OhioHealth Riverside Methodist Hospital

Community Health Needs Assessment

June 2016

OhioHealth

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OhioHealth Riverside Methodist Hospital

Recognized locally, regionally and nationally for its quality care, service and reputation, Riverside Methodist is consistently named the hospital of choice by central Ohio residents. Our world-renowned medical innovation is right around the corner.

Brian Jepson, *President*
3535 Olentangy River Road
Columbus, Ohio 43214

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Table of Contents

Introduction 1

A. Definition of community served and how community was determined 3

B. Process and methods used to conduct the CHNA 4

B1. Data and other information used in the assessment 4

B2. Methods of collecting and analyzing data and information 4

B3. Parties with whom hospital collaborated or contracted for assistance 5

C. Input from persons who represent the broad interests of the community served 6

D. Description of significant health needs and process and criteria of identifying and prioritizing significant health needs 11

D1.Description of significant health needs 11

D2. Process and criteria of identifying and prioritizing significant health needs 14

E. Resources potentially available to address significant health needs 16

F. Evaluation of the impact of actions taken by the hospital to address significant health needs identified in the 2013 board-approved Community Health Needs Assessment 21

References 22

Appendix A: Franklin County HealthMap 2016 30

Appendix B: Documentation of Program Impacts from the Community Health Needs Assessment and Implementation Strategy Adopted in 2013 by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital..... 115

Introduction

OhioHealth is a family of nationally recognized, not-for-profit, faith-based hospitals and healthcare organizations with Methodist roots. OhioHealth operates as a regional health system, whereby all member hospitals are integrated and cross-functional. OhioHealth is currently recognized as one of the top five large health systems in America by Truven Health Analytics and has been for five years in a row. It is also recognized by *FORTUNE* magazine as one of the "100 Best Companies to Work For" and has been for nine years in a row; 2007–2014 **(100)**. Serving central Ohio communities since 1891, all OhioHealth entities are connected by a shared mission *"to improve the health of those we serve,"* core values of compassion, excellence, stewardship and integrity, and a commitment to deliver high quality, convenient, timely healthcare, regardless of ability to pay. OhioHealth is recognized in central Ohio as a leader in promoting community health and wellness as well as supporting community-building activities. In May 2014, OhioHealth received the "President's Award" from the United Way of Central Ohio to recognize its financial contribution from the Associate Giving Campaign. In November 2015, OhioHealth received the Seize Hope Partner Award from the Epilepsy Foundation of Greater Cincinnati and Columbus.

In Franklin County, OhioHealth has four member hospitals, namely, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital. These four hospitals complement each other's programs and services to effectively address the health needs of the community. All four hospitals are certified members of the MD Anderson Cancer Network®, a world-renowned leader in cancer care **(102)**.

OhioHealth Riverside Methodist Hospital
Riverside Methodist is a 765-bed general, medical and surgical facility located at 3535 Olentangy River Road, Columbus, Franklin County, Ohio 43214. In 2014, Riverside Methodist had 88,093 Emergency Department (ED) visits, 44,665 admissions, 12,148 inpatient surgeries and 9,163 outpatient surgeries **(131)**. Riverside Methodist is a Primary Stroke Center and a Level II Trauma Center **(95)**. In 2014, Riverside Methodist was recognized by the *U.S. News and World Report* as "America's Best Hospitals" for neurology and neurosurgery **(131)** and made Truven Health's 100 Top Hospitals® list in the "Teaching Hospitals" category **(125)** as well as Becker's Hospital Review's list of "100 Hospitals with Great Women's Health Programs"**(10)**.

OhioHealth Grant Medical Center
Grant is a 427-bed general, medical and surgical facility located at 111 South Grant Avenue, Columbus, Franklin County, Ohio 43215. In 2014, Grant had 88,273 Emergency Department (ED) visits, 22,280 admissions, 8,887 inpatient surgeries and 11,355 outpatient surgeries **(129)**. Grant is a Level I Trauma Center and a Primary Stroke Center **(95)**. In 2014, Grant was included in Truven Health's 100 Top Hospitals® list in the "Teaching Hospitals" category **(125)** and American Heart Association/American Stroke Association Get With the Guidelines®— Stroke Gold Plus, Target: Stroke Honor Roll and Mission: Lifeline Silver Performance Achievement Award **(95)**. Grant was recognized for clinical quality and stroke care in the 2014 VHA® Peak Awards **(133)**.

OhioHealth Doctors Hospital
Doctors Hospital is a 262-bed general, medical and surgical facility located at 5100 West Broad Street, Franklin County, Columbus, Ohio 43228. In 2014, Doctors Hospital had 83,619 Emergency Department (ED) visits, 9,316 admissions, 1,780 inpatient surgeries and 4,068 outpatient surgeries **(128)**. Doctors Hospital is a Primary Stroke Center **(95)**. Doctors Hospital was included in the 2014 Truven Health's 100 Top Hospitals® list in the "Major Teaching Hospitals" category **(125)** and in The Leapfrog Group's 2013 Top Hospitals **(112)**. Doctors Hospital received the 2014 VHA® Peak Awards for clinical quality **(133)** and the 2015 Health Leader Award during the Ohio Latino Awards hosted by El Sol de Ohio **(124)**.

OhioHealth Dublin Methodist Hospital
Dublin Methodist is a 92-bed general, medical and surgical facility located 7500 Hospital Drive, Dublin, Franklin County, Ohio 43016. In 2014, Dublin Methodist had 35,465 Emergency Department (ED) visits, 4,772 admissions, 1,345 inpatient surgeries and 4,625 outpatient surgeries **(130)**. Dublin Methodist was included in Truven Health's 100 Top Hospitals® list in the "Small Community Hospitals" category **(125)** and was a VHA® Peak Award Winner for patient experience **(133)**.

The Patient Protection and Affordable Care Act of 2010 requires not-for-profit hospitals to conduct a community health needs assessment (CHNA) once every three years **(54)**. The four OhioHealth hospitals in Franklin County, namely, Riverside Methodist, Grant, Doctors Hospital and Dublin Methodist collaborated with the Central Ohio Hospital Council (COHC) in conducting the CHNA and identifying the six priority health needs such as obesity, infant mortality, access to care, mental health and addiction, chronic conditions and infectious diseases. The four OhioHealth member hospitals will collaboratively develop an implementation strategy that would include shared programs, services and resources to effectively address these significant health needs.

A. Definition of Community Served and how Community was Determined

OhioHealth Riverside Methodist Hospital is located at 3535 Olentangy River Road, Columbus, Ohio 43214. The hospital has no satellite facilities.

OhioHealth Grant Medical Center is located at 111 South Grant Avenue, Columbus, Ohio 43215. The hospital has no satellite facilities.

OhioHealth Doctors Hospital is located at 5100 West Broad Street, Columbus, Ohio 43228. The hospital has no satellite facilities.

OhioHealth Dublin Methodist Hospital is located at 7500 Hospital Drive, Dublin, Ohio 43016. The hospital has no satellite facilities.

The "community served" by Riverside Methodist, Grant, Doctors Hospital and Dublin Methodist is Franklin County, Ohio. The communities reside in Zip codes 43002, 43004, 43016, 43017, 43026, 43054, 43065, 43068, 43069, 43081, 43085, 43086, 43109, 43110, 43119, 43123, 43125, 43126, 43137, 43146, 43194, 43195, 43199, 43201, 43202, 43203, 43204, 43205, 43206, 43207, 43209, 43210, 43211, 43212, 43213, 43214, 43215, 43216, 43217, 43218, 43219, 43220, 43221, 43222, 43223, 43224, 43226, 43227, 43228, 43229, 43230, 43231, 43232, 43234, 43235, 43236, 43251, 43260, 43266, 43268, 43270, 43271, 43272, 43279, 43287 and 43291 **(67)**.

Review of OhioHealth internal data during Calendar Year 2014 has shown that the majority of hospital and outpatient admissions were residents of Franklin County, specified as follows:

a. **Riverside Methodist** — 57.2 percent of hospital admissions; 65.1 percent of outpatient admissions
b. **Grant** — 73.9 percent of hospital admissions; 76.4 percent of outpatient admissions
c. **Doctors Hospital** — 85.8 percent of hospital admissions; 80.7 percent of outpatient admissions
d. **Dublin Methodist** — 61 percent of hospital admissions; 56 percent of outpatient admissions

B. Process and Methods Used to Conduct the CHNA

B1. Data and other information used in the assessment

B1.1. Demographics of the community

Total population. In 2010, actual population was 1,163,414. In 2014, estimated total population was 1,231,393 **(84)**. Compared to 2010, a 5.8 percent increase in population was recorded in 2014.

Race/Ethnicity. Among Franklin County residents in 2014, 69.7 percent were White, 21.2 percent were African American, 4 percent were Asian, 4.8 percent were Hispanic (of any race), 1.6 percent were other races, 0.2 percent Native American, zero percent Pacific Islander and 3.2 percent were two or more races. Total minority represented 33.1 percent of the population **(84)**.

Age: Among Franklin County residents in 2014, 7.2 percent were younger than 5 years old, 16.7 percent were 5 to 17 years old, 11.4 percent were 18 to 24 years old, 30.3 percent were 25 to 44 years old, 24.2 percent were 45 to 64 years old and 10.2 percent were 65 years or older. Median age is 33.6 **(84)**.

Income: In 2014, the median household income was $50,877 and per capita income was $43,506. Approximately 13 percent of families and 18.1 percent of individuals had income below the poverty level **(84)**.

Additional discussion of demographic characteristics in Franklin County is available in the Franklin County HealthMap 2016 (Appendix A).

B2. Methods of collecting and analyzing data and information

B2.1. Primary data collection

The health indicators that were included in the Franklin County HealthMap 2016 were determined from members of the Franklin County Community Health Needs Assessment Steering Committee through small group discussions and survey. Primary data collection was conducted from July 1, 2014 to March 31, 2015.

B2.2. Secondary data collection

The Central Ohio Hospital Council obtained secondary data from national, state and local sources (e.g., U.S. Census Bureau, Center for Disease Control and Prevention Behavior Risk Factor Surveillance System, Ohio Department of Health, Central Ohio Trauma System, Columbus Public Health and Ohio Hospital Association). Secondary data collection and synthesis was contracted to The Ohio State University College of Public Health Center for Public Health Practice and Illuminology. Secondary data collection was conducted from July 1, 2014 to March 31, 2015.

No information gaps that would impact the ability to assess the needs of the community were identified through this CHNA process.

B3. Parties with whom the hospital collaborated with or contracted for assistance

a. **Bricker & Eckler, LLP/Quality Management Consulting Group** — located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler, LLP, represented by Chris Kenney and Jim Flynn, provided overall guidance in ensuring that the conduct of the CHNA was compliant with the Internal Revenue Service regulations **(54)**. Mr. Flynn has practiced for 25 years related to health planning matters, certificate of need regulations, non-profit and tax-exempt healthcare providers, and federal and state regulatory issues. Ms. Kenney has more than 36 years of experience in healthcare planning and policy development, federal and state regulations, certificate of need regulations and Medicare and Medicaid certification.

b. **The Ohio State University College of Public Health Center for Public Health Practice** — located at 250 Cunz Hall, 1841 Neil Avenue, Columbus, Ohio 43210. The Center for Public Health Practice was represented by Joanne Pearsol, MA, MCHES, and two graduate students, Dayna Benoit and Tyler Gorham **(117)**. Ms. Pearsol, Ms. Benoit and Mr. Gorham assisted COHC in locating and summarizing data for the health status indicators, synthesizing the electronic data sources and creating maps.

c. **Illuminology** — a marketing research company located at 1500 West Third Avenue, Suite 126, Columbus, Ohio 43212 **(52)**. Illuminology, represented by Orie Kristel, PhD, chief executive officer, assisted COHC in locating and summarizing data for the health status indicators.

No written comments on the prior community health needs assessment were received.

C. Input from Persons who Represent the Broad Interests of the Community Served

The community organizations and their representatives that participated in the Franklin County Community Health Needs Assessment Steering Committee were as follows:

C1. Central Ohio Area Agency on Aging (COAAA)

Representative: Lynn Dobb, education coordinator

Description of the medically underserved, low-income or minority populations represented by organization: Serves seniors and their caregivers, regardless of ability to pay.

Input: Member of the Franklin County Community Health Needs Assessment Steering Committee

Time frame of input: March 2014 to January 2016

Examples of programs and services: Older adult foster home, assisted living, in-home care, Healthy U, long-term care consultation and Medicare outreach **(15).**

C2. Central Ohio Trauma System (COTS)

Representative: Jodi Keller, associate director of healthcare system emergency preparedness

Description of the medically underserved, low-income or minority populations represented by organization: Serves patients with trauma or critical care diagnoses in central Ohio regardless of ability to pay.

Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee and (b) provided secondary data.

Timeframe of inputs: March 2014 to January 2016

Examples of programs and services: Education to member hospitals, coordination of disaster preparedness and maintenance of the Regional Trauma Registry and the Emergency Department Real-Time Activity Status databases **(31).**

C3. Central Ohio Hospital Council (COHC)

Representatives: Jeff Klingler, president and chief executive officer, and Joanna Skillings, office manager

Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons, regardless of ability to pay.

Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee and (b) overall leadership and coordination of the Franklin County community health needs assessment (Franklin County HealthMap 2016).

Timeframe of inputs: March 2014 to January 2016

Examples of programs and services: Joint Committee on Local Accountability for supply and price of blood products, Breastfeeding Initiative, Uniform Charity Care Policy, Central Ohio Health Information Exchange, Central Ohio Hospital Quality Collaborative, Community Health Needs Assessment, Ohio Better Birth Outcomes, Progesterone Promotion Project and Safe Sleep Initiative **(17–18)**.

C4. Columbus Public Health

Representatives: Kathy Cowen, director, Office of Epidemiology, Michelle Groux, team member, Office of Epidemiology, and Richard Hicks, director, Office of Health Planning (All persons have knowledge of and expertise in public health.)

Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons in Franklin County, Ohio, specifically Columbus residents who need public health services.

Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary and secondary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.

Timeframe of inputs: March 2014 to January 2016

Examples of programs and services: Various health programs serving children, adolescents, adults and older adults, regardless of ability to pay **(22–27).**

C5. PrimaryOne Health (formerly Columbus Neighborhood Health Centers)

Representative: Parminder Bajwa, director of quality improvement/risk management

Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons, regardless of ability to pay, including persons facing financial, social or cultural barriers to healthcare.

Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.

Timeframe of inputs: March 2014 to January 2016

Examples of programs and services: Obstetrics/gynecology, primary care, dental care, vision care, healthcare for the homeless and diabetes care **(33).**

C6. Franklin County Public Health

Representatives: Jimmie Davis, supervisor, community health and wellness program, and Kyle Idahosa, epidemiologist (Both persons have knowledge of and expertise in public health.)

Description of the medically underserved, low-income or minority populations represented by organization: Serves all residents of Franklin County.

Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) review, analysis and selection of health indicators, (c) clustering of related health indicators, (d) identification of three health needs from each cluster, (e) prioritization of health needs and (f) identification of six priority health needs.

Timeframe of inputs: March 2014 to January 2016

Examples of programs and services: Environmental health and safety, food safety, health and wellness programs, health education and provision of resources **(39).**

C7. Healthcare for the Homeless

Representative: Lori Summers, coordinator

Description of the medically underserved, low-income or minority populations represented by organization: Serves healthcare needs of homeless persons.

Input: Member of the Franklin County Community Health Needs Assessment Steering Committee

Timeframe of input: March 2014 to January 2016

Examples of programs and services: Primary care, obstetrics/gynecology, pediatrics, vision, dental, transportation assistance, case management, community outreach, and referrals to mental health and substance abuse counseling **(33)**.

C8. Illuminology

Representative: Orie Kristel, chief executive officer and principal researcher

Description of the medically underserved, low-income or minority populations represented by organization: Serves public health agencies and other organizations that assist medically underserved, low-income or minority populations.

Inputs: (a) Secondary data collection, (b) review, analysis and selection of health indicators, (c) clustering of related health indicators, (d) identification of three health needs from each cluster, (e) prioritization of health needs, and (f) identification of six priority health needs.

Timeframe of inputs: July 2014 to January 2016

Examples of programs and services: Conducts research on consumer insight, community affairs and community impact.

C9. Mount Carmel Health System

Representatives: Candice Coleman, supervisor, church partnerships and community benefit ministry, Jackie Hilton, community benefit ministry officer, and Sister Barbara Hahl, senior vice president of system mission

Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons, regardless of ability to pay.

Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.

Timeframe of inputs: March 2014 to January 2016

Examples of programs and services: Home visits for children up to age three, free nursing visits to first-time teen mothers ("Welcome Home" program), free urgent care through the mobile medical coach, healthcare for the homeless ("Street Medicine"), support groups, hospice care and faith community nursing program **(71)**.

C10. Nationwide Children's Hospital

Representatives: Carla Fountaine, senior community relations specialist, Libbey Hoang, director, planning and business development, Tim Madrid, project manager, and Angela Mingo, community relations director

Description of the medically underserved, low-income or minority populations represented by organization: Serves all children, regardless of ability to pay.

Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.

Timeframe of inputs: March 2014 to January 2016

Examples of programs and services: "Good Neighbor Agreement" and "Healthy Neighborhoods, Healthy Families" **(75).**

C11. Ohio Department of Aging

Representative: Tracy Brown, staff

Description of the medically underserved, low-income or minority populations represented by organization: Serves Ohioans, age 60 and older.

Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) review, analysis and selection of health indicators, (c) clustering of related health indicators, (d) identification of three health needs from each cluster, (e) prioritization of health needs and (f) identification of six priority health needs.

Timeframe of inputs: March 2014 to January 2016

Examples of programs and services: "Healthy Lifestyles Program," "Golden Buckeye Program," "PASSPORT Program," "Senior Community Service Employment Program" and "Senior Farmer's Market Nutrition Program" **(86).**

C12. The Ohio State University Nisonger Center Ohio Disability and Health Program

Representative: David Ellsworth, health policy specialist (Has knowledge of and expertise in public health.)

Description of the medically underserved, low-income or minority populations represented by organization: Serves persons with disabilities.

Input: Member of the Franklin County Community Health Needs Assessment Steering Committee

Timeframe of input: March 2014 to January 2016

Examples of programs and services: Health promotion, access to care and emergency preparedness for persons with disabilities **(119–120).**

C13. OhioHealth

Representative: Orelle Jackson, system director, community health and wellness
Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons, regardless of ability to pay.
Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.
Timeframe of inputs: March 2014 to January 2016
Examples of programs and services: ENGAGE health and wellness and Wellness on Wheels **(97).**

C14. The Ohio State University College of Public Health Center for Public Health Practice

Representative: Joanne Pearsol, associate director (Has special knowledge of and expertise in public health)
Description of the medically underserved, low-income or minority populations represented by organization: Provides public health professionals and organizations with continuing education and training as well as assistance with strategic planning and change management.
Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary and secondary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.
Timeframe of inputs: March 2014 to January 2016
Examples of programs and services: Workforce development, continuing education and training for public health professionals, and strategic planning and change management **(117).**

C15. The Ohio State University Wexner Medical Center

Representatives: Wanda Dillard, director of community development, Deborah Frazier, resource planning analyst, and Chastity Washington, program director
Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons, regardless of ability to pay.
Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs.
Timeframe of inputs: March 2014 to January 2016
Examples of programs and services: Community Health Day at Carepoint East, Asian Health Initiative Free Clinic, Noor Community Clinic, Moms2B, Stable Cradle Project, La Clinica Latina and Men of Color Health Initiative **(121–123).**

C16. United Way of Central Ohio

Representative: David Ciccone, assistant vice president, community impact and senior impact director, health
Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons in central Ohio.
Inputs: (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection and (c) review, analysis and selection of health indicators.
Timeframe of inputs: March 2014 to January 2016
Examples of programs and services: Education and skills development, health improvement, provision of emergency food, shelter and financial assistance, safe and affordable housing, and good neighborhoods **(132).**

All required sources for community input were obtained for this CHNA.

D. Description of Significant Health Needs as Well as Process and Criteria of Identifying and Prioritizing Significant Health Needs

D1. Description of significant health needs

The Franklin County Community Health Needs Assessment Steering Committee identified six priority health needs, including obesity, infant mortality, access to care, mental health and addiction, chronic conditions and infectious diseases. Additional information on these needs are described in the Franklin County HealthMap 2016 in **Appendix A**. Whenever appropriate, the secondary data pertinent to these health needs were compared to demographic profile in Franklin County, Ohio **(84, 126)**:

D1.1. Obesity

a. Twenty percent of Franklin County women (18 to 44 years old) are overweight or obese, compared to 22 percent in Ohio.
b. 31.2 percent of Franklin County adults are overweight and 30.7 percent are obese.
c. Obesity rates in Franklin County were 0.6 percent higher compared to all of Ohio and 3.1 percent higher compared to United States.
d. Females have disproportionately higher percent of obesity (76 percent) compared to the percent of females in Franklin County (51.3 percent).
e. Among Franklin County residents who are obese, 41 percent are 18 to 39 years of age, 48 percent are 40 to 64 years of age, nine percent were 65 years of age or older and two percent were 0 to 17 years of age.
f. Top Zip codes with highest obesity rates include 43223 (Hilltop), 43232 (east side Columbus), 43207 (south side Columbus), 43211 (northeast Columbus), 43204 (Hilltop), 43224 (northeast Columbus), 43228 (Galloway/Lincoln Village), 43219 (northeast Columbus), 43213 (east side Columbus) and 43229 (northeast Columbus).

D1.2. Infant mortality

a. Infant mortality rate in Franklin County is 8 per 1,000 live births compared to 7.6 per 1,000 live births in Ohio and 6.1 per 1,000 live births in the U.S.
b. Infant mortality among non-Hispanic African Americans (13.9 per 1,000 live births) is more than double of non-Hispanic Whites (6 per 1,000 live births).
c. More than three families per week experience the death of a baby before age 1.
d. Priority areas include Near South, Linden, Near East, Hilltop, Franklinton, Morse Road and State Route 161, Southeast and Northeast.

D1.3. Access to care

D1.3.1. Emergency Department (ED) visits

a. In Franklin County, ED visits among persons who were treated and released was 298.9 per 1,000 population for ages 19 to 64, compared to 157.3 per 1,000 population for children ages 0 to 18 and 30.2 per 1,000 population for older adults ages 65 or older.
b. ED visits among persons who were admitted was 57.1 per 1,000 population for ages 19 to 64, compared to 6.7 per 1,000 population for children 0 to 18 years of age and 33.4 per 1,000 population for older adults ages 65 or older.
c. Highest rates of ED visits were from persons living in Zip codes 43109 (east side Columbus), 43222 (Hilltop area), 43203 (downtown Columbus), 43205 (downtown Columbus), 43223 (Hilltop), 43211 (northeast Columbus), 43217 (south side Columbus), 43227 (east side Columbus), 43206 (downtown Columbus) and 43219 (northeast Columbus).

D1.3.2. Dental care

a. Percent of African Americans with lack of access to dental care is disproportionately higher compared to the percentage of African Americans in Franklin County (21.2 percent).
b. Highest percent of persons with lack of access to dental care live in Zip codes 43204 (Hilltop), 43223 (Hilltop), 43207 (south side Columbus), 43228 (Galloway/Lincoln Village), 43232 (east side Columbus), 43211 (northeast Columbus), 43224 (northeast Columbus), 43206 (downtown Columbus), 43229 (northeast Columbus) and 43213 (east side Columbus).

D1.4. Mental health and addiction

a. Approximately 25 percent of adults have a mental illness
b. More than 10 percent of residents ages 12 and older received treatment due to illegal drug or alcohol use problems
c. Females have disproportionately higher mental health diagnoses (56 percent) compared to the percentage of females in Franklin County (51.3 percent).
d. African Americans have disproportionately higher (26 percent) mental health diagnoses compared to the percentage of African Americans in Franklin County (21.2 percent).
e. Among persons with mental health diagnosis, 55 percent are 18 to 39 years, 37 percent are 40 to 64 years of age, six percent are ages 65 or older and two percent are 0 to 17 years of age.

D1.5. Chronic conditions

D1.5.1. Alzheimer's Disease

a. Females have disproportionately higher rate of Alzheimer's Disease (64 percent) relative to the percentage of females in Franklin County (51.3 percent).
b. Whites have disproportionately higher rate of Alzheimer's Disease (75 percent) compared to the percentage of Whites in Franklin County (69.1 percent).
c. Ninety-five percent of Alzheimer's Disease occurs among persons 65 years or older while five percent occurs among persons 40 to 64 years of age.
d. Highest rates of Alzheimer's Disease were among residents from Zip codes 43207 (south side Columbus), 43081 (Westerville), 43123 (Grove City), 43230 (Gahanna), 43232 (east side Columbus), 43235 (Worthington), 43068 (Reynoldsburg), 43016 (Dublin), 43125 (Groveport) and 43213 (east side Columbus).

D1.5.2. Asthma

a. Females have disproportionately higher asthma rates (66 percent) compared to the percentage of females in Franklin County (51.3 percent).
b. African Americans have disproportionately higher asthma rates (38 percent) relative to the percentage of African Americans in Franklin County (21.2 percent).
c. Seventy-eight percent of asthma diagnoses occur among persons 18 to 64 years of age, 18 percent among children 0 to 17 years of age and four percent 65 years of age or older.
d. Highest asthma rates were among residents from Zip codes 43207 (south side Columbus), 43232 (east side Columbus), 43223 (Hilltop), 43224 (northeast Columbus), 43229 (northeast Columbus), 43204 (Hilltop), 43211 (northeast Columbus), 43213 (east side Columbus), 43219 (northeast Columbus) and 43228 (Galloway/Lincoln Village).

D.1.5.3. Cardiovascular disease

a. Males have disproportionately higher cardiovascular disease prevalence rates (52 percent) relative to the percentage of males in Franklin County (48.7 percent).
b. Fifty-two percent of cardiovascular disease diagnoses occur among persons 40 to 64 years of age while 40 percent occurs among persons 65 years of age or older.
c. Zip codes with the highest prevalence rates of cardiovascular disease includes 43207 (south side Columbus), 43223 (Hilltop), 43204 (Hilltop), 43232 (east side Columbus), 43228 (Galloway/Lincoln Village), 43123 (Grove City), 43068 (Reynoldsburg), 43213 (east side Columbus), 43206 (downtown Columbus) and 43211 (northeast Columbus).

D1.5.4. Diabetes

a. Females have disproportionately higher diabetes prevalence rates (60 percent) relative to the percent of females in Franklin County (51.3 percent).
b. African Americans have disproportionately higher rates of diabetes (29 percent) relative to the percent of African Americans in Franklin County (21.2 percent).
c. Among persons diagnosed with diabetes, 54 percent were 40 to 64 years of age, 25 percent were ages 65 or older and 21 percent were 18 to 39 years of age.
d. Zip codes with the highest diabetes rates include 43207 (south side Columbus), 43232 (east side Columbus), 43223 (Hilltop), 43224 (northeast Columbus), 43204 (Hilltop), 43213 (east side Columbus), 43123 (Grove City), 43229 (Northeast Columbus), 43068 (Reynoldsburg), and 43228 (Galloway/Lincoln Village).

D1.5.5. Stroke

a. Among persons who had a stroke, 50 percent were persons 65 years of age or older, 37 percent were 40 to 64 years of age and 11 percent were 18 to 39 years of age.
b. Zip codes with the highest stroke rates include 43081 (Westerville), 43229 (northeast Columbus), 43110 (Canal Winchester), 43228 (Galloway/Lincoln Village), 43207 (south side Columbus), 43206 (downtown Columbus), 43204 (Hilltop), 43223 (Hilltop), 43232 (east side Columbus) and 43068 (Reynoldsburg).

D1.6. Infectious diseases

D1.6.1. Chlamydia

a. Females have disproportionately higher rates of chlamydia (67 percent) relative to the percent females in Franklin County (51.3 percent).
b. African Americans have disproportionately higher rates of chlamydia (54 percent) relative to the percent of African Americans residing in Franklin County (21.2 percent).
c. Among persons with chlamydia, 79 percent were persons 18 to 39 years of age, 18 percent were 0 to 17 years of age and three percent were 40 to 64 years of age.
d. Zip codes with the highest chlamydia rates include 43211 (northeast Columbus), 43232 (east side Columbus), 43223 (Hilltop), 43224 (northeast Columbus), 43205 (downtown Columbus), 43206 (downtown Columbus), 43227 (east side Columbus), 43228 (Galloway/Lincoln Village), 43213 (east side Columbus) and 43219 (northeast Columbus).

D1.6.2. Gonorrhea

a. Females have disproportionately higher rates of gonorrhea (68 percent) relative to the percent females in Franklin County (51.3 percent).
b. African Americans have disproportionately higher rates of gonorrhea (59 percent) relative to the percent of African Americans in Franklin County (21.2 percent).
c. Among persons with gonorrhea, 81 percent were persons 18 to 39 years of age, 11 percent were children 0 to 17 years of age and eight percent were persons 40 to 64 years of age.
d. Zip codes with the highest gonorrhea rates include 43211 (northeast Columbus), 43224 (northeast Columbus), 43227 (east side Columbus), 43204 (Hilltop), 43219 (northeast Columbus), 43228 (Galloway/Lincoln Village), 43223 (Hilltop), 43232 (east side Columbus), 43213 (east side Columbus) and 43205 (downtown Columbus).

D1.6.3. Human Immunodeficiency Virus (HIV)

a. Males have disproportionately higher rates of HIV (73 percent) relative to the percent males in Franklin County (48.7 percent).
b. African Americans have disproportionately higher rates of HIV (37 percent) relative to the percent of African Americans in Franklin County (21.2 percent).
c. Among persons with HIV, 54 percent were 18 to 39 years of age, 45 percent were 40 to 64 years of age and one percent were 65 years of age or older.
d. Zip codes with the highest HIV rates include 43213 (east side Columbus), 43205 (downtown Columbus), 43206 (downtown Columbus), 43207 (south side Columbus), 43211 (northeast Columbus), 43224 (northeast Columbus), 43232 (east side Columbus), 43223 (Hilltop), 43204 (Hilltop) and 43219 (northeast Columbus).

D1.6.4. Pertussis

e. African Americans have disproportionately higher rates of pertussis (27 percent) relative to the percent of African Americans in Franklin County (21.2 percent).
a. Among persons diagnosed with pertussis, 83 percent were 0 to 17 years of age, nine percent were 18 to 39 years of age, seven percent were 40 to 64 years of age and one percent were 65 years of age or older.
b. Zip codes with the highest pertussis rates include 43123 (Grove City), 43207 (south side Columbus), 43229 (northeast Columbus), 43026 (Hilliard), 43211 (northeast Columbus), 43213 (east side Columbus), 43232 (east side Columbus), 43125 (Groveport), 43219 (northeast Columbus) and 43110 (Canal Winchester).

D1.6.5. Sepsis

a. Among persons diagnosed with sepsis, 41 percent were persons 40 to 64 years of age, 28 percent were 65 years of age or older, 23 percent were 18 to 39 years of age and eight percent were 0 to 17 years of age.
b. Zip codes with the highest sepsis rates include 43110 (Canal Winchester), 43228 (Galloway/Lincoln Village), 43229 (northeast Columbus), 43081 (Westerville), 43068 (Reynoldsburg), 43207 (south side Columbus), 43204 (Hilltop), 43026 (Hilliard), 43232 (east side Columbus) and 43235 (Worthington).

D1.5.6. Syphilis

a. Males have disproportionately higher rates of syphilis (68 percent) relative to the percent of males in Franklin County (48.7 percent).
b. African Americans have disproportionately higher rates of syphilis (36 percent) relative to the percent of African Americans in Franklin County (21.2 percent).
c. Among persons diagnosed with syphilis, 70 percent were 18 to 39 years of age and 30 percent were 40 to 64 years of age.
d. Zip codes with highest syphilis rates include 43207 (south side Columbus), 43232 (east side Columbus), 43224 (northeast Columbus), 43228 (Galloway/Lincoln Village), 43201 (downtown Columbus), 43211 (northeast Columbus), 43223 (Hilltop), 43213 (east side Columbus), 43215 (downtown Columbus) and 43203 (downtown Columbus).

D2. Process and criteria of identifying and prioritizing significant health needs

The Franklin County Community Health Needs Assessment Steering Committee prioritized the health needs through a six-step process:

D2.1. Review, analysis and selection of health indicators

The review, analysis and selection of health indicators was conducted on May 7, 2015, and involved four steps:

a. Community stakeholders were divided into small groups (subgroups) and were assigned to review all Franklin County health indicators compared to state of Ohio and United States data.
b. Subgroups selected health indicators where Franklin County data was worse compared to Ohio and United States data.
c. Subgroups selected health indicators which worsened relative to Franklin County HealthMap 2013 **(87)**.
d. Subgroups identified health indicators where Franklin County data was similar or better compared to Ohio and United States data.

D2.2. Clustering of related health indicators

Clustering of related health indicators was conducted on June 3, 2015, and involved two steps:

a. Full Steering Committee categorized similar health indicators into clusters.
b. Each cluster was named and considered as a broader health issue.

D2.3. Identification of three health needs from each cluster

Identification of three health needs from each cluster was conducted from June 3, 2015 to September 2, 2015. Subgroups suggested three specific health needs from each broader health issue, which yielded 16 health needs for prioritization.

D2.4. Prioritization of health needs

Prioritization of health needs was conducted from June 3, 2015 to September 2, 2015, and involved two steps:

a. The 16 health needs that were prioritized include (i) obesity, (ii) infant mortality, (iii) cancer screening, (iv) increase in primary care providers to decrease Emergency Department (ED) visits, (v) vaccines for preventable diseases, (vi) Alzheimer's Disease, (vii) asthma, (viii) unintentional drug mortality, (ix) diabetes, (x) dental care, (xi) cardiovascular disease, (xii) sexually transmitted infections, (xiii) domestic violence, (xiv) child abuse, (xv) unintentional injury and (xvi) stroke.
b. Subgroups scored the 16 health needs using a one (low priority) to three (high priority) scale, following the National Association of City and County Health Officials (NACCHO) prioritization tool **(73)**. The tool used nine criteria, including (i) number of persons affected, (ii) degree to which the health problem leads to death, disability or impairs quality of life, (iii) whether or not the health problem gets better or worse over time, (iv) degree to which specific groups are affected by the problem, (v) availability of existing multi-level strategies that have been proven to be effective, (vi) ability to address the problem with available resources, (vii) importance of the problem to the community, (viii) consequences of inaction and (ix) whether or not a health problem is a root cause or social determinant that impacts other health issues.

D2.5. Identification of six priority health needs

Six priority health needs were identified from June 3, 2015 to September 2, 2015 based from the ranking during the prioritization process. The Steering Committee members voted on the health needs using numbered dots — one (highest vote), two and three (lowest vote). The members were asked to base their decision from (i) NACCHO prioritization ranking, (ii) magnitude of difference between Franklin County data compared to state of Ohio and United States data, (iii) worsening of health indicator relative to Franklin County HealthMap 2013, (iv) significance of the health need in clinical setting and (v) personal perspective of the importance of the health need based on media reports, studies and presentations.

D2.6. Open forum on final list and ranking of six priority health needs

On September 2, 2015, the Steering Committee members discussed the final ranking of health needs and voted on final order of health need as follows: Obesity (1st), infant mortality (2nd), access to care (3rd), mental health and addiction (4th), chronic conditions (5th) and infectious diseases (6th).

E. Resources Potentially Available to Address Significant Health Needs

E1. Obesity

E1.1. American Academy of Pediatrics, Ohio Chapter — examples of programs include "Good4Growth" and the "Ounce of Prevention is Worth a Pound" toolkit **(5)**.

E1.2. Nationwide Children's Hospital Center for Healthy Weight and Nutrition — examples of programs include family-based, medical, weight management programs (New U Flex, New U Weekly and New U Jr.) **(74, 75)**.

E1.3. Columbus Public Health Growing Healthy Kids Columbus Coalition — examples of projects include creation of the Columbus Early Childhood Obesity Prevention Plan, Healthy Children, Healthy Weights and information dissemination about the Water First for Thirst! **(23)**.

E1.4. Franklin Park Conservatory Growing to Green Program — examples of programs include starting community gardens, neighborhood beautification projects, school learning garden and Growing to Green awards **(47).**

E1.5. Children's Hunger Alliance Healthy Kids, Healthy Schools — aims to encourage middle school children to improve their health through nutrition education and physical fitness programs, in turn improving the nutritional content of food served in schools and encouraging participation in school breakfast **(19).**

E1.6. In My Backyard Health and Wellness — offers "Healthy Options for people Everywhere (HOPE)," which uses the backyard for exercise, nutrition and health education **(53)**.

E1.7. Columbus Public Schools Learn4Life — a community-wide support system to promote learning from birth to career age through programs that foster school readiness, achievement in schools and post-secondary success **(61)**.

E1.8. Local Matters — examples of programs include Food Matters, Cooking Matters, Growing Matters and Wellness Matters **(64)**.

E1.9. Mid-Ohio Food Bank — examples of programs include South Side Roots Café and Market, Community Conversations, Collaborating for Clients, Urban Farms of Central Ohio, Produce Markets, Mobile Markets and Community Garden **(70)**.

E1.10. YMCA of Central Ohio Strong-Well-Fit — a free, 12-week program for children and youth ages 8 to 16 and their parents that includes fun, physical activities, learning about nutrition and healthy choices as well as goal setting and means of achieving goals set **(137)**.

E2. Infant Mortality

E2.1. CelebrateOne — created in November 2014 to implement programs that address infant mortality as recommended by the Greater Columbus Infant Mortality Task Force **(12)**.

E2.2. Center for Healthy Families — examples of community services include education, teaching about healthy relationships, healthy babies, parenting, birth spacing, assisting teens and families obtain safe and stable housing and other school-based services **(111)**.

E2.3. Central Ohio Hospital Council — examples of initiatives include Progesterone Promotion Project, Safe Sleep Initiative and Ohio Better Birth Outcomes **(17, 18)**.

E2.4. City of Columbus/Department of Development — oversees provision of safe and affordable housing as well as neighborhood services and planning **(28)**.

E2.5. Church and Community Development for All People — implements affordable housing programs such as South Side Homeownership Program, Healthy Neighborhoods, Healthy Families and South Side Renaissance **(21)**.

E2.6. Columbus Public Health — infant mortality initiatives include Child Fatality Review Team, Fetal-Infant Mortality Review, monitoring and release of infant mortality data, partnership with CelebrateOne, education about infant safe sleep, coordination of the Ohio Equity Institute and South Side Network **(25)**.

E2.7. Franklin County Department of Job and Family Services — provide development of workforce and support programs for families, including assistance for food, child care and medical services provided by the Healthy Start, Healthy Families **(41)**.

E2.8. Franklin County Family and Children First Council — coordinates Help Me Grow, strengthening families and preventing child abuse and neglect, service coordination and family and civic engagement **(42)**.

E2.9. Moms2B — community-wide, comprehensive prenatal and first-year-of-life program that provides new mothers from Zip codes with highest infant mortality rates with ongoing access to doctors, family advocates, community advisers, dietitians, certified lactation counselors, nurses and other multidisciplinary health professionals **(122)**.

E2.10. Neighborhood House — programs include child care services, drug and alcohol counseling, transportation for seniors, senior education, food pantry, education to reduce infant mortality (Nest Program) **(113–115)**.

E2.11. Ohio Better Birth Outcomes — includes initiatives such as improving access to reproductive health planning and education, enhancing prenatal care and support to high-risk families and increasing quality of care during and between pregnancies **(85)**.

E2.12. Physicians CareConnection, Columbus Medical Association — operates the Physicians Free Clinic and provides care coordination **(32)**.

E2.13. St. Stephen's Community House — programs include community and emergency services, OhioHealth Food and Nutrition Center (food pantry), youth services and family services **(107)**.

E2.14. Women, Infants and Children (WIC) — provides supplemental nutrition for pregnant, postpartum and breastfeeding women, infants and children up to age 5 **(27)**.

E3. Access to Care

E3.1. Community health centers — examples include (a) Heart of Ohio Family Health Centers **(50)**, (b) Lower Lights Christian Health Center **(65)**, (c) PrimaryOne Health **(33)** and (d) Southeast, Inc. **(106)**.

E3.2. Free clinics — examples include (a) Asian Health Initiative Free Clinic **(9)**, (b) Columbus Free Clinic **(30)**, (c) Grace Clinic **(38)**, (d) Helping Hands Health and Wellness Center **(51)**, (e) La Clinica Latina **(118)**, (f) Linworth Road Church Free Medical Clinic **(63)**, (g) New Life Health and Wellness Center **(76)**, (h) Noor Community Clinic/Muslim Clinic of Ohio **(118)**, (i) Physicians CareConnection **(32)**, (j) Victory Ministries Free Medical Clinic **(134)**, (k) Vineyard Free Health Clinics **(135)** and (l) Xenos Fourth Street Free Clinic **(136)**.

E3.3. Dental clinics — examples of dental clinics serving low-income persons include (a) Columbus Public Health Dental Clinic **(22)**, (b) Dental OPTIONS **(81)**, (c) Dentists CareConnection **(29)** and (d) Franklin County Veteran Service Commission Preventive Dental Program **(46)**. Additional dental clinics serving low-income persons are included in the Franklin County HealthMap 2016 and in Columbus Public Health's health resources lists **(24)**.

E3.4. The Ohio State University Nisonger Center — provides healthcare services and programs for persons with disabilities, including (a) Adult Down Syndrome Clinic, (b) School-Aged Autism and Developmental Clinic, (c) behavior support services, (d) dental program, (e) interdisciplinary developmental clinic and (f) early childhood education **(119–120)**.

E4. Mental Health and Addiction

E4.1. Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County — offers access to (a) network of providers and agencies to assist residents with alcohol, drug and mental health problems, (b) support groups, (c) care coordination and referral to community services, (d) consumer advocacy and (e) education on suicide prevention **(2–3)**.

E4.2. Maryhaven — examples of integrated behavioral health services include addiction recovery, detoxification services, inpatient and outpatient programs, residential treatment and prevention measures **(66)**.

E4.3. Mental Health America of Franklin County — examples of programs and services include care coordination through the Ombudsman Program, pro bono counseling, support for maternal mental health, support groups, professional training as well as advocacy and dissemination of educational materials related to mental health screening, assessment and prevention measures **(69)**.

E4.4. National Alliance on Mental Illness (NAMI), Franklin County — examples of education and support services include NAMI Family-to-Family Education Program, NAMI Basics, NAMI Peer-to-Peer Education Program, NAMI Connections (support group), NAMI Tea and Tears for caregivers and family, Amigas Latina Support Group and NAMI Family and Caregiver Mentorship Program **(72)**.

E4.5. Southeast Inc. — examples of programs and services for persons with severe and persistent mental illness include community treatment programs, case management, psychiatric services and employment support and assistance. Examples of services for homeless residents include community treatment teams, mobile psychiatric outreach and Friends of the Homeless Shelters for Adult Men. Southeast Inc. also provides outpatient services for alcohol and drug addiction, counseling, criminal justice, school-based prevention programs and medication-assisted treatment **(106)**.

E4.6. Chalmers P. Wylie VA Ambulatory Care Center — examples of services include Post-Traumatic Stress Outpatient Clinic, Military Sexual Trauma Recovery Services, Veterans Industries/Community Placement and Supported Employment, Psychosocial Rehabilitation and Recovery Center, Outpatient Addictive Disorders Division, Mental Health Intensive Case Management and Healthcare for Homeless Veterans **(127)**.

E4.7. The Neighborhood House — examples of programs include child care services and early childhood education, counseling for alcohol and drugs, transportation, outing and computer education for seniors, food pantry, Nest Program for pregnant and parenting women, and advocacy for the family **(113–115)**.

E4.8. St. Stephen's Community House — examples of programs fostering access to care include services for seniors, youth, families and young children **(108)**.

E5. Chronic Conditions

E5.1. American Heart Association, Central Ohio Chapter — examples of programs include Columbus Go Red for Women, Life's Simple 7, "My Heart. My Life," central Ohio community awareness and Ignite **(7)**.

E5.2. American Lung Association, Columbus — examples of programs include "Find a Flu Shot," which assists persons with finding flu vaccines and LUNG FORCE Expo, which educates patients and healthcare providers on the latest information about lung cancer and other lung diseases **(8)**.

E5.3. Central Ohio Breathing Association — examples of programs include (a) Free Lung Health Clinic and Mobile Medical Unit, which serves income-eligible persons with asthma and chronic obstructive pulmonary disease; (b) assistance with accessing the Home Energy Assistance Program (HEAP); (c) comprehensive services for persons with chronic obstructive pulmonary disease and/or asthma such as home visits, demonstrations of medical devices and breathing techniques, access to medical supplies, care planning and community referrals; and (d) "Be AIR Aware," which enables residents to receive free air quality alerts from the Mid-Ohio Regional Planning Commission (MORPC) **(110)**.

E5.4. Central Ohio Diabetes Association — examples of services include (a) detection and outreach programs, (b) education and awareness in English and Spanish, (c) diabetes camps and (d) Camp Hamwi for children with diabetes **(16)**.

E5.5. Columbus Cancer Clinic — provides cancer prevention education, cancer screening exams, mammograms and home care support services, regardless of ability to pay **(62)**.

E5.6. Community Development for All People — examples of programs include Free Store, Bikes for All People, Healthy Eating and Living (H.E.A.L.) and community gardens **(21)**.

E5.7. In My Backyard Health and Wellness — examples of programs include physical activity, healthy eating, gardening and education, chronic disease prevention, management of diabetes, and men's and women's health **(53)**.

E5.8. Local Matters: Cooking Matters — assists participants in selecting inexpensive and nutritious foods then teaches them to prepare healthy meals **(64)**.

E5.9. Ohio Asian American Health Coalition — examples of activities include education about healthcare laws provided in various Asian languages, hosting of statewide conferences on key issues affecting Asian Americans in Ohio and dissemination of health-related education materials **(79)**.

E5.10. St. Stephen's Community House — programs include community and emergency services, OhioHealth Food and Nutrition Center (food pantry), youth and family services, and Project AquaStar **(107–108)**.

E5.11. YMCA's Diabetes Prevention Program — a 12-month, group-based program focused on healthy nutrition, physical activity, stress reduction and problem solving. The Diabetes Prevention Program is offered in various YMCA locations throughout Franklin County, Ohio **(138)**.

E6. Infectious Diseases

E6.1. AIDS Resource Center Ohio — examples of programs and activities include Camp Sunrise (serves children impacted by human immunodeficiency virus/who have acquired immunodeficiency syndrome (HIV/AIDS)), The Ohio HIV/STD Hotline, Ohio Aids Coalition, medical care, mental and behavioral support, pharmacy services, case management, housing assistance, testing, prevention and advocacy **(4)**.

E6.2. AIDS Education and Training Resource Center — in Ohio, the Midwest AIDS Education and Training Center (AETC) oversees and facilitates education and training programs for healthcare professionals in Ohio. In Columbus, Ohio, The Ohio State University Wexner Medical Center Division of Infectious Diseases is a local affiliate of the Midwest AETC **(105)**.

E6.3. Columbus Public Health: Sexual Health Program — examples of services include prevention education as well as testing, diagnosis and treatment of sexually transmitted diseases **(26)**.

E6.4. LifeCare Alliance: Project Open Hand–Columbus — addresses the nutritional needs of persons living with AIDS in central Ohio through (a) individualized nutrition counseling, (b) "Groceries-to-Go" food pantry, (c) home-delivered meals and (d) congregate lunch **(62)**.

E6.5. Neighborhood House — as part of its Alcohol and Drug Outpatient Counseling Program, individuals are taught and counseled on coping behaviors for alcohol and drug addiction as well as awareness of risks for having sexually transmitted diseases (STDs) and/or HIV/AIDS. The Neighborhood House provides STD and HIV/AIDS testing in collaboration with Nationwide Children's Hospital's Family AIDS Clinic and Education Services (FACES) program **(75, 115)**.

E6.6. Ohio Hospital Association — assists Ohio hospitals in preparing and responding to infectious disease events such as the H1N1 flu pandemic and Ebola infection preparedness **(116)**.

E6.7. Stonewall Columbus — examples of programs and services include facilitation of recovery groups (Crystal Meth Recovery and Support Group; Gay, Joyous and Free Narcotics Anonymous), support groups (Columbus Bi Network Group; Family Pride Network) and social groups (Columbus Gay Men's Social Group; Girls Game Night; OutLoud) **(109)**.

F. Evaluation of the Impact of Actions Taken by the Hospital to Address Significant Health Needs Identified in the 2013 Board-Approved Community Health Needs Assessment

Appendix B summarizes the impact of community benefit programs conducted by Riverside Methodist, Grant, Doctors Hospital and Dublin Methodist, in complementation with OhioHealth system support entities. These community benefit programs were impactful while successfully addressing the priority health needs in the 2013 board-approved community health needs assessment and implementation strategy **(87–94)**.

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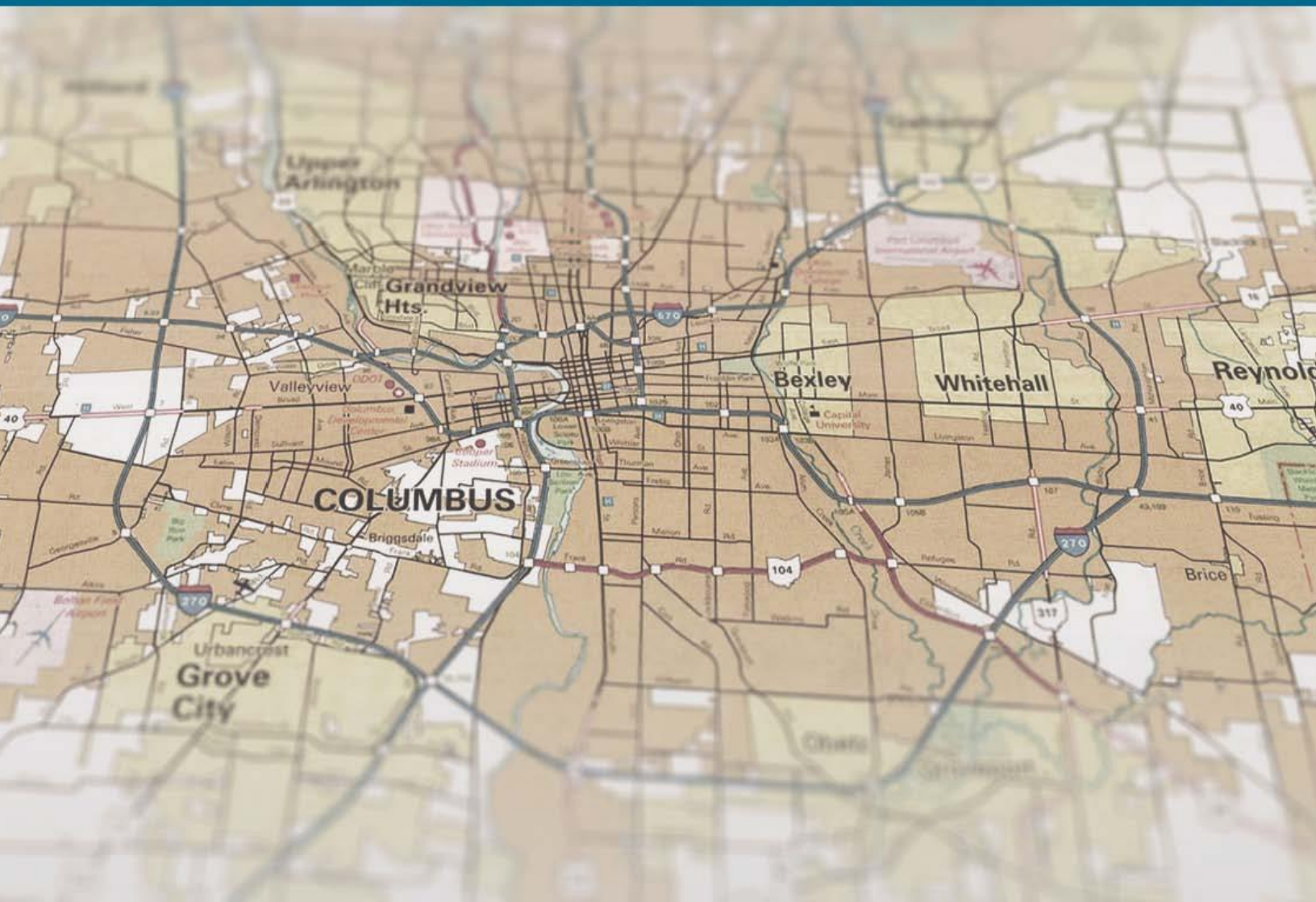
Appendix A

Franklin County HealthMap 2016

Franklin County

HealthMap 2016

Navigating Our Way to a Healthier Community Together



Overview of Franklin County HealthMap2016

The Franklin County Community Health Needs Assessment Steering Committee is pleased to provide residents of central Ohio with a comprehensive overview of our community's health status and needs via the *Franklin County HealthMap**2016***.

*Franklin County HealthMap**2016*** is the result of a broad collaborative effort, coordinated by the Central Ohio Hospital Council (COHC), intended to help hospitals and other organizations better understand the health needs and priorities of Franklin County residents. As part of its mission, COHC serves as the forum for community hospitals to collaborate with each other and with other community stakeholders to improve the quality, value, and accessibility of health care in the central Ohio region.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, and other health issues can help direct community resources to where they will have the biggest impact. To that end, central Ohio's hospitals will begin using the data reported in *Franklin County HealthMap**2016***, 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 HealthMap**2016*** will be updated in three years.

The Franklin County Community Health Needs Assessment Steering Committee hopes *Franklin County HealthMap**2016*** serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

About the Franklin County HealthMap2016's Process

The Franklin County Community Health Needs Assessment Steering Committee, whose members are listed on the next page, worked June 12, 2014 to identify the health indicators that are included in *Franklin County HealthMap**2016***. To do this, the Steering Committee reviewed indicators that were included in the *Franklin County HealthMap**2013*** and, in small group discussions, decided whether to include them in the updated report. Subgroups also discussed including new indicators, which were identified previously via a survey to Steering Committee members.

The Central Ohio Hospital Council contracted with the Center for Public Health Practice, within The Ohio State University College of Public Health, and Illuminology, a central Ohio-based research firm, to locate data and create a summary report of these health status indicators. COHC also contracted with Bricker & Eckler LLP/Quality Management Consulting Group for overall guidance in ensuring that the conduct of the CHNA was compliant with the Internal Revenue Service regulations. Qualifications and addresses of representatives of these contracting parties can be found on page 5.

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

In some cases, new indicators were identified for 2016 that were not included in the previous report (2013). In these instances, the most recent data are listed under 2016, and previous data are listed under the 2013 heading, even though it will not be found in the *HealthMap2013*. This was done for ease of reading. No information gaps that may impact the ability to assess the health needs of the community were identified while conducting the 2016 health needs assessment for Franklin County.

To ensure community stakeholders are able to use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in *Franklin County HealthMap**2016***, indicator data must have been collected or published by 2011. Lastly, although the COHC-member hospitals have service areas that extend across central Ohio, for the purposes of this report, the local geographic focus area is Franklin County.

COHC would like to thank Michelle Groux and Kathleen Cowen from Columbus Public Health and Amber Yors with the Ohio Hospital Association for providing a substantial amount of data for sections in *Franklin County HealthMap**2016***. COHC would also like to acknowledge Dayna Benoit, MPH student, for compiling and updating the electronic repository of data sources used in this report, and Tyler Gorham, PhD student, for generating the maps.

How to Read This Report

As shown on page 5, *Franklin County HealthMap**2016*** is organized into multiple, distinct sections. Each section begins with a sentence that briefly describes the section, and is then followed by a "call-out box" that highlights and summarizes the key findings of the data compilation and analysis, from the researchers' perspectives. For some indicators, the related U.S. Department of Health and Human Services *Healthy People 2020* goals are included with Franklin County's status indicated as "met" or "not met."

Each section includes several tables, designed to allow the reader to easily compare the most recent Franklin County data to historical Franklin County data, as well as state and national data. Most tables include the column headers Franklin County, Ohio, and the United States. Within each of these headers are two columns, labeled HM2016 and HM2013. HM2016 references the most recent data presented in *HealthMap**2016.*** HM2013 references *HealthMap**2013*** or relevant historical data. Throughout this report, the phrase "not available" is used within the tables when data was not reported in *HealthMap**2013*** or when the data did not exist.

The Community Health Needs Assessment Steering Committee

Work on *Franklin County HealthMap**2016*** was overseen by a Steering Committee consisting of the following individuals and their respective organizations. Consistent with federal requirements for conducting health needs assessments, entities which represent specific populations within the community are highlighted:

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

- Lynn Dobb

Central Ohio Trauma System

- Jodi Keller

Central Ohio Hospital Council
- Jeff Klingler

PrimaryOne Health (formerly Columbus Neighborhood Health Centers, representing low-income, medically underserved and minority populations)
- Parminder Bajwa

Columbus Public Health (special knowledge of and expertise in public health)
- Kathy Cowen
- Michelle Groux
- Richard Hicks

Franklin County Public Health (special knowledge of and expertise in public health)
- Jimmie Davis
- Kyle Idahosa

Healthcare for the Homeless (representing the homeless community)
- Lori Summers

Mount Carmel Health System
- Candice Coleman
- Sister Barbara Hahl
- Jackie Hilton

Nationwide Children's Hospital
- Carla Fountaine
- Libbey Hoang
- Tim Madrid
- Angela Mingo

Ohio Department of Aging (representing the senior community)
- Tracy Brown

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

OhioHealth
- Orelle Jackson

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

The Ohio State University Wexner Medical Center
- Wanda Dillard
- Deborah Frazier
- Chastity Washington

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

- David Ciccone

Input from all required sources was obtained for this report.

COHC contracted with various parties to assist with conducting the *Franklin County HealthMap**2016***. Representatives of those organizations, along with their qualifications and addresses, are provided below.

Bricker & Eckler LLP/Quality Management Consulting Group — located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler LLP, represented by Chris Kenney and Jim Flynn, provided overall guidance in ensuring that the conduct of the CHNA was compliant with the Internal Revenue Service regulations. Mr. Flynn is a managing partner with Bricker & Eckler LLP and has 25 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. Ms. Kenney has over 36 years of experience in health care planning and policy development, federal and state regulations, certificate of need, and assessment of community need.

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

Illuminology – located at 1500 West Third Avenue, Columbus, OH 43212. Illuminology, represented by Orie V. Kristel, Ph.D., led the process for locating health status indicator data and creating the summary CHNA report. Dr. Kristel is CEO of Illuminology and has over 18 years of experience related to research design, analysis, and reporting, with a focus on community health assessments.

Table of Contents

For Information About…	… See Page
Prioritized Health Needs of Franklin County Residents	**7**
Prioritized health issues, as determined by the HealthMap2016 Steering Committee	
Community Profile	**27**
Statistical data about the population of Franklin County, including age, gender, race, and other demographics	
Social Determinants of Health	**29**
Socio-economic factors that can affect one's health	
Health Care Access Indicators	29
Income / Poverty Indicators	32
Education Indicators	36
Employment Indicators	40
Other Indicators	42
Health Resource Availability	**44**
Health care professionals, health care beds, and emergency room visits	
Behavioral Risk Factors	**48**
Behaviors that affect health, including physical activity, nutrition, alcohol and tobacco use	
Wellness Care	**51**
Early disease detection practices, for example colonoscopy and cervical cancer screenings	
Maternal and Child Health	**52**
Issues of concern for mothers and young children, including age of pregnancy, infant deaths and infant birth weight	
Oral Health	**57**
Dental needs and availability of care	
Mental and Social Health	**58**
Homicide, suicide, mental issues, and abuse	
Death, Illness, and Injury	**61**
Leading causes of death, injury and hospital visits; chronic disease and risk factors	
Infectious Diseases	**72**
Vaccines and spreadable diseases	
Youth Issues	**79**
Youth health issues and reasons for hospitalization	
Summary	**81**
References	**82**

Prioritized Health Needs of Franklin County Residents

This section outlines the process used to identify the Prioritized Health Needs of Franklin County and lists the needs themselves.

Process for Our Work

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

First, on May 7, 2015, the committee, working in subgroups, considered all health indicators listed in this report, comparing them to state, and sometimes federal, data for those same indicators. The Steering Committee pulled those Franklin County health indicators which were found to be worse than comparative state and federal data for consideration in the second step. The Steering Committee also pulled for consideration those indicators which worsened since they were collected for *HealthMap**2013***, if known. Finally, the Steering Committee reviewed indicators found to be similar or better than state or federal data and decided whether to include them for further analysis.

Second, the full Steering Committee grouped related health indicators into clusters. These clusters were labeled as a broader health issue for consideration in the next step.

Third, on June 3, 2015, the Steering Committee again convened in subgroups to nominate up to three health needs from each cluster. Subgroups were instructed to identify specific health needs rather than broad health categories (i.e. diabetes versus chronic conditions).

Fourth, from the process above, 16 health needs were identified for further consideration. Working in subgroups, the Committee rated each of the identified health needs on a 1 to 3 scale, using a set on nine criteria recommended by the National Association of City and County Health Officials for prioritizing health needs:

1. Size: Number of persons affected
2. Seriousness: Degree to which the problem leads to death, disability, and impairs one's quality of life
3. Trends: Whether or not the health problem is getting better or worse in the community over time
4. Equity: Degree to which specific groups are affected by a problem
5. Intervention: Any existing multi-level strategies proven to be effective in addressing the problem
6. Feasibility: Ability of organizations or individuals to reasonably combat the problem given available resources
7. Value: The importance of the problem to the community
8. Consequences of Inaction: Risks associated with exacerbation of problem if not addressed at the earliest opportunity

9. Social Determinant/ Root Cause: Whether or not a problem is a root cause or social determinant of health that impacts one or more health issues

Fifth, based on the results of the process above, the Steering Committee on July 29, 2015, narrowed the list of health needs to six local health needs, at times combining related health issues, for inclusion in *Franklin County HealthMap**2016***. Consistent with federal requirements for conducting a needs assessment, the committee worked through a facilitated process to prioritize the health needs. First, the Committee viewed the list of six health needs in order, based on the ranking developed for each health need in step four. Individually, committee members then voted on their choices for prioritizing health needs by placing numbered dots next to each health need, with dot number 1 being their highest vote and dot number 3 being their lowest vote. When voting, committee members were asked to consider the following:

- The rate developed for the indicators in step four.
- The disparity in the local data when compared to similar state or federal data.
- Whether the indicator worsened since the data reported in *HealthMap**2013***.
- The prevalence or importance of the health need, as seen in the clinical setting, if known.
- Their own views of the health need based on media reports, local studies, presentations, etc.

The votes for each health need were calculated and presented to the Committee for further discussion.

Sixth, the Steering Committee held an open forum on the prioritized list of local health needs. The Committee was given the opportunity to rearrange the prioritized list, based on majority vote.

It is important to note that not every Franklin County health indicator is listed in this report; thus every Franklin County health need may not be identified in the Steering Committee's findings. Individual comments and feedback are invited as the Steering Committee works to improve the information provided in this document. Comments can be provided at the COHC website at centralohiohospitals.org/CHNA.html

The following section lists, in prioritized order, the health needs of the community, as identified by the Franklin County CHNA Steering Committee. When available, this section provides additional data for each health need, as well as specific indicators within the health needs, labeled "A Closer Look @." Unless otherwise specified, the data under "A Closer Look@" was obtained from the Ohio Hospital Association's Statewide Clinical and Financial Database. The data is for Franklin County residents treated and released from in any hospital emergency department. Data include primary and secondary diagnosis for calendar year 2014.

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

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

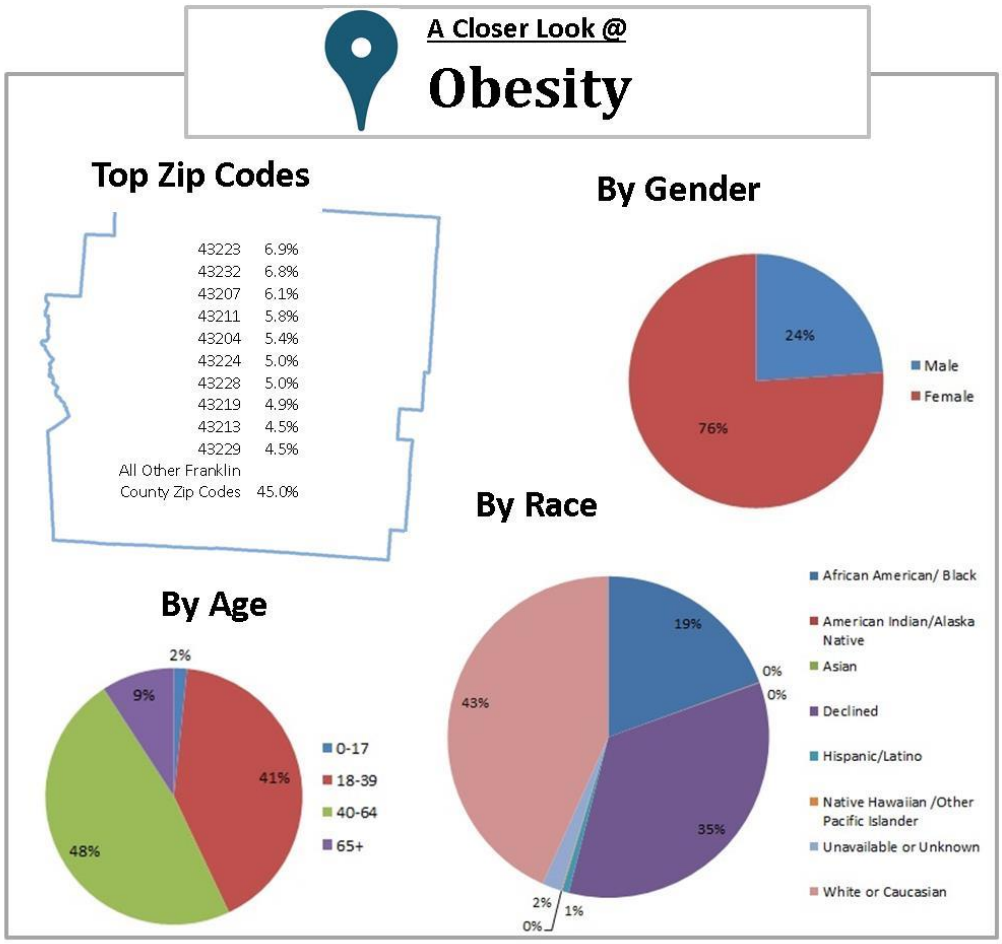
Prioritized Health Needs of Franklin County Residents

1. OBESITY

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

Learn more about "Obesity"

Indicators for overweight or obese adults can be found on page 65. Indicators on obesity and overweight youth can be found at page 78.



Potential Partners/Other Resources

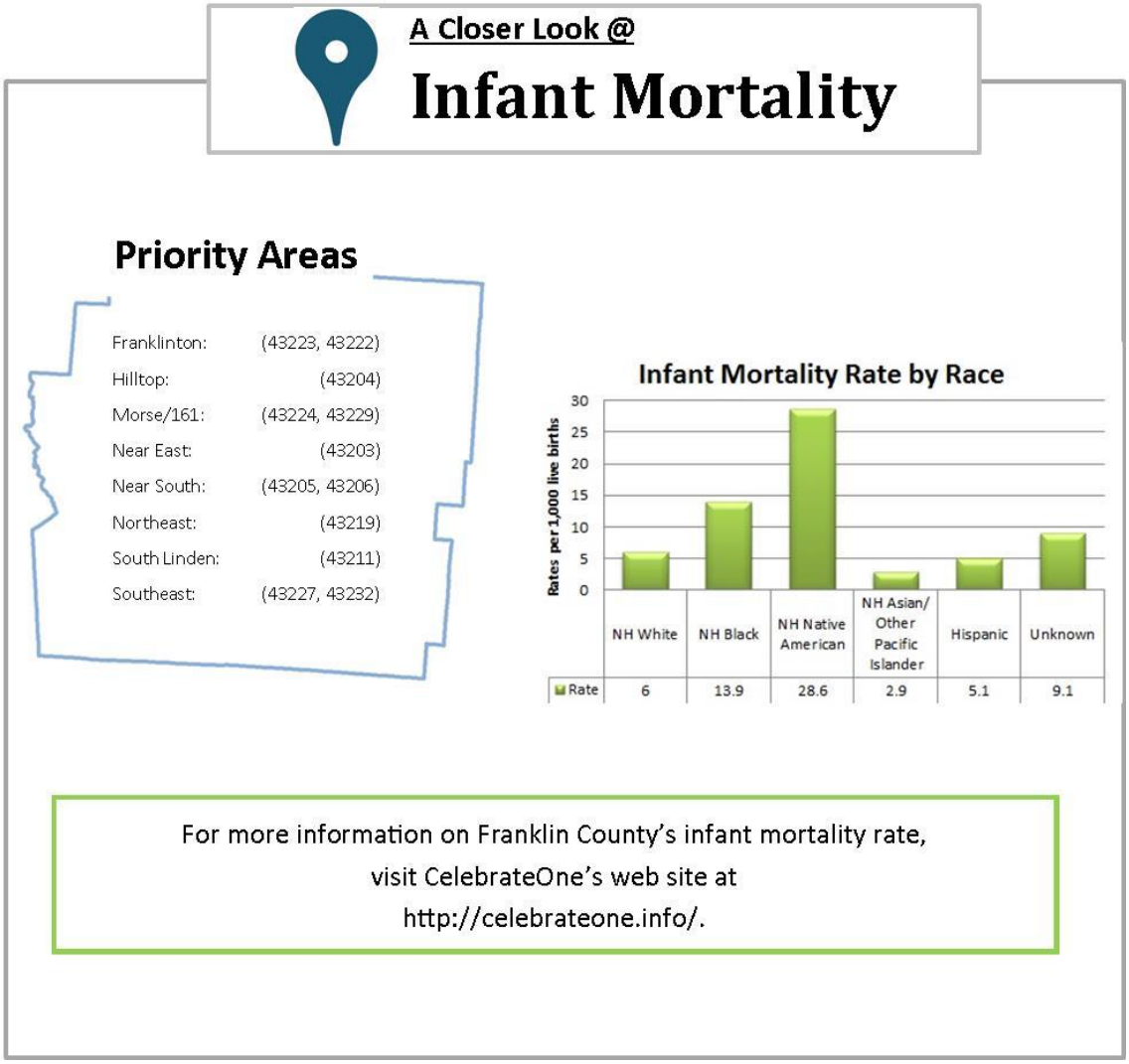
American Academy of Pediatrics, Ohio Chapter
Center for Healthy Weight and Nutrition, Nationwide Children's Hospital
Growing Healthy Kids Columbus, Columbus Public Health
Growing to Green Program, Franklin Park Conservatory
Healthy Kids, Healthy Schools, Children's Hunger Alliance
In My Backyard Health and Wellness
Learn4Life, Columbus Public Schools
Local Matters
Mid-Ohio Food Bank
Strong, Well, Fit, YMCA of Central Ohio

2. INFANT MORTALITY

Franklin County has one of the highest infant mortality rates in the country. Every week in Franklin County, more than three families experience the death of a baby before his or her first birthday. Franklin County's infant mortality rate for 2013 is as high as the national rate from the early 1990s. The infant mortality rate for black babies is two-and-a-half times that of white babies in Franklin County.
Not only are too many babies dying before they reach their first birthdays, too many – 13 percent of babies in Franklin County – are born too early. Disorders related to prematurity and low birth weights are the leading causes of infant deaths, but those same disorders can cause ongoing challenges for babies who survive.

Learn more about "Infant Mortality"

Indicators for infant mortality, broken down by race, can be found on page 51. Indicators on adolescent pregnancy, low birth weight, cigarette use during pregnancy and preterm birth (all of which are indicators of infant mortality) can be found at page 53.



Source: www.CelebrateOne.info; Ohio Department of Health; Kids Count data center

Potential Partners/Other Resources

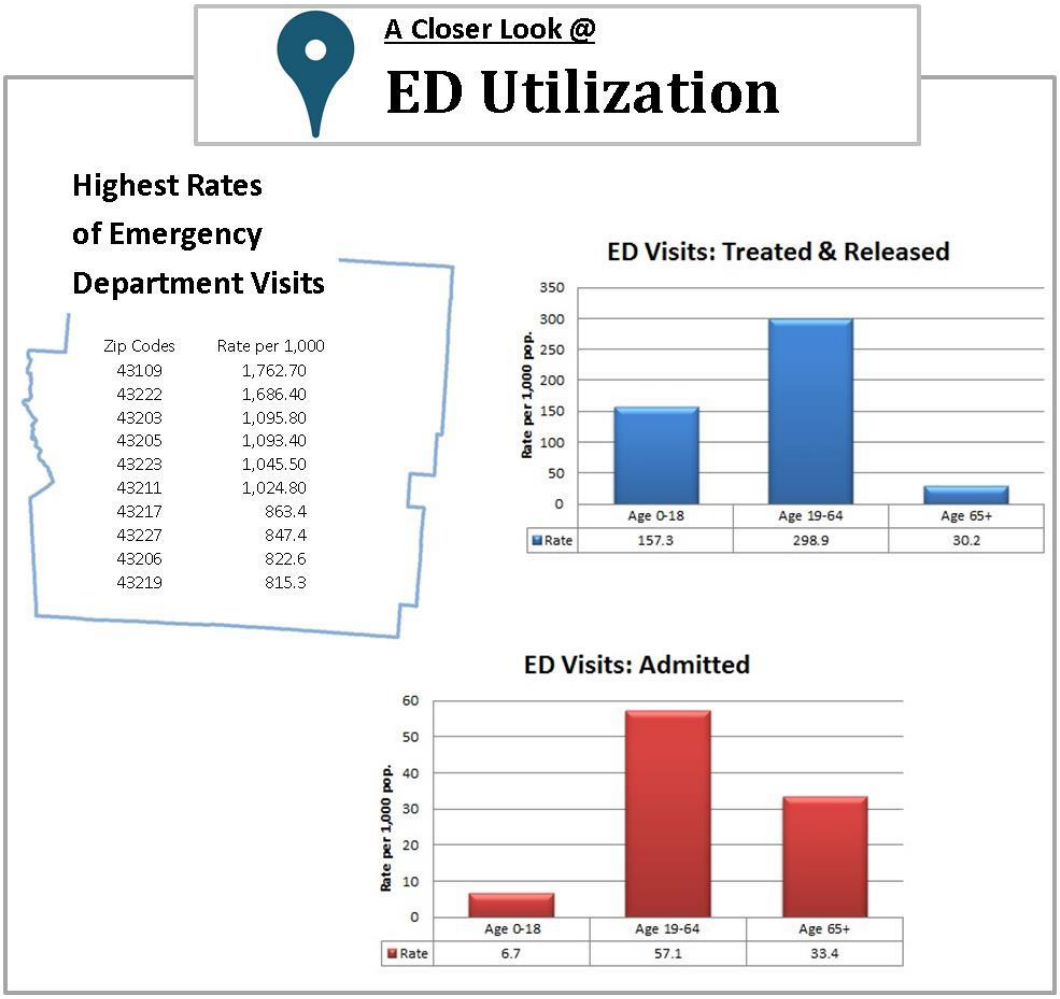
Boys and Girls Clubs of Columbus
CelebrateOne
Center for Healthy Families
Central Ohio Hospital Council
City of Columbus/Department of Development
Columbus City Schools
Columbus Public Health
Community Development for All People
Franklin County Department of Job and Family Services
Franklin County Family and Children First
Moms2Be
Neighborhood House
Ohio Better Birth Outcomes
Physicians CareConnection, Columbus Medical Association
St. Stephen's Community House
Women, Infants and Children (WIC)

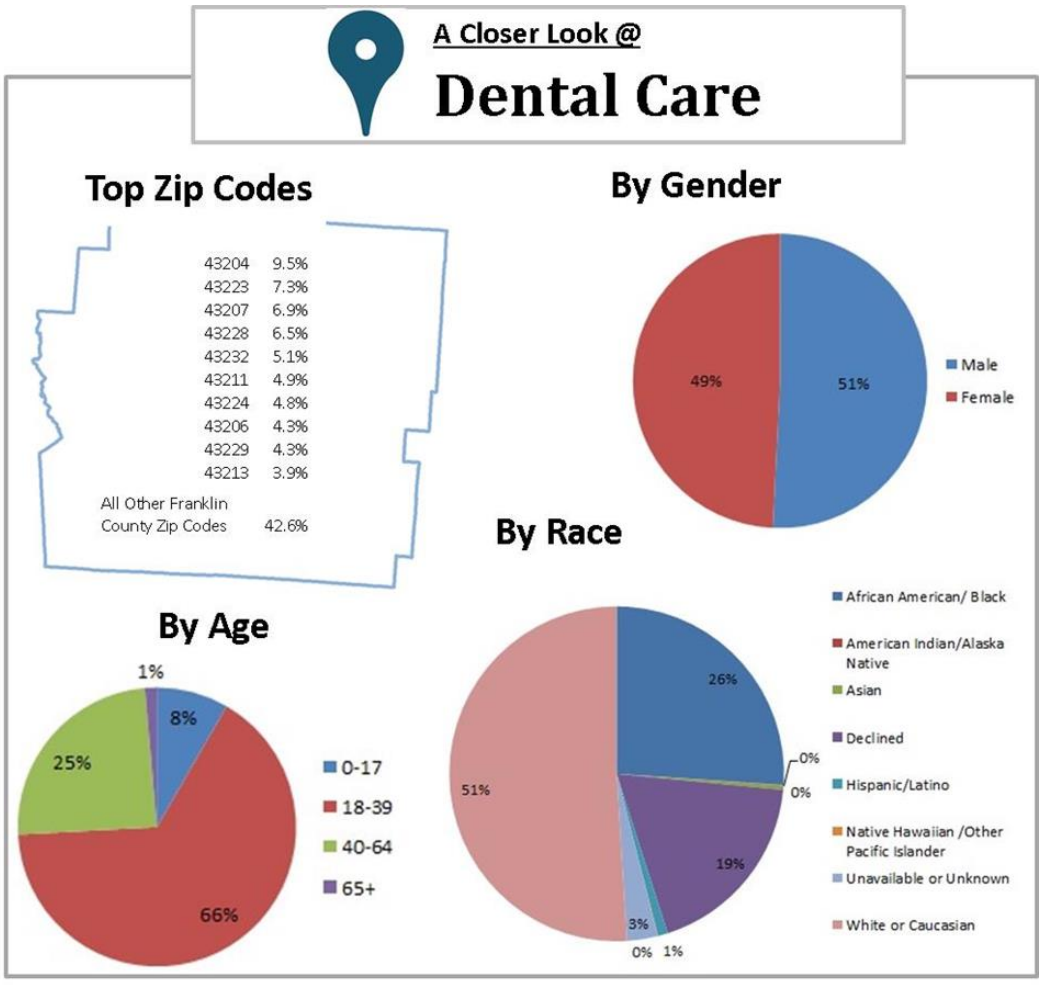
3. ACCESS TO CARE

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

Learn more about "Access to Care"

Indicators for emergency department utilization can be found on page 45. Indicators for access to dental care can be found on page 56.





Potential Partners/Other Resources

Community Health Centers
Heart of Ohio Family Health Centers
Lower Lights Christian Health Center
PrimaryOne Health
Southeast Inc.

Free Clinics
Asian Health Initiative Free Clinic
Columbus Free Clinic
Grace Clinic
Helping Hands Health and Wellness Center
Latino Free Clinic
Linworth Free Clinic

New Life Health and Wellness Center
Noor Community Clinic/Muslim Clinic of Ohio
Physicians CareConnection
Victory Ministries Free Medical Clinic
Vineyard Free Health Clinics
Xenos Fourth Street Free Clinic

Dental
Columbus Public Health
Dental Options
Dentists CareConnection
Franklin County Veteran Service Commission Preventive Dental Program
Lower Lights Christian Health Center
Nationwide Children's Hospital Dental Clinic
Nisonger Center Dental Program
OSU Dental Clinic
Physicians CareConnection
PrimaryOne Health
St. Stephen's Community House
Stowe Baptist Church
Vineyard Dental Clinic—Cooper Road/5th Ave.

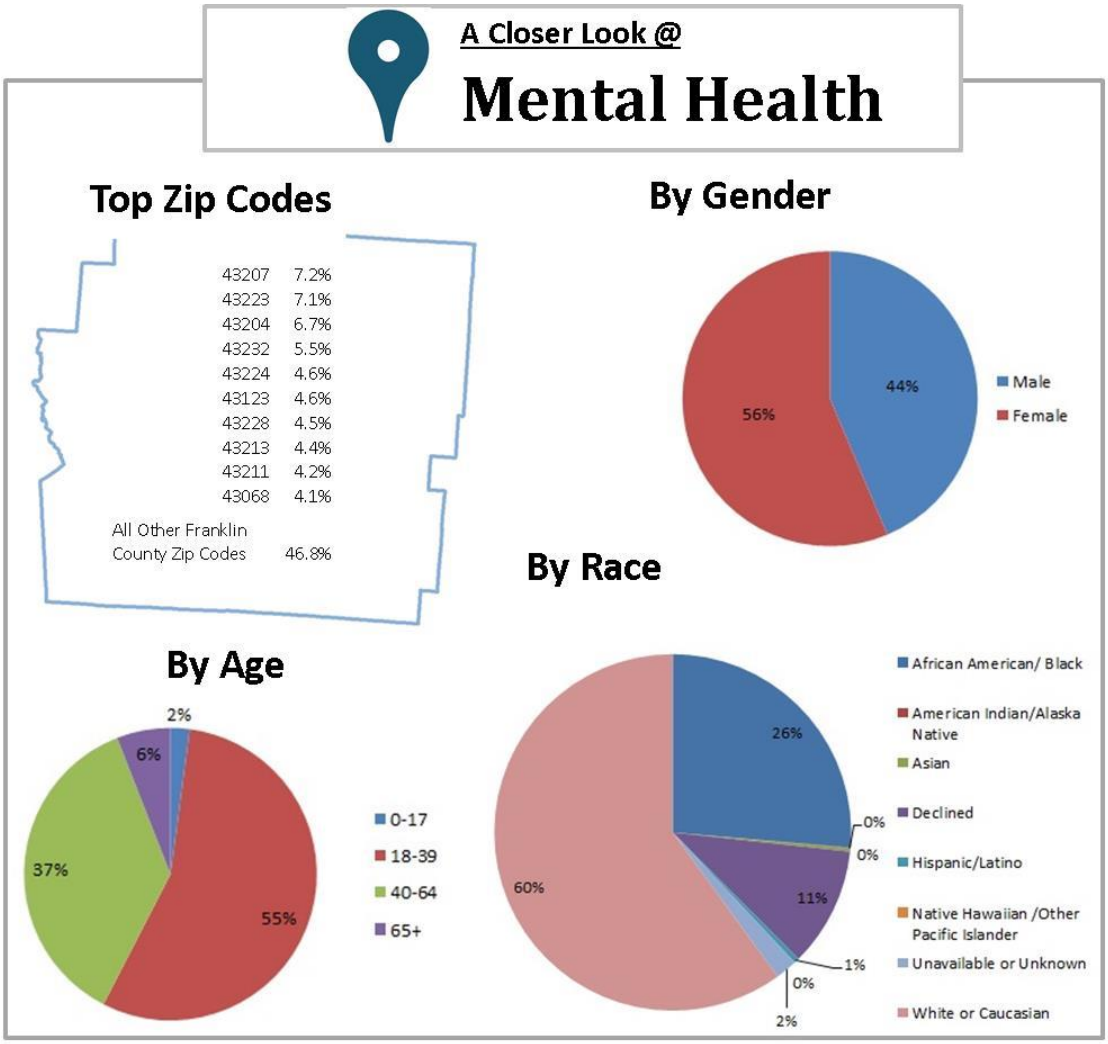
Disabilities
Nisonger Center at The Ohio State University

4. MENTAL HEALTH AND ADDICTION

According to the Alcohol, Drug Addiction and Mental Health Board of Franklin County (ADAMH), nearly one in four adults in Franklin County experience mental illness. And more than ten percent of Franklin County residents ages 12 and older have needed treatment for an illegal drug or alcohol use problem. In Franklin County, psychiatric admissions and hospitalizations due to attempted suicide have both increased since the *HealthMap**2013***. Psychiatric patients in crisis often crowd hospital emergency departments, with psychiatric patients in crisis often facing long waits before accessing a bed and/or skilled psychiatric care.

Learn more about "Mental Health and Addiction"

Indicators for depression, suicides, hospitalizations due to attempted suicide and psychiatric admissions can be found on page 58.



Potential Partners/Other Resources

ADAMH Board of Franklin County
Maryhaven Inc.
Mental Health America of Franklin County
National Alliance on Mental Illness, Franklin County
Southeast Inc.
Veteran Administration Outpatient Health Center
Neighborhood House
St. Stephen's Community House

Bedboard Group Providers
Dublin Springs
Mount Carmel Health System
Nationwide Children's Hospital
OhioHealth
Netcare Access
Ohio Hospital for Psychiatry
Ohio State University Wexner Medical Center
Twin Valley Behavioral Health

5. CHRONIC CONDITIONS

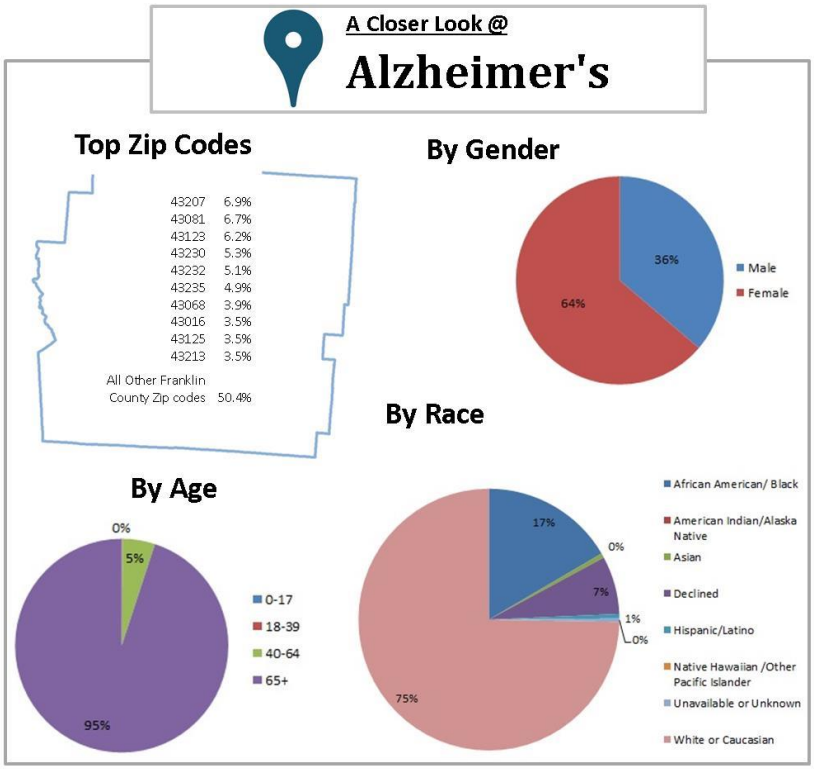
Chronic diseases – such as heart disease, stroke, cancer and diabetes – are the leading causes of death and disability at the local, state and national levels. According to the Centers for Disease Control and Prevention, medical care costs of people with chronic diseases account for more than 75% of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

Learn more about "Chronic Conditions"

Indicators for cancer mortality – top five cancers can be found on page 63. Cancer mortality rates by gender can be found on page 64. Adult diagnoses of diabetes, high blood pressure, high blood cholesterol, arthritis and asthma can be found on page 65. Mortality due to Alzheimer's disease can be found on page 61. Indicators on youth asthma can be found on page 78.

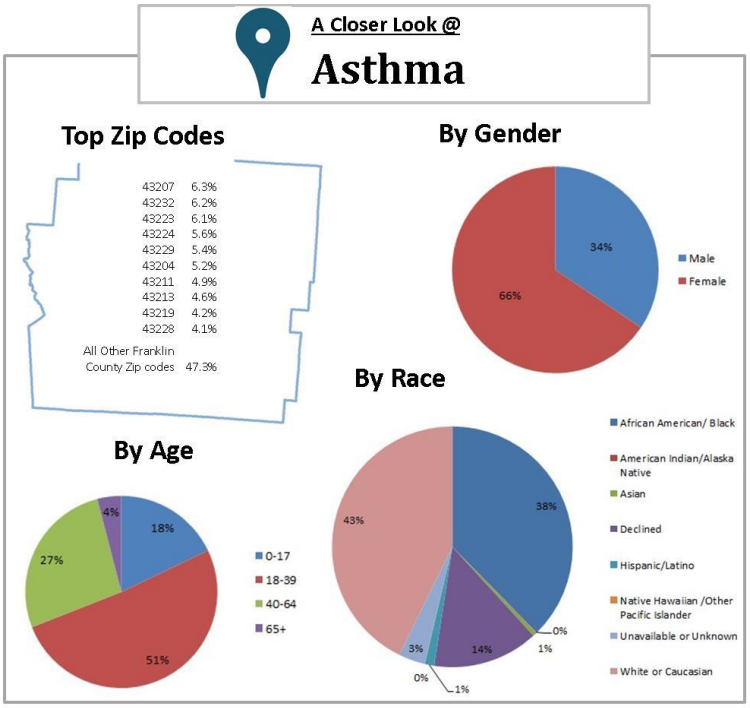
Alzheimer's

An estimated 5.3 million Americans of all ages have Alzheimer's disease in 2015. Of the 5.3 million Americans with Alzheimer's, an estimated 5.1 million people are age 65 and older, and approximately 200,000 individuals are under age 65 (younger-onset Alzheimer's). Almost two-thirds of Americans with Alzheimer's are women. Of the 5.1 million people age 65 and older with Alzheimer's in the United States, 3.2 million are women and 1.9 million are men. By 2025, the number of people age 65 and older with Alzheimer's disease is estimated to reach 7.1 million — a 40 percent increase from the 5.1 million age 65 and older affected in 2015. (Source: The Alzheimer's Association)



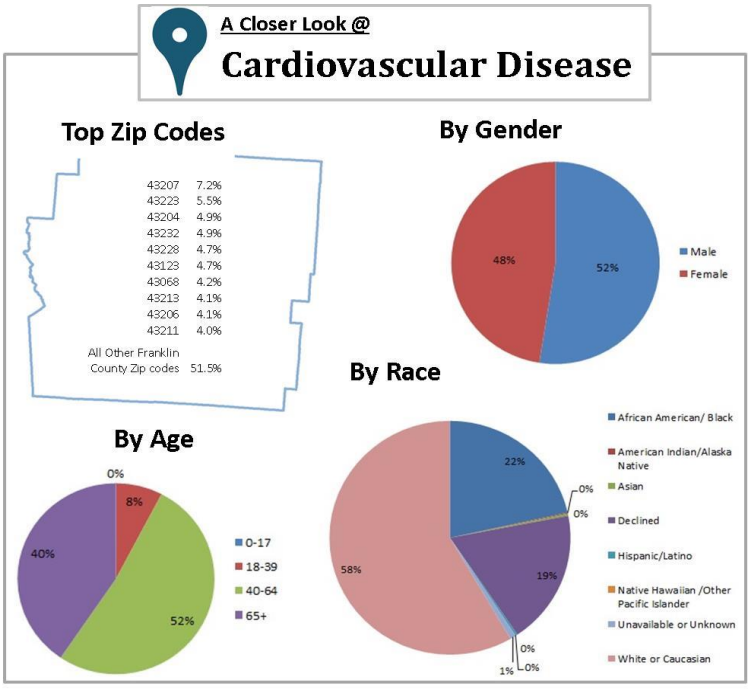
Asthma

In the United States, approximately 25 million people have asthma—one out of every 12 people. The disease affects all age groups: infants, school children, young adults, baby boomers, and seniors, but the prevalence in children is particularly high and is rapidly growing. Almost one in 9 children in the U.S. has asthma. Each year, nearly 3,500 people in the U.S. die from asthma. Asthma is the single most prevalent cause of childhood disability in the U.S. The cost to society of asthma in the U.S. is over $50 billion per year in healthcare expenses, missed school and work days, and early death. (Source: American Asthma Foundation)



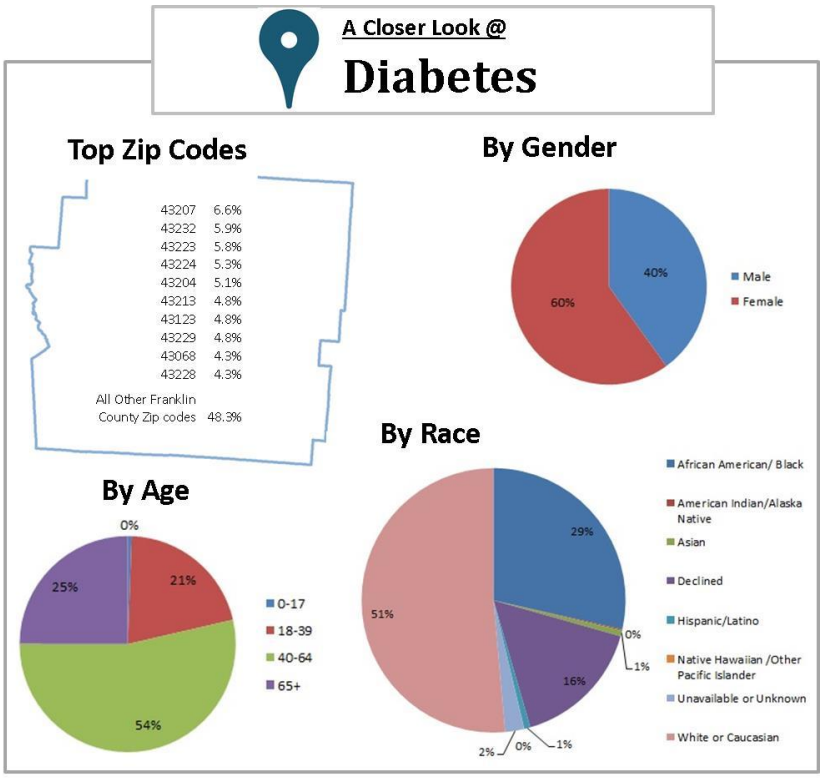
Cardiovascular Disease

Cardiovascular disease (CVD), or heart disease, is the general term for a group of diseases and conditions that are related to the heart and blood vessels. Common diseases include coronary heart disease, heart failure, and stroke. CVD is currently the leading cause of death in the United States, affecting men and women equally. While CVD may previously have been thought of a disease limited to the elderly, it is increasingly being realized that those in their prime are being affected as well. The majority of CVD cases are caused by high blood pressure, high cholesterol, tobacco usage, excess weight, and lack of physical activity and healthy diet. The direct and indirect costs of CVD in the United States was estimated to be $444 billion in 2010, which is $1 out of every $6 spent on healthcare (Source: Centers for Disease Control).



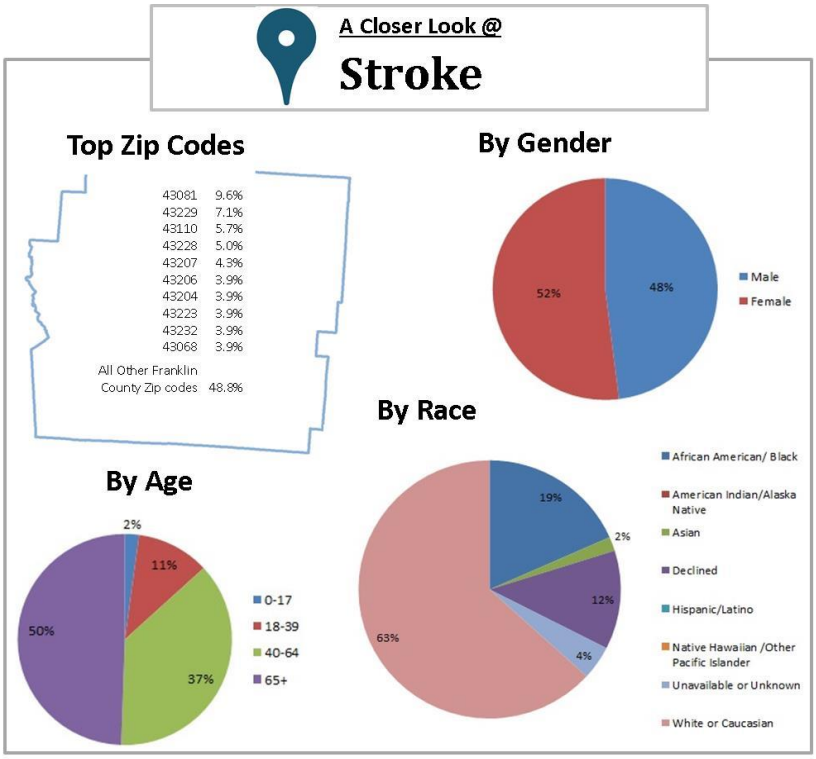
Diabetes

In 2012, 29.1 million Americans, or 9.3% of the population, had diabetes. Approximately 1.25 million American children and adults have type 1 diabetes. Of the 29.1 million, 21.0 million were diagnosed, and 8.1 million were undiagnosed. The percentage of Americans age 65 and older remains high, at 25.9%, or 11.8 million seniors (diagnosed and undiagnosed). In 2012, 86 million Americans age 20 and older had prediabetes; this is up from 79 million in 2010. Diabetes remains the 7th leading cause of death in the United States in 2010, with 69,071 death certificates listing it as the underlying cause of death, and a total of 234,051 death certificates listing diabetes as an underlying or contributing cause of death. (Source: American Diabetes Association)



Stroke

About 795,000 Americans each year suffer a new or recurrent stroke. That means, on average, a stroke occurs every 40 seconds. Stroke kills nearly 129,000 people a year. It is the No. 5 cause of death. About 40 percent of stroke deaths occur in males, and 60 percent in females. In 2010, worldwide prevalence of stroke was 33 million, with 16.9 million people having a first stroke. Stroke is the leading cause of adult disability. African-Americans have nearly twice the risk for a first-ever stroke than Caucasians and a much higher death rate from stroke. (Source: American Stroke Association)



Potential Partners/Other Resources

American Heart Association, Central Ohio Chapter
American Lung Association, Central Ohio Chapter
Central Ohio Breathing Association
Central Ohio Diabetes Association
Columbus Cancer Clinic
Community Development for All People
In My Backyard Health and Wellness
Local Matters: Cooking Matters
Ohio Asian American Health Coalition
St. Stephen's Community House
YMCA: Diabetes Prevention Program

6. INFECTIOUS DISEASE

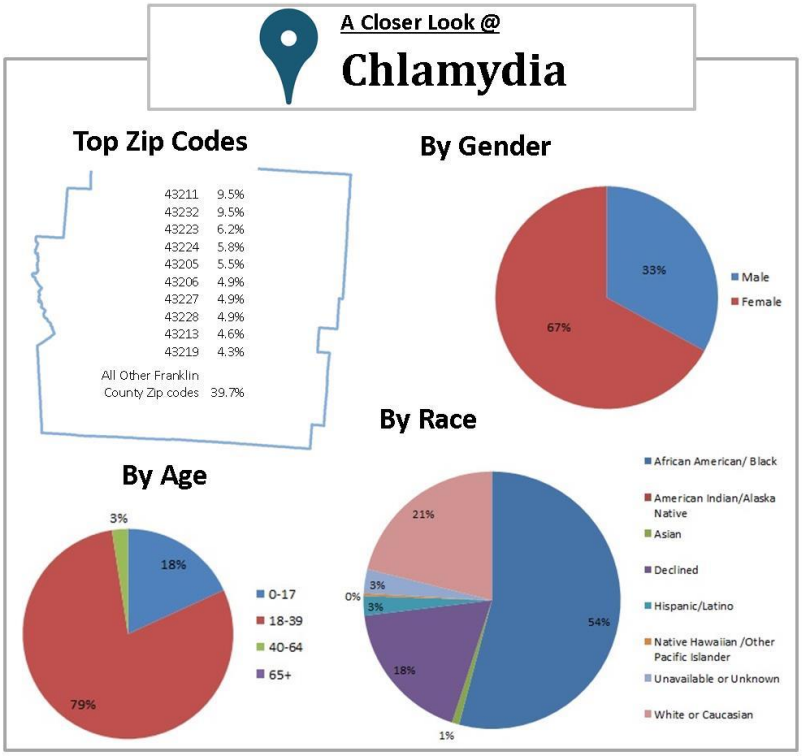
Incidences of infectious diseases, especially those that are sexually transmitted, are significantly more prevalent in Franklin County than in Ohio and the nation. The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost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

Learn more about "Infectious Disease"

Indicators for incidence of infectious disease can be found on page 72. Rates for syphilis, gonorrhea and chlamydia broken down by gender, race and age can found beginning on page 73.

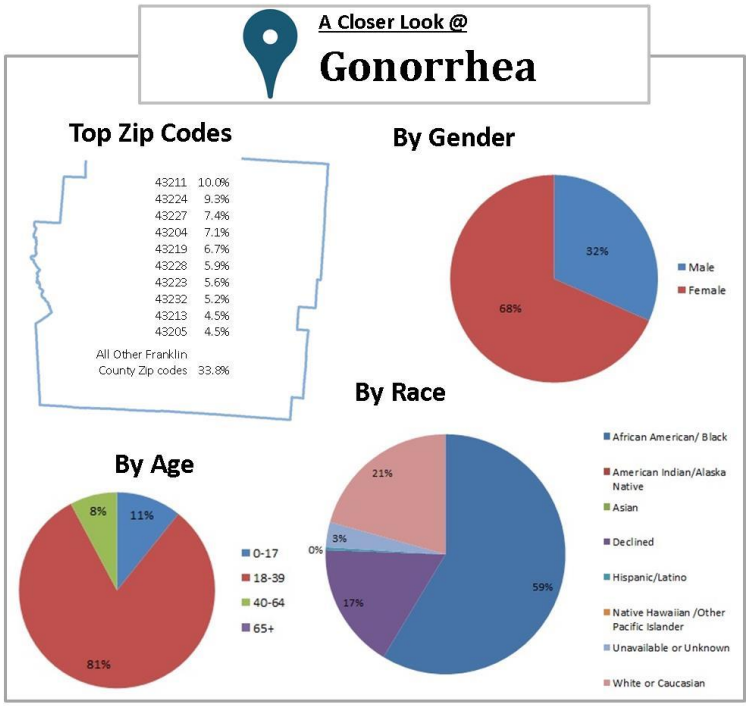
Chlamydia

Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States. In 2014, 1,441,789 cases of chlamydia were reported to CDC from 50 states and the District of Columbia, but an estimated 2.86 million infections occur annually. Chlamydia is most common among young people. Almost two-thirds of new chlamydia infections occur among youth aged 15-24 years. It is estimated that 1 in 20 sexually active young women aged 14-24 years has chlamydia. (Source: Centers for Disease Control and Prevention)



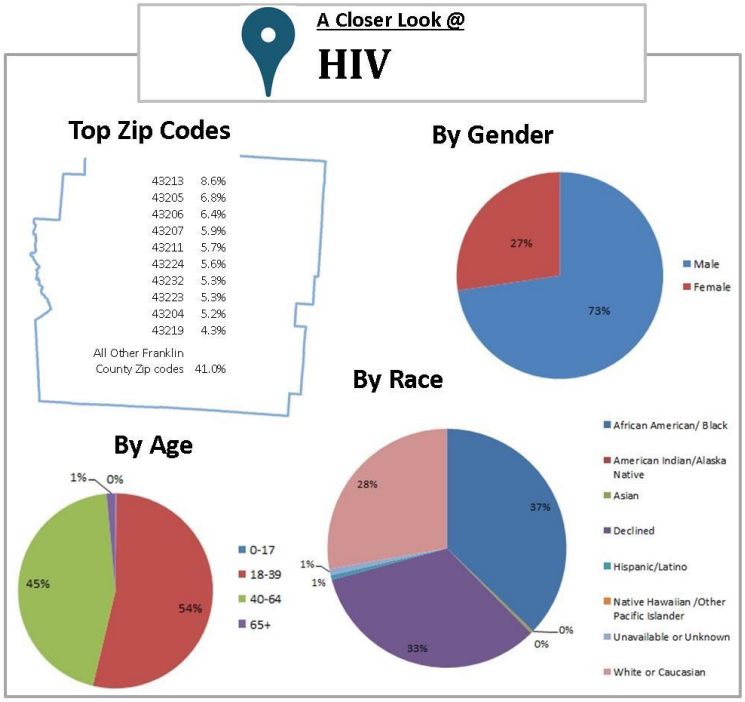
Gonorrhea

Gonorrhea is a very common infectious disease, with an estimated 820,000 new gonorrheal infections occurring in the United States each year. Less than half of these infections are detected and reported to CDC. CDC estimates that 570,000 infections were among young people 15-24 years of age. In 2014, 350,062 cases of gonorrhea were reported to CDC. (Source: Centers for Disease Control and Prevention)



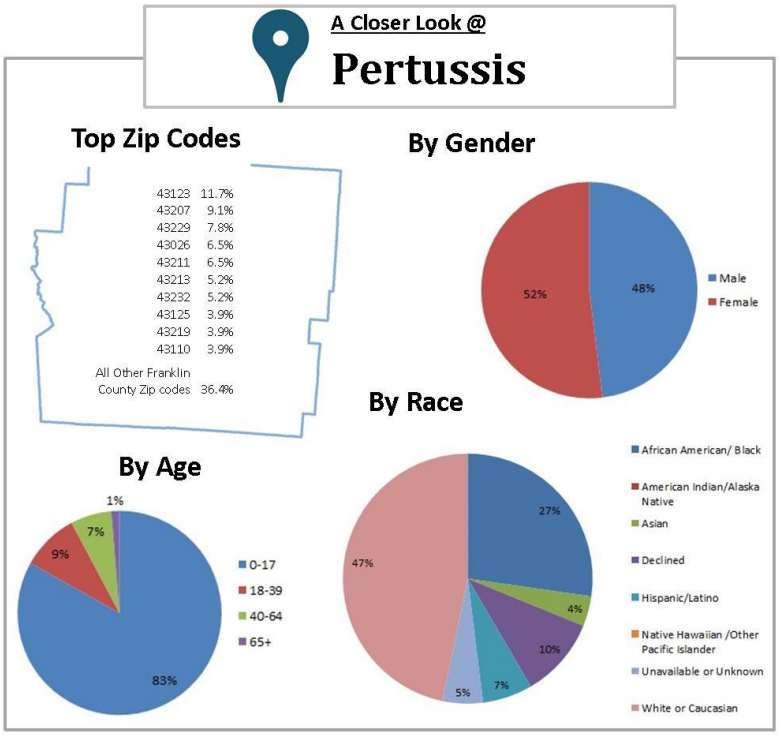
Human Immunodeficiency Virus (HIV)

Approximately 1,218,400 persons aged 13 years and older are living with HIV infection, including 156,300 (12.8%) who are unaware of their infection. Over the past decade, the number of people living with HIV has increased, while the annual number of new HIV infections has remained relatively stable at about 50,000 new HIV infections per year. In 2013, an estimated 47,352 people were diagnosed with HIV infection in the United States. In that same year, an estimated 26,688 people were diagnosed with AIDS. Overall, an estimated 1,194,039 people in the United States have been diagnosed with AIDS. An estimated 13,712 people with an AIDS diagnosis died in 2012. (Source: Centers for Disease Control and Prevention)



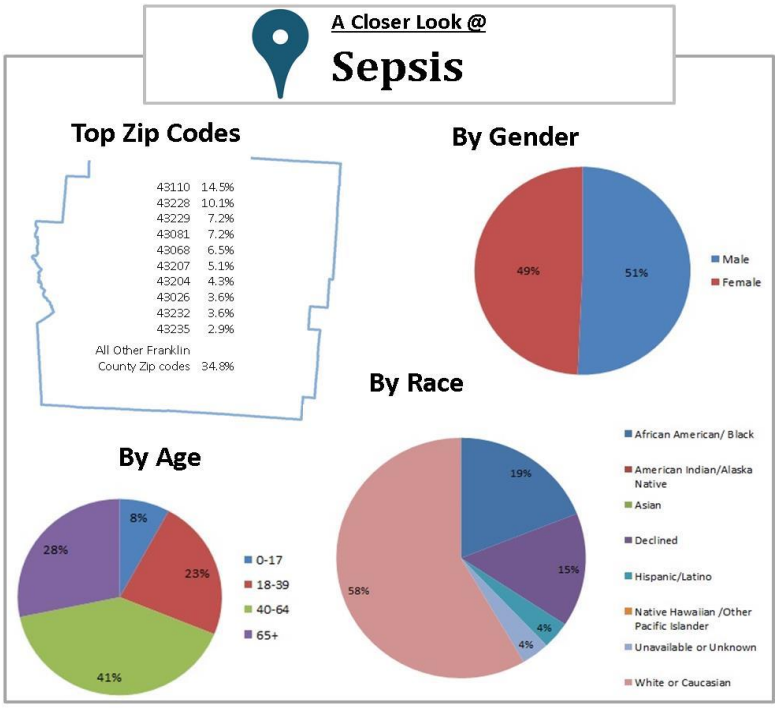
Pertussis

Pertussis, commonly known as whooping cough, is a serious respiratory infection of the lungs and breathing tubes caused by the pertussis bacteria. It causes violent coughing, and is most harmful, sometimes deadly, for young babies. Doctors recommend that children get five doses of the DTaP vaccine for best protection, starting at age 2 months. In 2014, whooping cough made about 30,000 people sick. Before the DTaP shot was given routinely to infants, about 8,000 people in the United States died each year from whooping cough. Today, because of the vaccine, this number has dropped to fewer than 20 per year. (Source: Centers for Disease Control and Prevention)



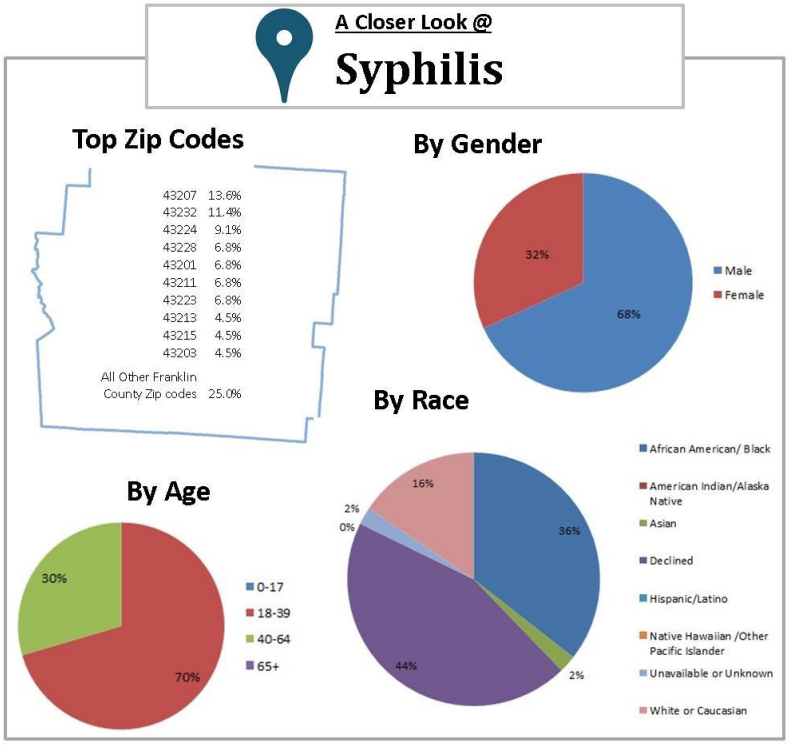
Sepsis

Sepsis is the body's overwhelming and life-threatening response to an infection which can lead to tissue damage, organ failure, and death. Any type of infection in the body can cause sepsis, including infections of the skin, lungs, urinary tract, abdomen, or other part of the body. Sepsis kills more than 258,000 Americans each year and leaves thousands of survivors with life-changing after effects. According to CDC, there are over 1 million cases of sepsis each year, and it is the ninth leading cause of disease-related deaths. (Source: Centers for Disease Control and Prevention)



Syphilis

During 2014, there were 63,450 reported new cases of syphilis, with 20,000 of those cases being primary and secondary syphilis, the earliest and most transmissible stages of syphilis. Congenital syphilis (syphilis passed from pregnant women to their babies) continues to be a concern in the United States. During 2014, 458 cases of congenital syphilis were reported, compared to an estimated 107 cases of perinatal HIV infection during 2013. Congenital syphilis rates were 10.3 times and 3.3 times higher among infants born to black and Hispanic mothers compared to white mothers. (Source: Centers for Disease Control and Prevention)



Potential Partners/Other Resources

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

While the population of Franklin County has increased, the demographic profile of its residents and households has remained largely consistent. Some small shifts have occurred. For example, there are more residents who have never been married and fewer who are currently married. Also, there are a smaller percentage of civilian veterans.

Franklin County Residents

		Franklin County	
		HM2016	*HM2013*
Total Population[1]	Population of Franklin County	1,212,263	*1,163,414*
Gender[1]	Male	48.7%	*48.7%*
	Female	51.3%	*51.3%*
Age[1]	Under 5 years	7.2%	*7.1%*
	5-19 years	19.4%	*19.9%*
	20-64 years	62.8%	*62.9%*
	65 years and over	10.6%	*9.9%*
Race[1]	White	69.1%	*71.8%*
	African American	21.2%	*23.1%*
	Asian	4.2%	*4.6%*
	American Indian / Alaska Native	0.0%	*1.0%*
	Native Hawaiian / Other Pacific Islander	0.0%	*0.2%*
	Other	1.7%	*2.7%*
Ethnicity[1]	Hispanic or Latino (of any race)	5.0%	*4.8%*
Marital Status[2]	Never married	39.4%	*36.1%*
	Now married (except separated)	42.4%	*44.7%*
	Separated	2.0%	*2.2%*
	Widowed	4.8%	*5.2%*
	Divorced	11.4%	*11.8%*
Veterans[2]	Civilian veterans	6.9%	*8.9%*
Disability Status[3]	**Total with a disability**	**12.1%**	***11.0%***
	Under 18 years with a disability	4.7%	*3.9%*
	18 to 64 with a disability	10.7%	*10.0%*
	65 years and over with a disability	38.0%	*35.4%*

Regarding Franklin County households, household size has increased slightly, as has the percentage of households in which the primary language spoken is not English.

Franklin County Households

		Franklin County	
		HM2016	*HM2013*
Total Households[1,5]	Number of households	476,532	*477,235*
Household Size[4,2]	Average household size	2.5	*2.4*
	Average family size	3.2	*3.1*
Household Type[4,5]	Family households	57.7%	*58.3%*
	Nonfamily households	42.3%	*41.7%*
Households Without a Vehicle[3]	No vehicle available	8.3%	*7.8%*
Grandparents as Caregivers[4]	Grandparents responsible for own grandchildren under 18 years (Percentage of grandparents who live with their own grandchildren)	38.0%	*43.7%*
Language Spoken at Home[6]	English only	87.3%	*89.4%*
	Speak a language other than English	12.7%	*10.6%*

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

Health Care Access Indicators

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

Key Findings – Social Determinants of Health (Health Care Access Indicators)

An increasing percentage of Franklin County residents with insurance suggests there may be increasing access to health care.

From *HealthMap**2013*** to *HealthMap**2016***, fewer people in Franklin County are without health insurance coverage and more people in Franklin County have public health insurance.

Comparing Franklin County residents to Ohioans (overall), more Franklin County adults have a personal doctor or health care provider.

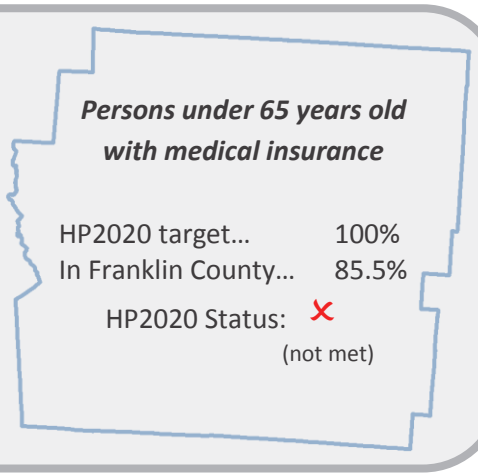
The percentage of Franklin County residents that do not have health insurance coverage has decreased since the previous *HealthMap* (14.6% to 13.1%). This is slightly higher than the state percentage of uninsured persons, but lower than the national figure. Note that the data in this section was collected prior to the full implementation of the Affordable Care Act.

Health Insurance

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
	Total with insurance[1]	**86.9%**	***85.4%***	**89.0%**	***87.8%***	**85.5%**	***84.9%***
With Health Insurance	Private health insurance[1]	67.5%	*69.2%*	68.6%	*70.7%*	65.0%	*67.4%*
	Public health coverage[1]	27.8%	*25.0%*	32.4%	*29.5%*	31.6%	*28.5%*
	Under 18 years[2]	94.0%	*91.8%*	94.7%	*93.6%*	92.9%	*91.4%*
	Age 18-64[2]	82.4%	*81.0%*	84.3%	*83.1%*	79.7%	*79.4%*
	Under 65 years[2]	85.5%	*Not available*	87.1%	*Not available*	83.3%	*Not available*

Healthy People 2020 Goal

How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal that 100% of Americans under age 65 would have health insurance by the year 2020. Currently, Franklin County does not meet this target, as 85.5% of adults under 65 have medical insurance.



Among Franklin County residents with health insurance, the most common type of health care is employment-based insurance. Public health care coverage has slightly increased since the HM2013 (25.0% to 27.8%). Note that residents who have health insurance could have more than one type of insurance. For example, someone with "Direct-Purchase Insurance" may also have "VA Health Care." In the following table, the "Total" column provides data on those who have the specified type of coverage either as their single source of health care or in addition to another type of health care. The "Only Source of Health Care" column provides data on only those who have the specified type of coverage as their single source of health care.

Type of Health Insurance in Franklin County[2]

		Total		Only Source of Health Care	
		HM2016	*HM2013*	HM2016	*HM2013*
Private Health Insurance Coverage	**Total with private health insurance**	**67.5%**	***69.2%***	**57.5%**	***Not available***
	Employment-based health insurance	58.9%	*61.5%*	51.7%	*53.4%*
	Direct-purchase health insurance	10.2%	*10.3%*	5.5%	*4.6%*
	TRICARE/military health coverage	1.3%	*1.6%*	0.4%	*0.4%*
Public Health Insurance Coverage	**Total with public health insurance**	**27.8%**	***25.0%***	**17.7%**	***Not available***
	Medicaid/CHIP/state specific public coverage	17.3%	*15.3%*	14.1%	*12.0%*
	Medicare coverage	11.9%	*11.2%*	3.3%	*2.6%*
	VA health care	1.7%	*1.3%*	0.3%	*0.2%*

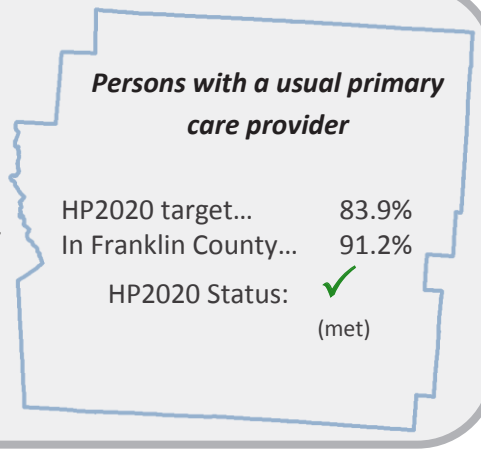
A greater percentage of those living in Franklin County (91.2%) stated that they had a usual source of medical care, as compared to the percentage of the state (80.7%) and national (77.7%) populations.

Persons with Usual Source of Medical Care[3,4]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Individual has one person they think of as their personal doctor or health care provider	91.2%	*Not available*	80.7%	*Not available*	77.1%	*Not available*

Healthy People 2020 Goal

How does Franklin County match up with national objectives? Included in *Healthy People 2020* is a goal that 83.9% of Americans have a person they think of as their personal doctor or health care provider by the year 2020. Currently, Franklin County exceeds this target, as 91.2% of adults reported that they have a primary care provider.



Income/Poverty Indicators

This section describes income and poverty indicators that affect health.

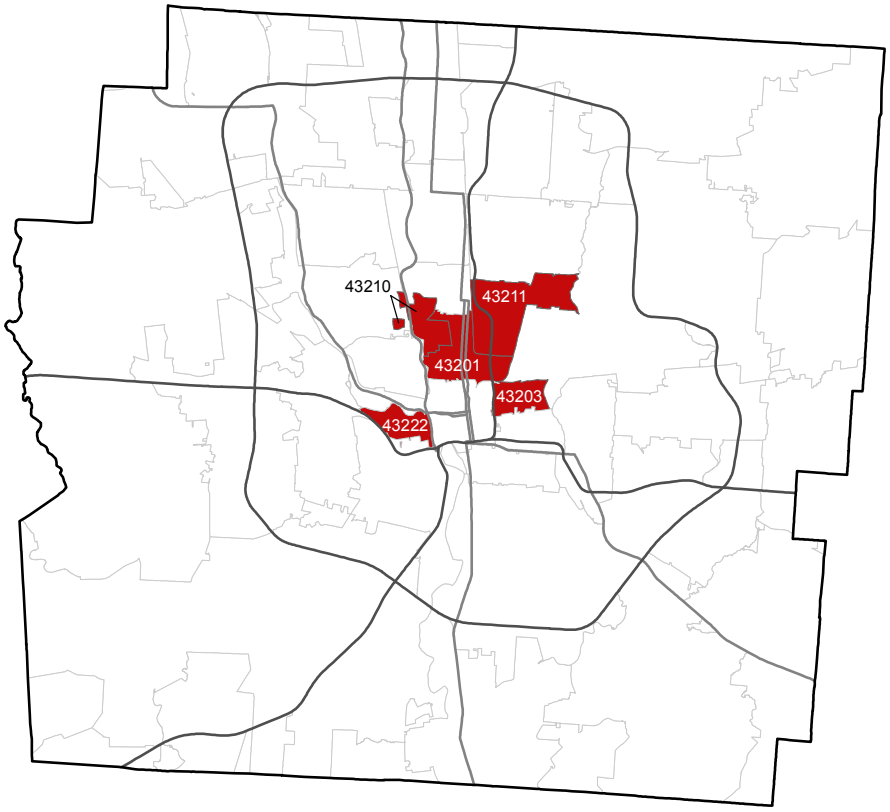
Key Findings – Social Determinants of Health (Income/Poverty Indicators)

*From HealthMap**2013** to HealthMap**2016,** median household income has decreased, and many indicators (e.g., percentage of families and children living below the federal poverty line, emergency shelter use, reliance on food stamps) suggest more Franklin County individuals and families are living in poverty.*

Additionally, about two-thirds of families in emergency shelters in Franklin County are African American.

In Franklin County *HealthMap**2016***, the median household income is $51,460, which is less than the last *HealthMap*, after adjusting for inflation ($53,252). It remains higher than the median in Ohio, but slightly lower than the national figure. There are higher percentages of both families and children living below 100% of the federal poverty level in Franklin County than in Ohio or the United States. This percentage has increased since the previous *HealthMap* (11.4% to 12.2% for families and 21.2% to 24.8% for children).

The Franklin County zip codes with the lowest median household income in Franklin County are shaded in red in the map below.



Data Source: U.S. Census Bureau, American Community Survey 5 Year Estimates (2008-2012)

Lowest Median Household Income

Zip Codes	Income
43210	$16,372
43203	$18,100
43201	$20,860
43222	$21,455
43211	$22,367

The zip code with the lowest median income in households with children present is 43205, followed by 43210, 43203, 43211, and 43222.[6]

Income and Poverty

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Household Income[1]	Per capita income	$28,481	*$29,320*	$26,354	*$26,962*	$28,184	*$29,363*
	Median household income	$51,460	*$53,252*	$48,081	*$51,192*	$52,250	*$55,840*
	Mean household income	$70,152	*$70,587*	$65,129	*$66,787*	$73,767	*$76,114*
Poverty Status of Families	Below 100% federal poverty level (FPL)[1]	12.2%	*11.4%*	11.6%	*10.0%*	11.6%	*9.9%*
	100% - 199% FPL[5]	15.0%	*13.7%*	15.8%	*14.9%*	16.4%	*15.5%*
	At or above 200% FPL[5]	72.8%	*74.3%*	72.5%	*74.9%*	72.0%	*74.5%*
Poverty Status of Those Less than 18 Years Old	Below 100% FPL[1]	24.8%	*21.2%*	22.0%	*19.1%*	21.6%	*18.6%*
	100% - 199% FPL[5]	20.0%	*19.6%*	21.4%	*20.5%*	22.3%	*21.5%*
	At or above 200% FPL[5]	55.2%	*58.6%*	56.6%	*60.2%*	56.1%	*60.3%*

NOTE: HM2013 income values were inflation-adjusted to be comparable to HM2016 values

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

Franklin County has a higher percentage of homeless people using an emergency shelter who are part of a family than at the state level. The percentage of these persons in Franklin County has increased slightly since 2010 (35.4% to 36.3%). Over two-thirds of families using emergency shelters in Franklin County were African American.

Housing and Homelessness

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Point in Time (PIT) Count of Emergency Shelter Use[6,7]	**Total persons**	**1,245**	***1,104***	**6,336**	***6,190***	*Not available*	***403,543***
	Persons in families	36.3%	*35.4%*	33.8%	*33.5%*	*Not available*	*47.4%*
Composition of Families Using Emergency Shelters[8,9]	Black or African American	68%	*Not available*	*Not available*	*Not available*	45%	*Not available*
	White, non-Hispanic/Latino	25%	*Not available*	*Not available*	*Not available*	27.7%	*Not available*
	White, Hispanic/Latino	1%	*Not available*	*Not available*	*Not available*	11.3%	*Not available*
	Multiple races	4%	*Not available*	*Not available*	*Not available*	11.3%	*Not available*
	Other	0%	*Not available*	*Not available*	*Not available*	4.8%	*Not available*
Households with Housing Costs ≥50% of Income[2]	**Total**	**14.6%**	***15.6%***	**13.0%**	***14.0%***	**15.4%**	***16.2%***

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

The zip code with the highest number of households with housing costs at least 50% of their income in Franklin County is 43109, followed by 43210, 43201, 43222, and 43211.[10]

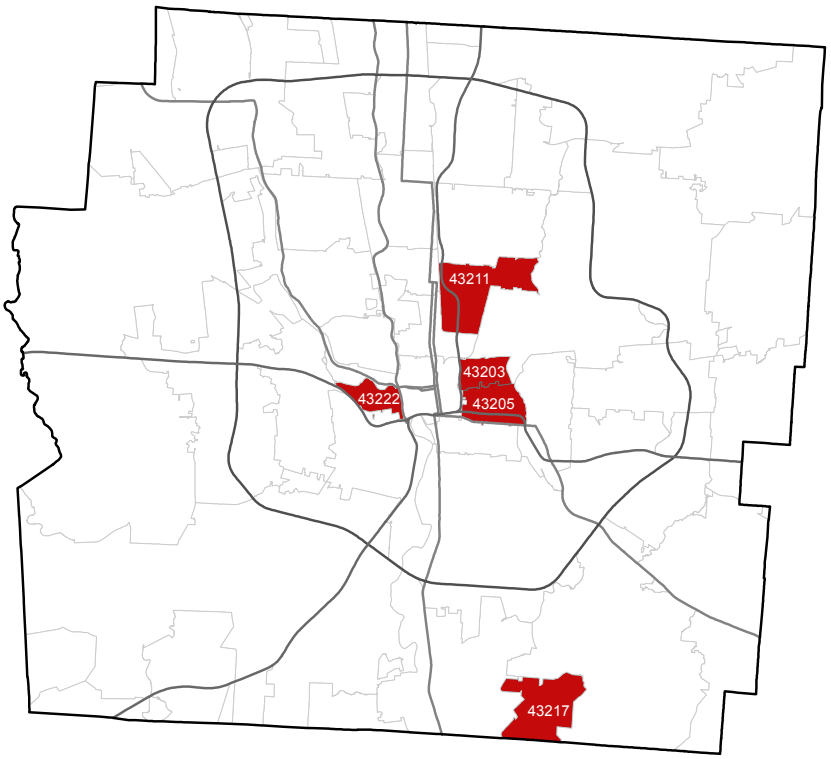
The ability to access to healthy, fresh food can also affect health. Food insecurity is defined by the United States Department of Agriculture as a lack of access to enough food for an active, healthy life and a limited availability of nutritionally adequate foods. In Franklin County, 17.7% of residents are food insecure.

As shown on the next page, Franklin County has a slightly higher percentage of low-income individuals who do not live near a grocery store than the statewide and national percentages. And approximately half of all the Franklin County households using food stamps have children under the age of 18 present, a smaller percentage than HM2013 (61.0% to 51.7%).

Food Access

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Food Insecure Households[11]	**Total**	17.7%	*Not available*	17.2%	*Not available*	15.9%	*Not available*
	Children	22.3%	*Not available*	25.2%	*Not available*	21.6%	*Not available*
Food Stamp Households[2]	**Total**	**15.5%**	***12.4%***	**15.4%**	***12.6%***	**13.4%**	***10.3%***
	With one or more people 60 years and over	22.4%	*19.3%*	25.7%	*21.1%*	27.5%	*24.3%*
	With children under 18 years	51.7%	*61.0%*	50.2%	*53.7%*	54.0%	*57.6%*
Limited Access[12]	Low income population not living near grocery store	6.3%	*Not available*	5.9%	*Not available*	5.7%	*Not available*

A higher percentage of Franklin County households use food stamps now, as compared to HM2013. Below, the Franklin County zip codes with the highest percentage of food stamp households are shown in red.



Data Source: U.S. Census Bureau, American Community Survey 5 Year Estimates (2008-2012)

Highest Percentage Food Stamp Households

Zip Codes	% of HH
43203	48.2%
43211	40.6%
43222	38.4%
43205	37.0%
43217	36.1%

Education Indicators

This section describes education indicators that are related to health.

Key Findings – Social Determinants of Health (Education Indicators)

On a positive note, Franklin County adults are more likely than Ohioans (overall) to have graduated from high school in four years and to have post-secondary degrees. However, Franklin County youth are less likely than Ohio youth (overall) to be ready for kindergarten. Franklin County Hispanics and individuals listing their race as "Other" are less likely to have a high school diploma than their peers statewide.

As shown in the table below, 37.4% of Franklin County adult residents have a Bachelor's degree or higher. This number has increased since the last *HealthMap* (35%) and is greater than the state and national percentages (26.1% and 29.6%, respectively).

Educational Attainment[1]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
No high school	3.6%	*3.2%*	3.2%	*3.5%*	5.8%	*6.4%*
Some high school (no degree)	6.8%	*8.2%*	7.8%	*9.7%*	7.6%	*9.1%*
High school graduate	25.4%	*27.1%*	34.2%	*36.3%*	27.8%	*29.3%*
Some college (no degree)	20.6%	*20.3%*	20.5%	*19.8%*	21.1%	*20.3%*
Associate's degree	6.2%	*6.1%*	8.2%	*7.1%*	8.1%	*7.4%*
Bachelor's degree	23.5%	*23.0%*	16.4%	*15.0%*	18.4%	*17.4%*
Graduate or professional degree	13.9%	*12.0%*	9.7%	*8.6%*	11.2%	*10.1%*

Regarding high school graduation rates specifically, there are slightly fewer people in Franklin County aged 25 years and over who have not graduated from high school since the last *HealthMap* (10.4%, down from 11.4%). The groups with the highest percentage of members that have less than a high school diploma are those listing "Other" as their race (40%) and Hispanics (37%). Both of these numbers are higher than the statewide percentages for these groups (33% of other and 29% for Hispanics).

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

High School Graduation

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Adults with Less than a High School Diploma[2]	**Total**	**10.4%**	***11.4%***	**11.0%**	***13.2%***	**13.4%**	***15.5%***
	Male	10.1%	*10.3%*	11.5%	*12.7%*	14.1%	*15.5%*
	Female	9.9%	*10.6%*	10.5%	*12.0%*	12.8%	*14.1%*
	African American	14.0%	*15.2%*	17.0%	*19.4%*	16.0%	*18.6%*
	American Indian & Alaskan native	0.0%	*Not available*	16.0%	*25.0%*	21.0%	*23.6%*
	Asian	16.0%	*7.9%*	13.0%	*10.4%*	14.0%	*14.7%*
	Hispanic	37.0%	*36.1%*	29.0%	*30.4%*	35.0%	*39.1%*
	Native Hawaiian & pacific islander	0.0%	*Not available*	17.0%	*Not available*	14.0%	*14.2%*
	Other	40.0%	*32.7%*	33.0%	*36.1%*	41.0%	*44.0%*
	Multiracial	10.0%	*5.2%*	13.0%	*13.9%*	14.0%	*15.9%*
	White, non-Hispanic	8.0%	*8.4%*	10.0%	*11.1%*	8.0%	*7.5%*
Four-Year High School Graduation Rate[13,14]	**Overall**	**88.6%**	*Not available*	**82.2%**	*Not available*	**81%**	*Not available*
	Male	90.4%	*Not available*	89.8 %	*Not available*	78%	*Not available*
	Female	92.3%	*Not available*	92.3%	*Not available*	85%	*Not available*
	African American, non-Hispanic	86.8%	*Not available*	82.5%	*Not available*	68%	*Not available*
	Asian or pacific islander	91.9%	*Not available*	89.1%	*Not available*	93%	*Not available*
	Hispanic	79.8%	*Not available*	81.4%	*Not available*	76%	*Not available*
	Multiracial	88.8%	*Not available*	85.9%	*Not available*	*Not available*	*Not available*
	White, non-Hispanic	92.8%	*Not available*	91.8%	*Not available*	85%	*Not available*

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

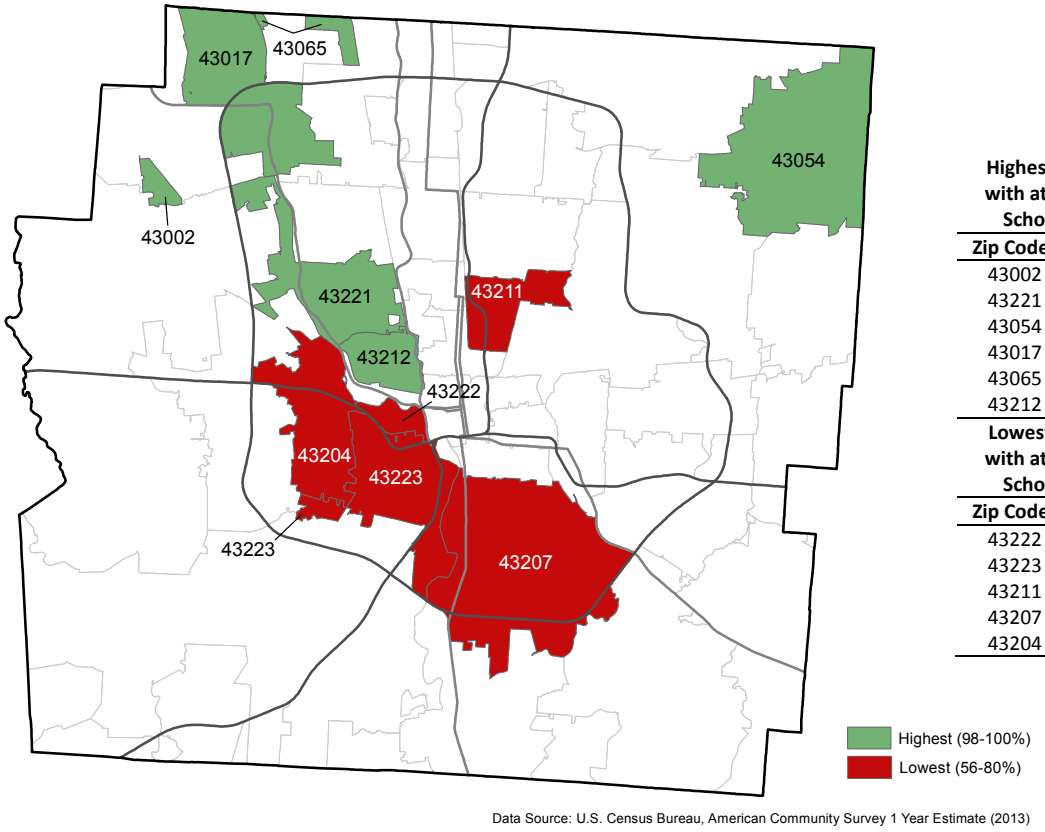
Healthy People 2020 Goal

How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal that 82.4% of Americans would graduate high school four years after starting 9th grade by the year 2020. Currently, Franklin County exceeds this target, as 88.6% of students graduate high school in four years.

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

HP2020 target… 82.4%
In Franklin County… 88.6%
HP2020 Status: ✓ (met)

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.



Highest Percentage with at Least a High School Diploma	
Zip Codes	**%**
43002	100.0%
43221	98.5%
43054	98.1%
43017	98.0%
43065	97.9%
43212	97.9%

Lowest Percentage with at Least a High School Diploma	
Zip Codes	**%**
43222	55.8%
43223	72.7%
43211	74.3%
43207	76.9%
43204	80.0%

Data Source: U.S. Census Bureau, American Community Survey 1 Year Estimate (2013)

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

Compared to Ohio overall, Franklin County students are less likely to be ready to begin kindergarten, as measured by the Ohio Department of Education. Specifically, only 68.8% of Franklin County children score in Bands 2 and 3 of Ohio's Kindergarten Readiness Assessment-Literacy.

Educational Proficiency[15]

	Franklin County		Ohio	
	HM2016	***HM2013***	**HM2016**	***HM2013***
Students ready for kindergarten	68.8%	*Not available*	78.8%	*Not available*
3rd graders with reading proficiency	79.8%	*Not available*	81.0%	*Not available*

The school districts with the lowest rates of kindergarten readiness in Franklin County are Columbus City, followed by Groveport Madison Local, Whitehall City, South-Western City, and Hamilton Local.[16]

The school districts with the lowest rates of 3rd grade reading proficiency in Franklin County are Columbus City, followed by Whitehall City, Groveport Madison Local, Hamilton Local, and South-Western City.[19]

Employment Indicators

This section describes employment indicators that are related to health.

Key Findings – Social Determinants of Health (Employment Indicators)

*From HealthMap**2013** to HealthMap**2016**, Franklin County's unemployment rate has decreased. Other employment indicators (e.g., the percentage of adults employed in various occupations and industries in Franklin County) have largely remained stable over time.*

As shown by the table below, the percentage of Franklin County residents in the civilian labor force who are unemployed has decreased since the last *HealthMap* (7.1% to 6.6%). This is lower than the state and national unemployment figures.

Employment Status[1]

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Not in Labor Force	**Total**	**30.6%**	***30.1%***	**36.8%**	***35.0%***	**36.4%**	***35.0%***
In Labor Force	**Total**	**69.4%**	***69.9%***	**63.2%**	***65.0%***	**63.6%**	***65.0%***
	Civilian labor force	69.3%	*69.8%*	63.1%	*64.8%*	63.2%	*64.6%*
	Armed forces	0.1%	*0.1%*	0.1%	*0.1%*	0.4%	*0.5%*
Employment Rate of Civilian Labor Force	Employed	93.4%	*92.9%*	91.8%	*92.0%*	91.6%	*92.8%*
	Unemployed	6.6%	*7.1%*	8.2%	*8.0%*	8.4%	*7.2%*

As shown on the next page, over 40% of all Franklin County residents are employed in management, professional or related occupations.

Employment Occupations[1]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Management, professional, and related occupations	41.4%	*39.8%*	34.9%	*32.8%*	36.3%	*34.8%*
Sales and office	24.0%	*27.7%*	23.7%	*25.5%*	24.2%	*25.6%*
Service	17.7%	*15.7%*	17.9%	*16.8%*	18.4%	*16.9%*
Production, transportation, and material moving	11.3%	*10.5%*	15.8%	*16.4%*	12.2%	*12.5%*
Natural resources, construction, and maintenance	5.5%	*6.3%*	7.7%	*8.5%*	8.9%	*10.2%*

The top employment sector in Franklin County continues to be "educational services, health care, and social assistance." The sector that employs the fewest residents is "agriculture, forestry, fishing and hunting, and mining." While there are fewer individuals working in the "manufacturing" sector in Franklin County than the state and nation as a whole, there are more employed in "finance and insurance, real estate, and rental and leasing."

Employment Industries[1]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Educational services, health care, and social assistance	23.9%	*22.5%*	24.4%	*22.7%*	23.0%	*21.5%*
Retail trade	12.5%	*12.5%*	11.7%	*11.6%*	11.6%	*11.5%*
Professional, scientific, management, administrative, and waste management services	11.8%	*11.9%*	9.1%	*8.8%*	11.1%	*10.3%*
Finance and insurance, real estate, and rental and leasing	9.7%	*10.6%*	6.4%	*6.6%*	6.6%	*7.1%*
Arts, entertainment, and recreation, accommodation, and food services	10.8%	*8.9%*	9.3%	*8.5%*	9.7%	*8.8%*
Manufacturing	7.5%	*7.7%*	15.6%	*16.4%*	10.5%	*11.2%*
Transportation, warehousing, and utilities	4.7%	*5.1%*	4.7%	*5.0%*	4.9%	*5.1%*
Public administration	4.6%	*5.1%*	3.8%	*3.8%*	4.7%	*4.7%*
Construction	4.3%	*4.8%*	5.0%	*5.8%*	6.2%	*7.4%*
Other services, except public administration	4.2%	*4.4%*	4.4%	*4.5%*	5.0%	*4.8%*
Wholesale trade	3.4%	*3.4%*	2.7%	*3.2%*	2.7%	*3.2%*
Information	2.4%	*2.9%*	1.8%	*2.0%*	2.1%	*2.4%*
Agriculture, forestry, fishing and hunting, and mining	0.3%	*0.2%*	1.2%	*1.1%*	2.0%	*1.8%*

Other Indicators

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

Key Findings – Social Determinants of Health (Other Indicators)

*Since HealthMap**2013**, more Franklin County households are "nonfamily" households, and fewer households include the family's own children under 18 years of age. Compared to Ohio and the U.S., a smaller percentage of Franklin County households include a married couple. Also, the crime rate in Franklin County is higher than the statewide crime rate.*

A "family household" includes two or more people related by birth, marriage, or adoption who live in the same dwelling; in Franklin County, 57.7% are considered family households. This percentage has decreased slightly since the last *HealthMap* (59.2% to 57.7%), and is lower than the statewide and national percentages. Franklin County (8.6%) has fewer households in which individuals 65 years or older live alone as compared to the state (11.0%) and U.S. (10.1%).

Household Type[2]

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Family Households	**Total**	**57.7%**	***59.2%***	**64.0%**	***65.1%***	**65.9%**	***66.5%***
	Married couple	39.6%	*40.9%*	46.4%	*48.0%*	48.0%	*49.1%*
	Male householder, no wife present	4.1%	*4.2%*	4.7%	*4.2%*	4.8%	*4.6%*
	Female householder, no husband present	14.1%	*14.2%*	13.0%	*12.9%*	13.1%	*12.7%*
Family Households With Own Children Under 18 Present	**Total**	**27.5%**	***29.5%***	**27.0%**	***28.9%***	**28.6%**	***30.3%***
	Married couple	16.7%	*18.7%*	17.1%	*18.8%*	19.1%	*20.6%*
	Male householder, no wife present	2.0%	*2.1%*	2.3%	*2.2%*	2.3%	*2.3%*
	Female householder, no husband present	8.7%	*8.7%*	7.5%	*7.8%*	7.2%	*7.4%*
Nonfamily Households	**Total**	**42.3%**	***40.8%***	**36.0%**	***34.9%***	**34.1%**	***33.5%***
	Householder living alone	32.1%	*32.7%*	29.9%	*29.4%*	27.7%	*27.5%*
	65 years and over living alone	8.6%	*7.9%*	11.0%	*10.1%*	10.1%	*9.4%*

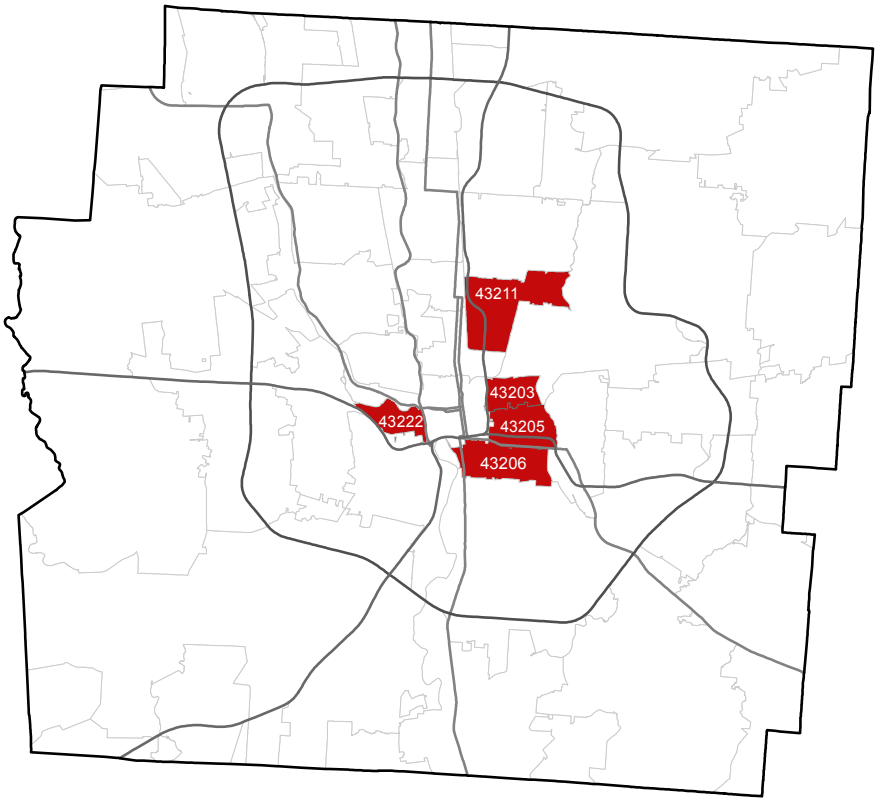
Regarding crime and safety levels in Franklin County, the number of both violent and property crimes that occur for every 1,000 residents is higher in Franklin County than the statewide and national levels.

Crime and Safety[17]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Violent crime*	4.5	*Not available*	2.3	*Not available*	3.9	*Not available*
Property crime*	47.2	*Not available*	31.2	*Not available*	28.6	*Not available*

**Rate per 1,000 population*

The Franklin County zip codes with the highest rates of violent crime are shaded in red in the map below.



Data Source: RAIDS Online Database (2013)

Highest Rates of Violent Crime	
Zip Codes	Rate per 1,000
43222	13.7
43205	12.5
43211	12.4
43203	11.5
43206	10.5

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, MDs, DOs, and optometrists), and more Franklin County residents are visiting emergency departments.

Regarding primary care providers, the ratio of Franklin County residents per licensed advanced practice nurse is 846:1, meaning there is one licensed advanced practice nurse available for every 846 residents. This ratio has decreased from the previous *HealthMap* (1,176:1 to 846:1). The ratio of residents per licensed practitioner is higher in Franklin County than at the state level for physician assistants, family practice physicians, and general practice physicians.

Regarding mental health providers, the ratio of Franklin County residents per licensed practitioner is lower than the statewide ratio for all types of providers.

The ratio of Franklin County residents per physician (both MDs and DOs) has decreased since the last *HealthMap* (264:1 to 239:1). The ratio of residents per licensed optometrist has also decreased (3,827:1 to 3,640:1). The Franklin County ratios for both physicians and optometrists continue to be lower than the statewide ratios.

Licensed Practitioners *

		Franklin County		Ohio	
		HM2016	*HM2013*	HM2016	*HM2013*
Primary Care Providers[1,2]	Advance practice nurses	846:1	*1,176:1*	939:1	*1,218:1*
	Physician assistants	5,181:1	*Not available*	4,150:1	*Not available*
	Family practice physicians	5,388:1	*Not available*	4,945:1	*Not available*
	General practice physicians	19,973:1	*Not available*	14,969:1	*Not available*
Mental Health Providers[1,3]	Social workers (LISW,LSW)	333:1	*Not available*	460:1	*Not available*
	Chemical counselors	1,341:1	*Not available*	1,709:1	*Not available*
	Psychiatrists	5,718:1	*Not available*	5,967:1	*Not available*
	Psychologists	2,305:1	*Not available*	3,454:1	*Not available*
Dentists[1,4]	Dentists	1,259:1	*1,256:1*	1,608:1	*2,181:1*
Physicians (Includes Primary Care and Specialists)[1,5]	MDs & DOs	239:1	*264:1*	257:1	*439:1*
Optometrists/Opticians[6,7]	Optometrists	3,640:1	*3,827:1*	5,327:1	*6,186:1*
	Opticians	4,376:1	*Not available*	3,699:1	*Not available*

**Ratio of total population : practitioner*

The total number of emergency department (ED) visits per 1,000 people in Franklin County has increased slightly since the last *HealthMap* (574.9 to 583.2), and remains higher than the number of visits statewide.

When patients are seen in the ED, they are assigned a "severity" rating between 1 and 4, with 1 being the least severe and 4 being the most severe. Regarding emergency department patients who were treated and then released, the majority of patients were classified as severity level 1. The number of severity 1 patients per 1,000 in Franklin County decreased since the previous *HealthMap* (437.3 to 426.0), and remains higher than the statewide number of severity 1 patients.

The majority of emergency department patients who were admitted were classified as severity level 2. The number of severity 2 patients per 1,000 in Franklin County has increased slightly since the last *HealthMap* (45.4 to 51.4) and remains higher than the number of admitted severity 2 patients statewide.

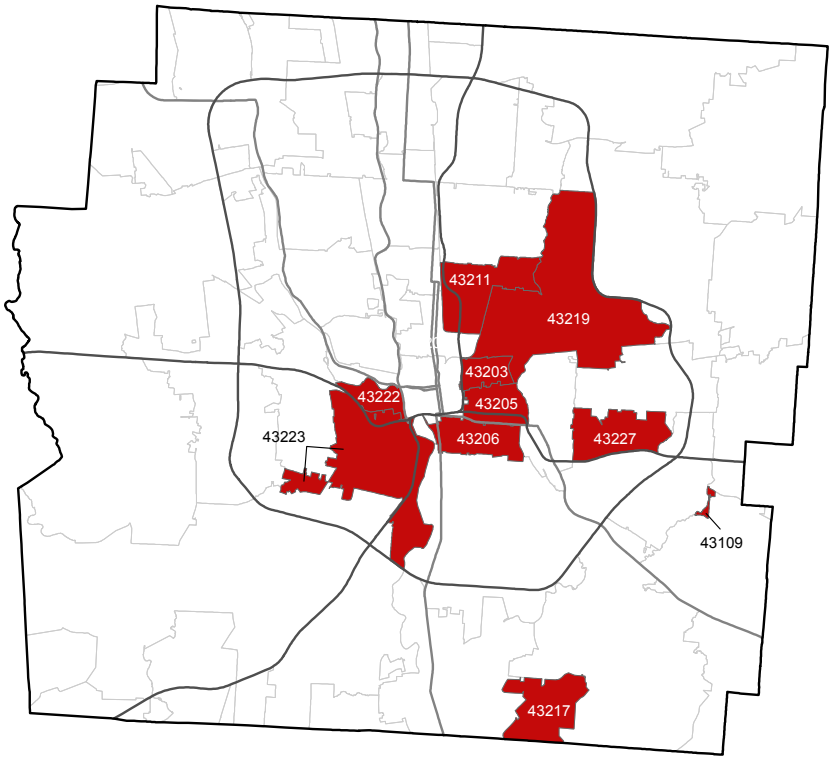
Individuals between the ages of 19 and 64 years were most likely to visit the emergency department overall.

Emergency Department Visits[8]

		Franklin County		Ohio	
		HM2016	*HM2013*	HM2016	*HM2013*
ED Visits*	Total	583.2	*574.9*	559.8	*532.6*
ED Treated and Released*	**Total**	**486.2**	***469.9***	**476.4**	***450.1***
	Severity 1	426.0	*437.3*	419.0	*405.9*
	Severity 2	59.4	*48.2*	56.4	*45.5*
	Severity 3	0.8	*0.8*	0.9	*0.7*
	Severity 4	0.0	*0.0*	0.0	*0.0*
ED Admitted*	**Total**	**97.1**	***85.5***	**83.4**	***80.2***
	Severity 1	31.4	*31.1*	25.9	*27.8*
	Severity 2	51.4	*45.4*	43.0	*41.1*
	Severity 3	11.4	*9.6*	12.0	*9.4*
	Severity 4	2.9	*2.5*	2.6	*2.2*
ED Visits by Age: Treated and Released*	Age 0 to 18	157.3	*Not available*	*Not available*	*Not available*
	Age 19 to 64	298.9	*Not available*	*Not available*	*Not available*
	Age 65 and older	30.2	*Not available*	*Not available*	*Not available*
ED Visits by Age: Admitted*	Age 0 to 18	6.7	*Not available*	*Not available*	*Not available*
	Age 19 to 64	57.1	*Not available*	*Not available*	*Not available*
	Age 65 and older	33.4	*Not available*	*Not available*	*Not available*

**Rate per 1,000 population*

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



Data Source: OHA Statewide Clinical and Financial Database (2013)

Highest Rates of Emergency Department Visits

Zip Codes	Rate per 1,000
43109	1,762.7
43222	1,686.4
43203	1,095.8
43205	1,093.4
43223	1,045.5
43211	1,024.8
43217	863.4
43227	847.4
43206	822.6
43219	815.3

Behavioral Risk Factors

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

Key Findings – Behavioral Risk Factors

More Franklin County residents are engaging in risky behaviors (smoking, drinking heavily) and healthy behaviors (engaging in physical activity).

From *HealthMap**2013*** to *HealthMap**2016***…

- More Franklin County adults are current smokers.
- More Franklin County adults are heavy or binge drinkers.
- More Franklin County adults are physically active.

Regarding cigarette use, the percentage of Franklin County adults who are current smokers has increased slightly from the last *HealthMap* (from 18.3% to 20.2%). However, the countywide percentage of current smokers remains lower than the statewide percentage.

Regarding alcohol use, the percentage of Franklin County adults who are heavy drinkers (i.e., more than two drinks per day for men; more than one drink per day for women) increased from 4.4% to 6%. Similarly, the percentage of Franklin County adults who identify themselves as binge drinkers (i.e., five or more drinks on one occasion in the past month for men; four or more drinks on one occasion in the past month for women) increased from 15.2% to 18.9%. The percentages of Franklin County adults who are heavy or binge drinkers are greater than the statewide percentages.

The percentage of Franklin County adults who report participating in a physical activity in the past month has increased a good deal from the previous *HealthMap* (i.e., from 72.4% to 77.5%), and is now higher than the statewide percentage.

Behavioral Risk Factors

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Cigarette Use[1]	Current smokers*	20.2%	*18.3%*	23.4%	*22.5%*	19%	*17.3%*
Drinking[1]	Heavy drinkers*	6.0%	*4.4%*	5.7%	*5.3%*	6.2%	*5.0%*
	Binge drinkers*	18.9%	*15.2%*	17.1%	*17.2%*	16.8%	*15.1%*
Drinking & Driving[2,3]	Crashes (alcohol-related)**	100.8	*Not available*	104.9	*Not available*	*Not available*	*Not available*
	Injuries (alcohol-related)**	52.3	*56.2*	60.8	*66.8*	*105.3*	*Not available*
	Deaths (alcohol-related)**	1.9	*2.4*	2.6	*3.7*	*3.3*	*Not available*
Seat Belt Use[1]	Always or nearly always wears a seat belt*	90.7%	*Not available*	91.4%	*Not available*	94.1%	*Not available*
Physical Activity[1]	Participated in physical activities in the past month*	77.5%	*72.4%*	71.5%	*73.9%*	74.7%	*Not available*

** Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time*

***Rate per 100,000 population*

Healthy People 2020 Goal

How does Franklin County match up with national objectives?

As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal that the percent of adults who binge drink in the previous month would decrease to 24.4% by the year 2020. Currently, Franklin County achieves this target, as data suggest only 18.9% of adults binge drank in the previous month.

% of adults who binge drank in past 30 days

HP2020 target…	24.4%
In Franklin County…	18.9%
HP2020 Status:	✓ (met)

Regarding drug use, the rate of unintentional drug/medication mortality is up slightly (16.0 from 15.7 per 100,000) since the last *HealthMap*. This means that out of 100,000 Franklin County residents, 16 of them die each year due to drugs or medication. This is higher than the national number of unintentional deaths due to drugs or medication per 100,000. Regarding drug related convictions, the number of convictions per 100,000 in Franklin County is higher than the state level.

Drug Use

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Unintentional Drug / Medication Mortality [4,5]	16.0	*15.7*	16.6	*12.5*	10.5	*Not available*
Drug Convictions[6,7]	263.0	*Not available*	248.5	*Not available*	*Not available*	*Not available*

Rate per 100,000 population

Wellness Care

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

Key Findings – Wellness Care

With the exception of mammograms, fewer Franklin County adults are getting cancer screening tests compared to the last HealthMap. From *HealthMap**2013*** to *HealthMap**2016***…

- More Franklin County women age 40+ have had a mammogram within the past two years.
- Fewer Franklin County men age 40+ had a PSA test to screen for prostate cancer within the past two years.
- Fewer Franklin County adults age 50+ had a blood stool test to screen for colorectal cancer within the past two years.
- More Franklin County adults age 50+ have had a sigmoidoscopy or colonoscopy to screen for colorectal cancer.

Specific to women, a larger percentage have had a mammogram within the past two years. Specific to men, a smaller percentage had gotten a PSA test to screen for prostate cancer in the past two years compared to the last *HealthMap* (44.8%, down from 52.7%).

Regarding colorectal cancer screening, 9.3% of Franklin County adults 50 years and over have had a blood stool test in the past two years, down from 17.1%. This number is also lower than the statewide percentage. However, 69.7% of Franklin County adults 50 years and over have had a sigmoidoscopy or colonoscopy, a higher percentage than both the last *HealthMap* and Ohio overall.

Wellness Care Behaviors[1]

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Cervical Cancer Screening	Pap smear within past three years (women aged 18+)*	82.3%	*83.3%*	78.4%	*81.7%*	78.0%	*81.1%*
Breast Cancer Screening	Mammogram within past two years (women aged 40+)*	82.3%	*75.8%*	74.2%	*74.2%*	74.0%	*75.6%*
Prostate Cancer Screening	PSA test within past two years (men aged 40+)*	44.8%	*52.7%*	*Not available*	*54.4%*	*Not available*	*53.3%*
Colorectal Cancer Screening	Blood stool test within past two years (adults aged 50+)*	9.3%	*17.1%*	15.0%	*18.7%*	14.2%	*17.3%*
	Had a sigmoidoscopy or colonoscopy (adults aged 50+)*	69.7%	*66.2%*	65.0%	*64.0%*	67.3%	*65.3%*

** Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time*

Maternal and Child Health

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

Key Findings – Maternal and Child Health

Maternal and child health in Franklin County improved only slightly over time.

From *HealthMap**2013*** to *HealthMap**2016*** …

- The infant mortality rate in Franklin County remained relatively constant. The infant mortality rates among Non-Hispanic Blacks remains much higher than infant mortality rates among Non-Hispanic Whites.
- Rates of pregnancies and live births among adolescents in Franklin County have decreased.
- Abortion rates have decreased slightly.
- Fewer Franklin County women smoke cigarettes in the last three months of pregnancy.

The infant mortality rate has remained relatively constant since the last *HealthMap*. However, this rate remains higher than the statewide rate, and much higher than the U.S. rate.

The infant mortality rate among Non-Hispanic (NH) Blacks (13.9 per 1,000 live births) remains considerably higher than Whites (6.0 per 1,000 live births), a disparity that also exists at the statewide level.

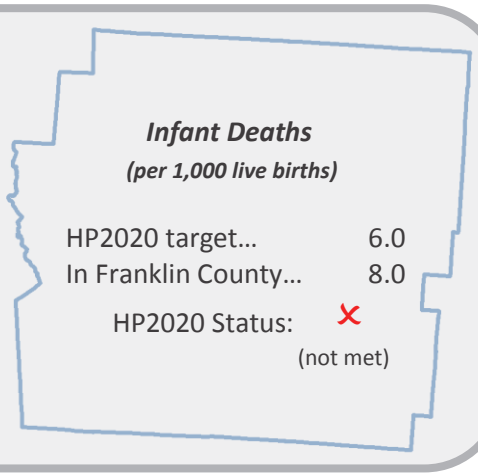
Infant Mortality Rates (Rates Per 1,000 live births)[1,2,3]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Infant Mortality Rate	8.0	*8.2*	7.6	*7.7*	6.1	*6.6*
Infant Mortality Rate By Race:						
NH White	6.0	*4.9*	6.2	*Not available*	5.1	*Not available*
NH Black	13.9	*17.8*	14.0	*Not available*	11.5	*Not available*
NH Native American	xx	*0.0*	4.1	*Not available*	7.8	*Not available*
NH Asian/Other Pacific Islander	xx	*xx*	3.8	*Not available*	3.5	*Not available*
Hispanic	xx	*xx*	7.5	*Not available*	5.3	*Not available*
Other/Unknown	xx	*0.0*	10.3	*Not available*	Not available	*Not available*

NH = Non-Hispanic
N/A = no cases reported
XX = rate not reported; may be unstable due to small numbers

Healthy People 2020 Goal

How does Franklin County match up with national objectives? As part of its *Healthy People 2020* initiative, the Department of Health and Human Services set a goal for the infant mortality rate to decrease to 6.0 per 1,000 live births by the year 2020. Currently, Franklin County does not achieve this target, with an infant mortality rate of 8.0.



The rates of live births among adolescents have decreased since the last *HealthMap*. Among women age 18-19 years, the pregnancy rate has decreased from 117.1 to 79.5, and the live birth rate among females in this age group has decreased from 76.0 to 49.0. Statewide rates have similarly decreased.

Fewer low birth weight babies were born since *HealthMap* 2013. The percentage of Franklin County babies born weighing less than 2,500 grams (about 5 and a half pounds) has decreased slightly, from 9.6% to 9.2%. Abortion rates have also decreased (from 14.6 to 13.9), though this rate is still higher than the statewide rate.

Finally, fewer women reported smoking in the last three months of pregnancy compared to the last *HealthMap* (15.2% to 10.1%). This percentage is also lower than the statewide percentage.

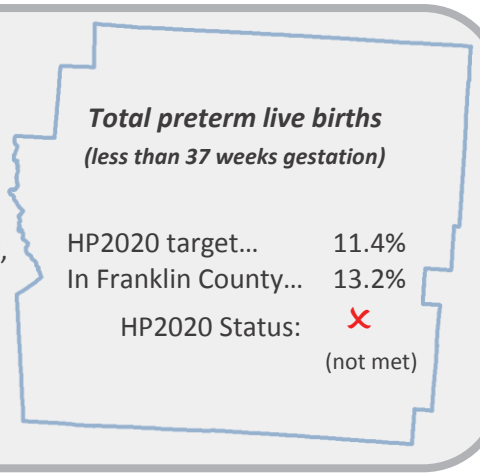
Maternal and Child Health

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Adolescent Pregnancies[4,5]	10-14 years*	0.8	*1.5*	0.8	*1.3*	*Not available*	*Not available*
	15-17 years*	25.6	*44.4*	22.6	*38.7*	*Not available*	*39.5*
	18-19 years*	79.5	*117.1*	76.6	*108.0*	*Not available*	*114.2*
Live Births (Adolescent)[5,6,7,8]	10-14 years*	xx	*0.8*	0.3	*0.5*	*0.3*	*0.6*
	15-17 years*	13.9	*24.7*	11.6	*19.2*	*12.3*	*21.1*
	18-19 years*	49.0	*76.0*	50.0	*69.6*	*47.1*	*68.2*
Low Birth Weight[1,9]	Low birth weight babies (<2500 grams)	9.2%	*9.6%*	8.6%	*8.6%*	8.0%	*Not available*
Abortion[10]	Total induced abortion rate**	13.9	*14.6*	10.8	*11.8*	*Not available*	*Not available*
Cigarette Use During Pregnancy[11,12]	Smoking in last 3 months of pregnancy	10.1%	*15.2%*	14.0%	*21.5%*	*Not available*	*Not available*
Preterm Birth Rate[9,13]	Preterm births (<37 weeks)	13.2%	*Not available*	12.3%	*Not available*	11.5%	*Not available*

**Rate per 1,000 females in same age group*
***Rate per 1,000 females age 15-44*
XX = rate not reported; may be unstable due to small numbers

Healthy People 2020 Goal

How does Franklin County match up with national objectives? The *Healthy People 2020* goal is for only 11.4% of all live births to occur before 37 weeks gestation by the year 2020. Currently, Franklin County does not achieve this target, as 13.2% of live births are considered preterm.



Most preconception health and behavior indicators listed in the table shown on the next page are more favorable among Franklin County women, compared to Ohio overall. Among Franklin County women (18-44 years), a smaller percentage have diabetes (4%, compared to 6%), are obese (20%, compared to 22%), have experienced an unintended pregnancy (52% compared to 55%), and currently smoke (13% compared to 29%). In addition, a smaller percentage have not had a health check up in the past year (31% compared to 34%) or a pap smear in the past three years (15% compared to 19%).

Finally, a higher percentage (23%) have health insurance coverage, compared to 16% in Ohio overall. One exception to this trend are fewer women are in "good health or better" in Franklin County (83%) compared to Ohio (88%). A slightly higher percentage of women (18-44 years) are heavy drinkers in Franklin County (8% compared to 7%). Also a slightly higher percentage in the County (52%) have a folic acid deficiency the month before pregnancy compared to Ohio (51%).

Preconception Health and Behavior Indicators (Women 18-44 Years)

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Overall Health[14,15]	In good health or better	83.0%	*Not available*	88.0%	*Not available*	*Not available*	*Not available*
Diabetes[14,15]	Told they have diabetes	4.0%	*Not available*	6.0%	*Not available*	*Not available*	*Not available*
Hypertension[14,15]	Told they have hypertension	*Not available*	*Not available*	9.0%	*Not available*	*Not available*	*Not available*
Tobacco Use[14,15]	Currently smoke	13.0%	*Not available*	29.0%	*Not available*	*Not available*	*Not available*
Alcohol Misuse[14,15]	Heavy drinkers (1+ drinks per day)	8.0%	*Not available*	7.0%	*Not available*	*Not available*	*Not available*
Obesity[14,15]	Overweight or obese	20.0%	*Not available*	22.0%	*Not available*	*Not available*	*Not available*
Folic Acid Deficiency[16]	Births to women who did not take multivitamins, prenatal vitamins, or folic acid vitamins the month before pregnancy	52.0%	*Not available*	51.0%	*Not available*	*Not available*	*Not available*
Unintended Pregnancy[16]	Percent of pregnant women who did not want to be pregnant at all or wanted to get pregnant at a later time	52.0%	*Not available*	55.0%	*Not available*	*Not available*	*Not available*
Health Insurance Coverage[17]	Do not have health insurance	23.0%	*Not available*	16.0%	*Not available*	*Not available*	*Not available*
Preventative Health Services[14,15]	Have not had a health check up in past year	31.0%	*Not available*	34.0%	*Not available*	*Not available*	*Not available*
	Have not had a PAP in the past 3 years	15.0%	*Not available*	19.0%	*Not available*	*Not available*	*Not available*

Oral Health

This section describes dental needs and availability of care.

Key Findings – Oral Health

Franklin County adults have better oral health than Ohio overall.

Comparisons between Franklin County and Ohio overall…

- A higher percentage of Franklin County adults visited the dentist the past year than adults statewide.
- A smaller percentage of Franklin County adults have had any permanent teeth extracted.
- A smaller percentage of Franklin County adults age 65+ have had all their natural teeth extracted.

Oral health indicators reveal that Franklin County residents tend to have better oral health than the state overall. A higher percentage of Franklin County residents have visited a dentist within the past year (71.5%) compared to Ohio residents overall (67.6%). Also, a smaller percentage of Franklin County residents have had any permanent teeth extracted, and a smaller percentage of adults 65 years and over have had all their natural teeth extracted, compared to the statewide percentages.

Oral Health Indicators[1]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Visited the dentist or dental clinic within the past year for any reason	71.5%	*Not available*	67.6%	*Not available*	67.2%	*Not available*
Have had any permanent teeth extracted	39.6%	*Not available*	45.5%	*Not available*	44.5%	*Not available*
Age 65+ who have had all their natural teeth extracted	15.8%	*Not available*	20.3%	*Not available*	16.1%	*Not available*

Note: United States data reflect the median for all 50 states and the District of Columbia

Mental and Social Health

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

Key Findings – Mental and Social Health

The mental and social health of Franklin County residents is declining according to many indicators.

From *HealthMap**2013*** to *HealthMap**2016***…

- Rates of suicides among Franklin County adults have decreased. However, rates of hospitalizations due to attempted suicide and assault/alleged abuse have increased.
- Rates of psychiatric admissions among Franklin County adults have increased.
- Rates of homicide have remained constant.
- Domestic violence incidence and victims have increased among Franklin County adults.
- Child abuse cases have increased.

Almost 19% of Franklin County adult residents have been told they have a form of depression, slightly below the statewide percentage, but on par with the national percentage.

The rate of suicides (11.6 per 1,000) is down slightly from the last *HealthMap* (12.4), but hospitalizations due to assualt/alleged abuse and attempted suicide are up from the last *HealthMap*. The rates of psychiatric admissions (49.1 per 1,000) are also up from the last *HealthMap* (44.6), but remain below the statewide rate (52.3).

The homicide rate remained the same as the previous *HealthMap* (8.7 per 1,000), still higher than the statewide rate (5.5).

Regarding domestic violence, the number of incidents and victims in Franklin County increased since the last *HealthMap*, while the number of incidents and victims in Ohio overall decreased. The percentage of all people involved in domestic violence incidents who were injured in Franklin County decreased from 55.6% in the last *HealthMap* to 53.5% currently.

Mental and Social Health

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Prevalence of Depression[1]	Have ever been told have a form of depression	18.9%	*Not available*	20.2%	*Not available*	18.7%	*Not available*
Suicides[2,3,4]	Suicides*	11.6	*12.4*	12.5	*11.3*	12.3	*Not available*
Hospitalizations[5,6]	Assault/Alleged abuse (intentional)**	46.4	*43.0*	*Not available*	*Not available*	*Not available*	*Not available*
	Attempted suicide (injury hospitalization and self-inflicted) **	4.2	*3.0*	*Not available*	*Not available*	*Not available*	*Not available*
Psychiatric Admissions[7]	Psychiatric admissions***	49.1	*44.6*	52.3	*48.0*	*Not available*	*Not available*
Homicides[2,3,4]	Homicides*	8.7	*8.7*	5.5	*5.6*	*5.3*	*Not available*
Domestic Violence[8,9]	Domestic violence incidents	10,138	*9,011*	66,620	*70,717*	1,411,330	*Not available*
	Domestic violence victims	7,247	*5,886*	56,037	*56,904*	*Not available*	*Not available*
	Victims with injury****	53.5%	*55.6%*	43.9%	*44.6%*	*Not available*	*Not available*

**Age adjusted rate per 100,000 population*

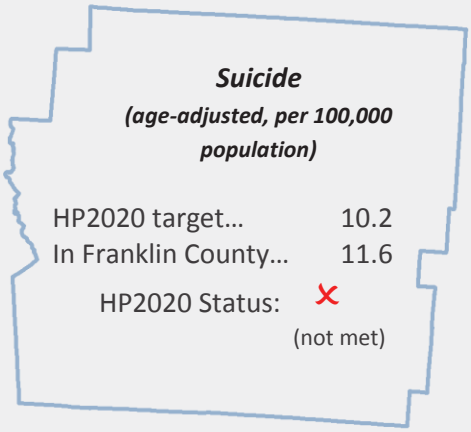
***Rate per 100,000 population*

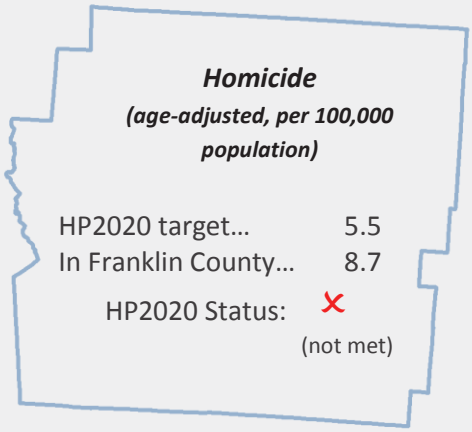
****Rate per 1,000 population*

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

Healthy People 2020 Goals

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





In Franklin County, the number of child abuse cases has increased since the last *HealthMap*, while the number of cases statewide has decreased. In Franklin County, 35% of these cases are from physical abuse, while 22% are neglect cases. While these types also made up a large percentage of the child abuse cases referenced in the last *HealthMap*, the categories are not perfectly comparable. Since the last *HealthMap*, a new category is included (Multiple allegations of abuse/neglect) that includes cases considered to fit into more than one category.

Child Abuse Cases[10,11,12]

	Franklin County		Ohio	
	HM2016	*HM2013*	HM2016	*HM2013*
Child abuse Cases	13,353	12,883	100,804	106,538
Percent of child abuse cases:				
Physical abuse	35.0%	*24.4%*	27.0%	*26.9%*
Neglect	22.0%	*23.9%*	30.0%	*34.5%*
Sexual abuse	11.0%	*10.9%*	10.0%	*12.6%*
Emotional maltreatment	1.0%	*0.4%*	2.0%	*2.7%*
Multiple allegations of abuse / neglect	12.0%	*Not available*	12.0%	*Not available*
Family in need of services, dependency, & other	19.0%	*40.4%*	19.0%	*23.3%*

Child abuse cases are total screened in traditional or alternative response referrals for which the PCSA completed a CAPMIS assessment, as well as accepted referral for Families in Need of Services

Death, Illness, and Injury

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

Key Findings – Death, Illness, and Injury

Franklin County adults are experiencing lower rates of death from many diseases and several measures indicate their health is improving (e.g., fewer are overweight or have high blood cholesterol; more rate their health as "excellent").

From *HealthMap**2013*** to *HealthMap**2016***…

- More Franklin County adults rate their health as "excellent."
- Mortality rates for cancer, heart disease, and top 5 cancers have decreased.
- Fewer Franklin County adults have high blood cholesterol, and slightly fewer Franklin County adults are overweight or obese.
- The rate of Franklin County adults aged 25-64 years who have been hospitalized due to both intentional and unintentional injuries has increased.

A higher percentage of Franklin County residents say their general health is "excellent" compared to the last *HealthMap* (19.7% compared to 17.9%). Relatedly, a smaller percentage of Franklin County residents say their health is "fair" or "poor" compared to those statewide.

Perceptions on Health Status[1]

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
How is your general health?	Excellent*	19.7%	*17.9%*	19.3%	*18.3%*	18.8%	*20.2%*
	Very good*	32.1%	*34.4%*	31.0%	*34.6%*	33.4%	*34.5%*
	Good*	32.8%	*32.2%*	31.4%	*31.1%*	30.9%	*29.8%*
	Fair*	11.8%	*12.3%*	13.5%	*12.0%*	12.5%	*10.9%*
	Poor*	3.6%	*3.2%*	4.9%	*4.2%*	4.4%	*4.0%*

** Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time*

Cancer and heart disease are the top two leading causes of death in Franklin County, though these mortality rates have decreased since the last *HealthMap*, and are lower than the statewide rates. The next most common causes of death in Franklin County are chronic lower respiratory diseases, accidents, and cerebrovascular disease (stroke).

Mortality – Leading Causes[2,3,4]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Malignant Neoplasms (Cancer)	176.6	*196.6*	185.1	*195.9*	169.3	*Not available*
Diseases of the Heart	176.1	*200.1*	190.0	*209.0*	174.4	*Not available*
Chronic Lower Respiratory Diseases	53.2	*54.5*	51.1	*50.5*	42.1	*Not available*
Accidents (Unintentional Injuries)	41.5	*40.5*	43.5	*40.6*	38.7	*Not available*
Cerebrovascular Disease (Stroke)	43.8	*47.3*	41.7	*44.1*	38.0	*Not available*
Alzheimer's Disease	27.3	*25.9*	28.5	*28.6*	24.5	*Not available*
Diabetes Mellitus	24.9	*26.4*	26.3	*28.6*	21.2	*Not available*
Influenza and Pneumonia	19.8	*19.0*	15.6	*14.7*	15.1	*Not available*
Nephritis, Nephrotic Syndrome & Nephrosis (Chronic Kidney Disease)	13.9	*17.0*	14.8	*13.7*	13.9	*Not available*
Suicide	11.6	*12.4*	12.5	*11.3*	12.3	*Not available*
Septicemia (HM2013 only)	--	*11.3*	--	*10.2*	--	*Not available*

Age adjusted rates per 100,000

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

Among Franklin County males, heart diseases are the most common cause of death, followed by cancer. Among Franklin County females, cancer is the most common cause of death, followed by heart disease. For both genders, the rates of death from these two categories of disease are lower than the statewide rates, but higher than the national rates.

Mortality – Leading Causes by Gender[3,4]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Males						
Diseases of the Heart	223.1	*Not available*	239.3	*Not available*	219.2	*Not available*
Malignant Neoplasms (Cancer)	210.4	*Not available*	224.8	*Not available*	204.6	*Not available*
Accidents (Unintentional Injuries)	52.1	*Not available*	57.8	*Not available*	52.3	*Not available*
Chronic Lower Respiratory Diseases	57.9	*Not available*	57.7	*Not available*	48.2	*Not available*
Cerebrovascular Disease (Stroke)	43.4	*Not available*	42.4	*Not available*	38.1	*Not available*
Females						
Malignant Neoplasms (Cancer)	154.5	*Not available*	157.6	*Not available*	144.3	*Not available*
Diseases of the Heart	141.5	*Not available*	152.0	*Not available*	139.1	*Not available*
Chronic Lower Respiratory Diseases	50.6	*Not available*	47.1	*Not available*	38.1	*Not available*
Cerebrovascular Disease (Stroke)	43.4	*Not available*	40.6	*Not available*	37.2	*Not available*
Accidents (Unintentional Injuries)	31.5	*Not available*	30.3	*Not available*	26.2	*Not available*

Age adjusted rates per 100,000

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

The mortality rates for each of the deadliest cancers in Franklin County have decreased since the last *HealthMap*. Tracheal, bronchial, and lung cancers have the highest mortality rates in Franklin County, followed by colon, rectal, and anal cancers, and breast cancer.

Cancer Mortality Rates – Top Cancers[2,3,4]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Trachea, Bronchus & Lung	52.3	*62.0*	54.6	*58.3*	46.1	*Not available*
Colon, Rectum & Anus	16.2	*17.6*	16.9	*18.9*	15.3	*Not available*
Breast (all)	14.1	*16.5*	13.2	*14.5*	12.1	*Not available*
Breast – Females only	24.2	*28.4*	23.5	*25.6*	21.7	*Not available*
Breast – Males only	xx	*0.2*	0.3	*0.2*	0.3	*Not available*
Pancreas	11.1	*12.2*	11.6	*11.5*	11.0	*Not available*
Prostate	7.1	*8.5*	8.2	*9.4*	8.3	*Not available*

HM2016 Age-adjusted rates per 100,000
HM2013 Rates per 100,000
xx=Not reported due to small numbers
Causes are ranked using count data (not displayed in this report)

Tracheal, bronchial, and lung cancers are the most deadly among Franklin County males and females. Males are next most likely to die from colon, rectal, and anal cancers or prostate cancer. Breast cancer is the next most deadly cancer among females.

Cancer Mortality Rates by Gender[3,4]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Males						
Trachea, Bronchus & Lung	64.1	*Not available*	69.2	*Not available*	58.0	*Not available*
Colon, Rectum & Anus	20.9	*Not available*	20.6	*Not available*	18.2	*Not available*
Prostate	18.9	*Not available*	21.0	*Not available*	20.7	*Not available*
Pancreas	14.3	*Not available*	13.6	*Not available*	12.6	*Not available*
Esophagus	9.6	*Not available*	9.2	*Not available*	7.4	*Not available*
Females						
Trachea, Bronchus & Lung	43.8	*Not available*	43.7	*Not available*	37.2	*Not available*
Breast	24.2	*Not available*	23.5	*Not available*	21.7	*Not available*
Colon, Rectum & Anus	12.8	*Not available*	14.0	*Not available*	13.0	*Not available*
Pancreas	8.9	*Not available*	10.0	*Not available*	9.6	*Not available*
Ovary	7.7	*Not available*	7.8	*Not available*	7.6	*Not available*

Age adjusted rates per 100,000

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

A slightly lower percentage of Franklin County residents have ever been told they have diabetes (9.2%) compared to the previous *HealthMap* (9.8%), and a slightly higher percentage have been told they have high blood pressures (29.1%, compared to 28.5%). Both of these percentages are less than the statewide percentages.

About a third of Franklin County residents (32%) have had their blood cholesterol checked and were told it was high; this is lower than the previous *HealthMap* (38.6%) and current statewide statistic (38.9%).

About a quarter of have been told they have arthritis, slightly down from the previous *HealthMap*, but below the statewide percentage. The percentage of residents who have been told they have asthma has remained consistent.

Adult Diagnoses

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Diabetes[1]	Ever been told by a doctor that you have diabetes*	9.2%	*9.8%*	11.7%	*10.1%*	9.7%	*8.7%*
High Blood Pressure[5]	Ever been told they have high blood pressure*	29.1%	*28.5%*	32.7%	*31.7%*	30.8%	*28.7%*
High Blood Cholesterol[5]	Had blood cholesterol checked and told it was high*	32.0%	*38.6%*	38.9%	*39.6%*	38.4%	*37.5%*
Arthritis[6]	Been told they have arthritis*	25.7%	*26.7%*	30.0%	*30.8%*	25.7%	*26.0%*
Asthma[1]	Been told they currently have asthma*	10.4%	*10.5%*	10.5%	*9.6%*	8.9%	*9.1%*

** Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time*

The percentage of Franklin County residents who are overweight (31.2%) and obese (30.7%) have decreased slightly from the previous *HealthMap* (32.5% and 31.4%, respectively). The percentage of overweight adults is lower than the statewide percentage, while the percentage of obese adults is just over the statewide percentage.

Body Mass Index[1]

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Body Mass Index	Healthy*	36.8%	*36.1%*	33.0%	*34.3%*	34.2%	*35.5%*
	Overweight*	31.2%	*32.5%*	35.2%	*36.0%*	35.8%	*36.2%*
	Obese*	30.7%	*31.4%*	30.1%	*29.7%*	27.6%	*27.5%*

** Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time*

Giving birth is the most common reason Franklin County residents are admitted to a hospital. Non-birth related diagnoses include pneumonia, septicemia, and osteoarthrosis.

Top Reasons Franklin County Residents Admitted to Hospital[7]

	Franklin County		Ohio	
	HM2016	*HM2013*	HM2016	*HM2013*
Single baby delivered without C-Section	10.5	*Not available*	7.7	*Not available*
Single baby delivered by C-Section	4.2	*Not available*	3.3	*Not available*
Post-term pregnancy delivered	2.1	*Not available*	0.9	*Not available*
Pneumonia caused by unknown organism	1.7	*Not available*	2.9	*Not available*
Previous C-Section delivered	1.7	*Not available*	1.4	*Not available*
Septicemia	1.7	*Not available*	2.8	*Not available*
Osteoarthrosis localized to lower leg	1.7	*Not available*	1.9	*Not available*
Acute renal failure	1.6	*Not available*	2.0	*Not available*
Obstructive chronic bronchitis	1.6	*Not available*	2.1	*Not available*
Atrial fibrillation	1.4	*Not available*	1.9	*Not available*

Rate per 1,000 population

Considering all injuries together, the rates of injury hospitalizations increase as Franklin County residents age. Those age 0-17 years old are less likely to be hospitalized due to injury, while those 65 years and older are more likely. Conversely, rates of hospitalization due to intentional injuries decrease with age among those age 18 and older.

Regarding intentional injuries, those ages 18-24 years are most likely to be hospitalized. Finally, the rate of hospitalizations due to intentional and unintentional injuries has increased among those ages 25-44 years and 45-64 years since the last *HealthMap*.

Franklin County Injury Hospitalizations – By Age

		Franklin County	
		HM2016	*HM2013*
All Injuries[8]	0-17 years	158.0	*Not available*
	18-24 years	271.4	*Not available*
	25-44 years	262.6	*Not available*
	45-64 years	334.8	*Not available*
	65 years and over	1,062.6	*Not available*
Unintentional Injuries[8,9]	0-17 years	136.0	*Not available*
	18-24 years	160.7	*Not available*
	25-44 years	181.7	*165.2*
	45-64 years	290.4	*238.5*
	65 years and over	1,052.9	*Not available*
Intentional Injuries[8,9]	0-17 years	19.0	*Not available*
	18-24 years	97.6	*Not available*
	25-44 years	72.5	*63.7*
	45-64 years	40.4	*37.0*
	65 years and over	8.7	*Not available*

Rate per 100,000 population

Looking at injury hospitalizations by race, Whites are hospitalized due to injury at a higher rate than Blacks. Breaking this down further, rates of hospitalizations due to unintentional injuries are higher among Whites, and hospitalizations due to intentional injuries are more common among Blacks.

Franklin County Injury Hospitalizations – By Race[8]

		Franklin County	
		HM2016	***HM2013***
All Injuries	White	352.8	*Not available*
	Black	335.6	*Not available*
	Hispanic / Latino	*Not available*	*Not available*
	Other	446.2	*Not available*
Unintentional Injuries	White	318.6	*Not available*
	Black	215.5	*Not available*
	Hispanic / Latino	*Not available*	*Not available*
	Other	361.3	*Not available*
Intentional Injuries	White	28.7	*Not available*
	Black	112.1	*Not available*
	Hispanic / Latino	*Not available*	*Not available*
	Other	77.5	*Not available*

Rate per 100,000 population

Looking at injury hospitalizations by gender, males are hospitalized due to unintentional and intentional injuries at higher rates than women in Franklin County.

Franklin County Injury Hospitalizations – By Gender[8]

		Franklin County	
		HM2016	***HM2013***
All Injuries	Females	283.9	*Not available*
	Males	393.3	*Not available*
Unintentional Injuries	Females	265.5	*Not available*
	Males	301.3	*Not available*
Intentional Injuries	Females	15.9	*Not available*
	Males	82.6	*Not available*

Rate per 100,000 population

The number of trauma patients has increased since *HealthMap**2013***. Half (50.3%) of trauma hospitalizations in Franklin County are due to falls, and 20.8% are due to motor vehicle traffic crashes.

Trauma Patients - Top Causes of Injury Hospitalizations

	Franklin County	
	HM2016	***HM2013***
Total Trauma Patients[10]	11,939	*11,025*
Percent of Total Trauma Patients[10]		
Falls	50.3%	*41.5%*
Motor Vehicle Traffic Crashes	20.8%	*Not available*
Struck by or Against*	9.3%	*Not available*
Firearm Related Injuries	5.4%	*3.7%*
Fire or Hot Object Injuries**	3.4%	*3.7%*

**Struck by or against an object, such as occurs in an assault or an inadvertent projectile*

***HM2013 presented this as two separate categories: "Fire/Flame" and "Hot Object." These historical data have been pooled into one category, "Fire or Hot Object Injuries," for this report*

Franklin County residents are hospitalized due to motor vehicle traffic injuries at a slightly higher rate than the last *HealthMap*. This rate for Franklin County is lower than the national rate. Residents ages 18-24 are most likely to be hospitalized due to a motor vehicle traffic injury, and those ages 65 and over and next most likely.

Motor Vehicle Traffic Injury Hospitalizations

	Franklin County		United States	
	HM2016	*HM2013*	HM2016	*HM2013*
Overall[8,9,11]	69.7	*69.1*	84.4	*Not available*
By Age[8,11]				
Age 0-17 years	24.9	*Not available*	16.2	*Not available*
Age 18-24 years	96.1	*Not available*	97.4	*Not available*
Age 25-44 years	82.9	*Not available*	92.7	*Not available*
Age 45-64 years	76.8	*Not available*	90.8	*Not available*
Age 65 years and over	93.8	*Not available*	61.8	*Not available*

Rate per 100,000 population

Franklin County residents die from motor vehicle traffic injuries at the same rate as in the last *HealthMap*, a rate lower than the statewide and national rates. Those ages 18-24 are most likely to die from a motor vehicle traffic injury, followed by those 65 years and older.

Motor Vehicle Traffic Injury Mortality

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Overall[3,9,12]	9.0	*9.0*	11.2	*11.5*	11.1	*14.3*
By Age[3,12]						
Age 0-17 years	2.1	*Not available*	2.6	*Not available*	3.1	*Not available*
Age 18-24 years	14.0	*Not available*	16.9	*Not available*	18.5	*Not available*
Age 25-44 years	10.5	*Not available*	12.2	*Not available*	12.7	*Not available*
Age 45-64 years	9.2	*Not available*	11.0	*Not available*	11.9	*Not available*
Age 65 years and over	12.6	*Not available*	14.6	*Not available*	14.8	*Not available*

Rate per 100,000 population

Infectious Diseases

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

Key Findings – Infectious Diseases

In Franklin County, progress has been made as the rate of people suffering from some infectious diseases has decreased; however, rates of other infectious diseases have grown since the HealthMap2013.

From *HealthMap**2013*** to *HealthMap**2016***…

- Fewer Franklin County adults 65+ years have had a flu shot in the past year.
- Rates of syphilis and pertussis have increased among Franklin County adults.
- Rates of gonorrhea and chlamydia have decreased among Franklin County adults.
- The rates of people living with HIV have increased among Franklin County adults.
- Incidence of Healthcare-Associated Infections MRSA and MSSA has decreased; *C. diff* has increased.

Among Franklin County residents ages 65 years and older, 73% have had a pneumonia vaccination, and 63.9% had a flu shot within the past year. While these rates are lower than those in the last *HealthMap*, they are higher than the statewide percentages.

Vaccines (65 years and Older)[1]

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Pneumonia Vaccine	Ever had a pneumonia vaccination*	73.0%	*74.4%*	69.5%	*68.5%*	68.8%	*68.8%*
Influenza Vaccine	Had a flu shot within the past year*	63.9%	*69.3%*	61.0%	*64.8%*	60.1%	*67.5%*

** Due to a change in how this estimate was calculated from HM2013 to HM2016, the reader should be cautious in interpreting any changes over time*

The rate of syphilis among Franklin County residents has increased since the last *HealthMap* and remains higher than the statewide and national rates. Rates of gonorrhea, chlamydia, and tuberculosis have decreased since the last *HealthMap*, though the rates of each of these is higher than the statewide rates. The rate of pertussis has increased from 19.7 in the last *HealthMap* to 26.7 per 100,000 population currently.

Incidence of Infectious Disease

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Syphilis (primary and secondary)[2,3,4,5,6]	13.9	*9.7*	3.8	*4.6*	5.3	*4.6*
Gonorrhea[2,3,4,5,6]	256.2	*279.4*	144.4	*143.8*	107.5	*99.1*
Chlamydia[2,3,4,5,6]	694.7	*725.8*	462.0	*445.7*	456.7	*409.2*
Tuberculosis[7,8,9,10,11]	4.2	*5.7*	1.3	*1.6*	3.2	*3.6*
Meningococcal Diseases[9,11,12,13,14]	0.2	*0.4*	0.1	*0.4*	0.2	*0.3*
Hepatitis A[9,11,12,13,14]	0.6	*0.7*	0.5	*0.3*	0.5	*0.7*
Measles[9,11,12,13,14]	0.0	*0.0*	0.0	*0.0*	0.0	*0.0*
Mumps[9,11,12,13,14]	0.2	*0.0*	0.1	*0.1*	0.1	*0.7*
Pertussis[9,11,12,13,14]	26.7	*19.7*	12.7	*9.5*	15.5	*5.5*
Tetanus[9,11,12,13,14]	0.0	*0.0*	0.0	*0.0*	0.0	*0.0*
Rubella[9,11,12,13,14]	0.1	*0.0*	0.0	*0.0*	0.0	*0.0*
Diphtheria[9,11,12,13,14]	0.0	*0.0*	0.0	*0.0*	0.0	*0.0*
Varicella[9,11,12,14]	6.0	*12.4*	5.7	*16.1*	5.3	*Not available*
E. coli O157:H7[9,11,12,14]	0.5*	*1.2*	0.7*	*0.8*	N/A	*Not available*
Listeriosis[9,11,12,14]	0.2	*0.1*	0.2	*0.3*	0.2	*Not available*
Salmonellosis[9,11,12,14]	12.1	*12.9*	10.3	*12.1*	17.3	*Not available*
Hepatitis B (Acute)[9,11,12,14]	5.4	*3.1*	1.9	*1.9*	0.9	*Not available*

Rate per 100,000 population

N/A=no cases reported

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

The rate of syphilis among males in Franklin County (26.0 per 100,000) is much higher than rates of syphilis among Franklin County females (2.3). The rate among males in Franklin County is higher than the rates of syphilis among males across Ohio (6.7) and the United States (9.8). Similarly, the rate of syphilis among African Americans (29.6) is much higher than the rate among Whites (9.8), and is higher than the rates of syphilis among African Americans across Ohio (14.1) and the U.S. (16.4). Finally, rates of syphilis in each age group for which there were high enough numbers to report are higher in Franklin County compared to Ohio and the U.S.

Syphilis (Primary and Secondary) [4,6,15]

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Syphilis Rates by Gender	Male	26.0	*Not available*	6.7	*Not available*	9.8	*Not available*
	Female	2.3	*Not available*	1.1	*Not available*	0.9	*Not available*
Syphilis Rates by Race*	White	9.8	*Not available*	2.0	*Not available*	2.7	*Not available*
	African American	29.6	*Not available*	14.1	*Not available*	16.4	*Not available*
Syphilis Rates by Age	15-19	xx	*Not available*	3.8	*Not available*	4.1	*Not available*
	20-24	33.6	*Not available*	14.1	*Not available*	14.8	*Not available*
	25-29	38.2	*Not available*	12.6	*Not available*	13.7	*Not available*
	30-34	xx	*Not available*	7.1	*Not available*	10.8	*Not available*
	35-39	27.4	*Not available*	7.1	*Not available*	8.0	*Not available*
	40-44	xx	*Not available*	4.0	*Not available*	7.7	*Not available*
	45-54	17.6	*Not available*	3.9	*Not available*	5.5	*Not available*
	55-64	xx	*Not available*	1.2	*Not available*	1.6	*Not available*
	65+	xx	*Not available*	xx	*Not available*	0.3	*Not available*

Rate per 100,000 population

xx= not reported due to small numbers

**For Franklin County and Ohio: African American is defined as all Blacks, including Hispanics. For the United States: African American is defined as Blacks, Non-Hispanic.*

Though gonorrhea exists at a greater rate in Franklin County, when broken down by demographic groups, the rates of gonorrhea show similar patterns to syphilis. The rate of gonorrhea among males in Franklin County (283.9 per 100,000) is much higher than rates of gonorrhea among Franklin County females (229.9). The rate among males in Franklin County is higher than the rates of gonorrhea among males across Ohio (132.2) and the United States (105.8). Similarly, the rate of gonorrhea among African Americans (677.5) is much higher than the rate among Whites (76.9), and is higher than the rates of

syphilis among African Americans across Ohio (588.8) and the U.S. (462.0). Finally, rates of gonorrhea in each age group are higher in Franklin County compared to Ohio and the U.S.

Gonorrhea[4,6,15]

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Gonorrhea Rates by Gender	Male	283.9	*Not available*	132.2	*Not available*	105.8	*Not available*
	Female	229.9	*Not available*	156.0	*Not available*	108.7	*Not available*
Gonorrhea Rates by Race*	White	76.9	*Not available*	37.1	*Not available*	31.0	*Not available*
	African American	677.5	*Not available*	588.8	*Not available*	462.0	*Not available*
Gonorrhea Rates by Age	15-19	884.4	*Not available*	539.9	*Not available*	376.8	*Not available*
	20-24	860.6	*Not available*	713.3	*Not available*	520.1	*Not available*
	25-29	508.4	*Not available*	389.9	*Not available*	274.6	*Not available*
	30-34	352.1	*Not available*	219.7	*Not available*	153.2	*Not available*
	35-39	260.2	*Not available*	121.0	*Not available*	82.6	*Not available*
	40-44	156.5	*Not available*	69.2	*Not available*	52.1	*Not available*
	45-54	81.8	*Not available*	33.1	*Not available*	27.7	*Not available*
	55-64	41.6	*Not available*	15.2	*Not available*	8.5	*Not available*
	65+	xx	*Not available*	2.8	*Not available*	1.6	*Not available*

Rate per 100,000 population

xx= not reported due to small numbers

**For Franklin County and Ohio: African American is defined as all Blacks, including Hispanics. For the United States: African American is defined as Blacks, Non-Hispanic*

The rates of chlamydia are higher among females (918.2 per 100,000) than males (458.5) in Franklin County. African Americans have chlamydia at higher rates (1,430.3) than Whites (220.4). Rates of chlamydia are highest among those ages 20-24 years (3,030.8), followed closely by those ages 15-19 years (2,967.9). In each of these demographic groups, the rates of chlamydia are higher than the statewide and national rates.

Chlamydia[4,6,15]

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Chlamydia Rates by Gender	Male	458.5	*Not available*	263.9	*Not available*	262.6	*Not available*
	Female	918.2	*Not available*	651.4	*Not available*	643.3	*Not available*
Chlamydia Rates by Race	White	220.4	*Not available*	166.7	*Not available*	179.6	*Not available*
	African American	1,430.3	*Not available*	1,322.6	*Not available*	1,229.4	*Not available*
Chlamydia Rates by Age	15-19	2,967.9	*Not available*	2,219.3	*Not available*	2,001.7	*Not available*
	20-24	3,030.8	*Not available*	2,647.9	*Not available*	2,501.5	*Not available*
	25-29	1,317.7	*Not available*	1,097.2	*Not available*	1,052.7	*Not available*
	30-34	686.3	*Not available*	477.3	*Not available*	476.5	*Not available*
	35-39	353.5	*Not available*	216.6	*Not available*	222.8	*Not available*
	40-44	160.3	*Not available*	87.1	*Not available*	113.5	*Not available*
	45-54	64.8	*Not available*	29.3	*Not available*	45.4	*Not available*
	55-64	22.8	*Not available*	11.0	*Not available*	13.0	*Not available*
	65+	xx	*Not available*	1.2	*Not available*	2.7	*Not available*

Rate per 100,000 population

xx= not reported due to small numbers

**For Franklin County and Ohio: African American is defined as all Blacks, including Hispanics. For the United States: African American is defined as Blacks, Non-Hispanic*

While rates of tuberculosis are very low overall, rates of the disease are higher in almost every demographic group in Franklin County compared to Ohio. The lone exception to this trend is within age 0-4, where there were no known cases in Franklin County.

Tuberculosis[9,10,11]

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Tuberculosis Rates by Gender	Male	5.5	*Not available*	1.7	*Not available*	3.9	*Not available*
	Female	2.9	*Not available*	0.9	*Not available*	2.5	*Not available*
Tuberculosis Rates by Race	White	1.3	*Not available*	0.6	*Not available*	1.7	*Not available*
	African American	10.0	*Not available*	3.3	*Not available*	5.4	*Not available*
Tuberculosis Rates by Age	0-4	0.0	*Not available*	0.1	*Not available*	1.3	*Not available*
	5-14	1.9	*Not available*	0.4	*Not available*	0.6	*Not available*
	15-24	3.4	*Not available*	0.9	*Not available*	2.3	*Not available*
	25-44	6.3	*Not available*	1.7	*Not available*	*Not available*	*Not available*
	45-64	3.8	*Not available*	1.2	*Not available*	*Not available*	*Not available*
	65+	5.6	*Not available*	2.2	*Not available*	5.3	*Not available*

Rate per 100,000 population
N/A = no cases reported

The rates of Franklin County residents currently living with a diagnosis of HIV infection (348.8 per 100,000) is higher than the last *HealthMap* (293.4), and this rate is more than double the statewide rate (169.4).

Prevalence of HIV / AIDS[16,17]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Persons living with a diagnosis of HIV infection	348.8	*293.4*	169.4	*142.1*	*464.3*	*Not available*

Rate per 100,000 population

Among Franklin County residents, the incidence of *Clostridium difficile* (*C. diff*) (5.4 per 10,000 patient days) has increased since the last *HealthMap* (4.4), but still remains below the statewide rate (5.8). The rates of Methicillin-resistant *Staphylococcus aureus* (MRSA) (0.6) and Methicillin-sensitive

Staphylococcus aureus (MSSA) (0.5) have decreased since the last *HealthMap* (1.1 and 0.7, respectively), equal to statewide rates.

Incidence (Cases) of Healthcare-Associated Infections[18,19]

	Franklin County		Ohio		United States	
	HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Clostridium difficile (C. diff)	5.4	*4.4*	5.8	*5.4*	*Not available*	*Not available*
Methicillin-resistant *Staphylococcus aureus* (MRSA)*	0.6	*1.1*	0.6	*0.8*	*Not available*	*Not available*
Methicillin-sensitive *Staphylococcus aureus* (MSSA)*	0.5	*0.7*	0.5	*0.6*	*Not available*	*Not available*

Rate per 10,000 patient days; cases acquired while in hospital; adults and children

**Number of blood stream infections identified by the hospital laboratory that developed on or after day 4 of hospital admission*

Youth Issues

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

Key Findings – Youth Issues

From *HealthMap**2013*** to *HealthMap**2016***…

- Fewer Franklin County youths are overweight, and slightly fewer are obese.
- Fewer Franklin County youths have been diagnosed with asthma.

Regarding body mass index, the percentage of youth in Franklin County considered overweight or obese has decreased since the last *HealthMap* (from 37.7% to 32.8%). This is mostly due to a reduction in the percentage of youth who are overweight, 13.3%, down from 17.4%. However, the percentages of Franklin County youth who are obese (19.8%) is higher than the statewide or national percentages (13.0% and 13.7%, respectively).

The percentage of youth who have been diagnosed with asthma is down slightly from the last *HealthMap* (15.3%, down from 16.5%). This percentage is the same as statewide, and lower than the national percentage.

Additionally, 5.3% of Franklin County youth have unmet dental health care needs, a figure up slightly from the last *HealthMap* (4.7%), but still just below the statewide rate. Finally, 15.7% of those 18 and under in the Central Ohio Medicaid Managed Care Planning region (i.e., a multi-county area that includes Franklin County) have no dental coverage.[1]

Youth Issues

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Body Mass Index[2,3,4]	Overweight/Obese	32.8%	*37.7%**	28.9%	*35.6%**	30.3%	*27.4%*
	Overweight	13.3%	*17.4%**	15.9%	*17.1%**	16.6%	*15.6%*
	Obese	19.8%	*20.4%**	13.0%	*18.5%**	13.7%	*11.8%*
Asthma[5,6,7]	Diagnosed with asthma	15.3%	*16.5%*	15.3%	*15.4%*	21.0%	*14.0%*
Dental Care[1,5,8]	Percent unmet dental health care needs	5.3%	*4.7%*	5.7%	*4.5%*	5.5%	*Not available*

**Includes youth ages 10-17. (Remaining body mass index percentages includes youth ages 6-18.)*

After visiting the emergency department, the rates of Franklin County youth (age 18 and under) "treated and released" are higher than the statewide rates (157.3 vs. 122.5, per 1,000 population). Rates of admission to the hospital and psychiatric admissions among Franklin County youths are also higher than the statewide rates.

Youth – Emergency Department Visits[9]

		Franklin County		Ohio		United States	
		HM2016	*HM2013*	HM2016	*HM2013*	HM2016	*HM2013*
Emergency Department Visits	Treated and released	157.3	*Not available*	122.5	*Not available*	*Not available*	*Not available*
	Hospital admission	6.7	*Not available*	5.1	*Not available*	*Not available*	*Not available*
	Psychiatric admission	1.3	*Not available*	0.96	*Not available*	*Not available*	*Not available*

**Rate per 1,000 population*

Aside from birth-related reasons, the most common reasons youth are admitted to a hospital in Franklin County include asthma, major depression, and bronchiolitis.

Top Reasons Franklin County Youth Admitted to Hospital[10]

	Franklin County HM2016
	Number of cases
Single birth delivered without cesarean section*	12,704
Single birth delivered with cesarean section*	5,052
Twin birth delivered with cesarean section	439
Asthma with acute exacerbation	291
Major depression	275
Severe asthma	248
Acute bronchiolitis due to respiratory syncytial virus	245
Acute bronchiolitis due to other infectious organisms	174
Twin birth delivered without cesarean section	173
Preterm infant weighing 2000 to 2499 grams	171

**Also a top reason youth are admitted to a hospital in Ohio.*

Summary

*Franklin County HealthMap**2016*** provides a comprehensive overview of our community's health status and needs. There are numerous indicators that suggest the health of Franklin County, Ohio's residents compares favorably with the state and country.

*Franklin County HealthMap**2016*** also uncovered a number of indicators that suggest areas in which the health of Franklin County's residents either has diminished over time or compares unfavorably to Ohio or the nation.

Consistent with federal requirements, the contributing hospitals will use this report to inform development and implementation of strategies to address its findings. It is intended that a wide range of stakeholders – many more than represented on the *Franklin County HealthMap**2016*** 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 HealthMap**2016*** 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 HealthMap**2016*** may be shared with:

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Appendix B

Documentation of Program Impacts from the Community Health Needs Assessment and Implementation Strategy Adopted in 2013 by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital

Need #1: Access to Care

1.1. Impact of actions taken to address "Access to Care"

1.1.1. OhioHealth partnership with Physicians Care Connection
Physicians CareConnection provides care coordination services to vulnerable populations and enables access to healthcare services for a population of patients with increasingly complex healthcare needs **(32)**. This partnership enables uninsured patients to have access to general and advanced practice dentistry.

In Fiscal Year 2014, Physicians CareConnection provided X-rays and tooth extractions to 343 patients and in Fiscal Year 2015, X-rays and tooth extractions were provided to 358 patients. Patients have access to care from general dentists and oral surgeon. Blood pressures are monitored for patients scheduled for tooth extraction and appropriate referrals are made to primary care doctors for follow-up assessment. Through the support of public and private investments, Physicians CareConnection covers the costs of prescribed medications, transportation or medical interpretation. Physicians CareConnection found that a significant number of patients seen for dental services have elevated blood pressures. The volunteer dentists refer these patients to Physicians CareConnection's primary care doctors for follow-up assessment. Patients were also linked to community health centers to enable access to a medical home.

1.1.2. OhioHealth Riverside Methodist Hospital collaboration with The Ohio State University College of Dentistry
The collaborative research study between the Riverside Methodist Emergency Department (ED) and The Ohio State University College of Dentistry Clinic were conducted from June 16 to December 16, 2014. During the six month period, total of 50 patients needing dental services were referred and 10 patients showed up at the OSU Dental Clinic. Started in January 2015, dental patients seen at the Riverside Methodist ED are referred to The Ohio State University and other community dental providers.

1.1.3. Continue Collaborative Project with "Health Information Translations"
The health educators from OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital are aware of the patient education materials available from the Health Information Translations website and direct patients to this resource as needed. Any additional information to the website content are communicated to health educators at four OhioHealth hospitals in Franklin County.

The Health Information Translations website — healthinfotranslations.org — was created in 2005 to address compelling need for patient education materials for low-literacy and limited English-speaking patients **(17)**. Health Information Translations have 3,000 free patient education resources, which are available in 17 languages (Arabic, Bosnian, Simplified Chinese, Traditional Chinese, English, Korean, Japanese, Hindi, French, Russian, Ukrainian, Vietnamese, Spanish, Somali, Marshallese, Portuguese and Tagalog). Topics include coping and stress, diagnostic tests, diet and food, diseases, exercise, rehabilitation, health and wellness, home health, pain management, pediatrics, prenatal and baby care, safety, surgeries and treatment **(48)**. Health Information Translations team members (D. Moyer, The Ohio State University, personal communication, August 6, 2015) obtained website utilization and impact data from Google Analytics as follows:

a. **Worldwide Utilization** — 404,796 page views in Fiscal Year 2014 compared to 407,670 page views in Fiscal Year 2015 and 122,998 sessions in Fiscal Year 2014 compared to 124,537 sessions in Fiscal Year 2015.

b. **Sessions by United States users** —91,868 sessions in Fiscal Year 2014 and 88,968 sessions in Fiscal Year 2015.
c. **Sessions by Ohio users** — 10,691 sessions in Fiscal Year 2014 and 8,404 sessions in Fiscal Year 2015.
d. **Sessions by central Ohio users** — 7,506 sessions in Fiscal Year 2014 and 4,743 sessions in Fiscal Year 2015.
e. **Sessions by new users** — 35,546 sessions in Fiscal Year 2014 and 84,648 sessions in Fiscal Year 2015.
f. **Top 10 countries using website** — In Fiscal Year 2014: United States, India, Canada, United Kingdom, Australia, France, Philippines, South Korea and Saudi Arabia. In Fiscal Year 2015: United States, India, United Kingdom, Canada, Australia, Philippines, Spain, South Korea, United Arab Emirates and Japan.

   The top patient education topics include: (a) Breastfeeding Basics (Arabic, Spanish), (b) Breastfeeding Problems (Arabic), (c) About your Pain (Arabic, Hindi, Spanish), (d) Healthy Pregnancy (Arabic, Spanish, Vietnamese), (e) 24-Hour Urine (Arabic), (f) Diabetes (Arabic, Hindi, Spanish, Vietnamese), (g) Active Leg Range of Motion: Sitting (English), (h) Active Range of Motion Exercises: Wrists, Elbows, Forearms and Shoulders (Spanish), (i) Caring for your Baby (Arabic), (j) Colonoscopy Preparation (Spanish), (k) High Blood Pressure (Spanish), (l) Asthma (Spanish, Hindi), (m) Stroke (Spanish), (n) Cholesterol (Vietnamese), (o) Ways to Manage Your Weight (English) and (t) Atrial Fibrillation (Spanish).

   Websites that link to Health Information Translations include (a) National Network of Libraries of Medicine (**nnlm.gov/outreach/consumer/multi.html**), (b) Medline Plus (**nlm.nih.gov/medlineplus/languages/languages.html**) (c) University of Washington Harborview Medical Center EthnoMED (**ethnomed.org/cross-cultural-health/external-links/health-information-translations**), (d) Netwellness (**netwellness.org/healthtopics/netwellness/referencelibrary.cfm**), (e) University of Minnesota Center for Infectious Disease Research and Policy (**cidrap.umn.edu/organization/deafmdorg**) and (f) DeafHealth.org (Health Information Translations, 2013). Columbus Public Health has included Health Information Translations in its Health Resources section (**columbus.gov/publichealth/access/Getting-Health-Info/**) **(24)**.

   The OhioHealth Patient Education department works very closely with the OhioHealth Language Services department to ensure patients are provided the highest quality of care, safety and a full understanding of patient education materials. OhioHealth hospitals and clinics currently use the technology "My Accessible Real-Time Trusted Interpreter" (Martti) in providing language services for Limited English Proficient (LEP) as well as deaf and hard-of-hearing patients **(56)**. It is a video, medical interpreting service that gives immediate access to a team of medical interpreters. Healthwise® is the approved vendor for patient education print materials. Patient education materials (in English and Spanish) from Healthwise® are integrated within EPIC electronic medical records, hence enabling patient education as part of clinician's normal workflow **(49)**.

1.1.4. Wellness on Wheels dental hygiene services

During Fiscal Year 2014, 83 patients had a one-on-one visit with a dental hygienist. Dental hygiene services were provided through collaborations with Nationwide Children's Hospital. Assessments made by the dental hygienist revealed the following: (a) 83 percent had obvious plaque on teeth, (b) 70 percent had fillings and history of cavities, (c) 55 percent had obvious cavities, (d) 49 percent experienced bleeding of gums with brushing or flossing, (e) 29 percent had missing teeth, (f) 33 percent had broken teeth, (g) 37 percent had pain or sensitivity in their mouth and (h) 40 percent had broken teeth. Approximately 78 percent (65 out of 83) of the patients seen by the dental hygienist were referred to community resources due to current gum or teeth problems. During Fiscal Year 2015, Nationwide Children's Hospital was not able to obtain funding from the American Dental Association, hence the services of the dental hygienist were discontinued. Wellness on Wheels nurses and physicians are still able to refer patients with urgent or emergent needs to community-based dental resources.

1.1.5. OhioHealth Doctors Hospital: Level III patient-centered medical home

A patient-centered medical home is a medical office or a clinic that provides comprehensive, multidisciplinary and coordinated primary care that is personalized and directed to addressing the patient's healthcare needs **(82)**. Since the inception of Doctors Hospital Family Practice's (DHFP) patient-centered medical home (PCMH), same-day access to care has been available to our patients.

During Fiscal Year 2014, the clinic served 2,757 patients and provided 10,132 clinic visits. Patients were comprised of 61.4 percent females and 38.6 percent males. Age breakdown is as follows: 0.5 percent were 0 to 2 years old, 14.7 percent were 2 to 17 years old, 14.5 percent were 18 to 29 years old, 21.5 percent were 30 to 39 years old, 18.4 percent were 40 to 49 years old, 16.6 percent were 50 to 59 years old, nine percent were 60 to 69 years old, 3.7 percent were 70 to 79 years old and 1.1 percent were 80 to 94 years old.

During Fiscal Year 2015, the clinic served 3,506 patients and provided 17,183 clinic visits. Patient volume increased by 27.2 percent from Fiscal Year 2014 to 2015. Patients were comprised of 62.7 percent females and 37.3 percent males. Age breakdown is as follows: 0.9 percent were 0 to 2 years old, 11.4 percent were 2 to 17 years old, 17.1 percent were 18 to 29 years old, 21.3 percent were 30 to 39 years old, 19.1 percent were 40 to 49 years old, 16.5 percent were 50 to 59 years old, nine percent were 60 to 69 years old, 3.5 percent were 70 to 79 years old and 1.2 percent were 80 to 94 years old.

The scheduling method used allows for approximately 10 to 16 same-day visits. The clinic allows patients who call in for same-day visits to be accommodated in the morning or afternoon. Each resident that is seeing patients in the office has two, same-day visits on their schedule in the morning and two in the afternoon. Doctors Hospital Family Practice has been able to provide same-day, acute visits for ill patients as well as urgent care needs and even preventive and chronic care needs as a result of this patient-centered access. During the scheduled clinic visit, patients have access to a behaviorist, pharmacist and nursing health coach. The patient's access to a multidisciplinary healthcare team during the clinic visit alleviates transportation issues that many underserved patients face. Started in May 2015, patients are referred to the OhioHealth ENGAGE Diabetes Program, where patients will have access to group health and wellness education sessions that discuss practical topics on diabetes, stress, nutrition, fitness and smoking cessation.

1.2. Community resources available to address "Access to Care"

Information on various health, vision and dental care resources that are available in Franklin County are summarized in Columbus Public Health's community resources list **(24)**. The Franklin County Children Services has a comprehensive summary of contact information of various social service agencies, including Franklin County Department of Job and Family Services, Access 2 Interpreters, Action for Children, Assist, Inc., CAP4Kids, Catholic Social Services, Central Community House, Charity Newsies, Choices — Eliminating Domestic Violence, Clintonville-Beechwold Community Residential Center, Columbus Public Health, Columbus Speech and Hearing Center, CompDrug, Directions for Youth and Families, Drug Free Action Alliance, Gladden Community House, Godman Guild Association and St. Stephen's Community House **(40)**.

OhioHealth, through its partnership with Physicians CareConnection and The Ohio State University College of Dentistry, improves access to care for dental health services among the vulnerable population. Other dental health resources in Franklin County include — but are not limited to — (a) Helping Hands Health and Wellness Center, (b) Lower Lights Christian Health Center, (c) Latino Free Clinic, (d) Vineyard Community Church Free Health Clinics, (e) Stowe Baptist Church, (f) Columbus Neighborhood Health Center, Inc. and (g) dental offices participating in the Ohio Partnership to Improve Oral Health.

Ohio Department of Health hosts the Ohio Patient-Centered Primary Care Collaborative (OPCPCC), which is a coalition of primary care providers, consumer advocates, government officials, public health professionals, insurers and employers that aims to facilitate affordable healthcare, manage costs and improve health outcomes and patient experience through the patient-centered medical home (PCMH) **(82)**. A searchable list of primary care practice sites that utilizes the PCMH model of care are available on the Ohio Department of Health website (**odh.ohio.gov/landing/medicalhomes/pcmh.aspx**) **(82)**.

Need #2: Chronic Diseases

2.1. Impact of action taken to address "Chronic Diseases"

2.1.1. Continue implementing the ENGAGE health and wellness programs

ENGAGE, formerly known as Community Cardiovascular Health and Wellness, are health and wellness programs that focus on empowerment, nutrition, goals, activity, guidance and education. ENGAGE — comprehensive health education programs — offers biometric screenings, individualized counseling with registered nurses, interactive health classes and group discussions, five- or six-week reassessments and an option to return for a six-month reassessment of biometrics, health risks, readiness to change and status of achieving personal health goals. Health classes include key topics such as "energy in, energy out" (energy balance between food consumed and physical activity), nutrition, fitness, cholesterol, hypertension, stress and diabetes. During the fitness class, participants exercised for 30 minutes using exercise bands. OhioHealth offers two types of ENGAGE programs, namely heart and vascular and diabetes.

On average, there were 10 programs per year, 19 participants per program and 13 to 15 attendees per session. Average participation rate from physician referrals was 53 percent compared to 51 percent from non-physician referrals. Programs were offered at Eastside Health Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grant Health and Fitness Center, McConnell Heart Health Center, OhioHealth Westerville Medical Campus, Delaware Senior Center and Jewish Community Center. During Fiscal Year 2014 and 2015, 152 and 166 persons, respectively, participated in the ENGAGE programs. During Fiscal Year 2014, the program received 295 referrals and staff provided 2,832 total interactions or contacts with the patients. Average (± standard deviation) interaction or contact per person served in 2014 was 10 ± 5. "Participants" included a referred person who agreed to participate in a program and who attended at least one biometric session or health education class. It is noteworthy that approximately one-half of referrals participated in ENGAGE programs. This suggests a very successful recruitment rate considering that participation of physician referrals to cardiac rehabilitation programs ranged from 13.9 to 31 percent.

2.1.2. Smoking cessation classes

It is well known that tobacco use is a risk factor to many chronic diseases. Quitting tobacco use improves a person's current or future health status **(14)**. OhioHealth offers a comprehensive behavioral program that helps patients assess his or her own smoking behavior, identify reasons for quitting and develop an individualized plan to stop smoking and remain as a non-smoker. Quitting smoking requires determination to break strong physiological and psychological dependencies. Patients participate in a behavioral program combined with nicotine replacement and other pharmacological agents. The OhioHealth Smoking Cessation Program has offered patients a variety of techniques, moral support, behavior modification and time to change ones attitude, habits and thoughts. The program is based on mind-body connection and use of relaxation techniques to maintain a non-smoking status. A patient's self awareness of ones thoughts and attitudes can help identify connections to smoking. The smoking cessation program that are being implemented are based on the tenet, "healthy thinking produces healthy behaviors" **(103)**. The OhioHealth Outpatient Tobacco Cessation Standard Program core components include six sessions as follows: (a) Session 1: "Reality Check," (b) Session 2: "Health Risks and Steps Towards Healing," (c) Session 3: "Learning to Stop," (d) Session 4: "Quit Day," (e) Session 5: "Relapse Prevention" and (f) Session 6: "The New You" **(104)**. The sessions offered at Doctors Hospital and Grant Health and Fitness Center have the same content.

Doctors Hospital. During Fiscal Year 2014, there was no tobacco cessation class held. During Fiscal Year 2015, 21 persons participated in two smoking cessation classes held in January/February 2015 and April/May 2015. A total of 11 persons completed the six sessions.

Grant. Six programs were held during Fiscal Year 2014 and five programs in Fiscal Year 2015. There were 21 participants who completed the sessions in Fiscal Year 2014 and 17 participants in Fiscal Year 2015.

2.1.3. OhioHealth John J. Gerlach Center for Senior Health: Health and wellness programs

OhioHealth John J. Gerlach Center for Senior Health has three health and wellness programs for seniors and caregivers that address chronic diseases, including "Food for Thought," health and wellness educational lectures, exercise classes for seniors, Healthy U Educational Series, Healthy U: Diabetes and "Breaking the Pain" Chain.

2.1.3.1. Gerlach Center's health and wellness classes

a. In Fiscal Year 2014, 532 seniors and caregivers attended at least one health and wellness class; that number dropped to 459 in Fiscal Year 2015.
b. In Fiscal Year 2014, 495 seniors and caregivers reported an increased understanding of the health benefits of eating a well-balanced diet and exercising as it pertains to maintaining health and/or preventing illness/frailty; that number dropped to 337 in Fiscal Year 2015.
c. In Fiscal Year 2014, 503 seniors and caregivers reported increased willingness and commitment to lifestyle changes that improve their health and well-being after attending at least one health and wellness class; that number dropped to 294 in Fiscal Year 2015.

2.1.3.2. Gerlach Center's Information and Referral Initiatives (at least one interaction per person served)

a. In Fiscal Year 2014, 378 seniors and caregivers received patient education materials regarding chronic disease management and prevention; that number dipped slightly in Fiscal Year 2015 to 346.
b. In Fiscal Year 2014, 137 seniors and caregivers received face-to-face or telephone-based support and consultation regarding chronic disease management and prevention; in Fiscal Year 2015, that number was 117.
c. In Fiscal Year 2014, 280 seniors and caregivers linked to at least one community resource that provides services related to chronic disease management and prevention; in Fiscal Year 2015, that number dropped slightly to 206.

2.1.3.3. Gerlach Center's Nursing and Social Work Case Management (Geriatric Assessment Clinic)

a. Total seniors served: 1,147 unduplicated patients in Fiscal Year 2014 and 1,943 unduplicated patients in Fiscal Year 2015.
b. Number of instances when chronic disease education and support were provided to seniors and caregivers during non-billable time: 2,014 in Fiscal Year 2014 and 1,820 in Fiscal Year 2015.
c. Number of instances when chronic disease education and support were provided by telephone: 185 encounters in Fiscal Year 2014 and 306 in Fiscal Year 2015.
d. Number of instances where chronic disease education and face-to-face or telephone-based support were provided, increasing understanding of materials received as well as knowledge and skills from interacting with Gerlach staff: 1,848 encounters in Fiscal Year 2014 and 1,692 in Fiscal Year 2015.

2.1.4. Financial assistance for Cardiac Rehabilitation Fitness Plus Membership and Vascular Rehabilitation

OhioHealth Grant Medical Center Cardiac Rehabilitation Program served 2,142 patients during Fiscal Year 2014 and 2,243 patients in Fiscal Year 2015. It is noteworthy that there was significantly more females who needed cardiac rehabilitation in Fiscal Year 2014 (59.4 percent females and 40.6 percent males) and Fiscal Year 2015 (69.2 percent females and 30.8 percent males). Age breakdown of patients served in Fiscal Year 2014 is as follows: One percent ages 20 to 30, 1.9 percent ages 31 to 40, 12.7 percent ages 41 to 50, 30.5 percent ages 51 to 60, 34.7 percent ages 61 to 70, 17.5 percent ages 71 to 80 and 1.6 percent ages 81 to 90. Age breakdown of patients served in Fiscal Year 2015 is as follows: Zero percent ages 20 to 30, 1.7 percent ages 31 to 40, 16.9 percent ages 41 to 50, 37.2 percent ages 51 to 60, 34.2 percent ages 61 to 70, 10 percent ages 71 to 80 and zero percent ages 81 to 90. Persons ages 51 to 70 comprised 60 to 70 percent of all patients served. Race/ethnicity breakdown of patients served in Fiscal Year 2014 is as follows: 65.3 percent Whites, 34.4 percent African Americans and 0.3 percent other races. Similarly, race/ethnicity breakdown of patients in Fiscal Year 2015 is as follows: 63.6 percent Whites, 33.1 percent African Americans, 2.8 percent other races, 0.3 percent Asians and 0.3 percent Hispanics. Grant's ability to provide cardiac rehabilitation services to minorities is commendable as at least one-third of its patient population were either African American, Asian or Hispanic. According to the Centers for Disease Control and Prevention Health Disparities and Inequalities Report, African Americans in 2009 had the largest death rates from heart disease and stroke compared to other racial and ethnic populations **(13)**.

Grant provides financial assistance ("Fitness Plus") for recent graduates from a Phase II Cardiac Rehabilitation Program or persons with previous heart events who wanted to maintain their cardiac health. Participants avail of the amenities of Community Health and Fitness Membership and opportunities for personal care management provided by multidisciplinary teams, including nurse, dietitian and exercise physiologist. This Community Health and Fitness Membership provides unlimited access to the Grant Health and Fitness Center, including opportunities to join group exercise classes such as yoga, Pilates, Zumba, boot camp and SPINNING®. Members develop personalized exercise plans through 30-minute personal training sessions **(98)**.

The Fitness Plus Scholarship served five persons in Fiscal Year 2014 (two African Americans, two Caucasians and one Asian) and four persons in Fiscal Year 2015. Maintaining the skills acquired in cardiac rehabilitation has been shown to reduce hospital readmissions. Patients of low socioeconomic status have the highest rate of readmissions. Having regular access to continued exercise routines will reduce readmissions, morbidity and mortality in this vulnerable group of people. During Fiscal Year 2014 and 2015, the Fitness Plus Scholarship and Vascular Rehabilitation staff focused on restructuring the program to encourage community member participation and physician referral through more effective marketing programs.

The OhioHealth Grant Medical Center Vascular Rehabilitation Program aims to provide structured and supervised exercise while raising awareness about risk factors for vascular disease and providing education to enable participants to change lifestyles to improve their health. Vascular rehabilitation has been shown to improve ability to walk, quality of life and risk-factor management of those diagnosed with peripheral vascular disease. Vascular rehabilitation served two African American patients in Fiscal Years 2014 and 2015.

Starting Fiscal Year 2016, the following initiatives will be implemented to significantly increase enrollment in the Vascular Rehabilitation Program: (a) further strengthen working relationships with vascular surgeons, cardiologists, primary care doctors and community outreach healthcare providers; (b) develop "talking points" for engaging hospital staff about the program; (c) embark on effective enrollment initiatives such as "See You in Seven Program" (scheduling patients' appointments in seven days) and documenting patients' success by video recording of pre- and post-procedures; (d) risk stratification of participants to enable individualized sessions; (e) availability of nurses to assist patients with setting goals; and (f) follow-up telephone calls after program completion. These six strategies have been shown to increase participation in cardiac rehabilitation programs. Recruitment for the Fitness Plus Scholarship will be increased by giving patients various incentives once they reach various program milestones. At the completion of the Cardiac Rehabilitation Phase II Program, the patients will be given a free, 30-day membership to Grant Health and Fitness Center to encourage maintenance of their current fitness levels.

2.2. Community resources available to address "Chronic Diseases"

OhioHealth offers robust community programs that address chronic diseases in Franklin County, which includes ENGAGE health and wellness programs, smoking cessation classes, John J. Gerlach Center for Senior Health's health and wellness programs, Cardiac Rehabilitation Fitness Plus Scholarship and Vascular Rehabilitation. OhioHealth offers the community free health and wellness classes focused on education, awareness and skill building **(96)**. OhioHealth also offers healthy living resources "Put Your Health First" on its website **(99)**. Franklin County Public Health (myfcph.org/index.php) and Columbus Public Health (columbus.gov/publichealth) provides comprehensive community resources on chronic diseases for Franklin County residents **(34–35; 44–45)**. Tips for practicing and engaging in healthy eating and physical activity are available to Franklin County residents on the Franklin County Public Health website. Columbus Public Health provides free walking and bike maps.

Need #3: Infectious Diseases

3.1. Impact of action taken to address "Infectious Diseases"

3.1.1. Provide classes on sexually transmitted disease (STD) prevention, diagnosis and testing in high schools as part of the OhioHealth Wellness on Wheels Ambassador Project

During Fiscal Year 2014, an OhioHealth Wellness on Wheels Ambassador Project nurse taught 15 interactive classes to 506 high school students. The classes were focused on prevention, testing and diagnosis of sexually transmitted diseases. The classes were held at Walnut Ridge High School, Independence High School and Mifflin High School, which are part of Columbus City Schools. During Fiscal Year 2015, a Wellness on Wheels Ambassador Project nurse taught nine interactive classes to 287 students from Walnut Ridge High School and Mifflin High School.

3.1.2. Continue testing for case identification and multidisciplinary education and counseling of OhioHealth Wellness on Wheels (WOW) patients to prevent STDs as well as referrals for partner testing among patients who tested positive for STDs

The OhioHealth WOW mobile clinic is staffed by board-certified obstetricians/gynecologists, licensed independent social workers and degreed nurses who provide age- and culture-appropriate, non-judgmental education and counseling to patients who test positive for any sexually transmitted diseases (STDs). The WOW mobile clinic provides culture testing for STDs during the first prenatal visit of all women, regardless of age. The treatment plan, following the CDC guidelines, is initiated once the patient has tested positive for chlamydia, gonorrhea or syphilis. Patients who tested positive for gonorrhea and chlamydia were prescribed with antibiotics and a "test of cure" will be done three weeks later. The healthcare team encourages patients to keep prenatal and "test of cure" appointments while expressing the need for sexual abstinence until the "test of cure" is complete. The patient is also educated on the importance of testing for and treatment of syphilis — a systemic disease — because of the potential neurological and cardiovascular complications or perinatal loss and stillbirth due to untreated syphilis. Patients with STDs were encouraged to notify their sexual partners to seek medical testing and treatment. Partners were referred to the Columbus Public Health Sexual Health Walk-In Clinic for testing, health education, counseling and medical follow-up as needed.

In Fiscal Year 2014, 29 out of 289 Wellness on Wheels patients (10 percent) tested positive for *Chlamydia trachomatis* (chlamydia) and four out of 289 Wellness on Wheels patients (one percent) tested positive for *Neisseria gonorrhoeae* (gonorrhea). During Fiscal Year 2014, the physicians and nurses provided education on safe-sex practices to these 33 patients for a total of 38 clinic visits.

In Fiscal Year 2015, 21 out of 242 patients tested positive for chlamydia (nine percent), five out of 242 patients tested positive for gonorrhea (two percent) and one out of 242 patients tested positive for both chlamydia and gonorrhea (0.4 percent). During Fiscal Year 2015, the physicians and nurses provided education about safe-sex practices to these 27 patients for a total of 30 clinic visits.

3.1.3. Continue education about sexually transmitted diseases to patients enrolled in the federal research grant "Teen Options to Prevent Pregnancy"

During Fiscal Year 2014, 262 patients who were enrolled in the research project "Teen Options to Prevent Pregnancy" were given the ETR brochure "STD Facts" (etr.org/videos/std-facts-pamphlet). During Fiscal Year 2015, 127 research patients were given the "STD Facts" brochure. In approximately 50 percent of these patients (representing the intervention group), the nurse educators discussed thoroughly the importance of using condoms to prevent STDs when using contraceptives such as birth control pills, long-acting reversible contraceptives, Depo-Provera (medroxyprogesterone), etc. The remaining 50 percent of these patients (representing the control group) were only given the brochure for self study.

3.1.4. Continue participation in the Central Ohio Hospital Quality Collaborative led by the Central Ohio Hospital Council and the Ohio Hospital Association

Since 2003, the Central Ohio Quality Collaborative is comprised of hospitals in Franklin and surrounding counties that focus on sharing data and best practices to promote quality and patient safety. As means of preventing the spread of infectious diseases in hospital facilities, four OhioHealth hospitals in Franklin County — Doctors Hospital, Dublin Methodist, Grant and Riverside Methodist — have adopted the following interventions: (a) adoption of national guidelines for pneumonia care, (b) active participation in the Surgical Care Improvement Project, (c) reduction of central line-associated blood stream infections (CLABSI) and (d) reduction healthcare-associated Methicillin resistant and Methicillin susceptible *Staphylococcus aureus* (MRSA/MSSA).

During Fiscal Year 2014 and 2015, surveillance findings revealed the following quality measures for Riverside Methodist, Grant, Doctors Hospital and Dublin Methodist:

a. **Patients who received national guidelines for pneumonia care** — 97.8 percent in Fiscal Year 2013, 96.9 percent in Fiscal Year 2014 and 97.1 percent in Fiscal Year 2015.
b. **Surgical patients who received national guidelines as part of the Surgical Care Improvement Project** — 96.2 percent in Fiscal Year 2013, 97.7 percent in Fiscal Year 2014 and 98.1 percent in Fiscal Year 2015. On average, OhioHealth hospitals in Franklin County achieved a 1.7 percent improvement in overall percentage of surgical patients receiving national guidelines during Fiscal Years 2014 and 2015 when compared to Fiscal Year 2013.
c. **Central line-associated bloodstream infections (CLABSI) in intensive care units** — 0.50 per 1,000 central line days in Fiscal Year 2013, 0.49 per 1,000 in Fiscal Year 2014 and 0.19 per 1,000 in Fiscal Year 2015. On average, OhioHealth hospitals in Franklin County achieved a reduction of CLABSI infections (-0.16 per 1,000 central line days) during Fiscal Years 2014 and 2015 when compared to Fiscal Year 2013.
d. **Methicillin-resistant *Staphylococcus aureus* (MRSA) infection rate** — 0.3 per 10,000 patient days in Fiscal Year 2013, 0.42 per 10,000 in Fiscal Year 2014 and 0.49 per 10,000 in Fiscal Year 2015.
e. **Methicillin-sensitive Staphylococcus aureus (MSSA) infection rate** — 0.1 per 10,000 patient days in Fiscal Year 2013, 0.75 per 10,000 in Fiscal Year 2014 and 0.47 per 10,000 in Fiscal Year 2015.

OhioHealth follows standardized insertion and maintenance procedures that are audited regularly. Central lines are reviewed daily to remove those that are no longer required. Patients with central lines are given daily chlorhexidine baths, which has been shown to effectively reduce healthcare-associated bloodstream infections **(77)**. OhioHealth reduces incidence of MRSA and MSSA by a sustained hand hygiene campaign and standardized isolation procedures.

3.2. Community resources available to address "Infectious Diseases"

OhioHealth community programs that address infectious diseases include Wellness on Wheels Ambassador Program's classroom-based teaching on sexually transmitted diseases (STDs), patient and partner testing and education for STDs, and education about the importance of using condoms during sexual activity to protect against STDs when using contraceptives such as birth control pills, Depo-Provera and long-acting reversible contraceptives (LARCs). In order to reduce the incidence of hospital-acquired infections, OhioHealth emphasizes hand hygiene and standardizes patient care and procedures to ensure patient safety. OhioHealth has been an active partner in sharing best practices with The Ohio State University Wexner Medical Center, Mount Carmel Health Systems and Nationwide Children's Hospital, which are part of the Central Ohio Hospital Quality Collaborative.

OhioHealth also has Ebola virus information available on its website — OhioHealth.com/Ebola. Comprehensive information about various infectious diseases are available at OhioHealth.com/PageLayouts/DiseaseSearchResults.

Franklin County Public Health has an infectious disease program that (a) provides an infectious disease list, (b) access to the Infectious Disease Reporting System, (c) access to infectious disease reports and annual summaries, (d) information about communicable disease trainings for childcare centers and (e) provides information about immunization clinics **(44)**. Columbus Public Health's Infectious Disease Investigation department provides investigation of and follow-up for reported cases of infectious diseases, surveillance, conducts prevention strategies and provides education and awareness of importance of preventing the spread of diseases **(36)**.

Need #4: Behavioral Health

4.1 Impact of action taken to address "Behavioral Health"

4.1.1. Continue implementing the OhioHealth "Sexual Assault Response Network of Central Ohio (SARNCO)" Program — 24/7 Rape Helpline, Emergency Department (ED) advocacy, long-term advocacy and recovery services
During Fiscal Year 2014, SARNCO provided advocacy and follow-up recovery resources to 202 ED patients at Riverside Methodist, Grant, Doctors Hospital and Dublin Methodist. Advocacy and follow-up resources were provided through the 24/7 Rape Helpline (448 survivors and co-survivors), criminal justice liaisons (six patients) and through face-to-face interactions at the Emergency Departments of Riverside Methodist (56 patients), Grant and OhioHealth Westerville Medical Campus (99 patients), Doctors Hospital (38 patients) and Dublin Methodist (nine patients). Advocates offer survivors and co-survivors emotional support, crisis intervention, sexual violence information, options and community resources.

During Fiscal Year 2015, SARNCO provided advocacy and follow-up recovery resources to 180 ED patients at four OhioHealth hospitals in Franklin County. Advocacy and follow-up resources were provided through the 24/7 Rape Helpline (312 survivors), criminal justice liaisons (seven survivors) and through face-to-face interactions at the Emergency Departments of Riverside Methodist (41 patients), Grant and Westerville Medical Campus (96 patients), Doctors Hospital (36 patients) and Dublin Methodist (seven patients).

Through various local, state, regional or federal grant projects, SARNCO has been providing services that address behavioral health, including:

a. Advocacy training, coordination of the Central Ohio Sexual Assault Task Force and hosting of the Sexual Assault Awareness Month Conference, which is made possible through the STOP Violence Against Women Act grant administered by the Franklin County Office of Homeland Security & Justice Programs.
b. Sexual violence prevention education and outreach, made possible through the Violence Against Women Act–Rape Prevention Education grant administered by the Ohio Department of Health.
c. Sexual violence advocacy, made possible through the Justice Assistance grant administered by the Ohio Office of Criminal Justice Services.
d. Direct service advocacy, made possible through the Victims of Crime Act grant, State Victims Assistance Act grant and Rape Crisis Fund administered by the Ohio Attorney General's Office.

In summary, SARNCO's advocacy and prevention efforts are part of our OhioHealth Behavioral Health services, which are aimed to improve the health of those we serve. In addition to serving survivors who present as patients in OhioHealth Emergency Departments, SARNCO's advocacy and resources are available at the Mount Carmel Health System and The Ohio State University Wexner Medical Center, allowing us to serve all survivors receiving care at adult healthcare facilities in Franklin County. Advocacy is an essential component of the Sexual Assault Response Team (SART) approach utilized in Franklin County and throughout Ohio. SART also includes Sexual Assault Nurse Examiners (SANEs), law enforcement officials and prosecutors, providing a multidisciplinary approach to serve the needs of those who experience sexual violence. Advocates offer confidential emotional support, crisis intervention, sexual violence information and community resources to survivors and co-survivors (friends and family members). In addition to serving survivors in local EDs, SARNCO also provides face-to-face advocacy at local police departments in Columbus — including The Ohio State University campus police. This law enforcement advocacy is offered to survivors who are meeting with detectives to report sexual violence or for follow-up interviews. SARNCO advocates also answer our 24/7 Rape Helpline to support survivors and co-survivors.

To decrease sexual violence we must hold perpetrators accountable, which can only happen when victims feel safe reporting the crime and working with the criminal justice system. Research validates that rape survivors who had an advocate were 59 percent more likely to have police reports taken and received more legal and medical services than those who did not have an advocate **(11)**. Campbell's study showed that survivors who worked with advocates "reported less secondary victimization from legal and medical system personnel." Advocates receive 45 hours of training, which equips them to provide trauma-informed care focused on meeting the needs of each individual survivor. SARNCO's training meets the best practice advocate training requirements of the Ohio Alliance to End Sexual Violence **(78)**. In addition to staff, trainers include local sexual assault response team members and population-specific service providers, giving advocates the tools needed to offer survivors culturally-affirming advocacy and resources. SARNCO trains advocates on the neurobiology of sexual assault and to use culturally-affirming, trauma-informed care to empower survivors to make educated decisions about their recovery and desired justice.

4.1.2. Continue OhioHealth Hospice bereavement services and community grief programs at the Kobacker House

OhioHealth Hospice bereavement services and community grief programs offer support groups and workshops that address various behavioral health issues. Grief is holistically experienced; i.e., grief is often manifested in one's emotions as well as one's body and can affect a person spiritually and cognitively. During Fiscal Year 2014, OhioHealth Hospice bereavement services and community grief programs served 1,325 persons. Findings from the survey of persons served during Fiscal Year 2014 revealed the following: (a) 92 percent of these persons reported feeling less overwhelmed or devastated by the death of their loved one; (b) 82 percent reported improved perception of a fulfilling life without their loved one; (c) 88 percent reported an improvement in being able to do the "normal" activities they want to do; (d) 98 percent reported at least one way by which the community grief program assisted them; and (e) 100 percent reported feeling a sense of reassurance and normalcy after attending at least one of the community grief programs. During Fiscal Year 2015, OhioHealth Hospice bereavement services and community grief programs served 3,165 persons. Finding from the survey of persons served during Fiscal Year 2015 showed the following: (a) 80 percent of these persons reported feeling less overwhelmed or devastated by the death of their loved one; (b) 60 percent reported an improved perception of a fulfilling life without their loved one; (c) 68 percent reported an improvement in being able to do the "normal" activities they want to do; (d) 97 percent reported at least one way by which the community grief programs assisted them; and (e) 93 percent reported feeling a sense of reassurance and normalcy after attending at least one of the community grief programs.

OhioHealth Hospice offered the following community outreach programs:

a. **"Expressing Loss through the Arts"** — a support group led by an art therapist. This program served 11 persons in Fiscal Year 2014 and 31 persons in Fiscal Year 2015.
b. **Yoga sessions** — led by a yoga instructor who is also a grief counselor. One participant described a sense of transformation as she breathed intentionally and engaged in gentle yoga, "I had a sense that my grief was 'locked' somewhere in my body. This helped me feel more whole." This program served 12 persons in Fiscal Year 2014 and 19 persons in Fiscal Year 2015.
c. **"Centering Meditation" support group** — designed to foster life skills that will aid the bereaved in adjusting to the loss of their loved one. One participant of this group expressed it well, "Thank you for creating this safe space. My heart still hurts but now I can find some peace." This program served 17 persons in Fiscal Year 2014 and 35 persons in Fiscal Year 2015.
d. **"Book Study"** — met once a month to discuss a book related to the experience of loss or deep transition. The participants derived comfort from one another as they related to the descriptions of grief highlighted in the book and they gained support from one another when they discovered common reactions that are a normal part of the human journey following a loss. This program served 12 persons in Fiscal Year 2014 and 10 persons in Fiscal Year 2015.
e. **"Drug or Alcohol Addiction" Support Group** — offered education about the disease model of addiction, to normalize common grief reactions and to provide support to this population of survivors who frequently encounter stigma, judgment and misunderstanding. This program served 19 persons in Fiscal Year 2014. The program was cancelled in Fiscal Year 2015 due to very low enrollment.

f. **"School Outreach Program"** — has offered grief counseling and support to students from local schools since 2003. During Fiscal Year 2014 and 2015, the program served 76 schools from districts such as Bexley City Schools, Columbus City Schools, Diocese of Columbus Schools, Dublin City Schools, Groveport Madison Schools, Hilliard City Schools, New Albany-Plain Local Schools, Pickerington City Schools, South-Western City Schools, Teays Valley Local School District, Upper Arlington Schools, Westerville City Schools, Whitehall City Schools and Worthington City Schools. The program also served charter schools such as Cristo Rey High School, Gateway High Schools, Renaissance Academy and School for Young Children. The School Outreach Program served 1,674 persons in Fiscal Year 2014 and 1,996 persons in Fiscal Year 2015.

During Fiscal Years 2014 and 2015, the impact of OhioHealth Hospice on behavioral health issues include: (a) providing education and support to normalize the grief experience, (b) reassuring persons they are not mentally ill or weak, (c) offering a sense of community and mutual support that is different from the support offered by family and friends and (d) providing assessment of coping and referrals to external providers as needed if the client is struggling with issues other than "typical" bereavement.

4.1.3. Continue participation in the Central Ohio Hospital Council collaborative "Timely Access to Inpatient Psychiatric Care"

The Behavioral and Emergency Departments at OhioHealth Riverside Methodist Hospital participate in the Central Ohio Hospital Council-led "Bed Board" meetings and the Central Ohio Trauma System-led subcommittee meetings on psychiatric issues. The Bed Board meetings are focused on reducing wait time for inpatient beds whereas the subcommittee meetings involve improving access to care for patients with psychiatric issues. Riverside Methodist patients now have access to the Partial Hospitalization Program and Intensive Outpatient Program as well as the Medication Clinic. The Partial Hospitalization Program and Intensive Outpatient Program provide patients with opportunities for (a) group therapy five days a week for 4.5 hours (Partial Hospitalization Program) or three days a week for three hours (Intensive Outpatient Program), (b) medication management by an advanced practice nurse, (c) case management and referral to the next level of care and (d) linkage and collaboration with outpatient providers.

During Fiscal Years 2014 and 2015, Riverside Methodist played a significant role in ensuring timely access to inpatient psychiatric care through:

a. **Referrals to Behavioral Department —** 2,971 patients in Fiscal Year 2014 and 3,160 patients in Fiscal Year 2015.
b. **Referrals to Partial Hospitalization Program and Intensive Outpatient Program** — 103 patients in Fiscal Year 2014 and 35 patients in Fiscal Year 2015.
c. **Referrals to the Medication Clinic —** 72 patients in Fiscal Year 2014 and 59 patients in Fiscal Year 2015.
d. **Inpatient admissions —** 510 patients in Fiscal Year 2014 and 563 patients in Fiscal Year 2015.

The decline in referrals to the Partial Hospitalization Program and Intensive Outpatient Program in Fiscal Year 2015 compared to Fiscal Year 2014 was due to (a) an increase in acuity of patients being assessed in the Emergency Department (ED), which necessitates admission instead of outpatient referral; (b) patients not willing to participate in group therapy (c) patients had no transportation or program is out-of-network for patients' insurance; and (c) delay in obtaining intake appointment for Partial Hospitalization Program and Intensive Outpatient Program.

Patients with behavioral issues seen in the ED are referred to various community resources, including community mental health centers, support groups and outpatient mental health providers. Examples of community referrals include Southeast, Inc., North Central Mental Health, North Community Counseling Centers, Inc., Access Ohio, PEER Center, Schizophrenics Anonymous, Alcoholics Anonymous, Narcotics Anonymous, National Alliance on Mental Illness of Franklin County and Providers for Healthy Living. Riverside Methodist is currently developing the Community Crisis Plan to enable patients who frequently present in the ED to be linked to community resources upon presenting in the ED as means to reduce hospitalization.

OhioHealth Riverside Methodist Hospital is a key player in the Franklin County Behavioral Health Workgroup, which discusses strategies for enhancing quality of inpatient care for psychiatric patients. The workgroup is also developing a "Community Crisis Plan" that aims to standardize care and facilitate management and assignment of inpatient psychiatric beds.

OhioHealth programs ensure timely access to inpatient, psychiatric beds, which has positively impacted behavioral health needs in Franklin County by way of: (a) community awareness regarding the need to improve access to inpatient psychiatric care, particularly for Medicaid patients; (b) participation in community "case conferences" where the OhioHealth Behavioral Health team discusses patients who have high utilization rates of the ED in order to standardize care plans among healthcare providers; and (c) improving collaboration and reducing over utilization of crisis services. This care plan is individualized to the needs of each patient and maintains constant monitoring and process improvement to enable better access to inpatient, psychiatric beds. The Behavioral Health department noted a 10.4 percent increase in admissions during Fiscal Year 2015 compared to Fiscal Year 2014, despite only a 6.3 percent increase in ED patient volume. It is noteworthy that the average time from bed request to transfer to the Behavioral Health department was 41 minutes in Fiscal Year 2015, which is five minutes quicker compared to Fiscal Year 2014 (46 minutes).

4.2. Community resources available to address "Behavioral Health"

OhioHealth community programs that address behavioral health include OhioHealth Hospice community grief programs, OhioHealth Sexual Assault Response Network of Central Ohio (SARNCO) — 24/7 Rape Helpline, Emergency Department (ED) advocacy, long-term advocacy and recovery services — and timely access to inpatient, psychiatric care. The OhioHealth Behavioral Health Program provides inpatient and outpatient behavioral healthcare to patients, offering personalized attention for managing symptoms and finding the program that best fit their needs. In this case, the OhioHealth team of experts includes psychiatrists, neuropsychologists, advanced practice nurses, social workers and counselors who provide patient-focused care. Patients from Riverside Methodist, Grant, Doctors Hospital and Dublin Methodist have access to comprehensive evaluations to assess for depression, anxiety, personality, addiction and other psychological and emotional disorders **(101)**.

Contact information of various community resources in Franklin County that address behavioral health are listed in the Mental Health America of Franklin County resource directory **(68, 69)**. The Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County has a mission of "improving the well-being of the community by reducing the incidence of mental health problems and eliminating the abuse of alcohol and other drugs in Franklin County." The ADAMH Board has more than 35, not-for-profit, contract agencies that provide low-cost — but high-quality — alcohol and drug addiction and mental health services in Franklin County **(2, 3)**.

Need #5: High Incidence of Cancer

5.1 Impact of action taken to address "High Incidence of Cancer"

5.1.1. Continue providing high-quality, community outreach services at the OhioHealth Arthur G.H. Bing Cancer Center at Riverside Methodist Hospital and other hospital-based oncology services

5.1.1.1. OhioHealth system-wide cancer outreach services

The OhioHealth Multi-Specialty Second Opinion Breast Cancer Clinic and the Latina Breast Cancer Project are system-wide projects that represent Riverside Methodist, Grant, Doctors Hospital and Dublin Methodist in addressing high incidence of cancer in the community.

OhioHealth Multi-Specialty Second Opinion Breast Cancer Clinic. This program provides opportunities for women to obtain a second opinion from multidisciplinary health practitioners and learn more about their diagnoses in a single appointment. The clinic visit includes a physical exam, pathology review, imaging review and team review of the case. Patients gain knowledge needed to make an informed decision regarding their treatment options. During Fiscal Years 2014 and 2015, OhioHealth Second Opinion Clinic served 158 women by providing (a) education about treatment options, (b) results and multidisciplinary reviews obtained in one appointment, (c) second opinions for breast cancer diagnoses based on standards of care practices — regardless of ability to pay — and (d) exemplary customer service and support. The Second Opinion Clinic has received 95 to 99 percent patient satisfaction. According to patients, the clinic was "a God send," "very helpful," "provided wonderful service," or "cleared out all my doubts and fears." After their visits, the patients felt "ready to make decisions and go forward with treatment" and were "more at peace with the decisions" they needed to make. Patients acknowledged that they received "excellent experience" and were treated with "compassion and sensitivity."

"Proyecto Cáncer del Seno in Latinas": Latina Breast Cancer Project. This program provides culturally competent breast cancer screening services, community educational programs, patient navigation, survivorship support and a breast health hotline to answer questions about breast health issues for Latinas (Hispanic women). The program also provides Latinos (Hispanic men) with community resources on various breast health screening services that are available in central Ohio.

During Fiscal Year 2014, the Latina Breast Cancer Project (a) hosted 52 culturally competent education sessions and served 754 participants, (b) participated in 17 outreach events and provided breast health education and breast cancer awareness to 594 Latinas, (c) provided telephone-based education, referrals and support to 2,737 women, (d) provided patient navigation services to 251 women, (e) referred 71 women for clinical breast exams, (f) served 11 women in survivorship support groups, (g) made 93 mammogram referrals to community services and (h) facilitated 150 mammograms completed within OhioHealth.

In Fiscal Year 2015, the project expanded its reach and service offerings and (a) hosted 60 culturally competent education sessions, (b) served 807 participants, (c) participated in 32 outreach events and provided breast health education and breast cancer awareness to 1,300 Latinas, (d) provided telephone-based education, referrals and support to 2,724 women, (e) provided patient navigation services to 278 women, (f) referred 79 women for clinical breast exams, (g) served 12 women in survivorship support groups, (h) made 33 mammogram referrals to community services and (i) facilitated 296 mammograms completed within OhioHealth.

Examples of education sessions include church programs, community agency events and in-home visits in Latino neighborhoods. Examples of outreach events include the hosting of an annual Latino Health Fair and participating in television and radio programs. Patient navigation support includes assistance with navigating the health system to obtain care and also support to breast cancer survivors through culturally competent support group sessions. The Latina Breast Cancer Project continues to be a main source of breast cancer information to the Latino community in central and southeast Ohio and also an invaluable partner to women's health agencies seeking to reach Latinas in need of life-saving education, early detection and survivorship support.

OhioHealth Mobile Mammography and Bone Density Service. The OhioHealth Mobile Mammography Unit brings mammography and bone density screenings to the patient by going to workplaces and community organizations five to six days a week. The unit is staffed by highly trained imaging technologists and breast health educators, providing women with convenient access to mammograms and bone density screenings right at their workplace or at various locations in the community. OhioHealth Mobile Mammography offers the same high-quality, state-of the-art imaging equipment and exemplary customer service that women receive at all other OhioHealth locations. The Mobile Mammography Program served 3,116 persons during Fiscal Year 2014 and 3,121 persons in Fiscal Year 2015.

The Mobile Mammography Unit provided 187 mammograms to uninsured or underinsured women ages 40 or older in Fiscal Year 2014, compared to 232 mammograms in Fiscal Year 2015. Mammograms provided to uninsured or underinsured women increased by 24.1 percent in Fiscal Year 2015 when compared to Fiscal Year 2014. Free mammogram services to these vulnerable women were provided in the following locations and events: (a) Edison Community College (Piqua, Ohio), (b) Emmanuel Memorial Church (Columbus, Ohio), (c) Faith Mission (Columbus, Ohio), (d) Hocking/Ross County, (e) Jeff Wyler Chevrolet of Columbus (Canal Winchester, Ohio), (f) La Plaza Tapatia (Columbus, Ohio), (g) New Beginnings Church (Marysville, Ohio), (h) Ohio Department of Job and Family Services Health Fair (Columbus, Ohio), (i) Peggy's Wish (Columbus, Ohio), (j) Perry County Health Department (New Lexington, Ohio), (k) R Beauty Bar (Lancaster, Ohio), (l) Unity Community Festival (Unity, Ohio), (m) Vineyard Community Center (Westerville, Ohio) and (n) Worship Center of Central Ohio (Columbus, Ohio).

5.1.1.2. OhioHealth Bing Cancer Center and Riverside Methodist Cancer Outreach Services

OhioHealth programming for oncology patients and their families. The oncology team at the OhioHealth Bing Cancer Center provides community linkages and support to patients and their families through support groups, family activities, and health and wellness education while patients are in treatment and through survivorship. Financial assistance towards the cost of lymphedema supplies and medications as well as integrative medicine services (massage, acupuncture, nutrition counseling and mind-body counseling) are provided to patients who are not able to pay.

Examples of the support groups and workshops include:

a. **Colorectal Support Group** — members share experiences with colorectal cancer and strive to improve the lives of others on the cancer journey. An educational speaker discusses pertinent topics related to survivorship followed by sharing, interactions as well as questions and answers. The Colorectal Support Group had 148 participants in Fiscal Year 2014 and 184 participants in Fiscal Year 2015.
b. **Blood Cancer Gathering** — co-sponsored by OhioHealth Riverside Methodist Hospital and Lymphoma Society. Participants include patients who were affected by blood cancer as well as their loved ones and caregivers. The support group provides opportunities to enhance learning about diagnoses, coping strategies and survivorship in an informal and relaxed setting. Invited speakers present on pertinent topics followed by sharing, interactions as well as questions and answers. The Blood Cancer Gathering had 134 participants in Fiscal Year 2014 and 91 participants in Fiscal Year 2015.
c. **"Look Good, Feel Better"** — co-sponsored by OhioHealth Riverside Methodist Hospital and American Cancer Society starting in Fiscal Year 2015. This group workshop teaches beauty techniques to female cancer patients to help them combat the appearance-related side effects of cancer treatment. Products are donated by the cosmetic industry. Each two-hour, hands-on workshop includes a 12-step skin care and makeup lesson, nail care techniques and professional advice on how to deal with hair loss using wigs, scarves, hats, hairpieces and other accessories. The "Look Good, Feel Better" program had nine participants in Fiscal Year 2015.
d. **The Gynecologic Oncology Support Group** — invited speakers talk about gynecologic cancer followed by open forum, discussions as well as questions and answer. There were 16 participants in Fiscal Year 2014 and 55 participants in Fiscal Year 2015.

Wolfe Foundation Cancer Wellness Program. The program aims to serve cancer survivors in the community regardless of the ability to pay. Scholarships are given to cancer survivors who cannot pay the $50 fee. Since 2010, the program served at least 220 adults and their families. During Fiscal Year 2014, the program served 63 cancer survivors — 50 females, 13 males. (Five persons availed of a scholarship.) Among the 63 participants, 36 persons have breast cancer, five have colorectal cancer, five have ovarian cancer, three have non-Hodgkins lymphoma, three have lung cancer, one has uterine cancer, two have prostate cancer, one has esophageal cancer, one has pancreatic cancer, one has neuroendocrine cancer, one has yolk sac tumor-germ cell line, one has leukemia, one has testicular cancer and one has multiple myeloma. It is noteworthy that 18 of the 63 patients (28.6 percent) were still receiving chemotherapy and radiation therapy when they participated in the program. Physical activity during cancer treatment can improve physical functioning and quality of life **(6)** (American Cancer Society, 2015). During Fiscal Year 2015, the program served 49 cancer survivors — 33 females, 16 males. No one availed of a scholarship. Among the 49 participants, 21 persons have breast cancer, seven persons have colorectal cancer, six persons have non-Hodgkin's lymphoma, three persons have multiple myeloma, two persons have esophageal cancer, one person has ovarian cancer, one person has lung cancer, one person has uterine cancer, one person has prostate cancer, one has renal cancer, one person has thyroid cancer, one person has endometrial cancer, one person has gastrointestinal cancer and one has melanoma. Sixteen of the 49 patients (32.6 percent) were still receiving chemotherapy and/or radiation therapy when they participated in the program.

Cancer survivors are given opportunities to interact with one another in a group setting. It provides cancer patients with additional help needed to change behavior and lifestyles to enable healthy cancer survivorship. Patients and their families reported significant physical and psychological benefits such as: (a) reduced fatigue, (b) improved tolerance to chemotherapy, (c) enhanced quality of life, (d) increased muscular strength and cardiovascular endurance, (e) decreased symptoms of depression, (f) improved physical function, (g) assistance in prevention of lymphedema, (h) reduced waist circumference and (i) improvements in strength and stamina **(58–60)**. Participants of the cancer wellness program have helped themselves by developing friendships and supporting each other to continue exercising even after the program was completed. Participants described their experience as "marvelous," "awesome," "wonderful," "immense help" and "integral part in their recovery from cancer and its treatments." At least 90 percent of those surveyed after program completion rated their experience as "excellent." Our participants reported that they enjoyed the instruction they receive from the exercise physiologists and the expertise from the presenters at the educational sessions. Participants valued the companionship they felt from being in a group with other cancer survivors. One participant stated "I really get the opportunity to talk about how cancer has affected me and have others (survivors) truly understand what I am going through." The presentations on various topics such as nutrition, stress management and available cancer resources, allowed participants to understand the importance of lifestyle modifications. One participate said, "I opened my eyes to what I can do as a cancer survivor to make my life better."

During Fiscal Year 2014 and 2015, the Wolfe Foundation Cancer Wellness Program team gave two oral presentations in national conferences about the "Evolution of the Cancer Wellness Program" **(57)** and "Exercise and the Cancer Patient" **(55)**.

The Wolfe Foundation Cancer Wellness Program gives persons diagnosed with cancer the chance to regain some of their physical function and find new or alternative ways to exercise effectively. It also helps patients have better lifestyle choices to help prevent cancer recurrence and live a better quality of life.

5.1.1.3. Grant Cancer Outreach Services

Cancer outreach activities at Grant include:

a. **Speaking Engagements —** Grant Cancer Services staff served as keynote speakers during the Hope Summit Lungevity event, (b) OhioHealth Breast Symposium and (c) Komen Race for the Cure. At least 2,000 persons from Franklin County attended these events during Fiscal Year 2014 and Fiscal Year 2015.

b. **Cancer Prevention Education and Sign-Up of Persons for Breast, Lung and Skin Cancer Screenings and other Outreach Activities —** OhioHealth Grant Medical Center provides cancer screenings outreach and education to employees of Columbus State Community College, Faith Mission Shelter, Motorists Insurance, Nationwide Insurance, Ohio Department of Development, Ohio Bureau of Worker's Compensation, Ohio Department of Health, Ohio Department of Job and Family Services, Ohio Department of Transportation, Salvation Army, and Vern Riffe Center for Government and the Arts. Grant Cancer Services also provided screening and education to patients' families and visitors at Grant. These outreach programs served 1,845 persons in Fiscal Year 2014 and 3,264 persons in Fiscal Year 2015.

c. **ConvenientCare Mammography —** provides women working in downtown Columbus the opportunity to receive screening mammograms at Grant by (a) providing free round trip transportation from their workplace to the Grant Breast Health Clinic and (b) completing mammograms during lunch hour. ConvenientCare Mammography is facilitated in collaboration with individual businesses and government offices in downtown Columbus, including Bricker and Eckler, LLP, Bureau of Worker's Compensation, City of Columbus, Columbus Radiology, Glimcher, Grange Insurance, Momentive Specialty Chemicals, Motorists Insurance, Nationwide Insurance, Ohio Department of Education, Ohio Department of Job and Family Services, Ohio Department of Public Safety, Ohio Department of Rehabilitation and Corrections, Ohio Department of Transportation, Ohio Supreme Court, Ohio Secretary of State, Ohio Department of Rehabilitation and Corrections, Public Utilities Commission and State of Ohio Government Office. ConvenientCare Mammography served 509 women in Fiscal Year 2014 and 660 women in Fiscal Year 2015. Approximately six percent of patients were referred for follow-up visits, including biopsy, surgical consults and additional imaging.

d. **Living Beyond Cancer Wellness Program** — provides patients various opportunities for exercise, education and peer support to improve their quality of life at any stage of cancer treatment. At the start of the program, patients are able to meet one-on-one with exercise physiologist to discuss health history, treatment status, individual needs and goals, establish exercise limitations and ensure safety. Grant's Cancer Wellness Program served four persons in Fiscal Year 2014 and 31 persons in Fiscal Year 2015. Based on responses to psychosocial distress screening tool, patients who completed the program showed a decrease in their psychological distress, which may be correlated to better quality of life and reduced dysfunction.

At OhioHealth Grant Medical Center, our cancer services team strives to connect the members of the Franklin County community with the information and access to care that is required to reduce incidences of cancer. Grant provides patients access to cancer screening and prevention testing as well as education on when the appropriate time is to be screened and what that means for participants. Grant also provides information to a vast array of community members, from those who work and/or live downtown, to homeless people staying with the Faith Mission shelter and obtaining free meals from the Salvation Army. On average, Grant serves more than 600 patients per year providing free transportation for mammogram screenings. The key to curing cancer and improving the quality of life for those diagnosed with cancer, is identifying cancer in its early stages. Additionally, Grant provides patients support services once they have completed their cancer care treatment to reduce the risk of recurrence and to get them back to their daily activities.

5.1.1.4. Doctors Hospital Cancer Outreach Services

OhioHealth Doctors Hospital cancer outreach activities include screening and education for skin cancer, lung cancer and prostate cancer, survivorship and wellness events, such as social gatherings and support groups, and breast health education for Hispanic women.

a. **Skin Cancer Screening and Education** — during Fiscal Year 2014, 46 persons came to Doctors Hospital for skin cancer screenings. During Fiscal Year 2015, OhioHealth board-certified dermatologists and staff of the OhioHealth Research and Innovation Institute presented on sun safety, age progression effects caused by sun damage and skin cancer prevention education to students of Southwestern City Schools Career Academy and Hilliard McVey Innovative Learning Center. During Fiscal Year 2015, a total of 44 students participated in the school-based cancer outreach. The feedback survey found that 64 percent of student participants reported "they will stop using tanning beds" while 89 percent reported "they will start using sunscreen." The students also reported that they learned several concepts and skills that will allow them to protect themselves from skin cancer. As part of Skin Cancer Awareness Month, Doctors Hospital also provided several education materials about skin cancer prevention in the cafeteria. Approximately 1,000 persons viewed the information display during the four-day period.
b. **Lung Cancer Screening and Education** — during Fiscal Years 2014 and 2015, Doctors Hospital staff members presented about "Breathe Easier, Frankly Speaking about Lung Cancer" and "Great American Smokeout" to patients, families and visitors. These outreach programs served approximately 675 persons during Fiscal Years 2014 and 2015.
c. **Prostate Cancer Screening and Education** — during Fiscal Year 2014, Doctors Hospital provided prostate cancer screening and education to 12 participants.
d. **Survivorship and Wellness Events** — these activities were done in collaboration with OhioHealth Cancer Care. During Fiscal Years 2014 and 2015, Doctors Hospital staff members organized outreach activities such as cancer survivors social events (approximately 200 survivors attended each year), colorectal cancer support group (approximately 11 to 19 persons attend each month) and "Eat Well, Live Well, Prevent Colorectal Cancer" education sessions (serves approximately 100 persons).
e. **Outreach to Hispanic Population** — in collaboration with the OhioHealth Research and Innovation Institute, 57 women over the age of 40 were educated during Fiscal Years 2014 and 2015 on breast health as well as the importance of self-breast exams and obtaining annual mammograms. During Fiscal Year 2015, Doctors Hospital — in collaboration with OhioHealth Employer Services and OhioHealth Research and Innovation Institute — provided health screenings and breast health education to 22 Hispanics.

5.2. Community resources available to address "high incidence of cancer"

OhioHealth will continue to implement the cancer outreach services described previously. The Cancer Support Community Central Ohio offers the cancer community with free programs, including (a) support groups for cancer patients, family members, caregivers and children, (b) healthy lifestyles programs, (c) education, (d) CancerSupportSource™, (e) Kid Support™ and (f) Off-Site Program Outreach (Cancer Support Community Central Ohio, 2014). Other local community resources include — but are not limited to — American Cancer Society, American Lung Association, Columbus Cancer Clinic, Hands on Central Ohio, Komen Columbus, Peggy Albright Foundation and Young Survival Coalition.

Need #6: Interpersonal Violence

6.1. Impact of action taken to address the need

6.1.1. Continue implementing OhioHealth "Sexual Assault Response Network of Central Ohio (SARNCO)" — community outreach on sexual assault an intimate partner violence prevention

SARNCO staff members, in collaboration with volunteer prevention educators, provide extensive education and outreach programs that aim to prevent sexual assault and intimate partner violence. SARNCO volunteers provide outreach activities and education on sexual assault, dating, intimate partner violence and sexual harassment. Topics discussed during outreach events include (a) acquaintance rape, (b) rape culture, (c) sexual harassment, (d) dating violence, (e) healthy relationships, (f) "girls kick butt," (g) teens and date rape and (h) in-service training for teachers. During Fiscal Year 2014, SARNCO participated in 16 outreach events on prevention and approximately 1,428 persons attended at least one presentation on these topics. During Fiscal Year 2015, SARNCO participated in 25 outreach events on prevention and 1,772 persons were served.

Examples of outreach events include Action Ohio–Health Cares About DV Day, American Institute of Alternative Medicine Student Outreach, Capital University and Community Engagement Fair, Columbus Rising Vday Event, Columbus State Community College Sexual Assault Prevention Day, Columbus State Community College Mental Health and Wellness Fair, Crime Victim's Right's Week, Dare to Dream at the Center for Family Safety and Healing, Domestic Violence Symposium Exhibition, Franklin County Justice Expo, Gahanna Lincoln West Health Fair, GraceHaven Human Trafficking Event, Homeless Point in Time Count at Veterans Memorial, Miami Jacobs Resource Fair, Mount Carmel Crime Victim's Rights Week Engagement Fair, Race to Eliminate Sexual Violence 5K, Take Back Our Campus, The Ohio State University (OSU) Colleges of Arts and Sciences Human Services Panel, OSU Anita Hill Symposium Resource Fair, OSU Summer Internship and Opportunity Fair, OSU Survivor Speak Out, The Shenani Games by DWAVE, The Vagina Monologues, Franklin County VAWA Justice Exposition/Health and Wellness Fair, United Nations "He" or "She" Event, Walk A Mile and 2015 Point in Time Count.

Examples of education materials distributed to the public include — but are not limited to — SARNCO brochures, Sexual Assault Intervention and Prevention Services, SARNCO 24/7 Helpline cards, volunteer recruitment brochures and fliers, "Got Consent" buttons and key tags, sexual violence risk reduction, male victims, teenagers and sexual violence, "Sexual Assault is a Serious Crime," "Are You At Risk?", "Elder Sexual Assault," "Healthy Relationship" palm cards, "Create a Healthy Workplace" palm cards and "Healthy Sexuality" palm cards. Whenever possible, SARNCO ensures prevention messaging and outreach activities align with universal messaging of "Got Consent?" and is age and culturally appropriate.

SARNCO envisions that its outreach activities can lead to strong community partnerships and linkages and enable education on prevention of sexual assault and intimate partner violence. In Fiscal Year 2015, SARNCO participated in the conference, "Moving Messaging Forward," hosted by Ohio Domestic Violence Network, which enables learning about the potential benefits of partnership between domestic violence and sexual violence prevention efforts as well as news media to create proactive and effective prevention messaging.

In Fiscal Year 2015, SARNCO's Sexual Violence Prevention Committee was instrumental in assessing community readiness of students from Whitehall Yearling High School to end sexual violence and ending power-based violence.

In Fiscal Year 2015, SARNCO facilitated a Speakers Bureau training for victim advocates to enhance their proficiency and skills in prevention messaging. The Ohio Alliance to End Sexual Violence STAND UP! Curriculum was presented to middle school-aged youth at the Universalist Unitarian Church. All of the students who participated reported an increase in understanding of bystander intervention attitudes or behaviors. One hundred percent of Columbus Global Academy students who attended the new single session bystander curriculum, "Stand Up," agreed that it's everyone's job in the community to "Stand Up" to violence.

All participants who attended primary prevention lectures reported that either they "strongly agree" or "agree" that it is important for all community members to play a role in keeping everyone safe.

SARNCO's prevention education and outreach decrease interpersonal violence by reducing the community tolerance of and contribution to factors which increase the risk of sexual violence through primary prevention education with individuals (prior to their commitment of crime) and the engagement of the community. SARNCO's prevention program uses the National Sexual Violence Resource Center Spectrum of Prevention model. SARNCO engages the community in the effort to eliminate sexual violence by working on six levels: (a) individual skill building, (b) promoting community education, (c) educating providers, (d) fostering coalitions and networks, (e) changing organizational practices and (f) influencing policies and legislation. Rather than focus on risk reduction — i.e., what potential victims can do to "avoid" sexual assault — our prevention programming promotes offender and bystander accountability (e.g., how to recognize behavior that is abusive, how peers can confront abusive behavior displayed and acceptable vs. unacceptable behaviors). This primary prevention model is essential to our efforts to decrease sexual violence and promote healthy relationships.

6.1.2. Domestic violence prevention — social worker-led assessments, counseling and referral of patients receiving prenatal care at the Wellness on Wheels mobile clinic

Wellness on Wheels (WOW) social workers conduct psychosocial assessments to determine presence of domestic violence and the extent of which the father of the baby is involved during the pregnancy and after the baby was born. Social workers assess whether the father of the baby can provide financial and emotional support. Social workers educate patients that domestic violence prevention is linked to development of self-esteem and realization that a person has to be treated with dignity and respect. During Fiscal Years 2014 and 2015, WOW social workers referred four patients to CHOICES after confirming domestic violence. CHOICES provides services to victims of domestic violence such as counseling, shelter, crisis intervention, education, community and legal support, and advocacy to central Ohio residents facing domestic violence **(20)**. Historically, social workers have observed that patients are hesitant to report domestic violence based on the mindset that a social worker can report these issues to Franklin County Children Services, potentially taking their children away. When domestic violence is suspected, social workers counsel patients and refer them to either the Nurse Family Partnership or the Center for Healthy Families. Apart from assessing and educating victims of domestic violence, social workers also give interactive lectures to middle school students on the topic, "Let's Be Ladies," which is focused on developing self-esteem and self-confidence as means of avoiding relationship violence. During Fiscal Year 2014, 17 high school students attended the "Let's Be Ladies" class.

6.2. Community resources available to address "Interpersonal Violence"

Community resources in Franklin County that address interpersonal violence include: (a) Jewish Family Services (domestic violence prevention), (b) Sounding Board (counseling for domestic violence perpetrators and sex offenders), (c) STOP, Inc. (therapeutic programs such as assessments and classes for domestic violence offenders), (d) The Ohio State University Sexual Assault/Domestic Violence Program, (e) Lighthouse Counseling Services (mental health counseling, anger management and perpetrator domestic violence counseling), (f) Crossroads Recovery Services (mental health counseling), (g) CHOICES, (h) The Center for Family Safety and Healing, (i) Action Ohio Coalition for Battered Women, (j) Ohio Domestic Violence Network, (k) ASHA-Ray of Hope **(24, 37)** (Columbus Public Health, 2015a; Columbus State Community College, n.d.).

Need #7: High Risk Pregnancy

7.1. Impact of action to address the health need

7.1.1. Continue providing comprehensive prenatal and postpartum care to vulnerable women at the Wellness on Wheels mobile clinic

Wellness on Wheels aims to provide comprehensive, high-quality prenatal and postpartum care as well as women's health services to vulnerable and high-risk women in central Ohio using a collaborative team-based approach. Since 1993, Wellness on Wheels has consistently addressed leading causes of infant mortality. To date, more than 3,500 women and children received services and nearly 30,000 clinic visits have been scheduled. Apart from receiving medical care from a board-certified OB/GYN, the patient also receives support and education from nurses, social workers and other healthcare team members. Adolescents and young adults are encouraged to continue middle school education, graduate high school/complete a GED or pursue postsecondary education. Social workers assess social determinants of health and refer patients to appropriate community resources to address these needs. Social workers help patients and families cope with and address psychosocial issues while providing referrals and linkages to community resources.

From 1994 to 2013, (a) the infant mortality rate was 5.2 per 1,000 live births; (b) preterm birth (<37 weeks gestational age) was 5.6 percent; (c) low birth weight (<5.5 lbs) was 6.1 percent; and (d) NICU admission rate was 6.8 percent. Conservatively, WOW's estimated cost savings for neonatal intensive care unit admissions from 1994 to 2013 was $39.8 million. All birth outcome measures met Healthy People 2020 target. During Fiscal Years 2014 and 2015, Wellness on Wheels served 359 patients and 410 patients, respectively.

7.1.2. Continue initiatives to be a "Baby-Friendly Hospital" by changing clinical practice to promote breastfeeding

Breastfeeding is one of the most effective, preventive health measures for infants and mothers. For infants, breastfeeding decreases the incidence and severity of many infectious diseases, reduces infant mortality and optimally supports neurodevelopment. Breastfeeding also decreases infants' risk of becoming obese later in childhood. Short- and long-term benefits to mothers who breastfeed include decreased risks of breast and ovarian cancers, diabetes, rheumatoid arthritis and cardiovascular diseases. Unfortunately, some mothers are not able to provide sufficient milk to meet their preterm baby's needs. Pasteurized, donor breast milk is made available to high-risk infants through the OhioHealth Mothers' Milk Bank.

OhioHealth Mothers' Milk Bank. The OhioHealth Mothers' Milk Bank is the only milk bank in Ohio. Once received from donors, the milk is pasteurized, frozen and distributed by physician prescription. The Milk Bank provides donor milk to high-risk infants in neonatal intensive care units or special care nurseries, enabling mothers to give donor milk to their infants. On May 13, 2015, OhioHealth Mothers' Milk Bank celebrated 10 years of nourishing the sickest of babies. To date, the Milk Bank has received donations from 2,000 donor mothers across the nation and has distributed two million ounces of milk to neonatal intensive care units in 84 hospitals in 17 states throughout the U.S. and Canada. Potential donor mothers go through a series of strict guidelines to ensure the safety of the banked human milk. On average, there were approximately 200 active donors per month and about 65 to 70 mothers donate breast milk per month. In conjunction with the Anniversary Open House, a video was created that includes an interview of a mother who was a recipient of donor milk and then later became a donor. The YouTube video can be accessed at youtube.com/watch?v=tk9FzgjYu6s.

During Fiscal Years 2014 and 2015, the OhioHealth Mothers' Milk Bank outcomes data was as follows:

a. **Number of new donors** — 397 women in Fiscal Year 2014 and 440 women in Fiscal Year 2015
b. **Ounces of donor breast milk received** — 359,183 ounces in Fiscal Year 2014 and 438,403 ounces in Fiscal Year 2015
c. **Ounces of pasteurized, donor breast milk distributed to neonatal intensive care units (NICUs) or special care nurseries *in* Franklin County** — 19,493 ounces in Fiscal Year 2014 and 21,977 ounces in Fiscal Year 2015

d. **Ounces of pasteurized, donor breast milk distributed to neonatal intensive care units (NICUs) or special care nurseries *outside* Franklin County** — 197,317 ounces in Fiscal Year 2014 and 232,756 ounces in Fiscal Year 2015
e. **Ounces of pasteurized, donor breast milk to outpatient recipients** — 40,191 ounces in Fiscal Year 2014 and 33,498 ounces in Fiscal Year 2015
f. **Number of families having financial difficulties who received free, pasteurized, donor breast milk and number of infants from these families** — nine recipient families and 11 infants in Fiscal Year 2014; 11 recipient families and 11 infants in Fiscal Year 2015

During Fiscal Year 2015, OhioHealth Mothers' Milk Bank outreach staff gave presentations about the benefits of breastfeeding and milk banking such as (a) presentation at Lucas County Women, Infants and Children (WIC) Breastfeeding Symposium, (b) presentation at Ohio Lactation Consultants Association (OLCA), (c) roundtable discussion at the West Virginia Perinatal Summit meeting, (d) presentation at the Muskingum County Health Department during "Lunch and Learn" series, (e) presentation at OLCA's annual conference, (f) participation in Region IV Perinatal Outreach meeting at Nationwide Children's Hospital (Columbus, Ohio), (g) participation in the Ohio Chronic Disease Prevention Workshop (Columbus, Ohio), (h) outreach education and display table at the Tri-County Breastfeeding Connections conference (Youngstown, Ohio), Ohio Valley Breastfeeding Coalition conference (Wheeling, West Virginia), Region III Perinatal Conference (Perrysburg, Ohio) and "Infants and Beyond" Health Fair and (i) facility tours to Franklin County WIC peer helpers tour, members of OLCA, researchers from Nationwide Children's Hospital and lactation consultants from Fairfield Medical Center. During Fiscal Year 2015, OhioHealth Mothers' Milk Bank outreach events served a total of 360 persons.

During Fiscal Years 2014 and 2015, OhioHealth Mothers' Milk Bank has positively impacted women with high-risk pregnancies by providing (a) high-risk infants with access to pasteurized, donor breast milk, (b) education on the importance of breastfeeding to both the health of babies and mothers, (c) community awareness on the need for donated breast milk and (d) availability of a reliable milk bank in Ohio that is part of the Human Milk Banking Association of North America (2015). OhioHealth Mothers' Milk Bank will continue to increase the number of breast milk donors and enhance efficiency of donor breast milk production in order to meet the demand from hospitals and outpatient clinics.

OhioHealth Riverside Methodist Hospital. Riverside Methodist had 6,175 deliveries during Fiscal Year 2014 and 6,062 deliveries during Fiscal Year 2015. Safe-sleep education was provided to at least 6,175 patients and family members in Fiscal Year 2014 and at least 6,062 patients and family members in Fiscal Year 2015. Breastfeeding education was provided to 5,496 patients and family members in Fiscal Year 2014 and 5,092 patients and family members in Fiscal Year 2015. In general, all women who delivered at Riverside Methodist were provided with patient education related to health promotion of mother and baby, including the importance of breastfeeding and safe sleep procedures.

During Fiscal Year 2014, the average, overall breastfeeding rate was 89 percent while the exclusive breastfeeding rate was 60 percent. There were 7,512 breastfeeding consults, 345 parenting consults, 246 families who participated in breastfeeding support groups and 819 families who participated in parenting support groups. Moreover, 643 persons attended breastfeeding education classes, 1,206 persons attended parenting education classes and 1,574 families availed of the breast pump rental program. A total of 915 nurses and 150 doctors were educated about the "Baby-Friendly Hospital" initiative and the importance of encouraging patients to breastfeed their babies. Riverside Methodist was recognized as a "Baby-Friendly Hospital" during the fall of 2015.

During Fiscal Year 2015, the average, overall breastfeeding rate was 84 percent while the exclusive breastfeeding rate was 63 percent. There were 6,025 breastfeeding consults and 262 families who participated in breastfeeding support groups. Moreover, 680 persons attended breastfeeding education classes and 1,432 families availed of the breast pump rental program. At least 745 nurses and doctors were educated about the "Baby-Friendly Hospital" initiative and the importance of encouraging patients to breastfeed their babies. Nurses and doctors were educated on the following: (a) objectives and process of the "Baby-Friendly Hospital" initiative, (b) "Importance of Breastfeeding" education for patients throughout the prenatal period, (c) hospital and community resources available, (d) "How to Have a Breastfeeding-Friendly Doctor's Office," (d) "How to Promote and Support Breastfeeding for the First Year of Life" and (e) proper expression of breast milk.

Riverside Methodist initiatives for promoting breastfeeding and the "Baby-Friendly Hospital" initiative positively impacted high-risk pregnancy through (a) comprehensive education on pregnancy, health promotion of mother and baby, and breastfeeding, (b) pregnancy guides and journals for high-risk patients, (c) other visual and auditory aides to ensure efficient learning processes, (d) continuing education on the "Baby-Friendly Hospital" initiative and (e) participation in community meetings hosted by Ohio Better Birth Outcomes, Central Ohio Lactation Group and Baby-Friendly USA to promote community awareness on health benefits of breastfeeding.

OhioHealth Grant Medical Center. There were 2,579 deliveries during Fiscal Year 2014 and 2,553 deliveries during Fiscal Year 2015. All women who delivered at Grant during Fiscal Years 2014 and 2015 have been provided with patient education related to health promotion of mother and baby, including the importance of breastfeeding and safe-sleep procedures. Patients are advised to attend a post-discharge class about (a) caring for your new baby, (b) caring for yourself, (c) importance of breastfeeding, (d) guidance on when to call the doctor, (e) safety considerations and (f) information on important telephone numbers. The lactation consultant provides this outreach to patients and their families. A total of 1,277 persons attended the post-discharge class in Fiscal Year 2014 and 1,460 persons attended the class in Fiscal Year 2015.

During Fiscal Year 2014, efforts to promote breastfeeding led to the following: (a) 788 mothers (31 percent of total) were exclusively breastfeeding their infants at discharge, (b) 777 mothers (30 percent of total) were both breastfeeding and formula (bottle) feeding their infants and (c) 840 mothers (33 percent of total) were feeding their infants exclusively with formula milk. The overall breastfeeding rate was 63 percent. No data on breastfeeding practices were available for six percent of the mothers whose babies were transferred to the neonatal intensive care unit. During Fiscal Year 2015, efforts to promote breastfeeding led to 955 mothers (37.4 percent of total) exclusively breastfeeding their infants at discharge.

As means of further increasing breastfeeding at Grant, 56 percent of postpartum staff are either Certified Lactation Counselors (CLC) or International Board-Certified Lactation Consultants (IBCLC). Community outreach efforts to promote breastfeeding include educational programs such as "Pizza and Pregnancy" (started in September 2014) and "Tuesdays for Two." During "Pizza and Pregnancy," a lactation counselor and lactation consultant provide education to patients, families and caregivers on preventing infant mortality, promoting healthy lifestyles and the importance of breastfeeding. During Fiscal Year 2015, eight sessions of "Pizza and Pregnancy" were held and 26 persons participated. "Tuesdays for Two" is a lactation support group for patients and families that are facilitated by lactation consultants. There were 55 participants in Fiscal Year 2014 and 70 participants in Fiscal Year 2015.

OhioHealth Doctors Hospital. There were 952 deliveries during Fiscal Year 2014 and 993 deliveries during Fiscal Year 2015. All women who delivered at Doctors Hospital were educated with safe-sleep procedures. A total of 440 women in Fiscal Year 2014 and 953 women in Fiscal Year 2015 received breastfeeding education.

During Fiscal Year 2014, efforts to promote breastfeeding at Doctors Hospital led to the following: (a) 248 mothers (26 percent of total) were exclusively breastfeeding their infants at discharge, (b) 295 mothers (31 percent of total) were both breastfeeding and formula (bottle) feeding their infants and (c) 267 mothers (28 percent of total) were feeding their infants exclusively with formula milk. As part of the "Baby-Friendly Hospital" initiative, 45 nurses and doctors were educated about the "10 Steps of Successful Breastfeeding." including hand expression, skin-to-skin, rooming-in and cue-based feeding. Doctors Hospital achieved a 100 percent breastfeeding education rate for nurses and 92 percent for obstetric physicians.

During Fiscal Year 2015, efforts to promote breastfeeding at Doctors Hospital led to the following: (a) 288 mothers (29 percent of total) were exclusively breastfeeding their infants at discharge, (b) 367 mothers (37 percent of total) were both breastfeeding and formula (bottle) feeding their infants and (c) 228 mothers (23 percent of total) were feeding their infants exclusively with formula milk. As part of the "Baby-Friendly Hospital" initiative, 11 nurses and doctors were educated on evidence-based practices to support breastfeeding, including hand expression, skin-to-skin, rooming-in and cue-based feeding. Similar to Fiscal Year 2014, Doctors Hospital educated all nurses and 99 percent of obstetric and pediatric physicians.

During Fiscal Years 2014 and 2015, Doctors Hospital community outreach activities address the health need of high-risk pregnancy, including:

a. Doctors Hospital staff gave a poster presentation entitled "Baby Friendly ... One Step at a Time" during the Ohio Department of Health Infant Mortality Summit held in Columbus, Ohio in December 2014 and Ohio Lactation Consultant Association's 23rd Annual Breastfest Conference in Columbus, Ohio in February 2015.
b. Doctors Hospital staff gave a poster presentation entitled "Doctors Hospital's Journey to Baby-Friendly Designation with The Best-Fed Beginnings Collaborative" during the Association of Women's Health, Obstetric and Neonatal Nurses Conference in Columbus, Ohio in September 2014 and OhioHealth Focusing on Excellence in Columbus, Ohio in May 2014.
c. Doctors Hospital staff participated in the Hispanic Coalition Health Fair "Feria de Salud Gratuit Celebrando El Mes de Salud de las Minorias" in La Plaza Tapatia in Columbus, Ohio in April 2014.
d. Doctors Hospital hosted Somali speakers who spoke on "Working with Clients from the Somali Community: From Alienation to Acceptance" during Doctors Hospital Obstetrics Education Day held in September 2014.
e. Doctors Hospital is a member of the Ohio Better Birth Outcomes Subcommittee on Breastfeeding.
f. Doctors Hospital, in collaboration with other OhioHealth entities, created a new prenatal education book "A Guide to Managing your Pregnancy," an evidence-based, prenatal curriculum for use by prenatal clinics throughout the OhioHealth system.

OhioHealth Dublin Methodist Hospital. Dublin Methodist had 1,991 deliveries during Fiscal Year 2014 and 2,216 deliveries during Fiscal Year 2015. Education on breastfeeding and safe-sleep procedures was provided to at least 2,044 persons in Fiscal Year 2014 and at least 2,216 persons in Fiscal Year 2015.

Dublin Methodist's women and newborn services provides comprehensive inpatient education to the mother, father of the baby and other support persons regarding the importance of breastfeeding, ABCs of Safe Sleep (Alone, Back, Crib), health and nutrition, and overall infant safety. The parents are contacted after hospital discharge to obtain feedback about their stay at the hospital and their experience with community referrals (if applicable). In Fiscal Year 2014, the overall breastfeeding rate was 91 percent while the exclusive breastfeeding rate was 50 percent.

In Fiscal Year 2015, the overall breastfeeding rate was 91 percent while the exclusive breastfeeding rate was 57 percent. Childbirth education classes, including basics of breastfeeding, were provided to 402 patients in Fiscal Year 2014 and 633 patients in Fiscal Year 2015. Lactation nurses provided free education and teaching to 165 persons through Dublin Methodist's "Breastfeeding Warmline" during Fiscal Year 2014 and 187 persons during Fiscal Year 2015. Dublin Methodist is a pivotal point in education to the community by decreasing the next, high-risk pregnancy though our inpatient education prior to discharge. Dublin Methodist follows up with patients to assess their experience at the hospital. Patient feedback is used to identify areas for improvement. The nurses at Dublin Methodist have educated all parents on safe-sleep practices and breastfeeding as part of standard patient education.

Other OhioHealth system-wide initiatives. OhioHealth hospitals are involved in initiatives led by the Ohio Department of Health and Ohio Hospital Association, including (a) "Ohio First Steps for Healthy Babies" and (b) "Infant Safe Sleep Education and Practice." "Ohio First Steps for Healthy Babies" is a collaboration between Ohio Department of Health and Ohio Hospital Association to encourage hospitals to "promote, protect and support breastfeeding" **(80)**. The "Infant Safe Sleep Education and Practice" is focused on teaching parents and families the importance of following safe sleep recommendations **(83)**.

7.2. Community resources available to address "High-Risk Pregnancy"

Community resources in Franklin County that address high-risk pregnancy include: (a) Columbus Public Health Home Visiting for Pregnant Women, Mothers and Babies, (b) Columbus Public Health Women's Health and Family Planning Center, (c) PrimaryOne Health (includes neighborhood health centers such as Columbus West Family Health, St. Stephens, East Central, Great Southern, Northeast, John P. Maloney, Maryhaven and Syntero/Dublin), (d) Nationwide Children's Primary Care Centers, (e) Heart of Ohio Family Health Centers (includes Capital Park Family Health Center and Whitehall Family Health Center), (f) Lower Lights Christian Health Center and (g) Franklin County Women, Infants and Children (WIC) **(24)**.

Need #8: Unintentional Injuries

8.1. Impact of action to address the health need

8.1.1. Continue the John J. Gerlach Center for Senior Health's programs on preventing elderly fraud and abuse and neglect as well as promoting safety

The program aims to educate and provide community resources to seniors and their caregivers about monitoring and preventing elder fraud, physical and financial abuse as well as neglect that could potentially lead to unintentional injuries. The program assesses: (a) seniors for abuse and neglect and (b) safety issues while providing education and community resources in order to (a) reduce or prevent unintentional injuries, such as falls, wandering in the community, and (b) promote safety among the elderly.

During Fiscal Years 2014 and 2015, the Gerlach Center had the following impacts:

a. **Number of seniors assessed for abuse and neglect** — 2,014 seniors in Fiscal Year 2014 and 1,656 seniors in Fiscal Year 2015
b. **Number of seniors referred to Adult Protective Services due to suspected senior abuse, neglect or self-neglect** — 46 seniors in Fiscal Year 2014 and 17 seniors in Fiscal Year 2015
c. **Number of contacts/interactions on safety-related education, counseling or advice provided to seniors and caregivers** — 4,822 contacts/interactions in Fiscal Year 2014 and 4,636 contacts or interactions in Fiscal Year 2015
d. **Number of seniors/caregivers referred to community resources for safety-related information**— 981 referrals in Fiscal Year 2014 and 789 referrals in Fiscal Year 2015
e. **Number of seniors and caregivers who attended educational presentations about understanding and avoiding fraud and other financial scams** — 44 seniors and caregivers during Fiscal Year 2014 and 21 seniors and caregivers during Fiscal Year 2015
f. **Number of seniors who attended a four-hour defensive driving/safety course** — 25 seniors in Fiscal Year 2014 and 21 seniors in Fiscal Year 2015
g. **Number of seniors who received a personalized "CarFit" assessment, which enables senior drivers to identify the ideal vehicle "fit" for maximum comfort and safety (1)** — 10 seniors in Fiscal Year 2014 and 21 seniors in Fiscal Year 2015
h. **Number of seniors who attended at least one of the sessions in "A Matter of Balance" or "Stepping On"** — 48 seniors in Fiscal Year 2014 and 42 seniors in Fiscal Year 2015
i. **Number of seniors who attended all the sessions of either "A Matter of Balance" or "Stepping On" (four sessions per year)** — 30 seniors in Fiscal Year 2014 and 32 seniors in Fiscal Year 2015
j. **Number of seniors who attended "A Matter of Balance" or "Stepping On" who reported increased comfort from increasing activity levels** — 24 seniors in Fiscal Year 2014 and 34 seniors in Fiscal Year 2015
k. **Number of seniors who reported that they felt comfortable talking with others about fear of falling** — 23 seniors in Fiscal Year 2014 and 26 seniors in Fiscal Year 2015
l. **Number of seniors who made recommended changes in their environment after participation in "A Matter of Balance" or "Stepping On"** — 21 seniors in Fiscal Year 2014 and 23 seniors in Fiscal Year 2015
m. **Number of seniors who made positive changes to promote mobility and balance after attending "A Matter of Balance" or "Stepping On"** — 22 seniors in Fiscal Year 2014 and 30 seniors in Fiscal Year 2015
n. **Number of seniors who plan to continue exercising after participation in "A Matter of Balance" or "Stepping On"** — 43 seniors in Fiscal Year 2014 and 35 seniors in Fiscal Year 2015
o. **Number of seniors who reported that they will recommend "A Matter of Balance" or "Stepping On" to family and friends** — 40 seniors in Fiscal Year 2014 and 32 seniors in Fiscal Year 2015

8.1.2. Continue offering OhioHealth Neighborhood Care "baseline concussion testing" for athletes
Baseline concussion testing is a gold standard in establishing a pre-assessment measure and is used to determine possible neurocognitive impairments after a concussion. It is a useful tool for making decisions regarding extent of injury and an athlete's return to school or play. The outreach education component of the program enables parents and families to become aware of sports safety, risks for concussion, assessment, diagnosis and treatment. OhioHealth provides baseline concussion testing to athletes in partner schools to (a) assess an athlete's balance and brain function (learning and memory skills, ability to pay attention or focus and speed in problem solving), (b) presence of concussion symptoms, (c) screening for long- and short-term memory as well as processing speed and reaction time and (d) use as a basis to identify the effects of injury to an athlete who is suspected of a concussion and to decide an athlete's return to school or play.

During Fiscal Years 2014 and 2015, OhioHealth Sports Medicine provided baseline concussion testing to 1,064 students during Fiscal Year 2014 and 3,483 students during Fiscal Year 2015. OhioHealth athletic trainers spent at least 88 hours during Fiscal Year 2014 and 660 hours during Fiscal Year 2015 to implement baseline concussion testing in various schools, colleges, universities and community-based organizations. Baseline concussion testing was provided to students from 32 high schools from five central Ohio counties: Franklin, Delaware, Fairfield, Licking and Marion. In Franklin County, OhioHealth provided baseline concussion testing to students from Bishop Watterson High School, Central Crossing High School, Gahanna Lincoln High School, Greater Columbus High School, Hilliard Bradley High School, Hilliard Darby High School, Hilliard Davidson High School, Madison Christian High School, Thomas Worthington High School, Tree of Life High School, Upper Arlington High School, Westerville Central High School, Westerville North High School, Westerville South High School, Worthington Christian High School and Worthington Kilbourne High School. Baseline concussion testing was provided to college students from Ohio Wesleyan University, Otterbein University and Kenyon College as well as young and adult athletes from Columbus Crew Juniors, Integrity Gymnastics, Marathoners in Training, SP Soccer Academy and Greater Columbus High School Club Hockey League.

The IMPACT testing ($5 to $15 each) is a way that injuries are being monitored. By offering and establishing a baseline in advance, physicians and athletic trainers are able to use this as a tool to evaluate and safely return an athlete to participation by comparing pre-concussion results to post-concussion results. This is a service that several of our competitors are charging for whereas OhioHealth offers it for free to schools and youth groups in Franklin County. Most students would not take this baseline concussion test due to cost.

8.1.3. Continue providing access to certified athletic trainers in schools, free cardiopulmonary resuscitation and Pupil Activity Permit (PAP) training for coaches and free sports physicals through OhioHealth Sports Medicine
A total of 19 athletic trainers (Fiscal Year 2014) and 28 athletic trainers (Fiscal Year 2015) provided 514 hours of community education during booster group gatherings, coaches meetings, parent meetings, classroom sessions, youth sport organization meetings, officials association meetings, health fairs and other community events. Topics provided during community education or classroom lectures include concussions, importance of hydration, injury prevention, managing injuries, nutrition, policies and procedures, Ohio law regulations and weight assessments. Community education provided by athletic trainers served 3,851 persons in Fiscal Year 2014 and 10,619 persons in Fiscal Year 2015.

During Fiscal Years 2014 and 2015, 47 OhioHealth professionals and licensed athletic trainers (21 persons in Fiscal Year 2014 and 26 persons in Fiscal Year 2015) supervised and educated 67 student athletic trainers (37 persons in Fiscal Year 2014 and 30 persons in Fiscal Year 2015) for a total of 16,624 hours (8,097 hours in Fiscal Year 2014 and 8,527 hours in Fiscal Year 2015).

OhioHealth provided free or discounted cardiopulmonary resuscitation (CPR) and Pupil Activity Permit (PAP) training to coaches and administrative staff of at least 30 high schools located in five central Ohio counties — Franklin, Delaware, Fairfield, Licking and Marion. OhioHealth provided free or discounted CPR and PAP permit trainings to coaches and administrative staff of Ohio Wesleyan University and Marathoners in Training. During Fiscal Years

2014 and 2015, 2,397 coaches and administrative staff availed of CPR and PAP training (1,216 persons in Fiscal Year 2014 and 1,181 persons in Fiscal Year 2015). The schools and community organizations served by OhioHealth Sports Medicine's CPR and PAP programs include: Berne Union High School, Bishop Watterson High School, Bloom Carroll High School, Buckeye Valley High School, Central Crossing High School, Elgin High School, Fairfield Union High School, Gahanna Lincoln High School, Greater Columbus High School, Harvest Preparatory High School, Hilliard Bradley High School, Hilliard Darby High School, Hilliard Davidson High School, Licking Heights High School, Madison Christian High School, Marion Harding High School, Millersport High School, Newark High School, Northridge High School, Olentangy High School, Olentangy Liberty High School, Olentangy Orange High School, Pickerington Central High School, Pickerington North High School, Thomas Worthington High School, Tree of Life High School, Upper Arlington High School, Westerville Central High School, Westerville North High School, Westerville South High School, William V. Fisher Catholic High School, Worthington Christian High School and Worthington Kilbourne High School as well as coaches from Kenyon College, Ohio Wesleyan University, Otterbein University, Columbus Crew Juniors, Marathoners in Training, Westerville City Schools, South-Western City Schools, Worthington Schools and SP Soccer Academy.

During Fiscal Years 2014 and 2015, free sports physicals were provided to 7,373 high school students (3,245 students in Fiscal Year 2014 and 4,128 students in Fiscal Year 2015) from several high schools and community organizations in central Ohio. Free sports physicals were provided to students from Athens City Schools, Berne Union High School, Bloom Carroll High School, Buckeye Valley High School, Dublin City Schools, Elgin High School, Fisher Catholic High School, Harvest Preparatory School, Hayes High School, Hilliard City Schools, Liberty Union High School, Licking Heights High School, Marion Harding High School, Newark City Schools, Olentangy Local Schools, Pickerington City Schools, South-Western City Schools, Westerville City Schools, Whetstone High School and Worthington City Schools.

OhioHealth Wellness on Wheels, in collaboration with the Grant Family Practice Residency Program, provided free sports physicals to middle school and high school students from Columbus City Schools during September, February and May of Fiscal Years 2014 and 2015. In Fiscal Year 2014, free sports physicals were provided to 233 students from 14 schools. In Fiscal Year 2015, free sports physicals were provided to 225 students from 17 schools. During the two-year period, 13 students were not cleared due to injury, preexisting medical conditions, heart conditions and/or elevated blood pressures.

OhioHealth Sports Medicine greatly impact the financial burden on a lot of school districts as well as the parents. Sports physicals (normally a $45 co-pay at their physician office) offered do not replace the primary care physician but instead reach the population of student athletes that may not be able to make a timely appointment or may not even have a family physician. The health level of the athlete is assessed and includes identifying precursors to injuries ranging from cardiac issues to joint abnormalities. CPR and PAP courses are offered — as required — to school districts and as Ohio Department of Education training for coaches, parents and athletic directors. These people are supervising and leading hundreds of athletes and need to be prepared in the case of an emergency or, better yet, be able to recognize signs and symptoms before further injury or illness occurs. Parent, booster and club team sessions are offered as an educational tool to discuss topics such as nutrition, concussions, management, organization and care of injuries as well as the career path for young professionals. The purpose is to teach those groups to be better aware of how to care for their health and know standard changes as well as district and Ohio High School Athletic Association policies to keep athletes safe.

8.2. Community resources available to address "Unintentional Injuries"

Community resources in Franklin County that address unintentional injuries for seniors include: (a) Franklin County Office on Aging (Senior Options, Adult Protective Services), (b) Attorney General's Office, State of Ohio, Consumer Protection Section and (c) Ohio Department of Aging Golden Buckeye Program **(43)**. Community resources in Franklin County that address unintentional injuries among women, infants, children and families include: (a) The Safe Kids Central Ohio Coalition (prevents unintentional injuries to children ages 0 to 14) and (b) Columbus Public Health's programs such as "Injury Prevention," "Healthy Homes," "Healthy Neighborhoods," "Healthy Places," "Healthy Schools" and "Safe Communities" **(24)**.

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GRADY MEMORIAL HOSPITAL + DUBLIN METHODIST HOSPITAL + HARDIN MEMORIAL HOSPITAL
MARION GENERAL HOSPITAL + REHABILITATION HOSPITAL + O'BLENESS HOSPITAL + MANSFIELD HOSPITAL
SHELBY HOSPITAL + WESTERVILLE MEDICAL CAMPUS + HEALTH AND SURGERY CENTERS + PRIMARY AND SPECIALTY CARE
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