GREATER COLUMBUS

COMMUNITY HEALTH IMPROVEMENT PLAN

A comprehensive, cross-sector approach to addressing the community's most pressing health issues.

City of Columbus • January 2018

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

COLUMBUS PUBLIC HEALTH

ACKNOWLEDGEMENTS & CONTACT INFORMATION

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In addition, thank you to the 50+ partners, stakeholders and residents who participated in the Community Health Assessment forums and provided input and guidance into the selection of the Greater Columbus Community Health Improvement Plan priorities and associated outcome indicators -- and who continue to work collaboratively to address the City's greatest health challenges.

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INTRODUCTION

The Greater Columbus Community Health Improvement Plan (CHIP) describes the City's comprehensive, cross-sector approach to addressing the community's most pressing health issues, including infant mortality, the opiate crisis, and chronic disease. The plan also includes considerations related to social determinants of health and the underlying causes of health inequities. This document contains a brief history of community-based planning efforts, an overview of national and state requirements driving local health planning efforts, a description of the City's health priorities and associated outcome measures as selected by community partners, the framework and infrastructure that supports continued action, and a summary of how the plan will be monitored and updated. A detailed work plan is available as a separate document.

A MESSAGE FROM THE HEALTH COMMISSIONER

January 2018

At Columbus Public Health, protecting the health and improving the lives of residents is our mission – and our highest calling. Understanding the strengths and challenges around the health of our community and having a comprehensive community-wide approach will help us create a healthier community.

To that end, the Greater Columbus Community Health Improvement Plan (CHIP) describes our community's comprehensive cross-sector approach to addressing our most pressing health challenges including infant mortality, the opiate crisis and chronic diseases. And because health is more than health care, this plan also looks at the social determinants that impact health outcomes in our community, including education, income and living conditions.

By addressing our greatest health challenges – along with the underlying causes of health inequities – and focusing on neighborhoods at highest risk, we can help ensure that every resident has the resources and opportunity for a healthier life.

I invite you to join Columbus Public Health and our partners in these important efforts. It will take all of us working together to positively impact these health challenges and create a healthier and safer community for all residents.

Best of Health,

Mysheika W. Roberts

Mysheika W. Roberts, MD, MPH
Health Commissioner
Columbus Public Health

BACKGROUND

Columbus has a long and successful history of cross-sector collaboration around key health issues impacting residents. From the city's first comprehensive planning effort in the mid 1990s, to the Community Health Coalition, the Infant Mortality Task Force, and the establishment of a Local Food Action Plan, multi-sector partners and concerned residents have coalesced around health issues that are of concern and priority to the community to establish action plans to address these challenges.

In 2016–2017, Ohio released its State Health Assessment (SHA) and State Health Improvement Plan (SHIP) which provide guidance and requirements for local health improvement planning efforts. The process was led by the Health Policy Institute of Ohio at the direction of the Governor's Office of Health Transformation and the Ohio Department of Health. The SHA describes the current state of health in Ohio and the SHIP provides context and guidance for action around three of Ohio's greatest health challenges as indicated by the data: Mental Health and Addiction, Chronic Disease, and Maternal and Infant Health.

Coinciding with the release of the SHA and SHIP, the Governor's Office of Health Transformation set forth a requirement that local Community Health Improvement Plans (CHIP) align with the SHIP. The SHIP provides guidance and resources to local communities to assist with creating alignment, including a menu of indicators and strategies that address the three health challenges. Specific requirements include:

- Two priority health challenges from the SHIP must be addressed in the local CHIP with selection guided by needs identified through the review of local data.
- For each of the two priority topics selected:
    - Select at least one priority outcome indicator to track.
    - Select at least one cross-cutting strategy to implement and one cross-cutting indicator to measure.

Committed to a community driven process, while ensuring continued alignment with Public Health Accreditation Board (PHAB) standards and state requirements, Columbus Public Health (CPH) convened over 50 community partners, stakeholders and residents in November 2016 and February 2017 to review local community health assessment data and to update local CHIP priorities and associated outcome indicators. In April 2017, 36 CPH leadership and staff provided input into CHIP priority identification as well. Based on this collective input, it was determined that the Greater Columbus CHIP priorities directly align with the state's health priorities for the following reasons:

- Local data and community partners, stakeholders and residents validated and confirmed these priorities for the greater Columbus community.
- There was existing cross-disciplinary initiatives and political momentum around these priority areas which could continue to be built on and strengthened.

HEALTH PRIORITY OVERVIEW

This section provides an overview of the Greater Columbus CHIP priorities and associated outcome indicators as selected by community partners. Disparity data (i.e., race, gender) are included when available and inform the selection and implementation of intervention strategies to address inequities. Several indicators representing social determinants of health are also included since factors such as housing, violence, education, access to health care, and economic stability have a significant impact on residents' overall health and well-being. Graphical depictions of these outcome indicators are provided in the attached addendum for reference. For additional data associated with these priorities, as well as other health related indicators, please see the 2017 Community Health Assessment: Franklin County, Columbus, and Worthington.

The table below summarizes the Greater Columbus CHIP priorities and outcome indicators. Priorities and outcome indicators that align directly with Ohio's SHIP are indicated by an asterisk (*). Outcome indicators that are directly addressed within this plan are indicated by an arrow (>). The remaining outcome indicators may be addressed in future updates to this plan.

	Ohio	Franklin County					
Outcome Indicator	**Overall**	**Overall**	**Females**	**Males**	**Non-Hispanic Black**	**Non-Hispanic White**	**Year**
PRIORITY: Mental Health and Addiction*							
Adult Depression*	19.6%	21.2%	25.1%	17.0%	9.7%	24.2%	2015
Adolescent Depression (ages 12-17 years)	n/a	9.5%	n/a	n/a	n/a	n/a	2012-2015
Suicide Deaths*	13.0	11.8	5.5	19.1	6.8	13.4	2013-2015
Unintentional Drug Overdose Deaths*>	23.0	17.5	11.5	23.8	13.5	20.6	2013-2015
PRIORITY: Chronic Disease*							
Heart Disease Prevalence*>	3.7%	2.1%	2.0%	2.2%	1.5%	2.6%	2015
Heart Disease Mortality	188.5	176.2	139.8	225.7	192.7	174.6	2015
Diabetes Prevalence*>	11.0%	10.8%	10.7%	10.9%	12.0%	10.3%	2015
Obesity Prevalence>	29.8%	30.4%	27.8%	33.1%	33.3%	31.2%	2015
PRIORITY: Maternal and Infant Health*							
Preterm Births*>	10.3%	10.6%	n/a	n/a	12.4%	10.0%	2015
Low Birth Weight*>	8.5%	8.9%	n/a	n/a	11.6%	7.7%	2015
Infant Mortality*>	7.2	7.7	n/a	n/a	11.6	5.7	2015

HEALTH PRIORITY OVERVIEW, *CONTINUED*

Social determinants of health are cross cutting issues that span the three priority areas described above. The table below highlights a small sub-set of social determinant indicators including education, poverty, violence and housing. Additional indicators addressing social determinants of health can be found in the 2017 Community Health Assessment: Franklin County, Columbus, and Worthington.

Social Determinants of Health Indicators	Franklin County	Ohio
Educational Attainment (2010-2014)		
Percent with Less than High School Diploma (adults 25+ years)	10.7%	11.2%
Poverty Status (2010-2014)		
Residents living in poverty (>100% FPL)	18.0%	15.9%
Violence (2012-2014)		
Homicide Rate (age adjusted per 100,0000)	8.1	5.6
Housing Cost Burden* (2010-2014)		
Homeowners who are cost-burdened	28.1%	28.5%
Renters who are cost-burdened	48.3%	49.8%

**Homeowners and renters are considered cost-burdened if their household is spending 30% of its income on housing.*

FRAMEWORK FOR ACTION

There are three multi-sector community-based initiatives that address the three CHIP priority areas: Franklin County Opiate Action Plan (Mental Health and Addiction), Franklin County Chronic Disease Advisory Board (Chronic Disease), and CelebrateOne (Maternal and Infant Health). The Greater Columbus CHIP Advisory Group was formed in 2017 to further support, expand and build upon these community based-initiatives. A summary of each initiative, including high-level goals, examples of activities/strategies, and participating partners is provided below. A detailed workplan that includes specific objectives, strategies, targets, timelines, and responsible parties is available as a separate document.

GREATER COLUMBUS CHIP ADVISORY GROUP

Lead: Columbus Public Health

The Advisory Group's primary responsibility is to make connections between the community-based initiatives occurring within each priority area and to identify cross-cutting strategies that can be implemented to support and build upon those initiatives with a primary focus on addressing the underlying social determinants of health. The 14 member Advisory Group represents the following organizations: ADAMH Board, Central Ohio Hospital Council, Columbus City Council, Columbus Public Health, Franklin County Public Health, City of Columbus Mayor Ginther's Office, Physicians Care Connection, and United Way of Central Ohio. The Greater Columbus CHIP Advisory Group also works closely with Franklin County HealthWorks to align and support common efforts at the city and county levels. The Advisory Group's goals include:

- Enhance the use of policy, system and environmental change strategies to address social determinants and health inequities.
- Increase availability and use of data and evidence-based/best practices to inform the collective work.

These goals will be achieved by identifying and sharing cross-cutting, evidence-based strategies and model policies that address social determinants of health; establishing and/or supporting policy recommendations at the local level; and identifying and sharing additional data sources to support future decision making and ongoing measurement. A detailed workplan is provided as a separate document.

FRANKLIN COUNTY OPIATE ACTION PLAN

Lead: City of Columbus, City Council President's Office

The Franklin County Opiate Action Plan is a collaborative plan created with the input of stakeholders from across Franklin County to address the opiate epidemic. Development of the work plan was led by the ADAMH Board with support from the Columbus City Mayor's Office and the Franklin County Commissioners. Goals include:

- Prevent opiate abuse and addiction
- Reduce the number of opiate related deaths
- Expand access and decrease wait time for treatment
- Improve the safety of our community

These goals are addressed through a variety of objectives and evidence-based strategies. Examples include: expanding school based opiate substance abuse prevention education programs; educating prescribing professionals on the risks of opiate over-prescribing;

developing public awareness campaigns; implementing initiatives to ensure safe medication and needle disposal; ensuring adequate supplies of naloxone to first responders and increasing availability of naloxone to residents; developing an addiction stabilization center; and expanding substance use disorder and mental health training for first responders.

Community partners engaged in this work include, but are not limited to: Columbus Public Health, Franklin County Public Health, Central Ohio Hospital Council, Franklin County Coroner's Office, ADAMH, local law enforcement, EMS and fire, local hospitals, Equitas Health, local neighborhoods and faith based communities, Franklin County Children's Services, and the Columbus Foundation. There are two additional community-based initiatives that support the Opiate Plan, including: Franklin County Opiate Crisis Task Force and the Heroin Overdose Prevention and Education (HOPE) Task Force.

For more detailed information, see the Franklin County Opiate Action Plan. A detailed workplan is available as a separate document.

CHRONIC DISEASE PREVENTION ADVISORY BOARD

Lead: Columbus Public Health

The Chronic Disease Prevention Advisory Board (CDPAB) is a long-standing coalition serving greater Columbus with a common agenda to support policies, funding/sustainability, and programmatic initiatives that increase opportunities for physical activity, healthy eating, and smoke/tobacco-free living through cross-sector collaboration. The CDPAB is guided by a Steering Committee comprised of multi-sector stakeholders and includes Chairs from its Subcommittees (Tobacco-Free Collaborative, The County/City Local Food Board, Growing Healthy Kids Columbus, and the Safe Routes to School Columbus Project Team). Goals include:

- Increase opportunities for physical activity
- Increase the availability and affordability for healthy food and beverages
- Reduce the number of residents who smoke or are exposed to secondhand smoke

These goals will be achieved utilizing a variety of policy, system and environmental strategies that are evidence-based. Examples include: increasing the number of licensed early child care providers that have adopted healthy eating policies; promoting farmer's markets that are SNAP/EBT accessible; increasing shared-use policies and agreements for physical activity (i.e., between rec centers and schools); and increasing the number of smoke-free housing units.

Community partners engaged in this work include, but not limited to: Central Ohio Area Agency on Aging, City Departments (Recreation and Parks, Public Service, Development, and Human Resources), Columbus City Schools, Franklin County Public Health and Department of Economic Development & Planning, Mid-Ohio Regional Planning Commission, Mid-Ohio Food Bank, Central Ohio Diabetes Association, The Ohio State University Extension & College of Public Health, YMCA of Central Ohio, Mount Carmel Health System, Nationwide Children's Hospital, The Breathing Association, and the United Way of Central Ohio.

For more information, visit the Creating Healthy Communities website. A detailed workplan is available as a separate document.

CELEBRATEONE

Lead: City of Columbus, Mayor Ginther's Office

In June 2014, the Greater Columbus Infant Mortality Task Force, convened by Columbus Public Health, released a final report to Franklin County residents. The report included community data describing the scope of the infant mortality issue and eight recommendations to reduce the infant mortality rate by 40% and to cut the racial health disparity gap by 50% by 2020. CelebrateOne manages the community collaborative process and carries out the recommendations of the Task Force. Goals include:

- Improve social and economic conditions that drive disparities across our community and in the city's highest risk neighborhoods
- Improve women's health before pregnancy
- Improve reproductive health planning
- Improve prenatal care systems and supports
- Ensure highest quality perinatal care
- Reduce maternal and household smoking
- Promote infant safe sleep

Interventions focus on the eight Columbus neighborhoods with the highest infant mortality rates. Examples of strategies to address these goals include, but are not limited to: increasing enrollment in public and private health insurance coverage; increasing women's entry into prenatal care in the first trimester; reducing smoking/exposure to second-hand smoke; improving safe sleep practices; and aligning strategies and focusing supportive resources across sectors to improve the social and economic conditions that impact infant mortality.

Community partners engaged in this work include, but are not limited to: Central Ohio Hospital Council, Columbus City Council, Columbus Department of Development, Columbus Public Health, Franklin County Board of Commissioners, Franklin County Department of Job and Family Services, Franklin County Families and Children First Council, Ohio Better Birth Outcomes Collaborative, Ohio Department of Medicaid, and Partners for Kids.

For additional information, visit the CelebrateOne website. A detailed workplan is available as a separate document.

OTHER LOCAL & STATE INITIATIVES

Additional community and state-based initiatives that support the Greater Columbus CHIP include, but are not limited to:

City of Columbus Comprehensive Neighborhood Safety Strategy -- an initiative launched by Mayor Ginther in the Fall of 2017 to decrease violence and increase safety in Columbus neighborhoods.

Health Equity Section at Columbus Public Health -- working to address the root causes of health inequities and create opportunities for all people to be healthy.

Health Works Franklin County -- working to integrate community safety, housing and economic development, environmental sustainability and human services into the public health system in Franklin County. Over 40 community partner organizations are engaged in this work.

Ohio's Plan to Prevent and Reduce Chronic Disease 2014 - 2018 -- priority driven guide to prevent and reduce chronic disease in Ohio. It includes cross cutting objectives to impact the policies, systems and environments influential to chronic disease outcomes and health behavior change.

Ohio's 2017 – 2019 State Health Improvement Plan -- specific goals and strategies designed to achieve measurable improvements on the key priority areas of Mental Health and Addiction, Chronic Disease, and Maternal and Infant Health. The plan also includes a strategic menu of outcome measures, objectives and evidence based strategies that can be implemented by local communities.

MONITORING & UPDATING THE PLAN

Key accomplishments and highlights of the Greater Columbus CHIP will be presented and reviewed annually by the CHIP Advisory Group and shared with the community via the Columbus Public Health website, CelebrateOne website, and other community events. In addition, Columbus Public Health's Office of Epidemiology will update the outcome measures associated with each CHIP priority on an annual basis through the Key Community Health Indicator Report.

The detailed workplans for each priority area, including the Advisory Group's goals will be updated annually. A comprehensive review of this plan will be conducted in 2022. This timeline facilitates alignment with the state's new three year community health assessment cycle, the release of a new state health assessment and state health improvement plan scheduled for 2020, and joint local community health assessment and planning initiatives planned for 2021-2022.

CONTACT INFORMATION

For more information about the Greater Columbus CHIP or to get involved, please contact:

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ADDENDUM: PRIORITY INDICATORS

ADDITIONAL SUPPORTING INFORMATION

The Community Health Assessment was the result of a broad collaborative effort and is intended to help the local public health system better understand the health needs and priorities of the Columbus, Wortington and Franklin County community. The assessment included a systematic process and a multi-stakeholder effort, where a broad range of local organizations worked together to identify health indicators and subsequent health priorities that, if addressed, will improve the health of community residents. Local jurisdictions in Ohio are also required by the state health department to align with at least two of the state-selected health priorities and at least one health outcome within those priorities.[1]

MENTAL HEALTH AND ADDICTION

Mental health includes our emotional, psychological and social well-being. Mental health conditions can impact a person's thinking, mood and behavior. Many factors over the course of a lifetime can affect mental health, including biological factors, life experiences such as trauma or abuse, and family history. Mental health conditions are common, but people can get better and often recover completely.

DEPRESSION

Depression can cause serious symptoms that affect how you feel, think, and handle daily activities, and can impair the ability to work or function in school.

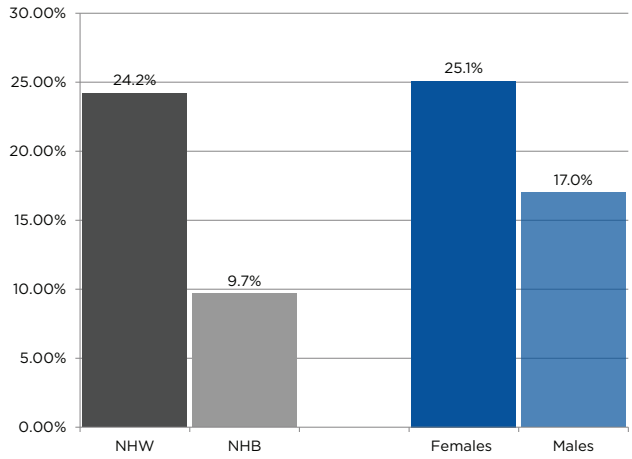
In Franklin County, one in five adults reports they have ever been diagnosed with a depressive disorder. Locally, depression affects more woman than men and more non-Hispanic Whites than non-Hispanic Blacks. One in 10 Franklin County adolescents have suffered a major depressive episode in the past year.

Measure: Adult depression prevalence represents the percentage of those age 18 years and older who report they have been diagnosed with depression by a health care provider.

Data Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Year: 2015

ADULT DEPRESSION
Franklin County, 2015

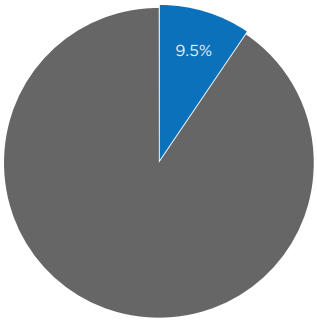


Measure: Adolescent depression prevalence represents the percentage of those 12 to 17 who have had a major depressive episode in the past year.

Data Source: National Survey on Drug Use and Health, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

Year: 2012-2015

ADOLESCENT DEPRESSION *(12-17 year olds)*
Franklin County, 2012-2015



SUICIDE

Suicide is a leading cause of death and a serious public health problem in the U.S. It can affect people of all ages and backgrounds.

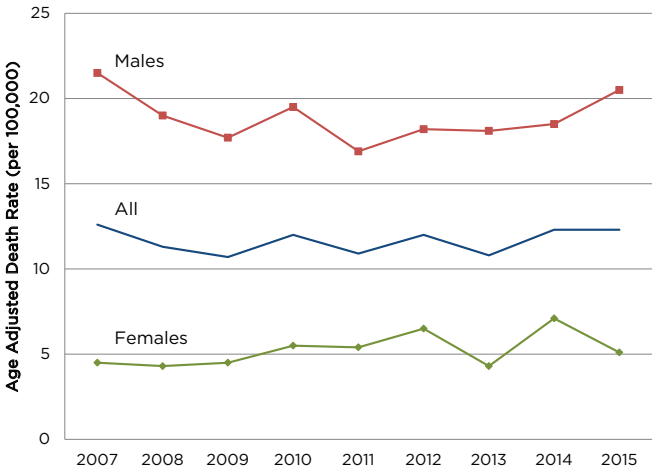
In Franklin County, suicide is one of the top 10 causes of death. It is more prevalent among males, with men being four times as likely to commit suicide as women.

Measure: Suicide represents the age adjusted death rate per 100,000 people for deaths due to suicide.

Data Source: Ohio Department of Health, Vital Statistics

Year: 2013-2015

SUICIDE DEATHS
Franklin County, 2007-2015



UNINTENTIONAL DRUG OVERDOSE DEATHS

Drug overdoses have become an important public health problem. Nationally, since 2000, the U.S. has seen the rate of deaths from drug overdoses increase by 137%.

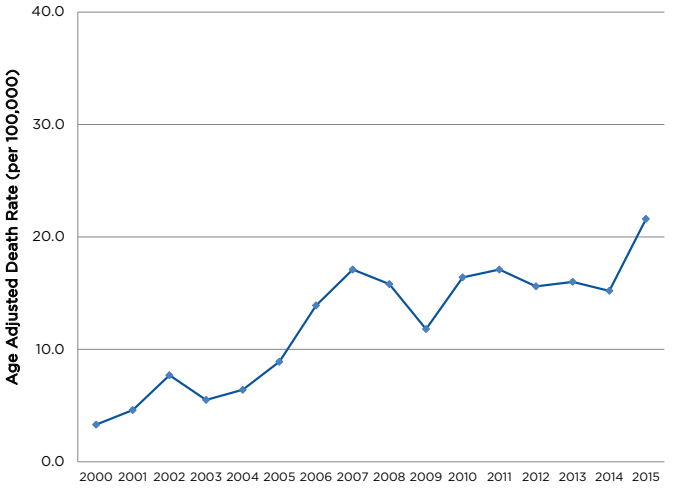
Central Ohio is also experiencing a drug epidemic. Unintentional injuries has become the third leading cause of death in Franklin County - and almost half of these deaths are due to unintentional drug overdoses. In addition, there was a 398% increase in residents who died from unintentional drug overdoses from 2003 to 2016.

Measure: The age adjusted death rate per 100, 000 people for deaths due to unintentional drug overdose.

Data Source: Ohio Department of Health, Vital Statistics

Year: 2013-2015

UNINTENTIONAL DRUG OVERDOSE DEATHS
Franklin County, 2000-2015



CHRONIC CONDITIONS

According to the Centers for Disease Control and Prevention, chronic conditions are among the most common, costly and preventable of all health problems. Multiple factors contribute to the development of chronic conditions, including health behaviors, clinical care, socioeconomic determinants, and the physical environment. While not all of these factors can be controlled, there are several health behaviors, such as regular physical activity and a healthy diet, that can reduce the risk of developing a chronic condition.

HEART DISEASE

According to the Centers for Disease Control and Prevention, 1 in every 4 deaths in the U.S. is due to heart disease.

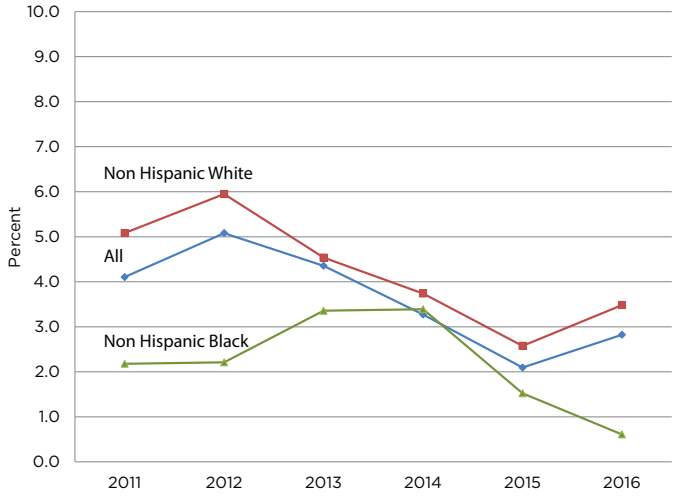
In Franklin County, heart disease has been one of the top 2 leading causes of death for the past decade. And athough non-Hispanic whites have a higher prevalence of heart disease, non-Hispanic Blacks have a higher mortality rate.

Measure: Heart disease prevalence represents the percentage of those age 18 years and older who report they have been diagnosed with heart disease by a health care provider.

Data Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Year: 2015

HEART DISEASE PREVALENCE
Franklin County, 2011-2015

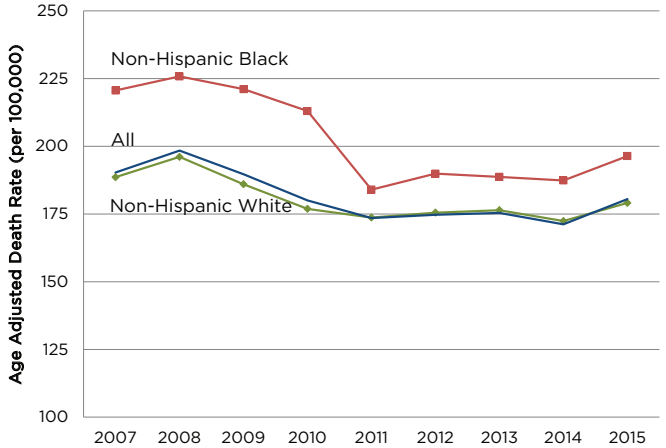


Measure: Heart Disease mortality is the age adjusted death rate per 100,000 people for deaths due to heart disease.

Data Source: Ohio Department of Health, Vital Statistics

Year: 2013-2015

HEART DISEASE MORTALITY
Franklin County, 2007-2015



DIABETES

According to the CDC, more than 29 million Americans are living with diabetes. Nationally, diabetes is the leading cause of kidney failure, lower-limb amputations, and adult onset of blindness, and accounts for more than 20% of health care spending.

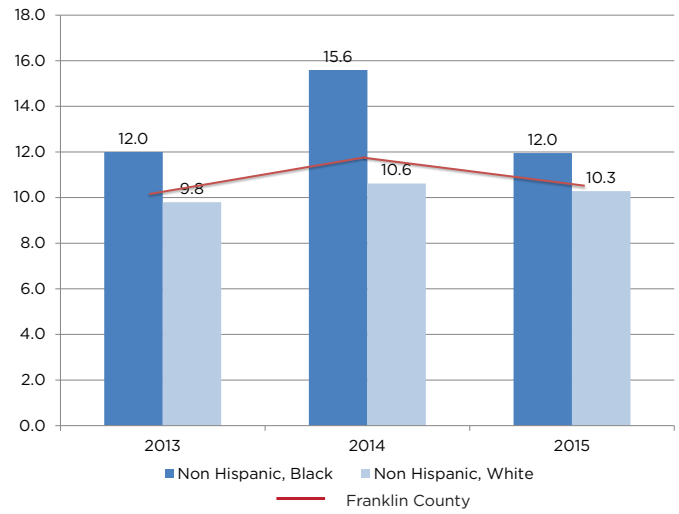
In Franklin County, 1 in 9 adults have been diagnosed with diabetes. Diabetes is more prevalent among the non-Hispanic Black population than the non-Hispanic White population.

Measure: Diabetes prevalence represents the percentage of those age 18 years and older who report they have been diagnosed with diabetes by a health care provider.

Data Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Year: 2015

DIABETES PREVALENCE BY RACE/ETHNICITY
Franklin County, 2013-2015



OBESITY

Obesity is a common and costly public health problem. Being obese puts people at an increased risk for many chronic conditions. In addition, to the physical, emotional and social affects, medical costs for obesity is staggering across the U.S.

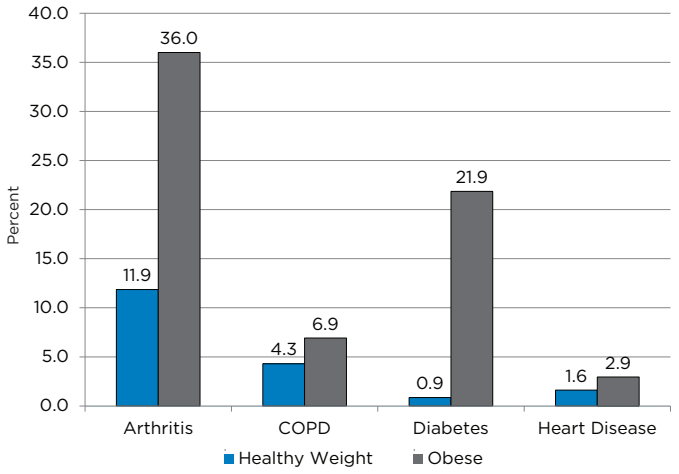
In Franklin County, those adults who are obese, are almost twice as likely to suffer from arthritis, COPD, diabetes, and heart disease. Obesity is effecting both the length of life and the quality of life locally.

Measure: Obesity prevalence represents the percentage of those age 18 years and older who report a BMI of 30 or more.

Data Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Year: 2015

CHRONIC DISEASE BY WEIGHT
Franklin County, 2015



MATERNAL AND INFANT HEALTH

The health of mothers and infants determines the health of the next generation. For this reason, maternal and infant health indicators are often the most sensitive predictors of a community's overall health and well-being. Together, they help tell a story about how our health and social services delivery systems affect the quality of life of our most vulnerable residents.

PRETERM BIRTHS

Developing babies go through important growth throughout pregnancy. Babies born too early have higher rates of death and disability (https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm).

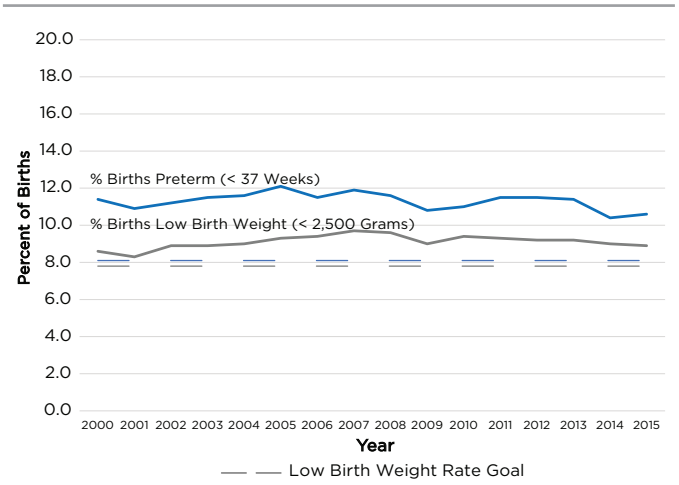
In Franklin County, 1 in 9 births was preterm.

Measure: Preterm birth prevalence represents those babies who were born at less than 37 weeks gestation.

Data Source: Ohio Department of Health, Vital Statistics

Year: 2015

PRETERM BIRTHS AND LOW BIRTH WEIGHT
Franklin County, 2000-2015



LOW BIRTH WEIGHT

According to the March of Dimes, Babies who are low birth weight are at more risk for health problems like respiratory distress syndrome (RDS) and bleeding in the brain at birth. They also can be at a higher risk of chronic conditions like diabetes and heart disease later in life.

Nearly 9% of all babies in Franklin County are born at a low birth weight.

Measure: Low birth weight prevalence represents those babies born weighing less than 2,500 grams.

Data Source: Ohio Department of Health, Vital Statistics

Year: 2015

INFANT MORTALITY

Infant mortality is an important indicator for the overall health of the community. Not only is it used as a measure of the risk of infant death, but it's more broadly used as a proxy for the overall health status of a community including poverty and the availability of quality health services. (http://www.amchp.org/programsandtopics/data-assessment/InfantMortalityToolkit/Documents/Why%20Focus%20on%20IM.pdf)

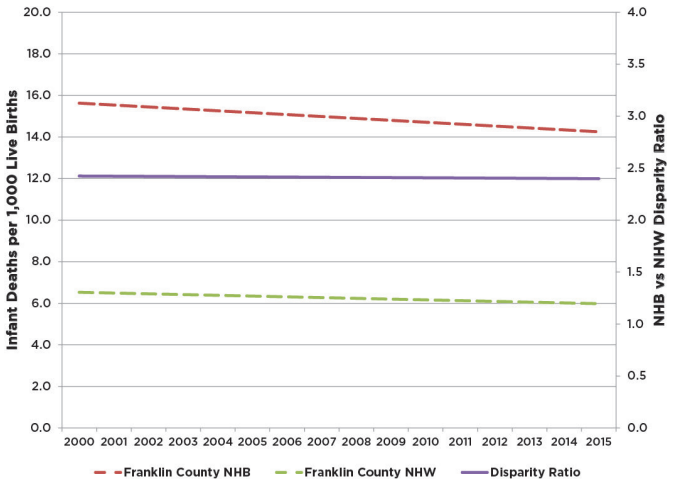
Since 2000, Franklin County's non-Hispanic Black infant mortality rate has been 2.5 times higher on average than that for the non-Hispanic White population.

Measure: Infant Mortality Rate is the number of deaths to infants under 1 year of age per 1,000 live births.

Data Source: Ohio Department of Health, Vital Statistics

Year: 2015

INFANT MORTALITY RATE BY RACE
Franklin County, 2000-2015



SOCIAL DETERMINANTS

Most people know that health is related to personal behaviors such as eating well, staying active and not smoking. A growing body of knowledge tells us that health is not only the result of personal behaviors, but is also impacted by our homes, schools, workplaces and communities.

Healthy People 2020 states that social determinants of health "are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." In addition, patterns of social engagement and sense of security and well-being are also affected by where people live. Resources such as access to education, public safety and health services, enhance quality of life and can have a significant influence on population health outcomes.

Health disparities are differences or inequalities in the burden of disease and/or health conditions, mortality, health status and access to care. In Franklin County, certain populations are disproportionately affected by social and economic disadvantages creating inequity based on gender, age, race and/or ethnicity, sexual orientation, geography, and socio-economic position.

One of the four overarching goals presented in Healthy People 2020, the nation's health agenda, is to achieve health equity, eliminate disparities, and improve the health of all groups. Franklin County and Columbus Public Health also consider health equity a priority for our community.

EDUCATIONAL ATTAINMENT

There is a large body of evidence linking education with health, even when other factors such as income are taken into consideration. There are interrelated pathways in which education influences health, including health knowledge and behaviors; employment and income; and social and psychological factors, including sense of control, social standing and social networks.

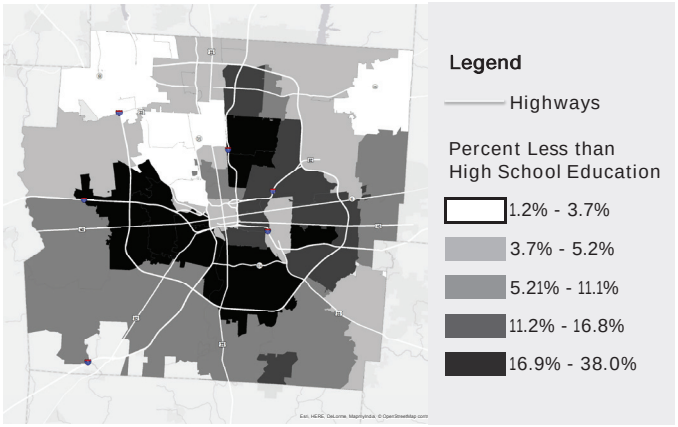
In Franklin County, 10.7% of the population (25 years and older) has less than a high school education, ranging by ZIP code from 1% to 38%. Slightly more than 25% has only a high school diploma or GED equivalent as the highest level of educational attainment.

Measure: Educational attainment is defined as the highest degree or level of education completed by adults who are 25 years and older.

Data Source: American Community Survey, U. S. Census

Year: 2011-2015

PERCENT WITH LESS THAN HIGH SCHOOL DIPLOMA[2] BY ZIP CODE
Franklin County, 2011-2015



POVERTY STATUS

Poverty status is directly linked to educational attainment, employment status, housing stability and affordability, transportation availability, food access, insurance coverage, and access to care — all of which contribute to the status of health.

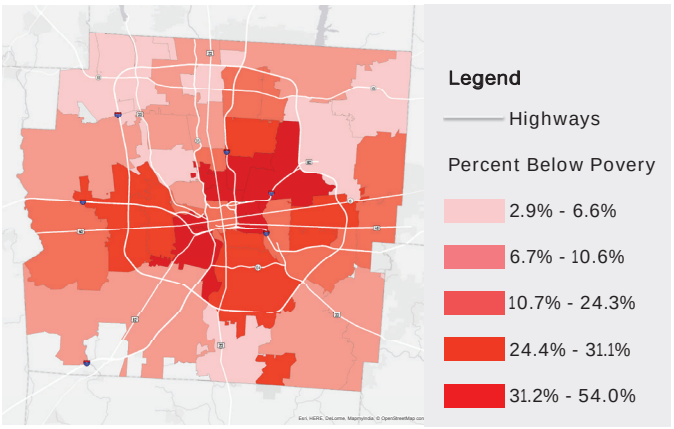
In Franklin County, 18% of residents live in poverty. This percentage ranges by zip code from 3% to 60%.

Measure: Poverty status indicates those who have income that falls below the Federal Poverty Level (FPL).

Data Source: American Community Survey, U.S. Census

Year: 2011-2015

POVERTY[8] BY ZIP CODE
Franklin County, 2011-2015



VIOLENCE

Elevated rates of crime and violence can lead to residents feeling unsafe in their own homes and neighborhoods. This feeling can inhibit an individual from participating in positive health behaviors such as physical activity, prevent them from gaining access to needed resources, and can cause chronic stress related to their personal and familial safety, all of which contribute to poor health outcomes.

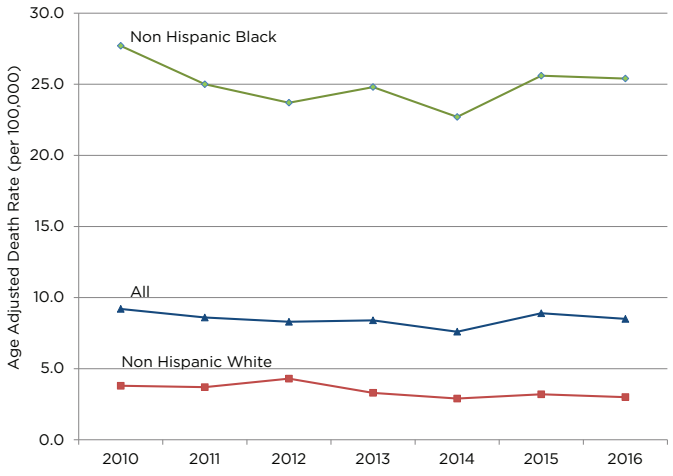
In Franklin County, the overall homicide rate is about 30% higher than the rate for the state of Ohio. In addition, the homicide rate for the non-Hispanic Black population is over 8 times that of the non-Hispanic White population.

Measure: Age adjusted rate of deaths due to homicide (intentional injury/assault) per 100,000

Data Source: Ohio Department of Health

Year: 2010-2015

HOMICIDE BY RACE
Franklin County, 2010-2015



HOUSING COST BURDEN

Affordable housing is essential to maintain a balanced budget that accommodates competing basic needs such as food, transportation, health care, child care and education. In order to have adequate monetary resources available to meet all basic needs, it is essential to not be cost-burdened by housing expenses alone.

Homeowners and renters are considered cost-burdened if their household is spending more than 30% of its income on housing. In Franklin County, over 1 in 4 homeowners and almost half of renters are considered cost-burdened by housing.

The availability of affordable housing in the area of residence can also be a determinant of whether or not an individual or family becomes cost-burdened by housing. A rental unit is considered affordable for low-income households if its rent is less than 30% of household income for households making less than or equal to 80% of the area's median income. Based on this definition, 70.1% of rental units in Franklin County are considered affordable to low-income households.[11]

Measure: Homeowners and renters are considered cost-burdened if their household is spending 30% of its income on housing.

Data Source: U.S. Housing and Urban Development, Comprehensive Housing and Affordability Strategy (CHAS) data, 2008-2012. Analysis by Community Research Partners.

Year: 2010-2014

HOUSING COST BURDEN[8]
Franklin County and Ohio, 2010-2014

	Franklin County	Ohio
Homeowners who are cost-burdened	28.1%	28.5%
Renters who are cost-burdened	48.3%	49.8%

CITATIONS

[1] The Institute of Medicine. Disparities in Health Care: Methods for Studying the Effects of Race, Ethnicity, and SES on Access, Use, and Quality of health care, 2002. Available from: http://www.iom.edu/~/media/Files/Activity%20Files/Quality/NHDRGuidance/DisparitiesGornick.pdf.

[2] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2010-2014.

[2] U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy 5-Year Estimates, 2008-2012.

[3] Community Shelter Board, Columbus, Ohio, 2016.

[4] Feeding America, Map the Meal Gap, 2014.

[5] Office of Criminal Justice Services, Crime Statistics and Crime Reports, Ohio County Statistics, 2014.

[6] Franklin County Juvenile Detention Center, 2014. Note: The geography for each arrest record represents the home city and zip code of the juvenile at the time of processing by the Franklin County Juvenile Detention Center, not the location of the crime event.

[7] University of California, San Francisco, Center on Disparities in Health. (2011). Exploring the Social Determinants of Health: Education and Health. University of California, San Francisco. Princeton, NJ: Robert Wood Johnson Foundation.

[8] Ohio Department of Health Vital Statistics 2007-2011. Analysis by Office of Epidemiology, Columbus Public Health. Population data from U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates.

[9] Ohio Department of Health Vital Statistics 2012-2014. Analysis by Office of Epidemiology, Columbus Public Health. Population data from U.S. Census Bureau, American Community Survey.