

2019 Community Health Needs Assessment



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In 2014, MCGC opened its doors as a freestanding emergency department (ED) offering a women's health center, and a medical office building featuring physician offices, outpatient services, and conference space open for community use.

By 2015, with patient volumes higher than expected, it was announced that MCGC would undergo a transformation from being a freestanding ED to a full service hospital. It was also announced that all inpatient operations from Mount Carmel West would move to the new Mount Carmel Grove City location to meet the health care needs of one of central Ohio's fast growing communities.

Once completed in 2019, the newly designed Mount Carmel Grove City hospital will elevate the patient experience and set the standard for people-centered care. From stunning interiors to tranquil surroundings, it will be a true healing environment. The expanded campus will feature all private rooms, new patient tower and medical office building, as well as a new state-of-the-art surgical suite for inpatient and outpatient surgeries. When opened, Mount Carmel Grove City will be one of five Mount Carmel Health System hospitals.

Mount Carmel Health System remains dedicated to Franklin County and the city of Columbus by retaining our presence in Franklinton. The Mount Carmel West campus will maintain a 24-hour ED and the Healthy Living Center to provide continued support to Franklinton and the surrounding community. In addition, the Mount Carmel College of Nursing, which was founded in 1903 by the Sisters of the Holy Cross and today is among the largest private Bachelor of Science programs in Ohio, will see many physical enhancements, including expansion into the Medical Staff Building.

Mission We serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Vision As a mission-driven, innovative health organization, we will become a leader in improving the health of our communities and each person we serve. We will be the most trusted partner for life.

Core Values To connect with our mission and to care for ourselves, our fellow colleagues and those we serve, we live these five core values:

Reverence

We honor the sacredness and dignity of every person.

Commitment to Those Who Are Poor

We stand with and serve those who are poor, especially those most vulnerable.

Justice

We foster right relationships to promote the common good, including the sustainability of Earth.

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity

We are faithful to who we say we are.

Mount Carmel Health System, based in Franklin County, Ohio, is where 70% of our patients reside. To understand the health needs facing the majority of our patients, Mount Carmel Health System is part of the steering committee that conducts the Franklin County Community Health Needs Assessment.

This Community Health Needs Assessment was adopted in tax year 2018. The 2019 Mount Carmel Grove City Franklin County Health Needs Assessment was accepted and approved by the Mount Carmel Health System Board of Trustees on May 30, 2019.

This report was made available online at mountcarmelhealth.com on June 14, 2019. To request free printed copies or to have questions/comments addressed, please email communitybenefit@mchs.com.

2016—2018 Mount Carmel Grove City Community Health Needs Impact Report

The Mount Carmel West Community Health Needs Assessment, Franklin County HealthMap 2016: Navigating Our Way to a Healthier Community Together and the 2016—2018 Implementation Plan for Mount Carmel West are available at www.mountcarmelhealth.com. Mount Carmel West did not receive written comments or questions regarding these reports.

Mount Carmel Health System, as part of the 2016 Franklin County Community Health Needs Assessment Steering Committee, worked collaboratively with community partners to develop and prioritize health indicators, as listed below.

1. Obesity
2. Infant Mortality
3. Access to Care
4. Mental Health and Addiction
5. Chronic Conditions
6. Infectious Diseases

As outlined in the 2016—2018 Mount Carmel West Hospital Implementation Plan, the prioritized health needs addressed by the facility were obesity, infant mortality, access to care, and chronic conditions. Below are the descriptions, goals, and impact made by Mount Carmel West to address these particular needs in our community during the fiscal years (July—June) of 2016, 2017, and 2018.

Obesity

DESCRIPTION OF NEED: Studies estimate the annual health care costs of obesity-related illness are a staggering \$190.2 billion, or nearly 21% of annual medical spending in the United States. Childhood obesity alone is responsible for \$14 billion in direct medical costs nationally. People who are obese, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including high blood pressure, Type 2 diabetes, coronary heart disease, stroke, osteoarthritis, some cancers and mental illness. In Franklin County, the percentage of obese adults (30.7%) is higher than the national average (27.6%). Franklin County children fare even worse, with 19.8% of children considered obese compared to a 13.7% national average. The percentage of Franklin County adults who are overweight (31.2%) and obese (30.7%) has decreased slightly from the previous HealthMap (32.5% and 31.4%,

respectively). The percentage of overweight adults is lower than the statewide percentage, while the percentage of obese adults is just over the statewide percentage (HealthMap 2016).

GOALS: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights (HP2020 Nutrition and Weight Status goal).

Improve health, fitness, and quality of life through physical activity (HP2020 Physical Activity goal).

Healthy Living Center – Providing space for healthy programs such as cooking classes for adults and youth, exercise classes, and other holistic health and wellness services to community organizations to help reverse the growing obesity rate in central Ohio. In HealthMap 2019, the obesity rate has decreased to 29.5% from 31.8% as reported in HealthMap 2016.

FY17: 1,372 encounters

FY18: 2,442 encounters

To increase the impact in addressing obesity, the following Mount Carmel Health System hospitals also addressed obesity: Mount Carmel East and Mount Carmel St. Ann's.

Access to Care

DESCRIPTION OF NEED: Emergency departments (EDs) in Franklin County experience higher utilization, when comparing rates per population, than do EDs across the state. Similarly, EDs in Franklin County are utilized more often for less severe cases, when comparing rates per population, than EDs across the state. In terms of specific conditions where access to care poses a problem, the CHNA Steering Committee felt that Franklin County residents continue to have difficulty in accessing dental care in the appropriate setting (HealthMap 2016).

GOALS: Improve access to comprehensive, quality health services (HP2020 Access to Health Services goal).

Mobile Coach and Street Medicine – For more than 30 years, the Mount Carmel Mobile Medical Coach and Street Medicine program – funded in part by the Mount Carmel Foundation – have provided free basic medical care to central Ohioans in need. From the underserved to the homeless, those with limited access to quality health care can come to a safe, convenient site that comes

to them near where they live to get checkups, vaccinations, urgent health care, mental health counseling, and obtain referrals to community health programs.

FY16: 14,007 patients encounters

FY17: 15,723 patients encounters

FY18: 27,684 patients encounters

Low Income Pharmacy – connects qualifying low-income patients with the correct medication assistance programs offered by prescription drug companies to reduce barriers in patients obtaining prescribed medications.

FY16: 2,895 patients assisted

FY17: 3,429 patients assisted

FY18: 9,025 patients assisted

To increase the impact in addressing access to care, the following Mount Carmel Health System hospitals also addressed access to care: Diley Ridge Medical Center, Mount Carmel East, and Mount Carmel St. Ann's.

Mental Health & Addiction

DESCRIPTION OF NEED: According to the Alcohol, Drug Addiction and Mental Health Board of Franklin County (ADAMH), nearly one in four adults in Franklin County experiences mental illness. And more than 10% of Franklin County residents ages 12 and older have needed treatment for an illegal drug or alcohol use problem. In Franklin County, psychiatric admissions and hospitalizations due to attempted suicide have both increased since the HealthMap2013. Psychiatric patients in crisis often crowd hospital EDs, with psychiatric patients in crisis often facing long waits before accessing a bed and/or skilled psychiatric care (HealthMap 2016).

GOALS: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services (HP2020 Mental Health and Mental Disorders goal).

Reduce substance abuse to protect health, safety, and quality of life for all, especially children (HP2020 Substance Abuse goal).

Mobile Coach and Street Medicine – Among the services provided by Mount Carmel's Mobile Coach and Street Medicine program is mental health

counseling. Making sure vulnerable community members are connected to all forms of treatment is what helps better the health of our community.

FY17: 395 patients assisted

FY18: 514 patients assisted

Due to the change in electronic medical records, data for FY16 is unavailable.

Mount Carmel College of Nursing (MCCN) Community Participation – The faculty and staff of MCCN serve on community boards throughout the city, providing expert advice and participation in community programs and activities.

Faculty and staff participate in volunteer opportunities locally, nationally, and globally in an effort to promote caring, compassionate environments and improve the health of those being served.

FY16: 4,267 individuals assisted

FY17: 2,622 individuals assisted

FY18: 24,066 individuals assisted?*

*calculation of persons served changed to encounters at the end of FY17.

Mount Carmel Hospice – Not only does Hospice provide in-home care for terminally ill patients, but it also provides bereavement support for grieving families. One of the few grief support groups in central Ohio, Mount Carmel Hospice also provides the death by suicide support group in response to the community need.

Hospice sponsors several community programs, such as Evergreen, a family centered grief support service for children, adolescents, and adults. Adult-only support groups, school and agency/business outreach, as well as community education groups are available. Additionally, many members of Hospice staff provide trainings and education at health fairs in the community about hospice, loss, grief, resources and advance care planning.

FY17: 6,411 grief support encounters

FY18: 15,128 grief support encounters

To increase the impact in addressing mental health and addiction, the following Mount Carmel Health System hospitals also addressed mental health and addiction: Diley Ridge Medical Center and Mount Carmel St. Ann's.

Chronic Conditions

DESCRIPTION OF NEED: Chronic diseases – such as heart disease, stroke, cancer and diabetes – are the leading causes of death and disability at the local, state and national levels. According to the Centers for Disease Control and Prevention (CDC), medical care costs of people with chronic diseases account for more than 75% of total medical care costs in the United States. While mortality rates for each of the top five deadliest cancers in Franklin County have decreased since the last HealthMap, county rates for lung, colon, breast and pancreas are higher than national rates. Franklin County has a higher prevalence among adults diagnosed with asthma when compared to national data. Franklin County also has higher mortality rates for cerebrovascular disease compared to national data (HealthMap 2016).

GOALS: Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and stroke; and prevention of repeat cardiovascular events (HP2020 Heart Disease and Stroke goal).

Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for DM (HP2020 Diabetes goal).

Outreach Mobile Coach and Street Medicine Program – A vital part of Franklin County's health care safety net provides free quality care to uninsured and underinsured patients in our community.

FY17: 382 patients assisted

FY18: 512 patients assisted

Due to the change in electronic medical records, data for FY16 is unavailable.

Mount Carmel College of Nursing Community Health Initiatives – Faculty, staff and nursing students participate in community activities by providing health screenings, health and nutrition education, and clinics at community events.

FY16: 939 patients assisted

FY17: 993 patients assisted

FY18: 830 patients assisted

Prescription Ease – An outpatient, community-based medication assistance program designed to help uninsured and underinsured patient populations gain access to maintenance medications.

FY16: 431 persons served

FY17: 300 persons served

FY18: 6,163 patient/community encounters*

*calculation of persons served changed to encounters at the end of FY17.

To increase the impact in addressing chronic conditions, the following Mount Carmel Health System hospitals also addressed chronic conditions: Diley Ridge Medical Center, Mount Carmel East, Mount Carmel New Albany, and Mount Carmel St. Ann's.

Infectious Diseases

DESCRIPTION OF NEED: Incidences of infectious diseases, especially those that are sexually transmitted, are significantly more prevalent in Franklin County than in Ohio and the nation. The CDC estimates that nationally there are approximately 19 million new STD infections each year – almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as \$15.9 billion annually. Franklin County rates for syphilis, gonorrhea and chlamydia are significantly higher than Ohio and national rates. Franklin County rates for pertussis, tuberculosis and varicella are also higher than Ohio and national rates (HealthMap 2016).

GOAL: Increase immunization rates and reduce preventable infectious disease (HP2020 Immunizations and Infectious Disease goal).

Outreach Mobile Coach and Street Medicine Program – Providing TDAP and influenza vaccinations to vulnerable community members.

FY17: 234 patients assisted

FY18: 229 patients assisted

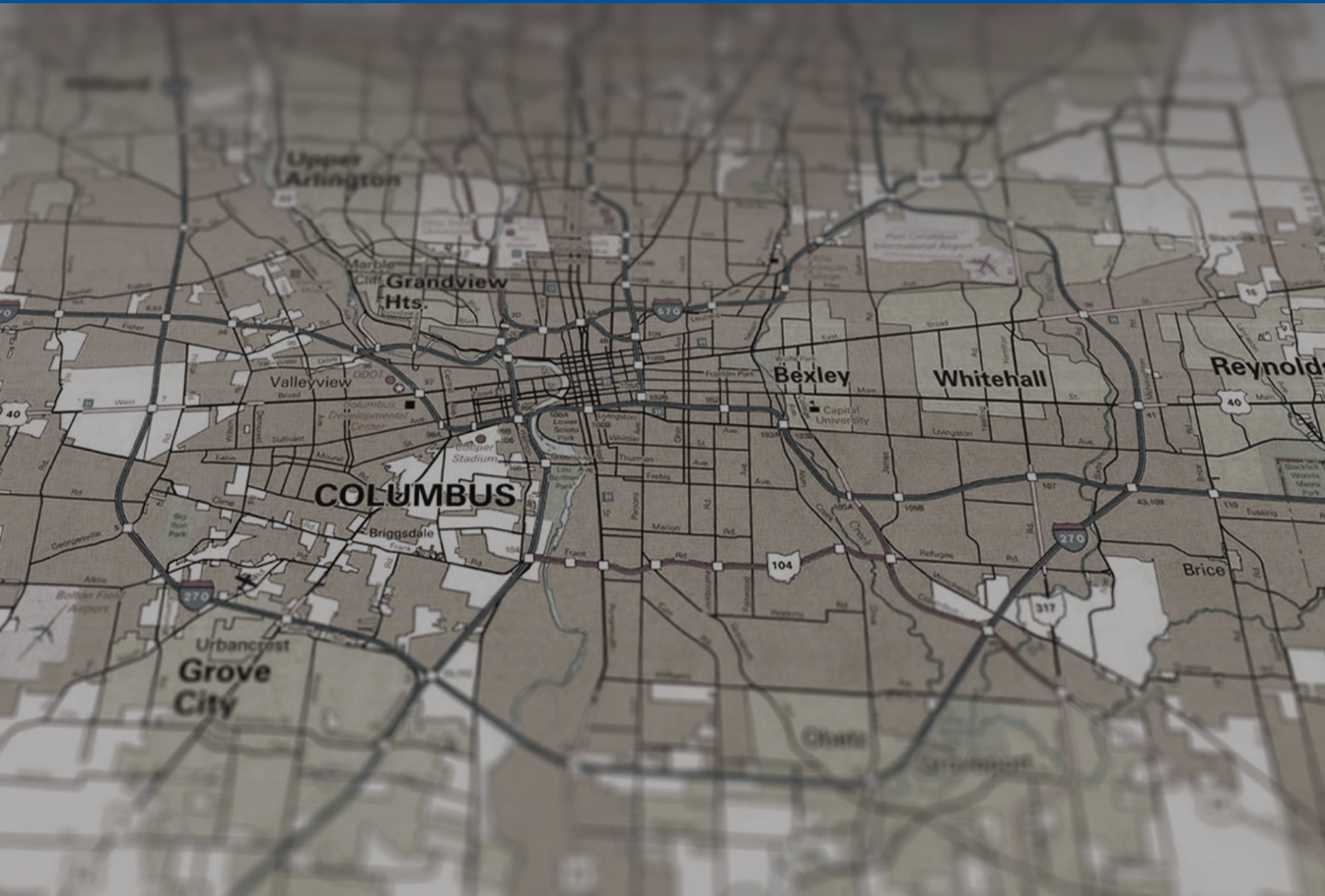
Due to the change in electronic medical records, data for FY16 is unavailable.

To increase the impact in addressing infectious diseases, the following Mount Carmel Health System hospital also addressed infectious diseases: Mount Carmel New Albany.

Franklin County
HealthMap 2019



Navigating Our Way to a
Healthier Community Together



Orientation to Franklin County HealthMap2019

Overview of Franklin County HealthMap2019

The Franklin County Community Health Needs Assessment Steering Committee is pleased to provide residents of central Ohio with a comprehensive overview of our community's health status and needs via the *Franklin County HealthMap2019*.

Franklin County HealthMap2019 is the result of a broad collaborative effort, coordinated by the Central Ohio Hospital Council (COHC), intended to help hospitals and other organizations better understand the health needs and priorities of Franklin County residents. As part of its mission, COHC serves as the forum for community hospitals to collaborate with each other and with other community stakeholders to improve the quality, value, and accessibility of health care in the central Ohio region.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, and other health issues can help direct community resources to where they will have the biggest impact. To that end, central Ohio's hospitals will begin using the data reported in *Franklin County HealthMap2019*, in collaboration with other organizations, to inform the development and implementation of strategic plans to meet the community's health needs. Consistent with federal requirements, *Franklin County HealthMap2019* will be updated in three years.

The Franklin County Community Health Needs Assessment Steering Committee hopes *Franklin County HealthMap2019* serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

About the Franklin County HealthMap2019's Process

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

Starting in February 2018, indicators identified by the Steering Committee for inclusion in the *Franklin County HealthMap2019* were collected and entered into a database. The Central Ohio Hospital Council contracted with the Center for Public Health Practice, within The Ohio State University College of Public Health, and Illuminology, a central Ohio-based research firm, to locate data and create a summary report of these health status indicators.

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

At the Oct. 11 session, the Steering Committee also identified and prioritized the significant health needs for the *Franklin County HealthMap2019*. Through a "Gallery Walk" exercise, the Steering

Committee viewed the issues identified by the small groups. After the group had a full understanding of the health issues identified, committee members voted, via “dot stickers,” on the discrete health issues that they thought were significant health needs for Franklin County residents. Members were asked to consider the following criteria when voting on the significant health needs and prioritizing the significant health needs:

- **Seriousness:** Degree to which the health issue leads to death, disability, and impairs one’s quality of life.
- **Severity of the Consequences of Inaction:** Risks associated with exacerbation of health issue if not addressed at the earliest opportunity.
- **Size:** Number of persons affected.
- **Equity:** Degree to which different groups in the county are affected by the health issue.
- **Feasibility:** Ability of an organization or individuals to reasonably combat the health issue given available resources, including the amount of control, knowledge, and influence the organization(s) have on the issue.
- **Change:** Degree to which the health issue has become more or less prevalent over time, or how it compares to state/national indicators.

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

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

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

About the Data in the Franklin County HealthMap2019

Data for these health indicators came from national sources (e.g., U.S. Census, Centers for Disease Control and Prevention’s Behavior Risk Factor Surveillance System), state sources (e.g., Ohio Department of Health’s Data Warehouse, Ohio Hospital Association, Ohio Medicaid Assessment Survey), and local sources (e.g., Central Ohio Trauma System, Columbus Public Health). Rates and/or percentages were calculated when necessary. In some instances, comparable state and/or national data were unavailable at the time of report preparation and, accordingly, are not included in this report. All data sources are identified in a reference list following each section of the report.

In some cases, new indicators were identified for 2019 that were not included in the previous report (2016). For example, new indicators include the number of people living below the federal poverty level, data on fruit and vegetable consumption, rates of drug overdose deaths, percentage of people who use illicit drugs, and cases of elder abuse. In these instances, the most recent data are listed under

2019, and previous data are listed under the 2016 heading, even though they will not be found in the *HealthMap2016*. This was done for ease of reading. No information gaps that may impact the ability to assess the health needs of the community were identified while conducting the 2019 health needs assessment for Franklin County.

To ensure community stakeholders are able to use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in *Franklin County HealthMap2019*, indicator data must have been collected or published by 2014. Lastly, although the COHC-member hospitals have service areas that extend across central Ohio, for the purposes of this report, the local geographic focus area is Franklin County.

COHC would like to thank Amber Yors with the Ohio Hospital Association, Roxanna Giambri from Central Ohio Trauma System, and Justina Moore from the Ohio Department of Health for providing a substantial amount of data for sections in *Franklin County HealthMap2019*. COHC would also like to acknowledge Leslie Carson and Mackenzie Aughe, MPH students, for compiling and updating the electronic repository of data sources used in this report.

How to Read This Report

Franklin County HealthMap2019 is organized into multiple, distinct sections. Each section begins with a sentence that briefly describes the section, and is then followed by a “call-out box” that highlights and summarizes the key findings of the data compilation and analysis, from the researchers’ perspectives. For some indicators, the related U.S. Department of Health and Human Services *Healthy People 2020* goals are included with Franklin County’s status indicated as “met” or “not met.”

Each section includes several tables, designed to allow the reader to easily compare the most recent Franklin County data to historical Franklin County data, as well as state and national data. Most tables include the column headers Franklin County, Ohio, and the United States. Within the Franklin County header, there are three columns, labeled HM2013, HM2016 and HM2019. HM2019 references the most recent data presented in *HealthMap2019*. HM2016 references *HealthMap2016* or relevant historical data, and HM2013 references *HealthMap2013* or relevant historical data. Throughout this report, the phrase “not available” is used within the tables when data was not presented previously or is not accessible.

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

The Community Health Needs Assessment Steering Committee

Work on *Franklin County HealthMap2019* was overseen by a Steering Committee consisting of the following individuals and their respective organizations. Consistent with federal requirements for conducting health needs assessments, entities which represent specific populations within the community are highlighted. All other entities listed represent all populations within the community.

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

- Lynn Dobb

Central Ohio Hospital Council

- Jeff Klingler

Central Ohio Trauma System

- Jodi Keller

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

- Joanne Pearsol
- Andy Wapner

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

- Kathy Cowen
- Melissa Sever

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

- Theresa Seagraves

Mount Carmel Health System

- Candice Coleman
- Sister Barbara Hahl
- Jackie Hilton

Nationwide Children's Hospital

- Carla Fontaine
- Libbey Hoang

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

- David Ellsworth

OhioHealth

- Shannon Ginther

The Ohio State University Wexner Medical Center

- Wanda Dillard
- Deborah Frazier
- Beth Necamp

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

- John Tolbert

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

- Lisa Courtice

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

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

Bricker & Eckler LLP/INCompliance Consulting– located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler LLP, provided overall guidance in ensuring that the conduct of the CHNA was compliant with the Internal Revenue Service regulations. Jim Flynn is a managing partner with Bricker & Eckler LLP and has 28 years of practice experience related to health planning matters, certificate of need, non-profit and tax-exempt health care providers, and federal and state regulatory issues. Christine Kenney has over 39 years of experience in health care planning and policy development, federal and state regulations, certificate of need, and assessment of community need.

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

Illuminology – located at 5258 Bethel Reed Park, Columbus, OH 43220. Illuminology, represented by Orië V. Kristel, Ph.D., led the process for locating health status indicator data and creating the summary report. Dr. Kristel is CEO of Illuminology and has over 20 years of experience related to research design, analysis, and reporting, with a focus on community health assessments.

Franklin County Zip Codes

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



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Prioritized Health Needs of Franklin County Residents

This section lists the Prioritized Health Needs of Franklin County.

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

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

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

Priority #1: Mental Health and Addiction	
Key health needs	See pages
Mental health	• 66-70
• Providers	• 37-38
• ED visits	• 80
Drug overdose deaths	• 46-51
• Opioid overdoses	• 52-53
• Narcan administrations	• 47, 54

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

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

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

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

For a list of potential partners and resources that could be utilized to address these three priorities, see pages 103-105.

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

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

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

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

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

Community Profile

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

Franklin County Residents

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

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

Community Profile, continued

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

Franklin County Households

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

References

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

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

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

Social Determinants of Health

This section describes the socio-economic aspects of Franklin County residents that affect their health.

Health Care Access Indicators

This section describes indicators that describe the population's access to health care.

Key Findings - Social Determinants of Health (Health Care Access)

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

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

Individuals With Health Insurance¹

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

Healthy People 2020 Goal

How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal that 100% of Americans under age 65 would have health insurance by the year 2020. Currently, Franklin County does not meet this target, as 88.7% of people under 65 have medical insurance.

Persons under 65 years old with medical insurance

HP2020 target... 100%
 In Franklin County... 88.7%
 HP2020 Status: ✘
 (not met)

Among Franklin County residents with health insurance, the most common type of health care is employment-based insurance. The percentage of residents with public health insurance as their only source of insurance has increased since the last *HealthMap*. Note that residents who have health insurance could have more than one type of insurance. For example, someone with “Direct-Purchase Insurance” may also have “VA Health Care.” In the following table, the “Total” column provides data on those who have the specified type of coverage either as their single source of health care or in addition to another type of health care. The “Only Source of Insurance” column provides data on only those who have the specified type of coverage as their single source of health care.

Type of Health Insurance in Franklin County²

		Total			Only Source of Insurance		
		HM2013	HM2016	HM2019	HM2013	HM2016	HM2019
	Total with private health insurance	69.2%	67.5%	68.6%	Not available	57.5%	58.5%
Private Health Insurance Coverage	Employment-based health insurance	61.5%	58.9%	60.0%	53.4%	51.7%	52.7%
	Direct-purchase health insurance	10.3%	10.2%	10.0%	4.6%	5.5%	5.4%
	TRICARE/military health coverage	1.6%	1.3%	1.4%	0.4%	0.4%	0.4%
	Total with public health insurance	25.0%	27.8%	29.8%	Not available	17.7%	19.5% ▲
Public Health Insurance Coverage	Medicaid/CHIP/state specific public coverage	15.3%	17.3%	18.9%	12.0%	14.1%	15.5%
	Medicare coverage	11.2%	11.9%	12.2%	2.6%	3.3%	3.7%
	VA health care	1.3%	1.7%	1.7%	0.2%	0.3%	0.3%

Social Determinants of Health, continued

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

Persons with Usual Source of Medical Care³

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

Income/Poverty Indicators

This section describes income and poverty indicators that affect health.

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

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

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

In Franklin County, the median household income is \$54,037, which is higher than the median in Ohio, but slightly lower than the national figure. There are higher percentages of both families and children living below 100% of the federal poverty level in Franklin County than in Ohio or the United States. These percentages have remained steady since the previous *HealthMap* (12.2% to 12.5% for families and 24.8% to 24.5% for children). Also, 53.6% of children enrolled in school in Franklin County are eligible for free or reduced lunches, a higher percentage than in Ohio overall.

Social Determinants of Health, continued

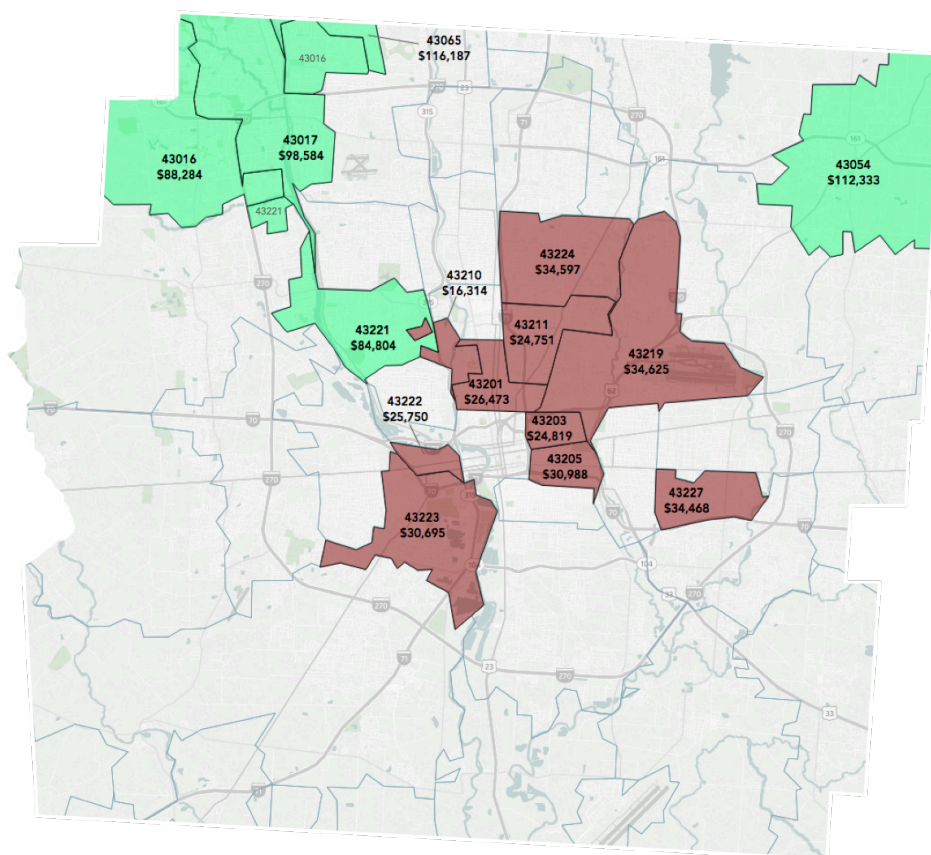
Income and Poverty

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

FPL=Federal Poverty Level

A Closer Look, Priority #2: Median Household Income

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



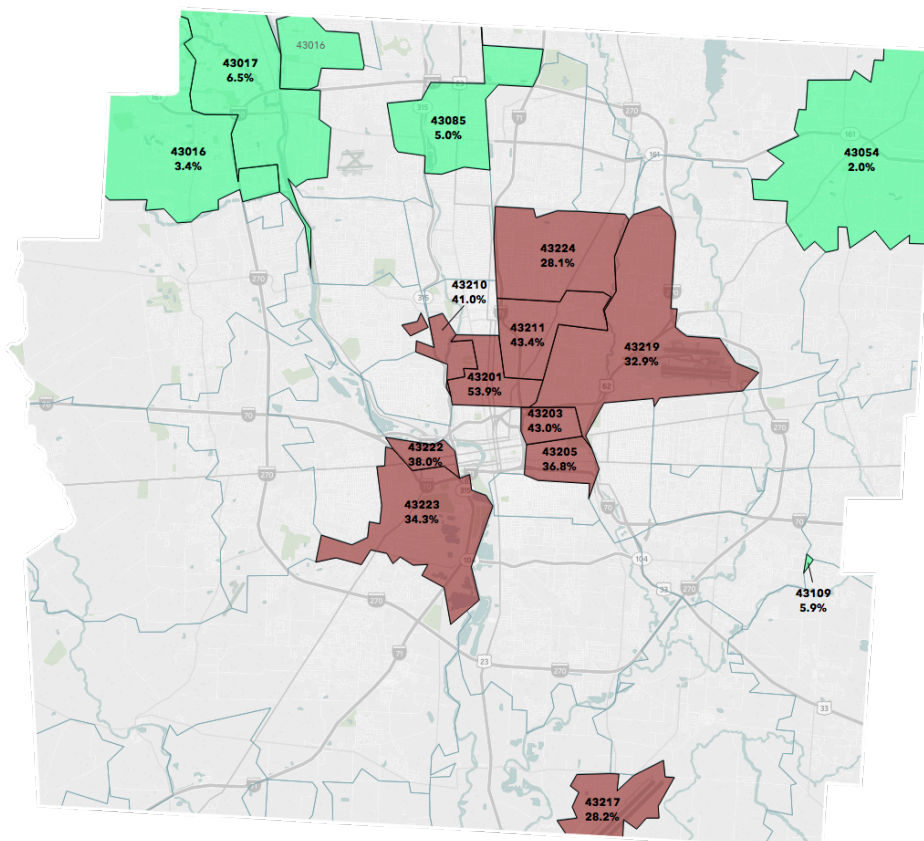
In addition, considering only households with children, the zip codes with the lowest median income are 43201, 43205, 43203, 43211, and 43222.+

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

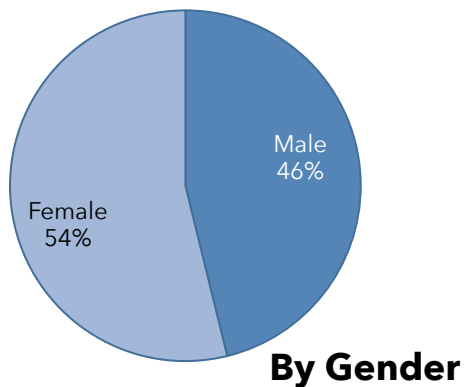
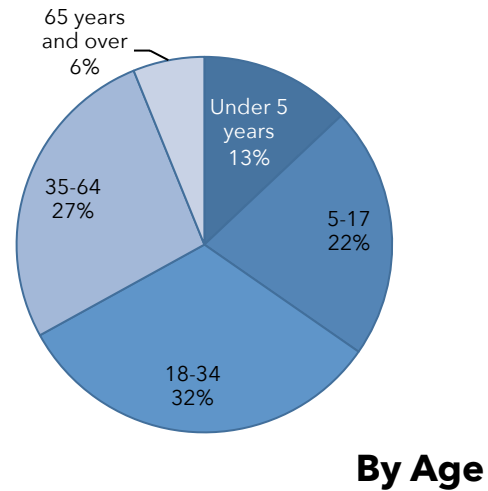
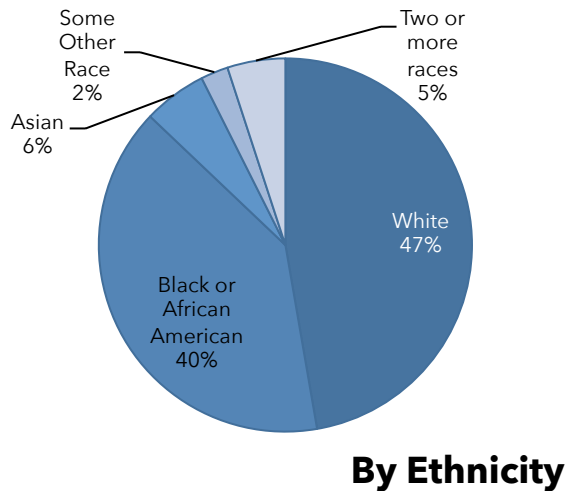
+U.S. Census Bureau, American Community Survey 5-year Estimates

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

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



The ethnicity, age, and gender breakdowns of the population living below the FPL in Franklin County are shown in the figures below.⁺



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

Homelessness, and/or the struggle to maintain housing, can also affect health. A "Point in Time Count" (PIT) estimates the total number of homeless people who are and are not using a shelter on a single night of the year. Homeless persons were considered part of a family if they belonged to a group consisting of at least one adult and at least one child under age 18.

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

Social Determinants of Health, continued

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

Housing and Homelessness

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

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

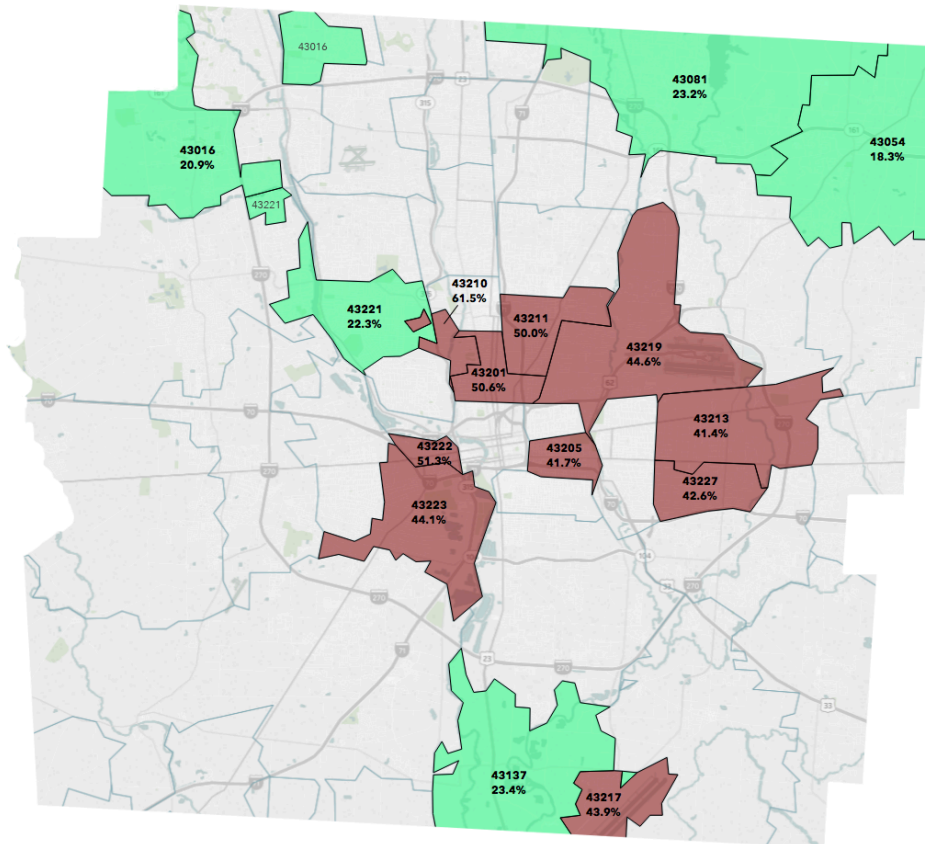
**Columbus, not Franklin County

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

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

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

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



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

Social Determinants of Health, continued

The ability to access healthy, fresh food can also affect health. Food insecurity is defined by the United States Department of Agriculture as a lack of access to enough food for an active, healthy life and a limited availability of nutritionally adequate foods. In Franklin County, 17.4% of residents are food insecure.

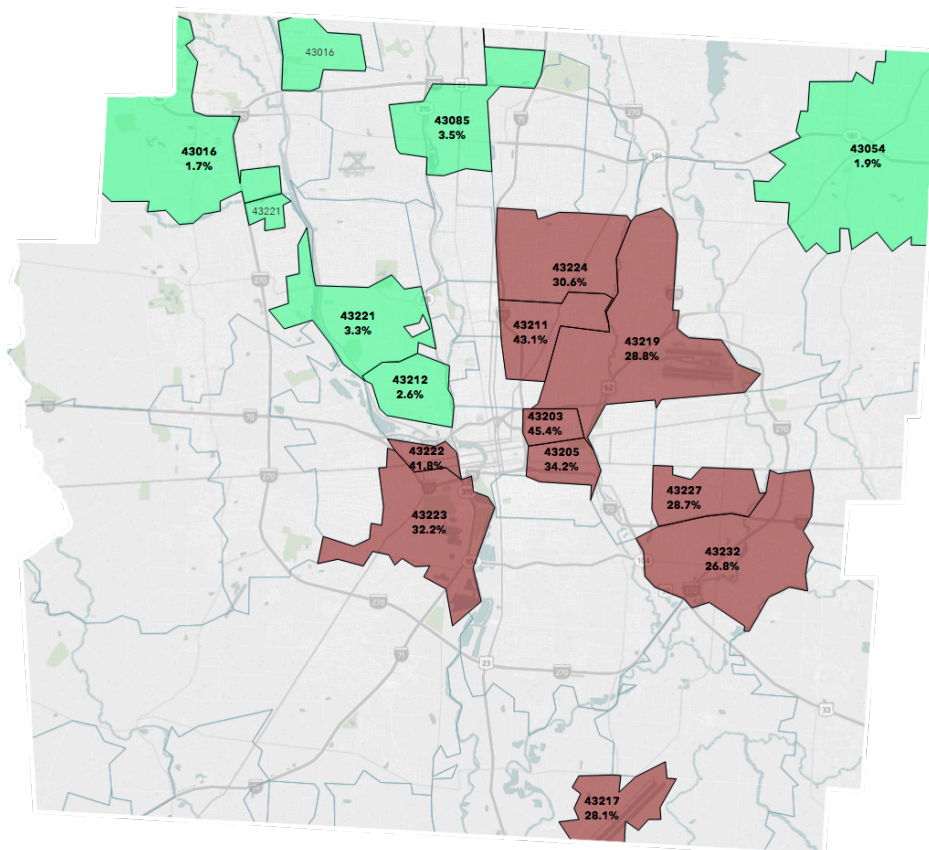
Over half of all the Franklin County households using food stamps have children under the age of 18 present.

Food Access

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

A Closer Look, Priority #2: Food Stamp Households

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



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

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

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

Education Indicators

This section describes education indicators that are related to health.

Key Findings - Social Determinants of Health (Education)

On a positive note, Franklin County adults are more likely than Ohioans (overall) to have graduated from high school in four years and to have post-secondary degrees. However, Franklin County youth are still less likely than Ohio youth (overall) to be ready for kindergarten.

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

Educational Attainment¹⁵

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

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

The four-year high school graduation rate is the percentage of ninth grade students that received a high school diploma four years later. As shown on the next page, Franklin County’s four-year high school graduation rate is better than state and national figures.

Social Determinants of Health, continued

High School Graduation

		Franklin County			Ohio	United States
		HM2013	HM2016	HM2019	HM2019	HM2019
Adults with Less than a High School Diploma²	Overall	11.1%	10.3%	9.7%	10.5%	13.0%
	Male	11.0%	10.5%	9.9%	11.0%	13.7%
	Female	11.2%	10.1%	9.3%	10.0%	12.4%
	African American	Not available	Not available	14.2%	15.8%	15.7%
	American Indian & Alaskan native	Not available	Not available	16.5%	17.7%	20.7%
	Asian	Not available	Not available	12.9%	12.7%	13.7%
	Hispanic	Not available	Not available	30.6%	26.2%	34.3%
	Native Hawaiian & pacific islander	Not available	Not available	15.0%	16.6%	13.6%
	Other	Not available	Not available	34.5%	30.8%	39.8%
	Multiracial	Not available	Not available	9.9%	12.7%	13.3%
White, non-Hispanic	Not available	Not available	7.0%	9.3%	8.0%	
Four-Year High School Graduation Rate¹⁶	Overall	Not available	88.6%	87.8%	83.6%	83.2%
	Male	Not available	90.4%	>89.0%*	90.2%	Not available
	Female	Not available	92.3%	>91.8%*	92.3%	Not available
	African American, non-Hispanic	Not available	86.8%	76.2% ▼	84.3%	74.6%
	Asian or pacific islander	Not available	91.9%	81.1% ▼	88.4%	90.2%
	American Indian or Alaskan Native	Not available	Not available	Not available	66.7% ▲	71.6%
	Hispanic	Not available	79.8%	63.7% ▼	83.0%	77.8%
	Multiracial	Not available	88.8%	87.3%	86.0%	Not available
White, non-Hispanic	Not available	92.8%	92.0%	92.0%	87.6%	

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

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

Healthy People 2020 Goal

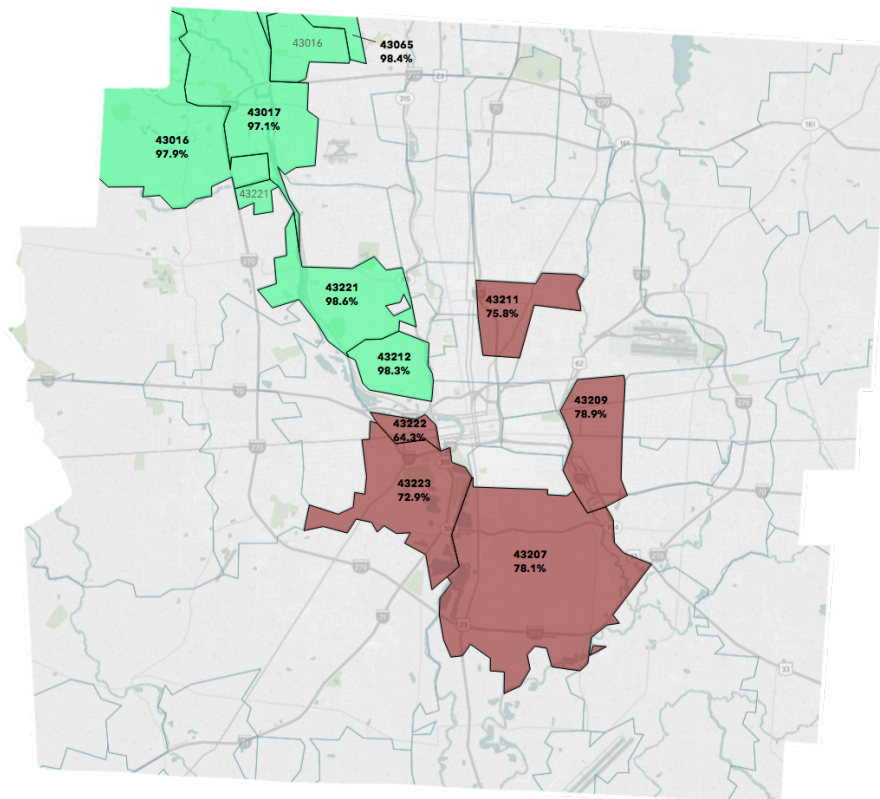
How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal that 82.4% of Americans would graduate high school four years after starting 9th grade by the year 2020. Currently, Franklin County exceeds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

Students awarded a high school diploma 4 years after starting 9th grade

HP2020 target...	82.4%
In Franklin County...	87.8%
HP2020 Status:	✓ (met)

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

The Franklin County zip codes with the lowest percentage of residents with at least a high school diploma are shaded in red in the map below. The zip codes shaded in green have the highest percentage of residents with at least a high school diploma.¹²



Social Determinants of Health, continued

The state of Ohio uses the Kindergarten Readiness Assessment-Literacy to determine if students are ready for kindergarten. Students' scores can place them into one of three bands, with Band 1 - Poor, Band 2 - Average, and Band 3 - High. Those scoring in Bands 2 and 3 are considered ready for kindergarten.

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

Educational Proficiency

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

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

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

Employment Indicators

This section describes employment indicators that are related to health.

Key Findings - Social Determinants of Health (Employment)

From *HealthMap2016* to *HealthMap2019*, Franklin County's unemployment rate has decreased. Other employment indicators (e.g., the percentage of adults employed in various occupations and industries in Franklin County) have largely remained stable over time.

As shown by the table below, the percentage of Franklin County residents in the civilian labor force who are unemployed has decreased since the last *HealthMap* (6.6% to 3.9%), following a statewide and national trend.

Employment Status

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

*Annual averages of all monthly estimates; seasonally adjusted

Social Determinants of Health, continued

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

Employment Occupations¹⁵

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

Other Indicators

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

Key Findings – Social Determinants of Health (Other)

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

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

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

Household Type²²

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

Social Determinants of Health, continued

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

Crime and Safety²³

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

Rate per 1,000 population

*US data include nonnegligent manslaughter

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

References

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

¹⁶ Ohio Department of Education (Franklin County and Ohio), 2016 (HM2019), 2012-2013 (HM2016); U.S. Department of Education (United States), 2014-2015 (HM2019), 2011-2012 (HM2016)

¹⁷ Ohio Department of Education, Class of 2016 (HM2019)

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

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

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

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

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

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

Health Resource Availability

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

Key Findings - Health Resource Availability

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

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

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

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

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

Health Resource Availability, continued

Licensed Practitioners (Ratio of total population : practitioner)

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

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

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

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

Health Resource Availability, continued

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

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

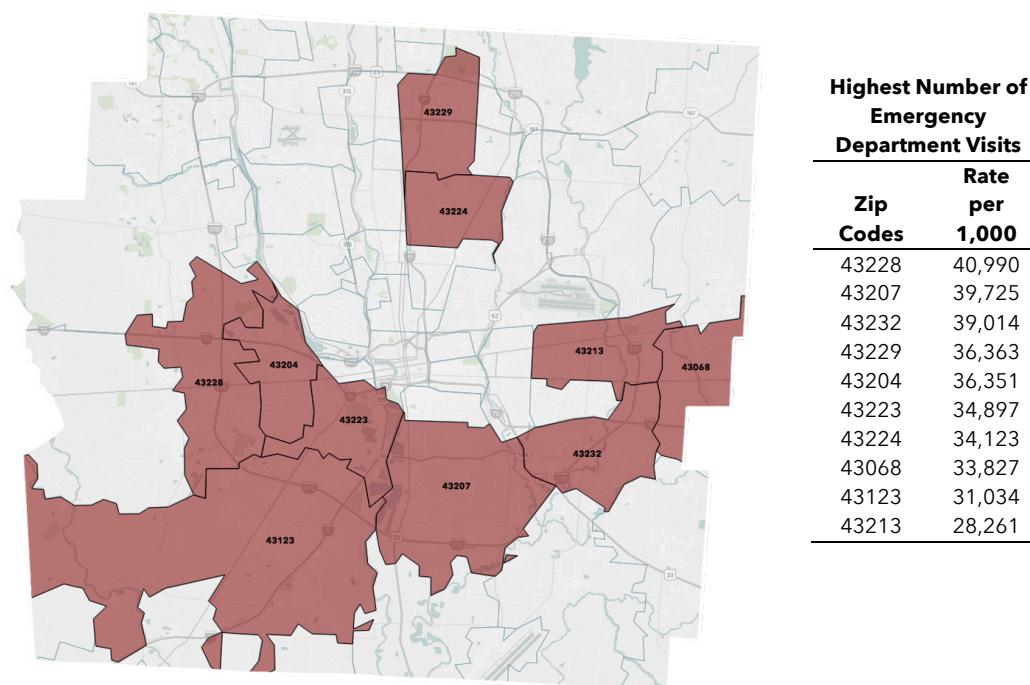
Emergency Department Visits

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

Rate per 1,000 population

Health Resource Availability, continued

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



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

Could Not Secure Dental Care¹²

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

Health Resource Availability, continued

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

Oral Health Indicators¹³

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

References

- ¹ Ohio Department of Administrative Services, 2016 (HM2019), 2014 (HM2016)
- ² Ohio Board of Nursing, 2011 (HM2013)
- ³ Ohio Department of Administrative Services, 2016 (HM2019)
- ⁴ Ohio Chemical Dependency Professionals Board, 2014 (HM2016)
- ⁵ Ohio Board of Psychology, 2014 (HM2016)
- ⁶ Ohio State Dental Board, 2016 (HM2019), 2014 (HM2016), 2011 (HM2013)
- ⁷ State Medical Board of Ohio, 2011 (HM2013)
- ⁸ Ohio State Board of Optometry, 2018 (HM2019), 2014 (HM2016), 2011 (HM2013)
- ⁹ Ohio Optical Dispenser's Board, 2014 (HM2016)
- ¹⁰ Ohio Hospital Association, 2017 (HM2019), 2013 (HM2016)
- ¹¹ Ohio Hospital Association, 2017 (HM2019)
- ¹² Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey, 2015 (HM2019), 2012 (HM2016)
- ¹³ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), 2012 (HM2016), 2010 (HM2013)

Health Behaviors

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

Key Findings - Health Behaviors

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

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

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

Turning to alcohol use, the percentage of Franklin County adults who are heavy drinkers (i.e., more than two drinks per day for men; more than one drink per day for women) decreased to 6.2%. The percentage of Franklin County adults who identify themselves as binge drinkers (i.e., five or more drinks on one occasion in the past month for men; four or more drinks on one occasion in the past month for women) remained steady and similar to the statewide percentage.

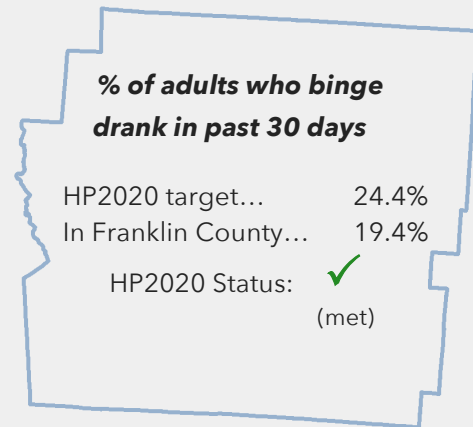
Cigarette and Alcohol Use

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

*Rate per 100,000 population

Healthy People 2020 Goal

How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal that the percent of adults who binge drink in the previous month would decrease to 24.4% by the year 2020. Currently, Franklin County achieves this target, as data suggest only 19.4% of adults binge drank in the previous month.



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

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

Other Health Behaviors

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

*Franklin County data are Columbus MSA

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

Weight Status

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

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

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

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

Drug Overdose Deaths

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

Rate per 100,000 population

*Includes other opioids, methadone, and other synthetic narcotics

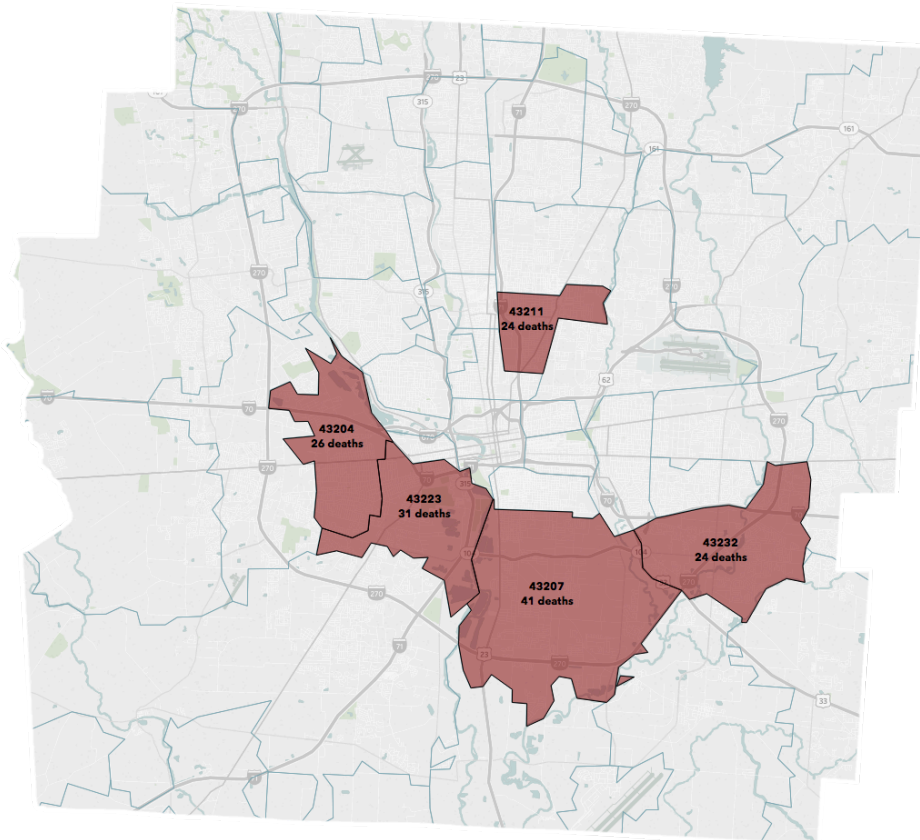
xx indicates rates not calculated due to counts less than 10

A Closer Look, Priority #1: Overdose Deaths

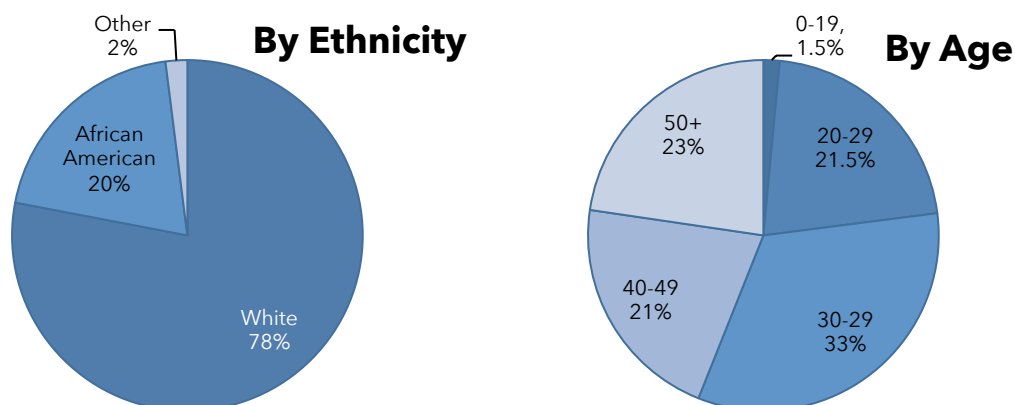
In 2017, there were 520 overdose deaths in Franklin County, a 47% increase from the previous year. Two-thirds involved fentanyl (see table below).*

Overdose Deaths, By Substance	
Fentanyl	67%
Cocaine	36%
Heroin	16%
Carfentanil	14%
Methamphetamine	5%

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



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



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

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

Rate per 100,000 population

*Rate is too small to be displayed

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

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

Rate per 100,000 population

**Rate is too small to be displayed*

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

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

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

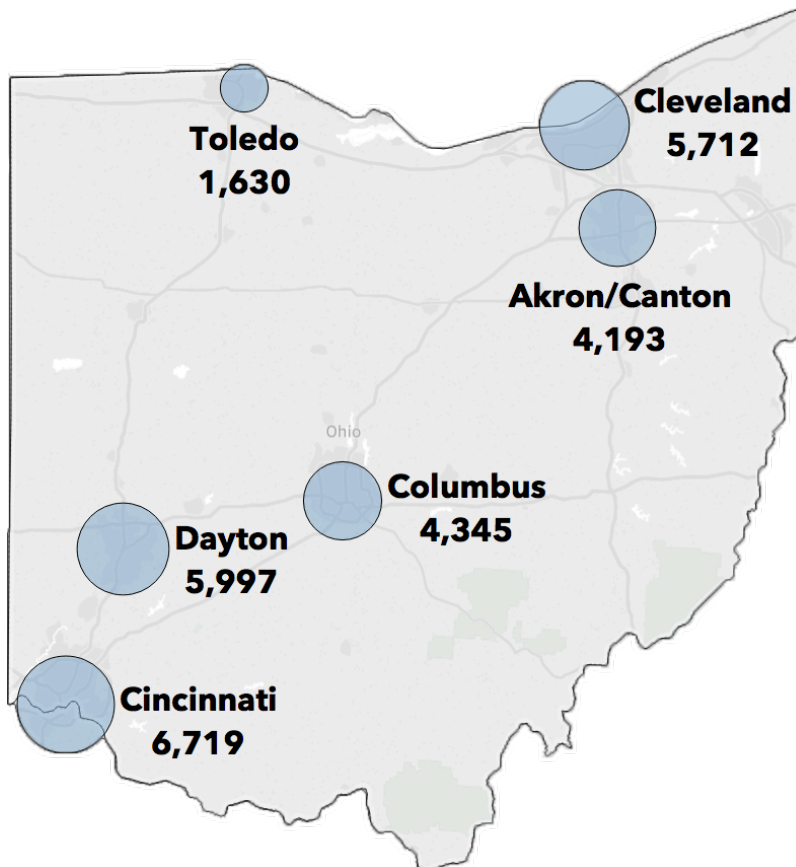
Rate per 100,000 population

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

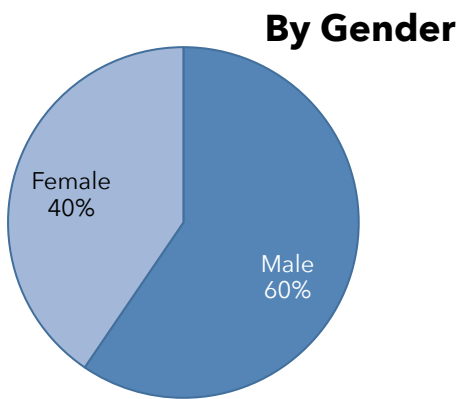
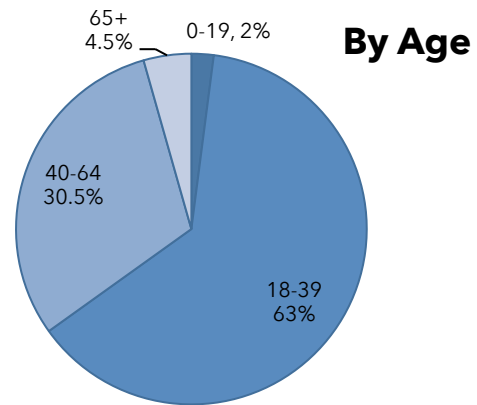
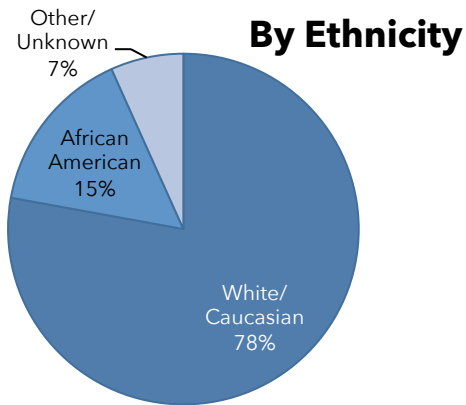
*“A Closer Look” References: *Franklin County Coroner’s Office, 2017; †Ohio Department of Health Public Health Data Warehouse, 2016*

A Closer Look, Priority #1: Opioid Overdoses

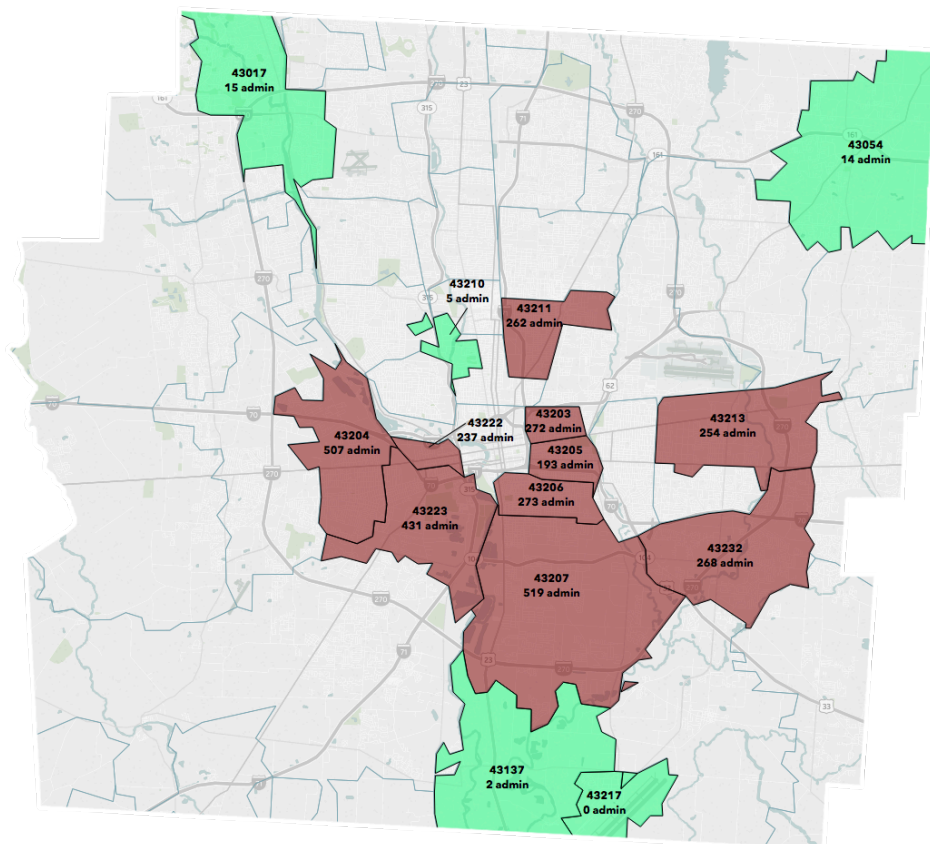
The number of opioid overdoses resulting in an inpatient or outpatient encounter at a hospital in Ohio's metropolitan areas are displayed in the map below. In Columbus, there were 4,345 opioid overdoses recorded at hospitals in 2017.*



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



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



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

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

^{*}“A Closer Look” References: ^{*}Ohio Hospital Association Statewide Database, 2017;

⁺Ohio Emergency Medical Services - Incident Reporting System, 2017

Health Behaviors, continued

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

Illicit Drug Use

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

References

¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), 2012 (HM2016), 2010 (HM2013)

² Ohio Department of Public Safety, Traffic Crash Facts Report (Franklin County and Ohio), 2016 (HM2019), 2013 (HM2016), 2010 (HM2013); National Highway Traffic Safety Administration, Traffic Safety Facts: Alcohol Impaired Driving (United States), 2016 (HM2019), Deaths: 2012, Injuries: 2010 (HM2016)

³ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2016 (HM2019), 2012, 2013 (HM2016), 2010 (HM2013)

⁴ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2015 (HM2019), 2013 (HM2016), 2010 (HM2013)

⁵ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2015 (HM2019), 2013 (HM2016), 2009 (HM2013)

⁶ Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey (Franklin County and Ohio), 2015 (HM2019), 2012 (HM2016); National Survey of Children's Health (United States), 2016 (HM2019); Centers for Disease Control and Prevention High School Youth Risk Behavior Survey (United States), 2013 (HM2016), 2009 (HM2013)

⁷ Ohio Department of Health, Vital Statistics (Franklin County and Ohio), 2016 (HM2019), 2012 (HM2016), 2008 (HM2013); Centers for Disease Control and Prevention (CDC) WISQARS Fatal Injury Data (United States), 2016 (HM2019), 2012 (HM2016), 2008 (HM2013)

⁸ Ohio Department of Health, Vital Statistics, Ohio Resident Mortality Data (Franklin County and Ohio), 2016 (HM2019), 2013 (HM2016), 2010 (HM2013); National Institute on Drug Abuse, Overdose Death Rates (United States), 2015 (HM2019), 2013 (HM2016)

⁹ Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers By County, Ohio, 2017 (HM2019), 2013 (HM2016), 2010 (HM2013)

¹⁰ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health (Franklin County), Average of 2011, 2013 & 2014 (HM2019), Average of 2010, 2011 & 2012 (HM2016)

¹¹ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health (Ohio and United States), Average of 2015 & 2016 (HM2019), Average of 2013 & 2014 (HM2016); National Survey on Drug Use and Health (United States), 2010 (HM2013)

¹² Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health Small Area Estimates (Franklin County), 2012-2014 (HM2019), 2010-2012 (HM2016)

Maternal and Infant Health

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

Key Findings - Maternal and Infant Health

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

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

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

In Franklin County, 165 infants died before their first birthday in 2016. Overall, the infant mortality rate has remained relatively constant since the last *HealthMap*. However, this rate remains higher than the statewide and national rates.

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

Infant Mortality Rates¹

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

Rates per 1,000 live births
xx = rate not reported; may be unstable due to small numbers

Healthy People 2020 Goal

How does Franklin County match up with national objectives?

As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal for the infant mortality rate to decrease to 6.0 per 1,000 live births by the year 2020. Currently, Franklin County does not achieve this target, with an infant mortality rate of 8.7 in 2016 and 8.2 in 2017 (see A Closer Look below).

Infant Deaths (per 1,000 live births)

HP2020 target...	6.0
In Franklin County...	8.7
HP2020 Status:	X (not met)

A Closer Look, Priority #3: Infant Mortality

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

Infant Mortality, 2017

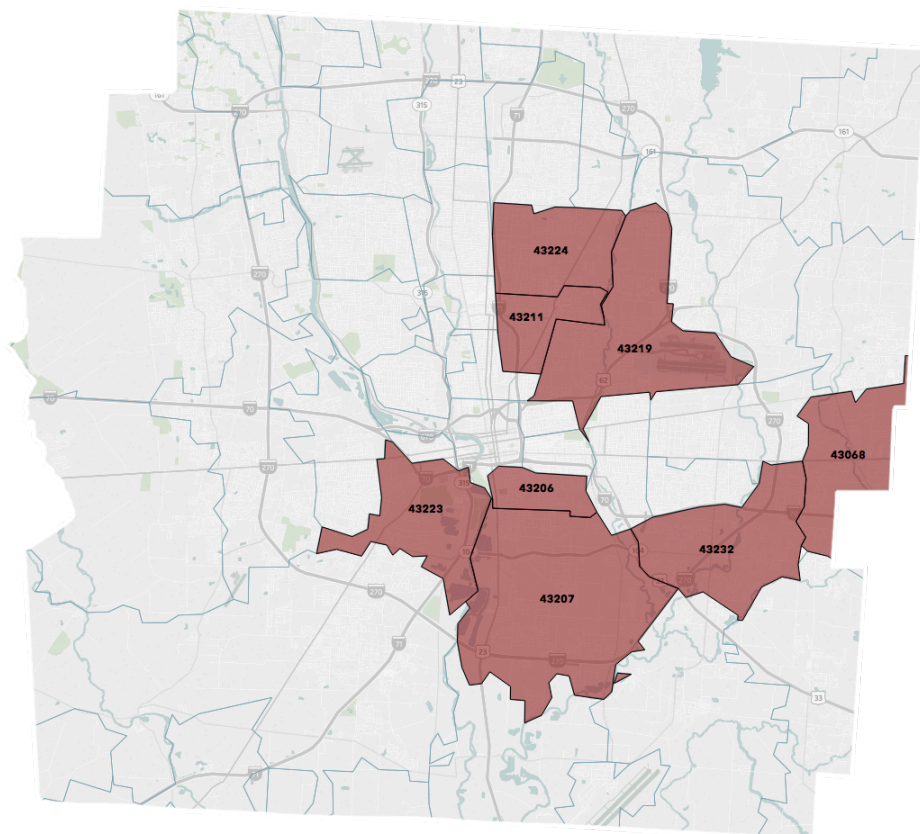
Rates per 1,000 live births

Franklin County, overall	8.2
<i>By Ethnicity</i>	
Non-Hispanic White	5.5
Non-Hispanic Black	14.6

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

Maternal and Infant Health, continued

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



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

[†]Office of Epidemiology, Columbus Public Health, 2012-2016

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

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

Maternal and Infant Health

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

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

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

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

Healthy People 2020 Goal

How does Franklin County match up with national objectives?

The *Healthy People 2020* goal is for only 9.4% of all live births to occur before 37 weeks gestation by the year 2020.

Currently, Franklin County does not achieve this target, as 10.7% of live births are considered preterm.

Total preterm live births (less than 37 weeks gestation)

HP2020 target... 9.4%
In Franklin County... 10.7%

HP2020 Status: **X**
(not met)

A Closer Look, Priority #3: Preterm Births

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

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

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

**Cell values blinded for confidentiality

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

†Ohio Department of Health Public Health Data Warehouse, 2017

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

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

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

Preconception & Pregnancy Health and Behavior Indicators

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

*Rate out of 1,000 live births

A Closer Look, Priority #3: Health Before Pregnancy

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

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

**Cell value blinded for confidentiality

Some additional data related to health before pregnancy in Franklin County in 2017 include:[†]

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

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

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

References

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

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

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

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

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

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

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

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

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

¹⁰ Ohio Hospital Association, 2017 (HM2019)

Mental and Social Health

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

Key Findings - Mental and Social Health

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

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

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

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

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

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

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

Mental and Social Health

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

*Age adjusted rate per 100,000 population

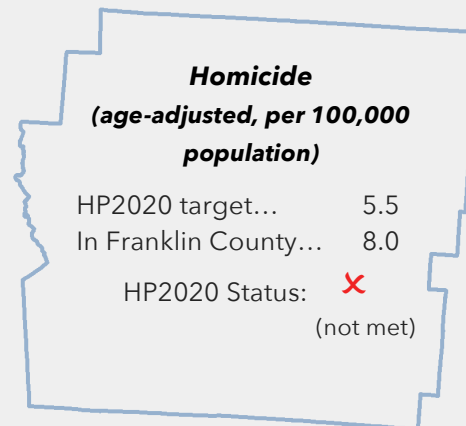
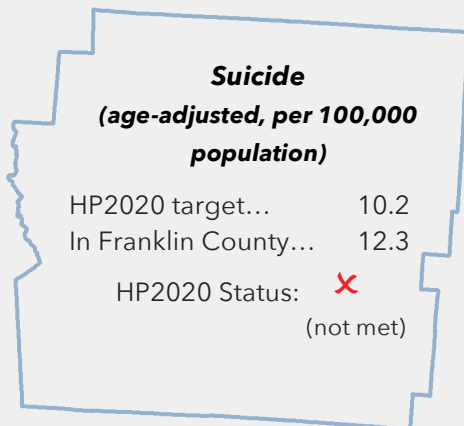
**Rate per 100,000 population

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

**** Percentage of all people involved in all incidents who were injured

Healthy People 2020 Goals

How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services aims for the suicide rate in the U.S. to decrease to 10.2 per 100,000 and the homicide rate to decrease to 5.5 by the year 2020. Currently, Franklin County does not achieve either HP2020 target.



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

Child Abuse Cases⁷

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

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

Elder Abuse⁸

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

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

Mental and Social Health, continued

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

Mental and Social Health - Youth

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

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

References

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

Death, Illness, and Injury

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

Key Findings - Death, Illness, and Injury

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

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

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

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

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

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

Perceptions on Health Status¹

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

Death, Illness, and Injury, continued

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

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

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

Age adjusted rates per 100,000

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

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

Mortality - Leading Causes by Gender³

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

Age adjusted rates per 100,000

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

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

Youth Mortality Ages 1-14⁴

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

Rate per 100,000 population

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

Cancer Mortality Rates - Top Cancers⁵

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

Age adjusted rates per 100,000

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

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

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

Cancer Mortality Rates by Gender⁵

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

Age adjusted rates per 100,000

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

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

Death, Illness, and Injury, continued

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

Cancer Incidence Rates - Top Cancers⁶

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

Age adjusted rates per 100,000

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

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

Cancer Incidence Rates by Gender⁶

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

Age adjusted rates per 100,000

Death, Illness, and Injury, continued

In an attempt to diagnose cancer in its early stages, adults often undergo routine cancer screenings. To screen for cervical cancer, 86.9% of women age 21-65 have had a pap test within the past three years, and to screen for breast cancer, 75.4% of Franklin County women have recently had a mammogram. In addition, 64.9% of adults between the ages of 50 and 75 have had a colonoscopy in the past 10 years.

Cancer Screenings⁷

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

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

Death, Illness, and Injury, continued

Diagnoses

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

Death, Illness, and Injury, continued

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

Emergency Department Visits For Selected Health Issues¹¹

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

Rate per 1,000 population

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

Death, Illness, and Injury, continued

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

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

Leading Causes of Emergency Department Admissions¹¹

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

Rate per 1,000 population

Death, Illness, and Injury, continued

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

Leading Causes of Hospital Admissions From Emergency Department¹¹

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

Rate per 1,000 population

Death, Illness, and Injury, continued

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

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

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

Rate per 1,000 population

Death, Illness, and Injury, continued

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

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

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

Rate per 1,000 population

Death, Illness, and Injury, continued

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

Trauma Patients - Mechanism of Injury¹²

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

Rate per 1,000 population

Death, Illness, and Injury, continued

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

Trauma Patients - Percent of Total Trauma Patients¹²

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

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

Motor Vehicle Traffic Injury Mortality¹³

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

Rate per 100,000 population

*Crude rate

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

Top Five Mechanisms of Injury by Age¹²

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

Rate per 100,000 population

Top Five Mechanisms of Injury by Age, Continued¹²

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

Rate per 100,000 population

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

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

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

Rate per 1,000 population

Death, Illness, and Injury, continued

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

Top Five Mechanisms of Injury by Gender¹²

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

Rate per 100,000 population

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

Top Five Mechanisms of Injury by Race¹²

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

Rate per 100,000 population

Death, Illness, and Injury, continued

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

Hospitalization From Work-Related Injuries¹²

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

Rate per 100,000 population

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

Franklin County Injury Hospitalizations - By Age¹²

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

Rate per 100,000 population

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

Franklin County Injury Hospitalizations - By Gender¹²

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

Rate per 100,000 population

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

Franklin County Injury Hospitalizations - By Race¹²

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

Rate per 100,000 population

References

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

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

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

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

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

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

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

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

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

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

Death, Illness, and Injury, continued

¹¹ Ohio Hospital Association, 2017 (HM2019)

¹² Central Ohio Trauma System, 2016 (HM2019)

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

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

Infectious Diseases

This section describes diseases caused by organisms, such as viruses and bacteria that enter and multiply in the body.

Key Findings - Infectious Diseases

In Franklin County, progress has been made as the rate of people suffering from some infectious diseases, such as pertussis, has decreased since the last *HealthMap*.

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

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

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

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

Vaccines (65 years and Older)¹

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

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

Influenza Cases²

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

Rate per 100,000

Infectious Diseases, continued

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

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

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

Infectious Diseases, continued

Incidence of Infectious Disease

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

Rate per 100,000 population

N/A=no cases reported

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

Infectious Diseases, continued

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

Tuberculosis¹⁴

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

Rate per 100,000 population

N/A=no cases reported

Infectious Diseases, continued

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

Prevalence of HIV / AIDS¹⁵

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

Rate per 100,000 population

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

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

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

Rate per 10,000 population

References

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

² 2017-2018 Columbus and Franklin County Seasonal Influenza Activity Weekly Summary (Franklin County), 2017-2018 Influenza Season (HM2019); Centers for Disease Control and Prevention, 2017-2018 Influenza Season Week 18 Ending May 5, 2018 (United States), 2017-2018 Influenza Season (HM2019)

³ 2013-2017 Ohio Infectious Disease Status Report: Total Syphilis (Franklin County and Ohio), 2016 (HM2019)

⁴ Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019); Annual Summary of Reportable Diseases 2012-2013, Ohio Reportable Disease Data (non-TB, preliminary) - Quarterly Summary of Selected Reportable Infectious Diseases (Franklin County and Ohio), 2013 (HM2016); Ohio Department of Health, STD Surveillance Report (Franklin County and Ohio), 2010 (HM2013); Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance (United States), 2009 (HM2013)

⁵ 2013-2017 Ohio Infectious Disease Status Report: Gonorrhea (Franklin County and Ohio), 2016 (HM2019)

⁶ 2013-2017 Ohio Infectious Disease Status Report: Chlamydia (Franklin County and Ohio), 2016 (HM2019)

⁷ Ohio Department of Health TB Demographic Breakdown for Ohio and Four Selected Counties (Franklin County and Ohio), 2016 (HM2019), 2013 (HM2016); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019); Ohio Department of Health, 2010 TB Cases (Franklin County and Ohio), 2010 (HM2013); Centers for Disease Control and Prevention, Reported Tuberculosis in the United States (United States), 2010 (HM2013)

⁸ Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Diseases, Ohio (Franklin County and Ohio), 2017 (HM2019), 2013 (HM2016), 2010 (HM2013); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019), 2012 (HM2016), 2010 (HM2013)

⁹ Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio (Franklin County and Ohio), 2017 (HM2019), 2010 (HM2013); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019), 2012 (HM2016), 2010 (HM2013); Annual Summary of Reportable Diseases 2012-2013, Ohio Reportable Disease Data (non-TB, preliminary) - Quarterly Summary of Selected Reportable Infectious Diseases (Franklin County and Ohio), 2013 (HM2016)

¹⁰ Ohio Department of Health Reported Cases of Notifiable Diseases by County of Residence, Ohio (Franklin County and Ohio), 2016 (HM2019), 2010 (HM2013); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019), 2012 (HM2016),

2010 (HM2013); Annual Summary of Reportable Diseases 2012-2013, Ohio Reportable Disease Data (non-TB, preliminary) - Quarterly Summary of Selected Reportable Infectious Diseases (Franklin County and Ohio), 2013 (HM2016)

¹¹ Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio (Franklin County and Ohio), 2017 (HM2019); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019), 2012 (HM2016); Annual Summary of Reportable Diseases 2012-2013, Ohio Reportable Disease Data (non-TB, preliminary) - Quarterly Summary of Selected Reportable Infectious Diseases (Franklin County and Ohio), 2013 (HM2016); Ohio Department of Health (Franklin County and Ohio), 2010 (HM2013)

¹² Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio Fourth Quarter, 2017 (HM2019)

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

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

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

¹⁶ Ohio Hospital Association, 2017 (HM2019)

Potential Partners / Resources

Priority #1: Mental Health and Addiction

Potential Partners/Other Resources

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

Franklin County Bedboard Providers

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

Priority #2: Income/Poverty

Potential Partners/Other Resources

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

United Way of Central Ohio
YMCA and YWCA of Central Ohio

Priority #3: Maternal and Infant Health

Potential Partners/Other Resources

Amtheyst/Alvis Women's Treatment programs
Boys and Girls Clubs of Columbus
CelebrateOne
Center for Healthy Families
Central Ohio Hospital Council
City of Columbus/Department of Development
Columbus City Schools
Columbus Diaper Bank and Diaper Coalition
Columbus Public Health
Community Development for All People
Federally Qualified Health Centers
Franklin County Department of Job and Family Services
Franklin County Family and Children First Council
MaryHaven Women's Program
Maternity Resource Center
Moms2B
Ohio Better Birth Outcomes
Physicians CareConnection
Planned Parenthood
Total Health and Wellness
St. Stephen's Community House
Stable Cradle
Women, Infants and Children (WIC)

Summary

Franklin County HealthMap2019 provides a comprehensive overview of our community's health status and needs. There are numerous indicators that suggest the health of Franklin County, Ohio's residents compares favorably with the state and country.

Franklin County HealthMap2019 also uncovered a number of indicators that suggest areas in which the health of Franklin County's residents either has diminished over time or compares unfavorably to Ohio or the nation.

Consistent with federal requirements, the contributing hospitals will use this report to inform development and implementation of strategies to address its findings. It is intended that a wide range of stakeholders - many more than represented on the *Franklin County HealthMap2019* Community Health Needs Assessment Steering Committee - will also use this report for their own planning efforts. Subsequent planning documents and reports will be shared with stakeholders and with the public.

Users of *Franklin County HealthMap2019* are encouraged to send feedback and comments that can help to improve the usefulness of this information when future editions are developed. Questions and comments about *Franklin County HealthMap2019* may be shared with:

Jeff Klingler, Central Ohio Hospital Council

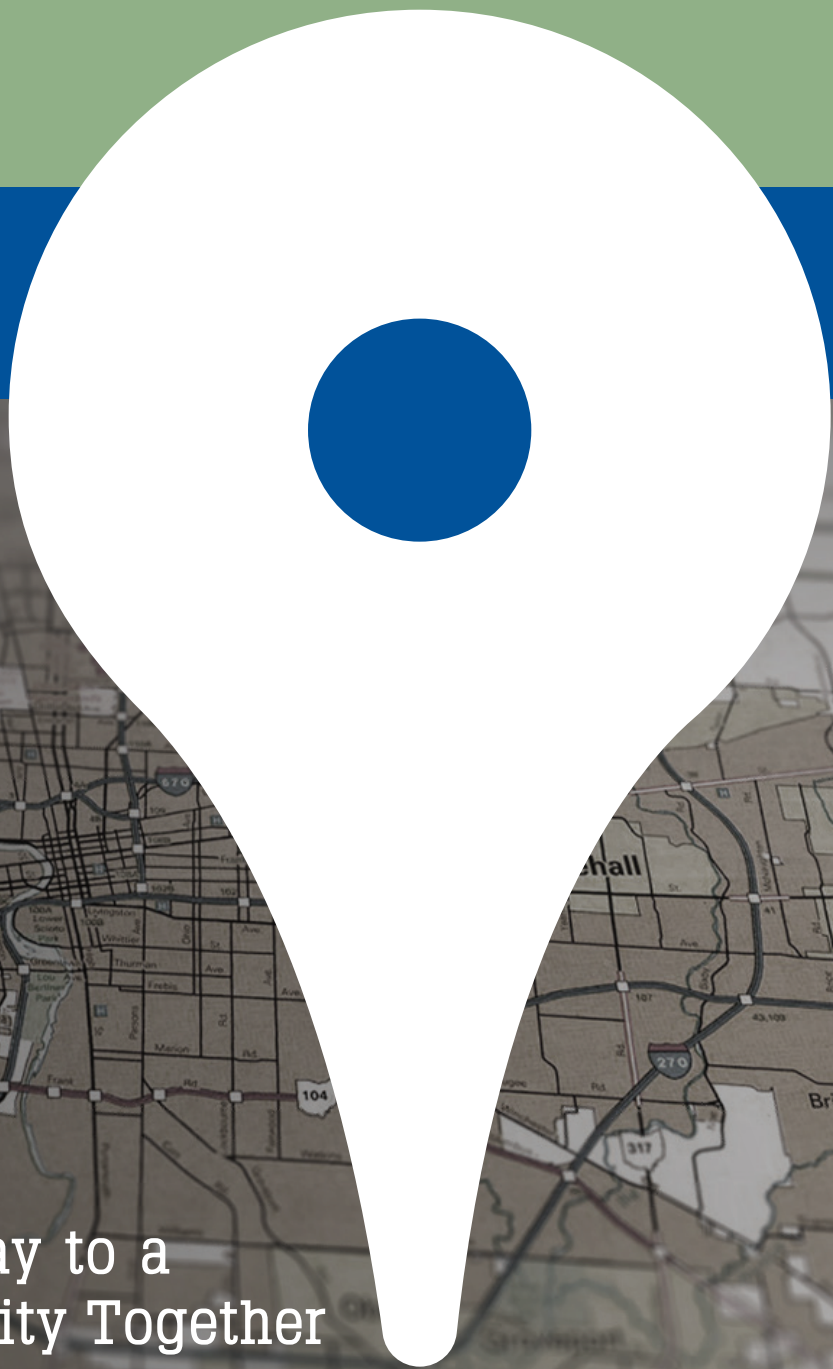
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Navigating Our Way to a
Healthier Community Together