2023 Diley Ridge Community Health Needs Assessment: Overview of Health

DILEY RIDGE MEDICAL CENTER

MOUNT CARMEL

Fairfield Medical Center

Lorraine Lutton
President and CEO
Mount Carmel Health System

Stacey Collins
Administrator and CNO
Diley Ridge Medical Center

7911 Diley Road, Canal Winchester, Ohio 43110

An affiliation of Mount Carmel and Fairfield Medical Center, Diley Ridge Medical Center is a state-of-the-art medical complex that includes emergency, inpatient and diagnostic services as well as an attached medical office building. Located in Canal Winchester, the center serves patients throughout northern Fairfield County, including the communities of Pickerington, Groveport, Canal Winchester, Carroll, Baltimore, and Violet Township, as well as patients residing in Franklin County.

The 35,000-square-foot medical center is the centerpiece of the property. In addition to a full-service, 24-hour ER, the center has 10 inpatient beds, a full clinical laboratory, state-of-the-art imaging center and women's health services that include mammography and bone density.

The nearly 50,000-square-foot medical office building is home to both primary care and specialty physicians and is seamlessly integrated and connected to the medical center by an enclosed walkway. The building also includes a Nationwide Children's Hospital Close to Home Center, providing pediatric urgent care, laboratory, and radiology services.

Mission | To provide healthcare the way it should be!

Vision | To advance our community through convenient, full service health care supported by the strengths of Mount Carmel Health System and Fairfield Medical Center.

Values | Patient Focused
Mutual Respect
Professionalism

As one of the integrated health systems in central Ohio, Mount Carmel Health System provides people-centered care at Diley Ridge Medical Center (Diley Ridge), located in Fairfield County and four hospitals located in Franklin County: Mount Carmel East, Mount Carmel Grove City, Mount Carmel St. Ann's, and Mount Carmel New Albany.

To understand the health needs facing many of patients receiving care at Diley Ridge Medical Center, it is important to assess the needs of the communities where our patients reside. 54% of patients seeking care at Diley Ridge Medical Center reside in Franklin County with Fairfield County being the second highest residential county for Diley Ridge patients. For this reason, Fairfield and Franklin Counties were selected as the communities served for purposes of this community health needs assessment (CHNA).

The 2023 Community Health Needs Assessment for Diley Ridge Medical Center is a compilation of the two counties where most patients seen at Diley Ridge reside: Franklin and Fairfield. Diley Ridge, through Mount Carmel Health System, had representation as a steering committee member for the Franklin County Community Health Needs Assessment, *Franklin County HealthMap2022: Navigating Our Way to a Healthier Community Together,* which can be found at mountcarmelhealth.com. Diley Ridge, through Mount Carmel Health System, was part of the collaboration to develop the *Fairfield County 2022 Community Health Status Assessment,* which is accessible by visiting www.myfdh.org, mountcarmelhealth.com, and dileyridgemedicalcenter.com. Together, these reports provide a full community health needs assessment of the communities served at Diley Ridge Medical Center.

The most recent priority health needs and their specific health indicators for Franklin County can be found on page 14 of the *Franklin County HealthMap2022: Navigating Our Way to a Healthier Community Together*. The most recent priority health needs for Fairfield County can be found on page 31 and 32 in the *2022 Fairfield County Community Health Status Assessment.*

With input from several community stakeholders, taking consideration of the priority health needs for Franklin County and Fairfield County, the 2023 Priority Health needs for Diley Ridge Medical Center are:

1. Behavioral Health
2. Substance Use Treatment
3. Basic Needs, including Transportation Access
4. Community Outreach
5. Racial Equity
6. Maternal-Infant Health

Diley Ridge released a CHNA in June 2022 and an Implementation Strategy in November 2022, following the timeline of previous CHNAs and other hospitals of Mount Carmel Health System. This was done with the intention of resetting the timeline for Diley Ridge's CHNA in 2023 to include the CHNA developed through the collaborative effort coordinated by Fairfield County Department of Health and the CHNA created by Steering Committee for Franklin County. This CHNA for Diley Ridge is comprised of *Franklin County HealthMap2022: Navigating Our Way to a Healthier Community Together* and *Fairfield County 2022 Community Health Assessment*.

To include CHNAs created by larger collaboratives and steering committees ensures the organizations within the communities using the same CHNA are united when presenting and addressing the priority health needs of those they serve. This is the goal of Diley Ridge, therefore, the next CHNA for Diley Ridge will be released June 2026, separate from the other Mount Carmel hospitals located in Franklin County, which will be released in June 2025.

This Community Health Needs Assessment (CHNA) was adopted in tax year 2022. The 2023 Diley Ridge Medical Center's Health Needs Assessment was accepted and approved by the Diley Ridge Medical Center Board of Trustees on May 17, 2023.

This report was made available online at mountcarmelhealth.com and dileyridgemedicalcenter.com on June 15, 2023. To request free printed copies or to have questions/comments addressed, please email communitybenefit@mchs.com.

FY23 DILEY RIDGE MEDICAL CENTER COMMUNITY HEALTH NEEDS IMPACT REPORT

The 2022 Diley Ridge Community Health Needs Assessment and the FY23 Implementation Plan for Diley Ridge Medical Center are available at mountcarmelhealth.com and dileyridgemedicalcenter.com. Diley Ridge Medical Center did not receive written comments or questions regarding these reports, which were solicited by providing on the prior reports and email address where comments could be submitted.

Diley Ridge Medical Center, as part of the 2022 Overview of Health for Fairfield County and the *Franklin County HealthMap2022: Navigating Our Way to a Healthier Community Together*, worked collaboratively to develop and prioritize health indicators as listed:

1. Basic Needs
2. Racial Equity
3. Behavioral Health
4. Maternal-Infant Health
5. Obesity

As outlined in the FY23 Diley Ridge Medical Center Implementation Plan, the prioritized health needs addressed by Diley Ridge was behavioral health. Diley Ridge did not formally address basic needs, racial equity, maternal-infant health, and obesity. Please refer to page 4 of the *2022 Diley Ridge Medical Center Implementation Strategy* for information about the priority health needs addressed by various and community partnerships. Maternal-infant health service lines are not offered at Diley Ridge Medical Center.

Below are the descriptions, goals, and impact made by Diley Ridge Medical Center to address these needs in our community during the fiscal year (July—June) 2023 as of the respective dates listed.

BEHAVIORAL HEALTH

DESCRIPTION OF NEED:

- People who could benefit from mental health care may not recognize they need it or be willing to accept they have an issue.
- Community members felt it was common to use alcohol to combat mental issues, and some people may use it in place of medical attention they cannot afford.
- In Fairfield County, the intentional self-harm rate (suicide) was 24.8 per 100,000 in 2020.
- Nearly 3% of all deaths in Fairfield County were caused by overdose in 2020. That same year, Naloxone was administered 502 times by Emergency Medical Services and 517 times in 2021.

GOALS:

1. Increase number of individuals screened for behavioral health care needs to 90% of patients presenting at DRMC by the end of FY23.

2. Increase number of patients screened with moderate and high responses to the Columbia Suicide Scale screening who are referred to interventions to 75% by end of FY23.
3. Increase awareness, education, and access to Naloxone kits for community members by 5% by end of FY23 to decrease opiate death rates in central Ohio.

IMPACT:

Individuals who received care at DRMC between July 1, 2022, and May 5, 2023, were screened for behavioral health needs. Out of those individuals with moderate and high responses to the Columbia Suicide Scale screening, 100% of patients were referred for intervention.

In efforts to decrease opiate death rates in central Ohio, the goal to increase awareness, education, and access to Naloxone kits for 570 community members was set. As of January 2023, 203 individuals received this education.

Diley Ridge Medical Center was the only hospital within Mount Carmel Health System to address Behavioral Health.

REFERENCES

2022 Diley Ridge Medical Center Community Health Needs Assessment (Overview of Health 2022) https://www.mountcarmelhealth.com/assets/documents/community-benefit/2022-chna-drmc-final.pdf

2022 Mount Carmel East Community Health Needs Assessment. https://www.mountcarmelhealth.com/assets/documents/community-benefit/2022-chna-mce-final.pdf

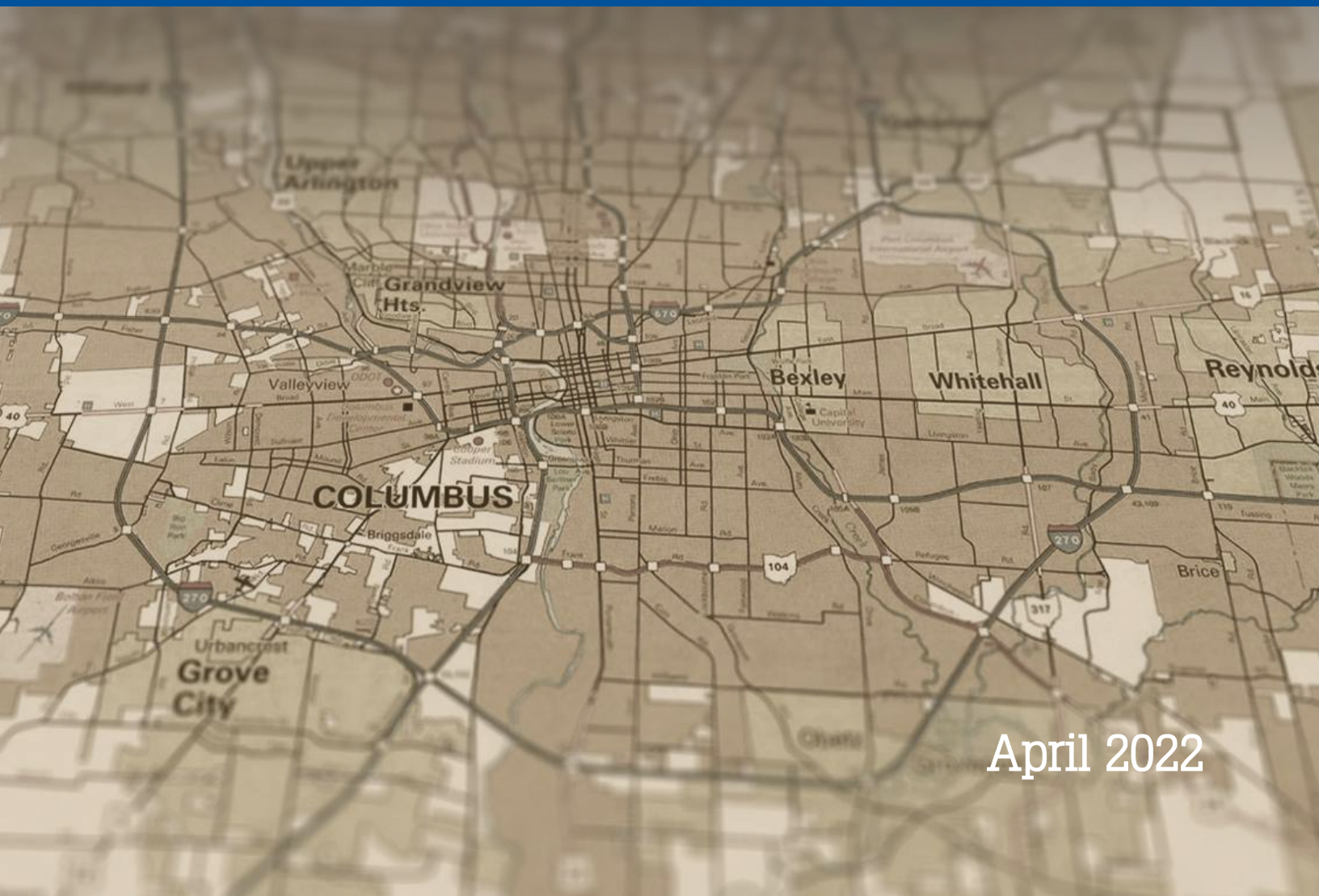
To understand the health needs of patients utilizing services at Diley Ridge Medical Center, the health needs of Fairfield County, where Diley Ridge Medical Center is located, along with the health needs of Franklin County, where 54% of patients seen at Diley Ridge Medical Center reside are included in this report.

Mount Carmel Health System had representation as a steering committee member conducting the Franklin County Community Health Needs Assessment, *Franklin County HealthMap2022: Navigating Our Way to a Healthier Community Together*. To view the Community Health Needs Assessment completed by Franklin County, *Franklin County HealthMap2022: Navigating Our Way to a Healthier Community Together* visit https://centralohiohospitals.org/. Mount Carmel Health System was one of the organizations providing input in the development of the *Fairfield County 2022 Community Health Assessment*. To view the Health Needs Assessment led by Fairfield County Health Department visit www.myfdh.org. Together, these reports provide a full community health needs assessment of communities served by at Diley Ridge Medical Center.

Franklin County

HealthMap2022

Navigating Our Way to a Healthier Community Together



April 2022

About *Franklin County HealthMap2022*

The Franklin County Community Health Needs Assessment Steering Committee is pleased to provide residents of central Ohio with a comprehensive overview of our community's health status and needs via *Franklin County HealthMap2022*.

Franklin County HealthMap2022 is the result of a broad collaborative effort coordinated by the Central Ohio Hospital Council (COHC), Columbus Public Health (CPH), and Franklin County Public Health (FCPH). The intent of this effort is to help health departments, hospitals, social service agencies, other organizations, and community stakeholders better understand the health needs and priorities of Franklin County residents.

As part of its mission, COHC serves as the forum for community hospitals to collaborate with each other and with other community stakeholders to improve the quality, value, and accessibility of health care in the central Ohio region. Although COHC's member hospitals have service areas that extend across central Ohio, for the purposes of this report, the local geographic focus area is Franklin County. CPH serves the residents of the City of Columbus and the City of Worthington, and FCPH serves the residents of all other cities, towns, and villages in Franklin County.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, and other health issues can help direct community resources to where they will have the biggest impact. To that end, central Ohio's hospitals and health departments will begin using the data reported in *Franklin County HealthMap2022*, in collaboration with other organizations, to inform the development and implementation of strategic plans to meet the community's health needs. Consistent with federal requirements, *Franklin County HealthMap2022* will be updated in three years.

The Franklin County Community Health Needs Assessment Steering Committee hopes *Franklin County HealthMap2022* serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

Franklin County HealthMap2022's Process

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

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

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

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

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

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

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

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

(2) Collect and Analyze Secondary Data. Quantitative secondary data for health indicators came from national sources (e.g., U.S. Census, Centers for Disease Control and Prevention's Behavior Risk Factor Surveillance System), state sources (e.g., Ohio Department of Health's Data Warehouse, Ohio Hospital Association, Ohio Medicaid Assessment Survey), and local sources (e.g., Central Ohio Trauma System). Rates and/or percentages were calculated when necessary. In some instances, comparable state and/or national data were unavailable at the

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

time of report preparation and, accordingly, are not included in this report. All data sources are identified in a reference list following each section of the report.

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

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

To ensure community stakeholders can use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in *Franklin County HealthMap2022*, quantitative secondary data must have been collected or published in 2016 or later.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How To Read This Report

Franklin County HealthMap2022 is organized into multiple, distinct sections. Each section begins with a sentence that briefly describes the section and is then followed by "call-out boxes" that highlight and summarize the key findings of the data compilation and analysis, from the researchers' perspectives.

For some indicators, the related U.S. Department of Health and Human Services *Healthy People 2030* goals are included with Franklin County's status indicated by a ✓ icon if the goal is met and an ✗ icon if the goal hasn't been met.

Each section includes several tables, designed to allow the reader to easily compare the most recent Franklin County data to historical Franklin County data, as well as state and national data. Most tables include the column headers Franklin County, Ohio, and the United States. Within the Franklin County header, there are three columns, labeled HM2016, HM2019, and HM2022. HM2022 references the most recent data presented in *HealthMap2022*. HM2019 references *HealthMap2019* or relevant historical data, and HM2016 references *HealthMap2016* or relevant historical data. Throughout this report, a hyphen (-) is used within tables when data were not presented previously or are not accessible.

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

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

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

The Community Health Needs Assessment Steering Committee

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

ADAMH Board (Mental Health)
Jonathan Thomas

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

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

Central Ohio Trauma System (Hospital/Medical)
Sherri Kovach

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

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

Educational Service Center (Education)
Dan Good

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

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

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

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

Human Services Chamber (Social Services)
Michael Corey

Life Expectancy Taskforce (Senior Community)
Orvell Johns

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

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

Mount Carmel Health System (Hospital/Medical)
Candice Coleman

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

Ohio Asian American Health Coalition (Minority Populations)
Cora Munoz

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

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

Ohio Hispanic Coalition (Minority Populations)
Lilleana Cavanaugh

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

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

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

Veteran's Service Commission (Veterans)
Robert Bramlish

Workforce Development Board (Workforce Development)
Stephanie Robinson

Input from all required sources was obtained for this report.

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

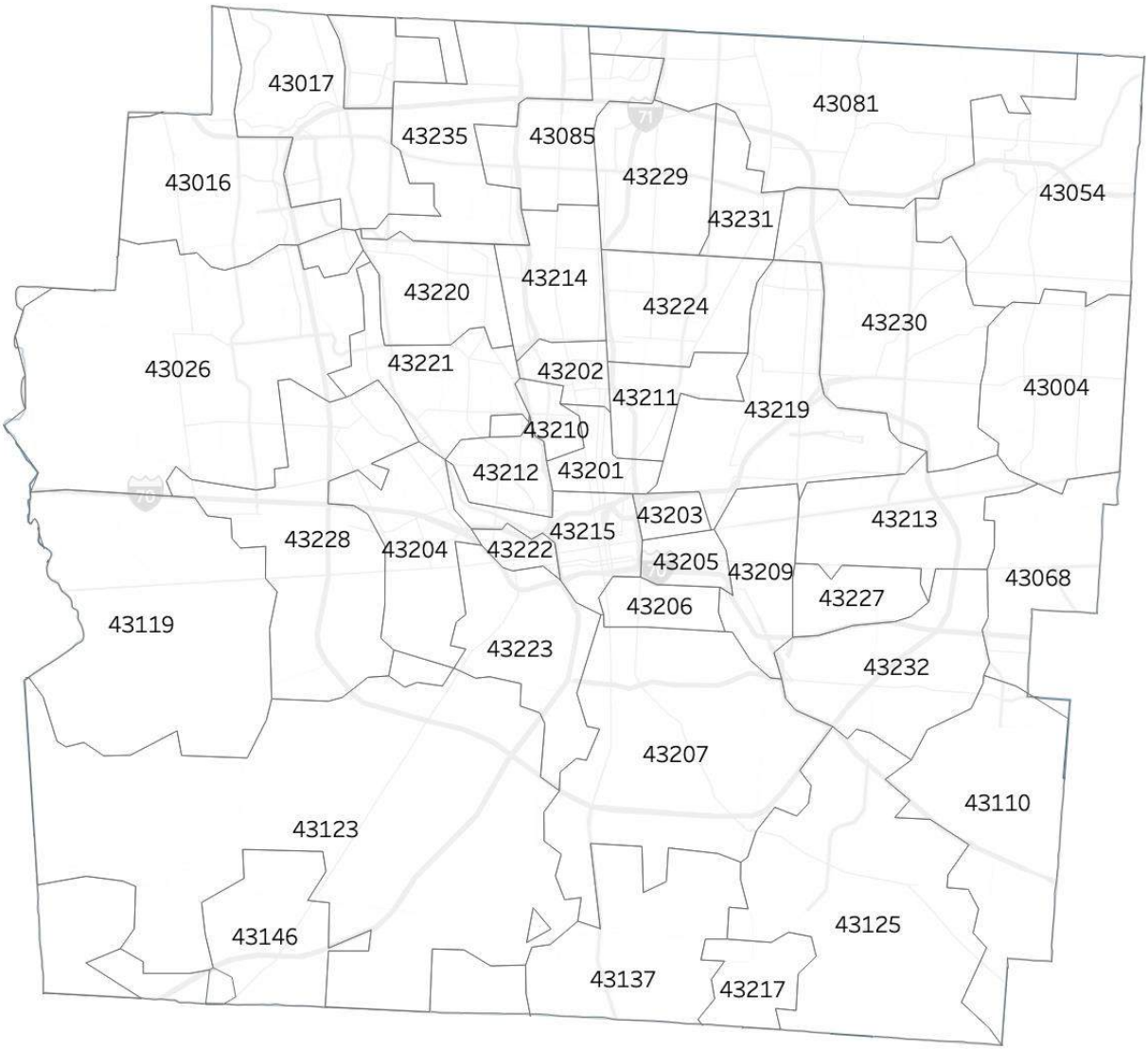
Illuminology – located at 5258 Bethel Reed Park, Columbus, OH 43220. Illuminology, represented by Orie V. Kristel, Ph.D., led the process for locating health status indicator data, for designing and moderating the focus groups, and for creating the summary report. Dr. Kristel is Illuminology's principal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

Center for Public Health Practice – located within the College of Public Health at The Ohio State University, 1841 Neil Avenue, Columbus, OH 43210. The Center, represented by Kelly Bragg, MPH, provided data collection support. The Center was also represented on the Steering Committee. Center staff combine for over 40 years of experience in local, state, and academic public health and routinely provide health needs assessment services.

Bricker & Eckler LLP/Quality Management Consulting Group – located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler LLP, provided overall guidance in ensuring that the conduct of the CHNA was compliant with the Internal Revenue Service regulations. Jim Flynn is a managing partner with Bricker & Eckler LLP and has 31 years of practice experience related to health planning matters, certificate of need, non-profit and tax-exempt health care providers, and federal and state regulatory issues. Christine Kenney has over 42 years of experience in health care planning and policy development, federal and state regulations, certificate of need, and assessment of community need.

Franklin County's Zip Codes

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



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Vision of a Healthy Franklin County

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

Community Voices on Making a Healthy Community

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Important Health Issues

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

Community Voices on Important Health Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

Additional health issues mentioned by community members include:

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

Priority Health Needs

This section lists the prioritized health needs of Franklin County.

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

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

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

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

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

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

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

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

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

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

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three priority health topics (or, general areas of focus) that communities should consider when planning to improve the population's health. These three priority health topics include mental health and addiction, chronic disease, and maternal and infant health, as shown below. For each of these priority health topics, Ohio's 2020-2022 SHIP also identified specific priority health outcomes, which are listed in the table below. Overall, there is a good alignment between the prioritized health needs identified by *HealthMap2022* and Ohio's 2020-2022 SHIP.

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

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

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

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

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

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

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

Franklin County Residents[1]

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

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

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

Franklin County Households[1]

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

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

References

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

Social Determinants of Health

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

Key Findings

Health Care Access

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

Income & Poverty

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

Education

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

Social & Community Context

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

Health Care Access Indicators

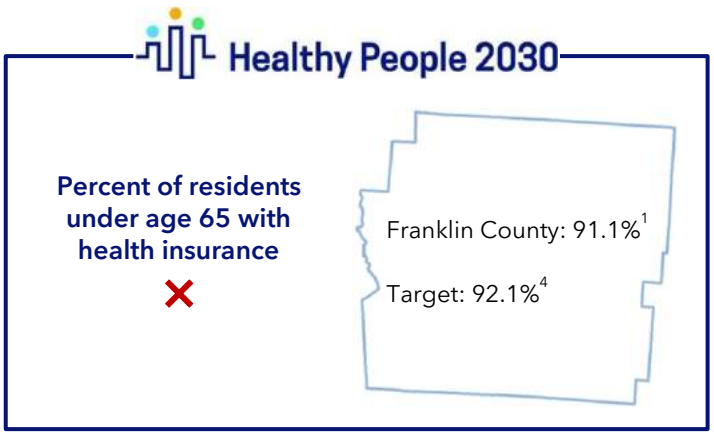
This section describes indicators of a population's access to health care: health insurance status, as well as accounts of other factors impeding access according to community members.

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

Individuals With Health Insurance

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

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



Community Voices on Health Care Costs

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

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

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

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

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

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

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

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

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

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

OTHER SOCIAL DETERMINANTS IMPACTING HEALTH CARE UTILIZATION

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

Community Voices on General Health Care Utilization

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Community Voices on Mental Health Care Utilization

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

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

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

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

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

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

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

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

Income/Poverty Indicators

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

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

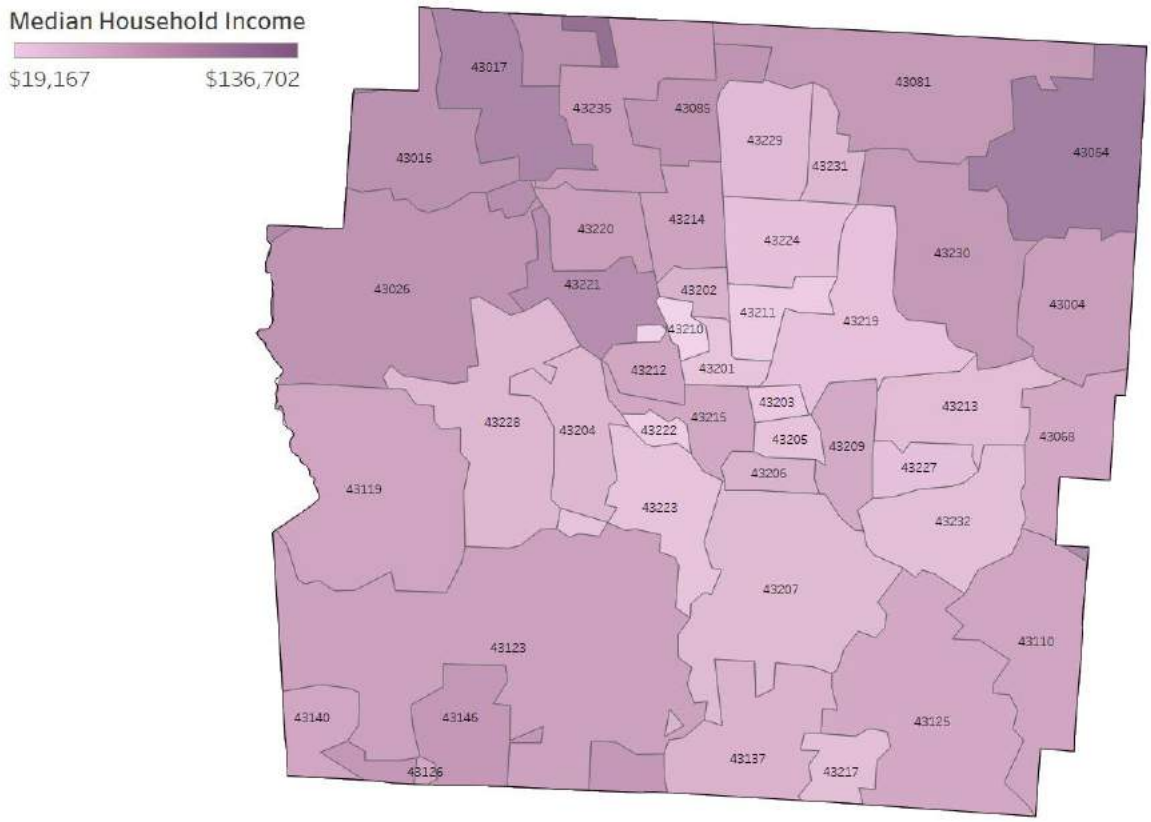
Income and Poverty

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

FPL=Federal Poverty Level

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

Lowest Median Household Income in Franklin County[7]



HOUSING INSECURITY

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

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

Housing and Homelessness[13]

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

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

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

Cost-Burdened Households

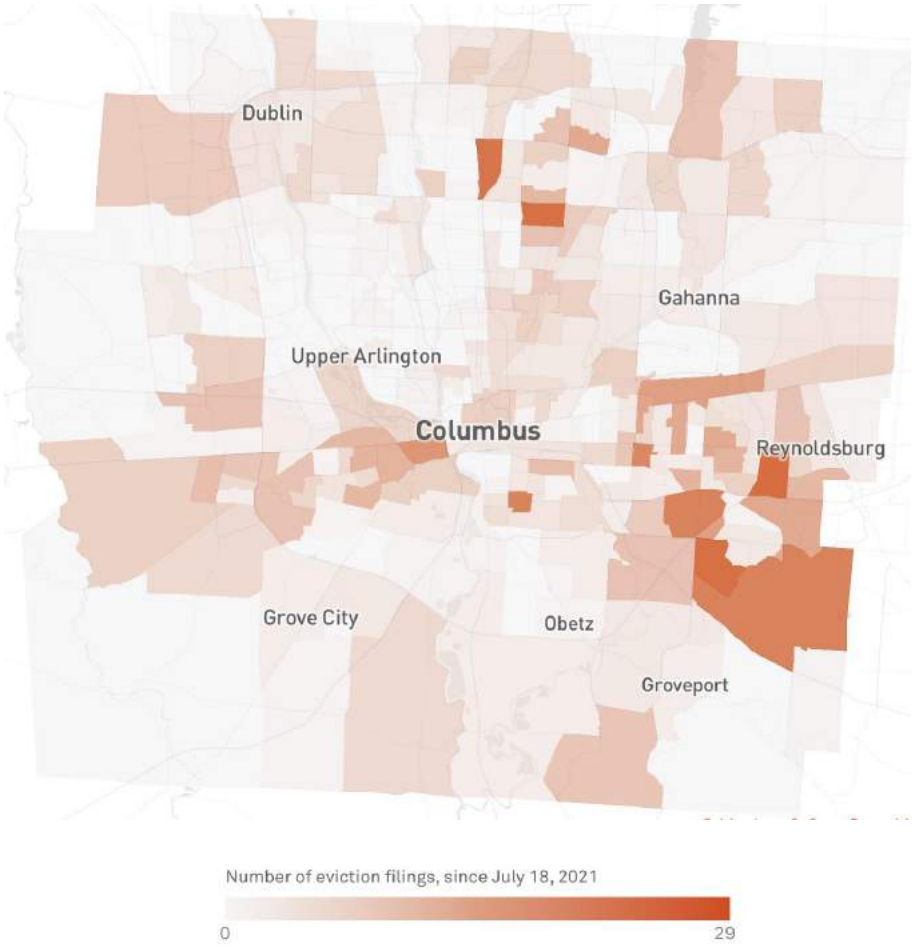
	Franklin County			Ohio	USA	
	HM2016	HM2019	HM2022	HM2022	HM2022	
Cost-burdened Households						
Housing costs ≥ 50% of income[14]	14.6%	17.2%	-	-	-	
Housing costs ≥ 30% of income[15]	26.3%	31.9%	31.4%	27.5%	28.9%	▼

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

In 2016, the Eviction Lab at Princeton University found that Columbus' eviction rate was 4.6 per 100 renter homes, which was similar to the eviction rates in Cleveland (4.6) and Cincinnati (4.7). In other Midwestern cities, the eviction rate varies from 1.1 in Chicago, to 5.2 in Detroit,

and 7.3 in Indianapolis. More recently (from July 18, 2021 – August 23, 2021), Eviction Lab data suggests that census tracts in eastern Franklin County are associated with a large number of eviction filings.[16]

Census Tracts With Greatest Number of Eviction Filings[16]



FOOD INSECURITY

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

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

Food Access

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

**Denominator is total SNAP households*

Community Voices on Poverty's Health Impact

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Education Indicators

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

ADULT EDUCATIONAL ATTAINMENT

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

Educational Attainment[21]

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

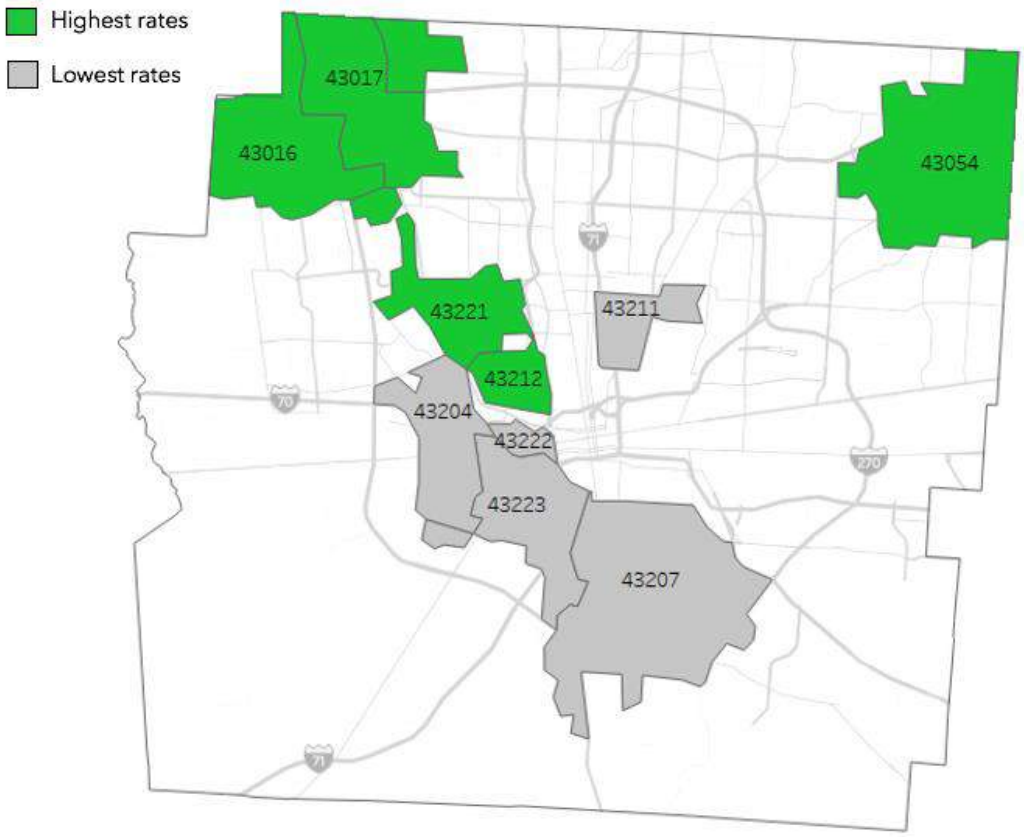
As shown in the next table, 8.8% of people in Franklin County aged 25 years and over have not graduated from high school, a decrease from 2019's *HealthMap* (9.7%). The groups with the highest percentage of members that have less than a high school diploma are those listing "Other" as their race (30.6%)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

Adults With Less Than High School Education[21]

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

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

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



YOUTH EDUCATIONAL ATTAINMENT

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

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

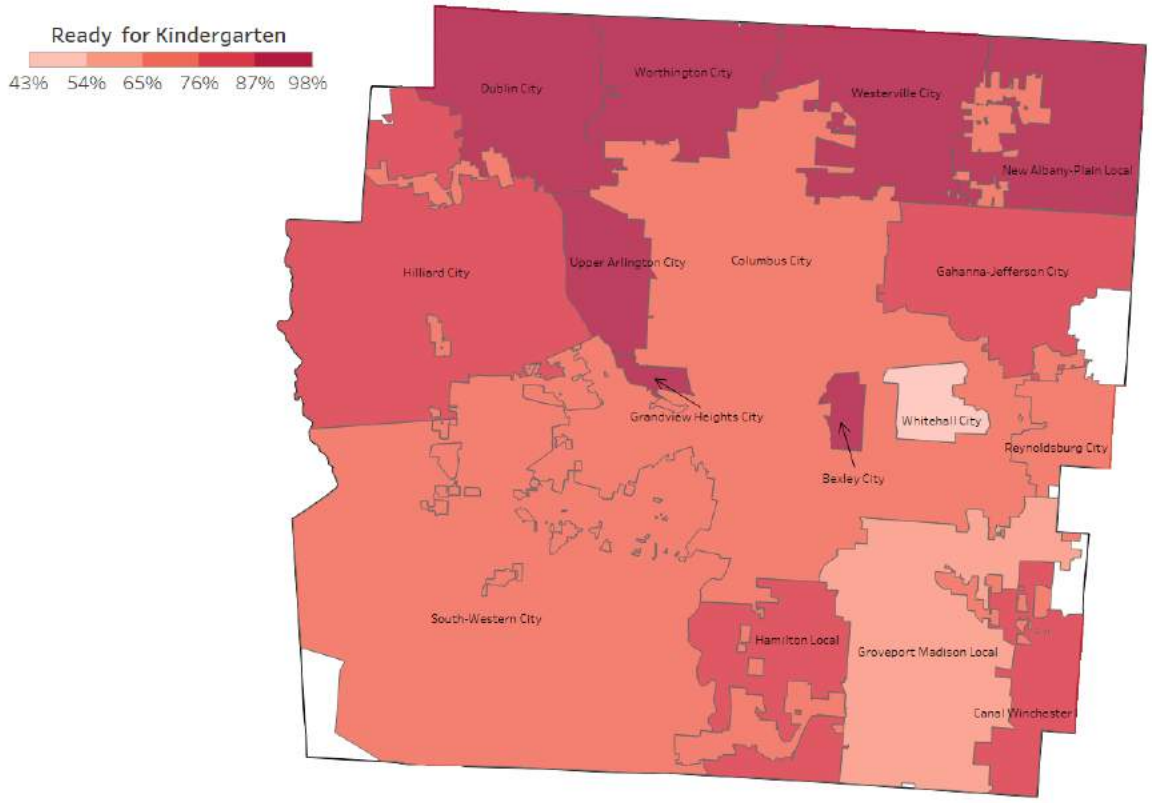
As measured by the Ohio Department of Education, 76.3% of Franklin County children score in Bands 2 and 3 of Ohio's Kindergarten Readiness Assessment.

Educational Proficiency[23]

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

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

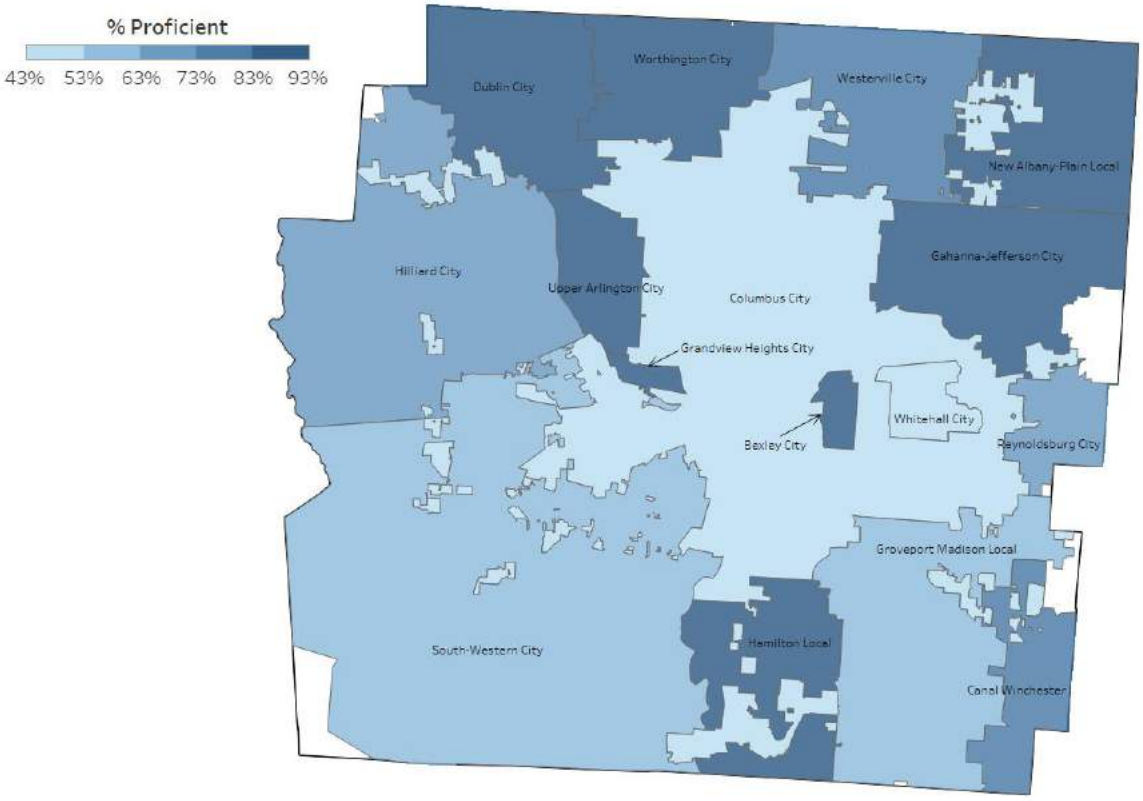
Kindergarten Readiness, by School District



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

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

3rd Grade Reading Proficiency, by School District



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

High School Graduation Rate[27]

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

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

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

Healthy People 2030

High school graduation rate

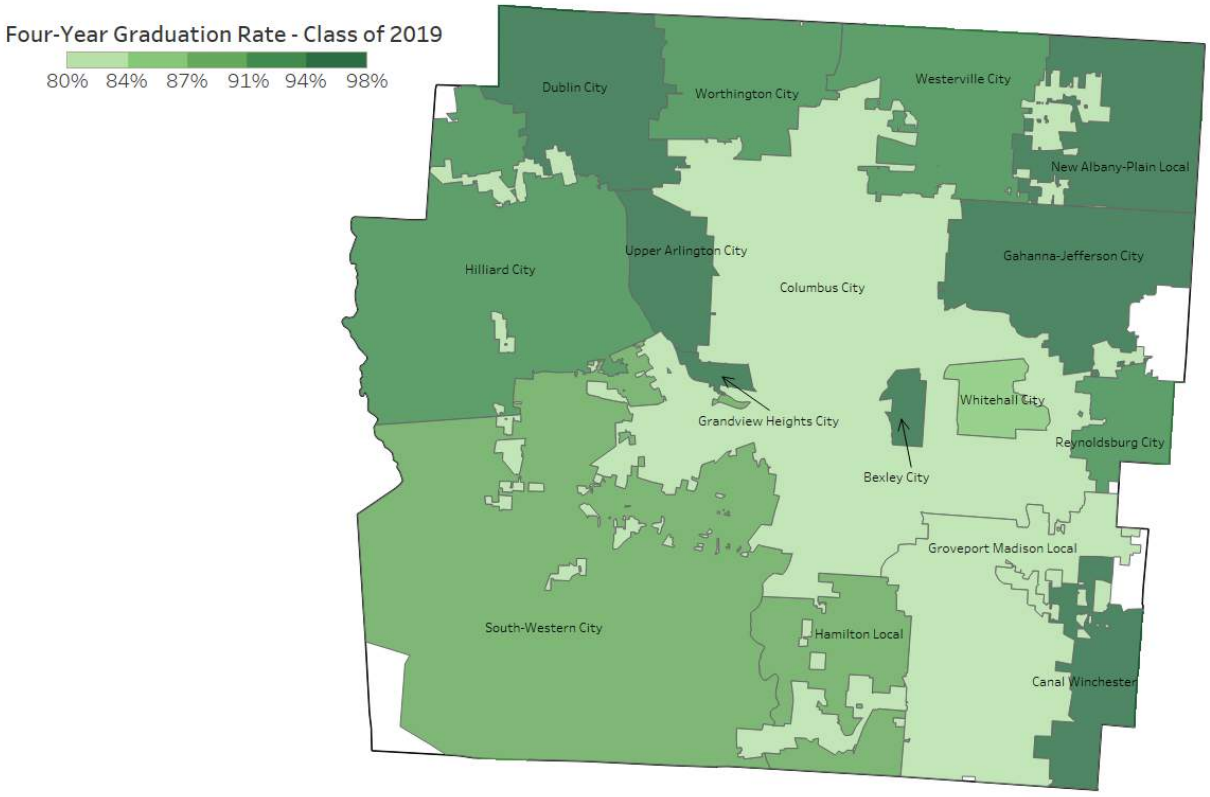
✓

Franklin County: 92.1%[27]

Target: 90.7%[28]

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

High School Graduation Rates, by School District



Community Voices on Education's Health Impact

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

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

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

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

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

Employment Indicators

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

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

Employment Status

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

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

Employment Occupations[7]

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

Social and Community Context

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

CRIME AND SAFETY

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

Crime and Safety

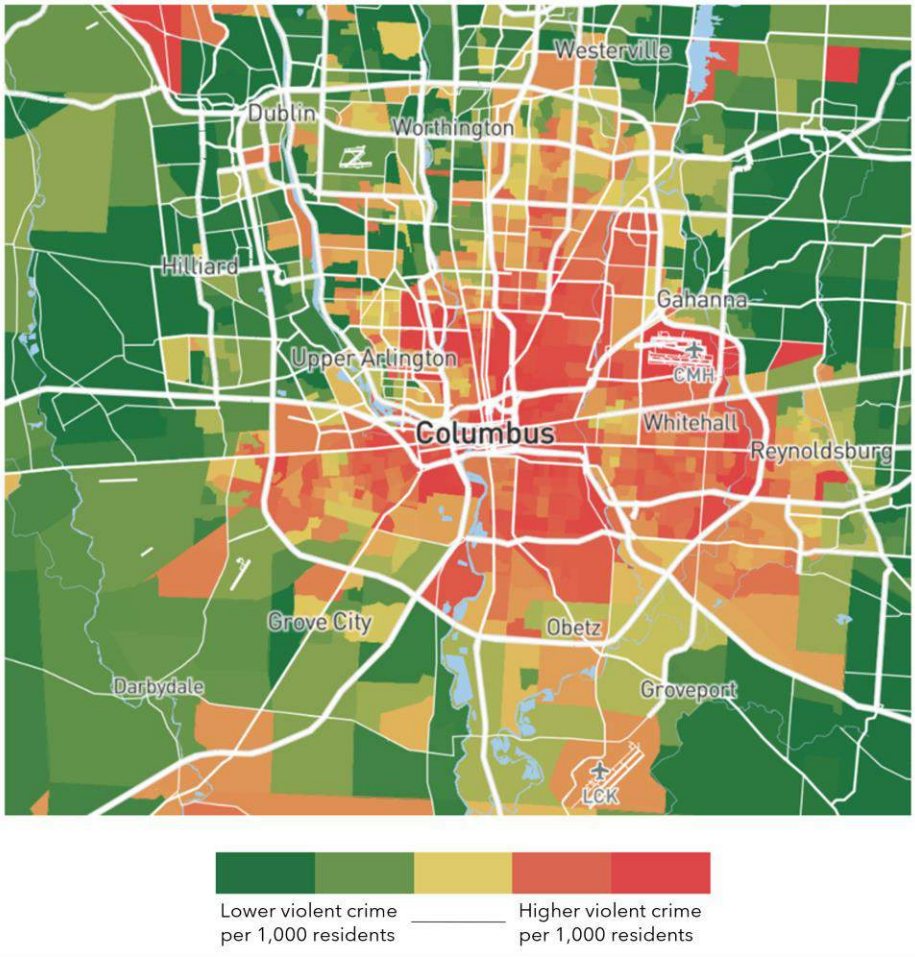
	Franklin County				Ohio		USA	
	HM2016	HM2019	HM2022		HM2022		HM2022	
Violent Crime (Total)[31]	**4.5**	**3.8**	**3.9**		**3.0**		**3.7**	
Murder*	0.1	0.1	0.2	▲	0.1	▲	0.5	▲
Rape**	0.5	0.8	0.8		0.5	▲	0.4	
Robbery	2.7	1.8	1.7		1.0		0.8	▼
Aggravated Assault	1.0	1.2	1.3		1.5	▲	2.5	
Assault/Alleged Abuse Hospitalizations[32]*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

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

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

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

Zip Codes With Highest Rates of Violent Crime[34]



RACIAL AND ETHNIC BARRIERS TO HEALTH EQUITY

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

Community Voices on Racial Barriers to Health Equity

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

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

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

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

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

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

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

ENVIRONMENTAL HEATH

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

Environmental Health

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

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

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

MEASURES OF OPPORTUNITY IN FRANKLIN COUNTY

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

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

Opportunity Index[39]

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

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

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Health Resource Availability

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

Key Findings

Health Resource Availability

Franklin County residents now have greater access to certain types of health care providers (advance practice nurses, physician assistants).

Mental Health Resource Availability

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

Emergency Health Care Utilization

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

Dental Care Access

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

HEALTH RESOURCE AVAILABILITY

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

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

Health Care Providers

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

Community Voices on Health Resource Availability

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

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

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

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

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

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

MENTAL HEALTH RESOURCE AVAILABILITY

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

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

Community Voices on Mental Health Resource Availability

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

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

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

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

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

EMERGENCY HEALTH CARE UTILIZATION

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

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

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

Emergency Department Visits[10]

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

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

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

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

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

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

Rate per 1,000 population

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

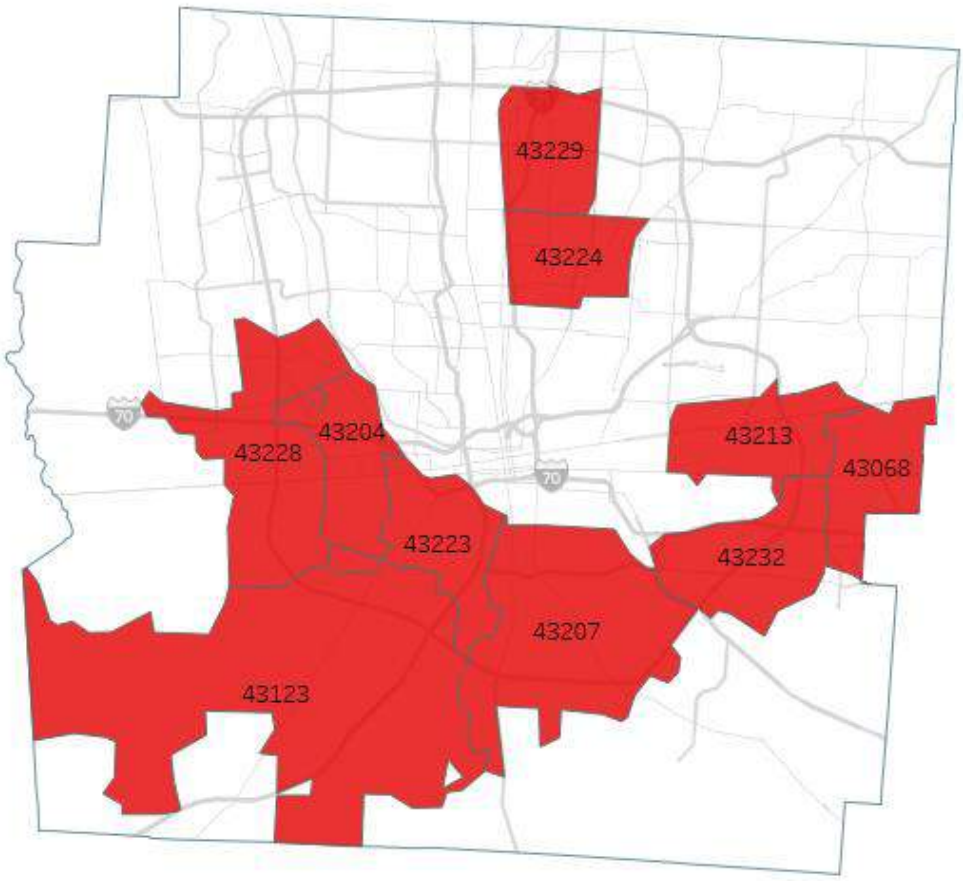
Emergency Department Visits (By Race)[10]

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

Rate per 1,000 population

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

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



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

DENTAL CARE ACCESS & UTILIZATION

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

Needed Dental Care But Could Not Get It[11]

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

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

Oral Health Indicators

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

** Rate per 1,000 population.*

References

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

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

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

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

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

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

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

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

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

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

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

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

Health Behaviors

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

Key Findings

Substance Use

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

Nutrition

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

Physical Activity

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

Substance Use

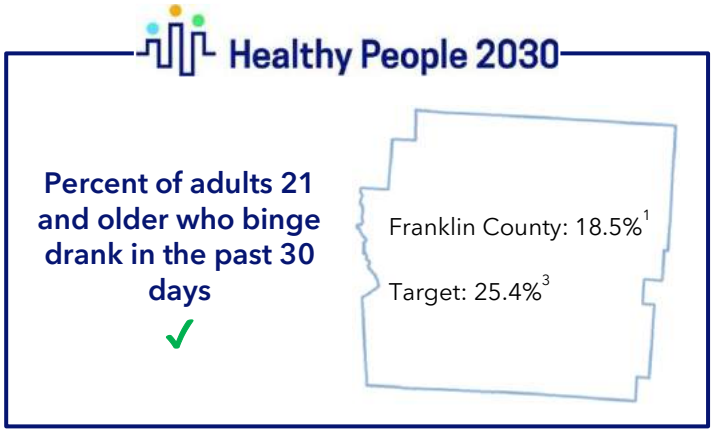
The percentage of Franklin County adults who are current smokers (22.7%) remains similar to the last *HealthMap* (21.9%). The percentage of Franklin County adults who are heavy drinkers (i.e., more than 15 drinks per week for men; more than 8 drinks per week for women) is also similar to the previous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

Cigarette and Alcohol Use

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

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

The percentage of Franklin County adults who identify as binge drinkers (i.e., five or more drinks on one occasion in the past month for men; four or more drinks on one occasion in the past month for women) also remains similar to the last HealthMap, and similar to statewide and national percentages.



Community Voices on Alcohol Use

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

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

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

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

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

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

Illicit Drug Use*

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

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

Community Voices on Illicit Drug Use

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

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

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

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

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

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

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

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

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

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

YOUTH SUBSTANCE USE

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

Tobacco Use[8]
Among Ohio High School Students (2019)

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

Alcohol And Other Drug Use[9]
Among Ohio High School Students (2019)

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

MORTALITY

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

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

Drug Overdoses

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

**Rates per 100,000 population.*

Community Voices on Substance Abuse

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

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

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

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

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

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

Nutrition

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

Fruit and Vegetable Consumption[13]

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

Community Voices on Nutrition

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Physical Activity

Under one quarter of Franklin County residents meet aerobic and strength guidelines (22%). According to the U.S. Department of Health and Human Services, adults who meet these guidelines engage in at least 1.25 hours of vigorous-intensity exercise or 2.5 hours of moderate-intensity exercise weekly and muscle strengthening exercises at least twice a week.[14] In Franklin County and Ohio, youth aged 18-24 have the highest percentage of individuals meeting these guidelines. Similarly in both Franklin County and Ohio, the percentage of individuals meeting the guidelines tends to increase as household income and educational attainment increase.

Meets Physical Activity Guidelines[13]

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

Community Voices on Physical Activity

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

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

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

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

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

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

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

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

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

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

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

References

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

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

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

[4] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health (Franklin County), Average of 2018 and 2019 (HM2022), Average of 2011, 2013, and 2014 (HM2019), Average of 2010, 2011, and 2012 (HM2016)

[5] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health (Ohio and United States), Average of 2016, 2017, and 2018 (HM2022), Average of 2015 and 2016 (HM2019), Average of 2013 and 2014 (HM2016)

[6] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health Small Area Estimates (Franklin County), 2016-2018 (HM2022), 2012-2014 (HM2019), 2010-2012 (HM2016)

[7] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health and Statistics and Quality, National Survey on Drug Use and Health (Ohio and United States), Average of 2018 and 2019 (HM 2022); Average of 2015 and 2016 (HM2019), Average of 2013 and 2014 (HM2016)

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

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

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

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

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

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

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

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

Key Findings

Infant Mortality

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

Maternal Health

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

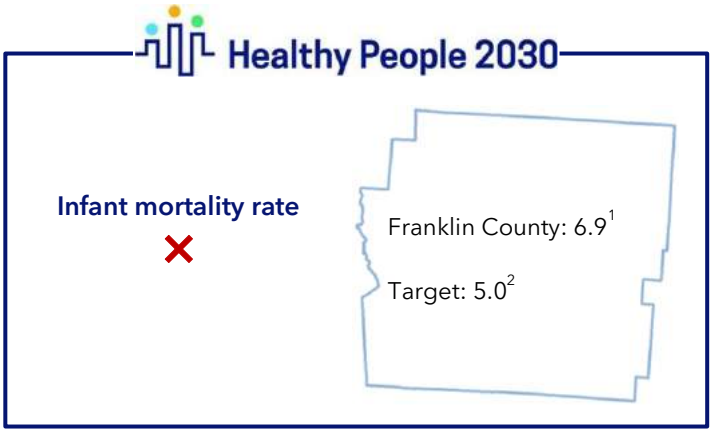
In Franklin County, 127 infants died before their first birthday in 2019. Overall, the infant mortality rate has decreased since the last *HealthMap*. However, this rate remains higher than the national rate.

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

Infant Mortality[1]

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

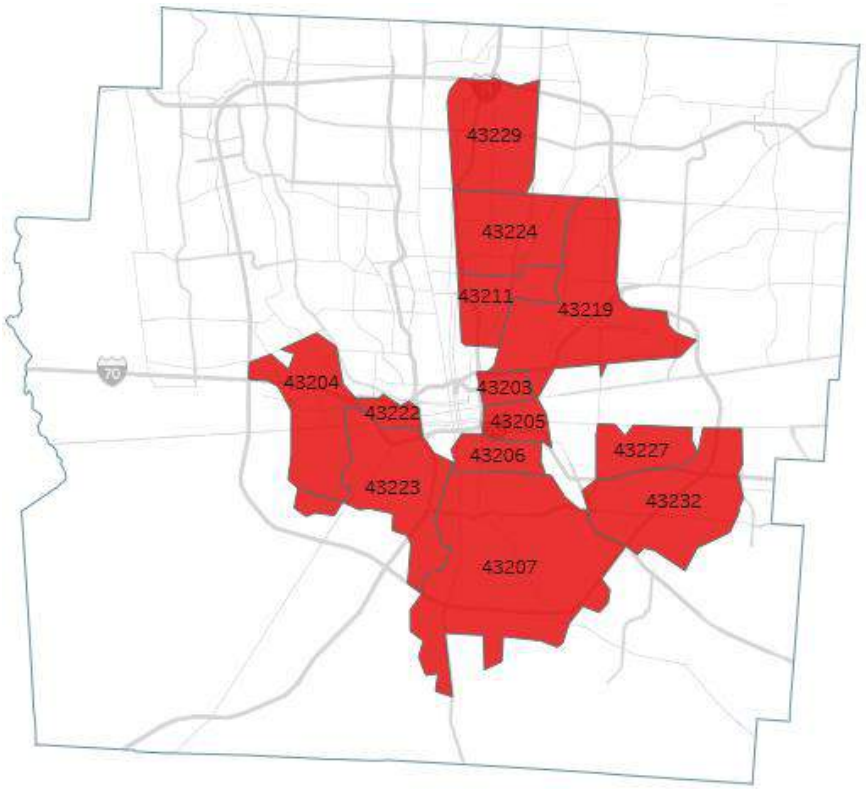
Rates per 1,000 live births.



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

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

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



Community Voices on Infant Health

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

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

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

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

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

Adolescent Pregnancies and Births

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

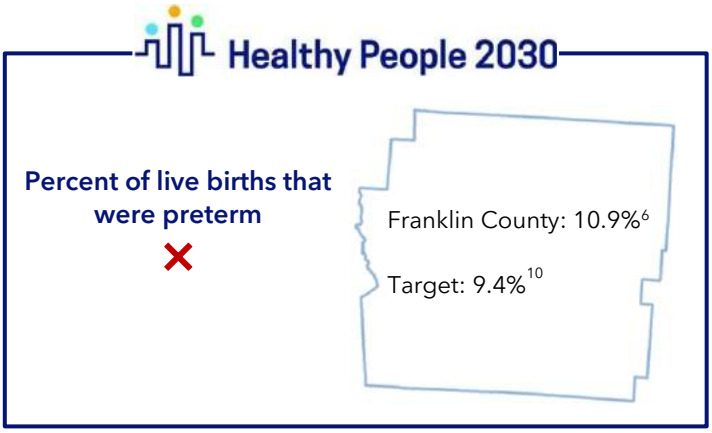
Rates per 1,000 females in same age group unless otherwise noted.
**Indicates a rate calculation was suppressed due to low counts.*

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

Other Neonatal Data

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

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



MATERNAL HEALTH INDICATORS

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

Prepregnancy Health

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

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

Prenatal Health

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

Community Voices on Maternal Health Indicators

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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[7] Ohio Department of Health Public Data Warehouse (Franklin County and Ohio), 2019 (HM2022), 2014 (HM2019); National Vital Statistics Report, 69(7) (United States), 2018 (HM2022); Centers for Disease Control and Prevention, Kids Count Data (United States), 2015 (HM2019); Ohio Department of Health Vital Statistics analyzed by Columbus Public Health (Franklin County and Ohio), 2012 (HM2016); National Vital Statistics Report (United States), 2012 (HM2016)

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

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

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

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Mental and Social Health

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

Key Findings

Mental Health Issues

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

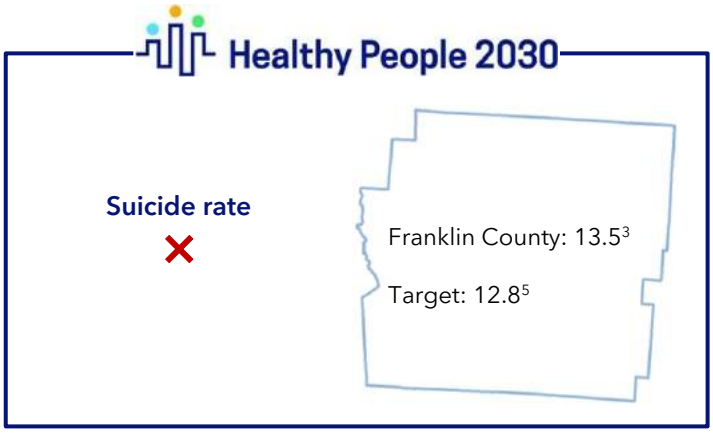
Just under a quarter of Franklin County adult residents have been told they have a form of depression.

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

Mental Health Indicators

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

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



Community Voices on Adult Mental Health Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

YOUTH MENTAL HEALTH

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

Community Voices on Youth Mental Health Issues

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

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

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

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

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

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

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

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

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

HOUSEHOLD AND COMMUNITY VIOLENCE

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

Child Abuse[7]

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

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

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

Domestic Violence[8]

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

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

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

Elder Abuse[9]

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

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

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

Death, Illness, and Injury

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

Key Findings

Overall Health Ratings

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

Mortality

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

Chronic Disease

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

Emergency Department and Hospitalization Data

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

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

Perceptions of Health Status[1]

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

MORTALITY

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

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

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

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

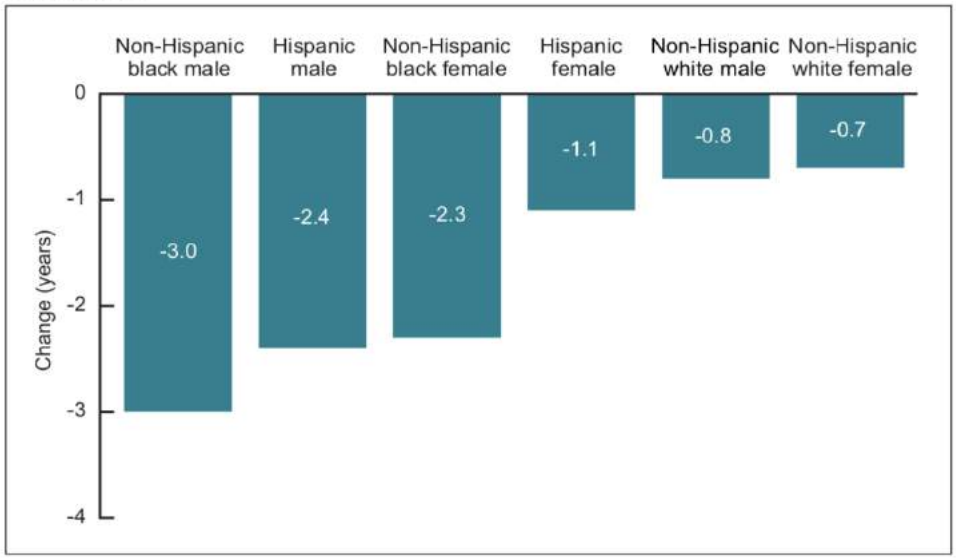
> *"Life expectancy for the non-Hispanic Black population, 72.0, declined the most, and was the lowest estimate seen since 2001 (for the Black population regardless of Hispanic origin). The Hispanic population experienced the second largest decline in life expectancy (79.9) reaching a level lower than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

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

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

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

Figure 4. Change in life expectancy at birth, by Hispanic origin and race and sex: United States, 2019 and 2020



NOTES: Life expectancies for 2019 by Hispanic origin and race are not final estimates; see Technical Notes. Estimates are based on provisional data from January 2020 through June 2020.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality data.

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

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

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

Age adjusted rates per 100,000 population.

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

Mortality – Leading Causes by Sex[3]

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

Age adjusted rates per 100,000 population.

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

Motor Vehicle Traffic Injury Mortality[4]

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

Rate per 100,000 population.

Seat Belt Use[5]

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

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

Youth Mortality Ages 1-14

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

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

Turning to mortality rates of cancer specifically, lung and bronchus cancers are the deadliest ones in Franklin County. Breast and prostate cancers have the next highest mortality rates, followed by colon and rectum cancer and pancreatic cancer.

Cancer Mortality Rates – Top Cancers[8]

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

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

CANCER & OTHER CHRONIC DISEASES

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

Cancer Incidence Rates – Top Cancers[9]

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

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

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

Cancer Screenings[10]

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

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

Chronic Health Conditions

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

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

Weight Status

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

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

Community Voices on Chronic Health Conditions

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

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

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

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

> "Not taking care of yourself."

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

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

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

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

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

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

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

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

REASONS FOR EMERGENCY DEPARTMENT UTILIZATION

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

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

Emergency Department Visits for Selected Health Issues[15]

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

Rate per 1,000 population.

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

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

Each diagnosis includes the ICD-10 code and description.

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

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

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

Rate per 1,000 population.

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

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

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

Rate per 1,000 population.

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

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

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

Rate per 1,000 population.

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

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

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

Rate per 1,000 population.

CAUSES OF INJURY

The next several tables present data about injuries. In 2020, 9,426 injured patients were admitted to the hospital or transferred in or out of the emergency department for further evaluation in Franklin County.

The table below lists the most frequently observed categories of injury causes. For example, among the 9,426 patients who were hospitalized for injury in 2020, 55% had experienced a fall whereas 15.2% were involved in a motor vehicle crash.

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

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

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

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

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

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

Top Five Types of Injury, by Age[17]

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

Rate per 100,000 population.

References

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

[2] National Vital Statistics Rapid Release Report No. 10, 2019-2020

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

[4] Oho State Highway Patrol Operational Report (Franklin County and Ohio), 2020 (HM2022); Centers for Disease Control and Prevention, WISQARS (Ohio and United States), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016); Ohio Department of Public Safety Traffic Crash Facts (Franklin County), 2016 (HM2019); Ohio Department of Health Vital Statistics, data analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016)

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

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

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

[8] Ohio Department of Health Office of Health Improvement and Wellness, Ohio Annual Cancer Report (Franklin County and Ohio), 2018 (HM2022), (Ohio), 2015 (HM2019); SEER Cancer Statistics Review, National Cancer Institute (United States), 1975-2018 (HM2022), 1975-2014 (HM2019); Franklin County Cancer Profile (Franklin County), 2010-2014 (HM2019); Ohio Department of Health Vital Statistics Data Analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016); Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 1999-2012 (Ohio and United States), 2010-2012 (HM2016)

[9] Ohio Department of Health Franklin County Cancer Profile, 2018 (HM2022), (Franklin County), 2010-2014 (HM2019); Ohio Department of Health Office of Health Improvement and Wellness, Ohio Annual Cancer Report (Ohio), 2015 (HM2019); Ohio Department of Health Ohio Cancer Incidence Surveillance System, End of Year File 1996-2011 (Franklin County and Ohio), 2006-2010 (HM2016); SEER Cancer Statistics Review, 1975-2010 / 1975-2014, National Cancer Institute (United States) 2010-2014 (HM2019), 2006-2010 (HM2016)

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

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

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

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

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

[14] Centers for Disease Control and Prevention High School Youth Risk Behavior Surveillance System (Ohio and United States), 2019 (HM2022); Ohio Colleges of Medicine Government Resource Center, Ohio Medicaid Assessment Survey (Franklin County and Ohio), 2015 (HM2019), 2012 (HM2016); National Survey of Children's Health (United States), 2016 (HM2019); Centers for Disease Control and Prevention High School Youth Risk Behavior Survey (United States), 2013 (HM2016)

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

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

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

Infectious Diseases

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

Key Findings

COVID-19

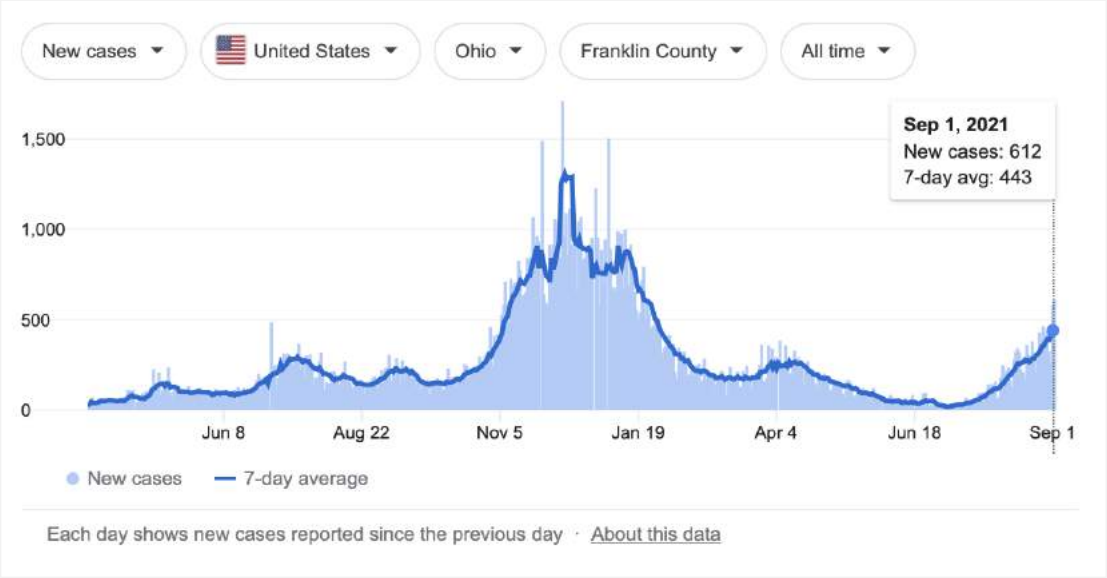
COVID-19 emerged since the previous *HealthMap* as a new infectious disease threat.

Prominent Infectious Diseases

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

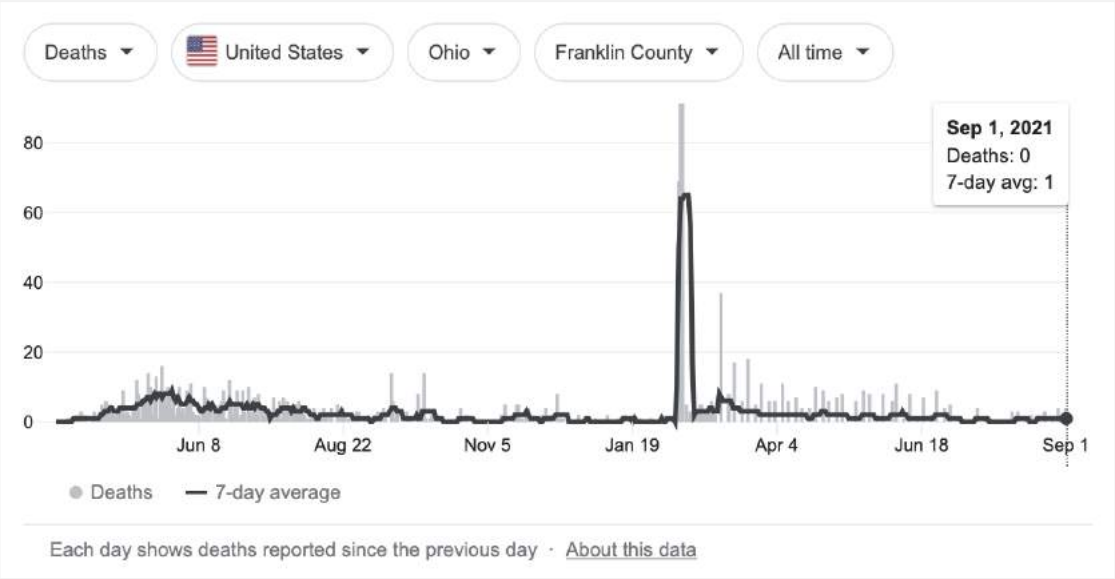
One of 2020's most prominent events was the worldwide spread of a dangerous infectious disease: COVID-19. This pandemic's social, economic, and health impacts were felt strongly here in central Ohio. As of September 1, 2021, 140,370 people in Franklin County were diagnosed as having contracted COVID-19,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

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



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

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



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

Vaccination Trends

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

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

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

Prominent Infectious Diseases

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

Rates per 100,000 population.

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

Sexually Transmitted Infections (STIs)[10]

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

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

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

HIV/AIDS[11]

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

Rates per 100,000 population.

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

Healthcare-Associated Infections[12]

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

Rates per 10,000 population.

References

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

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

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

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

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

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

[7] Ohio Department of Health Annual Report of Infectious Diseases (Franklin County and Ohio), 2018 (HM2022); Centers for Disease Control and Prevention Nationally Notifiable Infectious Diseases and Conditions (United States), 2019 (HM2022); Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio (Franklin County and Ohio), 2017 (HM2019); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019), 2012 (HM2016); Annual Summary of Reportable Diseases 2012-2013, Ohio Reportable Disease Data (non-TB, preliminary) – Quarterly Summary of Selected Reportable Infectious Diseases (Franklin County and Ohio), 2013 (HM2016)

[8] Ohio Department of Health Annual Report of Infectious Diseases (Franklin County and Ohio), 2018 (HM2022); Centers for Disease Control and Prevention Nationally Notifiable Infectious Diseases and Conditions (United States), 2019 (HM2022); Ohio Department of Health Quarterly Summary of Selected Reportable Infectious Disease, Ohio Fourth Quarter, 2017 (HM2019)

[9] Ohio Department of Health Annual Report of Infectious Diseases (Franklin County and Ohio), 2018 (HM2022); Centers for Disease Control and Prevention Nationally Notifiable Infectious Diseases and Conditions (United States), 2019 (HM2022); Ohio Department of Health TB Demographic Breakdown for Ohio and Four Selected Counties (Franklin County and Ohio), 2016 (HM2019), 2013 (HM2016); Centers for Disease Control and Prevention MMWR, Summary of Notifiable Diseases (United States), 2016 (HM2019)

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

[11] Ohio Department of Health, New Diagnoses of HIV Infection Reported in Ohio (Franklin County and Ohio), 2020 (HM2022); Centers for Disease Control and Prevention, HIV Surveillance Report 26(1) (United States), 2015-2019 (HM2022); Ohio Department of Health, HIV Infection in Ohio (Franklin County and Ohio), 2016 (HM2019); Centers for Disease Control and Prevention, HIV in the United States by Geography (United States), 2015 (HM2019), 2011, (HM2016); Ohio Department of Health, HIV/AIDS Surveillance Program (Franklin County and Ohio), 2013 (HM2016)

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

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

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

Basic Needs

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

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

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

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

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

Racial Equity

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

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

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

Behavioral Health

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

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

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

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

Infant and Maternal Health

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

References

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

Summary

Franklin County HealthMap2022 provides a comprehensive overview of our community's health status and needs. There are numerous indicators that suggest the health of Franklin County, Ohio's residents compare favorably with the state and country.

Franklin County HealthMap2022 also uncovered several indicators that suggest areas in which the health of Franklin County's residents either has diminished over time or compares unfavorably to Ohio or the nation.

Consistent with requirements, the participating hospitals and health departments will use this report to inform development and implementation of strategies to address its findings. It is intended that a wide range of stakeholders – many more than are represented on *Franklin County HealthMap2022's* Community Health Needs Assessment Steering Committee – will also use this report for their own planning efforts. Subsequent planning documents and reports will be shared with stakeholders and with the public.

Users of *Franklin County HealthMap2022* are encouraged to send feedback and comments that can help to improve the usefulness of this information when future editions are developed.

Questions and comments about *Franklin County HealthMap2022* may be shared with:

Jeff Klingler, Central Ohio Hospital Council
614-358-2710 | jeffk@centralohiohospitals.org

Orie Kristel, PhD, Illuminology
614-447-3176 | orie@illuminology.net

Central Ohio Hospital Council

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
COLUMBUS PUBLIC HEALTH

Franklin County Public Health

Navigating Our Way to a Healthier Community Together

FAIRFIELD COUNTY

Community Health Status Assessment

October 2022

ILLUMINOLOGY

Funded by the Fairfield County Health Department, Fairfield Medical Center, Fairfield Community Health Center, Fairfield County Foundation, ADAMH Board, and United Way. Written in partnership with Illuminology.

Community Health Assessment Overview

The Fairfield County Health Department and Fairfield Medical Center are pleased to provide this comprehensive overview of our community's health status and needs: *The Fairfield County 2022 Community Health Assessment*.

Fairfield County's 2022 Community Health Assessment (CHA) is the result of a collaborative effort coordinated by the Fairfield County Health Department, Fairfield Medical Center, and many other local public health system partners. It is intended to help community stakeholders better understand the health needs and priorities of Fairfield County residents. The Fairfield County Commissioners provided funding for the 2022 CHA utilizing American Rescue Plan Fiscal Recovery Funds. We acknowledge and thank the many community organizations that shared their time and expertise with this collaborative effort, including:

- Alzheimer's Association Central Ohio Chapter
- Baltimore Village
- Bloom-Carroll Local School District
- Fairfield Community Health Center
- Fairfield County 211
- Fairfield County ADAMH Board
- Fairfield County Board of Commissioners
- Fairfield County Board of Health
- Fairfield County Emergency Management
- Fairfield County Family, Adult and Children First Council
- Fairfield County Foundation
- Fairfield County Health Department
- Fairfield County Job and Family Services
- Fairfield County Library
- Fairfield County Protective Services
- Fairfield Medical Center
- Juvenile Court
- Lancaster City Schools
- Lancaster-Fairfield Community Action Agency
- Major Crimes Unit
- Meals on Wheels
- Mount Carmel Health System
- New Horizons
- OhioGuidestone
- OSU Extension Office
- Pickerington Local School District
- Robert K. Fox Family YMCA
- Southeastern Ohio Center for Independent Living
- United Way
- Violet Township Fire Department

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact. Participating organizations will begin using the data reported in the *Fairfield County 2022 Community Health Assessment* to inform

the development and implementation of strategic plans to meet the community's health needs.

We hope the *Fairfield County 2022 Community Health Assessment* 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 Community Health Assessment Process

The process followed by the *Fairfield County 2022 Community Health Assessment* reflected an adapted version of the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process.[1] This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so that they can better focus their efforts and collaboration.

The Fairfield County Health Department (FCH) contracted with Illuminology, a central Ohio based research firm, to assist with this work. The Fairfield County Health Department approved the process to be used in this health assessment. The primary phases of the Assess Needs and Resources process, as adapted for use in Fairfield County, included the following steps.

(1) Prepare to assess / generate questions. On February 15, 2022, community leaders, stakeholders, and employees from participating organizations gathered virtually to discuss their perspectives on emerging health issues in Fairfield County. Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health assessment process and to suggest indicators to be considered in the community health assessment. Illuminology used the information from this session to identify which indicators could be assessed via secondary sources and which indicators needed to be included as part of the primary data collection efforts. See Appendix D for more information about this session.

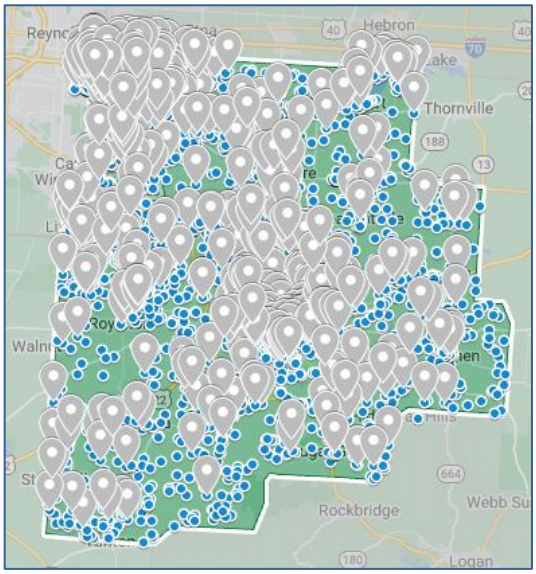
(2) Collect secondary data. Secondary data for this health assessment came from the FCHD On-line Community Health Assessment Clear Impact data[2] and other sources such as the US Census Bureau, which was provided to Illuminology by The Fairfield County Health Department. Data for Fairfield County and Ohio and three-year trends for Fairfield County were collected, when available. Rates and/or percentages were calculated when necessary. Secondary data are presented with one decimal place unless that level of detail was not provided in the repository from The Fairfield County Health Department. To be considered for inclusion in the *Fairfield County 2022 Community Health Assessment*, secondary data must have been collected or published in 2016 or later.

(3) Collect and analyze primary data from adult residents. A representative survey of Fairfield County adult residents was conducted (i.e., Fairfield County Health Survey). Fielded in multiple waves from April 29, 2022 through August 2, 2022, respondents completed a self-administered questionnaire, either on paper or online (see Appendix E).

[1] See https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources
[2] See https://scorecard.clearimpact.com/Scorecard/Embed/73487

For the first round of mailing, 2,200 addresses were randomly selected from the universe of residential addresses in Fairfield County and 1,000 addresses were randomly selected from the universe of residential addresses in which the sample data indicated there was likely a young adult in the household. In late April, 2022, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online.

Fairfield County Health Survey Households
(= randomly selected; = completed)



For the second round of mailing, about four weeks after the initial mailing, a hard copy of the survey was sent to households that had not yet completed the survey online. This mailing also included a cover letter, a Business Reply Mail envelope so respondents could complete the survey and mail it back at no cost to them, and (for some) a $1 bill to encourage the household's participation.

Because of a printer error, some households received an incorrect Business Reply Mail envelope in the second mailing. To ensure this didn't result in a low number of responses, Illuminology conducted a third round of mailing. For this mailing, 1,582 households were randomly selected from the universe of residential addresses in Fairfield County and 1,400 addresses were randomly selected from the universe of residential addresses in Fairfield County in which the sample data indicated there was likely a young adult in the household. In late May, 2022, a cover letter, a hard copy of the survey, and a Business Reply Mail envelope was sent to each household.

In total, 700 Fairfield County adult residents completed the survey, or 11% of the total number of addresses. This does not factor into account that over 200 of these addresses were vacant or otherwise unable to be surveyed. With a random sample of this size, the margin of error is ±3.7% at the 95% confidence level.

Before analyzing responses to the survey, survey weights were computed; this step allows researchers to produce more accurate statistical estimates at the overall county level. First, a base weight was created that adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household and whether the household had an indicator that there was likely a young adult in the household). Then, this base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, educational attainment, presence of children in the household, and whether they are residents of Lancaster) aligned with population benchmarks for Fairfield County. These population benchmarks were obtained from the U.S. Census Bureau's American Community Survey. This

adjusted base weight was calculated via an iterative proportional fitting procedure within the STATA v17 software package; analyses of weighted data were conducted using complex survey [svy] commands within STATA v17.

(4) Conduct and analyze community leader interviews. The Fairfield County Health Department worked with Illuminology to design a community leader interview guide that covered a wide range of topics, including overall health, health care access, poverty, transportation, nutrition and physical activity, substance abuse, and COVID-19. Illuminology completed 10 one-on-one or small group interviews. Interviewees included community members who work in health care, leaders of local organizations, and other residents. The interview guide used for these interviews can be found in Appendix F.

(5) Identify Prioritized Heath Needs. On September 28, 2022, representatives from community organizations met in person to identify potential priority health needs from the data and insights presented in the *Fairfield County 2022 Community Health Assessment*.

The meeting participants were divided into small groups, with each group asked to review a specific section of the Fairfield County 2022 CHA and to identify within up to six potential priority health needs for consideration by the larger group. In addition to sharing their personal experience and history during these small-group conversations, meeting participants were asked to consider the following criteria when prioritizing these health needs:

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

After a total of 13 health needs were identified by the small groups, participants were asked to engage in a voting process to select the highest priority needs. In the first round of voting,

each participant was given 5 votes to cast for the needs they perceived to be the highest priority. Needs receiving the least amount of votes were then eliminated, and participants were asked to vote again with two votes to cast. This resulted in all but four needs being eliminated.

Overall, 26 representatives participated in this voting process, coming to a clear consensus about the community's prioritized health needs. These are displayed on page 31. The key issues will also be outlined in the 2023-2025 CHIP.

(6) Identify Community Assets and Resources. In September 2022, the organizations involved in the prioritization process identified community assets and resources that could potentially address the prioritized health needs, including existing healthcare facilities, community organizations, and programs or other resources.

(7) Share results with the community. This report presents the analysis and synthesis of all secondary, primary, and community outreach data collected during this effort. It will be posted on the Fairfield County Health Department website (www.myfdh.org). This report will be used in subsequent community prioritization and planning efforts and will be widely distributed to organizations that serve and represent residents in the county.

How to Read This Report

Key findings and *Healthy People 2030.* As shown on page 9, the *Fairfield County 2022 Community Health Assessment* is organized into multiple, distinct sections. Each section begins with story boxes that highlight and summarize the key research findings from the researchers' perspectives. For some indicators, Fairfield County is compared to the U.S. Department of Health and Human Services *Healthy People 2030* goal, indicated by dark blue boxes containing the Fairfield County outline in light blue. A ✓ icon inside the box indicates that the goal has been met, and an ✗ icon indicates that the goal has not been met.

Community Voices. Comments and findings from the community leader interviews are indented slightly and set off with an orange border on the left side.

Comparison to the Fairfield County 2019 Community Health Assessment. Where possible, results were compared to data from the Fairfield County 2019 Community Health Assessment, and denoted by a clock symbol: 🕓. In addition, a table comparing 2019 data to 2022 can be found on page 113. The following differences between 2019 and 2022 data were noted.

Areas of improvement from 2019 to 2022. In 2022 compared to 2019:

- Fewer respondents delayed needed medical care due to not having insurance coverage

- More respondents reported eating fruit at least once a day
- More respondents reported eating vegetables at least once a day
- More respondents participated in physical activity or exercise (in the past month)
- Fewer respondents knew someone in Fairfield County who abuses heroin
- Fewer respondents knew someone in Fairfield County who abuses methamphetamines
- Fewer respondents knew someone in Fairfield County who abuses prescription pain medicine

Areas of decline from 2019 to 2022. In 2022 compared to 2019:

- Fewer respondents visited a doctor for a routine visit (in the past twelve months)
- More respondents traveled outside of Fairfield County for healthcare services (in the past twelve months)
- More respondents have ever been diagnosed with an anxiety disorder
- More respondents have used marijuana or cannabis (in the past month)

Health disparities between populations or areas in the community. Analyses explored statistically significant differences in results based on demographic factors such as age, gender, educational attainment, income, presence of children in household, and geographic region. When these analyses suggested the presence of significant differences among specific populations, the report tables display a lightbulb symbol: . These disparities are also outlined in Appendix C. Examples of disparities found in Fairfield County include how those with lower household incomes are more likely to report poor mental health days in the past month, more likely to report negative impacts from COVID-19, and more likely to report diabetes and coronary heart disease.

Sources for all secondary data included in this document are marked by an endnote and described in the report's References section (see Appendix H). Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than ten).
Adult primary data (i.e., from the Fairfield County Health Survey) are marked by the following endnote symbol: §. In some tables, the percentages may not sum to 100% due to rounding and/or because multiple responses were accepted. In some cases, outlying values were winsorized (i.e., replaced with the highest or lowest non-outlying value). Appendix G contains secondary data in the form of the Fairfield County Profile from the Ohio Department of Mental Health and Addiction Services.

Effects of the COVID-19 pandemic. The COVID-19 pandemic reached the United States in January 2020, and the first case was confirmed in Ohio on March 9, 2020. The Ohio State of Emergency was declared on March 9th and a Stay-At-Home Order went into effect on March 23rd.

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Community Profile

This section describes the demographic and household characteristics of the population in Fairfield County, which is located in central Ohio.

Fairfield County was founded about 220 years ago and covers 504 square miles. Lancaster is the seat of this county.

Resident Demographics[1,2]

		Fairfield County	Ohio
Total Population[1]	Total population	158,921	11,799,448
Gender[1]	Male	49.9%	49.3%
	Female	50.1%	50.7%
Age[1]	Under 18 years	23.8%	N/A
	65 years and over	16.5%	17.4%
Race[1]	White	86.0%	77.0%
	Black/African American	9.2%	12.5%
	American Indian/Alaska Native	0.3%	0.3%
	Asian	2.1%	2.5%
	Native Hawaiian/Other Pacific Islander	0.1%	<0.1%
	Some other race	1.0%	1.9%
	Two or more races	2.3%	5.8%
Ethnicity[1]	Hispanic/Latino (any race)	2.5%	4.2%
	Not Hispanic/Latino (White alone)	84.2%	78.0%
Marital Status[1]	Never married	27.6%	32.6%
	Now married (not currently separated)	53.2%	47.5%
	Divorced/separated	13.5%	13.6%
	Widowed	5.7%	6.3%
Rural Population[2]	Lives in a rural area	34.7%	N/A
Veteran Status[2]	Total veterans	8.2%	N/A
Disability Status[2]	Total with a disability	13.4%	N/A

Data are from 2020

Resident Households[2,3,4]

		Fairfield County*	Ohio*
Total Households[3]	Number of households	59,031	4,730,340
	Total family households	40,951	2,942,581
Household Size[3]	Average household size	2.62	2.1
	Average family size	3.1	3.0
Household Type[3]	Households with one or more people under 18 years	33.2%	28.3%
	Households with one or more people 60 years and over	41.1%	41.5%
Household Relationships	Percent of children that live in household headed by single parent[2]	18%	N/A
	Married-couple households[3]	78.2%	72.3%
	Male householder, no wife present, family household[3]	5.5%	7.9%
	Female householder, no husband present, family household[3]	16.3%	19.8%
	Non-family households[3]	30.6%	37.8%
	Total households with grandparents living with grandchildren[3]	3.3%	3.1%
	Household with grandparent responsible for own grandchildren under 18 years[3]	41.0%	41.0%
Languages Spoken at Home	Only English[4]**	96.8%	94.8%
	A language other than English[4]**	3.2%	5.2%
	Spanish[4]**	0.9%	1.7%
	Other languages[4]**	2.3%	3.5%
	Not proficient in English[2]	1.0%	N/A
Transportation[3]	Households without a vehicle	3.3%	7.7%
Household Income[3]	Less than $25,000	13.8%	20.1%
	$25,000 - $49,999	19.6%	22.6%
	$50,000 - $74,999	19.3%	18.8%
	$75,000 - $99,999	13.8%	13.0%
	$100,000 - $149,999	19.2%	14.4%
	$150,000 or more	14.4%	11.1%

**Data are from 2019 **Data are from 2015-2019*

Community Profile

A statistical portrait of the adult respondents who completed the 2022 Fairfield County Health Survey is shown below. These percentages have been weighted to match population benchmarks for age, gender, educational attainment, presence of children in the household, and Lancaster residence.

2022 Health Survey: Respondent Profiles[§]

		Fairfield County
Gender		(n=700)
	Female	49.7%
	Male	48.2%
	I prefer not to classify myself	2.1%
Age		(n=700)
	18-34	26.6%
	35-44	17.1%
	45-54	18.2%
	55-64	17.4%
	65+	20.8%
Race/Ethnicity		(n=700)
	White	91.4%
	Asian	5.1%
	Black/African American	3.8%
	Hispanic or Latino	2.3%
	Other	1.2%
Education		(n=697)
	High school diploma / GED or less	41.7%
	Associate's degree / some college	31.6%
	Bachelor's degree or more	26.8%
Household Size		(n=697)
	Average household size	2.9
Household Income		(n=667)
	Less than $50,000	26.8%
	$50,000 - $74,999	15.7%
	$75,000 - $99,999	19.4%
	$100,000 or more	38.1%
Children Under 18 (In Household)		(n=697)
	0 children	65.1%
	1-2 children	28.4%

		Fairfield County
	3 or more children	6.5%
		(n=700)
Lancaster Residence	Resident	26.5%
	Non-resident	73.6%

Making a Healthy Community: Priorities According to Residents

This section details a number of top-of-mind issues for Fairfield County residents and community leaders, including perceptions of the most important health issues in the community, accounts of COVID-19's impact, and insight into improving health through attention to health resource information, health education, and organizational collaboration.

Key Findings

Perception of Most Important Health Issues

Residents and community leaders of Fairfield County commonly perceive alcohol/drug problems, mental health issues, and lack of medical care access as the most important health issues in the county.

COVID-19 and the Community

Residents reported that in the past year the most commonly felt negative impacts of COVID-19 were on their level of anxiety/depression and their relationships with other people.

Information, Education, and Collaboration to Improve Health Outcomes

Residents somewhat trust the medical advice provided by official public health organizations. Community leaders are optimistic that continued organizational collaboration will improve community health.

Perception of Most Important Health Issues in Fairfield County

Over a quarter (26%) of survey respondents think that drug or alcohol addiction or abuse is the most important health issue in Fairfield County. Mental health issues and lack of medical care access were also common responses. "Other" responses included chronic conditions like diabetes and cardiovascular disease, poverty, cancer, senior-specific health issues, and lifestyle attitudes.

Resident Perception of Most Important Health Issues[§*]

	Fairfield County (n=520)
Drug or alcohol addiction or abuse	26.2%
Mental health issues	19.8%
Lack of medical care access	19.5%
Issue related to COVID-19	16.6%
Medical care cost	12.4%
Obesity and nutrition	11.3%
Other	25.6%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Community Leaders - Most Important Health Issues

Community leaders most commonly mentioned access to health care, mental health, and substance abuse and addiction as the most important health issues facing Fairfield County. A few leaders also mentioned physical health issues, like diabetes and cardiovascular conditions, or the impact of COVID-19 on health outcomes.

> From the behavioral health side, I think access to care, because programs and agencies don't have enough staff. Basically, it's very difficult to get the staff in the programs, we have funds to fund programs, but we don't have enough staff working in the various programs. And I think that's probably beginning to be a problem on them on the general health side, physical health side, but I think it's a really, really big problem on the behavioral health side.
>
> I'm going to say generally, if we were to look at the most important health issues for Fairfield County would be access to services. Ensuring that the children that we serve as well as their family members or parents, guardians, have access to health services, whether that be physical health, dental health or mental health. I think that is the, right now, primary need, priority for Fairfield County.
>
> Definitely, mental health, that's a huge issue is kind of tying that in with substance abuse, we have a lot of issues with that. One thing I think we've gotten better at is, at least on the

> school end, we do have more resources available in the schools for counseling. But it's still lacking, kind of across the spectrum. I think that's still a huge issue in the county…but then also, we're just seeing a lot of, or at least on my end, I see a lot of different severe behaviors. Whether they're bipolar or schizophrenia, and not really having a good place to treat those here locally.
>
> Mental health, and this pandemic has spiraled it out of control. Anxiety. I think anxiety substance use. I think we don't realize how many people have overdosed, because of the pandemic. That's kind of been like shoved under the rug. I think if you look at the statistics, it's still a big issue. Drug use in this community is a big issue.
>
> I think mental health and addiction are things that are certainly not exclusive to Fairfield County, but they are big issues in Fairfield County. The addiction issue has been there for a little while now, but I think we're seeing even more prevalent now mental health issues. I don't know if that was amplified by COVID and staying at home and things like that, [but it] probably didn't help.
>
> Obviously, mental health is a huge issue right now that gets the gamut from ages birth, and so on…But we also have, just like any other community, your physical health issues like your diabetes, obesity, heart, lung type issues.
>
> [Also] chronic diabetes. We see a lot of chest pains or cardiovascular disease. And then traumas, as far as geriatric trauma, especially. Falls that could have been prevented with the geriatric population.

COVID-19 and the Community

Community Leaders – COVID-19

Community leaders mentioned how COVID-19 causes people difficulty when trying to schedule appointments with the doctor and avoidance of preventative health care.

> Like going to the doctor. Specific things, so if your child has a runny nose, they're like, it could be a COVID symptom. We don't want to see them, do this. Dental appointments are behind seven, eight months with the dentist. They're scheduling out that far. So then we're getting behind on some of that stuff, too.
>
> A delay and seeking routine preventative health care. Even though I'm talking about an age group of five and under or families, all the immunizations were delayed. They aren't getting in to get their physicals. They're saying don't come to the well-baby check. So a delay and preventative access to health services…They almost have to be in perfect health to be able to do the doctor, which kind of seems backwards right now. But that's what they're doing at this point. I think is lightening up a little bit, but they're so far behind from being shut down at COVID that the scheduling is very hard to get into right now.

> I think one of them is people not getting the regular checkups…I just think a lot of older people just didn't want to deal with it, because they didn't want to get COVID. Let me just stay home and sometimes that wasn't the best thing.

Community leaders spoke about the impact of COVID-19 on social relationships, by way of increasing tension and feelings of anxiety and depression.

> I think that it has made people afraid of each other. They don't want to be in public anymore, they spent so much time in their house and being afraid to go out because of the potential to be infected, that they got used to that, they got used to being alone, they got used to their only communication being via social media and texts and things like that. And so I see people struggle with face to face communication. I definitely see in my position a lot of people who are struggling to get back into the habit of having an in person meeting and talking to each other, and presentations. Those used to be a lot more commonplace, where you're standing up in front of a crowd and doing a PowerPoint and talking and stuff like that. Now people get really, really nervous about that. I just think in general it's changed people, and I don't know if that's temporary, or if it may be more long term. I think there's less trust, I think there's less just common human decency, and courtesy and all of those things.
>
> I think just the divisiveness is out there. People fighting with each other. Moving toward an argument versus listening and understanding each other and communicating. It was beginning and then COVID really kind of escalated it. And everybody had an opinion on what we should and shouldn't be doing. Sort of a level of unrest, and divisiveness in our society, our communities has really increased. And then I think that contributes to people's isolation, and contributes to their anxiety and their depression, people kind of feel helpless. And that's one of the biggest things when somebody's in the middle of a mental health challenge. You've got to be able to see the other side of that, if you're hopeless, if you think nothing's going to change, everything's bad, it's hard to see that there's another side to this.
>
> I think the biggest thing that pandemic did, at least what I've seen regarding health care, is the anxiety levels of people. And the anger issues, people have now. People are just not kind anymore. They let everything bother them. I think some people came out healthier, with a healthier outlook, because they never took the time to just kind of slow down, but others couldn't handle it. And so what happens is they get out into the community and everything bothers them.
>
> I think depression spiked amongst kids. I think across the board, it spiked, but I think you've never seen it as much as you have in children. And I just think it was that social interaction that was missing.
>
> I also know we dealt with a lot of kids that their most reliable relationship in their life was coming to school and being with their friends and their teachers, and now they're at home, maybe where there's an abusive relationship or there's neglect or they're not sure, whether they're going to get lunch and dinner and breakfast.

Work needs to continue to encourage more community members to get vaccinated for COVID-19, and undo misinformation about vaccines in general. Community leaders say part of the solution is building trust.

> And people are drawing this line in the sand. And it's really hard to get our students in compliance with their vaccines. In Ohio, legally parents can decline to have their children vaccinated, so they can fall back on that. We're seeing more and more of that, that it's a parent's choice versus a medical reason why their child isn't vaccinated. There's so many mistruths out there, too. Anybody's a doctor. You get online, you're going to find an article that meets your point of view. But there's just this huge mistrust out there. I get a call at least once a week about vaccines. I try to come out them with evidence-based research and they're coming at me with their beliefs, and we're going to agree to disagree. I just saw Ohio just had their first measles case since 2019. A 17-month-old, I think, this week. Unfortunately, you're going to start seeing these communicable diseases that we once had under control or completely eradicated are going to come back with a vengeance, I have a feeling.
>
> It caused a lack of trust in the health departments and in the health care field in general, and certainly a lack of trust in the government. And I think that's gonna bleed over into lots of other things for years to come. You just don't get that back quickly.
>
> And I think still, a lot of people are very hesitant. I don't think in Ohio, we even have 60%. Maybe we do in some areas, more than 60%. I think an average of 60% vaccinated. So that's still a lot of people not vaccinated. And I get it, to each their own. But I've seen it firsthand that if you are vaccinated, you're not going to get as sick. You're just not.
> I do think it's developing, as a school, those positive relationships with parents, and it does take time to build those trusting relationships. I always think parents are probably the most guarded in preschool and kindergarten, first grade, but over time, you develop that. Once they trust you, and they realize you're kind of on the same team, what I really would love to see and what we've tried to do is, we try to bring opportunities for kids to be vaccinated within the school setting. Whether we're partnering with the local health department or another community clinic, and then personally reaching out to those families saying, here's an opportunity, and the parents can even come in. Trying to make it convenient too.

Community leaders spoke about the need to face the effects of COVID-19 on mental health by bolstering mental health care access, and a desire to see more cohesive guidelines about COVID-19 to support unity among the population.

> We really need to address and recognize that people are not in a good space, right now. A lot of cases, people are coming back out after COVID. Yay, that's great. Kids are back in school. I don't think it just resolves like that. For some people, it was really tough. There's a lot of people out there that saw family members get really sick, sometimes die, people went through long periods of isolation. In some ways, this is all, in many ways a trauma. And that just doesn't go away. People need time to deal with that. And in a lot of cases, they need help deal with that. I think us recognizing that we need to keep continuing to

> bolster the services available to people. The whole continuum, what we provide for people that need help paying for it, all the way up to what private insurance will pay for, we just need to bolster that whole continuum of care to help people because it's not over. People still need that support. They're still struggling with the anxiety and the depression that started during COVID.
>
> At least in our state, what I have seen is we like local power and local decisions, but that doesn't always work really well, because it starts to pit everybody against each other. We should all be following the same protocols throughout the state. It shouldn't be this health department tells you one thing and if you live in this county, your health department's telling you to do something else. I would like to see us get back to coming back together instead of I think now we're just back to being pulled more apart on things.

They also brought up the need to close educational gaps for youth whose schooling was affected by COVID-19.

> Everyone has to know we have a gap; the gap is there. That was very evident last year when the kids came back and went through their testing. You saw that I don't think anybody made gains, everybody was behind, and it's going to take time to fill that gap.
>
> Teachers were desperately trying to adapt their teaching styles. But the state testing and their testing clearly showed that the virtual education system was not nearly as effective as in classroom. And we're finding a lot of children right now that are really behind in their studies compared to where they were pre COVID. So trying to fill that gap and get everybody back to a point where they should be moving forward, because we're a little behind right now. So I definitely think education is as a as a huge starting point.

Survey respondents were asked to report what negative impacts of COVID-19 they experienced in the last 12 months. Nearly 40% reported a negative impact on their level of anxiety or depression, and a similar percentage reported a negative impact on their relationships. A majority of the "other" responses reflected disapproval of COVID-19 safety mandates, and precautions like masks. However, others mentioned a negative impact on the level of trust in the government, on businesses, and on recreational activities like shopping. Some also responded about increased loneliness/grief, or ongoing medical issues from COVID-19.

Negative Impacts of COVID-19[§*]

	Fairfield County (n=681)
Level of anxiety/depression	38.1%
Relationship(s) with other people	37.2%
Exercise habits	22.7%
Financial stability	19.3%
Social media habits	17.8%
Use of preventative health care screenings/visits	13.2%
Nutrition habits	12.6%
Television/gaming habits	10.1%
Other	3.9%
No negative impacts	32.5%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Differences by age: Reporting of COVID-19 negatively impacting one's level of anxiety/depression decreases as age increases: 51.6% for 18-34 year olds, 59.5% for 35-44 year olds, 35.7% for 45-54 year olds, 27.8% for 55-64 year olds, and 13.3% for individuals 65 or older.

Those under age 45 are more likely than those age 45 or older to report that COVID-19 had a negative impact on their financial stability: 31.0% vs. 10.2%.

Those under age 45 are more likely than those age 45 or older to report that COVID-19 had a negative impact on their social media habits: 25.7% vs. 11.6%.

Differences by gender: Females are more likely than males to report that COVID-19 had a negative impact on their level of anxiety/depression: 46.6% vs. 28.2%.

Females are more likely than males to report that COVID-19 had a negative impact on their financial stability: 25.6% vs. 12.0%.

Females are more likely than males to report that COVID-19 had a negative impact on their social media habits: 24.3% vs. 11.6%.

Females are more likely than males to report that COVID-19 had a negative impact on their use of preventative health care screenings/visits: 18.1% vs. 6.3%.

Differences by education: Those with some college or more education are more likely than those with a high school degree / GED or less education to report that

COVID-19 negatively impacted their relationship(s) with other people: 41.9% vs. 30.6%.

Reports of COVID-19 negatively impacting one's financial stability vary by highest level of education completed: 14.1% for those with a high school degree / GED, 30.6% for those with some college, and 14.2% for those with a bachelor's degree or more education.

Differences by income: Those with an annual household income of less than $75,000 are more likely than those with annual household incomes of $75,000 or more to report that COVID-19 negatively impacted their relationship(s) with other people: 43.3% vs. 34.5%.

Reporting of COVID-19 negatively impacting one's financial stability decreases as annual household income increases: 34.0% for an annual household income of less than $50,000, 25.8% for an annual household income of $50,000-$74,999, 19.3% for an annual household income of $75,000-$99,999, and 7.4% for an annual household income of $100,000 or more.

Differences by presence of children: Those with at least one child in the household are more likely than those without any children in the household to report that COVID-19 had a negative impact on their level of anxiety/depression: 54.4% vs. 29.3%.

Information, Education, and Collaboration to Improve Health Outcomes

Fairfield County respondents were asked whether they would like to receive help or information about the following issues, with an additional write-in option. These percentages should not be taken as a proxy for overall incidence of these needs but rather as a preliminary insight into what might be the most in-demand information or help needed by Fairfield County residents. "Other" responses included help needed around the home, tax relief, affordable health care, disability benefits, transportation assistance, binge eating, and dental care.

Would Like to Receive Help or Information About...[§*]

	Fairfield County (n=663)
Depression, anxiety, or mental health	10.2%
Food assistance	7.5%
Rent/mortgage assistance	6.0%
Drug or alcohol abuse	3.7%
Job training/employment	3.0%
Elder care	2.6%
Tobacco cessation	2.6%
Childcare assistance	2.5%
End-of-life or hospice care	1.8%
Social media usage	1.0%
Gambling or betting addiction	0.2%
Other	0.8%
None	79.8%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Differences by income: Wanting help with food assistance decreases as annual household income increases: 20.1% for an annual household income of less than $50,000, 11.3% for an annual household income of $50,000-$74,999, and 0.7% for an annual household income of $75,000 or more.

Not wanting any help increases as annual household income increases: 61.1% for an annual household income of less than $50,000, 71.1% for an annual household income of $50,000-$74,999, and 90.0% for an annual household income of $75,000 or more.

Differences by education: Wanting help with food assistance decreases as education level increases: 12.0% for those with a high school degree / GED, 7.7% for those with some college, and 0.7% for those with a bachelor's degree or higher.

The biggest barrier to getting help or information was reported to be the time or effort needed to find or access services (41.7%). Lacking eligibility for services (24.2%), and not knowing of any services in the community (21.5%) were also common answers. Other responses included cost barriers, shortage of mental health providers/services, long wait time for an appointment, lack of Internet/smartphone, and embarrassment.

Differences by age: Reporting that time or effort needed to find or access services is a barrier to getting help decreases as age increases: 76.6% for 18-34 year olds, 48.3% for 35-44 year olds, 22.9% for 45-54 year olds, 18.9% for 55-64 year olds, 10.1% for individuals 65 or older.

Differences by presence of children: Those with at least one child in the household are more likely than those without any children in the household to report that not being eligible for services is a barrier to getting help: 42.9% vs. 9.9%.

Differences by income: Those with an annual household income of less than $50,000 are more likely than those with an annual household income of $50,000 or more to report that not knowing of any services in their community is a barrier to getting help: 35.7% vs. 9.7%.

Community leaders – Resource Awareness and Health Education

Community leaders spoke to the barrier of not knowing where to go for health services, or health education about issues like nutrition. COVID had an impact on this by switching the focus of health and social service agencies and interrupting routine interactions community members had with health care providers.

> I think we need to continue to educate people that there is help there and how to get that help. Our health care system can be really complicated. People knock on one door, and they're told no, you're in the wrong place. But no one helps them get to where they need to be. We're trying to address that. We help fund 211 information referral, which is one sort of clearing house people go to when they need help. And then we also fund a behavioral health care navigator. People use them more for social service and resource needs than health care. I think they do get people contacting them about health care, and they use our behavioral health care navigator to if they have somebody come in their office and they're not able to help them they will refer to the Behavioral Health Care Navigator. I think it's hard, somebody suddenly has a certain kind of health issue, whether

> it's physical or mental health. Where do I go with this? What do I do with this? It's hard for people to know where to go.
>
> I think there's still gaps, to be honest with you. And I think with the dicey school years over the last couple years, it's hindered it more than it's helped. Because you weren't going to school, you weren't getting that healthy lunch. You revert back to the stuff that you can afford. Sometimes that's not so healthy. We always want to achieve that and hopefully moving forward, we can, but the pandemic really took a hit on people going in for the regular checkups and stuff like that. I'm sure some people's health slid backwards a little bit because they were afraid to come into a health center or to a doctor's office, and some doctors weren't seeing patients anyway.
>
> I do think the availability of health education has had a significant decrease during the pandemic, right. A lot of shifting went to sustaining health and safety practices for COVID, making sure that families had the resources that they need during the pandemic. But I would say that availability is probably an issue. So what I'm thinking, let's say a family, let's say they're scoring as obese on their BMI. Are there local resources that you can refer them to for education, besides WIC?

Community leaders also mentioned how distrust of government and leaders further hinders health education of the public, and fosters misinformation, especially in the case of politicized health issues like COVID-19.

> Seems like everywhere you turn somebody was adamant about you absolutely should or absolutely should not get vaccinated. I think there's a lot of misinformation that gets distributed and circulated. And for whatever reason a lot of people I think, are more likely to listen to their neighbor or friend or family member, or somebody who tells them something, rather than an actual professional in the field, because I think there's also mistrust. And there's mistrust in government, and basically leaders as a whole that they have a hidden agenda, and they're trying to mislead you for their own benefit, whether that be financial or otherwise. So, yeah, I would say that's a problem in terms of health education.

Community leaders brought up specific health education needs of seniors, for example education to prevent falls and financial exploitation

> I think getting programming around issues of importance to seniors, falls prevention, managing chronic illnesses, is really important for our seniors here. Good nutrition [as well], education about financial planning, financial exploitation. There's all kinds of telemarketing. There's all kinds of Facebook stuff out there. There's all kinds of IRS scams, social media scams…because people were isolated, they want to talk to people and they want to be needed, the grandkids scam. Grand kid calls up with issues, problems. And

> then you've got people living in the home with a senior or a power of attorney for a senior, be it a family member or friend, and they get into their money and start spending it. Taking control of their bank accounts. That's on both sides. It can be perfect strangers, or it can be family members. I would say about equally on both sides.
>
> Elder Abuse is huge. It's not reported. People can't even identify it. So that would be another place for health teaching. The older person doesn't know how to identify cognitive decline. Another thing people think that means, "I don't know where I am." Cognitive decline has a lot of variation within the elderly population before they get there. There's a there's a point where you're not making the decisions for yourself, even though you know, this is my name. This is again what year it is and that kind of thing. And I think that we feel like as long as they know who they are and stuff, then they get to make their own decisions and there's not enough support for families to know when is that time to intervene.

Mistrust in medical advice from official sources was measured through a question about trust in health organizations to provide accurate health information. Fairfield County adults most commonly reported that they somewhat trust the general health recommendations of the county health department (51%), the state health department (50%), and the CDC (40%).

Trust in Sources to Provide Health Recommendations[§]

	Fairfield County (average n=647)		
	Fairfield County Department of Health	Ohio Department of Health	Centers for Disease Control and Prevention
Trust a great deal	36.4%	37.2%	35.7%
Trust somewhat	51.0%	49.8%	40.0%
Do not trust at all	12.7%	13.1%	24.6%

Differences by income: Trusting Ohio Department of Health recommendations a "great deal" increases as annual household income increases: 23.6% for an annual household income of less than $50,000, 34.6% for an annual household income of $50,000-$99,999, and 51.1% for an annual household income of $100,000 or more.

Regarding who they trust to provide accurate information about COVID-19, half of Fairfield County respondents indicated that they trust their local doctors. Nearly half (47%) indicated that they trust the state health department.

Trust in Sources to Provide Accurate Information About COVID-19[§]

	Fairfield County (n=692)
My local doctors	50.5%
The Ohio Department of Health	46.9%
Fairfield County Health Department	43.8%
The CDC	43.5%
Individuals on social media who are not a part of the medical community	0.9%
Other	3.6%
None	24.7%

Differences by age: Those age 65 or older are more likely than those less than 65 years of age to trust their local doctors to provide accurate information about COVID-19: 72.3% vs. 44.9%.

Differences by education: Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust their local doctors to provide accurate information about COVID-19: 67.7% vs. 44.2%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the Ohio Department of Health to provide accurate information about COVID-19: 69.3% vs. 38.9%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the Fairfield County Health Department to provide accurate information about COVID-19: 67.6% vs. 35.4%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the CDC to provide accurate information about COVID-19: 69.6% vs. 34.1%.

Differences by income: Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to trust their local doctors to provide accurate information about COVID-19: 56.7% vs. 39.4%.

Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to trust the Ohio Department of Health to provide accurate information about COVID-19: 54.2% vs. 29.9%.

Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to trust the CDC to provide accurate information about COVID-19: 62.0% vs. 34.8%.

Community Leaders – Organizational Collaboration to Improve Community Health

Community leaders are hopeful that with time and effort health in Fairfield County can improve, citing a history of positive organizational collaboration.

> We've always been a very good collaborating community, we just always have been, but I think the pandemic pushed other organizations with us that we became partners, like the emergency management services, and the health department, FMC. We've always had a great relationship, but we all sort of came together. I think if we continue to do that, we can put a dent in some of this stuff. It's just coming up with those ideas that will have an impact on homelessness, on making sure people get in to get their annual wellness visits and stuff like that and making sure that we have enough providers to provide the mental health care that we need in this community. I think we all can work together on all of those issues, and we can improve them.
>
> I still think Lancaster is a great community and Fairfield County is a great community, I don't talk about negatives. I would just like to see a little more ownership, maybe just within our county on some of this. These initiatives, I think it's really good that we do these assessments. I've kind of gotten to be a part of them several years, and we kind of get these frameworks put in place. And then I don't really feel like the follow through is always there. And that's what I would like to see is just us continuing to work together and come together as a community to address these issues.
>
> Obviously, with COVID, it's been huge challenge. But prior to COVID, I think the community has done a really good job of coming together and saying, "Hey, I have an issue." Like, for example, we were at a meeting one time at the health department, and we were talking about trying to get kids out and get active. The kids that are on a free and reduced lunch program, what are they doing all summer, because the parents aren't going to pay to take them to child care, because the parents were saving every penny they possibly can. And so we just started talking about that around the table. And by the end of the meeting, we had come up with a plan. We contacted our civic clubs, like our Kiwanis, Rotary and said, "Hey, can you guys purchase pool passes, so that any kids that is on a free lunch program can go to our 211 and get a free pool pass?" There's no barriers. And then we worked with our public transit system again to say, all right, any kid that wants to ride the bus system can ride for free for the summer. So they can take their free pool pass, to go to the pool, and the free lunch site is right across the street. They can leave and get their free lunch and come back to the free pool. And then they're staying

> active, they're getting a decent lunch. And they're not staying home isolated, where they have the options to experiment with substances or create some other type of trouble, because they're bored. …But I think it's really now, coming out of COVID, we need to start really just bringing some of that back and getting the word out again, to really engage the community to say, "Hey, you have options. You have cheap options. You have free options," because we want the community to succeed.

Many also brought up ways that organizational collaboration and coordination could be improved in Fairfield County.

> I think a lot of it's communications because as I said, there's a lot of good organizations trying to address these issues. I sometimes wish they would just talk to each other more, instead of, "Oh, well, we'll offer this service even though this has already been offered somewhere else." Why don't we capitalize on that? Why not work together and I know that's not always possible, but if they could just talk to each other and figure out the things that are going on at on in the community and what is needed, I think that would be a huge help...There's a lot of good organizations in our community trying to address these issues. We're fortunate in that aspect. Are they being effective and could they collaborate with other organizations to try to do a better job collectively?
> I'd like to see them more in schools and doing more work. Even with the school nursing and, and pulling people together and again, having a county wide structure around health education. So we have a little bit of education happening from the animation board. We have some education coming maybe from the Children's Services, we maybe have some education—you know, they're all over the place and I would like to see a coordinated plan with a strategy among the education services to the county and we just don't have that. Not that I can see from my perspective, we're lacking that. All the county agencies tend to want to protect their turf or something that a lot.
>
> [For] health systems, if we have a high number of readmissions coming to the hospital with certain diagnostic categories that would be a key place that we could partner with health departments to help make sure the community is healthy. But it's almost like the health department says "Oh, that's not us. We don't deal with CHF. It is non communicable disease." And, and yet, the hospital systems need these community partnerships, because the health department should be about keeping the community healthy, not just fighting communicable disease. And they do a little bit with prevention around you know, maybe a little bit of nutrition and a little bit of chlamydia or something like that. But they're not, we're not staffed enough to do the kinds of things that we need to do. We're not funded enough to do the things that we need to do because we should be out there dealing with those major—peds and heart failure and doing a lot of things around cardiovascular stuff. And, and we're just not doing that. We're not doing enough…We don't have significant or sufficient prenatal services that are coordinated. So I think that's a place that is missing, that was uncovered during COVID is the lack of

> coordination between private and public partnerships, and also the lack of coordination among different public offices within the county.
>
> Sometimes we put on these great classes, come and learn how to cook healthy and whatever. But we don't say "Oh, and by the way a shuttle could be provided to get you to where you need to be, or these mother classes, or breastfeeding classes, or the diabetes control." We provide them in our space, but that's as far as we think about it without coordinating, how are you planning on getting here? Is there a specific bus that's going to run that night so that they can pick you up and take you home? I don't know. That's, that's way outside the box. If you could do that, I would say that you would probably have more engagement.

Priority Health Needs

The priority health needs on the next pages were identified by the following community representatives.

Fairfield County Health Needs Prioritization Participants

Fairfield County Health Department
Stephanie Fyffe

Fairfield County Department of Job and Family Services
Melanie Culbertson

Fairfield County 2-1-1 Information and Referral Services
Jeannette Curtis

Fairfield Medical Center
Teri Watson
Janae Miller
Resa Tobin
Mike Kallenberg

Fairfield County Health Department
Joe Ebel
Baylie Karmie
Bobby Persinger

Meals on Wheels
Anna Tobin

Fairfield County ADAMH Board
Marcy Fields

Fairfield County District Library
Helen Bolte

Mount Carmel Health System
Candice Coleman

Violet Township Fire Department
JD Postage
Jason Smith

Alzheimer's Association Central Ohio Chapter
Lindsay Blackburn

Fairfield Community Health Center
Lisa Evangelista
Julie Rutter

Project F.O.R.T/Fairfield County Overdose Response Team, Major Crimes Unit
Scott Duff

Fairfield County Emergency Management Agency
Garrett Bleu

Lancaster-Fairfield Community Action Agency
Melissa Hillis

Fairfield County Protective Services
Leah Miller

Fairfield County Board of Health
Teresa Wood

New Horizons Mental Health Services
Renee Klautky

United Way of Fairfield County
Carrie Woody

Priority Health Needs

The prioritized health needs of Fairfield County residents include: **substance use treatment and prevention, mental health care access, community outreach, and transportation access.**

Substance use treatment and prevention was identified as the highest priority health need. Prioritization session members specified addiction as a big issue, along with improving education around substance use and resources to help substance users avoid more health issues, such as access to fentanyl tests strips. Survey respondents and community leaders from the *Fairfield 2022 Community Health Assessment* also brought up this issue, mentioning the stigma associated with substance use impeding progress on this issue as well as the lack of substance treatment facilities within the county.

Prioritized Health Need: Substance Use Treatment and Prevention	
Specific indicators	See pages
• Behavioral health care access and stigma	• 43-45
• Substance use	• 72-79

Mental health care access was the next highest priority health need identified of the county. Session members mentioned access to treatment and the lack of a mental health workforce, along with specific mental health issues (anxiety, depression, suicide) and the mental health needs of specific populations (older adults, rural populations). As detailed later in this community health assessment, around 20% of Fairfield County adult residents have ever been diagnosed with a depressive disorder, and nearly 30% with an anxiety disorder. Community leaders mentioned the relationship between mental health and substance use, as well as the impact of COVID-19 on these issues.

Prioritized Health Need: Mental Health Care Access	
Specific indicators	See pages
• Mental/behavioral health care access	• 37-39, 42-47
• Mental and social health	• 89-93

Transportation access was another priority health need mentioned by session members. They specified a need for accessible, user-friendly transportation for seniors and those with special transport needs (wheelchair users) as well as transport access for those in rural areas and those needing to travel across county lines. While census data shows that a majority of households in the county have access to a vehicle, community leaders see a strong need for improved public transportation systems.

Priority Health Needs

Prioritized Health Need: Transportation Access	
Specific indicators	See pages
• Transportation issues	• 67-69

Another priority health need identified by session members was community outreach. They included under this umbrella expanded community paramedicine, education about risk factors for chronic diseases, and free screening awareness. Clear from these issues is a communal desire to decrease the incidence of health issues in the population through an increased access to preventative health care.

Prioritized Health Need: Community Outreach	
Specific indicators	See pages
• Chronic disease prevalence	• 109
• Cancer screening	• 48-50
• Health care access	• 36-53

Page 112 of this report presents a list of potential partners, resources, and community assets that could potentially help to address these prioritized health needs.

Several other health needs were also considered as part of this prioritization process, but these did not receive the same level of endorsement compared to those mentioned above.

The other health needs considered during the prioritization were:

- Affordability and access to physical health care, including dental care and maternal and infant health care specifically. The lack of health care workforce was also mentioned in this vein, along with a need for more specialty care providers within the community. Health care delay due to stigma and education was also mentioned, along with access and awareness to health screenings.
- Decreased obesity rates, attention to chronic diseases in obese population.
- Access to affordable, healthy food.
- Access to safe, affordable activity and leisure spaces.
- A need for increased support within families.
- Issues specific to older adults, such as dementia screening, fall prevention, and in-home health care access.
- In the realm of mental and behavioral health care, early screening, treatment and education for individuals with high ACES scores was mentioned, along with attention to the way ACES scores predispose individuals to heart disease and cancer.
- Trauma informed care, for example, EMDR (Eye, Movement, Desensitization, Reprocessing).
- Identifying vulnerable populations.

Priority Health Needs

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three priority health factors important to improving communities' health, with particular emphasis on **mental health and addiction, chronic disease, and maternal and infant health**. The three priority health factors include **community conditions, health behaviors, and access to care**, as shown below. For each of these priority health factors Ohio's 2020-2022 SHIP also identified specific areas of focus, which are listed in the table below. Overall, there is a good alignment between the prioritized health needs identified for Fairfield County and the priority health factors identified by Ohio's 2020-2022 SHIP:

1. Substance use treatment and prevention aligns with Ohio's health priority factor "health behaviors" as well as the priority health outcome of "mental health and addiction."
2. Mental health care access aligns with Ohio's health priority factor of "access to care" as well as the priority health outcome of "mental health and addiction."
3. As community outreach mentioned by session members referenced chronic diseases, this also aligns with Ohio's priority health outcomes.

While transportation access could be considered a "community condition," this was not explicitly outlined by Ohio's 2020-2022 SHIP.

Health Priority Factors and Outcomes Identified By Ohio's 2020-2022 SHIP

Health Priority Factors	Priority Health Outcomes
Community Conditions	Mental Health and Addiction
• Housing affordability and quality • Poverty • K-12 student success • Adverse childhood experiences	• Depression • Suicide • Youth drug use • Drug overdose deaths
Health Behaviors	Chronic Disease
• Tobacco/nicotine use • Nutrition • Physical activity	• Heart disease • Diabetes • Childhood conditions (asthma, lead)
Access to Care	Maternal and Infant Health
• Health insurance coverage • Local access to healthcare providers • Unmet need for mental health care	• Preterm births • Infant mortality • Maternal morbidity

Social Determinants of Health

This section provides insight into how Fairfield County residents fare when it comes to many social determinants of health, including access to health care, levels of poverty, education outcomes, and other aspects of the community context, such as levels of crime and general feelings of safety. Social and structural determinants of health provide insight into what causes higher health risks or poorer health outcomes among specific populations, including community and other factors which contribute to health inequities or disparities.

Key Findings

Health Care Access

Though most Fairfield County residents have health insurance, 4% of children and 7% of adults under age 65 do not. Almost half of residents travel outside the county for care, commonly for specialty or primary care. A majority of residents have visited a doctor and/or a dentist in the past year.

Economic Stability

In Fairfield County, 8% of children live below the federal poverty level, and 10% of residents spend half or more of their income on housing costs. Community leaders discussed factors that contribute to poverty, such as lack of education, mental health issues, and substance abuse.

Education

The high school graduation rate in Fairfield County exceeds the *Healthy People 2030* graduation rate goal.

Neighborhood and Environment

Over half of Fairfield County residents are worried about burglary or theft of possessions affecting them or their family where they live. Regarding household environmental health, the most common concerns are mold and insects. Community leaders highlighted the difficulties some residents face regarding transportation and affordable housing.

The following symbols indicate the presence of:
: a difference in responses between demographic groups of respondents
: a comparison between responses to the 2019 adult survey and 2022 adult survey

Health Care Access

Affordability of health care is a major determinant of an individual's willingness and ability to receive care necessary to the maintenance or improvement of their health. One factor of this affordability is the ability to utilize health insurance. Most Fairfield County residents have health insurance, though 7% of adults under age 65 do not. Of children, 4% are without insurance.

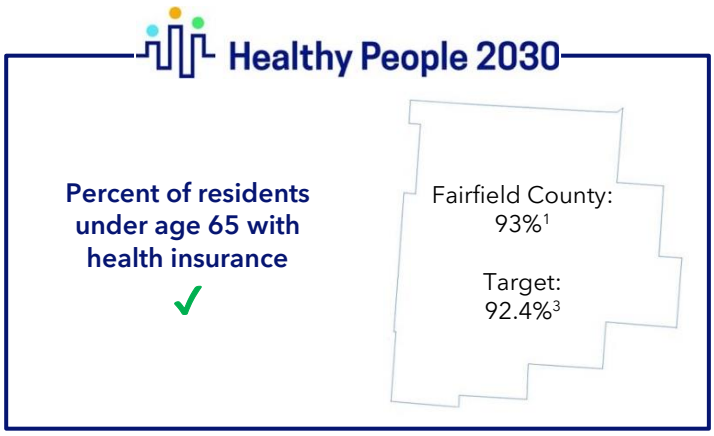
Health Insurance Coverage[1,2]

		Fairfield County 2019	Ohio 2019
Without Health Insurance Coverage	**Total without health insurance under age 65[1]**	7%	N/A
	Total without insurance[2]	5.4%	6.6%
	Under 19 years[2]	3.9%	4.8%
	Uninsured children[1]	4%	N/A
	Adults under age 65[1]	8%	N/A
	Adults age 19-64[2]	7.2%	9.1%
	Age 65+[2]	1.1%	0.5%
Private Health Insurance Coverage[2]	Total with private health insurance	74.5%	68.9%
	Private health insurance alone	60.3%	54.6%
	Employment-based health insurance	64.9%	59.1%
	Employment-based health insurance alone	55.2%	49.9%
	Direct-purchase health insurance	12.3%	11.7%
	Direct-purchase health insurance alone	5.1%	4.2%
	TRICARE / military health coverage	1.5%	1.7%
	TRICARE / military health coverage alone	0.1%	0.5%
Public Health Insurance Coverage[2]	Total with public health insurance	32.4%	37.2%
	Public health insurance alone	18.1%	22.0%
	Medicare coverage	17.4%	19.1%
	Medicare coverage alone	5.7%	6.4%
	Medicaid / means-tested coverage	16.0%	20.1%

	Fairfield County 2019	Ohio 2019
Medicaid / means-tested coverage alone	12.1%	15.4%
VA health care	2.2%	2.2%
VA health care alone	0.3%	0.2%

Data are from 2019

Since at least 2017, the percentage of uninsured children in Fairfield County has remained constant at 4%. From 2017 to 2018, the percentage of adults under age 65 without health insurance rose slightly from 6% to 7%, and during that same period the total without health insurance under age 65 was 6%.



Health Resource Availability

The availability of health resources within the community is another determinant of health care access. The next table shows the ratios of health practitioners to residents in Fairfield County and Ohio. In 2019, the ratio of Fairfield County licensed physicians (MDs and DOs) was 1 to every 481 county residents, which is a larger ratio than the 1 to 341 ratio in the state of Ohio as a whole. Compared to Ohio, Fairfield County is very much lacking mental health practitioners such as psychiatrists and psychologists.

Licensed Practitioners[1,4,5,6,7]

	Fairfield County				Ohio
	2018 Ratio	2019 Ratio	2020 Ratio	2021 Ratio	2019 Ratio
Primary care physicians[1]	1:1,675	1:1,750	N/A	N/A	N/A
Licensed physicians: MDs & Dos[6]	N/A	1:481	N/A	N/A	1:341
Licensed dentists	1:2,164[4]	1:2,159[1]	1:2,130[4]	N/A	1:1,855[4]
Mental health providers[1]	1:890	1:780	1:740	1:680	N/A
Licensed Social Workers[4]	N/A	1:2,763	N/A	N/A	1:326
Licensed Chemical Counselors[5]	N/A	1:1,300	N/A	N/A	1:1,060
Licensed psychiatrists[6]	N/A	1:22,105	N/A	N/A	1:9,108
Licensed psychologists[7]	N/A	1:9,671	N/A	N/A	1:3,185

Community Leaders – Staffing

Community leaders spoke about low wages keeping a sufficient number of workers from undergoing the necessary education and seeking employment at health and social service agencies.

> I think that a big part of the problem with in-home healthcare is how it's funded. Reimbursement from insurance companies is not much. So you can probably make as much as McDonald's as you can make working in a home health environment. And in home health care, you drive your own car. So you've got gas, you've got all this and if somebody isn't home, maybe you don't get paid for the day and you're expecting to work. So I think there's a lot of issues keeping people away from that industry and you got to make a living.
>
> I just don't think we have enough people going into this field. And I think over time, if you think about it, working in the behavioral healthcare field, you don't make a lot of money. And then people have to get degrees and certain college degrees and go through internships and get field experience. And honestly, economically, people think, does that balance out? What if I get a master's degree in social work or counseling? And you know, then I have to work and get supervised for two years before I can get that upper license? And yes, there are, salaries are definitely going up, especially for the upper-level licenses, but it's still a lot. And when you think about what people have to pay for student loans, for a lot of people, you're going to lose money on that deal.

> I think during COVID, we saw mass exodus with many people who were close to retirement. Baby boomers, that whole generation had such a significant impact in our economy and in our world. Basically, because there's so many of them, but I think they left and I don't think that there's younger people that take their place.

They also spoke to COVID effecting high rates of burnout and turnover in their organizations.

> It was a daily meeting [during COVID], because as you know, it changed almost daily. I think that really got to people. The amount of changing, what's true, what's not true? Am I going to be safe? And then the vaccines all came around, is it safe, is it not safe? I think a lot of the uncertainty and unknown really, really stress people in their own battles and in their minds. Am I going to be safe? Am I going to take anything home to my kids? Am I keeping the seniors safe? Is what I'm doing safe for them? I think that was probably more of the burnout.
>
> I think that we have experienced the highest staff turnover rate that I can remember. And I've been with the agency 30 years. So this has been the highest staff turnover rate that we have experienced. And I believe that is also impacting the providers within our community of health. Whether that be mental health or physical health or dental…And just like everyone else is experiencing when staff turnover, we're having a hard time hiring new staff. We just don't have the pool of applicants within our community. I do know that staff, from our staff satisfaction surveys and working with our staff on their needs, that they would report a higher level of burnout, especially this past year.
>
> Yes, our staff are saying to us at the top of their lungs, that they feel burnout…Some of the research I've done and some of the things that are coming out, it can take us three years for us to feel, not burnout, for that rewiring of our brain. And I know even our superintendent with us this summer, he didn't want us checking our emails every day, that he doesn't plan on sending anything out to us, he wants us to power down too, and just take a break from being so engaged with work and school. I think just everybody feels like you've had to be on 24/7 for two and a half years.
>
> After things started calming down [with COVID], then we have this massive turnover of people. And I think the anxiety just kind of said I don't want to be in this environment anymore. I want to do something different.

Community leaders said creating a sufficient workforce for their organizations could require raising wages and building interest in the field to lead more young people to get the necessary degrees. However, some say that reducing burnout in the existing workforce is less about money and more about leadership.

> So I think to some degree, we've got to make it economically balanced for people to come into this field. And that might mean higher salaries. How does that happen? I don't

know. You know, we're getting ready to enter managed care in Ohio for community behavioral health, and that's probably going to squeeze the rates even lower. How do you increase the salaries for people in this field at the same time you're going to see what's being paid for it by Medicaid and Medicare, being squeezed down? And part of it is just people don't understand either. We see so many young people that have gotten degrees in criminal justice or sociology. And they're trying to be a probation officer. And then they say, "You know what, this isn't really what I want to do. That's what I want to do over there." And then we tell them, "Yeah, but you needed a degree in social work or counseling to get licensed to do that." And they didn't know that when they went to college. So part of it is education and drawing young people into getting the right degrees, but part of is also making the field more attractive because right now I think people say it's a thankless job, you burnout, you don't get paid much.

And we're also seeing our agencies really figuring out ways to raise salaries, and they told us, "We don't have a choice, we're on a tight budget, on the other hand, if we're going to raise their salaries, we're going to also have to raise their productivity standards." It's kind of tough. "We're going to pay you more, but it's going to be more stressful." They're doing things like that, because they've realized that we will never get anybody unless we raise our salaries. So there definitely are kind of bidding wars going on out there. And we're definitely seeing salaries going up. But at what cost? If the cost of doing business is the same for the agencies, then you have to ask, what are they cutting to be able to pay staff more? I think we've got some really great innovative providers out there. And I think we've got some strong funding right now. But we got to have the staff and the people providing the services to do it. We've had special funding we've given to agencies to start great, new, innovative programs, they've never gotten them off the ground because they can't hire staff to do them. I think nothing else is going to work until we find a way to get more people working in our behavioral health care field.

People always want to jump to where we gotta pay them more. That's not it. Those shows that's not it. Number one thing that I'm finding in, in the literature is leadership. This all rests with leadership. If you have, if you have good mid-level managers that are engaged with staff and hearing them, you're gonna have a lot less burnout.

Social Determinants of Health

A little less than half (46%) of respondents or their family members have traveled outside of Fairfield County in order to receive some type of health care in the past year.

Travel Outside of Fairfield County for Health Care[§]

	Fairfield County (n=687)
Yes	46.0%
No	54.0%

Differences by education: Traveling outside of Fairfield County to receive health care increases as education increases: 38.1% for those with a high school degree / GED, 46.5% for those with some college, and 57.7% for those with a bachelor's degree or higher.

Differences by location: Those who live outside of Lancaster are more likely than those who live in Lancaster to travel outside of Fairfield County to receive health care: 52.5% vs. 28.0%.

Those who have traveled outside of Fairfield County for health care in the past year have commonly done so to seek out specialty care (26%) and primary care (24%). Less common reasons for seeking health care outside of Fairfield County in the past year include dental care (16%) and surgeries/procedures (14%). Within "another type of care," respondents most commonly sought health care for women's and maternal health, imaging/tests, or cancer treatments. Among those who provided a specific location where they receive care outside of the county, Franklin County was most commonly mentioned.

Type of Health Care Received Outside of Fairfield County in Past 12 Months[§*]

	Fairfield County (n=278)
Specialty care	25.5%
Primary care	24.4%
Dental care	15.8%
Surgery or procedure	13.8%
Another type of care	34.9%

**Of those who provided a response to a type of health care for which they traveled outside of Fairfield County. Percentages may sum to higher than 100%; multiple responses were accepted.*

Health Care Utilization

A majority of respondents (76%) visited a doctor for a routine checkup within the year before taking the survey.

Amount of Time Since Last Visiting Doctor for a Routine Checkup[§]

	Fairfield County (n= 679)
Within the past year	76.4%
Within the past 2 years	10.8%
Within the past 5 years	4.9%
5 or more years ago	7.9%

Percentage of respondents age 18 and older reporting visiting a doctor in the past year for a routine checkup in 2019: 81%; in 2022: 76%.

Differences by age: The likelihood of visiting a doctor within the past year increases as age increases: 61.0% for 18-34 year olds, 64.8% for 35-44 year olds, 77.3% for 45-54 year olds, 85.3% for 55-64 year olds, and 97.5% for those 65 or older.

Among those with children, 94.6% of children visited a doctor, nurse, or other health care professional to receive an annual physical, sports physical, or well visit.[1]

Around one third (33%) of respondents delayed getting some sort of necessary medical health care in the past year. Not being able to afford the co-pay was the most common reason chosen. Avoiding exposure to COVID-19 and not being able to schedule an appointment soon enough were the next most common reasons chosen. "Other" responses included not wanting to pay the cost of care, difficulty scheduling around work, their usual doctor was unavailable, they had to reschedule due to medical staffing issues, insurance denial, COVID-19 test required, and nervousness or anxiety.

[1] Each respondent was asked to focus on their child with the most recent birthday when answering this question.

Reasons for Delaying Needed Medical Care in Past Year[§]

	Fairfield County (n=700)
Could not afford the co-pay	10.4%
To avoid exposure to COVID-19	8.3%
Could not schedule appointment soon enough	8.2%
Could not schedule an appointment at all	6.1%
Did not have insurance	5.1%
To avoid spreading COVID-19	2.5%
Did not have transportation	2.3%
Could not access telehealth care	0.6%
Other reason	4.9%
Did not delay getting needed health care/ No need for health care	67.4%

**Percentages may sum to higher than 100%; multiple responses were accepted*

A little over one quarter (27%) of respondents delayed getting some sort of necessary mental health care in the past year. Difficulty finding a provider with availability was the most common reason chosen. Not knowing what services were available, and not being able to afford care were the next most common reasons chosen. "Other" responses included waitlists, lack of time, lack of confidence that services would help, anxiety, doctor moving, and no insurance.

Reasons for Delaying Needed Mental Health Care/Services in Past Year[§]

	Fairfield County (n=700)
Difficulty finding providers with availability	8.4%
Unsure what services were available	6.9%
Could not afford care	6.8%
Feared admitting a mental health issue	5.3%
To avoid exposure to COVID-19	4.2%
To avoid spreading COVID-19	1.0%
Other reason	3.3%
Did not delay getting needed health care/ No need for mental health care	73.3%

**Percentages may sum to higher than 100%; multiple responses were accepted*

As for medication access, 14.8% reported delaying getting a needed prescription medication for any reason during the past year.

Community Leaders – Mental/Behavioral Health Care Access

Community leaders still see stigma inhibiting access to mental health care. While younger generations may be more open and accepting of mental health and substance use disorders, the negative attitude of older generations toward these types of interventions persists.

> I think a lot of people still have that old school mentality of, like, just shake it off, everybody's got problems, just work through it, you've still got to go to work, other people have it worse than you do, and things like that. They have commercials now about mental health and they'll say, people always have really helpful advice, and they'll say things like, just get over it, or you need to smile more or, things like that. And I think, it's somewhat humorous, but at the same time, I think that those are thoughts that people who have never experienced it, "Oh, I have stress too and I just get over it, I just work through it or whatever, so you should be able to do the same thing."
>
> I do [feel that older adults carry stigma] more so than the younger generation, because I think of where they come from. Pull yourself up by your bootstraps and go on, because you can handle this kind of thing. So I think that, you know, to grief and anxiety and depression, I think it's hard for many people to reach out for help.
>
> Substance use stigma continues to be a huge problem. It took many, many years for us to get sort of a general community, not approval, but acceptance of using Narcan. You know, there's still people out there that don't understand, they think it's a waste of money, a waste of time, let them die, type attitude. You know, for example, fentanyl test strips, there's a big push back to that in the community, because people still don't understand, they think it's enabling or helping people to use drugs. Still a lot of stigma that people, that "it's their fault, why don't they just stop." They don't understand, especially when the consequence is really high. When people lose their families and their jobs and go to jail. I think the general public still has a really hard time understanding why that person couldn't stop and why it got that far.
>
> I think some people don't want to admit to the people around them, that they have problems, they don't go get help. I think there is some fear that the consequences to this will come public, if I go get help. Same thing for mental health. People are driven away by fear. I shouldn't have to get help, I should be I'll take care of this on my own.
>
> Some of the stigma work that we've been doing around substance misuse is really looking at some of our providers to eliminate that stigma. So helping our medical community, really understand substance use disorder, and really understand the barriers

> of treatment, which are all stigma related, right? So, "I'm embarrassed, if I go to a doctor, they're going to take my kids. If I ask for help, I'm going to go into child protective services, they're going to look down on me," they're not going to understand the rubber band that can happen with engagement when you're trying in recovery.
>
> Again, we've heard that from the screenings, the kids…the number one stop, is that the kids are testing positive for depression and or suicide, and the caseworkers contacted the parents saying, "Hey, your kid just tested positive for depression and or suicide, the parents are like, "Oh, not my kid, they're fine. They're fine. They don't need anything. No, we don't want your counseling. No, we don't want anything. No, you don't need to refer us." So yes, that's a huge need.

While many community leaders commended the county for its progress increasing resources for mental and behavioral health issues, many in need of these services still face waitlists to see mental health providers, a lack of inpatient facilities, and trouble affording care.

> I do think the strength of Fairfield County and really looking at substance misuse treatment is we do have a variety of providers. There are options within our community for different varying levels of care. We do have MAT providers that provide that medical assisted treatment. We do have providers that do individual treatment for substance misuse, as well as we have a support group. So we have a variety of treatment options for our families. It goes back to the timely response of getting treatment. So if they're calling a provider that does substance use misuse treatment, they could be on a waitlist or there's not an immediate action for a family calling in.
>
> We have a family Student Support Coordinator now. Available, preschool through high school. There's one in each of our buildings. Each preschool building has one, all five of our elementary, our two junior highs and high school have them. Now our junior high and high school also have school counselors. And then we have contracts also with local agencies that come in and provide counseling services, particularly for those that qualify insurance wise. But the family student support coordinators, have played a huge role in what we do. If anything, I think we would all agree, we probably need more of them or more help with that. And linking things, you know, these families and the students to outside school resources, we've had to try to bridge that gap in the school as much as we can. But it seems there's always a waiting list, outside of school, to help these families.
>
> I will say that we have great providers in our community. And I think we're blessed with the providers that we have. However, you get on a waiting list. And so the individuals that I've talked to at least, and I can't say that everybody ends up on a waiting list, but the individuals that I've talked to who have had trouble getting in to get regular counseling, if they're not being slipped in and put into counseling after admissions, then they end up on a waiting list, and they're not getting the counseling they need, which then ends up

putting them pink slipped somewhere. So I feel like there's a gap and if we could find a way to add more providers, because again, we have great providers that just don't have the capacity to handle it all. So I feel like if we could expand what we're doing to offer those services before they need pink slips, then we might be able to avoid some…A lot of people end up on a waitlist until they get to the point where they've been hospitalized.

I don't think we have enough in terms of services for recovery and addiction, and mental health, I think those are all areas that we don't have enough resources there. I just went to a groundbreaking for a new, trying to think if it's called, the starlight center, or something like that…it's only going to have I think, like eight beds, but it's going to be the first residential facility in our county for addiction. So that kind of gives you an indication, it's the first one we've ever had. And there are only going to be eight beds so that illustrates that not only is there a need, but there hasn't been that resource previously.

We don't have anything in county right now. If somebody would need psychiatric help for mental health, our only option is to send them to a hospital somewhere. We don't even really have that many mental health crisis stabilization units that we can use. They would go to one of the private psychiatric hospitals in Columbus or another county surrounding us. And if they need substance use help, they're going to go to a residential center outside our county as well. [STARLight] will get people close to home, they could stay close to their support system. And I think the most important thing is, they'll be right in the same community. They can really link with whoever they'll see in outpatient, because that's what I see happening. People will go out of county, sometimes for 90 days, three months for such use residential, to come back home, that link hasn't been good. They don't go to outpatient services, and they're right back to where they started. Being right in the community will help them meet, have a warm handoff, and really be able to enter into outpatient services in a seamless way so that we don't lose them between the higher-level service and then outpatient.

There are very limited mental health providers that specialize in providing services for children under the age of five. Not only are waiting lists long, we have providers that do not specialize in serving young children and their families.

I know that [virtual mental health visits are] offered in our county. I don't know how many actually partake in it. I know it's offered from a few people that I've talked to that received virtual counseling, they didn't like it They said it wasn't helpful.

We found a lot of senior citizens the wanted the support, that needed, that craved the support, and we found a significant amount of past trauma with this population. And people that at this point of their life, wanted to talk about it for the first time in their life. That was a real surprise to us. I definitely think behavioral support is really important for our aging population. And it's hard to get, partially because everybody of that age is on

> Medicare. Medicare is terrible for behavioral health. They will only pay a licensed independent social worker for counseling services. There's lots of other credentials that can provide good counseling, but that's the only credential that and psychologists. There's hardly anybody that can provide services under Medicare. It's really hard for somebody on Medicare to find a counselor...I think really looking at what Medicare pays for is going to be really important going forward. They've got to be more flexible on who they'll pay for counseling and support services, because our aging population needs it. They really need it.
>
> And then people still struggle with funding. We provide a lot of funding for uninsured people. Interestingly enough that some of the people that struggle the most with paying for behavioral health services are insured. Many private insurances don't pay for the services they need. If they need something more intensive, for example, we have an intensive home-based treatment service in Fairfield County, it's evidence based, it's really intense. The therapists are in their home probably four days a week, really work hard with the family and the child to get things better. But private insurance won't pay for it because it's in the home, and it's so much, long sessions, so many times a week, they won't pay for it. We end up paying for a lot of families that have private insurance, but they won't pay. It's an intensive service, and they can't really afford it otherwise. So just one little example of how private insurance really does not do what people need it to do.

Improvements to mental and behavioral health care access mentioned were a need for more social workers, counselors, and other mental health professionals along with providing more services accessible to home-bound seniors and the middle class.

> We have really gotten most of our social workers from people we know. So it's very hard [to hire enough]. We've had an ad on indeed.com, online for months, and they're just so hard to find. Really hard to find…I think we need to start targeting probably colleges. And we do have a pretty healthy training program. But I think we need to get more people in social work, and counseling into our locations. And that's what we're working on, actually, as we speak. So hopefully, that'll help our recruiting, especially when we get into the bigger building…We need the counselors, we need the psychologists, we need the psychiatrists and in this community that's lacking right now.
>
> Funding is always like the top issue. And I will say that I do feel like our mental health providers have done a great job expanding their services and trying to continue to recreate how they're offering services in an ever-changing environment. Unfortunately, I think that for a lot of individuals that are in need of services probably need the one on one in person, zoom is not as effective for them. So again, it's hard for me to answer that obviously I feel like we probably need to add providers to what the current caseload is for our people.

> Well, right now, the in-home mental health services would be great for older adults, especially those that are not ambulatory. I believe that having more doctors that would perhaps do house calls, or nurse practitioners that would do house calls might be beneficial. There may be programs out there for that, I'm not aware of it. Unless you're on Medicaid, or in a government waiver program. And again, that middle class, what happens to them? Just get forgotten? That's the bulk of us. That's the bulk of our population. I think we have to remember that part.

A majority of respondents (70%) visited a dentist within the year before taking the survey; about 20% have not visited a dentist within the past 2 years.

Amount of Time Since Last Visiting Dentist for any Reason[§]

	Fairfield County (n=696)
Within the past year	69.8%
Within the past 2 years	11.7%
Within the past 5 years	9.0%
5 or more years ago	9.5%

Differences by age: Those age 35 or older are more likely than those 18-34 years old to have visited a dentist in the past year: 77.3% vs. 49.2%.

About 30% of respondents had not received dental care in the past year. The most common reasons chosen for not visiting a dentist were fear (7%) and not having insurance (6%). "Other" responses (5%) included not having real teeth, not considering dental care a priority, and not having a dentist.

Reasons for Not Receiving Dental Care in Past Year[§]

	Fairfield County (n=700)
Fear of going to the dentist	7.4%
Did not have insurance	5.6%
Could not afford co-pay	4.6%
Difficulty scheduling an appointment	3.9%
To avoid exposure to COVID-19	2.4%
To avoid spreading COVID-19	0.0%
Other reason	5.2%
Did not delay getting dental care	77.0%

Turning to children's utilization of annual physicals or well visits, 94.6% of respondents with children age 0-18 said their child visited a doctor, nurse, or other health care professional at least once in the past year.

The US Preventative Services Task Force recommends colorectal cancer screening for adults age 50 to 75.[8] Respondents age 50 and older were asked when they last had a colorectal cancer screening. Nearly 12% of survey respondents age 50-75 had never had this type of screening.

Amount of Time Since Having Last Colorectal Cancer Screening (Sigmoidoscopy or Colonoscopy) (Age 50-75)[§]

	Fairfield County (n=247)
Within the past year	16.7%
Within the past 2 years	20.1%
Within the past 3 years	14.5%
Within the past 5 years	21.9%
Within the past 10 years	9.2%
10 or more years ago	5.8%
Never	11.8%

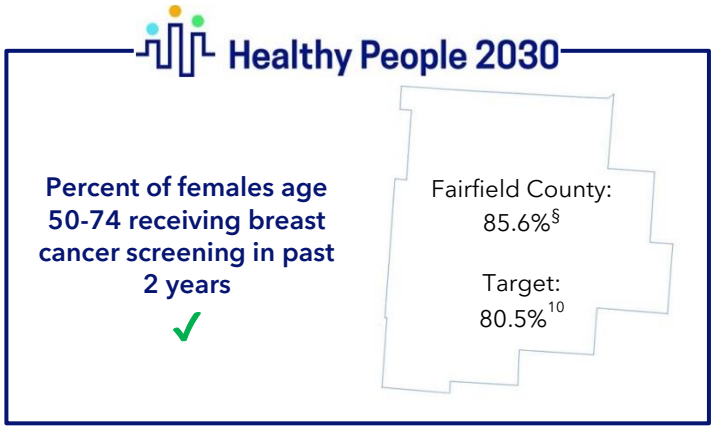
The American Cancer Society recommends that women should start having annual mammograms at age 45 and may opt to have mammograms every other year starting at age 55.[9] The next table displays the amount of time since having their last mammogram for

women 45 and older who completed the survey. A majority of women (75%) have had a mammogram within the past year; only 1% of them have never had a mammogram.

Amount of Time Since Having Last Mammogram (Women 45 and older)[§]

	Fairfield County (n=173)
Within the past year	75.1%
Within the past 2 years	10.5%
Within the past 3 years	4.3%
Within the past 5 years	3.3%
5 or more years ago	5.5%
Never	1.3%

Differences by location: Those who live outside of Lancaster are more likely than those who live in Lancaster to have had a mammogram in the past year: 79.7% vs. 59.1%.



According to the Mayo Clinic, doctors normally recommend Pap tests every three years for women age 21 to 65.[11] The next table displays the amount of time since having their last Pap test for women age 21 to 65 who completed the survey. A majority of these women (69%) have had a Pap test within the past three years, and only 3% have never had one in their lifetime.

Amount of Time Since Having Last Pap Test (Women 21 to 65)[§]

	Fairfield County (n=263)
Within the past year	40.9%
Within the past 2 years	19.8%
Within the past 3 years	7.9%
Within the past 5 years	10.6%
5 or more years ago	18.1%
Never	2.6%

Community Leaders - Health Care Access

Community leaders mentioned insufficient health insurance and overall cost of medical care and prescriptions as barriers to health care access.

> I think regular screenings at doctor's appointments for that disease may be again, you hear like some people have it included in their insurance, some people their doctors insist on it, others don't. So there's no like, consistency and to get screened, and how you can make a decent early intervention to help offset the devastation…It'd be nice if everybody had same access to the plan. So everybody knows what's covered, what's not covered. Some people can go because they have an advantage plan or something they have a better outlook on what their out of pocket going to be and what a surgery or something's going to cost them. So I just think there's so much ambiguity between all that.
>
> I think people have private insurance, but in general, you could still get into a situation where either people have insurance through work that has such high deductibles that can't afford it, so they don't go to the doctor, or they need some kind of specialty service and their insurance won't cover it or don't cover it well, and they can't afford it. So, the Affordable Health Care Act went a long way. Expanding Medicaid went a long way. But we still have people that could go bankrupt over medical bills. It still continues to be an issue for people, I think.
>
> We hear seniors skipping doses, we hear them cutting pills in half. We hear seniors not taking the medication at all, because it's too costly for them. We hear that quite a bit.

Fairfield County also lacks access to certain specialist services.

> There are certain specialties that I think people have a hard time getting into down here. And that's another thing that might drive them going to other counties.

> We do have limited pediatric dental providers, which means that our families, if they need a dental exam for children and or dental treatment, oftentimes they may have to travel to Columbus. And so transportation is also a barrier in our county. So if we have young children, under the age of five, that are showing concerns with a hearing or vision screening that we are qualified to provide, we aren't qualified to do the in depth follow up that a specialized provider might conduct for hearing or vision and I do think access to those services in our community is lacking.
>
> I think the specialty is a problem in this area. A lot of the specialties are up in Columbus, so that's tougher for people to get to. Dental, affordable dentists. There's a few more now than there used to be, but that is something that we also are looking into, branching out into at the health center…Knee replacements, I think there's only a very few people that do that here. Most of those are up in Columbus.
>
> For individuals who are on Medicaid specifically. We are extremely lacking in providing prenatal care, which again, ends up with babies addicted to substances. Because moms are misusing something while they're pregnant. They're not getting any type of prenatal care. So definitely, those are the two biggest things that we see.

Transportation and other difficulties with scheduling appointments contribute to the access issue.

> Transportation is usually a really big one, especially being in a very rural community. I think that if you live within the city limits of Lancaster or city limits within Pickerington, you can typically access health care, but once you're out into those rural communities or outside the city limits, and you're going to struggle to find transportation to get you to and from adequate health care. I also think that the medical model in general is somewhat prohibitive. Because if the patient does have to take public transportation, per se, or even a private taxi service and they arrived to their appointment 15 minutes late and out of their control, and the provider says, "Well you're 15 minutes late, we can't see you, you missed your appointment."
>
> The hours that they're available, because a lot of people work during the day and then not a lot of places hold evening hours.
>
> Especially working mothers, they can just never get it to fit into the schedule that they actually need.
>
> What I've noticed recently is that primary care physician offices would rather do telehealth than they would do in person, which is understandable, because they can see a lot more patients in a shorter frame of time. [But], we go back to that people needing people and that reassurance or someone putting their hands on someone to feel like they've truly

> been assessed. A lot of times it takes you a month to get into a primary care, which is important because that's consistency of care. That continuity of, "you're my physician, you know really all about me," but if I go to the Minute Clinic, and I go to Well Now and then I go to the ER, and then I go to all these different places, not necessarily, if I go for something bigger is the whole picture going to be there.

Additionally, prioritizing health care enough to take advantage of resources and follow through with appointments can be difficult for some families.

> And then it's making it a priority too. We do have a high poverty rate in our community. And although your child probably qualifies for free glasses and a free eye exam because they have the medical card, that isn't the priority. The priority is putting food on the table. And sometimes it's trying to help explain the positive impact this is going to have. But each family's just different with those priorities too.
>
> I think part of it is stigma. And when we're talking about behavioral health, even a lot of physical health issues, there's stigma, there's fear. A lot of people are scared. What will this be? I'd rather not find out and ignore it.
>
> Unfortunately, we have some that, if you miss those appointments, and you haven't called to cancel, or within the requirements that those practices have, they are going to dismiss you as a patient. We've dealt with that, too. Families just really struggle. I even have a type one diabetic, who, you know, we don't have any local pediatric endocrinologist, you have to go to Children's, you have to go to Columbus. And it's been a struggle with some of them, especially as they get older, to really push that home with the families. And you know, those are times too when we have to work with Children's Services, too, and making some of those referrals to really explain, this is life and death. And you do need to follow through on this.

Community leaders mentioned ways they would like to see health care access improved in the county.

> What I would love to see is Children's Hospital, they do see so many of our pediatric students, it would be great if they had a satellite here in Lancaster. Even if it was only once a month. Some of these kids who have chronic health issues, they could get linked to them that way and not have to go all the way to Columbus. That's a huge barrier when we can't get them to go here in Lancaster let alone up 33 our highway to Columbus. It's hard.
>
> I don't think seniors know what's available and some more education, around Medicare, Medicare Advantage plan and how it would benefit a senior, would be helpful. That Ohio Health Information insurance program that's out there, OSHA has counselors who will counsel seniors around their Medicare Part D, which is the prescription drug coverage.

> And because the plans change so much, year after year, and our seniors, health changes, year after year, they may be on different prescriptions, that program will allow seniors to run a comparison between the different plans, prescription medications to try to get them the lowest cost of medication that they're on. And I'm not sure all seniors know about that opportunity. And I know it can save them quite a bit of money on the prescription cost.
>
> In-home health care, I think it would be very helpful…People need to have a clean, safe environment, they need to be able to have a bath. And the limited number of healthcare workers is causing waiting lists for those kinds of services across our entire state. It's sad. Seniors can stay in their home, but they do not have a safe and clean environment. And I think that shortage of direct care workers coming into the home, not skilled care, but as a home health aide, to clean up and help them get a bath causes many seniors to live in an unhealthy environment, because there's just no help available, if they don't have family members.
>
> We've done some surveying through the older adult network and Meals on Wheels surveys our clients normally as well. And I think people don't know what they don't know. They don't know that services are available for them or what's available to them, until they actually need it, and they find themselves in the crisis situation. A little bit more education for discharge planners and doctors' offices that cater to seniors would be really helpful. Helping seniors just keep up with the repair of their homes and that kind of thing.

Economic Stability

Economic stability plays an important role in health, with at least one study on this topic showing that those with greater income had greater life expectancy (Chetty et al., 2016).[12]

In Fairfield County, 8% of children are living below 100% federal poverty level (FPL), which is lower than the state of Ohio percentage (17%). The median household income is higher than the median for the state of Ohio overall.

Income and Poverty[1,2,13]

		Fairfield County			Ohio
		2018	2019	2020	2020
Annual Household Income	Income inequality ratio[1]*	4.4	4.3	4.2	N/A
	Per capita income[2]	N/A	$34,030	N/A	N/A
	Mean household income[2]	N/A	$89,741	N/A	N/A
	Median household income	$67,700[1]	$71,469[2]	$74,987[13]	$60,360[13]
Poverty Status of Individuals	Total persons below FPL	N/A	8.1%[2]	7.5%[13]	12.6%[13]
	Population under age 18 in poverty	12%[1]	11.5%[2]	8.2%[13]	16.6%[13]

**This is the ratio of household income at the 80th percentile to income at the 20th percentile*

Around one in ten households in Fairfield County face a severe housing cost burden, with housing costs equal or exceeding 50% of the household's Income.

Cost-Burdened Households[1]

	Fairfield County		
	2018	2019	2020
Homeownership (% of occupied housing units that are owned)	73%	74%	75%
Housing costs ≥ 50% of income	11%	11%	10%

In 2018, 12% of households had at least one of the following housing problems:

overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Household Issues[1]

	Fairfield County		
	2016	2017	2018
Households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	13%	12%	12%

Economic instability is linked to food insecurity. People who are food insecure do not get adequate food or have disrupted eating patterns due to lack of money and other resources. In Fairfield County in 2019, 11% of all residents were food insecure, and nearly 14% of children were estimated to be food insecure. These percentages are similar to the percentages for Ohio as a whole.

Social Determinants of Health

Food Access[1,2,14]

		Fairfield County			Ohio
		2017	2018	2019	2019
Food Insecure Persons	Total count	18,170[1]	17,530[1]	17,070[2]	1,547,110[2]
	Percentage	12%[1]	12%[1]	11.0%[2]	13.2%[2]
	Total children	N/A	N/A	5,080[2]	447,350[2]
	Percentage of children	N/A	N/A	13.6%[2]	17.4%[2]
Limited access to healthy foods[1]*		N/A	N/A	6%	N/A
Children eligible for free or reduced lunch[1]		38%	37%	36%	N/A
Food Stamp Households	Total count	5,964[1]	6,359[1]	5,598[2]	569,024[2]
	Percentage	N/A	N/A	9.5%[2]	12.0%[2]
	With one or more people 60 years and over	N/A	N/A	35.9%[2]	34.8%[2]
	With children under 18 years	N/A	N/A	42.9%[2]	43.9%[2]

**This denotes the percent of population who are low-income and do not live close to a grocery store. Previous data years available are 2015 (5%), 2010 (6%), and 2006 (12%)*

Some researchers use the food environment index when assessing access to nutritious foods. This index of factors that contribute to a healthy food environment ranges from 0 (worst) to 10 (best). Fairfield County's food environment index score of 8.1 is better than Ohio's score (6.8).[15] The food environment index has not seen much recent change, recorded as 8.1 in 2018 and 8.0 in 2017.

Another economic indicator that may influence the health of the community is the unemployment rate. The unemployment rate in Fairfield County in 2019 (2.5%) was slightly lower than the unemployment rate in Ohio (4.6%), using the Ohio Department of Job and Family Services' unemployment definition as those people, 16 years of age and over, who were "actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within 30 days to a new payroll job." Those who have stopped looking for a new job (and who have therefore removed themselves from the civilian labor force) are not included in this statistic.

Employment Status[2]

		Fairfield County	Ohio
Unemployment Rate*	Annual average unemployment rate	2.5%	4.6%
Employment Rate of Labor Force	In labor force	67.1%	63.5%
	Civilian labor force	99.7%	99.8%
	Employed	97.5%	95.4%
	Unemployed	2.5%	4.6%
	Armed forces	0.3%	0.2%
	Not in labor force	32.9%	36.5%

*Data are from 2019 *Denominator is civilian labor force*

Since 2018 the unemployment rate in Fairfield County has fluctuated somewhat. It was 4% in 2018, 3% in 2019, and 7% in 2020.

Readers who wish to learn more about the current state of jobs and public assistance (veterans' services, SNAP, etc.) in Fairfield County are encouraged to access the Ohio Department of Job and Family Services' "QuickView" report, at http://jfs.ohio.gov/County/QuickView/Index.stm.

Community Leaders - Poverty

Community leaders pointed to the relationship between education and poverty, appreciating recent efforts to encourage young people who cannot go to a college or university to learn a trade and enter the workforce directly after graduating high school.

> Again, I'm just gonna say that it starts with those building blocks, where if they didn't have a great education, it's hard for them to get a good job. Again, I think our county has done a really good job lately of trying to get people to understand that there are several trades where you can make a really good living, and that you don't have to have a college degree.
>
> I think lack of education. We have people don't even finish high school. I think sometimes people have to make hard decisions on their families. I see a lot of times kids raising kids, I'm not going to lie. You've got your high schoolers who are responsible for the younger kids, or you have even junior high kids who are responsible for their elementary siblings

> and it's hard. They want to work, they want to make money. And that becomes the priority over your education. And they don't realize how important it is to still have that degree.
>
> One of the things that our community has been focusing on a lot in the last couple of years, is high school students who are graduating and not going to college, not going into the military, but going into the workforce, and trying to educate them about options that are available for careers as opposed to just go get a job in retail or something like that. We need to do even more of that…It's not just employment, but employment is a huge part of it, just in terms of, trying to educate youth about options that are available to them, once they become an adult at 18, because they're really not ready. Most of them don't really think about what they're going to do when they turn 18, the extent of their focus is the end of the week, not the next five years of their life.

However, many also pointed to the impact of mental health and substance use issues on people's ability to find and retain employment to keep them out of poverty.

> Addiction and mental health go along with that as well. A lot of the customers that we work with who are not self-sufficient or are struggling to become self-sufficient and we have them as customers in each of our departments who are the ones who are struggling, a lot of times it comes back to an addiction issue or a mental health issue.
>
> I still believe that there's a high issue with substance abuse in our area and that gets the priority over having a job and a home to live in.
>
> I do think there are some barriers in terms of some of the mental health issues we've already talked about. An increase in depression and increase in substance use, and then lack of timely services for mental health treatment.

Community leaders also spoke about the lack of truly living wage employment, and its relationship to the county's homelessness problem.

> People have a hard time keeping a job, I mean, because anybody could go get a job right now. Unfortunately, a lot of the jobs that are available now, don't pay well. And housing is a big driving factor, we have a real housing problem in Fairfield County. You'll have people working lower income jobs, that just can't afford an apartment because they aren't there. And honestly, in a free market, landlords have so much demand, they know they can raise those rents and still find somebody to rent from them, because there aren't enough apartments and housing to go around. So what that's done is kind of driven the lower income, and the fixed income people out of the housing market, and they're staying with friends, they're homeless, they're having trouble finding housing. I think that really drives it too. Because it's hard to keep a job and keep finances coming in if you can't get in and stay in stable housing.

> I would say the primary causes of poverty within our community, if you take a look at our community needs assessment and data, what you're going to show is lack of accessibility or supply, for jobs that provide a sustainable living wage. Our community is primarily made up of the hospitality type or retail jobs. Most of the jobs that are someone that did not graduate high school, or does not have any higher ed, experience or education, are going to be eligible or applying for retail or hospitality type jobs that do not pay a sustainable living wage. So that would be jobs that are at minimum wage, or up to $15 an hour that we just have recently seen with that pandemic kind of shift with paying people. I think that is the primary cause of poverty within our community is just access to jobs that provide a living wage.
>
> I think once you've lost your job, and you've gotten the unemployment, a lot of times it's harder to get back into the workforce, if it's not paying you enough money. I think that can drive the homelessness as well. People say, "Look at that guy, he's just on the street corner, he could go to Burger King and work for $15 an hour or $12 an hour" And it's like, that's great, but there's still no place for him to go. He's still going to be homeless. I think that's hard for our community right now.

Access to reliable transportation and a lack of industry within the county also form barriers to employment, along with a mindset that it is not worth the struggle to get out of poverty, as mentioned by a couple of community leaders.

> Transportation is a major obstacle to employment. The public transit that we have, they have specific routes. If you have a transportation need that's outside of that route, you have very limited options there. A lot of people borrow a car, or they get their neighbor or their family member or somebody to take them to work or whatever, but it's not reliable. There are a lot of people who may have one way to get to work, but if they lose that, you know, maybe they have a car that's not very reliable. If their car doesn't start, they have no other option. A lot of lack of plan B in terms of transportation, and so a lot of people either lose their job, or they're not able to continue employment, because of transportation. Transportation is a huge issue.
>
> There's a lack of good industry in the county at this point. And I think that's gone on long enough. That there's a culture of poverty that has formed as well, that's a little more difficult to overcome. I think at a certain point, people quit trying to struggle out of that. There's a lot of things that I think the health department offers even to help people to have more stability in their current situation, while they maybe work towards changing their situation, and they don't always take advantage of that. So I think I think it becomes a mindset if this is just how we do things.

Community leaders also brought up the plight of older adults who cannot make their Social

Security or pensions stretch far enough in the face of medical care costs and inflation and burdens on loved ones.

> I think a lot of the older adults, they worked, perhaps their Social Security isn't a lot coming in. And pensions are kind of going by the wayside. So unless you really plan well for your future, you can be facing some disparity. Our women, outlive our men and although they can receive their husband's Social Security, if they're unmarried or divorced, they're relying on their own security where their wages weren't very much. So they're living closer in poverty due to that. Again, that whole tradeoff between paying for their Medicare, paying for their prescription drugs, and paying to keep their homes up. I think all that plays into poverty and disposable income amongst older adults. They may not have income that should be in poverty, but their expenses places them [there]…I think some people just think I'll live off my Social Security, but they don't understand that it's not meant to be their sole source of income.
>
> The rising amount of dementia and the great burden that places on the care provider, or some teacher, family providers, I think is a big deal. You know, many people leave the workforce so that they can go home and take care of a loved one. And then that puts them into a position where they're eating into their retirement and their savings, because they're caring for a loved one at home.

Education

Educational attainment can affect employment opportunities and economic stability, which in turn impacts many health outcomes.

As shown in the following table, Fairfield County residents have similar educational levels compared to Ohioans overall. Slightly fewer Fairfield County residents have graduate or professional degrees.

Educational Attainment[2]

	Fairfield County 2019	Ohio 2019
No high school	1.8%	2.7%
Some high school	4.5%	6.5%
High school graduate/GED	33.6%	32.6%
Some college (no degree)	22.0%	20.1%
Associate's degree	8.7%	8.7%
Bachelor's degree	19.7%	18.2%
Graduate or professional degree	9.7%	11.1%

The average four-year high school graduation rate in Fairfield County was 93% in 2018, 2019, and 2020.[1] This is higher than the average for schools in Ohio overall in 2020 (87.2%).[16]

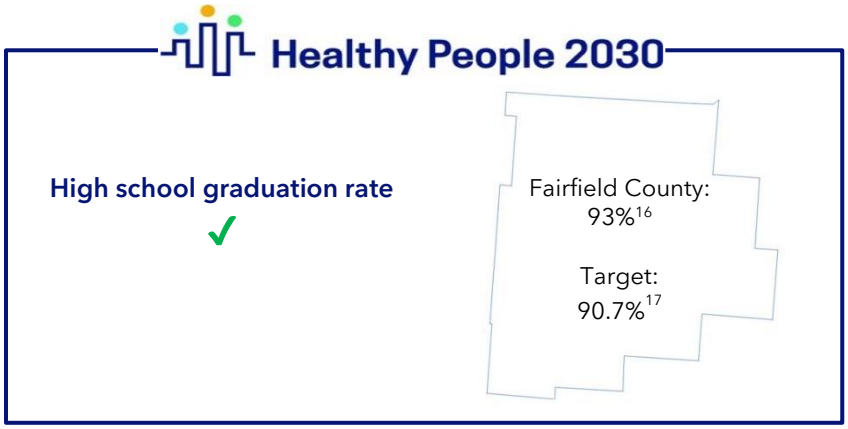
Graduation Rate[1,16]

	Fairfield County			Ohio
	2018	2019	2020	2020
Percent of 9th grade cohort that graduates in four years	93%[1]	93%[1]	93%[1]	87.2%[16]

The next table displays the high school graduation rates for the Fairfield County school districts in 2019 and 2020.

High School Graduation Rates[16]

	Fairfield County			
	2019		2020	
	Count	Rate	Count	Rate
Lancaster City	730	91.3%	452	92.6%
Amanda-Clearcreek Local	116	94.3%	99	86.1%
Berne Union Local	63	87.5%	64	94.1%
Bloom-Carroll Local	130	95.6%	134	94.4%
Fairfield Union Local	167	96.0%	137	97.2%
Liberty Union-Thurston Local	115	97.5%	98	97.0%
Pickerington Local	883	95.7%	879	95.2%
Walnut Township Local	22	73.3%	34	87.2%



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

As measured by the Ohio Department of Education, 73% of children in Fairfield County demonstrated or were approaching kindergarten readiness for the 2021-2022 school year; this percentage has been decreasing since 2018.

Special emphasis is also placed on the third grade when measuring educational outcomes of a community, because after third grade, students are expected to "read to learn," rather than

"learn to read." Accordingly, educational outcomes like high school graduation can be impacted if reading proficiency is not attained.[18]

In 2021, 100% of Fairfield County third graders met the reading proficiency threshold to move to fourth grade; this percentage has been increasing since 2018.

Youth Educational Indicators

		Fairfield County	Ohio
Kindergarten Readiness[19]	2018-2019	78.8%	77.3%
	2019-2021	77.0%	77.4%
	2020-2021	73.5%	75.9%
	2021-2022	73.4%	71.7%
Third Graders With Reading Proficiency[20]	2018-2019	96.6%	98.6%
	2019-2020	99.9%	99.0%
	2020-2021	100.0%	95.0%

Neighborhood and Environment

Neighborhood and environment refer to what extent individuals feel safe in their community and how the environment influences their quality of life. Over half (57%) of Fairfield County adults are worried about burglary or theft of possessions (including vehicles or money) affecting them or their family where they live; 40% are not worried about any types of crime. "Other" responses (8%) included drug-related crimes, shootings, and vandalism.

Worries About Crime Where They Live[§]

		Fairfield County (n=686)
Worries About the Following Types of Crime	Burglary or theft of possessions/money	56.7%
	Murder	6.2%
	Rape	4.0%
	Other	7.5%
	None	40.1%

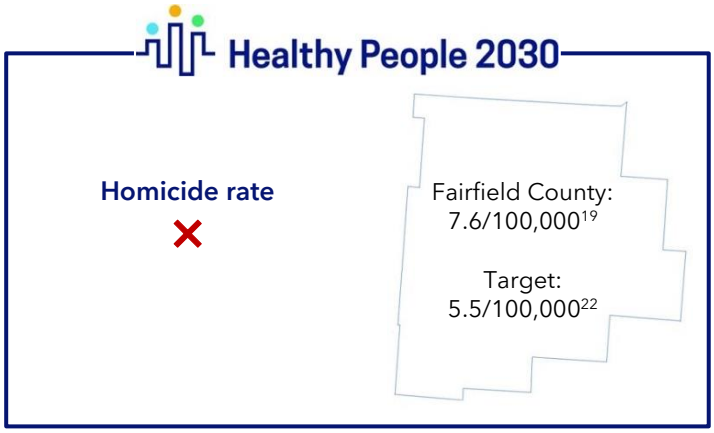
**Percentages may sum to higher than 100%; multiple responses were accepted*

In 2021, 11 deaths occurred due to homicide in Fairfield County. This homicide rate of 7.6 is lower than the homicide rate in Ohio (9.4).

Homicides

	Fairfield County						Ohio			
	2019		2020		2021		2020		2021	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Homicides[21]	2	N/A	4	N/A	11	7.6	1011	9.2	1018	9.4
Firearm fatalities[1]	16	N/A	10	N/A	26	N/A	N/A	N/A	N/A	N/A

For historical context, the rate of violent crime in Fairfield County in 2016 was 174 per 100,000 population. This was higher than the rate observed in 2014 (157), but lower than 2013 (185).[1]



The juvenile crime rate in Fairfield County is 17.3, and has been decreasing since at least 2017.

Juvenile Crime Rate[1]

	Fairfield County		
	2017 Rate*	2018 Rate*	2019 Rate*
Juvenile arrest rate	28.3	24.1	17.3

**Rates are per 1,000 juveniles*

In terms of household environmental health of Fairfield County residents, mold was the most common concern reported (13%), followed by insects (11%).

Household Environmental Health[§]

		Fairfield County (n=695)
Issues Experienced in Past 12 Months	Mold	12.6%
	Insects (mosquitos, ticks, flies)	10.7%
	Litter/trash	4.3%
	Bed bugs	3.8%
	Radon	1.1%
	Lead paint	0.6%
	None	78.2%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Differences by age: Reporting of mold issues decreases as age increases: 27.8% for 18-24 year olds, 15.3% for 35-44 year olds, and 4.5% for those age 45 and over.

Differences by income: Reporting of mold issues decreases as household income increases: 21.7% for an annual household income of less than $50,000, 15.5% for an annual household income of $50,000-$75,000, and 8.4% for an annual household income of $100,000 or more.

Air pollution can also compromise health, causing decreased lung-function, asthma, chronic bronchitis, pulmonary conditions, and increased premature death risk among those age 65 and older.[23,24] For Fairfield County, the average daily measure of air pollution (fine particulate matter in micrograms per cubic meter) was 9.5 in 2018. This is similar to air pollution recorded in 2017 and 2016 (9.2 and 9.0, respectively).[1]

When asked to consider the types of outdoor spaces for physical/leisure activities that they would like more of in the area where they live, respondents most commonly chose more walking paths (42%). The next most common answer chosen was more parks (39%). "Other" responses (5%) included improving the safety of existing spaces, water parks, recreation centers, and sports courts. Almost a third of respondents indicated that no more of these types of spaces were needed.

Desired Types of Activity/Leisure Spaces in Fairfield County[§]

		Fairfield County (n=688)
Fairfield County Should Have…	More walking paths	42.1%
	More parks	38.8%
	More bike paths	28.5%
	More sidewalks	28.3%
	More other types of spaces	5.0%
	No more leisure/activity spaces needed	30.3%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Differences by age: Those less than 65 years of age are more likely than those age 65 or older to report wanting more walking paths: 47.1 % vs. 19.6%.

Those age 18-34 are more likely than those age 35 or older to indicate wanting more parks: 55.7% vs. 31.7%.

Those age 18-54 are more likely than those age 55 or older to indicate wanting more sidewalks: 35.0% vs. 16.3%.

Differences by income: Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to report wanting more parks: 44.7% vs. 24.6%.

Those with an annual household income of $75,000 or more are more likely than those with an annual household income of less than $75,000 to report wanting more bike paths: 39.4% vs. 15.5%.

Differences by education: Those with some college or more education are more likely than those with a high school degree / GED or less education to report wanting more sidewalks: 34.5% vs. 18.2%.

In 2021, 80% of Fairfield County residents were considered to have adequate access to locations for physical activity, as determined by the proximity of locations for physical activity to their census block. This percentage is consistent with that recorded in 2020 and 2019.[1]

Community Leaders – Transportation

Community leaders feel transportation is especially difficult for community members who live outside of public transportation routes, for those whom scheduling transportation is not a habit or doesn't meet spontaneous needs, and for older individuals. While programs exist to help people schedule transportation for medical appointments, many transportation needs go unmet.

> We have a public transit, but it's very limited. When I talk about transportation, I think that what we have, they do a really good job and they work really hard to try to meet as many needs as possible, but it's not even close to being able to address all of the transportation needs.
>
> I know, people still complain, our public transit doesn't do everything for people. And that's true, it doesn't. But people can, for the most part, schedule door to door trips on our public transit, and they have more routes in our community than a lot of communities our size. I will say that, in some ways, we're way better off than we were 20 years ago for transportation. But having said that, I know it's still an issue. If you live way out rural Fairfield County and you don't have a car, it's harder, you have to really plan ahead. Public transit is there. You can schedule it to get places, but you really have to think ahead. If suddenly this afternoon, I realize I'm out of milk, and I need to run the store to get milk, that spontaneous, I just need to get somewhere, that's where people struggle.

Our community does operate a transit program through the city of Lancaster. There are limited access to established transit routes that the community can access, but they are limited routes. There's not a lot of options for transportation to all the areas within our county and we do not have any other public transportation options. I would say the majority of our families need to have a vehicle or gas money to get anywhere. There are some programs through JFS that you can call ahead of time for transportation to medical appointments. But, that means planning, so a family has to like, plan ahead to schedule those types of transportation, they can't just wake up and say, okay, we're going to the doctor today, to be able to access that. I would say transportation is probably a big, a big barrier, especially since we've said a lot of our families might have to go out of county to get some of that specialized treatment. No, Ubers, you can't get an Uber, it's very limited.

I think that is becoming a lot better…that's something that we deal with every day with our patients. We have city transportation, and I think it's getting better, because a lot of times we have problems getting people because we're open till eight o'clock at night, and a lot of times our public transportation doesn't run those routes that late. So that's getting better. I think it is getting better. It always can be improved. But I think they're seeing that the public transportation is something that is definitely needed in the community… A lot of our [patients] when they have Medicaid, and they're on a managed care plan, those rides can be paid for by that plan. They have to be scheduled, but we have a lot of people in our population that don't really adhere to schedules. It's like, they're here and so then our health navigators or care managers will try to schedule a ride home for them. And we actually have another, it's called fun bus, but it's called Creative Transportation where we have a contract with them, and they help us get our patients where they need to go. If they need to go for an x-ray, or they need to go for a radiology appointment, we'll get them there.

Well, only speaking from the upper part of Fairfield County, there's no taxi service in town. There's a very limited bus route to get from, and obviously, Canal is a little smaller, but if you get on the other side of 33, into the industrial area, or by the hospital, there is truly no bus route. So that would be a barrier to people coming to get care. While you and I could hail an Uber or a Lyft, to get where we needed to be, again, that finance piece of it is a huge deterrent. They can't get where they need to be, so they call the ambulance. Which then again, puts stress on the ambulance service for sometimes minor things.

Nine times out of 10, [seniors have difficulty due to] the inability to drive and no access to family members to take them. We do have the transit, it's on a loop. Our seniors are hesitant to ride public transportation. For some, they can’t get out of their homes and get to a place of pickup. And then other times, I think you can get a deviated route and get somebody to pick you up if you're like a block off the route. I think some of the issue was they had to order that route a week in advance, give advance notice, and sometimes our

> seniors have to get someplace quickly, 24 hour notice. I think transportation for our seniors is a combination of not being able to drive, the cost and the fear of not having personal service. it's hard for them to get on public transit. It's overwhelming.

In 2020, 83% of Fairfield County's workforce drove alone to work, and 48% of those with a commute longer than 30 minutes drove alone.

Commuting Habits[1]

	Fairfield County		
	2018	2019	2020
Percent of workforce driving alone to work	85%	84%	83%
Percent of those with long commute driving alone	48%	49%	48%

Community Leaders – Housing

Community leaders see a lack of affordable housing in the community, and a need for new construction of housing affordable for those with lower wage jobs, seniors, and the currently homeless.

> Housing is also a huge, huge problem. There's not enough, there's not enough affordable housing in our community. The housing market has gone through the roof, and it's just really gotten crazy. It's not just homeowners, it's not just people who are looking to buy a house, who are struggling with that. It goes then into renting apartments, and I see in the last year or two, apartments that I don't consider to be anything extravagant, that are average or below average, I would consider them to be, and they're like, $1,000 a month, and I have no idea how people who are working a $15 an hour job, are able to afford $1,000 a month for rent. And those are for one or two bedroom apartments. It's insane. It seems like even just a few years ago, those same apartments were maybe $500 or $600 and now they literally like doubled. And there just aren't enough of them, even if people could afford that amount. There just aren't enough of them.
>
> It's been a long-term issue, but I believe with the current housing situation it's becoming worse. You know, for seniors to be able to find anything affordable. I think rent has gone high across the board, but we haven't had any new senior facilities go up for quite some time, probably been at least 10 years, since the last Senior Living Building, with affordable housing for the seniors that's come into our town.

> There's always a waiting list to get into the senior living facilities and that poses problems to where seniors go. We have senior homelessness as well. Some are living in their cars, couchsurfing, where can I stay, kind of thing. That's a real issue for some seniors as well. Assisted living is expensive. And most of the seniors that we're working with here, not all of them live in poverty, I don't put it that way, but we hear mostly from those that are struggling. They are leaving their home because it's too big, it's not elderly friendly, and they need a smaller apartment. There's a waiting list.
>
> It's all, I would say that affordability and availability, if I'm ranking them would be the higher two. And then safety is of course, there are some issues, but I think most of our families would say, I can't find something that I can afford. And there is lack of availability with our community. I would think they would say those two first.
>
> [Homeless are] everywhere. People don't want to admit to it, but they're everywhere. They're on all four corners of our community. They really are. And I think the pandemic made it worse. And a lot of them don't want help…I think a lot of our homeless shelters won't let people in that are obviously drug users. So that doesn't really help them as much. I think a lot of it has been transitionary homelessness. So those people hopefully we can help because they maybe became homeless because they lost their jobs during the pandemic and hopefully we can get them back on their feet. But another problem in this area is affordable housing. There's just nowhere to put them. And when you can find someplace, there's no place there that's affordable. We were talking about that in another meeting last week. So hopefully, we can start building some affordable housing so people can actually get out of their homeless situation. Because they may have jobs, but they're still homeless, because there's no place to live.

However, affordable housing and homeless shelters face pushback from the community.

> Our county is currently embarking on a strategic plan for affordable housing, and that includes both affordable housing and homelessness. And one of the big problems that you run into is the whole not in my backyard thing. "Yes, I know, we need that, but I don't want it near my house." So trying to find both, developers for that and where to put those because, if you sent out a survey in the community, you would get a very high percentage of the people who would say yes, affordable housing is a big problem. And we need to do something about it. And you would get the same high percentage that would say, but I'm not willing to have it near my house because I don't want it to impact my home value.

Behavioral Risk Factors

This section describes behaviors of Fairfield County residents that may impact their health outcomes: substance use, nutrition, and physical activity.

Key Findings

Substance Use

About 11% of Fairfield County respondents smoke cigarettes every day; over one third report binge drinking at least once in the past month. Few respondents reported using marijuana or abusing prescription drugs in the past month. Community leaders highlighted fentanyl, meth, and opiates as the most serious substance abuse issues in the county.

Weight, Nutrition, and Physical Activity

A majority of respondents do not think accessing fresh fruits and vegetables is difficult. Most respondents report doing some kind of physical activity in the past month. However, close to three-quarters of Fairfield County respondents qualify as overweight or obese according to BMI estimates. Community leaders consider obesity the most serious physical health issue impacting their communities.

The following symbols indicate the presence of:

: a difference in responses between demographic groups of respondents

: a comparison between responses to the 2019 adult survey and 2022 adult survey

Substance Use

Substance use can have major negative impacts on physical health and mental and social health. This section reports patterns of substance abuse in Fairfield County.

In Fairfield County, 34.3% of adults reported smoking at least 100 cigarettes in their lives. Among them, 67.0% are former smokers – they currently do not smoke cigarettes at all.

Tobacco and Nicotine Use[§]

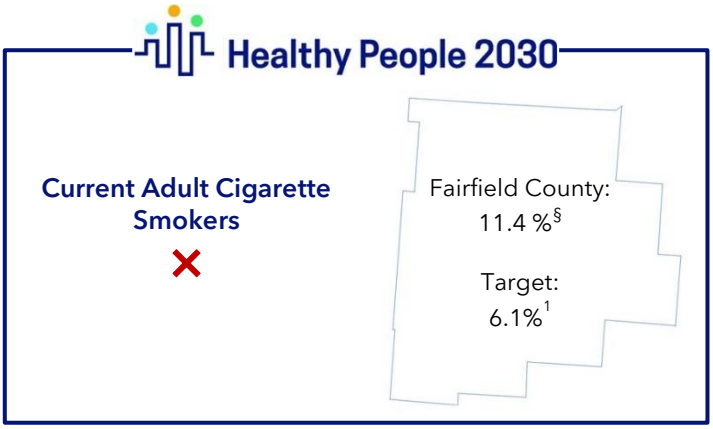
	Fairfield County (average n= 671)		
	Every Day	Some Days	Not at all
Cigarettes	10.5%	1.0%	88.5%
E-cigarettes	3.9%	2.6%	93.6%
Chewing tobacco, snuff, or snus	2.8%	3.8%	93.4%
Other tobacco/nicotine products	1.3%	3.2%	95.6%

Differences by education: Those with an associate's degree or less education are more likely than those with a bachelor's degree or more education to report smoking at least 100 cigarettes in their entire life: 41.1% vs. 15.6%.

Daily cigarette smoking decreases as highest education level increases: 16.8% for those with a high school degree / GED, 10.6% for those with some college education, and 1.1% for those with a bachelor's degree or more education.

Differences by income: Those with an annual household income of less than $75,000 are more likely than those with an annual household income of $75,000 or more to smoke cigarettes daily: 19.2% vs. 5.2%.

Percentage of current smokers in 2019: 10.8%; in 2022: 11.4%. For the comparison to 2019 and for the Healthy People 2030, current smokers refers to those who have smoked at least 100 cigarettes and currently smoke every day or some days.



About a quarter (28%) of respondents know someone in their community who has a drug abuse or addiction problem with alcohol, methamphetamines, heroin, and/or prescription pain medication.

Know Anyone With A Drug Abuse Or Addiction Problem[§]

	Fairfield County (n=700)
Alcohol	23.5%
Prescription pain medication	11.8%
Methamphetamines	10.1%
Heroin	9.6%
None of the above	72.1%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Differences by age: Those under age 45 are more likely than those age 45 or older to know anyone with an alcohol abuse/addiction problem: 35.5% vs. 14.1%.

Those under age 45 are more likely than those age 45 or older to know anyone with a prescription pain medication abuse/addiction problem: 20.2% vs. 5.3%.

Those under age 45 are more likely than those age 45 or older to know anyone with a methamphetamine abuse/addiction problem: 17.3% vs. 4.5%.

Those under age 45 are more likely than those age 45 or older to know anyone with a heroin abuse/addiction problem: 16.8% vs. 3.9%.

Differences by education: Those with some college or more education are more likely than those with a high school degree / GED or less education to know anyone with an alcohol abuse/addiction problem: 27.5% vs. 17.5%.

Differences by location: Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with an alcohol abuse/addiction problem: 35.1% vs. 19.3%.

Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with a methamphetamine abuse/addiction problem: 19.4% vs. 6.7%.

Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with a heroin abuse/addiction problem: 20.4% vs. 5.6%.

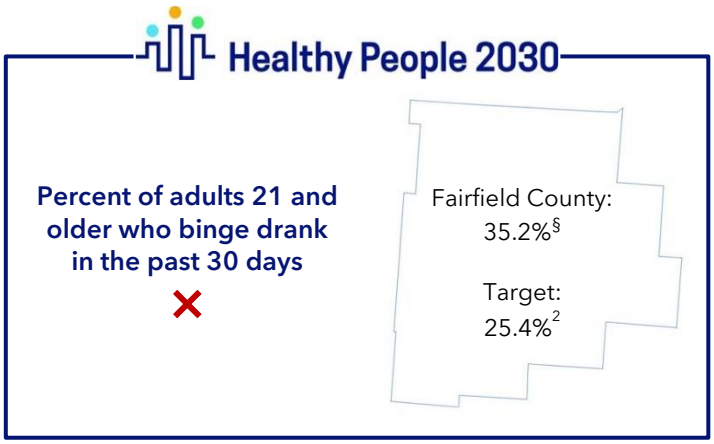
Differences by income: Those with an annual household income of less than $50,000 are more likely than those with annual household incomes of $50,000 or more to know anyone with a methamphetamine abuse/addiction problem: 17.7% vs. 7.9%.

Alcohol Use and Abuse

Over a third of Fairfield County respondents (34.8%) reported binge drinking (i.e., five or more drinks on one occasion for men, four or more drinks on one occasion for women) at least once in the past month. Among those who binge drank, the average number of days on which they reported binge drinking was 5.7 days.

Differences by age: Those under age 45 are more likely than those age 45 or older to report binge drinking at least once in the past month: 45.2% vs. 26.8%.

Percentage of respondents in Fairfield County reporting binge drinking in the past month in 2019: 24%; in 2022: 35%.



Marijuana or Cannabis Use

Few respondents (11.5%) reported using marijuana or cannabis in the past month; among those who did, the average number of days used was 21.2. Most reported using marijuana or cannabis for solely medical reasons, to treat symptoms of a medical condition (42.2%). Fewer reported using marijuana or cannabis for non-medical reasons, like to have fun or fit in (24.3%). About one third (33.5%) reported using marijuana or cannabis for both medical and non-medical reasons.

Abuse of Prescription Medication

Very low numbers of Fairfield County respondents reported using prescription medication that was not prescribed for them, or taking more medicine than was prescribed in order to feel good, high, more active, or more alert in the past 30 days (2.2%).

Substance Use Fatalities

The next table shows the counts of fatal motor vehicle deaths in Fairfield County over the past few years. In 2020, 42% of all driving deaths in Fairfield County were alcohol related.

Motor Vehicle Activity[3,4]

	Fairfield County			Ohio		
	2019	2020	2021	2019	2020	2021
Motor vehicle accident deaths[3]	21	26	24	N/A	N/A	N/A
Motor vehicle crash deaths[3]	13	16	17	N/A	N/A	N/A
Total alcohol-related crashes[4]	114	124	131	10,521	10,195	11,053
Alcohol-related fatal crashes[4]	4	8	4	329	384	404
Motor vehicle deaths with alcohol involvement[4]	N/A	N/A	N/A	597	685	720

In 2021, 478 emergency department visits for suspected drug overdoses occurred in Fairfield County (among residents age 11 and older); these visits had a rate of 54.6 per 10,000. In the same year, 56 unintentional drug overdoses resulted in death, a stark increase compared to 2019 when 28 deaths occurred due to drug overdoses. The age adjusted death rate for drug overdoses in 2021 was 37.9.[3]

Behavioral Risk Factors

Community leaders who were interviewed attribute the surge in overdose deaths to fentanyl and analogues appearing in heroin, counterfeit prescription opioids, methamphetamine, and cocaine.

Drug Overdoses[3,5]

	Fairfield County			Ohio	
	2019 Rate	2020 Rate	2021 Rate	2019 Rate	2020 Rate
Unintentional Drug Overdoses[5]*	19.6	37.1	37.9	36.4	45.6
Emergency department visits for suspected drug overdose[3]**	50.9	61.1	54.6	N/A	N/A

*Rate per 100,000 population, age adjusted **Rate per 10,000 emergency department visits

The next table displays the total doses of Naloxone administered by EMS providers in Fairfield County and the state of Ohio over the past few years.

Naloxone Administration by EMS[6]

	Fairfield County			Ohio		
	2019	2020	2021	2019	2020	2021
Naloxone administration by EMS providers (total doses)	217	288	338	45,957	43,655	43,095

Community Leaders – Substance Abuse

In terms of illicit substances, community leaders highlighted fentanyl, meth, and opiates as the most serious substance abuse issues in the county, however some leaders also pointed to specific groups, like expectant mothers who use marijuana or cannabis, and youth who vape either nicotine or THC.

> There has been obviously, for our community and across the nation, issues with any type of product being laced with fentanyl. So that's probably one of the biggest concerns right now.
>
> The ones that make the headlines, of course are heroin and honestly, we don't have that much heroin use anymore. It's all turned to fentanyl. And part of that is because fentanyl is getting put in everything. So sometimes, drug users aren't even trying to use opioids but they're getting fentanyl in what they're using. We've definitely seen a move toward more methamphetamine that gets used a lot in our county.

> It kind of seems to change to some degree. The most popular is meth for a while, heroin is a problem. I think prescription pills, and I'm not speaking as an authority in this field by any means, but just in terms of customers that we work with, who have addiction issues. I would say prescription drugs, whether those be benzos, or abusing, even abusing anxiety and depression medications and things like that. Those things are pretty prevalent…And I think the majority of the folks that have are having issues with those addictions are not getting them as prescriptions, they're getting them illegally.
>
> [Restrictions on prescribing opioids] has helped. The problem with that is then if I'm opioid addicted because I had a knee surgery, and I didn't know that I had an addictive gene. So I didn't know that it could take me one time on a Percocet and I could be addicted just because of my makeup. If you're not going to get it for me as the health care provider, then I will go find it myself. And that's where we run into the different lacings. Laced with LSD, laced with ketamine laced with fentanyl, laced with something else that the person taking the medications would not be aware of. And so then that starts a whole different level of either addiction or a reaction or death. You weren't expecting your Percocet was mixed with fentanyl.
>
> But there is if we look at an escalation of need of treatment, and how the health of the family is impacted with behaviors of kids and engagement, I would say meth is outranking, right now heroin, or prescription drugs within our county.
>
> I am going to say that if I based on the data that we receive in terms of our perinatal work that we're doing with pregnant mothers, THC or marijuana is probably the most common substance that we're seeing within families.
>
> You know, there's a lot of vaping going on, unfortunately. Marijuana and then alcohol abuse, and tobacco. I'm not seen as much of like, heroin or meth, so to speak, in the school setting. It's more what they can get their hands and what they don't consider to be dangerous to them. They don't think marijuana is dangerous, or that tobacco is dangerous, or anything that you're vaping is dangerous, so to speak.

Some community leaders drew attention to alcohol use, and the way it is more difficult to identify addiction to this substance.

> I think alcohol use gets overlooked. We talk about, heroin, opioids and fentanyl because they're the newest thing. They're very dangerous, it gets sort of headlines, but there's still a ton of people out there that are suffering with alcohol use disorder. And you know, that's sort of been there and hits all demographics, and it's easy for people to forget about it. Because, you know, if you're using an illegal substance, it's probably a problem. Alcohol isn't illegal. So how do you begin to say whether a person has a problem or not? I

> think there's probably more widespread alcohol use disorder than people realize. Because everybody might have a glass of wine or a beer with dinner, and figuring out where that person crosses the line. And now it's an issue, it's not as easy as, oh, you're using heroin? Well, then you must have a problem.
>
> When we're looking at the data, that we're gathering from families, as well as working with them for a healthier birth or a healthier family system, alcohol isn't routinely coming to the top of our assessments. But I don't know why. I don't know if there's a lack of that coming to the top is the highest misuse substance, or it's a lack of identifying alcohol through our assessment…We know that is a substance misuse area that needs attention and our families could struggle with…But that alcohol screen might not show that misuse prior to delivery. Where they're going to get a THC positive, they're going to get a hair, you know, but they might not get that alcohol positive.

Community leaders see mental health issues, and the difficulty of breaking habits and cultural norms as core reasons for substance abuse.

> I think anxiety, substance use…we don't realize how many people have overdosed, because of the pandemic. That's kind of been like shoved under the rug. I think if you look at the statistics, it's still a big issue. Drug use in this community is a big issue… I think that a lot of that is [because of] the anxiety. You have anxiety, so people use drugs or they drink? You know, it's not only substance use its alcohol abuse too.
>
> I think maybe at the core of it is just not knowing what else, like, "well, this is just what I do," they don't know what their life could be. It's become such a part of their life that they just see that as there's nothing they can do about it. So they just keep doing the same things over and over.
>
> I [saw] kids as young as seven years old that were smoking because parents thought it helped keep the mosquitoes off them and different things. So when I would do my studies, and we would actually get down into those areas that's the kind of stories that I heard all the time. I had students that I was giving nicotine replacement products to help them to get off as part of the study, and parents would steal the nicotine replacement products and tell the kid, "Who do you think you are? We all smoke." So that's again, what I'm saying about the culture of poverty, the culture of smoking, here's who we are, you've got to be who we are. And anytime someone starts to step out of that we pull you back into who we are.

Regarding effects of substance use on the community, leaders mentioned the persisting stigma of substance abuse preventing treatment, incarceration linked to substance use, a difficulty to provide needed services to populations who abuse substances, and a negative impact on families overall.

> There's always a stigma associated. If there is someone in the family that's misusing, and of course, the family doesn't want to have to talk about that. Because they feel it's an embarrassment. Because there is that stigma associated with it. And so then they become enablers because they don't want to have to talk about it, they don't want to admit it. So then that ends up being, again, that snowball effect, where eventually there's going to be theft, and eventually there's going to be harm. So there's no harm reduction going on. Because again, there's that stigma that they don't want to seek help, because they don't want people to know their business because they're embarrassed. It's that snowball effect where you're going to get into the judicial system because of the addiction craving.
>
> We are still seeing a lot of people in the jail that have mental health challenges and substance use challenges. As good as we're getting on our crisis services and crisis intervention, we're still not quite getting people, to people, before they get themselves arrested and in trouble. I think that's something we need to continue to work on, is how can we intervene earlier?
>
> And we have a homeless population, I think the reason why a lot of those people don't want help is because they're on drugs.
>
> In particular, our protective services department, we work with a lot of families, parents who struggle with addiction, and that's obviously a big barrier for them and being able to reunite them with their children.
>
> Something that we're also seeing as an increase in substance use disorder among our families. So that I also believe is directly impacting the behaviors that we're seeing of children. And some of the increased mental health referrals that were making for increased substance use disorder.

Community leaders think encouraging awareness of services and making them easier to access is key to solving substance abuse issues.

> Maybe not having enough access, not knowing how to access is probably a bigger problem than the actual access. Just not knowing where to go. Where would I go for such a thing? We could do more in terms of outreach, and making people aware of, well, if you do have this issue, or if you need this service or resource, here's where you go, and making it very simple. So there's just a number that you can call and they'll take care of getting you the things that you need. As opposed to like, for this part of it, you go here, and for this part, you go here, and you call there and they're not open on the weekends or at night, and you have to wait until you and then you'll go on a waiting list and stuff like that. So, access and awareness, I think.

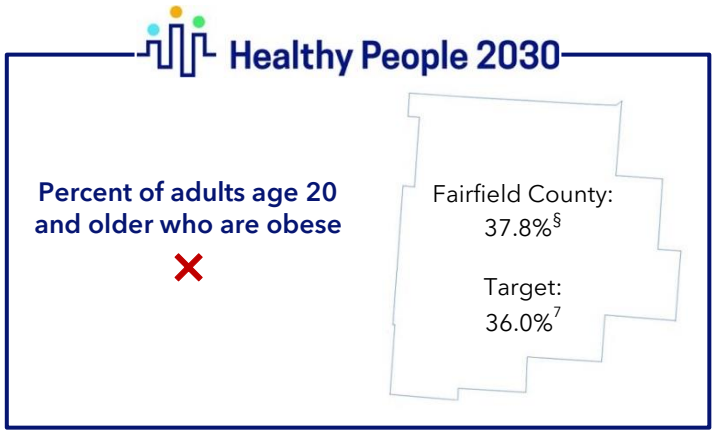
Weight, Nutrition and Physical Activity

According to Body Mass Index (BMI) measurements, 34% of Fairfield County adult respondents are overweight and 38% of respondents are obese. The percent of obese respondents age 20 and older in Fairfield County (37.8%) does not meet the *Healthy People 2030* target of 36.0%.[7]

Adult Body Mass Index[§]

	Fairfield County (n=677)
Underweight (BMI < 18.5)	2.0%
Normal weight (BMI = 18.5 – 24.9)	25.9%
Overweight (BMI = 25 – 29.9)	34.3%
Obese (BMI > 29.9)	37.8%

Percentage of respondents who are classified as overweight or obese according to BMI in 2019: 70%; in 2022: 72%.



The next table displays the obesity rate in Fairfield County over the past few years.

Obesity: Historical Trends[3]

	Fairfield County		
	2017	2018	2019
Obese (BMI ≥ 30)	37%	37%	38%

Community Leaders – Obesity

When asked about the most serious physical health issue impacting their community, community leaders overwhelmingly mentioned obesity and its relationship to other chronic health conditions.

> I would say, probably obesity, and just being overweight. If I had to guess and I don't know this, but I would say that we are probably above average in obesity and diabetes.
>
> Well, I think in general, in our county, probably diabetes, heart conditions, and diseases of obesity that are impacted by healthy eating activity and I think will probably continue to be, big issues.
>
> Obesity, obesity, I think it's just not old people, it's everybody. Everybody has too much girth, for the most part, and I think the pandemic did not help that. It didn't. I think just getting back to a healthy body weight BMI, working out, exercising. I think our community does a really good job with promoting that, we have trails. We have events during the summer, especially during these next two weeks with the festival, Lancaster Festival. I really think that is a big community issue is obesity. I think that was on the last health assessment. I don't know. It's just that and then all the conditions that come with that. You might be overweight now and you don't have any of those conditions. But as you get older, it becomes more of likelihood that you will. Your body can only handle it for so long before it starts flipping you into being a diabetic or high blood pressure or, you know, whatever.
>
> Obesity is a huge issue. We do have an issue with type one diabetes. It's just slowly been on the rise. I haven't had as much as you would think with obesity, you think we would see more type two diabetes, I haven't seen that yet a whole lot with our students.
>
> It looks like the majority of the children are registering at a healthy weight. But I want to give you our percentages for overweight and obese. Now this includes infants and toddlers as well. I could break it down to take a look at just preschool age. So 7% of our children were considered overweight by looking at BMI and 11% were considered obese by looking at BMI.

BMI is just one measure of physical health. Age, sex, ethnicity, and muscle mass can influence the way BMI correlates with actual levels of body fat.[8] For example, a trained athlete may have a higher BMI due to increased muscle mass and may be deemed healthy by other measurements. Other ways to measure health are shown next, in the form of nutrition and physical activity.

Nutrition

While a majority (78%) of Fairfield County respondents reported it was not difficult at all to access fresh fruits and vegetables, 22% reported it was at least slightly difficult.

Difficulty of Getting Fresh Fruits and Vegetables[§]

	Fairfield County (average n=694)
Not difficult at all	78.4%
Slightly difficult	11.6%
Moderately difficult	6.8%
Very difficult	3.0%
Extremely difficult	0.2%

Differences by income: Finding it not difficult at all to access fresh fruits and vegetables increases as annual household income increases: 61.6% for an annual household income of less than $50,000, 73.1% for an annual household income of $50,000-$74,999, and 87.7% for an annual household income of $75,000 or more.

Regarding eating habits, a majority of Fairfield County respondents reported eating fruit (84%) and vegetables (96%) at least once on an average day. A majority also reported eating fast food at least once in an average week (75%).

Nutritional Habits[§]

	Fairfield County
Eat fruit on an average **day**	(n=674) 84.1%
Median number of times	1
Eat vegetables on an average **day**	(n=672) 95.6%
Median number of times	1
Eat fast food in an average **week**	(n=681) 74.8%
Median number of times	1

Community Leaders – Nutrition

Community leaders mentioned an excess availability of unhealthy fast-food options contributes to poor nutrition in the community, but many felt healthy options were available

and relatively easy to access. They mostly pointed to a lack of education about nutrition, traditional habits, and the mindset of needing to stretch food benefits farther as primary reasons for poor nutrition.

> I think lifestyles and people's habits, how they're brought up and things like that. I don't know if you would call it a traditional Midwestern diet of meat and potatoes and fast food. Lancaster is our county seat here in Fairfield County, and I feel like we're the fast food capital of the of the Midwest or something. We have a disproportionately large number of fast food places, and they're always packed. I think that's probably a culprit. In general, people maybe not being educated enough or not caring enough about their diets and exercise.
>
> Convenience, the fast-food industry definitely makes it very convenient for you to swing by. In that population I talked about between 30 and 40, that's when you have kids, you're running around from this or that, or you're swinging by and picking it up on the way home or those kinds of things, just because it's convenient. We really don't do that deep dive into the nutrition aspects of the increased sodium that could really mess up your low sodium diet because you have cardiovascular disease. Those pieces of education of the dietary world aren't always—You see it says fat free, but have you ever been educated that it has a bazillion carbs, so then your sugars are going through the roof, those kinds of pieces. Convenience is the killer of the world. I do think the Uber, the Lyft, the DoorDash, it's convenient, and it's being delivered to us. Right? So I don't have to make anything and I don't have to leave my house.
>
> I think it's too busy grabbing fast food. There is a lot of access to good foods, even for people that can't afford them. Because in the summer months, Community Action actually has a farmers market that you can just drive through and they'll box up stuff you. We have a farmers market every Saturday, a couple farmers markets in this town. I think the availability is there. It's just doing it, it's just eating it.
>
> We have groceries in a lot of areas of our community. Most of our groceries have fresh produce, and that kind of thing. I think for a lot of times, it's just education. Because people don't know what's healthy to eat. They might be able to buy it at the store, or even get into the food pantry these days, but they don't know what to do with it, or how to use it. I think in our society when processed foods are so easy to get now. I think educating people that even though it's easy to get, and it's cheap, and might not be the best for your health. That helping create sort of that motivation to think about it differently is important. It's going to be public information campaigns, it's going to be some sort of stages of change. Looking at stages of change, and how to help people move through till they're ready to make some changes. I think it can be done. I think we've done that if we look at the history with cigarettes and tobacco use, we've made huge strides in the health system.

> Chicken nuggets and that kind of stuff [is] easy and probably more affordable, because when they're trying to extend that SNAP benefit, when you have to pay all that money for fresh fruits and veggies, they're going to pick another option, to stretch that money out, to make it last…having that more nutritious type meal planning experience is not necessarily affordable to lower income families.

However, some community leaders did mention there are food deserts where fresh produce is less accessible, and people may not know about resources to assist them.

> We do not see a barrier and them accessing WIC or Snap. Now, I can also share with you that we did do a food security survey with our families…most of our families indicated that they were food secure. We had very few families indicate insecurity with maintaining food. I do think that we have a variety of food pantry options within our community that families can access. Based on the results of that survey, I believe that our families knew how to access some of the food pantries. I do think there are food deserts within our community, the availability of nutritious food, fruits and vegetables, I do think there are limited accesses in some parts of our community for that.
>
> Access to fresh foods has always been an issue, even before COVID, that continues to be an issue. We have again, this community gets very creative, and I love it, but they started a program called, I can't think of the actual title of it, but it's where our Fairfield Community Health Center does a prescription for produce. And then they can take that prescription to the farmers market to get fresh produce. That's really helped. For the people that aren't going to the Fairfield Community Health Center and getting that prescription for fresh produce, the rest of the people are not getting their produce.

For seniors, limited incomes can lead to malnutrition which contributes to their health issues.

> Nutrition, I think plays into our society in a little on the heavy side to say obesity, when you have limited income, sometimes you just purchase food that's likely not as healthy for you. I feel like some of our seniors struggle with malnutrition, which plays into their ability to heal and to deal with the chronic illnesses that a lot of times come along with aging

Physical Activity

The vast majority (84.5%) of Fairfield County adults said they participated in physical activity for at least 60 minutes at least once during the past 30 days. Fairfield County adults participated in physical activity a median number of 10 times. For comparison, the U.S. Department of Health recommends adults spend at least 2.5 hours per week (about 10 hours a month) doing moderate-intensity aerobic activity.[9]

Behavioral Risk Factors

Physical Activity in Past 30 Days[§]

	Fairfield County (n=666)
Was physically active at least 10 times	52.1%
Median number times physically active	10

Differences by income: Those with an annual household income of $75,000 or more are more likely than those with an annual household income of less than $75,000 to be physically active in the past 30 days: 12 vs. 4 median number of times.

Differences by education: Those with some college or more education are more likely than those with a GED/less education to be physically active in the past 30 days: 12 vs. 5 median number of times.

Having health issues / physical limitations were the most commonly reported barriers to engaging in physical activity. Other barriers included not having time, lacking motivation/energy, not having a convenient location in which to do it, and the weather.

Most Fairfield County respondents (96%) reported using the Internet on an average day. The median number of hours they sleep each night is 7.

Other Activities Affecting Health[§]

	Fairfield County
Uses the Internet on an average day	(n=645) 95.6%
Median number of hours spent on the Internet	3
Median hours of sleep per night	(n=642) 7

Differences by age: Those less than 55 years of age are more likely than those 55 or older to spend time on the Internet: 4 vs. 2 median hours.

Those age 65 or older are more likely than those less than 65 years of age to spend time sleeping at night: 8 vs. 7 median hours.

Differences by income: Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to spend time on the Internet: 4 vs. 2 median hours.

Community Leaders – Physical Activity

Community leaders feel there should be more options for physical activity encouraged in the community, like sports facilities, more free activities, and walkable developments for community members with mobility issues.

> I think we could definitely use more options for that. I know there's ongoing talk, and we recently passed a parks Levy. And so the parks are currently under taking a survey to ask people what kind of activities and things they would want to be available in the parks. But there's not a ton right now in terms of like public facilities, whether it be basketball, tennis, any number of activities or the sport or whatever, there's not a ton of options there. And I think it could be more.
>
> I feel that while we have a bazillion state parks that are absolutely gorgeous and walkable and safe, and there's not a lot of area to actually camp or to do that kind of thing. Yes, we do have Hocking Hills, but that's not even in Fairfield County, it's not even close to Fairfield County, but within the Fairfield County region, we have this landmass that is beautiful and easily accessible, but just not a lot of places to be able to pull a camper in and enjoy that with your family and try to change those behaviors, those lifestyle behaviors to the better, by getting out and being active. You don't have to be a marathon runner to enjoy the outdoors and do that kind of stuff.
>
> So again, I think our community has done a really good job and trying to partner and get people to get out and get active. So like United Way, we just held two days of action, where we did one in Lancaster or we had over 500 people come out and just do events. These kids, you would think they've never seen a jump rope before or hula hoop, doing simple activities or an entire day. And then we did one in Pickerington we had over 300 people come out. Fairfield Medical Center does something very similar, again, outside of COVID, where they're just encouraging people to get out and be active. But when it comes to a lot of free activities, there aren't a lot of free activities that encourage recreation and movement and physical activity.
>
> Seniors have] mobility issues, so physical activity. We have great parks. We have great walking systems, a couple of senior centers. We've got Meals on Wheels services center here. So I think we have some supports. So maybe user friendly, age friendly, housing developments where there's good walking sidewalks, where there's maybe access to a little post office and maybe a sundry shop that seniors can get out and kind of have their own little walkable community or area. I think that would be so beneficial for seniors.

Community members also spoke to the impact of technology on making physical activity less common, and the overall need for greater education about physical activity.

Most people are coming home and they're playing video games, or they're on a computer more so than they're being out. You don't see the kids riding their bikes as much or playing in the neighborhood like you used to. And even in the school setting, too. There's so much push on academics, that you start to see things get pulled, whether it's recess time or gym time. We try really hard. At our elementary level, we do still have recess. But it does seem like gym, that time is always getting cut a little here and there.

COVID, definitely did not help, but it's always been an issue trying to get people to get out and get active in a world full of technology. Like you and I right now, sitting at our desk, in a conversation and we tend to get more sedentary, as technology continues.

We've come a long way. We've got more bike paths, more areas for people to be active, more opportunities. There's free yoga in the park. And there's lots of opportunities. Again, it's just educating people that they're there and why it might be good to take advantage of it. And the different continuum. You don't have to go out run a marathon to get healthy, you could just walk and just add some daily, intersperse some small bits of activity into your day. Same thing, it's going to take public information campaigns, and it's going to really take working with doctors and our health providers to really provide that information to people. Again, look at their stage change and help them get there.

Where's the health information and the push coming from? As far as how much physical activity that you need? And, and how to get that and how can we, instead of everyone thinking to join a gym and work out for an hour a day? How can we work more physical activity into our daily routines? And what about teaching them how to stack activity so that they have a motivator and with their activity.

Mental and Social Health

The 2022 Community Health Assessment also measured mental and social health, an important component of overall health.

Key Findings

Mental Health

Depression and anxiety diagnoses were more commonly reported by younger respondents. A little over half of Fairfield County respondents reported at least one poor mental health day in the past month; few reported suicidal ideation. Community leaders consider anxiety and depression the most serious mental health issues present in the county.

Social Health

A majority of respondents feel they always or usually get the social and emotional support they need.

The following symbols indicate the presence of:

: a difference in responses between demographic groups of respondents

: a comparison between responses to the 2019 adult survey and 2022 adult survey

Mental and Social Health

According to the survey, 21% of Fairfield County adult respondents have been diagnosed with a depressive disorder and 29% have been diagnosed with an anxiety disorder.

Diagnoses of Mental Health Conditions[§]

		Fairfield County (n=700)
Ever Been Told That You Had...	A depressive disorder	20.5%
	An anxiety disorder	28.6%

Differences by age: Those less than 45 years of age are more likely than those 45 or older to be diagnosed with a depressive disorder: 28.7% vs. 14.1%.

Those less than 45 years of age are more likely than those 45 or older to be diagnosed with an anxiety disorder: 45.2% vs. 15.8%.

Differences by gender: Females are more likely than males to be diagnosed with a depressive disorder: 27.2% vs. 11.8%.

A little over half of respondents (53%) indicated that they had at least one poor mental health day in the past month; among them, the average number of poor mental health days reported was 11 days. According to secondary data, in 2019, Fairfield County residents had an age-adjusted average of 5 unhealthy days in the past month.[1]

Poor Mental Health Days in the Past 30 Days[§]

	Fairfield County
Percent who had poor mental health day(s)	(n=683) 53.2%
Days of poor mental health (average)*	(n=364) 11.0

Differences by age: Reports of having a poor mental health day in the past 30 days decreases as age increases: 80.8% for 18-34 year olds, 58.8% for 35-44 year olds, 44.9% for 45-54 year olds, and 34.4% for those 55 or older.

Average number of poor mental health days in the past 30 days decreases as age increases: 9.5 days for 18-34 year olds, 6.3 for 35-44 year olds, and 3.9 for those 45 or older.

Differences by gender: Females are more likely than males to report having a poor mental health day in the past 30 days: 60.7% vs. 45.1%.

Differences by income: Average number of poor mental health days in the past 30 days decreases as income increases: 8.8 days for an annual household income of less than $50,000, 5.9 for an annual household income of $50,000-$99,999, and 4.3 for an annual household income of $100,000 or more.

Fairfield County had a higher suicide rate than the state of Ohio in 2021 (19.8 compared to 14.7)[2]. Fairfield County does not meet the *Healthy People 2030* target for suicide rate (12.8/100,000)[3].

Suicide[5]

	Fairfield County						Ohio					
	2019		2020		2021		2019		2020		2021	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Suicides	22	13.8	18	11.1	30	19.8	1,809	15.4	1,642	13.8	1,760	14.7

Regarding suicidal ideation, 5.2% of Fairfield County adults reported that they seriously considered attempting suicide in the past 12 months.

A majority of respondents to the adult survey (66%) feel they always or usually get the social and emotional support they need.

Mental and Social Health

Social and Emotional Support[§]

		Fairfield County (n=691)
How Often Respondents Get the Social and Emotional Support They Need	Always	33.7%
	Usually	32.7%
	Sometimes	20.3%
	Rarely	8.2%
	Never	5.1%

The following table presents violent crime and property crime incidents from 2019-2020.

Crime[5]

	Fairfield County				Ohio			
	2019		2020		2019		2020	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Violent crime	N/A	1.5	N/A	N/A	N/A	N/A	36,104	3.06
Property crime	N/A	16.8	N/A	N/A	N/A	N/A	216,363	18.34

The following table presents domestic violence incidents from 2019-2021.

Domestic Violence[2]

	Fairfield County			Ohio		
	2019	2020	2021	2019	2020	2021
	Count	Count	Count	Count	Count	Count
Domestic violence incidents	623	532	470	76,203	71,507	64,855

The following table presents the number of child abuse reports. Note: this may not be accurate to the total counts of child abuse, which may be underreported.

Mental and Social Health

Child Abuse[4]

		Fairfield County				Ohio			
		2019		2020		2019		2020	
Total child abuse reports		**1,994**		**1,382**		**101,243**		**94,973**	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
Child Abuse	Physical abuse	649	33%	N/A	35%	30,264	30%	N/A	31%
	Neglect	288	14%	N/A	16%	25,827	26%	N/A	25%
	Sexual abuse	186	9%	N/A	8%	9,137	9%	N/A	9%
	Emotional maltreatment	38	2%	N/A	2%	1,203	1%	N/A	1%
	Family in need of services/ dependency/other	236	12%	N/A	10%	17,001	17%	N/A	13%
	Multiple allegations of abuse/neglect	597	30%	N/A	27%	17,861	18%	N/A	20%

Community Leaders – Mental and Social Health

When asked about the most serious mental health issues present in the county, community leaders commonly brought up anxiety and depression, seeing these issues as prevalent in the population, from youth to the elderly. COVID-19 was seen as a contributor to these issues by increasing feelings of isolation and inhibiting access to services. Community leaders spoke to mental health both affecting and being affected by social and financial health.

> We see a lot in terms of anxiety and depression. They are probably two of the major ones.
>
> I would say that anxiety and depression are right up there… I also think our youth are struggling, especially right now. I mean, obviously, the isolation and COVID really escalated issues for kids. And so I think anxiety and depression are definitely skyrocketing among kids.
>
> We have issues with suicide ideation, we have issues with bulimia and body dysmorphia. We have issues just with even being able to handle stress right now. I have seen such an increase with kids just not having the skills to even know how to handle stress, stressful situations. We're getting a lot more students coming to us with being diagnosed with non-epileptic events. So it's like their body's response to seizures. It's their body's response to stress. They look they look like seizures, but they're not actual epileptic events. They're not It's not like a misfiring in the brain. To the point anxiety is through the roof. I've just seen it with, COVID just made things a lot worse for students and staff and their parents. There's a lot of issues with just that anxiety or stress level. And so how do

you teach coping skills for that?... I think our youth just feel a tremendous amount of stress. They don't always realize that this is going to pass, that you're going to get past that. There are young people making these decisions in the heat of the moment and not realizing how to get through that.

I think what we're seeing, especially in this organization is kids didn't go to school for a while. And they became very anxiety ridden because they weren't with their friends. And so I think, a lot of times you think it's like maybe 18 to 25, or even the older population, geriatric population, because they're lonely, but we're seeing a lot more children with anxiety, depression, maybe not so much the drug use, but the ADHD is worse, stuff like that.

From our perspective, we see more about anxiety and depression. Just with life, for our seniors, isolation plays into that for them, which is substantial for many of our seniors. The isolation and loneliness. We do see, again, the mental health around dementia, whether it's a traumatic brain injury, but not as prevalent as the anxiety and depression.

We're seeing an increase of children that we're serving that are demonstrating more significant behavioral symptoms that can be disruptive to getting the services they need within a classroom setting, like a preschool setting. We're seeing a higher increase of disruptive behaviors, we are also seeing a higher increase of child abuse and neglect reports within our program. Those are the needs that we're seeing. I do believe it's a direct impact on the pandemic and the length of the pandemic that our families have been experiencing in terms of isolation, in terms of limited access to programs and services, as well as the interruption of programs and services during periods of quarantining or having to withdrawal and then try to re-engage again, due to having COVID exposures.

I think it impacts people's abilities to be full-functioning citizens in our community. It impacts people being able to get jobs and keep good jobs and impacts them economically. Being able to find good stable housing and have stable relationships and what they want out of life. So I think it really just impacts people's everyday life. And I think for kids, it's impacting their ability to participate fully in school. And it's impacting their relationships with each other and with their families.

We see when families aren't stable. There's stress in the home. So whether it comes back to not having adequate resources, not having adequate nutrition, if the family is stressed, because they're trying to pay bills, or figure out how to feed themselves, or put gas in the car to get to work. And those support systems just aren't there for the families. Education obviously plays a huge role in that, because if they don't have adequate education, they're not going to have financial stability and all the other things and again, it's just that vicious cycle that just keeps going around and around and around.

Maternal and Infant Health

This section reviews maternal and infant health in Fairfield County.

Key Findings

Infant Health

- In Fairfield County, the infant mortality rate has been decreasing since 2019.

The next two tables present birth and infant health data.

Infant Mortality[1,2]

	Fairfield County						Ohio	
	2019 Count		2020 Count		2021 Count		2020 Count	
Total Births	1,772[1]		1,642[1]		1,729[1]		129,313[2]	
Infertility treatment births[1]	31		37		43		N/A	
	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
Infant Mortality Rate (Total)[2]	14	7.9	10	6.1	6	3.5	864	6.7
White	10	6.6	8	N/A	3	N/A	493	5.1
Black	3	N/A	1	N/A	3	N/A	326	13.6
Native American	0	N/A	1	N/A	0	N/A	1	N/A
Asian or Other Pacific Islander	1	N/A	0	N/A	0	N/A	18	4.1
Hispanic	0	N/A	1	N/A	1	N/A	40	5.2
Non-Hispanic	14	8.1	10	6.3	5	N/A	824	6.8

Maternal and Infant Health

Infant Health Indicators[3]

		Fairfield County			Ohio
		2019 Count	2020 Count	2021 Count	2021 Count
Low Birth Weight	Babies <2500 grams	122	117	115	9,408
Very Low Birth Weight	Babies <1500 grams	21	15	12	1,903
Preterm Births	Preterm births (<37 weeks)	189	187	149	13,673

The next table displays other factors that may influence an infant's health.

Other Infant Health Factors[1,3]

		Fairfield County		
		2019 Count	2020 Count	2021 Count
Economic Stability[1]	Mother was a WIC recipient during pregnancy	415	350	346
Maternal Health Conditions[1]	Prepregnancy and/or gestational diabetes	127	118	166
Tobacco Use[3]	Cigarette use during 3rd trimester	190	162	128
	Cigarette use during any trimester	229	190	156

The number of hospitalizations among Fairfield County resident newborns for Neonatal Abstinence Syndrome was 34 in 2020, which is similar to this number in 2019 (32 hospitalizations), and a decrease from 2018 (50 hospitalizations).[1]

The next table displays the number of live births by adolescents.

Maternal and Infant Health

Live Births (Adolescent)[1]

		Fairfield County						Ohio	
		2019		2020		2021		2021	
		Count	Rate	Count	Rate	Count	Rate	Count	Rate*
Births	Total age 10-19	85	8.1	49	4.5	54	5.1	5,893	N/A
	Total under 18	15	N/A	9	N/A	14	N/A	1,482	N/A
	Age 10-14	1	N/A	2	N/A	1	N/A	102	N/A
	Age 15-17	14	N/A	7	N/A	13	N/A	1,380	N/A
	Age 18-19	70	N/A	40	N/A	40	N/A	4,411	N/A

Death, Illness, and Injury

This section presents the leading causes of death, illness, and injury for residents of Fairfield County.

Key Findings

Overall Physical Health Ratings and Chronic Illness

A majority of Fairfield County respondents reported that in general their health is "excellent," "very good," or "good." Almost half of respondents report having at least one poor physical health day in the past month. The most common chronic health conditions reported by respondents were high blood pressure, arthritis, and high blood cholesterol.

Cancer

Prostate cancer (male) and breast cancer (female) have the highest incidence rates in Fairfield County; lung cancer has the highest mortality rate in the county. The most common problems experienced by respondents during cancer treatment were negative emotions/feelings and treatment side effects.

Top Causes of Mortality

Heart disease is the leading cause of mortality in Fairfield County, followed by cancer and COVID-19.

The following symbols indicate the presence of:

: a difference in responses between demographic groups of respondents

: a comparison between responses to the 2019 adult survey and 2022 adult survey

Death, Illness, and Injury

A majority of Fairfield County adult respondents (88%) report that in general their health is "good," "very good," or "excellent." According to secondary data, about 12% of residents have fair or poor health, compared to 18% in 2019.[1]

Perceptions of Health Status[§]

	Fairfield County (n=692)
Excellent	8.0%
Very good	44.6%
Good	35.8%
Fair	10.6%
Poor	1.1%

Differences by income: Reports of being in excellent or very good health increase as annual household income increases: 26.5% for an annual household income of less than $50,000, 55.9% for an annual household income of $50,000-$74,999, and 62.3% for an annual household income of $75,000 or more.

Percentage of respondents who had "very good" or "excellent" health in 2019: 57%; in 2022: 53%.

The next table displays reports of fair or poor health, according to secondary data.

Adults Reporting Fair or Poor Health[1]

	Fairfield County		
	2017	2018	2019
Percent of adults reporting fair or poor health	15%	16%	18%
Average number of physically unhealthy days reported in past 30 days	3.6	3.9	4.0
Average number of mentally unhealthy days reported in past 30 days	4.0	4.5	5.0

Death, Illness, and Injury

About 47% of Fairfield County adults reported having at least one poor physical health day in the past 30 days; among those individuals, the average number of days was 8. According to secondary data, in 2019, the average (age-adjusted) number of days reported was 4.[1]

Poor Physical Health Days in the Past 30 Days[§]

	Fairfield County
Percent who had poor physical health day(s)	(n=672) 46.9%
Days of poor physical health (average)*	(n=316) 8.0

**Among those who had a least one poor physical health day*

About 36% of adults in Fairfield County indicated that, in the past month, they had at least one poor physical health day that affected their activities. Among these individuals, the average number of days this occurred in the past month was 9.

Days Poor Physical or Mental Health Affected Activities in the Past 30 Days[§]

	Fairfield County
Percent who had at least one poor physical or mental health day that affected activities	(n=679) 35.9%
Days poor physical or mental health affected activities (average)*	(n=244) 9.4

**Among those who had a least one poor physical health day that affected activities*

Differences by gender: Females are more likely than males to report having at least one poor physical or mental health day that affected activities in the past 30 days: 43.6% vs. 27.0%.

Differences by income: Percent having at least one poor physical or mental health day that affected activities decreases as household income increase: 47.8% for those with income less than $50,000, 39.5 for those with income $50,000-$99,999, and 27.4% for those with income $100,000 or higher.

Hospital Visits and Admissions

Fairfield Medical Center provided the following information regarding leading causes of emergency department visits and non-emergency department admissions. In the table below, an asterisk (*) indicates a type of heart disease. Heart disease was the leading cause of emergency department visits, with 1,665 visits total.

Fairfield Medical Center Leading Causes of Emergency Department Visits in 2021

Description	Fairfield County Count
Sepsis	728
Chest pain*	726
COVID-19	639
Hypertensive heart disease*	531
COPD/respiratory failure	302
Kidney disease/failure	271
Atrial fibrillation*	173
Syncope and collapse	165
Pneumonia	152
Heart attack*	148
Urinary disease/infection	215
Weakness, dizziness, giddiness	128
Stroke	126
Atherosclerotic heart disease*	87
Pancreatitis	72

Fairfield Medical Center Leading Causes of Non-Emergency Department Admissions in 2021

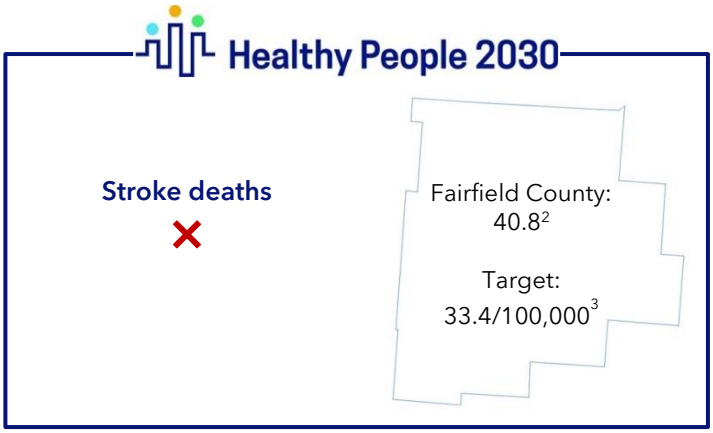
Description	Fairfield County Count
Newborn	652
Joint repair/replacement	203
Gynecology	34
Gastroenterology	23
Thyroid	23
AAA	17
Carotid artery occlusion	16
Breast cancer	12
Perinatal care	10
Cosmetic	8

Mortality

Heart disease is the leading cause of death in Fairfield County, followed by cancer. As of 2021, the average life expectancy in Fairfield County was 78.0, similar to the estimates of this in 2020 and 2019 (78.3 and 78.9, respectively).[1]

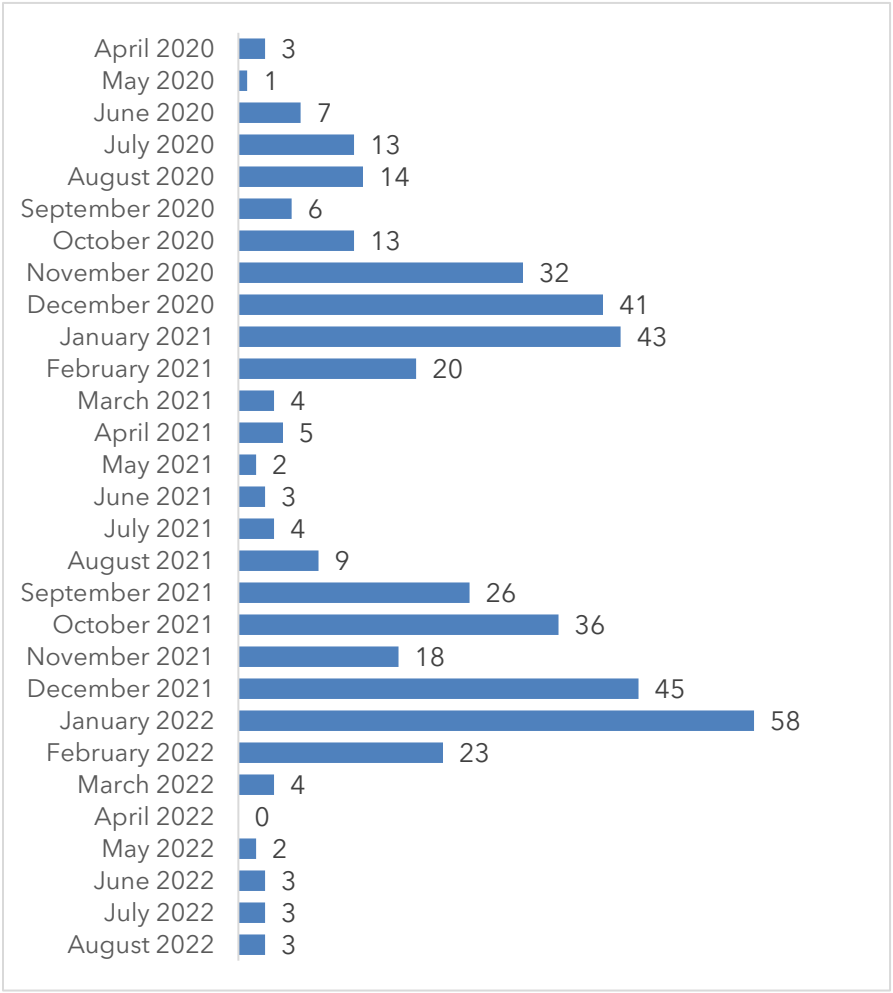
Mortality[2]

Description	Fairfield County 2019 Count	Fairfield County 2020 Count	Fairfield County 2021 Count	Ohio 2021 Count
Total Deaths	1,469	1,684	1,817	147560
	Rate*	Rate*	Rate*	Rate*
Diseases of the heart (I00-I09, I11, I113, I20-I51)	181.4	175.7	176.5	N/A
Malignant neoplasms (C00-C97)	155.6	160.1	154.9	N/A
Bronchus or lung cancer	40.5	41.5	35.5	39
Breast Cancer	15.9	11.2	11.5	11.1
COVID-19 (U07. 1)	N/A	71.9	113.6	N/A
Accidents (unintentional injuries) (V01-X59, Y85-Y86)	59.2	74.3	83.5	N/A
Chronic lower respiratory diseases (J40-J47)	48.2	48.6	37.7	40.6
Stroke (I60-169)	34.5	43.4	40.8	46.5
Diabetes mellitus (E10-E14)	24.7	25.6	25.8	29.0
Parkinson's disease (G20)	12.5	18.4	14.0	N/A
Influenza and pneumonia	13.7	14.0	11.3	10.9
Unintentional drug overdose (T50)	19.6	37.1	37.9	N/A
Hypertension and hypertensive renal disease	9.9	10.6	16.2	N/A
Septicemia (A40-A41)	7.8	13.2	14.9	N/A
Nephritis nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	11.8	6.1	8.5	14.8
Alzheimer's disease (G30)	25.7	36.3	35.0	31.7
Chronic liver disease and cirrhosis (K70, K73-K74)	10.5	8.1	14.8	N/A



The graph below shows the number of COVID-19 associated deaths by month from the beginning of the pandemic to early 2022. For the years 2020 and 2021, the majority of deaths happened in the winter months.

COVID-19 Associated Deaths by Month[1]



Death, Illness, and Injury

The table below displays child mortality rates.

Child Mortality[1]

	Fairfield County		
	2017 Rate*	2018 Rate*	2019 Rate*
Deaths among children under age 18	40.0	40.0	50.0

**Rate per 100,000 population*

In 2018, the Years of Potential Life Lost (YPLL) in Fairfield County was 7,039. Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, which helps to focus attention on deaths that could have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly. For example, using YPLL-75, a death at age 55 counts twice as much as a death at age 65, and a death at age 35 counts eight times as much as a death at age 70.

Premature Deaths: Years of Potential Life Lost[1]

	Fairfield County		
	2016 Count	2017 Count	2018 Count
Years of potential life lost	6,368	6,862	7,039

Community Leaders – Senior Health Concerns

Community leaders stated that some of the most important health issues they associate with seniors include a lack of socialization, trauma due to over-independence, as well as increases in memory disorders and other chronic conditions.

> I would say probably that socialization piece is probably one of the biggest things to make sure they have because that really affects that mental health and their physical health.
>
> I feel we see probably more depressed and isolated. Cancer is always going to be there but that's sometimes a predisposition of past behavior that you're not going to change necessarily in your elder years. Once you once you've been diagnosed. You know, you can do what you can once the diagnosis is there. I would say that falls are probably the number one piece of that, whether it's because they live alone, and they like that independence, which I think that that population does. Trips and falls over rugs that have

> always been a thing. Thinking that you can do your own gutters. That's always been a thing, the thought of losing that independence.
>
> We just had a conversation the other day with our aging services department, and they were talking about the rise in dementia and the rise in COPD. We're hearing a little bit more than what we had heard in the past and they're self-declaring their issues.
>
> Obesity, chronic care, obesity. I think a lot of them with obesity, comes diabetes, comes all the high blood pressure, comes all the chronic care conditions that you get with that.

With regard to cancer incidence rates, prostate cancer (male) and breast cancer (female) had the highest incidence rates in Fairfield County. The rates of incidence for these cancers for the state of Ohio are included for comparison.

Cancer Incidence Rates – Top Cancers[1]

	Fairfield County						Ohio	
	2017		2018		2019		2019	
	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
All cancer sites/types	846	452.0	879	460.7	847	417.4	70,363	468.0
Prostate (male)	126	135.4	123	126.6	145	132.7	9,105	118.9
Breast (female)	124	67.5	132	69.4	130	65.7	10,066	131.2
Lung and bronchus	109	56.3	114	56.3	101	43.9	10,133	63.9
Uterus (female)	38	35.2	45	44.2	37	35.1	N/A	N/A
Colon and rectum	54	29.6	75	41.6	70	33.4	5,608	37.8
Melanoma/ skin cancer	45	24.7	41	22.0	57	30.0	3,825	26.7

**Rate per 100,000 population, average annual numbers, age-adjusted; rates are sex specific for cancer of the breast, prostate, and uterus.*

The next table displays the number of cases of many different types of cancer.

Cancer – Annual Cases[1]

	Fairfield County		
	2018 Count	2019 Count	2020 Count
All cancer sites/types	879	847	651
Prostate (male)	123	145	119
Lung and bronchus	114	101	93
Breast (female)	132	130	90
Colon and rectum	75	70	38
Uterus (female)	45	37	20
Melanoma/skin cancer	41	57	29
Bladder	39	38	32
Brain and other CNS	9	13	18
Cervix	3	8	7
Esophageal	10	10	11
Hodgkin's Lymphoma	4	5	4
Kidney and renal/ pelvis	29	28	25
Larynx	8	4	3
Leukemia	18	17	13
Liver and intrahepatic bile duct	14	12	15
Multiple myeloma	7	12	7
Non-Hodgkin's Lymphoma	37	34	14
Oral cavity and pharynx	24	21	16
Ovarian	10	8	8
Pancreatic	32	21	28
Stomach	16	8	8
Testicular	8	4	6
Thyroid	25	15	20
Other cancer sites/types	57	65	39

According to the survey, 11.0% of Fairfield County respondents said they had ever been diagnosed with cancer. Of this group, 20.7% waited over 3 months before seeing a health care provider about their illness.

Those who waited more than 3 months most commonly said this was because other life issues were more important. A few of these respondents waited because they had difficulty getting an appointment, wanted to avoid exposure to COVID-19, or other reasons.

Differences by age: Being diagnosed with cancer increases as age increases: 4.1% for individuals less than 55 years old, 15.4% for 55-64 year olds, and 27.8% for individuals 65 or older.

Among those diagnosed with cancer, the problem they were most likely to experience during treatment was negative emotions/feelings.

Problems Experienced During Cancer Treatment[§]

	Fairfield County (n=76)
Negative emotions/feelings	20.8%
Treatment side effects	14.6%
Job/work responsibilities	12.9%
Keeping track of medical bills	6.7%
Other	1.1%
None	63.4%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Among those diagnosed with cancer, the assistance they most needed during treatment was help applying for benefits.

Assistance Needed During Cancer Treatment[§]

	Fairfield County (n=76)
Help applying for benefits	9.5%
Help understanding diagnosis/treatment options	7.8%
Help arranging in-home care services	5.2%
Help with insurance/billing paperwork	3.7%
Other	0.3%
None	77.0%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Death, Illness, and Injury

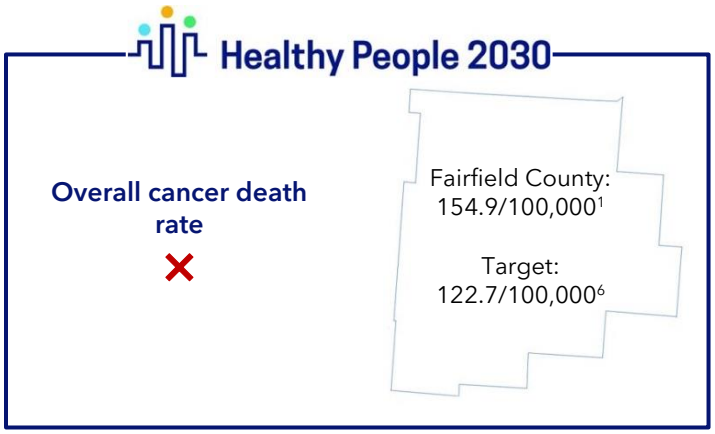
Fairfield County does not meet the *Healthy People 2030* target for overall cancer death rate.

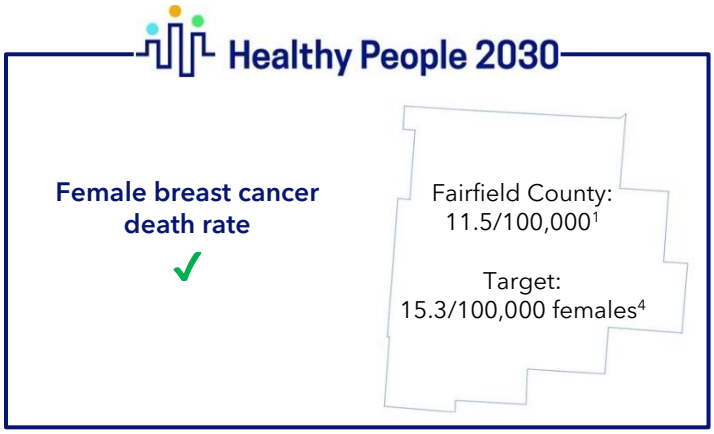
Lung and bronchus cancers have the highest mortality rate in Fairfield County. The rate of breast cancer in 2021 met the *Healthy People 2030* target of 15.3/100,000[4], while the rate of lung cancer does not meet this target (25.1/100,000).[5]

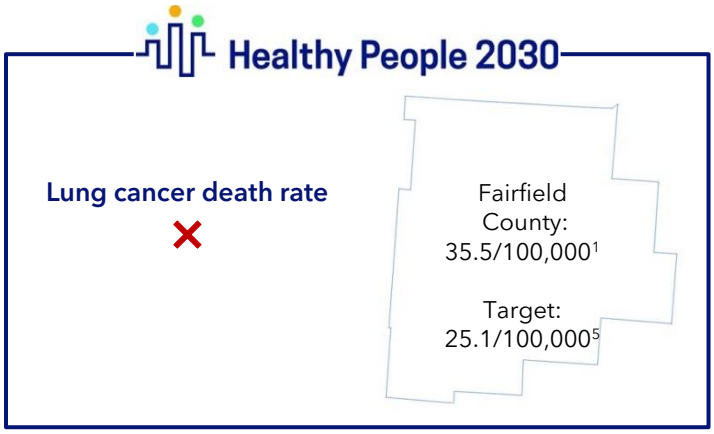
Cancer Mortality Rates – Top Cancers[2*]

	Fairfield County						Ohio	
	2019		2020		2021		2019	
	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
All sites/types	302	155.6	325	160.1	316	154.9	25,167	162.8
Lung and bronchus	81	40.4	85	41.5	74	35.5	6,447	40.9
Breast (female)	31	15.9	22	11.2	22	11.5	1,744	21.1
Prostate	9	5.0	8	4.2	21	10.9	1,214	18.9
Colon and rectum	21	11.0	23	11.0	19	9.0	2,118	13.8
Pancreas	18	8.6	25	12.2	25	11.8	2,004	12.7

**Rate per 100,000 population, average annual numbers, age-adjusted; rates are sex specific for cancer of the breast and prostate*







The counts of infectious diseases are displayed in the table below.

Infectious Disease Incidence[7,8,9,10,11,12]

	Fairfield County						Ohio	
	2019		2020		2021		2020	
	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
Chlamydia[7]	606	384.6	524	332.5	478	296.8	59011	504.8
Gonorrhea[10]	203	128.8	158	100.3	158	98.1	30690	262.6
AIDS/HIV[8,9]	191	121.2	190	119.0	199	123.6	24984	213.7
Hepatitis A[11] (acute)	32	20.3	3	1.9	4	2.5	N/A	N/A
Hepatitis B (acute)[12]	4	2.5	2	1.3	1	0.6	131	1.1

	Fairfield County 2019		Fairfield County 2020		Fairfield County 2021		Ohio 2020	
	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
Hepatitis B (total)[12]	24	15.2	17	10.7	14	8.7	1895	16.2
Hepatitis C (acute)[11]	15	9.5	7	4.4	3	1.9	238	2.0
Hepatitis C (total)[11]	152	96.5	103	65.4	114	70.8	12972	111.0
Influenza-associated hospitalization[11]	82	52.0	N/A	N/A	N/A	N/A	N/A	N/A

Turning to chronic health conditions, 38% of adult Fairfield County respondents have at some point been told by a health professional that they have high blood pressure, 27% have been diagnosed with arthritis, and 27% have been diagnosed with high blood cholesterol.

Diagnoses of Chronic Health Conditions[§]

	Fairfield County (average n=700)
High blood pressure	37.9%
Arthritis	27.2%
High blood cholesterol	26.7%
Asthma	13.6%
Diabetes	10.7%
Coronary heart disease	5.3%
A heart attack	1.6%

According to secondary data, in 2019, 10% of adults age 20 and over had been diagnosed with diabetes.

Differences by age: Being diagnosed with arthritis increases as age increases: 8.0% for 18-34 year olds, 26.0% for 35-64 year olds, and 55.0% for individuals 65 or older.

Being diagnosed with diabetes increases as age increases: 6.0% for those less than 55 years old, 12.2% for 55-64 year olds, and 23.5% for those 65 or older.

Being diagnosed with high blood pressure increases as age increases: 11.2% for 18-34 year olds, 18.2% for 35-44 year olds, 38.9% for 45-54 year olds, 56.4% for 55-64 year olds, and 71.8% for individuals 65 or older.

Being diagnosed with high blood cholesterol varies by age: 4.6% for 18-34 year olds, 18.6% for 35-44 year olds, 32.5% for 45-54 year olds, 29.1% for 55-64 year olds, and 54.3% for individuals 65 or older.

Differences by income: Those with an annual household income of less than $75,000 are more likely than those with annual household incomes of $75,000 or more to be diagnosed with arthritis: 38.3% vs. 19.9%.

Those with an annual household income of less than $50,000 are more likely than those with annual household incomes of $50,000 or more to be diagnosed with coronary heart disease: 13.1% vs. 2.5%.

Being diagnosed with diabetes decreases as annual household income increases: 21.8% for those with an annual household income of less than $50,000, 13.6% for an annual household income of $50,000-$74,999, and 5.4% for an annual household income of $75,000 or more.

Differences by gender: Males are more likely than females to be diagnosed with coronary heart disease: 8.8% vs. 1.9%.

Percentages of respondents reporting diagnoses in 2022 in Fairfield County: high blood pressure 37.9%, high blood cholesterol 26.7%, cancer 11%, asthma 13.6%, and diabetes 10.7%. Percentages of respondents reporting diagnoses in 2019 in Fairfield County: high blood pressure 41%, high blood cholesterol 30.5%, cancer 12.6%, asthma 10.1%, and diabetes 12.2%.

Summary

The *Fairfield County 2022 Community Health Assessment* provides a comprehensive overview of the community's health status, illuminating areas of strength as well as areas in which there could be improvement.

Consistent with Public Health Accreditation Board requirements and IRS regulations, the Fairfield County Health Department and Fairfield Medical Center will use this report to inform the development and implementation of strategies to address these findings. It is intended that a wide range of stakeholders will also use this report for their own planning efforts.

Subsequent planning documents and reports will be shared with community stakeholders and with the public. For example, the following pages of this report include a preliminary list of community assets and resources that could possibly be mobilized and leveraged to address the priority health issues identified by this process. This list will be reviewed and (if necessary) revised by the Fairfield County Health Department and its partners as part of the process of developing the Community Health Improvement Plan.

The Fairfield County Health Department will provide updates to this assessment as new data becomes available. Users of the *Fairfield County 2022 Community Health Assessment* are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the *Fairfield County 2022 Community Health Assessment* may be directed to:

R. Joseph (Joe) Ebel, RS, MS MBA, Fairfield County Health Department, Health Commissioner

740-652-2858 | joe.ebel@fairfieldcountyohio.gov

Karen Hines, PhD, Illuminology

614-447-3176 | karen@illuminology.net

Appendix A: Community Assets and Resources

A preliminary list of community assets and resources that could possibly be mobilized and leveraged to address health needs is shown below.

Social Services

- YMCA
- Fairfield County 2-1-1 Information and Referral Services
- Fairfield County Job and Family Services
- Catholic Social Services
- Faith-based communities
- Fairfield Center for disABILITIES
- United Way
- Big Brothers, Big Sisters
- Canal Winchester Human Services
- Lancaster-Fairfield Community Action Agency

Senior Services

- Meals on Wheels
- New Horizons
- Central Ohio Area Agency on Aging

Behavioral Health

- ADAMH
- New Horizons
- The Recovery Center in Lancaster
- Mental Health America

Clinical Services

- Fairfield Medical Center
- Diley Ridge Medical Center
- Fairfield Community Health Center
- The Recovery Center in Lancaster

Community

- County parks
- Central Ohio Transit Authority
- Fun Bus

Schools & Universities

- OSU extension Fairfield County
- Youth clubs
- Schools (general)
- After-school programs

Government

- Fairfield County Health Department
- Parks and Recreation Department
- Lancaster-Fairfield Public Transit
- Fairfield County Commissioners
- Fairfield County Emergency Management and Homeland Security
- Fairfield County Veterans Service Commission

Law Enforcement

- Project FORT/ Major Crimes Unit
- Criminal justice system (general)

Appendix B: Changes in Health Indicators 2019-2022

This section of this report presents an overview of changes in health indicators over time in Fairfield County. The health indicator cell is **green** if community health improved over time, **orange** if community health declined over time, and white if there was little change.[1]

	2019 (Average number of observations= 532)	**2022 (Average number of observations= 691)**
Visited a doctor for routine visit (past year)	80.9%	76.4%
Went outside Fairfield County for healthcare (past year)	36%	46.0%
Overall health is excellent or very good	57%	52.6%
At least one day poor physical/mental health prevented usual activities (past month)	34.7%	35.9%
Classified as overweight or obese by BMI	70.2%	72.1%
Ever diagnosed with asthma	10.1%	13.6%
Ever diagnosed with arthritis	28.3%	27.2%
Ever diagnosed with cancer	12.6%	11%
Ever diagnosed with diabetes	12.2%	10.7%
Ever diagnosed with high blood pressure	41.0%	37.9%
Ever diagnosed with high blood cholesterol	30.5%	26.7%
Ever diagnosed with a depressive disorder	21.8%	20.4%
Ever diagnosed with an anxiety disorder	19.5%	28.6%
Current smokers	10.8%	11.4%
Binge drinkers (past month)	30.3%	34.8%
Delayed medical care (past 12 months) – did not have insurance	7.9%	5.1%
Delayed medical care (past 12 months) – could not afford co-pay	9.8%	10.4%
Delayed medical care (past 12 months) – did not have transportation	2.8%	2.3%
Delayed medical care (past 12 months) – were not able to schedule appointment	5.2%	6.1%
Delayed medical care (past 12 months) – could not schedule appointment soon enough	10.6%	8.2%
Typically eat fruit at least once a day	76.9%	84.1%
Typically eat vegetables at least once a day	92.3%	95.6%
Participated in physical activity / exercise (past month)	76%	84.5%
Know someone in Fairfield County who abuses heroin	15.6%	9.6%
Know someone in Fairfield County who abuses methamphetamines	15.9%	10.1%
Know someone in Fairfield County who abuses prescription pain medicine	18.4%	11.8%
Misused prescription pain medicine (past month)	<1%	2.2%
Used marijuana or cannabis (past month)	4.3%	11.5%

[1] To test whether the difference between the 2019 and 2022 percentages was statistically significant, a 2-sample proportions test was computed for each health indicator. This analytic procedure calculates the difference between the 2019 and 2022 percentages, considers the total number of observations in each sample, and then computes a z statistic. When the z statistic was statistically significant ($p<.05$), which suggests the difference between the two percentages is not due to chance alone, a green or orange color was used to mark the cell.

Appendix C: Health Disparities in Fairfield County

This appendix provides a complete list of subgroup differences identified from the Fairfield County 2022 Adult Health Survey.

Differences by age:

Reporting of COVID-19 negatively impacting one's level of anxiety/depression decreases as age increases: 51.6% for 18-34 year olds, 59.5% for 35-44 year olds, 35.7% for 45-54 year olds, 27.8% for 55-64 year olds, and 13.3% for individuals 65 or older.

Those under age 45 are more likely than those age 45 or older to report that COVID-19 had a negative impact on their financial stability: 31.0% vs. 10.2%.

Those under age 45 are more likely than those age 45 or older to report that COVID-19 had a negative impact on their social media habits: 25.7% vs. 11.6%.

Reporting that time or effort needed to find or access services is a barrier to getting help decreases as age increases: 76.6% for 18-34 year olds, 48.3% for 35-44 year olds, 22.9% for 45-54 year olds, 18.9% for 55-64 year olds, 10.1% for individuals 65 or older.

Those age 65 or older are more likely than those less than 65 years of age to trust their local doctor to provide accurate information about COVID-19: 72.3% vs. 44.9%.

The likelihood of visiting a doctor within the past year increases as age increases: 61.0% for 18-34 year olds, 64.8% for 35-44 year olds, 77.3% for 45-54 year olds, 85.3% for 55-64 year olds, and 97.5% for those 65 or older.

Those age 35 or older are more likely than those 18-34 years old to have visited a dentist in the past year: 77.3% vs. 49.2%.

Reporting of mold issues decreases as age increases: 27.8% for 18-24 year olds, 15.3% for 35-44 year olds, and 4.5% for those age 45 and over.

Those less than 65 years of age are more likely than those age 65 or older to report wanting more walking paths: 47.1 % vs. 19.6%.

Those age 18-34 are more likely than those age 35 or older to indicate wanting more parks: 55.7% vs. 31.7%.

Those age 18-54 are more likely than those age 55 or older to indicate wanting more sidewalks: 35.0% vs. 16.3%.

Those under age 45 are more likely than those age 45 or older to know anyone with an alcohol abuse/addiction problem: 35.5% vs. 14.1%.

Those under age 45 are more likely than those age 45 or older to know anyone with a prescription pain medication abuse/addiction problem: 20.2% vs. 5.3%.

Those under age 45 are more likely than those age 45 or older to know anyone with a methamphetamine abuse/addiction problem: 17.3% vs. 4.5%.

Those under age 45 are more likely than those age 45 or older to know anyone with a heroin abuse/addiction problem: 16.8% vs. 3.9%.

Those under age 45 are more likely than those age 45 or older to report binge drinking at least once in the past month: 45.2% vs. 26.8%.

Those less than 55 years of age are more likely than those 55 or older to spend time on the Internet: 4 vs. 2 median hours.

Those age 65 or older are more likely than those less than 65 years of age to spend time sleeping at night: 8 vs. 7 median hours.

Those less than 45 years of age are more likely than those 45 or older to be diagnosed with a depressive disorder: 28.7% vs. 14.1%.

Those less than 45 years of age are more likely than those 45 or older to be diagnosed with an anxiety disorder: 45.2% vs. 15.8%.

Reports of having a poor mental health day in the past 30 days decreases as age increases: 80.8% for 18-34 year olds, 58.8% for 35-44 year olds, 44.9% for 45-54 year olds, 34.9% for 55-64 year olds.

Average number of poor mental health days in the past 30 days decreases as age increases: 9.5 days for 18-34 year olds, 6.3 for 35-44 year olds, 3.9 for those 45 or older.

Being diagnosed with cancer increases as age increases: 4.1% for individuals less than 55 years old, 15.4% for 55-64 year olds, and 27.8% for individuals 65 or older.

Being diagnosed with arthritis increases as age increases: 8.0% for 18-34 year olds, 26.0% for 35-64 year olds, and 55.0% for individuals 65 or older.

Being diagnosed with diabetes increases as age increases: 6.0% for those less than 55 years old, 12.2% for 55-64 year olds, and 23.5% for those 65 or older.

Being diagnosed with high blood pressure increases as age increases: 11.2% for 18-34 year olds, 18.2% for 35-44 year olds, 38.9% for 45-54 year olds, 56.4% for 55-64 year olds, and 71.8% for individuals 65 or older.

Being diagnosed with high blood cholesterol varies by age: 4.6% for 18-34 year olds, 18.6% for 35-44 year olds, 32.5% for 45-54 year olds, 29.1% for 55-64 year olds, and 54.3% for individuals 65 or older.

Differences by gender:

Females are more likely than males to report that COVID-19 had a negative impact on their level of anxiety/depression: 46.6% vs. 28.2%.

Females are more likely than males to report that COVID-19 had a negative impact on their financial stability: 25.6% vs. 12.0%.

Females are more likely than males to report that COVID-19 had a negative impact on their social media habits: 24.3% vs. 11.6%.

Females are more likely than males to report that COVID-19 had a negative impact on their use of preventative health care screenings/visits: 18.1% vs. 6.3%.

Those with some college or more education are more likely than those with a high school degree / GED or less education to know anyone with an alcohol abuse/addiction problem: 27.5% vs. 17.5%.

Females are more likely than males to be diagnosed with a depressive disorder: 27.2% vs. 11.8%.

Females are more likely than males to report having a poor mental health day in the past 30 days: 60.7% vs. 45.1%.

Females are more likely than males to report having at least one poor physical or mental health day that affected activities in the past 30 days: 43.6% vs. 27.0%

Males are more likely than females to be diagnosed with coronary heart disease: 8.8% vs. 1.9%.

Differences by education:

Those with some college or more education are more likely than those with a high school degree / GED or less education to report that COVID-19 negatively impacted their relationship(s) with other people: 41.9% vs. 30.6%.

Reports of COVID-19 negatively impacting one's financial stability vary by highest level of education completed: 14.1% for those with a high school degree / GED, 30.6% for those with some college, and 14.2% for those with a bachelor's degree or more education.

Wanting help with food assistance decreases as education level increases: 12.0% for those with a high school degree / GED, 7.7% for those with some college, and 0.7% for those with a bachelor's degree or higher.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust their local doctor to provide accurate information about COVID-19: 67.7% vs. 44.2%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the Ohio Department of Health to provide accurate information about COVID-19: 69.3% vs. 38.9%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the Fairfield County Health Department to provide accurate information about COVID-19: 67.6% vs. 35.4%.

Those with a bachelor's degree or more education are more likely than those with an associate's degree or less education to trust the CDC to provide accurate information about COVID-19: 69.6% vs. 34.1%.

Traveling outside of Fairfield County to receive health care increases as education increases: 38.1% for those with a high school degree / GED, 46.5% for those with some college, and 57.7% for those with a bachelor's degree or higher.

Those with some college or more education are more likely than those with a high school degree / GED or less education to report wanting more sidewalks: 34.5% vs. 18.2%.

Those with an associate's degree or less education are more likely than those with a bachelor's degree or more education to report smoking at least 100 cigarettes in their entire life: 41.1% vs. 15.6%.

Daily cigarette smoking decreases as highest education level increases: 16.8% for those with a high school degree / GED, 10.6% for those with some college education, and 1.1% for those with a bachelor's degree or more education.

Differences by income:

Those with an annual household income of less than $75,000 are more likely than those with annual household incomes of $75,000 or more to report that COVID-19 negatively impacted their relationship(s) with other people: 43.3% vs. 34.5%.

Reporting of COVID-19 negatively impacting one's financial stability decreases as annual household income increases: 34.0% for an annual household income of less than $50,000, 25.8% for an annual household income of $50,000-$74,999, 19.3% for an annual household income of $75,000-$99,999, and 7.4% for an annual household income of $100,000 or more.

Wanting help with food assistance decreases as annual household income increases: 20.1% for an annual household income of less than $50,000, 11.3% for an annual household income of $50,000-$74,999, and 0.7% for an annual household income of $75,000 or more.

Not wanting any help increases as annual household income increases: 61.1% for an annual household income of less than $50,000, 71.1% for an annual household income of $50,000-$74,999, and 90.0% for an annual household income of $75,000 or more.

Those with an annual household income of less than $50,000 are more likely than those with an annual household income of $50,000 or more to report that not knowing of any services in their community is a barrier to getting help: 35.7% vs. 9.7%.

Trusting Ohio Department of Health recommendations a "great deal" increases as annual household income increases: 23.6% for an annual household income of less than $50,000, 34.6% for an annual household income of $50,000-$99,999, and 51.1% for an annual household income of $100,000 or more.

Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to trust their local doctor to provide accurate information about COVID-19: 56.7% vs. 39.4%.

Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to trust the Ohio Department of Health to provide accurate information about COVID-19: 54.2% vs. 29.9%.

Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to trust the CDC to provide accurate information about COVID-19: 62.0% vs. 34.8%.

Reporting of mold issues decreases as household income increases: 21.7% for an annual household income of less than $50,000, 15.5% for an annual household income of $50,000-$75,000, and 8.4% for an annual household income of $100,000 or more.

Those with an annual household income of $50,000 or more are more likely than those with an annual household income of less than $50,000 to report wanting more parks: 44.7% vs. 24.6%.

Those with an annual household income of $75,000 or more are more likely than those with an annual household income of less than $75,000 to report wanting more bike paths: 39.4% vs. 15.5%.

Reports of smoking at least 100 cigarettes vary by annual household income: 19.2% for an annual household income of less than $75,000, 11.5% for an annual household income of $75,000-$99,999, and 1.9% for an annual household income of $100,000 or more.

Those with an annual household income of less than $75,000 are more likely than those with an annual household income of $75,000 or more to smoke cigarettes daily: 19.2% vs. 5.2%.

Those with an annual household income of less than $50,000 are more likely than those with annual household incomes of $50,000 or more to know anyone with a methamphetamine abuse/addiction problem: 17.7% vs. 7.9%.

Those with an annual household income of $75,000 or more are more likely than those with an annual household income of less than $75,000 to be physically active in the past 30 days: 12 vs. 4 median number of times.

Those with an annual household income of $100,000 or more are more likely than those with an annual household income of less than $100,000 to spend time on the Internet: 4 vs. 2 median hours.

Average number of poor mental health days in the past 30 days decreases as income increases: 8.8 days for an annual household income of less than $50,000, 5.9 for an annual household income of $50,000-$99,999, and 4.3 for an annual household income of $100,000 or more.

Reports of being in excellent or very good health increase as annual household income increases: 26.5% for an annual household income of less than $50,000, 55.9% for an annual

household income of $50,000-$74,999, and 62.3% for an annual household income of $75,000 or more.

Those with an annual household income of less than $75,000 are more likely than those with annual household incomes of $75,000 or more to be diagnosed with arthritis: 38.3% vs. 19.9%.

Those with an annual household income of less than $50,000 are more likely than those with annual household incomes of $50,000 or more to be diagnosed with coronary heart disease: 13.1% vs. 2.5%.

Being diagnosed with diabetes decreases as annual household income increases: 21.8% for those with an annual household income of less than $50,000, 13.6% for an annual household income of $50,000-$74,999, and 5.4% for an annual household income of $75,000 or more.

Differences by presence of children:

Those with at least one child in the household are more likely than those without any children in the household to report that COVID-19 had a negative impact on their level of anxiety/depression: 54.4% vs. 29.3%.

Those with at least one child in the household are more likely than those without any children in the household to report that not being eligible for services is a barrier to getting help: 42.9% vs. 9.9%.

Differences by location:

Those who live outside of Lancaster are more likely than those who live in Lancaster to travel outside of Fairfield County to receive health care: 52.5% vs. 28.0%.

Those who live outside of Lancaster are more likely than those who live in Lancaster to have had a mammogram in the past year: 79.7% vs. 59.1%.

Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with an alcohol abuse/addiction problem: 35.1% vs. 19.3%.

Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with a methamphetamine abuse/addiction problem: 19.4% vs. 6.7%.

Those who live in Lancaster are more likely than those who live outside of Lancaster to know anyone with a heroin abuse/addiction problem: 20.4% vs. 5.6%.

Appendix D: Fairfield County CHA Kickoff Session

The following pages contain the debriefing from the Fairfield County CHA Kickoff Session.

Fairfield County's
2022 Community Health Assessment

List Of Potential Indicators And Question Constructs

On February 15, 2022, a group of 38 Fairfield County community members representing a diverse array of public health, health system, social service, and other governmental entities participated in a robust discussion about the upcoming community health assessment (CHA) effort.

After receiving a brief orientation to the plan for this CHA effort, the community members were randomly assigned to one of 5 small groups. Each of these small groups discussed the same set of three questions:

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

After finishing the small group conversations, the community members returned to the main larger group and shared their group's perceptions of the most important issues to be considered in the CHA process. Overall, many groups discussed similar issues, resulting in a consensus that the following issues should be incorporated into this effort (at a broad level).

- Health care access
- Mental health
- Impact of pandemic on health-related issues
- (Lack of) trust in health experts
- Social determinants of health

The following indicators and constructs were suggested as specific ones to consider including in the upcoming CHA effort. Note that this list of indicators and constructs is not a final, comprehensive one. Rather, it reflects what was discussed during the small group conversations and will continue to evolve as this study proceeds. The indicators are segmented into potential secondary data indicators, potential constructs to measure in the adult survey questionnaire, and potential constructs to cover in the community leader interviews, according to an initial review of the best fit for the indicators and constructs. The categorization of the indicators and constructs may change as the CHA process continues.

Potential secondary data indicators[1]

Health care access / utilization

- Health resource availability (licensed providers of medical care, dental care, psychology and other mental health specialties; bed capacity at detox facilities)

[1] Resa will check with her colleagues about the cancer questions

- Health insurance access by type
- Vaccination rates
- EMS availability

Mental health & addiction

- Counts/rates of child abuse
- Suicide rate
- Narcan administrations
- Substance use during pregnancy

Social determinants

- Homelessness
- Transportation (HHs w/o a car)
- Food insecurity
- Access to broadband
- Data from social services and other county agencies about service capacity/quantity/utilization
    - Number of food banks
    - Meals on Wheels participant rate
    - Food vouchers used and available
    - WIC/SNAP
    - Shelter availability
- Financial assistance rates
- Cost-burdened households
- Crime rate
- Divorce rate
- Employment rate
- Fosters/adoptions
- Teen pregnancy rate

Potential constructs to measure in the adult survey questionnaire

Mental health & addiction

- Current prevalence of depression, anxiety, suicidal ideation
- Current prevalence of substance use: opiates, methamphetamines, alcohol (heavy/binge drinking), cigarette use, (teen) vaping, marijuana, heroin, prescription drugs
- Stigma, and fear of admitting mental health issues
- Public awareness of mental health services
- Mental health's effects on engagement with family, capacity to work, etc.
- Mental/behavioral health provider availability
- Affordability of mental/behavioral health providers
- Pipeline to mental/behavioral health providers
- Impact of COVID-19 on mental health
- Social media's impact on mental health
- Gambling/betting prevalence

Chronic health conditions

- Current prevalence of obesity (adults and children)
- Current prevalence of other chronic health conditions: e.g., heart disease, high blood pressure, diabetes, etc.

Health care and services access / utilization

- Last visit to PCP
- Frequency of well child visits
- Public awareness of services
- Services residents are interested in
- Resource availability in the community
- Utilization of health care services outside the county, and reasons for traveling for care
- Extent transportation is a barrier to accessing care
- Health care utilization of preventative screenings
- Effect of COVID-19 on health care utilization
- Trust in public health officials and/or organizations to provide accurate health information
- Access to pharmacies and prescription assistance
- Trust in health care services
- Wait times for services
- Overall attitude towards health care utilization (proactive vs. reactive)
- Childcare, caregiving assistance for parents
- Caregiver rate/respite care rate

Behavioral health

- Change in activities/behaviors due to COVID-19
- Accessibility of/barriers to healthy behaviors (nutritious meals, exercise)
- Fast food consumption

Health literacy

- Trusted sources for health information (media, people)
- Awareness and utilization of local public health information resources
- Perception of vaccine safety/health benefits
- Utilization of telehealth visits
- Difficulty connecting to telehealth visits

Environmental health

- Health issues with pests, trash/litter, etc.
- Perceptions of safety from crime/safety in general
- Accessibility of green spaces

Social determinants / demographics

- Age
- Race/ethnicity
- Household size
- Presence of children in household

- Educational attainment
- Household income (2021)
- Zip code
- Employment availability
- Availability of job training

Potential constructs to cover in the community leader interviews

Mental health & addiction

- Staffing: Challenges filling positions (related to health resource availability)
- Staffing: Morale in mental health services, prevalence of burnout
- Mental health stigma

Accessing services

- How community leaders can motivate residents to participate in available services, access available resources
- How services can optimize care coordination to meet the needs of residents
- Existing needs for services

Health literacy

- Sources of children's knowledge about healthy habits

Appendix E: Fairfield County Adult Survey Questionnaire

The following pages show the Fairfield County CHA Adult Survey Questionnaire.

FAIRFIELD COUNTY HEALTH SURVEY

This survey should be completed by the adult aged 18 or older at this address who MOST RECENTLY had a birthday. All responses will remain confidential, so please answer honestly.

ABOUT YOUR COMMUNITY

1. In your opinion, what is the most important health issue affecting the people who live in Fairfield County? [Please write your answer below]

ABOUT YOUR OVERALL HEALTH

These questions ask about your physical and mental health.

2. Would you say that in general your health is… [Circle one answer]

Excellent	Very good	Good	Fair	Poor

3. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your **physical health not good**? [Write a number] ___ ___

4. Thinking about your mental health, which includes stress, depression, and problems with emotions, for about how many days during the past 30 days was your **mental health not good**? [Write a number] ___ ___

5. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? [Write a number] ___ ___

6. How often do you get the social and emotional support you need? [Circle one answer]

Always	Usually	Sometimes	Rarely	Never

7. Has a doctor, nurse, or other health professional EVER told you that you had… [Fill in the circles that apply]
   - O Asthma
   - O Arthritis
   - O Coronary heart disease
   - O A heart attack
   - O Diabetes
   - O High blood pressure
   - O High blood cholesterol
   - O An anxiety disorder
   - O A depressive disorder
   - O None of these

8. During the past 12 months, did you ever seriously consider attempting suicide? [Circle one answer]

Yes	No

HEALTH CARE ACCESS

These questions ask about your access to health care and services.

9. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? [Circle one answer]

Yes	No

10. During the past 12 months, have you delayed getting a needed prescription medication for any reason? [Circle one answer]

Yes	No

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11. During the past 12 months, have you <u>delayed</u> getting needed medical care for any of the following reasons? [Fill in the circles that apply]
    - O Did not have insurance
    - O Could not afford the co-pay
    - O Did not have transportation
    - O Were unable to schedule an appointment
    - O Could not schedule an appointment soon enough
    - O Could not access telehealth care
    - O To avoid exposure to COVID-19
    - O To avoid spreading COVID-19
    - O Did not delay getting needed care
    - O Other [Please specify]

12. During the past 12 months, have you <u>delayed</u> getting needed <u>mental health care or services</u> for any of the following reasons? [Fill in the circles that apply]
    - O Unsure what services were available
    - O Couldn't afford the care
    - O Feared admitting a mental health issue
    - O Difficulty finding a provider with availability
    - O To avoid exposure to COVID-19
    - O To avoid spreading COVID-19
    - O Did not delay getting needed care
    - O Other [Please specify]:

13. Has a doctor, nurse, or other health professional EVER told you that you had any type of cancer? [Circle one answer]

Yes	No (Go to Question 18)

14. About how many months passed from the time you first thought something might be wrong until you first saw a health care provider about it? [Write a number] ___ ___

15. If you waited more than 3 months before you saw a health care provider, what were the reasons for this? [Fill in the circles that apply]
    - O Other life issues were more important
    - O To avoid exposure to COVID-19
    - O To avoid spreading COVID-19
    - O Had difficulty getting an appointment
    - O Not applicable
    - O Other [Please specify]:

16. What problems did you experience (or are you experiencing) during treatment? [Fill in the circles that apply]
    - O Treatment side effects
    - O Job/work responsibilities
    - O My emotions/feelings about this experience
    - O Keeping track of health insurance bills
    - O None
    - O Other [Please specify]:

17. Which of the following would you have liked help with during your illness? [Fill in the circles that apply]
    - O Help with understanding my diagnosis and/or treatment options
    - O Help with applying for any benefits I might be eligible for
    - O Help arranging care services at my home
    - O Help with my insurance/billing paperwork
    - O None
    - O Other [Please specify]:

18. About how long has it been since you last visited a doctor for a routine checkup (i.e., "well visit")? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago

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19. About how long has it been since you last visited a **dentist or dental clinic** for any reason? Include visits to dental specialists, such as orthodontists. [Circle one answer]

Within the past year (anytime less than 12 months ago) (Go to Question 21)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago

20. What are your reasons for not visiting a dentist or dental clinic **within the past year**? [Fill in the circles that apply]

- O Did not have insurance
- O Could not afford the co-pay
- O Had difficulty scheduling an appointment
- O Fear of going to the dentist
- O To avoid exposure to COVID-19
- O To avoid spreading COVID-19
- O Not applicable
- O Other [Please specify]

21. During the past 12 months, how many times did your *child (aged 0-18) with the most recent birthday* visit a doctor, nurse, or other health care professional to receive an annual physical, sports physical, or well visit? [Circle one answer]

0 times	1 time	2 or more times	Do not have children

22. In the past 12 months, did you travel outside of Fairfield County in order to receive needed medical care? [Circle one answer]

Yes	No (Go to Question 24)

23. What kind of medical care did you receive outside of Fairfield County? [Write your answer to the right]

[NOTE: If you are 44 years of age or younger, please go to Question 25.]

24. The next question is about colorectal cancer screening. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since you had a sigmoidoscopy or colonoscopy? This does not include a colorectal screening done at home. [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	Within the past 10 years (at least 5 years but less than 10 years ago)	10 or more years ago	Never

[NOTE: If you are male, please go to Question 27.]

25. A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	5 or more years ago	Never

[NOTE: If you are 44 years of age or younger, please go to Question 27.]

26. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	5 or more years ago	Never

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27. Which of the following sources would you trust to provide accurate information about COVID-19 risks and prevention? [Fill in the circles that apply]

- O Fairfield County Health Department
- O The Ohio Department of Health
- O The CDC
- O Your local doctors
- O Individuals on social media who are NOT part of the medical community
- O None
- O Other [Please specify]

28. In terms of recommendations made to improve health in general, how much do you trust the recommendations of each of the following groups?

28a. Fairfield County Health Department	A great deal	Somewhat	Not at all
28b. The Ohio Department of Health	A great deal	Somewhat	Not at all
28c. The CDC	A great deal	Somewhat	Not at all

29. Would you or a family member like to receive help or information for <u>any</u> of the following issues? [Fill in the circles that apply]

- O Depression, anxiety, or mental health
- O Drug or alcohol abuse
- O Tobacco cessation
- O Elder care assistance
- O End-of-life or hospice care
- O Food assistance
- O Rent/mortgage assistance
- O Childcare assistance
- O Job training or employment help
- O Social media usage
- O Gambling or betting
- O None [Go to Question 31]
- O Other [Please specify]:

30. What are the barriers to getting the help or information you or a family member would like? [Fill in the circles that apply]

- O Don't know of any services in my community
- O Time or effort to find/access services
- O Not eligible for services
- O None
- O Other [Please specify]:

ENVIRONMENTAL HEALTH

The next questions ask about your household and the area where you live.

31. Which of the following types of crime are you worried about affecting you or your family where you live?

- O Burglary or theft of possessions (including vehicles or money)
- O Murder
- O Rape
- O None
- O Other [Please specify]:

32. The following issues are sometimes associated with poor health. During the past 12 months, which of the following issues has been present in or around your household? [Fill in the circles that apply]

- O Lead paint
- O Mold
- O Radon
- O Bedbugs
- O Other insects (flies, roaches, etc.)
- O Litter/trash
- O None of these

33. What types of outdoor spaces would you like to have more of for physical activity and/or leisure activities in the area where you live? [Fill in the circles that apply]

- O More sidewalks
- O More bike paths
- O More walking paths
- O More parks
- O None
- O Other [Please specify]:

{PLEASE COMPLETE THE NEXT PAGE}

HEALTH BEHAVIORS

These questions ask about a variety of health behaviors.

34. On a typical day, how many times do you eat fruit? Please count fresh, frozen, or canned fruit, but do not include fruit juice. [Write a number] ___ ___

35. On a typical day, how many times do you eat vegetables? [Write a number] ___ ___

36. In a typical week, how many times do you eat fast food? [Write a number] ___ ___

37. During the past month, other than your regular job, how many times did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? [Write a number] ___ ___

38. What barriers to exercising do you face?
If you don't face any barriers, write "None". [Write your answer to the right]

39. On average, how many hours per day do you spend **on the Internet**? This includes browsing the web on a desktop, laptop, or cell phone, using apps on a cell phone, checking email, social media usage, etc. [Write a number] ___ ___

40. On average, how many hours of sleep do you get in a 24-hour period? [Write a number] ___ ___

41. How difficult is it for you to get fresh fruits and vegetables? [Circle one answer]

Extremely difficult	Very difficult	Moderately difficult	Slightly difficult	Not difficult at all

42. Have you smoked at least 100 cigarettes in your entire life? [Circle one answer]

Yes	No

43. How often do you now…

43a. Smoke cigarettes?	Every day	Some days	Not at all
43b. Use e-cigarettes (e.g., Juul)?	Every day	Some days	Not at all
43c. Use chewing tobacco, snuff, or snus?	Every day	Some days	Not at all
43d. Use other tobacco/nicotine product(s)?	Every day	Some days	Not at all

44. One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (*if male, 5 drinks or more* | *if female, 4 drinks or more*) on an occasion? [Write a number] ___ ___

45. Do you personally know anyone in Fairfield County who has a drug abuse or addiction problem with… [Fill in the circles that apply]
    - O Heroin
    - O Methamphetamines
    - O Prescription pain medicine
    - O Alcohol
    - O Don't know anyone

46. During the past 30 days, on how many days did you use prescription medication that was not prescribed for you, or took more medicine than was prescribed for you, in order to feel good, high, more active, or more alert? [Write a number] ___ ___

{PLEASE COMPLETE THE NEXT PAGE}

47. During the past 30 days, on how many days did you use marijuana or cannabis? [Write a number] __ __
(If 0, go to Question 49)

48. When you used marijuana or cannabis during the past 30 days, was it usually…? [Circle one answer]

For medical reasons (to treat symptoms of a health condition)	For non-medical reasons (to have fun or fit in)	For both medical and non-medical reasons

49. In the past 12 months, which of the following has been negatively impacted by the COVID-19 pandemic? [Fill in the circles that apply]

- O Your level of anxiety and/or depression
- O Your television or gaming habits
- O Your social media habits
- O Your exercise habits
- O Your relationship(s) with other people
- O Your financial stability
- O Your use of preventative health care (screenings, well visits)
- O Your nutrition habits
- O No negative impacts
- O Other [please specify]:

OTHER QUESTIONS

These questions are for statistical purposes only. All responses will remain confidential.

50. Which of the following best describes your gender? [Circle one answer]

Male	Female	Transgender	Non-binary	I prefer not to classify myself

51. This question is about your racial and ethnic background. Which of the following categories apply to you? [Fill in the circles that apply]

- O White
- O Black or African American
- O Asian
- O Hispanic or Latino
- O Some other race [please specify]:

52. What is your age? [Write a number] __ __

53. How much do you weigh without shoes? [Write a number] __ __ __ pounds

54. How tall are you without shoes? [Write two numbers] __ feet / __ __ inches

55. Including yourself, how many people live in your household? [Write a number] __ __

56. And how many of these people are under age 18? [Write a number] __ __

57. What is the highest level of education you have completed? [Circle one answer]

Less than 12th grade (no diploma)	High school degree/GED	Some college (no degree)	Associate's degree	Bachelor's degree	Graduate or professional degree

58. Which of the following categories includes the total income of everyone living in your home in 2021, before taxes? [Circle one answer]

Less than $25,000	Between $25,000 and $49,999	Between $50,000 and $74,999	Between $75,000 and $99,999	$100,000 or more

If you are concerned about mental health, substance use, or other concerns for yourself or someone close to you, please call 2-1-1 to reach a 24/7 Crisis Hotline & Information Center.

{YOU ARE FINISHED! PLEASE USE THE ENVELOPE PROVIDED TO RETURN THIS SURVEY. **THANK YOU!**}

Appendix F: Fairfield County Community Leader Interview Guide

The next pages contain the questions asked during community leader interviews.

Fairfield County Community Health Assessment
Community Interview Guide

This is a conversational roadmap, not a script to be followed word for word. The interviewer will ask questions as applicable, taking into account the amount of time remaining.

When the interviewee's role in the community makes them well-suited to speaking about specific populations of interest (e.g., low income families, youth, individuals with disabilities, Non-English speaking populations), broad questions about health of the community can be shifted to focus on the population of interest when applicable.

Example:

- *Based on what you've seen or heard, what mental health issues are present for the community's youth population?*
- *Based on what you've seen or heard, what nutritional issues are present in the community's disabled population?*

MOST IMPORTANT HEALTH ISSUES

1. What do you think are the most important health issues in Fairfield County?

OVERALL PHYSICAL AND MENTAL HEALTH

2. Based on what you've seen or heard, what are the **most serious physical health issues** present in the community?
    a. What chronic physical conditions do you see as problematic in the community?
    b. (Probe on obesity, if applicable)
    c. (If applicable) Would you say that most residents tend to get the recommended vaccines, including the flu vaccine, or are there issues with vaccinations?
3. Based on what you've seen or heard, what are the **most serious mental health issues** are present in the community?
    a. What effects do mental health conditions have on people or systems in the community?
    b. (Probe on effects on those who have the conditions themselves, those who interact with people with mental health conditions in some way, and the systems in place in the community)
    c. (Probe on issues with staffing skilled people to fill positions, staff burnout)
    d. (Probe on issue of people being unwilling to admit mental health issues due to stigma)

SUBSTANCE ABUSE/ADDICTION

4. Based on what you've seen or heard, what are the **most serious substance abuse issues** present in the community?
    a. (Probe on tobacco cigarettes, vaping nicotine, smokeless tobacco, heroin, methamphetamines, prescription pain meds, and alcohol, if applicable)

b. (Probe on effects on those who abuse substances themselves, those who interact with people who abuse substances in some way, and the systems in place in the community)
c. (Probe on issues with staffing skilled people to fill positions for substance abuse treatment, staff burnout)

HEALTH CARE ACCESS AND SERVICES

5. Based on what you've seen or heard, what are the **most serious health care access issues** that affect people in the community?
    a. What are causes for residents delaying or not seeking health care?
    b. Do community members commonly seek health care outside of Fairfield County?
        i. Why?
        ii. What type of care do they seek?
        iii. Where do they go?
    c. (Probe on emergency treatment, urgent care, pharmacy, and X-rays, if applicable)
    d. (Probe on rehab / inpatient care facilities, if applicable)
    e. (Probe on psychiatric stabilization facilities / beds, if applicable)
    f. (Probe on first responders (sheriff's department, fire, & EMS), if applicable)
6. What can community leaders to do motivate residents to participate in available services?
7. How can care coordination be improved?
8. What gaps in services exist?

POVERTY AND LACK OF TRANSPORTATION

9. Based on what you've seen or heard, what are the primary causes of poverty in the community?
10. What barriers to transportation exist in the community?
11. What issues do you see with housing access and quality in the community?

HEALTH EDUCATION

12. Based on what you've seen or heard, what issues with health education are present in the community?
    a. (Probe to understand whether there are issues with formal and/or informal health education)
    b. (Probe to understand whether there are issues with the sources of health education people use)
    c. (Probe to understand how children learn about healthy habits, and where gaps exist)
13. Based on what you've seen or heard, what issues with health knowledge are present in the community?
    d. (Probe to understand whether residents are aware of health services)

COVID-19

14. Based on what you've seen or heard, what are the biggest issues COVID-19 has caused among the community?
15. Looking to the near and far future, what are the major issues caused by COVID-19 that community leaders should focus on addressing?

SUMMARY/IMPROVEMENT/CLOSURE

16. (Briefly summarize key issues discussed.) What ideas do you have for how leaders in Fairfield County can improve the health of the community, or reduce the impact of some of these issues? (Probe until no more ideas)
17. Given everything we've discussed today, what else do you think I should know?

IF TIME ALLOWS (OR IF TOPIC IS PARTICULARLY RELEVANT TO INTERVIEWEE'S KNOWLEDGE / EXPERIENCE)

ELDER CARE

18. Based on what you've seen or heard, what are the most serious issues affecting the health of the community's elderly population?

NUTRITION AND PHYSICAL ACTIVITY

19. Based on what you've seen or heard, what nutritional issues are present in the community?
    a. How much of a problem is access to healthy foods in the community?
    b. From your perspective, what factors keep some people in the community from eating adequate amounts of fruit and vegetables?
    c. What nutritional issues do you see with children, specifically?
20. Based on what you've seen or heard, what issues with physical activity are present in the community?

ENVIRONMENTAL HEALTH

21. Based on what you've seen or heard, what are the most serious environmental health issues present in the community? (Probe on air, water, trash, plumbing if necessary)

Appendix G: OhioMHAS County Profile

The next pages show the county assessment data profile by the Ohio Department of Mental Health and Addiction service.

OhioMHAS County Profiles – Fairfield County

2023-2025 ADAMH Community Plan

June 1, 2022

Hospital Catchment Area Appalachian

General Population Information (NCHS Bridged-Race Population – 2020)

Total Population	Female	Male
159,709	79,193	80,516

Age	0-17	18-44	45-64	65+
	38,039	53,068	42,277	26,325

Race	American Indian or Alaskan Native	Asian or Pacific Islander	Black	White	Hispanic
	557	3,995	15,985	139,172	4,045

Demographic Information (Community Environment and Economic Indicators)

Poverty Rate (2020) U.S. Census, SAIPE Program	Ohio	County
Youth (Under 18 years)	16.6%	8.2%
All Ages	12.6%	7.5%

Median Income (2020) U.S. Census, SAIPE Program	Ohio	County
	60,360	74,987

Unemployment Rate (2021) ODJFS, Labor Market Info	Ohio	County
	5.1%	4.3%

Education Attainment (2020 Estimate) (Over 25 years of age)	Ohio	County
High School or Equivalent	32.8%	32.9%
Associate's	8.8%	9.1%
Bachelor's	17.9%	18.8%
Graduate	10.9%	10.2%

Access to Broadband (Broadband Ohio)	47% of the Populated Area Does Not Have Access to Min. 25/3 Mbps	11% of Households Do Not Have Access to Min. 25/3 Mbps

Primary Diagnosis Information (Publicly Funded) (SFY 2020)

ADHD & other Conduct, Disruptive Disorder	Adjustment Disorders	Anxiety Disorders	Bipolar Disorders	Depressive Disorders	All Other Mood Disorders	Schizophrenia & Other Psychotic Disorders
405	1,014	619	377	841	287	239

SUD-Alcohol	SUD-Opioid	SUD-Other
203	695	369

Missing Info	All Other Diagnoses
87	226

Mental Health Utilization (Medicaid) (SFY 2020)

Hospitalizations (# of BH Hospitalizations)	Intensive Outpatient or Partial Hospitalization (# of)	Outpatient (# of)	Emergency Department (ED) (# of)	Telehealth (# of)
627	6,879	151,790	99	14,287

BRFSS Data - Adults (2016-2022)

Indicator	State	County
Heavy Drinking	6.5%	5.2%
Binge Drinking	17.3%	12.8%
Poor Mental Health Days	14.7%	11.2%
Physical Inactivity	26.7%	29.8%

State and County Comparison Data

✓ **County Indicator is better than State Indicator**
— **Needs attention:** *County Indicator is identical to State Indicator (within a range of one standard deviation of state indicator)*
X **Area of Concern:** *County Indicator is worse than the State Indicator*

Category	Indicator	State Data	County Data
Prevalence	Number of Youth Suicide Deaths (SHIP Indicator)	99 (2021*)	1
Prevalence	Adult Suicide Death Rate (SHIP Indicator)	15.1 (per 100,000) (2020*)	12.7 (per 100,000)
Prevalence	Unintentional Drug Overdose Deaths (SHIP Indicator)	35.4 (per 100,000) (2019-2020)	19.7 (per 100,000)
Prevalence	Adult Depression (Major depressive episode) (18+) (SHIP Indicator) (NSDUH 2018-2020)	9.15%	**10.22%**
Prevalence	Illicit Drug Use in Past Month (12+) (NSDUH 2018-2020)	12.07%	11.21%
Prevalence	Marijuana Use in Past Year (12+) (NSDUH 2018-2020)	16.27%	15.72%
Prevalence	Marijuana Use in Past Month (12+) (NSDUH 2018-2020)	10.55%	10.31%
Prevalence	Perceptions of Great Risk from Smoking Marijuana Once a Month (12+) (NSDUH 2018-2020)	20.76%	20.10%
Prevalence	First Use of Marijuana (12+) (NSDUH 2018-2020)	2.38%	**2.59%**
Prevalence	Illicit Drug Use Other Than Marijuana in the Past Month (12+) (NSDUH 2018-2020)	3.17%	2.99%
Prevalence	Cocaine Use in the Past Year (12+) (NSDUH 2018-2020)	1.78%	1.57%
Prevalence	Perceptions of Great Risk from Using Cocaine Once a Month (12+)(NSDUH 2018-2020)	70.33%	71.33%
Prevalence	Heroin Use in the Past Year (12+) (NSDUH 2018-2020)	0.43%	0.35%
Prevalence	Perceptions of Great Risk from Trying Heroin Once or Twice (12+)(NSDUH 2018-2020)	87.22%	86.79%

Prevalence	Methamphetamine Use in the Past Year (12+) (NSDUH 2018-2020)	0.67%	0.60%
Prevalence	Pain Reliever Misuse in the Past Year (12+) (NSDUH 2018-2020)	3.80%	3.83%
Prevalence	Alcohol Use in the Past Month (12+) (NSDUH 2018-2020)	50.50%	47.45%
Prevalence	Binge Alcohol Use in the Past Month (12+) (NSDUH 2018-2020)	23.84%	22.83%
Prevalence	Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week (12+) (NSDUH 2018-2020)	40.80%	**38.15%**
Prevalence	Tobacco Product Use in the Past Month (12+) (NSDUH 2018-2020)	25.79%	25.43%
Prevalence	Cigarette Use in the Past Month (12+) (NSDUH 2018-2020)	20.60%	20.63%
Prevalence	Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day (12+)(NSDUH 2018-2020)	67.75%	67.60%
Prevalence	Illicit Drug Use Disorder in the Past Year (12+)** (NSDUH 2016-2018)	3.10%	2.78%
Prevalence	Pain Reliever Use Disorder in the Past Year (12+)** (NSDUH 2016-2018)	0.81%	0.87%
Prevalence	Alcohol Use Disorder in the Past Year (12+)** (NSDUH 2016-2018)	5.34%	5.35%
Prevalence	Substance Use Disorder in the Past Year (12+)** (NSDUH 2016-2018)	7.52%	7.14%
Access	Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use in the Past Year (12+)** (NSDUH 2016-2018)	2.67%	2.37%
Access	Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use in the Past Year (12+)** (NSDUH 2016-2018)	4.99%	5.18%
Access	Needing But Not Receiving Treatment at a Specialty Facility for Substance Use in the Past Year (12+)** (NSDUH 2016-2018)	6.82%	6.73%
Prevalence	Serious Mental Illness in the Past Year (18+) (NSDUH 2018-2020)	6.60%	**7.38%**

Prevalence	Any Mental Illness in the Past Year (18+) (NSDUH 2018-2020)	23.84%	**27.18%**
Access	Received Mental Health Services in the Past Year (18+) (NSDUH 2018-2020)	19.33%	**20.88%**
Prevalence	Had Serious Thoughts of Suicide in the Past Year (18+) (NSDUH 2018-2020)	6.06%	**6.87%**

The following data sources may be useful:

1. County Health Rankings: Health behaviors, social and economic factors, physical environment
2. National Equity Atlas: Economic vitality, readiness, connectedness
3. Online State Health Assessment: Social and economic environment, physical environment
4. Ohio Department of Health, Health Improvement Zones
5. Ohio Department of Health, Social Determinants of Health Dashboard (coming soon)

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Community Profile

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2. FCHD On-line Community Health Assessment Clear Impact data (exported 2022)
3. U.S. Census Bureau, American Community Survey 1 Year Estimates (2019)
4. U.S Census Bureau, American Community Survey 5 Year Estimates (2015-2019)

Social Determinants of Health

1. FCHD On-line Community Health Assessment Clear Impact data (exported 2022)
2. U.S. Census Bureau, American Community Survey 1 Year Estimates (2019)
3. Healthy People 2030 Objective AHS-01, U.S. Department of Health and Human Services
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1. Healthy People 2030 Objective TU-02, U.S. Department of Health and Human Services
2. Healthy People 2030 Objective SU-10, U.S. Department of Health and Human Services
3. FCHD On-line Community Health Assessment Clear Impact data (exported 2022)
4. Ohio Department of Public Safety, Ohio Traffic Crash Facts (2019-2021)
5. Ohio Department of Health, Vital Statistics Data Warehouse (2019-2021)
6. Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers by County, Ohio (2019-2021)
7. Healthy People 2030 Objective NWS-03, U.S. Department of Health and Human Services
8. Centers for Disease Control "Body Mass Index: Considerations for Practitioners" (2011)
9. U.S. Department of Health, Physical Activity Guidelines for Americans 2nd Edition (2018)

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1. FCHD On-line Community Health Assessment Clear Impact data (exported 2022)
2. Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Report, Domestic Violence Incidents by County and Agency (2019-2021)
3. Healthy People 2030 Objective MHMD-01, U.S. Department of Health and Human Services
4. Public Children Services Association of Ohio, 2021 PCSAO Factbook
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