2022 Community Health Needs Assessment

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Mount Carmel St. Ann's has always been the sole, full-service inpatient hospital in northeast central Ohio. But thanks to a recent expansion, it's transformed into a regional medical center with a long list of patient-centered facilities and services.

Today, St. Ann's is home to a fully integrated cardiovascular center of excellence with open-heart capabilities, a Primary Stroke Center, a dedicated Women's Health Center, a Maternity Pavilion that welcomes more than 4,500 new babies every year, an award-winning Network Cancer Program, the first Cyberknife robotic radiosurgery center in central Ohio and a dedicated orthopedics and spine unit.

Mount Carmel St. Ann's was recognized with a 2018 U.S. News & World Report high performing rating in Chronic Obstructive Pulmonary Disease (COPD). Only 10-20% of hospitals evaluated for each condition or procedure earn "high performing" ratings.

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 six 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.

Safety
We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

As one of the integrated health systems in the community, Mount Carmel Health System provides people-centered care at four hospitals located in Franklin County – Mount Carmel East, Mount Carmel Grove City, Mount Carmel St. Ann's, and Mount Carmel New Albany.

Franklin County, Ohio, where Mount Carmel Health System is based, is the community health needs assessment (CHNA) service area because that is where 70% of our patients reside. To understand the health needs facing many of our patients in Franklin County, Mount Carmel Health System had representation as a steering committee member conducting the Franklin County Community Health Needs Assessment, *Franklin County HealthMap2022: Navigating Our Way to a Healthier Community Together*.

The most recent priority health needs and their associated specific indicators for Franklin County can be found on page 19 of *Franklin County HealthMap2022: Navigating Our Way to a Healthier Community Together* section. Those priority health needs are:

1. Basic Needs
2a. Racial Equity
2b. Behavioral Health
3. Maternal-Infant Health

This Community Health Needs Assessment was adopted in tax year 2021. The 2022 Mount Carmel East Community Health Needs Assessment was accepted and approved by the Mount Carmel Health System Board of Trustees on April 20, 2022.

This report was made available online at mountcarmelhealth.com on June 15, 2022. To request free printed copies or to have questions/comments addressed, please email communitybenefit@mchs.com.

COVID-19, A Global Pandemic

On March 11, 2020, the World Health Organization declared Coronavirus (COVID-19) a global pandemic. Two days later, a nationwide emergency was declared, and Mount Carmel Health System had its first COVID-19 patient. The United States began to shut down to prevent the spread of COVID-19. In Ohio, this meant schools, restaurants, and non-essential services were to halt operations. Mask mandates and social distancing of at least six feet were placed to decrease the spread of COVID-19.

Mount Carmel Health System partnered with other health systems in central Ohio to develop a plan for COVID-19 patient overflow. To decrease the spread of COVID-19, Mount Carmel Health System paused all face-to-face meetings and programs.

Programs that would have addressed priority health needs from the 2019 CHNA redeployed colleagues to patient care departments and supported COVID-19 swab stations and vaccine clinics. Understanding some priority health needs from the CHNA were exacerbated by COVID-19, some programs were able to provide virtual programming with colleagues that were not redeployed to COVID-19 service areas.

COVID – 19 testing stations were set up at Diley Ridge Medical Center, Mount Carmel's Corporate Services Center, Mount Carmel East, and Mount Carmel St. Ann's. The health system would go on to manage a COVID-19 testing lane at the Celeste Center located on the Ohio State Fairgrounds to support Columbus Public Health and the community.

2020 – 2022 Mount Carmel St. Ann's Community Health Needs Impact Report

The 2019 Mount Carmel St. Ann's Community Health Needs Assessment and the 2020—2022 Implementation Plan for Mount Carmel St. Ann's are available at www.mountcarmelhealth.com. Mount Carmel St. Ann's did not receive written comments or questions regarding these reports.

Mount Carmel Health System, as part of the steering committee for *Franklin County HealthMap2019: Navigating Our Way to a Healthier Community Together*, worked collaboratively with community partners to develop and prioritize health needs as listed below:

1. Mental Health and Addiction
2. Income/Poverty
3. Maternal and Infant Health

As outlined in the 2020—2022 Mount Carmel St. Ann's Implementation Plan, all three prioritized health needs were addressed by Mount Carmel St. Ann's. Below are the descriptions, impact measures, and impact achieved by Mount Carmel St. Ann's to address these particular needs in our community during the fiscal years (July—June) of 2020, 2021, and 2022 as of the week of March 14, 2022.

MENTAL HEALTH and ADDICTION

DESCRIPTION OF NEED: 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 (HealthMap2019, pg. 9).

GOALS: Improve mental health by ensuring access to appropriate, quality mental health services (Healthy People 2020, Mental Health and Mental Disorders). Reduce substance abuse and provide intervention for a safe, quality life for all, especially children (HP 2020, Substance Abuse).

	CHNA Impact Measures	Baseline	Target	Achieved
1	Increased number of individuals linked to addiction inpatient or outpatient care resources via RREACT	218	225/year	FY20: 218 FY21: 158 FY22YTD: 105
2	Increased awareness, education, and access to naloxone for community members via Project DAWN**	281/year	350/year	FY20: 537 FY21: 284 FY22YTD: -
3	New mental health facility for adult consumers by 2021	0	1	Planned to open in 2024
4	Increased number of individuals obtaining treatment for substance misuse and mental health services per year	50	55	FY20: 239 FY21: 200 FY22YTD: -
5	Decreased number of overdose deaths in Franklin County[2]	520/year	10% decrease/year	2020: 980
6	Increased number of individuals obtaining and completing detox with assistance of a peer supporter	14/year	19/year	FY20: 157 FY21: 129 FY22YTD: 68

*Program affected by COVID-19. In some cases, colleagues were redeployed to assist health system COVID-19 efforts.
**Community educational events ceased for Project Dawn due to COVID-19, which made Narcan less accessible to the community. Narcotic use increased.
Programs reporting FY22YTD data is July 1, 2021 – the week of March 14, 2022.
- Data not available.

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, Mount Carmel East, Mount Carmel Grove City, and Mount Carmel New Albany.

INCOME/POVERTY

DESCRIPTION OF NEED: From HealthMap 2016 to HealthMap 2019, 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 (over 12%) and the reliance on food stamps.

The inability to access healthy, fresh food can also affect health. The United States Department of Agriculture defines food insecurity 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 (HealthMap2019, pg. 24). 22% of households in Franklin County with children under 18 years old receive food stamp assistance (HealthMap2019, pg. 26).

Homelessness, and/or the struggle to maintain housing, can also affect health. The percentage of households who spend at least 50% of their income on housing costs has increased since HealthMap 2016 (14.6% to 17.2%) (HealthMap2019, pg. 17). In Columbus, the eviction rate is 4.6 per 100 renter homes, similar to the eviction rates in Cleveland (4.6), Cincinnati (4.7) (HealthMap2019, pg. 21-22).

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 years have medical insurance (HealthMap2019, pg. 15). This means there are 11.3% of Franklin County residents who require assistance in obtaining quality, affordable medical care.

GOALS: Reduce the financial burden associated with housing, medication, and transportation costs in obtaining care for Franklin County residents.
Educate low-income individuals how to cook healthy meals on a budget.
Be a safety net in providing healthcare services to uninsured/under-insured persons having trouble accessing healthcare and other supportive services due to costs.

	Impact Measures	Baseline	Target	Achieved
1	Increased number of Mount Carmel hospital emergency departments with access to the SIOH (formerly SDOH) tool in Epic	1	4 by year 3	4
2	Increased number of Individuals successfully obtaining quality, affordable housing with help of peer supporter	31/year	50/year	FY20: 88 FY21: 122 FY22YTD: 49
3	Increased number of individuals placed into quality, affordable housing units	-	14 by year 3	12 (year 3)
4	Increased number of individuals assisted who avoided eviction with the assistance of a Community Health Worker	-	11 by year 3	FY20: 11 FY21: 9 FY22YTD: 2
5	Increased number of individuals attending healthy cooking demonstrations for low-income individuals who feel confident cooking healthy meals on a budget*	-	3% increase/year	FY20: 399 FY21: - FY22YTD: 137
6	Increased number of individuals able to obtain healthcare services by removing financial barriers associated transportation*	3,300/year	3,600/year	FY20: 5,280 FY21: 2,205 FY22YTD: 1,336

7	Increased number of unique individuals able to obtain medications through Dispensary of Hope**	100/year	381/year by year 3	FY20: 916
8	Increased number of secured medication applications through PrescriptionEase	828/year	2,636/year by year 3	FY20: 8,751 FY21: 277 FY22YTD: 105
9	Increased percentage of individuals referred to a primary care physician via Street Medicine*	7.3%	5% increase/year	FY20: ↓72% FY21: ↓58.2% FY22YTD: ↓39.4%

*Program affected by COVID-19. In some cases, colleagues were redeployed to assist health system COVID-19 efforts.
**Program active December 2018 – July 2020.
Programs reporting FY22YTD data is July 1, 2021 – the week of March 14, 2022.
- Data not available.

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, Mount Carmel East, Mount Carmel Grove City, and Mount Carmel New Albany.

MATERNAL and INFANT HEALTH

DESCRIPTION OF NEED: 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. Before becoming pregnant, 4.7% of women in Franklin County had been diagnosed with diabetes and 48.5% were overweight or obese (HealthMap2019, pg. 62).

While infant mortality was not selected here as a priority health need, it is closely related to pre-pregnancy health and preterm births (HealthMap 2019, pg. 9). In Franklin County, the infant mortality rate is 8.7 per 1,000 live births, with three-quarters of infant deaths occurring before babies are 28 days old. The remaining 25% of infant deaths occurred between 28 days and 1-year-old (HealthMap2019, pg. 59).

Since September 2016, all Franklin County birthing hospitals are showing a video to women and families before discharge highlighting the importance of safe sleep practices (alone, on the back, in a crib). The video also educates parents on the importance of breastfeeding, the risks associated with breastfeeding supplementation, and how to stay calm when babies cry (to reduce shaken baby syndrome). In addition, all Franklin County hospitals conduct quarterly internal audits to ensure infants are in safe sleep environments (Central Ohio Hospital Council, 2019).

GOAL: Improve infant health by educating parent(s) on health benefits of breastfeeding and safe sleep practices prior to discharge.
Improve maternal health by providing health and social services.
Provide additional supportive services to mom and baby after discharge via home visiting or supportive discharge calls.

	Impact Measures	Baseline	Target	Achieved
1	Percentage of mothers referred to Welcome Home are provided with in-home visit or supportive calls within 30 days of discharge*	0	51%	FY20: 47% FY21: 54% FY22YTD: 42%
2	Percentage of expecting mothers accepting multiple home visits through the Healthy Families America program are low-income mothers residing in a Columbus, Ohio zip code or are African American**	0	51%	FY20: 50% FY21: 85% FY22YTD: 95%
3	Provide glucometers, Pack n Plays, and car seats to families meeting certain criteria	150	167/year	FY20: 147 FY21: 18 FY22YTD: 21
4	Improve the health of pregnant women by making referrals to legal resources to address social conditions (housing, benefits, and job-related issues, etc.)***	-	TBD	FY20: - FY21: 18.8% FY22YTD: 21.3%

*Program affected by COVID-19. In some cases, colleagues were redeployed to assist health system COVID-19 efforts.
**Program grant changed to serve between 30-40 moms. Moms receive more home visits to make a greater impact.
***100% of pregnant women receiving services at Mount Carmel OB Clinics are screened. The percentage is of those needing services are referred.
Programs reporting FY22YTD data is July 1, 2021 – the week of March 14, 2022.
- Data not available.

To increase the impact in addressing maternal and infant health, the following Mount Carmel Health System hospitals also addressed maternal and infant health: Mount Carmel East, Mount Carmel Grove City, and Mount Carmel New Albany.

REFERENCES

1. David J. Sencer CDC Museum: in Association with the Smithsonian Institution, COVID-19 Timeline. https://www.cdc.gov/museum/timeline/covid19.html

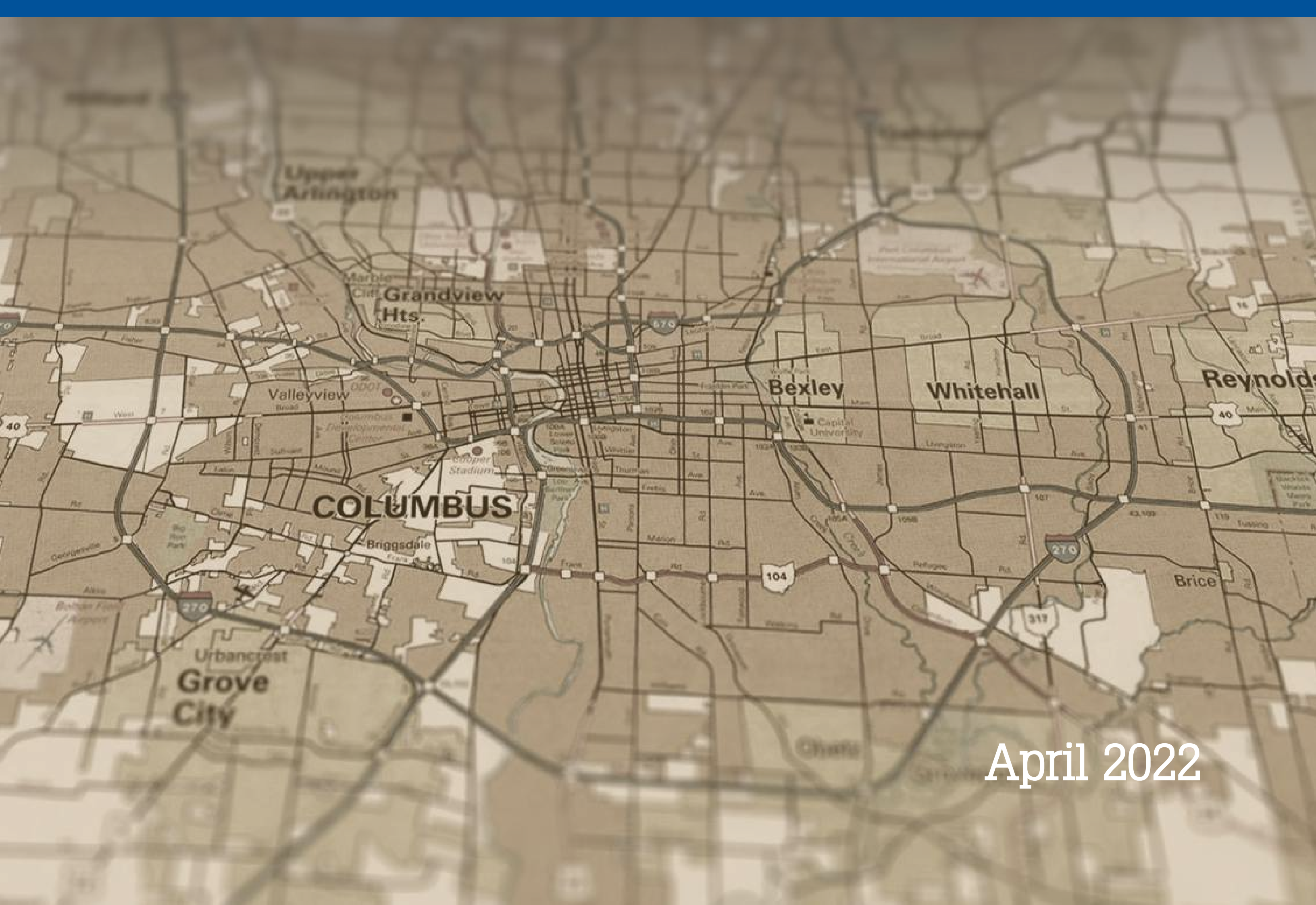
2. The Franklin County Forensic Science Center – Office of the Coroner. Annual Reports. https://coroner.franklincountyohio.gov/resources/get-annual-reports

3. 2019 Mount Carmel St. Ann's Community Health Needs Assessment (HealthMap 2019) https://www.mountcarmelhealth.com/assets/documents/mcsa-chna-2019.pdf

To understand the health needs facing many of our patients in the CHNA service area of Franklin County, Mount Carmel Health System had representation as a steering committee member conducting the following *Franklin County Community Health Needs Assessment, Franklin County HealthMap2022: Navigating Our Way to a Healthier Community Together.*

Franklin County HealthMap2022

Navigating Our Way to a Healthier Community Together



April 2022

About *Franklin County HealthMap2022*

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 *Franklin County HealthMap2022*.

Franklin County HealthMap2022 is the result of a broad collaborative effort coordinated by the Central Ohio Hospital Council (COHC), Columbus Public Health (CPH), and Franklin County Public Health (FCPH). The intent of this effort is to help health departments, hospitals, social service agencies, other organizations, and community stakeholders 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. Although COHC's member hospitals have service areas that extend across central Ohio, for the purposes of this report, the local geographic focus area is Franklin County. CPH serves the residents of the City of Columbus and the City of Worthington, and FCPH serves the residents of all other cities, towns, and villages in Franklin County.

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 and health departments will begin using the data reported in *Franklin County HealthMap2022*, 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 HealthMap2022* will be updated in three years.

The Franklin County Community Health Needs Assessment Steering Committee hopes *Franklin County HealthMap2022* 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.

Franklin County HealthMap2022's Process

The process for *Franklin County HealthMap2022* reflected an adapted version of Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process.[1] This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so they can better focus their efforts and collaboration.

[1] See https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources

The primary phases of the Assess Needs and Resources process, as adapted for use in *Franklin County HealthMap2022*, included the following steps.

(1) Prepare to Assess. Members of the community were closely involved throughout with the design and implementation of *Franklin County HealthMap2022*. On October 29, 2020, members of the *Franklin County HealthMap2022* Community Health Needs Assessment Steering Committee[1] gathered via Zoom to learn about the upcoming community health needs assessment process and how their experience and involvement would be critical for the success of the effort.

On November 20, 2020, the Steering Committee members received an email inviting them to participate in a brief community visioning survey. The purpose of this survey was to gather input on what a healthier Franklin County looks like as well as to help identify potential health indicators for inclusion in *Franklin County HealthMap2022*. The 26 Steering Committee members who responded to the survey provided their feedback regarding:

- What would a healthy Franklin County look like to you?
- Given your vision for a healthy Franklin County, what do you think are the biggest barriers or issues that are keeping the County from getting there?
- Overall, what are the five most important issues or topics that should be considered in our upcoming community health assessment work?

On January 25, 2021, the Steering Committee gathered again via Zoom to discuss their perspectives on emerging health issues in Franklin County, to participate in conversation with one another about the current state of health in the county and the results of the community visioning survey, and to identify potential health indicators for inclusion in *Franklin County HealthMap2022*. Both small group discussions and large group “report-outs” occurred during this session.

The *Franklin County HealthMap2022* Community Health Needs Assessment Executive Committee then used the information from these preceding working meetings and community visioning survey to identify which indicators could be assessed via secondary sources and which indicators could be gathered via primary data collection efforts.

(2) Collect and Analyze Secondary Data. Quantitative secondary data for 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). Rates and/or percentages were calculated when necessary. In some instances, comparable state and/or national data were unavailable at the

[1] These individuals are listed on page 6 of this report.

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 secondary data indicators were identified that were not included in the previous report (*HealthMap2019*). For example, new indicators include days of pollution or excessive heat, Opportunity Index scores, and the ratio of residents to psychiatrists. In these instances, the most recent secondary data available are listed under the *HealthMap2022* heading, and previous data are listed under the *HealthMap2019* heading, even though these new data will not be found in the *HealthMap2019* report. This was done for ease of reading.

Indicators identified by the Steering Committee for inclusion in the *Franklin County HealthMap2022* were then collected and entered into a database for review and analysis.

To ensure community stakeholders can 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 HealthMap2022*, quantitative secondary data must have been collected or published in 2016 or later.

(3) Collect and Analyze Primary Data. Qualitative primary data for health indicators were obtained from a series of nine 90-minute focus groups held from July 28, 2021 through August 19, 2021. These discussion sessions were held in convenient, trusted locations in the community (e.g., Columbus Metropolitan Library branches; township buildings; Columbus Public Health's administrative headquarters) and were facilitated by professional researchers.

A combination of grassroots/volunteer and professional/paid recruiting efforts were used to identify a diverse mix of Franklin County residents to participate in these sessions. Focus group participants received a financial incentive to attend these sessions and to share their opinions and experiences with the research team.

Overall, 76 Franklin County adults who reside within the primary jurisdictions of the COHC-member hospitals (as defined for this process), CPH, and FCPH participated in these focus groups, sharing their thoughts and observations about a wide range of health topics. These discussions included a focus on underlying factors that contribute to health issues, such as poverty and racism. Transcripts from these discussions can be found in the appendix.

(4) Identify Priority Heath Needs. On October 13, 2021, the Steering Committee received a draft copy of *Franklin County HealthMap2022*, along with a request to suggest comments on and edits to the report.

On October 20, 2021, the Steering Committee met via Zoom to review *Franklin County HealthMap2022* and to identify potential priority health issues. The meeting participants were divided into small groups, with each group asked to review a specific section of *Franklin*

County HealthMap2022 and, within that section, to identify potential priority health issues for consideration by the larger group. In addition to sharing their personal experience and history during these small-group conversations, meeting participants were asked to consider the following criteria when prioritizing these health issues:

- **Equity:** Degree to which specific groups are disproportionally affected by an issue.
- **Size:** Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness:** Degree to which the health issue leads to death, disability, and impairs one's quality of life.
- **Feasibility:** Ability of organization or individuals to reasonably combat the health issue given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.
- **Severity of the Consequences of Inaction:** Risks associated with exacerbation of the health issue if not addressed at the earliest opportunity.
- **Trends:** Whether or not the health issue is getting better or worse in the community over time.
- **Intervention:** Any existing multi-level public health strategies proven to be effective in addressing the health issue.
- **Value:** The importance of the health issue to the community.
- **Social Determinant / Root Cause:** Whether or not the health issue is a root cause or social determinant of health that impacts one or more health issues.

The meeting on October 20, 2021 led to the identification of 28 potential priority health issues that affect Franklin County residents.

On November 8, 2021, the Steering Committee members received an invitation to participate in an online survey that would lead to the identification of the final set of priority health needs for the community. This prioritization survey was structured as follows. First, it provided an orientation to the purpose and intent of the effort. It presented an array of criteria that respondents should use when identifying priority health needs (e.g., the list of nine factors presented above). Each participant in this prioritization process was asked to consider the role played by social determinants of health and health inequities.

The survey questionnaire then instructed respondents to review the list of 28 potential priority health issues and select a maximum of five (5) most important health issues affecting Franklin County residents. Overall, 29 Steering Committee members completed this survey. After tabulating the responses, there was clear consensus about the community's priority health needs: these are displayed on page 19.

From these exercises, the Steering Committee was able to complete its charge to identify the prioritized health needs of Franklin County.

(5) Identify Community Assets and Resources. In December 2021, the Executive Committee identified community assets and resources that could potentially address the prioritized health needs, including existing healthcare facilities, community organizations, and programs or other resources. Inclusion of these potential partners and resources in the *Franklin County HealthMap2022* is consistent with hospital requirements for conducting a needs assessment.

(6) Share Results with the Community. In December 2021, COHC conducted a review of *Franklin County HealthMap2022* to ensure that it was compliant with Internal Revenue Service regulations for conducting community health needs assessments. CPH and FCPH also conducted internal reviews to ensure the report satisfied the requirements set forth by the Public Health Accreditation Board (PHAB). No information gaps that may impact the ability to assess the health needs of the community were identified while conducting the 2022 health needs assessment for Franklin County.

This report will be posted on COHC's, CPH's, and FCPH's websites, will be used in subsequent community prioritization and planning efforts, and will be widely distributed to organizations that serve and represent residents in the county.

How To Read This Report

Franklin County HealthMap2022 is organized into multiple, distinct sections. Each section begins with a sentence that briefly describes the section and is then followed by "call-out boxes" that highlight and summarize 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 2030* goals are included with Franklin County's status indicated by a ✓ icon if the goal is met and an ✕ icon if the goal hasn't been 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 HM2016, HM2019, and HM2022. HM2022 references the most recent data presented in *HealthMap2022*. HM2019 references *HealthMap2019* or relevant historical data, and HM2016 references *HealthMap2016* or relevant historical data. Throughout this report, a hyphen (-) is used within tables when data were not presented previously or are not accessible.

As noted above, there is a three-year interval between each version of *Franklin County HealthMap*. Whenever possible, 1-year or 3-year data estimates are reported in this

document; however, sometimes only 5-year data estimates were available. Comparisons of 5-year data estimates among different *HealthMap* versions should be done with caution.

In each table, the HM2022 column also includes an upward-facing triangle (▲) if the HM2022 statistic is greater than the one reported in HM2019 by 10% or more. A downward-facing triangle (▼) indicates the HM2022 statistic is less than the one reported in HM2019 by 10% or more. Use caution when interpreting indicators with small values, which only need relatively small changes to produce a 10% difference.

The Community Health Needs Assessment Steering Committee

Work on *Franklin County HealthMap2022* was overseen by a Steering Committee consisting of the following community members. Consistent with federal requirements for conducting health needs assessments, entities which represent specific populations within the community are identified. Executive Committee members are indicated with a * symbol.

ADAMH Board (Mental Health)
Jonathan Thomas

Central Ohio Area Agency on Aging (Senior Community)
Lynn Dobb

Central Ohio Hospital Council (Hospital/Medical)
*Jeff Klingler**

Central Ohio Trauma System (Hospital/Medical)
Sherri Kovach

Center for Public Health Practice at The Ohio State University (University System)
Andy Wapner

Columbus Public Health (Public Health)
Kathy Cowen, Jennifer Morel*

Educational Service Center (Education)
Dan Good

Equitas Health (LGBTQ+)
De' Juan L. Stevens

Ethiopian Tewahedo Social Services (Social Services; New American Populations)
Seleshi Ayalew Asfaw

Franklin County Department of Job and Family Services (Financial and Social Services)
Robin Harris

Franklin County Public Health (Public Health)
Theresa Seagraves, Sierra MacEachron*

Human Services Chamber (Social Services)
Michael Corey

Life Expectancy Taskforce (Senior Community)
Orvell Johns

Mid-Ohio Food Collective (Undernourished, Malnourished Populations)
Amy Headings

Mid-Ohio Regional Planning Commission (Transportation, Data)
Stephen Pachan

Mount Carmel Health System (Hospital/Medical)
Candice Coleman

Nationwide Children's Hospital (Hospital/Medical)
Carla Fountaine, Libbey Hoang, Elvia Suli

Ohio Asian American Health Coalition (Minority Populations)
Cora Munoz

Ohio Department of Health Disability and Health Program (Disabled Community)
David Ellsworth

OhioHealth (Hospital/Medical)
Autumn Glover, Mary Ann G. Abiado

Ohio Hispanic Coalition (Minority Populations)
Lilleana Cavanaugh

The Ohio State University Wexner Medical Center (Hospital/Medical)
Wanda Dillard, Bill Hayes, Annie Marsico

PrimaryOne Health (Low-income, Medically Underserved, Homeless Populations)
John Tolbert

United Way of Central Ohio (Low-income, Medically Underserved, Homeless Populations)
Lisa Courtice

Veteran's Service Commission (Veterans)
Robert Bramlish

Workforce Development Board (Workforce Development)
Stephanie Robinson

Input from all required sources was obtained for this report.

COHC, CPH, and FCPH contracted with various organizations to help create *Franklin County HealthMap2022*. Representatives of those organizations, along with their qualifications and addresses, are provided below.

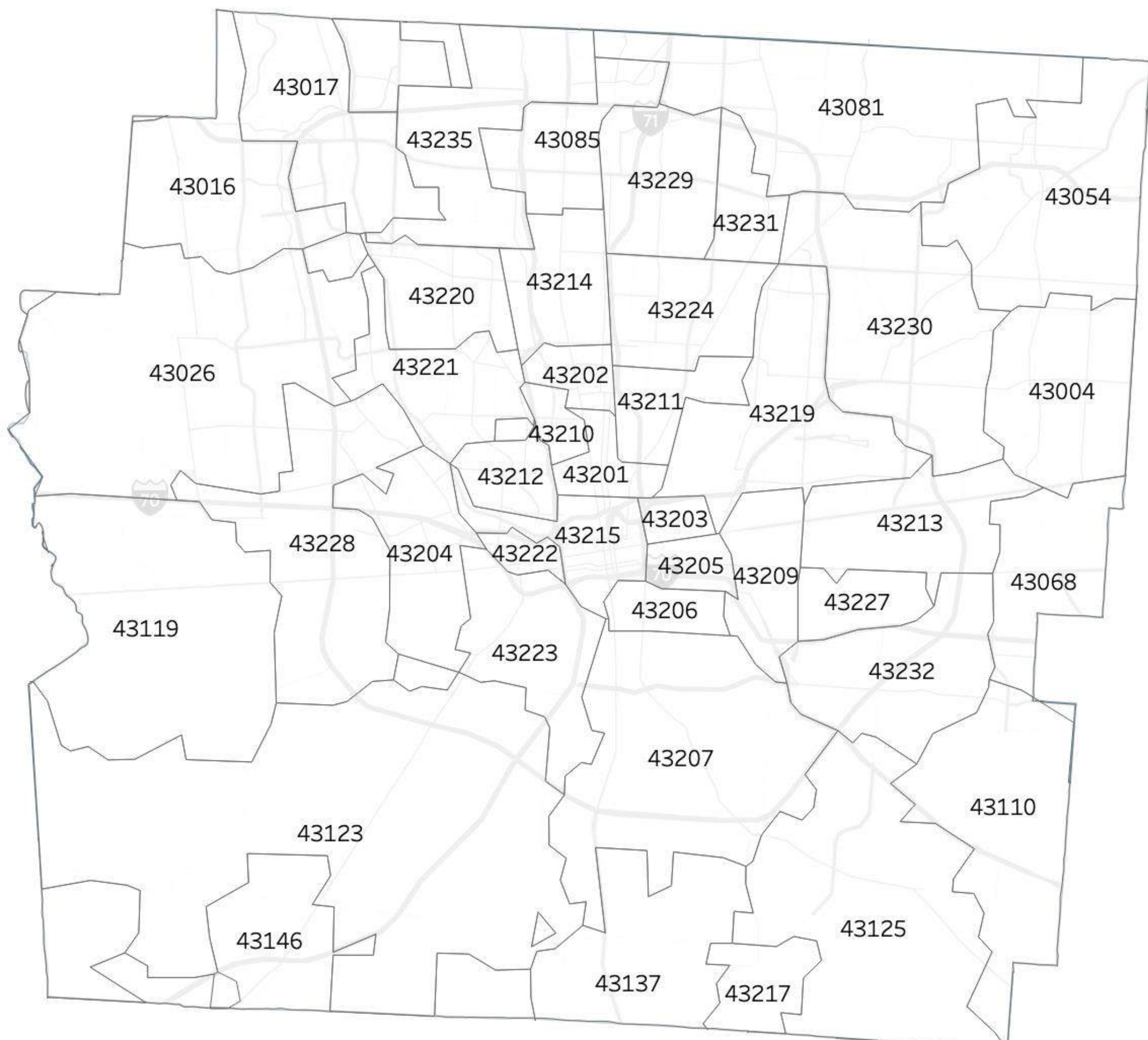
Illuminology – located at 5258 Bethel Reed Park, Columbus, OH 43220. Illuminology, represented by Orie V. Kristel, Ph.D., led the process for locating health status indicator data, for designing and moderating the focus groups, and for creating the summary report. Dr. Kristel is Illuminology's principal researcher and has 24 years of experience related to research design, analysis, and reporting, with a focus on community health assessments.

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 Kelly Bragg, MPH, provided data collection support. The Center was also represented on the 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.

Bricker & Eckler LLP/Quality Management Consulting Group — 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 31 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 42 years of experience in health care planning and policy development, federal and state regulations, certificate of need, and assessment of community need.

Franklin County's Zip Codes

A map of Franklin County, showing each of its zip codes, is shown below. When possible, maps like this are used to show how health-related issues are experienced differently across Franklin County.



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Appendix: Transcripts of Community Discussions (under separate cover)

Franklin County residents shared their perceptions of and vision for a healthy community.

Community Voices on Making a Healthy Community

Communication and social connection between residents were widely recognized across community discussions as a feature of a healthy community. Additionally, community members mentioned safety in various dimensions. Access to healthcare services, as well as access to healthy foods and recreation were mentioned in multiple community discussions about what makes a community healthy. Less frequently mentioned features of a healthy community appear in bullet points at the end of this section.

Communication and relationship building between members of the community support good mental health and feelings of safety.

> "Communication, like when you talk to people around you, you get a feeling for people and what they might need and what they're going through. You can share your experiences, I just think it's healthier when you talk to people around you, getting to know them better."
>
> "I think the relationships – Kind of tying into what you were saying is building relationships in the community, too."
>
> "I think a community that looks after each other, has good relations, is caring...And realizing that different is not bad, because we are all different, but we are all human. So the most important thing is to be caring."
>
> "A friendly community, friendly people will not develop anxiety, they will not develop depression, because of issues in the society. As long as we help each other care for each other. This will be a healthy society."
>
> "Being able to talk to your neighbor, knowing that he's going to be out there checking out for your children if something happens, and just watching the neighborhood and making sure everyone is safe."
>
> "If I see somebody at someone's door, I could say I can keep an eye out for him or something's happening. I can support them more and then they know what [I have to offer] and I know what [they have to offer]."
>
> "What she said about the old school feel, you know, knowing that you can trust the folks in your neighborhood to support or look out for each other."

In discussions around relationship building and communication, community members mentioned the value of community activities to help people get to know one another, as well as the importance of communication specifically around local governance issues, not only between residents in local community meetings, but between residents and their local government officials.

Feeling safe from crime is a feature of and a prerequisite to a healthy community, in how it benefits mental health and supports physically active lifestyles.

> "Just feeling safe, knowing that it's safe, feeling secure in your environment. Safety is primarily it. I mean, if you feel safe, then you feel free. You can pretty much go after your dreams."
>
> "You are not all stressed and there is a lot of safe places. A lot of stress creeps up a lot of anxieties and makes you worry about certain things which you have to keep outside, and you don't have to bring them in and you worried about where they are going to be in the morning and stuff like that. Any noise at night you sort of worry somebody is breaking in and so on."
>
> "Then stress levels as well. Like what's going on in the neighborhood, that kind of plays very big into the mental health aspect. Is it a loud area? Is there are a lot of a lot of stuff going on as far as trouble and whatever else, you know? Is it easy to sleep at night?"
>
> "I think a healthy community protects its children, whether that means making sure the schools are safe, or just the streets themselves, the neighborhood, the playgrounds are places where kids can play freely and feel safe."
>
> "I would say safety, we feel safe enough to walk and be outside or safe enough to let our kids be outside…"

Environmental safety, like the mitigation of air and water pollutants, pests, and uncollected trash are another important aspect of safety.

> "It would also include traffic and mitigation of traffic, a lot of cars and fumes and exhaust. That's something that doesn't necessarily lend itself to a healthy environment if there is a lot of traffic near the places where you live or congregate."
>
> "[Not] having industrial parks close by or train stations and things of that nature that pass off a lot of fumes that could impact kids, or powerline grids that might have other kinds of things like radiation that might have a history of causing things that are cancerous. The presence of those things does impact the health of the community."
>
> "The City of Columbus is doing all these initiatives to try to reduce emissions, and they didn't meet their 2020 deadline, but they have a new one for 2050. And they're introducing things like thirsty gardens to help with rainwater that pools in places that's unhealthy for children because it gets into our waterways, [more of] those types of types of incentives and things that are going on."
>
> "Your shelter has to be such that it's healthy, mitigation of lead paint, safe drinking water. So no lead in your water or no other contaminants or whatever."

> "Landlords that are responsible when it comes to pest control, bed bugs. I don't have the money to do it myself, and we don't have a landlord who helps take care of it in that way. It ruins people's lives."
>
> "So cleanliness, not just for myself, but for the neighbors in the way that it's managed by the city and trash pickup and all that stuff…Is it a physically clean neighborhood?"

Other factors of environmental safety mentioned by residents included infrastructure like sidewalks and streetlights to ensure people feel safe to walk around their community without danger from cars and traffic.

Additionally, healthy communities overcome barriers to general and behavioral health care access, like lack of transportation, financial, or language supports.

> "It has access to healthcare when necessary that's not too challenging to reach and get to."
>
> "When I think of health, I think of hospitals, like a nearby hospital."
>
> "Supportive services. Just a general healthcare center."
>
> "Access to healthcare, close facilities."
>
> "Accessible health care costs."
>
> "Not being afraid to go to the hospital just because you know that you're not going to be able to pay the bill."
>
> "Free clinics."
>
> "Mental health coverage is important."
>
> "Drug counseling."
>
> "Well, mental health is a part of being healthy too, so having those types of resources in the communities is also important, especially in our schools, where kids are dealing with a lot of things that they might not feel comfortable talking about at home."
>
> "I also think language and culture are a big disadvantage, because a lot of people don't speak the same language. There's a barrier there, communicating and like articulating all the information that we're trying to give to patients. I think that's where things fall apart, where there's not communication between the patient and the provider, there's always communication but with a translator, it doesn't always translate back to [being understood]."

Access to other community resources supporting health, like nutritious foods and recreation spaces are also present in residents' visions of a healthy community.

> "A healthy community, to me, has access to things like fresh foods and produce and groceries."
>
> "When I think healthy, I'm thinking things like fresh water, fresh food, or good food to eat. I think nutrition."
>
> "Healthy food options that are affordable."
>
> "Grocery stores, being in a place where there's not an accessible grocery store. Not a family dollar, like fresh produce."
>
> "It also has the presence of those other kind of social activities that promote health, like walking trails and bike paths, things like that."
>
> "I think physical activity."
>
> "I would say local rec centers or the availability to your neighborhood or community to utilize them."
>
> "And a healthy community should have plenty of green spaces for children to play, parks that are kept up for exercise."

In one community discussion, community members brought up the concept of co-located grocery stores and medical services, specifically a pay-what-you-can-afford concept in a Columbus neighborhood. To some who lived in the area this resource was unfamiliar, sparking discussion on how information about resources is shared within the community and the benefit of having more centralized and affordable resources in Franklin County.

Other features of healthy communities brought up by community members included:

- Funding infrastructure improvements in roads and schools
- Strong educational and job opportunities
- Diversity
- "Good" public transportation

Important Health Issues

This section details what Franklin County residents perceive to be the most important health issues in their communities.

Community Voices on Important Health Issues

Difficulty accessing health care services, poor mental health, and barriers to healthy eating habits were often mentioned in community discussions about the most important health issues facing community members.

One of the most frequently mentioned health issues was the prohibitive cost of health care and prescriptions. Community members specified this was a problem even for people who had health insurance.

> "Cost of healthcare in general. It's not only people sometimes don't have the right coverages, but out of pocket, it's just tremendously expensive."
>
> "I spent a two-year span of time where my choice was either to pay for my insurance and not be able to afford the medical care or not be insured and be able to pay for medical care kind of out of pocket, which seems crazy, but the reality was, you know, sometimes you get in a situation where even though the copay makes it easier. You can't afford both at the same time."
>
> "I am insured, but the deductible is so high, I can't afford to use it. I've needed scans for two years, but I'm still paying for the one that I had two years ago. So do I want to go have another one?"
>
> "I think another problem is people can't afford their medications, you get it and it jumps, astronomical prices. I don't know. I think some people go without it because they can't afford it or they have to make a really tough decision about what can they pay."
>
> "And personally, I've had to make the decision between do I want to go talk to the doctor or get some sort of checkup for myself to try and address what I feel like I'm dealing with? Or do I want to be able to pay for the prescriptions that I have coming up in the month?"
>
> "Can't afford their prescriptions."

Mistrust in the health care system is another issue preventing optimal community health. Community members spoke to the difficulty of feeling confident that health care services are in their best interest when the costs of this feel exploitative. People of color have additional difficulty trusting the health care system due to fear of receiving less quality care, along with fear of being stereotyped or exposed to racist behavior from health care professionals.

> "Lack of trust in the healthcare system."
>
> "Lack of trust in the healthcare professionals because a lot of people perceive healthcare industry as a business which is there just to make money off of them, so that lack of trust is a big issue."
>
> "There's a big lack of trust with doctors for me in my community. It's like we don't want to go there. Soon as we get to the hospital, somebody is diagnosed with something and then a month or two later, they're dead. We kind of either don't want to know or when we get to the hospital we're basically on our death bed. So there's a lot of lack of trust, and I think that that probably has to do with the information that we're fed. We don't know that we're poisoning ourselves or not exercising or whatever it is that our personal body needs. We don't get to help it."
>
> "The reluctance of pain doctors to provide patients medication to alleviate their pain. There was a Western Virginia University study by Caucasian interns, and the question was posed, 'Do you believe African-Americans have a higher pain threshold than anybody else around?' And they truly still believe that. That's so prevalent in our society that these stigmas are attached to individuals that look like me. And that's going to have to be something that's going to have to be changed because that statement is not getting patients adequate medication to alleviate their pain. We're not lying when we say we're in pain. We're human."

Other issues related to health care access mentioned by community members included:

- Difficulty scheduling appointments due to lack of available providers, leading to overuse of emergency services
- Difficulty keeping the same provider long-term, due to providers changing practices
- Lack of medical facilities
- Lack of community outreach on importance of breastfeeding
- Children lacking early intervention for developmental issues
- Lack of affordable in-home providers for elderly care
- Lack of affordable elder care facilities
- COVID-19 vaccine misinformation
- Scarce mental health resources / insurance coverage
- Health insurance access for the homeless population

Poor mental health was another common response across community discussions about the most important health issues. Specifically, many community members brought up depression, anxiety, and stress, and how they are caused or influenced by a variety of societal issues (including COVID-19). As one community member emphasized, mental health is important for how it affects overall health and quality of life.

> "I think right now, it's like loneliness, feeling lonely. I know kids have to spend almost all day long alone because parents are working, and now even parents have been lonely because they don't have work."
>
> "Some people may not necessarily be in the right mind space to have to go into work, especially people with some sort of disability where working from home might have been easier, and then transitioning back into the office may not be so easy for them. Yeah, I feel like there's a lot of kind of like social anxiety that comes with that, going back toward everything kind of being back to normal."
>
> "I think that COVID has caused a lot of anxiety."
>
> "People take [political issues] so seriously as to divide communities. It enables them to be divided because we believe different ideologies and stuff, all these go to put stress on the general community."
>
> "And when you have, you know, you have a lot of stress and strife, then that isn't good for your health. Because of concerns about crime, and, you know, there is just so much violence. This day that hits it's fearful for older people, especially to worry about getting out into the environment, then you don't know what's going to happen to you. So it's a very frightening time."
>
> "Depression and anxiety. So many people are suffering from depression and anxiety...because what is going on in society and that is affecting them mentally. They're talking about this lack of togetherness…race…increase in hate."
>
> "So I would say that mental health is probably the number one issue, mainly because, if you don't have good mental health, you're not going to have good physical health because you're not going to want to get up and go do anything."

Lack of affordable places to find fresh, good quality foods was also deemed an important health issue.

> "Lack of healthy food, like restaurants, but particularly grocery stores. I feel like they're hidden, and then they're small, and then they're not always the freshest. And if they are, they're very expensive."
>
> "Maybe even affordable, healthy restaurants. Most of your local restaurants are pretty expensive. I know they're above [my budget]. And I mean, I make pretty good money, but if I'm going there it's usually something special."
>
> "My grocery store immediately in my area is not good. I usually come down here and shop at Groveport. I actually, honestly, I will go into old Groveport because the Kroger in my area, the quality of food and the prices are not quality food and does not match the price."

Community members also spoke to a lack of knowledge on how to practice healthy eating behaviors, as well as the underestimation of nutrition's importance for overall health outcomes.

> "I think also it's a matter of being educated about getting healthy habits from being a young child, exercising, eating fruits and vegetables. And a lot of our people are not willing to do that. You see children going to school with chips and candy. You see teachers in school giving out candy to as an incentive. I'm from Canada, so we never do that."
>
> "We get access to these really great vegetables from these farmers markets and from these pop-ups and these food banks and whatever, but people don't know how to cook them. So it's like, 'Great. Now what?' So I feel like there's steps that are missing, in the in between and on the end."
>
> "The idea of, okay, what you put into your body on a regular basis directly correlates to, you know, how you feel, and your overall health and stuff like that. Because I think there's a lack of knowledge sometimes regarding that."
>
> "Access to healthy foods leading to food-based or consumption-based diseases like diabetes, heart disease, and certain forms of cancer like colon cancer."

Additional health issues mentioned by community members include:

- Ease of accessing alcohol and other addictive / unhealthy substances
- Drug addiction
- Cancer
- Diseases transmitted sexually or via needles
- Gun violence
- Lack of knowledge of community resources
- Proactive attitudes to change health behaviors
- Youth education outcomes suffering during COVID-19
- Lack of parenting knowledge
- Poor dental health and access to dental care
- Lack of resources supporting hygiene for homeless individuals
- Unemployment
- Poor water quality
- Lack of transportation and accessible transportation for seniors
- Lack of resources for infants' basic needs (clean diapers, formula)

Priority Health Needs

This section lists the prioritized health needs of Franklin County.

The prioritized health needs affecting Franklin County residents, as identified by the *Franklin County HealthMap2022* Steering Committee, include: basic needs; racial equity; behavioral health; and maternal-infant health. These health issues are interrelated, and in many cases are likely co-occurring. For example, the effects of redlining still impact basic needs and health care access for disadvantaged racial and ethnic groups, and those experiencing homelessness and housing insecurity may face compromised mental health as a result.

Basic needs are the first highest priority. This is comprised of the following specific and interrelated indicators: housing security; financial stability; neighborhood safety; food security; and a need for increased access to nutritious foods.

Priority #1: Basic Needs	
Specific indicators	**See pages**
• Housing security (decreased homelessness, increased affordability)	• 33-35
• Financial stability	• 32-33
• Neighborhood safety (reduced crime)	• 49-50
• Food security	• 35-36
• Increased access to nutritious foods	• 76-79

Racial equity is tied with behavioral health as the second highest priority. Practices of racial and ethnic discrimination, including redlining, preclude residents' access to economic stability, quality health care services, and optimal maternal and infant health outcomes, among other health needs.

Priority #2a: Racial Equity	
Specific indicators	**See pages**
• (Effects on) Economic and housing stability	• 32-34
• (Effects on) Quality healthcare, mental health, and feelings of safety	• 51-53
• (Effects on) Maternal and infant health outcomes	• 85-91

Behavioral health is tied with racial equity as the second highest priority. Poor mental health outcomes persist for many in Franklin County, and residents may have difficulty finding a mental health professional they trust to help them. Existing mental health care services may be underutilized due to the stigma associated with seeking mental health support.

Priority #2b: Behavioral Health	
Specific indicators	**See pages**
• Access to mental health care resources	• 31, 61-62
• Screening for mental health issues	• 95-99
• Decreased unintentional drug and alcohol deaths	• 74
• Youth mental health supports (clinical, social)	• 99-101

The third highest priority for Franklin County is maternal and infant health, which is comprised of the need to reduce the rate of infant mortality and the need to improve maternal pre-pregnancy health.

Priority #3: Maternal-Infant Health	
Specific indicators	**See pages**
• Infant mortality	• 85-87
• Maternal pre-pregnancy health	• 89-92

Page 129 of this report presents a list of potential partners, resources, and community assets that could potentially help to address these prioritized health needs.

For context, Ohio's 2020-2022 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 priority health topics include mental health and addiction, chronic disease, and maternal and infant health, as shown below. For each of these priority health topics, Ohio's 2020-2022 SHIP also identified specific priority health outcomes, which are listed in the table below. Overall, there is a good alignment between the prioritized health needs identified by *HealthMap2022* and Ohio's 2020-2022 SHIP.

Health Priority Topics And Outcomes Identified By Ohio's 2020-2022 SHIP

Mental Health and Addiction	Chronic Disease	Maternal and Infant Health
• Depression • Suicide • Youth drug use • Drug overdose deaths	• Heart disease • Diabetes • Childhood conditions (asthma, lead)	• Preterm births • Infant mortality • Maternal morbidity

Lastly, it should be noted that several other health issues were also considered by the Steering Committee as part of this prioritization process. Although these other issues play an important role in affecting the health of Franklin County residents, they did not receive the same level of endorsement as compared to the priority health needs reviewed previously.

The other health issues considered by the Steering Committee are listed below.

- Cancer screening
- Decreased alcohol use (especially among youth)
- Decreased firearm injuries
- Decreased sedentary lifestyle behaviors
- Decreased tobacco use (especially among youth)
- Healthy blood pressure
- Improved high school graduation rates
- Improved pandemic readiness
- Increased access to health care
- Increased health literacy
- Increased physical activity resources
- Increased safe mobility for elderly
- Lower rates of STIs/HIV
- Reduced geographic disparities in health outcomes

This section provides demographic information about Franklin County's residents and households.

Although the population of Franklin County has increased since the last *HealthMap*, the demographic profile of its residents and households has remained similar.

Franklin County Residents[1]

		Franklin County*			
		HM2016	HM2019	HM2022	
Total Population	Population of Franklin County	1,212,263	1,264,518	1,316,756	
Sex	Male	48.7%	48.8%	48.8%	
	Female	51.3%	51.2%	51.2%	
Age	Under 5 years	7.2%	7.3%	7.0%	
	5-19 years	19.4%	19.0%	19.1%	
	20-64 years	62.8%	62.3%	61.4%	
	65 years and over	10.6%	11.3%	12.4%	
Race (any ethnicity)	White	69.1%	67.6%	65.2%	
	African American	21.2%	22.2%	23.1%	
	Asian	4.2%	5.0%	5.4%	
	Other race	1.8%	1.2%	2.5%	▲
	Two or more races	3.6%	3.8%	3.7%	
Ethnicity	Hispanic or Latino (of any race)	5.0%	5.3%	5.8%	
Foreign-born	Foreign-born	-	-	11.4%	
	Naturalized (among foreign-born)	-	-	48.2%	
Marital Status	Never married	39.4%	39.7%	39.0%	
	Now married (except separated)	42.4%	42.0%	42.9%	
	Divorced or Separated	13.4%	14.1%	13.8%	
	Widowed	4.8%	4.3%	4.4%	
Veterans	Civilian veterans	6.9%	6.5%	6.0%	
Disability Status	Total with a disability	12.1%	11.8%	11.1%	
	Under 18 years with a disability	4.7%	4.6%	5.0%	
	18 to 64 with a disability	10.7%	10.3%	9.1%	▼
	65 years and over with a disability	38.0%	35.8%	33.5%	
Disability by Type	Hearing difficulty	2.9%	3.1%	2.5%	▼
	Vision difficulty	2.0%	1.8%	2.0%	
	Cognitive difficulty	5.9%	5.4%	5.0%	
	Ambulatory difficulty	6.4%	6.3%	5.3%	▼
	Self-care difficulty	2.5%	2.4%	2.1%	▼
	Independ. living difficulty (age 18+)	5.5%	4.8%	5.0%	

**An upward-facing triangle (▲) indicates the HealthMap2022 (HM2022) statistic is greater than the one reported in HealthMap2019 (HM2019) by 10% or more. A downward-facing triangle (▼) indicates the HM2022 statistic is less than the one reported in HM2019 by 10% or more. Use caution when interpreting indicators with small values, which only need relatively small changes to produce a 10% difference.*

Although the number of households in Franklin County has increased over time, the characteristics of these households have remained relatively consistent.

Franklin County Households[1]

		Franklin County			
		HM2016	**HM2019**	**HM2022**	
Total	Number of households	476,532	502,932	522,383	
Household Size*	Average household size	2.5	2.5	2.5	
	Average family size	3.2	3.2	3.2	
Household Type	Family households	57.7%	58.0%	58.5%	
	Nonfamily households	42.3%	42.0%	41.5%	
	Single parent households	-	-	18.4%	
No Vehicle	Households without a vehicle	8.3%	7.8%	7.2%	
Internet Access	With an internet subscription	-	-	90.8%	
	Broadband (any type)	-	-	*90.6%*	
	Dial-up only	-	-	*0.2%*	
	Without internet subscription	-	-	9.2%	
Grandparents as Caregivers	Children living with a grandparent	5.2%	6.1%	6.4%	
	Children living with a grandparent who is responsible for them	3.2%	3.3%	3.1%	
Language Spoken at Home	English only	87.3%	86.8%	85.3%	
	Speak a language other than English	12.7%	13.2%	14.7%	▲

**Household size includes all people occupying a housing unit, while family size includes the family householder and all other people in the housing unit related to the householder by birth, marriage, or adoption.*

References

[1]U.S Census Bureau, American Community Survey 1-Year Estimates, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

Social Determinants of Health

This section describes the socio-economic aspects of Franklin County that impact resident health and quality of life outcomes.

Key Findings

Health Care Access

Though most residents have health insurance, Franklin County still does not meet the national goal for residents under 65 with health insurance. Community members say health insurance is not enough to make costs of health care accessible to everyone.

Income & Poverty

While various measures show increasing household incomes and decreasing rates of food insecurity since the previous *HealthMap*, these data do not yet reflect the effects of COVID-19 on these factors. More current data may present a less positive change in these indicators.

Education

The overall graduation rate of high school students in Franklin County exceeds the national goal. However, rates of graduation for Black and African American as well as Hispanic students are still lower than overall rates and rates for other groups.

Social & Community Context

Franklin County residents are affected by rates of violent and property crime similar to the previous *HealthMap*. Other social factors impeding optimal health outcomes include racism, which results in disparities in health care quality and utility, as well as mental health outcomes and access to resources.

Health Care Access Indicators

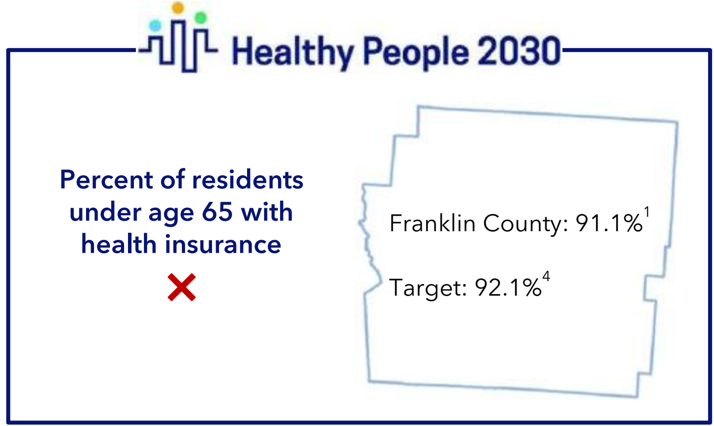
This section describes indicators of a population's access to health care: health insurance status, as well as accounts of other factors impeding access according to community members.

The percentage of Franklin County residents that have health insurance coverage has remained similar to the previous *HealthMap*.

Individuals With Health Insurance

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Total with insurance[1]	**86.9%**	**89.8%**	**92.0%**		**93.4%**		**90.8%**	
Private health insurance[2]	67.5%	68.6%	69.3%		68.9%		67.4%	
Public health coverage[2]	27.8%	29.8%	31.2%		37.2%		35.4%	
Group VIII Medicaid coverage[3]	-	5.6%	6.9%	▲	6.7%	▲	5.6%	▲
Under 18 years old[1]	94.0%	95.1%	95.7%		95.2%		94.3%	
18-64 years old[1]	82.4%	86.4%	89.3%		90.9%		87.1%	
65 years old+[1]	99.0%	98.8%	98.8%		99.5%		99.2%	

More Franklin County residents have private health insurance (69.3%) than public health coverage. Public health insurance rates in Franklin County have remained similar to the previous *HealthMap*. Medicaid coverage has increased since the previous *HealthMap,* and the percentage of residents with this coverage in Franklin County is higher than the national average. The total persons under 65 with health insurance in Franklin County is 91.1%, lower than the state but higher than the national average (89.2%). The state of Ohio meets the national goal at 92.2%, while Franklin County does not.



Community Voices on Health Care Costs

On the topic of health care access, community members frequently mentioned how the expenses associated with medical care can influence whether people get the care they need. As community members see it, having insurance is only part of health care access, as utilizing health care also depends on understanding their insurance, being able to find a medical provider who takes it, and being able to pay any costs left over.

Those who lack insurance for various reasons may not know how to get coverage, or how to get care if they are uninsured.

> "I know some people don't have Medicaid or Medicare. And you don't have private insurance. You don't have any insurance. They cannot afford to pay for health insurance…"
>
> "Having health insurance and the type of job that offers you benefits that will get you those type of things is another barrier to access."
>
> "And so, a lot of people can't afford that…dental and vision is very important to the elderly. But this has got to come out of your pocket."
>
> "Having the proper information about where to go to find out what insurance what you can obtain, that's also an issue. Not having the proper information and knowing exactly where to go to get that information to obtain the insurance that you may need."
>
> "Then misinformation. Like anything that you have to meet a certain criterion to have coverage, or, again, that could be coming from loved ones that don't know any better. They just kind of perpetuate that lie."

Those who have insurance may still struggle with knowing where they can go that takes their insurance, and otherwise understanding how their insurance works.

> "Yeah, so it's like something you have to deal with, but it's not so easy. Like, you have some doctors that say one thing you know. Just a lot of like, not enough specialists for her, you know, her fingers turn blue, so you get a whole breaks out in hives. So it's just like, there's not a lot of doctors that would take her insurance so it's hard to find somebody that specializes in something that she needs or medicine or anything so it's really hard like that."
>
> "There's the struggling to understand your co-pays, where you're supposed to go for your insurance, and all that jazz."
>
> "I don't know if anybody's ever actually tried to read all your insurance documents, but it's written at the senior college level, and it's like reading a court document. It's so much, mine's so thick. I can't even start to fathom to memorize all this and even know what half of it means…"

Individuals may not be able to afford the cost after insurance. Their copay or deductible can be too high, and they can have additional anxiety about what other costs they may be burdened with after a medical visit.

> "And beyond even the copay, even if you can afford the copay, there's always the anxiety once you go in what mystery bill you'll either come out with or, how much is this test you obviously didn't know about, or this medication that they prescribed. Or your deductible. Maybe you got a $2000 deductible on your medical, and that's $2000 you're going to owe anyway whether you have insurance or not."
>
> "But then on the other side is that, once you've seen the doctor, the doctor asks you to do something, the prior authorizations for medicine, the fighting back and forth to get labs or things done and covered. The fact that your doctor can say, 'This is what I want for you,' and your insurance can still say, 'Absolutely not.' "
>
> "For me personally, I won't go to a doctor's visit if I have to pay a certain amount for a copay."
>
> "Or even if you have insurance, you may be laid off and your savings account got drained because you weren't making as much. So now you can't afford the copay, and you normally would be able to. So you're wondering how to deal with that."
>
> "The cost of copays depends on your insurer. Like she was saying, you don't get the same doctor you had before the pandemic, so everything switched up. And then they find a reason to charge you more for it."

For those who have insurance, it may not cover everything they need. Especially dental care, vision care, or prescriptions. Community members expressed concern that people may put off those types of care for this reason, or ration medication due to financial concerns.

Cost concerns can also prohibit individuals from accessing needed mental health care.

> "I was only able to go to a certain number of counseling sessions that my job had paid for. So I mean, insurance only covers so much."
>
> "A lot of times you can't go and see a counselor because of the expense."
>
> "And a lot of self-diagnosis, especially going on Google and looking up your symptoms. That's the worst thing you can do. And then of course we're ruminating about the problem of the industry where costs is always going to be there for every decision. So of course you're going to go online first."

OTHER SOCIAL DETERMINANTS IMPACTING HEALTH CARE UTILIZATION

Cost is only one factor impacting individuals' access to health care. The availability of medical providers is another factor and is explored in detail in the following section *(Health Resource Availability).* Other issues affecting residents' decisions to delay or put off needed health care are explained here.

Community Voices on General Health Care Utilization

Individuals' attitudes toward the health care system, specifically whether they have built a relationship of trust with the medical community, was regarded as a major factor impacting how individuals take advantage of health care resources. Perceiving health care as a low priority was also seen to impact this, along with various other factors (discussed below).

Racial discrimination is one reason individuals may not trust medical providers. Black and African American community members in particular spoke about their community's experiences receiving inadequate health care.

> "I think that has to do with discrimination somehow because it's been said that when you go to the emergency as a Black female, there are few chances for them to believe that you are in pain. A couple of years ago, I was dealing with a gallbladder issue. It was excruciating, and they let me sit there for hours to find out that I needed a surgery right away…So as a Black woman, any way you go to get care, even if you're about to deliver, they just don't believe it when you say that you're dying."
>
> "I went hunched over in pain. They let me wait, wait, wait, wait, and it turns out a cyst had burst in my left ovary. I needed emergency surgery. But at this point, you guys have let me sit here. It's like if I'm not screaming, blood pouring out, if I'm able to handle myself a little bit, then [they think] I must not be in that much pain. How can you look at somebody and they have something going on, on the inside, and you tell them that they're okay? So after that, I wouldn't go to the hospital. I would just tough it out. And then, once I finally did get my insurance and went to the doctor, I had another growth. It could have been taken care of if I did have that kind of trust factor and wasn't afraid that I'm just going there getting another bill. Because at that point, that's all it is, is I'm paying to get no help."
>
> "Everything's overlooked a lot of times. Even if you go to the ER and you think you know what's wrong with you, but they… You know what I mean? They could think you're just faking it, or you just want [pain medication]. They overlook a lot of patients that end up going home and finding out that they had something seriously wrong with them."

Individuals who have Medicaid or other public health insurance may have difficulty building relationships of trust with their medical providers. Community members perceived that affordable health care options for this population may be worse quality.

> "To go to a place that doesn't take your insurance, you got to pay out of pocket. That's too much, so you'll go to a place that will accept your insurance, but they kind of treat you like a number because that's how they get their funding pretty much is by how many people they see…The healthcare that you can go to for free is kind of not up to par, and that's from my personal experience over probably the last two, three years, honestly. So I think that is the biggest thing, just being treated like a number when you're going to the only place you can go to get your healthcare."
>
> "There is sometimes with some providers, a stigma that comes with having health insurance through Medicaid, public benefit, need where your quality of care is reduced, as opposed to having private insurance, where everyone is treated, you know, with equity."

In these conversations community members also spoke about issues receiving good quality medical care as influenced by the ability to see the same provider consistently. This was perceived to encourage quality care in terms of thorough knowledge of a patient's medical history and pain threshold, which in turn supported strong relationships with providers and utilization of medical care.

COVID-19 demonstrated how individuals may increasingly seek medical advice from sources other than medical professionals. This can increase confusion and negatively impact utilization of health care services that support optimal health.

> "Using Facebook as your information outlets. There's a lot of negative messages in Facebook that sometimes stops people from going and get the COVID vaccine."
>
> "I think also a lack of trust on a larger scale in the actual institutions that are handing down information like governmental organizations—Department of Health, CDC. I feel like people in our communities, they're getting all this information from the internet…Or the things that they're hearing on like TikTok and Instagram don't align with the things that hear from the CDC. They are hearing these things from people in their communities that they trust. So when those things don't align, they don't know where to turn."
>
> "I'd say a lot of it also had to do with information overload and kind of confused thing. …You have like 20 different sources telling you different things. That kind of makes you freeze in your tracks and ultimately do nothing…and making some problems worse. So I definitely think that too much information is a big problem for not getting treatment in a good amount of time."

Aside from issues of trust, individuals may be too busy with other commitments, like work and caretaking, to feel like taking time for health care. Additionally, they may fear finding out that they have a medical issue that will threaten their ability to work.

> "Busy life, they just put it off until tomorrow, tomorrow, tomorrow, until it's an emergency."
>
> "I think sometimes people who are caregivers will put themselves last. I think during COVID a lot of people put a lot of their own needs second, especially like moms, dads, people who are caring for their own family, extended families, their own aging parents. They are considering their children and their aging parents before they're considering themselves. So they kind of get the people who need care who are the most able bodied, sometimes leave mental health and also maybe smaller medical issues to just linger."
>
> "We don't do enough of the preventative care, I think, as a society, as a community. I think we only go to the doctor if something's wrong. And I think it's because of our negative experiences when there was something wrong. You don't want to hear it. I have a neighbor who is a contracted employee. If he doesn't work, he doesn't get paid. If something is wrong with him, his family goes hungry because he's the only breadwinner in the family. He doesn't go to the doctor regularly. He doesn't do what he needs to do…the time associated with taking time off do those things. Those are barriers that we don't have safeguards in place to ensure that everyone has the ability."

Community members mentioned that fear of a diagnosis, as well as family or cultural beliefs and behaviors surrounding medicine can impact whether people get health care when they need it. These responses are summarized below.

- Not wanting to deal with a diagnosis that requires ongoing care or monitoring
- Fear that they will be advised to change their lifestyle and what they consume
- Orientation of family members to going to the doctor, or not going
- Cultural beliefs that emphasize home remedies for an illness before seeking advice from a medical professional

Previously this section discussed the broader, and potentially long-term effects of COVID-19 on people's attitudes toward medical care. Some short-term impacts of COVID-19 on health care utilization were brought up in community discussions and are summarized below.

- Individuals putting off routine medical visits out of fear of exposure to COVID-19
- Individuals putting off health concerns or medical visits they deemed "not major" and choosing to wait until "things opened up"
- Individuals who formerly provided transportation assistance for their elderly family members to get to medical appointments not doing this due to fear of putting the elderly at risk

Community Voices on Mental Health Care Utilization

Access to mental health care is complicated by the stigma associated with mental illness.

People who could benefit from mental health care may not recognize they need it or be willing to accept they have an issue.

> "Sometimes you don't even know you need help. I think a lot of times, we may not even recognize when we need help."
>
> "They think they could stop it on their own, and then that's not really how it works. The thing is people don't want to accept the fact that there's something wrong with them to get help. It hinders a lot of people."

Being validated by others that it's appropriate to seek help is important. This is made more difficult due to socio-cultural beliefs that link mental illness to weakness.

> "Proper emotional focus on actually taking that seriously. It used to be getting looks and misunderstood. The entire family would brush it off."
>
> "If your family is not supportive, and those around you are not supportive, then it's hard to go."
>
> "Black people, they don't need mental health, or...we've just been told you don't need that or that's for weak people or whatever…"
>
> "From my African background, where depression, things like that isn't really spoken of. Especially if you mentioned something like that, you know, they take a biblical approach. Or they'll give you old village examples. It's like none of those are appropriate."
>
> "Coming from a man's perspective, masculinity is [important] when it comes to not seeking help because it shows a sign of weakness…they don't discuss it with their buddies…we're supposed to be men. We believe it on the inside."

People may fear being judged if they open up about needing help.

> "You fear being judged if you do need to seek a therapist or counselor."
>
> "People might be embarrassed or ashamed of certain situations, so they don't want to address it."
>
> "Not exactly a popular thing to go and see a counselor or talk to somebody that you feel that way as well."

Also mentioned was the general fear of trusting medical providers with information about their mental state, and fear that this information could potentially be used against them.

Income/Poverty Indicators

This section describes income and poverty indicators that affect health, including household income, rates of homelessness and other measures of housing insecurity, and food insecurity.

In Franklin County, the median net household income is $64,713, which is higher than the median in Ohio, but slightly lower than the national figure. There is a higher percentage of families living below 100% of the federal poverty level (FPL) in Franklin County than in Ohio or the United States. However, the percentages of families and children living 100% below FPL have decreased since the previous *HealthMap* (12.5% to 10.0% for families and 24.5% to 18.4% for children). A similar percentage of children enrolled in school in Franklin County are eligible for free or reduced lunch compared to the previous *HealthMap*.

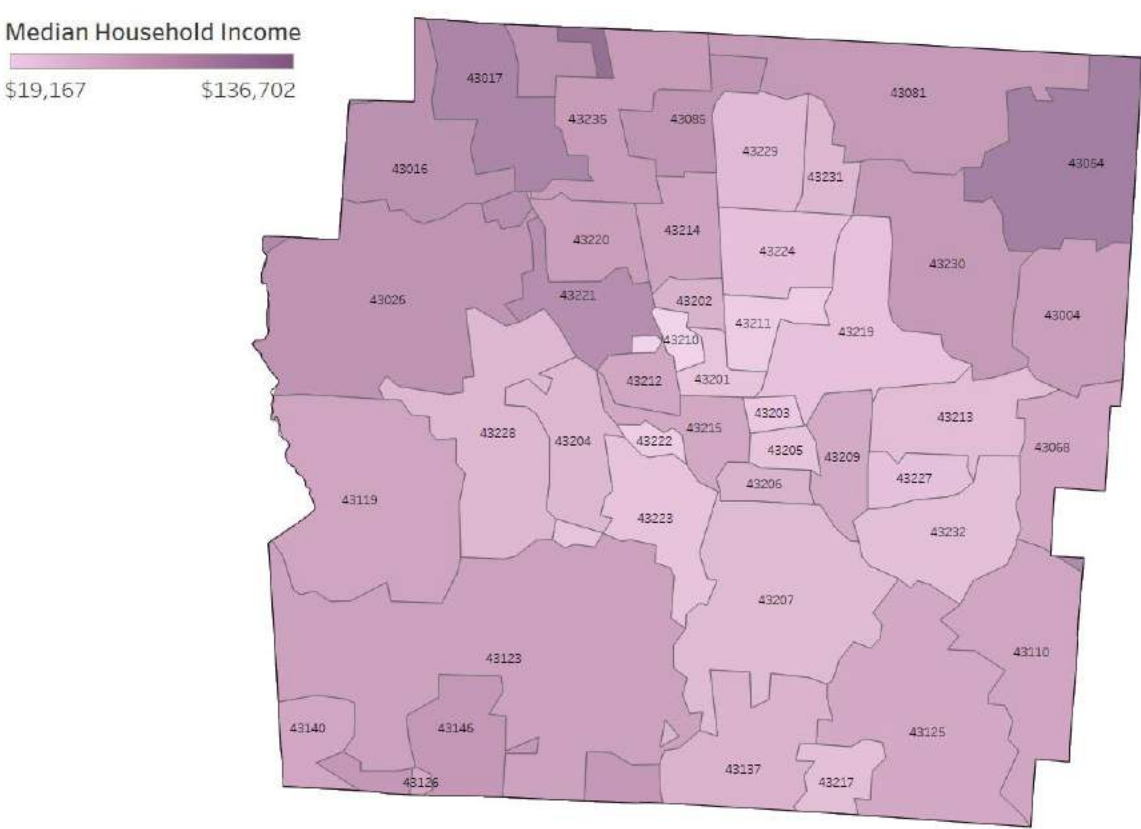
Income and Poverty

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Household Income[5]								
Per capita income	$28,283	$30,098	$35,977	▲	$31,552	▲	$34,103	▲
Median household income	$50,877	$54,037	$64,713	▲	$58,642	▲	$65,712	▲
Mean household income	$69,197	$73,666	$87,764	▲	$76,958	▲	$88,607	▲
Total People Below Federal Poverty Levels (FPL)[2]								
Below 100% FPL	209,500	205,186	201,099		1,582,931		42,583,651	
200% FPL or below	-	-	402,028		3,531,134		98,487,667	
400% FPL or below	-	-	779,169		7,162,783		193,220,556	
Poverty Status of Families[2]								
Below 100% FPL	12.2%	12.5%	10.0%	▼	9.2%	▼	8.6%	▼
100% - 199% FPL	15.0%	15.0%	13.4%	▼	13.9%		6.1%	▼
At or above 200% FPL	72.8%	72.5%	76.6%		76.9%		85.3%	▲
Poverty Status of Those Under 18 Years Old[1]								
Below 100% FPL	24.8%	24.5%	18.4%	▼	18.4%	▼	16.8%	▼
100% - 199% FPL	20.0%	21.3%	-		-		-	
At or above 200% FPL	55.2%	54.3%	-		-		-	
Children Eligible for Free or Reduced Lunch[6]	54.2%	53.6%	52.6%		52.7%	▲	-	

FPL=Federal Poverty Level

The zip codes in the map below (43211, 43210, 43201, 43203, and 43222) have the lowest median household incomes in Franklin County.[7] Franklin County archives from 1936 show that neighborhoods within these zip codes were impacted by redlining[8], whereby credit lenders denied credit to people for reasons unrelated to creditworthiness, such as race or ethnicity[9]. This absence of opportunity is visible in the present through its impact on the health, socioeconomic, and racial/ethnic disparities of historically redlined neighborhoods[10-12].

Lowest Median Household Income in Franklin County[7]



HOUSING INSECURITY

Housing insecurity is a term encompassing many different housing challenges, including affordability, quality, and safety. Homelessness is the most severe form of housing insecurity, and is measured here using A "Point in Time Count" (PIT) estimate, a count of the total number of people experiencing homelessness (sheltered and unsheltered) on a single night of the year. A count of individuals, as well as the percentage of homeless families (denoted by "persons in families") is shown on the next page. Homeless persons were considered part of a family if they were in a group consisting of at least one adult and at least one child under age 18.

In Franklin County, the PIT estimate is higher than the previous *HealthMap*, and the percentage of homeless using an emergency shelter who are part of a family has remained similar. About three-quarters of families using emergency shelters in Franklin County are African American (75%), well over the composition of African American families in shelters in emergency shelters in Ohio (53.1%).

Housing and Homelessness[13]

	Franklin County**				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Point in Time (PIT) Count of Emergency Shelter Use								
Total persons*	1,245	1,229	2,036	▲	8,811	▲	199,478	▼
Persons in families*	36.3%	32.4%	31.0%		28.0%	▼	37.9%	▼
Composition of Families Using Emergency Shelters								
Black or African American	73.0%	76.0%	75.0%		53.1%		55.4%	
White	26.0%	22.0%	24.0%		37.4%		33.8%	
Other	1.0%	2.0%	1.0%	▼	-		-	
Hispanic	-	-	3.0%		-		-	

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

Households who spend over 30% of the total household income on housing related costs are at increased risk of housing insecurity. The percentage of Franklin County households who spent 30% or more of income on housing remains similar to the previous *HealthMap* at around 31%.

Cost-Burdened Households

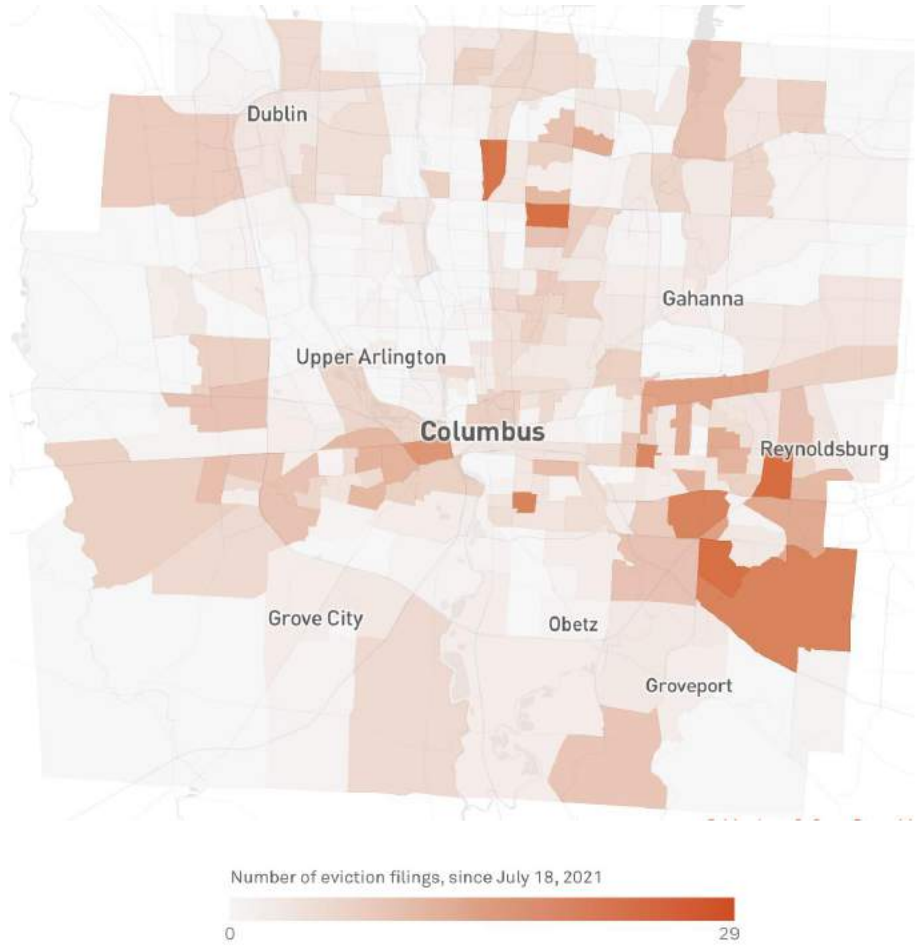
	Franklin County			Ohio	USA	
	HM2016	HM2019	HM2022	HM2022	HM2022	
Cost-burdened Households						
Housing costs ≥ 50% of income[14]	14.6%	17.2%	-	-	-	
Housing costs ≥ 30% of income[15]	26.3%	31.9%	31.4%	27.5%	28.9%	▼

Households who spend a higher proportion of their income on housing may be at a higher risk of eviction.

In 2016, the Eviction Lab at Princeton University found that Columbus' eviction rate was 4.6 per 100 renter homes, which was 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. More recently (from July 18, 2021 – August 23, 2021), Eviction Lab data suggests that census tracts in eastern Franklin County are associated with a large number of eviction filings.[16]

Census Tracts With Greatest Number of Eviction Filings[16]



FOOD INSECURITY

Food insecurity is another indicator of poverty. The USDA describes food insecurity as the "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways."[17] In Franklin County, 12.8% of residents are food insecure. With data reflecting 2019 rates, this percentage does not represent food insecurity experienced during the COVID-19 pandemic. More recent data may provide higher estimates of food insecurity.

Over half (53.2%) of all Franklin County SNAP households include children under the age of 18.

Food Access

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Food Insecurity[18]								
Residents	17.7%	17.4%	12.8%	▼	13.2%	▼	10.9%	▼
Children	22.3%	20.4%	17.5%	▼	17.4%	▼	14.6%	▼
SNAP Households								
Among all households[19]	15.5%	14.6%	11.9%	▼	13.7%		12.2%	
SNAP households with 1+ people 60 years and over[19*]	22.4%	23.5%	28.9%	▲	29.3%	▲	32.1%	
SNAP households with 1+ children under 18 years[19*]	51.7%	53.7%	53.2%		47.6%		51.3%	
Among households below 100% FPL[20]	-	-	54.5%		53.9%		48.4%	

**Denominator is total SNAP households*

Community Voices on Poverty's Health Impact

Community members voiced how poverty impacts access to health care: by impacting the ability to pay for health care, the quality of health care received, and how health care is prioritized compared to other financial responsibilities. Also mentioned was poverty's impact on mental health, nutrition, and housing outcomes.

Community members discussed how poverty limits the places individuals can go for health care and impacts which staff members treat them.

> "So a lot of places don't want to deal with people that have any kind of Medicaid unless it's straight up Medicaid because then they know they'll get paid. So I think a lot of people have that problem being treated badly because of that."
>
> "And I've noticed that when you go to healthcare clinics or facilities of any sort, if you don't have decent type of coverage, they'll send their students, they being the doctors who are specialists of that area or just the internists."
>
> "The quality of care you receive is based on your economic level. So that's very disheartening. So then you do get the kids who are right out of medical school. They're probably getting some incentive. They're only going to work in these clinics for a very short period of time, and then they're going to be gone."
>
> "You are experimental. Whether it's dentistry, whether it's heart surgery, it does not matter. I've seen it."

Poverty was linked with having less insurance coverage or unaffordable deductibles.

> "Part of the reason you're in poverty, too, would be a low-paying job. And being that most of our healthcare is employer tied, some of those low-paying jobs might not have the same healthcare that someone making more money might inherently have, so they're already at a disadvantage."
>
> "First of all, it causes so many health issues, because you can't afford the medication or the medical things that you need."
>
> "I feel like preventative medicine being covered by insurance is almost laughable. Like, 'Oh we've got the annual things.' Then you're like, okay, well I have a tumor in my lungs like I did last year. And they were like, 'Oh, we can't pay it. Because we could not have foreseen that this was coming.' And like, it just was so crushing to me that when I saw the list of things that were covered, and then when I needed care for something in my lung, they were like, you have to meet your $5,000 deductible."

People in poverty may have to put off health care or may practice more unhealthy behaviors in order to save money for basic needs that come first: child care, housing, and transportation.

> "From a caretaker perspective, anytime, again, you're responsible for kids or loved one and whoever it may be, your needs/desires, whatever it is, end up coming last. So it's making sure that the $9 bottle of formula or the healthier lunch alternatives for my daughter are there. All of a sudden, I'm eating ramen noodles or I'm grabbing $5 pizza from Little Caesars because I can eat twice off that. But I also know that means that I'll have the good formula for my son to eat."
>
> "The less money you have, the more financially driven your decision-making is. This country is so money driven that healthcare is going to come last when you have rent, and you have kids. Or if you work 60/80 hours a week just to take care of bills… Your first priority is always going to make sure you have a roof over your house. Like will I have a roof over my house? Do I have food to eat? Can I physically survive? Like I'm not homeless. So that's like your main concern if you're in poverty. That's what you're worrying about. You're not worrying about what's this weird bump I have on my hand? Why am I feeling different?"
>
> "That rings so true for me and people in my life too. It's just like there's so many things I need to take care of and pay for: and loans and bills. Be able to have a car to drive to work and be able to go to work. I'm like there's just so many lists of things I have to do, care for, pay for. Like my health is the absolute bottom every time. Every time."
>
> "There used to be when I was younger, you used to be able to sign off on a form for elementary school kids to be like, oh, you can give them dental care, and then they'll take them to a teeth cleaning for free vaccines or whatever. And now at most schools that won't happen. It would have made it easier for parents with

> taking off from work. Because the school takes care of it, you give consent, they're able to get it. So there's, that's often the people can't take off from work, and that's an issue with the income."

Poverty has a negative impact on the mental health of adults and youth.

> "Having a lack of resources, and the parent gets stressed out and that affects how they parent."
>
> "I also think like if you can put a roof over your family's head and dinner on the table, those are two like very stabilizing things for our family. So, you've also reduced like mental health stress…"
>
> "I think it makes it makes [mental health] worse because I think if you're in poverty, you're usually depressed."
>
> "They see these kids come with name brands, and these kids who can't afford name brands get teased, and that can cause depression. And when they go home, they're asking their parents. 'Oh, so-and-so has this. I want you to buy me this.' And the parents can't afford it."

Poverty impacts the ability of people to get adequate, nutritious food. It also limits what people are able to eat if they don't have utilities or the resources to cook food.

> "Some of the children in the poor area, they might go all day and not even have food."
>
> "You have to talk about food and either for lack of time and energy from working, they don't have opportunities to prepare food at home. Sometimes it's cheaper to get something that's not as good quality."
>
> "Healthy food is expensive. Cheap food is like fattening food. You're going to go for it if you're lacking the funds. Buy whatever's the cheapest."
>
> "It affects all of them because you have different point of view depending on how much money you have. If you have somebody that makes 200 grand and I make 50 grand, our perspective on everything's going to be different. That $20 lettuce wrap is going to be affordable. Or if you make 20 grand a year in your household, you can't even afford the cheeseburger at McDonald's."
>
> "I mean, there's just more checks and balances that need to go in place to just give people a box of food or produce. I don't know what his situation is, but one of the panhandlers, someone gave him a whole box of produce. I'm thinking, 'Well, what is he going to do?' He didn't look like he had the facilities to wash it [or cook it]."

Those affected by poverty may have increased residential mobility due to rising housing costs in gentrified areas. The standard of housing they can afford may also compromise their health outcomes.

> "Several people reported to me that they're being evicted from their apartment complex. They've stayed many years and paid their rent faithfully…But their lease is not going to be renewed, and now they're scrabbling to find places…The elderly that's in the communities that have no people that give them support…"
>
> "I think what's really sad, too, kind of like what you were saying, people live in certain apartment complex, and then someone comes in and buys them, fixes them up, and then jacks the rent up. And now they're 400 to 500 extra monthly. The people who are living there can't afford it, so they have to leave and find other places to live."
>
> "And I don't think there's a lot of HUD housing and oh there's not enough for these people that we need. So instead there's these big buildings that are like $1,200 a month for a one bedroom. Build, you know, condominiums for women and children and people who are pregnant. You know what I mean? Build all that for the communities that have so much, women, children, families out on the streets seeking shelters for hope. And then they're overcrowded, and they're pushed back, and they're pushed away. So I see a lot of that going on."
>
> "Like the gentrification issue. So it is really great that this area of Franklinton is being built up, but where all those native Franklinton people to go then? They're getting booted out."
>
> "So he says equal housing. So that means like, the place you live is the same as this person and this person, but that's not the case. They're slumlords. And there's people who just don't want to… take care of property. It's barely livable...causing all the low self-esteem for the people who live in the neighborhood."

Education Indicators

This section describes education indicators including the highest educational level attained by adult residents, kindergarten readiness, 3rd grade reading proficiency, and graduation rates.

ADULT EDUCATIONAL ATTAINMENT

As shown in the table below, 40.1% of Franklin County adult residents have a bachelor's degree or higher, similar to the last *HealthMap* (38.4%). Franklin County's percentage of adults with a bachelor's degree or higher is greater than the state and national percentages (28.3% and 32.2%, respectively).

Educational Attainment[21]

	Franklin County				Ohio	USA
	HM2016	**HM2019**	**HM2022**		**HM2022**	**HM2022**
Educational Attainment						
No high school	3.2%	3.1%	2.9%		2.8%	5.1%
Some high school (no degree)	7.1%	6.6%	5.9%	▼	6.8%	6.9%
High school graduate	25.7%	25.0%	24.6%		33.0%	27.0%
Some college (no degree)	21.0%	20.2%	19.6%		20.4%	20.4%
Associate's degree	6.7%	6.8%	6.9%		8.7%	8.5%
Bachelor's degree	23.4%	24.4%	25.3%		17.6%	19.8%
Graduate or professional degree	13.0%	14.0%	14.8%		10.7%	12.4%

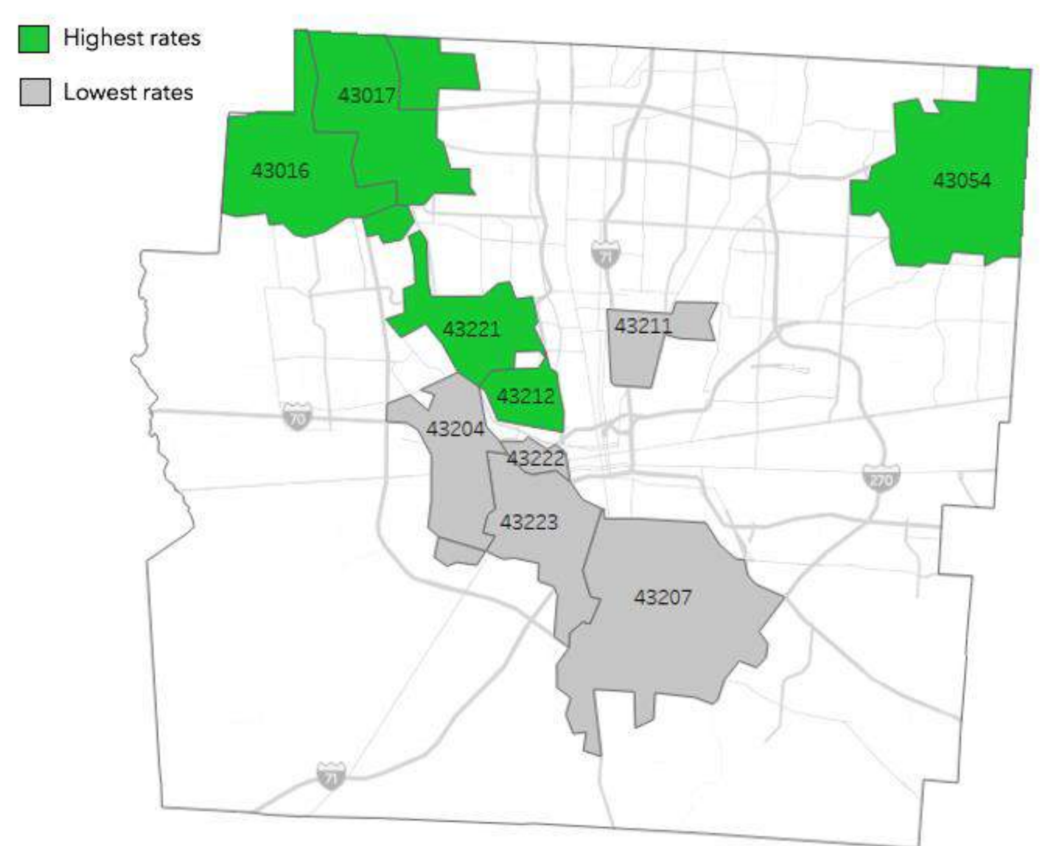
As shown in the next table, 8.8% of people in Franklin County aged 25 years and over have not graduated from high school, a decrease from 2019's *HealthMap* (9.7%). The groups with the highest percentage of members that have less than a high school diploma are those listing "Other" as their race (30.6%) and Hispanics (25.4%).

Adults With Less Than High School Education[21]

	Franklin County HM2016	Franklin County HM2019	Franklin County HM2022		Ohio HM2022		USA HM2022	
Adults With Less Than High School Diploma (Overall)	**10.3%**	**9.7%**	**8.8%**		**22.0%**	▲	**23.5%**	▲
Male	10.5%	9.9%	8.9%	▼	23.5%	▲	25.8%	▲
Female	10.1%	9.3%	8.8%		20.5%	▲	21.2%	▲
Black or African American	14.0%	14.2%	12.6%	▼	14.1%	▼	14.0%	
Asian	16.0%	12.9%	12.3%		12.7%		12.9%	
Multiracial	10.0%	9.9%	8.9%	▼	11.5%		11.5%	
Other	40.0%	34.5%	30.6%	▼	28.4%		37.3%	
Hispanic	37.0%	30.6%	25.4%	▼	23.8%		31.3%	
White, non-Hispanic	8.0%	7.0%	6.4%		8.4%		7.1%	

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.

Zip Codes With Lowest and Highest Rates of Residents With High School Diploma[22]



YOUTH EDUCATIONAL ATTAINMENT

Graduation rates and future educational attainment can be impacted by a child's proficiency in school, measured as early as kindergarten.

The state of Ohio uses the Kindergarten Readiness Assessment (KRA) to determine if students are ready for kindergarten. Students' scores can place them into one of three bands, with Band 1 – Emerging in Readiness, Band 2 – Approaching Readiness, and Band 3 – Demonstrating Readiness. Those scoring in Bands 2 and 3 are considered ready for kindergarten.

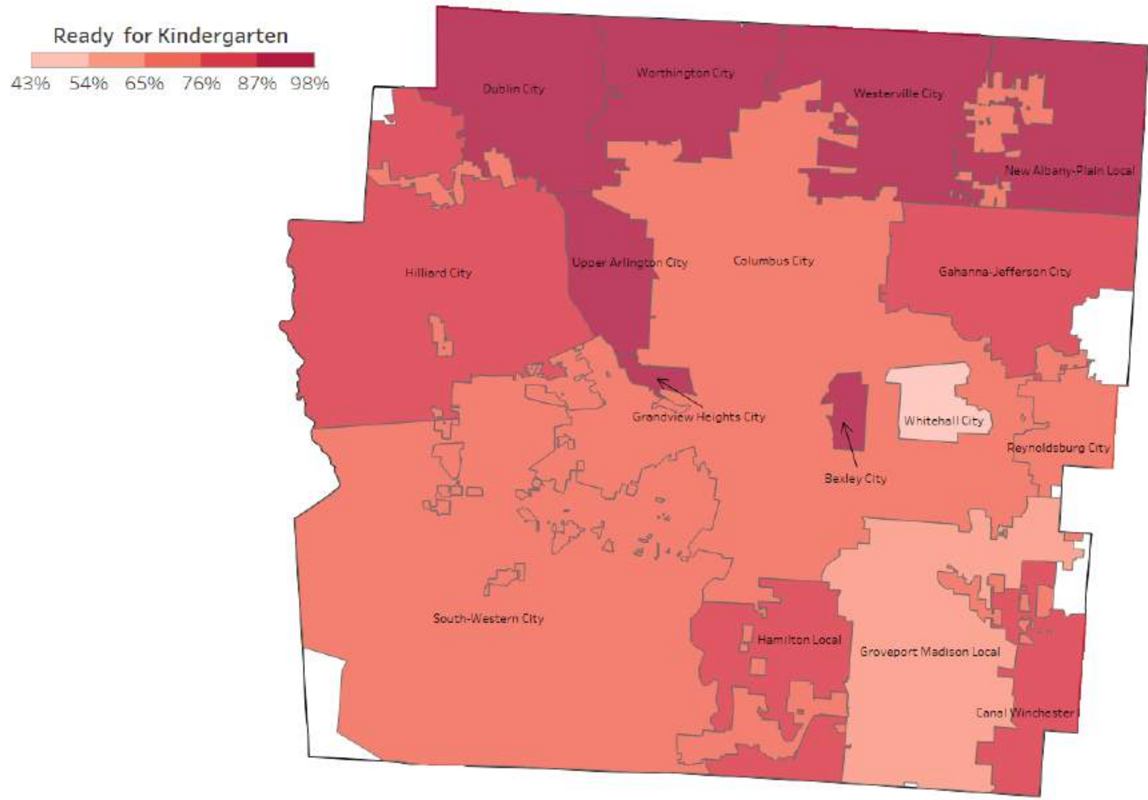
As measured by the Ohio Department of Education, 76.3% of Franklin County children score in Bands 2 and 3 of Ohio's Kindergarten Readiness Assessment.

Educational Proficiency[23]

	Franklin County			Ohio
	HM2016	HM2019	HM2022	HM2022
Students Ready for Kindergarten	68.8%	73.4%	76.3%	77.3%

The school districts in Franklin County with the lowest rates of students who are ready for kindergarten are Columbus City, Groveport Madison Local, Reynoldsburg City, South-Western City, and Whitehall City. The school districts in Franklin County with the highest rates of students who are ready for kindergarten are Bexley City, Grandview Heights Schools, New Albany-Plain Local, Upper Arlington City, and Westerville City.[24]

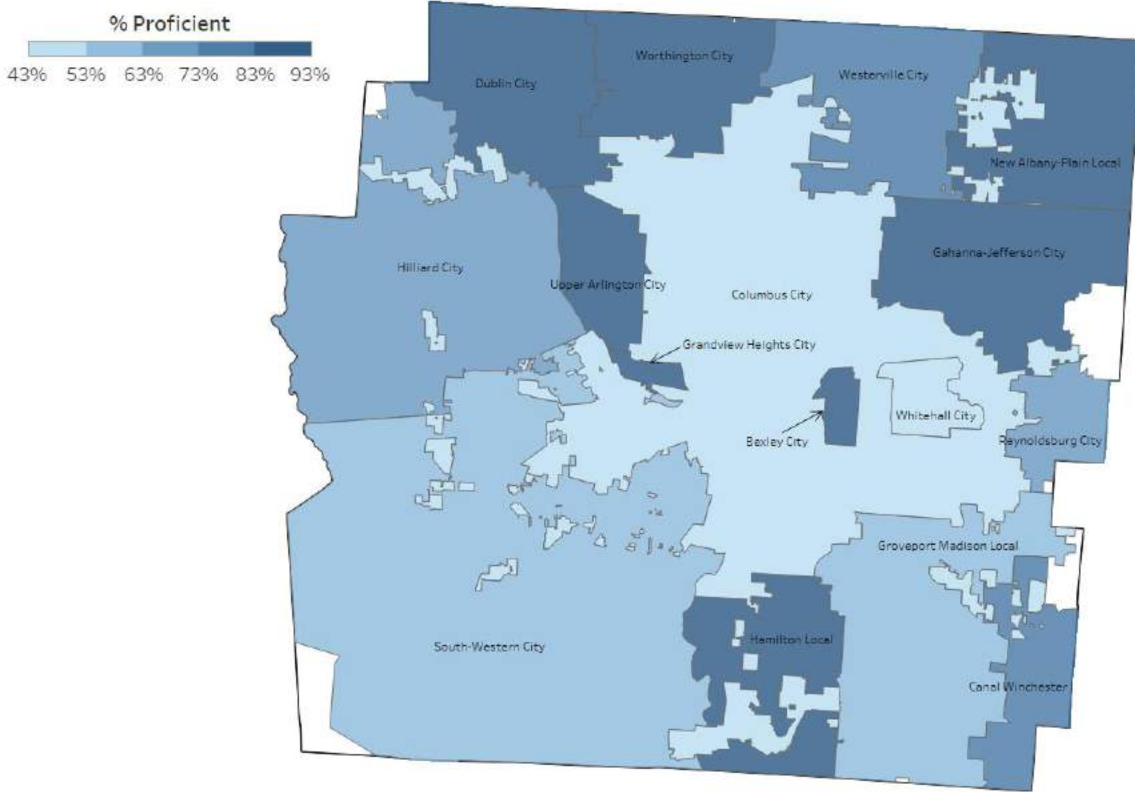
Kindergarten Readiness, by School District



Special emphasis is also placed on the third grade when measuring educational outcomes of a community, because after third grade, students are expected to "read to learn," rather than "learn to read." Accordingly, educational outcomes like high school graduation can be impacted if reading proficiency is not attained.[25]

The school districts in Franklin County with the lowest rates of 3rd grade students who can read at proficient levels are Columbus City, Groveport Madison Local, Hilliard City, South-Western City, and Whitehall City.[29] The school districts in Franklin County with the highest rates of 3rd grade students who can read at proficient levels are Bexley City, Grandview Heights, Hamilton Local, New Albany-Plain Local, and Upper Arlington City.[26]

3rd Grade Reading Proficiency, by School District



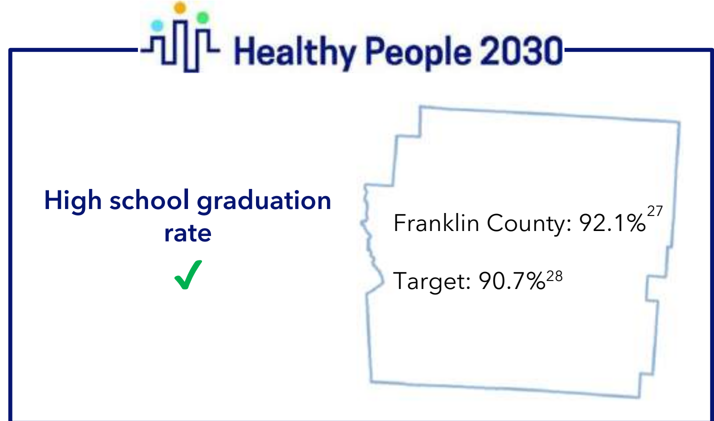
The four-year high school graduation rate is the percentage of ninth grade students that received a high school diploma in four years. Franklin County's four-year high school graduation rate is better than national figures, but slightly under Ohio's rate of 93%.

High School Graduation Rate[27]

	Franklin County			Ohio		USA
	HM2016	HM2019	HM2022	HM2022		HM2022
Four-Year High School Graduation Rate	**88.6%**	**87.8%**	**92.1%**	**93.0%**	▲	**88.0%**
Male	90.4%	>89.0%*	92.9%	92.9%		87.3%
Female	92.3%	>91.8%*	89.4%	93.3%		88.6%
Black or African American	86.8%	76.2%	72.6%	86.8%		79.6%
Asian / Pacific Islander	91.9%	81.1%	87.3%	89.2%		87.1%
Multiracial	88.8%	87.3%	90.9%	88.4%		89.2%
Hispanic	79.8%	63.7%	69.5%	77.7%		70.5%
White, non-Hispanic	92.8%	92.0%	93.8%	92.1%		93.3%

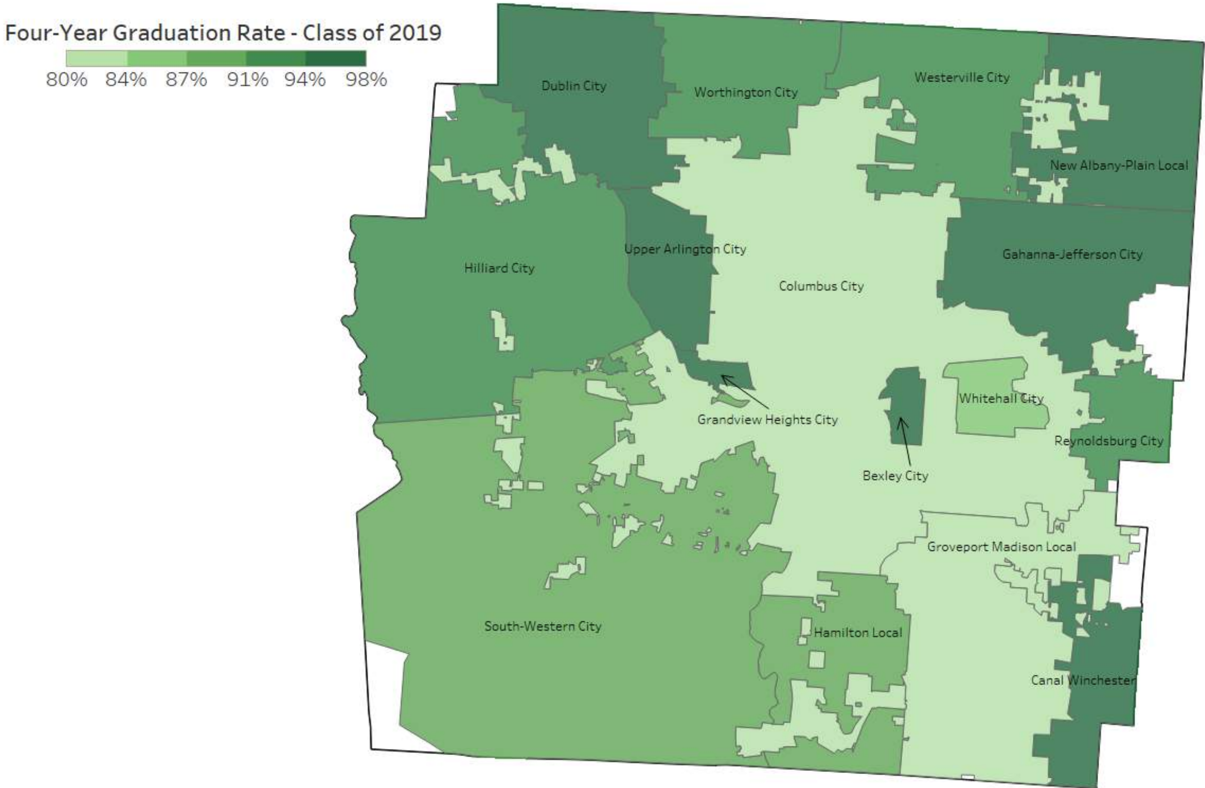
Note: Sex and racial graduation rates for Franklin County & Ohio are an average of all individual school district sex and racial graduation rates.

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



The school districts in Franklin County with the lowest high school graduation rates are Columbus City, Groveport Madison Local, Hamilton Local, South-Western City, and Whitehall City. The school districts in Franklin County with the highest high school graduation rates are Bexley City, Canal Winchester Local, Dublin City, New Albany Plain Local, and Upper Arlington City.[29]

High School Graduation Rates, by School District



Community Voices on Education's Health Impact

Community members focused less on the importance of formal education for health outcomes, and more on the importance of health education specifically. They did mention how those with lower levels of formal education may be less confident asking questions related to their health in medical visits and engaging in self-advocacy.

Communities need more accessible and quality education about how to be healthy, involving nutrition, vaccines, and life skills like money management.

> "So we have mentioned the understanding of being able to be healthy and have an understanding of nutrition, right? And that's important to know how to be healthy, but somebody has to teach you that, right? And so if people don't have that access to education, they don't have access to what I would argue is the currency of freedom...It's the freedom to be able to make decisions that you want to make versus you'd have to make. It's the freedom to understand the implications of the decisions that you make down the line."
>
> "If access to formal education is one [issue], then access to quality information is two. Whether I have a formal education or not, if I have access to the type of information that can educate myself on the things that I need, that's equally important. There's a value to that, that I think we underestimate because making information available to people, there's information in all of these informal spaces that we don't capitalize on to make sure people are able to educate themselves on the issues that matter to them."
>
> "We need to be informed in a way in which the layman can understand."
>
> "My country has a better understanding about vaccination than this country, and it's really like a third world. How is that possible? I mean, honestly, how is that possible? This country has a lot of potential to do things way better. But the point is, we're targeting political issues, money issues, instead of health issues."
>
> "I think that health information needs to be given out more consistently on a regular basis and needs to be on the TV."
>
> "But exposure to other things really lacks, you know, in some communities, where you have children, no one's ever even seen what zucchini looks like or vegetables outside of their dreams? You know, I mean, things like that. So, it's like exposure sometimes that doesn't exist in formal education, or just education period."
>
> "Sometimes in the schools, some of the stuff like that is irrelevant for some kids. Everybody's not going to be a rocket scientist, so they need to teach how to live your life after you get out of school. Daily living, how to manage your money..."

The level of self-advocacy individuals engage in when it comes to medical care may be reflective of the skills learned in formal education.

> "I know my aunt, she doesn't like to ask questions because she's not very confident. She has a high school education, so I knew she was not going to ask the right questions [at her doctor's appointment] ...I feel like when people lack education, they don't inquire. They feel a little intimidated, so they just accept whatever the medical professional tells them as the gospel truth. No, you need to question. You need to ask. This is what you need to say, and I write things down for her. She still doesn't, so I have to actually show up."
>
> "There's a sense of self advocacy that you can't necessarily express what you're thinking. When you're in these moments of high pressure, when you're hearing bad news about your child from your pediatrician, you'll just be like, 'Okay, uh-huh, yes.' But you forget to ask, 'Why am I taking this medicine? How is it going to make it better? What should I do if I see these x, y, and z?' ...They don't ask questions about who's going to be there, how long is it going to take. And that comes with this special level of training that happens from your parents, but also it happens in school to be okay to ask."
>
> "They can go all the way through whatever levels of education, but if we're not giving people the tools to think for themselves, they're thinking about asking this question, they're like, 'Well, why is that like that? What does that mean?' Even stuff like what does that mean. So that critical thinking that often happens later on in education, but can happen earlier in school, can be inserted into any curriculum. Critical thinking is important to self-advocacy."

Employment Indicators

This section describes employment indicators that are related to other social determinants and future health outcomes, namely employment status and occupation.

The unemployment rate has decreased in Franklin County since the last *HealthMap*, following statewide and national trends.

Employment Status

	Franklin County				Ohio		USA	
	HM2016	**HM2019**	**HM2022**		**HM2022**		**HM2022**	
In Labor Force (Total)[5]	69.5%	69.7%	70.0%		63.3%		63.4%	
Employment Rate of Civilian Labor Force[5]								
Employed	93.4%	96.1%	96.5%		94.8%		94.8%	
Unemployed	6.6%	3.9%	3.5%		5.2%		5.2%	▲
Annual Average Unemployment Rate[30]	4.9%	4.0%	3.5%	▼	4.1%	▼	3.7%	▼

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

Employment Occupations[7]

	Franklin County				Ohio	USA
	HM2016	**HM2019**	**HM2022**		**HM2022**	**HM2022**
Occupation Types						
Management, professional, and related occupations	41.4%	42.1%	43.6%		37.0%	38.5%
Sales and office	24.0%	24.9%	22.1%	▼	21.4%	21.6%
Service	17.7%	16.8%	16.3%		17.2%	17.8%
Production, transportation, and material moving	11.3%	11.1%	13.1%	▲	17.0%	13.2%
Construction, extraction, maintenance, and repair	-	-	11.6%		20.7%	16.7%
Farming, fishing, and forestry	-	-	0.2%		1.0%	1.8%
Natural resources, construction, and maintenance	5.5%	5.1%	4.9%		7.5%	8.9%

Social and Community Context

This section provides insight on crime rates in Franklin County, as well as the impact of racial and ethnic identity on health outcomes.

CRIME AND SAFETY

In Franklin County, the total rate of property crimes that occur per every 1,000 residents remains similar to the last *HealthMap*. The rate of murder has increased in this time period. The rate of both violent crime and property crime are higher for Franklin County than for Ohio or for the USA overall.

Crime and Safety

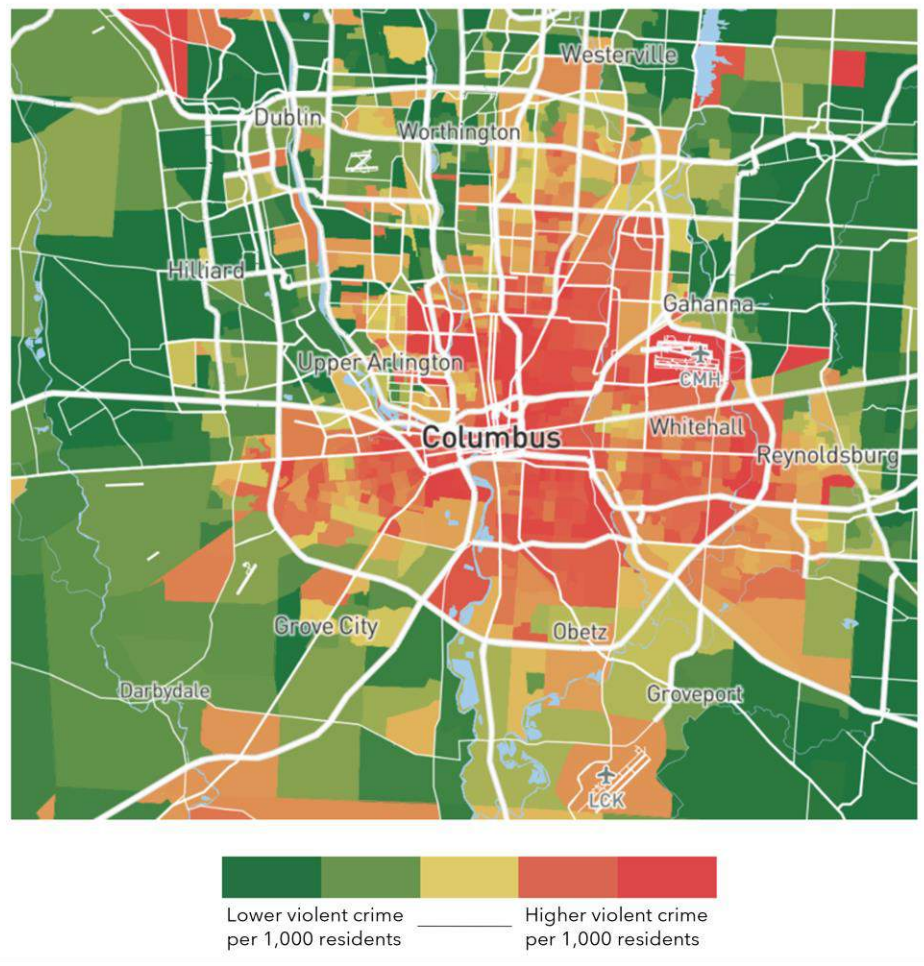
	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Violent Crime (Total)[31]	**4.5**	**3.8**	**3.9**		**3.0**		**3.7**	
Murder*	0.1	0.1	0.2	▲	0.1	▲	0.5	▲
Rape**	0.5	0.8	0.8		0.5	▲	0.4	
Robbery	2.7	1.8	1.7		1.0		0.8	▼
Aggravated Assault	1.0	1.2	1.3		1.5	▲	2.5	
Assault/Alleged Abuse Hospitalizations[32]* **	**141.3**	**89.1**	**90.0**		-		-	
Property Crime (Total)[31]	**47.2**	**34.4**	**34.2**		**23.9**		**24.5**	

Note: Rates for Murder, Rape, and Aggravated Assault are based on Columbus data only for HM2022.
Rate per 1,000 population, unless noted otherwise.
**US data includes nonnegligent manslaughter*
***FC&OH: Defined as "Forcible Rape" for HM16 and "Rape" in HM2019 & HM2022 | US: "Legacy definition" for HM16 & "Revised definition" for HM2019 & HM2022.*
****Rate per 100,000 population.*

The map displayed on the next page shows those areas of Franklin County with the highest rates of violent crime per 1,000 of the population. These areas include zip codes 43211, 43202, 43205, 43206, and 43222.

This analysis of violent crime includes incidents of robbery (from individual or commercial owners), aggravated assault, sexual assault, and homicide.

Zip Codes With Highest Rates of Violent Crime[34]



RACIAL AND ETHNIC BARRIERS TO HEALTH EQUITY

The concept of health equity means that no person is "disadvantaged from achieving their [full health potential] because of social position or other socially determined circumstances."[35] Throughout this report, multiple references to the impact of racial and ethnic identity on health outcomes suggest that health equity for all Franklin County residents has not yet been achieved. On the following pages, non-White community members detail the impact that racial and ethnic identities have on their health outcomes, and how racism forms barriers to achieving their full health potential.

Community Voices on Racial Barriers to Health Equity

Community members spoke about their experiences being Black and African American, Asian, and Hispanic/Latino in Franklin County. They see race impacting health in the quality of medical care received, increased mental stress and untreated mental illness, and the way structural racism forms communities with inadequate basic needs: like safety and access to nutrition.

Community members recounted personal experiences of feeling their race influenced them to get a low quality of care at a medical facility. Being perceived as a racial stereotype, having their demographic unrepresented in medical staff, and needing a translator for services can result in racial and ethnic minorities having a poor experience with the health care system.

> "I heard a lot of stories where people died from lack of care in a hospital. They don't even check on you or they just treat you a certain type of way. I just heard a lot of stories this year about stuff like that happening in hospitals. And [African Americans] are not examined...However, I went to the urgent care at least two to three different times because of what was going on. At least two of those three times, I was not even examined."
>
> "She said she was near death pretty much, and they weren't believing her, and I think it probably has a lot to do with the color of her skin."
>
> "I get treated like that, like, 'Oh, it's not time yet,' or 'Oh, we do see you have a whole bunch of cysts on your ovaries, but we're going to give you some Tylenol. Go home.' And so I don't know what else it is. And I can feel it when they're in my face, I can feel it, like they think I just want medicine. And it's a big problem. And I know many, many African American women who deal with that, especially at the emergency room, in the hospital, where you're going because you don't have another choice. It's a sick, sad problem."
>
> "We don't trust our doctors because we think that they just put us in a group...or we are illegal aliens to them that don't matter. Oh, you're Hispanic and Latina? I get scared to check that mark sometimes on paper."
>
> "She touched on it a bit about not seeing people who look like you. You know, that is a big difference for people. It does perpetuate a lack of trust or that massive fear. And so, you know, I have several friends in the medical field. Like OB or nurse midwives and nurses. I think it's about less than 10% here in the state of Ohio are Black women, as far as OB. But look how many Black women there are here or even Latina women. A lot of times, you see a White man."
>
> "From what my friends have told me, some doctors are really accommodating. They really want to treat the patient well. Other doctors are annoyed that they have to try to communicate with somebody through a translator. So I think that adds another level of how well a person feels like they're being treated or how well they actually are being treated based on language barrier."

Community members spoke about the mental strain of dealing with racism and other forms of discrimination, and the compounding issue of stigma related to seeking help for poor mental health.

> "That's another reason why there's so much drug addiction, so much drinking and escapism and not watching politics, unfortunately. It's because life is so incredibly burdensome living here [as a Black person]."
>
> "Well, as an Asian person, I think that it has greatly affected the Asian community. Ever since President Trump had said that it was the Wuhan virus or the China virus, there have been so many more attacks on the Asian community and more questions to me...So I think that it does magnify the virus in that you feel like you're getting blamed for it in a way, which is very unfair, but also, you have this anxiety and stress of the virus itself. And so it just magnifies the issues."
>
> "There's a thing called the chronic stress hypothesis, which thinks about things like racism and the way that it systemically functions in our society, right? So being a Black woman in America, being a Black man in America, being an Asian woman in America, regardless, the additional stress that comes from the racism you get...So over time, the thought is that the additional stress creates a chronic stress response that is going to cause communities of color not only to have increased rates of like low birth weight and preterm babies and diabetes, but there are some other genetic predispositions that can be turned on by chronic stress, then we end up with issues like increased risk of dementia, increased risk of mental illness, increased risk of heart disease."
>
> "Especially the mixed children. They are very confused if they're White or Black. When they go to school, they're Black, but they know themselves – That's one part of it, but when someone's just saying, 'You're Black, you're Black, you're Black,' and they go in the world just confused. The parents don't talk to them about certain things that they will encounter when they get into the world. Okay, at home, you know that you're mixed, but out in the world, you're going to be labeled Black. So that gets into their brain, and they deal with that in school because they don't know if they should hang out with White children or Black children. And the White children are not as accepting."
>
> "And there's stigma associated with seeking mental health for men as well, or men of color, but different, than women because we are mainly the caretakers of the home and the kids. And so like, if you don't have yourself straight, how are you going to be like taking care of other people. And there's a major, major fear and sometimes misconception about you speaking up, and getting the help you need for saying that you're having a hard time and your kids are going to be taken away to CPS, yes, that's a real thing. Yes, people do come in and take your children away, but it's not as rampant…"
>
> "And even in like as we were growing up, we were shown not to show a lot of like emotions to other people. So we're not supposed to show any empathy, any anything like emotional wise. So I think it's like when it comes to Hispanic culture, I think that's where they come from. They're taught a lot about not showing what you're actually feeling."

Community members talked about how racism makes people feel unsafe, and how neighborhoods with large populations of racial minorities do not have access to the same resources found in predominantly White neighborhoods.

> "So the comfort some of us might feel going outside to go for a jog to stay healthy and fit might not be received the same way in different neighborhoods for people of different color. So I think police violence, obviously, as a whole is a systematic health problem to communities, too."
>
> "You walk in the door as a Black person, light, brown, dark, light, whatever, you're suddenly a criminal from the get-go. And all of a sudden, the burden is on us to try and prove to you we're one of the good ones."
>
> "Maybe it's a matter of the interpretation of the idea of a health crisis. But I mean, there's obvious systemic violence against Black bodies in all communities across America. On behalf of police, on behalf of other community members. I cannot speak to access to health care being a racial issue other than maybe socio-economic status. But I can certainly see that if we're talking about health on a broad scale, that like violence against Black and people of color is obviously an everyday issue in America everywhere."
>
> "They're looking at different pockets of areas and look at where certain money went. It was like okay; we'll look at this area. This is probably a more White area. This is probably more a nicer area. Things of that sort. So from my experience it won't play a factor face to face, but as we go and look at the stats by the numbers, you'll see a disparity where one area might be more predominantly White, or one area might be more diverse."
>
> "There's even less opportunity for healthy food than there is in more upper-class neighborhoods…most of the customers in that store are foreigners, okay? So, they can throw, they think they can throw that off on them, those old vegetables and stuff and they buy them."
>
> "You don't see the meals and the vegetables that's needed in the communities, when you know the health risks are higher. Data proves that especially in communities of color, and African American communities alone, that have high blood pressure, Diabetes, and heart disease are number one. But yet still, you take this door and accessibility away from me that now I have to travel to somewhere where I can't go. But so now we'll go over to Family Dollar, so that racism is real."
>
> "And loads of lead levels and chemical wastes in the ground affecting our health that way."

ENVIRONMENTAL HEATH

The American Public Health Association defines environmental health as the branch of public health that focuses on the relationships between people and their environment. *Franklin County HealthMap2022* explicitly considered several environmental factors that contribute to healthy, safe communities; these factors are shown in the table on the next page.

Environmental Health

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Children tested for lead (less than six years of age)[36]*	207.46	212.74	197.21		172.48	▼
Heat and Pollution Measures						
# of days with moderate or higher levels of fine particle (PM2.5) pollution[37]	44	90	43		-	
# of days with moderate or higher levels of ozone pollution (March – October)[37]	59	46	35	▼	-	
# of days with maximum temperature equal to or greater than 90 degrees Fahrenheit[38]	20	31	30	▼	-	

**Age-adjusted rate per 1,000 population.*

Readers should note that multiple environmental health factors were identified by community residents who participated in the focus group sessions. In the future, additional sources of environmental health information will be identified and shared with the community.

MEASURES OF OPPORTUNITY IN FRANKLIN COUNTY

This section ends with an overarching, multidimensional view of a variety of social determinants of health among Franklin County and Ohio residents. The Opportunity Index data shown below have scores ranging from 0-100. The two counties in Ohio with the highest opportunity scores are Delaware County (71) and Warren County (63.7).[39]

- **Opportunity Score:** the average of the economic, educational, community, and health scores presented in the table.
- **Economy Score:** reflects a variety of economic measures (e.g., unemployment rate, median household income, number of people below the federal poverty level, income inequality, access to banking services, affordable housing).
- **Education Score:** reflects a variety of educational measures (e.g., children in preschool, on-time high school graduation rate, post-secondary education rate).
- **Community Score:** reflects a variety of civic measures (e.g., voter registration, violent crime rate, incarceration, access to primary healthcare, access to healthy foods).
- **Health Score:** reflects a variety of health measures (e.g., low birth weight rate, health insurance coverage, deaths related to alcohol, substance use, and suicide).

Opportunity Index[39]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Opportunity Score	-	50.8	54.1		49.9	
Economy Score	-	51.2	57.1	▲	57.5	▲
Education Score	-	62.3	59.7		51.7	
Community Score	-	43.4	51.7	▲	51.0	
Health Score	-	46.5	47.8		39.3	▼

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[22]U.S Census Bureau, American Community Survey 1-Year Estimates, 2019 (HM2022)

[23]Ohio Department of Education 2018-2019 (HM2022), (Franklin County), 2016-2017 (HM2019), (Ohio) 2015-2016 (HM2019), 2013-2014 (HM2016)

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[29]Ohio Department of Education, 2019. https://reports.education.ohio.gov/report/report-card-data-4-year-longitudinal-graduation-rate-district

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[31]Office of Criminal Justice Services, Crime by County Statistics (Franklin County and Ohio), 2017 (HM2022), 2016 (HM2019), 2012 (HM2016); FBI Crime in the United States, Table 1 (United States), 2016 (HM2022), 2016 (HM2019), 2012 (HM2016)

[32]Central Ohio Trauma System Registry. 2020 (HM2022), 2017 (HM2019), 2010-2012 (HM2016)

[33]RAIDS online database, 5/12/20-5/12/21

[34] https://crimegrade.org

[35]*Health Equity*. (n,d.). National Center for Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/chronicdisease/healthequity/index.htm

[36]Ohio Public Health Data Warehouse (2020)

[37]US Environmental Protection Agency. Air Quality System Data Mart available via https://www.epa.gov/airdata. (2020)

[38]Midwestern Regional Climate Center, cli-MATE: MRCC Application Tools Environment (2020)

[39]Opportunity Index, 2019 (HM2022), 2016 (HM2019). https://opportunityindex.org

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).

Mental Health Resource Availability

Mental health providers have higher ratios of residents to a single practitioner, compared to other types of health practitioners. Community members may face additional difficulty finding a practitioner who can relate to their experiences.

Emergency Health Care Utilization

The rate of utilizing emergency rooms for the lowest severity issues decreased since the previous *HealthMap*. Combining all types of visits, Black and African American residents utilize emergency care at higher rates than other groups.

Dental Care Access

The percent of adults unable to access needed dental care increased since the previous *HealthMap*.

HEALTH RESOURCE AVAILABILITY

The ratio of Franklin County residents per licensed physicians (MDs and DOs) is similar to the last *HealthMap*, with a current ratio of 238:1, meaning one licensed physician available for every 238 residents. In 2019 the number of residents per licensed physicians was 234. However, there has been improvement in the number of advance practice nurses and physician assistants per resident, with ratios decreasing for each of these practitioners.

The ratio of Franklin County residents per optometrists has also improved slightly, with a current ratio of one optometrist per 3,530 residents, compared to one optometrist per 3,639 residents in the previous *HealthMap*.

Health Care Providers

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Licensed Physicians (MDs and DOs)[1]	239:1	234:1	238:1		250:1	
Licensed Advance Practice Nurses[2]	846:1	703:1	540:1	▼	617:1	▼
Licensed Physician Assistants[1]	5181:1	3321:1	2278:1	▼	2806:1	▼
Licensed Dentists[3]	1259:1	1337:1	1214:1		1561:1	
Licensed Optometrists[4]	3640:1	3639:1	3530:1		4969:1	
Licensed Opticians[5]	4376:1	4785:1	4636:1		3798:1	
Pharmacists[6]	-	-	617:1		534:1	
Licensed Dieticians[1]	-	-	1894:1		2335:1	
Licensed Psychiatrist[1]	5718:1	6836:1	7152:1		7356:1	
Licensed Psychologist[7]	2305:1	2379:1	2258:1		3306:1	▼
Licensed Social Worker (LISW, LSW)[8]	333:1	339:1	333:1		299:1	▼
Licensed Chemical Counselor[9]	1341:1	1137:1	919:1	▼	809:1	

Community Voices on Health Resource Availability

In addition to the number of health care professionals available per resident, health resource availability also depends on the ease of scheduling and making it to appointments.

Community members recounted difficulty finding a medical professional with hours that work with their schedule, specifically the difficulty of managing health appointments along with their work responsibilities.

> "Right now, if I needed to go to the doctor, I have so much going on. I work with a special project that I can't afford to miss a day of work right now or a couple hours of work to go to the doctor. So that's a reason. If my doctor doesn't have any evening or very late afternoon hours, then it's not likely that I would get healthcare in until my project is done."
>
> "And I think a lot of that is actual employers. I know some people would come to work sick and not go to the doctor. But I work in a new place now, and I remember feeling like, I need to take off for this. And my supervisor was like, 'Oh, great.' It's approved. Any time you need to go do something for your health, it's approved. And I'm like, 'Whoa.' But you feel like you can't take that time off. You don't feel encouraged to really take care of yourself because work comes first. And I think getting employers to understand that people feel like that, but they should not make people feel like that would be really helpful, too."
>
> "Doctors have pretty much turned into an 8 to 5 service."

Community members spoke about the benefit of having a medical professional available by phone to help when they aren't sure if they need to see a doctor, and to answer questions quickly.

> "And even being able to pick up your phone and talk to a healthcare professional who's going to tell you, 'Okay, tell me, what are your symptoms? Do you have a thermometer? Can you take your temperature?' And you see if this is happening or that is happening, and then they will make a recommendation. And sometimes they're even able to send it to a doctor in your area so that when you go to the doctor, they're prepared for what's going on with you."
>
> "Like my insurance, I do have that, but what about people who don't have health insurance? They have a number I could call and even get the best doctor or ask those type of questions to a nurse, but that's for me because I have health insurance. But if you don't, you're kind of stuck going to the emergency room or going to urgent care. And when I did not have healthcare, I would go to the emergency room if I really needed to. And sometimes I just wasn't believed that I was either this sick or in this much pain or, 'Oh, go see your primary care.' I don't have a primary care doctor, so you're the doctor I'm coming to see, but you're not believing what I'm saying. So now I'm at a loss."

While the COVID-19 pandemic led to increased use of telemedicine options in place of in person appointments, telemedicine has its own barriers to accessibility. It can be difficult for members of the population to access "virtual visits" if they have trouble utilizing the technology involved (community members mentioned this specifically for the elderly population), and if they are without the necessary equipment or Internet bandwidth to participate in a telemedicine visit.

MENTAL HEALTH RESOURCE AVAILABILITY

The table on page 59 shows the ratios of Franklin County residents per licensed psychiatrists, psychologists, and chemical counselors. While ratios have decreased (improved) for both chemical counselors and psychologists per resident, the ratio has increased for psychiatrists.

The ratio of Franklin County residents per chemical counselor is 919 residents per chemical counselor compared to 1,137 residents in the previous *HealthMap*. The ratio of residents per psychologist is 2,258 residents per psychologist compared to 2,379 residents in the previous *HealthMap*. While this hopefully represents improvements in access for those in need of psychotherapy and chemical counseling for substance abuse issues, residents with more severe mental illness requiring medical treatments and prescription drugs may have less access to this than they did in 2019. The ratio of residents per psychiatrists is 7,152:1, compared to 6,836:1 in the previous *HealthMap*.

Community Voices on Mental Health Resource Availability

For mental health treatment to be most effective, some community members want a counselor who can relate to their experiences. However, this can be hard to find.

> “One of the other things that's a challenge is, for me, for example, when my first wife died nine years ago, I went to four counselors because I could not find a counselor that shared my lived experience enough to relate to what I was going through.”
>
> “So for example, in Columbus, specifically Franklin County, there's not many Black male counselors, and if that's something that you're looking for, that limitation contributes to your access.”
>
> “I understand why people might say, ‘I need to find somebody that looks and sounds like me that will help me navigate my issues,’ but that can be a strong barrier.”

Community members are unsure how to seek out help when they feel like they need treatment.

> “There still is a lack of information on what do if you think you have a substance abuse problem? What do you do if you think you're dealing with severe depression or anxiety or this or that? There's just not a lot of information on what steps to take after that.”
>
> “There can be an overload of information. Because it's like you're saying how you can go to WebMD, and you can look up certain things…there's so much different information out there. It brings you back to the point where if you have some anxiety and depression, and you're looking at all of this information, it's like you're just even more...overwhelmed, confused…”

> "I don't think that people out here would know where to start if they had a mental health issue. Like if they wanted to follow up with that and see a provider, I don't know if they even know where to look, or to reach out to."
>
> "I think sometimes if you can't, like physically see the problem, you don't know when it's time to ask for help and like, look or get help."
>
> "Cities and communities need to be working together to educate what you can get help for and what is available now. But when you have eliminated all the aspects of no education, nobody really working with each other, people pushing you off, and then the healthcare industry treats it as a luxury. You just have people who are suffering and causing suffering."

EMERGENCY HEALTH CARE UTILIZATION

The ED data presented in this report are for Franklin County residents who visited any Ohio emergency department and Ohio residents who visited any Ohio emergency department in calendar year 2019.

ED utilization can be representative of health resource availability due to individuals seeking care from the ED because they lack another known place to receive treatment. This can occur if they do not have a regular health care provider or have additional issues receiving care from another source. While the prevalence of using EDs for this reason is not apparent from current data, the existence of these cases can be inferred somewhat from the data collected on ED case severity, shown in next table.

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."

Emergency Department Visits[10]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Severity of Emergency Department Visits						
Level 1 (minor severity)	-	10.0	8.0	▼	6.7	
Level 2 (low to moderate severity)	-	52.8	51.7		43.4	▼
Level 3 (moderate severity)	-	161.3	162.0		173.2	
Level 4 (high severity, urgent evaluation required)	-	142.7	134.9		143.7	
Level 5 (high severity, immediate threat to life or function)	-	94.1	92.2		104.6	

Rate per 1,000 population who were treated and released by emergency departments

The total number of ED visits per 1,000 people in Franklin County has decreased since the last *HealthMap* (608.8 to 511.33) and is slightly less than the statewide rate. When breaking down ED visits by those who were treated and released versus those who were admitted into a hospital, the rate of patients who were treated and released decreased since the last *HealthMap,* while the rate of patients who were admitted into a hospital remained mostly similar.

The rate of individuals age 65 and older utilizing emergency departments (both treated and released and admitted into the hospital) increased since the last *HealthMap*. These individuals are more likely to be admitted into the hospital than other age groups.

Emergency Department Visits (Overall and By Age)[10]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Emergency Department Visits: Total	583.2	608.8	511.3	▼	537.4	
Emergency Department Visits: Treated & Released						
Total	-	546.3	449.7	▼	469.7	▼
0-18	-	709.7	331.1	▼	421.3	▼
19-64	-	508.9	498.1		497.4	
65+	-	427.7	550.2	▲	440.9	
Emergency Department Visits: Admitted Into Hospital						
Total	-	62.4	61.6		67.7	
0-18	-	18.6	18.9		15.0	
19-64	-	53.0	52.2		52.4	
65+	-	202.2	243.5	▲	189.6	

Rate per 1,000 population

Black or African American residents had a much higher rate of emergency department utilization than members of other racial/ethnic groups.

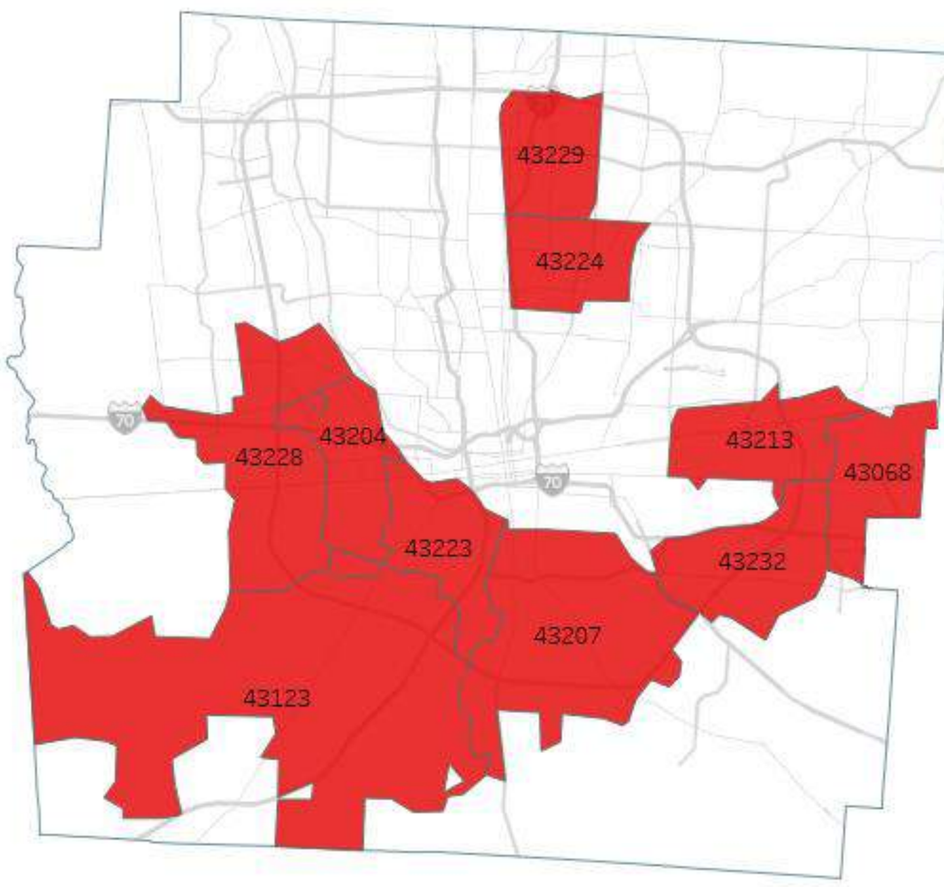
Emergency Department Visits (By Race)[10]

	Franklin County			Ohio
	HM2016	**HM2019**	**HM2022**	**HM2022**
Emergency Department Visits: Treated & Released				
White or Caucasian	-	-	355.8	587.9
Black or African American	-	-	719.2	875.7
Asian	-	-	0.2	0.0
Hispanic/Latino	-	-	81.9	172.4

Rate per 1,000 population

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

Emergency Department Visits (Most Frequently Reported Patient Zip Codes)[10]



Zip Codes	# of Visits
43207	37,314
43228	33,962
43232	31,923
43068	31,144
43204	30,529
43123	29,323
43229	29,163
43223	28,573
43224	25,926
43213	20,848

DENTAL CARE ACCESS & UTILIZATION

In Franklin County, fewer children aged 3-18 were unable to access needed dental care compared to the last *HealthMap* (3.9% compared to 5%). However, more adults were unable to access needed dental care during this period. In Ohio, the percentage of all age groups who could not access dental care increased since the last *HealthMap*.

Needed Dental Care But Could Not Get It[11]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Needed Dental Care But Could Not Secure It (Past 12 Months)						
Children age 3-18	4.7%	5.0%	3.9%	▼	5.9%	▲
Adults age 19-64	15.8%	11.4%	16.1%	▲	15.9%	▲
Adults age 65+	1.5%	1.3%	8.1%	▲	8.7%	▲

The percentage of residents who received dental care for any reason in the past year increased slightly from the last *HealthMap*.

Oral Health Indicators

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Oral Health Indicators						
Visited the dentist or dental clinic within the past year for any reason[12]	71.6%	69.4%	75.6%		67.4%	
Have had any permanent teeth extracted[12]	39.9%	38.3%	40.2%		45.1%	
Age 65+ who have had all of their natural teeth extracted[12]	16.4%	17.3%	17.7%		17.0%	
"Dental care" identified as a primary reason for using a hospital's emergency department[10]*	-	8.3	6.9	▼	8.0	▼

** Rate per 1,000 population.*

References

[1] Ohio State Medical Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[2] Ohio Board of Nursing, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[3] Ohio Dental Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[4] Ohio Vision Professionals Board, 2021 (HM2022), 2018 (HM2019), 2014 (HM2016)

[5] Ohio Vision Professionals Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[6] State Board of Pharmacy, 2021 (HM2022)

[7] Ohio Board of Psychology, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[8] Counselor and Social Workers Board of Ohio, 2021 (HM2022); Ohio Department of Administrative Services, 2016 (HM2019), 2014 (HM2016)

[9] Ohio Chemical Dependency Professionals Board, 2021 (HM2022), 2016 (HM2019), 2014 (HM2016)

[10] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019), 2013(HM2016)

[11] Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey, 2019 (HM2022), 2015 (HM2019), 2012 (HM2016)

[12] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2018 (HM2022), 2016 (HM2019), 2012 (HM2016).

Health Behaviors

This section describes some behaviors of Franklin County residents that affect health outcomes, including substance use and behaviors around nutrition and physical activity.

Key Findings

Substance Use

While illicit drug use appears to have decreased in Franklin County, deaths due to overdoses have increased since the last *HealthMap*.

Nutrition

Most Franklin County residents eat vegetables at least once a day, however, over 20% still do not.

Physical Activity

A majority of residents do not engage in enough physical activity to meet national guidelines.

Substance Use

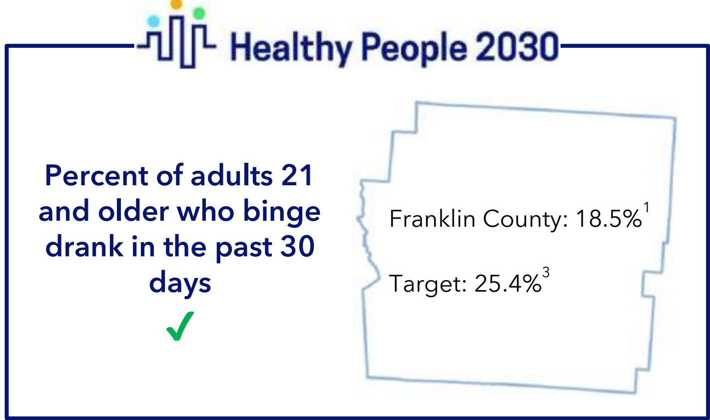
The percentage of Franklin County adults who are current smokers (22.7%) remains similar to the last *HealthMap* (21.9%). The percentage of Franklin County adults who are heavy drinkers (i.e., more than 15 drinks per week for men; more than 8 drinks per week for women) is also similar to the previous *HealthMap*.

Cigarette and Alcohol Use

	Franklin County				Ohio		USA
	HM2016	HM2019	HM2022		HM2022		HM2022
Tobacco Use[1]							
Current cigarette smokers	24.5%	21.9%	22.7%		20.5%		15.5%
Current e-cigarette users	-	-	6.8%		5.4%		4.6%
Current chew tobacco users	-	-	3.1%		4.3%		2.4%
Alcohol Consumption[1]							
Heavy drinkers	7.7%	6.2%	6.4%		6.5%		6.5%
Binge drinkers	20.5%	19.4%	18.5%		16.8%		17.5%
Driving While Impaired[2]*							
Crashes	-	113.7	114.0		111.8	▼	-
Deaths	-	2.7	4.9	▲	5.1	▲	-
Injuries	-	63.3	61.7		69.9		-

Rates of alcohol or drug related crashes per 100,000 population.

The percentage of Franklin County adults who identify 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) also remains similar to the last HealthMap, and similar to statewide and national percentages.



Community Voices on Alcohol Use

Community members know about the negative effects of alcohol on overall health and safety, and some have personal experience witnessing people they know dying or losing mobility and the ability to take care of themselves due to alcoholism. The major barriers community members see in terms of decreasing community alcohol abuse and its long-term health effects include a normalized drinking culture and alcohol's function as a cheap replacement to medical care for issues ranging from mental to physical.

Community members explained that the popularity of alcohol as a fun pastime along with its visibility in the community can overshadow its dangerous effects. This can also allow alcohol addiction to fly under the radar.

> "We have normalized drinking so much that it's a part of our culture."
>
> "I think there's probably a pretty big drinking culture in Columbus…you always hear about new bars and stuff opening. I just think about some people I know, like friends, neighbors that I have, who, it's a big part of life for a lot of people. And it might be at a point where they could be still getting up for their job every day and they're high functioning, but it's clearly taking -- Either they're drinking too much or it's starting to take a toll on things…but it's a lot more pervasive maybe behind closed doors that people realize."
>
> "Every Kroger's has an actual liquor store. Every Giant Eagle. It's part of your grocery shopping basically, and they put it right in the middle so you have to go by it no matter what. They act like alcohol is not alcohol or something, like it doesn't have an effect on you. It's so normalized. But then if someone is struggling with opioids, oh my God. You know what I mean?"
>
> "You celebrate, you drink. You're sad, you drink. You're mad, you drink; you want to chill, you drink."
>
> "Social media has also glamorized [alcohol]. Like Casamigos has been the drink of the year and summer."

Community members felt it was common to use alcohol to combat mental issues, and some people may use it in place of medical attention they cannot afford.

> "Talking about mental issues, too, a lot of people use alcohol to take care of their mental issues."
>
> "[They use alcohol to deal with] depression, anxiety."
>
> "I've got friends in my neighborhood who can't afford to get like a root canal done. So they'll be like, 'I'll just drink whiskey until I can't feel it.' Just using it in place of a lot of times that someone would have used medicine."

In Franklin County, trends of illicit drug use are lower than the previous *HealthMap,* apart from the use of marijuana, which has remained similar. Trends have also decreased in dependency/abuse of illicit drugs and non-medical use of pain relievers.

Illicit Drug Use*

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Illicit Drug Use (Past Month)								
Illicit Drug Use (all types)[4,5]	11.9%	13.1%	11.7%	▼	9.8%		10.3%	
Marijuana Use[6,7]	9.3%	10.6%	10.1%		8.5%		9.0%	
Illicit Drug Use Other than Marijuana[6,7]	4.3%	4.1%	3.0%	▼	2.6%	▼	2.7%	▼
Illicit Drug Use (Past Year)								
Illicit Drug Dependency/ Abuse[6]	4.0%	3.9%	3.4%	▼	-		-	
Marijuana Use[6,7]	16.0%	17.8%	16.6%		13.3%		13.9%	
Non-medical Use of Pain Relievers[6,7]	6.1%	5.6%	4.0%	▼	3.3%	▼	2.9%	▼

**Among the general civilian population aged 12 and older.*

Community Voices on Illicit Drug Use

Community members highlighted heroin, fentanyl, meth, opioids, and marijuana in their discussions about illicit substance use, and also expressed concern about overdoses from heroin and other substances. The issues community members raised related to these substances mainly focused on their use as a coping mechanism instead of mental health care, financial hardships that contribute to the sale of drugs in the community, and the difficulty of ensuring long-term recovery for those in need of treatment for substance issues.

Community members mentioned the ability of drugs to make people feel better mentally and emotionally, as a cause of drug use and abuse. Curiosity was also mentioned as a reason for drug use.

> "Using more drugs as a means of coping."
>
> "They don't really have a support system and it can be a way out."
>
> "I see people using [marijuana] in lieu of medicine sometimes. Like in times that you need, say like Zoloft or antianxiety medication, just smoking weed so that I feel more calm, or I feel like there's less going on in my mind."
>
> "To address chronic pain, you know, grieving a loss, just don't want to deal with it."
>
> "I'm so mad I'm gonna get high so I don't care about it."

> "Some just try drugs because they're curious."

Community members highlighted how financial hardships contribute to the presence of drugs in their community.

> "People buying their medication and taking what they need and then selling the rest so they can have more and get it legally, even though they're selling it illegally, whether it's ketamine or Percocet, Darvocet, any of that opioid family."
>
> "So I do know that in my neighborhood, there's at least one house that we have kind of thought maybe selling drugs from their house. And these people had jobs previously, and now they don't, so unfortunately, I think that's something that they've had to turn to."
>
> "Yes, I know there's people selling drugs, drug houses. What do you do when your neighbor stays home all day and sells drugs? What do you do? That's something you see in your communities. Do you report him every month?"

They also see addiction issues firsthand in their communities, and perceive treatment is not happening at the point it should. Community members felt that those in power could make changes to improve treatment and recovery outcomes.

> "I see a lot of people that are functioning drug addicts, and I had no idea...And it's normal, and these are hard drugs that can really do a lot of damage, and people are just doing it, going to their six-figure job and coming back home and abusing it."
>
> "There is a house in the neighborhood that the emergency squad apparently used to be at less frequently, but this specific person overdoses probably once a week."
>
> "Every off ramp and traffic light that has three or four different people with signs about being homeless or a veteran or needing help or whatever. And looking, you know that there's a there's a drug addiction issue that's going on. There's no citywide effort…There are things that can be done. It's not compassionate to let addicts live on the streets begging for money all day when there's other ways that other cities have addressed that that we're not necessarily doing here in central Ohio."
>
> "There's a lady that I've literally seen…sleeping in [the street]. During the day she just sits there. And I don't know. She's on something, obviously, but they're also asking policemen to drive by…I just don't understand how the community can't do better. It doesn't seem like the police cares. It's just like they just drive by and go, 'Well, that's normal.' "
>
> "Affordable housing [matters]. I was thinking more so like homelessness, and the people that are in the street, and then that's all they are is in the street. So they're going to meet those people that are in the street."

Community members disagreed about the amount of recovery options available but agreed that recovery is difficult if there is not attention to the underlying issues contributing to drug use and relearning healthy coping mechanisms.

> "So you start doing drugs, how do you stop. What are the options now, there's so few recovery options."
>
> "A lot of these facilities are not doing well, and they're not really getting great results so far with people that have been struggling with addiction their whole life, like they go to these things are so underfunded, they are they barely get the attention they need, and then they're back out."
>
> "There's not a lack of recovery options, but you have to make yourself clean. I can't make you get no cleaner than what you want to be. If you come back out and use drugs it's because you wanted to."
>
> "Whatever you're trying to not face by drowning into any kind of substance, you are going to have to face it, and if you want to correct it, you have to face it. So if you keep denying that that thing is happening to you, then you will not find the solution because you don't want to face it."
>
> "Like we were talking about, what options are there for you for help? That are really going to help, are you really going to be able to unlearn bad habits or unhealthy behavior and be taught other coping mechanisms?"

YOUTH SUBSTANCE USE

Thus far, the statistics for alcohol, tobacco, and other substance use presented in *HealthMap2022* have focused on Franklin County adults. Unfortunately, recent and reliable data are unavailable for these types of health behaviors among Franklin County youth. To provide a possible view into the prevalence of these health behaviors among Franklin County's high schoolers, the infographic shown on the next page presents Ohio-level information from its 2019 Youth Risk Behavior Survey.

Tobacco Use[8] *Among Ohio High School Students (2019)*			
	Measure	**Statistic**	**Racial/ethnic differences?**
	Ever tried cigarette smoking	21.5%	None observed
	Currently smoke cigarettes	4.9%	None observed
	Ever used electronic vapor products	47.7%	Higher prevalence among White or Hispanic students vs. Black students *(50.1% 46.1%, & 36.6% respectively)*
	Currently use vapor products	29.8%	Higher prevalence among White students vs. Black students *(32.1% & 19.4% respectively)*

Alcohol And Other Drug Use[9] *Among Ohio High School Students (2019)*			
	Measure	**Statistic**	**Racial/ethnic differences?**
	Currently drink alcohol	25.9%	None observed
	Currently binge drink alcohol	13.4%	None observed
	Ever used marijuana	29.7%	Higher prevalence among Black or Hispanic students vs. White students *(41.3% 37.9%, & 26.7% respectively)*
	Currently use marijuana	15.8%	Higher prevalence among Black students vs. White students *(23.9% & 13.9% respectively)*
	Ever took prescription pain medicine without a prescription	12.2%	Higher prevalence among Black students vs. White students *(23.5% & 8.9% respectively)*
	Ever used inhalants	7.8%	Higher prevalence among Black students vs. White students *(13.6% & 6.2% respectively)*
	Ever used cocaine	3.5%	Higher prevalence among Hispanic students vs. Black or White students *(10.6%, 3.7%, & 2.3% respectively)*
	Ever used heroin	2.0%	Higher prevalence among Hispanic students vs. Black or White students *(7.3%, 2.5%, & 1.2% respectively)*

MORTALITY

Despite the data that suggests the use of illicit drugs by Franklin County adults has decreased, the rate of unintentional drug/medication mortality has increased (from 24.1 to 40.6 per 100,000) since the last *HealthMap*. This means that out of 100,000 Franklin County residents, over 40 die each year due to drugs or medication. This is higher than the rate in the state of Ohio (36.4), which had a similar rate of deaths since the last *HealthMap* (36.8).

The recent increase in overdose deaths in Franklin County from fentanyl mirrors statewide patterns. In 2020, the opioid overdose antidote drug Narcan was administered 6,239 times in Franklin County. Franklin County deaths due to Opiates, Cocaine, and Alcohol also increased since the previous *HealthMap*. Rates of death due to Heroin and Benzodiazepines decreased during this same time period.

Drug Overdoses

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Narcan Administrations[10]	-	5,506	6,239	▲	45,932		-	
Unintentional Drug/ Medication Mortality[11]*	16.0	24.1	40.6	▲	36.4		-	
Drug Overdose Deaths[12]*								
Opiates	12.1	20.6	36.9	▲	30.8		-	
Heroin	7.1	9.2	3.2	▼	4.7	▼	4.4	
Fentanyl and Analogues	0.0	8.8	35.4	▲	28.1	▲	11.4	▲
Benzodiazepines	1.4	2.6	2.2	▼	4.1	▼	3.0	▲
Cocaine	4.9	9.9	16.7	▲	10.7		3.8	▲
Alcohol (all types)	2.4	2.5	6.4	▲	5.1		-	
Methadone	1.4	1.0	1.0		0.6	▼	-	
Hallucinogens	0.0	0.0	0.0		1.0		-	
Barbiturates	0.0	0.0	0.0		0.1		-	
Other Opiates	4.1	6.1	6.5		4.6	▼	-	
Other Narcotics	0.0	0.0	0.0		0.6	▼	-	
Prescription Opiates	5.8	15.0	-		-		-	
Other Synthetic Narcotics	0.9	9.0	35.1	▲	26.2	▲	-	
Other Unspecified Drugs	0.0	1.2	8.9	▲	21.7	▲	-	

**Rates per 100,000 population.*

Community Voices on Substance Abuse

For all types of substance use, the financial impacts are profound, and addiction can set off and contribute to a cycle of poverty.

> "I definitely think financial ramifications of any type of substance abuse is one of the biggest issues. If you're abusing alcohol, if you're abusing marijuana or pills or whatever the substance is, a lot of your financial resources go towards that, which causes you not to be able to sustain your home, which causes you not to buy your groceries, which in turn, you're losing your kids."
>
> "People's lives have been turned upside down because they smoke too much marijuana. They spend their whole check in a day, but that comes down to

> abuse because, on the other hand, marijuana can help someone who does not have an appetite, who can't eat, or someone who is going through chemotherapy or whatever it may be. But I do agree with what she said, it's been normalized, like the abuse of it and how much money people do spend on it because I have seen people who will spend their whole check on it. And they're fine because they're smoking it until it's gone. And now they're like, 'I have no money.' I think they do go hand in hand."

Community members expressed concern about how substance use in general impacts younger generations exposed to it through their elders.

> "If their kid comes in and sees them. And it normalizes it for that, and they think it's okay.
>
> "It's always going to go back to the kids for me. Substance abuse, I think it may be like the number two reason that kids are in the system, doesn't have a parent or a guardian. It's like the family that also causes trauma for those kids. Then they have to figure out how to cope with that trauma. And the way they know to cope with the trauma is what they've seen, and that's drugs and alcohol. So it's like this vicious cycle, but I think the biggest consequence is how it affects families, specifically kids."

Community members also expressed concern that substance use and abuse increased due to the COVID-19 pandemic. Many community members commented that either boredom from socialization decreasing, or worsened mental health brought on by isolation and increased stress led to more frequent substance use, from alcohol to drugs.

Nutrition

Over 40% of Franklin County residents eat fruit less than one time per day, similar to rates in the previous *HealthMap*. The percentage of residents eating vegetables less than once per day remains over 20%, also similar to the previous *HealthMap*.

Fruit and Vegetable Consumption[13]

	Franklin County			Ohio		USA
	HM2016	HM2019	HM2022	HM2022		HM2022
Consumed fruit less than one time per day	40.9%	45.2%	43.7%	42.7%		39.3%
Consumed vegetables less than one time per day	26.1%	24.3%	22.1%	20.2%	▼	20.3%

Community Voices on Nutrition

When asked about nutritional issues, community members spoke to numerous barriers affecting individuals' abilities to develop and/or maintain healthy eating habits. These issues can be collapsed into two broad categories: the availability of healthy foods in the community; and individuals' willingness to eat healthy foods. However, these are not discrete issues, as the difficulty in sourcing and preparing healthy foods is seen to contribute to preferences for fast food or "easier," unhealthy options. Youth suffer the nutritional consequences of these issues along with their parents or guardians.

Community members stated that having access to grocery stores is essential to eating healthy. By contrast, corner stores often don't have nutritious foods, and restaurants cannot guarantee this at an affordable price.

> "If you go to one of the corner stores, they might have it in the back, but you don't want it because you don't know how long it's been in there. If you're not in the grocery store, you're not going to find [fruits and vegetables]."
>
> "There's nowhere around me. I live in an area with tons of restaurants, tons of cafes. I try hard. There's nowhere for me to go to get a healthy meal that doesn't require hours of planning, cooking, and grocery shopping. Or that's not like $20 for a lettuce wrap."

However, grocery stores are not accessible enough, particularly in low-income neighborhoods. Healthy fast-food options are not common enough either.

> "It's a mile and a half to get to the closest grocery store by my house. But you can get the five different convenience marts or, you know, four or five different fast food places within walking and biking distance…If you've got somebody who doesn't have a vehicle, you know, and the temperature is hot, they can't get necessarily to the grocery store, but you know, they could walk to the corner store and get frozen pizza or a bag of chips a whole lot easier."
>
> "The accessibility [to grocery stores] is not equitable. It's not something that is offered. It's not something that is encouraged in certain neighborhoods."
>
> "As well as you can tell the difference of the neighborhood that you're in by your fast-food restaurants. There's not a lot of healthy fast-food options. in certain neighborhoods. You have to drive other places to get a good vegetarian meal or to get to other meals other than chicken."

Community members also mentioned access to the grocery store is an issue for the elderly population. One comment spoke about this in the context of COVID-19, where relying on other people for help grocery shopping became difficult. However, this lack of access may extend in general to this population and others with less mobility.

The food in grocery stores is also not guaranteed to be fresh and available when people need it. Some travel farther than their closest grocery to find the produce they need. The poor shelf life of produce found at some stores can also make people feel like they are wasting their money.

> "I'll drive to a grocery store farther from my house just to get the vegetables and fruit that I want because they don't even carry them at the grocery store."
>
> "And then it's not fresh, and there's no diversity. I don't want to go to my local Kroger because they have only a set amount of produce, and then that produce is not even fresh, so I have to travel farther."
>
> "The thing is, food don't last as long anymore. You go to a grocery store…In two days, you're about to cook, and it's spoiled. And that's why people rather go out or order out because it's like wasting money on the grocery store, or you feel like it's a waste."

People also questioned the "health" of different packaged foods or produce they buy from the grocery store. Concerns about false labeling and genetic modification frustrated some community members.

> "About the food, we don't know what we're eating these days. I bought salad or lettuce the other day. And when I went home and I opened up the package, it felt like plastic. I'm like, we don't know what we're consuming. It says organic…and we think we're buying organic but we're really not. It's trash."

> "And going back to what you said about greed, just the GMO, that's all about it. So they push that food overseas. They all say no, so they give it to us. So we're the ones that kind of keep all that food that's been modified. It's definitely not healthy."
>
> "I also think in the packaged foods, there's kind of sugar in everything, and so even if something's not a sugary food, there's sugar snuck into it. And that all adds up to this load of sugar that people are consuming maybe not even knowing."

Community members discussed alternative sources to the grocery store, including community gardens and farmer's markets. However, some participants expressed that the community discussion was the first time they had heard of these food sources in the community. Community gardens and farmer's markets may be unknown to a large portion of a neighborhood's population and have other barriers to utilization.

Community members said when it comes to preparing healthy food, not everyone has knowledge in cooking and nutrition to do this effectively.

> "I think there's just like a broad lack of education about what the nutrition is for people. I never learned in school or from my parents the macronutrients you should be eating or how to cook for yourself, how to source these things. It's certainly not taught in school that I'm aware of."
>
> "So you get young adults out on their own, and if you can't cook, you don't know how to make a pot of rice, some simple things. You don't come out of the womb knowing how to do that, but if you weren't taught…"
>
> "Even if you did have it, there's a lack of knowledge on how to prepare it. You could have a whole bunch of fresh produce and you're like, 'I don't know what to do with it.' So then you're stuck going to a fast-food restaurant or some other restaurant that may have it on their menu, and then they're selling at a higher price when we ourselves don't even know how to cook it."

Eating healthy by sourcing and preparing nutritious food takes effort and is work. After their actual job, people take advantage of efficient fast-food options that allow them to rest. Media may also play a role in drawing people away from cooking at home.

> "Another thing is that we want everything right now, too. People don't want to take the time to prepare a nice wholesome meal. You just want to get something real quick. You've had a long day at work. Let's just order out."
>
> "Like we're rewarded for grinding, so to speak. For constantly being moving 40/50/60/70/80 hours a week…The last thing you want to do is go home and fix anything that takes more than 20 minutes, you know. So that means that you're eating out of a vending machine. You're ordering out of a drive thru."

> "Every time we turn the TV on whatever, we're trying to work out, we have the issue where everything's like 4 for 4 so everything is so easy for people to stop making food at home and it's healthier. The fast-food option is being pushed in our faces too much."

Speaking to youth nutrition, community members emphasized that children are not taught how to practice healthy eating habits at home or at school. Media directed to kids involving fast food may also make this lesson more difficult to ingrain. If left unchecked these issues contribute to obesity and malnourishment that lead to larger health issues.

> "I think it's such a cycle, too in families. If they were brought up being like 'fast food for dinner,' they're most likely to do that with their kids."
>
> "Also, working in a school, the food they're feeding them is not good. The breakfast they're getting is like a cinnamon roll, not healthy breakfast options. I don't know. I feel like that needs to change."
>
> "Food can definitely be a barrier, especially when you have young children and you're trying to teach them how to eat properly, and they see McDonalds and happy meal places and Barbie 'works' at Starbucks."
>
> "Obesity, but malnutrition. So a kid could be morbidly obese on Twinkies. And so like vitamin, nutrient deficiency and how that affects their teeth, their vision, their hair falling out, like their attention, their ability to stay alert, or to sleep or not sleep."

To improve youth nutritional outcomes, community members pointed to examples set by other countries and other solutions to teach children about healthy foods.

> "[In Canada] they're invested heavily in educating the parents to give healthy food to their kids just so people will be healthy and the cost of healthcare doesn't rise. So it would be nice to have something similar. I don't know if I'm going to be alive when it happens…there was absolutely no candy at schools, a no candy policy. So we learned at an early age to demand those healthy habits, eating fruits and vegetables."
>
> "It would really be nice to find those farmers and get food to the schools and have some people volunteer to help chefs set up a menu that doesn't cost an arm and a leg, but yet has all the nutrients that the kids need. It might not be very expensive, but put some help from volunteers or be able to come up with some menus that are healthy for kids."
>
> "I used to work at a school, and one of the teachers actually took it upon himself to create a garden at the school. He had a garden club and taught the kids how to grow fruits and vegetables that they could eat for healthier options, but also grew stuff that could be served at the school for breakfast and lunch."

Physical Activity

Under one quarter of Franklin County residents meet aerobic and strength guidelines (22%). According to the U.S. Department of Health and Human Services, 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.[14] In Franklin County and Ohio, youth aged 18-24 have the highest percentage of individuals meeting these guidelines. Similarly in both Franklin County and Ohio, the percentage of individuals meeting the guidelines tends to increase as household income and educational attainment increase.

Meets Physical Activity Guidelines[13]

	Franklin County HM2022	Ohio HM2022		Franklin County HM2022	Ohio HM2022
Total	22.0%	20.9%			
Age			**Household Income**		
18-24	28.6%	29.9%	<$15,000	-	13.5%
25-34	20.7%	22.6%	$15,000-$24,999	15.3%	16.9%
35-44	25.4%	19.1%	$25,000-$34,999	16.1%	18.6%
45-54	18.6%	18.6%	$35,000-$49,999	21.8%	18.0%
55-64	25.5%	17.6%	$50,000-$74,999	26.7%	25.3%
65+	16.4%	20.5%	$75,000+	30.9%	26.1%
Sex			**Disability Status**		
Male	23.0%	24.1%	No disability	25.7%	23.9%
Female	21.1%	17.9%	Disability	12.7%	14.0%
Race/Ethnicity			**Educational Attainment**		
White, non-Hispanic	22.5%	20.4%	Less than high school	-	11.0%
Black, non-Hispanic	20.6%	21.3%	HS diploma or GED	16.1%	18.6%
Hispanic	-	23.8%	Some college	26.3%	22.0%
Other, non-Hispanic	-	28.7%	College graduate	27.0%	26.7%
Multi-racial	-	30.6%			

Community Voices on Physical Activity

The major barriers community members see when it comes to getting adequate amounts of physical activity are cost and relatedly, the awareness of low-cost activities in their communities. For adults, physical activity comes second to their jobs, and exhaustion after

the workday can be a barrier to pursuing additional physical activity. For youth under 18, community members repeatedly mentioned the emphasis of technology on health behaviors and habits around physical activity. They also perceived a lack of community centers, like Boys and Girls Clubs, centered around youth activities at low costs for parents.

Community members explained that physical gym memberships and local recreational activities can be cost prohibitive. Those with little money to spend to go somewhere for activity may be unaware of discounted opportunities for activities in the area, and community members perceived a lack of advertising for this.

> "Gym memberships are expensive. If you want to join a gym – Well, some of them aren't expensive, I guess, but a lot of them are expensive."
>
> "More community centers…that would be like on a sliding scale. I think they don't advertise it maybe purposely. But then that kind of hindering a lot of people who don't have the funds to do stuff like that."
>
> "I also think there's a lot of information at the city don't necessarily put out that's available out there. For lower income neighborhoods, like you can get a family pass to go to the Franklin Park Conservatory for like 40 or 50 bucks. People don't know that."
>
> "Some of those places are even free right now. If you are at a library closest to like Franklin Park, there's like a limited amount of passes for seven days for your whole family for free... So though the conservatory isn't necessarily like physical fitness, right? But it's just getting you up and moving in the city and there is a park there, playground, and you could walk the grounds and get some exercise so there are options they just don't always advertise."

Community members also perceived an overemphasis on paid recreational activities, while people may not take advantage of the free opportunities, like parks, at their disposal. Transportation issues and having multiple children could make the necessary trips to community assets harder. Feeling unsafe going to a trail or park by yourself was also mentioned by a community member.

Those who are employed may prioritize rest during their time off from work, leaving them little time and energy to exercise in between other responsibilities.

> "A lot of people don't have time to work out because after work, especially with my husband. He gets so drained mentally at work that, when he comes home, he just wants to lay down. Because when you come home, you've dealt with so many things at work. "
>
> "A lot of people are at their jobs more than they're at home or you could have a physical job. And the two days that they give you off, you're like more trying to calm down from those days than you are doing something."

Community members mentioned the impact of technology on promoting sedentary lifestyles in general, but especially for youth. Community members perceive children not to be active, because they rarely see them playing outside. Instead, the children they know seem to spend a disproportionate amount of time online.

> "She mentioned something about just the health starting with our kids, with the youth. What I also feel is a huge issue for overall health, physical, emotional, social health, is the fact that our kids are not active."
>
> "They're drawn to social media. They don't go outside and play anymore. It's rare that I see children playing, so they're not getting the exercise."
>
> "I think we do a good job in Central Ohio of having those outdoor resources, but how much kids actually utilize them, I think, is just really low. And I do think the screen time thing is a huge contributor to that."
>
> "I was just amazed by how hard it was to get [my friend's son] away from his iPad. I was like, 'Let's go jump on the trampoline. Let's go for a bike ride.' And it was like I had to pull him out the door to do those things because he just wanted to be with his iPad."
>
> "My nephews are in the house, playing video games."
>
> "They're using it [the internet] more, and the more other kids don't play outside, it just dwindles the number down and down because you have less people to play with. So if only one person out of 10 will go outside and play with you, you're probably not going to ask as much."

Community members perceive a lack of low-cost after school activities for children that include different types of physical activity.

> "Growing up, they had Boys and Girls Club on every corner, and that was your after-school program, and you learned how to play a variety of sports. It was structured…there really aren't those types of resources for kids to go to unless you're willing to pay for it, and that was just a free program that was available…and I found out that I love field hockey that way, and I never would have played that without that… I feel like the only one I know of is Milo Grogan, and that's not necessarily close."
>
> "In Canada, we had a community center where everyone knew each other, like if everyone came from the same family and a lot of different activities like speed skating. They would bring up someone to teach them how to fish, all kinds of activities that my children have been exposed to when we were there, and now that I don't have it, I find it so valuable."
>
> "I know that the parks and recs, they have their programs, too, but again, that's also pay for each little thing…So I think like those types of community resources to keep kids active and give them exposure to things that they're interested in outside of the typical football, basketball, baseball, swimming."

References

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2018 (HM2022: e-cigarette and chew tobacco users), 2016 (HM2019), 2013 (HM2016).

[2] Ohio Department of Public Safety Crash Statistics System, Alcohol, Drug, & Fatal Statistics Report (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019). https://ohtrafficdata.dps.ohio.gov/crashstatistics/home

[3] Healthy People 2030 objective SU-10, U.S. Department of Health and Human Services

[4] 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 2018 and 2019 (HM2022), Average of 2011, 2013, and 2014 (HM2019), Average of 2010, 2011, and 2012 (HM2016)

[5] 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 2016, 2017, and 2018 (HM2022), Average of 2015 and 2016 (HM2019), Average of 2013 and 2014 (HM2016)

[6] 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), 2016-2018 (HM2022), 2012-2014 (HM2019), 2010-2012 (HM2016)

[7] 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 2018 and 2019 (HM 2022); Average of 2015 and 2016 (HM2019), Average of 2013 and 2014 (HM2016)

[8] Ohio Department of Health, High School Youth Risk Behavior Survey Tobacco and Electronic Vapor Product Use Report, 2019

[9] Ohio Department of Health, High School Youth Risk Behavior Survey Substance Use Report, 2019

[10] Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers By County, Ohio, 2020 (HM2022), 2017 (HM2019), 2013 (HM2016)

[11] Ohio Department of Health, Resident Mortality Data (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016); Centers for Disease Control and Prevention, WISQARS Fatal Injury Data (United States), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016)

[12] Ohio Department of Health, Resident Mortality Data (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2013 (HM2016); National Institute on Drug Abuse, Overdose Death Rates (United States), 2019 (HM2022), 2015 (HM2019), 2013 (HM2016)

[13] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2015 (HM2019), 2013 (HM2016)

[14] U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services, 2018.

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

Key Findings

Infant Mortality

While infant mortality has decreased since the last *HealthMap*, the rate remains above the national goal. Rates of infant mortality among Black infants remain significantly higher than other racial and ethnic groups.

Maternal Health

Lower rates of adolescent pregnancies occur at present compared to the previous *HealthMap*. Many maternal health outcomes and behaviors have not improved, with higher percentages of pregnant mothers diagnosed with diabetes, engaging in substance use while pregnant, and without health insurance.

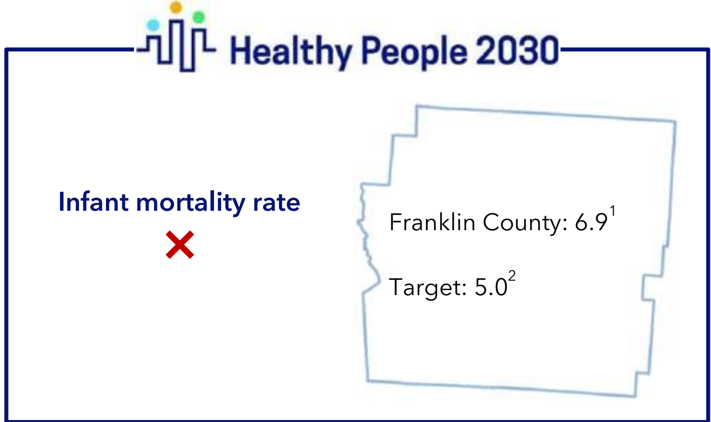
In Franklin County, 127 infants died before their first birthday in 2019. Overall, the infant mortality rate has decreased since the last *HealthMap*. However, this rate remains higher than the national rate.

The infant mortality rate among infants who are Black has decreased since the last *HealthMap* (from 15.2 to 11.4 per 1,000 live births) but remains considerably higher than infants who are White (4.3 per 1,000 live births).

Infant Mortality[1]

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Infant Mortality								
Total	8.3	8.7	6.9	▼	6.9		5.7	
Non-Hispanic White (NHW)	5.7	5.8	4.3	▼	5.1	▼	4.6	
Non-Hispanic Black (NHB)	13.7	15.2	11.4	▼	14.2		10.8	
Racial disparity (NHB:NHW)	2.4	2.6	2.7		2.8		2.3	
Asian/Other Pacific Islander	-	-	3.1		4.4		9.4	▲
Hispanic	-	-	6.7		5.4	▼	4.9	

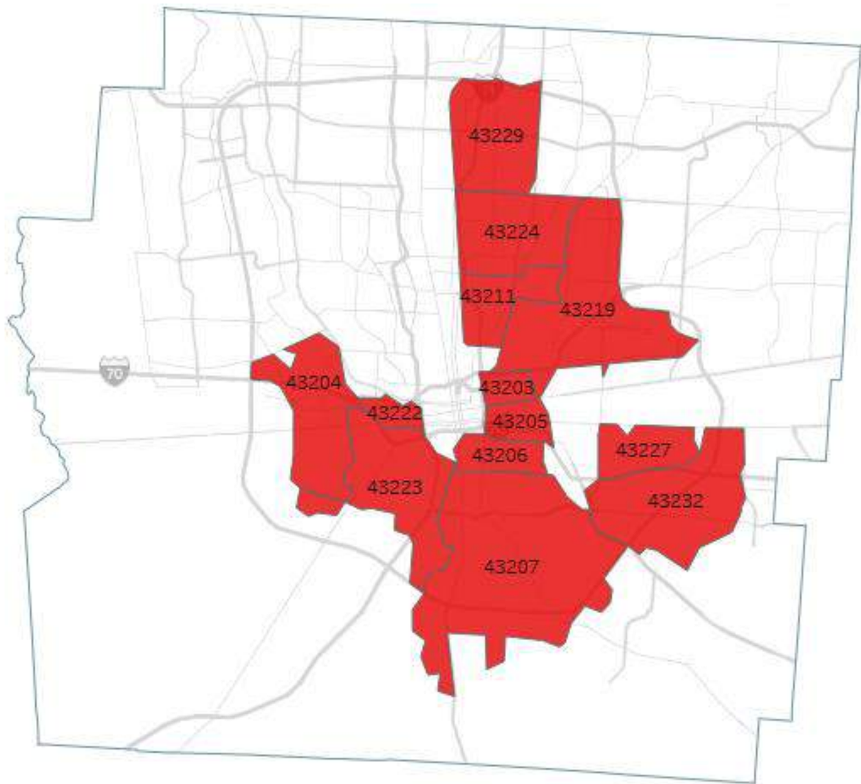
Rates per 1,000 live births.



As additional context, research by Celebrate One (a community-wide, collaborative initiative created to reduce the Franklin County infant mortality rate while also cutting in half the racial disparity with this issue) found that the infant mortality rates for both non-Hispanic White infants and non-Hispanic Black infants are substantially higher in certain Franklin County zip codes.[3]

For example, while the overall infant mortality rate in Frankin County was 6.9 in 2019, it was 50% greater (10.5) in the 13 zip codes shown in the figure below. Those zip codes correspond to Celebrate One's priority areas and tend to be those that historically have experienced high levels of poverty and low levels of outside investment.

Franklin County's Priority Areas for Infant Mortality Prevention Efforts[3]



Community Voices on Infant Health

Community members are concerned about infant mortality, and especially those causes that are avoidable – due to parental behaviors and lack of resources or health care.

> "Our infant mortality is through the roof. Like worse in the state of Ohio, worse than some third world countries."
>
> "Not making it to their first birthday for whatever reason, and it's nine times eight times out of 10 it's not because they have a medical issue."
>
> "I know some people that are like I'm just gonna like take a little nap with my baby right next to me. Which, like you're not supposed to do at all, or all of these things have some of think are not a big deal. And then something really terrible happen that you're not making into their first birthday."
>
> "If you don't have enough diapers for your baby that comes through, like if they have diarrhea that can turn into a yeast infection to an open skin wound. And you can become septic, it can go very quickly. Baby boys who are circumcised and don't get proper care of the area that can get infected and lead to terrible outcomes."
>
> "Especially for African Americans. You just don't get the same attention and care. It's crazy to me that this is our reality."

Black and African American community members said breastfeeding is not standard enough in their communities. Misconceptions may be present about the health value of bottle feeding compared to breastfeeding.

> "Things like breastfeeding, you may not have had that experience, have friends or a family member or a sister [who breastfed their children]. As a young mother, that's difficult. There are programs and there are ones in our community, but maybe there's not enough communication or outreach."
>
> "I feel like, in my community, the doctors are pushing for people to bottle feed their babies. I knew better than to do that, but they pushed for that. And I don't know if they did it in another community…"

In Franklin County, the rates of estimated pregnancies and live births among adolescents decreased for most age groups. However, Franklin County's rate of adolescent pregnancy and live births is higher than the state and national rates for those aged 15-17.

Adolescent Pregnancies and Births

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Adolescent Pregnancies[4]								
Under age 18	9.7	8.1	7.2	▼	7.1		-	
Age 18-19 years	79.9	67.8	56.4	▼	61.3		56.9	
Age 15-17 years	25.6	21.6	19.0	▼	17.9		13.6	▼
Age 10-14 years	0.8	0.6	0.7	▲	0.5	▼	-	
Adolescent Live Births[5]								
Under age 18	5.2	3.7	2.9	▼	2.7	▼	2.6	▼
Age 18-19 years	46.9	41.0	27.1	▼	36.0	▼	31.1	▼
Age 15-17 years	13.8	10.0	7.7	▼	6.9	▼	6.7	▼
Age 10-14 years	*	*	*		0.1	▲	0.2	

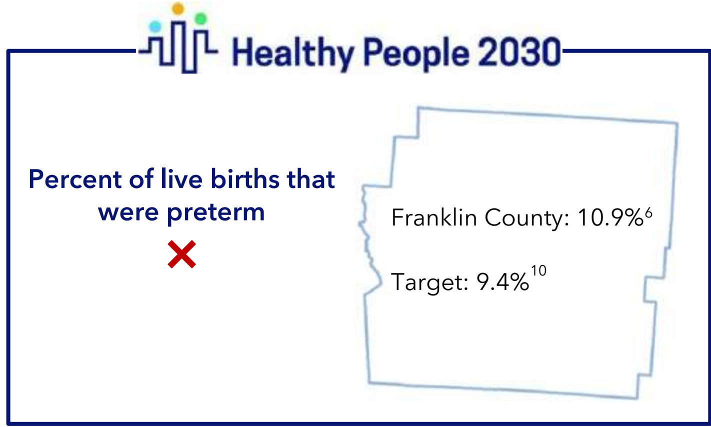
Rates per 1,000 females in same age group unless otherwise noted.
**Indicates a rate calculation was suppressed due to low counts.*

Abortion rates in Franklin County have decreased since the last *HealthMap*, and the percentage of low birth weight babies (i.e., <2,500 grams, or 5.5 pounds) and preterm births have remained relatively constant. The rate of babies hospitalized with neonatal abstinence syndrome, a result of mothers using drugs during pregnancy, is 12.9 out of every 1,000 live births in Franklin County, a rate similar to Ohio overall (12.5).

Other Neonatal Data

	Franklin County			Ohio		USA
	HM2016	HM2019	HM2022	HM2022		HM2022
Preterm Births[6]						
Preterm births (<37 weeks)	10.4%	10.7%	10.9%	10.5%		10.2%
Low Birth Weight[7]						
Low birth weight babies (<2500 grams)	7.2%	7.4%	7.6%	7.1%		8.2%
Very low birth weight babies (<1500 grams; included in above %s)	1.8%	1.9%	1.9%	1.5%		1.3%
Neonatal Abstinence Syndrome (NAS)[8]						
Rate of NAS hospitalizations*	-	12.3	12.9	12.5	▼	-
Abortion[9]						
Total induced abortions**	14.0	11.1	10.6	8.5		11.3

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



MATERNAL HEALTH INDICATORS

Preconception health and behavior indicators are listed in the table below. Before becoming pregnant, 5.8% of women in Franklin County had been diagnosed with diabetes, which is an increase from the last *HealthMap*. 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. In Franklin County and Ohio, about one-quarter of pregnancies were unintended, meaning these women did not want to get pregnant or wanted to get pregnant later.

Prepregnancy Health

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Prepregnancy Health						
Had hypertension[11]	-	4.9%	5.3%		5.2%	▼
Had a depression diagnosis[11]	-	-	17.6%		18.9%	
Was overweight or obese[11]	-	48.5%	-		55.3%	
Had Type 1 or Type 2 diabetes[11]	-	4.7%	5.8%	▲	3.0%	▼
Did not take multi-, prenatal, or folic acid vitamins the month before pregnancy[11]	-	49.9%	49.0%		50.7%	
No PAP test[12] (past 3 years)	15.0%	13.1%	-		-	
Did not want to be pregnant or wanted to be pregnant later[11]	-	24.8%	24.6%		25.9%	▼

The percentage of those who smoked cigarettes during their third trimester increased, though it is a smaller percentage than in Ohio overall (8.2% vs. 10.1%). The percentage of women age 18-44 without health insurance in Franklin County also increased since the last *HealthMap*.

Prenatal Health

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Prenatal Health						
Smoked cigarettes[11] (3rd trimester)	-	5.0%	8.2%	▲	10.1%	▼
Drank alcohol[11] (3rd trimester)	-	7.4%	11.7%	▲	9.3%	
No health insurance[13] (age 18-44)	16.5%	12.0%	16.8%	▲	10.7%	
No health checkup[11] (past year)	-	28.0%	32.3%	▲	30.8%	▲

Community Voices on Maternal Health Indicators

Community members commented on maternal health indicators including substance use, lack of prenatal care, and some specific health conditions. After childbirth, community members pointed to postpartum depression and lack of support for mothers as important health issues. The COVID-19 pandemic also contributed to a lower level of maternal support throughout pregnancy.

Community members felt that substance use while pregnant is not taken seriously by some members of their community.

> "A lot of your younger people, they do drugs. And of course, this is going to affect newborns."
>
> "Pregnant woman not caring about chain smoking cigarettes even though I'm pregnant. And then the baby suffers because of that."
>
> "Marijuana is a big one…I think the legalization of marijuana has made pregnant women feel a little more okay with smoking while they're pregnant. They'll smoke up into a certain month, and then they'll stop."
>
> "Mental issues because of their parents are drinking alcohol."

Pregnant mothers may also put off or have barriers to prenatal care.

> "But during the COVID time, many of the pregnant mothers were not able to visit theirs doctors in timely fashions, and they didn't know the position of the baby sometimes. And the delivery had been very complicated, and they did not get the sufficient prenatal and even the postnatal care also."

> "Lack of prenatal care. I'm noticing a lot of mothers are not going to the doctors right away. They're several months in before they'll even schedule their first doctor's appointment."
>
> "There's not a lot of clinics anymore for reproductive health for women. That is something that we didn't talk about as far as a healthy community, having a women's health clinic or reproductive health clinic. That's important to have. I mean, I drive all the way up to Westerville for mine just because she gave me so much personalized attention that I will never go to another doctor."
>
> "That was my first positive experience in a long time with a doctor going for reproductive health, and I don't think people are going to their prenatal appointments."

Community members pointed out a few physical health issues they knew impacted maternal and infant health.

> "People are not recognizing that Endometriosis is a huge issue right now. I know probably five women who have lost their babies recently. They were pregnant, and then they just lost them. So miscarriage is crazy right now in my community."
>
> "Preeclampsia is like an epidemic, especially for Black women."

Postpartum depression was regarded as a common issue in many Franklin County communities.

> "There's been an increase, I think, in postpartum depression because they don't get as much help as maybe they would have."
>
> "I feel like also a lot of people in the community that deal with postpartum depression without really being properly diagnosed with that, and it turns into mental health issues. And because of how you're perceived by your community, you don't want to address the issues and go and get help. That also can be an issue."
>
> "And we can go down another whole other rabbit hole about Black women and pregnancy and postpartum how that's just not treated."
>
> "I have a friend who's going through postpartum depression right now, and I have a niece that did the same thing when she was. And that's a rough thing to go through. It's hard on the child. It's hard on the mother."

Community members also pointed out that some maternity leave practices do not provide mothers with adequate support post-birth.

> "And related to maternal health, I mean, ours is a joke. As far as like the time you get off, you know, other countries are doing it right like giving them and their partner leave, like six months, or a year, or even three months."

> "They only gave my husband a week off of work. And like one week is nothing, I wouldn't even barely be out of bed in a week. Like that doesn't help. On top of that we got two kids at home already. So it's like, I think it's the double standard that the men don't have to be there as much as the woman. But really, we fall back on our husbands when we're down."

COVID-19 increased maternal anxiety and stress during pregnancy, as mothers faced restrictions on bringing support persons to appointments and socializing.

> "I mean anxiety. Especially throughout all of it just like being pregnant and having a baby, all within a pandemic. Maybe your partner doesn't come to an appointment with you because they're not allowed. You can't have any kind of support person."
>
> "So it makes you feel alone in your pregnancy. Sometimes you're like, I got to go through all this by myself. And then the doctors only care so much. Yeah, they only see a little bit and you get in your head sometimes. So it's very hard, especially in a pandemic."
>
> "Any news that you get that's not good news, you're used to or want to have somebody with you. So that is anxiety inducing. Anybody knows stress and anxiety is terrible for someone who's pregnant."
>
> "It's a little harder when you weren't able to have a baby shower or you weren't able to have the social supports to then bring your baby into the world and be mentally healthy afterwards."

COVID-19 also made it more difficult for mothers to receive the education and resources customarily provided during pregnancy.

> "So like childbirth, education, newborn classes, those have been canceled completely. Or you are doing your hospital tours online. And that's not why you signed up for a tour. You want to see it and like feel it right. You don't want to like see it on camera. So all of that plays into what that experience is going to be like, right?"

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[1] Ohio Department of Health, Public Health Data Warehouse (Franklin County and Ohio), 2019 (HM2022), (Franklin County), 2016 (HM2019); National Vital Statistics Report, 69(7) (United States), 2018 (HM2022); Ohio Department of Health, Infant Mortality Data (Ohio), 2016 (HM2019); National Kids Count Data Center (United States), 2015 (HM2019), 2011 (HM2016); Ohio Department of Health, Vital Statistics (Franklin County and Ohio), 2012 (HM2016)

[2] Healthy People 2030 Objective MICH-02, U.S. Department of Health and Human Services

[3] Celebrate One, Data Dashboard January – March, 2021

[4] Ohio Department of Health, Bureau of Vital Statistics (Franklin County and Ohio), 2018 (HM2022); Guttmacher Institute, Pregnancies, Births and Abortions in the United States, 1973–2017: National and State Trends by Age (United States), 2017 (HM2022); Ohio Department of Health, Bureau of Vital Statistics Teen Pregnancy Report (Franklin County and Ohio) 2016 (HM2019); Ohio Department of Health, Bureau of Vital Statistics Teen Pregnancy Report (Franklin County and Ohio) Teen Pregnancy Report 2013 (HM2016)

[5] Ohio Department of Health, Public Health Data Warehouse (Franklin County), 2019 (HM2022), 2016 (HM2019), 2013 (HM2016); Hamilton BE, Rossen L, Lu L, Chong Y. U.S. and state trends on teen births, 1990-2019. National Center for Health Statistics. 2021. (Ohio and United States), 2019 (HM2022), 2016 (HM2019), 2013 (HM2016). Age 15 and over. National Vital Statistics Report (Ohio and United States), 70(2), 2019 (HM2022), 64(12), 2014 (HM2019), 64(1), 2013 (HM2016). Age 14 and under.

[6] Ohio Department of Health Public Data Warehouse (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2014 (HM2016); Centers for Disease Control and Prevention, Kids Count Data (United States), 2019 (HM2022), 2014 (HM2019), 2012 (HM2016)

[7] Ohio Department of Health Public Data Warehouse (Franklin County and Ohio), 2019 (HM2022), 2014 (HM2019); National Vital Statistics Report, 69(7) (United States), 2018 (HM2022); 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)

[8] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019)

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[10] Healthy People 2030 objective MICH-07, U.S. Department of Health and Human Services

[11] Ohio Department of Health, Ohio Pregnancy Assessment Survey, 2019 (HM2022), 2016 (HM2019)

[12] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data 2016 (HM2019), 2012 (HM2016)

[13] U.S. Census Bureau, American Community Survey 1-Year Estimates, 2019 (HM2022); U.S. Census Bureau, American Community Survey 5-Year Estimates, 2012-2016 (HM2019), 2008-2012 (HM2016)

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 Health Issues

Rates of depression in the community remain over 20% and the rate of suicide in Franklin County still does not meet the national goal. Community members point to the amount of negativity people are exposed to in their communities and via media sources, lack of adequate emotional support for youth and adults, and the wide-ranging effects of the COVID-19 pandemic as contributors to poor mental health.

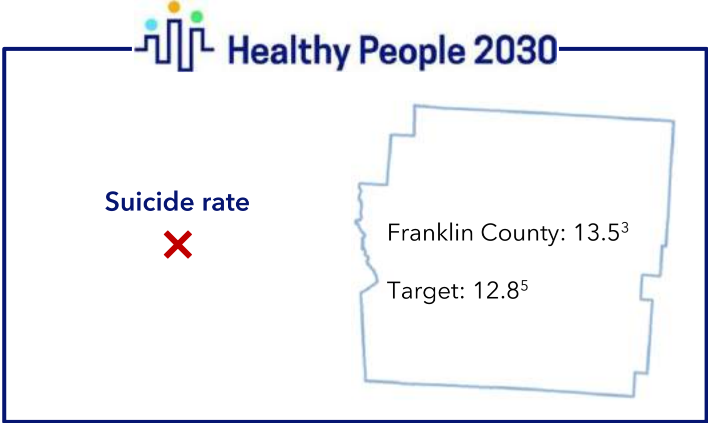
Just under a quarter of Franklin County adult residents have been told they have a form of depression.

The rate of suicide attempts leading to hospitalization has increased since the last *HealthMap,* as has the suicide rate.The rate of psychiatric admissions remains similar to that observed with the last *HealthMap*.

Mental Health Indicators

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Depression Prevalence[1]								
Ever been told have a form of depression	25.2%	21.8%	23.1%		20.3%	▲	19.7%	▲
Suicide								
Attempted suicide leading to hospitalization[2]* (self-inflicted injury)	-	4.9	6.8	▲	-		-	
Suicide[3]**	11.6	12.3	13.5		15.2	▲	14.5	
Psychiatric Admissions								
Psychiatric admissions[4]***	49.1	35.7	36.1		37.8		-	

**Rate per 100,000 population*
***Age-adjusted rate per 100,000 population*
**** Rate per 1,000 population*



Community Voices on Adult Mental Health Issues

Community members were very concerned about the mental health issues of anxiety and depression. They spoke to the various contributors to poor mental health as well as what should be done to mitigate these issues and the barriers to doing so.

Community members were most concerned with how anxiety and depression cause suicidal ideation and actions.

> "The attempts or the thoughts [of suicide] is what is prevalent, not the actual action, but that's just as bad, if you ask me, to deal day to day with feelings like that."
>
> "Anxiety is a killer also. Anxiety can drive you to suicide as easily as depression can."
>
> "I guess I can only really speak to the age groups I interact closely with, millennials probably 25 to 40. And I personally have known several people who have been victims of suicide and many more who have had those sorts of thoughts without expressing them very openly."
>
> "People killing themselves and loved ones."

As a cause of poor mental health, community members pointed to the amount of negativity people are exposed to, from tension and violence they see in their communities, to that which they see happening through social media.

> "I think something that hasn't been said, but we get a little anxiety about the gun violence and just in general, how many people are dying from violence in the community. We live downtown, so it's going to happen, but even Chicago, like 54 people were shot this weekend. It's got me a little bit more worked up recently. Columbus is like the record year."

> "Nearly every day I get a notification about [gun violence]. That just happened a while ago. I mean, it happens everywhere. It's just worrisome. That's just something I've been worried about community-wise."
>
> "I just think a lot of stresses, a lot of people have that in neighborhoods because they're afraid to get out. And that isn't good for your health at all, when you're afraid to get out in your community."
>
> "I would also say more exposure through social media or the news, just everything going on, whether it's COVID or all the things going around in the world, whether it's wildfires or unrest…I think that we just have a lot more exposure than we did prior to, say, the internet as far as what's going on. I think people can go down a spiral."
>
> "Increase in hate."
>
> "There has been a lot of racial tension."

Support from other people encourages good mental health outcomes, and not having this support can contribute to poor mental health or make existing issues worse.

> "Not having that support, I mean, I raised two sons. I'm grateful my sons are grown men now. But I can imagine having babies right now. I had so much support that I could take a mental health break by sending my kids to my friend's house, and then we would swap. I would keep hers or send them to my mother, my parents' home. But people just don't have that now. It seems like, you know, either, you know, some people are not fit, or they're just not accessible or not willing. But it's like moms are like, mom and/or dads are just like out on their own now."
>
> "Before COVID, I remember reading an article about aging and how when a person gets older, the less they experience the human touch. People don't touch them much. People avoid them."
>
> "I was active duty military, so I've seen a ton of people that had mental health issues, and they wouldn't go seek attention, and it could just turn out for the worse."

Community members also spoke about how negative valuations of self-worth impact poor mental health outcomes.

> "As a society, we struggle with knowing self-worth and self-value...Everybody struggles with that because we have media telling us this is what you need to be, this is what you need to look like, this is the way you need to dress, this is the neighborhood you need to live in, this is how much you need to make, et cetera."

> "I know one person that committed suicide in the community…a lot of times it's right in the home. The family may cause someone to want to commit suicide. I know the guy that killed himself, it was because his family, his wife, cheated on him. He found out and he just couldn't take it..."

Community members noted how COVID-19 contributed to poor mental health outcomes by hindering typical modes of receiving social support.

> "I think a lot in the past year, we haven't been able to socialize as much, and some people do need that social outlet. So it's harder to make meaningful connections and talk about things you're going through because you're at home by yourself."
>
> "And you've got this combination of people staying home, already disconnected maybe from their in-person workplace. They're also experiencing this extreme political divisiveness over the ongoing pandemic and everything."
>
> "You can't even get your nieces, nephews, sons and daughters, grandchildren, you can't even get their affection, and so the void becomes bigger."
>
> "When you talk physically, people were really separated, and we could not get to know each other and the celebration, the events, that we used to have, you know. Generally, we were totally isolated on that part. And you deal with people who started experiencing some kind of, you know, anxiety and depression."

COVID-19 also made people feel powerless as they struggled to adjust to changes to their lives.

> "I think we're trying to process all the changes that have come our way, quickly and often its difficult. Or, you know, just mentioned families earlier, whether regardless of your family structure, you've had to adjust your life in some way, shape, or form."
>
> "People don't feel they have control anymore. Their control was taken away. Kind of like a powerless thing, because we were told we had to stay and we had to wear a mask. You have to do this, or you should. There's pressure about the vaccine. There's pressure now for the children. All kind of pressure."
>
> "There were a lot of contributions in regard to job loss and loss of members of their family who they lost due to COVID or due to other things."
>
> "And that's obviously something I think my generation at least have never experienced before. So to be able to be told absolutely no to traveling or doing anything really that you wanted to do prior was a pretty sobering experience that this is the world we could live in…"

Community members pointed to the experiences of workers that suffered heightened pressure and stress during COVID-19 due to the nature of their positions.

> "I think it definitely contributed to the mental health issues because I know that there were teachers that I was pulling out of dark places who just were very frustrated with the public learning platform that we were using. And so it was very challenging for them to try to grade the students and have to try to prepare them for the testing, which they thought was ridiculous that they had to take."
>
> "I think we talk about young people when it comes to suicide…but a lot of people are dealing with a lot of issues to the point where they just want to end it. And we need special support for everyone, not just certain age groups. Parents are dealing with that. Teachers are dealing with that. Health care workers are dealing with that."
>
> "A lot of people around me work in the service industry. And a lot of them are actually have been working through this whole thing...So that's a whole other level of anxiety that they are having to deal with that…having to go through all the scary, scary information that was going on at the very beginning and not knowing just how communicable it was…There's a couple of nurses that live in my building that it impacted them pretty severely."

Community members also commented how financial concerns during the COVID-19 pandemic increased feelings of stress and anxiety.

YOUTH MENTAL HEALTH

Because the number of youth suicides (e.g., among those age 15-24) was so low in recent years, a rate cannot be calculated for this. This in itself suggests an improvement in this indicator from the last *HealthMap* (12.8 per 100,000 of the population).[6]

Community Voices on Youth Mental Health Issues

Concerns about youth suicide and suicidal ideation were common among community members.

> "I'm an educator, and I had a lot of students who had come to my office and who would talk to me about having suicidal thoughts and struggling with suicide a lot this past year and talking about how their parents were unable to help them."
>
> "I have a 17-year-old in high school who lost two people in his school to suicide within the last two years that he knows. That's something that they wanted to resort to. That's something that they talk about as an option to deal with their teenager concerns."
>
> "I think having more available health resources in school…But that would be really helpful because those people are trained to recognize those signs. Kids

> are at school for eight hours a day, and there might be that time when somebody catches somebody and could save a kid's life. A lot of the social media and the lack of activities contributes to depression and anxiety, and kids don't know what really that is or how to deal with it, but if they can get help early enough, it could possibly prevent them from having suicidal thoughts or attempting suicide."
>
> "I think our young people are going through so much pressure to be perfect, to be the best, to be famous, to be the breadwinner sometimes. And so I do think that our young in Reynoldsburg actually are facing issues with suicide, suicidal attempts, and mental health issues that have suicide ideations. Over the summer, I did get a couple of emails from the school district saying that we lost a couple of kids over the summer."

While adult residents mentioned pressure to be perfect, social media, and bullying as contributors to poor mental health for youth, these conversations lacked more specific insight from youth about contributors to suicidal ideation.

Community members were also concerned with youth "raising themselves" due to parents unwilling or unable to consistently care for them.

> "Got a lot of young parents today, so these kids is raising themselves a lot of times. Parents out there partying, on Facebook, and doing lives. And kids is doing whatever they want to do. Then they want to blame them when the teacher call saying such and such is having issues in school. You got to look at the parent."
>
> "The parents aren't taking care of them. They're not having somebody check on them or stay with them while they're out partying. So like he said before, they're raising themselves."
>
> "Yeah, a lot of kids are having to grow too fast. Again, become the support system for their siblings and it's hard because the parents are going back to work now. did a lot of stuff is still not opening. So it was like a 13 year old has to become a 20 year old overnight to take care of the family while the parents are out doing what they have to do."
>
> "And then also like something affecting kids 18 and younger is just like, like they're home alone, you know, like so their parents can't be home. They can't afford latchkey. You know, the 13-year-old walks with a six-year-old home and they just fend for themselves. And there's not necessarily anything wrong with it. But that social emotional component is important too, which leads into all kinds of issues."

Along with concern about parents being present to provide physical and emotional support for their children, community members also mentioned parental stress contributing to poor parenting, and children modeling negative behaviors of their parents when it comes to substance use.

COVID-19 affected mental health for youth in similar ways as adults, in isolating them from social circles while they faced numerous changes to their daily lives. However, youth may face additional difficulty understanding their emotions and how to articulate them or seek help during this time.

> "Maybe for kids, too. They were stuck. They were just sitting playing video games, and then they have to adjust going back to school. Some schools are hybrid. Some schools are still remote. So it's stress, and people trying to adapt to things changing faster than they can adapt to."
>
> "School was an outlet for lots of things for children for activity, socialization, and then more. With the pandemic, obviously, with people having to be at home, a lot of that was lost...So, I think it's just added a lot of different stressors for not only the parent but for the child too, because they didn't have that structure…that affects, you know, your children's health as it relates to physical and their mental health. We, as adults, who are struggling with change, think about the kids, and how they don't even have the skills to deal with the change."
>
> "Having those honest conversations with your children, even with young children, how they're feeling around COVID… All my children are under five, and… they want to know, 'Why can't we go here? Why can't we go there? Why do we have to video chat with grandma and grandpa?' That does affect them."
>
> "I feel like with COVID especially, I think a lot of children are depressed, but they don't know what it is. They don't know how to convey how they're feeling."

HOUSEHOLD AND COMMUNITY VIOLENCE

In Franklin County, the number of child abuse cases is similar to the last *HealthMap*.

Child Abuse[7]

	Franklin County				Ohio		USA
	HM2016	HM2019	HM2022		HM2022		HM2022
Child Abuse Cases*	13,353	13,580	13,737		101,243		1,945,512
Child Abuse Case Types							
Physical abuse	35%	42%	-		30%		17.5%
Neglect	22%	19%	20%		26%		74.9%
Sexual abuse	11%	9%	-		9%		9.3%
Emotional maltreatment	1%	1%	1%		1%		-
Multiple allegations of abuse and/or neglect	12%	10%	-		18%	▲	-
Family in need of services, dependency, & other	19%	19%	15%	▼	17%	▼	7.0%

**Child abuse cases are total screened in traditional or alternative response referrals for which the public children services agency completed a comprehensive assessment (CAPMIS), as well as accepted referrals for families in need of services.*

Reported domestic violence incidents decreased since the last *HealthMap,* however the total number of victims increased.

Domestic Violence[8]

	Franklin County				Ohio		USA
	HM2016	HM2019	HM2022		HM2022		HM2022
Domestic Violence (DV)							
DV incidents	10,138	11,224	7,471	▼	38,475	▼	-
DV victims	7,247	6,781	7,006		65,845		-
DV victims with injury*	53.5%	43.3%	46.9%		41.7%		-

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

Reports of abuse, neglect and exploitation of adults age 60 and older in non-protective settings such as homes and apartments have decreased in Franklin County since the last *HealthMap*.

Elder Abuse[9]

	Franklin County			
	HM2016	HM2019	HM2022	
Elder Abuse Reports				
Reports of abuse, neglect, and exploitation of individuals age 60+ in non-protective settings (i.e., independent living environments such as homes and apartments)	1,258	1,635	1,229	▼

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[8] Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Report (Franklin County and Ohio), 2019 (HM2022), 2017 (HM2019), 2013 (HM2016)

[9] Ohio Office of Aging, 2018 (HM2022), 2016 (HM2019), 2013 (HM2016)

Death, Illness, and Injury

This section describes Franklin County residents' overall health status, along with the leading causes of death, illness, and injury.

Key Findings

Overall Health Ratings

Most Franklin County Residents rate their health good or more positively. However, nearly one-fifth rate their health fair or poor.

Mortality

Heart diseases and cancer are the leading causes of death for both males and females. The leading cause of youth mortality is unable to be determined, though overall rates of youth mortality have decreased since the previous *HealthMap*.

Chronic Disease

The percentage of adults diagnosed with arthritis, diabetes, heart disease, and high blood pressure has increased since the previous *HealthMap*. High blood pressure and high blood cholesterol remain the most common chronic disease diagnoses, with around one-third of adults affected.

Emergency Department and Hospitalization Data

The highest rate of emergency department visits, by a large margin, occur due to mental health issues. Over 50% of hospitalizations due to injury are because of falls, the rates of which have increased for adults age 65 and over since the previous *HealthMap*.

Regarding Franklin County residents' overall health, nearly one-fifth (19.2%) consider their health to be "fair" or "poor."

Perceptions of Health Status[1]

	Franklin County				Ohio	USA
	HM2016	HM2019	HM2022		HM2022	HM2022
Health Status						
Excellent, Very Good, or Good	83.0%	83.8%	80.8%		82.0%	81.8%
Fair or Poor	17.0%	16.2%	19.2%	▲	19.3%	18.2%

MORTALITY

In 2018, the average life expectancy for people born in Franklin County was 77.13 years. By comparison, the average life expectancy for those born in Ohio in 2018 was 76.8 years.

However, in the first half of 2020, Americans' life expectancy at birth decreased by a year, one of the largest observed declines since World War II.[1] Per the National Center for Health Statistics:

> *"Provisional life expectancy at birth in the first half of 2020 was the lowest level since 2006 for both the total population (77.8 years) and for males (75.1), and was the lowest level since 2007 for females (80.5)."* [2]

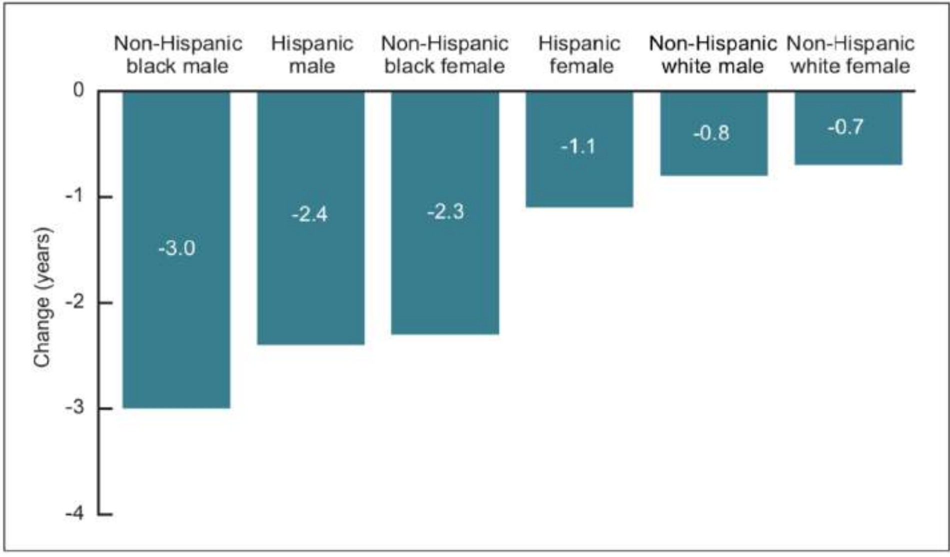
Moreover, these worsening life expectancy estimates were not experienced equitably across racial and ethnic groups. From 2019 through 2020, the life expectancy estimates for non-Hispanic Black males, non-Hispanic Black females, and Hispanic males each decreased by more than 2 years of life, compared to a decrease of less than a year for White males or White females.

> *"Life expectancy for the non-Hispanic Black population, 72.0, declined the most, and was the lowest estimate seen since 2001 (for the Black population regardless of Hispanic origin). The Hispanic population experienced the second largest decline in life expectancy (79.9) reaching a level lower than what it was in 2006, the first year for which… estimates by Hispanic origin were produced (80.3)"* [2]

This dramatic and inequitable decrease in life expectancy was caused, at least partially, by the COVID-19 pandemic. For more about the COVID-19 pandemic, please see the next section (Infectious Diseases).

[1] https://apnews.com/article/science-health-coronavirus-pandemic-fac0863b8c252d21d6f6a22a2e3eab86

Change in Life Expectancy at Birth, by Hispanic Origin and Race and Sex (United States, 2019 And 2020)



Turning to mortality rates among Franklin County adults, heart diseases and cancer remain the top two leading causes of death.

Mortality – Leading Causes in Adults (Age 15+)[3]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Mortality - Leading Causes (Age 15+)					
Diseases of the heart	176.6	-	175.8	191.1	163.6
Malignant neoplasms (cancer)	176.1	-	153.9	165.2	149.1
Accidents, unintentional injuries	-	-	63.5	63.8	48.0
Chronic lower respiratory diseases	53.2	-	49.3	49.0	39.7
Cerebrovascular disease	-	-	47.0	42.6	37.1

Age adjusted rates per 100,000 population.

Among both Franklin County males and females, heart diseases and cancer are the most common causes of death.

Mortality – Leading Causes by Sex[3]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Mortality - Leading Causes (Males, Age 15+)					
Diseases of the heart	223.1	-	215.2	334.5	273.5
Malignant neoplasms (cancer)	210.4	-	193.4	284.4	241.2
Accidents, unintentional injuries	52.1	-	116.1	111.2	84.4
Chronic lower respiratory diseases	57.9	-	47.2	71.4	56.3
Cerebrovascular disease	43.4	-	44.4	58.0	49.1
Mortality - Leading Causes (Females, Age 15+)					
Diseases of the heart	141.5	-	175.9	276.9	219.8
Malignant neoplasms (cancer)	154.5	-	173.3	242.8	206.8
Cerebrovascular disease	43.4	-	52.5	77.2	62.5
Chronic lower respiratory diseases	50.6	-	56.6	78.2	60.7
Accidents, unintentional injuries	31.5	-	56.0	59.5	42.9

Age adjusted rates per 100,000 population.

Franklin County residents die from motor vehicle traffic injuries at a rate similar to that observed in Ohio and slightly less than that observed nationally. Perhaps relatedly, the percentage of Franklin County residents who report always (or nearly always) wearing a seat belt when driving in a vehicle is very high (93%).

Motor Vehicle Traffic Injury Mortality[4]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Traffic Injury Mortality Rate	9.0	8.7	8.9	9.9 ▼	11.5

Rate per 100,000 population.

Seat Belt Use[5]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Always or Nearly Always Wears a Seat Belt	90.7%	91.2%	93.0%	91.4%	93.7%

Among younger Franklin County residents, the age specific mortality rate for youth age 1-14 is 14.5, meaning about 15 children died per 100,000 in that subgroup population.

Youth Mortality Ages 1-14

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Youth Mortality Rate[6]	-	23.4	14.5	▼	17.6		16.2	
Youth Mortality - Leading Causes[7]								
Accidents, unintentional injuries	-	-	unreliable		7.4	▲	4.2	▼
Homicide	-	-	*		*		*	
Suicide	-	-	*		1.5		0.9	▲
Malignant neoplasms (cancer)	-	-	*		1.4	▼	1.8	▲

Age specific rates per 100,000 subgroup population.
**Indicates a rate calculation was suppressed due to low counts.*

Turning to mortality rates of cancer specifically, lung and bronchus cancers are the deadliest ones 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 Cancers[8]

	Franklin County			Ohio	USA	
	HM2016	HM2019	HM2022	HM2022	HM2022	
Cancer Mortality - Leading Causes						
Lung and bronchus	-	51.1	48.2	44.6	38.5	▼
Breast (female)	-	24.3	23.6	21.9	-	
Prostate	-	20.0	19.9	19.5	7.8	▼
Colon and rectum*	16.2	15.2	14.4	15.0	13.7	
Pancreas	-	11.2	11.7	12.2	11.0	

Age adjusted rates per 100,000 population.
**In HM2016, this category also included cancer of the anus.*

CANCER & OTHER CHRONIC DISEASES

Breast and prostate cancers continue to have the highest incidence rates in Franklin County.

Cancer Incidence Rates – Top Cancers[9]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Cancer Incidence - Leading Causes					
Breast (female)	-	128.4	132.0	127.4	127.5
Prostate	-	125.2	119.9	103.0	109.5
Lung and bronchus	-	69.2	67.7	68.5	54.9
Colon and rectum*	44.7	38.9	38.2	41.5	38.6
Melanoma of the skin	20.2	19.7	20.5	23.9	22.8

Age adjusted rates per 100,000 population.
**In HM2016, this category also included cancer of the anus.*

Adults often undergo routine cancer screenings in order to diagnose cancer in its early stages. To screen for cervical cancer, 72.1% of Franklin County women age 21-65 have had a pap test within the past three years, a substantial decrease from the last *HealthMap*. Similar to the previous HealthMap, 74% of Franklin County women recently had a mammogram.

Cancer Screenings[10]

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Cervical Cancer Screening					
Women aged 21-65 who have had a pap test within the past three years	84.9%	86.9%	72.1% ▼	78.6%	80.2%
Colorectal Cancer Screening					
Adults aged 50-75 who have had a blood stool test within the past year	5.5%	7.1%	12.6% ▲	10.8% ▲	8.9% ▲
Adults aged 50-75 who have had a colonoscopy in the past 10 years	63.2%	64.9%	56.2% ▼	62.5%	64.3%
Breast Cancer Screening					
Women aged 40+ who have had a mammogram within the past two years	82.4%	75.4%	74.0%	77.7%	78.3%

The percentage of Franklin County adults who have been diagnosed with arthritis, diabetes, heart disease, and high blood pressure has increased since the last *HealthMap,* whereas the percentage of those who have been diagnosed with asthma and high blood cholesterol has decreased.

Chronic Health Conditions

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Chronic Health Conditions (Adults)[11]								
Arthritis (ever diagnosed)	26.0%	23.7%	27.5%	▲	30.5%		26.0%	
Asthma (currently have)	15.8%	14.2%	10.4%	▼	11.1%	▲	9.7%	
Diabetes (ever diagnosed)	10.0%	8.9%	10.6%	▲	12.0%		10.7%	
Heart disease (ever diagnosed)	3.9%	3.1%	5.5%	▲	4.7%	▲	3.2%	▲
Stroke (ever diagnosed)	3.2%	3.8%	3.9%		3.9%	▲	3.9%	
High blood pressure (ever diagnosed)	31.3%	31.0%	36.2%	▲	34.5%		32.3%	
High blood cholesterol (ever diagnosed)	39.7%	38.1%	30.2%	▼	32.8%	▼	33.1%	
Chronic Health Conditions (Youth)[12]								
Asthma (ever diagnosed)	15.3%	15.8%	-		11.3%	▼	22.5%	

The percentage of Franklin County residents who have body mass index values that suggest they are obese has increased since the previous *HealthMap*, mirroring the trend of obesity in Ohio overall. Although BMI values are widely used as an indicator for obesity, this measurement does have some limitations. For example, this relatively simple weight-and-height calculation cannot differentiate between a person with greater than average lean muscle mass and a person with greater than average fat mass.

Weight Status

	Franklin County				Ohio		USA
	HM2016	HM2019	HM2022		HM2022		HM2022
Overweight/Obese (Adults)[13]							
Underweight	2.0%	2.2%	2.4%		1.7%		1.8%
Healthy	34.0%	34.9%	31.3%	▼	29.0%		30.7%
Overweight	32.2%	33.4%	30.6%		34.5%		34.6%
Obese	31.8%	29.5%	35.7%	▲	34.8%	▲	32.1%
Overweight/Obese (Youth)[14]*							
Overweight or Obese	29.3%	31.1%	-		29.0%	▼	31.6%
Overweight	-	-	-		12.2%		16.1%
Obese	-	-	-		16.8%		15.5%

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

Community Voices on Chronic Health Conditions

Specific chronic health conditions Franklin County residents see in their communities include diabetes, high blood pressure/hypertension, cancer, and chronic obstructive pulmonary disease (COPD). A common theme in community discussions was poor mobility and chronic health conditions associated with this, including obesity and disability. Community members see poor mental health, access to nutrition, access to health care, and economic inequalities as contributing to these and other chronic health conditions.

Chronic health conditions linked to loss of mobility were important to community members. Mobility was important for how it impacts physical activity and the ability to get out in the community for basic needs and socialization.

> “I'm seeing a lot of people who are struggling with weight gain or been struggling with mobility problems.”
>
> “I would say obesity would be a big one. We live in an area where there are a lot of kids. And so it definitely looks, the landscape definitely looks a little bit different than when I was younger, so to speak. And there are 1,000,001 reasons for that.”
>
> “I would say that there's very little activity. I feel like when we see more people in our bikes or walking around in the neighborhood, that's a good sign it's a healthy community. People are out and about, but a lot of us aren’t even getting out, being social being active.”
>
> “I think mobility is our biggest thing. I don't see a lot of people being able to get out and about.”
>
> “Immobility, people with canes, and people in motorized wheelchairs that go up and down the street, people in regular wheelchairs or canes, things like that.”
>
> “Not enough handicap parking, And the sidewalks, they have to ride their mobile wheelchairs in the street or else they will hurt themselves on these sidewalks. A lot of the people in my community are on those in the street where people are speeding by.”
>
> “I think about one lady that she's older, and she's struggling now with arthritis and not being able to work. And she's still caring for her disabled, adult son. It’s sad because I see her. It's hard.”

Community members linked stress and poor mental health to chronic health issues.

> “Not taking care of yourself.”

> "You don't have time to destress. Like, take a break. So I think that also gives you a lot of like blood pressure, or migraines. You don't have time to just to sit and breathe, or make good meals."
>
> "I read a few years ago, they did a study, and it said people that open up the newspaper to the main section or whatever first, they usually live a shorter life opposed to people that go to the sports and look at that first. Because I mean, it just puts you on edge. You're stressed out from reading all this negative stuff."
>
> "I think a lot of people, fear…Once they get kind of trapped in there and they're either by themselves and they're alone, they just keep feeding into that fear…We're talking about mobility. Fear is definitely one that keeps people from moving about."

Community members are aware of the impact of nutrition on chronic disease, and pointed out what they see barring adequate nutrition in their communities.

> "It's how people eat, and I guess the food resources that are available in certain communities might not be available in other communities. Me personally, I think it's strategically planned out like that, but nutrition is a big one."
>
> "They're struggling with, again, making the healthy decisions as far as food is concerned. I've had a lot of people telling me about, their cholesterol is up, their A1C is up, all the things that come with not having a healthy lifestyle."
>
> "But I guess the thing that keeps coming to my mind is this singular thing of what we're trying to fight: alcohol, sugary foods, soda, yada, yada, yada. Those are all the biggest sponsors for everything we see and everyone sees day to day, billboards of Coke. Everything sponsored by Coke."
>
> "Yeah, time to shop for and then make and pay for high quality ingredients."
>
> "And there are people who don't have transportation, so I see them regularly shopping at Family Dollar because it's easily accessible, versus having to walk on a busy Main Street with no sidewalk to get to Kroger's. So, there's no sidewalk for parts of that journey. It is dangerous. I probably would go to Family Dollar too if I didn't have a car."

Community members spoke to the numerous barriers that keep people from accessing health care: cost, proximity, ease of scheduling, and the ability to prioritize health.

> "Just access to community health programs or healthcare. Even as somebody with insurance, I still have difficulty finding access to care for different specialties or mental health things, just on the affordability side. Oftentimes, it's not covering enough to make it feasible for me at the time."
>
> "Do they have doctors in your area? Or, you know, doctors' offices that they would feel comfortable going to and is there insurance there."

> "I feel like it's just healthcare system, a lot of like red tape barriers because my family don't have insurance. My husband, he tried to seek his psychiatrist because he's been depressed lately. Well, the office said, 'Okay, we take walk-in appointments through this time.' And then he came in for the walk-in appointment, and they said, 'I'm sorry. You haven't been here in six months. You'll have to make an appointment.' So then he tried calling his psychiatrist, and his psychiatrist said, 'No, I'm sorry, I can't make you an appointment. I can't make my own appointments. You'll have to talk to my secretary.' So he's going to have to wait two weeks to talk to someone when he's depressed."
>
> "It's also if something hurts or like you're having like, just push through it it'll be fine, you don't have time for it, you're just going, going, going, because you think 'I will deal with it later.' [Inaudible]. And you can just ignore it and put it off."

Community members also pointed to economic inequality, which contributes to health conditions by precluding access to wealth, nutrition, and basic needs.

> "And bad health is usually based upon lack of livable wages, employment opportunities, discrimination, and the hostile work environment. These things happen. Everybody can't deal with them. And it happens so disproportionately to Black and brown people."
>
> "Economics. Greed. Right now, in the United States of America, we have the technology to house, feed, clothe, and get everybody medical attention, but greed is still here. It's a big thing. It's spawned legs and wants more and don't want to give anybody else anything. So it's going to be here for a while, but we do have the technology in existence right now. Well, if everything in society was like utopia, we could grow food. We could give everybody the right nutritional foods, a sustainable place to live, a sustainable system to where everybody is generally taken care of and live harmonious…and your health is going to be better, but like I said, greed."

REASONS FOR EMERGENCY DEPARTMENT UTILIZATION

Another way to identify high prevalence health issues that cause Franklin County residents to feel ill is to analyze data related to emergency department utilization for the four major health systems in central Ohio. A selected list of health issues, based on community interest in this topic, is shown below, along with the rate that each of those issues are associated with emergency department utilization in Franklin County.

Note the high rate of emergency department utilization due to mental health issues at both the county and state levels. Secondly, emergency department visits due to diabetes, asthma, and cardiovascular disease related issues are also relatively common

Emergency Department Visits for Selected Health Issues[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Mental health	-	165.7	170.7		139.6	
Diabetes	-	50.7	54.6		42.7	
Asthma	-	50.7	54.0		30.4	▼
Cardiovascular disease	-	29.2	32.8	▲	29.9	
Dental care	-	8.3	6.9	▼	8.0	▼
Influenza	-	6.3	6.6		6.0	▲
Hepatitis C	-	2.7	2.7		1.8	
HIV	-	2.5	2.6		1.1	
Alzheimer's	-	0.9	1.0	▲	1.0	
Sepsis	-	0.7	1.1	▲	0.9	▲
Stroke	-	0.4	0.4		1.0	
Hepatitis B	-	0.4	0.5	▲	0.2	
Gonorrhea	-	0.2	0.2		0.2	▲
Chlamydia	-	0.1	0.1		0.1	
Syphilis	-	0.1	0.1		0.04	
Pertussis	-	0.04	0.01	▼	0.02	

Rate per 1,000 population.

When patients visit an emergency room in Franklin County they can be treated and released or admitted to the hospital. The next four tables show the following information:

- The top 10 diagnoses among patients who are treated and released (total).
- The top 10 diagnoses among patients who are treated and released (youth).
- The top 10 diagnoses among patients who are admitted into a hospital (total).
- The top 10 diagnoses among patients who are admitted into a hospital (youth).

Each diagnosis includes the ICD-10 code and description.

Across all age groups, breathing-related and chest pain issues comprise the top three specific causes of emergency department visits that led to a patient being discharged. Headache and a variety of abdominal issues were also frequently diagnosed as the cause of a visit to an emergency room.

Top 10 Diagnoses – Treated and Released by Emergency Department (Total)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Acute Upper Respiratory Infection (J06.9; infection affecting the upper respiratory tract)	-	21.4	12.0	▼	11.7	▼
Chest Pain Unspecified (R07.9; chest pain)	-	11.6	10.9		9.1	▼
Other Chest Pain (R07.89; chest pain not classified elsewhere)	-	9.5	9.8		11.9	▲
Headache (R51)	-	9.8	8.7	▼	6.9	▼
Unspecified Abdominal Pain (R10.9; pain in the abdominal region)	-	9.8	8.0	▼	6.4	▼
Urinary Tract Infection Site Not Specified (N39.0; infection affecting any part of the urinary tract)	-	7.5	6.8		7.1	▼
Nausea With Vomiting, Unspecified (R11.2)	-	5.5	6.0		6.1	
Low Back Pain (M54.5; acute or chronic pain in lower back)	-	6.9	6.0	▼	5.0	▼
Cough (R05)	-	5.2	4.3	▼	-	
Syncope And Collapse (R55; temporary loss of consciousness caused by a fall in blood pressure)	-	4.2	4.2		4.4	

Rate per 1,000 population.

Among youth (age 0-18), a breathing-related issue – specifically, a respiratory infection – was the most frequent specific cause of a visit to an emergency room. Fevers, viral infections, vomiting, influenza, strep throat, and cough were also frequently diagnosed as the specific cause of a visit to an emergency room.

Top 10 Diagnoses – Treated and Released by Emergency Department (Youth Age 0-18)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Acute Upper Respiratory Infection (J06.9; infection affecting the upper respiratory tract)	-	64.6	23.5	▼	27.4	▼
Fever Unspecified (R50.9; higher than normal body temperature)	-	17.8	8.5	▼	10.9	▼
Viral Infection Unspecified (B34.9; a disease produced by a virus)	-	17.6	8.4	▼	8.7	▼
Vomiting Unspecified (R11.10; ejecting the stomach contents through the mouth)	-	9.8	6.5	▼	5.3	▼
Influenza Due To Other Identified Influenza Virus With Other Respiratory Manifestations (J10.1)	-	-	5.9		7.8	
Streptococcal Pharyngitis (J02.0; infection of the throat)	-	26.1	5.8	▼	8.3	▼
Acute Pharyngitis Unspecified (J02.9; throat inflammation)	-	18.2	5.5	▼	8.7	▼
Cough (R05)	-	12.3	5.0	▼	5.3	▼
Unspecified Injury Of Head, Initial Encounter (S09.90XA)	-	9.3	5.0	▼	6.9	▼
Acute Obstructive Laryngitis Croup (J05.0; inflammation in the larynx and barking cough)	-	11.5	4.6	▼	6.0	▼

Rate per 1,000 population.

Across all age groups, sepsis was the most frequent specific cause of a visit to an emergency room that then led to a hospital admission. A variety of health issues relating to heart, kidney, or respiratory failure were also frequently diagnosed.

Top 10 Diagnoses – Admitted to Hospital by an Emergency Department (Total)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Sepsis Unspecified Organism (A41.9; bacteria or toxins in the blood causing a rapidly progressing systemic reaction)	-	4.2	4.4		4.5	
Hypertensive Heart and Chronic Kidney Disease With Heart Failure and Stage 1 Through Stage 4 Chronic Kidney Disease (I13.0)	-	1.4	1.6	▲	2.0	▲
Hypertensive Heart Disease With Heart Failure (I11.0)	-	1.2	1.4	▲	1.6	▲
Kidney Failure Unspecified (N17.9; acute loss of kidney function)	-	1.4	1.2	▼	1.6	
Chronic Obstructive Pulmonary Disease With Acute Exacerbation (J44.1; acute flare-up of COPD)	-	1.1	0.89	▼	1.6	▼
Non-ST Elevation Myocardial Infarction (I21.4; heart attack without observable q wave abnormalities)	-	1.0	0.86	▼	1.2	▼
Acute and Chronic Respiratory Failure With Hypoxia (J96.21; respiratory failure without enough oxygen in blood)	-	0.79	0.79		0.79	
Pneumonia Unspecified Organism (J18.9; inflammation of the lung usually caused by an infection)	-	0.74	0.71		1.3	
Acute Respiratory Failure, With Hypoxia (J96.01; respiratory failure without enough oxygen in blood)	-	0.66	0.64		0.65	
Urinary Tract Infection Site Not Specified (N39.0; infection affecting any part of the urinary tract)	-	0.69	0.57	▼	0.89	

Rate per 1,000 population.

Among youth (age 0-18), respiratory issues (e.g., bronchiolitis, which is an infection of the respiratory tract, or other respiratory infections) accounted for five of the top ten specific causes of a visit to an emergency room that then led to a hospital admission. Major depressive disorders accounted for two of the top four specific causes of a visit to an emergency room that then led to a hospital admission.

Top 10 Diagnoses – Admitted to Hospital by an Emergency Department (Youth Age 0-18)[15]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
Acute Bronchiolitis Due To RSV (J21.0; respiratory infection caused by respiratory syncytial virus)	-	1.3	1.5	▲	0.79	▲
Major Depression Disorder, Recurrent And Severe Without Psychotic Features (F33.2)	-	0.46	0.48		0.44	▲
Acute Bronchiolitis Due To Other Specified Organisms (J21.8; respiratory infection)	-	0.38	0.46	▲	0.34	▲
Major Depressive Disorder, Single Episode, Unspecified (F32.9; single episode of major depression)	-	0.24	0.39	▲	0.46	
Type 1 Diabetes Mellitus With Ketoacidosis Without Coma (E10.10; type 1 diabetes when the body produces high levels of blood acids)	-	0.30	0.37	▲	0.31	
Sepsis Unspecified Organism (A41.9; bacteria or toxins in the blood causing a rapidly progressing systemic reaction)	-	0.14	0.34	▲	0.21	▲
Dehydration (E86.0; loss of too much water from the body)	-	0.25	0.32	▲	0.24	▼
Acute Bronchiolitis Unspecified (J21.9 - respiratory infection)	-	0.24	0.29	▲	0.29	
Acute Upper Respiratory Infection (J06.9; infection affecting the upper respiratory tract)	-	0.22	0.27	▲	0.16	
Moderate Persistent Asthma With Status Asthmaticus (J45.42)	-	0.20	0.23	▲	0.13	

Rate per 1,000 population.

CAUSES OF INJURY

The next several tables present data about injuries. In 2020, 9,426 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 most frequently observed categories of injury causes. For example, among the 9,426 patients who were hospitalized for injury in 2020, 55% had experienced a fall whereas 15.2% were involved in a motor vehicle crash.

Top 5 Types of Injury That Lead to Hospitalization[16]

	Franklin County			
	HM2016	HM2019	HM2022	
Trauma hospitalizations	-	*8,390*	*9,426*	▲
Falls	50.3%	50.0%	54.9%	
Motor vehicle (traffic)	20.1%	18.6%	15.2%	▼
Struck by or against	9.3%	9.9%	8.6%	▼
Firearm	5.4%	4.4%	4.8%	
Motor vehicle (non-traffic)	-	4.2%	3.0%	▼

Only the top 5 mechanisms of injury that lead to hospitalization are shown; percentages for each year will not sum to 100

The next table analyzes these top five types of trauma events by the age of the patient. Those who are age 65 and older are more likely than other age groups to experience a fall that requires a hospital visit; the rate of injuries-due-to-falls for this age group has increased from the last *HealthMap*.

Young adults between the ages of 18 and 24 often visited hospitals due to injuries sustained from motor vehicle (traffic[1]) injuries, motor vehicle (non-traffic) injuries, and firearms; their rates for these types of injuries are higher than any other age group.

[1] A motor vehicle traffic accident is any motor vehicle accident occurring on a public highway (i.e., originating, terminating, or involving a vehicle on the highway). A motor vehicle nontraffic accident is any motor vehicle accident which occurs entirely in any place other than a public highway (e.g., a driveway, a parking lot or garage).

Top Five Types of Injury, by Age[17]

	Franklin County			
	HM2016	HM2019	HM2022	
Falls				
0-17 years	134.7	141.3	137.5	
18-24 years	77.5	84.6	74.5	▼
25-44 years	134.1	128.3	115.3	▼
45-64 years	322.6	354.5	366.4	
65+ years	1595.3	1460.0	1881.2	▲
Motor vehicle (traffic)				
0-17 years	-	37.3	38.3	
18-24 years	-	215.1	170.3	▼
25-44 years	-	148.6	130.9	▼
45-64 years	-	131.0	120.6	
65+ years	-	139.6	116.5	▼
Struck by or against				
0-17 years	-	28.5	24.6	▼
18-24 years	-	118.4	80.8	▼
25-44 years	-	86.3	92.3	
45-64 years	-	68.6	65.7	
65+ years	-	34.2	31.9	
Firearm				
0-17 years	-	7.8	23.2	▲
18-24 years	-	107.2	100.4	
25-44 years	-	36.2	49.8	▲
45-64 years	-	10.6	12.2	▲
65+ years	-	5.6	4.3	▼
Motor vehicle (non-traffic)				
0-17 years	-	8.7	7.2	▼
18-24 years	-	62.8	37.7	▼
25-44 years	-	34.7	29.2	▼
45-64 years	-	26.9	20.8	▼
65+ years	-	20.2	16.5	▼

Rate per 100,000 population.

References

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

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[3] Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database, Detailed Mortality File, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

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[5] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2018 (HM2022), 2016 (HM2019), 2012 and 2013 (HM2016)

[6] Ohio Department of Health, Data Warehouse (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016); Centers for Disease Control and Prevention National Vital Statistics, WONDER Online Database, Underlying Cause of Death (United States), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016)

[7] Centers for Disease Control and Prevention National Vital Statistics, WONDER Online Database (Ohio and United States), 2019 (HM2022), 2016 (HM2019); CDC National Vital Statistics Reports (Ohio and United States), 2011 (HM2016)

[8] Ohio Department of Health Office of Health Improvement and Wellness, Ohio Annual Cancer Report (Franklin County and Ohio), 2018 (HM2022), (Ohio), 2015 (HM2019); SEER Cancer Statistics Review, National Cancer Institute (United States), 1975-2018 (HM2022), 1975-2014 (HM2019); Franklin County Cancer Profile (Franklin County), 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)

[9] Ohio Department of Health Franklin County Cancer Profile, 2018 (HM2022), (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)

[10] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2018 (HM2022), 2016 (HM2019), 2012 (HM2016)

[11] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2015 (HM2019), 2013 (HM2016)

[12] Ohio Department of Health Burden of Asthma in Ohio (Franklin County and Ohio), 2019 (HM2022); Centers for Disease Control and Prevention, High School Youth Risk Behavior

Surveillance System (United States), 2017 (HM2022), 2015 (HM2019), (Ohio and United States), 2013 (HM2016); Ohio Department of Health Local Asthma Profiles (Franklin County and Ohio), 2014 (HM2019); Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey (Franklin County), 2012 (HM2016)

[13] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2016 (HM2019), 2012 (HM2016)

[14] Centers for Disease Control and Prevention High School Youth Risk Behavior Surveillance System (Ohio and United States), 2019 (HM2022); 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)

[15] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019)

[16] Central Ohio Trauma System, 2020 (HM2022), 2016 (HM2019); Central Ohio Trauma System, data analyzed by Columbus Public Health, 2012 (HM2016)

[17] Central Ohio Trauma System, 2020 (HM2022), 2016 (HM2019), 2014 (HM2016)

This section describes diseases caused by viruses and bacteria that enter and multiply in the body and can be transmitted from person to person.

Key Findings

COVID-19

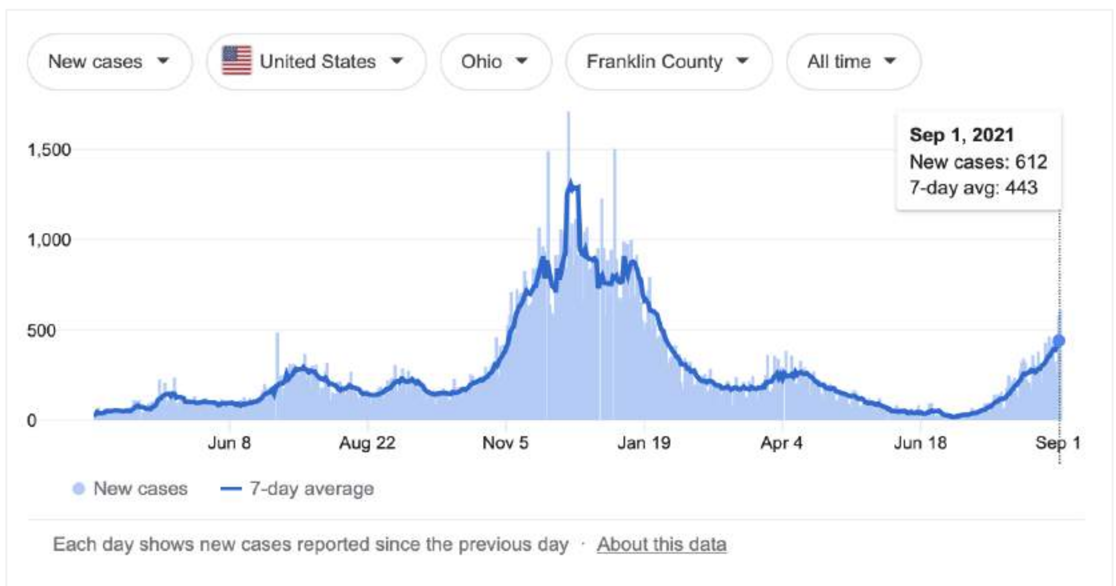
COVID-19 emerged since the previous *HealthMap* as a new infectious disease threat.

Prominent Infectious Diseases

Of many prominent infectious diseases, Hepatitis A has the highest rate of incidence in Franklin County's population. The rate of Hepatitis A increased from 0.6 to 14.8 per 100,000 of the population.

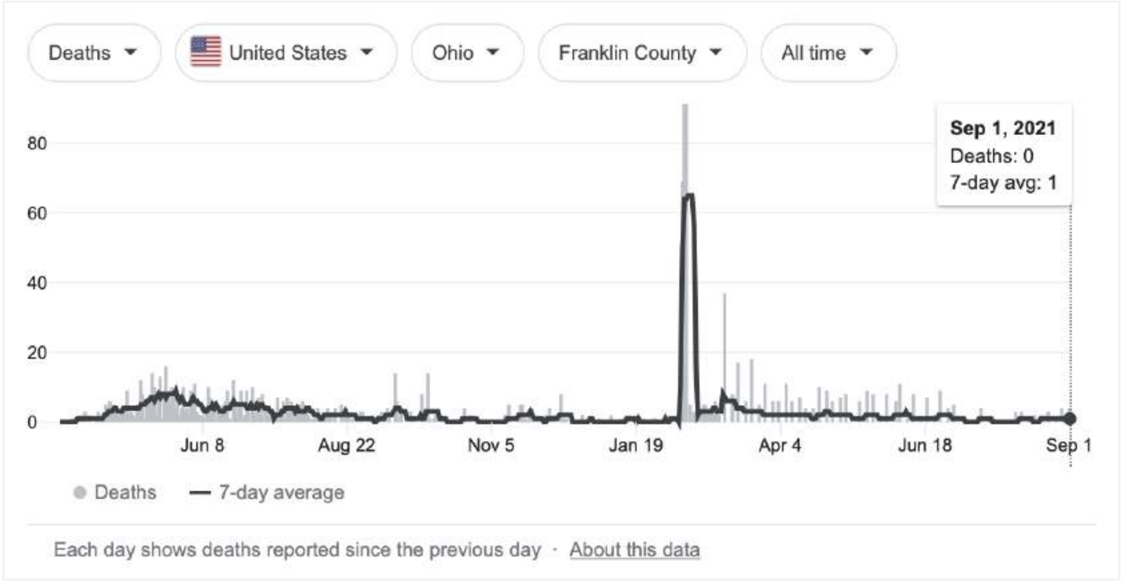
One of 2020's most prominent events was the worldwide spread of a dangerous infectious disease: COVID-19. This pandemic's social, economic, and health impacts were felt strongly here in central Ohio. As of September 1, 2021, 140,370 people in Franklin County were diagnosed as having contracted COVID-19, an amount greater than the combined seating capacities of Ohio Stadium, Lower.com Field, and Huntington Park. A graph showing COVID-19 cases over time in Franklin County is shown below.

COVID-19 Cases (Franklin County, Ohio)[1]



As of September 1, 2021, 1,516 people in Franklin County died due to the COVID-19 pandemic.[2] The graph below shows COVID-19 deaths over time in Franklin County. Per the Ohio Department of Health,[3] the median age of Ohioans whose death was caused by COVID-19 was 78 years old.

COVID-19 Deaths (Franklin County, Ohio)[2]



Overall, the prevalence of Franklin County adults who received influenza or pneumonia vaccinations is largely consistent with the previous *HealthMap*.

Vaccination Trends

	Franklin County			Ohio	USA
	HM2016	HM2019	HM2022	HM2022	HM2022
Adult Vaccinations					
Individuals aged 18-64 who received influenza vaccination during last influenza season[4]	-	38.7%	-	51.0% ▲	51.8% ▲
Adults aged 65+ who have ever had a pneumonia vaccination[5]	72.3%	80.9%	79.4%	74.7%	73.1%
Adults aged 65+ who have had a flu shot within the past year[5]	68.3%	60.8%	62.3%	62.6%	64.0%

As shown in the next chart, rates of hepatitis A and hepatitis C (acute) have increased over time in Franklin County, in Ohio, and throughout the U.S. In Franklin County, the rate of salmonellosis has also increased since the last *HealthMap*.

The rates of pertussis and hepatitis B have decreased from the last *HealthMap,* but remain higher than statewide and national rates.

Prominent Infectious Diseases

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Cryptosporidiosis[6]	-	5.1	5.2		5.5		4.3	
E. coli[7]	0.5	4.5	1.0	▼	0.6	▼	-	
Hepatitis A[7] (acute)	0.6	0.6	14.8	▲	15.7	▲	5.7	▲
Hepatitis B[7] (acute)	4.5	5.8	4.5	▼	2.7	▲	1.1	
Hepatitis C[8] (chronic)	-	170.3	-		-		0.0	
Hepatitis C[7] (acute)	0.3	3.1	5.7	▲	3.9	▲	1.7	▲
Listeriosis[7]	0.2	0.2	0.3	▲	0.3	▲	0.3	▲
Measles[7]	-	0.0	0.0		0.0	▼	0.0	
Mumps[7]	0.2	0.4	-		0.3	▼	1.2	▼
Pertussis[7]	26.7	21.2	10.1	▼	5.7	▼	5.7	
Salmonellosis[7]	12.1	11.3	14.7	▲	12.9		17.8	
Strep pneumonia[8] (drug resistant)	-	1.0	-		-		-	
Tuberculosis[9]	4.2	3.9	3.9		1.1		2.7	
Varicella[7]	6.0	3.9	0.0	▼	3.8		3.1	▼

Rates per 100,000 population.

Rates for several sexually transmitted infections (STIs) are shown next. The rate of gonorrhea among Franklin County residents continues to increase since the last *HealthMap* and remains higher than the statewide and national rates for this STI.

Sexually Transmitted Infections (STIs)[10]

	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Syphilis*	13.0	22.8	16.3	▼	6.4		11.9	▲
Gonorrhea	245.5	339.0	378.3	▲	223.0	▲	188.4	▲
Chlamydia	654.5	775.9	786.2		559.4		552.8	▲

Rates per 100,000 population.
**Only reflects syphilis in the primary and secondary stages*

The rates of Franklin County residents currently living with a diagnosis of HIV infection (405 per 100,000) is higher than the last *HealthMap* (392.6), and this rate is almost double the statewide rate (210.1).

HIV/AIDS[11]

	Franklin County			Ohio
	HM2016	HM2019	HM2022	HM2022
Living With HIV/AIDS				
Persons living with a diagnosis of HIV infection	348.8	392.6	405.0	210.1
HIV incidence by race/ethnicity				
Asian/Pacific Islander	-	-	2.0%	1.0%
Black/African American	-	-	56.0%	49.0%
Hispanic/Latino	-	-	6.0%	5.0%
White	-	-	32.0%	41.0%
Multi-Race	-	-	4.0%	4.0%

Rates per 100,000 population.

Among Franklin County residents, the incidence of *Clostridium difficile* (*C. diff*) and CLABSI are comparable to the statewide rates.

Healthcare-Associated Infections[12]

	Franklin County				Ohio	
	HM2016	HM2019	HM2022		HM2022	
C. diff (outpatient only)	-	0.7	2.6	▲	2.0	▲
CLABSI (outpatient only)	-	0.03	0.07	▲	0.02	▼

Rates per 10,000 population.

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[1] *The New York Times*, Tracking Coronavirus in Franklin County, Ohio, Covid-19 Cases. Retrieved from google.com, 2021

[2] *The New York Times*, Tracking Coronavirus in Franklin County, Ohio, Covid-19 Deaths. Retrieved from google.com, 2021

[3] Ohio Department of Health, COVID-19 Dashboard: Key Metrics on Mortality. Retrieved November 30th, 2021

[4] Centers for Disease Control and Prevention, Influenza Season Vaccination Coverage Dashboard, 2019-2020 (HM2022); Centers for Disease Control and Prevention, FluVaxView, 2016-2017 (HM2019); Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2012 (HM2016)

[5] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

[6] Ohio Department of Health Annual Report of Infectious Diseases (Franklin County and Ohio), 2018 (HM2022); Centers for Disease Control and Prevention Nationally Notifiable Infectious Diseases and Conditions (United States), 2019 (HM2022); Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio Fourth Quarter (Franklin County and Ohio), 2017 (HM2019); Centers for Disease Control and Prevention, WONDER Online Database, Reported Cases of Notifiable Diseases and Rates Per 100,000, Excluding U.S. Territories (United States), 2016 (HM2019)

[7] Ohio Department of Health Annual Report of Infectious Diseases (Franklin County and Ohio), 2018 (HM2022); Centers for Disease Control and Prevention Nationally Notifiable Infectious Diseases and Conditions (United States), 2019 (HM2022); 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)

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[9] Ohio Department of Health Annual Report of Infectious Diseases (Franklin County and Ohio), 2018 (HM2022); Centers for Disease Control and Prevention Nationally Notifiable Infectious Diseases and Conditions (United States), 2019 (HM2022); 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)

[10] Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2019 (HM2022), 2016 (HM2019), 2013 (HM2016)

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[12] Ohio Hospital Association, 2019 (HM2022), 2017 (HM2019)

The list of non-profit and private organizations working to impact priority areas listed in this document are endless. The Central Ohio community is well positioned to impact adverse health outcomes because of these collective efforts.

Although not an exhaustive list of partners, each priority below includes community cornerstones of multi-sector partnerships that advance collective impact. A more extensive resource list will be identified during subsequent health improvement work; it will be included in future documents and at https://centralohiohospitals.org/.

Basic Needs

There is a continuously growing body of evidence that support health outcomes being linked to the environments where people are born, live, learn, work, play, worship, and age. These conditions, commonly referred to as social determinants or root causes of health, affect a wide range of health, functioning, and quality of life-outcomes and risks[1]. *Healthy People 2030* stratifies social determinants of health into 5 domains, all of which are addressed by health and social service providers affiliated with the following organizations:

- **United Way of Central Ohio** - fights poverty by funding and coalescing a network of more than 90 non-profit partners providing opportunities and resources to meet basic needs. More information can be found at www.liveunitedcentralohio.org.

- **Franklin County Human Service Chamber** - serves and represents nearly 130 health and human service nonprofit organizations that prioritize public policies that include food and nutrition, health, housing, transportation, legal and reentry services, refugee and immigration services, workforce development, as well as youth and education policy. A comprehensive list of members can be found at www.humanservicechamber.org.

- **Central Ohio Pathways HUB** - Health Impact Ohio (formerly Healthcare Collaborative of Greater Columbus) manages the Central Ohio Pathways HUB, where Community Health Workers assist clients enrolled in the HUB with multiple factors that contribute to an individual's health, including social determinants like culture, race, income, and education level. For more information on the Pathways HUB, visit http://www.hcgc.org/central-ohio-pathways-hub.html

- **Rise Together Innovation Center** - oversees implementation of "A Blueprint for Reducing Poverty in Franklin County," which was released by the Franklin County Commissioners in 2019 and includes 13 overarching goals and 120 action plans to address jobs, housing, health, and youth. More information on the Center can be found at https://risetogether.franklincountyohio.gov/

Racial Equity

Health and human service agencies across the county are reframing strategic plans, partnerships, and conversations to mitigate and dismantle the impact structural racism has on residents and vulnerable communities. Local organizations that have a long history of convening partners to facilitate conversations and collective impact projects to address racism include:

- **The Kirwan Institute for the Study of Race and Ethnicity** - an interdisciplinary research institute at The Ohio State University that strives to connect individuals and communities with opportunities needed to thrive. More information can be found at https://kirwaninstitute.osu.edu.

- **Columbus Urban League** - the mission of the local affiliate of National Urban League is to empower African Americans and disenfranchised groups through economic, educational, and social progress. Visit www.cul.org for more information.

Behavioral Health

The impact of mental health, addiction, and trauma is widespread amongst almost every factor that influences individual quality of life. The following organizations have a longstanding presence in Central Ohio, and rely on a diverse collection of partnerships to improve behavioral health outcomes:

- **Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH)** - plans, funds, and evaluates behavioral health care services that address mental health, addiction, and substance abuse. More information can be found at www.adamhfranklin.org.

- **The Columbus and Franklin County Addiction Plan** - a collaborative, multi-sector, comprehensive effort to address addiction and behavioral health issues impacting Franklin County residents. More information can be found at https://www.columbus.gov/CFCAP/ .

- **The Columbus Community Action Resilience Coalition (CARE)** - the CARE Coalition works to build a resilient community that honors survival and fosters hope by strengthening trauma-related policies, programs, and practices through collaboration and collective impact, and by mitigating the impact trauma has on the health and wellbeing of individuals and communities. More information can be found at https://www.columbus.gov/publichealth/programs/neighborhood-services/community-resilience-coalition.

Infant and Maternal Health

In 2014, the Greater Columbus Infant Mortality Task Force developed eight recommendations to reduce the community's alarming infant mortality rate by 40 percent and cut the racial health disparity gap in half. CelebrateOne was created in November 2014 as a collective impact approach to carry out the Task Force's recommendations and ensure Franklin County meets its ambitious goal. More information and a list of organizational partners can be found at https://www.columbus.gov/Celebrate-One/About-CelebrateOne/.

References

1. Healthy People 2030 Social Determinants of Health: https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Summary

Franklin County HealthMap2022 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 compare favorably with the state and country.

Franklin County HealthMap2022 also uncovered several 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 requirements, the participating hospitals and health departments 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 are represented on *Franklin County HealthMap2022's* 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 HealthMap2022* 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 HealthMap2022* may be shared with:

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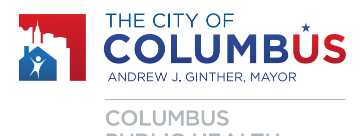

Navigating Our Way to a Healthier Community Together