have been tested than Caucasian children (22.2%). (See Figure 1)*

Figure 1: Children Tested for Lead Poisoning by Race. Franklin County, Ohio 2000



Child Lead Screening

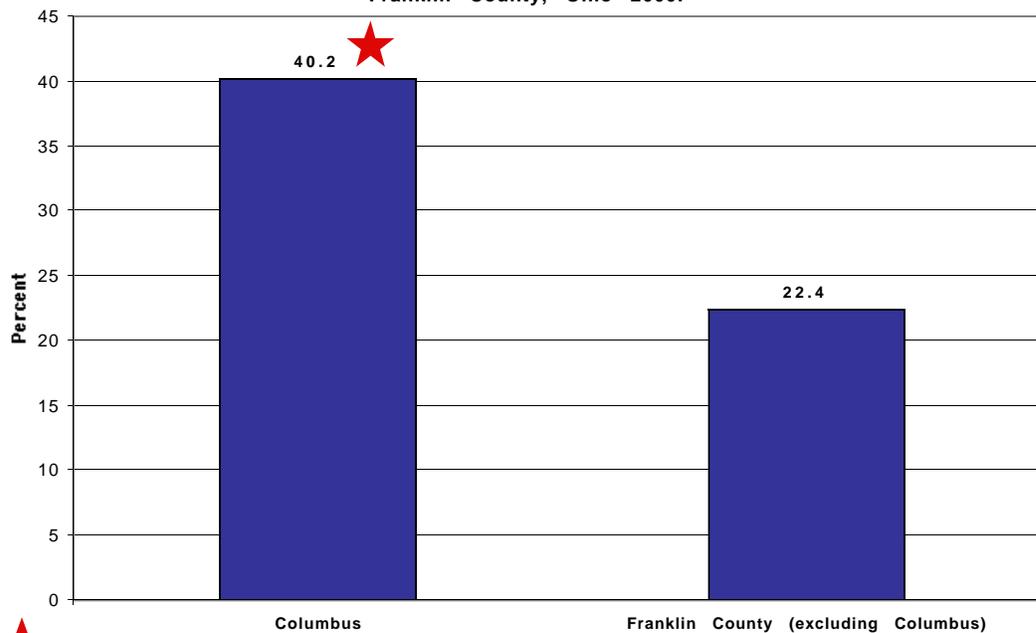
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- **PARENTAL INCOME LEVEL:** *More children living in low-income households (49.5%) have been tested than children living in middle-or high-income households (23%).*
 - **PARENTAL EDUCATION LEVEL:** *More children whose parents are not high school graduates (64.5%) have been tested compared to children whose parents are high school graduates (42.1%), attended some college (31.4%), or are college graduates (17.9%).*
 - **PARENTAL MARITAL STATUS:** *Fewer children whose parents are married/living together (28.9%) have been tested compared to children whose parents are divorced/separated (39.2%), or are single (51%).*
 - **AREA OF RESIDENCE:** *More tested children live in Columbus (40.2%) than in Franklin County, excluding Columbus (22.4%).* (See Figure 2)
- 3.3% of the tested children had high blood levels of lead. **There are no significant differences based upon demographics.**

RECOMMENDATIONS

- Screen all children at age 6 and younger who live in pre-1978 housing for lead exposure.
- Identify medical assistance for children with high blood lead levels.
- Provide easily accessible information for parents of young children.
- Provide easily accessible information for physicians and health providers of young children.
- Ensure that all Medicaid eligible children 10 years of age and younger receive lead screenings.

Figure 2: Children Tested for Lead Poisoning by Area of Residence, Franklin County, Ohio 2000.



Indicates a statistically significant difference between residents of Columbus and residents of Franklin County, excluding Columbus

LEAD EXPOSURE RECOMMENDATIONS

- Provide home-based lead screenings and assessments of all properties built before 1978.
- Provide lead remediation assistance to impoverished home owners who reside in homes built before 1978.
- Provide home rehabilitation guidelines for homeowners and construction contractors.

ACTION STEPS

For Individuals:

- Make sure children get 3 balanced meals a day since food slows lead absorption.
- Give children foods high in calcium, iron and vitamin C since these nutrients slow lead absorption and have some protective value.
- Avoid giving children fried and fatty foods since they allow the body to absorb lead faster.
- Teach children not to put things other than food in their mouths.
- Teach children to play in grassy areas and not in dirt.
- Wash children's hands often.
- Wash children's toys, bottles and pacifiers often.
- Don't buy imported canned foods as they may contain lead.
- Don't store food or liquid in lead crystal glassware or imported or old pottery.
- Make sure children do not have access to peeling paint and do not chew on painted surfaces.
- Keep your house clean.

Timothy R. Sahr, MPH, MA, MDiv, ThM
Head of Research and Policy
Franklin County Board of Health

BACKGROUND

Asthma is on the rise in the United States. Each year, more than 5,000 Americans die from asthma, but 26.4 million are estimated to be living with this condition.^{1,2} In Franklin County, this means nearly 100,000 have been diagnosed with asthma. The total cost of asthma is high: about 12 to 13 billion dollars each year in the U.S., which is about \$500 per person with asthma. In the mid-1980s, direct costs were primarily due to hospitalizations; however, by the mid-1990s, the bulk of expenditures had shifted to medications. One reason this has happened is that the length of time spent in the hospital dropped dramatically during that decade. Indirect costs that increased the most during that time were days off from work.³

Asthma is a chronic disease with symptoms that include tightness in the chest, shortness of breath, and wheezing, from air being forced out of the lungs. A victim's airways are essentially blocked—either due to a spasm of the airways (the bronchial tubes) or due to swelling of the lining of these tubes. The causes of asthma are many, including allergies, genes, environment, infection and socioeconomic status. The list of what can aggravate asthma is quite long:

- allergens (including animal hair and dander)
- tobacco smoke
- airway infections
- ozone
- sulfur dioxide
- particulate matter
- dust
- molds
- pollen
- cockroaches
- exercise
- emotional stress

Children and African-Americans are disproportionately represented among asthma sufferers. (As of the 2000 Census count, only 28.5% of the population consisted of children ages 19 and under, and only 12.9% of the population were considered Black or African-American.) Of the 26.4 million Americans living with asthma in 1998, 8.6 million (33%) are under the age of 18 and 4.2 million (15.8%) are African-Americans.⁴

"Children are especially vulnerable to respiratory hazards: children's airways are smaller than those of adults, they breathe more rapidly and inhale more pollutants per pound of body weight than adults, and they often spend more time engaged in vigorous outdoor activities than adults." ⁵ The overall death rate for children less than 20 years old has slowly been increasing since the early 1980s. Furthermore, a great disparity can be seen when comparing the asthma death rate among African-American children with that for white children (10.9 deaths per million versus 2.0 per million from 1996-1998).⁶

In addition to being a child and/or African-American, living in poverty is a condition under which the risk for suffering from asthma is higher. Poor housing, limited access to appropriate medical care, and inadequate nutrition can make an already vulnerable population even more susceptible to developing and experiencing more severe asthma. "Children 1-14 years of age living in low-income areas were more than twice as likely to be hospitalized for asthma as those in high-income areas during 1989-91, suggesting they may have been unable to receive outpatient care that could prevent such a hospitalization." ⁷

FRANKLIN COUNTY SURVEY RESULTS

Children who have been diagnosed with asthma

- 8.5% of children have been diagnosed with asthma. **There are no significant differences based upon demographics.**

- 4.2% of children with asthma have no insurance
- 2.3% of children with asthma have no usual place of health care such as a doctor’s office, or clinic
- 3.1% of children with asthma do not have one usual physician.

Number of asthma episodes or attacks in the past year

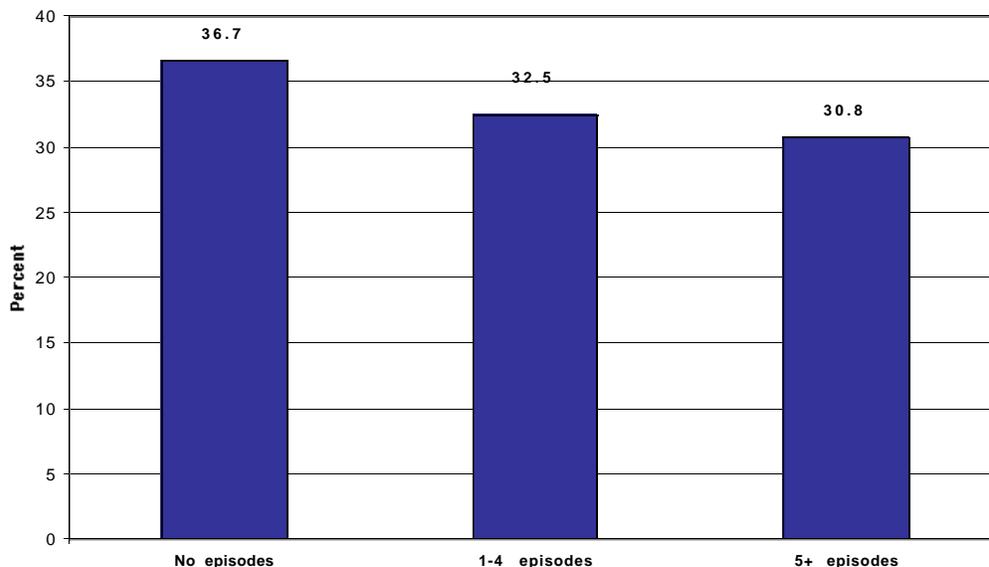
- Total number of asthma episodes that the child had in the past year: (See Figure 1)

- No episodes: 36.7%
- 1-4 episodes: 32.5%
- 5 or more episodes: 30.8%

- The number of asthma episodes that resulted in an emergency room visit: (See Figure 2)

- No episodes: 40.1%
- 1 or more episodes: 60%

Figure 1: Number of Child Asthma Episodes in the Past Year, Franklin County, Ohio 2000.



Child Asthma

2000 Columbus / Franklin County Community Health Risk Assessment

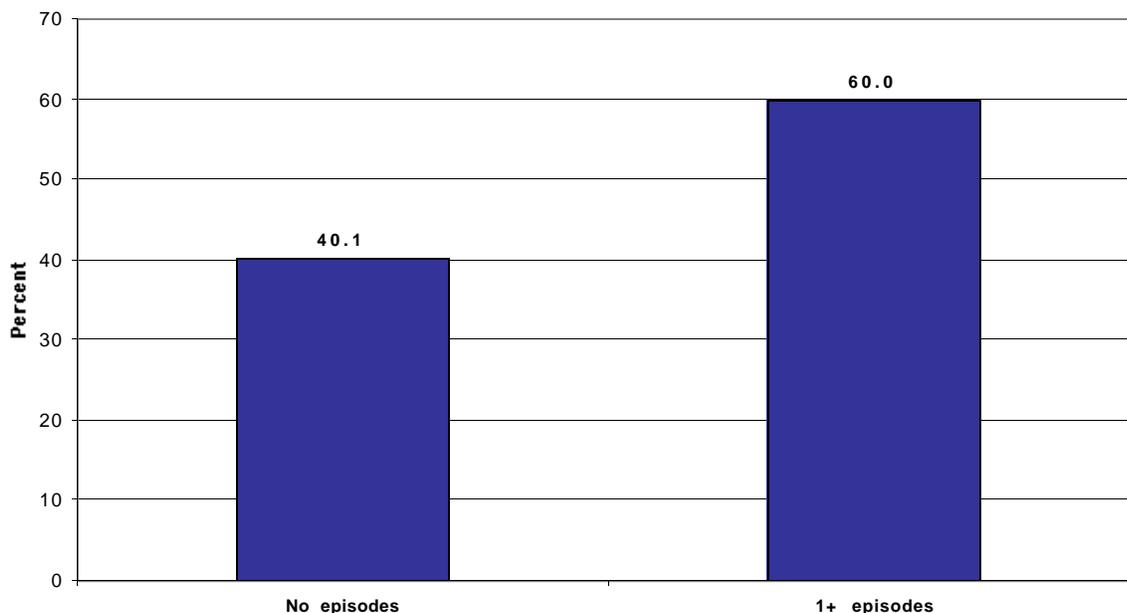
- 60% of children made 1 or more visits to the emergency room as a result of an asthma episode.
- Of the children who had 5 or more asthma episodes, 79.8% of them went to the emergency room at least once for treatment.
- 41.5% of children with 1-4 episodes in the past year went to the emergency room at least once for treatment.
- 3% of the children who went to the emergency room for treatment at least once for an asthma episode do not have health insurance.
- The number of asthma episodes or attacks that resulted in a visit to the doctor:
 - No episodes: 20.3%
 - 1-4 episodes: 27.5%
 - 5 or more episodes: 52.2%

ACTION STEPS

For Communities:

- Expand surveillance of asthma
- Use and support science-based interventions

Figure 2: Number of Child Asthma Episodes that Resulted in an Emergency Room Visit in the Past Year, Franklin County, Ohio 2000.



- Encourage families to make behavioral changes: to quit smoking, get rid of pets, and implement stringent cleaning regimes
- Ensure adequate housing that reduces exposure to molds, cockroaches, rodents and dust
- Convince school administrators to maintain the school environment and facilitate children's access to medicines
- Persuade insurance companies and managed care groups to provide adequate coverage for asthma-related equipment and education (*CityLights*, Winter 2000, CityMatCH)

For Individuals:

- Identify and avoid triggers
- Manage the disease, including such self-care practices as:
 - recognizing symptoms
 - addressing exacerbations
 - following appropriate treatment plans

For Physicians:

- Follow the National Heart Lung and Blood Institute Guidelines for the Diagnosis and Management of Asthma (<http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>)
- Assist patients with identifying triggers
- Educate patients and their families/caregivers
- Monitor and modify asthma care for effective long-term control

Kathleene S. Cowen, MS
Senior Epidemiologist,
Columbus Health Department

1 National Vital Statistics Reports, Vol. 48, No. 11, July 24, 2000, p. 52.

2 National Center for Health Statistics, National Health Interview Survey, 1997-98— results in http://www.lungusa.org/data/asthma/asthmach_1.html#mortality

3 Trends in the cost of illness for asthma in the United States, 1985-1994, Weiss KB, Sullivan SD, Lyttle CS, *J Allergy Clin Immunol* 2000 Sep; 106(3):493-9.

4 American Lung Association http://www.lungusa.org/data/data_102000.html, cited March 16, 2001

5 Children's Environmental Health Network <http://www.cehn.org/cehn/CongBriefAsthma.html> cited June 19, 2001

6 Centers for Disease Control and Prevention, WONDER. data source: National Hospital Discharge Survey, cited in Health, *United States, 1998, with Socioeconomic Status and Health Chartbook*

BACKGROUND

Injuries are the number one cause of death for children ages 1-14 in Franklin County, with an average of 23 deaths per year. The most common cause of childhood injury is traffic crashes. Use of child safety seats and seatbelts will significantly reduce the risk of serious injury and death in car crashes. Nationally, 61% of child traffic occupant fatalities are unrestrained. Further, 83% of children ages 4-8 are improperly restrained in adult safety belts and should be in a child booster seat for safe restraint. Correct child restraint while in a car or truck is one of the most effective injury prevention and life saving measures that can be taken.

Bike helmets are also life saving devices. Proper use of a bike helmet, according to the latest estimates, will reduce the risk of head injury by 85%, and brain injury by 88%. Helmets can increase safety in other recreational activities such as in-line skating, motorcycling, and use of scooters. Scooter injuries in Franklin County and the U.S. have increased dramatically in recent years with the popularity of mini-scooters.

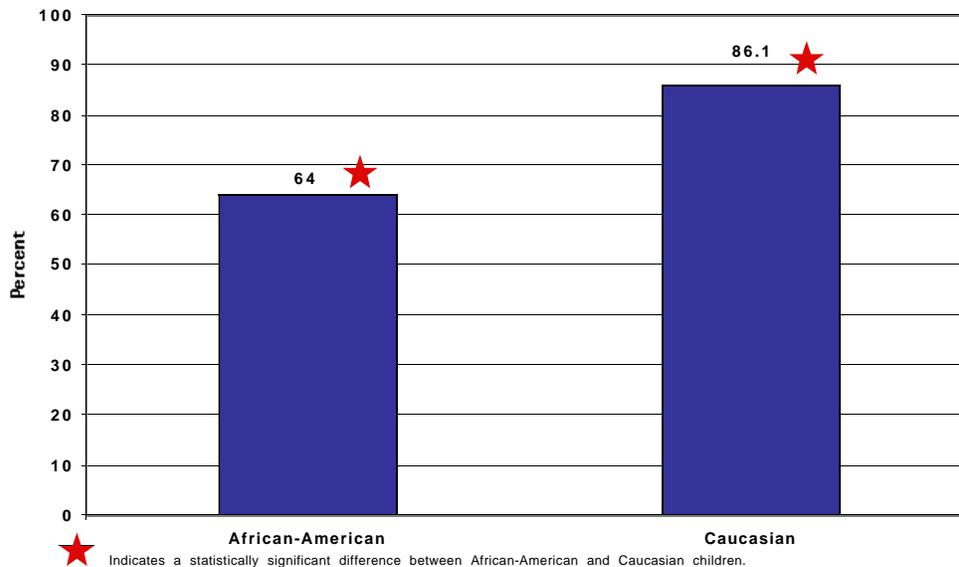
Injuries are usually preventable, but it takes a conscious decision such as snapping a seatbelt or putting on a bike helmet. These seem like easy tasks to remember, but are all too often forgotten or neglected. This section highlights use of car safety restraints and bicycle helmets, two behaviors that can impact injury deaths and hospitalizations.

FRANKLIN COUNTY SURVEY RESULTS

Car safety restraints are car seats for children ages 4 and under or seatbelts for children ages 5-17. This does not include children who never ride in a car.

- 80.5% of children are always restrained when riding in a car. **The following demographic differences are statistically significant.**
 - **RACE:** *More Caucasian children (86.1%) always use car safety restraints in comparison to African-American children (64%). (See Figure 1)*

Figure 1: Children who Always Use Car Safety Restraints by Race, Franklin County, Ohio 2000.
Car Safety Restraints are car seats or seatbelts.



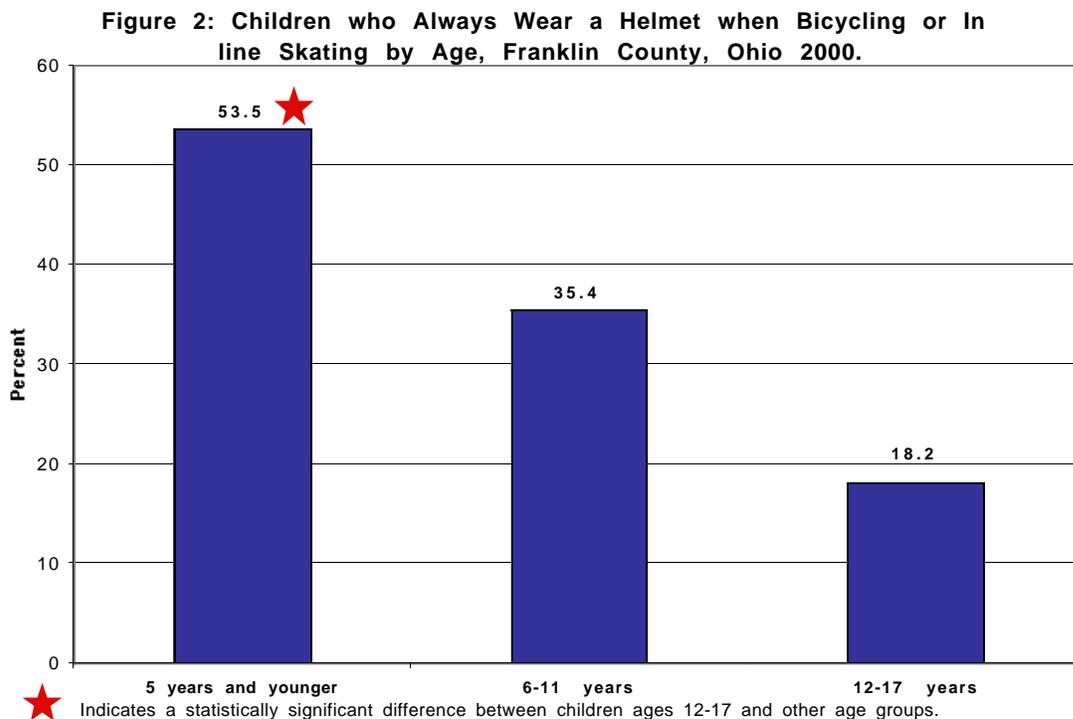
Child Injury Prevention

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- **AGE:** *More children ages 0-5 (88.7%)* always use car safety restraints, in comparison to children ages 12-17 (68.7%).
 - **PARENTAL MARITAL STATUS:** *Fewer children whose parents are single (63.9%)* always use car safety restraints in comparison to children whose parents are married/living together (86.6%).
- 4.7% of children ages 5 and under never use a car safety restraint in the car.
 - 3.1% of children ages 12-17 never use a safety restraint in the car.

Helmet use is always wearing a helmet when bicycling (steering or as a passenger) or in-line skating. This does not include children who are never on a bicycle or who never use in-line skates.

- 30.3% of children always wear helmets when they are bicycling or in-line skating. **The following demographic differences are statistically significant.**
- **RACE:** *More Caucasian children (35.5%)* always wear a helmet compared to African-American children (13.1%).
- **AGE:** *Fewer children ages 12-17 (18.2%)* always wear a helmet compared to children ages 6-11 (35.4%), or ages 5 and younger (53.5%). (See Figure 2)
- **PARENTAL INCOME LEVEL:** *Fewer children living in low-income households (7.7%)* always wear a helmet compared to children living in middle- or high-income households (37.1%).



Child Injury Prevention

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- **PARENTAL EDUCATION LEVEL:** *More children whose parents are college graduates (45.4%) always wear helmets in comparison to children whose parents are high school graduates (20.8%), or have attended some college (15.3%).*

■ 34.3% of children never wear a helmet. **The following demographic differences are statistically significant.**

- **RACE:** *More African-American children (59.5%) never wear a helmet compared to Caucasian children (27%).*
- **AGE:** *More children ages 12-17 (52.1%) never wear a helmet in comparison to children ages 6-11 (23.9%), or ages 5 and younger (17.9%).*
- **PARENTAL EDUCATION LEVEL:** *More children whose parents did not finish high school (56.5%), never wear a helmet compared to children whose parents are college graduates (17.5%).*

ACTION STEPS

For Communities:

- Support mandatory seatbelt and helmet laws in the state legislature.
- Provide car seat and helmet programs to enable low-income families to obtain car seats and helmets.
- Support preschool and school education regarding use of car seats, booster seats, seatbelts, and bike helmets.
- Support enforcement of current seatbelt laws.

For Individuals:

- Adults should model appropriate use of seatbelts and bike helmets to their children.
- Parents should insist on bike helmet and seatbelt use by their children.
- Obtain a car safety seat for any child less than 4 years old or weighing less than 40 pounds.
- Obtain a car booster seat for children 4-8 years old for use with a seatbelt.
- Purchase and use a bike helmet when purchasing a bicycle.
- Contact the Columbus Health Department at 645-6138 or the Franklin County Health Department at 462-6668 for child car seats, booster seats, and bike helmets for low-income families.

Michael Smeltzer, MPH
Office of Public Health Standards
Columbus Health Department

BACKGROUND

According to the National Institute of Mental Health, one in ten children and adolescents in the United States experiences mental health problems severe enough to cause some level of impairment. In a given year, it is estimated that less than 20% of these children receive the treatment that they need, and frequently the services children do receive are inadequate or inappropriate (Children's Defense Fund).

Families or caregivers are often not equipped to identify or willing to acknowledge mental health problems in their children or adolescents. As a result, primary care providers and schools become major settings for early recognition of potential mental disorders. However, staff in these facilities are often not educated in the detection or treatment of mental disorders, and available options for referral to specialty care are limited.

In children and adolescents, "mental health problems" refers to a range of diagnosable emotional, behavioral and mental disorders including depression, attention deficit/hyperactivity disorder, anxiety, and eating disorders. Anxiety disorders are among the most common mental health problems found in young people. According to the National Institute of Mental Health, 13% of 9 to 17 year olds have an anxiety disorder within a given year. Another common mental health problem that affects young people is depression. Depression, which affects up to 8.3% of adolescents, is of particular concern, because it is associated with an increased risk of suicidal behaviors. In 1999, suicide was the 3rd leading cause of death in 15 to 24 year olds.

Diagnosis and treatment of children is challenging because children are not little adults. It is difficult to apply adult criteria to children and particularly to adolescents in whom characteristics of normal development can also be the signs and symptoms of mental health problems. Therefore, children must be seen in the context, not only of their social environments including family, peer groups, and physical and cultural surroundings, but also in the context of their stage of development.

Mental health problems can impact a child's daily life and his/her future and are a source of stress for not only the child, but the family, school, community and society. It is important that families, schools, and communities work together to learn how to identify and provide support to children who are experiencing mental health issues.

Risk Factors

Mental health problems and disorders show no discrimination. They appear in children from all social classes and backgrounds. However, there are factors that place some children more "at risk" than others. These factors can be biological, environmental or a combination of both. Factors influencing the risk of a child or adolescent developing a mental health disorder include but are not limited to:

- Physical problems
- Intellectual disabilities
- Low birth weight
- Family history or mental and addictive disorders
- Multi-generational poverty

- Exposure to traumatic events
- Caregiver separation
- Abuse and neglect.

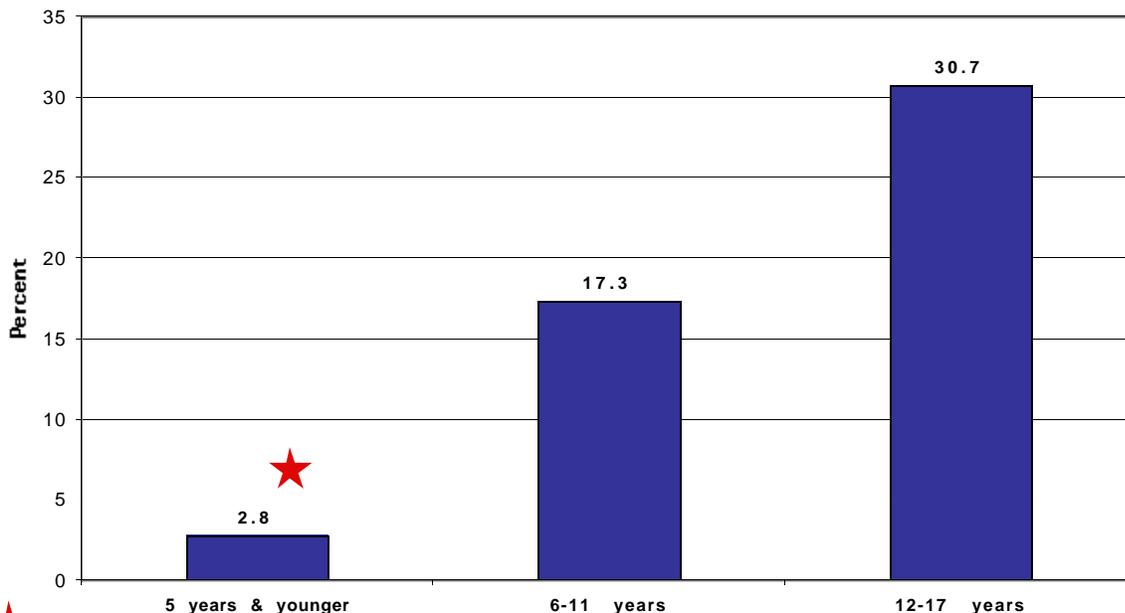
Becoming adept at identifying and understanding these factors and others that place children at risk for mental health problems is the key to providing early intervention to children in need.

FRANKLIN COUNTY SURVEY RESULTS

Parents who believe their child could have benefited from talking with a mental health professional in the 12 months.

- 16.2% of parents believe that their child could have benefited from talking to a mental health professional in the past 12 months. **The following demographic differences are statistically significant.**
 - **AGE:** *Fewer parents of children ages 5 and younger (2.8%) believe their child could benefit from talking with a mental health professional compared to parents of children ages 6-11 (17.3%) and ages 12-17 (30.7%). (See Figure 1)*
 - **PARENTAL MARITAL STATUS:** *More parents who are divorced/separated (30.9%) believe their child could benefit from talking with a mental health professional than parents who are married/living together (13.1%).*

Figure 1: Parents Who Believe Their Child Could Have Benefited From Talking with a Mental Health Professional in the Past 12 months by the Child's Age, Franklin County, Ohio 2000.



★ Indicates a statistically significant difference between parents of children ages 5 & younger and parents of children ages 6-11 or ages 12-17.

Child Mental Health

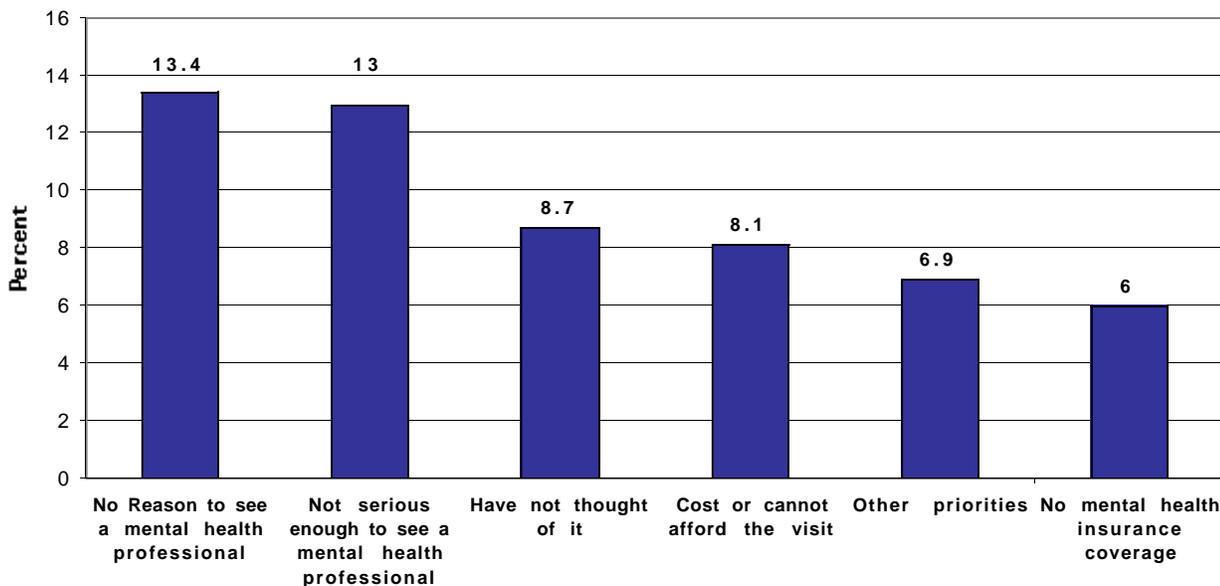
2000 Columbus / Franklin County Community Health Risk Assessment

- 51.1% of parents who believe that their child could have benefited from talking to a mental health professional have actually spoken to one.
- Reasons that neither the parent nor the child talked to a mental health professional about the child's problems include: (These reasons were given by parents who believe that it would be beneficial for either the parent or the child to talk to a mental health professional about the child's problems.) (See Figure 2)
 - No reason: 13.4%
 - Not serious enough to go: 13%
 - Have not thought of it: 8.7%
 - Cost or cannot afford the visit: 8.1%
 - Other priorities: 6.9%
 - No mental health insurance coverage: 6%

Parents of children 10 and older, who suspect that their child has thought about committing suicide or seriously hurting him/herself

- 8.1% of parents believe their child has ever thought about committing suicide or seriously hurting him/herself. **There are no significant differences based upon demographics.**
- 63.6% of parents who suspect their child has thought about committing suicide or seriously hurting him/herself have taken the child to talk to a mental health professional or the parent has talked to one about their child.

Figure 2: Reasons why Parent or Child has not talked to a Mental Health Professional about the Child's Problems Despite the Parent Believing that it would be Beneficial, Franklin County, Ohio 2000.



ACTION STEPS

For Communities:

- Raise public awareness of children's mental health issues.
- Promote the development of appropriate and accessible mental health services in your community.
- Support research on children's and adolescents' mental health.

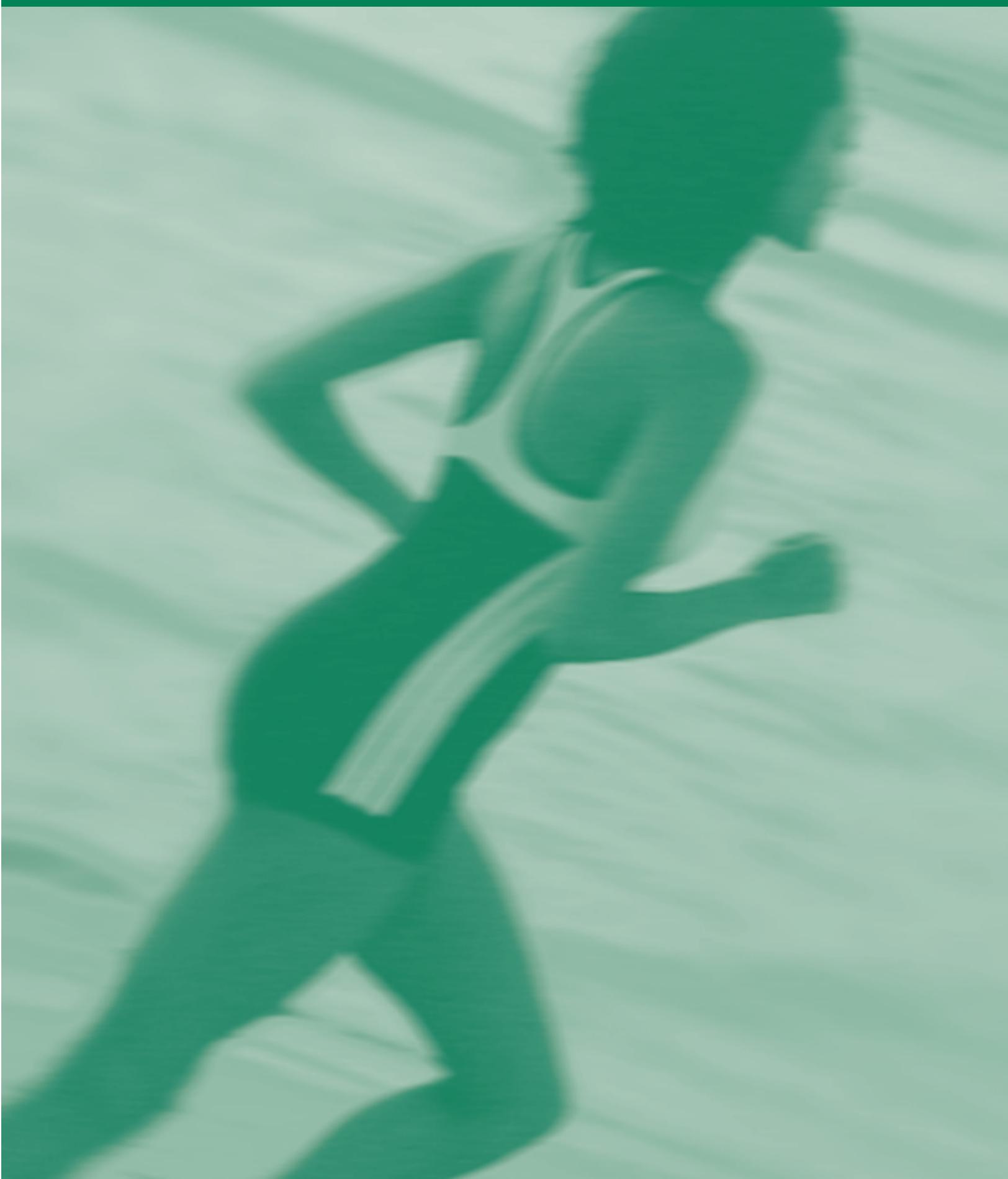
For Individuals:

- Pay attention to your child and the children with whom you are involved.
 - Have their behaviors changed?
 - Are their grades much worse?
 - Have their sleeping or eating patterns changed?
 - Have their friends changed? Or have they stopped "hanging out" with friends?
- Don't ignore the signs. If you are concerned about your child's mental health, seek professional help as soon as possible.

Michelle L. Groux, MPH
Epidemiologist
Columbus Health Department

COLUMBUS HEALTH DEPARTMENT: APPENDIX

2000 Columbus / Franklin County Community Health Risk Assessment



The second goal of Healthy People 2010 is to eliminate health disparities between segments of the United States population. This includes differences that occur by gender, race, ethnicity, income, disability, geographic location, and sexual orientation. **The 2000 Columbus/Franklin County Community Health Risk Assessment** data was therefore analyzed to discover significant differences between demographic groups. Racial groups, however, were limited to African-American and Caucasian to ensure adequate sample size. Unfortunately, sample size was inadequate for ethnicity, disability, geographic location (zip code), and sexual orientation. Some zip codes had an adequate number of responses and the data for these zip codes are presented in the Adult Portion of the report.

The Columbus Health Department and its partners believe that achieving health equity for all segments of the Franklin County population is critical. As a result, they are committed to presenting data that can be used to guide health interventions in Franklin County. The following sections highlight gender, racial, and income disparities revealed by the assessment for adults in Franklin County.

Gender Disparities

Weight Management

- More males (63.9%) are overweight than females (49.6%).

Exercise and Nutrition

- More males (53.1%) report exercising adequately and regularly than females (39.7%).
- More males (48.4%) strength train than females (34.3%).
- More females (19.1%) eat 5 or more servings of fruits and vegetables each day than males (11.0%).

Hypertension Awareness

- More females (98.3%) report having their blood pressure checked within the past two years than males (94.9%).

Mental Health

- More females (21.1%) have been diagnosed with depression than males (9.5%).
- More females (11.7%) have been diagnosed with an anxiety disorder than males (4.7%).
- More females (9%) have seen a health professional in the past 12 months than males (5.3%).
- Fewer females (32.7%) rate their mental health as excellent than males (42.9%).

Health Care Access

- Fewer male adults (22.7%) do not have a usual source of health care than females (10.8%).
- Fewer males (67.8%) have visited a doctor for a routine checkup in the past year than females (80.7%).
- More females (14.1%) report being unable to get prescribed medications because of the cost than males (6.9%).

Interpersonal Violence

- More males (94.4%) feel physically safe in their current relationship than females (90.7%).
- More males (6%) have been hit, kicked, punched or otherwise hurt by someone in the past year than females (2.4%).

- More males (7.7%) have hit, kicked, punched, or otherwise hurt someone in the past year than females (4%).

Tobacco Use

- More men (3.1%) use snuff than women (0.4%).

Alcohol Use

- More male drinkers (12.5%) are chronic drinkers, consuming 2 or more alcoholic beverages each day or 60 or more in a month, than female drinkers (3.3%).
- More males (41.5%) report binge drinking, consuming 5 or more alcoholic beverages on 1 occasion, compared to females (20.8%).
- More males (8.4 %) report riding in a car when the driver had too much to drink compared to females (4.3 %).

Sexual Behavior

- More males (82.1%) have been sexually active in the past year than females (71.4%).

Racial Disparities

Weight Management

- More African-American adults (67.5%) are overweight compared to Caucasian adults (55.3%).

Exercise and Nutrition

- More African-American adults (12.3%) report being concerned about having enough food in the past 30 days than Caucasian adults (4.5%).

Diabetes

- Diabetes is more prevalent among African-American adults (8.5%) than among Caucasian adults (5.7%).
- More African-American adults with diabetes (58.0%) report not seeing a doctor or nurse for their diabetes in the past year than Caucasian adults with diabetes (13.1%).

Hypertension Awareness

- More African-American adults (37.2%) have high blood pressure than Caucasian adults (26.2%).

Oral Health

- More Caucasian adults (70%) have visited the dentist in the past year than African-American adults (51.2%).
- More Caucasian adults (61.6 %) have had no teeth removed due to infection, gum disease, or tooth decay than African-American adults (41.3%).
- More African-American adults (20.4%) report that cost is a barrier to dental care than Caucasian adults (10.8%).
- More African-American adults (6.8%) use the emergency room for dental services than Caucasian adults (2.3%).

Health Care Access

- More African-American adults (17.5%) do not have health care coverage compared to Caucasian adults (6.2%).
- More African-American adults (85.4%) have visited a doctor for a routine checkup in the past year than Caucasian adults (14.3%).
- More African-American adults (12%) were unable to make a needed visit to the doctor in the past 12 months because of the cost compared to Caucasian adults (4.6%).
- More African-American adults (19.1%) were unable to get prescribed medications due to the cost than Caucasian adults (9%).

Interpersonal Violence

- More Caucasian adults (94%) feel physically safe in their current relationship than African-American adults (82.2%).

Tobacco Use

- More Caucasian adults (57.9%) live in homes where smoking is not permitted than African-American adults (47.4%).
- Snuff use is more prevalent among Caucasian adults (2.0%) than among African-American adults (0.2%).

Economic Disparities

Health Status

- Fewer adults who live in low-income households (77.6%) rate their overall health as good, very good, or excellent compared to adults living in middle- or high-income households (92.1%).

Exercise and Nutrition

- More adults who live in low-income households (16.4%) report being concerned about having enough food in the past 30 days compared to adults living in middle- or high-income households (2.2%).

Cholesterol Awareness

- More adults living in middle- or high-income households (73.5%) have had their blood cholesterol checked in the past 5 years than adults living in low-income households (62.4%).

Oral Health

- More adults living in middle- or high-income households (70.5%) have visited the dentist in the past year than adults living in low-income households (50.9%).
- More adults living in low-income households (41.4%) have no dental insurance in comparison to adults living in middle- or high-income households (20.8%).
- More adults living in low-income households (21.8%) report cost is a barrier to dental care compared to adults living in middle- or high-income households (10.2%).

Breast Cancer Screening

- More women living in middle- or high-income households (95.7%) have had at least 1 clinical breast exam (CBE) compared to women living in low-income households (88.1%).
- Fewer women living in low-income households (56.3 %) have had a timely CBE than women living in middle- or high-income households (73.6 %).

Mental Health

- More adults who live in low-income households (37.3%) are at risk for depression compared to adults who live in middle- or high-income households (12.5%).

Health Care Access

- More adults living in low-income households (21.2%) do not have any kind of health insurance than those living in middle- or high- income households (4.5%).
- More adults living in low-income households (14.6%), stated that they were unable to see a doctor in the past 12 months when needed due to cost, compared to those living in middle- or high- income households (3.4%).
- More adults living in low-income households (19%) report being unable to get prescribed medications because of the cost than those living in middle- or high- income households (8.7%).

Interpersonal Violence

- More adults who live in low-income households (94.4%) feel safe in their current relationship than adults who live in middle- or high-income households (90.7%).

Tobacco Use

- More people living in low-income households (20.9%) are exposed to environmental tobacco smoke for 6 or more hours each day than those living in middle- or high- income households (10.2%).
- More adults living in middle- or high-income households (60.3%) reside in homes that prohibit smoking compared to people living in low-income households (44.5%).

Alcohol Use

- More drinkers living in low-income households (46.7%) report binge drinking (5 or more alcoholic beverages on 1 occasion) compared to drinkers in middle- or high-income households (29.7%).
- Being a passenger in a car when the driver had too much to drink is more prevalent among people living in low-income households (10.0%) than among those living in middle- or high-income households (4.7%).

Sexual Behavior

- More adults living in middle- or high-income households (82.3%) have been sexually active in the past year than adults living in low-income households (68%).
- More adults living in low-income households (9.5%) state that 1 or more high-risk situations applies to them compared to adults living in middle- or high-income households (2.2%). High-risk situations include the use of intravenous (IV) drugs, diagnosis of a sexually transmitted disease, having anal sex in the past year, or testing positive for HIV, the virus that causes AIDS.

Food Guide Pyramid

Use the Pyramid to help you eat better every day...the Dietary Guidelines way. Start with the adequate serving of breads, cereals, rice, pasta, vegetables, and fruits. Add 2-3 servings from the milk group and 2-3 servings from the meat group. Remember to go easy on fats, oils, and sweets – the foods in the small tip of the Pyramid.

What Counts as One Serving?

The amount of food that counts as one serving is listed below. If you eat a larger portion, count it as more than 1 serving. For example, a dinner portion of spaghetti would count as 2 or 3 servings of pasta.

Be sure to eat at least the lowest number of servings from the five major food groups listed below. You need them for the vitamins, minerals, carbohydrates, and protein they provide. Just try to pick the lowest fat choices from the food groups. No specific serving size is given for the fats, oils, and sweets group because the message is – USE SPARINGLY.

Milk, Yogurt, & Cheese

1 cup of milk or yogurt	1 1/2 ounces of natural cheese	2 ounces of processed cheese
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Meat, Poultry, Fish, Dry Beans, Eggs, & Nuts

2-3 ounces of cooked lean meat, poultry, or fish	1/2 cup of cooked dry beans, 1 egg, or 2 tablespoons of peanut butter count as 1 ounce of lean meat
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Vegetable

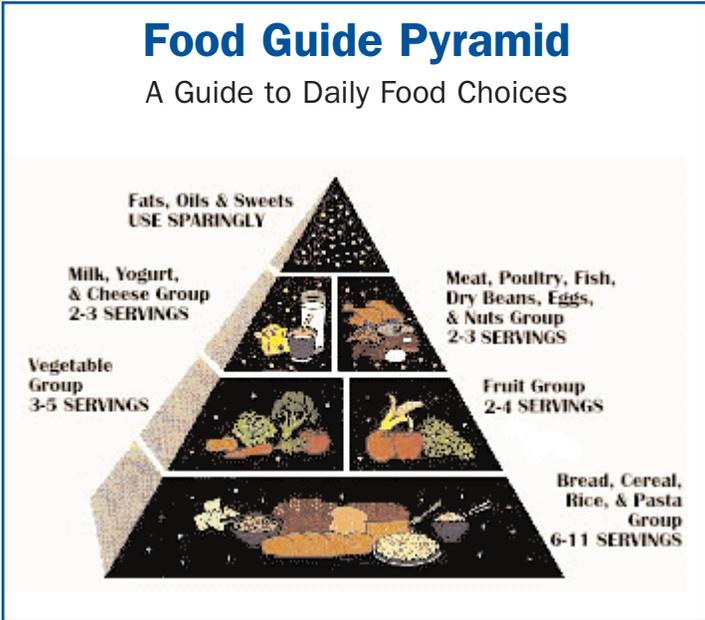
1 cup of raw leafy vegetables	1/2 cup of other vegetables, cooked or chopped raw	3/4 cup of vegetable juice
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Fruit

1 medium apple, banana, orange	1/2 cup of chopped, cooked, or canned fruit	3/4 cup of fruit juice
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Bread, Cereal, Rice, & Pasta

1 slice of bread	1 ounce of ready-to-eat cereal	1/2 cup of cooked cereal, rice, or pasta
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1 cup = 8 ounces

METHODS

The 2000 Columbus/Franklin County Community Health Risk Assessment is a randomly drawn survey of the non-institutionalized Franklin County population. Randomness implies that each household in Franklin County had an equal chance of being selected for an interview. To guarantee that each household had a chance to be selected, the researchers at The Ohio State University's Center for Survey Research employed a computer software program that uses the principles of Random Digit Dial (RDD). A RDD program automatically dials telephone numbers from a series of prefixes (the first three numbers of a seven digit phone series that details geographic location of a household), ignoring unlisted and undetailed telephone listings.

To address how accurately these data represent the Franklin County population, the researchers weighted (adjusted) data responses to compensate for hard to reach and/or misrepresented populations. Statistical weighting, a common statistical practice allows results from underrepresented groups to be generalized to that population and therefore, useful in decision making. In this survey, all responses were weighted based on the number of telephone lines in the household, gender, race and age.

A total of 2,311 adult interviews were collected for the 2000 Columbus/Franklin County Community Health Risk Assessment. Using the Standards Definitions for expected outcome rates for surveys (a set of criteria for establishing the representativeness of a collected survey) this sample reflects a response rate of 44%, and a cooperation rate of 75%. These rates are well within accepted limits. Using a proxy method to gain information about Franklin County's children (where a parent, guardian, or responsible adult answers questions on behalf of a child), the survey gathered 723 interviews regarding randomly selected children.

The sampling design oversampled African-Americans to provide higher quality information concerning this community. Of the of 2,311 completed adult interviews, 254 were African-American, for a response rate of 31%, and a cooperation rate of 67%. Weighting was used to make this a representative sample for African-Americans in Franklin County.

Statisticians define a margin of error as the amount of imprecision created by a sampling design or technique. In other words, margin of error refers to the degree to which a survey does not exactly match the characteristics of a study population. With 2,311 completed interviews, the margin of error associated with the results are $\pm 2\%$. Thus, in 19 of 20 cases, the results for this sample of Franklin County residents will differ due to sampling error by no more than 2 percentage points.

INTERPRETATION OF RESULTS AND SURVEY LIMITATIONS

Results from the 2000 Columbus/Franklin County Community Health Risk Assessment are estimates of risk and behavior prevalence among the general non-institutionalized adult and child populations of Franklin County, Ohio. These estimates are subject to sampling error, meaning that the results may differ from other survey results for Franklin County even if they were conducted at the same time, under the same survey protocols and using the same questionnaire.

The survey was conducted by telephone and as such, the survey results do not necessarily apply to or include the homeless or other people without a telephone in their home. This may be a source of bias, as the responses from the two groups, those with and those without telephones, may differ. Non-response (those who refused to participate in interviews) and eligible respondents who could not be reached during the interviewing period may also be a source of bias. Every effort was made to minimize this bias, including repeated call-backs. Weighting the data also limits the biasing effect of non-coverage (the inability to reach eligible respondents) and non-response.

Another source of bias involves the self-reported nature of the data collected. Typically, people underestimate health risk behaviors, particularly ones that are illegal or socially unacceptable. What is socially acceptable may be different based on race, gender, age, or other demographic factors. The extent of such bias varies among risk factors as well as population subgroups.

COMPARISONS

Comparisons to the 1995-96 Community Health Risk Assessment, the State of Ohio and/or the United States are provided for one or two questions in most chapters. The 1995-96 data presented in the 2000 document may not match previously reported data due to recalculations using a more appropriate statistical package. For the 2000 data, the statistical package WesVar was used because it is considered more appropriate for examining statistical difference in complex survey designs. Data for Ohio and the United States come from the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) (<http://apps.nccd.cdc.gov/brfss/index.asp>). If 2000 data were not available, data for 1998 or 1999 were used for comparison. The national statistic reported by the CDC is a median of the states' prevalence. Statistical differences cannot be examined using a median, as it does not truly represent a national prevalence. Healthy People 2000 and/or 2010 goals were indicated wherever possible. If both 2000 and 2010 goals exist for a topic, only Healthy People 2000 goals were added to the graph.

OTHER NOTES

Age: Age is reported as age (in years only) at last birthday.

Area of Residence: Franklin County is divided into two areas; 1) the City of Columbus and 2) the parts of Franklin County that exclude the City of Columbus, referred to as "Franklin County excluding Columbus" in this document. Stated city, town, or township of residence, zip code of residence, and which local government collects the trash determined the area of residence.

Body Mass Index (BMI): When interpreting data on overweight based on the BMI, it is important to remember that these data underestimate the true prevalence of overweight respondents, because of the tendency of most people to understate true weight in an interview. Also, individuals with a high proportion of muscle mass relative to their height may be classified as overweight when they are not truly overweight.

Confidence Interval: Confidence intervals are computed for survey estimates using a given probability, in this case 95%. If a survey yields an estimate, X, then a 95% confidence interval would consist of an interval such that there is a 95% probability that the estimate, X, will fall within that interval. Another way of stating it is that if the same survey was administered multiple times, 95% of the time, the survey estimate, X, would be within the calculated interval.

Depression Screen: A four question depression screen was used to determine whether or not a person is currently at risk for depression. The questions are as follows:

- 1) In the past year, have you had 2 weeks or more during which you felt sad, blue, or depressed, or when you lost all interest or pleasure in things that you really cared about or enjoyed?
- 2) Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?
- 3) Have you felt depressed or sad much of the time in the past year?
- 4) How many days during the past week did you feel depressed?

Technical Notes

2000 Columbus / Franklin County Community Health Risk Assessment

Education Level: For this survey education level is limited to the following four categories; 1) adults who do not have a high school diploma, 2) adults who graduated from high school, 3) adults who attended some college, and 4) adults who graduated from college.

Gender: Gender is current gender, male or female. Adults who identify themselves as transgender were classified under their self-reported gender.

Federal Poverty Level: Federal Poverty Level is calculated using total reported family income (total income received by the members of the family and those who permanently reside in the household) and the total number of adults and children living in the household in the previous year. In 2000, the Federal Poverty Level was a household total of \$17,050 for a family of four.

Income Level: Income level is calculated using the 2000 Federal Poverty Level and is limited to two categories: 1) 200% or less the 2000 Federal Poverty Level (low-income, \$34,100 or less for a family of four) and 2) 201% or higher of the 2000 Federal Poverty Level (middle- or high-income).

Marital Status: Marital status is limited to four categories; married and living together as a married couple were combined into one category. Divorced and separated were also combined into one category. The other 2 categories are single (never married), and widowed (spouse has died).

Moderate Exercise: For this survey the national recommendation for children ages 6 and older was at least 30 minutes of moderate exercise daily. The new recommendation for this age group is 60 minutes daily. This recommendation was released after the survey interviews were completed and, therefore, is not reflected in the 2000 survey results.

Race: Race is limited to African-American and Caucasian due to the inadequate sample size of other races.

Statistical Significance: Statistical significance testing is a way to assess the probability of whether differences seen between groups are "real" or merely the result of chance. Several tests or methods can be used. For this assessment a 95% confidence interval was used. If the intervals (upper and lower boundaries) overlap between two groups then the difference is not statistically significant. No overlap indicates that the difference is statistically significant. (See Confidence Interval)

Timothy R. Sahr, MPH, MA, MDiv, ThM, Head of Research and Policy, Franklin County Board of Health
Suellen I. Bennett, MSPH, Epidemiologist, Columbus Health Department

DEFINITIONS

This section includes definitions used specifically in this survey.

Activity Limited Days: These are the number of days in the past 30 days that a person's physical or mental health kept him or her from doing his or her usual activities such as self-care, work, or recreation.

Alcoholic Beverage: One alcoholic beverage is defined as 1 bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

Asthma: Asthma is a chronic disease with symptoms that include tightness in the chest, shortness of breath, coughing, and wheezing (a whistling noise when one breathes). Asthma makes a person's airway (bronchial tubes) swollen and inflamed, which makes breathing difficult. There is no cure for asthma, but it is controllable.

Binge Drinking: Binge drinking is drinking 5 or more alcoholic drinks on one occasion, one or more times in a month.

Body Mass Index (BMI): Body mass index is a measure of overweight status that relates weight (in kilograms) to the square of height (in meters). Survey respondents were asked their current height and weight. The BMI was calculated by dividing the reported weight in kilograms by the square of the reported height in meters. Because the weight was collected in pounds and height in feet and inches, the following formula was used to convert to kilograms per meter squared: $\text{Weight (pounds)} / \text{Height (inches)}^2 \times 703$. When interpreting data on overweight based on the BMI, it is important to remember that these data underestimate the true prevalence of overweight respondents, because of the tendency of most people to understate true weight in an interview. Also, individuals with a high proportion of muscle mass relative to their height may be classified as overweight when they are not truly overweight.

Underweight: BMI of less than 18.5 for females and males

Normal Weight: BMI of 18.5 – 24.9 for females and males

Overweight: BMI of 25 – 29.9 for females and males

Obese: BMI of 30 or greater for females and males

Body Mass Index (BMI) for Children: BMI for children is calculated differently than for adults. In addition to the ratio of weight to height used for adults, the guideline to determine underweight and overweight in children utilizes age and gender. In other words, unlike adult BMI, child BMI categories are age and gender specific. For further information refer to the following website:

<http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm>

At risk for overweight and obesity for children: If the child's weight is 85% or greater of BMI for age and gender.

Breast Self-Exam (BSE): A BSE is a self-examination of the breasts to determine if changes have occurred in the breast tissue including lumps, dimpling of the skin, and changes in the nipple.

Car Safety Restraints: Car safety restraints are car seats for children ages 4 and under, or seatbelts for children ages 5-17. Car safety restraints should always be used when in a vehicle.

Cervix: The cervix is the lower, narrow part of the uterus. The uterus, a hollow, pear-shaped organ, is located in a woman's lower abdomen, between the bladder and the rectum. The cervix forms a canal that opens into the vagina, which leads to the outside of the body.

Cholesterol (Blood Cholesterol): Cholesterol is a soft, waxy substance that is needed for key body functions. Humans make their own supplies of cholesterol in the liver. The body usually makes enough cholesterol for its needs, and any dietary cholesterol (from animal products) is considered excess.

Chronic Drinking: Chronic drinking is consuming an average of 2 or more alcoholic beverages per day or averaging 60 alcoholic drinks in a month.

Clinical Breast Exam (CBE): A clinical breast examination (CBE) is an examination of a woman's breasts by a health professional, such as a physician, nurse practitioner, nurse, or physician assistant. For this examination, the woman undresses from the waist up. The health professional will first look at the woman's breast for changes in size or shape. Then, using the pads of the fingers, the examiner will gently palpate (feel) the breasts. Special attention will be given to the shape and texture of the breasts, location of any lumps, and whether such lumps are attached to the skin or to deeper tissues. The area under both arms will also be examined.

Committing an Act of Violence: Committing an act of violence is hitting, kicking, punching, or otherwise hurting someone in the past year.

Dental Insurance Coverage: Dental insurance coverage is having any kind of insurance coverage that pays for some or all of a person's routine dental care. This includes dental insurance, prepaid plans such as health maintenance organizations (HMOs) or government plans such as Medicaid.

Dental Visit: This survey defines a dental visit as visiting a dentist, dental clinic, orthodontist or other dental specialist for any reason.

Diabetes: Diabetes is a disorder of carbohydrate (glucose) metabolism in which the pancreas does not produce a sufficient amount of insulin, or the ability to use insulin is decreased. Insulin, produced by the pancreas, is necessary for glucose (sugar) to enter cells for conversion to energy, the synthesis of protein, and the storage of fat. In persons with diabetes; glucose and fat concentrate in the blood and result in damage to the vital organs. Severe long-term health complications that are associated with diabetes include limb amputation, renal failure, blindness, nerve damage, dental disease, and cardiovascular disease.

Drinking and Driving (Drivers): Adult drinkers (those who had consumed at least one alcoholic drink in the past month) who drove a vehicle in the past year despite believing that they had consumed too much alcohol.

Drinking and Driving (Passengers): Drinking and non-drinking adults who have been passengers in a car when they believe the driver had consumed too much alcohol.

Environmental Tobacco Smoke (ETS): For this survey it is defined as being close enough to people who are smoking to smell the smoke.

Food Insecurity: Food insecurity is being concerned about having enough food to eat in the past 30 days.

Gestational Diabetes: This is a condition among women who have never had diabetes before but who have high blood glucose levels during pregnancy. Gestational diabetes is usually temporary as the condition subsides after childbirth. According to the American Diabetes Association, women who have gestational diabetes are more likely to develop it again in subsequent pregnancies, and have a higher risk of developing Type 2 diabetes later in life.

Health Care Coverage: Health care coverage is any coverage for health care including, but not limited to, health insurance, prepaid health care plans, such as health maintenance organizations (HMOs), and governmental plans, such as Medicare.

Helmet Use: Helmet use is wearing a helmet when bicycling (steering or as a passenger) or in-line skating. Helmets should always be used when engaging in either of these activities.

High Blood Cholesterol: Adults are considered as having high cholesterol if their health care professional has diagnosed them with high blood cholesterol. Blood cholesterol is measured as milligrams per deciliter (mg/dL) of blood. Usually a measurement of blood cholesterol includes total cholesterol, low density lipoprotein cholesterol (LDL) and high density lipoprotein cholesterol (HDL). Total blood cholesterol of over 200 mg/dL is considered high.

High Risk Situations: High risk situations are defined as using intravenous (IV) drugs, having a diagnosis of a sexually transmitted disease, having anal sex in the past year, or testing positive for HIV, the virus that causes AIDS.

Hypertension (High Blood Pressure): Hypertension is having been diagnosed with high blood pressure by a health professional on multiple occasions. Blood pressure is measured as millimeters mercury (mmHg). A blood pressure reading over 120/80 mmHg is considered high.

Lead Screening: Lead screening is a simple blood test that measures the amount of lead in a person's blood.

Lead Poisoning/ High Levels of Lead: In this survey, a child was considered to have lead poisoning/high levels of lead, if the parent stated that the child had been tested and the results indicated high blood lead levels. Blood lead levels of 10 $\mu\text{g}/\text{dL}$ or more are considered high. Blood lead levels of over 70 $\mu\text{g}/\text{dL}$ are considered critical and can cause seizures, coma, and death.

Low-Income Household: Low-income households are households whose total family income is 200% or less of the 2000 Federal Poverty Level (\$34,100 or less for a family of 4). (See Federal Poverty Level in Technical Notes)

Mammography: A mammogram is an x-ray of the breast. In order to perform a mammogram, the breast is briefly compressed to flatten and spread the tissue. Although this may be temporarily uncomfortable, it is necessary in order to produce a good mammogram.

Middle- or High-Income Household: Middle- or high-income households are households whose total family income is 201% or higher of the 2000 Federal Poverty Level. (See Federal Poverty Level in Technical Notes)

Moderate Exercise: Moderate exercise is exercise such as brisk walking or moving somewhat heavy materials that elevates the heart rate, but is not so vigorous as to make talking and exercising difficult.

Pap Test: Pap smear is a screening test for cervical cancer. The Pap test detects abnormal cells in and around the cervix. A Pap test can be done in a doctor's office or a health clinic.

Poor Physical Health Days: These are the number of days in the past 30 days that a person's physical health was not good, such as suffering from illness or injury.

Poor Mental Health Days: These are the number of days in the past 30 days that a person's mental health was not good, such as suffering from stress, depression, or other emotional problems.

Prostate: The prostate, a gland about the size of a walnut, is located below the bladder and in front of the rectum of a male. It surrounds the upper part of the urethra, the tube that empties urine from the bladder.

Prostate-Specific Antigen (PSA) test: The PSA test is a blood test that measures the levels of prostate-specific antigen and is used to detect abnormalities of the prostate. These abnormalities may signify prostate cancer. Because the PSA test is a screening test, further tests are required to make a diagnosis of prostate cancer.

Routine Medical Exam: A routine medical exam is a regular exam which enables a health care professional to assess the general health status of patients, to determine the need for screening tests and to counsel the patient regarding perceived issues that might affect the patient's health. To benefit the patient, medical exams should be performed, ideally, once a year.

Sexually Active: Adults who are sexually active have engaged in oral, vaginal, or anal sexual activity (not masturbation) in the past 12 months.

Strength-Training: Strength-training is lifting weights or doing calisthenics to strengthen muscles.

Timely Breast-Self Exam (BSE): Timely BSE is performing a BSE every month, preferably at the same time each month.

Timely Cholesterol Screening: Timely cholesterol screening is having one's blood cholesterol levels checked within the past 5 years.

Timely Clinical Breast Exam (CBE): According to the American Cancer Society, timely CBE for women 20–39 is having a health professional examine the breast once every 3 years. Women 40 and older should have a CBE every year.

Timely Dental Visit: Timely dental visit for people age 2 and older is visiting a dentist, dental clinic, orthodontist or other dental specialist within the past year.

Timely Hypertension Screening: Timely hypertension screening is having one's blood pressure checked within the past 2 years.

Tooth Removal: The reported number of teeth removed includes teeth that have been removed as a result of tooth decay, gum disease or infection. This number does not include teeth that have been removed due to injury or spacing needs.

Definitions

Timely Mammography Screening: A timely screening mammography for women 40 and older is every year.

Timely Pap Test: For this survey a timely Pap test for women 18 and older is having a Pap test annually. Women who have had a full hysterectomy were excluded from the analysis since they do not have a cervix. Women who have had partial hysterectomies should still have yearly Pap tests performed since their entire cervix had not been removed.

Timely Prostate Cancer Screen: A timely prostate cancer screen is to have a prostate-specific antigen (PSA) blood test yearly for men 50 years and older. Men who have a first degree relative (father, brother, or son) who have had prostate cancer are considered high risk for getting prostate cancer themselves. Men considered "high risk" should consult with their doctor about their testing schedule, as these men may need to have more frequent tests or need to commence them before age 50.

Usual Source of Health Care (Place): Usual source of health care (place) is the place one goes if sick or in need of advice concerning health such as a health clinic, health center, doctor's office, or other place where one can receive medical care or advice.

Usual Source of Health Care (Person): Usual source of health care (person) is the doctor or health professional one sees for routine medical care.

Vaccination Coverage: In this survey parents of children 5 and younger were asked if, in the parent's opinion, the child had received all of his or her recommended immunizations for the child's age.

Victim of Violence: Being a victim of violence is having been hit, kicked, punched, or otherwise hurt in the past year.

Smoker (Current): A smoker is someone who has smoked at least 100 cigarettes in his or her lifetime and who reports currently smoking every day or some days.

Former Smoker: A former smoker is someone who has smoked at least 100 cigarettes in his or her lifetime, but reports they are not currently smoking.

Heavy Smoker: A heavy smoker is someone who smokes an average of 2 packs (40 cigarettes) per day.

Never Smoked: Never smoked is someone who has smoked fewer than 100 cigarettes in his or her lifetime. This includes those who have never tried cigarettes, those considered "experimenters" (those who were never serious about smoking, but may have tried it a few times), and those who may have just started smoking, but have not yet smoked a total of five packs.

Smokeless Tobacco: Smokeless tobacco includes products such as chewing tobacco and snuff. These products are not safe alternatives to cigarette smoking. Smokeless tobacco products contain high concentrations of carcinogens and increase the risk of cancer of the mouth, larynx, throat, and esophagus.