



OHIOHEALTH DOCTORS HOSPITAL | June 2025

COMMUNITY HEALTH NEEDS ASSESSMENT





OhioHealth Doctors Hospital

Nationally Recognized for Quality Care and Patient Safety and Satisfaction

OhioHealth Doctors Hospital, located in Columbus, Ohio, is renowned for its expertise in emergency care — especially for conditions of the heart. Doctors Hospital also stands out among other Ohio hospitals as a premier osteopathic teaching institution, training many of today's best and brightest medical professionals.

Lindsey B. Osting, President

5100 West Broad Street

Columbus, Ohio 43228

Board approval of CHNA Report: 6/10/2025

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Introduction

OhioHealth is a nationally recognized, not-for-profit, system of faith-based hospitals and healthcare organizations serving 50 Ohio counties. All OhioHealth entities are connected by the following: (a) a mission to “improve the health of those we serve”; (b) core values of compassion, excellence, stewardship, integrity, and inclusion; (c) cardinal value of “we honor the dignity and worth of each person”. OhioHealth’s vision is “to provide exceptional care for all through experiences that earn a lifetime of trust”. **Table 1** shows the 16 OhioHealth member hospitals that are in 12 Ohio counties and serves patients residing in at least 50 of the 88 counties in Ohio.

OhioHealth has been known nationally for its world-class healthcare services. OhioHealth has been recognized by Fortune as one of the “100 Best Companies to Work For” from 2007 – 2021. (OhioHealth, 2015-2025). Great Place to Work® and PEOPLE magazine have honored OhioHealth as one of the 2021 PEOPLE Companies that Care® (OhioHealth, 2015-2025). In 2020, four OhioHealth hospitals, namely, Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital and Dublin Methodist Hospital were named a 2020 LGBTQ Healthcare Equality Top Performer based on the 2020 Healthcare Equality Index (HEI) administered by the Human Rights Campaign (HRC). In 2020, OhioHealth was recognized as Great Place to Work – Certified™ based on the Great Place to Work® Trust Index™ survey.

In February 2021, the OhioHealth Inclusion Pledge was adopted throughout the health system. Each OhioHealth employee becomes a part of a culture that cares; one that supports one another; and honors the dignity and worth of each person. OhioHealth is committed to ensuring that the organization reflects the rich diversity of the communities we serve. We respect, embrace, and derive strength from the ways that we are similar and the ways that we are different.

OhioHealth is dedicated to serving communities through its Community Benefit. In Fiscal Year 2023, OhioHealth provided a total \$468 million in Community Benefit, including \$107.7 million in charity care, \$254.7 million in net cost of Medicaid programs, \$67.2 million in net cost of medical education, \$0.9 million in subsidized health services, \$10.8 million toward community health services, \$25.7 million in cash and in-kind contributions, and \$1 million for research.

Serving patients since 1892, **OhioHealth Riverside Methodist Hospital** in Columbus, Ohio, is a 1,059-bed, teaching hospital and OhioHealth’s largest hospital. It is recognized locally, regionally, and nationally for quality healthcare and is consistently ranked one of the nation’s best hospitals.

The OhioHealth Grant Medical Center is the only adult hospital in downtown Columbus, Ohio that offers a full range of adult medical services and specialties. OhioHealth Grant Medical Center provides the highest standard of quality care for every patient. The physicians, nurses, support staff and volunteers are committed to offering the best possible experience for patients and families.

OhioHealth Doctors Hospital, located in Columbus, Ohio, is renowned for its expertise in emergency care, especially for conditions of the heart. The OhioHealth Doctors Hospital also stands out among other Ohio hospitals as a premier osteopathic teaching institution, training many of today’s best and brightest medical professionals.

OhioHealth Dublin Methodist Hospital is proud to provide the community with expert care that’s conveniently close. Using the latest medical technology, OhioHealth Dublin Methodist Hospital’s leading providers cover a variety of patient needs in an environment designed to improve health and well-being.

OhioHealth Grove City Methodist Hospital delivers 24/7 emergency care and quality inpatient and outpatient surgical care from experienced providers you trust, close to home and work.

OhioHealth Rehabilitation Hospital provides highly specialized care, advanced treatment and leading-edge technologies that help individuals like you rebuild your life following injury or illness.

The six OhioHealth Hospitals have been recognized nationally and certified by various national organizations (**Table 2**).

Table 1. Summary of OhioHealth Member Hospitals in Ohio.

County Location	OhioHealth Member Hospital	Physical Address
Athens County	OhioHealth O'Bleness Hospital	55 Hospital Drive, Athens, Ohio 45701.
Delaware County	OhioHealth Grady Memorial Hospital	561 W Central Avenue, Delaware, Ohio 43015.
Fairfield County	OhioHealth Pickerington Methodist Hospital	1010 Refugee Road, Pickerington, Ohio 43147.
Franklin County	OhioHealth Riverside Methodist Hospital	3535 Olentangy River Road, Columbus, Ohio 43214.
Franklin County	OhioHealth Grant Medical Center	111 S Grant Avenue, Columbus, Ohio 43215.
Franklin County	OhioHealth Doctors Hospital	5100 W Broad Street, Columbus, Ohio 43228.
Franklin County	OhioHealth Dublin Methodist Hospital	7500 Hospital Drive, Dublin, Ohio 43016.
Franklin County	OhioHealth Grove City Methodist Hospital	1375 Stringtown Road, Grove City, Ohio 43123.
Franklin County	OhioHealth Rehabilitation Hospital	1087 Dennison Avenue, Columbus, Ohio 43201 (Columbus campus). 3805 Emerald Parkway, Dublin, Ohio 43016 (Dublin campus)
Guernsey County	OhioHealth Southeastern Medical Center	1341 Clark Street, Cambridge, Ohio 43725
Hardin County	OhioHealth Hardin Memorial Hospital	921 E. Franklin Street, Kenton, Ohio 43326
Marion County	OhioHealth Marion General Hospital	1000 McKinley Park Drive, Marion, Ohio 43302
Morrow County	OhioHealth Morrow County Hospital	651 West Marion Road, Mount Gilead, Ohio 43338
Pickaway County	OhioHealth Berger Hospital	600 N Pickaway Street, Circleville, Ohio 43113
Richland County	OhioHealth Mansfield Hospital	335 Glessner Avenue, Mansfield, Ohio 44903
Richland County	OhioHealth Shelby Hospital	199 W Main Street, Shelby, Ohio 44875
Van Wert County	OhioHealth Van Wert Hospital	1250 S Washington Street, Van Wert, Ohio 45891

Table 2. Summary of awards and recognitions received by OhioHealth hospitals in Franklin County, namely, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital (Columbus and Dublin campuses).

Awarding Body	OhioHealth Hospital	Description
The Joint Commission Reference: https://www.jointcommission.org/who-we-are/who-we-work-with/find-accredited-organizations/#q=riverside%20methodist&numberOfResults=25	OhioHealth Riverside Methodist Hospital Address: 3535 Olentangy River Road, Columbus, Ohio 43214	Accredited program: + Hospital Certifications: + Heart failure. + Joint replacement (hip) + Joint replacement (knee) Advanced certifications: + Advanced Comprehensive Stroke Center + Ventricular Assist Device
The Joint Commission Reference: https://www.jointcommission.org/who-we-are/who-we-work-with/find-accredited-organizations/#q=riverside%20methodist&numberOfResults=25	OhioHealth Grant Medical Center Address: 111 South Grant Avenue, Columbus, Ohio 43215	Accredited program: + Hospital Advanced certifications: + Primary Stroke Center
The Joint Commission Reference: https://www.jointcommission.org/who-we-are/who-we-work-with/find-accredited-organizations/#q=riverside%20methodist&numberOfResults=25	OhioHealth Doctors Hospital Address: 5100 West Broad Street Columbus, Ohio 43228	Accredited program: + Hospital Advanced certifications: + Primary Stroke Center
The Joint Commission Reference: https://www.jointcommission.org/who-we-are/who-we-work-with/find-accredited-organizations/#q=riverside%20methodist&numberOfResults=25	OhioHealth Dublin Methodist Hospital Address: 7500 Hospital Drive, Dublin, Ohio 43016	Accredited program: + Hospital

Continuation of Table 2. Summary of awards and recognitions received by OhioHealth hospitals in Franklin County, namely, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital (Columbus and Dublin campuses).

Awarding Body	OhioHealth Hospital	Description
The Joint Commission Reference: https://www.jointcommission.org/who-we-are/who-we-work-with/find-accredited-organizations/#q=riverside%20methodist&numberOfResults=25	OhioHealth Grove City Methodist Hospital Address: 1375 Springtown Road, Grove City, Ohio 43123	Accredited as a site for OhioHealth Grant Medical Center
The Joint Commission Reference: https://www.jointcommission.org/who-we-are/who-we-work-with/find-accredited-organizations/#q=riverside%20methodist&numberOfResults=25	OhioHealth Rehabilitation Hospital Address: 1087 Dennison Avenue, 4 th Floor, Columbus, Ohio 43201	Accredited program: Hospital
American College of Radiology Reference: https://www.acr.org/Accreditation/Accredited-Facility-Search	OhioHealth Riverside Methodist Hospital Address: 3535 Olentangy River Road, Columbus, Ohio 43214	Accreditation: + Computed Tomography (CT) + Magnetic Resonance Imaging (MRI) + Nuclear Medicine + Ultrasound
American College of Radiology Reference: https://www.acr.org/Accreditation/Accredited-Facility-Search	OhioHealth Grant Medical Center Address: 111 South Grant Avenue, Columbus, Ohio 43215	Accreditation: + Computed Tomography (CT) + Magnetic Resonance Imaging (MRI) + Nuclear Medicine + Ultrasound

Continuation of Table 2. Summary of awards and recognitions received by OhioHealth hospitals in Franklin County, namely, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital (Columbus and Dublin campuses).

Awarding Body	OhioHealth Hospital	Description
American College of Surgeons Reference https://www.facs.org/hospital-and-facilities/?searchTerm=&address=columbus&sort=relevance&page=2	OhioHealth Riverside Methodist Hospital Address: 3535 Olentangy River Road, Columbus, Ohio 43214	Accreditation + Cancer Program (Academic Comprehensive Cancer Program) + Verified Trauma Center (Level II Trauma Center) + Bariatric Surgery Center (Comprehensive Center)
American College of Surgeons Reference https://www.facs.org/hospital-and-facilities/?searchTerm=&address=columbus&sort=relevance&page=2	OhioHealth Grant Medical Center Address: 111 S. Grant Avenue, Columbus, Ohio 43215	Accreditation + Cancer Program (Academic Comprehensive Cancer Program)
American College of Surgeons Reference https://www.facs.org/hospital-and-facilities/?searchTerm=&address=columbus&sort=relevance&page=2	OhioHealth Doctors Hospital Address: 111 S. Grant Avenue, Columbus, Ohio 43215	Accreditation + Cancer Program (Community Cancer Program)
American College of Surgeons Reference https://www.facs.org/hospital-and-facilities/?searchTerm=&address=columbus&sort=relevance&page=2	OhioHealth Dublin Methodist Hospital Address: 7500 Hospital Drive, Dublin, Ohio 43017	Accreditation + Cancer Program (Comprehensive Community Cancer Program)
American College of Surgeons Reference https://www.facs.org/hospital-and-facilities/?searchTerm=&address=columbus&sort=relevance&page=2	OhioHealth Learning Address: 3525 Olentangy River Road, Suite 4300, Columbus, Ohio 43214	Accreditation + Education Institute (Comprehensive)

Continuation of Table 2. Summary of awards and recognitions received by OhioHealth hospitals in Franklin County, namely, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital (Columbus and Dublin campuses).

Awarding Body	OhioHealth Hospital	Description
Commission on Accreditation of Rehabilitation Facilities (CARF International) Reference: https://carf.org/provider/ohrh-llc-dba-ohiohealth-rehabilitation-hospital-263640/	OhioHealth Rehabilitation Hospital (Columbus campus) Address: 1087 Dennison Avenue, 4 th floor, Columbus, Ohio 43201	Accreditation + Inpatient Rehabilitation Programs for Adults (Hospital) + Stroke Specialty Program for Adults + Amputation Specialty Program + Spinal Cord Specialty Program for Adults + Brain Injury Specialty Program for Adults
Commission on Accreditation of Rehabilitation Facilities (CARF International) Reference: https://carf.org/provider/ohrh-llc-dba-ohiohealth-rehabilitation-hospital-263640/	OhioHealth Rehabilitation Hospital (Dublin campus) (also called OhioHealth Neurotransitional Center) Address: 3805 Emerald Parkway, Dublin, Ohio 43016	Preliminary Accreditation + Brain Injury Specialty Program for Adults. + Brain Injury Specialty Program for Children and Adolescents.
Newsweek America's Best Physical Rehabilitation Centers 2023 and 2024 https://www.newsweek.com/rankings/americas-best-physical-rehabilitation-centers-2024?pcid=m7wga8spgva8gucq	OhioHealth Rehabilitation Hospital (Columbus campus) Address: 1087 Dennison Avenue, Columbus, Ohio 43201	America's Best Physical Rehabilitation Centers 2023 and 2024
U.S. News Best Hospitals 2024-2025 Reference: https://health.usnews.com/best-hospitals/area/oh/ohiohealth-rehabilitation-hospital-6410530#rankings	OhioHealth Rehabilitation Hospital (Columbus campus) Address: 1087 Dennison Avenue, Columbus, Ohio 43201	38th in Adult Rehabilitation in the United States

The Patient Protection and Affordable Care Act of 2010 requires not-for-profit hospitals to conduct a community health needs assessment once every three years (Internal Revenue Service, 2024). The six OhioHealth hospitals in Franklin County, namely OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital (Columbus and Dublin campuses) developed the Fiscal Year 2026-2028 Joint Implementation Strategy in collaboration with Franklin County Public Health, Columbus Public Health and various community partners to address the priority health needs that were identified in the Franklin County HealthMap 2025 (Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health, 2025). According to the Franklin County HealthMap 2025, the priority health needs in Franklin County are listed below.

- 1) Social drivers of health (focus on housing)
- 2) Mental health
- 3) Adverse Childhood Experiences (ACEs)
- 4) Maternal and infant health
- 5) Violence and injury-related deaths

It is noteworthy that based on the Franklin County HealthMap 2025 findings, the community stakeholders identified that racial equity was the cross-cutting or foundational factor of these priority health needs.

OhioHealth's strong and sustainable partnerships demonstrate continuing commitment to play active and effective roles in the Franklin County community by fulfilling OhioHealth's mission of "to improve the health of those we serve." Moreover, OhioHealth's Fiscal Years 2026-2028 Joint Implementation Strategy will include actions and strategies that align with Ohio's 2020–2022 State Health Improvement Plan (Ohio Department of Health, n.d.). The Joint Implementation Strategy will align with the State Health Improvement Plan for each of the five priority health needs that were identified in the Franklin County HealthMap 2025 (Central Ohio Hospital Council, Columbus Public Health, and Franklin County Public Health, 2025).

For information about the OhioHealth Community Health Needs Assessment (CHNA) processes and for a copy of the Community Health Needs Assessment (CHNA) reports, please visit the OhioHealth websites indicated in **Table 3**. Please contact the OhioHealth leaders summarized in **Table 3** to obtain hard copies of the CHNA reports at no charge. Written comments regarding this CHNA report may be submitted to the OhioHealth leaders indicated in **Table 3**.

Table 3. Summary OhioHealth presidents to contact about the 2025 Community Health Needs Assessments (CHNA) and the Fiscal Year 2026-2028 Joint Implementation Strategy for various OhioHealth hospitals in Franklin County, Ohio.

OhioHealth Hospital's President Name and Contact Information	OhioHealth Hospital and Respective CHNA Website	Physical Address
Rob Cercek Email: Rob.Cercek@ohiohealth.com Phone: (614) 566-4637	OhioHealth Riverside Methodist Hospital https://www.ohiohealth.com/locations/hospitals/riverside-methodist-hospital/about-us/community-health-needs-assessment/	3535 Olentangy River Road, Columbus, Ohio 43214
Jean M. Halpin Email: Jean.Halpin@ohiohealth.com Phone: (614) 566-8952	OhioHealth Grant Medical Center https://www.ohiohealth.com/locations/hospitals/grant-medical-center/about-us/community-health-needs-assessment/	111 S Grant Avenue, Columbus, Ohio 43215
Lindsey B. Osting, MS, BSN, RN, NE-BC Email: Lindsey.Osting@ohiohealth.com Phone: (614) 544-2059	OhioHealth Doctors Hospital https://www.ohiohealth.com/locations/hospitals/doctors-hospital/about-us/community-health-needs-assessment/	5100 W Broad Street, Columbus, Ohio 43228
Cherie L. Smith, PhD, MBA, RN, NEA-BC Email: Cherie.Smith@ohiohealth.com Phone: (614) 544-8473	OhioHealth Dublin Methodist Hospital https://www.ohiohealth.com/locations/hospitals/dublin-methodist-hospital/about-us/community-health-needs-assessment/	7500 Hospital Drive, Dublin, Ohio 43016
Kevin W. Lutz, DPM Email: Kevin.Lutz@ohiohealth.com Phone: (614) 788-0901	OhioHealth Grove City Methodist Hospital https://www.ohiohealth.com/locations/hospitals/grove-city-methodist-hospital/about-us/community-health-needs-assessment/	1375 Stringtown Road, Grove City, Ohio 43123
William R. Cox, MBA, RRT Email: WRCox@selectmedical.com Phone: (614) 484-9600 (Columbus) Phone: (614) 665-9844	OhioHealth Rehabilitation Hospital Columbus campus OhioHealth Rehabilitation Hospital Dublin campus https://www.ohiohealth.com/locations/hospitals/ohiohealth-rehabilitation-hospital/community-health-needs-assessment/	Columbus campus: 1087 Dennison Avenue, Columbus, Ohio 43201 Dublin campus: 3805 Emerald Pkwy, Dublin, OH 43016

A. Definition of the Community Served by the Hospital Facility

A – 1. Location of hospitals and ZIP codes of communities served.

The locations of the six OhioHealth hospitals in Franklin County are listed below:

- **OhioHealth Riverside Methodist Hospital** – located at 3535 Olentangy River Road, Columbus, Ohio 43214.
- **OhioHealth Grant Medical Center** – located at 111 S Grant Avenue, Columbus, Ohio 43215.
- **OhioHealth Doctors Hospital** – located at 5100 W Broad Street, Columbus, Ohio 43228.
- **OhioHealth Dublin Methodist Hospital** – located at 7500 Hospital Drive, Dublin, Ohio 43016.
- **OhioHealth Grove City Methodist Hospital** – located at 1375 Stringtown Road, Grove City, Ohio 43123.
- **OhioHealth Rehabilitation Hospital** – located at 1087 Dennison Avenue, Columbus, Ohio 43201 (Columbus campus); located at 3805 Emerald Parkway, Dublin, Ohio 43016 (Dublin campus).

The Franklin County ZIP codes served by the six OhioHealth hospitals listed above include the following:

• 43002	• 43137	• 43216	• 43260
• 43004	• 43140	• 43217	• 43266
• 43016	• 43146	• 43218	• 43268
• 43017	• 43165	• 43219	• 43270
• 43026	• 43194	• 43220	• 43271
• 43054	• 43195	• 43221	• 43272
• 43062	• 43199	• 43222	• 43279
• 43064	• 43201	• 43223	• 43287
• 43065	• 43202	• 43224	• 43291
• 43068	• 43204	• 43226	
• 43069	• 43205	• 43227	
• 43081	• 43206	• 43228	
• 43085	• 43207	• 43229	
• 43086	• 43209	• 43230	
• 43109	• 43210	• 43231	
• 43110	• 43211	• 43232	
• 43119	• 43212	• 43234	
• 43123	• 43213	• 43235	
• 43125	• 43214	• 43236	
• 43126	• 43215	• 43251	

A – 2. Percent of Franklin County patients served by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital.

Table 3 shows the percent of inpatients, outpatients, Emergency Department, observation, surgeries, and births among Franklin County residents during Fiscal Year 2022 (7/1/2021 to 6/30/2022) and Fiscal Year 2023 (7/1/2022 to 6/30/2023) that were recorded by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital, whenever available.

On average, patients from Franklin County served by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital during Fiscal Years 2022 and 2023 were 67.35% and 68.37%, respectively.

These data demonstrated that **Franklin County** is the “community served” by the OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital.

Table 3. Summary of percent of patients served in Fiscal Year 2022 (7/1/2021 to 6/30/2022) and Fiscal Year 2023 (7/1/2022 to 6/30/2023) by the OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital, who reside in Franklin County, Ohio.

OhioHealth Hospital in Franklin County	Healthcare Parameters	Percent of Franklin County Patients Served in Fiscal Year 2022	Percent of Franklin County Patients Served in Fiscal Year 2023
OhioHealth Riverside Methodist Hospital	Inpatients	55%	58%
	Outpatient Visits (excluding observation)	67%	69%
	Emergency Department	73%	72%
	Observation	68%	69%
	Surgeries	50%	51%
	Births	71%	72%
	Average	64%	65%
OhioHealth Grant Medical Center	Inpatients	65%	67%
	Outpatient Visits (excluding observation)	74%	77%
	Emergency Department	81%	80%
	Observation	76%	77%
	Surgeries	57%	57%
	Births	78%	79%
	Average	72%	73%

Continuation of Table 3. Summary of percent of patients served in Fiscal Year 2022 (7/1/2021 to 6/30/2022) and Fiscal Year 2023 (7/1/2022 to 6/30/2023) by the OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital, who reside in Franklin County, Ohio.

OhioHealth Hospital in Franklin County	Healthcare Parameters	Percent of Franklin County Patients Served in Fiscal Year 2022	Percent of Franklin County Patients Served in Fiscal Year 2023
OhioHealth Doctors Hospital	Inpatients	78%	84%
	Outpatient Visits (excluding observation)	85%	87%
	Emergency Department	87%	88%
	Observation	82%	84%
	Surgeries	78%	79%
	Births	90%	91%
	Average	83%	86%
OhioHealth Dublin Methodist Hospital	Inpatients	57%	59%
	Outpatient Visits (excluding observation)	62%	63%
	Emergency Department	65%	65%
	Observation	62%	63%
	Surgeries	52%	55%
	Births	57%	56%
	Average	59%	60%

Continuation of Table 3. Summary of percent of patients served in Fiscal Year 2022 (7/1/2021 to 6/30/2022) and Fiscal Year 2023 (7/1/2022 to 6/30/2023) by the OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital, who reside in Franklin County, Ohio.

OhioHealth Hospital in Franklin County	Healthcare Parameters	Percent of Franklin County Patients Served in Fiscal Year 2022	Percent of Franklin County Patients Served in Fiscal Year 2023
OhioHealth Grove City Methodist Hospital	Inpatients	58%	62%
	Outpatient Visits (excluding observation)	74%	77%
	Emergency Department	79%	79%
	Observation	75%	75%
	Surgeries	47%	53%
	Births	Not applicable	Not applicable
	Average	67%	69%
OhioHealth Hospital in Franklin County	Healthcare Parameters	Percent of Franklin County Patients Served in Fiscal Year 2022	Percent of Franklin County Patients Served in Fiscal Year 2023
OhioHealth Rehabilitation Hospital (Columbus and Dublin campuses)	Inpatients	59.1%	57.2%
	Outpatient Visits (excluding observation)	Not applicable	Not applicable
	Emergency Department	Not applicable	Not applicable
	Observation	Not applicable	Not applicable
	Surgeries	Not applicable	Not applicable
	Births	Not applicable	Not applicable
	Average	59.1%	57.2%

B. Demographics of the Community

B – 1. Total Franklin County population (Ohio Department of Development, 2024)

In 2020, the actual population in Franklin County was 1,323,807 people. In 2023, the estimated total population in Franklin County was 1,326,063 people.

B – 2. Race and ethnicity breakdown of Franklin County population (Ohio Department of Development, 2024)

- White – 62.1%
- African American or Black – 23%
- Two or More Races – 6.8%
- Hispanic (may be of any race) – 6%
- Asian – 5.4%
- Other – 2.5%
- Pacific Islander – 0%
- Native American – 0.2%
- Total minority population – 39.5%

B – 3. Age breakdown of Franklin County population (Ohio Department of Development, 2024)

- Under 5 years – 6.7%
- 5 to 17 years – 16.4%
- 18 to 24 years – 9.8%
- 25 to 44 years – 31.7%
- 45 to 64 years – 22.9%
- 65 years and more – 12.5%

The median age in Franklin County is 34.6 years.

B – 4. Income of Franklin County population (Ohio Department of Development, 2024)

- Median household income – \$71,070
- Per capita personal income – \$59,473
- Families with income below poverty level – 10.4%
- Individuals with income below poverty level – 14.6%

C. Existing Healthcare Facilities and Resources within the Community That Are Available to Respond to the Health Needs of the Community

C – 1. Community Resources Addressing Significant Health Needs Related to Social Drivers of Health (Housing).

C – 1.1. Columbus Metropolitan Housing Authority Programs and Services.

The Columbus Metropolitan Housing Authority (CMHA) is a liaison for the U.S. Department of Housing and urban Development (HUD) in implementing the Section 8 programs, which include (a) Housing Choice Voucher (HCV) Program and (b) Project-Based Rental Assistance (PBRA) programs. The Columbus Metropolitan Housing Authority administers the Housing Assistance Payment (HAP), which are rental subsidies for low-income residents who participates in the Housing Choice Voucher (HCV) Program, and (b) Project-Based Rental Assistance (PBRA) programs. The Columbus Metropolitan Housing Authority (CMHA) has 5,302 residential units in Franklin County, at least 13,000 residents in CMHA-owned buildings, and led to at least 7,000 full-time and part-time jobs in Franklin County and Ohio. The rental subsidies provided by services of the Columbus Metropolitan Housing Authority enables low wage income earners in Franklin County afford quality housing without the need to work multiple jobs or work large number of hours per week. African Americans represent 85% of the Housing Choice Voucher Programs in Franklin County.

All information about the Columbus Metropolitan Housing Authority were obtained from the report “Economic Impact Study of the Columbus Metropolitan Housing Authority in Franklin County, Columbus MSA, and the State of Ohio (Roychoudhury et al., 2024). The characteristics of population served by the Columbus Metropolitan Housing Authority’s Housing Choice Voucher (HCV) are summarized in **Table 4**.

C – 1.1.1. Access to public housing – benefits low-income families, seniors, and persons with disabilities. Examples of communities managed or coordinated by the Columbus Metropolitan Housing Authority are summarized in **Table 5**.

C – 1.1.2. Access to Columbus Metropolitan Housing Authority’s RISE Center – a centralized hub that provides residents with access to resources that address basic needs, financial needs, education and learning, health and wellness, and leadership. Example of services received by residents as part of the RISE Center include:

- Access to support for emergency rental assistance, utility bills, and understanding comprehensive lease agreement.
- Learning steps for signing up for health insurance, unemployment, and food assistance.
- Means of finding jobs, housing, medical services, education, and learning.
- Health promotion and well-being.
- Understanding medicines and diseases.
- Access to family planning information, pregnancy care, family medicine, and preventative care.

C – 1.1.3. Access to “Housing Stability First” – Residents of the Columbus Metropolitan Housing Authority’s may avail of first-time assistance for rental assistance or payment of utility bills for as long as the resident or household has not utilized the benefit in the past year and experiencing hardship for the past 30 days.

C – 1.1.4. Access to various scholarships for students or adult learners – Examples of scholarships include:

- Jerry Grier Scholarship.
- National Leased Housing Association Scholarships.
- HAI Group Resident Scholarship Program.
- National Affordable Housing Management Association (NAHMA) Educational Foundation (Scholarship).
- Midwest Affordable Housing Management Association (MAHMA) Scholarship.
- North Central Regional Council of National Association of Housing and Redevelopment Officials (NAHRO).

C – 1.1.5. Access to Family Self-Sufficiency program – Residents of the Columbus Metropolitan Housing Authority will create a 5-year plan to achieve self-sufficiency through completing education, and finding suitable employment that offers growth.

C – 1.1.6. Access to Housing Choice Voucher Homeownership Program – Residents could use the Housing Choice Voucher for payment of mortgages.

C– 1.1.7. Access to protections through the Violence Against Women Act (VAWA) – provides protections to women who resides at the Columbus Metropolitan Housing Authority who experienced domestic violence, human trafficking, dating violence, sexual assault, or stalking. Victims could not be evicted and may be transferred to other units.

Table 4. Summary of impact data of the Columbus Metropolitan Housing Authority (CMHA) (Roychoudhury et al., 2024).

Impact Measure	Impact Data
Population served who holds Housing Choice Vouchers in Franklin County:	30,597 residents
Average household size of Housing Choice Vouchers holders in Franklin County:	3.54 (1 adult and 2 children)
Total households served in Franklin County:	13,280 households
Age breakdown of residents served in Franklin County:	Children under 15 – 37% Aged 16 to 64 – 54% Seniors aged 65 and above – 10%
Gender breakdown:	Females – 69% Males – 31%
Racial breakdown:	Black or African American – 84.45% White – 14.6%
Employment breakdown:	Employed – 84% Unemployed – 16%

Table 5. Examples of public housing managed by the Columbus Metropolitan Housing Authority (Columbus Metropolitan Housing Authority, 2025).

Name of Community	Description	Address	Property Management Company
Avondale Senior Community	58 units comprised of 1-bedroom, garden style flats to residents 62 or older.	5215 Avery Road, Dublin, Ohio 43016.	National Church Residences
Chestnut Grove Senior Living	75 units of 1- to 2-bedroom, garden style apartments.	831 Acorn Grove Drive, Blacklick, Ohio 43004.	National Church Residences
Poindexter Place	104 units of 1-bedroom, garden style flats for seniors aged 62 and above.	211 N Champion Avenue, Columbus, Ohio 43203.	National Church Residences
Eastmoor Square	53 units of family townhomes with unfinished basements.	59 Alexander Place, Columbus, Ohio 43213.	Wallick Communities
Elim Manor	63 units of 1-bedroom, garden style flats for seniors aged 62 and above.	3180 Elim Manor Court, Columbus, Ohio 43232.	Wallick Communities
Four Pointe	204 units of 1–2-bedroom, garden style family housing.	5362 Hoover Forest Lane, Columbus, Ohio 43230.	Oakwood Management Company
Glenview Estates	50 units of 2–3-bedroom townhomes, 2-bedroom, handicap accessible garden style flats.	4625 Grovedale Court, Columbus, Ohio 43231.	Wallick Communities
Indian Meadows	72 units of 2–3-bedroom, garden, and townhomes.	4050 Southpoint Boulevard, Columbus, Ohio 43207.	Wallick Communities
Jenkins Terrace	100 units of 1 bedroom, garden style flats for residents aged 62 and older.	1100 E. Broad Street, Columbus, Ohio 43205.	Wallick Communities
Legacy Point at Poindexter	87 units of 1-3 bedroom, townhouses, and garden-style flats for mixed income families.	1245 Mount Vernon Avenue, Columbus, Ohio 43203.	McCormack Baron Management
Maplewood Heights	71 units of 1-bedroom, garden style affordable senior housing for seniors aged 62 and older.	91 Maplewood Avenue, Columbus, Ohio 43213.	The Barcus Company
New Village Place	100 units of 1-3 bedroom, lofts, and townhomes.	138 Verde Alley, Columbus, Ohio 43201.	Village Green

Continuation of Table 5. Examples of public housing managed by the Columbus Metropolitan Housing Authority (Columbus Metropolitan Housing Authority, 2025).

Name of Community	Description	Address	Property Management Company
Ohio Townhouses	80 units of 2–3-bedroom townhouses for families.	2775 Brentnell Avenue, Columbus, Ohio 43211.	Wallick Communities
Post Oak Station	148 units of 2-3 bedroom, townhouses for families.	1383 Vida Way, Columbus, Ohio 43228.	Wallick Communities
Rosewind	230 units of 1-4 bedroom, townhouses, and single-family homes.	1400 Brooks Avenue, Columbus, Ohio 43211.	Wallick Communities
Sawyer Manor	116 units of 2–3-bedroom townhomes for families.	940 Caldwell Place, Columbus, Ohio 43203.	Wallick Communities
Sugar Grove Square Apartments	120 units of 1 bedroom garden style apartments for families.	530 South State Street, Westerville, Ohio 43081.	The Barcus Company
Thornwood Commons	86 units of 2–3-bedroom townhouses, and garden-style flats for families.	1110 Olmstead Avenue, Columbus, Ohio 43201.	Wallick Communities
Trevitt Heights	137 units of 2–4-bedroom townhomes with unfinished basements for families.	940 Caldwell Place, Columbus, Ohio 43203.	Wallick Communities
The Whitney	28 units of 2-3 bedroom, townhomes for mixed income families.	230 Hamilton Avenue, Columbus, Ohio 43203.	Village Green
Worley Terrace	100 units of 1-bedroom, garden style senior housing for people aged 62 and older.	99 South Central Avenue, Columbus, Ohio 43222.	Wallick Communities

C – 1.2. Columbus Urban League Housing Programs and Services.

C – 1.2.1. Columbus Urban League’s collaborations with the Columbus Metropolitan Housing Authority (CMHA) as part of Community Connections.

The collaborations aim to increase economic independence through development or workforce, attainment of stability in housing, and addressing food insecurity.

C – 1.2.2. Columbus Urban League’s Homebuyer Education/Purchasing Online Class.

Persons who complete the 8-hour class and one-on-one budget credit counseling session will receive a HUD certified Certificate of Completion, which is required to avail of downpayment or closing costs (Columbus Urban League, 2024).

- Home buying process.
- How to avail of down payment/closing cost assistance programs.
- Qualification such as steady income for last 2 years.
- History of bankruptcy with the past 2 years.
- Becoming pre-approved by a lender.
- What does in-contract on a home mean.
- Steps in the home buying process.
- Applying for a mortgage loan.
- Understanding credit scores.
- Effectively selecting a lender, realtor, home inspector, and insurance agent.
- Proper way to budget to buy a home.
- What happens at closing when buying a home?
- How to become a successful homeowner.
- How to avail of down payment and closing cost assistance programs.

C – 1.2.3. Columbus Urban League’s Housing Accelerator Program.

Columbus Urban League partnered with Key Bank in developing the Housing Accelerator Initiative to reduce the impact of the COVID-19 pandemic on access to housing to help people manage their rental debt, prevent eviction, and loss of housing security (Columbus Urban League, 2024). The Housing Accelerator Initiative enables people to have access to tools and resources to achieve generational wealth, affordable housing, workforce development, and access to case management. The aim is to promote financial independence and self-sufficiency. Participants of the Housing Accelerator Program may increase credit score by 30-50 points and improve job prospects and achieve higher earnings.

C – 1.3. HomePort Housing Programs and Services.

Homeport is a nonprofit housing developer that primarily serves low to moderate income persons, families and seniors making 100% or less of the median household income, and prioritizing persons who makes 60 percent or less of median household income, \$59,520 for a family of four. Examples of housing facilities of Homeport are summarized in **Table 6**. The homes are built by private investors who leverage federal tax credits. Apart from providing access to homes, Homeport also implements programs that promote long-term stability, health and wellness and connections to community resources. Examples of outreach support programs that are implemented in partnership with volunteers, include but not limited to out-of-school programs, free produce markets, and community resources. Homeport also provides education such as but not limited to: (a) homebuyer education; (b) financial fitness; and (c) credit and budget counseling.

C – 1.4. Homes on the Hill Programs and Services.

Table 7 summarizes the services provided by Homes on the Hill related to addressing the housing needs of Franklin County residents. The Homes on the Hill office is located at 3659 Soldano Boulevard, Columbus, Ohio 43228. Homes on the Hill is housing counseling agency serving all Ohio residents that is approved by the U.S. Housing and Urban Development. The Homes on the Hill's vision is "to be the exemplary housing counseling and development organization in central Ohio. (Homes on the Hill, n.d.).

C – 1.5. Community and Government Agencies that are Directly or Indirectly Involved with Addressing Social Drivers of Health, Specifically Housing.

Table 8 provides examples of OhioHealth community partners who delivers programs and services that are directly or indirectly related to addressing social drivers of health, specifically housing in Franklin County.

Table 6. Summary of housing facilities that are available through Homeport.

Name of Community	Description	Address	Homeport Management Partner
Arrowleaf Apartments	1-, 2- and 3-bedroom apartments within a smoke-free community.	2060 Shirlene Drive, Grove City, Ohio 43123.	Spire Development, Inc.
Bending Brook Apartments (Senior Community)	1-, 2- and 3-bedroom apartments within a smoke-free community.	2584 Augustus Court, Urbancrest, Ohio 43123.	KMG Prestige
Blacklick Crossing Apartments	1-, 2- and 3-bedroom apartments within a smoke-free community.	1765 Blacklick Circle, Reynoldsburg, Ohio 43068.	KMG Prestige
Easton Place Homes Apartments	1-, 2- and 3-bedroom apartments within a smoke-free community.	3540 Easton Loop W, Columbus, Ohio 43219.	Wallick
Eastway Village / Eastway Court (Senior Community)	1-, and 2-bedroom apartments within a smoke-free community.	4237 E. Broad Street, Whitehall, Ohio 43213.	Wallick
Elim Manor /Elim Court Apartments (Senior Community)	1-bedroom apartment within a smoke-free community.	3180 Elim Manor Court, Columbus, Ohio 43232.	Wallick
Emerald Glen Apartments	2- and 3-, and 4-bedroom apartments within a smoke-free community.	930 Regentshire Drive, Columbus, Ohio 43228.	KMG Prestige
Fieldstone Court Apartments	1- and 2-bedroom apartments in a smoke-free community.	2850 Alum Creek Drive, Columbus, Ohio 43207.	Wallick
Friends VVA (Senior Community)	1- bedroom apartment in a smoke-free community.	910 East Broad Street, Columbus, Ohio 43205.	Wallick
Framingham Village Apartments	3-bedroom apartment within a smoke-free community.	3333 Deserette Lane, Columbus, Ohio 43224.	Wallick
Hamilton Crossing	1- and 2-bedroom within a smoke-free community.	540 S. Hamilton Road, Whitehall, Ohio 43213.	Wallick
Indian Mound Apartments	2-, and 3-bedroom apartments within a smoke-free community.	3839 Rosland Drive, Columbus, Ohio 43207.	Wallick
Kenlawn Place Apartments	1-, 2-, and 3-bedroom apartments within a smoke-free community.	2977 Cleveland Avenue, Columbus, Ohio 43224.	Wallick
Kimberly Meadows Apartments	2-, and 3-bedroom apartment within a smoke-free community.	2350 Courtright Road, Columbus, Ohio 43232.	KMG Prestige

Continuation of Table 6. Summary of housing facilities that are available through Homeport.

Name of Community	Description	Address	Homeport Management Partner
Maple Meadows Apartments	1, 2, and 3-bedroom apartment within a smoke-free community.	6279 Maple Canyon Ave., Columbus, OH 43229.	Wallick
Marsh Run Apartments	2, 3, and 4-bedroom apartments within a smoke-free community.	2393 Canal Bay Way, Columbus, OH 43232.	KMG Prestige
McDowell Place Apartments	1, 2, and 3-bedroom apartments within a smoke-free community.	77 McDowell Street, Columbus, Ohio 43215.	Wallick
Mulby Place Apartments (Senior Community)	1- and 2-bedroom apartments within a smoke-free community.	2420 Cleveland Avenue, Columbus, Ohio 43211.	Wallick
ParkMead Apartments	2-, and 3-bedroom apartments within a smoke-free community.	4243 Farr Court, Columbus, Ohio 43123.	KMG Prestige
Pheasant Run Apartments	2, 3, and 4-bedroom apartments; smoke-free community.	2680 Orono Pike, Reynoldsburg, Ohio 43068.	KMG Prestige
Raspberry Glen Apartments	2 and 3-bedroom apartments; smoke-free community.	2350 Courtright Road, Columbus, Ohio 43232.	KMG Prestige
Renaissance Village Apartments	3 and 4-bedroom apartments	2626 Kenbridge Drive, Columbus, Ohio 43219.	Wallick
Thompkins Village Apartments	2 and 3-bedroom apartments; smoke-free community.	1110 Olmstead Ave, Columbus, Ohio 43201.	Wallick
Trabue Crossing Apartments	3-bedroom apartments; smoke-free community.	1425 Crossing Green Lane, Columbus, Ohio 43228.	Wallick
Victorian Heritage Apartments	2-bedroom apartments; smoke-free community.	1379 N. High Street, Columbus, Ohio 43201.	Wallick
Victorian Heritage Senior Apartments	1-bedroom apartment in a smoke-free community.	1379 N. High Street, Columbus, Ohio 43201.	Wallick

Table 7. Summary of programs and services of “Homes on the Hill” related to housing counseling, education, and development (Homes on the Hill, n.d.).

Program	Example of Programs	Description of Programs
For Homebuyers, Lenders, and Realtors	Homebuyer Education Workshops	+ One-on-one meeting with certified counselors to discuss personal housing goal, budgets, credit score, and downpayment assistance programs. + Budgeting and credit. + Credit score requirements. + Down-payment assistance. + Hiring an inspector. + Homeowners insurance. + Interest rates. + Mortgage loan applications. + Role of the Realtor.
For Homebuyers, Lenders, and Realtors	Budget and Credit Counseling	+ Sustainable budget development. + Smart banking. + Learning about a credit report. + Relevance of credit score. + Learning about debt-to-income ratio. + Finances. + Setting up financial goals. + Creation of action plans. + How to be accountable.

Continuation of Table 7. Summary of programs and services of “Homes on the Hill” related to housing counseling, education, and development (Homes on the Hill, n.d.).

Program	Example of Programs	Description of Programs
For Homeowners	Access to Certified Housing Counselors	+ Putting together a spending and savings plan. + Prevention of foreclosures. + Guidance on mortgage refinancing. + Management of debt. + Decision making as a homeowner. + Learning about paperwork related to housing and loans.
For Homeowners	Access to workshops	+ Financial management. + Energy efficient homes. + Awareness of predatory lending.
For Homeowners	Foreclosure prevention orientation	+ Avoiding foreclosures. + Working with lender. + Mediation. + Resources available.
For Homeowners	Budget and Credit Counseling	+ Sustainable budget development. + Smart banking. + Learning about a credit report. + Relevance of credit score. + Learning about debt-to-income ratio. + Finances. + Setting up financial goals. + Creation of action plans. + How to be accountable.

Continuation of Table 7. Summary of programs and services of “Homes on the Hill” related to housing counseling, education, and development (Homes on the Hill, n.d.).

Program	Example of Programs	Description of Programs
For Renters	Launching of the Landlord Engagement Action Network (LEAN)	+ Encourage landlords to practice responsible property management practices among west side landlords. + Provides rental community by providing education, connection, and resolution. + Education – Homes on the Hill Housing and Urban Development (HUD) certified counselors provide one-on-one counseling. + Connection – Homes on the Hill enables landlords and tenants to connect through rental counseling. + Resolution – Homes on the Hill provides access to trained mediators from the Greater Hilltop Shalom Zone for conflict resolution.
For Renters	Prevention of eviction	+ Benefits renters who are at risk for eviction, unable to pay rent and/or utilities on time. + Access to resources and referrals. + Access to financial assistance. + One-on-one review of situation with housing counselors.
For Renters	Budget and credit counseling	+ Sustainable budget development. + Smart banking. + Learning about a credit report. + Relevance of credit score. + Learning about debt-to-income ratio. + Managing finances. + Setting up financial goals. + Creation of action plans. + How to be accountable.

Table 8. Examples of OhioHealth partner government or community agencies that provide programs and services, directly or indirectly addressing social drivers of health, specifically housing.

Name of Agency and Website	Description of Programs and Services
Franklin County Recorder https://recorder.franklincountyohio.gov/Resources/Housing-Resources (Franklin County Recorder, n.d.)	• Information about Ohio Treasurer Financial Assistance Programs. + Ohio Homebuyer Plus. + Agricultural Linked Deposit Program. + STABLE Account. • Information about rental assistance. + Franklin County's One-Time or Short-Term Assistance. + Must have at least one minor child or pregnant and in third trimester or later living in a household. + Gross household income at or below 165% of federal poverty level. + Maximum of \$1,500. + Financial aid may be used for paying past due rent or mortgage payments to avoid eviction or for utility bills. • Information about utility assistance. + Home Energy Assistance Program (HEAP) ensure energy service, restore disconnected services, and obtain heating and cooling needs. + Percent of Income Payment Plan Plus (PIPP) helps Ohioans manage energy bills throughout the year by basing consistent payments on percent of household income. • Emergency Assistance + IMPACT Community Action + Access to appliances + Access to furniture + Access to transportation assistance + Access to water utility assistance

Continuation of Table 8. Examples of OhioHealth partner government or community agencies that provide programs and services, directly or indirectly addressing social drivers of health, specifically housing.

Name of Agency and Website	Description of Programs and Services
Franklin County Recorder https://recorder.franklincountyohio.gov/Resources/Housing-Resources	• Emergency Shelters. + Community Shelter Board – assist with homelessness and access to shelter. + Star House – serves central Ohio youth ages 14-24. + Huckleberry House – crisis shelter for teens and 24-hour crisis line. + Young Men Christian Association (YMCA) – Franklin Station for adult men and women); Van Buren Shelter for adult men, women, and family. • Affordable Housing Assistance. + Ohio Housing Finance Agency – provides downpayment assistance, career-related interest rate discounts; access to loan products to enable buying a home or condominium easier; down payment assistance.
The City of Columbus Housing and Assistance Programs https://www.columbus.gov/Services/Housing-Assistance-Programs (City of Columbus, Ohio, 2025)	• American Dream Downpayment Initiative (ADDI) – The City of Columbus collaborates with lenders by providing funds for low- and middle-income , first-time homebuyers. The properties must be within the City of Columbus. The ADDI program offers a deferred, forgivable loan for downpayment and closing costs. The buyer must reside in the property for five years. • Chores Program – helps seniors or persons with disabilities with minor home repairs to ensure health and safety of the occupants. • Community Reinvestment Areas/Residential Tax Incentives – abatement of property tax on increased value of the property in the Community Reinvestment Areas. • Critical Home Repair Program – helps persons, families, and veterans to stay in their homes and live independently in a safe environment. • Emergency Repair Program – enables immediate repair of heating, plumbing, electrical repairs that poses danger to the health and safety of the occupants of the property in the City of Columbus.

Continuation of Table 8. Examples of OhioHealth partner government or community agencies that provide programs and services, directly or indirectly addressing social drivers of health, specifically housing.

Name of Agency and Website	Description of Programs and Services
The City of Columbus Housing and Assistance Programs https://www.columbus.gov/Services/Housing-Assistance-Programs (City of Columbus, Ohio, 2025)	• Healthy Homes Program – protects families from housing hazards, offering access to affordable housing, and improving neighborhoods in the City of Columbus. The Healthy Homes Program tackles health and safety hazards, including but not limited to mold and moisture, pests, injury, safety hazards, poor air quality indoors, carbon monoxide poisoning, and identification and removal of lead-based paint. • Access to the Tool Library – residents of the City of Columbus will be able to borrow hand and power tools. • Vacant Property Redevelopment – develops residential homes and properties for sale or for short-term lease purchase.
Franklin County Department of Job and Family Services https://jfs.franklincountyohio.gov/ Franklin County Department of Job and Family Services (2025)	• Workforce development and family support programs – aims to improve the quality of life for Franklin County, Ohio residents. • Access to Food Assistance (Supplemental Nutrition Assistance Program) – food assistance to families to purchase healthy and nutritious foods. Healthy Franklin County residents aged 59 and younger may participate in SNAP Employment and Training while receiving food assistance. Essentially SNAP families meet their basic needs while adults earn a living. • Access to Prevention, Retention, and Contingency (PRC) Emergency Assistance. + Short-term services for low-income families. + Help families become financially stable, move out of poverty. + Assistance could be used for overdue rent or mortgage payments. + Assistance for overdue utility bills. + Assistance for car repairs and maintenance used to go to work. + Assistance to reinstatement fees for driver license. + Access to bus passes to be used for work, education, or job training. • Access to Prevention, Retention, and Contingency (PRC) Disaster Assistance – eligible families are able to receive assistance when faced with state declared disasters or experienced house fire or flood. • Access to Childcare – support working families with covering the cost of childcare and other range of services that facilitate early childhood development, and promotion of children's health, safety, and well-being.

Continuation of Table 8. Examples of OhioHealth partner government or community agencies that provide programs and services, directly or indirectly addressing social drivers of health, specifically housing.

Name of Agency and Website	Description of Programs and Services
Franklin County Department of Job and Family Services https://jfs.franklincountyohio.gov/ Franklin County Department of Job and Family Services (2025)	• Access to Publicly Funded Child Care – helps families pay for childcare for families with children under age 13 or until age 18 for children with disabilities. • Access to Ohio Childcare Choice Voucher Program – support families with paying for childcare who has income greater than what is required for the Publicly Funded Child Care and whose gross monthly income is between 146% to 200% of Federal Poverty Level. • Access to Early Childhood Education Grant Program – Families with gross income at or below 200% of Federal Poverty Level and have children ages 3-5 may obtain childcare assistance through the Early Childhood Education (ECE) grant. This allows access to high quality early childhood learning services to preschool kids and prepare them to be successful in kindergarten. • Access to Cash Assistance / Ohio Works First – temporary help to families to help them pay for immediate needs as the adults of the family prepare and search for jobs. As a Work Program, families who receive assistance spends at least 20 to 35 hours per week either working, in school, or volunteering that will allow them to gain work experience. Families are eligible for a maximum of 36 months. The cash assistance is also known as the Federal Temporary Assistance to Needy Families. Customers of the Ohio Works First may obtain health care under the Medicaid program. • Access to Learning, Earning and Parenting (LEAP) – cash assistance for custodial teen parents up to the age 20 who have not completed high school or received a GED certificate. Clients also receive case management support related to childcare, access to transportation, and school-related issues to be able to manage the challenges to ensure graduation. • Access to OhioMeansJobs Center Columbus – Franklin County – The OhioMeansJobs Center develops and advances workforce to meet workforce needs of Franklin County. Persons availing the services of the OhioMeansJobs Center has access to computers, office equipment, job workshops, supportive services; individualized training, job search assistance. The Business Solutions team aids employers' access talented candidates at all skill levels. Funding comes from the Workforce Innovation and Opportunity Act (WIOA), Ohio Department of Job and Family Services, Franklin County, City of Columbus. Services are free of charge to Franklin County residents and businesses. • Access to Supplemental Nutrition Assistance Program (SNAP) Employment and Training – aids SNAP participants gain job skills and get hired to work. Anyone who is unemployed are eligible for training, education, and certifications for free.

Continuation of Table 8. Examples of OhioHealth partner government or community agencies that provide programs and services, directly or indirectly addressing social drivers of health, specifically housing.

Name of Agency and Website	Description of Programs and Services
Franklin County Department of Job and Family Services https://jfs.franklincountyohio.gov/ Franklin County Department of Job and Family Services (2025)	• Access to Community Health Worker Training – partnership between Franklin County and The Ohio State University College of Nursing so low-income workers train to become Community Health Workers (CHW). The Community Health Worker program offers training and a stipend during the 12-week program. • Access to Medical Assistance/Medicaid/Healthy Start + Medicaid – available to eligible Franklin County residents so they could avail of access to health care, medical treatment, mental and behavioral health. ○ Healthy Start Healthy Families – also known as the Federal Children’s Health Insurance Program (CHIP). Healthy Start offers free or low-cost health coverage for children up to age 19 from families with income that does not qualify for Medicaid but has income that is insufficient to purchase private insurance. Pregnant women, parents and legal guardians could also be covered. ○ Pregnancy-Related Services – free health coverage for pregnant women under the Franklin County Healthy Start Pregnancy-Related Services. Eligible, low-income women will have access to prenatal and postpartum health services so they will have good birth outcomes and healthy babies. ○ Medicare Beneficiaries – cost-sharing for elderly and or disabled persons. ○ Healthchek – serves children under age 21 who are covered by Ohio Medicaid / Healthy Start. Healthchek is implemented under Ohio’s Early and Periodic Screening, Diagnosis and Treatment program. Examples of programs and services include preventative medical services to ensure healthy childhood development; medical, dental, vision and hearing screening for eligible children from birth to age 21. ○ Specialized Recovery Services (SRS) – serves residents with serious and persistent mental illness or diagnosed chronic condition or those on solid organ or soft tissue transplant waiting list. The SRS helps people on recovery management, placement and support, peer support, and full Medicaid coverage. • Access to Medical Transportation Services – free transportation to and from non-emergency medical appointments. Transportation requests need to be made at least 1 business day before a doctor’s appointment.

Continuation of Table 8. Examples of OhioHealth partner government or community agencies that provide programs and services, directly or indirectly addressing social drivers of health, specifically housing.

Name of Agency and Website	Description of Programs and Services
Franklin County Department of Job and Family Services https://jfs.franklincountyohio.gov/ Franklin County Department of Job and Family Services (2025)	• Access to Long-Term Care Services – assists income-eligible Franklin County residents with nursing home placements. • Access to Home and Community-Based Services (Waiver) – Franklin County residents may obtain waiver to receive services at home and in the community.
United Way of Central Ohio https://liveunitedcentralohio.org/what-we-do/?return=ournonprofitpartners United Way of Central Ohio (n.d.)	• Help families become successful so their children could thrive in school and live a good life. • Coordinates collaborations among people and communities to address community conditions in central Ohio. • Examples of partners that address housing needs: + Affordable Housing Alliance of Central Ohio – comprised of nonprofit and for-profit organizations that address affordable housing, development, financing. Information about alliance partners is available at Affordable Housing Alliance of Central Ohio (n.d.). + Central Community House – offers youth/teen out-of-school programs, crisis material assistance, neighborhood initiatives, family strengthening/social work and senior programs for people residing in Near East and Near South Columbus. + Gladden Community House – Education programs for children and youth and emergency assistance for families in the Franklinton and near west side Columbus neighborhoods. + St. Stephens Community House – serves Linden Area and neighboring zip codes with access to childcare, family services, senior services, youth services, and neighborhood services. + Stable Families Initiative – assists low-income families with finding permanent housing, access to emergency funds and health care services. + Star House – helps youth and young adults with access to a temporary home, food, clothing, personal hygiene items, case management, and stabilizing resources. The youth and young adults obtain support and guidance related to housing, transportation, health care, employment, education, addiction services, legal aid, government benefits, obtaining IDs, and other basic needs.

C – 2. Healthcare and Community Resources Addressing Significant Health Needs Related to Mental Health.

C – 2.1. OhioHealth Behavioral Health Integration Programs and Services in Franklin County.

The OhioHealth system and the six OhioHealth hospitals in Franklin County will collaborate with the OhioHealth Physician Group, will continue to connect Franklin County residents with access to OhioHealth Behavioral Health Integration services within OhioHealth Physician Group Primary Care clinics. The OhioHealth Behavioral Health Integration clinicians will continue to conduct (a) depression screening using the nine item Patient Health Questionnaire (PHQ-9); (b) anxiety screening using the Generalized Anxiety Disorder-7 (GAD-7); and (c) Screening, Brief Intervention and Referral to Treatment (SBIRT). Licensed professional counselors and social workers will continue to provide a variety of mental and behavioral health interventions and appropriate community referral and linkages. The Behavioral Health Integration services are offered (in person and virtually) from the following clinic locations:

- C – 2.1.1. OhioHealth Physician Group Primary Care Physician All Seasons** – located at 4343 All Seasons Drive, Suite 220, Hilliard, Ohio 43026.
- C – 2.1.2. OhioHealth Physician Group Primary Care Physician Alum Creek Drive** – located at 4335 Alum Creek Drive, Obetz, Ohio 43207.
- C – 2.1.3. OhioHealth Physician Group Primary Care Physician Davidson** – located at 1450 Davidson Drive, Reynoldsburg, Ohio 43068.
- C – 2.1.4. OhioHealth Physician Group Dublin Methodist Hospital Graduate Medical Education Primary Care Physician Hospital Drive** – located at 7450 Hospital Drive, Suite 4500, Dublin, Ohio 43016.
- C – 2.1.5. OhioHealth Physician Group Primary Care Physician Dublin Granville** – located at 5150 E. Dublin Granville Road, Suite 210, Westerville, Ohio 43081.
- C – 2.1.6. OhioHealth Physician Group Primary Care Physician E. Broad St** – located at 7340 E. Broad Street, Suite B, Blacklick, Ohio 43004.
- C – 2.1.7. OhioHealth Physician Group Primary Care Physician E. Main Street 2** – located at 4850 E. Main Street, Columbus, Ohio 43213.
- C – 2.1.8. OhioHealth Physician Group Primary Care Physician Galloway** – located at 990 Galloway Road, Columbus, Ohio 43119.
- C – 2.1.9. OhioHealth Physician Group Primary Care Physician Grandview** – located at 1125 Yard Street, Suite 250, Grandview Heights, Ohio 43212.
- C – 2.1.10. OhioHealth Physician Group Primary Care Physician Havens Corners** – located at 504 Haven's Corner, Gahanna, Ohio 43230.
- C – 2.1.11. OhioHealth Physician Group Primary Care Physician Hospital Drive** – located at 6905 Hospital Drive, Suite 200, Dublin, Ohio 43016.
- C – 2.1.12. OhioHealth Physician Group Primary Care Physician Internal Medicine Polaris** – located at 300 Polaris Parkway, Suite 3400, Westerville, Ohio 43082.
- C – 2.1.13. OhioHealth Physician Group Primary Care Physician Kelnor** – located at 4191 Kelnor Drive, Suite 300, Grove Cit, Ohio 43123.

- C – 2.1.14. OhioHealth Physician Group Primary Care Physician Market Exchange** – located at 500 E. Main Street, Suite 100, Columbus, Ohio 43215.
- C – 2.1.15. OhioHealth Physician Group Primary Care Physician Nationwide Plaza** – located at 3 Nationwide Plaza, Suite 150, Columbus, Ohio 43215.
- C – 2.1.16. OhioHealth Physician Group Primary Care Physician N. Hamilton** – located at 765 N. Hamilton Road, Suite 255, Gahanna, Ohio 43230.
- C – 2.1.17. OhioHealth Physician Group Primary Care Physician Neil** – located at 262 Neil Avenue, Suite 230, Columbus, Ohio 43215.
- C – 2.1.18. OhioHealth Physician Group Primary Care Physician Nike Drive** – located at 5300 Nike Drive, Suite 100, Hilliard, Ohio 43026.
- C – 2.1.19. OhioHealth Physician Group Primary Care Physician Perimeter Drive** – located at 6870 Perimeter Drive, Suite B, Dublin, Ohio 43016.
- C – 2.1.20. OhioHealth Physician Group Primary Care Physician Polaris** – located at 300 Polaris Parkway, Suite 230, Westerville, Ohio 43082.
- C – 2.1.21. OhioHealth Physician Group Primary Care Physician Riversedge** – located at 7630 River's Edge Drive, Columbus, Ohio 43235.
- C – 2.1.22. OhioHealth Physician Group Primary Care Physician S. High Street** – located at 41 S. High Street, Suite 25, Columbus, Ohio 43215.
- C – 2.1.23. OhioHealth Physician Group Primary Care Physician Scioto Darby** – located at 6314 Scioto Darby Road, Hilliard, Ohio 43026.
- C – 2.1.24. OhioHealth Physician Group Primary Care Physician Southwest Boulevard** – located at 3503 Southwest Boulevard, Grove City, Ohio 43123.
- C – 2.1.25. OhioHealth Physician Group Primary Care Physician Stringtown** – located at 1325 Stringtown Road, Grove City, Ohio 43123.
- C – 2.1.26. OhioHealth Physician Group Primary Care Physician Tremont** – located at 3363 Tremont Road, Suite 220, Upper Arlington, Ohio 43221.
- C – 2.1.27. OhioHealth Physician Group Primary Care Physician W. Bridge Street** – located at 250 W. Bridge Street, Suite 101, Dublin, Ohio 43017.
- C – 2.1.28. OhioHealth Physician Group Primary Care Physician W. Broad Street** – located at 5193 W. Broad Street, Suite 200, Columbus, Ohio 43228.
- C – 2.1.29. OhioHealth Physician Group Primary Care Physician Wexner** – located at 2222 Welcome Place, Columbus, Ohio 43209.

The depression and anxiety assessments and referral to the Behavioral Health Integration team involves the following processes:

- When a patient comes in to see their primary care provider, depression and anxiety is assessed using a PHQ-9 depression screen and GAD-7.
- If the patient score 10 or more in the PHQ-9 screen and/or score 8 and above in GAD-7, the primary care provider identifies the clinical need based on patient's symptoms and presentation, the patient is referred to the Behavioral Health Integration team.
- The Behavioral Health provider covering the OhioHealth Physician Group clinic, contacts the patient either in-person or by telephone. The Behavioral Health provider explain the scope of the intervention, including possible billing and oversight by a psychiatric consultant.
- After obtaining approval from the patient to proceed with the intervention, the Behavioral Health provider provides short-term evidenced based interventions, such as motivational interviewing, cognitive behavioral therapy, and solution focused therapies to reduce the patient's symptoms of depression or anxiety.
- If the Behavioral Health provider identifies that a patient needs a higher level of care or if the patient has not met the treatment goals, the Behavioral Health provider will help link the patient to mental and/or behavioral health providers that accept their health insurance. The Behavioral Health provider will administer shorter therapy sessions to patients until they are linked to community resources that accept the patient's health insurance.
- Patients who were identified with social determinants of health needs such as but are not limited to food insecurity, housing, transportation, social isolation, physical inactivity, the patients will be referred to social workers who will be able to provide support and information to address these needs.

The **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** is a comprehensive approach of delivering early intervention and treatment services for persons with substance use disorders or those at risk for these disorders. SBIRT involves the following processes (SAMHSA, n.d.):

- Screening assesses substance use severity and determines a suitable treatment.
- Brief intervention aims to increase a patient's awareness regarding substance use and motivation toward change in behavior.
- Referral to treatment is done for patients needing specialty care and extensive treatment.

C – 2.2. OhioHealth Behavioral and Mental Health Programs and Services.

C– 2.2.1. Inpatient Behavioral and Mental Health¹.

Table 9 summarizes information about the OhioHealth's Inpatient Behavioral and Mental Health programs and services.

C – 2.2.2. Outpatient Behavioral and Mental Health.

Table 10 summarizes information about the OhioHealth Outpatient Behavioral and Mental Health programs and services. Information on how providers may refer patients for outpatient services are thoroughly described in OhioHealth (2015-2025).

Table 9. Summary of information about inpatient programs and services of OhioHealth Behavioral and Mental Health (OhioHealth, 2015-2025).

	Description
OhioHealth Behavioral and Mental Health Inpatient Care Locations.	• OhioHealth Riverside Methodist Hospital 3535 Olentangy River Road Columbus, Ohio 43214 For Admissions Call: (614) 566-2814 • OhioHealth Marion General Hospital 1000 McKinley Park Drive Marion, Ohio 43302 For Admissions Call: (740) 383-8540 • OhioHealth Mansfield Hospital 335 Glessner Avenue Mansfield, Ohio 44903 For Admissions Call: (419) 520-2774
What are the Inpatient Behavioral Health Programs and Services?	• The patient's emotional, psychological, and behavioral problems have reached a crisis level. • The patient needs a safe environment to become stable. • The patient's crisis needs to be addressed promptly. • Once the patient's crisis is addressed, the team assesses for follow-up outpatient care. • The team creates a plan to support the patient's continued recovery. • Inpatient services include but not limited to: ○ Medication management. ○ Group therapy and activities. ○ Electroconvulsive therapy. ○ Psychiatric emergency services. ○ Inpatient consultation and liaison services.

Continuation of Table 9. Summary of information about inpatient programs and services of OhioHealth Behavioral and Mental Health (OhioHealth, 2015-2025).

	Description
What is Electroconvulsive Therapy?	• Treats depression, and other mood disorders such as bipolar disorder. • The patient and physician create a treatment plan before the patient receives the first treatment. • Depending on severity of the depression, most patients will require 6 to 12 treatments and may notice a difference after two to four treatments. • The total number of treatments to treat severe depression will depend on: ○ Age ○ Diagnosis ○ History of the illness ○ Family support ○ Response to treatment
What are Psychiatric Emergency Services?	• A psychiatric assessment and evaluation are available to patients receiving care at OhioHealth Emergency Departments.
What are Inpatient Consultation and Liaison Services?	• Physicians may request a psychiatric assessment and evaluation for medical patients receiving inpatient hospital care who are experiencing psychiatric complications. • Either a psychiatrist, advanced practice nurse or Licensed Independent Social Worker (LISW) will evaluate the patient, recommend treatments, and follow the patient's care plan until the patient is stabilized.

Table 10. Summary of information about outpatient programs and services of OhioHealth Behavioral and Mental Health (OhioHealth, 2015-2025).

	Description
OhioHealth Behavioral and Mental Health Outpatient Care Clinic Locations:	OhioHealth Outpatient Behavioral Health Offices – Central Ohio - Address: 3820 Olentangy River Road, Columbus, Ohio 43214 - General Information: (614) 566-4414 - Partial Hospitalization Program and Intensive Outpatient Program: (614) 566-4414 - Sexual Assault Response Network of Central Ohio Rape Helpline: (614) 267-7020 - Mindfulness Based Stress Reduction Program: (614) 788-4725 OhioHealth Marion General Hospital Behavioral Health - Address: 1000 McKinley Park Drive, Marion, Ohio 43302 - Partial Hospitalization Program and Intensive Outpatient Program: (740) 383-8486 - Aftercare Program: (740) 383-8486 OhioHealth Mansfield Hospital Behavioral Health - Address: 335 Glessner Avenue, Mansfield, Ohio 44903 - Intensive Outpatient Program: (419) 526-8942 OhioHealth Physician Group Behavioral Health W Broad Street - Address: 5141 West Broad Street, Suite 115, Columbus, Ohio 43228 - Partial Hospitalization Program and Intensive Outpatient Program: (614) 544-1061

Continuation of Table 10. Summary of information about outpatient programs and services of OhioHealth Behavioral and Mental Health (OhioHealth, 2015-2025).

	Description
OhioHealth Behavioral and Mental Health Outpatient Care Clinic Locations:	• OhioHealth Physician Group Behavioral Health West Lane Avenue ○ Address: 1480 West Lane Avenue, Suite 230, Columbus, Ohio 43221. • OhioHealth Physician Group Neuroscience Marion S Prospect Street Suite 3 ○ Address: 990 S. Prospect Street, Suite 3, Marion, Ohio 43302. • OhioHealth Physician Group Behavioral Health Columbus Dublin Granville Road ○ Address: 5150 E. Dublin Granville Road, Suite 250, Columbus, Ohio 43081.
What is Transcranial Magnetic Stimulation Therapy (TMS)?	• Treats major depressive disorder for patients who have not benefitted from medications. • Use of highly focused magnetic pulses to stimulate the areas of the brain that controls mood. • In theory, TMS Therapy causes neurons to become active and release neurotransmitters to relieve depressive symptoms. • An outpatient treatment involves gentle placement of magnetic coil on the patient's head.
What is Partial Hospitalization Program (PHP)?	• Serves as a stepdown from inpatient care. • Serves as means of preventing hospitalization among patients experiencing acute symptoms. • Partial Hospitalization Program is a structured treatment in a group setting that aims to treat adults with symptoms of depression, anxiety, and disorganized thoughts that affect their ability to function and perform activities of daily living. • Partial Hospitalization Program aims to manage the acute symptoms and help people return to normal levels of functioning. • Patients attend the program five days per week, and six hours per day.

Continuation of Table 10. Summary of information about outpatient programs and services of OhioHealth Behavioral and Mental Health (OhioHealth, 2015-2025).

	Description
What is Intensive Outpatient Program?	• Serves as a stepdown from inpatient care. • Serves as a stepdown from Partial Hospitalization Program (PHP). • Serves patients needing more intensive care than office visits. • Addresses depression, anxiety, and disorganized thoughts in a group treatment format. • The Intensive Outpatient Program (IOP) helps patients understand their diagnosis, manage symptoms, increase functioning, and prevent relapse. • Patients attend group sessions three or four days per week, at a maximum of four hours per day.

C – 2.3. Alcohol, Drug, and Mental Health Board (ADAMH) of Franklin County and its Network of Providers.

Table 11 summarizes the network providers of ADAMH of Franklin County and examples of the agencies' programs and services that address mental health.

Table 11. Summary of network providers of the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH of Franklin County) and examples of programs and services that address mental health in Franklin County.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Afrocentric Personal Development Shop, Inc. Address: 1409 East Livingston Avenue, Columbus, Ohio 43205. Website: http://www.apdsinc.org/	• Substance abuse prevention. • Substance abuse treatment. • Substance abuse recovery. • Domestic violence Intervention. • Domestic violence education. • Youth personal development programs. • Medication-Assisted Treatment (MAT) (Suboxone). • Summer Camp. • Trauma-informed care.
Alvis, Inc. (Amethyst) Address: 2100 Stella Court, Columbus, Ohio 43215. Website: https://alvis180.org/	• Treatment of addictive behaviors (including gambling, food, and other addictive behaviors). • After-school program. • Alcohol use/drinking. • Anger management. • Anxiety. • Case management. • Care coordination. • Depression. • Drug use/treatment. • Dual diagnoses/co-occurring disorders. • Family counseling. • Individual counseling. • Job/employment/vocational training. • Life skills training. • Medication-Assisted Treatment (MAT) (Suboxone). • Medication management. • Treatment of mental health disorders. • Mindfulness. • Treatment of opioid use.

Continuation of Table 11. Summary of network providers of the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH of Franklin County) and examples of programs and services that address mental health in Franklin County.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Central Ohio Area Agency on Aging (COAAA) Address: 3776 S. High Street, Columbus, Ohio 43207 Website: http://www.coaaa.org/	• Serves older adults and people with disabilities in Franklin County and central Ohio. • Connects residents to in-home services. • Activities of daily living. • Home-delivered meals. • Homemaking. • Personal care. • Access to transportation. • Advice, education and support to caregivers and advocates related to programs, services and policies that affect older adults and people with disabilities. • Case management. • Care coordination.
Central Ohio Behavioral Healthcare (COBH) Address: 2200 W. Broad Street, Columbus, Ohio 43223 Website: https://mha.ohio.gov/about-us/regional-psychiatric-hospitals/healthcare-facilities/cobh/cobh	• Access to hospitalization in Columbus, Ohio. • Access to outpatient behavioral health services in Columbus, Ohio. • Access to inpatient psychiatric services. • Maximum security forensic care. • Crisis stabilization. • Access to Community Support Network, which serves adults with severe mental illness through recovery-based, outpatient behavioral health services. • Treats anxiety, depression, bipolar disorder, and other mental health disorders. • Case management. • Care coordination. • Dual diagnosis/co-occurring disorders. • Family and individual counseling. • Housing coordination. • Medication management.

Continuation of Table 11. Summary of network providers of the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH of Franklin County) and examples of programs and services that address mental health in Franklin County.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Columbus Public Health, Alcohol and Drug Services Division Address: 240 Parsons Avenue, Columbus, Ohio 43215 Website: https://www.columbus.gov/Services/Public-Health/Find-Healthcare-Resources/Drug-Alcohol-Treatment References: ADAMH Board of Franklin County (2025); City of Columbus (2025)	• Alcohol and Drug Services includes a Comprehensive Treatment Program. ○ Assessments. ○ Intensive Outpatient Treatment Groups. ○ Medication-Assisted Treatment. • Prevention services. ○ Support and education groups for children and young adults to promote coping and resiliency skills. • Harm Reduction Services. ○ Referrals. ○ Sexually Transmitted Infections education. ○ Human Immunodeficiency Virus testing education. ○ Distribution of naloxone and fentanyl test strips distribution). • Addiction behaviors (gambling, food, other addiction). • Alcohol use/drinking. • Provide case management. • Provide care coordination. • Drug use and treatment. • Dual diagnosis and co-occurring disorders. • Individual counseling. • Medication-Assisted Treatment (Suboxone). • Opioid use and treatment. • Parenting classes. • Post-Traumatic Stress Disorder. • Prescription drug use. • Prevention. • Substance use and treatment.

Continuation of Table 11. Summary of network providers of the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH of Franklin County) and examples of programs and services that address mental health in Franklin County.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Columbus Public Health, Alcohol and Drug Services Division Address: 240 Parsons Avenue, Columbus, Ohio 43215 Website: https://www.columbus.gov/Services/Public-Health/Find-Healthcare-Resources/Drug-Alcohol-Treatment References: ADAMH Board of Franklin County (2025); City of Columbus, Ohio (2025).	• Support group for grief. • Telehealth/Telemedicine. • Treatment for pregnant women. • Prevention programs. ○ Latina Women's Program. ○ Parenting Wisely. ○ Harm Reduction Intervention. ○ REAL Life (respect, Empower, Achieve, Lead). ○ Latino Women's Prevention. ○ Substance Abuse General Education (S.A.G.E.). ○ You're Extra Special (Y.E.S.). ○ Parenting Classes. ○ Access to Adult Outpatient Treatment Groups. • Access to prevention services. • Access to Outpatient Treatment services for addiction to drugs and alcohol. • Access to Harm Reduction initiatives. ○ Safe needle disposal. ○ Naloxone distribution. ○ Access to drug test strips. ○ Testing for Human Immunodeficiency Virus (HIV) and Hepatitis C. • Access to Opiate Crisis Support ○ NetCare Access Crisis Hotline 614-276-2273 ○ Opiate Crisis Line 614-724-4673

Continuation of Table 11. Summary of network providers of the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH of Franklin County) and examples of programs and services that address mental health in Franklin County.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Columbus Urban League Address: 788 Mt. Vernon Avenue, Columbus, Ohio 43203 Website: https://www.cul.org/ References: ADAMH Board of Franklin County (2025); Columbus Urban League (2024)	• Empowerment of people to build and maintain wealth. • Ensure everyone can achieve their full potential. • Access to Career Services for job seekers, career changers, and career goals. • Access to tools and confidence to succeed in a competitive job market, workforce readiness training for youth ages 14-19. • Access to My Brother's Closet in partnership with Goodwill Columbus. My Brother's Closet was funded by the Franklin County Board of Commissioners. • Access to Re-Entry HUB to empower people to develop skills for reintegration into Franklin County's workforce and community. • Access to Work Readiness Training University (WRTU) focuses on Empowerment, Innovation, High-Performance, and Civic Engagement. The Work Readiness Training University was funded by the Franklin County Board of Commissioners. • Access to Entrepreneurship and Small Business Services: ○ Knowledge. ○ Resources. ○ Support for business ideas. ○ Make impact to local economy. ○ "AccelerateHer". ○ "IncubateHer". ○ Minority Business Assistance Center. • Access to Financial Empowerment Services: ○ Columbus Metropolitan Housing Authority (CMHA) Community Connections. ○ Access to Homebuyer Education. ○ Access to Housing Accelerator. ○ Access to Journey to Wealth.

Continuation of Table 11. Summary of network providers of the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH of Franklin County) and examples of programs and services that address mental health in Franklin County.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Columbus Urban League Address: 788 Mt. Vernon Avenue, Columbus, Ohio 43203 Website: https://www.cul.org/ References: ADAMH Board of Franklin County (2025); Columbus Urban League (2024)	• Access to Youth Leadership Services. • Inspire youth to do positive change. • Development of skills, knowledge, and confidence to serve as leaders. ○ "I am My Brother's Keeper (IAMBK)". ○ Neighborhood Violence Intervention. ○ Project Survival. ○ Strive Toward Empowerment and Purpose (STEP). ○ VLOG Digital Journalism and Media Career Exploration Program. ○ Work Readiness Training University (WRTU). ○ Young Engineers Society.

Continuation of Table 11. Summary of network providers of the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH of Franklin County) and examples of programs and services that address mental health in Franklin County.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Community for New Direction Address: 993 E. Main Street, Columbus, Ohio 43205 Website: http://www.cndcolumbus.org/	• Access to mentoring. • Access to treatment and management of obsessive-compulsive disorder (OCD). • Access to opioid use and treatment. • Access to peer support. • Access to treatment and management of Post-Traumatic Stress Disorder (PTSD). • Prevention of prescription drug use. • Psychiatry/evaluation. • Access to treatment and management of psychosis. • Access to recovery housing. • Treatment and management of schizophrenia. • Treatment and management of social anxiety disorder. • Management of stress. • Access to summer camps. • Access to support groups for drug and alcohol use. • Access to telehealth. • Access to telemedicine. • Access to violence prevention measures.

Continuation of Table 11. Summary of network of providers of ADAMH Board of Franklin County and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Community Housing Network, Inc. (CHN) Address: 1680 Watermark Drive, Columbus, Ohio 43215 Website: https://www.chninc.org/	• Develops and manages affordable permanent supportive housing for people experiencing: ○ Mental illness. ○ Substance use disorder. ○ Trauma-related issues. ○ Homelessness. • Collaborations and engagement with partners: ○ Human services. ○ Healthcare. ○ Counseling. ○ Service coordination. ○ Case management. ○ Crisis intervention. ○ Access to healthcare. ○ Access to counseling. ○ Access to foods. ○ Access to training for employment. ○ Access to education about benefit assistance. ○ Access to housing coordination.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
CompDrug Address: 547 E. 11th Avenue, Columbus, Ohio 43211. Website: http://www.compdrug.org/	• Access to outpatient treatment for substance use disorders. • Access to medication for opioid use disorder. • Access to youth-led prevention programs. • Access to life and leadership skills. • Access to harm reduction resources. • Access to overdose prevention resources. • Access to Naloxone (Narcan). • Access to treatment and management of addictive behaviors. • Access to treatment and management of alcohol use and drinking. • Access to management and support related to anger management. • Access to treatment and management of anxiety and other anxiety disorders. • Access to treatment and management of depression and other mood disorders. • Access to case management. • Access to care coordination. • Access to counseling. • Access to Medication-Assisted Treatment. • Access to stress management techniques. • Access to support groups. • Access to telehealth. • Access to telemedicine. • Access to trauma-informed care. • Access to treatment for pregnant women.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Concord Counseling Services Address: 700 Brooksedge Blvd, Westerville, Ohio 43081 Website: http://www.concordcounseling.org/	• Support for people experiencing issues with mental health. • Support for people experiencing substance use. • Help persons and families develop strengths through interventions. • Access to psychiatry • Access to mental health and substance use therapy. • Access to services for seniors. • Access to case management. • Access to school-based services. • Access to respite services for families. • Access to vocational services. • Access to Pathway Clubhouse. • Access to Art Space.
Directions for Youth and Families (DFYF) Address: 1515 Indianola Avenue, Columbus, Ohio 43201 Website: http://www.dfyf.org/	• Serves as a resiliency-oriented and trauma-informed agency. • Access to counseling and education. • Access to kindergarten readiness. • Access to prevention and after-school programs. • Access to outreach in people's homes, schools, or communities. • Access to counseling and clinical services: ○ Individual counseling. ○ Group counseling. • Access to suicide prevention. • Access to summer camp. • Access to youth mental health services.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Eastway Behavioral Healthcare (Heritage of Hannah Neil) Address: 301 Obetz Road, Columbus, Ohio 43207 Website: https://www.eastway.org/	• Access to comprehensive behavioral health programs for children. • Access to comprehensive behavioral health programs for families. • Programs • Outpatient programs. • School-based programs. • Day Treatment programs. • Residential treatment and prevention. • Educational programs. • Access to resiliency-based, trauma-informed, client centered, family focused programs and services. • Access to prevention and education services. • Access to evidenced-based practices to address mental and behavioral health for children and families: ○ Trauma-informed care. ○ Motivational interviewing. ○ Cognitive Behavioral Therapy (CBT). ○ Problem solving skills. ○ Parenting. ○ Classroom behavioral management.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
ETSS Tewahedo Social Services 4300 E. Broad Street, Suite D, Columbus, Ohio 43213 Website: https://ethiotss.org/	• Comprehensive support and assistance to immigrant and refugee communities. • Empower immigrants and refugees to integrate into the community. • Access to a sense of belonging. • Access to cultural understanding. • Access to pathways to become self-sufficient and community integration. • Access to after-school program. • Access to support for anger management issues. • Access to support and interventions for domestic violence. • Access to housing coordination. • Access to support systems to obtain jobs and vocations. • Access to training to develop life skills. • Access to mentoring. • Access to mindfulness. • Access to parenting classes. • Access to prevention of behavioral health issues. • Access to summer camp activities. • Access to trauma-informed care.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Heartland High School Address: 760 E. Broad Street, Columbus, Ohio 43205 Website: http://www.heartlandhighschool.org/	• Access to a private high school for adolescents in recovery. • Access to a recovery-centered education. • Access to a sense of belonging. • Access to promotion of self-confidence and sense of purpose for students ages 14-22. • Access to after school programs. • Access to peer support. • Access to school services. • Access to support groups (drug and alcohol use).
House of Hope for Recovery Address: 825 Dennison Avenue, Columbus, Ohio 43215 Website: http://hofhope.org/	• Access to recovery efforts for people with substance use disorder. • Long-term inpatient treatment for men. • Short-Term inpatient stabilization for men. • Intensive-outpatient services for men and women. • Recovery housing for men. • Access to treatment and management of alcohol use and drinking. • Access to case management. • Access to care coordination. • Access to treatment and management of opioid use.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Huckleberry House Address: 1421 Hamlet Street, Columbus, Ohio 43201. Website: http://huckhouse.org/	• Supports youth and families who are experiencing abuse, violence, neglect, poverty, and homelessness. • Access to 24-hour safe and supportive alternative to homelessness. • Access to crisis intervention, emergency shelter, transitional living, street outreach, and family support services. • Access to counseling, community-based education, and prevention efforts for runaway teens.
Lori Schottenstein Chabad Center Address: 6220 E. Dublin Granville Road, New Albany, Ohio 43054 Website: https://www.chabadcolumbus.com/	• Access to LifeTown, a life skills development program for youth with disabilities. • Access to Friendship Circle, a mentoring program for children and young adults with disabilities. • Access to Kitchen of Life, a resiliency building program for students with disabilities through cooking and food preparation experiences. • Treatment and management of Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder. • Support in finding job or vocation. • Life skills training. • Access to mentorship. • Access to parenting classes. • Access to suicide prevention education. • Access to education and prevention of prescription drug use.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Local Outreach to Suicide Survivors (LOSS) Community Services Address: 3040 Riverside Drive Suite 224, Columbus, Ohio 43221 Website: http://losscs.org/	• Access to support for people affected by suicide. • Access to suicide awareness. • Access to resources to comfort and support suicide loss survivors. • Access to suicide prevention trainings. • Ongoing support for suicide loss survivors. • Access to support groups, cards, care boxes, and suicide loss survivor events.
LSS CHOICES for Victims of Domestic Violence Address: 105 Schrock Road, Suite 100, Columbus, Ohio 43229 Website: info@lssnetworkofhope.org	• Serves as a domestic violence shelter in Franklin County. • Access to 144 beds for domestic violence victims. • Access to 24-hour crisis and information hotline. • Access to counseling services. • Access to support groups for people affected by trauma. • Access to trauma-informed care. • Access to legal advocacy for domestic violence victims.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Lutheran Social Services (LSS) Address: 1105 Schrock Road, Suite 100, Columbus, Ohio 43229. Website: https://lssnetworkofhope.org/	• Access to LSS CHOICES for Victims of Domestic Violence. • Access to LSS 211 Central Ohio. • Access to LSS Health Center. • Access to LSS Faith Mission. • LSS Affordable Housing. • LSS Food Pantries. • Access to care management. • Access to care coordination. • Access to domestic violence support services. • Access to drug use prevention and treatment. • Access to Medication-Assisted Treatment. • Access to pharmacy services. • Access to community services for domestic violence victims, survivors, people with Human Immunodeficiency Virus (HIV), and homeless people.
Maryhaven Address: 1791 Alum Creek Drive, Columbus, Ohio 43207 Website: http://www.maryhaven.com/	• Access to residential and outpatient services. • Access to Medication-Assisted Treatment. • Specialized programs for pregnant women. • Specialized programs for homeless adults. • Access to cognitive-behavioral therapy (CBT). • Access to individual, group, and family counseling for adolescents and adults. • Access to treatment and management of addictive behaviors (gambling, food, etc.). • Access to treatment and management of alcohol use and drinking. • Access to trauma-informed care.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Mental Health America of Ohio Address: 2323 W. Fifth Avenue, Suite 160, Columbus, Ohio 43204. Website: http://www.mhaohio.org/ References: ADAMH Board of Franklin County (2025); Mental Health America of Ohio (2025)	• Access to referrals of persons and families to mental and behavioral health agencies. • Access to free mental health counseling. • Access to workplace trainings related to mental and behavioral health. • Access to initiatives that reduce stigma of mental illness. • Access to treatment and management of depression, anxiety, bipolar disorder, and other mood disorders. • Access to treatment and management of obsessive-compulsive disorder (OCD). • Access to treatment and management of schizophrenia. • Access to suicide prevention education and interventions. • Access to support groups. • Access to treatment or support for pregnant women: ○ POEM Perinatal Mental Health ○ POEM Rise Perinatal Mental Health • Support for workplace health and Occumetrics workplace wellbeing assessment. • Access to the Franklin County Behavioral Health Leadership Academy: ○ Leadership support for supervisors. ○ Leadership support for frontline workers.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
National Alliance on Mental Illness (NAMI) Franklin County Address: 1225 Dublin Road, Suite 50, Columbus, Ohio 43215. Website: http://www.namifranklincounty.org/ References: ADAMH Board of Franklin County (2025); NAMI (2025)	• Access to support, education, advocacy, referral, and outreach among persons with mental illness and their families. • Access to mental health initiatives: ○ Raise awareness about mental illness. ○ Reduce stigma. ○ Provision of services that are inclusive and accessible. ○ Partnerships to address gaps in crisis and clinical services. • Access to mentorship, parenting classes, and peer support. • Access to family education seminars. • Serves individuals, families, teens, young adults, frontline workers, faith groups, culturally diverse groups. • Access to virtual and online support groups. • Access to various NAMI initiatives: ○ NAMI Basics. ○ NAMI Connection. ○ NAMI Family and Friends. ○ NAMI Family Support Group. ○ NAMI Family-to-Family. ○ NAMI Peer-to-Peer.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
National Church Residences Address: 2245 North Bank Drive, Columbus, OH 43220 Website: http://www.nationalchurchresidences.org/ References: ADAMH Board of Franklin County (2025); National Church Residences (2025)	• Access to affordable senior housing. • Access to service coordinators. • Access to home and community-based services. • Access to permanent supportive housing for people with disabilities or previously experienced homelessness. • Access to independent Senior Living. • Access to Independent Affordable Senior Living. • Access to Assisted Living. • Access to Continuum Care Retirement Communities. • Access to Memory Care. • Access to Hospice Care.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Nationwide Children's Hospital Address: 444 Butterfly Gardens Drive, Columbus, Ohio 43215 Website: http://nationwidechildrens.org/behavioral-health References: ADAMH Board of Franklin County (2025); Nationwide Children's Hospital (2025)	• Access to the Big Lots Behavioral Health Services for patients and families mental and behavioral health needs using trauma-informed care. • Access to Psychiatric Services, including assessment, diagnoses, and treatment of mental disorders. • Access to Developmental and Behavioral Pediatrics that provide programs and services to determine the developmental and behavioral needs of children, teens, and families. • Access to the Child Development Center and Center for Autism Spectrum Disorders (CASD): ○ Assessment of children with developmental and intellectual disabilities. ○ Consults. ○ Assessment. ○ Treatment. ○ Therapy. ○ Support services. • Access to Pediatric Psychology and Neuropsychology, which assesses the relationship between physical health and cognitive, social, and emotional functions. • Access to Crisis Services that provides integrated care at the hospital and clinics when the clinician has a concern for the patient to harm themselves or other people. • Access to Inpatient Services for children and teens with serious psychiatric disorders. • Access to Community-Based Services, which are services provided in the school and at home to assist and support the patient and their families.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Nationwide Children's Hospital Address: 444 Butterfly Gardens Drive, Columbus, Ohio 43215 Website: http://nationwidechildrens.org/behavioral-health References: ADAMH Board of Franklin County (2025); Nationwide Children's Hospital (2025)	• Access to Outpatient Services: ○ Assessment and treatment of mental and behavioral health disorders. ○ Standard outpatient services for children, group, and family interventions. ○ Intensive outpatient programs. ○ Partial Hospitalization Program (PHP). ○ Mood and Anxiety Program. ○ Eating Disorders Program. • Access to Prevention Services: ○ Helps children manage their own feelings and behavior. ○ Suicide Prevention education in Columbus City Schools.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Netcare Access Address: 199 S. Central Avenue, Columbus, OH 43223 Website: http://www.netcareaccess.org/ References: ADAMH Board of Franklin County (2025); Netcare Access (2025)	• Access to behavioral health crisis intervention. • Access to crisis stabilization. • Access to ongoing treatment services for adults and people with developmental disabilities. • Access to 24/7 Crisis Phone Line (614-276-CARE). • Access to 988 Suicide and Crisis Lifeline. • Access to the Homeless Hotline 614 274-7000. • NetCare provides back-up coverage for Franklin County. NetCare answers texts and chats that come via 988. • Access to Row One Program. • Transport intoxicated persons out from the streets to a homeless shelter, drug and alcohol treatment centers, community mental health centers, hospitals, or Netcare Crisis Services. • Access to Probate Pre-Screening determines if a person meets the criteria for involuntary psychiatric hospitalization. Probate Screening are implemented by licensed professional counselors and social workers who also serve as Health Officers for Franklin County and have the authority to initiate hospitalization due to psychiatric reasons. The criteria for psychiatric hospitalization include: ○ Persons who pose an immediate danger to oneself. ○ Persons are unable to provide self-pay. ○ Persons are risk to others. ○ Persons were unwilling to seek treatment. ○ Persons are at risk for self-harm. ○ Persons are at risk of harming other people.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
North Central Mental Health Services, Inc. Address: 1301 N. High Street, Columbus, Ohio 43201 Website: http://ncmhs.org/ References: ADAMH Board of Franklin County (2025); North Central Mental Health Services (2016)	• Access to community-based mental health and recovery services. • Access to 988 Suicide and Crisis Lifeline services. • Serves all age groups, from children to older adults. • Access to treatment for children, adults, older adults, and families. • Access to short-term outpatient care focused on mental health and chemical dependency. • Access to long-term intensive treatment. • Access to recovery support for persons with severe and persistent mental illness. • Access to team-based transitional teams to ensure recovery. • Access to housing options for adults with persistent mental illness, addiction or both. • Access to suicide hotline 24 hours per day. • Access to community education to prevent suicides. • Access to prevention and education. • Access to community collaborations to advocate for care transitions. • Access to psychiatric interventions, including assessment, consultation, and treatment.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
North Community Counseling Centers Address: 6037 Cleveland Avenue, Columbus, Ohio 43229 Website: http://northcommunity.com/ References: ADAMH Board of Franklin County (2025); North Community Counseling Centers (2025)	• Access to medical and psychiatric care. • Access to counseling. • Access to case management. • Access to Substance Use Disorder (SUD) Treatment. • Access to programs: ○ Center for New Americans. ○ Outpatient programs for children and youth. ○ School-based programs. ○ Summer programs. ○ Residential programs. ○ Women's Empowerment Program.
Ohio Guidestone Address: 515 E. Main Street, Columbus, Ohio 43215 Website: http://ohioguidestone.org/ References: ADAMH Board of Franklin County (2025); Ohio Guidestone (2025)	• Access to prevention services. • Access to treatment services for mental health and substance use. • Access to telehealth services. • Access to adult mental health services. • Adult outpatient mental health services. • Access to support for maternal depression: ○ Prenatal depression ○ Postpartum anxiety ○ Postpartum depression ○ Postpartum psychosis ○ Screening for maternal depression • Access to adult psychiatry services.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Ohio Guidestone Address: 515 E. Main Street, Columbus, Ohio 43215 Website: http://ohioguidestone.org/ References: ADAMH Board of Franklin County (2025); Ohio Guidestone (2025)	• Access to Assertive Community Treatment for people with severe mental illness in their homes: ○ Access to psychopharmacologic treatment, including antipsychotics and antidepressants. ○ Individualized support. ○ Crisis intervention. ○ Treatment for substance use. ○ Group therapy for clients with dual diagnosis. ○ Skills teaching, time management, and performing activities of daily living. ○ Employment and education support. ○ Legal and financial support services. • Access to crisis stabilization.
PrimaryOne Health Address: 2780 Airport Drive, Suite 100, Columbus, Ohio 43219 Website: http://primaryonehealth.org/ References: ADAMH Board of Franklin County (2025); PrimaryOne Health (2025)	• Access to holistic care where behavioral health services are integrated to patients seeking medical care. • Screenings for alcohol and drug use. • Access to support for mental and social needs during pregnancy. • Access to short-term counseling during life situations. • Access to education about depression, anxiety, and other mental health disorders. • Access to food resources and other community resources for basic needs affecting health status.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Recovery Innovations (RI) International Address: 199 S. Central Ave. Door #1, Columbus, Ohio 43223 Website: https://riinternational.com/ References: ADAMH Board of Franklin County (2025); RI International (2025)	• Access to 10-bed voluntary program that provides immediate support and crisis intervention. • Access to behavioral urgent care 24 hours a day, 7 days a week. • Access to crisis stabilization for maximum of 23 hours. • Access to peer engagement. • Access to crisis assessment and intervention: ○ Clinical assessments. ○ Psychiatric assessments. ○ Medication support. ○ Referrals for follow-up care.
Southeast Healthcare Address: 16 W. Long Street, Columbus, Ohio 43215. Website: http://www.southeasthc.org/ References: ADAMH Board of Franklin County (2025); Southeast Healthcare (2025).	• Access to Primary Care Medical Home (PCMH). • Access to behavioral health services that offers a holistic approach to address physical, behavioral and wellness needs. • Access to homeless services. • Access to vocational services that includes employment, financial stability, and development of life skills.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
St. Vincent Family Services Address: 140 E. Main Street, Columbus, Ohio 43205. Website: http://svfsohio.org/ References: ADAMH Board of Franklin County (2025); St. Vincent Family Services (2024).	• Access to youth behavioral services to support children and families: ○ Telehealth. ○ Psychiatric care, prescription, and management of medications. ○ 24/7 residential care. ○ Counseling for persons and families. ○ Care at school and at home. ○ Family-focused support for foster parents. ○ Early childhood consults on mental health. ○ Counseling and therapy. ○ Outpatient family therapy. ○ Trauma-informed care. ○ Development of coping skills, good decision-making, handling of emotions, improving relationships with family and friends. ○ Access to in-home care treatment and counseling, especially when hospitalization or out-of-home placement may be needed. ○ School-based care to foster good social and emotional health and building of skills to relate well with other people. ○ Alcohol and drug prevention. ○ St. Vincent Prep Academy's services to teach academics and behavioral health treatment for children from pre-school to elementary. ○ Community Family Intervention (CFI) for children with mental and behavioral needs that affect their ability to become successful at home, school, and community.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
St. Vincent Family Services Address: 140 E. Main Street, Columbus, Ohio 43205. Website: http://svfsohio.org/ References: ADAMH Board of Franklin County (2025); St. Vincent Family Services (2024).	• Access to services to support foster parents. • Training of future foster parents. • Respite care for foster parents and caregivers of children. • Collaboration with Christ Child Society of Columbus Foster Hope Program.
Syntero, Inc. Address: 299 Cramer Creek Court, Dublin, Ohio 43017. Website: https://www.syntero.org/ References: ADAMH Board of Franklin County, 2025; Syntero, Inc. (2024)	• Access to counseling and support services in the community. • Access to services and programs that are trauma-informed and evidenced-based. • Access to treatment, counseling, and support groups for adults. • Access to treatment, support groups, and at home supportive programs and services for infants, children, adolescents, young adults, and their families. • Access to outpatient counseling for mental health and substance use disorders.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
The Buckeye Ranch Address: 4653 E. Main Street, Whitehall, Ohio 43213. Website: http://buckeyeranch.org/ References: ADAMH Board of Franklin County (2025); The Buckeye Ranch (2025)	• Access to behavioral and mental health services for children and families. • Access to behavioral health therapy. • Access to counseling for youth and families. • Access to residential treatment services: ○ Psychiatric Residential Treatment Facility. ○ Qualified Residential Treatment Program. • Access to Community-Based Mental Health Programs: ○ Intensive Family Support Program. ○ Intensive Home-Based Treatment. ○ Multi-Systemic Therapy. ○ Functional Family Therapy. ○ Outpatient programs and services. ○ Integrated Co-Occurring Treatment. • Access to mental health counseling in central Ohio schools for students experiencing sadness, behavior issues, excessive worry, trauma, experiencing grief or loss, and adjustment to school schedules: • South-Western City Schools. • Columbus City Schools. • Reynoldsburg City Schools. • Columbus Preparatory Academy.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
The P.E.E.R. Center Address: 205 N. Hamilton Road, Columbus, OH 43213 (East Columbus); 866 W Broad St #860, Columbus, Ohio 43222 (West Columbus) Website: http://thepeercenter.org/ References: ADAMH Board of Franklin County (2025); The P.E.E.R. Center (n.d.).	• Access to free walk-in recovery center where peers with trauma, addiction, and mental illness, talk and support each other. • Access to one-on-one or group support, recreational activities, arts and crafts, access to computers with internet connection, and media center. • Access to emotional CPR certification virtual training.
Urban Minority Alcoholism and Drug Abuse Outreach Program of Franklin County, Inc. (UMADAOP) Address: 700 Bryden Road, Suite 210, Columbus, Ohio 43215 Website: http://umadaopfc.com/ References: ADAMH Board of Franklin County (2025); UMADAOP of Franklin County (2024)	• Access to youth prevention services: ○ In-school programs to develop life skills, promote resilience, become aware of alcohol and other drugs, decrease adolescent use of alcohol and drugs, become aware of issues that trigger children and youth to consume alcohol and take drugs. ○ After-school programs that features life skills training to demonstrate that alcohol and drug use is not accepted by peers. ○ Access to Prevention Explorers Camp during the summer and winter breaks. ○ Access to mentorship, development of skills to relate with others, and be part of the community. • Access to Circle for Recovery: ○ Relapse prevention. ○ Offender re-entry. ○ Support services for adult men and women who are supervised by the Ohio Adult Parole Authority and local court.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Urban Minority Alcoholism and Drug Abuse Outreach Program of Franklin County, Inc. (UMADAOP) Address: 700 Bryden Road, Suite 210, Columbus, Ohio 43215 Website: http://umadaopfc.com/ References: ADAMH Board of Franklin County (2025); UMADAOP of Franklin County (2024)	• Access to Driver Intervention Program: ○ A 72-hour program that serves as an alternative to incarceration for first-time offenders, and repeat offenders. Participants focus on engaging with groups to discuss behaviors that are needed to prevent repeat offenses. • Access to Prevention Services for Families: ○ Strengthening Families Program – include education about parenting skills, healthy lifestyle without drugs, and alcohol. ○ Fetal Alcohol Spectrum Disorder Program (FASD) – aims to reduce FASD among pregnant women. ○ Suicide Prevention – utilized “Art Gives Reasons” to help prevent suicide among youth and young adults.

Continuation of Table 11. Summary of ADAMH Board of Franklin County network of providers and examples of programs and services that are available to address mental, behavioral, and other related needs among Franklin County residents.

ADAMH of Franklin County's Network Providers (Agency Name, Address, and Website)	Examples of Programs and Services
Urban Minority Alcoholism and Drug Abuse Outreach Program of Franklin County, Inc. (UMADAOP) Address: 700 Bryden Road, Suite 210, Columbus, Ohio 43215 Website: http://umadaopfc.com/ References: ADAMH Board of Franklin County (2025); UMADAOP of Franklin County (2024)	• Access to treatment services: ○ Assessments and treatment for substance use disorders. ○ Counseling for persons and groups. ○ Outpatient care. ○ Intensive outpatient care. ○ Recovery support services. ○ Peer support for people with substance use disorders. ○ Anger management. ○ Domestic violence. ○ Creating Lasting Family Connections. - Access to Community programs: ○ Walk Confidently, a program that gives shoes to children. ○ Thanksgiving Feed the Homeless "The Harvest". ○ Christmas Adopt a Family "The Gift". ○ "Tree of Life" Gun Violence Prevention. ○ Stop Hunger Program.

C – 3. Healthcare and Community Resources that are Available to Address Adverse Childhood Experiences (ACEs) in Franklin County, Ohio.

C – 3.1. Franklin County Family and Children First Council.

Table 12 summarizes Franklin County Family and Children First Council's programs and services that are trauma-informed and focuses on participant or client's adverse childhood experiences (ACEs). Additional information is available in Franklin County Family and Children First Council (n.d.).

C – 3.2. Nationwide Children's Hospital's The Center for Family Safety and Healing.

Table 13 summarizes examples of programs and services provided by Nationwide Children's Hospital's The Center for Family Safety and Healing. These programs and services are trauma-informed and considers adverse childhood experiences (ACEs) of individuals and families served. Additional information is available at The Center for Family Safety and Healing (n.d.).

Table 12. Examples of Franklin County Family and Children First Council’s programs and services that address adverse childhood experiences (ACEs).

Name of Programs and Services	Description
Building Better Lives Initiative (Franklin County Family and Children First Council, 2023)	• Prevent child abuse and neglect in Franklin County. • Advocates for understanding of developmental trauma on children’s brain development, learning, and behavior. • Provides training, coaching, consulting, and support. • Access to care providers that have skills that are trauma – informed. • Access to school-based training of teachers and staff. • Access to training of home visiting team that provides care to families with young children. • Access to training of first responders in collaboration with Rapid Response Emergency Addiction and Crisis Team (RREACT) to assist persons experiencing mental and behavioral health crises. • Has provided training and education at Franklin County schools, such as but not limited to: ○ Reynoldsburg Schools. ○ Southwestern City Schools. ○ Westerville South High School. ○ Hilltonia Middle School. ○ West Broad Elementary School. ○ I am Boundless. ○ Columbus City Schools. • Has provided training to community agencies, such as but not limited to: ○ Ohio Domestic Violence Network. ○ City Year Columbus. ○ Franklin County Board of Developmental Disabilities.

Continuation of Table 12. Examples of Franklin County Family and Children First Council's programs and services that address adverse childhood experiences (ACEs).

Name of Programs and Services	Description
Help Me Grow Early Intervention Franklin County Family and Children First Council (n.d.)	• Access to coordinated early intervention to parents and children under age 3 with disabilities or developmental delays. • Access to Individualized Family Service Plan with families and children. • Facilitated in Ohio through the Ohio Department of Children and Youth.
Partnership4Success (P4S) Franklin County Family and Children First Council (n.d.)	• The Family and Children First Council collaborates with various agencies: ◦ ADAMH Board of Franklin County. ◦ City of Columbus. ◦ Franklin County Department of Job and Family Services. ◦ Franklin County Children Services. ◦ Nationwide Children's Hospital. ◦ United Way of Central Ohio. • Aims to impact the social, emotional, and academic development of youth through collective community effort.
Caregivers Support Group Franklin County Family and Children First Council (n.d.)	• Access to families where they could share experiences, resources, and provide emotional support to one another.

Table 13. Examples of Nationwide Children’s Hospital’s The Center for Family Safety and Healing’s programs and services that address adverse childhood experiences (ACEs).

Name of Program and Services	Description
Adult Services	• Office-Based Counseling: ○ Use of “Seeking Safety” intervention. ○ Use of Eye Movement Desensitization and Reprocessing Therapy. ○ Additional Cognitive Behavioral Therapy (CBT) interventions for persons who experienced domestic violence. • Advocacy for legal services: ○ Legal system navigation. ○ Community supports. ○ Identifying domestic shelter care. ○ Safety planning. ○ Advocacy services are provided at home or community. ○ Collaborations with law enforcement officers and court system regarding domestic violence.
Child and Family Counseling	• Access to counseling services through the Nationwide Children’s Behavioral Health Services: ○ Aims to reduce or prevent traumatic symptoms due to sexual or physical abuse. ○ Aims to promote child safety and healthy development. ○ Development of individualized treatment plan. ○ Access to Family Support Program that provides children and adolescent counseling who have been physically abused, sexually abused, or exposed to domestic violence. ○ Access to Family Violence Treatment Group, which is an 8-week group therapy program for children, adolescents, and their caregivers. ○ Access to Eye Movement Desensitization and Reprocessing (EMDR) for persons with anxiety, depression, and trauma.

Continuation of Table 13. Examples of Nationwide Children’s Hospital’s The Center for Family Safety and Healing’s programs and services that address adverse childhood experiences (ACEs).

Name of Program and Services	Description
Child and Family Counseling	• Access to counseling services through the Nationwide Children’s Behavioral Health Services: ○ Access to Parent Child Interaction Therapy, which teaches parents coaching children to produce desired behaviors. ○ Access to Psychological Evaluation, which provides clinical service and medication management. ○ Access to Sexual Abuse Treatment Group, which is a 10-week group therapy program for children who are victims of sexual abuse and their caregivers. ○ Access to Trauma-Focused Cognitive Behavioral Therapy, which is appropriate for children and adolescents with trauma experiences. ○ Access to Trauma-Focused Cognitive Behavioral Therapy/Dialectical Behavioral Therapy. This intervention fits adolescents with complex trauma, and multiple psychiatric hospitalizations, has done harm to self and other people. ○ Access to Home-Based Counseling, which are appropriate for children who had trauma or increased risk for harm.
Child Assessment Center	• Access to multidisciplinary team, which includes medicine, social work, law enforcement, and child protective services: ○ Medical assessment and treatment. ○ Interviews if children and family members who experienced violence, abuse, or neglect.

Continuation of Table 13. Examples of Nationwide Children’s Hospital’s The Center for Family Safety and Healing’s programs and services that address adverse childhood experiences (ACEs).

Name of Program and Services	Description
Community Training Programs	• Community collaboration, education, and trainings: ○ Education about family violence. ○ Recognition of signs of domestic violence. ○ How to respond to violence. ○ Referral to community resources. ○ Access to training for schools, colleges, and universities. ○ Access to training for churches and faith communities. ○ Access to training for healthcare organizations. ○ Access to training for business organizations. ○ Access to training for the legal community.
Fostering Connections Program	• Access to specialized care clinic that provides comprehensive healthcare services to children placed in foster or out-of-home care. • Access to a medical home by providing initial assessments, well-child visit, sick-child visit, and care coordination. • Access to medical evaluation includes a medical exam, and review of medical history, mental health screening, and developmental screens.
Maternal-Infant Home Visits	• Access to the Nurse-Family Partnership or Health Families America programs that benefit women, and caregivers who are pregnant or parenting newborn children. • Access to holistic, long-term, therapeutic support to families to improve health outcomes, increase readiness for school, and help for caregivers to develop skills to benefit the family.

Continuation of Table 13. Examples of Nationwide Children’s Hospital’s The Center for Family Safety and Healing’s programs and services that address adverse childhood experiences (ACEs).

Name of Program and Services	Description
Family Success Network	• Access to a personal family coach free of charge: ○ Money management. ○ Financial assistance. ○ Support for parents. ○ Coaching for families. ○ Community connections. ○ Home visits. ○ Development of life skills. ○ Planning for family success.

C – 4. Healthcare and Community Resources that are Available to Address Maternal and Infant Health in Franklin County, Ohio.

C – 4.1. OhioHealth Women’s Health Service Line.

C – 4.1.1. OhioHealth’s Birthing Hospitals and Maternity Services in Franklin County.

In Franklin County, OhioHealth has four birthing hospitals, namely, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital. **Table 23** summarizes the programs and services offered by OhioHealth to Franklin County residents that are related to maternity services.

C – 4.1.2. OhioHealth Obstetrics and Gynecology Programs and Services.

OhioHealth offers programs and services related to obstetrics and gynecology (OB/GYN) in various clinics (fixed site and mobile health clinics throughout Franklin County). Some examples of the OhioHealth OB/GYN services include:

- **Access to obstetrics care**
 - Prenatal care.
 - Pregnancy risk assessment.
 - Monitoring for high-risk pregnancies.
 - Delivery of baby.
 - Postpartum care.
- **Access to gynecological care**
 - Gynecological exam.
 - Management of heavy bleeding.
 - Management of painful or irregular menstrual cycles.
 - Management of premenstrual symptoms.
 - Management of perimenopause and menopause.
 - Access to hormonal treatment.
 - Access to natural hormone replacement therapy.
- **Access to prevention and early detection**
 - Women’s preventive care.
 - Teen and adolescent care.
 - Pap tests.
 - Breast examinations.
 - Pelvic examinations.
 - Osteoporosis screening.
 - Nutritional counseling.
 - Human papilloma virus (HPV)/cervical cancer vaccine (Gardasil).

- **Access to family planning**
 - Birth control and counseling.
 - Preconception counseling.
 - Pre-pregnancy patient education to preparing for pregnancy.
 - Infertility assessments and basic treatments.
 - Reversal of tubal ligation (select physicians).
 - Intrauterine device (IUD) insertions.
 - Effective treatment options for endometriosis that often improve pregnancy prospects.
- **Access to surgical services**
 - Colposcopy.
 - Endometrial biopsy.
 - Endometrial ablation.
 - Laser surgery for endometriosis and other conditions.
 - Advanced laparoscopy.
 - Advanced hysteroscopy.
 - Reversal of tubal ligation (select physicians).

The OhioHealth OB/GYN clinics in Franklin County offers comprehensive and quality care to women throughout their lives, from routine exams, to maternity, to menopause. Our women's health services include nutritional counseling, sexually transmitted infections (STI) testing, family planning, sexual health and contraception, and surgical and prenatal care. Details on various fixed-site (brick and mortar) and mobile health clinic sites are summarized below:

- **OhioHealth Physician Group Obstetrics and Gynecology Columbus Beacon Hill Road**
 - **Address:** 5131 Beacon Hill Road, Suite 310C, Columbus, Ohio 43228.
 - **Website:** <https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/obstetrics-and-gynecology/our-locations/columbus-beacon-hill-rd/>
- **OhioHealth Community Care Obstetrics and Gynecology**
 - **Address:** 3535 Olentangy River Road, Ground Floor, Columbus, Ohio 43214.
 - **Website:** <https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/obstetrics-and-gynecology/our-locations/riverside-community-care/>
- **OhioHealth Physician Group Gynecology Columbus Olentangy River Road**
 - **Address:** 3600 Olentangy River Rd, Suite A, Columbus, Ohio 43214.
 - **Website:** <https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/obstetrics-and-gynecology/our-locations/columbus-olentangy-river-rd/>

- **OhioHealth Physician Group Obstetrics and Gynecology Grove City**
 - **Address:** 3503 Southwest Boulevard, Grove City, Ohio 43123.
 - **Website:** <https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/obstetrics-and-gynecology/our-locations/grove-city/>
- **OhioHealth Physician Group Obstetrics and Gynecology Hilliard**
 - **Address:** 5300 Nike Drive, Hilliard, Ohio 43026.
 - **Website:** <https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/obstetrics-and-gynecology/our-locations/hilliard/>
- **OhioHealth Physician Group Obstetrics and Gynecology Reynoldsburg**
 - **Address:** 2014 Baltimore-Reynoldsburg Road, Reynoldsburg, Ohio 43068.
 - **Website:** <https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/obstetrics-and-gynecology/our-locations/reynoldsburg/>
- **OhioHealth Physician Group Wellness on Wheels Women's Health – Directions for Youth (Mobile Health Clinic Site)**
 - **Address:** 3840 Kimberly Parkway, Columbus, Ohio 43232.
 - **Website:** <https://www.ohiohealth.com/locations/womens-health/wellness-on-wheels-directions-for-youth/>
 - **Services:**
 - + Women's health.
 - + Prenatal care.
 - + Postpartum care.
 - + Reproductive counseling.
 - + Birth control prescription.
 - + Ultrasound.
 - + Laboratory testing.
 - + Nutrition consults.
 - + Health insurance guidance.
 - + Interpretive services.
 - + Transportation assistance.
 - + Connections to community resources for social services.

- **OhioHealth Physician Group Wellness on Wheels Women’s Health – East High School (Mobile Health Clinic Site)**
 - **Address:** 1500 E. Broad Street, Columbus, Ohio 43205.
 - **Website:** <https://www.ohiohealth.com/locations/womens-health/wellness-on-wheels-east-high-school/>
 - **Services:**
 - + Women’s health.
 - + Prenatal and postpartum care.
 - + Reproductive counseling and birth control prescription.
 - + Ultrasound.
 - + Laboratory testing.
 - + Nutrition consults.
 - + Health insurance guidance.
 - + Interpretive services.
 - + Transportation assistance.
 - + Connections to community resources for social services.

- **OhioHealth Physician Group Wellness on Wheels Women’s Health – Linden Opportunity Center (also called Linden Community Center) (Mobile Health Clinic Site)**
 - **Address:** 1350 Briarwood Avenue, Columbus, Ohio 43211.
 - **Website:** <https://www.ohiohealth.com/locations/womens-health/wellness-on-wheels-linden-opportunity-center>
 - **Services:**
 - + Women’s health.
 - + Prenatal and postpartum care.
 - + Reproductive counseling and birth control prescription.
 - + Ultrasound.
 - + Laboratory testing.
 - + Nutrition consults.
 - + Health insurance guidance.
 - + Interpretive services.
 - + Transportation assistance.
 - + Connections to community resources for social services.

- **OhioHealth Physician Group Wellness on Wheels Women's Health – Northland High School (Mobile Health Clinic Site)**
 - **Address:** 1919 Northcliff Drive, Columbus, Ohio 43229.
 - **Website:** <https://www.ohiohealth.com/locations/womens-health/wellness-on-wheels-northland-high-school/>
 - **Services:**
 - + Women's health.
 - + Prenatal and postpartum care.
 - + Reproductive counseling and birth control prescription.
 - + Ultrasound.
 - + Laboratory testing.
 - + Nutrition consults.
 - + Health insurance guidance.
 - + Interpretive services.
 - + Transportation assistance.
 - + Connections to community resources for social services.
- **OhioHealth Physician Group Wellness on Wheels Women's Health –South High School (Mobile Health Clinic Site)**
 - **Address:** 1160 Ann Street, Columbus, Ohio 43206.
 - **Website:** <https://www.ohiohealth.com/locations/womens-health/wellness-on-wheels-south-high-school/>
 - **Services:**
 - + Women's health.
 - + Prenatal and postpartum care.
 - + Reproductive counseling and birth control prescription.
 - + Ultrasound.
 - + Laboratory testing.
 - + Nutrition consults.
 - + Health insurance guidance.
 - + Interpretive services.
 - + Transportation assistance.
 - + Connections to community resources for social services.

- **OhioHealth Physician Group Wellness on Wheels Women's Health – Van Buren Shelter (Mobile Health Clinic Site)**
 - **Address:** 595 Van Buren Drive, Columbus, Ohio 43223.
 - **Website:** <https://www.ohiohealth.com/locations/womens-health/wellness-on-wheels-van-buren-shelter/>
 - **Services:**
 - + Women's health.
 - + Prenatal and postpartum care.
 - + Reproductive counseling and birth control prescription.
 - + Ultrasound.
 - + Laboratory testing.
 - + Nutrition consults.
 - + Health insurance guidance.
 - + Interpretive services.
 - + Transportation assistance.
 - + Connections to community resources for social services.

- **OhioHealth Physician Group Wellness on Wheels Women's Health – Walnut Ridge High School (Mobile Health Clinic Site)**
 - **Address:** 4841 E. Livingston Avenue, Columbus, Ohio 43227.
 - **Website:** <https://www.ohiohealth.com/locations/womens-health/wellness-on-wheels-walnut-ridge-high-school/>
 - **Services:**
 - + Women's health.
 - + Prenatal and postpartum care.
 - + Reproductive counseling and birth control prescription.
 - + Ultrasound.
 - + Laboratory testing.
 - + Nutrition consults.
 - + Health insurance guidance.
 - + Interpretive services.
 - + Transportation assistance.
 - + Connections to community resources for social services.

- **OhioHealth Physician Group Wellness on Wheels Women’s Health – Olentangy River Road (Wellness on Wheels Office and Fixed Clinic Site)**
 - **Address:** 3830 Olentangy River Road, Columbus, Ohio 43214.
 - **Website:** <https://www.ohiohealth.com/locations/womens-health/wellness-on-wheels-olentangy-river-rd/>
 - **Services:**
 - + Women’s health.
 - + Prenatal and postpartum care.
 - + Reproductive counseling and birth control prescription.
 - + Ultrasound.
 - + Laboratory testing.
 - + Nutrition consults.
 - + Health insurance guidance.
 - + Interpretive services.
 - + Transportation assistance.
 - + Connections to community resources for social services.

C – 4.2. .Franklin County Public Health’s Maternal and Infant Health Programs and Services.

C – 4.2.1. Franklin County Public Health’s education about ABCs of Safe Sleep.

Trained staff of the Franklin County Public health provides health education about safe sleep tips for parents and families with infants under age 1 at home. The ABC of safe sleep aims to protect infants from Sudden Infant Death Syndrome (SIDs) (Franklin County Public Health, 2025). The Franklin County Public Health staff supports families through the following interventions.

- Education about ABCs of safe sleep and answer questions from parents and families.
 - **A** means that the baby is **alone** in their own crib with no blankets, toys, pets, or family members.
 - **B** means that the baby is placed on their **back** on a firm, flat, level sleep surface.
 - **C** means that the baby is placed in a **crib** for bedtime and naps. Couches, adult beds, or armchairs are never safe for infants to sleep.
- Conduct of a safe sleep assessment with parents and families and reinforce the importance of safe sleep through education.
- Refer families to accessing a portable crib if they qualify.

C – 4.2.2. Franklin County Public Health’s Home Visiting Program.

- The program serves pregnant or postpartum women minorities until their baby turns 3 years old.
- Access to 1-on-1 support.
- Access to referral and linkages to pertinent community resources.
- Access to home visits, phone calls and text messages from a public health nurse or community health worker.

C – 4.3. Columbus Public Health’s CelebrateOne.

CelebrateOne’s mission is to ensure that every baby in Columbus celebrates their first birthday and beyond. CelebrateOne’s goals include:

- Reducing preterm births.
- Improving access to prenatal and postpartum care.
- Providing access to social determinants of health needs.
- Promoting safe sleep practices.

CelebrateOne’s programs and services include the following:

- Access to community baby showers.
- Access to doulas.
- Focus on Ohio Health Improvement Zones.
- Provision of pregnancy test kits.
- Queen Village.
- Education about safe sleep practices.
- Access to teen reproductive health.

Additional information about CelebrateOne is available at City of Columbus, Ohio (2025).

C – 5. Healthcare and Community Resources that are Available to Address Violence and Injury-Related Deaths in Franklin County, Ohio.

C – 5.1. Continue the programs and services of the OhioHealth Emergency Departments in Franklin County.

C – 5.1.1. OhioHealth Emergency Departments in Franklin County.

OhioHealth Emergency Departments provide immediate, expert treatment for emergencies that are severe and life-threatening. Examples of violence and injury-related conditions that the OhioHealth Emergency Department team provides care are listed below:

- Abdominal injury
- Chest injury
- Head injury (bump, bruise, cut on the head with loss of consciousness)
- Limb injury
- Major burns
- Major cuts
- Poisoning or exposure to dangerous chemicals
- Severe head injury
- Sexual assault
- Suicidal thoughts

C – 5.1.2. Locations of OhioHealth Emergency Departments in Franklin County.

- **OhioHealth Riverside Methodist Hospital Emergency Department**

Address: 3535 Olentangy River Road, Columbus, Ohio 43214.

Website: <https://www.ohiohealth.com/locations/hospitals/riverside-methodist-hospital/>

- **OhioHealth Grant Medical Center Emergency Department**

Address: 111 S. Grant Avenue, Columbus, Ohio 43215.

Website: <https://www.ohiohealth.com/locations/hospitals/grant-medical-center/>

- **OhioHealth Doctors Hospital Emergency Department**

Address: 5100 W. Broad Street, Columbus, Ohio 43228.

Website: <https://www.ohiohealth.com/locations/hospitals/doctors-hospital/>

- **OhioHealth Dublin Methodist Hospital Emergency Department**

Address: 7500 Hospital Drive, Dublin, Ohio 43016.

Website: <https://www.ohiohealth.com/locations/hospitals/dublin-methodist-hospital/>

- **OhioHealth Grove City Methodist Hospital Emergency Department**

Address: 1375 Stringtown Road, Grove City, Ohio 43123.

Website: <https://www.ohiohealth.com/locations/hospitals/grove-city-methodist-hospital/>

- **OhioHealth Emergency Care at Hilliard**

Address: 3880 Fishingier Boulevard, Hilliard, Ohio 43026.

Website: <https://www.ohiohealth.com/locations/emergency-care/ohiohealth-emergency-care-hilliard/>

- **OhioHealth Emergency Care at New Albany**

Address: 5868 N. Hamilton Road, Columbus, Ohio 43230.

Website: <https://www.ohiohealth.com/locations/emergency-care/ohiohealth-emergency-care-new-albany/>

- **OhioHealth Emergency Care at Obetz**

Address: 4335 Alum Creek Drive, Obetz, Ohio 43207.

Website: <https://www.ohiohealth.com/locations/emergency-care/ohiohealth-emergency-care-obetz/>

- **OhioHealth Emergency Care at Reynoldsburg**

Address: 6960 E. Main Street, Reynoldsburg, Ohio 43068

Website: <https://www.ohiohealth.com/locations/emergency-care/ohiohealth-emergency-care-reynoldsburg/>

C – 5.2. OhioHealth Trauma Network.

C – 5.2.1. OhioHealth Grant Medical Center Level I Trauma Center is the busiest level I Trauma Center in Ohio. Grant Medical Center has 3 dedicated, state-of-the-art trauma bays available 7 days a week, 24 hours a day for the immediate treatment on arrival of trauma patients. The Emergency Medical Service have direct access to the Grant trauma bays upon arrival. The team is comprised of:

- Trauma surgeons (trauma, acute care surgery, orthopedics, neurosurgery, plastic surgery, vascular specialists).
- Trauma nurses (emergency department, trauma unit, critical care, surgical, and procedural nurses).
- Partnership with Emergency Medical Service (EMS).
- Trauma Outreach Coordinator.
- OhioHealth Stop-the-Bleed Coordinator.
- Trauma Recovery Center.
- Injury Prevention Coordinator.

C – 5.2.2. OhioHealth Riverside Methodist Hospital Level II is one of the busiest Level II Trauma Center in the United States. Attending trauma surgeons are available 7 days a week and 24 hours per week.

- Trauma surgeons (trauma, acute care surgery, orthopedics, neurosurgery, plastic surgery, vascular specialists).
- Trauma nurses (emergency department, trauma unit, critical care, surgical, and procedural nurses).
- Partnership with Emergency Medical Service (EMS).
- Trauma Program Manager.
- Substance Abuse Coordinator.
- Injury Prevention Coordinator.
- Outpatient Trauma Clinic

D. How Data Was Obtained

The six OhioHealth Hospitals in Franklin County, namely, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital jointly collected the data from various sources as follows:

- D – 1.** The definition of the community served by the six OhioHealth Hospitals in Franklin County was determined based on the percent of patients served who resided in Franklin County during Fiscal Year 2022 and 2023, based on electronic medical records. See **Section A**.
- D – 2.** The demographic data of the Franklin County population was obtained from the Ohio Department of Development (n.d.). See **Section B**. The Franklin HealthMap 2025 (Central Ohio Hospital Council, City of Columbus, Franklin County Public Health (2025) also summarized demographic data of the Franklin County population and pertinent excerpts from community focus groups as follows:
 - Community profile – pages 19-24 of the Franklin County HealthMap (**Appendix E**).
 - Income and poverty – pages 26-31 of the Franklin County HealthMap (**Appendix E**).
 - Housing insecurity – pages 33-40 of the Franklin County HealthMap (**Appendix E**).
 - Food Insecurity – pages 43-44 of the Franklin County HealthMap (**Appendix E**).
 - Health insurance – pages 46-50 of the Franklin County HealthMap (**Appendix E**).
- D – 3.** Pertinent health data from Ohio's 2019 State Health Assessment and the 2022 Online State Health Assessment (Ohio Department of Health, 2022.). See **Appendix A**.
- D – 4.** Pertinent health and health-related data for Franklin County, Ohio versus State of Ohio, and United States that are related to the five prioritized health needs in Franklin County based on the HealthMap 2025. OhioHealth obtained these data from the County Health Rankings (2025), Ohio Department of Health (2022), Ohio Department of Health (2023) and Franklin County HealthMap 2025 (2025). See **Appendix B**.

No information gaps were identified that may impact the ability to assess health needs during the 2025 Community Health Needs Assessment process.

E. The Significant Health Needs of the Community

The Franklin County HealthMap 2025 identified five priority health needs in Franklin County, including:

- Social drivers of health (housing)
- Mental health
- Adverse Childhood Experiences (ACEs)
- Maternal and Infant Health
- Violence and Injury-Related Deaths

The community stakeholders identified that among these five priority health needs, the cross-cutting factor is racial equity.

The six OhioHealth hospitals in Franklin County, namely, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital used these five priority health needs in developing its 2025 Community Health Needs Assessment. OhioHealth leaders participated actively in various meetings and activities of the Franklin County HealthMap 2025.

Table 14 summarizes the five priority health needs for Franklin County, the focus areas, category of priority needs based on Ohio's 2020-2022 State Health Improvement Plan (SHIP), and OhioHealth hospitals' alignment with the SHIP as part of its Fiscal Year 2026-2028 Joint Implementation Strategy.

Table 14. Summary of priority needs that were identified by the community stakeholders in the Franklin County HealthMap 2025. The six OhioHealth Hospitals in Franklin County utilized these priority health needs for its 2025 Community Health Needs Assessment and developed the Fiscal Years 2026-2028 Implementation Strategy based on these needs. OhioHealth also aligned with Ohio's 2020-2022 State Health Improvement Plan (SHIP) for each of the five priority health needs.

Priority Health Need	Focus Areas	State Health Improvement Plan (SHIP) Category of Priority Need	OhioHealth Franklin County Hospitals Alignment with SHIP?
Social drivers of health.	Housing.	Priority factor (community conditions).	Yes.
Mental health.	- Loneliness. - Depression. - Self-harm. - Suicide.	Priority health outcome (mental health and addiction).	Yes.
Adverse childhood experiences (ACEs).	- Root cause of physical and mental health issues. - Social drivers of health. - Depression.	Priority factor (community conditions).	Yes.
Maternal and infant health.	- Infant mortality rate. - Maternal health during the pre-pregnancy period. - Maternal health during the prenatal period. - Maternal health during the postpartum period (after delivery). - Racial bias.	Priority health outcome (maternal and infant health).	Yes.
Violence and injury-related deaths.	- Drug overdose deaths. - Alcohol-related deaths. - Traumatic injuries.	- Priority health outcome (mental health and addiction). - Priority factor (access to care).	Yes.

F. Primary and Chronic Disease Needs, and Other Health Issues of Uninsured Persons, Low-income Persons, and Minority Groups

Appendices A and B show the health and health-related data affecting the uninsured persons, low-income persons, and minority groups in Franklin County, Ohio. Whenever available, comparable data for Ohio and United States were provided.

Additional health and health-related data on primary and chronic disease needs of uninsured persons, low-income persons, and minority groups are available in the Franklin County HealthMap 2025 (Central Ohio Hospital Council, Columbus Public Health, and Franklin County Public Health, 2025). Refer to pages 25 to 174 of the Franklin County HealthMap 2025 (**Appendix E**).

G. The Process for Identifying and Prioritizing Community Health Needs and Services to Meet Community Health Needs

OhioHealth representatives participated actively in various activities associated with the development of the Franklin County HealthMap. See **Table 15** for details on meeting and activity dates, focus of discussions or tasks, accomplishments, and identification of priority health needs.

Table 15. Franklin County HealthMap 2025 Activity Dates, Participants, and Accomplishments (Central Ohio Hospital Council, Columbus Public Health, and Franklin County Public Health, 2025).

Dates	Participants	Accomplishments
1/17/2024	New members of the Franklin County HealthMap 2025 Steering Committee.	Meeting by Zoom to learn about the process of the Franklin County HealthMap 2025 (Community Health Assessment) and how their experience and involvement would be critical for the project's overall success.
1/31/2024	- Franklin County HealthMap 2025 Steering Committee (including OhioHealth representatives). - Franklin County HealthMap 2025 Executive Committee (Central Ohio Hospital Council, Columbus Public Health, Franklin County Public Health). - The Ohio State University College of Public Health. - Illuminology.	- Kick-off meeting for the Franklin County HealthMap 2025. - The emerging health issues in Franklin County were discussed and potential health indicators were identified for inclusion into the Franklin County HealthMap 2025. - Attendees discussed the current state of health in Franklin County and answered the question, "What would Franklin County look like to you?".
02/2024	- Franklin County HealthMap 2025 Executive Committee. - The Ohio State University College of Public Health. - Illuminology.	Identified secondary data sources for various indicators. Moreover, the Executive Committee also identified which health indicators would be determined through primary data collection (focus group interviews).
5/13/2024 to 7/26/2024	- The Ohio State University College of Public Health. - Illuminology. 111 Franklin County adults .	90-minute focus groups were conducted in various community locations in Franklin County. 111 Franklin County adults participated in the focus groups about various health topics in Franklin County. - Discussed effects of poverty and racism on health issues.

Table 15. Franklin County HealthMap 2025 Activity Dates, Participants, and Accomplishments (Central Ohio Hospital Council, Columbus Public Health, and Franklin County Public Health, 2025).

Dates	Participants/ Responsible Party	Accomplishments
10/22/2024	- Franklin County HealthMap 2025 Executive Committee. - The Ohio State University College of Public Health. - Illuminology.	Draft of the Franklin County HealthMap 2025 was emailed to the Steering Committee and Executive Committee members for advanced reading prior to the 10/31/2024 meeting.
10/31/2024	- Franklin County HealthMap 2025 Steering Committee (including OhioHealth representatives). - Franklin County HealthMap 2025 Executive Committee (Central Ohio Hospital Council, Columbus Public Health, Franklin County Public Health). - The Ohio State University College of Public Health. - Illuminology.	- Identified 29 significant community health needs. - Utilized the multi-voting technique (3 rounds of voting) to identify 5 priority health needs. - Criteria for prioritization of health needs: - Equity. - Size of the health problem. - Seriousness of the health problem. - Feasibility of solving the health problem. - Severity of consequences of inaction. - Trends of the health problem over time. - Availability of existing interventions. - Value of the health problem to the community. - Is health problem a root cause or a social driver of health?

Continuation of Table 15. Franklin County HealthMap 2025 Activity Dates, Participants, and Accomplishments (Central Ohio Hospital Council, Columbus Public Health, and Franklin County Public Health, 2025).

Dates	Participants/ Responsible Party	Accomplishments
10/31/2024	- Franklin County HealthMap 2025 Steering Committee (including OhioHealth representatives) - Franklin County HealthMap 2025 Executive Committee (Central Ohio Hospital Council, Columbus Public Health, Franklin County Public Health) - The Ohio State University College of Public Health - Illuminology	- Franklin County's 5 priority health needs: - Social drivers of health (housing) - Mental health - Adverse childhood experiences (ACEs) - Maternal and infant health - Violence and injury-related deaths - Racial equity was identified as a cross-cutting factor for the 5 priority health needs.
November 2024	- Franklin County HealthMap 2025 Steering Committee (including OhioHealth representatives) - Franklin County HealthMap 2025 Executive Committee (Central Ohio Hospital Council, Columbus Public Health, Franklin County Public Health) - The Ohio State University College of Public Health - Illuminology	Identified potential community partners for each of the priority health needs.
December 2014	INCompliance, an affiliate law firm of Bricker Graydon LLP	Reviewed the Franklin County HealthMap 2025 for compliance with Internal Revenue Service regulations.
January 2025	Franklin County HealthMap 2025 Executive Committee (Central Ohio Hospital Council, Columbus Public Health, Franklin County Public Health)	Distributed the Franklin County HealthMap 2025 to Steering Committee members and other community stakeholders.

H. The Process for Consulting with Persons Representing the Community's Interests and Input Provided

The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital. Together with Columbus Public Health, Franklin County, Public Health, the Central Ohio Hospital Council is part of the Executive Committee of the Franklin County HealthMap 2025 Community Health Assessment.

Representatives from OhioHealth actively participated in the Steering Committee meetings that were held on 1/31/2024 and 10/31/2024. In addition, OhioHealth representatives participated in email correspondence from the Executive Committee, The Ohio State University College of Public Health, and Illuminology in (a) identifying significant health needs in Franklin County, and (b) naming community partner agencies that may be able to address the priority health needs in partnership with the health systems.

Appendix C summarizes the participants of the Franklin County HealthMap 2025. **Appendix C** provides details of the following: (a) knowledge and skills in public health; (b) description of the medically underserved, low-income or minority populations represented by the organization; (c) inputs of community stakeholders; (d) time frame of inputs; (e) website of organization; (f) mission of organization; and (g) examples of the organization's programs and services.

I. The Impact of Any Actions Taken to Address the Significant Health Needs Identified in the Hospital Facility's 2022 CHNA

Appendix D summarizes the impacts of OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital related to various actions that address the priority health needs that were identified in the 2022 Community Health Needs Assessment. These actions were described in detail in the Fiscal Year 2023-2025 Joint Implementation Strategy of Franklin County Hospitals. Both the 2022 CHNA and Joint Implementation Strategy were approved by the OhioHealth Board.

J. Contracted Organizations to Assist with Conducting the CHNA

The contractors for the Franklin County HealthMap 2025 include: (a) The Ohio State University College of Public Health, and (b) Illuminology. These two organizations were responsible for gathering data for various health indicators, conducting the focus groups, summarizing the pertinent content from the focus groups, and writing the Franklin County HealthMap 2025 report.

The content of the Franklin County HealthMap 2025 was reviewed by INCompliance, an affiliate law firm of Bricker Graydon LLP and validated compliance with regulations of the Internal Revenue Service for nonprofit hospitals.

The six OhioHealth hospitals in Franklin County, namely, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and OhioHealth Grove City Methodist Hospital has actively participated in the Franklin County HealthMap 2025. OhioHealth utilized the priority health needs that were identified in the Franklin County HealthMap 2025. Pertinent data and information were cited accordingly.

Mary Ann G. Abiado, PhD, MSN, RN wrote the 2025 Community Health Needs Assessment for the six OhioHealth hospitals in Franklin County and the Fiscal Year 2026-2028 Joint Implementation Strategy to address priority health needs. Dr. Abiado serves as the OhioHealth's Data Management and Evaluation Specialist and Community Health Nurse. She has over 14 years of experience in writing OhioHealth's Community Health Needs Assessment (CHNA) and developing Implementation Strategies to address the priority health needs.

The OhioHealth Legal Department has reviewed the content of the six OhioHealth hospitals in Franklin County's CHNA and assessed that the contents are compliant with the Internal Revenue Service's requirements for nonprofit hospitals.

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Appendix A. Summary of Data and Information from Ohio's 2019 State Health Assessment and 2022 Online State Health Assessment Portal

Appendix Table 1. Summary of findings from the 2022 Online State Health Assessment (Ohio Department of Health, n.d.).

Findings	Description and Data Details
Ohioans' overall wellbeing declined.	- Premature death, life expectancy, and overall health worsened. - The leading causes of premature death in 2017 were unintentional injuries (including drug overdose), cancer, and heart disease. - Ohio's life expectancy dropped from 77.6 years in 2010 to 76.5 years in 2017. - Increase in infant deaths, blood pressure, and late-stage cancer diagnosis was observed. - Black or African Americans life expectancy in 2017 was 72.8 years compared to 77 among Whites.
Ohioans' lack opportunities to reach full health potential.	Ohioans who are black or African American, with low income, with disabilities, or live in Appalachian counties have worse health outcomes compared to overall Ohio population.
Health promotion activities need to be addressed.	Interventions need to focus on the following: (i) physical activity, (ii) tobacco use, (iii) access to dental care, (iv) access to mental health, (v) income disparities, (vi) unemployment, (vii) adverse childhood experiences (ACEs), (viii) access to transportation, (ix) lead poisoning, and (x) racism.
Ohio's significant health challenges include mental health and addiction, chronic disease, and maternal and infant health.	- Ohio's performance worsened or did not improve. - Cross-cutting factors include poverty, lack of access to transportation, lack of physical activity, unhealthy eating, and lack of access to care.
Multi-sector collaboration is important to improve health.	- Approximately 80 percent of modifiable factors that can improve health are related to health behaviors (healthy eating and tobacco cessation) and social determinants of health (housing, transportation, education, employment). - Poverty, racism, discrimination, trauma, violence, and toxic stress lead to health disparities.

Findings from Appendix Table 1.

Ohioans have been afflicted with alarming rates of mental health and addiction, chronic diseases, and poor birth outcomes. Outcomes-focused collaborations among government, health care systems and community organizations are necessary to improve health and increase access to health care services.

Appendix Table 2. Data on overall health status and premature death in Ohio and population groups with the worst outcome compared to the United States.

Desired Outcome	Indicator	Ohio (2015)	Ohio (2017)	Ohio (2020)	United States (2020)
Improve overall health status.	% of adults with fair or poor health	16.5%	18.9%	15%	12%
	Worst outcome Low-income adults (less than \$15,000 annual household income)	38.6%	45.1%	No data	No data
Reduce premature death.	Years of potential life lost before age 75, per 100,000 population (age-adjusted)	7,876.1 years lost before age 75 per 100,000	8,774.5 years lost before age 75 per 100,000	8,700 years lost before age 75 per 100,000 (2018-2020)	7,300 years lost before age 75 per 100,000 (2018-2020)
	Worst outcome Black (non-Hispanic)	10,850.5 years lost before age 75 per 100,000	12,599 years lost before age 75 per 100,000	No data	No data

Summary of Findings from Appendix Table 2.

In 2020, 15% of adults in Ohio considered themselves in fair or poor health compared to 12% of adults in the United States. There was a 3.9% reduction in the percent of Ohio adults with fair or poor health in 2020 compared to 2017. From 2018-2020, in Ohio, 8,700 years of life were lost due to deaths of Ohioans under age 75 per 100,000 people compared to 7,300 years of life lost due to deaths in the United States.

Appendix Table 3. Ohio outcomes data on reducing depression, reducing drug dependence or abuse, and reducing suicide deaths compared to the United States. Data shows Ohio's progress in addressing mental health and addiction compared to the United States.

Desired Outcome	Indicator	Ohio (2013-2014)	Ohio (2015-2016)	Ohio (2020)	United States (2020)
Reduce depression (%).	% of persons 12-17 years with a major depressive episode in the past year	10.33%	13.98%	18.25%	17%
	% persons ages 18+ with a major depressive episode in the past year	7.33%	7.85%	9.25%	6%
Desired Outcome	Indicator	Ohio (2013-2014)	Ohio (2015-2016)	Ohio (2018-2019)	United States (2018-2019)
Reduce drug dependence or abuse (%).	% persons age 12+ who has illicit drug dependence or abuse in the past year	2.76%	2.61%	4%	4%
Desired Outcome	Indicator	Ohio (2015)	Ohio (2015-2016)	Ohio 2016-2020)	United States (2016-2020)
Reduce suicide deaths (Number of deaths per 100,000 population).	Number of suicide deaths per 100,000 population	13.9	14.8	15	14
	Males ages 10-24	15.9	18.5	No data	No data
	Males ages 25-44	28.5	33.6	No data	No data
	White (non-Hispanic) males ages 45-64	34	32.1	No data	No data
	White (non-Hispanic) males ages 65+	32.2	33	No data	No data

Continuation of Appendix Table 3. Ohio outcomes data on reducing depression, reducing drug dependence or abuse, and reducing suicide deaths compared to the United States. Data shows Ohio's progress in addressing mental health and addiction.

Desired Outcome	Indicator	Ohio (2015)	Ohio (2015-2016)	Ohio (2018-2020)	Ohio (2018-2020)
Reduce unintentional drug overdose death (Number of deaths per 100,000 population).	Number of deaths due to unintentional drug overdoses per 100,000 population	27.7	44.1	38	23
	White (non-Hispanic) males ages 25-44	87.1	136.7	No data	No data
	White (non-Hispanic) males ages 45-64	43.5	72.4	No data	No data
	White (non-Hispanic) females ages 25-54	39.7	59.9	No data	No data
	Black (non-Hispanic) males ages 25-54	50.9	99	No data	No data
	Black (non-Hispanic) males 55-64	74.7	137.8	No data	No data

Summary of Findings from Appendix Table 3.

Depression, drug dependence or abuse, suicide, and unintentional drug overdose deaths showed an increasing trend in Ohio.

Appendix Table 4. Ohio's outcomes related to reducing heart disease, hypertension, diabetes, prediabetes, and child asthma morbidity. Data shows Ohio's progress in addressing chronic diseases compared to the United States.

Desired Outcome	Indicator	Baseline (2015)	Ohio (2017)	Ohio (2021)	United States (2021)
Reduce heart disease (%).	% of adults ever diagnosed with coronary heart disease	4.2%	4.7%	4.6%	4.9%
	% of adults ever diagnosed with heart attack	4.9%	5.5%	5.2%	No data
Reduce hypertension (%).	% of adults ever diagnosed with hypertension	34.3%	34.7%	35.6%	49.6%
	Black or African American (non-Hispanic)	40.3%	40%	No data	No data
	People with a disability	53.1%	No data	No data	No data
	People with less than high school diploma	40.7%	48.9%	No data	No data
	People with less than \$15,000 annual household income	35.7%	46.6%	No data	No data
	People older than 65 years	62.2%	60%	No data	No data
	People who live in Appalachian counties	39.7%	No data	No data	No data

Continuation of Appendix Table 4. Ohio's outcomes related to reducing heart disease, hypertension, diabetes, prediabetes, and child asthma morbidity. Data shows Ohio's progress in addressing chronic diseases compared to the United States.

Desired Outcome	Indicator	Baseline (2015)	Ohio (2017)	Ohio (2019)	United States (2017-2020)
Reduce diabetes (%).	% of adults who have been told by a health professional that they have diabetes	11%	11.3%	12.6%	16.3%
	Black or African American (non-Hispanic)	14.1%	14.2%	No data	No data
	People with a disability	21.8%	No data	No data	No data
	People with less than high school diploma	13.6%	15.8%	No data	No data
	People with less than \$15,000 annual household income	13.7%	19.4%	No data	No data
	People older than 65 years	23.4%	22.8%	No data	No data
	People who live in Appalachian counties	12.3%	No data	No data	No data
Desired Outcome	Indicator	Baseline (2015)	Ohio (2017)	Ohio (2019)	United States (2017-2020)
Monitor prediabetes (%).	% of adults who have been told by a health professional that they have prediabetes	7.5%	8.8%	9.5%	10.8%
Desired Outcome	Indicator	Baseline (2015)	Ohio (2017)	Ohio (2017-2018)	United States (2010-2018)
Reduce child asthma morbidity (Emergency department visits per 10,000 children).	Emergency department visits for pediatric asthma, per 10,000 children, ages 0-17 (does not include patients with cystic fibrosis or respiratory system abnormalities or transfers)	86.9	72.3	80.3	88.1
	Black or African American	245.6	175.9	No data	No data
	Appalachian counties	78.2	No data	No data	No data

Summary of Findings from Appendix Table 4.

The prevalence of heart disease, hypertension, diabetes, and prediabetes in Ohio show an increasing trend. The emergency department visits for pediatric asthma shows a declining trend.

Appendix Table 5. Ohio's outcomes related to reducing preterm birth, low birth weight, and infant mortality. Data shows Ohio's progress in addressing maternal and infant health compared to the United States.

Desired Outcome	Indicator	Ohio (2015)	Ohio (2017)	Ohio (2021)	United States (2020)
Reduce preterm births (%).	% of live births that are preterm, less than 37 weeks gestation	10.3%	10.4%	10.59%	10.49%
	Black, non-Hispanic	14.1%	14.3%	No data	No data
	People with less than high school diploma	11.5%	11.7%	No data	No data
	Less than 18 years old	10.7%	10.7%	No data	No data
Reduce very preterm births (%).	% of births which the newborn weighed less than 32 weeks	1.7%	1.8%	1.6%	1.5%
Desired Outcome	Indicator	Ohio (2015)	Ohio (2017)	Ohio (2014-2020)	United States (2020)
Reduce low birth-weight births (%).	% of births in which the newborn weighed less than 2,500 grams	8.5%	8.7%	9%	8%
	Black, non-Hispanic	13.9%	14.3%	No data	No data
	People with less than high school diploma	10.8%	11.3%	No data	No data
	Less than 18 years old	10.2%	10.8%	No data	No data
Desired Outcome	Indicator	Ohio (2015)	Ohio (2017)	Ohio (2014-2020)	United States (2020)
Reduce infant mortality.	Rate of infant deaths per 1,000 live births	7.2	7.2	7.0	6.0
	Black, non-Hispanic	15.2	15.8	No data	No data
Desired Outcome	Indicator	Ohio (2015)	Ohio (2017)	Ohio (2019)	United States (2019)
Reduce neonatal infant deaths.	Rate of neonatal infant deaths (birth through 27 days of life) per 1,000 live births	4.8	5	4.6	3.7

Summary of Findings from Appendix Table 5.

Ohio's infant mortality rate, neonatal infant death rate, and percent of very preterm births showed a declining trend. However, the percent of preterm births and low birth weights in Ohio showed an increasing trend.

Appendix Table 6. Ohio's outcomes related to social determinants of health, such as housing, job and income availability compared to the United States. Data shows Ohio's progress in addressing social determinants of health.

Measure	Year	Ohio	United States
Access to housing assistance Average number of months spent on HUD housing assistance waiting list.	2017	22 months	27 months
Food insecurity Percent of households that are food insecure.	2017	14.5%	12.5%
Incarceration rate Imprisonment rate of sentenced prisoners under the jurisdiction of state or federal correctional authorities per 100,000 residents.	2019	430	419
Severe housing burden for renters (Less than \$20,000 household income) Households spending 30% or more of income on housing as a percent of renter-occupied housing units where the household income is less than \$20,000.	2019	86.3%	88.7%
Severe housing burden for renters (\$20,000 to \$34,999) Households spending 30% or more of income on housing as a percent of renter-occupied housing units where the household income is \$20,000 to \$34,999.	2019	65.8%	78.6%

Continuation of Appendix Table 6. Ohio's outcomes related to social determinants of health, such as housing, job and income availability compared to the United States. Data shows Ohio's progress in addressing social determinants of health.

Measure	Year	Ohio	United States
Severe housing burden for renters (\$35,000 to \$49,999) Households spending 30% or more of income on housing as a percent of renter-occupied housing units where the household income is \$35,000 to \$49,999.	2019	25.6%	50.2%
Severe housing burden for renters (\$50,000 to \$74,999 household income) Households spending 30% or more of income on housing as a percent of renter-occupied housing units where the household income is \$35,000 to \$49,999.	2019	6.7%	26.2%
Labor force participation Labor force participation rate, ages 16 and over.	2019	63.5%	63.6%
Out-of-pocket spending on health care Percent of people whose out-of-pocket spending on health care accounted for more than 10% of annual income.	2020	21.1% Breakdown per race: - African American – 12.2% - White – 23.6%	17.4% Breakdown per race: - African American – 16.5% - White – 18.5%
Low income working families with children Low income working families with children as a percent of all families.	2019	22%	22%

Summary of Findings from Appendix Table 6.

Compared to the United States, Ohio has higher rates of food insecurity, incarceration rate and percent of people where their out-of-pocket spending for healthcare comprised more than 10% of their income.

Appendix Table 7. Outcomes related to adolescent suicide, adolescent well visits, adolescent bullying, adult obesity, adult poverty, adult smoking or adverse childhood experiences, child abuse and neglect, intimate partner violence, and depression in Ohio compared to the United States. Data were obtained from the 2022 Online State Health Assessment (Ohio Department of Health, n.d.).

Measure	Year	Ohio	United States
Adolescent suicide Adolescent suicide rate, ages 15-19, per 100,000.	2020	11.3 per 100,000	10.8 per 100,000
Adolescent well visit Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (2-year estimate).	2020	82.5%	80.7%
Adult obesity Percent of adults 18+ who are obese (>95 th percentile for body mass index).	2020	35.5%	31.9%
Adult poverty Percent of persons age 18+ who live in households at or below the poverty threshold (<100 Federal Poverty Level).	2019	12.3%	11.9%
Adult smoking Percent of adults who are current smokers.	2020	19.3%	15.5%
Adverse childhood experiences Percent of children who have experienced two or more adverse experiences among households with 100 to 199% federal poverty level.	2020	29.9%	24.9%

Continuation of Appendix Table 7. Outcomes related to adolescent suicide, adolescent well visits, adolescent bullying, adult obesity, adult poverty, adult smoking or adverse childhood experiences, child abuse and neglect, intimate partner violence, and depression in Ohio compared to the United States. Data were obtained from the 2022 Online State Health Assessment (Ohio Department of Health, n.d.).

Measure	Year	Ohio	United States
Adverse childhood experiences Percent of children who have experienced two or more adverse experiences among households with 200 to 399% federal poverty level.	2020	18.7%	16.7%
Adverse childhood experiences Percent of children who have experienced two or more adverse experiences among households with 400% federal poverty level or greater.	2020	8%	8.1%
Adverse childhood experiences Percent of children who have experienced two or more adverse experiences.	2020	20.4%	18.1%
Adolescent Bullying (perpetrators) Percent of adolescents, ages 12 through 17, who bully others (perpetrators).	2020	14.7%	13.7%
Adolescent Bullying (Victims) Percent of adolescents, ages 12 through 17, who are bullied.	2020	40.5%	35.2%
Child Abuse and Neglect Rate of child maltreatment victims per 1,000 children in population.	2020	9.2 per 1,000 children	8.4 per 1,000 children
Homicide deaths Number of deaths due to homicide per 100,000 population (age adjusted).	2020	9.2	7.2
Intimate partner violence Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner for women.	2012	38%	37.3%

Continuation of Appendix Table 7. Outcomes related to adolescent suicide, adolescent well visits, adolescent bullying, adult obesity, adult poverty, adult smoking or adverse childhood experiences, child abuse and neglect, intimate partner violence, and depression in Ohio compared to the United States. Data were obtained from the 2022 Online State Health Assessment (Ohio Department of Health, n.d.).

Measure	Year	Ohio	United States
Major Depressive Episodes Percent of persons age 18+ who experienced a major depressive episode within the past year.	2019	8.8%	7.5%
Youth depression prevalence Percent of adolescents aged 12-17 who have had at least one major depressive episode.	2019	14.7%	15.1%
Youth with depression who did not receive mental health services Percent of youth with major depressive episode who did not receive any mental health treatment.	2018	52.2%	59.6%
Unmet need for mental health Percent of adults aged 18 and older with past year mental illness who reported that their perceived need for treatment/counseling was not received.	2018	22.1%	23.6%

Summary of Findings from Appendix Table 7.

Compared to the United States, Ohio's population have higher rates of adolescent suicide, obesity, poverty, smoking, adverse childhood experiences, adolescent bullying, child abuse and neglect, intimate partner violence, homicide deaths, major depressive episode, and insufficient sleep.

Appendix Table 8. Outcomes related to excessive drinking, illicit drug use and dependence, illicit drug use, marijuana use, alcohol, cigarettes, cocaine, heroin, and unintentional injuries in Ohio compared to the United States. Data were obtained from the 2022 Online State Health Assessment (Ohio Department of Health, n.d.).

Measure	Year	Ohio	United States
Excessive drinking Percent of adults reporting binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days.	2020	16.3%	15.7%
Illicit drug abuse and dependence Percent of persons age 12+ with past-year illicit drug use disorder.	2020	5.9%	6.6%
Illicit drug use Percent of individuals aged 12+ with illicit drug use in the past month.	2020	12.7%	13.2%
Marijuana use Percent of individuals aged 12+ with marijuana use in past month (2014-2016); substate estimates are calculated on groups of counties.	2016	8.1%	8.5%
Perceived risk of alcohol Percent of individuals aged 12-17 perceiving great risk of having 5 or more drinks of an alcoholic beverage once or twice a week.	2020	43%	35.5%
Perceived risk of cigarettes Percent of individuals aged 12-17 perceiving great risk of smoking one or more packs of cigarettes per day.	2020	63%	66.1%
Perceived risk of cocaine Percent of individuals aged 12-17 perceiving great risk of intaking cocaine once a month.	2020	50.3%	53.3%
Perceived risk of heroin Percent of individuals aged 12-17 perceiving great risk of trying heroin once or twice.	2020	62.3%	62%

Continuation of Appendix Table 8. Outcomes related to excessive drinking, illicit drug use and dependence, illicit drug use, marijuana use, alcohol, cigarettes, cocaine, heroin, and unintentional injuries in Ohio compared to the United States. Data were obtained from the 2022 Online State Health Assessment (Ohio Department of Health, n.d.).

Measure	Year	Ohio	United States
Perceived risk of marijuana Percent of individuals aged 12-17 perceiving great risk of smoking marijuana once a month.	2020	22.2%	22.8%
Unintentional injuries (including drug overdose and motor vehicle accidents) Annual age-adjusted mortality rates for the leading causes of death, per 100,000 population, Ohio.	2020	78.2 per 100,000	57.6 per 100,000
Unmet need for illicit drug use treatment Percent ages 12 and older needing but not receiving treatment for illicit drug use in the past year, 2019-2020.	2020	5.3%	6.3%

Summary of Findings from Appendix Table 8.

Compared to the United States, Ohio's population has higher rates of unintentional injuries (combined drug overdose and motor vehicle accidents).

Appendix Table 9. Outcomes related to access to exercise, asthma prevalence, depression, diabetes, obesity, smoking, Alzheimer's Disease, and cancer in Ohio compared to the United States. Data were obtained from the 2022 Online State Health Assessment (Ohio Department of Health, n.d.).

Measure	Source	Year	Ohio	United States
Access to exercise opportunities Percent of individuals who live reasonably close to a location for physical activity (County Health Rankings, 2023).	County Health Rankings (2023); Ohio Department of Health Online State Health Assessment (n.d.)	2020, 2022	84%	84%
Prevalence of asthma in children Estimated prevalence of children aged 0-17 who currently have asthma.	Ohio Department of Health Online State Health Assessment (n.d.)	2019	7.7%	7.4%
Adult asthma prevalence (crude rate) Estimated crude prevalence of adults who currently have asthma.	Ohio Department of Health Online State Health Assessment (n.d.)	2019	11.1%	9%
Adult depression prevalence (crude rate) Estimated crude prevalence of adults ever diagnosed with depression.	Ohio Department of Health Online State Health Assessment (n.d.)	2020	22%	19.6%
Adult diabetes prevalence (crude rate) Crude percent of adults who have been told by a health professional that they have diabetes.	Ohio Department of Health Online State Health Assessment (n.d.)	2020	12.4%	10.6%
Prevalence of obesity among adolescents, ages 10-17 (total) Percent of adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile).	Ohio Department of Health Online State Health Assessment (n.d.)	2019	15.7%	16%

Continuation of Appendix Table 9. Outcomes related to access to exercise, asthma prevalence, depression, diabetes, obesity, smoking, Alzheimer's Disease, and cancer in Ohio versus United States. Data were obtained from the 2022 Online State Health Assessment (Ohio Department of Health, n.d.).

Measure	Source	Year	Ohio	United States
Prevalence of obesity among high school students (African American) Percent of adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile).	Ohio Department of Health Online State Health Assessment (n.d.)	2019	21.5%	21.1%
Prevalence of obesity among high school students (White) High school students who were greater than or equal to 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.	Ohio Department of Health Online State Health Assessment (n.d.)	2019	15.2%	13.1%
Prevalence of obesity among high school students (total) High school students who were greater than or equal to 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.	Ohio Department of Health Online State Health Assessment (n.d.)	2019	16.8%	15.5%
Adult smoking Percent of adults who are current smokers.	Ohio Department of Health Online State Health Assessment (n.d.)	2020	19.3%	15.5%

Continuation of Appendix Table 9. Outcomes related to access to exercise, asthma prevalence, depression, diabetes, obesity, smoking, Alzheimer's Disease, and cancer in Ohio compared to the United States. Data were obtained from the 2022 Online State Health Assessment (Ohio Department of Health, n.d.).

Measure	Source	Year	Ohio	United States
Alzheimer's Disease Mortality Rate Annual age-adjusted mortality rates for the leading causes of death, per 100,000 population.	Ohio Department of Health Online State Health Assessment (n.d.); Centers for Disease Control and Prevention National Center for Health Statistics (2023)	2020, 2021	38 per 100,000	36 per 100,000
Cancer Mortality Rate Annual age-adjusted mortality rates for the leading causes of death, per 100,000 population.	Ohio Department of Health Online State Health Assessment (n.d.); Centers for Disease Control and Prevention (2022)	2020	159.1 per 100,000	144.1 per 100,000

Summary of Findings from Appendix Table 9.

Compared to the United States, Ohio's population have higher rates of the following: (a) adult asthma prevalence, (b) adult depression prevalence, (c) adult diabetes prevalence, (d) adult obesity, (e) prevalence of obesity among high school students, (f) adult smoking, (g) Alzheimer's Disease, and (h) cancer mortality rates.

Appendix Table 10. Outcomes related to breastfeeding, obesity among children, and child asthma, child masculinization, child poverty, infant mortality rate, low birth weight, preterm birth, safe sleep for Ohio compared to the United States. Data were obtained from the 2022 Online State Health Assessment (Ohio Department of Health, n.d.).

Measure	Year	Ohio	United States
Breastfeeding – Ever Percent of infants who are ever breastfed.	2018	82.3%	83.9%
Breastfeeding at Six Months Percent of infants who are breastfed at 6 months of age.	2018	50%	56.7%
Teen birth rate Number of births per 1,000 female population ages 15-19.	2020	17.6 per 1,000 females	15.4 per 1,000 females
Safe sleep Percent of infants most often laid on his or her back to sleep.	2014	89.1%	88.9%
Infant mortality rate among total population Number of infant deaths per 1,000 live births (total).	2018	6.9 per 1,000 live births	5.7 per 1,000 live births
Infant mortality rate among African Americans Number of infant deaths per 1,000 live births among Non-Hispanic African Americans.	2018	14 per 1,000 live births	10.8 per 1,000 live births

Continuation of Appendix Table 10. Outcomes related to breastfeeding, obesity among children, and child asthma, child masculinization, child poverty, infant mortality rate, low birth weight, preterm birth, safe sleep in Ohio compared to the United States. Data were obtained from the 2022 Online State Health Assessment (Ohio Department of Health, n.d.).

Measure	Year	Ohio	United States
Low birth weight Percent of birth in which the newborn weighed <2,500 grams.	2020	8.5%	8.3%
Preterm birth Percent of live births that are preterm (< 37 weeks gestation.	2020	10.3%	10.2%
Prenatal care during first trimester Percent of women who completed a pregnancy in the last 12 months who received prenatal care in the first trimester.	2020	73.3%	77.7%

Summary of Findings from Appendix Table 10.

Compared to the United States, infant mortality rate and teen birth rate in Ohio in 2020 were higher. Infant mortality rates among African Americans are 2.6 times compared to infant mortality rates among Whites.

Appendix B. Summary of Health and Health-Related Data for Franklin County

Appendix Table 11. Summary of Health Outcomes Data for Franklin County compared to Ohio, and United States (County Health Rankings, 2025).

Data	Data Years	Franklin County	Ohio	United States
Premature Death Years of potential life lost before age 75 per 100,000 population, age adjusted.	2019-2021	9,300 years of potential life lost	9,400 years of potential life lost	8,000 years of potential life lost
Leading Causes of Death Under Age 75 in Franklin County:	2019-2021			
Malignant neoplasms (cancer)	2019-2021	94.2 deaths per 100,000 people	No data	No data
Diseases of heart	2019-2021	82.3 deaths per 100,000 people	No data	No data
Accidents	2019-2021	77.8 deaths per 100,000 people	No data	No data
COVID-19	2019-2021	27.1 deaths per 100,000 people	No data	No data
Chronic lower respiratory diseases	2019-2021	20.7 deaths per 100,000 people	No data	No data
Life Expectancy Average number of years a person can expect to live.	2019-2021	75.9 years	75.6 years	77.6 years
Poor or Fair Health Percent adults reporting fair or poor health (age-adjusted).	2021	16%	16%	14%
Infant Mortality Infant mortality (Number of all infant deaths before age 1, per 1,000 live births).	2015-2021	8 per 1,000 live births	7 per 1,000 live births	6 per 1,000 live births

Continuation of Appendix Table 11. Summary of Health Outcomes Data for Franklin County compared to Ohio, and United States (County Health Rankings, 2025).

Data	Data Years	Franklin County	Ohio	United States
Child Mortality Number of deaths among children under 20 per 100,000 population.	2018-2021	70 per 100,000 people	60 per 100,000 people	50 per 100,000 people
Poor Physical Health Days Average number of physically unhealthy days in past 30 days (age-adjusted).	2021	3.5 poor physical health days	3.6 poor physical health days	3.3 poor physical health days
Poor Mental Health Days Average number of mentally unhealthy days in past 30 days (age-adjusted).	2021	5.5 poor mental health days	5.5 poor mental health days	4.8 poor mental health days
Low Birthweight Percent of live births with low birth weight (under 5 pounds, 8 ounces).	2016-2022	9% of babies had low birth weight	9% of babies had low birth weight	8% of babies had low birth weight
Frequent Physical Distress Percent of adults reporting 14 or more days of poor physical health per month.	2021	11%	11%	10%
Frequent Mental Distress Percent of adults reporting 14 or more days of poor mental health per month (age-adjusted).	2021	17%	17%	15%
Diabetes Prevalence Percent of adults aged 20 and above with diagnosed diabetes (age adjusted).	2021	11%	11%	10%
Human Immunodeficiency Virus (HIV) Prevalence Number of people aged 13+ years with HIV per 100,000 population.	2021	479 per 100,000 people	242 per 100,000 people	382 per 100,000 people

Summary of Findings from Appendix Table 11.

Franklin County showed inferior health outcomes based on infant mortality rate, child mortality rate, and prevalence of Human Immunodeficiency Virus (HIV), when compared to Ohio, and United States.

Appendix Table 12. Summary of Health Behaviors Data for Franklin County compared to Ohio and United States (County Health Rankings, 2025).

Data	Data Years	Franklin County	Ohio	United States
Adult Smoking Percent of adults who are current smokers (age-adjusted).	2021	17%	19%	15%
Adult Obesity Percent of adults aged 18 and above with body mass index of 30 and above (age-adjusted).	2021	36%	38%	34%
Food Environment Index Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	2019 and 2021	7.8 out of 10	7.0 out of 10	7.7 out of 10
Physical Inactivity Percent of adults aged 18 and above reporting no leisure-time physical activity (age-adjusted).	2021	25%	25%	23%
Access to Exercise Opportunities Percent of population with adequate access to locations for physical activity.	2023, 2022 and 2020	95%	84%	84%
Excessive Drinking Percent of adults reporting binge or heavy drinking (age-adjusted).	2021	20%	20%	18%
Alcohol-Impaired Driving Deaths % of driving deaths that involved alcohol.	2017-2021	31%	32%	26%
Sexually Transmitted Infections (Chlamydia) Number of newly diagnosed chlamydia cases per 100,000 population.	2021	688.6 per 100,000 people	479.8 per 100,000 people	495.5 per 100,000 people
Teen Births Number of births per 1,000 female population ages 15-19.	2016-2022	18 per 1,000 females ages 15-19	18 per 1,000 females ages 15-19	17 per 1,000 females ages 15-19
Food Insecurity Percent of population who lack adequate access to food).	2021	11%	12%	10%

Continuation of Appendix Table 12. Summary of Health Behaviors Data for Franklin County compared to Ohio and United States (County Health Rankings, 2025).

Data	Data Years	Franklin County	Ohio	United States
Limited Access to Healthy Foods Percent of population who are low-income and do not live close to a grocery store).	2019	7%	7%	6%
Drug Overdose Deaths Number of drug poisoning deaths per 100,000 population).	2019-2021	56 per 100,000 people	42 per 100,000 people	27 per 100,000 people
Insufficient Sleep Percent of adults with fewer than 7 hours of sleep on average (age-adjusted).	2020	37%	36%	33%

Summary of Findings from Appendix Table 12.

Franklin County residents have higher rates of sexually transmitted diseases (chlamydia), and insufficient sleep compared to Ohio and United States.

Appendix Table 13. Summary of Clinical Care Data for Franklin County compared to Ohio and United States (County Health Rankings, 2025).

Data	Data Years	Franklin County	Ohio	United States
Uninsured Percent of population under age 65 without health insurance.	2021	9%	8%	10%
Uninsured Adults Percent of adults under age 65 without health insurance).	2021	11%	9%	12%
Uninsured Children Percent of children under age 19 without health insurance).	2021	5%	5%	5%
Primary Care Physicians Ratio of population to primary care physicians.	2021	980 people to 1 primary care physician	1,330 people to 1 primary care physician	1,330 people to 1 primary care physician
Other Primary Care Providers Ratio of population to other primary care providers such as nurse practitioners, physician assistants and clinical nurse specialists who can provide routine and preventive care).	2023	500 people to 1 other primary care provider	710 people to 1 other primary care provider	760 people to 1 other primary care provider
Dentists Ratio of population to dentists.	2022	1,040 people to 1 dentist	1,530 people to 1 dentist	1,360 people to 1 dentist
Mental Health Providers Ratio of population to mental health providers.	2023	230 people to 1 mental health provider	310 people to 1 mental health provider	320 people to 1 mental health provider
Mammography Screening Percent of female Medicare enrollees ages 65-74 that received an annual mammography screening.	2021	49%	46%	43%
Flu Vaccinations Percent of fee-for-service Medicare enrollees that had an annual flu vaccination.	2021	55%	49%	46%

Summary of Findings from Appendix Table 13.

Franklin County residents have better access to care compared to Ohio and United States based on availability of healthcare providers (primary care, mental health, dentist), health insurance access, and health screenings.

Appendix Table 14. Summary of Social and Economic Factors (Social Determinants of Health) for Franklin County compared to Ohio and United States (County Health Rankings, 2025).

Data	Data Years	Franklin County	Ohio	United States
High School Graduation Percent of 9th grade cohort that graduates in four years.	2020-2021	83%	86%	86%
Some College Percent of adults ages 25-44 with some postsecondary education).	2018-2022	72%	66%	68%
Unemployment Percent of population ages 16 and older who are unemployed but seeking work.	2022	3.4%	4%	3.7%
Children in Poverty Percent of people under age 18 in poverty).	2018-2022; 2022	21%	18%	16%
Income Inequality Ratio of household income at the 80th percentile to income at the 20th percentile.	2018-2022	4.4 times income inequality	4.7 times income inequality	4.9 times income inequality
Children in Single-Parent Households Percent of children that live in a household headed by single parent.	2018-2022	31% of children live in single-parent households	26% of children live in single parent households	25% of children live in single parent households
Social Associations Number of membership associations per 10,000 population.	2021	9.4 civic, political, religious, sports, and professional organizations per 10,000 people	10.7 civic, political, religious, sports, and professional organizations per 10,000 people	9.1 civic, political, religious, sports, and professional organizations per 10,000 people

Continuation of Appendix Table 14. Summary of Social and Economic Factors (Social Determinants of Health) for Franklin County compared to Ohio and United States (County Health Rankings, 2024).

Data	Data Years	Franklin County	Ohio	United States
Injury Deaths Number of deaths due to injury per 100,000 population.	2017-2021	102 deaths due to injury such as homicides, suicides, motor vehicle crashes, and poisonings per 100,000 people.	99 deaths due to injury such as homicides, suicides, motor vehicle crashes, and poisonings per 100,000 people.	80 deaths due to injury such as homicides, suicides, motor vehicle crashes, and poisonings per 100,000 people.
Disconnected Youth Percent of teens and young adults ages 16-19 who are neither working nor in school.	2018-2022	6% of teens and young adults ages 16-19 were neither working nor in school.	6% of teens and young adults ages 16-19 were neither working nor in school.	7% of teens and young adults ages 16-19 were neither working nor in school.
Reading Scores for 3rd Graders Average grade level performance for 3rd graders on English Language Arts standardized tests.	2018	Third graders Scored 2.9 on a standardized English language arts test. A score of 3 means students performed at grade level.	Third graders Scored 3.1 on a standardized English language arts test. A score of 3 means students performed at grade level.	Third graders Scored 3.1 on a standardized English language arts test. A score of 3 means students performed at grade level.
Math scores for 3rd Graders Average grade level performance for 3rd graders on math standardized tests. A score of 3.0 indicates students performed at grade-level.	2018	Third graders scored 2.7 on a standardized math test. A score of 3.0 indicates students performed at grade-level.	Third graders scored 3.0 on a standardized math test. A score of 3 indicates students performed at grade-level.	Third graders scored 3.0 on a standardized math test. A score of 3 indicates students performed at grade-level.

Continuation of Appendix Table 14. Summary of Social and Economic Factors (Social Determinants of Health) for Franklin County compared to Ohio, and United States (County Health Rankings, 2025).

Data	Data Years	Franklin County	Ohio	United States
Median Household Income Where half of households in a county earn more and half of households earn less.	2022; 2018-2022	\$69,800	\$65,800	\$74,800
Residential Segregation between Black and White residents Index of dissimilarity where higher values indicate greater residential segregation between Black and White residents.	2018-2022	Index of 57 An index of 0 means no segregation and 100 means complete segregation.	Index of 70 An index of 0 means no segregation and 100 means complete segregation.	Index of 63 An index of 0 means no segregation and 100 means complete segregation.
Homicides Number of deaths due to homicide per 100,000 population.	2015-2021	11 homicide deaths per 100,000 people	7 homicide deaths per 100,000 people	6 homicide deaths per 100,000 people
Suicides Number of deaths due to suicide per 100,000 population (age-adjusted).	2017-2021	12 per 100,000 people	15 per 100,000 people	14 per 100,000 people
Firearm Fatalities Number of deaths due to firearms per 100,000 population.	2017-2021	16 per 100,000 people	14 per 100,000 people	13 per 100,000 people
Juvenile Arrests Rate of delinquency cases per 1,000 juveniles.	2021	20 juvenile delinquency court cases per 1,000 youths	22 juvenile delinquency court cases per 1,000 youths	No data

Continuation of Appendix Table 14. Summary of Social and Economic Factors (Social Determinants of Health) for Franklin County compared to Ohio, and United States (County Health Rankings, 2024).

Data	Data Years	Franklin County	Ohio	United States
Severe Housing Problems Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	2016-2020	15% of households experienced at least 1 of the following housing problems: (a) overcrowding; (b) high housing costs; (c) lack of kitchen facilities; and (d) lack of plumbing facilities.	13% of households experienced at least 1 of the following housing problems: (a) overcrowding; (b) high housing costs; (c) lack of kitchen facilities; and (d) lack of plumbing facilities.	17% of households experienced at least 1 of the following housing problems: (a) overcrowding; (b) high housing costs; (c) lack of kitchen facilities; and (d) lack of plumbing facilities.

Summary of Findings from Appendix Table 14.

Franklin County had lower high school graduation rates, lower reading and math scores compared to Ohio, and United States. Franklin County had higher rates of children in single parent households, higher injury death rates, higher firearm fatality rates, higher percent children mortality, and greater percent households with housing problems compared to Ohio, and United States.

Appendix Table 15. Summary of Top 15 Leading Causes of Death, Franklin County versus Ohio, and the United States (2022 Online State Health Assessment) (Ohio Department of Health, 2022).

Leading Causes of Death	Data Years	Franklin County	Ohio	United States
Heart Disease	2017	171.1	186.1	165.0
Annual age-adjusted mortality rates due to heart disease, per 100,000 population.	2018	174.9	191.7	163.6
	2019	166.5	189.2	161.5
	2020	182.6	196.7	168.2
Aggregated by Race:				
Total population	2020	182.6	196.7	No data
African American (non-Hispanic)	2020	209.2	242.5	No data
White (non-Hispanic)	2020	183.0	195	No data
Cancer	2017	166.7	171.3	152.5
Annual age-adjusted mortality rates due to cancer, per 100,000 population.	2018	153.4	165.7	149.1
	2019	150.4	163.2	146.2
	2020	145.4	159.1	144.1
Aggregated by Race:				
Total population	2020	145.4	159.1	No data
African American (non-Hispanic)	2020	155.2	176.6	No data
White (non-Hispanic)	2020	148.8	160.5	No data

Continuation of Appendix Table 15. Summary of Top 15 Leading Causes of Death, Franklin County versus Ohio, and the United States (2022 Online State Health Assessment) (Ohio Department of Health, 2022).

Leading Causes of Death	Data Years	Franklin County	Ohio	United States
COVID-19	2020	83.9	87.4	85
Annual age-adjusted mortality rates due to COVID-19, per 100,000 population.				
Aggregated by Race:				
Total population	2020	83.9	87.4	No data
African American (non-Hispanic)	2020	124.9	121.4	No data
White (non-Hispanic)	2020	72.4	83.5	No data
Unintentional Injuries	2017	62.9	75.1	49.4
Annual age-adjusted mortality rates due to unintentional injuries, per 100,000 population.	2018	63.4	63.9	48
	2019	70.1	67.7	49.3
	2020	91.9	78.2	57.6
Aggregated by Race:				
Total population	2020	91.9	78.2	No data
African American (non-Hispanic)	2020	111.3	88.4	No data
White (non-Hispanic)	2020	92.6	79.3	No data

Continuation of Appendix Table 15. Summary of Top 15 Leading Causes of Death, Franklin County versus Ohio, and the United States (2022 Online State Health Assessment) (Ohio Department of Health, 2022).

Leading Causes of Death	Data Years	Franklin County	Ohio	United States
Chronic Lower Respiratory Diseases	2017	43.3	48.4	40.9
Annual age-adjusted mortality rate due to chronic lower respiratory diseases, per 100,000 population.	2018	49	49.1	39.7
	2019	45.1	46	38.2
	2020	39.3	44.6	36.4
Aggregated by Race:				
Total population	2020	39.3	44.6	No data
African American (non-Hispanic)	2020	38.1	37.2	No data
White (non-Hispanic)	2020	40.9	46.3	No data
Alzheimer's Disease	2017	28.1	33.6	31.0
Annual age-adjusted mortality rate due to Alzheimer's Disease, per 100,000 population.	2018	31.2	35.1	30.5
	2019	34.8	33.7	29.8
	2020	41.0	38.0	32.4
Aggregated by Race:				
Total population	2020	41.0	38.0	No data
African American (non-Hispanic)	2020	25.0	33.8	No data
White (non-Hispanic)	2020	36.7	39.1	No data

Continuation of Appendix Table 15. Summary of Top 15 Leading Causes of Death, Franklin County versus Ohio, and United States (2022 Online State Health Assessment) (Ohio Department of Health, 2022).

Leading Causes of Death	Data Years	Franklin County	Ohio	United States
Diabetes Mellitus	2017	25.3	25.2	21.5
Annual age-adjusted mortality rate due to Diabetes Mellitus, per 100,000 population.	2018	24.5	25.4	21.4
	2019	23.9	25.5	21.6
	2020	24.9	28.3	24.8
Aggregated by Race:				
Total population	2020	24.9	28.3	No data
African American (non-Hispanic)	2020	45.5	48.8	No data
White (non-Hispanic)	2020	20.9	26.4	No data
Stroke	2017	45.1	42.9	37.6
Annual age-adjusted mortality rate due to stroke, per 100,000 population.	2018	46.9	42.8	37.1
	2019	43.4	42.3	37.0
	2020	41.7	45.4	38.8
Aggregated by Race:				
Total population	2020	41.7	45.4	No data
African American (non-Hispanic)	2020	49.8	60.2	No data
White (non-Hispanic)	2020	39.7	44.1	No data

Continuation of Appendix Table 15. Summary of Top 15 Leading Causes of Death, Franklin County versus Ohio, and United States (2022 Online State Health Assessment) (Ohio Department of Health, 2022).

Leading Causes of Death	Data Years	Franklin County	Ohio	United States
Chronic Liver Disease and Cirrhosis	2017	11.6	11.2	10.9
Annual age-adjusted mortality rates due to Chronic Liver Disease and Cirrhosis, per 100,000 population.	2018	10.2	10.6	11.1
	2019	11.3	11.2	11.3
	2020	12.6	12.5	13.3
Aggregated by Race:				
Total population	2020	12.6	12.5	No data
African American (non-Hispanic)	2020	12.1	10.9	No data
White (non-Hispanic)	2020	13.6	12.9	No data
Influenza and Pneumonia	2017	16.8	14.9	14.3
Annual age-adjusted mortality rate due to Influenza and Pneumonia, per 100,000 population.	2018	18.8	15.8	14.9
	2019	15.9	12.7	12.3
	2020	14.1	13.3	13.0
Aggregated by Race:				
Total population	2020	14.1	13.3	No data
African American (non-Hispanic)	2020	22.4	15.5	No data
White (non-Hispanic)	2020	12.3	13.3	No data

Continuation of Appendix Table 15. Summary of Top 15 Leading Causes of Death, Franklin County versus Ohio, and United States (2022 Online State Health Assessment) (Ohio Department of Health, 2022).

Leading Causes of Death	Data Years	Franklin County	Ohio	United States
Septicemia	2017	17.3	14	10.6
Annual age-adjusted mortality rates due to septicemia, per 100,000 population.	2018	14.1	13.9	10.2
	2019	13.8	12.5	9.5
	2020	12.2	13.3	9.7
Aggregated by Race:				
Total population	2020	12.2	13.3	No data
African American (non-Hispanic)	2020	13.8	20.6	No data
White (non-Hispanic)	2020	12.0	12.7	No data
Suicide	2017	12.6	14.8	14
Age-adjusted mortality rate due to suicide, per 100,000 population.	2018	13.1	15.3	14.2
	2019	11.4	15.2	13.9
	2020	10.9	13.8	13.5
Aggregated by Race:				
Total population	2020	10.9	13.8	No data
African American (non-Hispanic)	2020	7.7	10.3	No data
White (non-Hispanic)	2020	13.2	14.8	No data

Continuation of Appendix Table 15. Summary of Top 15 Leading Causes of Death, Franklin County versus Ohio, and the United States (2022 Online State Health Assessment) (Ohio Department of Health, 2022).

Leading Causes of Death	Data Years	Franklin County	Ohio	United States
Nephritis, Nephrotic Syndrome, and Nephrosis Annual age-adjusted mortality rate due to nephritis, nephrotic syndrome, and nephrosis, per 100,000 population).	2017	15.1	15	13
	2018	15.8	14.6	12.9
	2019	14	14.2	12.7
	2020	12.8	14	12.7
Aggregated by Race:				
Total population	2020	12.8	14	No data
African American (non-Hispanic)	2020	31.8	29.9	No data
White (non-Hispanic)	2020	8.3	12.4	No data
Parkinson's Disease Age-adjusted mortality rate due to Parkinson's Disease, per 100,000 population.	2017	10.1	8.7	8.4
	2018	10.7	9.7	8.7
	2019	10.8	9.7	8.8
	2020	10.0	10.8	9.9
Aggregated by Race:				
Total population	2020	10.0	10.8	No data
African American (non-Hispanic)	2020	7.1	5.6	No data
White (non-Hispanic)	2020	11.2	11.5	No data

Continuation of Appendix Table 15. Summary of Top 15 Leading Causes of Death, Franklin County versus Ohio, and the United States (2022 Online State Health Assessment) (Ohio Department of Health, 2022).

Leading Causes of Death	Data Years	Franklin County	Ohio	United States
Essential (Primary) Hypertension and Hypertensive Renal Disease Annual age-adjusted mortality rates for the leading causes of death, per 100,000 population.	2017	10.3	9.1	9
	2018	9.3	9.1	8.9
	2019	10.4	8.9	8.9
	2020	9.1	9.9	10.1
Aggregated by Race:				
Total population	2020	9.1	9.9	No data
African American (non-Hispanic)	2020	16.3	19.6	No data
White (non-Hispanic)	2020	7.7	9	No data

Summary of Findings from Appendix Table 15

The top 2 leading causes of death in Franklin County are heart disease and cancer. It is noteworthy that Franklin County's death rate due to unintentional injuries were higher compared to Ohio, and United States. African Americans (non-Hispanic) were disproportionately affected by high rates of unintentional injuries.

Appendix Table 16. Summary of Cancer Data, Franklin County versus Ohio, and United States (Ohio Department of Health, 2023).

	Data Years	Franklin County	Ohio	United States
All Cancer Sites/Types Combined Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	459.9 per 100,000 people	465.3 per 100,000 people	438.7 per 100,000 people
All Cancer Sites/Types Combined Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	155.4 per 100,000 people	166.1 per 100,000 people	149.4 per 100,000 people
Urinary Bladder Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	19.5 per 100,000 people	21.4 per 100,000 people	18.2 per 100,000 people
Urinary Bladder Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	4.5 per 100,000 people	4.9 per 100,000 people	4.2 per 100,000 people
Brain and Other Central Nervous System Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	6.6 per 100,000 people	6.9 per 100,000 people	6.2 per 100,000 people
Brain and Other Central Nervous System Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	4.4 per 100,000 people	4.6 per 100,000 people	4.4 per 100,000 people
Female Breast Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	135.3 per 100,000 people	129.5 per 100,000 people	126.9 per 100,000 people

Continuation of Appendix Table 16. Summary of Cancer Data, Franklin County versus Ohio, and United States (Ohio Department of Health, 2023).

	Data Years	Franklin County	Ohio	United States
Female Breast Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	20.6 per 100,000 people	21 per 100,000 people	19.6 per 100,000 people
Cervical Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	7.8 per 100,000 people	7.8 per 100,000 people	7.7 per 100,000 people
Cervical Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	2.1 per 100,000	2.2 per 100,000 people	2.2 per 100,000 people
Colon and Rectum Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	35.4 per 100,000 people	39.1 per 100,000 people	36.6 per 100,000 people
Colon and Rectum Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	12.2 per 100,00	14.5 per 100,000 people	13.1 per 100,000 people
Esophageal Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	5.6 per 100,000 people	5.6 per 100,000 people	4.2 per 100,000 people
Esophageal Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	4.2 per 100,000 people	4.9 per 100,000 people	3.8 per 100,000 people
Hodgkin Lymphoma Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	2.4 per 100,000 people	2.7 per 100,000 people	2.5 per 100,000 people

Continuation of Appendix Table 16. Summary of Cancer Data, Franklin County versus Ohio, and United States (Ohio Department of Health, 2023).

	Data Years	Franklin County	Ohio	United States
Hodgkin Lymphoma Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	0.2 per 100,000 people	0.3 per 100,000 people	0.3 per 100,000 people
Kidney and Renal Pelvis Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	17.1 per 100,000 people	17.6 per 100,000 people	17.2 per 100,000 people
Kidney and Renal Pelvis Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	3.4 per 100,000 people	3.9 per 100,000 people	3.5 per 100,000 people
Laryngeal Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	2.8 per 100,000 people	3.7 per 100,000 people	2.7 per 100,000 people
Laryngeal Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	1.2 per 100,000 people	1.1 per 100,000 people	0.9 per 100,000 people
Leukemia Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	10.3 per 100,000 people	12.4 per 100,000 people	14 per 100,000 people
Leukemia Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	6 per 100,000 people	6.6 per 100,000 people	6 per 100,000 people

Continuation of Appendix Table 16. Summary of Cancer Data, Franklin County versus Ohio, and United States (Ohio Department of Health, 2023).

	Data Years	Franklin County	Ohio	United States
Liver and Intrahepatic Bile Duct Cancer (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	8 per 100,000 people	7.6 per 100,000 people	9.3 per 100,000 people
Liver and Intrahepatic Bile Duct Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	6.9 per 100,000 people	6.2 per 100,000 people	6.6 per 100,000 people
Lung and Bronchus Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	61.2 per 100,000 people	64.7 per 100,000 people	50 per 100,000 people
Lung and Bronchus Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	39.1 per 100,000 people	42.9 per 100,000 people	35 per 100,000 people
Melanoma of the Skin Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	20.6 per 100,000 people	25.3 per 100,000 people	21 per 100,000 people
Melanoma of the Skin Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	2.1 per 100,000 people	2.5 per 100,000 people	2.1 per 100,000 people

Continuation of Appendix Table 16. Summary of Cancer Data, Franklin County versus Ohio, and United States (Ohio Department of Health, 2023).

	Data Years	Franklin County	Ohio	United States
Multiple Myeloma Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	6.6 per 100,000 people	6.3 per 100,000 people	7.1 per 100,000 people
Multiple Myeloma Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	3.7 per 100,000 people	3.4 per 100,000 people	3.1 per 100,000 people
Non-Hodgkin Lymphoma Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	19.0 per 100,000 people	19 per 100,000 people	18.7 per 100,000 people
Non-Hodgkin Lymphoma Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	5.0 per 100,000 people	5.7 per 100,000 people	5.1 per 100,000 people
Oral Cavity and Pharyngeal Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	12.4 per 100,000 people	12.6 per 100,000 people	11.4 per 100,000 people
Oral Cavity and Pharyngeal Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	2.4 per 100,000 people	2.8 per 100,000 people	2.5 per 100,000 people

Continuation of Appendix Table 16. Summary of Cancer Data, Franklin County versus Ohio, and United States (Ohio Department of Health, 2023).

	Data Years	Franklin County	Ohio	United States
Ovarian Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	8.0 per 100,000 people	9.6 per 100,000 people	10.3 per 100,000 people
Ovarian Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	5.5 per 100,000 people	6.3 per 100,000 people	6.3 per 100,000 people
Pancreatic Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	15.0 per 100,000 people	13.7 per 100,000 people	13.3 per 100,000 people
Pancreatic Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	12.3 per 100,000 people	12.1 per 100,000 people	11.1 per 100,000 people
Prostate Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	137.1 per 100,000 people	114.1 per 100,000 people	113.4 per 100,000 people
Prostate Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	17.8 per 100,000 people	19.3 per 100,000 people	18.8 per 100,000 people

Continuation of Appendix Table 16. Summary of Cancer Data, Franklin County versus Ohio, and United States (Ohio Department of Health, 2023).

	Data Years	Franklin County	Ohio	United States
Stomach Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	5.8 per 100,000 people	5.7 per 100,000 people	6.9 per 100,000 people
Stomach Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	2.5 per 100,000 people	2.3 per 100,000 people	2.8 per 100,000 people
Testicular Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	5.3 per 100,000 people	5.7 per 100,000 people	6 per 100,000 people
Testicular Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	No data	0.3 per 100,000 people	0.3 per 100,000 people
Thyroid Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	13.2 per 100,000 people	14.7 per 100,000 people	13.9 per 100,000 people
Thyroid Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	0.5 per 100,000 people	0.5 per 100,000 people	0.5 per 100,000 people
Uterine Cancer Incidence Rates (New Cases) Average annual age-adjusted incidence rates per 100,000 population.	2016-2020	31.4 per 100,000 people	30.9 per 100,000 people	27.6 per 100,000 people
Uterine Cancer Mortality Rates (Deaths) Average annual age-adjusted mortality rates per 100,000 population.	2016-2020	5.1 per 100,000 people	5.3 per 100,000 people	5.1 per 100,000 people

Summary of Findings from Appendix Table 16.

Cancer Cases and Deaths in Ohio (2016-2020) – Cancer is the second leading cause of death in Ohio. Cancer accounts for 1 in 5 deaths in Ohio. Four out of 10 people in Ohio will be diagnosed with cancer during their lifetime.

New Invasive Cancer Cases in Franklin County (2016-2020) – On average, 6,002 new invasive cancer cases per year were diagnosed among Franklin County residents. The top 5 new invasive cancer cases in Franklin County were breast cancer (female); prostate cancer; lung and bronchus cancer; colon and rectum; and melanoma of the skin. These top five cancers represented 55% of all new invasive cancer cases. The cancer incidence rate (new cases) for all sites/types of cancer in Franklin County was similar compared to Ohio and United States rate. Males in Franklin County, Ohio and U.S. had slightly higher cancer incidence rates (based on new cancer cases) compared to females. Cancer incidence rates among Blacks and Whites were not significantly different.

Cancer Deaths in Franklin County (2016-2020) – On average, 274 cancer deaths per year were diagnosed among Franklin County residents. The top 5 leading causes of cancer death in Franklin County were lung and bronchus cancer; colon and rectum cancer; pancreatic cancer; breast (female) cancer; and prostate cancer. These top 5 causes of cancer deaths represented 53% of all cancer deaths. The cancer death rate for all sites/types of cancer in Franklin County was similar compared to Ohio and United States death rates. Males in Franklin County, Ohio and United States had higher cancer death rates compared to females. Cancer death rates among Blacks in Franklin County, Ohio and United States were slightly higher compared to Whites.

Appendix Table 17. Summary Data on Recommended Cancer Screenings Tests in Franklin County compared to Ohio and United States (Ohio Department of Health, 2023).

Cancer Screenings	Data Years	Franklin County	Ohio	United States
Pap Test in the past three years, women ages 21-65.	2018-2020	77.8	77.3%	78.7%
Colorectal Cancer screening, ages 50-75.	2018-2020	71.1%	70.2%	70.8%
Mammogram in the past two years, women ages 50-74.	2018-2020	78.4%	77.9%	78.6%

Summary of Findings from Appendix Table 17.

In 2018-2020, the percent of cancer screenings in Franklin County were similar to Ohio, and United States.

Appendix Table 18. Summary Data on Prevalence of Modifiable Risk Factors of Developing Cancer in Franklin County compared to Ohio, and the United States (Ohio Department of Health, 2023).

Modifiable Risk factors of Developing Cancer	Data Years	Franklin County	Ohio	United States
Current Smoker	2020	19.4%	20.2%	16%
Obese	2020	36.1%	35.8%	32%
Physically Inactive	2020	22.9%	23.5%	22%
Excessive Drinking	2020	21.1%	19%	19%

Summary of Findings from Appendix Table 18.

In 2020, the prevalence rates of smoking, obesity, lack of physical activity were like Ohio data but slightly greater than United States data. Overall, addressing cancer modifiable risk factors such as smoking, excess weight, lack of physical activity, and excessive drinking of alcohol will benefit populations.

Appendix C. Summary of Input from Persons Who Represent the Broad Interests of the Community Served

Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons in Franklin County needing mental and behavioral health services, regardless of ability to pay.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://adamhfranklin.org/>
- **Mission of organization:** “The ADAMH Board of Franklin County leads the planning, funding, and evaluation of community-based recovery-oriented mental health and addiction prevention, treatment, and support services for residents of Franklin County.”
- **Examples of programs and services** (ADAMH Board of Franklin County, 2025):
 - Access to network of providers.
 - Access to suicide prevention programs.
 - Access to support groups.
 - Access to client rights advocate.
 - Access to services of the Ombudsman.
 - Access to crisis assistance.

ASPYR Workforce Innovation (previously called Workforce Development Board)

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves central Ohio workforce development.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://aspyrworkforce.org/business-solutions-2/>
- **Mission of organization:** "Our mission is to create access and opportunities for prosperity through collaboration and a shared vision of a better future."
- **Examples of programs and services** (ASPYR Workforce Innovation, n.d.):
 - Navigate through OhioMeansJobs.
 - Access to programs that enhance workforce development.
 - Access to Apprenticeship Hub.
 - Access to Healthcare Career Collaborative of Central Ohio.

B.R.E.A.D. Organization (Building Responsibility, Equality and Dignity)

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves various faith communities, churches and faith congregations and their members to obtain justice and solve community problems through community organizing and building relationships.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://breadcolumbus.com/>
- **Mission of organization:** “Our mission is to powerfully address serious community problems by holding public officials accountable to implementing proven solutions. While non-profit work is often associated with direct service (providing immediate and often temporary relief to victims of community problems), BREAD operates differently by engaging in direct action. By building the power of organized people in our community, we work to hold decision makers accountable to solve the community problems that create victims in the first place.”
- **Examples of programs and services** (B.R.E.A.D. Organization, n.d.):
 - Access to network of providers.
 - Access to suicide prevention programs.
 - Access to support groups.
 - Access to client rights advocate.
 - Access to services of the Ombudsman.
 - Access to crisis assistance.

Central Ohio Hospital Council

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves the needs and interests of patients, families and communities served by OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital.
- **Inputs:**
 - Membership in the Franklin County HealthMap 2025 Executive Committee.
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** November 2023 to January 2025.
- **Website:** <https://centralohiohospitals.org/>
- **Mission of organization:** "Addressing critical health care issues through partner collaboration."
- **Examples of programs and services** (Central Ohio Hospital Council, n.d.):
 - Access to collaborative work in addressing infant mortality and improving babies' health.
 - Access to collaborative work in addressing opiate addiction by reducing opiate-related addiction and deaths.
 - Access to leadership involving the Franklin County HealthMap.
 - Access to supplier diversity programs.
 - Access to Health Information Translations.

City of Columbus

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all City of Columbus residents, families, guests, and community partners through city government programs and services.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://www.columbus.gov/Home>
- **Mission of organization:** Demonstrating excellence in our words and actions through leadership, cooperation, dedication, and attention to detail. Expressing empathy and demonstrating appreciation for human dignity, diversity, and individual rights while holding reverence for human life above all else.
- **Examples of programs and services** (City of Columbus, Ohio, 2025):
 - Access to government services, such as but not limited to: (a) Mayor's Office; (b) Columbus City Council; (c) City Auditor; (d) Inspector General; (e) City Attorney; (f) Municipal Court, and (g) other departments.
 - Access to various programs and services, such as but not limited to: (a) Food Protection Program; (b) Access to 311, a one-stop shop for non-emergency services; (c) payment system; (d) Trash, Recycling and Bulk Collection; (e) Housing and Assistance Programs; (f) public utilities; (g) parking and street services; (h) Columbus Public Health; (i) public safety; (j) Columbus Recreation and Parks; (k) Department of Neighborhoods; and (l) Business Development.

Columbus City Schools

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves students, parents, guardians, families, and communities in the City of Columbus, Ohio, with education and school programs and services.
 - **Inputs:** Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://www.ccsch.us/>
- **Mission of organization:** "Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community."
- **Examples of programs and services** (Columbus City Schools, n.d.):
 - Access to K-12 education.
 - Access to policies about bullying and safety promotion.
 - Access to transportation.
 - Access to jobs.
 - Access to student records protection and release.
 - Access to breakfast and lunch menus.

Columbus Public Health

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves the health and wellness and other public health needs of residents of the City of Columbus and City of Worthington, Ohio.
- **Inputs:**
 - Membership in the Franklin County HealthMap 2025 Executive Committee.
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** November 2023 to January 2025.
- **Website:** <https://www.columbus.gov/Services/Public-Health/About-Public-Health/About-Columbus-Public-Health>
- **Mission of organization:** “To protect the health and improve the lives of all residents.”
- **Examples of programs and services (The City of Columbus, Ohio, 2025):**
 - Access to prevention efforts to avert infectious diseases.
 - Access to programs and services that reduce disparities to achieve health equity.
 - Access to programs and services to address the overdose epidemic.
 - Access to programs and services to reduce infant deaths.
 - Access to programs and services for emergency preparedness.
 - Access to programs and services to address social determinants of health.
 - Access to programs and services to provide affordable health care.

Community Shelter Board

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves persons needing temporary housing and other social services.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://www.csb.org/>
- **Mission of organization:** “To provide a coordinated, community effort. Working relentlessly with our community until everyone has a place to call home.”
- **Examples of programs and services** (Community Shelter Board, 2025):
 - Prevention of homelessness.
 - Access to shelter.
 - Access to street outreach.
 - Access to rapid re-housing.
 - Access to permanent supportive housing.

Directions for Youth and Families

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves children, youth, parents, families, guardians, and communities with various social services and wellness and education support that are provided at people's home or in facilities.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://dfyf.org/>
- **Mission of organization:** "Build and inspire hope, healing and resilience for youth, families and communities through counseling and education."
- **Examples of programs and services** (Directions for Youth and Families, 2025):
 - Access to community-based treatment and prevention services, including clinical counseling, early childhood support, and after school and summer programs.
 - Access to mental health counseling.
 - Access to support for sexual abuse survivors.
 - Access to support for children of murdered parents and siblings.
 - Provides drug and alcohol abuse counseling and support.
 - Support and empowerment to ensure kindergarten readiness for children.
 - Support for victims of domestic violence and children who witness violence.
 - Access to teen parenting classes.
 - Access to parenting classes for adults.

Educational Service Center (ESC) of Central Ohio

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves schools in central Ohio and their respective students, faculty and staff with continuing education, business development, administrative support, and other services.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://www.escco.org/>
- **Mission of organization:** “To provide school districts and schools with professional development, technology, human resource, and administrative supports, and direct student services that help improve student learning, enhance the quality of instruction, expand equitable access to resources, and maximize operating and fiscal efficiencies.”
- **Examples of programs and services** (Educational Service Center of Central Ohio, 2025):
 - Access to business and office support services.
 - Access to student services and supports.
 - Access to teaching, learning and leading services and supports.
 - Access to professional networks and consortia.
 - Access to other services, supports and tools.

Equitas Health

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Provides health care services and other programs to people from the Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+) community.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://equitashealth.com/>
- **Mission of organization:** “Equitas Health’s mission is to be the gateway to good health for those at risk of or affected by HIV; for the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) community; and for those seeking a welcoming healthcare home.”
- **Examples of programs and services (Equitas Health, 2024):**
 - Access to primary and specialized medical care.
 - Access to pharmacy.
 - Access to dentistry.
 - Access to mental health and recovery services.
 - Access to Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (HIV/STI) treatment and prevention.
 - Access to PREP (pre-exposure prophylaxis).
 - Access to PEP (post-exposure prophylaxis).
 - Access to Ryan White/HIV case management.
 - Access to advocacy and other community health programs.

Ethiopian Tewahedo Social Services (ETSS)

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves immigrants, New Americans, and refugees in central Ohio with various programs and services.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://www.ethiotss.org/>
- **Mission of organization:** “To be the focal point of societal integration for immigrants, refugees, and low-income individuals to help improve the quality of life through education, training, supportive services, and self-development opportunities while increasing awareness of the diverse cultures and heritage.”
- **Examples of programs and services** (Ethiopian Tewahedo Social Services, n.d.):
 - Access to adult programs and services, such as but not limited to: (a) education and employment trainings, English as a Second Language, Job Readiness, Soft Skill Training; (b) community health and wellness outreach; (c) family-focused care and support; and (d) kinship programs.
 - Access to youth programs and services, such as but not limited to: (a) support for children’s growth socially, emotionally, and academically; (b) after-school programs; (c) youth summer camps; (d) Achieve More and Prosper; and (e) engagement of the family.
 - Access to resettlement programs, such as but not limited to: (a) securing permanent housing; (b) obtaining social security and benefits; (c) enrolling family members in school; and (d) job training.

Franklin County Coroner's Office (Franklin County Forensic Science Center)

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves Franklin County residents by investigating all deaths by violence, criminal means, suicide, or any unattended death of any cause.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://coroner.franklincountyohio.gov/>
- **Mission of organization:** "The mission of the Franklin County Coroner's Office is to serve and protect the interest of the community by maintaining the highest standard of professionalism and integrity in determining the cause and manner of death."
- **Examples of programs and services** (Franklin County Coroner's Office, n.d.):
 - Access to the Administration Department, Case Management Department, Pathology Department, Toxicology Department, Investigations Department, and Morgue Department.
 - Access to autopsies, medical exams, and publicly available reports.
 - Access to data and statistics about violent deaths in Franklin County.

Franklin County Office on Aging

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves Franklin County older adults and their families and/or caregivers.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://officeonaging.org/>
- **Mission of organization:** The Office on Aging provides centralized access to diverse programs and individualized services for older adults, dependent adults, and their families so they can preserve their independence.
- **Examples of programs and services** (Franklin County Office on Aging, 2017):
 - Access to community support, outreach and other specialized services, including (a) prescriptions; (b) food; (c) health clinic services; (d) utility and other subsidies; (e) health screenings; (f) employment services; (g) legal aid services; (h) household budget management assistance; (i) volunteer services; (j) support services; (k) caregiver consultation; (l) senior fitness centers; (m) respiratory services; (n) deaf/blind specialized services; (o) hearing/screening/aids; (p) refugee support services; (q) communication interpretative services; and (r) intergenerational services.
 - Access to customer service and support , including (a) crisis intervention (b) information and referral; (b) informal support counseling; (c) advocacy; (d) client/family in-home assessments; (e) monitoring services and customer status; (f) dispute/complaint resolution; (g) caregiver consultation and support; and (h) housing assistance.
 - Access to home and community care, including (a) home-delivered meals; (b) emergency response systems; (c) medical transportation; (d) adult day health; (e) personal care assistance; (f) homemaking; (g) respite; and (h) health maintenance supplies/equipment (incontinence supplies, consumable medical/dental supplies, nutritional, and durable medical equipment).
 - Access to Adult Protective Services investigations, service coordination and other services.
 - Access to information dissemination through trainings and professional education support.
 - Access to safe housing for older adults, including (a) provision of minor home repairs/modifications; (b) wheelchair ramps; (c) moving assistance; (d) safety products; (e) home repair services; (f) sanitation and pest control; (g) long-term housing; (h) major cleanings; and (i) smoke detectors.

Franklin County Public Health

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons, families, and communities in Franklin County with public health programs and services.
- **Inputs:**
 - Membership in the Franklin County HealthMap 2025 Executive Committee.
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** November 2023 to January 2025.
- **Website:** <https://u.osu.edu/cphp/>
- **Mission of organization:** Franklin County Public Health improves the health of our communities by preventing disease, promoting healthy living, and protecting against public health threats through education, policies, programs, and partnerships.
- **Examples of programs and services** (Franklin County Public Health, 2025):
 - Access to vaccines for children and adults throughout Franklin County regardless of ability to pay or insurance status.
 - Access to food inspection reports to allow the public to view violations incurred by the food vendor during inspection.
 - Access to inspection and compliance check for plumbing and medical gas systems on commercial and medical gas systems.
 - Access to health education during health fairs, speakerships, and outreach.
 - Access to prevention and wellness programs, including (a) immunizations, and Children with Medical Handicaps programs and services.
 - Access to health education and interventions related to (a) rabies immunizations; (b) Healthy Homes; (c) Food Safety; (d) mosquito control; and (e) water quality.
 - Access to community health improvement, including (a) Community Health Action Teams; (b) care coordination programs by community health workers; (c) Naloxone trainings; (d) medication disposal; (e) healthy eating; and (f) tobacco prevention.
 - Access to Franklin County and Columbus Medical Reserve Corps Volunteer Program.

Future Ready Five

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves children before kindergarten, their families, caregivers, or guardians.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://futurereadyfive.org/>
- **Mission of organization:** “Future Ready Five’s mission is to transform early learning and achieve educational equity in Franklin County.”
- **Examples of programs and services** (Future Ready Five, n.d.):
 - Access to early literacy.
 - Access to family stabilization interventions.
 - Access to community outreach.
 - Access to research findings related to kindergarten readiness.

Health Impact Ohio

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://www.healthimpactohio.org/>
- **Mission of organization:** “We improve social drivers of health, health equity, access and quality in all communities, through community engagement and partnership, multi-stakeholder training and coaching, data collection and integration, strategy development and deployment.”
- **Examples of programs and services** (Health Impact Ohio, n.d.):
 - Access to a Statewide Health Improvement Collaborative.
 - Access to Central Ohio Pathways Hub.
 - Access to Community Health Worker certification program.
 - Access to Community Health Worker-led care coordination for (a) behavioral health; (b) housing; (c) employment; (d) adult learning; (e) medical home; (f) health insurance; (g) pregnancy; and (h) postpartum
 - Access to Community Health Worker-led connections to social service agencies, including (a) provision of baby supplies; (b) assistance with clothing; (c) monetary assistance; (d) food and nutrition assistance; (e) furniture assistance; (f) housing assistance; (g) insurance assistance; (h) jobs; (i) legal support; (i) transportation assistance; (j) utilities assistance; and (k) referral and linkage to the Supplemental Nutrition Assistance Program for Women, Infants and Children.

Human Services Chamber of Franklin County

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves nonprofit organizations in Franklin County through administrative support, advocacy, logistics, public policy, and other services.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://www.humanservicechamber.org/>
- **Mission of organization:** “To unleash the power of human potential through every act of human service.”
- **Examples of programs and services** (Human Service Chamber of Franklin County, 2025):
 - Access to news and analysis for nonprofits.
 - Access to employment opportunities.
 - Access to other administrative support.
 - Access to public policy support and information.

Mid-Ohio Food Collective

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves income-eligible residents from Franklin County and other central Ohio Counties with access to food and linkage to community resources.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://mofo.org/>
- **Mission of organization:** “Our mission is to end hunger one nourishing meal at a time while co-creating communities where everyone thrives.”
- **Examples of programs and services** (Mid-Ohio Food Collective, 2023):
 - Access to Mid-Ohio Foodbank.
 - Access to Mid-Ohio Pharmacy.
 - Access to Mid-Ohio Market.
 - Access to Mid-Ohio Farm.
 - Access to Mid-Ohio Kitchen.
 - Access to FreshTrak, a virtual platform to help find food resources that are available where people live.

Mid-Ohio Regional Planning Commission

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves central Ohio residents with planning strategies to promote development.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://mofc.org/>
- **Mission of organization:** MORPC is the regional voice, trusted convener, and catalyst, bringing Central Ohio communities together to collaborate on best practices and plan for the future growth and sustainability of the region.
- **Examples of programs and services** (Mid-Ohio Regional Planning Commission, 2023):
 - Access to nonpartisan data analysis.
 - Access to community resources.
 - Access to long-range planning related to transportation, investment, and prosperity.

Mount Carmel Health System

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves persons with health care services and programs, regardless of ability to pay.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://mofc.org/>
- **Mission of organization:** “We serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.”
- **Examples of programs and services** (Mount Carmel Health System, 2025):
 - Bariatric surgery
 - Cancer care
 - Cardiology
 - Emergency care
 - Maternity
 - Orthopedics
 - Primary Care Stroke
 - Trauma services
 - Weight management
 - Women’s health
 - Community outreach

Nationwide Children's Hospital

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves children and youth with health care services and programs, regardless of ability to pay.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://www.nationwidechildrens.org/>
- **Mission of organization:** "Nationwide Children's Hospital is committed to best outcomes and health equity for all children, ensuring every child has access to the best care regardless of their ability to pay. Upon this fundamental belief, Nationwide Children's is committed to providing the highest quality: Care for patients and whole child wellness; Advocacy for children and families; Research discoveries; Education of patients, families, team members and the community."
- **Examples of programs and services** (Nationwide Children's Hospital, 2025):
 - Ear, Nose and Throat (Otolaryngology) Services.
 - The Fetal Center.
 - Gastroenterology, Hepatology and Nutrition.
 - Hematology, Oncology and Blood and Marrow Transplant.
 - Neurology.
 - Pediatric Surgery.
 - Sports Medicine.
 - The Heart Center.

Ohio Association of Community Health Centers

- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves community health centers in Ohio through training and other administrative support.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://www.ohiochc.org/>
- **Mission of organization:** "For over 40 years, the Ohio Association of Community Health Centers (OACHC) has championed the growth and support of the Health Center Program's innovative model, which provides high-quality, comprehensive care, eliminates barriers and health disparities, and enables communities to shape their own healthcare journey. As Ohio's nonprofit Primary Care Association (PCA), OACHC supports all 60 of Ohio's Community Health Centers, serving as the primary source for training and technical assistance (T/TA) for the state's largest primary care network."
- **Examples of programs and services** (Ohio Association of Community Health Centers, n.d.):
 - Access to conferences and training.
 - Access to networking and peer learning.
 - Access to advocacy and policy leadership.
 - Access to group purchasing.
 - Access to peer networking opportunities.
 - Access to workforce development support.

OhioHealth

- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons with health care, health and wellness, and outreach services, regardless of ability to pay.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://www.ohiohealth.com/>
- **Mission of organization:** "To improve the health of those we serve."
- **Examples of programs and services** (OhioHealth, 2015-2025):
 - Healthcare services, including (a) brain and spine; (b) cancer; (c) diabetes; (d) emergency and trauma; (e) Ear, Nose, Throat (ENT); (f) gastroenterology; (g) heart and vascular; (i) oncology; (j) orthopedics; (k) pain management; (l) pediatrics; (m) primary care; (n) rehabilitation and therapy; (o) senior health; (p) hospice; (q) imaging and radiology; (r) laboratory services; (s) liver care; (t) mammography; (u) mental health; (v) neuroscience; (w) sports medicine; (x) surgery; (y) urgent care; (z) weight management; and (aa) women and maternity.
 - Access to community and government relations.
 - Access to community health partnerships.
 - Access to the OhioHealth Foundation.

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

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons, families, and communities needing public health professional or practitioner support.
- **Inputs:**
 - Contracted by the Central Ohio Hospital Council, Columbus Public Health, and Franklin County Public Health to collaborate with Illuminology, and various community stakeholders in conducting data collection, focus groups, data analysis, data presentation, and report writing.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** November 2023 to January 2025.
- **Website:** <https://u.osu.edu/cphp/>
- **Mission of organization:** “We protect and champion the health of the people of Ohio, the nation, and the world. Through education, influential research and community engagement, The Ohio State University College of Public Health shapes and enhances public health, advances equity, and impacts the delivery and effectiveness of health care. We prepare the next generation of public health practitioners, health care administrators and academic scholars. We work collaboratively to make discoveries that help address existing and emerging public health threats. We advance the public health conversation and foster a culture of engagement for our students, faculty, staff, alumni, and the broader community.”
- **Examples of programs and services** (The Ohio State University n.d.):
 - Access to the Live Healthy Live Well programs and services, such as National Nutrition Month Webinar Series that discussed the basics, food and friends/family gathering; food and travel, and importance of nutrition throughout life.
 - Access to 4-H Winter Project Fair.
 - Access to the Backyard Poultry Online Certificate.

The Ohio State University Extension Franklin County

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons with agricultural and health and wellness education and other extension needs.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://franklin.osu.edu/>
- **Mission of organization:** “We create opportunities for people to explore how science-based knowledge can improve social, economic, and environmental conditions.
- **Examples of programs and services** (The Ohio State University, 2025):
 - Access to health and wellness programs and services, including empowerment of people to make healthy choices, homes, schools, workplaces, and communities.
 - Access to workforce development, including job training, continuing education, and gaining additional skills.
 - Access to interventions across the life span, including youth development, and building positive adulthood.
 - Access to sustainable food systems, including assistance to producers, environment protection, consumer sciences.
 - Access to community development initiatives.
 - Access to environmental quality measures.

The Ohio State University Nisonger Center Ohio Disability and Health Program

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves Ohio children, adolescent, and adults with disabilities.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://nisonger.osu.edu/education-training/ohio-disability-health-program/>
- **Mission of organization:** "The mission of The Ohio State University Nisonger Center is to empower and support all people with developmental disabilities and their families through interdisciplinary training, research, and service."
- **Examples of programs and services** (The Ohio State University Nisonger Center, 2017):
 - Access to comprehensive child services, including (a) dental services; (b) clinical support services; (c) early learning program; (d) Interdisciplinary Development Clinic; (e) Neurodevelopmental Dual Diagnosis Clinic; (f) School-Aged Autism and Developmental Clinic; and (g) Shakespeare and Autism.
 - Access to comprehensive adolescent services, including (a) social programs; (b) dental services; (c) Neurodevelopmental Dual Diagnosis Clinic; (d) School-Aged Autism and Developmental Clinic; (e) Clinical Support Services; (f) Transition Age Clinic; (g) Next Chapter Book Club; (h) School-Aged Autism and Developmental Clinic; (i) Shakespeare and Autism; and (j) Aspirations Ohio.
 - Access to comprehensive adult services, including (a) Technology Project; (b) Adult Down Syndrome Clinic; (c) National Core Indicators Project; (d) Transitions Options in Postsecondary Settings; (e) Dental Services; (f) Social programs; and (g) Clinical Support Services.

The Ohio State University Wexner Medical Center

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves persons with health care and social drivers of health needs, regardless of ability to pay.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://wexnermedical.osu.edu/>
- **Mission of organization:** “As one of America's top-ranked academic medical centers, our mission is to improve health in Ohio and across the world through innovations and transformation in research, education, patient care, and community engagement.”
- **Examples of programs and services** (The Ohio State University Wexner Medical Center, 2025):
 - Access to health care services, including primary care, specialty care, emergency care, urgent care, and hospitalist care.
 - Access to health education.
 - Access to research.
 - Access to health equity initiatives, including (a) health and wellness community programs, (b) The Healthy Community Center, (c) urban health, (d) rural health, (e) national and global health, (f) mental and behavioral health and substance use disorder, (g) maternal and infant health, (h) access to care; (i) nutrition and food safety; and (j) digital health equity.

United Way of Central Ohio

- **Representatives have knowledge and skills in public health:** Yes.
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves central Ohio communities through reading and mathematical calculations.
- **Inputs:**
 - Involvement in at least one Franklin County HealthMap 2025 activities.
 - Identification of health indicators for the Franklin County HealthMap 2025.
 - Identification of significant health needs in Franklin County.
 - Identification and voting of priority health needs in Franklin County using defined criteria.
 - Identification of community partners that may be tapped to address the priority health needs identified.
 - Review of the Franklin County HealthMap 2025 and debrief.
 - Findings from the Franklin County HealthMap 2025 were used by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital in developing the respective 2025 OhioHealth Community Health Needs Assessment for Franklin County.
- **Time frame of inputs:** January 2024 to January 2025.
- **Website:** <https://wexnermedical.osu.edu/>
- **Mission of organization:** *Improve the lives of others by mobilizing the caring power of our community”.
- **Examples of programs and services** (United Way of Central Ohio, n.d.):
 - Access to programs and services to enable success of children by third grade.
 - Access to support during tax season.
 - Access to community partners.
 - Access to programs and services that reduce disparities.

Appendix D. Documentation of Program Impacts from the Community Health Needs Assessment and Implementation Strategy Adopted in 2022 by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital.

Unless specified, the impacts presented in this section were achieved through joint efforts of six OhioHealth hospitals in Franklin County, namely, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital. The joint impacts presented for maternal and infant health did not apply for OhioHealth Rehabilitation Hospital (Columbus and Dublin campuses).

Priority Health Need 1: Basic Needs

- BN –1. Continuation of OhioHealth partnerships with and/or cash and in-kind donations to nonprofit organizations that address basic needs in Franklin County and other areas of central Ohio —** OhioHealth External Affairs team will continue to provide cash or in-kind donations and/or partner with nonprofit organizations such as (but not limited to):
- BN – 1.1. Columbus Metropolitan Housing Authority (CMHA) —** OhioHealth will continue to partner with CHMA, which has a mission of “helping people access affordable housing through collaborative partnerships to develop, renovate, and maintain housing; promote neighborhood revitalization; and assist residents in accessing needed social services.” The CHMA administers public housing and provides resident programs that promote access to community resources and employment trainings (Columbus Metropolitan Housing Authority, 2022).
 - BN – 1.2. YWCA (Young Women’s Christian Association) Family Center —** OhioHealth will continue to partner with YWCA Family Center, which provides emergency shelter, meals, transportation, childcare, and basic services to families without homes. A member of OhioHealth leadership team serves in the board of YWCA (YWCA Columbus, 2022).
 - BN – 1.3. Community Shelter Board —** OhioHealth will continue to partner with the Community Shelter Board, which has a mission of serving as a “collective impact organization driving strategy, accountability, collaboration, and resources to achieve the best outcomes for people facing homelessness in Columbus and Franklin County.” The Community Shelter Board programs and services are focused on (a) preventing homelessness, (b) shelter,

(c) street outreach, (d) rapid re-housing, and (e) permanent supportive housing (Community Shelter Board, 2022).

BN – 1.4. Columbus Urban League — OhioHealth will continue to partner with the Columbus Urban League, which has a mission “to empower African Americans and disenfranchised groups through economic, educational and social progress.” Columbus Urban League’s initiatives include:

- (a) **Restoring Citizens** — examples of programs and services include (i) “Building Futures”, (ii) “Choose 2 Change”, (iii) “Driving Futures”, and (iv) “Transitions”.
- (b) **Money and Mortgages** — examples of programs and services include (i) “Fair Housing Discrimination”, (ii) “Financial Empowerment Institute”, (iii) “Homebuyer Education”, and (iv) “Landlord-Tenant Mediation”.
- (c) **Jobs and Training** — examples of programs and services include (i) “Building Futures”, (ii) “Driving Futures”, (iii) “Empower U”, (iv) “My Brother’s Closet”, (v) “Ohio to Work”, and (vi) “Transitions”.
- (d) **Growing Our Kids** — examples of programs and services include (i) “Father 2 Father”, (ii) “FRESH Afterschool”, (iii) “Head Start Academy”, (iv) “I Am My Brother’s Keeper (IAMBK)”, (v) “Neighborhood Violence Intervention”, (vi) “Project Survival”, and (vii) “Summer Youth Programs”.
- (e) **Business Resources** — examples of programs and services include (i) “Minority Business Assistance Center”, and (ii) “Minority Small Business Resiliency Initiative”.

BN – 1.5. LifeCare Alliance — OhioHealth will continue to partner with LifeCare Alliance whose core purpose is “To serve those in need, through compassionate, responsive, quality care.” LifeCare Alliance helps older adults or medically challenged residents in Franklin, Madison, Marion, Champaign, and Logan Counties by helping clients remain independent in their homes (LifeCare Alliance, 2022). Examples of services include the following:

- (a) **Meals-on-Wheels** — LifeCare Alliance strives to provide clients with meals and other programs and services. The Meals-on-Wheels program are characterized by (i) dietitian supervises meal preparations at the central Ohio kitchen; (ii) Clients may opt to avail of hot or cold meals delivered daily or frozen meals delivered once a week; (iii) Meals on Wheels offer special dietary needs such as kosher, vegetarian, pureed and mechanical soft meals; and (iv) clients are able to avail of a dietitian visit to their homes. Clients may obtain pet food and veterinary care through the Senior PetCare program.
- (b) **Columbus Cancer Clinic** — offers low-cost or free cancer screenings and mammograms and cancer prevention education. Columbus Cancer Clinic accepts Medicare, Medicaid and private insurance but also provides services for uninsured persons.
- (c) **Central Ohio Diabetes Association** — helps persons with screenings, detection, prevent complications, and live a good quality of life despite diabetes. Patients are able to schedule a home visit by a dietitian to learn self-management of diabetes, coaching and education on managing blood sugar.
- (d) **Carrie’s Café and Senior Dining Centers** — offers persons aged 60 and above to have a nutritious meal in a group setting. Seniors contribute \$1.50 but no one is turned away if they are not able to pay.
- (e) **Help-at-Home** — helps seniors with cleaning the kitchen, errands, and laundry.
- (f) **Wellness** — registered nurse or dietitian conducts foot care, health assessments, disease prevention and management.

- (g) **Project OpenHand-Columbus (POHC)** — Provides free home delivered meals, nutrition education, food pantry services, and lunches for people living with HIV/AIDS.

BN – 1.6. Ohio University Dublin Extension Campus — OhioHealth will continue to support the Ohio University's Heritage College of Osteopathic Medicine's annual Medical Academy health careers discovery program which offers learning opportunities for junior and senior students from central Ohio to learn about the medical and other health career professions. Furthermore, OhioHealth will continue to partner with leaders, faculty, and staff from the following departments at the Ohio University Dublin Extension Campus:

- (a) College of Health Sciences and Professions
- (b) Heritage College of Osteopathic Medicine
- (c) College of Business, (d) College of Fine Arts
- (d) George V. Voinovich School of Leadership and Public Service

BN – 1.7. Columbus State Community College —OhioHealth will continue to partner with leaders, faculty and staff from Columbus State Community College departments that train students in nursing, other allied health professions, and human services fields such as (but not limited to):

- (a) Health Information Management Technology
- (b) Healthcare Management
- (c) Hospitality Management
- (d) Interpreter Education Program
- (e) Medical Assisting
- (f) Medical Laboratory Technology
- (g) Multi-Skilled Health (phlebotomy, basic electrocardiography certificate, and pharmacy technician certificate)
- (h) Nursing
- (i) Nutrition and Dietetics

BN – 1.8. Otterbein University — OhioHealth will continue to partner with leaders, faculty, and staff from Otterbein University departments that train students in nursing, other allied health professions, and human services fields. One OhioHealth leader is in the board of trustees of Otterbein University.

BN – 1.9. The Ohio State University — OhioHealth will continue to partner with leaders, faculty, and staff from The Ohio State University departments that address basic needs (The Ohio State University, 2022), such as (but not limited to):

- (a) College of Medicine
- (b) College of Nursing
- (c) College of Public Health
- (d) College of Food, Agricultural, and Environmental Sciences

- (e) School of Health and rehabilitation Sciences
- (f) The John Glenn College of Public Affairs

Joint impacts of six OhioHealth hospitals in Franklin County related to Basic Needs (BN – 1).

BN –1. Continuation of OhioHealth partnerships with and/or cash and in-kind donations to nonprofit organizations that address basic needs in Franklin County and other areas of central Ohio.

OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital were jointly involved in these efforts. **Appendix Table 19** shows the name of organization that received sponsorships from OhioHealth during Fiscal Year 2023 and 2024.

Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
American Red Cross (Central and Southern Ohio; including Greater Columbus Chapter) Main Office Location: 995 E. Broad Street, Columbus, Ohio 43205. Website: https://www.redcross.org/local/ohio/central-and-southern-ohio/about-us/locations/greater-columbus-ohio-chapter.html Reference: The American National Red Cross (2025)	• OhioHealth provided cash donation to the American Red Cross for its initiative “Sound the Alarm”, which helps families make escape plans, teaching them about home fire risks, and installing free smoke alarms. • Examples of American Red Cross programs and services related to basic needs: ○ Blood drive. ○ Free Hemoglobin A1C screening.
<u>B</u>uilding <u>R</u>esponsibility <u>E</u>quality and <u>D</u>ignity (BREAD) Organization Main Office Location: 404 South Third Street, Columbus, Ohio 43215. Website: https://breadcolumbus.com/ Reference: BREAD Organization (n.d.)	• OhioHealth provided the BREAD Organization with cash sponsorship for the Families First! and Housing Now! Initiative, which advocates for the America Rescue Plan funding to be allocated to provide access to affordable housing for central Ohio residents. • Participated in community collaborative with the Franklin County Commissioners to provide funding for affordable and safe housing in Franklin County for at least 200 families per year. • Participated in community collaborative with franklin County Affordable Housing Trust Fund to enable access to affordable housing for poor people.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Center for Healthy Families Main Office Location: 500 S. Front Street, Suite 930, Columbus, Ohio 43215. Website: https://www.centerforhealthyfamilies.org/general-4 Reference: Center for Healthy Families, LLC (2023)	• OhioHealth provided Center for Healthy Families with cash sponsorship for its initiative “Holiday Help” to support families in need. • Center for Healthy Families’ Healthy Family Connection” helps parenting teens with skills and knowledge to be self-sufficient, take care of their health and wellbeing, continue education, and obtain employment. • Access to education: high school graduation, access to post-secondary education, and obtain skills to get employed. • Access to support for healthy relationships: relate well with other people. • Attain healthy babies: giving birth to a healthy baby. • Delay of subsequent pregnancy: delay of a second pregnancy until the teen is able to support the child. • Access to housing: teens have secure, safe, and stable housing. • Become an effective parent: teens develop parenting skills.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Center for Healthy Families (Continued) Main Office Location: 500 S. Front Street, Suite 930, Columbus, Ohio 43215. Website: https://www.centerforhealthyfamilies.org/general-4 Reference: Center for Healthy Families, LLC (2023)	• Examples of Center for Healthy Families' community partners to address basic needs: ○ Action for Children. ○ Big Brothers Big Sisters of Central Ohio. ○ CelebrateOne. ○ Columbus City Schools. ○ Columbus Urban League. ○ IMPACT Community Action. ○ Directions for Youth and Families. ○ The Center for Family Safety and Healing. ○ Huckleberry House. ○ Moms2B. ○ The Ohio State University. ○ OhioHealth.
Columbus Early Learning Centers Main Office Location: 240 North Champion Ave Columbus, OH 43203. Reference: Columbus Early Learning Center (2024)	• OhioHealth provided cash donation to the Columbus Early Learning Centers for their "Learning through a Lifetime" initiative. Accessibility of early childcare to families aims to reduce barriers related to money and obtaining employment. • Examples of programs and services that address basic needs include: ○ Access to education to children ages 6 weeks to 5 years old. ○ Access to care centers that uses holistic play-based curriculum in partnership with families. ○ Access to home visiting interventions where parents are given the tools to support and teach the children. ○ Access to family support where parents and guardians are given time, resources, and tools in order to keep employed.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Columbus Metropolitan Club Main Office Location: 1041 Dublin Road, Suite 103, Columbus, OH 43215. Website: https://columbusmetroclub.org/ Reference: Columbus Metropolitan Club (2025)	• OhioHealth provided cash donation for Columbus Metropolitan Club's conversation on "Columbus Housing Strategy". • Serves as community means for effective conversation of relevant issues. • Examples of topics discussed related to basic needs: • "When Safety Net Shrinks". • "From Vacant to Vibrant: The Future of Retail in Downtown Columbus". • Belonging is redefining the Modern Workplace." • "The Caregiver Crisis". • "Columbus Eviction Rates are headed in the Wrong Direction".

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Columbus Metropolitan Club (Continued) Main Office Location: 1041 Dublin Road, Suite 103, Columbus, OH 43215. Website: https://columbusmetroclub.org/ Reference: Columbus Metropolitan Club (2025)	○ “Benchmarking Central Ohio - Part 1: Population Vitality and Economic Strength”. ○ Benchmarking Central Ohio – Part 2: Personal Prosperity, Lifelong Learning, and Community Wellbeing”. ○ “Rx for Equity: Creating Access to Healthcare in Central Ohio”. ○ Outdated Funding, Lost Lives: Why Ohio’s Babies and Birthing Parents Deserve Better”. ○ “Housing, Health and Hope: Opening the Gates to Opportunity in Central Ohio”. ○ “Open Every Door: Transforming Workforce Development in Central Ohio”. ○ “What Would It Take to End Hunger in Central Ohio?”. ○ “The Invisible Problem Everywhere: Confronting the Gender Data Gap”. ○ “Is Central Ohio ready for Retirement”. ○ “Zone In: The Proposed Zoning Overhaul that will Reshape Columbus”. ○ “How Immigrants Revitalize Communities”. ○ “Pathways to Prosperity: Breaking the Poverty cycle in Central Ohio”. ○ “It’s Time to Close the Gender Wage Gap in Columbus”. ○ “Prescription for Change: Solving Ohio’s Healthcare Worker Shortage”. ○ “What Would It Take to End Homelessness in Columbus?”. ○ “Is Snob Zoning America’s New Redlining”. ○ “State of the Workforce: Uncovering Ohio’s Hidden Workforce”.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Columbus Metropolitan Club (Continued) Main Office Location: 1041 Dublin Road, Suite 103, Columbus, OH 43215. Website: https://columbusmetroclub.org/ Reference: Columbus Metropolitan Club (2025)	○ “Black Mothers Matter: Combatting the Maternal Mortality Epidemic”. ○ “Reimagining Education in Ohio”. ○ “Addressing the Consequences of Redlining”.
Cristo Rey Columbus High School Main Office Location: 400 E Town Street, Columbus, OH 43215. Website: https://www.crchsworks.org/about-us/ Reference: Cristo Rey Columbus High School (2023)	• OhioHealth provided cash sponsorship to Cristo Rey Columbus High School for its 10-year celebration. Cristo Rey Columbus High School is a Catholic high school that offers students access to a Professional Work-Study program and Garden Party. Students learn and work as part of their academic curricula. • Offers students with opportunities to embrace faith and service, academic enrichment, sports, clubs, and counseling.
Dress for Success Columbus Main Office Location: 1204 North High Street Columbus Ohio 43201. Website: https://dfscmh.org/what-we-do/ Reference: Dress for Success Columbus (2025)	• OhioHealth provided cash sponsorship to Dress for Success Columbus for its event, “Dine.Drink.Dress” and “Level Up Summit” to raise funds for various programs to address basic needs. • Helps patrons with work readiness and retention. • Examples of programs and services include: ○ Access to preparations for interview and professional clothes for employment. ○ Access to Career Center. ○ Access to Professional Women’s Group. ○ Access to Women2Women Mentoring. ○ Access to Success InSight Conference.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Dublin Food Pantry Main Office Location: 6608 Dublin Center Drive Dublin, Ohio 43017. Website: https://www.dublinfoodpantry.org/ Reference: Dublin Food Pantry (2025)	• OhioHealth provided cash donation to Dublin Food Pantry for its “Bounty at Bridge Park” and “Everyone Eats here” fundraiser. • Examples of programs and services include: ○ Access to nutritious foods, essential food items, and resources to address food insecurity. ○ Access to education about the impact of hunger in the community.
Experience Columbus Main Office Location: 277 W. Nationwide Blvd., Suite 125, Columbus, OH 43215. Website: https://www.experiencecolumbus.com/ Reference: ExperienceColumbus (2025)	• OhioHealth provided cash sponsorship for Experience Columbus activities in hosting meetings of the Professional Convention Management Association (PCMA). The meeting promotes business development and showcasing Columbus as a destination for high profile meetings. • OhioHealth provided cash sponsorship to US Conference of Mayors event which includes demonstration of best practices for United States cities with population greater than 25,000.
Goodwill Columbus Main Office Location: 671 South High Street, Suite 800, Columbus, Ohio 43206. Website: https://www.goodwillcolumbus.org/ Reference: Goodwill Columbus (2025).	• OhioHealth provided cash donation to Goodwill Columbus for its “Extraordinary People Luncheon”, which celebrates persons who endured challenges in their pursuit for independence. • Access to services for jobseekers, including 1-on-1 coaching, career certifications, digital literacy. • Access to the Goodwill Columbus job training center to train people for jobs in information technology, healthcare, hospitality, and logistics industries. • Access to job placement with employers in central Ohio. • Access to the Achieve More and Prosper (A.M.P.), which assists out-of-school young adults ages 18-24 participate in a career pathway and long-term sustainability.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Goodwill Columbus (Continued) Main Office Location: 671 South High Street, Suite 800, Columbus, Ohio 43206. Website: https://www.goodwillcolumbus.org/ Reference: Goodwill Columbus (2025).	• Access to holistic support services and development of personalized plan and training, including: ○ Training to develop life skills. ○ Training to develop new skills. ○ Paid and unpaid internships. ○ Job shadowing. ○ On-the-job training. • Programs on pre-apprenticeship. Access to the Roads2Work – Franklin County program in partnership with capital Transportation Academy (Training for Commercial Driver’s License(CDL)). • Helps unemployed, under-employed, career transitioning, and restored citizens to be employed as a Class A CDL driver. • Access to basic work readiness through training to use Microsoft Office. • Access to computer basics, internet safety, use of smart phones, and tablets and other digital skills. • Access to Information Technology training as part of the Career Pathway Industry Recognized Credentials, including: (a) CompTIA A+ or Google Information Technology Support Professional; (b) Facebook Social Media Marketing Professional Certification; and (c) Network+, Security+, certified Ethical Hacker. • Access to Healthcare Training, including (a) State Tested Nursing Assistant (STNA); and (b) Medical billing and coding, medical front office assistant. • Access to Digital Skills Training. • Access to broadband infrastructure, including (a) Fiber optic cable installer; (b) broadband equipment installation technician; (c) fiber optic splicing technician trainee; and (d) broadband equipment troubleshooter.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Goodwill Columbus (Continued) Main Office Location: 671 South High Street, Suite 800, Columbus, Ohio 43206. Website: https://www.goodwillcolumbus.org/ Reference: Goodwill Columbus (2025).	• Access to broadband infrastructure certifications, such as (a) certified Premises Cabling Technician (CPCT®), Certified Fiber Optic Technician (CFOT®). • Access to Adult Day Services for people with intellectual and developmental disabilities where persons learn skills related to health and wellness, cooking, participation in Goodwill Columbus Art Studio, and playing. Access to work and community services, including adult day support, community-integrated work, vocations, participation in group activities, and social engagement. • Access to residential services, including in-home services, 24-hour on call support including giving medicines, cardiopulmonary resuscitation (CPR), first-aid, behavior support, and crisis interventions.
Grove City Chamber Foundation Main Office Location: 4069 Broadway Grove City, OH 43123. Website: https://gcchamberfoundation.org/ Reference: Grove City Chamber (2022)	• OhioHealth provided cash donation to the Grove City Chamber Foundation's Fall for the Foundation 2023" to promote education and learning in the Grove City community, including scholarships for post-secondary education, technical education, career training, and continuing education. • Access to educational opportunities, growth, community linkages, and success.
Grove City Government Main Office Location: 4035 Broadway, Grove City, OH 43123. Website: https://grovecityevents.com/event/mayors-pickleball-open/ Reference: Grove City Events (2025)	• OhioHealth provided cash donation to help support the program "Grove City Mayor Pickleball Tournament" as means of addressing community inclusiveness.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Hilliard Food Pantry Plus Main Office Location: Warehouse 839, Hilliard United Methodist Church, 3691 Main Street, Hilliard, Ohio 43026. Website: https://www.hilliardfoodpantry.org/ Reference: Hilliard Food Pantry Plus (2023)	• OhioHealth provided cash donation to Hilliard Food Pantry Plus to address food insecurity. In Zip Codes 43026, 43228, 43221, 43016, 43002, 43119, and 43204. • Examples of programs and services of the Hilliard Food Pantry that address basic needs include: ○ Access to fresh produce, dairy, meat, shelf-stable goods, and personal care products. ○ Access to food assistance during the holidays. ○ Access to delivery boxes for seniors. ○ Access to classes about nutrition, managing money and finances, and cooking demonstrations.
LifeCare Alliance Main Office Location: 1699 W. Mound St. Columbus, Ohio 43223. Website: https://www.lifecarealliance.org/ Reference: LifeCare Alliance (2025)	• OhioHealth provided cash donation for LifeCare Alliance for the “Big Wheels” fundraising event to raise awareness of services of LifeCare Alliance. • Examples of programs and services of LifeCare Alliance that address basic needs include: ○ Meals-On-Wheels. ○ LifeCare Alliance Cancer Clinic. ○ Diabetes services. ○ Carrie’s Cafe and Senior Dining Centers. ○ Help-at-Home. ○ Wellness. ○ Project Openhand – Columbus. ○ Senior Petcare. ○ Impact Safety. ○ Visiting Nurses. ○ Refer a Client.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Local Matters Main Office Location: 633 Parsons Avenue, Columbus, Ohio 43206. Website: https://local-matters.org/ Reference: Local Matters (2025)	• OhioHealth provided cash donation for Local Matters “Harvest Ball” to raise funds for Local Matters programs and services that address food insecurity. • Examples of programs: ○ Access to food and health education. ○ Access to healthy foods. ○ Access to food advocacy efforts. ○ Access to efforts to fight food waste and inequalities.
Mid-Ohio Food Collective Main Office Location: 3960 Brookham Drive, Grove City, Ohio 43123. Website: https://mofc.org/hunger-solutions/ Reference: Mid-Ohio Food Collective (2023)	• OhioHealth provided cash donation for the Mid-Ohio Food Collective’s “Harvest for Hunger Palooza”, Mid-Ohio Farms”, “Drive Out Hunger”, and “Doctor’s Day Donation” to raise funds for programs addressing basic needs related to food insecurity. • Access to local food resources through FreshTrak. • Access to solutions toward ending hunger: ○ Mid-Ohio Foodbank. ○ Mid-Ohio Farm. ○ Mid-Ohio Farmacy. ○ Mid-Ohio Kitchen. ○ Mid-Ohio Market.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Neighborhood Bridges Main Office Location: P.O. Box 2635 Westerville, Ohio 43086. Website: https://neighborhoodbridges.org/community-launch-guide Reference: Neighborhood Bridges (2025)	• OhioHealth provided cash donation to Neighborhood Bridges as a “Central Ohio Sponsor”. • Neighborhood Bridges communities help students and families with assistance and support through kindness and collaboration to achieve a common community goal. • In Franklin County, Ohio, Neighborhood Bridges are available at the following: ○ City of Gahanna. ○ City of Grandview Heights. ○ City of New Albany. ○ City of Upper Arlington. ○ City of Westerville. ○ City of Worthington.
The Ohio State University College of Public Health’s Health Services Management and Policy Alumni Main Office Location: 250 Cunz Hall, 1841 Neil Avenue, Columbus, Ohio 43210. Website: https://cph.osu.edu/hsmtp Reference: The Ohio State University College of Public Health (2024)	• OhioHealth provided cash donation to The Ohio State University College of Public Health’s Health Services Management and Policy Alumni towards the “Management Institute Conference”. • The goal of OhioHealth partnership is to promote interest in health systems management and policy, especially among students from minority groups. • Access to undergraduate and graduate level education, research, advocacy, and services for improving the delivery of health care services.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Ohio University Foundation Main Office Location: Claire Ping Cottage, 50 University Terrace, 1 Ohio University, Athens, Ohio 45701. Website: https://give.ohio.edu/advancement/ohio-university-foundation Reference: Ohio University (2025)	- OhioHealth provided cash donation to the Ohio University Foundation for the “Ohio University Medical Academy” to encourage high school students, especially from minority groups, to pursue medical and healthcare careers. - The Ohio University Medical Academy was held at Ohio University Heritage College of Osteopathic Medicine Dublin Campus, which is located at 6775 Bobcat Way, Dublin, Ohio 43016.
Ohio University Heritage College of Osteopathic Medicine Main Office Location: 6775 Bobcat Way, Dublin, Ohio 43016. Website: https://www.ohio.edu/medicine/about/campuses/dublin Reference: Ohio University (2025)	- OhioHealth provided cash donation to the Ohio University Heritage College of Osteopathic Medicine Dublin Campus for its fundraising event “Dublin Open Scholarship Golf Tournament”. - Examples of community outreach activities include: (a) Speaker Series in partnership with the City of Dublin, Ohio; (b) McConnelsville Primary Care Clinic at Morgan County Health Department; (c) Pomeroy Primary Care Clinic at the Powell’s Food Fair, at 700 E. Main Street, Pomeroy, Ohio 45769; and (d) other community partnerships.
Salvation Army Central Ohio Area Main Office Location: 966 Main Street, Columbus, Ohio 43205. Website: https://easternusa.salvationarmy.org/southwest-ohio/central-ohio/ Reference: Salvation Army of Central Ohio Area (n.d.).	- OhioHealth provided cash donation to Salvation Army Central Ohio Area for initiatives “Need Knows No Season”, “Red Kettle”, and “Sporting Clay Charity Event” to address basic needs. - Access to the HeatShare Program in partnership with Columbia Gas of Ohio to assist households with paying for gas heating bills. - Access to housing assistance to homeless families, youth, adults, veterans, pregnant women, and persons with disabilities. - Access to youth programs, including Learning Centers After School programs and services. - Assessments of students and development of personalized plans. - Access to hands-on and interactive learning.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Salvation Army Central Ohio Area (Continued) Main Office Location: 966 Main Street, Columbus, Ohio 43205. Website: https://easternusa.salvationarmy.org/southwest-ohio/central-ohio/ Reference: Salvation Army of Central Ohio Area (n.d.).	○ Help for completing homework. ○ Student instructions presented at individuals and small groups. ○ Support for math and reading enrichment activities. ○ Access to social development interactions. ○ Access to physical education. ○ Access to healthy dinners provided by the Children's Hunger Alliance.
St. Stephens Community House Main Office Location: 1500 E 17th Avenue, Columbus, Ohio 43219. Website: https://saintstephensch.org/ Reference: St. Stephen's Community House (2025)	• OhioHealth provided cash donation to St. Stephen's Community House for Bravo! 2024 initiative. • Examples of programs and services related to basic needs include: ○ Access to Family Services that aim to support families with current cases with the Franklin County Children's Services. ○ Access to the Mid-Ohio Market Hours. ○ Access to youth services that provide STEAM (Science, Technology, Engineering, Arts, and Mathematics) after school program, STEAM summer camp, and Achieve More and Proper (AMP) Program. ○ Access to Senior Services that includes social activities, resources, and case management for persons aged 60 and above. ○ Access to Christmas Cares, whereby families receive a food box with 100 pounds of food. ○ Access to assistance for rent and utilities for residents of Zip Codes 43211, 43219, 43224, and 43229.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
St. Vincent Family Services Main Office Location: 1490 East Main Street, Columbus, Ohio 43205. Website: https://svfsohio.org/ Reference: St. Vincent Family Services (2024).	• OhioHealth provided cash donation to St. Vincent Family Services towards its fundraising activity for “Returning to our Roots” to promote awareness of their community services and to recognize contributors towards their mission. • Examples of programs and services related to basic needs include: ○ Access to counseling and therapy. ○ Access to early childhood mental health consults. ○ Access to residential care. ○ Access to psychiatric care and management of medicines. ○ Access to care coordination services related to OhioRISE initiative. ○ Access to The Ohio State University Total Health and Wellness Center.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
The Center for Disability Empowerment Main Office Location: 4400 N. High St., Suite 102 Columbus, OH 43214 Website: https://www.disabilityempowerment.net/ Reference: The Center for Disability Empowerment (2025)	• OhioHealth provided cash donation to The Center for Disability Empowerment for its initiative “Come Dream With Us: The Future is Accessible”. • Examples of programs and services that address basic needs: • Access to information on transportation, housing, employment, transitioning from a nursing home setting, budgeting, and social services.
United Way of Central Ohio Main Office Location: 215 N. Front St. Suite 600 Columbus, Ohio 43215. Website: https://liveunitedcentralohio.org/ Reference: United Way of Central Ohio (n.d.)	• OhioHealth provided cash donation to the United Way of Central Ohio for its centennial celebration. • Examples of programs and services that address basic needs: ○ Success by Third Grade supports children inside and outside the classroom. ○ Access to community partner networks in school districts that support students and families towards reading proficiency. ○ Assistance in completing paperwork during tax season. ○ Access to nutritious meals. ○ Access to housing assistance. ○ Access to assistance to prevent eviction. ○ Access to legal assistance in collaboration with Legal Aid of Southeast and Central Ohio. ○ Access to Stable Families Program that prevent homelessness for families and children, in partnership with YMCA of Central Ohio. ○ Access to Festa’s Summer Program that offers learning, food, and participation in camps for free.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
Westerville Area Resource Ministry (WARM) Main Office Location: 150 Heatherdown Drive, Westerville, Ohio 43081. Website: https://www.warmwesterville.org/ Reference: Westerville Area Resource Ministry (n.d.)	• OhioHealth provided cash donation to the Westerville Area Resource Ministry (WARM) for its event “Westerville Community Prayer Breakfast” and “Holiday Food Drive”. • Examples of programs and services that address basic needs of people residing in the Westerville City School District. ○ Access to food assistance. ○ Access to nutrition programs for adult and children. ○ Access to support for employment. ○ Access to education on managing money. ○ Access to support for seniors. ○ Access to community referrals. ○ Access to spiritual care. • Access to Empower Youth program for people with disabilities ages 14-24 to learn skills in life, engage socially. • Access to Youth Development Forum.
Westland Area Business Association (WABA) Main Office Location: PO Box 282035, Columbus, Ohio, 43228. Website: https://www.westlandarea.com/ Reference: Westland Area Business Association (2024)	• OhioHealth provided cash donation to the Westland Area Business Association (WABA) for its “Charity Auction” fundraising event. WABA aims to strengthen relationships between businesses and the Westland area community through events, collaboration, and volunteerism. • The Westland area covers the geographical boundaries served by the South-Western City School District. • The population is highly diverse with significant population of immigrants.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
YMCA of Central Ohio Main Office Location: Website: https://ymcacolumbus.org/ Reference: YMCA of Central Ohio (2025)	- OhioHealth provided cash donation to the YMCA of Central Ohio for its “Ward Legacy Celebration” and to support its mission “To serve the whole community through programs expressing Judeo-Christian principles that build a healthy spirit, mind and body.” - Examples of programs and services that address basic needs: - Access to programs and services that promote youth development. - Access to programs and services that promote social responsibility. - Access to programs and services that promote healthy living.
YWCA Columbus Main Office Location: 65 S 4th Street, Columbus, Ohio 43215. Website: https://www.ywcacolumbus.org/about-us Reference: YWCA Columbus (2025)	- OhioHealth provided cash donation to YWCA Columbus towards their fundraising event “Women of Achievement”. - Examples of programs and services that address basic needs: - Access to social justice programs. - Access to youth development programs. - Access to housing assistance. - Examples of social justice initiatives include: - Center for Racial Equity programs and services. - Justice, Equity and Belonging Training. - The Kathy Duffy Espy Leadership for Social Change Program. - Bright Futures Program. - Examples of youth development programs: - YWCA Kids Place. - Safe and Sound.

Continuation of Appendix Table 19. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address basic needs.

Agency Name and Contact Information	Examples of Programs that Address Basic Needs
YWCA Columbus (Continued) Main Office Location: 65 S 4th Street, Columbus, Ohio 43215. Website: https://www.ywcacolumbus.org/about-us Reference: YWCA Columbus (2025)	• Examples of housing program: ○ Women’s Residency Program. ○ YWCA Family Center.

BN – 2. Continuation of OhioHealth partnerships with the City of Columbus, Ohio — OhioHealth will continue to partner with the City of Columbus, Ohio, especially the Department of Public Safety's Division of Police and Division of Fire as a way of addressing crime prevention in Franklin County, Ohio. The mission of the City of Columbus' Department of Public Safety is "to provide quality, dependable safety services to the citizens of Columbus by maintaining safe neighborhoods and working cooperatively with citizens to minimize injury, death, and property destruction" (City of Columbus, 2022).

Appendix Table 20 summarizes the programs and services of the City of Columbus Department of Public Safety. The OhioHealth Protective Services leaders regularly meet with the City of Columbus Public Safety team to share best practices and how best to coordinate services to prioritize safety in the City of Columbus jurisdiction. The City of Columbus Department of Public Safety oversees the Division of Fire, Division of Police, and the Division of Support Services. The mission of the City of Columbus Department of Public Safety is "to provide quality, dependable safety services to the citizens of Columbus by maintaining safe neighborhoods and working cooperatively with citizens to minimize injury, death, and property destruction."

OhioHealth is committed to patient safety in all its facilities. OhioHealth maintains a robust security presence supported by advanced surveillance technology. All visitors and vendors are required to check in at the security desk, which helps us maintain a secure environment. OhioHealth prioritizes patient confidentiality, strictly enforcing policies that prevent the release of information, particularly for patients who are victims of crime. Moreover, our house supervisors and administrators are available 24/7 to address any security concerns that may arise, reinforcing OhioHealth's dedication to providing a safe and secure healthcare environment for all.

Appendix Table 20. Summary of programs and services provided by the City of Columbus Department of Public Safety to the City of Columbus jurisdiction. The OhioHealth Protective Services collaborate regularly with the City of Columbus to prioritize safety in various OhioHealth facilities in Columbus, Ohio.

City of Columbus Department of Public Safety Divisions	Examples of Programs and Services
Division of Fire Address: 3639 Parsons Avenue, Columbus, Ohio 43207. Website: https://www.columbus.gov/Services/Public-Safety/Alternative-Crisis-Response/Rapid-Response-Emergency-Addiction-Crisis-Team Reference: City of Columbus (2025)	• Mission: "To serve our community by preventing emergencies through education and inspection. Minimizing injury, death, and property destruction due to fire, natural disaster and other emergencies while providing timely and effective emergency medical services." • Access to Rapid Response Emergency and Addiction Crisis Team (RREACT). ○ Aims to determine barriers to treatment and address the effects of substance use disorder on persons and families. ○ Engage persons who have alcohol and/or substance use disorder. ○ Offers support, linkage to treatment, determine social determinants that serve as barriers. ○ Educate community in prevention, harm reduction, and minimizing stigma with alcohol or substance use disorder. ○ Access to a recovery path that includes identification of an appropriate treatment facility, access to transportation, and case management. ○ Access to REACT Alumni group, social support that celebrate recovery. ○ The RREACT multidisciplinary Team is comprised of the Columbus Division of Fire, Columbus Division of Police, and Franklin County clinicians. ○ Access to team members who are trained for Crisis Intervention, de-escalation, mental health, or addiction crisis. • Inspections that enforce the Fire Prevention Code in offices, commercial facilities, residential facilities, and permits. • Enforcement of Code Compliance that establishes fire safety requirements. • Access to emergency planning and preparedness.

Continuation of Appendix Table 20. Summary of programs and services provided by the City of Columbus Department of Public Safety to the City of Columbus jurisdiction. The OhioHealth Protective Services collaborate regularly with the City of Columbus to prioritize safety in various OhioHealth facilities in Columbus, Ohio.

City of Columbus Department of Public Safety Divisions	Examples of Programs and Services
Division of Fire (Continued) Address: 3639 Parsons Avenue, Columbus, Ohio 43207. Website: https://www.columbus.gov/Services/Public-Safety/Alternative-Crisis-Response/Rapid-Response-Emergency-Addiction-Crisis-Team Reference: City of Columbus (2025)	• Access to Inspections Office of education facilities, daycare centers, group homes, homes for foster care, homes for adoptions, in-home childcare, and other fire inspection requirements for accreditation by the State of Ohio. • Access to inspections of public assembly, mobile food vendor, flame effects, fireworks, and indoor and outdoor events and festivals. • Access to fire inspections for industrial hazmat, tank inspections, high hazard inspections, hotel and motel inspections, and marijuana facilities. • Access to Cardiopulmonary Resuscitation (CPR) First Aid and Automated External Defibrillator (AED) courses for the public. • Access to the Juvenile Fire Setter Program which is aimed at youth fire prevention and intervention programs. An assigned firefighter utilizes the "Learn Not to Burn" curricula. ○ Referrals from the Franklin County Court, Franklin County Children Services, mental health agencies, Columbus Fire Arson Bureau, Columbus City Schools. • Access to Fire Safety House, which offers fire prevention training for community events. The Fire Department brings two mobile vehicles and demonstrates fire hazards and safety measures. • Access to Fire Extinguisher Training, which includes a hands-on program on how to use the fire extinguisher properly, importance of personal safety and escaping. • Access to "Fifty Plus Risk Reduction Program", which educates 50-year-old high risk groups related to fire safety, fall prevention and escaping a fire. It uses "Remembering When" curriculum. ○ "If you smoke, smoke outside" ○ "Give space heaters, space" ○ "Be kitchen safe" ○ "Stop, drop and roll" ○ "Smoke alarms save lives"

Continuation of Appendix Table 20. Summary of programs and services provided by the City of Columbus Department of Public Safety to the City of Columbus jurisdiction. The OhioHealth Protective Services collaborate regularly with the City of Columbus to prioritize safety in various OhioHealth facilities in Columbus, Ohio.

City of Columbus Department of Public Safety Divisions	Examples of Programs and Services
Division of Fire (Continued) Address: 3639 Parsons Avenue, Columbus, Ohio 43207. Website: https://www.columbus.gov/Services/Public-Safety/Alternative-Crisis-Response/Rapid-Response-Emergency-Addiction-Crisis-Team Reference: City of Columbus (2025).	○ "Plan your escape around your abilities" ○ "Exercise regularly" ○ "Take your time" ○ "Clear the way" ○ "Look out for yourself" ○ "Wipe up spilled liquids immediately"
Columbus Division of Police Address: 90 West Broad Street, Columbus, Ohio 43215. Website: https://www.columbus.gov/Services/Public-Safety/Police/About-the-Columbus-Division-of-Police Reference: City of Columbus (2025).	• The Columbus Division of Police's mission is "guided by the Constitution, our Core Values, and steadfast adherence to ethical conduct, we are in service to safeguard the lives, property, and rights of all." • The Columbus Division of Police has various subdivisions, bureaus, sections, and units: ○ Homicide Case Review Unit. ○ Community Liaison Section. ○ Forensic Services Bureau (Crime Laboratory). ○ Economic Crimes Unit. ○ Counter Terrorism Unit. ○ Missing Persons Unit. ○ Mounted Horse Unit. ○ TAPS (Teens and Police Service) Program. • Access to crime data: ○ Crime statistics. ○ Calls for service. ○ Use of force. ○ Citizen complaints. ○ Other types of data.

Continuation of Appendix Table 20. Summary of programs and services provided by the City of Columbus Department of Public Safety to the City of Columbus jurisdiction. The OhioHealth Protective Services collaborate regularly with the City of Columbus to prioritize safety in various OhioHealth facilities in Columbus, Ohio.

City of Columbus Department of Public Safety Divisions	Examples of Programs and Services
Columbus Division of Police (Continued) Address: 90 West Broad Street, Columbus, Ohio 43215. Website: https://www.columbus.gov/Services/Public-Safety/Police/About-the-Columbus-Division-of-Police References: City of Columbus, Ohio (2025); Columbus Division of Police (2023).	• Access to Operation Unity, which involves partnership of law enforcement and social services in specific neighborhoods to reduce crime and promote safety. The City of Columbus neighborhoods where Operation Unity has been implemented include: ○ Hilltop ○ Franklinton ○ Southwest Columbus ○ Wedgewood Village Apartments ○ Linden ○ Weinland Park ○ Old North Columbus ○ Clintonville ○ University District ○ King-Lincoln ○ Mt Vernon ○ Eastgate ○ Milo-Grogan ○ Hungarian Village ○ Vassor Village ○ Deshler Park ○ South Side ○ Southern Orchards ○ Old Oaks ○ Livingston Park ○ Olde Towne East • Access to Teens and Police Service Academy brings together collaborative spirit to reduce violent crimes by or against teens: ○ Interactive learning sessions. ○ First aid and naloxone training. ○ Teens meet with Columbus Division of Police Therapy Dogs.

Continuation of Appendix Table 20. Summary of programs and services provided by the City of Columbus Department of Public Safety to the City of Columbus jurisdiction. The OhioHealth Protective Services collaborate regularly with the City of Columbus to prioritize safety in various OhioHealth facilities in Columbus, Ohio.

City of Columbus Department of Public Safety Divisions	Examples of Programs and Services
Columbus Division of Emergency Communications Center (Continued) Address: 90 West Broad Street, Columbus, Ohio 43215. Website: https://www.columbus.gov/Services/Public-Safety/Emergency-Communications-Center References: City of Columbus, Ohio (2025)	• Access to 9-1-1. • Access to Non-Emergency Line 614-645-4545.

BN – 3. Continuation of OhioHealth partnerships with Franklin County, Ohio — OhioHealth will continue to partner with Franklin County, Ohio, especially with the Franklin County Sheriff's Office as a way of addressing crime prevention in Franklin County, Ohio. The mission of the Franklin County Sheriff's Office is "to protect the lives and property of the citizens of Franklin County, to preserve the peace, and to prevent crime and disorder while constantly guarding personal liberties as prescribed by law" (Franklin County, n.d.) Examples of programs of the Franklin County Sheriff's Office include:

- BN – 3.1.** Business and Home Security Assessment
- BN – 3.2.** Citizens Academy
- BN – 3.3.** Civilian Response to Active Shooter Events (CRASE)
- BN – 3.4.** Drinking Under the Influence (DUI) Task Force
- BN – 3.5.** Rape Aggression Defense System (RAD)
- BN – 3.6.** Seniors and Law Enforcement Together
- BN – 3.7.** Therapy Dog Program
- BN – 3.8.** Drug education
- BN – 3.9.** Youth education
- BN – 3.10.** Heroin Overdose Prevention and Education (HOPE) Task Force

OhioHealth Hospitals in Franklin County's Impacts related to the Continuation of OhioHealth partnerships with Franklin County, Ohio (BN – 3).

Appendix Table 21 summarizes the programs and services of the Franklin County Sheriff's Office promote public safety in Franklin County jurisdiction. The OhioHealth Protective Services and OhioHealth leaders have been in close engagement and partnerships with the Franklin County Sheriff's Office.

OhioHealth provides information for patients, visitor and hospital in its website, <https://www.ohiohealth.com/locations/hospitals/riverside-methodist-hospital/for-patients-and-visitors/>

The OhioHealth Rehabilitation Hospital has developed a comprehensive training program that begins with new employee orientation. This foundational training emphasizes the importance of safety protocols and introduces staff to our culture of care. We further enhance our safety training through monthly boot camps, focusing on behavioral training and safe patient handling techniques. Ongoing education is supported by annual competencies and checkoffs, ensuring that all team members remain updated on best practices.

In cases where patients, especially those with brain injuries, pose a risk for flight or behavioral issues, the OhioHealth Rehabilitation Hospital has established a clear process for activating Code Purples within the facility. This protocol allows for immediate response and management of high-risk situations. Risks are identified during the referral process, which informs the admissions criteria and is integral to the overall nursing assessment. Moreover, to enhance patient safety, the OhioHealth Rehabilitation Hospital utilize wander guards, bed, and wheelchair alarms, and provide one-on-one companion training. The OhioHealth Rehabilitation Hospital's Behavior Safety Coach program allows patients to work with trained staff members for up to 13 hours a day when they are not engaged in therapy, providing additional support and oversight. These initiatives collectively ensure a safe environment for our patients while empowering our staff with the knowledge and tools necessary to respond effectively to any situation.

Appendix Table 21. Summary of programs and services of the Franklin County Sheriff's Office.

Divisions of the Franklin County Sheriff's Office	Examples of Programs and Services
Division of Administration Address: 373 South High Street, Columbus, Ohio 43215. Website: https://sheriff.franklincountyohio.gov/About/Divisions/Administration Reference: Franklin County (n.d.)	• The Division of Administration includes the Civil Service Bureau, Internal Affairs Bureau, and Real Estate.
Division of Corrections Address: 373 South High Street, Columbus, Ohio 43215. Website: https://sheriff.franklincountyohio.gov/About/Divisions/Corrections Reference: Franklin County (n.d.)	• Access of inmate information. • Access to initiatives that reduce recidivism and promote public safety through effective re-entry programs. • Access to Strategic Inmate Management principles: ○ Assessing the risk and need each inmate presents to develop strategies to manage their behavior more effectively. ○ Using the risk and need assessments to make informed housing decisions and classify inmates to facilitate behavior management. ○ Provides services to avoid behavior problems that can result from a perceived deficiency of basic human needs. ○ Defining and conveying expectations for inmate behavior. ○ Supervising inmates to ensure inmate behavior meets Division expectations. ○ Keeping inmates occupied with productive activities. • Access to developing the skills for self-sufficiency and social, psychological, educational, vocational, and spiritual programs. • Access to health care, housing, and social support for effective re-entry.
Division of Employment and Management Services Address: 373 South High Street, Columbus, Ohio 43215. Website: https://sheriff.franklincountyohio.gov/About/Divisions/Employment-Management-Services Reference: Franklin County (n.d.)	• Access for various services such as finance, human resources, information technology, payroll, and recordkeeping.

Continuation of Appendix Table 21. Summary of programs and services of the Franklin County Sheriff's Office.

Divisions of the Franklin County Sheriff's Office	Examples of Programs and Services
Division of Investigations Address: 373 South High Street, Columbus, Ohio 43215. Website: https://sheriff.franklincountyohio.gov/About/Divisions/Investigations Reference: Franklin County (n.d.)	• The Division of Investigations include: ○ Detective Bureau, Environmental Crimes Unit. ○ Photography Laboratory. ○ Property Room. ○ Special Investigations Unit.
Division of Patrol Address: 373 South High Street, Columbus, Ohio 43215. Website: https://sheriff.franklincountyohio.gov/About/Divisions/Patrol Reference: Franklin County (n.d.)	• The Division of Patrol include: ○ Bicycle Patrol. ○ Canine Unit. ○ Honor Guard. ○ Patrol Bureau. ○ Special Deputies. ○ Traffic Bureau. ○ Weight Enforcement. ○ Bureau of Workers Compensation.
Division of Recruitment, Diversity, Equity, and Inclusion Address: 373 South High Street, Columbus, Ohio 43215. Website: https://sheriff.franklincountyohio.gov/About/Divisions/Recruitment,-Diversity,-Equity-Inclusion Reference: Franklin County (n.d.)	• The Division of recruitment, Diversity, Equity, and Inclusion include: ○ Diversity, Equity, and Inclusion Unit. ○ Recruitment.
Division of Security Operations Address: 373 South High Street, Columbus, Ohio 43215. Website: https://sheriff.franklincountyohio.gov/About/Divisions/Security-Operations Reference: Franklin County (n.d.)	• The Division of Security Operations include: ○ Court Services Unit. ○ Facility Security Unit.

Continuation of Appendix Table 21. Summary of programs and services of the Franklin County Sheriff's Office.

Divisions of the Franklin County Sheriff's Office	Examples of Programs and Services
Division of Support Services Address: 373 South High Street, Columbus, Ohio 43215. Website: https://sheriff.franklincountyohio.gov/About/Divisions/Support-Services Reference: Franklin County (n.d.)	• The Division of Support Services include: ○ Fugitive squad. ○ Community Response Bureau. ○ Communication Center. ○ Training Academy. ○ SWAT (Special Weapons and Tactics). ○ Dive Team. ○ Negotiators. ○ Bomb Squad. ○ Chaplain Unit. ○ Unmanned Aircraft Systems. ○ Mounted Unit. ○ SERT (Special Emergency Reaction Team). ○ Peer Assistant Team.

BN – 4. Continuation of OhioHealth partnerships with the Charitable Pharmacy of Central Ohio —
OhioHealth will continue to partner with the Charitable Pharmacy of Central Ohio, which has a mission “to provide affordable and appropriate pharmacy services and coordinate access to health care for people who are vulnerable in our community.” The Charitable Pharmacy of Central Ohio provides medicines and other services for people living at or below 200 percent of the federal poverty level and are uninsured or underinsured for prescription medicines (Charitable Pharmacy of Central Ohio, Inc., 2017).

Appendix Table 22 shows the Charitable Pharmacy of Central Ohio programs and services that benefit Franklin County residents. OhioHealth has collaborated with the Charitable Pharmacy of Central Ohio. The Charitable Pharmacy of Central Ohio is the only charitable pharmacy in Franklin County that provides medication and pharmacy services to low-income, uninsured, and underinsured residents, free of charge. Since 2010, the Charitable Pharmacy of Central Ohio, 1.05 million prescriptions were filled; 8270 patients were served; and 126,877 visits were held.

OhioHealth has provided cash sponsorships of the Charitable Pharmacy of Central Ohio.

The OhioHealth Rehabilitation Hospital provided 30-day supply of medicines to 35 Charity Care patients in Fiscal Year 2023 and 53 Charity Care patients in Fiscal Year 2024.

Appendix Table 22. Summary of programs and services of Charitable Pharmacy of Central Ohio. The Charitable Pharmacy of Central Ohio is located at 200 E. Livingston Avenue, Columbus, Ohio 43215.

Programs and Services	Brief Description of Details
Mission of Charitable Pharmacy of Central Ohio	"To relieve the cost burden of prescription medication and make a difference in our neighbor's life today by donating to our cause. Together, we can build a healthier, happier community."
Community Partners of Charitable Pharmacy of Central Ohio	• American Electric Power. • AstraZeneca Foundation. • Cardinal Health. • Charitable Healthcare Network. • Community Shares of Mid-Ohio. • Elevance Health. • Franklin County Board of Commissioners Office on Aging. • Franklin County Board of Commissioners. • Harry C Moores Foundation. • Ingram White Castle Foundation. • Mount Carmel Health System. • National Association of Free and Charitable Clinics. • Next 50 Initiative. • OhioHealth. • PrimaryOne Health. • Rosati Windows. • The City of Columbus. • The Columbus Foundation. • The Ohio State University Wexner Medical Center. • United Way of Central Ohio. • West Ohio Conference of the United Methodist Church.

Continuation of Appendix Table 22. Summary of programs and services of Charitable Pharmacy of Central Ohio. The Charitable Pharmacy of Central Ohio is located at 200 E. Livingston Avenue, Columbus, Ohio 43215 (The Charitable Pharmacy, n.d.).

Programs and Services	Brief Description of Details
Examples of programs and services	• Access to prescription medicines and counseling. • Access to health education. • Access to social programs.
Eligibility for new patients and support provided to new patients.	• Patients live in Franklin County. • The net household income is at or below 300% of federal poverty level. • Unable to afford copays and cost of medicines. • Serves patients with or without health insurance. • Initial phone call conversation include discussion on income, insurance, health, medical history, and medications. • Access to one-on-one medication monitoring. • Access to health screenings and education with a pharmacist or pharmacy intern. • Access to community referrals.

BN – 5. Continuation of OhioHealth partnerships with Mid-Ohio Food Collective — OhioHealth will continue to partner with the Mid-Ohio Food Collective, which has a mission “to end hunger one nourishing meal at a time while co-creating communities where everyone thrives.” An OhioHealth leader is a member of the board of Mid-Ohio Food Collective. Examples of programs and services of the Mid-Ohio Food Collective include (but not limited to):

BN – 5.1. Mid-Ohio Food Bank

BN – 5.2. Mid-Ohio Farm

BN – 5.3. Mid-Ohio Farmacy

BN – 5.4. Mid-Ohio Market

BN – 5.5. Mid-Ohio Kitchen

Six OhioHealth Hospitals Impacts related to “Continuation of OhioHealth partnerships with Mid-Ohio Food Collective (BN – 5)”

OhioHealth partnered with the Mid-Ohio Food Collective and the Gretchen Swanson Center for Nutrition for the project Food Farmacy. Briefly, physicians and other providers refer patients with food insecurity to the Mid-Ohio Food Collective. From October 2023 to July 2024, total of 157 patients were referred to the Mid-Ohio Food Bank so they could obtain food assistance.

Appendix Table 23 summarizes the Mid-Ohio Food Collective programs and services.

Appendix Table 23. Summary of programs and services of the Mid-Ohio Food Collective.

Mid-Ohio Food Collective Hunger Solutions	Brief Description
Mid-Ohio Foodbank Reference: Mid-Ohio Food Collective (2023)	- Serves more than 0.5 million people. The Mid-Ohio Food Collective has more than 600 local food pantries, soup kitchens, children feeding sits, senior feeding sites, and after school programs. Impacts: - Fresh foods comprised 2/3 of foods that were distributed. 25% of children in Ohio are at risk of hunger. - Accepts and distributes surplus agriculture materials from at least 100 Ohio farmers, growers and producers. - Mid-Ohio Foodbank drove nearly half a million miles to distribute food to the needy.
Mid-Ohio Farm Reference: Mid-Ohio Food Collective (2023)	- Access to fresh, locally grown produce, and turning unused urban lots into spaces for agricultural; education, public gatherings. - Performs research, farming, education outreach, and hosts community engagement activities. - Access to engaging the community to learn where foods originate. - Availability of healthy produce in poor neighborhoods.
Mid-Ohio Kitchen Reference: Mid-Ohio Food Collective (2023)	- Aims to promote positive impact of fresh food on physical and mental health. - Includes a Kids café, community meals and restaurant. - Access to community meals at the Reeb Center. - Access to healthy recipes with affordable ingredients.
Mid-Ohio Market Reference: Mid-Ohio Food Collective (2023)	- Access to free foods in a setting that allows a grocery type of experience to patrons. - Access to resources and wrap around services, including health care, housing support, money management and childcare.

Continuation of Appendix Table 23. Summary of programs and services of the Mid-Ohio Food Collective.

Mid-Ohio Food Collective Hunger Solutions	Brief Description
Mid-Ohio Farm (Continued) Reference: Mid-Ohio Food Collective (2023)	• Access to The Mid-Ohio Farm on the Hilltop. • Equipped with crop-harvesting robots, vertical growing towers, hydroponic container farm. • Funded by the City of Columbus. • Access to a reservable multi-purpose demonstration kitchen, greenhouse, hands-on education and learning, and community gardens. • Access to Mid-Ohio Farm at NBC4. • Serves as space for research and education • Guided walk path through an orchard of apple, cherry, peach, and pear trees. • Access to biodiversity crops. • Partners with the Riverview International Center in partnership with the New American neighbors. • Access to a Community Advisory Council for the Mid-Ohio Farms.
Mid-Ohio Farmacy Reference: Mid-Ohio Food Collective (2023)	• Partnership between healthcare providers, insurers, Mid-Ohio Food Collective, and patients. • Offers weekly access to fresh produce at participating sites.
Mid-Ohio Farmacy Reference: Mid-Ohio Food Collective (2023)	• Doctors refer patients who are food-insecure, regardless of whether they have a health condition or not. • Preventative medicine through Food Farmacy may help patients with diabetes, high blood pressure, and obesity. • Findings from the publication by Lowrey et al. (2024): ○ Compliers to the Food Farmacy Program who made at least one visit to the food pantry after doctor's or provider's referral did not have an increase in body mass index whereas noncompliers BMI increased after referral. ○ Patients with high comorbidities who were high pantry use compliers had a reduction in body mass index and a marginally significant reduction in hemoglobin A1C.

- RE/BH – 1. Continue OhioHealth’s Business Resource Groups and Diversity and Inclusion Councils —**
In alignment to OhioHealth’s mission, vision, values, and cardinal value, OhioHealth has a dedicated Diversity and Inclusion Department. OhioHealth has supported 18 Diversity and Inclusion Councils and Business Resource Groups throughout the OhioHealth system. OhioHealth’s mission is “to improve the health of those we serve.” OhioHealth’s vision is “where people want to work, where physicians want to practice and, most importantly, where patients want to go when they need healthcare services. OhioHealth’s values are compassion, integrity, excellence, stewardship, and inclusion. OhioHealth’s cardinal value is “we honor the worth and dignity of each person.” Each OhioHealth Business Resource Group and Diversity and Inclusion Council are led by associates and have chairs and co-chairs and executive sponsors. OhioHealth Business Resource groups are associate-led groups that are formed based on a diversity perspective, such as race, gender, age, veteran status, sexual orientation). OhioHealth Diversity and Inclusion Councils promote diversity and inclusion within an OhioHealth care site or hospital by promoting understanding, awareness, and recognition of diverse groups and individuals in the workforce. The Business Resource Groups and Diversity and Inclusion Councils collaborate with each other to serve as a resource towards achieving diversity and inclusion throughout the OhioHealth system.
- RE/BH – 1.1. Administrative Professionals Business Resource Group —** The Administrative professionals Business Resource Group is committed to the development of quality administrative support team with the highest standards of excellence through skills building and promotion of diversity and inclusion. The Administrative Professionals Business Resource Group serves as a resource in the recruitment and retention of skilled administrative professionals.
- RE/BH – 1.2. Asian Business Resource Group —** The Asian BRG stands for Aspire to Share Indelible Acts of Networking was founded in January 2021. OhioHealth members of the Asian BRG members have ancestral links or directly immigrated from 22 Asian countries.
- RE/BH – 1.3. Disability Awareness Wellness Network (DAWN) —** The DAWN BRG promotes disability awareness, provides education, and develop disability competencies throughout OhioHealth.
- RE/BH – 1.4. Immigrants Business Resource Group —** The Immigrants Business Resource Group has a mission of empowering immigrant associates with the resources and support that they need to thrive and improve cultural competency throughout the organization to create an environment where foreign born associates, providers and patients can feel safe, welcome, valued and seen. The objectives of the Immigrants Business Resource Group include the following:
- (a)** Bring immigrants together to be the voice of diversity and promote cultural competence, education, and appreciation for cultural differences.
 - (b)** To offer a safe space to support professional growth and resilience, and inclusion.
- RE/BH – 1.5. Millennial Business Resource Group —** The Millennial Business Resource Group aims to achieve the following:
- (a)** Connect young professionals within OhioHealth through social and educational forums.
 - (b)** Encourage members to succeed as Individuals and as a group.
 - (c)** Develop Millennials as the future leaders of OhioHealth and mirror the diverse communities served by OhioHealth.
- RE/BH – 1.6. Pride Business Resource Group —** The Pride Business Resource Group supports diversity and inclusion efforts and provides education and awareness of the needs of people from the LGBTQ+ communities Lesbian, Gay, Bisexual, Transgender, and Questioning and those elsewhere on the gender and sexuality spectrum or allies to the community.

- RE/BH – 1.7. Veterans Business Resource Group —** The Veterans Business Resource Group is composed of former military personnel, currently serving military members in reserve components, and patriots who work for OhioHealth. The Veterans Business Resource Group supports the following:
- (a) Veterans working at OhioHealth.
 - (b) Veterans seeking care at OhioHealth (patients).
 - (c) Veterans residing in communities that OhioHealth serves.
- RE/BH – 1.8. WE D.R.E.A.M. Business Resource Group —** The WE D.R.E.A.M. (Develop, Recognize, Elevate, Amplify, Mentor) Business Resource Group supports African American employees of OhioHealth by enhancing experiences related to people, patients, providers, partners, and places.
- RE/BH – 1.9. WE L.E.A.D. Business Resource Group —** The WE L.E.A.D. Business Resource Group stands for Women Empowering Leaders, Educators, Administrators and Doctors. The WE L.E.A.D. Business Resource Group serves the diverse needs of women at OhioHealth.
- RE/BH – 1.10. OhioHealth Riverside Diversity and Inclusion Council —** The OhioHealth Riverside Diversity and Inclusion Council supports diversity, bring insights and serve as a resource to OhioHealth. OhioHealth employees working at the Riverside Methodist Hospital campus comprise majority of the membership.
- RE/BH – 1.11. OhioHealth Grant Medical Center Diversity and Inclusion Council —** The OhioHealth Grant Medical Center Diversity and Inclusion Council supports diversity, bring insights and serve as a resource to OhioHealth. OhioHealth employees working at the Grant Medical Center campus comprise majority of the membership. This Council aspires to leverage diversity and inclusion by promoting differences and similarities through cultural competence among physicians, associates, volunteers, and the community. The Council focuses on (a) culture, (b) leadership, (c) smart growth and access, (d) integrated Information Technology platform, (e) demonstrating value, (f) advancing systemness, and (g) population health management.
- RE/BH – 1.12. OhioHealth Doctors Hospital Diversity and Inclusion Council —** The OhioHealth Doctors Hospital Diversity and Inclusion Council has four goals:
- (a) Communication to all associates to honor and respect all individuals.
 - (b) Bring awareness to the care site regarding our current state.
 - (c) Communication of internal and external events around Diversity and Inclusion.
 - (d) Identify actionable opportunities which are representative of OhioHealth Diversity and Inclusion initiatives.
- RE/BH – 1.13. OhioHealth Dublin Methodist Hospital and Grady Memorial Hospital —** The OhioHealth Dublin Methodist Hospital and Grady Memorial Hospital aims to elevate awareness, recognize and respect differences and similarities among patients, physicians, associates, and volunteers and the communities served by the hospitals.

- RE/BH – 1.14. OhioHealth Physician Group Diversity and Inclusion Council —** The OhioHealth Physician Group Diversity and Inclusion Council has a mission of “to foster an inclusive environment in which everyone is respected, and each person’s uniqueness is recognized and valued as an asset”. Majority of the members work in the OhioHealth Physician Group clinics in Franklin County and other Ohio Counties.
- RE/BH – 1.15 OhioHealth Employer Services Diversity and Inclusion Council —** The OhioHealth Employer Services Diversity and Inclusion Council promotes diversity and inclusion among OhioHealth employees who work in Associate Health, OhioHealthy, and other Employer Services programs and services in Franklin County and other Ohio counties.
- RE/BH – 1.16. OhioHealth Pharmacy Services Diversity and Inclusion Council —** The OhioHealth Pharmacy Services Diversity and Inclusion Council’s mission is “to engage all associates within the pharmacy service line to seek and promote diverse perspectives with positive intention and curiosity to build a culture of inclusion that recognizes and values each person’s uniqueness as an asset.”
- RE/BH – 1.17. OhioHealth Home Care Diversity and Inclusion Council —** The OhioHealth Home Care Diversity and Inclusion Council has members throughout OhioHealth’s Home Care and Hospice services. The Council focuses on promoting a deep sense of belonging, recognition of everyone’s values and opinions in working together to solve health problems.
- RE/BH – 1.18. Other OhioHealth Diversity and Inclusion Councils in OhioHealth Care Sites outside Franklin County —** Other OhioHealth Diversity and Inclusion Councils in other OhioHealth care sites outside Franklin County include:
- (a) OhioHealth Berger Hospital Diversity and Inclusion Council.
 - (b) OhioHealth Mansfield and Shelby Hospitals Diversity and Inclusion Council.
 - (c) OhioHealth Marion General Hospital Diversity and Inclusion Council.

Joint OhioHealth Hospitals in Franklin County Impacts Related to RE/BH 1.

Appendix Table 24 summarizes the events and activities of various business resource groups at OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and OhioHealth Grove City Methodist Hospital.

The OhioHealth Rehabilitation Hospital conducts cultural diversity training as part of fulfilling its goal of providing an exceptional patient care experience that promotes healing and recovery in a compassionate environment. As part of this mission, we strive to demonstrate awareness and respect for the diverse populations that we serve. This is reflected by our attitudes, organizational structures, policies, and services provided. Education is provided to personnel to ensure that they have the knowledge, skills, and behaviors to work effectively cross culturally. This is accomplished via understanding, appreciating and respecting differences and similarities in beliefs, values, and practices within and between cultures. We endeavor to create and maintain awareness of all areas of diversity including (but not limited to) age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language. This awareness includes mindfulness of specific areas such as spiritual practices, religious observances (holidays), dietary requirements or preferences, clothing, attitudes towards impairments, sexual orientation, age, gender, socioeconomic status, language, and how and when to use interpreters. Our attentiveness to the diversity of our community allows us to be proactive in education, training, and service delivery. Training and education of the staff is offered by the organization via internal education materials and corporate training courses.

See **Appendix Table 25** regarding OhioHealth Rehabilitation Hospital's continuing efforts to address cultural diversity in the workplace.

Appendix Table 24. Examples of events and activities of the various OhioHealth Business Resource Groups (BRGs) at OhioHealth to foster inclusion, engagement, and outreach among OhioHealth employees.

OhioHealth Business Resource Group	Event	Activity Date	Activity Purpose
Administrative Professionals Business Resource Group (BRG)	Administrative Professionals Week	4/26/2023 (4/24/2023 to 4/28/2023)	To recognize the role of administrative professionals in fulfilling important projects that are important to the mission of OhioHealth.
Administrative Professionals Business Resource Group (BRG)	Annual Administrative Professionals Conference	4/23/2024	To discuss about various administrative professions and taking on responsibilities for the team to thrive in the workplace.
ASIAN Business Resource Group (ASIAN refers to A spire to S hare I ndelible A cts of N etworking)	Various social events Examples: 3/27/2023: Asian American and Pacific islander Month 4/11/2023: Unity Day event 5/16/2023: Asian American Pacific Islander (AAPI) Heritage Month 8/11/2023: Mid-Ohio Food Collective volunteering 10/26/2023: Diwali Festival of the Lights	Various dates	- The Asian BRG is an OhioHealth sponsored, employee led group to encourage and promote Asian cultural awareness through inclusiveness, community outreach and talent development, and serve as a resource to our organization and associates. - The purpose of the ASIAN BRG include: (a) Encourage and promote Asian cultural awareness at OhioHealth and Columbus; and (b) develop relationships, community through mentorship, talent development and community outreach. - The goals of the ASIAN BRG include: (a) promote inclusion at OhioHealth; (b) establish a presence and support for the Asian community; and (c) promote cultural awareness among OhioHealth employees and connect meaningfully with the community we serve.

Continuation of Appendix Table 24. Summary of events and activities of the various Business Resource Groups (BRGs) at OhioHealth to foster engagement and outreach among colleagues at OhioHealth.

OhioHealth Business Resource Group	Event	Activity Purpose
DAWN (Disability Awareness Wellness Network) Business Resource Group	2/15/2023: Presentation on The Employers' Reasonable Accommodation Toolkit, 10/9/2023: The Campaign for Disability Employment	- The DAWN BRG is an associate-led group sponsored by OhioHealth that is committed to promoting disability awareness throughout the company, with the highest standards of excellence. - The DAWN BRG's mission is to foster inclusion through educating, building awareness, and developing disability competencies to create a supportive environment for all who are touched by OhioHealth.
Immigrant Business Resource Group	3/9/2023: Signature Event: The Experiences of OhioHealth Immigrants Associate of the Month	- Aims to promote the awareness of immigrants and the role they play in promoting economic development, cultural awareness, and relationship building. - Five percent of Ohio residents are immigrants, while another 5 percent of residents are native-born U.S. citizens with at least one immigrant parent.
Millennial Business Resource Group	Podcasts and interviews: "Millennials Mean More" Collaborations with other OhioHealth Business Resource Groups 4/11/2024: "featured Daraci Williams, International Coaching Federation) Certified Executive Coach and Master Facilitator" The ERAS Tour" highlights old songs, and contemporary interests that capture the engagement and joy for various generations. Each person and groups of people has a time to blossom, thrive and give back and pay forward to other generations. Success is not linear. There are a lot of starts and ends; begin and end.	The Millennial BRG's mission is to celebrate, embrace, and empower the Millennial Generation through inspirational storytelling and shared learnings from real-life millennial professionals.

Continuation of Appendix Table 24. Summary of events and activities of the various Business Resource Groups (BRGs) at OhioHealth to foster engagement and outreach among colleagues at OhioHealth.

OhioHealth Business Resource Group	Event	Activity Purpose
Veterans Business Resource Group	4/3/2023: Unity Day event getting to know each other. 6/23/2023: Participation in Resilience Summit, which is hosted by the National Veterans Memorial and Museum. The Summit focuses on development of resilience skills and tools to navigate life's challenges. Main topics included (a) physical resilience; (b) psychological resilience; (c) spiritual resilience; and (d) practice of yoga. 10/20/2023: Participation in the "Central Ohio Veterans Stand Down". The mission of the "Central Ohio Veterans Stand Down" is to "to improve the lives of Veterans by connecting them to social services and professional resources for success in their personal/professional lives." 11/10/2023: Speakership by Major General Deborah Ashenhurst, Director, Ohio Department of Veterans Affairs. Director Ashenhurst spoke about "A Veterans Day Salute: Service, Sacrifice, and Celebration. 4/27/2024: Participation in Stockhands Horses Ball at the National Veterans Memorial and Museum. 5/14/2024: Participation in the Unity Day. 1/16/2024: Volunteering to fold OhioHealth t-shirts that are worn by OhioHealth employees during community partnerships and engagement.	• The Veterans BRG's mission is to support veterans, and their families through community programs, projects, and education. • The Veterans BRG's vision include the following: (a) promotion of successful career opportunities for OhioHealth veterans; and (b) availability of support for the special needs of OhioHealth veteran employees to continue their rich history of service.

Continuation of Appendix Table 24. Summary of events and activities of the various Business Resource Groups (BRGs) at OhioHealth to foster engagement and outreach among colleagues at OhioHealth.

OhioHealth Business Resource Group	Examples of Events	Activity Purpose
WE D.R.E.A.M. Business Resource Group (Develop. Recognize. Elevate. Amplify. Mentor)	1/16/2023: Martin Luther King, Jr. Day. 1/18/2023: Volunteering at Mid-Ohio Food Collective located at 3960 Brookham Drive, Grove City, Ohio 43123. 2/1/2023 to 2/28/2023: Celebration of Black History Month. 2/22/2023: National Association of Health Services Executives Central Ohio Game Night and Line Dancing. The event was held at 910 John Street, Columbus, Ohio 43222. 2/23/2023: Black History Month Social Event Mixer with a Mission. The event was held at Marvin's Restaurant & Lounge, 460 S Front Street, Columbus, Ohio 43215. 4/26/2023: WE D.R.E.A.M. Spring Mixer at Modern Southern Table, an African American owned small business. The event was held at Budd Dairy Food Hall, 1086 N 4th Street, Columbus, Ohio 43201. 6/22/2023: WE D.R.E.A.M. Juneteenth Signature Event: "The Power Within" The guest speaker was Audra Bohannon. The event was held at the Blom Administrative Campus, 3430 OhioHealth Parkway, Columbus, Ohio 43202. 8/12/2023: WE D.R.E.A.M. participation in the African American Male Wellness Walk, which aims to educate and uplift male health through prevention, health screenings and other interventions. 1/16/2024: WE D.R.E.A.M. support of the Martin Luther King Day of Service. The event was held at 240 N Champion Ave, Columbus, Ohio 43203.	The WE D.R.E.A.M. Business Resource Group is an OhioHealth system-sponsored, associate-led group that supports our African American associates. The WE D.R.E.A.M. Business Resource Group's mission is to drive change for associates of African descent through continuity, community, reciprocity, and unity. The objective of WE D.R.E.A.M. is to create opportunity for Black OhioHealth associates and their allies to connect authentically through social, service, and professional development/self-efficacy as we serve as a resource to the business.

Continuation of Appendix Table 24. Summary of events and activities of the various Business Resource Groups (BRGs) at OhioHealth to foster engagement and outreach among colleagues at OhioHealth.

OhioHealth Business Resource Group	Examples of Events	Activity Purpose
WE D.R.E.A.M. Business Resource Group (D evelop. R ecognize. E levate. A mplify. M entor)	2/1/2024 to 2/29/2024: WE D.R.E.A.M. celebrated the Black History Month. 6/18/2024: WE D.R.E.A.M. held Juneteenth Celebration. The event was held at the OhioHealth Blom Administrative Campus, 3430 OhioHealth Parkway, Columbus, Ohio 43202.	The WE D.R.E.A.M. Business Resource Group is an OhioHealth system-sponsored, associate-led group that supports our African American associates. The WE D.R.E.A.M. Business Resource Group's mission is to drive change for associates of African descent through continuity, community, reciprocity, and unity. The objective of WE D.R.E.A.M. is to create opportunity for Black OhioHealth associates and their allies to connect authentically through social, service, and professional development/self-efficacy as we serve as a resource to the business.
WE L.E.A.D. (Leaders, Educators, Administrators, and Doctors) Business Resource Group	10/26/2023: WE LEAD BRG held a Fall Social Event at the Blom Administrative Campus, which is located at 3430 OhioHealth Parkway, Columbus, Ohio 43202. March 2024 Spotlight: spotlighting leaders at OhioHealth who are making a difference. 4/23/2024: WE LEAD held a Career Development Series Session 1: Personal Branding and Social Media Presence.	The Career Development aims to provide a comprehensive guide on getting started with a LinkedIn profile through: (a) showing how to build meaningful connections; (b) establishing personal brand through networking; and (c) sharing own thought leadership.

Appendix Table 25. Summary of OhioHealth Rehabilitation Hospital's continuing efforts to address cultural diversity.

Goals	Action Steps	Timeline
Hospital Assessment	- Conduct a Demographic Analysis to evaluate the current state of cultural diversity within the hospital, including staff demographics, patient population, and existing policies. - Process staff and patients to identify current challenges and areas needing improvement related to cultural diversity.	Yearly Ongoing Monthly
Staff Training and Development	- Cultural Competency Training – Annual training program on cultural competency, including understanding different cultural practices, values, and communication styles. - Monthly Boot camp for new employees. - Display posters, flyers, and use media (T.V. monitors, email) to educate and celebrate diversity.	Annually Monthly Ongoing
Community Outreach	- Collaborate with community organization and cultural groups to better understand and serve the population. - Offer community education on health topics and services provided by the Rehabilitation hospitals.	Ongoing
Patient Care and Engagement	- Create a quiet space for patients, family members, and staff to be alone to attend to their spiritual and emotional needs. Religious resources and articles are available to all and placed inside cabinet. - Patient dietary preferences are communicated by dietician with the kitchen. - Accommodations are made for staff on an as-needed basis (e.g., dietary needs and female/male care only). - Language and Interpreter services available both through virtual as well in person. - Patient education available in languages other than English.	Ongoing
Policies and Procedures	- Enforce policies that prohibit discrimination and harassment. - Process in place for complaint resolution for addressing concerns related to cultural issues or discrimination.	Ongoing

RE/BH – 2. Continue assessing social determinants of health of patients seen in various OhioHealth Ambulatory Outpatient Clinics — Social determinants of health are “conditions in the environments where 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” (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, n.d.). The key findings from HealthMap 2022 related to social determinants of health needs of Franklin County residents include health care access, income and poverty, education, high rates of violent and property crime, and racism.

As part of OhioHealth’s system support, OhioHealth Care Management and the OhioHealth Wellness on Wheels Women’s Health and Primary Care assesses patient’s social determinants of health needs and makes referrals and linkages to appropriate community resources. Patients are also provided information about OhioHealth’s free Community Resource Directory that may be accessed at <https://ohiohealth.findhelp.com/> (Findhelp, 2011-2022). The OhioHealth Care Management hubs serving Franklin County residents include the following:

RE/BH – 2.1. OhioHealth Care Management North Central Hub — provides utilization management and care coordination services at OhioHealth Riverside Methodist Hospital and OhioHealth ambulatory clinics located in Columbus, Grandview Heights, Hilliard, Upper Arlington, and Westerville, Ohio.

RE/BH – 2.2. OhioHealth Care Management South Central Hub — provides utilization management and care coordination services at OhioHealth Grant Medical Center, OhioHealth Grove City Methodist Hospital, and OhioHealth ambulatory clinics located in Columbus, Canal Winchester, Gahanna, New Albany, Pickerington, Reynoldsburg, Lancaster, Obetz, Blacklick, and Grove City, Ohio.

RE/BH – 2.3. OhioHealth Care Management Southwest Hub — provides utilization management and care coordination services at OhioHealth Doctors Hospital and OhioHealth ambulatory clinics located in Hilliard, Columbus, Prairie Township, and Galloway, Ohio.

RE/BH – 2.4. OhioHealth Care Management Northwest Hub — provides utilization management and care coordination services at OhioHealth Dublin Methodist Hospital and OhioHealth ambulatory clinics located in Dublin, and Powell, Ohio.

OhioHealth Impacts related to Continuing assessing social determinants of health of patients seen in various OhioHealth Ambulatory Outpatient Clinics (RE/BH 2).

Appendix Table 26 summarizes the social determinants of health needs of patients who received care from various OhioHealth primary care clinics in Franklin County, Ohio.

OhioHealth case managers refer patients to appropriate community service agencies closest to where they reside. OhioHealth uses the <https://ohiohealth.findhelp.com/>.

Appendix Table 26. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2023	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2023
Doctors Hospital Family Medicine Address: 2030 Stringtown Road, Suite 300, Grove City, Ohio 43123. Website: https://www.ohiohealth.com/locations/primary-care/doctors-hospital-family-medicine/	• 10,048 completed visits. • 3,052 patients served.	• Financial Resource Strain = 494 patients. • Food Insecurity = 384 patients. • Housing Stability = 166 patients. • Transportation Needs = 192 patients.
Dublin Methodist Family Medicine Address: 7450 Hospital Drive, Suite 4500, Dublin, Ohio 43016. Website: https://www.ohiohealth.com/locations/primary-care/dublin-methodist-family-medicine/	• 12,057 completed visits. • 4,597 patients served.	• Financial Resource Strain = 382 patients. • Food Insecurity = 234 patients. • Housing Stability = 128 patients. • Transportation Needs = 99 patients.
Grant Family Medicine Address: 332 E. State Street, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/locations/primary-care/grant-family-medicine/	• 24,199 completed visits. • 7,258 patients served.	• Financial Resource Strain = 924 patients. • Food Insecurity = 698 patients. • Housing Stability = 563 patients. • Transportation Needs = 417 patients.

Continuation of Appendix Table 26. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2023	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2023
Grant Medical Education Clinics, Transitions of Care Clinic Address: 393 E. Town Street, Suite 116, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/locations/primary-care/grant-medical-education-transitions-of-care-clinic/	• 1,151 completed visits. • 608 patients served.	• Financial Resource Strain = 210 patients. • Food Insecurity = 137 patients. • Housing Stability = 146 patients. • Transportation Needs = 97 patients.
OhioHealth Physician Group Primary Care 500 East Main Street Address: 500 E. Main Street, Suite 100, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-500-east-main-street/	• 6,896 completed visits. • 2,647 patients served.	• Financial Resource Strain = 159 patients. • Food Insecurity = 119 patients. • Housing Stability = 37 patients. • Transportation Needs = 55 patients.
OhioHealth Physician Group Primary Care Columbus, 4850 East Main Street Address: 4850 E. Main Street, Columbus, Ohio 43123. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-4850-east-main-st/	• 6,339 completed visits. • 2,383 patients served.	• Financial Resource Strain = 263 patients. • Food Insecurity = 227 patients. • Housing Stability = 144 patients. • Transportation Needs = 67 patients.

Continuation of Appendix Table 26. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2023	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2023
OhioHealth Physician Group Primary Care Columbus East Broad Street Address: 7340 E. Broad Street, Suite B, Blacklick, Ohio 43004. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/blacklick/	• 9,212 completed visits. • 3,628 patients served.	• Financial Resource Strain =382 patients. • Food Insecurity = 288 patients. • Housing Stability = 69 patients. • Transportation Needs = 106 patients.
OhioHealth Physician Group Primary Care Columbus Huntington Building Address: 41 S. High Street, Suite 25, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-huntington-building/	• 1,570 completed visits. • 1,077 patients served.	• Financial Resource Strain =79 patients. • Food Insecurity = 53 patients. • Housing Stability = 31 patients. • Transportation Needs = 17 patients.
OhioHealth Physician Group Primary Care Columbus Nationwide Plaza Address: 3 Nationwide Plaza, Suite 150, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-nationwide-plaza/	• 4,815 completed visits. • 1,736 patients served.	• Financial Resource Strain = 104 patients. • Food Insecurity = 79 patients. • Housing Stability = 59 patients. • Transportation Needs = 37 patients.

Continuation of Appendix Table 26. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2023	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2023
OhioHealth Physician Group Primary Care Columbus Rivers Edge Drive Address: 7630 Rivers Edge Drive, Columbus, Ohio 43235. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-rivers-edge-drive/	• 25,959 completed visits. • 10,080 patients served.	• Financial Resource Strain = 848 patients. • Food Insecurity = 467 patients. • Housing Stability = 204 patients. • Transportation Needs = 143 patients.
OhioHealth Physician Group Primary Care Columbus West Broad Street Address: 5193 W. Broad Street, Suite 200, Columbus, Ohio 43228. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-west-broad-street/	• 16,722 completed visits. • 5,866 patients served.	• Financial Resource Strain = 311 patients. • Food Insecurity = 233 patients. • Housing Stability = 158 patients. • Transportation Needs = 96 patients.
OhioHealth Physician Group Primary Care Dublin Hospital Drive Address: 6905 Hospital Drive, Suite 200, Dublin, Ohio 43016. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/dublin-hospital-drive/	• 14,991 completed visits. • 6,570 patients served.	• Financial Resource Strain = 578 patients. • Food Insecurity = 394 patients. • Housing Stability = 82 patients. • Transportation Needs = 118 patients.
OhioHealth Physician Group Primary Care Dublin West Bridge Street Address: 250 W. Bridge Street, Suite 200, Dublin, Ohio 43017. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/dublin-west-bridge-street/	• 23,901 completed visits. • 10,301 patients served.	• Financial Resource Strain = 723 patients. • Food Insecurity = 456 patients. • Housing Stability = 103 patients. • Transportation Needs = 160 patients.

Continuation of Appendix Table 26. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2023	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2023
OhioHealth Physician Group Primary Care Gahanna 765 Hamilton Road Suite 210 Address: 765 N. Hamilton Road, Suite 210, Gahanna, Ohio 43230. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/gahanna-765-hamilton-rd-ste-210/	• 20,615 completed visits. • 8,346 patients served.	• Financial Resource Strain = 322 patients. • Food Insecurity = 224 patients. • Housing Stability = 144 patients. • Transportation Needs = 67 patients.
OhioHealth Physician Group Primary Care Gahanna 765 Hamilton Road Suite 255 Address: 765 N. Hamilton Road, Suite 255, Gahanna, Ohio 43230. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/gahanna-hamilton-rd-ste-255/	• 4,336 completed visits. • 2,469 patients served.	• Financial Resource Strain = 256 patients. • Food Insecurity = 172 patients. • Housing Stability = 130 patients. • Transportation Needs = 52 patients.

Continuation of Appendix Table 26. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2023	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2023
OhioHealth Physician Group Primary Care Gahanna Beecher Crossing N Address: 1045 Beecher Crossing N, Suite B, Gahanna, Ohio 43230. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/gahanna-beecher-crossing/	• 2,722 completed visits. • 1,429 patients served.	• Financial Resource Strain = 76 patients. • Food Insecurity = 30 patients. • Housing Stability = 17 patients. • Transportation Needs = 14 patients.
OhioHealth Physician Group Primary Care Gahanna Havens Corners Road Address 504 Havens Corners Road, Gahanna, Ohio 43250. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/gahanna-havens-corners-road/	• 17,002 completed visits. • 6,477 patients served.	• Financial Resource Strain = 256 patients. • Food Insecurity = 150 patients. • Housing Stability = 137 patients. • Transportation Needs = 38 patients.
OhioHealth Physician Group Primary Care Galloway Address: 990 Galloway Road, Galloway, Ohio 43119. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/galloway/	• 10,500 completed visits. • 3,979 patients served.	• Financial Resource Strain = 538 patients. • Food Insecurity = 331 patients. • Housing Stability = 114 patients. • Transportation Needs = 96 patients.
OhioHealth Physician Group Primary Care Grandview Address: 1125 Yard Street, Suite 250, Grandview, Ohio 43212. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grandview/	• 6,290 completed visits. • 3,368 patients served.	• Financial Resource Strain = 420 patients. • Food Insecurity = 257 patients. • Housing Stability = 233 patients. • Transportation Needs = 89 patients.

Continuation of Appendix Table 26. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2023	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2023
OhioHealth Physician Group Primary Care Grove City Kelnor Drive Address: 4191 Kelnor Drive, Suite 300, Grove City, Ohio 43123. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grove-city-kelnor-dr/	• 13,988 completed visits. • 5,282 patients served.	• Financial Resource Strain = 530 patients. • Food Insecurity = 268 patients. • Housing Stability = 110 patients. • Transportation Needs = 96 patients.
OhioHealth Physician Group Primary Care Grove City Southwest Boulevard Address: 3503 Southeast Boulevard, Grove City, Ohio 43123. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grove-city-southwest-blvd/	• 3,016 completed visits. • 1,473 patients served.	• Financial Resource Strain = 163 patients. • Food Insecurity = 110 patients. • Housing Stability = 49 patients. • Transportation Needs = 30 patients.
OhioHealth Physician Group Primary Care Grove City Stringtown Road Address: 1325 Stringtown Road, Suite 240, Grove City, Ohio 43123. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grove-city-stringtown-rd/	• 8,627 completed visits. • 3,162 patients served.	• Financial Resource Strain = 435 patients. • Food Insecurity = 190 patients. • Housing Stability = 194 patients. • Transportation Needs = 92 patients.
OhioHealth Physician Group Primary Care Hilliard All Seasons Drive Address: 4343 All Seasons Drive, Suite 220, Hilliard, Ohio 43026. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/hilliard-all-seasons-drive/	• 23,286 completed visits. • 8,597 patients served.	• Financial Resource Strain = 636 patients. • Food Insecurity = 407 patients. • Housing Stability = 181 patients. • Transportation Needs = 172 patients.

Continuation of Appendix Table 26. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2023	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2023
OhioHealth Physician Group Primary Care Hilliard Nike Drive Address: 5300 Nike Drive, Suite 100, Hilliard, Ohio 43026. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/hilliard-nike-drive/	• 13,375 completed visits. • 5,021 patients served.	• Financial Resource Strain = 220 patients. • Food Insecurity = 127 patients. • Housing Stability = 83 patients. • Transportation Needs = 38 patients.
OhioHealth Physician Group Primary Care Hilliard Scioto Darby Road Address: 6314 Scioto Darby Road, Hilliard, Ohio 43026. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/hilliard-scioto-darby-road/	• 9,097 completed visits. • 4,052 patients served.	• Financial Resource Strain = 282 patients. • Food Insecurity = 221 patients. • Housing Stability = 81 patients. • Transportation Needs = 62 patients.
OhioHealth Physician Group Primary Care Obetz Address: 4335 Alum Creek Drive, Suite 200, Columbus, Ohio 43207. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/obetz/	• 8,397 completed visits. • 2,842 patients served.	• Financial Resource Strain = 500 patients. • Food Insecurity = 509 patients. • Housing Stability = 138 patients. • Transportation Needs = 113 patients.
OhioHealth Physician Group Primary Care Powell Clairedan Drive Address: 70 Clairedan Drive, Powell, Ohio 43065. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/powell-clairedan-dr/	• 8,318 completed visits. • 3,414 patients served.	• Financial Resource Strain = 155 patients. • Food Insecurity = 97 patients. • Housing Stability = 39 patients. • Transportation Needs = 25 patients.

Continuation of Appendix Table 26. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2023	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2023
OhioHealth Physician Group Primary Care Powell North Hampton Drive Address: 4141 N. Hampton Drive, Suite 200, Powell, Ohio 43065. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/powell-north-hampton-drive/	• 13,740 completed visits. • 6,173 patients served.	• Financial Resource Strain = 421 patients. • Food Insecurity = 259 patients. • Housing Stability = 53 patients. • Transportation Needs = 88 patients.
OhioHealth Physician Group Primary Care Reynoldsburg Address: 1450 Davidson Drive, Reynoldsburg, Ohio 43068. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/reynoldsburg/	• 18,046 completed visits. • 6,856 patients served.	• Financial Resource Strain = 1,107 patients. • Food Insecurity = 983 patients. • Housing Stability = 190 patients. • Transportation Needs = 324 patients.
OhioHealth Physician Group Primary Care Upper Arlington Address: 3363 Tremont Road, Suite 220, Upper Arlington, Ohio 43221. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/upper-arlington/	• 20,386 completed visits. • 7,495 patients served.	• Financial Resource Strain = 385 patients. • Food Insecurity = 242 patients. • Housing Stability = 133 patients. • Transportation Needs = 98 patients.

Continuation of Appendix Table 26. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2023	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2023
Mobile Clinic Site 1: OhioHealth Physician Group Wellness on Wheels Primary Care Hilltop YMCA Address: Hilltop YMCA, 2879 Valleyview Drive, Columbus, Ohio 43204. Website: https://www.ohiohealth.com/locations/primary-care/wellness-on-wheels-hilltop-ymca/ Mobile Clinic Site 2: OhioHealth Physician Group Wellness on Wheels Primary Care Linden Opportunity Center Address: Linden Opportunity Center, 1350 Briarwood Avenue, Columbus, Ohio 43211. Website: https://www.ohiohealth.com/locations/primary-care/wellness-on-wheels-linden-opportunity-center/ Mobile Clinic Site 3: OhioHealth Physician Group Wellness on Wheels Primary Care Van Buren Address: 595 Van Buren Drive, Columbus, Ohio 43223.	• 1,471 completed visits. • 485 patients served.	• Financial Resource Strain = 116 patients. • Food Insecurity = 89 patients. • Housing Stability = 48 patients. • Transportation Needs = 47 patients.

Appendix Table 27. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2024	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2024
Doctors Hospital Family Medicine Address: 2030 Stringtown Road, Suite 300, Grove City, Ohio 43123. Website: https://www.ohiohealth.com/locations/primary-care/doctors-hospital-family-medicine/	• 10,413 completed visits. • 3,401 patients served.	• Financial Resource Strain = 531 patients. • Food Insecurity = 382 patients. • Housing Stability = 103 patients. • Transportation Needs = 155 patients.
Dublin Methodist Family Medicine Address: 7450 Hospital Drive, Suite 4500, Dublin, Ohio 43016. Website: https://www.ohiohealth.com/locations/primary-care/dublin-methodist-family-medicine/	• 13,803 completed visits. • 5,141 patients served.	• Financial Resource Strain = 559 patients. • Food Insecurity = 333 patients. • Housing Stability = 179 patients. • Transportation Needs = 173 patients.
Grant Family Medicine Address: 332 E. State Street, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/locations/primary-care/grant-family-medicine/	• 21,269 completed visits. • 5,966 patients served.	• Financial Resource Strain = 1,259 patients. • Food Insecurity = 1,152 patients. • Housing Stability = 794 patients. • Transportation Needs = 537 patients.

Continuation of Appendix Table 27. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2024	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2024
Grant Medical Education Clinics, Transitions of Care Clinic Address: 393 E. Town Street, Suite 116, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/locations/primary-care/grant-medical-education-transitions-of-care-clinic/	• 993 completed visits. • 468 patients served.	• Financial Resource Strain = 151 patients. • Food Insecurity = 128 patients. • Housing Stability = 122 patients. • Transportation Needs = 92 patients.
OhioHealth Physician Group Primary Care 500 East Main Street Address: 500 E. Main Street, Suite 100, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-500-east-main-street/	• 6,378 completed visits. • 2,491 patients served.	• Financial Resource Strain = 141 patients. • Food Insecurity = 127 patients. • Housing Stability = 29 patients. • Transportation Needs = 68 patients.
OhioHealth Physician Group Primary Care Columbus, 4850 East Main Street Address: 4850 E. Main Street, Columbus, Ohio 43123. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-4850-east-main-st/	• 5,327 completed visits. • 1,889 patients served.	• Financial Resource Strain = 67 patients. • Food Insecurity = 87patients. • Housing Stability = 24 patients. • Transportation Needs = 28 patients.

Continuation of Appendix Table 27. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2024	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2024
OhioHealth Physician Group Primary Care Columbus East Broad Street Address: 7340 E. Broad Street, Suite B, Blacklick, Ohio 43004. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/blacklick/	• 10,927 completed visits. • 4,366 patients served.	• Financial Resource Strain = 417 patients. • Food Insecurity = 307 patients. • Housing Stability = 26 patients. • Transportation Needs = 104 patients.
OhioHealth Physician Group Primary Care Columbus Huntington Building Address: 41 S. High Street, Suite 25, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-huntington-building/	• 2,164 completed visits. • 1,376 patients served.	• Financial Resource Strain = 69 patients. • Food Insecurity = 63 patients. • Housing Stability = 10 patients. • Transportation Needs = 29 patients.
OhioHealth Physician Group Primary Care Columbus Nationwide Plaza Address: 3 Nationwide Plaza, Suite 150, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-nationwide-plaza/	• 5,088 completed visits. • 1,809 patients served.	• Financial Resource Strain = 125 patients. • Food Insecurity = 133 patients. • Housing Stability = 16 patients. • Transportation Needs = 56 patients.

Continuation of Appendix Table 27. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2024	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2024
OhioHealth Physician Group Primary Care Columbus Rivers Edge Drive Address: 7630 Rivers Edge Drive, Columbus, Ohio 43235. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-rivers-edge-drive/	• 25,263 completed visits. • 9,994 patients served.	• Financial Resource Strain = 634 patients. • Food Insecurity = 321 patients. • Housing Stability = 53 patients. • Transportation Needs = 113 patients.
OhioHealth Physician Group Primary Care Columbus West Broad Street Address: 5193 W. Broad Street, Suite 200, Columbus, Ohio 43228. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-west-broad-street/	• 16,281 completed visits. • 5,849 patients served.	• Financial Resource Strain = 92 patients. • Food Insecurity = 162 patients. • Housing Stability = 74 patients. • Transportation Needs = 69 patients.
OhioHealth Physician Group Primary Care Dublin Hospital Drive Address: 6905 Hospital Drive, Suite 200, Dublin, Ohio 43016. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/dublin-hospital-drive/	• 13,555 completed visits. • 5,940 patients served.	• Financial Resource Strain = 369 patients. • Food Insecurity = 290 patients. • Housing Stability = 31 patients. • Transportation Needs = 86 patients.

Continuation of Appendix Table 27. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2024	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2024
OhioHealth Physician Group Primary Care Dublin West Bridge Street Address: 250 W. Bridge Street, Suite 200, Dublin, Ohio 43017. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/dublin-west-bridge-street/	• 23,373 completed visits. • 10,262 patients served.	• Financial Resource Strain = 534 patients. • Food Insecurity = 364 patients. • Housing Stability = 45 patients. • Transportation Needs = 114 patients.
OhioHealth Physician Group Primary Care Franklinton Address: 14 McDowell Street, Suite 110, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/franklinton/	• 2,391 completed visits. • 1,256 patients served.	• Financial Resource Strain = 323 patients. • Food Insecurity = 310 patients. • Housing Stability = 29 patients. • Transportation Needs = 116 patients.
OhioHealth Physician Group Primary Care Gahanna 765 Hamilton Road Suite 210 Address: 765 N. Hamilton Road, Suite 210, Gahanna, Ohio 43230. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/gahanna-765-hamilton-rd-ste-210/	• 18,968 completed visits. • 7,506 patients served.	• Financial Resource Strain = 653 patients. • Food Insecurity = 501 patients. • Housing Stability = 42 patients. • Transportation Needs = 136 patients.

Continuation of Appendix Table 27. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2024	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2024
OhioHealth Physician Group Primary Care Gahanna Beecher Crossing N Address: 1045 Beecher Crossing N, Suite B, Gahanna, Ohio 43230. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/gahanna-beecher-crossing/	• 5,532 completed visits. • 1,778 patients served.	• Financial Resource Strain = 140 patients. • Food Insecurity = 88 patients. • Housing Stability = 14 patients. • Transportation Needs = 27 patients.
OhioHealth Physician Group Primary Care Gahanna Havens Corners Road Address 504 Havens Corners Road, Gahanna, Ohio 43250. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/gahanna-havens-corners-road/	• 15,992 completed visits. • 6,271 patients served.	• Financial Resource Strain = 128 patients. • Food Insecurity = 99 patients. • Housing Stability = 62 patients. • Transportation Needs = 58 patients.
OhioHealth Physician Group Primary Care Galloway Address: 990 Galloway Road, Galloway, Ohio 43119. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/galloway/	• 10,682 completed visits. • 4,059 patients served.	• Financial Resource Strain = 544 patients. • Food Insecurity = 338 patients. • Housing Stability = 45 patients. • Transportation Needs = 128 patients.

Continuation of Appendix Table 27. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2024	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2024
OhioHealth Physician Group Primary Care Grandview Address: 1125 Yard Street, Suite 250, Grandview, Ohio 43212. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grandview/	• 7,061 completed visits. • 3,239 patients served.	• Financial Resource Strain = 253 patients. • Food Insecurity = 183 patients. • Housing Stability = 175 patients. • Transportation Needs = 80 patients.
OhioHealth Physician Group Primary Care Grove City Kelnor Drive Address: 4191 Kelnor Drive, Suite 300, Grove City, Ohio 43123. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grove-city-kelnor-dr/	• 11,863 completed visits. • 4,532 patients served.	• Financial Resource Strain = 146 patients. • Food Insecurity = 134 patients. • Housing Stability = 33 patients. • Transportation Needs = 44 patients.
OhioHealth Physician Group Primary Care Grove City Southwest Boulevard Address: 3503 Southeast Boulevard, Grove City, Ohio 43123. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grove-city-southwest-blvd/	• 5,427 completed visits. • 1,973 patients served.	• Financial Resource Strain = 49 patients. • Food Insecurity = 41 patients. • Housing Stability = 35 patients. • Transportation Needs = 32 patients.

Continuation of Appendix Table 27. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2024	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2024
OhioHealth Physician Group Primary Care Grove City Stringtown Road Address: 1325 Stringtown Road, Suite 240, Grove City, Ohio 43123. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grove-city-stringtown-rd/	• 9,065 completed visits. • 3,314 patients served.	• Financial Resource Strain = 339 patients. • Food Insecurity = 184 patients. • Housing Stability = 116 patients. • Transportation Needs = 98 patients.
OhioHealth Physician Group Primary Care Hilliard All Seasons Drive Address: 4343 All Seasons Drive, Suite 220, Hilliard, Ohio 43026. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/hilliard-all-seasons-drive/	• 23,556 completed visits. • 8,978 patients served.	• Financial Resource Strain = 496 patients. • Food Insecurity = 286 patients. • Housing Stability = 73 patients. • Transportation Needs = 149 patients.
OhioHealth Physician Group Primary Care Hilliard Nike Drive Address: 5300 Nike Drive, Suite 100, Hilliard, Ohio 43026 Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/hilliard-nike-drive/	• 14,338 completed visits. • 5,560 patients served.	• Financial Resource Strain = 53 patients. • Food Insecurity = 59 patients. • Housing Stability = 38 patients. • Transportation Needs = 33 patients.

Continuation of Appendix Table 27. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2024	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2024
OhioHealth Physician Group Primary Care Hilliard Scioto Darby Road Address: 6314 Scioto Darby Road, Hilliard, Ohio 43026. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/hilliard-scioto-darby-road/	• 9,046 completed visits. • 4,222 patients served.	• Financial Resource Strain = 183 patients. • Food Insecurity = 161 patients. • Housing Stability = 27 patients. • Transportation Needs = 47 patients.
OhioHealth Physician Group Primary Care Obetz Address: 4335 Alum Creek Drive, Suite 200, Columbus, Ohio 43207. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/obetz/	• 7,774 completed visits. • 2,885 patients served.	• Financial Resource Strain = 300 patients. • Food Insecurity = 339 patients. • Housing Stability = 45 patients. • Transportation Needs = 105 patients.
OhioHealth Physician Group Primary Care Powell Clairedan Drive Address: 70 Clairedan Drive, Powell, Ohio 43065. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/powell-clairedan-dr/	• 10,058 completed visits. • 4,298 patients served.	• Financial Resource Strain = 126 patients. • Food Insecurity = 105 patients. • Housing Stability = 27 patients. • Transportation Needs = 48 patients.

Continuation of Appendix Table 27. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2024	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2024
OhioHealth Physician Group Primary Care Powell North Hampton Drive Address: 4141 N. Hampton Drive, Suite 200, Powell, Ohio 43065. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/powell-north-hampton-drive/	• 17,589 completed visits. • 7,798 patients served.	• Financial Resource Strain = 684 patients. • Food Insecurity = 496 patients. • Housing Stability = 63 patients. • Transportation Needs = 148 patients.
OhioHealth Physician Group Primary Care Reynoldsburg Address: 1450 Davidson Drive, Reynoldsburg, Ohio 43068. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/reynoldsburg/	• 18,655 completed visits. • 6,893 patients served.	• Financial Resource Strain = 1,057 patients. • Food Insecurity = 1,032 patients. • Housing Stability = 69 patients. • Transportation Needs = 350 patients.
OhioHealth Physician Group Primary Care Upper Arlington Address: 3363 Tremont Road, Suite 220, Upper Arlington, Ohio 43221. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/upper-arlington/	• 19,743 completed visits. • 7,447 patients served.	• Financial Resource Strain = 469 patients. • Food Insecurity = 276 patients. • Housing Stability = 54 patients. • Transportation Needs = 136 patients.

Continuation of Appendix Table 27. Summary of number of patients assessed for social determinants of health, including food insecurity, housing, transportation, and financial insecurity for various OhioHealth Outpatient Clinics during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name and Address of OhioHealth Outpatient Clinic	Total Patient Visits and Total Patients Served in Fiscal Year 2024	Count of Patients Assessed as Medium to High Risk for Food Insecurity, Housing, Transportation, and Financial Resource Strain in Fiscal Year 2024
Mobile Clinic Site 1: OhioHealth Physician Group Wellness on Wheels Primary Care Hilltop YMCA Address: Hilltop YMCA, 2879 Valleyview Drive, Columbus, Ohio 43204. Website: https://www.ohiohealth.com/locations/primary-care/wellness-on-wheels-hilltop-ymca/ Mobile Clinic Site 2: OhioHealth Physician Group Wellness on Wheels Primary Care Linden Opportunity Center Address: Linden Opportunity Center, 1350 Briarwood Avenue, Columbus, Ohio 43211. Website: https://www.ohiohealth.com/locations/primary-care/wellness-on-wheels-linden-opportunity-center/ Mobile Clinic Site 3: OhioHealth Physician Group Wellness on Wheels Primary Care Van Buren Address: 595 Van Buren Drive, Columbus, Ohio 43223.	• 1,524 completed visits. • 485 patients served.	• Financial Resource Strain = 106 patients. • Food Insecurity = 86 patients. • Housing Stability = 57 patients. • Transportation Needs = 67 patients.

RE/BH – 3. Continue OhioHealth and Central Ohio Hospital Council’s Collaboration with Ohio Better Birth Outcomes (OBBO) — OhioHealth, in partnership with the Central Ohio Hospital Council, will continue to foster collaborations with OBBO by offering clinicians and other OhioHealth professional that provides women’s health care programs and services access to a free online education entitled **“Breaking Through Implicit Bias in Maternal Healthcare”** (Quality Interactions and March of Dimes. n.d.). The online class was developed by March of Dimes and Quality Interactions and offers 1 Continuing Medical Education (CME) or 1 Continuing Education Units (CEU) to clinicians and health care professionals. The learning module covers key topics such as (a) Health disparities data affecting health of mothers, (b) basis for implicit bias, (c) process whereby structural racism affects health outcomes for women of color, and (d) strategies that may be used to improve interactions with patients. The four learning outcomes from this education credit include (a) define and describe implicit bias, its basis, and how it impacts maternal care, (b) being able to explain how structural racism in the United States has led to implicit bias, (c) being able to use the Ally Model during patient interactions to prevent implicit bias, and (d) apply an equity lens that regards patients’ needs when making clinical decisions and interventions.

OhioHealth Impacts Related to related to “Continue OhioHealth and Central Ohio Hospital Council’s Collaboration with Ohio Better Birth Outcomes (OBBO) (RE/BH – 3)”

The Ohio Better Birth outcomes held a continuing education conference in February 2024 “Addressing Continuing Education at the Fawcett Center, 2400 Olentangy River Road, Columbus, Ohio 43210. The event was held in person and virtually. OBBO’s speaker was Portia Newman, PhD, Associate Partner and Assistant Vice President, Education and Engagement, Chartis Center for Health Equity and Belonging. The them was Patient/Provider Relationships (Ohio Better Birth Outcomes, 2024).

Appendix Table 28 summarizes the community partners of the Ohio Better Birth Outcomes (OBBO) and examples of their programs and services offered to communities in Franklin County during Fiscal Year 2023 and 2024.

Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Ohio Better Birth Outcomes (OBBO) Partners	Examples of Programs and Services
OhioHealth Main Office Location: Blom Administrative Campus, 3430 OhioHealth Parkway, Columbus, Ohio 43202. Website: https://www.ohiohealth.com/services/womens-health/	• Access to the Women's Health Service Line. • Access to the OhioHealth Community Health Partnerships. • Access to the OhioHealth Wellness on Wheels Women's Health Mobile Health Clinics. • Refer to Section C – 4. Healthcare and Community Resources that Address Maternal and Infant Health and Section C –4.1. OhioHealth Women's Health Service Line. • Partner of the Ohio Fetal Medicine Collaborative to provide care for mothers and their baby during high-risk pregnancies (Ohio Fetal Medicine Collaborative, n.d.). • See OhioHealth (2015-2025) for additional information.
Mount Carmel Health System Main Office Location: Corporate Services Center, 3100 Easton Square Place, Columbus, Ohio 43219. Website: https://www.mountcarmelhealth.com/services/womens-health	• Access to Women's Heart Health Program. ○ Women's Heart Health Program has focused on prevention of heart disease through the following: + Education of women about heart disease. + Timely diagnoses of cardiovascular disease. + Evidenced-based treatment of heart disease. + Access to preventive care. ○ Access to the Mount Carmel Women's Heart Program McNaughten – located at 85 McNaughten Road, Suite 110, Columbus, Ohio 43213. ○ Access to the Mount Carmel Women's Heart Program North Meadows – located at 5300 North Meadows Drive, Suite 280, Grove City, Ohio 43123.

Continuation of Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Ohio Better Birth Outcomes (OBBO)	Examples of Programs and Services
Mount Carmel Health System (Continued) Main Office Location: Corporate Services Center, 3100 Easton Square Place, Columbus, Ohio 43219. Website: https://www.mountcarmelhealth.com/services/womens-health	• Access to Breast Health Program. ◦ Screening and diagnoses. ◦ Prevention and early detection of breast cancer. ◦ Multidisciplinary team of physicians, breast imaging specialists, nurse navigator. • Physical therapy for conditions such as osteoporosis, lymphedema, pregnancy-related conditions, constipation, and incontinence. • Minimally invasive technology for treating fibroids, pelvic mass, abnormal bleeding, endometriosis, disorders of the pelvic floor, and precancer and cancerous conditions. • Diagnosis and treatment of osteoporosis. • Access to nursing support, consults and education. • Access to hospital-based doulas. • Access to Baby-Friendly USA that promotes breastfeeding for infant nutrition based on the “Ten Steps to Successful Breastfeeding”. • Partner of the Ohio Fetal Medicine Collaborative to provide care for mothers and their baby during high-risk pregnancies (Ohio Fetal Medicine Collaborative, n.d.) • Refer to Mount Carmel Health System (n.d.) for additional information.

Continuation of Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Partners	Examples of Programs and Services
The Ohio State University Wexner Medical Center Main Office Location: 410 W. 10th Avenue, Columbus, Ohio 43210. Website: https://wexnermedical.osu.edu/center-for-womens-health	• Access to Center for Women’s Health – located at 1800 Zollinger Road, Columbus, Ohio 43221. • Specialties of Center for Women’s Health: ○ Primary care. ○ Endocrinology and bone disease. ○ Gynecology. ○ Menopause. ○ Sexual Health (Desire, pain during sex, problems with orgasms). ○ Polycystic Ovarian Syndrome (PCOS). ○ Research. ○ Patient education. • Access to Women’s Urology, which is care of the pelvic floor, which is part of the reproductive or urinary system. Conditions that affect the pelvic floor include pregnancy, heavy lifting, chronic disease, surgery. • Access to care for various disorders, including: ○ Incontinence. ○ Overactive bladder (Urge incontinence, Stress Incontinence). ○ Painful Bladder Syndrome. ○ Pelvic organ prolapse. ○ Urinary Tract Infection. • Access to Pelvic Medicine and Reconstructive Surgery, Urology, and Urogynecology.

Continuation of Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Partners	Examples of Programs and Services
The Ohio State University Wexner Medical Center (Continued) Main Office Location: 410 W. 10th Avenue, Columbus, Ohio 43210. Website: https://wexnermedical.osu.edu/center-for-womens-health	○ Access to care for women's intimacy and sexual matters. ○ Access to Women's Mental and Behavioral Health, including treatment of depression, premenstrual dysphoric disorder, postpartum depression, postpartum anxiety, post-traumatic stress disorder (PTSD), parental stress. ○ Access to Maternal-Fetal Behavioral Health, including support for family planning, infertility, in-vitro fertilization, miscarriage, pregnancy loss. ○ Access to maternal and infant health programs: ○ Participation to the Council on Healthy Mothers and Babies. ○ Moms2B. ○ Rides4Baby. ○ Stable Cradle program. ○ STEPP Clinic. ○ Breastfeeding classes. ○ Pregnancy and childbirth classes. ○ Access to the Ohio Fetal Medicine Collaborative to provide care for mothers and their baby during high-risk pregnancies (Ohio Fetal Medicine Collaborative, n.d.). Refer to The Ohio State University Wexner Medical Center (2025) for additional information.

Continuation of Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Partners	Examples of Programs and Services
Nationwide Children's Hospital Main Office Location: 700 Children's Drive, Columbus, Ohio 43205. Website: https://www.nationwidechildrens.org/about-us/collaboratory/addressing-inequities/persistent-racial-disparities-infant-mortality	• Partner of the Ohio Fetal Medicine Collaborative to provide care for mothers and their baby during high-risk pregnancies (Ohio Fetal Medicine Collaborative, n.d.). • Recipient of the five-year grant "Catalyst for Infant Health Equity" from the Health Resources and Services Administration (HRSA). ○ Improve health literacy and equity among Black pregnant women to determine what to expect during pregnancy. ○ Services of community health workers in assisting the team in assessments and connect patients to community resources. ○ Advocacy and public policy discussions related to maternal and Infant health, in partnership with Queen's Village Columbus. • Various programs and services related to maternal and infant health: ○ Nurse Visitation program ○ Breastfeeding program Refer to Nationwide Children's Hospital for additional information (Nationwide Children's Hospital, 2025).

Continuation of Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Partners	Examples of Programs and Services
The City of Columbus, Columbus Public Health Main Office Location: 240 Parsons Avenue, Columbus, Ohio 43215. Website: https://www.columbus.gov/Services/Public-Health/Healthy-Moms-and-Babies	• Access to car seat safety checks and car seats for income-eligible families. • Access to the Home Visiting team that provides free childbirth and parenting classes where parents could earn gift cards and supplies for the baby. • Access to cribs and Infant Safe Sleep education to reduce sleep-related infant deaths. • Access to referral to community resources. • Access to support for fathers. • Access to Women, Infants and Children (WIC) Nutrition Program with supplemental food, breastfeeding support, and education on nutrition for pregnant, breastfeeding, and postpartum women, infants, and children until age 5 in Franklin County. Refer to City of Columbus (2025) for additional information.

Continuation of Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Partners	Examples of Programs and Services
CelebrateOne Main Office Location: 1111 E. Broad Street, Columbus, Ohio 43205. Website: https://www.columbus.gov/Government/Mayors-Office/Initiatives/CelebrateOne/CelebrateOne-About-Us	• Access to programs and services that address infant mortality in Franklin County through initiatives that address social determinants of health, healthcare, and community resources. The goals of CelebrateOne include: ○ Reduce preterm births. ○ Improve access to quality prenatal and postpartum care. ○ Address social determinants of health. ○ Promote safe sleep practices. • Access to teen reproductive health. • Access to safe sleep interventions. • Access to collaborations with Queens Village Columbus. • Access to free pregnancy tests. • Access to interventions in Ohio's Identified Health Improvement Zones. • Access to doulas. • Access to community baby showers. Refer to City of Columbus, Ohio (2025) for additional information.
Lower Lights Health Main Office Location: 1160 W. Broad Street, Columbus, Ohio 43222. Website: https://llchc.org/	• Access to women and girls' health (Obstetrics and Gynecology services): ○ Prenatal care and postpartum care. ○ Contraceptive counseling. ○ Pregnancy testing and counseling. ○ Education about childbirth. ○ Health screenings, case management, and community referrals. ○ Screenings for gynecological and cervical cancer. ○ Gynecological care for teens. ○ Annual breast exams, Pap smears, and additional screenings for cancer.

Continuation of Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Partners	Examples of Programs and Services
Lower Lights Health (Continued) Main Office Location: 1160 W. Broad Street, Columbus, Ohio 43222. Website: https://llchc.org/	Additional information is available at Lower Lights Christian Center (2024).
Heart of Ohio Family Health Main Office Location: 5000 E. Main Street, Columbus, Ohio 43213. Website: https://www.heartofohiofamilyhealth.org/copy-of-family-medicine-and-pediatrics	• Access to screening services: ○ Screenings for cervical cancer and Pap smears. ○ Screenings for colon cancer. ○ Referrals for breast exam and mammograms. ○ Access to biopsies of the endometrium. ○ Colposcopies. • Access to gynecology services: ○ Regular check-ups. ○ Access to care for uterine bleeding and other disorders. ○ Menopause. • Access to birth control. • Intrauterine device (IUD) insertion and removal. • Birth control counseling. • Contraceptives for adolescents.

Continuation of Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Partners	Examples of Programs and Services
Heart of Ohio Family Health (Continued) Main Office Location: 5000 E. Main Street, Columbus, Ohio 43213. Website: https://www.heartofohiofamilyhealth.org/copy-of-family-medicine-and-pediatrics	• Access to pregnancy services. • Counseling on nutrition. • Care for high-risk pregnancies. • Smoking and tobacco cessation. • Access to CenteringPregnancy® (group interventions for pregnant women). • Refer to Heart of Ohio Family Health (n.d.) for additional information.
PrimaryOne Health Main Office Location: Corporate Office, 2780 Airport Drive, Suite 100, Columbus, Ohio 43219. Website: https://www.primaryonehealth.org/services/womens-health/	• Access to pregnancy-related services: ○ CenteringPregnancy®. ○ Healthy Families Program. ○ Fetal monitoring. ○ Ultrasound services. ○ Diagnosis and care for gestational diabetes. ○ Care for chronic hypertension. ○ Care for pregnant women experiencing preterm labor. ○ Counseling for tubal ligation. • Access to family planning: ○ Counseling about birth control. ○ Counseling for Long-Acting Reversible Contraceptives (LARCs) and insertion. ○ Consults about preconception health. ○ Access to fertility services.
Queens Village Columbus Main Office Location: 3333 Burnet Avenue, MLC 7009, Cincinnati, Ohio 45229. Website: https://www.blackwomenforthewin.com/chapters/columbus	• Access to community engagement activities led by Black women to empower Black mothers to improve their health, care for themselves, and access tools to promote their health. • Access to opportunities for building sisterhood among Black women as means to improve maternal child health outcomes. Refer to Queens Village (n.d.) for additional information.

Continuation of Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Partners	Examples of Programs and Services
PrimaryOne Health (Continued) Main Office Location: Corporate Office, 2780 Airport Drive, Suite 100, Columbus, Ohio 43219. Website: https://www.primaryonehealth.org/services/womens-health/	• Access to annual screens, tests, and teaching: ○ Pap smears. ○ Cervical cancer screening. ○ Referrals for mammograms. ○ Screening for Sexually Transmitted Infections ○ Colon cancer screening. ○ Referrals for bone density screenings. ○ Counseling on nutrition. ○ Smoking and tobacco cessation. • Access to community outreach services, Cribs for Kids®, BottomsUp Diapers. See PrimaryOne Health (2025) for additional information.
Franklin County Public Health Main Office Location: 280 E. Broad Street, Columbus, Ohio 43215. Website: https://myfcph.org/	• Access to Home Visiting Program for pregnant and postpartum women from minority groups until their child reaches age 3: ○ Personalized support to teach information about safe sleep. ○ Conduct of Safe Sleep Assessment: + Baby is alone in own crib. + Baby is placed on their back on a firm, flat surface. + Baby is placed on a crib during naps and bedtime. ○ Connections to community resources. ○ Access to a portable crib for income-eligible families. Refer to Franklin County Public Health (2025) for additional information.

Continuation of Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Partners	Examples of Programs and Services
Central Ohio Hospital Council Main Office Location: 65 E. State Street, Suite 315, Columbus, Ohio 43215. Website: https://centralohiohospitals.org/infant-mortality/	- Partners with OhioHealth, Mount Carmel Health System, The Ohio State University Wexner Medical Center, and Nationwide Children's Hospital in developing and addressing system approaches to improving maternal and infant health in Franklin County: - Educational video on safe sleep, not smoking in the home, and soothing a crying baby was watched at the hospital maternity unit by 88% of parents in 2023 and 91% in 2024. - Central Ohio Hospitals referred 351 and 369 pregnant women in 2023 and 2024, respectively to Columbus Public Health for tobacco cessation counseling. - The Southeast and Columbus Legal Aid Society provided legal services to 357 and 207 pregnant women in 2023 and 2024, respectively. - Partnership with Columbus Public health and Franklin County Public Health in the Franklin County Health Map 2025 Executive Committee. For additional information, refer to Central Ohio Hospital Council (n.d.).
StepOne for a Healthy Pregnancy Main Office Location: 1111 E. Broad Street, Columbus, Ohio 43205. Website: https://www.columbus.gov/Government/Mayors-Office/Initiatives/CelebrateOne/Safe-Sleep/Step-One-for-a-Healthy-Pregnancy	- Access to doctors and advanced practice providers for pregnant women. - Access to transportation (Rides4Baby) in going to prenatal appointments. - Access to education about the importance of prenatal care. For additional information, refer to City of Columbus, Ohio (2025).

Continuation of Appendix Table 28. Summary of Ohio Better Birth Outcomes Partners and Examples of their Programs and Services that were Available in the Community in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Partners	Examples of Programs and Services
CelebrateOne Main Office Location: 1111 E. Broad Street, Columbus, Ohio 43205. Website: https://www.columbus.gov/Government/Mayors-Office/Initiatives/CelebrateOne/CelebrateOne-About-Us	• Access to programs and services that address infant mortality in Franklin County through initiatives that address social determinants of health, healthcare, and community resources. The goals of CelebrateOne include: ○ Reduce preterm births. ○ Improve access to quality prenatal and postpartum care. ○ Address social determinants of health. ○ Promote safe sleep practices. • Access to teen reproductive health. • Access to safe sleep interventions. • Access to collaborations with Queens Village Columbus. • Access to free pregnancy tests. • Access to interventions in Ohio's Identified Health Improvement Zones. • Access to doulas. • Access to community baby showers. Refer to City of Columbus, Ohio (2025) for additional information.

RE/BH – 4. Continue OhioHealth patient education using Healthwise® — OhioHealth uses Healthwise® that is integrated into OhioHealth’s Epic electronic medical records throughout the OhioHealth system. Through Healthwise®, OhioHealth provides consistent education that promotes patient-centered care. The Healthwise education meets patient education requirements, including Meaningful Use, Joint Commission, and PCQ Measures. The education provides up-to-date health information to patients that reflects recent clinical guidelines. Healthwise patient education are available in mobile platforms, desktop, and videos. Healthwise® has easy-to-understand patient instructions, videos, and decision aids. Patients have the opportunity to succeed in their health goals through easy to understand health education, offered in multiple languages, and destined to promote healthy behaviors among patients. Patient education materials are available for patients in outpatient and outpatient settings and for caregivers. In addition to written patient health education, Healthwise® also provides anatomy sketches, quick lists or guides, videos, vaccine information sheets, and forms and consents. Patient education materials are available in 17 languages, namely (a) Arabic, (b) Bengali, (c) Bosnian, (d) Chinese, (e) English, (f) Farsi, (g) French, (h) Haitian-Creole, (i) Korean, (j) Nepali, (k) Polish, (l) Portuguese, (m) Russian, (n) Somali, (o) Spanish, (p) Tagalog, and (q) Vietnamese (Healthwise, 1996-2022).

Joint OhioHealth Impacts Related to “Continue OhioHealth patient education using Healthwise® (RE/BH – 4)”.

Appendix Table 29 provides examples of patient education materials that are available in English, Arabic, Armenian, Bengali, Bosnian, Chinese (Simplified), Farsi, French (U.S.), Haitian Creole, Hmong, Korean, Nepali, Polish, Portuguese (Brazil), Russian, Somali, Tagalog, and Vietnamese. Healthwise® is now part of WebMD Ignite™ (2025).

Appendix Table 29. Examples of patient education materials from Healthwise® that are available in various languages, including English, Arabic, Armenian, Bengali, Bosnian, Chinese (Simplified), Farsi, French (U.S.), Haitian Creole, Hmong, Korean, Nepali, Polish, Portuguese (Brazil), Russian, Somali, Tagalog, and Vietnamese (Healthwise, 2024).

Examples of Patient Education in Various Languages	Examples of Patient Education in Various Languages	Examples of Patient Education in Various Languages
8 Common Questions about COVID-19	Constipation: Care Instructions	Kidney Stone: Care Instructions
13 Ways to Prevent Falls in the Hospital	Coronary Artery Disease: Care Instructions	Learning About BE FASTL Stroke Warning Signs
A Healthy Lifestyle: Care Instructions	DASH Diet: Care Instructions	Learning about Breast Cancer Screening
Abdominal Pain: Care Instructions	Deciding between Pill Abortion and In-Clinic Abortion	Learning About Colonoscopy
Abnormal Pap Tests: Care Instructions	Depression After Childbirth: Care Instructions	Migraine Headache: Care Instructions
Acute Low back Pain: Exercises	Diabetes Blood Sugar Emergencies. Your Action Plan	Painful Urination (Dysuria): Care Instructions
Acute Sinusitis: Care Instructions	Diabetes Sick Day Plan: Care Instructions	Palpitations: Care Instructions
After your Delivery (the Postpartum Period): Care Instructions	Diarrhea: Care Instructions	Panic Attacks: Care Instructions
Allergic Reaction: Care Instructions	Dizziness: Care Instructions	Pneumonia: Care Instructions
Alveoli in the Lungs: Anatomy Sketch	Eating Healthy Foods: Care Instruction	Post-Traumatic Stress Disorder (PTSD): Care Instructions
Anemia: Care Instructions	Eczema: Care Instructions	Prediabetes: Care Instructions
Ankle Sprain: Rehab Exercises	Exposure to Sexually Transmitted Infections: Care Instructions	Preterm Labor: Care Instructions
Asthma Attack: Care Instructions	Fatigue: Care Instructions	Quitting Tobacco: Care Instructions
Atrial Fibrillation: Care Instructions	Fibromyalgia: Care Instructions	Safer Sex: Care Instructions
Back Pain: Care Instructions	Gastroenteritis: Care Instructions	Shortness of Breath: Care Instructions
Back Stretches: Exercises	Gastroesophageal reflux disease (GERD): Care Instructions	Sleep Apnea: Care Instructions
Bacterial Vaginosis: Care Instructions	Gout: Care Instructions	Sore Throat: Care Instructions
Benign Paroxysmal Positional Vertigo: Care Instructions	Headache: Care Instructions	Stroke: Care Instructions

Continuation of Appendix Table 29. Examples of patient education materials from Healthwise® that are available in various languages, including English, Arabic, Armenian, Bengali, Bosnian, Chinese (Simplified), Farsi, French (U.S.), Haitian Creole, Hmong, Korean, Nepali, Polish, Portuguese (Brazil), Russian, Somali, Tagalog, and Vietnamese (Healthwise, 2024).

Examples of Patient Education in Various Languages	Examples of Patient Education in Various Languages	Examples of Patient Education in Various Languages
Breast Self-Exam: Care Instructions	Healthy Upper Back: Exercises	Taking Warfarin Safely: Care Instructions
Breastfeeding: Care Instructions	Heart Attack: Care Instructions	Type 1 Diabetes: Care Instructions
Bronchitis: Care Instructions	Heart-Healthy Diet: Care Instructions	Type 2 Diabetes: Care Instructions
Carpal Tunnel Syndrome: Care Instructions	High Blood Pressure: Care Instructions	Upper Respiratory Infection (Cold): Care Instructions
Cesarian Section: What to Expect at Home	High Cholesterol: Care Instructions	Urinary Tract Infections in Men: Care Instructions
Chest Pain: Care Instructions	High-Fiber Diet: Care Instructions	Urinary Tract Infections in Women: Care Instructions
Chronic Kidney Disease: Care Instructions	Hypoglycemia: Care Instructions	Vaginal Childbirth: Care Instructions
Chronic Obstructive Pulmonary Disease: Care Instructions	Hypothyroidism: Care Instructions	Vaginal Yeast Infection: Care Instruction
Colitis: Care Instructions	Influenza: Care Instructions	Wheezing or Bronchoconstriction: Care Instructions
Colon Cancer Screening: Care Instructions	Insomnia: Care Instructions	When you Want to Lose Weight: Care Instruction

RE/BH – 5. Continue the services of the OhioHealth Language Services — The OhioHealth Language Services is dedicated to helping OhioHealth providers bridge the gap with the communication tools needed for patient and families. Limited English Proficient (LEP) patients have an average length of stay of 0.75 -1.47 days longer than non-LEP patients. In Ohio, in 2019, there were 553,414 persons who were foreign-born and 37.6% of these persons speak English less than “very well” or categorized as “Limited English Proficient” (LEP). From year 2000 to 2019 there was a 75.1% increase in the number of LEP persons in Ohio (Migration Policy Institute, 2001-2022). All OhioHealth providers have access to OhioHealth Language Services resources 24 hours a day and seven days a week. These resources are summarized below:

RE/BH – 5.1. MARTTI — provides 24-hour video remote interpreting services through an easy-to-use touch screen. MARTTI's language access helps clinicians connect, communicate, and provide high quality care to patients who have Limited English Proficiency (LEP), are deaf and hard of hearing. MARTTI is available in mobile devices and internet browser. MARTTI interpreters are required to complete 80 hours of training during their first year and additional 10 hours of retraining yearly. MARTTI offers interpretation for more than 250 languages and 60 languages may be interpreted by video. MARTTI enables racial equity because persons who are deaf, hard of hearing or with Limited English Proficiency receive the same care (UpHealth, 2021).

RE/BH – 5.2. Over the Phone Interpreting (OPI) — provides access to more than 200 languages through Language Line, which is available through Vocera or by calling (855) 837-8685, OPI is recommended when patients have difficulty manipulating mobile devices .

RE/BH – 5.3 Onsite Interpreters — provides in-person interpreters for Limited English proficient, deaf, or hard-of-hearing patients. The providers will need to call OhioHealth Language Services if patients have identified needs for onsite interpreters.

OhioHealth Impacts Related to the Action “Continue the services of the OhioHealth Language Services (RE/BH – 5)”

Appendix Tables 30 and 31 show the number and percent of inpatient admissions at OhioHealth Riverside Methodist Hospital during Fiscal Years 2023 and 2024, respectively, which utilized the services of the OhioHealth Language Services to provide interpretation for patients.

Appendix Tables 32 and 33 show the number and percent of inpatient admissions at OhioHealth Grant Medical Center during Fiscal Years 2023 and 2024, respectively, which utilized the services of the OhioHealth Language Services to provide interpretation for patients.

Appendix Tables 34 and 35 show the number and percent of inpatient admissions at OhioHealth Doctors Hospital during Fiscal Years 2023 and 2024, respectively, which utilized the services of the OhioHealth Language Services to provide interpretation for patients.

Appendix Tables 36 and 37 show the number and percent of inpatient admissions at OhioHealth Dublin Methodist Hospital during Fiscal Years 2023 and 2024, which utilized the services of the OhioHealth Language Services to provide interpretation for patients.

Appendix Tables 38 and 39 show the number and percent of inpatient admissions at OhioHealth Grove City Methodist Hospital during Fiscal Years 2023 and 2024, which utilized the services of the OhioHealth Language Services to provide interpretation for patients.

Appendix Tables 40 and 41 show the number and percent of inpatient admissions at OhioHealth Rehabilitation Hospital during Fiscal Years 2023 and 2024, which utilized the services of the OhioHealth Language Services to provide interpretation for patients. Data presented for the OhioHealth Rehabilitation Hospital was a sample of total hospital admissions.

Appendix Tables 42 to 44 show the number of video remote interpretation utilized by the OhioHealth Rehabilitation Hospital Columbus and Dublin Ohio campuses.

Appendix Tables 45 and 46 show the number and percent of patients seen at the Emergency Department of the OhioHealth Riverside Methodist Hospital during Fiscal Years 2023 and 2024, respectively.

Appendix Tables 47 and 48 show the number and percent of patients seen at the Emergency Department of the OhioHealth Grant Medical Center during Fiscal Years 2023 and 2024, respectively.

Appendix Tables 49 and 50 show the number and percent of patients seen at the Emergency Department of the OhioHealth Doctors Hospital during Fiscal Years 2023 and 2024, respectively.

Appendix Tables 51 and 52 show the number and percent of patients seen at the Emergency Department of the OhioHealth Dublin Methodist Hospital during Fiscal Years 2023 and 2024, respectively.

Appendix Tables 53 and 54 show the number and percent of patients seen at the Emergency Department of the OhioHealth Grove City Methodist Hospital during Fiscal Years 2023 and 2024, respectively.

Appendix Table 30. Summary of patient languages utilized during hospital admission at the OhioHealth Riverside Methodist Hospital in Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2023 (N = 56,883)
English	54055 hospital admissions	95%
Spanish	893 hospital admissions	1.60%
Somali	388 hospital admissions	0.65%
Arabic	313 hospital admissions	0.55%
Nepali	198 hospital admissions	0.35%
French	105 hospital admissions	0.19%
Portuguese	77 hospital admissions	0.14%
Mandarin	59 hospital admissions	0.10%
Russian	54 hospital admissions	0.10%
Other	42 hospital admissions	0.07%
ASL (American Sign Language)	38 hospital admissions	0.07%
Vietnamese	38 hospital admissions	0.07%
Haitian-Creole	32 hospital admissions	0.06%
Korean	27 hospital admissions	0.05%
Bengali	26 hospital admissions	0.05%
Cantonese	26 hospital admissions	0.05%
Hindi	26 hospital admissions	0.05%
Japanese	25 hospital admissions	0.04%
Tigrinya	24 hospital admissions	0.04%
Gujarati	20 hospital admissions	0.04%
Pashto	20 hospital admissions	0.04%
Ukrainian	19 hospital admissions	0.03%
Urdu	18 hospital admissions	0.03%
Kinyarwanda	17 hospital admissions	0.03%
None of the above	343 hospital admissions	0.60%

Appendix Table 31. Summary of patient languages utilized during hospital admission at the OhioHealth Riverside Methodist Hospital in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2024 (N = 58,621)
English	55458 hospital admissions	94.60%
Spanish	1018 hospital admissions	1.70%
Arabic	400 hospital admissions	0.68%
Somali	366 hospital admissions	0.62%
Nepali	152 hospital admissions	0.26%
French	130 hospital admissions	0.22%
Portuguese	85 hospital admissions	0.15%
Haitian-Creole	69 hospital admissions	0.12%
Mandarin	65 hospital admissions	0.11%
Russian	46 hospital admissions	0.08%
ASL (American Sign Language)	39 hospital admissions	0.07%
Pashto	38 hospital admissions	0.07%
Twi	36 hospital admissions	0.06%
Urdu	34 hospital admissions	0.06%
Vietnamese	33 hospital admissions	0.06%
Other Languages	32 hospital admissions	0.06%
Hindi	31 hospital admissions	0.05%
Punjabi	26 hospital admissions	0.04%
Tigrinya	25 hospital admissions	0.04%
Cantonese	24 hospital admissions	0.04%
Korean	24 hospital admissions	0.04%
Gujarati	21 hospital admissions	0.04%

Continuation of Appendix Table 31. Summary of patient languages utilized during hospital admission at the OhioHealth Riverside Methodist Hospital in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2024 (N = 58,621)
Bengali	20 hospital admissions	0.03%
Moroccan-Arabic	19 hospital admissions	0.03%
Swahili	19 hospital admissions	0.03%
None of the above	411 hospital admissions	0.70%

Appendix Table 32. Summary of patient languages utilized during hospital admission at the OhioHealth Grant Medical Center in Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2023 (N =22,753 admission)
English	21738 hospital admissions	95.50%
Spanish	399 hospital admissions	1.80%
French	102 hospital admissions	0.45%
Nepali	102 hospital admissions	0.45%
Somali	70 hospital admissions	0.31%
Amharic	45 hospital admissions	0.20%
Other	31 hospital admissions	0.14%
Arabic	29 hospital admissions	0.13%
Haitian-Creole	27 hospital admissions	0.12%
Fulani	19 hospital admissions	0.08%
Lao	14 hospital admissions	0.06%
Russian	12 hospital admissions	0.05%
Tigrinya	12 hospital admissions	0.05%
ASL (American Sign Language)	11 hospital admissions	0.05%
Oromo	11 hospital admissions	0.05%
Creole	10 hospital admissions	0.04%
Cambodian	9 hospital admissions	0.04%
Swahili	9 hospital admissions	0.04%
Creole-French	7 hospital admissions	0.03%
Ukrainian	7 hospital admissions	0.03%
Wolof	6 hospital admissions	0.03%
Gujarati	5 hospital admissions	0.02%
Urdu	5 hospital admissions	0.02%
Portuguese	4 hospital admissions	0.02%
Twi	4 hospital admissions	0.02%
None of the above	65 hospital admissions	0.29%

Appendix Table 33. Summary of patient languages utilized during hospital admission at the OhioHealth Grant Medical Center in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2024 (N = 23664)
English	22661 hospital admissions	95.80%
Spanish	442 hospital admissions	1.90%
Nepali	109 hospital admissions	0.46%
French	76 hospital admissions	0.32%
Haitian-Creole	58 hospital admissions	0.25%
Somali	50 hospital admissions	0.21%
Amharic	32 hospital admissions	0.14%
Arabic	30 hospital admissions	0.13%
ASL (American Sign Language)	19 hospital admissions	0.08%
Other	19 hospital admissions	0.08%
Tigrinya	14 hospital admissions	0.06%
Fulani	12 hospital admissions	0.05%
Lao	12 hospital admissions	0.05%
Creole	10 hospital admissions	0.04%
Russian	10 hospital admissions	0.04%
Cambodian	9 hospital admissions	0.04%
Swahili	9 hospital admissions	0.04%
Portuguese	7 hospital admissions	0.03%
Gujarati	5 hospital admissions	0.02%
Urdu	5 hospital admissions	0.02%
Vietnamese	5 hospital admissions	0.02%
Oromo	4 hospital admissions	0.02%
Ukrainian	4 hospital admissions	0.02%
Afrikaans	3 hospital admissions	0.01%
Albanian	3 hospital admissions	0.01%
None of the above	56 hospital admissions	0.24%

Appendix Table 34. Summary of patient languages utilized during hospital admission at the OhioHealth Doctors Hospital in Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2023 (N = 11,656 admission)
English	10329 hospital admissions	88.60%
Spanish	691 hospital admissions	5.90%
Somali	237 hospital admissions	2%
Arabic	73 hospital admissions	0.63%
Ukrainian	44 hospital admissions	0.38%
Nepali	37 hospital admissions	0.32%
French	31 hospital admissions	0.27%
Cambodian	22 hospital admissions	0.19%
Hakha Chin	22 hospital admissions	0.19%
ASL (American Sign Language)	21 hospital admissions	0.18%
Russian	20 hospital admissions	0.17%
Haitian-Creole	11 hospital admissions	0.09%
Burmese	8 hospital admissions	0.07%
Lao	8 hospital admissions	0.07%
Swahili	8 hospital admissions	0.07%
Other	7 hospital admissions	0.06%
Khmer	6 hospital admissions	0.05%
Punjabi	5 hospital admissions	0.04%
Albanian	4 hospital admissions	0.03%
Gujarati	4 hospital admissions	0.03%
Pashto	4 hospital admissions	0.03%

Continuation of Appendix Table 34. Summary of patient languages utilized during hospital admission at the OhioHealth Doctors Hospital in Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2023 (N = 11,656 admission)
Amharic	3 hospital admissions	0.03%
Berber	3 hospital admissions	0.03%
Hindi	3 hospital admissions	0.03%
Vietnamese	3 hospital admissions	0.03%
None of the above	52 hospital admissions	0.45%

Appendix Table 35. Summary of patient languages utilized during hospital admission at the OhioHealth Doctors Hospital in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2023 (N = 11,445 admission)
English	9958 hospital admissions	87%
Spanish	871 hospital admissions	7.60%
Somali	175 hospital admissions	1.50%
Arabic	84 hospital admissions	0.73%
Ukrainian	51 hospital admissions	0.45%
French	41 hospital admissions	0.36%
Haitian-Creole	30 hospital admissions	0.26%
Russian	24 hospital admissions	0.21%
ASL (American Sign Language)	23 hospital admissions	0.20%
Nepali	20 hospital admissions	0.18%
Cambodian	17 hospital admissions	0.15%
Hakha Chin	15 hospital admissions	0.13%
Maay Maay	13 hospital admissions	0.11%
Gujarati	10 hospital admissions	0.09%
Somalian	10 hospital admissions	0.09%
Hindi	9 hospital admissions	0.08%
Burmese	7 hospital admissions	0.06%
Kinyarwanda	6 hospital admissions	0.05%
Other	6 hospital admissions	0.05%
Punjabi	5 hospital admissions	0.04%
Urdu	5 hospital admissions	0.04%
Albanian	3 hospital admissions	0.03%
Bengali	3 hospital admissions	0.03%
Khmer	3 hospital admissions	0.03%
Pashto	3 hospital admissions	0.03%
None of the above	53 hospital admissions	0.46%

Appendix Table 36. Summary of patient languages utilized during hospital admission at the OhioHealth Dublin Methodist Hospital in Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2023 (N = 13,597 admission)
English	13191 hospital admissions	97%
Spanish	94 hospital admissions	0.69%
Arabic	58 hospital admissions	0.43%
Japanese	31 hospital admissions	0.23%
Somali	30 hospital admissions	0.22%
Nepali	16 hospital admissions	0.12%
Pashto	14 hospital admissions	0.10%
Gujarati	13 hospital admissions	0.10%
Mandarin	12 hospital admissions	0.09%
Dari	11 hospital admissions	0.08%
Cantonese	10 hospital admissions	0.07%
Hindi	9 hospital admissions	0.07%
Russian	7 hospital admissions	0.05%
Telugu	7 hospital admissions	0.05%
Farsi	6 hospital admissions	0.04%
Urdu	6 hospital admissions	0.04%
ASL (American Sign Language)	5 hospital admissions	0.04%
Other	5 hospital admissions	0.04%
Punjabi	5 hospital admissions	0.04%
Vietnamese	5 hospital admissions	0.04%
Amharic	4 hospital admissions	0.03%
Cambodian	4 hospital admissions	0.03%

Continuation of Appendix Table 36. Summary of patient languages utilized during hospital admission at the OhioHealth Dublin Methodist Hospital in Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2023 (N = 13,597 admission)
Ukrainian	4 hospital admissions	0.03%
Albanian	3 hospital admissions	0.02%
Chinese	3 hospital admissions	0.02%
None of the above	44 hospital admissions	0.32%

Appendix Table 37. Summary of patient languages utilized during hospital admission at the OhioHealth Dublin Methodist Hospital in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2024 (N = 13,880 admission)
English	13389 hospital admissions	96.50%
Spanish	93 hospital admissions	0.67%
Arabic	85 hospital admissions	0.61%
Somali	31 hospital admissions	0.22%
Japanese	27 hospital admissions	0.20%
Hindi	23 hospital admissions	0.17%
Punjabi	20 hospital admissions	0.14%
Urdu	19 hospital admissions	0.14%
Pashto	18 hospital admissions	0.13%
Gujarati	14 hospital admissions	0.10%
Nepali	12 hospital admissions	0.09%
ASL (American Sign Language)	10 hospital admissions	0.07%
Korean	10 hospital admissions	0.07%
Other	10 hospital admissions	0.07%
Bengali	9 hospital admissions	0.07%
Russian	9 hospital admissions	0.07%
Vietnamese	8 hospital admissions	0.06%
Mandarin	7 hospital admissions	0.05%
Portuguese	7 hospital admissions	0.05%
Cambodian	6 hospital admissions	0.04%
Uzbek	6 hospital admissions	0.04%
Telugu	5 hospital admissions	0.04%
Chinese	4 hospital admissions	0.03%
Dari	4 hospital admissions	0.03%
Farsi	4 hospital admissions	0.03%
None of the above	50 hospital admissions	0.36%

Appendix Table 38. Summary of patient languages utilized during hospital admission at the OhioHealth Grove City Methodist Hospital in Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2023 (N = 1,646 admissions)
English	1599 hospital admissions	97.10%
Spanish	21 hospital admissions	1.30%
Arabic	5 hospital admissions	0.30%
Nepali	5 hospital admissions	0.30%
Somali	5 hospital admissions	0.30%
French	3 hospital admissions	0.18%
Fulani	3 hospital admissions	0.18%
Cambodian	1 hospital admission	0.06%
Efik	1 hospital admission	0.06%
Estonian	1 hospital admission	0.06%
Ukrainian	1 hospital admission	0.06%
None of the above	1 hospital admission	0.06%

Appendix Table 39. Summary of patient languages utilized during hospital admission at the OhioHealth Grove City Methodist Hospital in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2023 (N = 1,798 admissions)
English	1759 hospital admissions	97.80%
Spanish	12 hospital admissions	0.67%
Nepali	7 hospital admissions	0.39%
Amharic	2 hospital admissions	0.11%
Arabic	2 hospital admissions	0.11%
Cambodian	2 hospital admissions	0.11%
French	2 hospital admissions	0.11%
Tigrinya	2 hospital admissions	0.11%
Vietnamese	2 hospital admissions	0.11%
Afar	1 hospital admission	0.06%
ASL (American Sign Language)	1 hospital admission	0.06%
German	1 hospital admission	0.06%
Haitian-Creole	1 hospital admission	0.06%
Japanese	1 hospital admission	0.06%
Other Languages	1 hospital admission	0.06%
Portuguese	1 hospital admission	0.06%
Somali	1 hospital admission	0.06%
None of the above	0 hospital admissions	0%

Appendix Table 40. Summary of top 25 patient languages among hospitalized patients at the OhioHealth Rehabilitation Hospital in Fiscal Year 2023 (7/1/2022 to 6/30/2023). The data on hospital admissions for the OhioHealth Rehabilitation Hospital during Fiscal Year 2023 represents a sample of the total admissions.

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2023 (N = 1,311 admissions)
English	1262 hospital admissions	96.30%
Spanish	20 hospital admissions	1.50%
Somali	5 hospital admissions	0.38%
Japanese	2 hospital admissions	0.15%
Albanian	1 hospital admission	0.08%
Arabic	1 hospital admission	0.08%
ASL (American Sign Language)	1 hospital admission	0.08%
Berber	1 hospital admission	0.08%
Ewe	1 hospital admission	0.08%
French	1 hospital admission	0.08%
Hindi	1 hospital admission	0.08%
Macedonian	1 hospital admission	0.08%
Other Languages	1 hospital admission	0.08%
Russian	1 hospital admission	0.08%
Telugu	1 hospital admission	0.08%
Twi	1 hospital admission	0.08%
Unknown	1 hospital admission	0.08%
Urdu	1 hospital admission	0.08%
None of the above	8 hospital admission	0.61%

Appendix Table 41. Summary of top 25 languages of hospitalized patients at the OhioHealth Rehabilitation Hospital in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The data on hospital admissions for the OhioHealth Rehabilitation Hospital during Fiscal Year 2024 represents a sample only.

Language	Count of Hospital Admissions	Percent of Hospital Admissions in FY 2024 (N = 1,337 admissions)
English	1256 hospital admissions	93.90%
Spanish	25 hospital admissions	1.90%
Somali	12 hospital admissions	0.90%
Cambodian	2 hospital admissions	0.15%
French	2 hospital admissions	0.15%
Haitian-Creole	2 hospital admissions	0.15%
Nepali	2 hospital admissions	0.15%
Vietnamese	2 hospital admissions	0.15%
Arabic	1 hospital admission	0.08%
ASL (American Sign Language)	1 hospital admission	0.08%
Berber	1 hospital admission	0.08%
Cantonese	1 hospital admission	0.08%
Hindi	1 hospital admission	0.08%
Krio	1 hospital admission	0.08%
Macedonian	1 hospital admission	0.08%
Mandarin	1 hospital admission	0.08%
Other Languages	1 hospital admission	0.08%
Pashto	1 hospital admission	0.08%
Russian	1 hospital admission	0.08%
Twi	1 hospital admission	0.08%
Unknown	1 hospital admission	0.08%
None of the above	21 hospital admissions	1.60%

Appendix Table 42. Summary of frequency of in-person language interpretation at the OhioHealth Rehabilitation Hospital during Fiscal Years 2023 (7/1/2022 to 6/30/2023) and 2024 (7/1/2023 to 6/30/2024).

Language	Fiscal Year 2023 Count of In-Person Language Interpretation	Fiscal Year 2024 Count of In-Person Language Interpretation
Akan	8	0
ASL (American Sign Language)	7	16
Berber	0	5
Cambodian	13	0
French	20	1
Haitian Creole	10	0
Hindi	18	0
Japanese	5	7
Nepali	4	0
Somali	55	27
Spanish	110	104
Russian	0	17
Twi	0	5
Vietnamese	44	0

Appendix Table 43. Summary of language interpretation counts where video-based language services were provided to patients served by the OhioHealth Rehabilitation Hospital Columbus and Dublin campuses in Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Dublin Campus was opened in March 2023.

Language	OhioHealth Rehabilitation Hospital Columbus Campus Frequency Count of Language Interpretation	OhioHealth Rehabilitation Hospital Dublin Campus Frequency Count of Language Interpretation
American Sign Language (ASL)	6	0
Arabic	6	0
Arabic (Video Remote Interpretation)	2	0
Bengali	0	3
Berber	14	0
Burmese	1	0
Gujarati	18	2
Japanese	19	0
Japanese (Video Remote Interpretation)	8	0
Russian	3	0
Somali	104	0
Somali (Video Remote Interpretation)	2	0
Spanish	353	0
Spanish (Video Remote Interpretation)	98	0
Twi	2	0

Appendix Table 44. Summary of language interpretation counts where video-based language services were provided to patients served by the OhioHealth Rehabilitation Hospital Columbus and Dublin campuses in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	OhioHealth Rehabilitation Hospital Columbus Campus Frequency Count of Language Interpretation Services	OhioHealth Rehabilitation Hospital Dublin Campus Frequency Count of Language Interpretation Services
Albanian	1	0
American Sign Language (Video Remote Interpretation)	26	0
Arabic	82	4
Arabic (Video Remote Interpretation)	2	1
Bengali	0	23
Bengali (Video Remote Interpretation)	0	3
Berber	1	0
Cambodian	23	0
Cantonese	0	5
Cantonese (Video Remote Interpretation)	0	1
Cape-Verdean	1	0
Croatian	1	0
French	86	33
French-Creole	18	0
French-Creole (Video Remote Interpretation)	1	0
French (Video Remote Interpretation)	3	0
Fulani	7	2
Ga	2	0
Gujarati	2	0
Haitian-Creole	146	0
Haitian-Creole (Video Remote Interpretation)	6	0

Continuation of Appendix Table 44. Summary of language interpretation counts where video-based language services were provided to patients served by the OhioHealth Rehabilitation Hospital Columbus and Dublin campuses in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	OhioHealth Rehabilitation Hospital Columbus Campus Frequency Count of Language Interpretation Services	OhioHealth Rehabilitation Hospital Dublin Campus Frequency Count of Language Interpretation Services
Hindi	9	0
Japanese	2	0
Khmer	44	1
Korean	0	2
Mandarin	6	2
Nepali	11	8
Nepali (Video Remote Interpretation)	0	1
Pashto (Afghanistan)	14	0
Russian	18	6
Russian (Video Remote Interpretation)	1	2
Sinhala	1	0
Somali	178	4
Somali (Video Remote Interpretation)	6	0
Spanish	640	11
Spanish (Video Remote Interpretation)	49	2
Taishanese	1	0
Telugu	0	21
Tongan	1	0
Urdu	0	2
Vietnamese	56	0
Vietnamese (Video Remote Interpretation)	7	0

Appendix Table 45. Summary of top 25 languages among patients who had an encounter with the OhioHealth Riverside Methodist Hospital Emergency Department during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 47,446)
English	43554 ED Encounters	91.80%
Spanish	1464 ED Encounters	3.10%
Arabic	520 ED Encounters	1.10%
Somali	436 ED Encounters	0.92%
Nepali	140 ED Encounters	0.30%
Portuguese	104 ED Encounters	0.22%
French	83 ED Encounters	0.18%
ASL (American Sign Language)	68 ED Encounters	0.14%
Pashto	62 ED Encounters	0.13%
Bengali	49 ED Encounters	0.10%
Haitian-Creole	42 ED Encounters	0.09%
Moroccan-Arabic	31 ED Encounters	0.07%
Twi	31 ED Encounters	0.07%
Vietnamese	30 ED Encounters	0.06%
Zomi	30 ED Encounters	0.06%
Other Languages	28 ED Encounters	0.06%
Swahili	28 ED Encounters	0.06%
Kinyarwanda	26 ED Encounters	0.06%
Farsi	21 ED Encounters	0.04%
Russian	21 ED Encounters	0.04%
Creole	19 ED Encounters	0.04%
Korean	19 ED Encounters	0.04%
Romanian	19 ED Encounters	0.04%
Somalian	19 ED Encounters	0.04%
Mandarin	18 ED Encounters	0.04%

Continuation of Appendix Table 45. Summary of top 25 languages among patients who had an encounter with the OhioHealth Riverside Methodist Hospital Emergency Department during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 47,446)
None of the above	584 ED Encounters	1.20%

Appendix Table 46. Summary of top 25 languages among patients who had an encounter with the OhioHealth Riverside Methodist Hospital Emergency Department during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Emergency Department Encounters	Percent of Emergency Department Encounters (N = 49,931)
English	45394 ED Encounters	90.90%
Spanish	1690 ED Encounters	3.40%
Arabic	577 ED Encounters	1.20%
Somali	536 ED Encounters	1.10%
Haitian-Creole	191 ED Encounters	0.38%
French	148 ED Encounters	0.30%
Nepali	130 ED Encounters	0.26%
Portuguese	112 ED Encounters	0.22%
Pashto	80 ED Encounters	0.16%
ASL (American Sign Language)	73 ED Encounters	0.15%
Bengali	44 ED Encounters	0.09%
Mandarin	42 ED Encounters	0.08%
Dari	39 ED Encounters	0.08%
Kinyarwanda	38 ED Encounters	0.08%
Twi	35 ED Encounters	0.07%
Creole	30 ED Encounters	0.06%
Urdu	29 ED Encounters	0.06%
Creole-French	28 ED Encounters	0.06%
Other Languages	27 ED Encounters	0.05%
Somalian	27 ED Encounters	0.05%
Vietnamese	25 ED Encounters	0.05%
Moroccan-Arabic	22 ED Encounters	0.04%

Continuation of Appendix Table 46. Summary of top 25 languages among patients who had an encounter with the OhioHealth Riverside Methodist Hospital Emergency Department during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Emergency Department Encounters	Percent of Emergency Department Encounters (N = 49,931)
Tigrinya	21 ED Encounters	0.04%
Berber	20 ED Encounters	0.04%
Korean	20 ED Encounters	0.04%
None of the above	553 ED Encounters	1.10%

Appendix Table 47. Summary of top 25 languages among patients who had an encounter with the OhioHealth Grant Medical Center Emergency Department (ED) during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 37,933)
English	36071 ED Encounters	95.10%
Spanish	939 ED Encounters	2.50%
Somali	111 ED Encounters	0.29%
Nepali	67 ED Encounters	0.18%
ASL (American Sign Language)	63 ED Encounters	0.17%
Amharic	60 ED Encounters	0.16%
French	60 ED Encounters	0.16%
Haitian-Creole	44 ED Encounters	0.12%
Arabic	41 ED Encounters	0.11%
Other Languages	21 ED Encounters	0.06%
Creole	19 ED Encounters	0.05%
Tigrinya	19 ED Encounters	0.05%
Creole-French	13 ED Encounters	0.03%
Fulani	10 ED Encounters	0.03%
Russian	10 ED Encounters	0.03%
Lao	9 ED Encounters	0.02%
Portuguese	8 ED Encounters	0.02%
Oromo	7 ED Encounters	0.02%
Efik	6 ED Encounters	0.02%
Swahili	6 ED Encounters	0.02%
Greek	5 ED Encounters	0.01%
Vietnamese	5 ED Encounters	0.01%

Continuation of Appendix Table 47. Summary of top 25 languages among patients who had an encounter with the OhioHealth Grant Medical Center Emergency Department during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 37,933)
Krio	4 ED Encounters	0.01%
Maay Maay	4 ED Encounters	0.01%
Ukrainian	4 ED Encounters	0.01%
None of the above	327 ED Encounters	0.86%

Appendix Table 48. Summary of top 25 languages among patients who had an encounter with the OhioHealth Grant Medical Center Emergency Department during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N =39,014)
English	36912 ED Encounters	94.60%
Spanish	1061 ED Encounters	2.70%
Haitian-Creole	145 ED Encounters	0.37%
French	110 ED Encounters	0.28%
Somali	100 ED Encounters	0.26%
Nepali	68 ED Encounters	0.17%
ASL (American Sign language)	66 ED Encounters	0.17%
Arabic	47 ED Encounters	0.12%
Amharic	41 ED Encounters	0.11%
Creole-French	32 ED Encounters	0.08%
Other Languages	30 ED Encounters	0.08%
Fulani	23 ED Encounters	0.06%
Creole	21 ED Encounters	0.05%
Oromo	12 ED Encounters	0.03%
Swahili	12 ED Encounters	0.03%
Portuguese	11 ED Encounters	0.03%
Russian	11 ED Encounters	0.03%
Kinyarwanda	8 ED Encounters	0.02%
Creole-English	7 ED Encounters	0.02%
Tigrinya	6 ED Encounters	0.02%
Romanian	5 ED Encounters	0.01%

Continuation of Appendix Table 48. Summary of top 25 languages among patients who had an encounter with the OhioHealth Grant Medical Center Emergency Department during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N =39,014)
Twi	5 ED Encounters	0.01%
Italian	4 ED Encounters	0.01%
Lao	4 ED Encounters	0.01%
Mandarin	4 ED Encounters	0.01%
None of the above	269 ED Encounters	0.69%

Appendix Table 49. Summary of top 25 languages among patients who had an encounter with the OhioHealth Doctors Hospital Emergency Department during Fiscal Year 2023 (7/1/2022 to 6/30/2023)

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 50654)
English	42722 ED Encounters	84.30%
Spanish	5227 ED Encounters	10.30%
Somali	1288 ED Encounters	2.50%
Arabic	343 ED Encounters	0.68%
ASL (American Sign Language)	122 ED Encounters	0.24%
French	95 ED Encounters	0.19%
Ukrainian	85 ED Encounters	0.17%
Hakha Chin	70 ED Encounters	0.14%
Cambodian	37 ED Encounters	0.07%
Burmese	32 ED Encounters	0.06%
Haitian-Creole	31 ED Encounters	0.06%
Somalian	31 ED Encounters	0.06%
Swahili	25 ED Encounters	0.05%
Gujarati	23 ED Encounters	0.05%
Maay Maay	22 ED Encounters	0.04%
Russian	22 ED Encounters	0.04%
Other	19 ED Encounters	0.04%
Fulani	14 ED Encounters	0.03%
Berber	13 ED Encounters	0.03%
Nepali	12 ED Encounters	0.02%
Punjabi	12 ED Encounters	0.02%
Creole-French	11 ED Encounters	0.02%
Pashto	10 ED Encounters	0.02%
Zomi	10 ED Encounters	0.02%
None of the above	378 ED Encounters	0.75%

Appendix Table 50. Summary of top 25 languages among patients who had an encounter with the OhioHealth Doctors Hospital Emergency Department during Fiscal Year 2024 (7/1/2023 to 6/30/2024)

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N =50,675)
English	41824 ED Encounters	82.50%
Spanish	6052 ED Encounters	11.90%
Somali	1140 ED Encounters	2.20%
Arabic	376 ED Encounters	0.74%
Haitian-Creole	149 ED Encounters	0.29%
Ukrainian	110 ED Encounters	0.22%
French	108 ED Encounters	0.21%
Hakha Chin	74 ED Encounters	0.15%
ASL (American Sign Language)	58 ED Encounters	0.11%
Burmese	43 ED Encounters	0.09%
Cambodian	41 ED Encounters	0.08%
Russian	39 ED Encounters	0.08%
Somalian	36 ED Encounters	0.07%
Creole	27 ED Encounters	0.05%
Creole-French	27 ED Encounters	0.05%
Pashto	25 ED Encounters	0.05%
Other Languages	21 ED Encounters	0.04%
Swahili	20 ED Encounters	0.04%
Maay Maay	15 ED Encounters	0.03%
Mandarin	14 ED Encounters	0.03%
Nepali	14 ED Encounters	0.03%
Zomi	13 ED Encounters	0.03%
Urdu	12 ED Encounters	0.02%
Albanian	11 ED Encounters	0.02%
Berber	11 ED Encounters	0.02%

Continuation of Appendix Table 50. Summary of top 25 languages among patients who had an encounter with the OhioHealth Doctors Hospital Emergency Department during Fiscal Year 2024 (7/1/2023 to 6/30/2024)

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N =50,675)
None of the above	415 ED Encounters	0.82%

Appendix Table 51. Summary of top 25 languages among patients who had an encounter with the OhioHealth Dublin Methodist Hospital Emergency Department during Fiscal Year 2023 (7/1/2022 to 6/30/2023)

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 27410)
English	25851 ED Encounters	94.30%
Spanish	476 ED Encounters	1.70%
Arabic	331 ED Encounters	1.20%
Somali	61 ED Encounters	0.22%
Pashto	47 ED Encounters	0.17%
Japanese	43 ED Encounters	0.16%
French	34 ED Encounters	0.12%
Mandarin	29 ED Encounters	0.11%
Bengali	23 ED Encounters	0.08%
Russian	23 ED Encounters	0.08%
Urdu	22 ED Encounters	0.08%
Hindi	19 ED Encounters	0.07%
ASL (American Sign Language)	18 ED Encounters	0.07%
Farsi	16 ED Encounters	0.06%
Portuguese	16 ED Encounters	0.06%
Punjabi	16 ED Encounters	0.06%
Gujarati	15 ED Encounters	0.06%
Kurdish	14 ED Encounters	0.05%
Dari	12 ED Encounters	0.04%
Swahili	11 ED Encounters	0.04%
Telugu	11 ED Encounters	0.04%
Nepali	10 ED Encounters	0.04%
Ukrainian	10 ED Encounters	0.04%
Albanian	9 ED Encounters	0.03%
Kinyarwanda	9 ED Encounters	0.03%

Continuation of Appendix Table 51. Summary of top 25 languages among patients who had an encounter with the OhioHealth Dublin Methodist Hospital Emergency Department during Fiscal Year 2023 (7/1/2022 to 6/30/2023)

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 27410)
None of the above	284 ED Encounters	1%

Appendix Table 52. Summary of top 25 languages among patients who had an encounter with the OhioHealth Dublin Methodist Hospital Emergency Department during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 28,114)
English	26441 ED Encounters	94%
Spanish	572 ED Encounters	2%
Arabic	339 ED Encounters	1.20%
Somali	61 ED Encounters	0.22%
Japanese	38 ED Encounters	0.14%
French	37 ED Encounters	0.13%
Pashto	31 ED Encounters	0.11%
Russian	31 ED Encounters	0.11%
Dari	28 ED Encounters	0.10%
Mandarin	26 ED Encounters	0.09%
Urdu	24 ED Encounters	0.09%
Gujarati	18 ED Encounters	0.06%
Other	18 ED Encounters	0.06%
Kurdish	17 ED Encounters	0.06%
Albanian	16 ED Encounters	0.06%
Hindi	16 ED Encounters	0.06%
Portuguese	16 ED Encounters	0.06%
Farsi	15 ED Encounters	0.05%
ASL (American Sign Language)	14 ED Encounters	0.05%
Pushtu	14 ED Encounters	0.05%
Chinese	13 ED Encounters	0.05%
Bengali	12 ED Encounters	0.04%
Punjabi	12 ED Encounters	0.04%
Ukrainian	11 ED Encounters	0.04%
Cantonese	9 ED Encounters	0.03%

Continuation of Appendix Table 52. Summary of top 25 languages among patients who had an encounter with the OhioHealth Dublin Methodist Hospital Emergency Department during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 28,114)
None of the above	285 ED Encounters	1%

Appendix Table 53. Summary of top 25 languages among patients who had an encounter with the OhioHealth Grove City Methodist Hospital Emergency Department during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 22,306)
English	21594 ED Encounters	96.80%
Spanish	396 ED Encounters	1.80%
Arabic	64 ED Encounters	0.29%
Somali	34 ED Encounters	0.15%
Ukrainian	18 ED Encounters	0.08%
ASL	17 ED Encounters	0.08%
Fulani	14 ED Encounters	0.06%
French	13 ED Encounters	0.06%
Other	11 ED Encounters	0.05%
Cambodian	7 ED Encounters	0.03%
Russian	7 ED Encounters	0.03%
Berber	6 ED Encounters	0.03%
Creole-French	6 ED Encounters	0.03%
Afar	4 ED Encounters	0.02%
Creole-English	4 ED Encounters	0.02%
Hindi	4 ED Encounters	0.02%
Lao	4 ED Encounters	0.02%
Somalian	4 ED Encounters	0.02%
Urdu	4 ED Encounters	0.02%
Vietnamese	4 ED Encounters	0.02%
Nepali	3 ED Encounters	0.01%
Swahili	3 ED Encounters	0.01%
Yoruba	3 ED Encounters	0.01%
Armenian	2 ED Encounters	0.01%
Haitian-Creole	2 ED Encounters	0.01%

Continuation of Appendix Table 53. Summary of top 25 languages among patients who had an encounter with the OhioHealth Grove City Methodist Hospital Emergency Department during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 22,306)
None of the above	78 ED Encounters	0.35%

Appendix Table 54. Summary of top 25 languages among patients who had an encounter with the OhioHealth Grove City Methodist Hospital Emergency Department during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Language	Count of Emergency Department (ED) Encounters	Percent of Emergency Department (ED) Encounters (N = 23018)
English	22226 ED Encounters	96.60%
Spanish	502 ED Encounters	2.20%
Arabic	61 ED Encounters	0.27%
Somali	44 ED Encounters	0.19%
French	21 ED Encounters	0.09%
Other	15 ED Encounters	0.07%
Ukrainian	15 ED Encounters	0.07%
Nepali	11 ED Encounters	0.05%
ASL (American Sign Language)	13 ED Encounters	0.05%
Haitian-Creole	8 ED Encounters	0.04%
Urdu	8 ED Encounters	0.04%
Albanian	7 ED Encounters	0.03%
Cambodian	7 ED Encounters	0.03%
Gujarati	6 ED Encounters	0.03%
Berber	5 ED Encounters	0.02%
Russian	5 ED Encounters	0.02%
Greek	4 ED Encounters	0.02%
Hindi	4 ED Encounters	0.02%
Mandarin	4 ED Encounters	0.02%
Vietnamese	4 ED Encounters	0.02%
Chinese	3 ED Encounters	0.01%
Creole-English	3 ED Encounters	0.01%
Efik	3 ED Encounters	0.01%
Fulani	3 ED Encounters	0.01%
None of the above	36 ED Encounters	0.16%

RE/BH – 6. Continue the services of the OhioHealth Supplier Diversity — OhioHealth will continue to include diverse suppliers in its sourcing process and active supply base and address opportunities and challenges that arise from differences and similarities. OhioHealth defines a diverse business enterprise as an organization that is at least 51 percent owned by one or more individuals who are socially and economically disadvantaged, such as (a) Minority-Owned Business Enterprise (MBE), (b) Women-Owned Business Enterprise (WBE), (c) Disability-Owned Business Enterprise (DOBE), (d) Disadvantaged Business Enterprises (DBE); (e) Historically Black Colleges and Universities/Minority Institutions (HBCU/MI), (e) Historically Underutilized Business Zone (HUBZone), (f) LGBT-Owned Businesses Enterprise (LGBTBE), (g) Service-Disabled Veteran-Owned Business (SDVOB); and (h) Veteran-owned Business Enterprise (VOB). OhioHealth's vision related to supplier diversity is to build a world-class supplier diversity program to develop and maintain relationships with qualified diverse suppliers in order to positively impact patient care, community relations and social economics in Ohio. The OhioHealth Supplier Diversity program participates in various community outreach event to recognize and celebrate the economic impacts of diverse suppliers. The program aims to fully utilize the OhioHealth Business Resource Groups and Diversity and Inclusion Councils to inform and educate OhioHealth leaders and associates on how to be a champion in utilizing products or services from diverse suppliers.

OhioHealth Impacts Related to the Action “Continue the services of the OhioHealth Supplier Diversity Program (RE/BH – 6)”.

Supplier Diversity at OhioHealth is demonstrating mindful and responsible sourcing by consistently practicing inclusive behavior when making all purchasing decisions. To reflect our value of Inclusion, OhioHealth believes in investing in local, diverse business. WE believe we are more together. When our suppliers are diverse as the people we serve, it strengthens our culture and brings to life our mission. That is why we invest in local, diverse businesses.

OhioHealth strongly encourages prime suppliers, also called Tier I suppliers, to support job growth and positive economic impact in the community by engaging with diverse Tier II subcontractors. Our Tier II initiative is designed to foster the inclusion of small and diverse businesses enterprises (DBEs) throughout our supply chain.

In Fiscal Year 2023, a successful partnership with a diverse supplier allowed us to pilot the blue wrap recycling program at Marion General Hospital. When rolled out to the system, this program has the potential to divert up to 40 tons of waste from landfills annually. OhioHealth's commitment to Supplier Diversity remained evident throughout Fiscal Year 2024. Tier I diverse spend increased 182% since the introduction of the program in 2017, reflecting our continued dedication to positively impact the communities we serve.

See **Appendix Table 55** for percent expenditures from various diverse businesses. The table reflects the percentage of expenditures from various diverse suppliers, focusing solely on Tier I diverse spend, excluding total procurement spend.

Appendix Table 55. Summary of percent OhioHealth expenditures from various diverse suppliers in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Business Classification	OhioHealth Expenditure in Fiscal Year 2023	OhioHealth Expenditure in Fiscal Year 2024
Minority-Owned Business	25%	33%
Women-Owned Business	30%	30%
Minority Owned Business/Women Owned Business	22%	13%
Small Business	14%	6%
Veteran-Owned	4%	6%
Service-Disabled Veteran Owned	2%	5%
Disadvantaged Business Enterprise with Multiple Classifications, with expenditure of less than 2%	3%	5%

RE/BH – 7. **Continue providing access to care through OhioHealth’s Financial Assistance Program—** OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital, OhioHealth Physician Group outpatient and ambulatory clinics, urgent care clinics, and hospital-based and free-standing Emergency Departments adopt a robust charity care policy.

RE/BH – 7.1. **OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and OhioHealth Grove City Methodist Hospital’s Charity Care Policy —** The OhioHealth Financial Assistance Program (FAP), which provides free or discounted services to eligible patients for emergency or medically necessary services. Patients seeking financial assistance must apply for the program. To be eligible for the program, patients must complete a **Financial Assistance Application** and meet specified income-based eligibility requirements or otherwise be able to show a significant financial hardship that precludes a patient from paying for care received. Generally, the OhioHealth Charity Care Policy covers patients who has a family income at or below 400% of the federal poverty guidelines and do not have another source of payment or reimbursement for the cost of care. Based upon income level, discounts range from 65% to 100% off of the patient responsibility for the care received. In no event will a patient determined to be eligible for assistance under the FAP be charged more than the amounts generally billed by the Hospital for care provided to insured patients. The FAP applies only to services billed by OhioHealth and physician services received by a patient at the Hospital from an OhioHealth-employed physician. The Financial Assistance policy and application are available in English and in foreign languages such as (a) Arabic, (b) French, (c) German, (d) Japanese, (e) Korean, (f) Mandarin, (g) Nepali, (h) Russian, (i) Somali, (j) Spanish, (k) Vietnamese, and (l) Cambodian (OhioHealth 2015-2022).

Joint OhioHealth Impacts related to “Continue providing access to care through OhioHealth’s Financial Assistance Program for OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and OhioHealth Grove City Methodist Hospital (RE/BH – 7.1)”

Data on primary financial class (health insurance) of patients admitted in five OhioHealth hospitals OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and OhioHealth Grove City Methodist Hospital.

See **Appendix Tables 56 to 67** for data on health insurance data of patients admitted at the OhioHealth hospitals in Franklin County.

Appendix Table 56. Summary of health insurance or financial class of patients admitted by the OhioHealth Riverside Methodist Hospital during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Patient's Health Insurance / Financial Class	Count of Hospital Admissions	Percent of Hospital Admissions (N=56,883)
Managed Care (Private Insurance)	17821 Hospital Admissions	31.30%
Managed Medicare	12618 Hospital Admissions	22.20%
Medicare	10498 Hospital Admissions	18.50%
Managed Medicaid	9400 Hospital Admissions	16.50%
Medicaid	2352 Hospital Admissions	4.10%
Self-Pay	1587 Hospital Admissions	2.80%
Veteran's Administration	1207 Hospital Admissions	2.10%
Market Place Exchange	862 Hospital Admissions	1.50%
Motor Vehicle Accident Insurance	178 Hospital Admissions	0.31%
Worker's Compensation	162 Hospital Admissions	0.29%
Commercial Insurance (Private Insurance)	137 Hospital Admissions	0.24%
Medicare Private Fee-For-Service	44 Hospital Admissions	0.08%
No Health Insurance	14 Hospital Admissions	0.03%
Incarcerations	3 Hospital Admissions	0.01%
None of the above	0 Hospital Admissions	0%

Appendix Table 57. Summary of health insurance or financial class of patients admitted by the OhioHealth Riverside Methodist Hospital during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Patient's Health Insurance / Financial Class	Count of Patients Admitted	Percent of Patients Admitted (N= 58,621)
Managed Care (Private Insurance)	18155 Hospital Admissions	31%
Managed Medicare	13883 Hospital Admissions	23.70%
Medicare	10482 Hospital Admissions	17.90%
Managed Medicaid	8894 Hospital Admissions	15.20%
Medicaid	1927 Hospital Admissions	3.30%
Self-Pay	1849 Hospital Admissions	3.20%
Market Place Exchange (Private Insurance)	1400 Hospital Admissions	2.40%
Veteran's Administration Insurance	1366 Hospital Admissions	2.30%
Motor Vehicle Accident Insurance	202 Hospital Admissions	0.35%
Worker's Compensation	192 Hospital Admissions	0.33%
Commercial Insurance (Private Insurance)	161 Hospital Admissions	0.28%
Medicare Private Fee-For-Service	65 Hospital Admissions	0.11%
No Health Insurance	28 Hospital Admissions	0.05%
Medicaid Pending	13 Hospital Admissions	0.02%
Hospital Care Assurance Program/Charity	2 Hospital Admissions	0.00%
Incarcerations	2 Hospital Admissions	0.00%
None of the above	0 Hospital Admissions	0%

Appendix Table 58. Summary of health insurance or financial class of patients admitted by the OhioHealth Grant Medical Center during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Patient's Health Insurance / Financial Class	Count of Hospital Admissions	Percent of Hospital Admissions (N=22,753)
Managed Medicaid	6475 Hospital Admissions	28.50%
Managed Medicare	5522 Hospital Admissions	24.30%
Managed Care (Private Insurance)	4161 Hospital Admissions	18.30%
Medicare	3055 Hospital Admissions	13.40%
Medicaid	1376 Hospital Admissions	6%
Self-Pay	709 Hospital Admissions	3.10%
Veteran's Administration Insurance	493 Hospital Admissions	2.20%
Market Place Exchange (Private Insurance)	344 Hospital Admissions	1.50%
Motor Vehicle Accident	291 Hospital Admissions	1.30%
Worker's Compensation	204 Hospital Admissions	0.90%
Commercial (Private Insurance)	46 Hospital Admissions	0.20%
Incarcerations	33 Hospital Admissions	0.15%
Medicare Private Fee-For-Service	24 Hospital Admissions	0.11%
No Health Insurance	19 Hospital Admissions	0.08%
Hospital Care Assurance Program (HCAP)/Charity	1 Hospital Admission	0.00%
None of the above	0 Hospital Admissions	0%

Appendix Table 59. Summary of health insurance or financial class of patients admitted by the OhioHealth Grant Medical Center during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Patient's Health Insurance / Financial Class	Count of Patients Admitted	Percent of Patients Admitted (N=23,664)
Managed Medicaid	6369 Hospital Admissions	26.90%
Managed Medicare	6302 Hospital Admissions	26.60%
Managed Care (Private Insurance)	4223 Hospital Admissions	17.80%
Medicare	2967 Hospital Admissions	12.50%
Medicaid	1250 Hospital Admissions	5.30%
Self-Pay	728 Hospital Admissions	3.10%
Market Place Exchange	715 Hospital Admissions	3%
Veteran's Administration Insurance	541 Hospital Admissions	2.30%
Motor Vehicle Accident	259 Hospital Admissions	1.10%
Worker's Compensation	191 Hospital Admissions	0.81%
Commercial (Private Insurance)	50 Hospital Admissions	0.21%
Medicare Private Fee-For-Service	24 Hospital Admissions	0.10%
No Health Insurance	20 Hospital Admissions	0.09%
Incarcerations	19 Hospital Admissions	0.08%
Medicaid Pending	6 Hospital Admissions	0.03%
None of the above	0 Hospital Admissions	0%

Appendix Table 60. Summary of health insurance or financial class of patients admitted by the OhioHealth Doctors Hospital during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Patient's Health Insurance / Financial Class	Count of Hospital Admissions	Percent of Hospital Admissions (N=11,656)
Managed Medicaid	3546 Hospital Admissions	30.40%
Managed Medicare	3039 Hospital Admissions	26.10%
Managed Care (Private Insurance)	1709 Hospital Admissions	14.70%
Medicare	1468 Hospital Admissions	12.60%
Medicaid	814 Hospital Admissions	7%
Self-Pay	680 Hospital Admissions	5.80%
Veteran's Administration Insurance	199 Hospital Admissions	1.70%
Market Place Exchange (Private Insurance)	132 Hospital Admissions	1.10%
Commercial (Private Insurance)	22 Hospital Admissions	0.19%
Medicare Private Fee-For-Service	22 Hospital Admissions	0.19%
Worker's Compensation	14 Hospital Admissions	0.12%
No Health Insurance	8 Hospital Admissions	0.07%
Motor Vehicle Accident	2 Hospital Admissions	0.02%
Hospital Care Assurance Program (HCAP)/Charity	1 Hospital Admission	0.01%
None of the above	0 Hospital Admissions	0%

Appendix Table 61. Summary of health insurance or financial class of patients admitted by the OhioHealth Doctors Hospital during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Patient's Health Insurance / Financial Class	Count of Hospital Admissions	Percent of Hospital Admissions (N=11,445)
Managed Medicare	3133 Hospital Admissions	27.40%
Managed Medicaid	3104 Hospital Admissions	27.10%
Managed Care (Private Insurance)	1679 Hospital Admissions	14.70%
Medicare	1325 Hospital Admissions	11.60%
Self-Pay	838 Hospital Admissions	7.30%
Medicaid	685 Hospital Admissions	6%
Market Place Exchange (Private Insurance)	314 Hospital Admissions	2.70%
Veteran's Administration Insurance	264 Hospital Admissions	2.30%
Medicaid Pending	59 Hospital Admissions	0.52%
Commercial (Private Insurance)	19 Hospital Admissions	0.17%
Worker's Compensation	12 Hospital Admissions	0.11%
Medicare Private Fee-For-Service	10 Hospital Admissions	0.09%
No Health Insurance	2 Hospital Admissions	0.02%
Motor Vehicle Accident	1 Hospital Admission	0.01%
None of the above	0 Hospital Admissions	0%

Appendix Table 62. Summary of health insurance or financial class of patients admitted by the OhioHealth Dublin Methodist Hospital during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Patient's Health Insurance / Financial Class	Count of Hospital Admissions	Percent of Hospital Admissions (N=13,597)
Managed Care (Private Insurance)	6481 Hospital Admissions	47.70%
Managed Medicare	2276 Hospital Admissions	16.70%
Medicare	2127 Hospital Admissions	15.60%
Managed Medicaid	1598 Hospital Admissions	11.80%
Medicaid	315 Hospital Admissions	2.30%
Self-Pay	261 Hospital Admissions	1.90%
Veteran's Administration Insurance	235 Hospital Admissions	1.70%
Market Place Exchange (Private Insurance)	218 Hospital Admissions	1.60%
Commercial (Private Insurance)	47 Hospital Admissions	0.35%
Worker's Compensation	23 Hospital Admissions	0.17%
Medicare Private Fee-For-Service	11 Hospital Admissions	0.08%
Motor Vehicle Accident	3 Hospital Admissions	0.02%
No Health Insurance	2 Hospital Admissions	0.02%
None of the above	0 Hospital Admissions	0%

Appendix Table 63. Summary of health insurance or financial class of patients admitted by the OhioHealth Dublin Methodist Hospital during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Patient's Health Insurance / Financial Class	Count of Hospital Admissions	Percent of Hospital Admissions (N=13,880)
Managed Care (Private Insurance)	6293 Hospital Admissions	45.30%
Managed Medicare	2503 Hospital Admissions	18%
Medicare	2132 Hospital Admissions	15.40%
Managed Medicaid	1611 Hospital Admissions	11.60%
Market Place Exchange (Private Insurance)	355 Hospital Admissions	2.60%
Medicaid	307 Hospital Admissions	2.20%
Self-Pay	294 Hospital Admissions	2.10%
Veteran's Administration	283 Hospital Admissions	2%
Commercial (Private Insurance)	47 Hospital Admissions	0.34%
Worker's Compensation	29 Hospital Admissions	0.21%
Medicare Private Fee-For-Service	10 Hospital Admissions	0.07%
Motor Vehicle Accident	7 Hospital Admissions	0.05%
Medicaid Pending	5 Hospital Admissions	0.04%
Hospital Care Assurance Program (HCAP)/Charity	4 Hospital Admissions	0.03%
None of the above	0 Hospital Admissions	0%

Appendix Table 64. Summary of health insurance or financial class of patients admitted by the OhioHealth Grove City Methodist Hospital during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Patient's Health Insurance / Financial Class	Count of Hospital Admissions	Percent of Hospital Admissions (N=1,646)
Managed Care (Private Insurance)	491 Hospital Admissions	29.80%
Managed Medicare	450 Hospital Admissions	27.30%
Medicare	286 Hospital Admissions	17.40%
Managed Medicaid	271 Hospital Admissions	16.50%
Self-Pay	53 Hospital Admissions	3.20%
Medicaid	27 Hospital Admissions	1.60%
Market Place Exchange (Private Insurance)	23 Hospital Admissions	1.40%
Veteran's Administration	22 Hospital Admissions	1.30%
Worker's Compensation	17 Hospital Admissions	1%
Commercial (Private Insurance)	4 Hospital Admissions	0.24%
Incarcerations	1 Hospital Admission	0.06%
Medicare Private Fee-For-Service	1 Hospital Admission	0.06%
None of the above	0 Hospital Admissions	0%

Appendix Table 65. Summary of health insurance or financial class of patients admitted by the OhioHealth Grove City Methodist Hospital during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Patient's Health Insurance / Financial Class	Count of Hospital Admissions	Percent of Hospital Admissions (N=1,798)
Managed Medicare	566 Hospital Admissions	31.50%
Managed Care (Private Insurance)	497 Hospital Admissions	27.60%
Medicare	302 Hospital Admissions	16.80%
Managed Medicaid	245 Hospital Admissions	13.60%
Self-Pay	53 Hospital Admissions	2.90%
Market Place Exchange (Private Insurance)	50 Hospital Admissions	2.80%
Veteran's Administration	40 Hospital Admissions	2.20%
Medicaid	23 Hospital Admissions	1.30%
Worker's Compensation	13 Hospital Admissions	0.72%
Commercial (Private Insurance)	7 Hospital Admissions	0.39%
Incarcerations	1 Hospital Admission	0.06%
Medicare Private Fee-For-Service	1 Hospital Admission	0.06%
None of the above	0 Hospital Admissions	0%

Appendix Table 66. Summary of health insurance or financial class of patients admitted by the OhioHealth Rehabilitation Hospital during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Patient's Health Insurance / Financial Class	Count of Hospital Admissions	Percent of Hospital Admissions (N=1,311)
Medicare	318 Hospital Admissions	24.30%
Managed Medicaid	213 Hospital Admissions	16.20%
Managed Medicare	202 Hospital Admissions	15.40%
Managed Care (Private Insurance)	195 Hospital Admissions	14.90%
Self-Pay	194 Hospital Admissions	14.80%
Medicaid	103 Hospital Admissions	7.90%
Veteran's Administration Insurance	49 Hospital Admissions	3.70%
Market Place Exchange (Private Insurance)	19 Hospital Admissions	1.40%
Commercial (Private Insurance)	14 Hospital Admissions	1.10%
No Health Insurance	2 Hospital Admissions	0.15%
Motor Vehicle Accident	1 Hospital Admission	0.08%
Worker's Compensation	1 Hospital Admission	0.08%
None of the above	0 Hospital Admissions	0%

Appendix Table 67. Summary of health insurance or financial class of patients admitted by the OhioHealth Rehabilitation Hospital during Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Patient's Health Insurance / Financial Class	Count of Hospital Admissions	Percent of Hospital Admissions (N=1,337)
Medicare	330 Hospital Admissions	24.70%
Self-Pay	236 Hospital Admissions	17.70%
Managed Medicare	219 Hospital Admissions	16.40%
Managed Care (Private Insurance)	207 Hospital Admissions	15.50%
Managed Medicaid	183 Hospital Admissions	13.70%
Medicaid	72 Hospital Admissions	5.40%
Veteran's Administration Insurance	51 Hospital Admissions	3.80%
Market Place Exchange	21 Hospital Admissions	1.60%
Commercial (Private Insurance)	12 Hospital Admissions	0.90%
Medicare Private Fee-For-Service	4 Hospital Admissions	0.30%
Worker's Compensation	1 Hospital Admission	0.08%
None of the above	1 Hospital Admission	0.08%

RE/BH – 7.2 **OhioHealth Rehabilitation Hospital’s Charity Care Policy** — The principal beneficiaries of the OhioHealth Rehabilitation Hospital’s Financial Assistance Policy are intended to be uninsured patients whose annual family income does not exceed 100% of the Federal Poverty Income Guidelines (FPG) published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service for awards of financial assistance under this Policy. Income-based financial assistance may be available for uninsured and certain other patients with annual family incomes up to 250% of the FPG for inpatient services and up to 400% of the FPG for outpatient services. Patients experiencing financial or personal hardship or special medical circumstances also may qualify for assistance. Under no circumstances will a patient eligible for financial assistance under the Financial Assistance Policy be charged more than amounts generally billed for such care (OhioHealth 2015-2022). Medical providers may provide discounts in payment for services or may waive or reduce payment or deductible amounts to patients who demonstrate financial hardship and who qualify for such discounts, based on inability to pay. Financial hardship will be determined based on the charity policy based on patient’s net income and net assets. The first factor considered is the patient’s income level compared to the U.S. Department of Health and Human Services Federal Poverty Guidelines. The initial percent discount will vary based on the patient’s income level. The second factor considered is the patient’s net assets and will be used to adjust the initial percentage discount (Select Medical Corporation 2022).

OhioHealth Rehabilitation Hospital Impact related to the Action “OhioHealth Rehabilitation Hospital’s Charity Care Policy” (RE/BH – 7.2)”

Appendix Table 68 summarizes the percent of patients served by the OhioHealth Rehabilitation Hospital who received charity care.

Appendix Table 68. Percent of patients who received Charity Care from the OhioHealth Rehabilitation Hospital in Fiscal Year 2023 and 2024.

	Fiscal Year 2023	Fiscal Year 2024
OhioHealth Rehabilitation Hospital Columbus Campus	2.7% (35 patients out of 1,314 patients admitted).	3.9% (53 patients out of 1,349 patients admitted).
OhioHealth Rehabilitation Hospital Dublin Campus (March 2024	Not applicable.	0.2% (2 patients out 1,027 patients admitted).

- RE/BH – 8. Continue providing OhioHealth’s Community-Based Clinical Services and Health Education** — include OhioHealth programs and services that provides access to quality care for patients who may either be uninsured, underinsured, homeless, unemployed, with disabilities, or victims of crime.
- RE/BH – 8.1. Continue the programs and services of the OhioHealth Wellness on Wheels Women’s Health** — provides trauma-informed, patient-centered women’s health care (prenatal, postpartum, perinatal, family planning and contraceptives) in a mobile clinic setting. The Wellness on Wheels Women’s Health provides services in areas with high infant mortality rates in Franklin County that were identified by CelebrateOne (City of Columbus, 2022). CelebrateOne is led by the City of Columbus and aims to reduce infant mortality rates in Franklin County (City of Columbus, 2022). The OhioHealth Wellness on Wheels Women’s Health mobile clinic services are provided at the following community sites:
- (a) Directions for Youth and Families** – located at 3840 Kimberly Parkway, Columbus, Ohio 43232.
 - (b) East High School** – located at 1500 E. Broad Street, Columbus, Ohio 43205.
 - (c) Linden Community Center** – located at 1350 Briarwood Avenue, Columbus, Ohio 43211.
 - (d) Northland High School** – located at 1919 Northcliff Drive, Columbus, Ohio 43229.
 - (e) South High School** – located at 1160 Ann Street, Columbus, Ohio 43206.
 - (f) Van Buren Shelter** – located at 595 Van Buren Drive, Columbus, Ohio 43223.
 - (g) Walnut Ridge High School** – located at 4841 E. Livingston Avenue, Columbus, Ohio 43227.
 - (h) OhioHealth Community Health Partnerships Office** – located at 3830 Olentangy River Road, Columbus, Ohio 43214.

Joint OhioHealth Impacts Related to “Continue providing OhioHealth’s Community-Based Clinical Services and Health Education (RE/BH – 8.)

RE/BH – 8.1. Continue the programs and services of the OhioHealth Wellness on Wheels Women’s Health.

See **Appendix Tables 69 to 74** for data on visit types, race and ethnicity breakdown of patients served by the OhioHealth Wellness on Wheels Women’s Health during Fiscal Years 2023 and 2024.

Appendix Table 69. Summary of visit types of patients of the OhioHealth Wellness on Wheels Women's Health during Fiscal Years 2023 (7/1/2022 to 6/30/2023).

Visit Type	Count of Visit Type	Percent of Visit Type (N =1913)
Prenatal	826 completed visits	43.20%
Social Worker	461 completed visits	24.10%
Well Woman	184 completed visits	9.60%
Postpartum	161 completed visits	8.40%
Initial Prenatal Visit	130 completed visits	6.80%
Obstetrics Ultrasound	75 completed visits	3.90%
Nurse Visit	55 completed visits	2.90%
Post-Operative Check	18 completed visits	0.94%
Established/Office Visit	3 completed visits	0.16%
None Of The Above	0 completed visits	0%

Appendix Table 70. Summary of visit types of patients of the OhioHealth Wellness on Wheels Women's Health during Fiscal Years 2024 (7/1/2023 to 6/30/2024).

Visit Type	Count of Completed Visits	Percent of Completed Visits (N=1935)
Prenatal	912 completed visits	47.10%
Social Worker	295 completed visits	15.20%
Well Woman	254 completed visits	13.10%
Initial Prenatal Visit	174 completed visits	9%
Postpartum	128 completed visits	6.60%
Us Ob	103 completed visits	5.30%
Nurse Visit	55 completed visits	2.80%
Post-Op	5 completed visits	0.26%
Consult	4 completed visits	0.21%
Established/Office Visit	2 completed visits	0.10%
New Patient	2 completed visits	0.10%
Telehealth	1 completed visit	0.05%
None Of The Above	0 completed visits	0%

Appendix Table 71. Summary of race breakdown of patients of the OhioHealth Wellness on Wheels Women's Health during Fiscal Years 2023 (7/1/2022 to 6/30/2023).

Race	Unduplicated Count of Patients	Percent of Unduplicated Patients (N=302)
Black or African American	142 Patients	47%
Asked but No Answer	80 Patients	26.50%
White	52 Patients	17.20%
Two or More Races	19 Patients	6.30%
Asian	8 Patients	2.60%
Native Hawaiian or Other Pacific Islander	1 Patient	0.33%
None of the above	0 Patients	0%

Appendix Table 72. Summary of race breakdown of patients of the OhioHealth Wellness on Wheels Women's Health during Fiscal Years 2024 (7/1/2023 to 6/30/2024).

Race	Unduplicated Count of Patients	Percent of Unduplicated Patients (N=385)
Black or African American	161 Patients	41.80%
Asked but No Answer	102 Patients	26.50%
White	72 Patients	18.70%
Two or More Races	35 Patients	9.10%
Asian	11 Patients	2.90%
Unknown	3 Patients	0.78%
Native Hawaiian or Other Pacific Islander	1 Patient	0.26%
None of the above	0 Patients	0%

Appendix Table 73. Summary of ethnicity breakdown of patients of the OhioHealth Wellness on Wheels Women's Health during Fiscal Years 2023 (7/1/2022 to 6/30/2023).

Race	Unduplicated Count of Patients	Percent of Unduplicated Patients (N=302)
Not Hispanic or Latino	224 Patients	74.20%
Hispanic or Latino	70 Patients	23.20%
Asked but No Answer	8 Patients	2.60%
None of the above	0 Patients	0%

Appendix Table 74. Summary of ethnicity breakdown of patients of the OhioHealth Wellness on Wheels Women’s Health during Fiscal Years 2024 (7/1/2023 to 6/30/2024).

Race	Unduplicated Count of Patients	Percent of Unduplicated Patients (N=385)
Not Hispanic or Latino	231 Patients	60%
Hispanic or Latino	129 Patients	33.50%
Asked but No Answer	25 Patients	6.50%
None of the above	0 Patients	0%

RE/BH – 8.2. Continue the programs and services of OhioHealth Wellness on Wheels Primary Care — provides trauma-informed, patient-centered primary care and women's health care services as means of improving access to care and social determinants of health needs among highly diverse and poor neighborhoods of westside and northeast Columbus and Franklin County. The westside and northeast areas of Columbus and Franklin County have significant number of residents who immigrated from Mexico, Central America, South America, Africa, Asia, and Europe. The OhioHealth Wellness on Wheels Primary Care mobile clinics are provided at the following community sites:

(a) **YMCA Hilltop** – located at 2879 Valleyview Drive, Columbus, Ohio 43204.

(b) **Linden Community Center** – located at 1350 Briarwood Avenue, Columbus, Ohio 43211.

Joint OhioHealth Impacts related to RE/BH – 8.2. Continue the programs and services of OhioHealth Wellness on Wheels Primary Care.

See **Appendix Tables 75 to 80** for data on visit types, race and ethnicity breakdown among patients served by the OhioHealth Wellness on Wheels Primary Care.

Appendix Table 75. Summary of visit types of patients of the OhioHealth Wellness on Wheels Primary Care during Fiscal Years 2023 (7/1/2022 to 6/30/2023).

Visit Type	Count of Visit Type	Percent of Visit Type (N =1913)
Established/Office Visit	1026 Completed Visits	69.70%
New Patient	248 Completed Visits	16.90%
Nurse Visit	120 Completed Visits	8.20%
Well Woman	35 Completed Visits	2.40%
Telehealth	28 Completed Visits	1.90%
Procedure	8 Completed Visits	0.54%
Medicare Wellness	2 Completed Visits	0.14%
Transitional Care	2 Completed Visits	0.14%
Care Management	1 Completed Visit	0.07%
Physical Exam	1 Completed Visit	0.07%
None Of The Above	0 Completed Visits	0%

Appendix Table 76. Summary of visit types of patients of the OhioHealth Wellness on Wheels Primary Care during Fiscal Years 2024 (7/1/2023 to 6/30/2024).

Visit Type	Count of Completed Visits	Percent of Completed Visits (N=1935)
Established/Office Visit	1049 Completed Visits	68.40%
New Patient	222 Completed Visits	14.50%
Care Management	120 Completed Visits	7.80%
Nurse Visit	67 Completed Visits	4.40%
Telehealth	30 Completed Visits	2%
Well Woman	30 Completed Visits	2%
Procedure	9 Completed Visits	0.59%
Physical	2 Completed Visits	0.13%
Telehealth Established	2 Completed Visits	0.13%
Telehealth Est W/ Interpreter	1 Completed Visit	0.07%
Telehealth W Interpreter	1 Completed Visit	0.07%
Well Child	1 Completed Visit	0.07%
None Of The Above	0 Completed Visits	0%

Appendix Table 77. Summary of race breakdown of patients of the OhioHealth Wellness on Wheels Primary Care during Fiscal Years 2023 (7/1/2022 to 6/30/2023).

Race	Unduplicated Count of Patients	Percent of Unduplicated Patients (N=485)
White	166 Patients	34.20%
Black or African American	158 Patients	32.6%
Asked but No Answer	117 Patients	24.10%
Two or More Races	32 Patients	6.6%
Asian	5 Patients	1%
American Indian or Alaska Native	4 Patients	0.825%
Native Hawaiian or Other Pacific Islander	2 Patients	0.412%
Unknown	1 Patient	0.206%
None of the above	0 Patients	0%

Appendix Table 78. Summary of race breakdown of patients of the OhioHealth Wellness on Wheels Primary Care during Fiscal Years 2024 (7/1/2023 to 6/30/2024).

Race	Unduplicated Count of Patients	Percent of Unduplicated Patients (N=491)
White	163 Patients	33.20%
Black or African American	156 Patients	31.8%
Asked but No Answer	125 Patients	25.50%
Two or More Races	31 Patients	6.3%
Asian	9 Patients	1.8%
Native Hawaiian or Other Pacific Islander	4 Patients	0.815%
Unknown	2 Patients	0.407%
American Indian or Alaska Native	1 Patient	0.204%
None of the above	0 Patients	0%

Appendix Table 79. Summary of ethnicity breakdown of patients of the OhioHealth Wellness on Wheels Primary Care during Fiscal Years 2023 (7/1/2022 to 6/30/2023).

Ethnicity	Unduplicated Count of Patients	Percent of Unduplicated Patients (N=485)
Not Hispanic or Latino	327 Patients	67.40%
Hispanic or Latino	140 Patients	28.90%
Asked but No Answer	18 Patients	3.70%
None of the above	0 Patients	0%

Appendix Table 80. Summary of ethnicity breakdown of patients of the OhioHealth Wellness on Wheels Primary Care during Fiscal Years 2024 (7/1/2023 to 6/30/2024).

Ethnicity	Unduplicated Count of Patients	Percent of Unduplicated Patients (N=491)
Not Hispanic or Latino	318 Patients	64.8%
Hispanic or Latino	152 Patients	31%
Asked but No Answer	21 Patients	4.3%
None of the above	0 Patients	0%

- RE/BH – 8.3. Continue OhioHealth collaborations with Nationwide Children’s Hospital’s Nurse Family Partnership to provide home visiting services to first time mothers and their children —** OhioHealth’s collaboration with Nationwide Children’s Hospital’s Center for Family Safety and Healing involves the Nurse Family Partnership, where women who are pregnant are visited by a specially trained nurse throughout her pregnancy and continues to visit until the child reaches age 2. The pregnant woman is enrolled in the program, and she is encouraged to include the father of the baby, family members and friends who may be able to support her. The nurse provides advice on how to safely care for their child and build confidence in providing a healthy start for their babies and means of achieving a stable life and secure future for both mother and child (Nurse-Family Partnership, 2022).

Joint OhioHealth Impacts Related to “Continue OhioHealth collaborations with Nationwide Children’s Hospital’s Nurse Family Partnership to provide home visiting services to first time mothers and their children (RE/BH – 8.3)”

Appendix Table 81 summarizes the Ohio outcomes and impacts for its Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. OhioHealth hospitals has referred patients to the local health department programs and to the Nationwide Children’s Hospital’s Nurse-Family Partnership program in the Center for Family Safety and Healing, which is located at 655 East Livingston Avenue, Columbus Ohio 43205. OhioHealth has home visiting nurses who serve Franklin County, Athens County, Delaware County, Marion County, and other Ohio counties.

Help Me Grow is Ohio’s parent support program that promotes evidenced-based interventions for early prenatal and well-baby care, parenting education to promote the health and development of children. The program serves rural and non-rural counties. Among the non-rural counties served, Franklin County is one of the counties served. In Ohio, Help Me Grow aims to address the following (Ohio Department of Children and Youth, n.d.):

- Improve maternal and child health.
- Prevent child abuse and neglect.
- Encourage positive parenting.
- Promote child development and school readiness.

Appendix Table 82 summarizes Ohio’s Maternal, Infant, and Early Childhood Home Visiting Program related to national standards.

Appendix Table 81. Summary of outcomes and impacts of the Ohio Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Franklin County, Ohio has been one of the Non-Rural Counties served.

	Description
Non-Rural Counties Served	Allen, Butler, Clark, Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, and Summit Counties.
Rural Counties Served	Adams, Coshocton, Fayette, Gallia, Highland, Jackson, Marion, Meigs, Pike, Ross, Scioto, and Vinton Counties.
Population Served in Ohio	100% of households were at or below 200% of the Federal Poverty Level. 88.4% of households were at or below 100% of the Federal Poverty Level. 8.3% of households included a pregnant enrollee below age 21.
Performance Highlights of Ohio's MIECHV Program	Access to Promotion of Well Child Visits 98.2% of children in the Ohio Home Visiting Program had their last check-up following the schedule of the American Academy of Pediatrics. - Benefits of well-child check-ups: - Illness prevention. - Access to timely vaccinations. - Access to early identification of concerns and disorders. - Keep children healthy.
Performance Highlights of Ohio's MIECHV Program	Access to Developmental Screening - Timely screening for developmental delays. - Early identification of developmental delays. - Community referrals to programs and services. - Appropriate follow-up to improve outcomes of children with developmental delays.

Appendix Table 82. Summary of Ohio's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program performance data compared to National (U.S.) averages during Fiscal Year 2020 to 2022 and Fiscal Year 2023.

Benchmark Area	Performance Measure	Ohio (Fiscal Year 2020-2022)	National (U.S.) (Fiscal Year 2020-2022)	Ohio (Fiscal Year 2023)	National (U.S.) (Fiscal Year 2023)
1. Maternal and Newborn Health Outcomes	Preterm Birth	15.1%	11.7%	15.4%	11.9%
1. Maternal and Newborn Health Outcomes	Breastfeeding	25.8%	41.8%	23.6%	43.5%
1. Maternal and Newborn Health Outcomes	Depression Screening	74.3%	80.9%	70%	79.8%
1. Maternal and Newborn Health Outcomes	Well Child Visit	68.8%	68.3%	98.2%	71.2%
1. Maternal and Newborn Health Outcomes	Postpartum Care	80.2%	67.5%	82%	74.4%
1. Maternal and Newborn Health Outcomes	Tobacco Cessation Referrals	19.4%	47%	76.3%	43.1%
2. Child Injuries, Maltreatment, and Emergency Department Visits	Safe Sleep	64.5%	62.8%	61.2%	65.5%
2. Child Injuries, Maltreatment, and Emergency Department Visits	Child Injury (number of injury-related deaths to the Emergency Department per enrolled child)	0.05	0.03	0.06	0.03
2. Child Injuries, Maltreatment, and Emergency Department Visits	Child Maltreatment	11.7%	7%	14%	6%

Continuation of Appendix Table 82. Summary of Ohio's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program performance data compared to National (U.S.) averages during Fiscal Year 2020 to 2022 and Fiscal Year 2023 (HRSA Maternal and Child Health, n.d.).

Benchmark Area	Performance Measure	Ohio (Fiscal Year 2020-2022)	National (U.S.) (Fiscal Year 2020-2022)	Ohio (Fiscal Year 2023)	National (U.S.) (Fiscal Year 2023)
3. School Readiness and Achievement	Parent Child Interaction	63.6%	62.4%	55.4%	64.2%
3. School Readiness and Achievement	Early Language and Literacy Activities	74.7%	79.2%	63.7%	81.6%
3. School Readiness and Achievement	Developmental Screening	79.9%	73.4%	89.8%	77.4%
3. School Readiness and Achievement	Behavioral Concern Inquiries	100%	93%	100%	93%
3. School Readiness and Achievement	Parent Child Interaction	63.6%	62.4%	55.4%	64.2%
3. School Readiness and Achievement	Early Language and Literacy Activities	74.7%	79.2%	63.7%	81.6%
3. School Readiness and Achievement	Developmental Screening	79.9%	73.4%	89.8%	77.4%
4. Crime or Domestic Violence	Intimate Partner Violence Screening	57.5%	77.9%	71.4%	81.4%
5. Family Economic Self-Sufficiency	Primary Caregiver Education	39.6%	30.4%	38.5%	32.3%
5. Family Economic Self-Sufficiency	Continuity of Insurance Coverage	89.6%	81.7%	91%	81.9%
6. Coordination and Referrals	Completed Depression Referrals	23.1%	40.4%	58.9%	49.1%
6. Coordination and Referrals	Completed Developmental Referrals	37.2%	58.8%	41.4%	66.5%
6. Coordination and Referrals	Completed Intimate Partner Violence Referrals	56.2%	42.4%	40.3%	48.2%

RE/BH – 8.4. Continue OhioHealth collaborations with CelebrateOne — The City of Columbus and Columbus Public Health leads and coordinates CelebrateOne, a project that aims to reduce infant mortality in Franklin County through innovative approaches such as home visiting, health education, and addressing social determinants of health. OhioHealth's collaboration with CelebrateOne features the use of the Teen Options to Prevent Pregnancy (TOPP), an evidence-based model that effectively utilizes motivational interviewing in increasing contraceptive use and reducing repeat pregnancies among pregnant and parenting adolescents in central Ohio Family and Youth Services Bureau, 2022). OhioHealth has expanded the use of the evidence-based TOPP model to serve Black or African American, pregnant, and parenting adolescents and adult women in Franklin County. The core components of the TOPP program include:

- (a) Motivational interviewing
- (b) Access to contraception
- (c) Assessments of psychosocial and social determinants of health needs and appropriate referrals to community resources

Joint OhioHealth Hospitals Impact related to “Continue OhioHealth collaborations with CelebrateOne (RE/BH – 8.4)”

CelebrateOne's mission is to ensure that every baby in Columbus celebrates their first birthday and beyond. CelebrateOne's goals include:

- Reducing preterm births.
- Improving access to prenatal and postpartum care.
- Providing access to social determinants of health needs.
- Promoting safe sleep practices.

CelebrateOne's programs and services include the following:

- Access to community baby showers
- Access to doulas
- Focus on Ohio Health Improvement Zones
- Provision of pregnancy test kits
- Queen Village
- Education about safe sleep practices
- Access to teen reproductive health

Additional information about CelebrateOne is available at City of Columbus, Ohio (2025).

RE/BH – 8.5.

Continue partnering with Lutheran Social Services on Medical Respite Center — The Medical Respite Center at Lutheran Social Services (LSS) Faith Mission, that is located at 245 N. Grant Avenue, Columbus, Ohio 43215. The medical respite is 3,000 square feet of space and includes 16 beds in eight rooms, where patients can continue recovery for 30-45 days. It will be staffed by a nurse manager and a medical assistant (both employed by Faith Mission) and the physicians and clinical staff who work in the attached Health Center at Faith Mission. If the patients already have a primary care physician, their care will be coordinated. If patients need medication via infusion, they will have access to **OhioHealth at Home** to assist with this care. The Health Center at Faith Mission is a full-service clinic and a federally qualified health center with medical, vision, dental and behavioral health services already on-site that the medical respite patients will have access to. The medical respite will be open 24/7 and is focused on treating patients with dignity and respect and also helping them break the cycle of homelessness. While staying in the Medical Respite Center, LSS Faith Mission staff will work with patients on finding housing, employment, connections to community resources, and if needed, help with substance use disorder (OhioHealth, 2022).

Joint OhioHealth Impacts Related to “Continue partnering with the Lutheran Social Services on Medical Respite Center (RE/BH – 8.5).”

The program is specifically for patients who are experiencing homelessness and need a place to recover from their acute care stay. The program is typically 30 to 45 days and the team at the respite works to connect patients to employers, PCP, housing, and other community resources. The facility has 16 beds. Referrals are taken only from OhioHealth acute care campuses in Franklin County, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital. In addition, the Medical Respite program also receives referrals from other OhioHealth acute care hospitals, such as OhioHealth Marion General Hospital, OhioHealth Pickerington Methodist Hospital, and OhioHealth O'Bleness Hospital.

Appendix Tables 83 and 84 shows the number of referrals to the LSS Medical Respite Program in Calendar Year 2024. Apart from providing a safe place for recovery for patients experiencing homelessness, the Medical Respite Program was able to link and assist 21 patients to obtain primary care providers, 11 patients to obtain employment, and 37 patients to avail of housing assistance.

Appendix Table 83. Summary of Referrals by OhioHealth Hospitals in Franklin County during Calendar Year 2024 (1/1/2024 to 12/31/2024).

Month	Riverside Methodist Hospital Referrals Count	Grant Medical Center Referrals Count	Doctors Hospital Referrals Count	Dublin Methodist Hospital Referrals Count
January 2024	4	17	0	1
February 2024	3	16	4	0
March 2024	6	36	1	0
April 2024	3	35	3	1
May 2024	2	31	4	0
June 2024	6	23	1	0
July 2024	4	27	6	0
August 2024	6	35	1	0
September 2024	10	19	2	1
October 2024	5	21	1	0
November 2024	2	37	1	0
December 2024	4	21	4	0

Appendix Table 84. Number of Homeless Patients Referred to the Lutheran Social Services Medical Respite Program in collaboration with OhioHealth Grant Medical Center in Calendars 2023 and 2024.

Month	Calendar 2023 Census	Calendar 2024 Census
January	6 homeless patients	15 homeless patients
February	5 homeless patients	15 homeless patients
March	6 homeless patients	15 homeless patients
April	7 homeless patients	15 homeless patients
May	4 homeless patients	15 homeless patients
June	7 homeless patients	15 homeless patients
July	9 homeless patients	15 homeless patients
August	11 homeless patients	14 homeless patients
September	13 homeless patients	12 homeless patients
October	13 homeless patients	14 homeless patients
November	10 homeless patients	16 homeless patients
December	15 homeless patients	15 homeless patients

RE/BH – 9. Continue OhioHealth partnerships and collaborations with federal, state, and local governments, health departments, schools, churches, faith congregations, non-profit organizations, businesses, communities, neighborhoods, and other entities to promote racial equity — OhioHealth External Affairs, OhioHealth Foundation, OhioHealth Mission and Ministry, and the OhioHealth Faith, Culture and Community Benefit Committee provide strategic vision in sustaining long-term partnerships and collaborations with various entities and cultivating new partnerships to demonstrate OhioHealth's mission of "to improve the health of those we serve" and to manifest OhioHealth's cardinal value of "to honor the worth and dignity of each person" through values of compassion, integrity, excellence, stewardship, and inclusion. By focusing on OhioHealth's mission, vision, and values as bases for partnerships and collaborations, OhioHealth addresses racial equity.

OhioHealth Impacts related to the action "Continue OhioHealth partnerships and collaborations with federal, state, and local governments, health departments, schools, churches, faith congregations, non-profit organizations, businesses, communities, neighborhoods, and other entities to promote racial equity (RE/BH 9).

Appendix Table 85 summarizes the OhioHealth partners that has a mission of addressing racial equity directly or indirectly in the implementation of its programs and services. OhioHealth has provided cash sponsorships to these community partners during Fiscal Years 2023 and 2024, respectively.

Regarding the OhioHealth Rehabilitation Hospital's outreach, actively engaged in the community through a variety of educational and outreach initiatives. We have hosted educational events at local breweries, fostering awareness and discussion about brain injury while also participating in the Columbus Marathon to provide information on this critical topic. Additionally, we organized bake sales and T-shirt sales, with proceeds benefiting the Brain Injury Association of Ohio and the American Stroke Association. The Spine Team conducted a successful wheelchair tune-up event at the Thompson Recreation Center, promoting mobility and independence. Meanwhile, the Stroke Team provided education and free blood pressure screenings at Franklin County Recreation Centers, particularly in underserved areas of Columbus and Franklin County. These efforts not only enhance community health awareness but also strengthen our connections with the populations we serve. Examples of partners of the OhioHealth Rehabilitation Hospital include: (a) Brain Injury Association of Ohio; (b) American Heart Association; (c) American Stroke Association; (d) Doles for Souls.

Appendix Table 85. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address racial equity.

Agency Name and Contact Information	Examples of Programs and Services that Address Racial Equity
African American Leadership Academy Main Office Location: 897 E 11th Ave, Columbus, Ohio 43211. Website: https://aalacademy.org/ Reference: African American Leadership Academy (2021)	• OhioHealth provided cash donation to the African American Leadership Academy towards its entire programs that address racial equity. • Examples of racial equity programs: ○ Doing well at work. ○ Do good in the community. ○ Training of African American leadership fellows. • The Academy's mission is "increase the number of central Ohio's African American leaders and broaden its awareness of a wider pool of capable and civic minded African American professionals." Refer to the African American Leadership Academy (2021) for additional information.
African American Male Wellness Agency Main Office Location: 2780 Airport Drive, Suite 333 Columbus, Ohio 43219. Website: https://aawellness.org/about-us/ Reference: African American Male Wellness Agency (n.d.)	• OhioHealth provided cash donation to the African American Male Wellness Agency for its program Uplift Her Women's Wellness Day and African American Male Wellness Walk & Annual Programming. • Examples of additional programs and services that address racial equity: ○ Fatherhood ○ Financial Wellness ○ Health and Wellness ○ Mental Wellness ○ Opioid Awareness ○ Uplift Her Refer to the African American Male Wellness Agency (n.d.) for additional information.

Continuation of Appendix Table 85. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address racial equity.

Agency Name and Contact Information	Examples of Programs and Services that Address Racial Equity
The Asian American Commerce Group Main Office Location: 6639 Baronscourt Loop, Dublin, Ohio 43016. Website: https://aacg.org/ Reference: The Asian American Commerce Group (2025)	- OhioHealth provided cash donation to the Asian American Commerce Group for its Ohio Asian Awards. - Examples of additional programs and services that address racial equity: - Economic Summit. - Ohio Asian Awards. - Asian Restaurant Month. - Programs and services to support entrepreneurship among the Asian, South Asian, and Pacific Islander communities. Refer to the Asian American Commerce Group (2025) for additional information.
Asian Festival Main Office Location: No address in website Reference: Asian Festival (2025)	OhioHealth provided cash donation to the Asian Festival for the 30th Anniversary Asian Festival. - Examples of programs and services: - Celebration of culture, arts, games of various Asian nations. - Health screenings and education. Refer to Asian Festival (2025) for additional information.
Asian Pacific American Bar Association of Central Ohio Main Office Location: P.O. Box 2885, Columbus, Ohio 43216. Reference: Asian Pacific American Bar Association of Central Ohio (2025)	OhioHealth provided cash donation to the Asian Festival for their annual gala. Examples of programs and services that address racial equity. - Opportunity for social engagement among law students and lawyers. - Scholarships for law students. - Conduct of annual gala to promote awareness of issues affecting the Asian Pacific community.

Continuation of Appendix Table 85. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address racial equity.

Agency Name and Contact Information	Examples of Programs and Services that Address Racial Equity
Columbus Urban League Main Office Location: 788 Mount Vernon Avenue Columbus, Ohio 43203. Website: https://www.cul.org/our-initiatives/#all-initiatives Reference: Columbus Urban League (2025)	• OhioHealth provided cash donation to Columbus Urban League for its program “HerStory” and “Empowerment Day”. • Additional programs and services that address racial equity: ○ AccelerateHer ○ Career Services ○ I Am My Brother’s Keeper (IAMBK) ○ IncubateHer ○ Journey to Wealth ○ Minority Business Assistance Center ○ My Brothers Closet ○ Neighborhood Violence Intervention ○ Project Survival ○ Re-Entry HUB ○ STEP: Strive Towards Empowerment and Purpose ○ VLOG ○ Work Readiness Training University (WRTU) ○ Young Engineers Society • Refer to Columbus Urban League (2025) for additional information.

Continuation of Appendix Table 85. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address racial equity.

Agency Name and Contact Information	Examples of Programs and Services that Address Racial Equity
Community for New Direction Main Office Location: 993 E Main Street, Columbus, OH 43205. Website: https://cndcolumbus.org/ Reference: Community for New Direction (2025)	- OhioHealth provided cash donation to the Community for New Direction for its “Campaign for the Future”. - Additional programs and services that address racial equity: - Access to mental health and substance use disorder treatment. - Access to youth programs. - Community partnerships. Refer to Community for New Direction (2025) for additional information.
Elevate Northland Main Office Location: 4848 Evanswood Drive, Columbus, Ohio 43229. Website: https://elevatenorthland.org/ Reference: Elevate Northland (2025)	- OhioHealth provided cash donation to the Elevate Northland for its “Northland Community Festival”. - Additional programs and services that address racial equity: - B.E.G.I.N. Business Training. - Availability of space for rent in the Northland Center. - Shop and Eat. Refer to Elevate Northland (2025) for additional information.
Festa Main Office Location: No address on website Website: https://www.wearefesta.org/aboutus Reference: Festa (2024)	OhioHealth provided cash donation to Festa for its program International Festa-Val. Additional programs and services that address racial equity: 3-Generation family ESL. - Connecting Families to resources. - Good Tidings Christmas Store. - Excelerate Business Teachers (Kids Restaurant). - Community garden. Refer to Festa (2024) for additional information.

Continuation of Appendix Table 85. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address racial equity.

Agency Name and Contact Information	Examples of Programs and Services that Address Racial Equity
Leadership Westerville Main Office Location: 99 Commerce Park Drive, Suite. A, Westerville, Ohio 43082. Website: https://www.leadershipwesterville.com/about.html Reference: Leadership Westerville (n.d.)	- OhioHealth provided cash donation to Leadership Westerville for its Martin Luther King (MLK) Breakfast Celebration. - Additional programs and services that address racial equity: - Community Leadership Program. - Self-awareness of leadership skills. - MLK Legacy Project. - Access to older adult resources. Refer to Leadership Westerville (n.d.) for additional information.
The Links, Incorporated (Columbus, Ohio Chapter) Main Office Location: Website: https://columbuschapterlinks.org/about/programs/ Reference: Columbus (OH) Chapter of the Links, Incorporated (n.d.)	OhioHealth provided cash donation to The Links (Columbus, Ohio Chapter) Black Family Wellness Expo that provides access to resources for African American families, new and expecting mothers, and infants. - Additional programs and services that address racial equity: - Youth services. - Support for the arts. - Community and national leadership, education, and service. “Education Across the Miles” global leadership program. - Address chronic health disparities among African Americans. Refer to Columbus (OH) Chapter of the Links, Incorporated (n.d.) for additional information.

Continuation of Appendix Table 85. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address racial equity.

Agency Name and Contact Information	Examples of Programs and Services that Address Racial Equity
Martin Luther King Breakfast Committee Main Office Location: PO Box 83134, Columbus, Ohio 43203. Website: https://www.mlkjrbreakfast.com/ Reference: MLK (2009-2025)	- OhioHealth provided cash donation to the Martin Luther King Breakfast Committee for its "Dr. Martin Luther King, Jr. Birthday Breakfast". - Additional programs and services related to racial equity: - Community engagement that fosters equality, justice, and opportunity for all people. - Recognition of legacy of Martin Luther King, Jr. Refer to MLK (2009-2025) for additional information.
People like Me Main Office Location: 175 S. 3rd Street, Suite 200 Columbus, Ohio 43215. Website: https://peoplelikemeinc.org/ Reference: People Like Me (n.d.).	OhioHealth provided cash donation to People Like Me for its Central Ohio Honors Event, which honors African Americans who are change agents in the community, and those who have mentored others to become leaders. - Additional programs and services related to racial equity: - Men Like Me. - The Outlet (for youth). - Community Engagement. Refer to People Like Me (n.d.) for additional information.
UHCAN Ohio (Universal Health Care Action Network) Main Office Location: 215 N Front Street, Suite 310, Columbus, OH 43215. Website: https://uhcanohio.org/our-project/ Reference: UHCAN Ohio (n.d.)	OhioHealth provided cash donation to UHCAN Ohio for its "Lend Your Voice- Health Care for All Annual Tribute". - Additional programs and services related to racial equity: - Access to Medicaid. - Access to affordable healthcare. - Access to antiracism interventions. - Access to health equity.

Continuation of Appendix Table 85. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address racial equity.

Agency Name and Contact Information	Examples of Programs and Services that Address Racial Equity
YWCA Columbus Main Office Location: 65 S 4th Street, Columbus, Ohio 43215. Website: https://www.ywcacolumbus.org/get-involved/attend-an-event/aanda Reference: YWCA Columbus (2025)	• OhioHealth funded YWCA Columbus for its program “Activists and Agitators”, which features speakers and leaders who are advocates of social change. • Additional programs and services related to racial equity: ○ Programs and services that promote social justice: + Center for Racial Equity. + Justice, Equity & Belonging Training. + Leadership for Social Change Program. + Bright Futures Program. + Action Steps You Can Take Right Now. + Access to Voting Resources. ○ Programs and services that promote access to housing: + Access to YWCA Family Center. + Access to Women’s Residency Program. ○ Programs and services that promote youth development. + YWCA Kids Place. + Safe and Sound Child Care. + The Guppy Tank Pitch Challenge (Entrepreneurship). Refer to YWCA Columbus (2025) for additional information.

Continuation of Appendix Table 85. Summary of OhioHealth sponsorships and partnerships with central Ohio agencies and organizations with programs and services that address racial equity.

Agency Name and Contact Information	Examples of Programs and Services that Address Racial Equity
Women for Economic and Leadership Development (WELD) Main Office Location: 752 N. State Street, Suite 398, Westerville, Ohio 43082. Website: https://www.weldusa.org/page/programs Reference: Women for Economic and Leadership Development (n.d.)	• OhioHealth provided cash donation to the Women for Economic and Leadership Development (WELD) for its African American Directors Forum event. • Additional programs and services related to racial equity: ○ Emerging Professionals' Series. ○ Leadership Series. ○ Executive Women's Series. ○ Tell It Like It Is Thursday® Webinar Series. ○ Training for government boards and commissions. ○ Training for Corporate Board. ○ WELD Chapter Keynote events. ○ WELD National Leadership Conference. ○ Women WELDing the Way® Refer to Women for Economic and Leadership Development (n.d.) for additional information.

RE/BH – 10. Continue the OhioHealth Behavioral Health Integration Clinics — OhioHealth Physician Group in collaboration with OhioHealth Hospitals in Franklin County, namely, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital will continue to provide Franklin County residents with access to the OhioHealth Behavioral Health Integration (BHI) clinics. The OhioHealth Physician Group Behavioral Health Integration (BHI) clinics in Franklin County will continue to conduct (a) depression screening using the nine-item Patient Health Questionnaire (PHQ-9) and (b) anxiety screening using the Generalized Anxiety Disorder 7-item (GAD-7), and (c) Screening, Brief Intervention and Referral to Treatment (SBIRT). Licensed professional counselors and social workers provide mental and behavioral health interventions in OhioHealth Physician Group Behavioral Health Integration (BHI) clinics in Franklin County.

This **Action (RE/BH — 10)** aligns with Ohio's 2020-2022 State Health Improvement Plan (SHIP) and other local priorities.

OhioHealth Impacts Related to the action Continue the OhioHealth Behavioral Health Integration Clinics (RE/BH – 10).

Appendix Tables 86 show the summary of patients served by designated OhioHealth Behavioral Health Integration Clinics in Franklin County. These Behavioral Health Integration Clinics are primary care clinics with access to behaviorists, licensed professional counselors, psychologists, and social workers that address mental and behavioral health needs and make community referrals when appropriate.

Appendix Tables 87 to 147 show the number of patients served by the OhioHealth Behavioral Health Integration Clinics in Franklin County that has diagnoses of Mental, Behavioral and Neurodevelopmental Disorders (ICD-10 CM: F01-F99). These patients were assessed and diagnosed and whenever necessary referred for follow-up care by the Behavioral Health Integration providers. Referrals to community agencies were done, when necessary.

Appendix Table 148 shows the OhioHealth alignment with Ohio's 2020-2022 State Health Improvement Plan.

Appendix Table 86. Summary of count of patients served by Behavioral Health Integration Clinics in Franklin County and referred to either social workers or licensed professional counselors for management of mental and behavioral health disorders and community referrals.

OhioHealth Primary Care Clinics with Behavioral Health Integration Program	Count of Patients Served in Fiscal Year 2023	Count of Patients Served in Fiscal Year 2024
OhioHealth Physician Group Primary Care All Seasons. Address: 4343 All Seasons Drive, Suite 220, Hilliard, Ohio 43026. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/hilliard-all-seasons-drive/	229 patients	175 patients
OhioHealth Physician Group Primary Care Alum Creek Drive Address: 4335 Alum Creek Drive, Obetz, Ohio 43207. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/obetz	16 patients	25 patients
OhioHealth Physician Group Primary Care Davidson Address: 1450 Davidson Drive, Reynoldsburg, Ohio 43068. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/reynoldsburg/	141 patients	156 patients
OhioHealth Physician Group Dublin Methodist Hospital Graduate Medical Education Hospital Drive Address: 7450 Hospital Drive, Suite 4500, Dublin, Ohio 43016. Website: https://www.ohiohealth.com/locations/primary-care/dublin-methodist-family-medicine/	291 patients	233 patients

Continuation of Table 86. Summary of count of patients served by Behavioral Health Integration Clinics in Franklin County and referred to either social workers or licensed professional counselors for management of mental and behavioral health disorders and community referrals.

OhioHealth Primary Care Clinics with Behavioral Health Integration Program	Count of Patients Served in Fiscal Year 2023	Count of Patients Served in Fiscal Year 2024
OhioHealth Physician Group Primary Care Dublin-Granville Address: 5150 E Dublin Granville Rd, Suite 210, Westerville, Ohio 43081. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/new-albany	76 patients	108 patients
OhioHealth Physician Group Primary Care E. Broad St. Address: 7340 E. Broad Street, Suite B, Blacklick, Ohio 43004. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/blacklick/	24 patients	26 patients
OhioHealth Physician Group Primary Care E Main Street Address: 4850 E Main Street, Columbus, Ohio 43213 Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/Columbus-4850-east-main-st/	76 patients	61 patients
OhioHealth Physician Group Primary Care Galloway Address: 990 Galloway Road, Galloway, Ohio 43119 Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/galloway/	36 patients	16 patients

Continuation of Table 86. Summary of count of patients served by Behavioral Health Integration Clinics in Franklin County and referred to either social workers or licensed professional counselors for management of mental and behavioral health disorders and community referrals.

OhioHealth Primary Care Clinics with Behavioral Health Integration Program	Count of Patients Served in Fiscal Year 2023	Count of Patients Served in Fiscal Year 2024
OhioHealth Physician Group Primary Care Grandview Address: 1125 Yard Street, Suite 250, Grandview Heights, Ohio 43212 Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grandview/	36 patients	9 patients
OhioHealth Physician Group Primary Care Havens Corners Address: 504 Haven's Corner, Gahanna, Ohio 43230 Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/gahanna-havens-corners-road/	131 patients	55 patients
OhioHealth Physician Group Primary Care Dublin Hospital Drive Address: 6905 Hospital Drive, Suite 200, Dublin, Ohio 43016. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/dublin-hospital-drive/	152 patients	97 patients

Continuation of Table 86. Summary of count of patients served by Behavioral Health Integration Clinics in Franklin County and referred to either social workers or licensed professional counselors for management of mental and behavioral health disorders and community referrals.

OhioHealth Primary Care Clinics with Behavioral Health Integration Program	Count of Patients Served in Fiscal Year 2023	Count of Patients Served in Fiscal Year 2024
OhioHealth Physician Group Internal Medicine Polaris Address: 300 Polaris Parkway, Suite 3400, Westerville, Ohio 43082. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/westerville-polaris-pkwy-ste-3400/	31 patients	22 patients
OhioHealth Physician Group Primary Care Kelnor Address: 4191 Kelnor Drive, Suite 300, Grove City, Ohio 43123. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grove-city-kelnor-dr/	92 patients	41 patients
OhioHealth Physician Group Primary Care Market Exchange Address: 500 E. Main Street, Suite 100, Columbus, OH 43215. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-500-east-main-street	76 patients	84 patients

Continuation of Table 86. Summary of count of patients served by Behavioral Health Integration Clinics in Franklin County and referred to either social workers or licensed professional counselors for management of mental and behavioral health disorders and community referrals.

OhioHealth Primary Care Clinics with Behavioral Health Integration Program	Count of Patients Served in Fiscal Year 2023	Count of Patients Served in Fiscal Year 2024
OhioHealth Physician Group Primary Care Nationwide Plaza Address: 3 Nationwide Plaza, Suite 150, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-nationwide-plaza/	22 patients	21 patients
OhioHealth Physician Group Primary Care N. Hamilton Address: 765 N Hamilton Road, Suite 255, Gahanna, Ohio 43230. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/gahanna-hamilton-rd-ste-255/	150 patients	108 patients
OhioHealth Physician Group Primary Care Neil Avenue Address: 262 Neil Avenue, Suite 230, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-arena-district/	43 patients	52 patients

Continuation of Table 86. Summary of count of patients served by Behavioral Health Integration Clinics in Franklin County and referred to either social workers or licensed professional counselors for management of mental and behavioral health disorders and community referrals.

OhioHealth Primary Care Clinics with Behavioral Health Integration Program	Count of Patients Served in Fiscal Year 2023	Count of Patients Served in Fiscal Year 2024
OhioHealth Physician Group Primary Care Nike Drive Address: 5300 Nike Drive, Suite 100, Hilliard, Ohio 43026. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/hilliard-nike-drive/	99 patients	90 patients
OhioHealth Physician Group OBGYN Nike Drive Address: 5300 Nike Drive, Suite 100, Hilliard, Ohio 43026. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/obstetrics-and-gynecology/our-locations/hilliard	121 patients	81 patients
OhioHealth Physician Group Primary Care Perimeter Drive Address: 6870 Perimeter Drive, Suite B, Dublin, Ohio 43016. Website: The clinic is permanently closed.	33 patients	45 patients
OhioHealth Physician Group Primary Care Polaris Address: 300 Polaris Parkway, Suite 230 Westerville, Ohio 43082. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/westerville-polaris-pkwy-ste-230/	129 patients	117 patients

Continuation of Table 86. Summary of count of patients served by Behavioral Health Integration Clinics in Franklin County and referred to either social workers or licensed professional counselors for management of mental and behavioral health disorders and community referrals.

OhioHealth Primary Care Clinics with Behavioral Health Integration Program	Count of Patients Served in Fiscal Year 2023	Count of Patients Served in Fiscal Year 2024
OhioHealth Physician Group Primary Care Rivers Edge Drive Address: 7630 Rivers Edge Drive, Columbus, Ohio 43235. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-rivers-edge-drive/	271 patients	259 patients
OhioHealth Physician Group Primary Care S. High Street Address: 41 S. High Street, Suite 25, Columbus, Ohio 43215. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-huntington-building/?utm_source=yext&utm_medium=listings&utm_campaign=websiteclicksfacility	5 patients	12 patients
OhioHealth Physician Group Primary Care Scioto Darby Address: 6314 Scioto Darby Road, Hilliard, Ohio 43026. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/hilliard-scioto-darby-road/	63 patients	21 patients

Continuation of Table 86. Summary of count of patients served by Behavioral Health Integration Clinics in Franklin County and referred to either social workers or licensed professional counselors for management of mental and behavioral health disorders and community referrals.

OhioHealth Primary Care Clinics with Behavioral Health Integration Program	Count of Patients Served in Fiscal Year 2023	Count of Patients Served in Fiscal Year 2024
OhioHealth Physician Group Primary Care Southwest Boulevard Address: 3503 Southwest Blvd, Grove City, Ohio 43123. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grove-city-southwest-blvd/	115 patients	111 patients
OhioHealth Physician Group Primary Care Stringtown Address: 1325 Stringtown Road, Grove City, Ohio 43123. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/grove-city-stringtown-rd/	143 patients	90 patients
OhioHealth Physician Group Primary Care Tremont Address: 3363 Tremont Road, Suite 220, Upper Arlington, Ohio 43221. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/upper-arlington/	296 patients	316 patients

Continuation of Table 86. Summary of count of patients served by Behavioral Health Integration Clinics in Franklin County and referred to either social workers or licensed professional counselors for management of mental and behavioral health disorders and community referrals.

OhioHealth Primary Care Clinics with Behavioral Health Integration Program	Count of Patients Served in Fiscal Year 2023	Count of Patients Served in Fiscal Year 2024
OhioHealth Physician Group Primary Care W. Bridge Street Address: 250 W Bridge Street, Suite 101, Dublin, Ohio 43017. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/dublin-west-bridge-street/	55 patients	36 patients
OhioHealth Physician Group Primary Care W. Broad Street Address: 5193 W Broad, Suite 200, Columbus, Ohio 43228. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/columbus-west-broad-street/	65 patients	48 patients
OhioHealth Physician Group Primary Care Wexner Address: 2222 Welcome Place, Columbus, Ohio 43209. Website: https://www.ohiohealth.com/ohiohealth-physician-group/our-specialties/primary-care/our-locations/bexley/	146 patients	83 patients

Appendix Table 87. Summary of Mental, Behavioral and Neurodevelopmental Disorders ICD-10 diagnoses codes and their descriptions.

ICD-10 CM Codes	Description
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).
F99	Unspecified mental disorder.

Appendix Table 88. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care All Seasons during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 4343 All Seasons Drive, Suite 220, Hilliard, Ohio 43026.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=8597)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	197	2.30%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	489	5.70%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	52	0.61%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	2655	30.90%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	3140	36.50%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	333	3.90%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	58	0.68%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	23	0.27%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	67	0.78%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	539	6.30%
F99	Unspecified mental disorder.	21	0.24%

Appendix Table 89. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care All Seasons during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 4343 All Seasons Drive, Suite 220, Hilliard, Ohio 43026.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=8978)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	170	1.90%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	477	5.30%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	63	0.70%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	2624	29.20%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	3147	35.10%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	341	3.80%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	61	0.68%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	19	0.21%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	63	0.70%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	587	6.50%
F99	Unspecified mental disorder.	21	0.23%

Appendix Table 90. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Alum Creek Drive during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 4335 Alum Creek Drive, Obetz, Ohio 43207.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=2842)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	85	3%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	271	9.50%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	16	0.56%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1159	40.80%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1271	44.70%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	125	4.40%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	24	0.84%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	5	0.18%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	33	1.20%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	202	7.10%
F99	Unspecified mental disorder.	8	0.28%

Appendix Table 91. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Alum Creek Drive during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 4335 Alum Creek Drive, Obetz, Ohio 43207.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=2885)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	65	2.30%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	287	9.90%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	15	0.52%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1145	39.70%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1205	41.80%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	124	4.30%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	24	0.83%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	5	0.17%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	31	1.10%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	220	7.60%
F99	Unspecified mental disorder.	8	0.28%

Appendix Table 92. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Davidson during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 1450 Davidson Drive, Reynoldsburg, Ohio 43068.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=6856)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	175	2.60%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	425	6.20%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	58	0.85%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1879	27.40%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2195	32%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	209	3%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	55	0.80%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	21	0.31%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	71	1%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	349	5.10%
F99	Unspecified mental disorder.	11	0.16%

Appendix Table 93. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Davidson during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 1450 Davidson Drive, Reynoldsburg, Ohio 43068.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=6893)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	148	2.10%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	424	6.20%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	55	0.80%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1872	27.20%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2218	32.20%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	197	2.90%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	51	0.74%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	23	0.33%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	77	1.10%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	363	5.30%
F99	Unspecified mental disorder.	9	0.13%

Appendix Table 94. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Dublin Methodist Hospital Graduate Medical Education Primary Care during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 7450 Hospital Drive, Suite 4500, Dublin, Ohio 43016.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=4597)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	94	2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	281	6.10%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	25	0.54%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1317	28.60%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1608	35%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	177	3.90%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	33	0.72%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	3	0.07%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	54	1.20%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	366	8%
F99	Unspecified mental disorder.	9	0.20%

Appendix Table 95. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Dublin Methodist Hospital Graduate Medical Education Primary Care during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 7450 Hospital Drive, Suite 4500, Dublin, Ohio 43016.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	91	1.80%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	315	6.10%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	36	0.70%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1383	26.90%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1693	32.90%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	198	3.90%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	35	0.68%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	7	0.14%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	65	1.30%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	391	7.60%
F99	Unspecified mental disorder.	8	0.16%

Appendix Table 96. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Dublin Granville during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 5150 E Dublin Granville Rd, Suite 210, Westerville, Ohio 43081.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3369)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	46	1.40%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	167	5%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	29	0.86%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	910	27%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1369	40.60%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	99	2.90%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	24	0.71%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	8	0.24%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	32	0.95%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	369	11%
F99	Unspecified mental disorder.	4	0.12%

Appendix Table 97. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Dublin Granville during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 5150 E Dublin Granville Rd, Suite 210, Westerville, Ohio 43081.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=5554)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	84	1.50%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	266	4.80%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	43	0.77%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1469	26.40%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2103	37.90%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	204	3.70%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	44	0.79%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	18	0.32%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	57	1%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	545	9.80%
F99	Unspecified mental disorder.	20	0.36%

Appendix Table 98. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care E. Broad Street during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 7340 E. Broad St - Suite B, Blacklick, Ohio 43004.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3628)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	70	1.90%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	103	2.80%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	27	0.74%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	837	23.10%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1344	37%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	324	8.90%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	9	0.25%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	16	0.44%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	33	0.91%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	191	5.30%
F99	Unspecified mental disorder.	4	0.11%

Appendix Table 99. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care E. Broad Street during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 7340 E. Broad St - Suite B, Blacklick, Ohio 43004.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=4366)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	79	1.80%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	164	3.80%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	27	0.62%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1004	23%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1560	35.70%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	399	9.10%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	18	0.41%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	13	0.30%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	45	1%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	254	5.80%
F99	Unspecified mental disorder.	3	0.07%

Appendix Table 100. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care E. Main Street during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 4850 E Main Street, Columbus, Ohio 43213.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=1,889)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	35	1.90%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	127	6.70%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	22	1.20%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	608	32.20%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	620	32.80%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	47	2.50%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	11	0.58%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	14	0.74%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	22	1.20%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	92	4.90%
F99	Unspecified mental disorder.	3	0.16%

Appendix Table 101. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care E. Main Street during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 4850 E Main Street, Columbus, Ohio 43213.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=1889)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	44	2.3%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	134	7.1%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	23	1.2%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	682	36.1%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	694	36.7%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	51	2.7%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	13	0.688%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	14	0.741%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	22	1.2%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	107	5.7%
F99	Unspecified mental disorder.	3	0.159%

Appendix Table 102. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Galloway during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 990 Galloway Road, Columbus, Ohio 43119.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3979)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	91	2.30%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	280	7%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	39	0.98%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1343	33.80%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1530	38.50%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	106	2.70%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	40	1%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	22	0.55%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	44	1.10%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	276	6.90%
F99	Unspecified mental disorder.	14	0.35%

Appendix Table 103. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Galloway during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 990 Galloway Road, Columbus, Ohio 43119.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=4059)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	96	2.40%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	344	8.50%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	36	0.89%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1280	31.50%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1476	36.40%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	96	2.40%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	37	0.91%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	20	0.49%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	57	1.40%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	299	7.40%
F99	Unspecified mental disorder.	9	0.22%

Appendix Table 104. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Grandview during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 1125 Yard St., Suite 250, Grandview Heights, Ohio 43212.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3368)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	46	1.40%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	208	6.20%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	29	0.86%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1022	30.30%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1335	39.60%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	117	3.50%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	25	0.74%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	1	0.03%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	18	0.53%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	264	7.80%
F99	Unspecified mental disorder.	7	0.21%

Appendix Table 105. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Grandview during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 1125 Yard St., Suite 250, Grandview Heights, Ohio 43212.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3,239)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	38	1.20%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	196	6.10%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	27	0.83%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	956	29.50%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1288	39.80%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	122	3.80%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	25	0.77%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	3	0.09%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	16	0.49%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	258	8%
F99	Unspecified mental disorder.	14	0.43%

Appendix Table 106. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Havens Corners during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 504 Haven's Corners Road, Gahanna, Ohio 43230.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=6477)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	100	1.50%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	198	3.10%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	27	0.42%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1771	27.30%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2366	36.50%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	158	2.40%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	32	0.49%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	13	0.20%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	78	1.20%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	490	7.60%
F99	Unspecified mental disorder.	4	0.06%

Appendix Table 107. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Havens Corners Road during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 504 Haven's Corners Road, Gahanna, Ohio 43230.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=6271)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	87	1.40%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	191	3%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	25	0.40%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1785	28.50%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2397	38.20%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	156	2.50%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	35	0.56%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	16	0.26%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	82	1.30%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	495	7.90%
F99	Unspecified mental disorder.	3	0.05%

Appendix Table 108. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Hospital Drive during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 6905 Hospital Drive, Suite 200, Dublin, Ohio 43016.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=6570)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	131	2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	240	3.70%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	45	0.69%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1512	23%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2180	33.20%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	145	2.20%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	24	0.37%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	5	0.08%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	33	0.50%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	430	6.50%
F99	Unspecified mental disorder.	3	0.05%

Appendix Table 109. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Hospital Drive during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 6905 Hospital Drive, Suite 200, Dublin, Ohio 43016.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=5940)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	126	2.10%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	209	3.50%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	38	0.64%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1358	22.90%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2014	33.90%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	167	2.80%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	21	0.35%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	3	0.05%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	38	0.64%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	426	7.20%
F99	Unspecified mental disorder.	6	0.10%

Appendix Table 110. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Internal Medicine Polaris during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 300 Polaris Parkway, Suite 3400, Westerville, Ohio 43082.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3544)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	71	2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	151	4.30%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	14	0.40%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	956	27%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1162	32.80%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	247	7%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	16	0.45%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	0	0%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	22	0.62%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	253	7.10%
F99	Unspecified mental disorder.	5	0.14%

Appendix Table 111. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Internal Medicine Polaris during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 300 Polaris Parkway, Suite 3400, Westerville, Ohio 43082.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3794)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	77	2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	128	3.40%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	15	0.40%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	997	26.30%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1225	32.30%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	249	6.60%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	18	0.47%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	3	0.08%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	22	0.58%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	297	7.80%
F99	Unspecified mental disorder.	4	0.11%

Appendix Table 112. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Kelnor during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 4191 Kelnor Drive, Suite 300, Grove City, Ohio 43123.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=5282)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	110	2.10%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	239	4.50%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	32	0.61%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1787	33.80%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1942	36.80%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	211	4%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	21	0.40%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	8	0.15%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	44	0.83%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	224	4.20%
F99	Unspecified mental disorder.	16	0.30%

Appendix Table 113. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Kelnor during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 4191 Kelnor Drive, Suite 300, Grove City, Ohio 43123.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=4532)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	84	1.90%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	201	4.40%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	27	0.60%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1450	32%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1663	36.70%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	180	4%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	23	0.51%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	11	0.24%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	42	0.93%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	234	5.20%
F99	Unspecified mental disorder.	7	0.15%

Appendix Table 114. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Market Exchange during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 500 E. Main Street, Suite 100, Columbus, Ohio 43215.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=2647)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	100	3.80%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	169	6.40%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	33	1.20%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	596	22.50%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	690	26.10%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	118	4.50%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	5	0.19%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	10	0.38%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	14	0.53%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	110	4.20%
F99	Unspecified mental disorder.	1	0.04%

Appendix Table 115. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Market Exchange during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 500 E. Main Street, Suite 100, Columbus, Ohio 43215.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=2491)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	83	3.30%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	168	6.70%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	29	1.20%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	515	20.70%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	679	27.30%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	105	4.20%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	10	0.40%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	9	0.36%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	13	0.52%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	97	3.90%
F99	Unspecified mental disorder.	2	0.08%

Appendix Table 116. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Nationwide Plaza during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 3 Nationwide Plaza, Suite 150, Columbus, Ohio 43215.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=1736)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	25	1.40%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	117	6.70%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	14	0.81%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	485	27.90%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	693	39.90%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	102	5.90%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	10	0.58%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	2	0.12%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	7	0.40%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	183	10.50%
F99	Unspecified mental disorder.	2	0.12%

Appendix Table 117. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Nationwide Plaza during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 3 Nationwide Plaza, Suite 150, Columbus, Ohio 43215.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=1809)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	19	1.10%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	114	6.30%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	13	0.72%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	524	29%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	753	41.60%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	99	5.50%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	12	0.66%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	0	0%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	9	0.50%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	208	11.50%
F99	Unspecified mental disorder.	4	0.22%

Appendix Table 118. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care N. Hamilton during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 765 N Hamilton Road, Suite 255, Gahanna, Ohio 43230.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=8346)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	168	2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	423	5.10%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	47	0.56%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	2226	26.70%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2774	33.20%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	316	3.80%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	39	0.47%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	37	0.44%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	73	0.88%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	674	8.10%
F99	Unspecified mental disorder.	5	0.06%

Appendix Table 119. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care N. Hamilton during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 765 N Hamilton Road, Suite 255, Gahanna, Ohio 43230.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=7506)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	125	1.70%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	312	4.20%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	46	0.61%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1939	25.80%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2501	33.30%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	296	3.90%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	36	0.48%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	30	0.40%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	64	0.85%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	664	8.80%
F99	Unspecified mental disorder.	5	0.07%

Appendix Table 120. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Neil Avenue during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 262 Neil Avenue, Suite 230, Columbus, Ohio 43215.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=4195)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	65	1.5%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	240	5.7%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	26	0.62%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1257	30%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1670	39.8%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	360	8.6%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	55	1.3%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	10	0.238%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	10	0.238%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	334	8%
F99	Unspecified mental disorder.	3	0.072%

Appendix Table 121. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Neil Avenue during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 262 Neil Avenue, Suite 230, Columbus, Ohio 43215.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=4155)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	57	1.4%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	218	5.2%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	26	0.626%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1188	28.6%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1594	38.4%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	302	7.3%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	60	1.4%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	11	0.265%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	17	0.409%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	350	8.4%
F99	Unspecified mental disorder.	1	0.024%

Appendix Table 122. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Nike Drive during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 5300 Nike Drive, Hilliard, Ohio 43026.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=5021)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	75	1.5%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	222	4.4%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	35	0.697%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1682	33.5%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2142	42.7%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	176	3.5%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	37	0.737%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	15	0.299%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	45	0.896%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	390	7.8%
F99	Unspecified mental disorder.	3	0.06%

Appendix Table 123. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Nike Drive during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 5300 Nike Drive, Hilliard, Ohio 43026.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=5560)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	63	1.1%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	270	4.9%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	36	0.647%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1738	31.3%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2276	40.9%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	223	4%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	42	0.755%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	14	0.252%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	55	0.989%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	472	8.5%
F99	Unspecified mental disorder.	4	0.072%

Appendix Table 124. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Obstetrics and Gynecology Nike Drive during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 5300 Nike Drive, Hilliard, Ohio 43026.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3,908)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	38	0.972%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	219	5.6%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	19	0.486%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1182	30.2%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1370	35.1%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	175	4.5%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	34	0.87%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	4	0.102%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	14	0.358%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	206	5.3%
F99	Unspecified mental disorder.	15	0.384%

Appendix Table 125. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Obstetrics and Gynecology during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 5300 Nike Drive, Hilliard, Ohio 43026.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=4035)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	38	0.94%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	192	4.80%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	16	0.40%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1174	29.10%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1374	34.10%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	168	4.20%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	37	0.92%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	5	0.12%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	19	0.47%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	244	6%
F99	Unspecified mental disorder.	12	0.30%

Appendix Table 126. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Perimeter Drive during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 6870 Perimeter Drive, Suite B, Dublin, Ohio 43016.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3246)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	63	1.9%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	132	4.1%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	16	0.493%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	820	25.3%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1181	36.4%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	83	2.6%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	13	0.4%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	2	0.062%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	12	0.37%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	158	4.9%
F99	Unspecified mental disorder.	3	0.092%

Appendix Table 127. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Perimeter Drive during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 6870 Perimeter Drive, Suite B, Dublin, Ohio 43016.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=2319)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	45	1.9%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	112	4.8%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	10	0.431%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	628	27.1%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	858	37%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	60	2.6%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	8	0.345%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	2	0.086%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	7	0.302%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	143	6.2%
F99	Unspecified mental disorder.	1	0.043%

Appendix Table 128. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Polaris during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 300 Polaris Parkway, Suite 230, Westerville, Ohio 43082.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=8031)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	120	1.5%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	351	4.4%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	63	0.784%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1984	24.7%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2447	30.5%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	244	3%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	37	0.461%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	17	0.212%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	70	0.872%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	545	6.8%
F99	Unspecified mental disorder.	14	0.174%

Appendix Table 129. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Polaris during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 300 Polaris Parkway, Suite 230, Westerville, Ohio 43082.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=9089)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	118	1.3%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	348	3.8%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	64	0.704%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	2152	23.7%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2809	30.9%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	251	2.8%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	53	0.583%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	22	0.242%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	88	0.968%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	651	7.2%
F99	Unspecified mental disorder.	11	0.121%

Appendix Table 130. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Rivers Edge Drive during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 7630 River's Edge Drive, Columbus, Ohio 43235.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=10,050)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	261	2.6%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	598	5.9%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	44	0.437%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	2874	28.5%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	3657	36.3%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	376	3.7%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	53	0.526%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	11	0.109%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	43	0.427%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	596	5.9%
F99	Unspecified mental disorder.	7	0.069%

Appendix Table 131. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Rivers Edge during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 7630 River's Edge Drive, Columbus, Ohio 43235.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=9,994)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	244	2.4%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	579	5.8%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	40	0.4%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	2764	27.7%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	3536	35.4%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	397	4%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	56	0.56%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	15	0.15%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	47	0.47%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	624	6.2%
F99	Unspecified mental disorder.	8	0.08%

Appendix Table 132. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care S. High Street during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 41 S. High Street, Suite 25, Columbus, Ohio 43215.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=1077)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	15	1.4%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	42	3.9%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	5	0.464%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	352	32.7%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	509	47.3%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	87	8.1%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	25	2.3%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	3	0.279%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	3	0.279%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	90	8.4%
F99	Unspecified mental disorder.	0	0%

Appendix Table 133. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care S. High Street during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 41 S. High Street, Suite 25, Columbus, Ohio 43215.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=1,376)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	15	1.1%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	63	4.6%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	9	0.654%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	450	32.7%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	614	44.6%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	104	7.6%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	23	1.7%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	5	0.363%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	8	0.581%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	122	8.9%
F99	Unspecified mental disorder.	0	0%

Appendix Table 134. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Scioto Darby during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 6314 Scioto Darby Road, Hilliard, Ohio 43026.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=4,052)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	42	1%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	167	4.1%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	21	0.518%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1202	29.7%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1591	39.3%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	77	1.9%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	19	0.469%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	7	0.173%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	20	0.494%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	303	7.5%
F99	Unspecified mental disorder.	7	0.173%

Appendix Table 135. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Scioto Darby during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 6314 Scioto Darby Road, Hilliard, Ohio 43026.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=4,222)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	50	1.2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	177	4.2%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	25	0.592%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1158	27.4%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1570	37.2%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	90	2.1%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	29	0.687%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	5	0.118%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	22	0.521%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	333	7.9%
F99	Unspecified mental disorder.	7	0.166%

Appendix Table 136. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Southwest Boulevard during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 3503 Southwest Boulevard, Grove City, OH 43123.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=1,473)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	34	2.3%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	144	9.8%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	13	0.883%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	424	28.8%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	577	39.2%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	58	3.9%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	14	0.95%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	2	0.136%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	9	0.611%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	82	5.6%
F99	Unspecified mental disorder.	2	0.136%

Appendix Table 137. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Southwest Boulevard during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 3503 Southwest Boulevard, Grove City, Ohio 43123.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=1,973)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	39	2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	180	9.1%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	13	0.659%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	570	28.9%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	759	38.5%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	52	2.6%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	13	0.659%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	6	0.304%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	9	0.456%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	111	5.6%
F99	Unspecified mental disorder.	1	0.051%

Appendix Table 138. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Stringtown during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 1325 Stringtown Road, Grove City, Ohio 43123.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3,162)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	64	2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	254	8%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	14	0.443%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1002	31.7%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1260	39.8%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	69	2.2%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	33	1%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	7	0.221%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	39	1.2%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	189	6%
F99	Unspecified mental disorder.	5	0.158%

Appendix Table 139. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Stringtown during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 1325 Stringtown Road, Grove City, Ohio 43123.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3,314)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	69	2.1%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	217	6.5%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	22	0.664%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	987	29.8%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1290	38.9%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	80	2.4%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	34	1%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	9	0.272%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	45	1.4%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	212	6.4%
F99	Unspecified mental disorder.	3	0.091%

Appendix Table 140. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Tremont during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 3363 Tremont Road, Suite 220, Upper Arlington, Ohio 43221.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=7,495)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	139	1.9%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	375	5%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	45	0.6%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1991	26.6%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2907	38.8%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	286	3.8%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	62	0.827%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	7	0.093%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	66	0.881%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	513	6.8%
F99	Unspecified mental disorder.	26	0.347%

Appendix Table 141. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Tremont during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 3363 Tremont Road, Suite 220, Upper Arlington, Ohio 43221.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=7,447)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	125	1.7%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	391	5.3%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	47	0.631%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1924	25.8%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2831	38%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	289	3.9%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	55	0.739%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	11	0.148%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	61	0.819%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	536	7.2%
F99	Unspecified mental disorder.	28	0.376%

Appendix Table 142. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care W Bridge during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 250 W Bridge Street, Suite 101, Dublin, Ohio 43017.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=10,301)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	166	1.6%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	312	3%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	41	0.398%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1742	16.9%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	3144	30.5%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	420	4.1%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	30	0.291%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	11	0.107%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	40	0.388%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	906	8.8%
F99	Unspecified mental disorder.	2	0.019%

Appendix Table 143. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care W. Bridge during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 250 W Bridge Street, Suite 101, Dublin, Ohio 43017.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=10,262)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	159	1.5%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	330	3.2%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	43	0.419%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1784	17.4%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	3163	30.8%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	451	4.4%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	37	0.361%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	10	0.097%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	51	0.497%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	922	9%
F99	Unspecified mental disorder.	5	0.049%

Appendix Table 144. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care W Broad Street during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 5193 W Broad, Suite 200, Columbus, Ohio 43228.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=5,866)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	152	2.6%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	518	8.8%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	81	1.4%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	2087	35.6%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2157	36.8%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	194	3.3%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	52	0.886%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	27	0.46%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	63	1.1%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	315	5.4%
F99	Unspecified mental disorder.	19	0.324%

Appendix Table 145. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care W. Broad St during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 5193 W Broad, Suite 200, Columbus, Ohio 43228.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=5849)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	142	2.4%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	465	8%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	75	1.3%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	2025	34.6%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	2103	36%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	180	3.1%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	61	1%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	29	0.496%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	73	1.2%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	328	5.6%
F99	Unspecified mental disorder.	19	0.325%

Appendix Table 146. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Wexner during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 2222 Welcome Place, Columbus, Ohio 43209.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3,491)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	131	3.8%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	287	8.2%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	37	1.1%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1207	34.6%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1319	37.8%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	130	3.7%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	29	0.831%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	18	0.516%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	41	1.2%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	160	4.6%
F99	Unspecified mental disorder.	6	0.172%

Appendix Table 147. Summary of mental, behavioral, and neurodevelopmental disorders (F01-F99) among patients served by the OhioHealth Physician Group Primary Care Wexner during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 2222 Welcome Place, Columbus, Ohio 43209.

ICD-10-CM: F01-F99	Description	Count of Patients	Percent of Patients (N=3,745)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	120	3.2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	281	7.5%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	47	1.3%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	1216	32.5%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	1372	36.6%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	135	3.6%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	30	0.801%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	18	0.481%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	45	1.2%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	185	4.9%
F99	Unspecified mental disorder.	3	0.08%

Appendix Table 148. Summary of OhioHealth hospitals in Franklin County alignment with Ohio's State Health Improvement Plan related to the action "RE/BH – 10. Continue the OhioHealth Behavioral Health Integration Clinics". Data were based in County Health Rankings (2025).

Measure	Dates	Franklin County	Ohio	United States
Poor Mental Health Days Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	2022	5.8 mentally unhealthy days of the previous 30 days	6.1 mentally unhealthy days of the previous 30 days	5.1 mentally unhealthy days of the previous 30 days
Poor or Fair Health Percent of adults reporting fair or poor health (age-adjusted).	2022	18% reported poor or fair health	18% reported poor or fair health	17% reported poor or fair health
Frequent Physical Distress Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	2022	13% of adults reported 14 or more days of poor physical health per month	13% of adults reported 14 or more days of poor physical health per month	12% of adults reported 14 or more days of poor physical health per month
Frequent Mental Distress Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	2022	18% of adults reported 14 or more days of poor physical health per month	19% of adults reported 14 or more days of poor physical health per month	16% of adults reported 14 or more days of poor physical health per month

Continuation of Appendix Table 148. Summary of OhioHealth hospitals in Franklin County alignment with Ohio's State Health Improvement Plan related to the action "RE/BH – 10. Continue the OhioHealth Behavioral Health Integration Clinics". Data were based in County Health Rankings (2025).

Measure	Dates	Franklin County	Ohio	United States
Suicides Number of deaths due to suicide per 100,000 population (age-adjusted).	2018-2022	12 deaths by suicide per 100,000 people	15 deaths by suicide per 100,000 people	14 deaths by suicide per 100,000 people
Disaggregation of Suicide Rates by Racialized Group:	2018-2022			
Hispanic (all races)	2018-2022	5 deaths by suicide per 100,000 people	No data	No data
Non-Hispanic Asian	2018-2022	7 deaths by suicide per 100,000 people	No data	No data
Non-Hispanic Black	2018-2022	8 deaths by suicide per 100,000 people	No data	No data
Non-Hispanic White	2018-2022	14 deaths by suicide per 100,000 people	No data	No data
Feelings of Loneliness Percentage of adults reporting that they always, usually, or sometimes feel lonely.	2022	33%	34%	33%
Primary Care Physicians Ratio of population to primary care physicians.	2021	980 people per 1 primary care physician	1,330 people per 1 primary care physician	1,330 people per 1 primary care physician

Continuation of Appendix Table 148. Summary of OhioHealth hospitals in Franklin County alignment with Ohio's State Health Improvement Plan related to the action "RE/BH – 10. Continue the OhioHealth Behavioral Health Integration Clinics". Data were based in County Health Rankings (2025).

Measure	Dates	Franklin County	Ohio	United States
Other Primary Care Providers Ratio of people to advanced practice providers, such as nurse practitioners, physician assistants, and clinical nurse specialists who provide routine and preventive care.	2024	460 people per 1 nurse practitioner, physician assistant, or clinical nurse specialists per	670 people per 1 nurse practitioner, physician assistant, or clinical nurse specialists per	710 people per 1 nurse practitioner, physician assistant, or clinical nurse specialists per
Mental Health Providers Ratio of population to mental health providers.	2024	220 people per 1 mental health provider	290 people per 1 mental health provider	300 people per 1 mental health provider
Uninsured Percentage of population under age 65 without health insurance.	2022	8%	7%	10%
Alcohol-Impaired Driving Deaths Percentage of driving deaths with alcohol involvement.	2018-2022	31%	32%	26%

Continuation of Appendix Table 148. Summary of OhioHealth hospitals in Franklin County alignment with Ohio's State Health Improvement Plan related to the action "RE/BH – 10. Continue the OhioHealth Behavioral Health Integration Clinics". Data were based in County Health Rankings (2025).

Measure	Dates	Franklin County	Ohio	United States
Drug Overdose Deaths Number of drug poisoning deaths per 100,000 population.	2020-2022	61 drug poisoning deaths per 100,000 people	45 drug poisoning deaths per 100,000 people	31 drug poisoning deaths per 100,000 people
Disaggregation of Drug Overdose Deaths by Racialized Group:	2020-2022			
Hispanic (all races)	2020-2022	36 drug poisoning deaths per 100,000 people		
Non-Hispanic Asian	2020-2022	7 drug poisoning deaths per 100,000 people		
Non-Hispanic Black	2020-2022	83 drug poisoning deaths per 100,000 people		
Non-Hispanic White	2020-2022	62 drug poisoning deaths per 100,000 people		
Adult Smoking Percentage of adults who are current smokers (age-adjusted).	2022	15%	18%	13%

Continuation of Appendix Table 148. Summary OhioHealth Franklin County hospitals alignment with Ohio's State Health Improvement Plan related to the action "RE/BH – 10. Continue the OhioHealth Behavioral Health Integration Clinics". Data were County Health Rankings (2025).

Measure	Dates	Franklin County	Ohio	United States
Injury Deaths Number of deaths due to injury per 100,000 population.	2018-2022	108 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people	101 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people	84 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people
Disaggregation of Drug Overdose Deaths by Racialized Group:	2018-2022			
Hispanic (all races)	2018-2022	65 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people	No data	No data
Non-Hispanic American Indian and Alaska Native	2018-2022	99 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people	No data	No data
Non-Hispanic Asian	2018-2022	29 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people	No data	No data
Non-Hispanic Black	2018-2022	145 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people	No data	No data
Non-Hispanic White	2018-2022	110 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people	No data	No data

Continuation of Appendix Table 148. Summary OhioHealth Franklin County hospitals alignment with Ohio's State Health Improvement Plan related to the action " RE/BH – 10. Continue the OhioHealth Behavioral Health Integration Clinics". Data were County Health Rankings (2025).

Measure	Dates	Franklin County	Ohio	United States
Homicides Number of deaths due to homicide per 100,000 people.	2016-2022	12 deaths by homicide per 100,000 people	7 deaths by homicide per 100,000 people	7 deaths by homicide per 100,000 people
Disaggregation of Homicide Deaths by Racialized Group:				
Hispanic (all races)	2016-2022	8 deaths by homicide per 100,000 people	No data	No data
Non-Hispanic Black	2016-2022	36 deaths by homicide per 100,000 people	No data	No data
Non-Hispanic White	2016-2022	4 deaths by homicide per 100,000 people	No data	No data
Firearm Fatalities Number of deaths due to firearms per 100,000 people.	2018-2022	16 deaths due to firearm per 100,000 people	15 deaths due to firearm per 100,000 people	13 16 deaths due to firearm per 100,000 people
Disaggregation of Firearm Deaths by Racialized Group:				
Hispanic (all races)	2018-2022	8 deaths due to firearm per 100,000 people	No data	No data
Non-Hispanic Black	2018-2022	38 deaths due to firearm per 100,000 people	No data	No data
Non-Hispanic White	2018-2022	11 deaths due to firearm per 100,000 people	No data	No data

Continuation of Appendix Table 148. Summary OhioHealth Franklin County hospitals alignment with Ohio’s State Health Improvement Plan related to the action “RE/BH – 10. Continue the OhioHealth Behavioral Health Integration Clinics”. Data were County Health Rankings (2025).

Measure	Dates	Franklin County	Ohio	United States
Disconnected Youth Percentage of teens and young adults ages 16-19 who are neither working nor in school.	2019-2023	6%	6%	7%
Lack of Social and Emotional Support Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.	2022	23%	No data	10%

RE/BH – 11. Continue the OhioHealth Behavioral Health Programs and Services in Franklin County — OhioHealth offers inpatient and outpatient Behavioral Health services and psychiatric emergency services.

RE/BH – 11.1. Continue the services of the OhioHealth Inpatient Behavioral Health Services in Franklin County — located at OhioHealth Riverside Methodist Hospital, 3535 Olentangy River Road, Columbus, Ohio 43214. Inpatient care is often recommended when the emotional, psychological, and behavioral problems have reached a crisis, and the patient needs a safe environment to stabilize. As the crisis is addressed, the team assesses the need for follow-up outpatient care and puts a plan in place to support the patient's continued recovery. Services include medication management, group therapy and activities, electroconvulsive therapy, further consultation, and education. Physicians may request a psychiatric assessment and evaluation for medical patients with psychiatric complications who are currently receiving inpatient hospital care. A psychiatrist, advance practice nurse or LISW will evaluate the patient, make recommendations for treatment, and follow the patient's course of care.

RE/BH – 11.2. Continue the services of the OhioHealth Outpatient Behavioral Health Services in Franklin County — include two clinics:

(a) OhioHealth Outpatient Behavioral Health Offices-Central Ohio — located at 3820 Olentangy River Road, Columbus, Ohio 43214. Programs and services include (i) Partial Hospitalization Program, (ii) Intensive Outpatient Program, (iii) Employee Assistance Program, (iv) Sexual Assault Response Network of Central Ohio (SARNCO) Rape Helpline, and (v) Mindfulness-Based Stress Reduction Program.

(b) OhioHealth Physician Group Behavioral Health — located at 5141 West Broad Street, Suite 115, Columbus, Ohio 43228. Services at the OhioHealth Outpatient Behavioral Health offices include (i) Partial Hospitalization Program, and (ii) Intensive Outpatient Program.

RE/BH – 11.3. Continue the services of the OhioHealth Psychiatric Emergency Services in Franklin County — located at Emergency Department services in the campuses of OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Grove City Methodist Hospital. Psychiatric Emergency Department services are also available in OhioHealth Free-Standing Emergency Departments (FSEDs). Providers conduct psychiatric assessment and evaluations to all patients receiving care at the OhioHealth Emergency Departments. Children and adolescents who are suffering from mental and/or behavioral health crises who need hospitalization are referred to Nationwide Children's Hospital's Big Lots Behavioral Health, Sun Behavioral Health Columbus and other community-based mental and behavioral health agencies serving Franklin County residents. Adult patients suffering from mental and/or behavioral health crises needing follow-up care are admitted at the OhioHealth hospitals in Franklin County.

Joint OhioHealth Hospital Impacts related to “RE/BH – 11. Continue the OhioHealth Behavioral Health Programs and Services in Franklin County”

Appendix Table 149 and 150 show the number of patients admitted at OhioHealth Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and Grove City Methodist Hospital who were served by the OhioHealth Behavioral Health, including psychiatry and psychology.

Appendix Tables 151 and 152 show the number of patients admitted at OhioHealth Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and Grove City Methodist Hospital who were referred for consultation with the OhioHealth Psychiatric Services.

Appendix Table 153 shows the number of patients from the OhioHealth Rehabilitation Hospital who were diagnosed with Mental, Behavioral and Neurodevelopmental Disorders (ICD-10 CM: F01-F99). Patients are educated about community mental and behavioral health agencies that provide follow-up care and treatment. Examples where patients were referred include Mental Health America of Ohio, Dempsey Family Education and Resource Center, Concord Counseling, North Central Mental Health, North Community Counseling, Primary One Health, Southeast Healthcare, Syntero, The Ohio State University Behavioral Health, and Netcare Access for emergency support.

Appendix Tables 154 and 155 show the number of patients served by the OhioHealth Outpatient Behavioral Health Offices – Central Ohio during Fiscal Years 2023 and 2024, respectively. The Clinic is located at 3820 Olentangy River Road, Columbus, Ohio 43214.

Appendix Tables 156 and 157 show the number of patients served by the OhioHealth Physician Group Behavioral Health during Fiscal Years 2023 and 2024, respectively. The Clinic is located at 5141 West Broad Street, Suite 115, Columbus, Ohio 43228.

Appendix Tables 158 and 159 show the number of patients referred to various community-based mental and behavioral health agencies and private practice for follow-up care.

Appendix Table 149. Summary of patients admitted at OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and Grove City Methodist Hospital in Fiscal Year 2023 (7/1/2022 to 6/30/2023) who were served by the OhioHealth Behavioral Health, Psychiatry, and Psychology Specialties.

OhioHealth Hospital in Franklin County	Number of admissions in Fiscal Year 2023 served by the OhioHealth Behavioral Health, Psychiatry, and Psychology Specialties	Number of unduplicated patients in Fiscal Year 2023 served by the OhioHealth Behavioral Health, Psychiatry, and Psychology Specialties
OhioHealth Riverside Methodist Hospital	2,645 hospital admissions	2,307 patients
OhioHealth Grant Medical Center	487 hospital admissions	466 patients
OhioHealth Doctors Hospital	329 hospital admissions	310 patients
OhioHealth Dublin Methodist Hospital	148 hospital admissions	142 patients
OhioHealth Grove City Methodist Hospital	0 patient admission	0 patients

Appendix Table 150. Summary of patients served by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and Grove City Methodist Hospital in Fiscal Year 2024 (7/1/2023 to 6/30/2024) who were served by the OhioHealth Behavioral Health, Psychiatry, and Psychology Specialties.

OhioHealth Hospital in Franklin County	Number of admissions in Fiscal Year 2024 served by the OhioHealth Behavioral Health, Psychiatry, and Psychology Specialties	Number of unduplicated patients in Fiscal Year 2024 served by the OhioHealth Behavioral Health, Psychiatry, and Psychology Specialties
OhioHealth Riverside Methodist Hospital	2,677 hospital admissions	2,382 patients
OhioHealth Grant Medical Center	524 hospital admissions	507 patients
OhioHealth Doctors Hospital	246 hospital admissions	236 patients
OhioHealth Dublin Methodist Hospital	186 hospital admissions	180 patients
OhioHealth Grove City Methodist Hospital	14 hospital admissions	14 patients

Appendix Table 151. Summary of patients served by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and Grove City Methodist Hospital in Fiscal Year 2023 (7/1/2022 to 6/30/2023) who were referred to the OhioHealth Inpatient Psychiatric Services.

OhioHealth Hospital in Franklin County	Number of referrals in Fiscal Year 2023 who were referred to the OhioHealth Inpatient Psychiatric Services	Number of unduplicated patients in Fiscal Year 2023 who were referred to the OhioHealth Inpatient Psychiatric Services
OhioHealth Riverside Methodist Hospital	600 referrals	511 patients
OhioHealth Grant Medical Center	31 referrals	29 patients
OhioHealth Doctors Hospital	56 referrals	54 patients
OhioHealth Dublin Methodist Hospital	18 referrals	18 patients
OhioHealth Grove City Methodist Hospital	4 referrals	4 patients

Appendix Table 152. Summary of patients served by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and Grove City Methodist Hospital in Fiscal Year 2024 (7/1/2023 to 6/30/2024) who were referred to the OhioHealth Inpatient Psychiatric Services.

OhioHealth Hospital in Franklin County	Number of referrals in Fiscal Year 2024 who were referred to the OhioHealth Inpatient Psychiatric Services	Number of unduplicated patients in Fiscal Year 2024 who were referred to the OhioHealth Inpatient Psychiatric Services
OhioHealth Riverside Methodist Hospital	485 referrals	402 patients
OhioHealth Grant Medical Center	23 referrals	21 patients
OhioHealth Doctors Hospital	29 referrals	27 patients
OhioHealth Dublin Methodist Hospital	23 referrals	23 patients
OhioHealth Grove City Methodist Hospital	7 referrals	7 patients

Appendix Table 153. Summary of patients served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth Rehabilitation Hospital Columbus and Dublin campuses who have Mental, Behavioral and Neurodevelopmental Disorders (ICD-10 CM F01-F99).

OhioHealth Hospital	Number of Unduplicated Patients Served in Fiscal Year 2023 with Mental, Behavioral and Neurodevelopmental Diagnoses (F01-F99)	Number of Unduplicated Patients Served in Fiscal Year 2024 with Mental, Behavioral and Neurodevelopmental Diagnoses (F01-F99)
OhioHealth Rehabilitation Hospital (Columbus Campus)	223 patients	291 patients
OhioHealth Rehabilitation Hospital (Dublin Campus)	36 patients	278 patients

Appendix Table 154. Summary of Mental, Behavioral and Neurodevelopmental Disorders (ICD-10 CM: F01-F99) among patients served by the OhioHealth Outpatient Behavioral Health Offices – Central Ohio during Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Diagnoses (F01-F99)	Description	Count of Patients	Percent of Patients Served (N=439)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	21	4.8%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	133	30.3%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	23	5.2%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	435	99.1%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	426	97%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	51	11.6%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	52	11.8%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	1	0.228%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	9	2.1%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	83	18.9%
F99	Unspecified mental disorder.	4	0.911%

Appendix Table 155. Summary of Mental, Behavioral and Neurodevelopmental Disorders (F01-F99) among patients served by the OhioHealth Outpatient Behavioral Health Offices – Central Ohio during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 3820 Olentangy River Road, Columbus, Ohio 43214.

Diagnoses (F01-F99)	Description	Count of Patients	Percent of Patients Served (N=290)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	18	6.2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	76	26.2%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	18	6.2%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	289	99.7%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	282	97.2%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	42	14.5%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	23	7.9%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	0	0%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	10	3.4%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	55	19%
F99	Unspecified mental disorder.	10	3.4%

Appendix Table 156. Summary of Mental, Behavioral and Neurodevelopmental Disorders (ICD-10 CM: F01-F99) among patients served by the OhioHealth Physician Group Behavioral Health West Broad Street during Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Clinic is located at 5141 West Broad, Suite 115, Columbus, Ohio 43228.

Diagnoses (F01-F99)	Description	Count of Patients	Percent of Patients Served (N=728)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	38	5.2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	163	22.4%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	23	3.2%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	667	91.6%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	700	96.2%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	70	9.6%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	54	7.4%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	3	0.412%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	13	1.8%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	169	23.2%
F99	Unspecified mental disorder.	7	0.962%

Appendix Table 157. Summary of Mental, Behavioral and Neurodevelopmental Disorders (ICD-10 CM: F01-F99) among patients served by the OhioHealth Physician Group Behavioral Health West Broad Street during Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Clinic is located at 5141 West Broad, Suite 115, Columbus, Ohio 43228.

Diagnoses (F01-F99)	Description	Count of Patients	Percent of Patients Served (N=492)
F01-F09	Mental disorders due to known physiological conditions (for example, dementia; amnesia; delirium; personality and behavioral disorders).	29	5.9%
F10-F19	Mental and behavioral disorders due to psychoactive substance use (for example, alcohol disorder; opioid disorders; Cannabis disorders; sedative, hypnotic or anxiolytic disorders; cocaine disorders; stimulant disorders; hallucinogen disorders; nicotine dependence; inhalant disorders; other psychoactive substance disorders).	101	20.5%
F20-F29	Schizophrenia, schizotypal, schizoaffective, delusional, and other non-mood psychotic disorders.	14	2.8%
F30-F39	Mood (affective) disorders (for example, manic episode; bipolar disorder; depressive episode; major depressive disorder; persistent mood (affective) disorder; unspecified mood (affective) disorder).	451	91.7%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (for example, phobic anxiety disorders; other anxiety disorders; obsessive-compulsive disorder; reaction to severe stress, and adjustment disorders; dissociative and conversion disorders; somatoform disorders; other nonpsychotic mental disorders).	457	92.9%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors (for example, eating disorders; sleep disorders; sexual dysfunction; mental and behavioral disorders associated with puerperium; abuse of non-psychoactive substances).	37	7.5%
F60-F69	Disorders of adult personality and behavior (for example, personality disorders; impulse disorders; gender identity disorders; paraphilias; sexual disorders; adult personality and behavior disorders).	23	4.7%
F70-F79	Intellectual disabilities (for example, mild, moderate, severe, and profound intellectual disabilities).	4	0.813%
F80-F89	Pervasive and specific developmental disorders (for example, speech disorders; language disorders; scholastic skills disorders; motor function developmental disorders; pervasive developmental disorders; other disorders of psychological development).	16	3.3%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (for example, attention-deficit hyperactivity disorders (ADHD); conduct disorders; emotional disorders; disorders of social functioning; Tic disorder).	129	26.2%
F99	Unspecified mental disorder.	3	0.61%

Appendix Table 158. Summary of patient referrals in Fiscal Years 2023 (7/1/2022 to 6/30/2023) by the OhioHealth Behavioral Health Outpatient Clinics, OhioHealth Outpatient Behavioral Health Offices – Central Ohio and OhioHealth Physician Group Behavioral Health West Broad to various community agencies and practices for follow-up counseling, medication management, eating disorder, and substance use.

Name of Behavioral Health Agency or Practice	Website	Count of Referrals in Fiscal Year 2023
Access Ohio	https://accessoh.com/	1
Affirmations Psychological Services, LLC	https://www.affirmationstherapy.com/	3
After the Storm Counseling	https://www.afterthestormcounseling.com/	1
Amigo Family Counseling, LLC	https://www.amigofamilycounseling.com/	1
Anxiety and Behavioral Health Services	https://www.abhs.com/	2
Apex Counseling	https://www.apexcounselingservices.com/	8
Arbor Counseling	https://www.arborcounseling.org/	1
Central Ohio Behavioral Healthcare (Columbus)	https://mha.ohio.gov/wps/portal/gov/mha/about-us/regional-psychiatric-hospitals/healthcare-facilities/cobh/cobh	1
Bluestone Counseling	https://www.bluestonecounseling.com/	10
Boundless	https://iamboundless.org/	1
Brightview	https://www.brightviewhealth.com/	3
Center for Cognitive and Behavioral Therapy	https://www.ccbtcolumbus.com/	4
Central Ohio Counseling, Inc.	https://www.centralohiocounseling.com/	5
Columbus Behavioral Health	https://columbusbehavioralhealth.com/	2
Columbus Counseling Group	https://columbuscounselinggroup.com/	1
Columbus Springs	https://columbussprings.com/	1

Continuation of Appendix Table 158. Summary of patient referrals in Fiscal Years 2023 (7/1/2022 to 6/30/2023) by the OhioHealth Behavioral Health Outpatient Clinics, OhioHealth Outpatient Behavioral Health Offices – Central Ohio and OhioHealth Physician Group Behavioral Health West Broad to various community agencies and practices for follow-up counseling, medication management, eating disorder, and substance use.

Name of Behavioral Health Agency or Practice	Website	Count of Referrals in Fiscal Year 2023
Concord Counseling	https://concordcounseling.org/	3
Mount Carmel Crime and Trauma Assistance Program (CTAP)	https://www.mountcarmelhealth.com/about-us/community-benefit/outreach-programs/crime-and-trauma-assistance-program-ctap	1
Darby Creek Counseling	https://www.darbycreekcounseling.com/	1
Emerald Psychiatry	https://emeraldpsychiatry.com/	33
Emerging Spirit Counseling Services, LLC	No website. 1882 Roosevelt Avenue, Cincinnati OH 45240	1
Emily Program	https://emilyprogram.com/	5
Enliven Health and Wellness	https://enlivenhealthandwellness.com/	6
Equitas Health	https://equitashealth.com/	6
Grove City Psychological Services	https://www.grovecitypsychologicalservices.org/	5
Holistic Wellness Solutions	https://www.holisticws.com/	1
Hopewell Health Centers	https://www.hopewellhealth.org/	2
Inner Harmony	https://www.inner-harmony.net/	1
Licking Memorial Behavioral Health	https://www.lmhealth.org/Services-Facilities/Hospital-Services/Behavioral-Health-Services.aspx	1
Lifestance Health	https://lifestance.com/location/columbus-oh-2-easton-oval/	48
Live Wellness	https://livewellnesscenter.com/	1
Lower Lights Christian Health Center Behavioral Health	https://llhc.org/health-services/behavioral-health/	2

Continuation of Appendix Table 158. Summary of patient referrals in Fiscal Years 2023 (7/1/2022 to 6/30/2023) by the OhioHealth Behavioral Health Outpatient Clinics, OhioHealth Outpatient Behavioral Health Offices – Central Ohio and OhioHealth Physician Group Behavioral Health West Broad to various community agencies and practices for follow-up counseling, medication management, eating disorder, and substance use.

Name of Behavioral Health Agency or Practice	Website	Count of Referrals in Fiscal Year 2023
Marion Area Counseling	https://thirdstreetfamily.org/campuses/marion-area-counseling	1
Matrix Psychology and Counseling	https://matrixpsych.com/services/psychology-counseling/	2
MidOhio Behavioral Health	https://midohiobh.com/	2
Mindpath Health	https://www.mindpath.com/	1
New Horizons Mental Health Services	https://www.newhorizonsmentalhealth.org/	1
North Central Mental Health Services	https://www.ncmhs.org/	3
North Community Counseling Center	https://www.northcommunity.com/	4
Ohio Guidestone	https://ohioguidestone.org/	2
One Health	https://onehealthoh.com/	1
Preparing for Tomorrow Counseling Services, LLC	https://pftcounseling.com/contact/	1
Providers for Healthy Living	https://www.providersforhealthyliving.com/	17
Renew Wellness	http://www.renew-wellness-center.com/	4
Rutti Counseling and Consultation, LLC	https://www.suzannerutti.com/	6
Sage Counseling Consultants, LLC.	No website. 2670 N Columbus St, Lancaster, Ohi 43130	1
Serenity Behavioral Health Services	https://www.serenity-bhs.org/	3
SMART Recovery	https://smartrecovery.org/	1
Southeast, Inc	https://southeasthc.org/	3
Syntero	https://www.syntero.org/	11

Continuation of Appendix Table 158. Summary of patient referrals in Fiscal Years 2023 (7/1/2022 to 6/30/2023) by the OhioHealth Behavioral Health Outpatient Clinics, OhioHealth Outpatient Behavioral Health Offices – Central Ohio and OhioHealth Physician Group Behavioral Health West Broad to various community agencies and practices for follow-up counseling, medication management, eating disorder, and substance use.

Name of Behavioral Health Agency or Practice	Website	Count of Referrals in Fiscal Year 2023
The Ohio State University Wexner Medical Center Talbot Hall	https://wexnermedical.osu.edu/locations/talbot-hall	1
Tranquility Psychiatry and Counseling	https://discovertranquility.com/	7
VA Clinic (Columbus Veterans Administration)	https://www.va.gov/central-ohio-health-care/locations/columbus-v-a-clinic/	1
Wild Hope Therapy	https://www.wildhopetherapy.com/	1

Appendix Table 159. Summary of patient referrals in Fiscal Years 2024 (7/1/2023 to 6/30/2024) by the OhioHealth Behavioral Health Outpatient Clinics, OhioHealth Outpatient Behavioral Health Offices – Central Ohio and OhioHealth Physician Group Behavioral Health West Broad to various community agencies and practices for follow-up counseling, medication management, eating disorder, and substance use.

Name of Behavioral Health Agency or Practice	Website	Count of Referrals in Fiscal Year 2024
Access Ohio	https://accessoh.com/	2
Affirmations Psychological Services, LLC	https://www.affirmationstherapy.com/	1
After the Storm Counseling	https://www.afterthestormcounseling.com/	1
Apex Counseling	https://www.apexcounselingservices.com/	5
Bluestone Counseling	https://www.bluestonecounseling.com/	7
Center for Cognitive and Behavioral Health	https://www.ccbtcolumbus.com/	2
Clintonville Counseling and Wellness	https://www.clintonvillecounselingandwellness.com/	3
Central Ohio Counseling, Inc.	https://www.centralohiocounseling.com/	6
Columbus Behavioral Health	https://columbusbehavioralhealth.com/	4
Columbus Counseling Center	https://columbuscounselinggroup.com/	2
Concord Counseling	https://concordcounseling.org/	2
Emerald Psychiatry	https://emeraldpsychiatry.com/	10
Equitas Health	https://equitashealth.com/	7
Grove City Psychological Services	https://www.grovecitypsychologicalservices.org/	5
Hope419	https://www.hope419.com/	2
Lifestance Health	https://lifestance.com/location/columbus-oh-2-easton-oval/	42
Marion Area Counseling	https://thirdstreetfamily.org/campuses/marion-area-counseling	1
Matrix Psychology and Counseling	https://matrixpsych.com/services/psychology-counseling/	2
MidOhio Behavioral Health	https://midohiobh.com/	3
New Horizons Counseling	https://www.newhorizonsmentalhealth.org/	2

Appendix Table 159. Summary of patient referrals in Fiscal Years 2024 (7/1/2023 to 6/30/2024) by the OhioHealth Behavioral Health Outpatient Clinics, OhioHealth Outpatient Behavioral Health Offices – Central Ohio and OhioHealth Physician Group Behavioral Health West Broad to various community agencies and practices for follow-up counseling, medication management, eating disorder, and substance use.

Name of Behavioral Health Agency or Practice	Website	Count of Referrals in Fiscal Year 2024
North Central Mental Health Services	https://www.ncmhs.org/	1
Private Practice Therapists	Not Applicable	79
Private Psychiatrist or Certified Nurse Practitioner	Not Applicable	40
Providers for Healthy Living	https://www.providersforhealthyliving.com/	5
Rutti Counseling	https://www.suzannerutti.com/	3
Serenity Behavioral Health	https://www.serenity-bhs.org/	3
Southwestern Recovery	https://southwesternrecovery.com/	1
SpringHaven Counseling Center	https://www.springhaven.us/	1
Southeast, Inc	https://southeasthc.org/	4
Syntero	https://www.syntero.org/	11
The Ohio State University Wexner Medical Center Talbot Hall	https://wexnermedical.osu.edu/locations/talbot-hall	1
Tranquility Psychiatry and Counseling	https://discovertranquility.com/	16

RE/BH – 12. Continue the services of the OhioHealth Grant Medical Center Addiction Fellowship — The program aims to adequately train physician fellows to develop clinical competencies, adhere to ethical principles, and improve knowledge and skills in addiction medicine. The program will treat patients from some OhioHealth hospitals in Franklin County, primarily: OhioHealth Riverside Methodist Hospital and OhioHealth Grant Medical Center. The Addiction Medicine Fellowship program will also collaborate with Nationwide Children's Hospital, Maryhaven Addiction Stabilization Center, Alvis, CompDrug, Southeast Mental Health, Lower Lights FQHC and Equitas to ensure an effective cross-referral system and continuity of care (OhioHealth, 2015-2022). The curriculum highlights include the following:

RE/BH – 12.1. Inpatient Psychiatry — includes training on mental health assessments and one-on-one intensive therapy.

RE/BH – 12.2. Women's Health — includes training on caring for pregnant and postpartum women suffering from opioid use disorder.

RE/BH – 12.3. Advocacy — includes training on how to engage in conversation about local, state, and federal health policies as a voice for patients.

RE/BH – 12.4. Community Collaborations — includes training in changing lives for the better with hands-on experience in outpatient recovery.

RE/BH – 12.5. Clinical Rotations — The OhioHealth Grant Medical Center Addiction Fellowship comprehensive curriculum is comprised of 13 clinical rotations (blocks) as follows:

(a) **Blocks 1 to 3— Clinical Rotation with the OhioHealth Grant Medical Center's Consult Team** Fellows familiarize themselves with the field of addiction through OhioHealth Grant Medical Center's consult team. Fellows learn about continuum of care for patients struggling with substance use disorder involving co-occurring surgical and/or medical conditions, Fellows evaluate patients receiving medication-assisted treatment (MAT) and adjusting care plans, as necessary.

(b) **Blocks 4 to 5. Clinical Rotation at Maryhaven Addiction Stabilization Center —** Fellows experience providing care in an acute withdrawal management facility. Fellows perform history taking, medication assessment and management of patients with multiple substance use disorders and becoming a part of a multidisciplinary care team that provides individualized care.

(c) **Block 6. Clinical Rotation at Amethyst/Alvis —**Fellows learn the neurobiology of addiction and its impact on women's health. Upon completion, fellows will have the acquired skills and knowledge to perform intake assessments, and effectively manage addiction in pregnant and postpartum women withdrawing from alcohol, sedatives, and opioids. Fellows will rotate with the Maternal Fetal Medicine specialist to determine indications for referral to specialized intensive outpatient or residential services.

(d) **Block 7. Clinical Rotation at CompDrug —** Fellows prepare and lead educational sessions with other members of the opioid treatment program, demonstrating a commitment to carrying out professional responsibilities involving pharmacotherapy and adherence to ethical principles, including sensitivity and responsiveness to a diverse patient population.

(e) **Block 8. Clinical Rotation on Pain Management —** Fellows will properly assess patients with chronic pain via outpatient pain management at OhioHealth Doctors Hospital. By understanding options for patients with co-occurring substance abuse disorders, they will effectively manage possible side effects, utilizing multimodal approaches including both pharmacologic and non-pharmacologic treatments. By the end of this

rotation, fellows will appropriately implement treatment plans that incorporate state and national guidelines for safe prescribing in an effective, patient-centered environment.

- (f) **Block 9. Clinical Rotation on Pediatrics/Adolescent Care** — One block will be dedicated to Pediatric Addiction Medicine at Nationwide Children's Hospital, a facility widely recognized for its exceptional treatment in adolescent care. Fellows gain exposure to a local pediatric patient population impacted by substance use disorders. Responsibilities include assisting in newborn care as it relates to the evaluation and diagnosis of neonatal abstinence syndrome, and maintaining an attitude of compassion, patience and respect while navigating through challenging circumstances.
- (g) **Block 10. Clinical Rotation on Trauma and Screening, Brief Intervention and Referral to Treatment (SBIRT)** — This rotation gives fellows exposure to patients following a traumatic injury via inpatient and outpatient settings at Grant Medical Center, ranked the busiest adult level one trauma center in central Ohio. Fellows will be able to understand patient chemical dependency, participate in trauma rounds which include pre-rounding with counselors and perform addiction consultations that identify intervention strategies to prevent additional injuries.
- (h) **Block 11. Clinical Rotation on Inpatient Psychiatry** — Upon completion of this rotation, fellows are able to properly assess, educate, and inform patients of the risks involved regarding substance use with experience in intensive inpatient psychiatry at Riverside Methodist Hospital. Fellows will understand the importance of individualized treatment plans by taking into account psychiatric and medical co-morbidities and managing acute behavioral disturbances in a safe and effective manner.
- (i) **Blocks 12 to 13. Elective Opportunities** — Examples of rotations include clinical experience at the Maryhaven Women's Center, Ohio Department of Rehabilitation and Correction, and participation in research.

Joint OhioHealth Impacts Related to “RE/BH – 12. Continue the services of the OhioHealth Grant Medical Center Addiction Fellowship”

Appendix Tables 160 to 161 summarizes the number of patients admitted to the OhioHealth Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and Grove City Methodist Hospital and served by the OhioHealth Addiction Medicine.

Appendix Table 160. Summary of patients admitted at OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and Grove City Methodist Hospital in Fiscal Year 2023 (7/1/2022 to 6/30/2023) who were served by the OhioHealth Addiction Care Team Specialty.

OhioHealth Hospital in Franklin County	Number of admissions in Fiscal Year 2023 served by the OhioHealth Addiction Care Team Specialty	Number of unduplicated patients in Fiscal Year 2023 served by the OhioHealth Addiction Care Team Specialty
OhioHealth Riverside Methodist Hospital	299 hospital admissions	276 patients
OhioHealth Grant Medical Center	1025 hospital admissions	893 patients
OhioHealth Doctors Hospital	0 hospital admissions	0 patients
OhioHealth Dublin Methodist Hospital	0 hospital admissions	0 patients
OhioHealth Grove City Methodist Hospital	0 patient admissions	0 patients

Appendix Table 161. Summary of patients served by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and Grove City Methodist Hospital in Fiscal Year 2024 (7/1/2023 to 6/30/2024) who were served by the OhioHealth Addiction Care Team Specialty.

OhioHealth Hospital in Franklin County	Number of admissions in Fiscal Year 2024 served by the OhioHealth Addiction Care Team Specialty	Number of unduplicated patients in Fiscal Year 2024 served by the OhioHealth Addiction Care Team Specialty
OhioHealth Riverside Methodist Hospital	48 hospital admissions	47 patients
OhioHealth Grant Medical Center	1,216 hospital admissions	1,076 patients
OhioHealth Doctors Hospital	115 hospital admissions	107 patients
OhioHealth Dublin Methodist Hospital	0 hospital admissions	0 patients
OhioHealth Grove City Methodist Hospital	0 hospital admissions	0 patients

- RE/BH – 13. Continue collaboration with the Central Ohio Hospital Council members in developing and implementing strategies aligning with the City of Columbus and Franklin County Addiction Plan** — In addition to OhioHealth, other members of the Central Ohio Hospital Council include The Ohio State University Wexner Medical Center, Mount Carmel Health Systems, and Nationwide Children's Hospital. The Addiction Plan's goal is to address and combat the opiate crisis. The Addiction Plan was developed by the Alcohol, Drug and Mental Health Board (ADAMH) of Franklin County and supported by the Columbus Mayor, Columbus City Council, and the Franklin County Commissioners. Collaborative projects include the following:
- RE/BH – 13.1. Community overdose education and prevention programs** — OhioHealth representatives will continue to serve as community speakers and health educators related to overdose education and prevention in Franklin County.
- RE/BH – 13.2. Treatment and referral of opiate overdose patients presenting in the Emergency Departments** — Leaders from the OhioHealth Emergency Departments have developed ways of assessing patients who presented with opiate overdose and refer these patients for treatment. The ADAMH of Franklin County established the Rapid Response Emergency Addiction and Crisis Team (RREACT), which provide outreach and education to patients in the Emergency Department with an overdose. The OhioHealth Emergency Department directors collaborate with RREACT referrals, so more patients are accessing timely treatment.
- RE/BH – 13.3. Reduce the number of opiate prescriptions dispensed to patients** — OhioHealth continues to improve quality of care by reducing opiate prescriptions for patients undergoing outpatient gastrointestinal surgeries, cesarian sections, and total hip and knee replacements.
- RE/BH – 13.4. Distribution of Narcan (naloxone) in the Emergency Departments** — OhioHealth hospitals in Franklin County, in collaboration with the Central Ohio Hospital Council will be providing naloxone kits and education on how to use Narcan in case of an opiate overdose. The directors of OhioHealth Emergency departments meet once in three months to share best practices in achieving Narcan distribution to patients.
- RE/BH – 13.5. Psychiatric BedBoard** — In collaboration with the Central Ohio Hospital Council. OhioHealth psychiatric providers are collaborating with their counterparts at The Ohio State University Wexner Medical Center and Mount Carmel Health Systems in communicating the availability of psychiatric beds and match open beds with patients in need of inpatient admissions. The BedBoard Group uses a secured, web-based list of all psychiatric patients needing admissions and open beds.

Joint OhioHealth Hospitals Impacts Related to “RE/BH – 13 Continue collaboration with the Central Ohio Hospital Council members in developing and implementing strategies aligning with the City of Columbus and Franklin County Addiction Plan.”

OhioHealth and other central Ohio hospitals in Franklin County is part of the Central Ohio Hospital Council (COHC). As part of the COHC, OhioHealth is involved in various community-wide collaborations that addresses the goals and objectives of the Franklin County Opiate Action Plan. From 2020 to 2024, total of 3,445 Franklin County residents have died from opiate overdose. Fentanyl overdose comprised 84% of these overdose deaths.

As part of the Central Ohio Hospital Council, OhioHealth has been involved with the following:

- Community education and prevention of opiate overdose.
- Community education on naloxone administration to reverse opiate overdose.
- Treatment of patients who had drug overdose.
- Screening patients for hepatitis C virus testing.
- Referral of patients for hepatitis C virus testing.
- Providing patients with Naloxone kit and appropriate instructions to prevent overdose.
- Joint efforts to reduce prescriptions of opiates among patients who had gastrointestinal surgeries, caesarian sections, and knee replacements.

Appendix Table 162 summarizes the Impacts of collaborative efforts by OhioHealth and other central Ohio hospitals that are part of the Central Ohio Hospital Council in addressing opiate addiction in Franklin County and reducing opiate-overdose deaths.

Appendix Table 162. Summary of impacts of OhioHealth collaboration with other central Ohio hospitals as part of the Central Ohio Hospital Council (COHC). Additional information is available at Central Ohio Hospital Council (n.d.).

Initiatives	Impacts and Outcomes of Collaborations
Number of Narcan (Naloxone) kits distributed by Central Ohio Hospitals to patients at the hospital who were at risk of overdosing.	• 2,391 Narcan kits in 2021. • 4,665 Narcan kits in 2022. • 5,947 Narcan kits in 2023. • 7,564 Narcan kits in 2024.
Reduction in the number of opiates prescribed to women undergoing cesarian section.	• 23.18% reduction in opiates prescribed since 2019.
Reduction in the number of opiates prescribed to patients undergoing knee replacements.	• 17.3% reduction in opiates prescribed since 2019.
Reduction in the number of opiates prescribed to patients undergoing hip replacements.	• 9.1% reduction in opiates prescribed since 2019.
Reduction in the number of opiates prescribed to patients who had outpatient gastrointestinal surgeries.	• Laparoscopic Cholecystectomy: 50% reduction in opiates prescribed since 2017 among patients. • Laparoscopic Inguinal Hernia: 47% reduction in opiates prescribed since 2017 among patients. • Open Inguinal Hernia: 50% reduction in opiates prescribed since 2017 among patients. • Umbilical Hernia: 50% reduction in opiates prescribed since 2017 among patients. • Appendectomy: 49% reduction in opiates prescribed since 2017 among patients.

Priority Health Need # 3: Maternal and Infant Health

MIH – 1. Continue providing the OhioHealth Women’s Health programs and services — OhioHealth Women’s Health’s comprehensive programs and services include (but not limited to): maternity care, specialized gynecological care, breast health, heart health, bone health therapy, health and wellness classes, health education, and access to home visiting programs. Specifically, the OhioHealth Wellness on Wheels Women’s Health mobile clinic offers access to high quality, trauma-informed prenatal, postpartum, and interconceptional care to women who are either underinsured or uninsured.

MIH – 1.1. OhioHealth Physician Group Obstetrics and Gynecology outpatient clinics — available at 18 locations in Franklin County:

- (a) OhioHealth Physician Group Obstetrics and Gynecology Clinic at OhioHealth Doctors Hospital —** located at 5193 W. Broad St, Suite 200, Columbus, Ohio 43228
- (b) Graduate Medical Education Obstetrics and Gynecology Clinic at OhioHealth Doctors Hospital —** located at 5131 Beacon Hill Road, Suite 340, Columbus, Ohio 43228
- (c) OhioHealth Physician Group Gynecology Clinic OhioHealth Grant Medical Center —** located at 111 S. Grant Avenue, Columbus, Ohio 43215 and at 3600 Olentangy River Road, Columbus, Ohio 43214
- (d) OhioHealth Women’s Health Partners (OWHP) at OhioHealth Grant Medical Center —** located at 393 E. Town Street, Suite 116, Columbus, Ohio 43215
- (e) OhioHealth Physician Group Obstetrics and Gynecology Clinic at Grove City —** located at 4191 Kelnor Drive, Suite 200, Grove City, Ohio 43123
- (f) OhioHealth Physician Group Obstetrics and Gynecology Clinic at Hilliard —** located at 5300 Nike Drive, Hilliard, Ohio 43026
- (g) OhioHealth Physician Group Obstetrics and Gynecology Clinic at Reynoldsburg —** located at 2014 Baltimore-Reynoldsburg Road, Reynoldsburg, Ohio 43068
- (h) OhioHealth Physician Group Obstetrics and Gynecology Riverside Community Care —** located at 3535 Olentangy River Road, Ground Floor, Columbus, Ohio 43214
- (i) OhioHealth Physician Group Gynecology Columbus Olentangy River Road —** located at 3600 Olentangy River Road Suite A, Columbus, Ohio 43214
- (j) OhioHealth Riverside Women’s Center —** located at 3535 Olentangy Road, Columbus, Ohio 43214
- (k) OhioHealth Wellness on Wheels Mobile Clinic at South High School —** 1160 Ann Street, Columbus Ohio 43206
- (l) OhioHealth Wellness on Wheels Mobile Clinic at Linden Community Center —** located at 1350 Briarwood Ave Columbus, OH 43211
- (m) OhioHealth Wellness on Wheels Mobile Clinic at Directions for Youth and Families —** located at 3840 Kimberly Parkway, Columbus Ohio 43232
- (n) OhioHealth Wellness on Wheels mobile clinic at Walnut Ridge High School —** located at 4841 E. Livingston Ave. Columbus Ohio 43227
- (o) OhioHealth Wellness on Wheels mobile clinic at East High School —** located at 1500 E. Broad Street, Columbus Ohio 43205

- (p) **OhioHealth Wellness on Wheels mobile clinic at Van Buren Shelter** — located at 595 Van Buren Dr. Columbus Ohio 43223
- (q) **OhioHealth Wellness on Wheels mobile clinic at Northland High School** — located at 1919 Northcliff Dr. Columbus Ohio 43229
- (r) **OhioHealth Wellness on Wheels mobile clinic at the Community Health Partnerships Office** — located at 3830 Olentangy River Rd. Columbus OH 43214

MIH – 1.2. OhioHealth Physician Group Maternal Fetal Medicine — available at four locations in Franklin County: (i) **Downtown Columbus clinic** — 285 E. State Street, Suite 620, Columbus, Ohio 43215; (ii) **Westside Columbus clinic** — 5193 W. Broad St, Suite 200, Columbus, Ohio 43228; (iii) **Central Columbus clinic** — 3535 Olentangy River Road, First Floor, Columbus, Ohio 43214; and (iv) **Dublin clinic** — 7450 Hospital Drive, Suite 270, Dublin, Ohio 43016. OhioHealth's Maternal-Fetal Medicine specialists work closely with patients and their obstetricians/gynecologists as well as experts at Nationwide Children's Hospital, to explore your options and develop a care plan that will ensure the best possible outcome for a healthy pregnancy. The OhioHealth Physician Group Maternal-Fetal Medicine is experienced in the following:

- (a) Caring for women who are at risk for pregnancy-related problems.
- (b) Treatment and diagnosis of maternal conditions such as hypertension, gestational diabetes, clotting factor disorders, history of fetal anomalies, and risk for preterm birth.
- (c) Reproductive genetic testing and follow-up for abnormal test results.
- (d) Fetal monitoring through non-stress tests.

MIH – 1.3. Maternity Care — OhioHealth has four maternity hospitals in Franklin County, namely:

- (a) **OhioHealth Riverside Methodist Hospital** — Riverside Methodist is a Level III Maternity Center, which provides the highest level of labor and delivery care possible, as determined by the Ohio Department of Health. A board-certified obstetrician and neonatologist are available on-site 24 hours a day and seven days a week. The Nationwide Children's Hospital Neonatal Intensive Care Unit Level III Nursery at OhioHealth Riverside Methodist Hospital offers world-class neonatal expertise. The maternity team at OhioHealth Riverside Methodist Hospital has delivered more than 6,000 babies a year, more than anywhere else in central Ohio (OhioHealth, 2015-2022).
- (b) **OhioHealth Grant Medical Center** — The Ann Burba Crane Center for Women and Babies at OhioHealth Grant Medical Center is a Level III Maternity Center, which provides the highest level of labor and delivery care possible, as determined by the Ohio Department of Health. A board-certified obstetrician and neonatologist are available on-site 24 hours a day and seven days a week. Nationwide Children's Hospital Neonatal Intensive Care Unit Level III is available at OhioHealth Grant Medical Center (OhioHealth, 2015-2022).
- (c) **OhioHealth Doctors Hospital** — Doctors Hospital is a Level III Maternity Center, which provides the highest level of labor and delivery care possible, as determined by the Ohio Department of Health. A board-certified obstetrician and neonatologist are available on-site 24 hours a day and seven days a week. The Nationwide Children's Hospital Neonatal Intensive Care Unit Level III Nursery at OhioHealth Riverside Methodist Hospital offers world-class neonatal expertise (OhioHealth, 2015-2022).
- (d) **OhioHealth Dublin Methodist Hospital** — Dublin Methodist's maternity team consists of board-certified obstetricians, neonatologists, anesthesiologists, and certified nurse midwives. Nationwide Children's Hospital operates our Level II Neonatal Special Care Nursery (OhioHealth, 2015-2022).

MIH – 1.4. OhioHealth Physician Group Gynecology Columbus Olentangy River Road — located at 3600 Olentangy River Road, Suite A, Columbus, Ohio 43214. This clinic offers the following programs and services:

- (a) Prevention and early detection services —** include (i) Pap tests, (ii) breast examinations, (iii) pelvic examinations, (iv) osteoporosis screening, (v) nutrition counseling, (vi) cervical cancer vaccine for Human Papilloma Virus (HPV), (vii) incontinence and overactive bladder, (viii) endometriosis and fibroids, and (ix) menopause counseling and treatment.
- (b) Family planning services —** include (i) birth control counseling, (ii) preconception counseling, (iii) infertility assessments.
- (c) Surgical services —** include (i) colposcopy, (ii) endometrial biopsy, (iii) endometrial ablation, (iv) laser surgery for endometriosis and other conditions, (v) advanced laparoscopy, (vi) advanced hysteroscopy, (vii) reversal of tubal ligation, (viii) minimally invasive robotic surgery including hysterectomy, (ix) myomectomy for fibroids, (x) peripheral nerve evaluation, (xi) Sacro colpopexy, and (xii) urodynamics.

MIH – 1.5. OhioHealth Physician Group Urogynecology clinic — available at 3555 Olentangy River Road, Suite 4050, Columbus, Ohio 43214. OhioHealth board-certified physicians provide personalized medical and surgical care for conditions like urinary and fecal incontinence, pelvic organ prolapse, genital tract fistulas, sexual dysfunction, and bladder pain disorders.

Joint OhioHealth Impacts related to the action “Continue providing the OhioHealth Women’s Health programs and services (MIH – 1)”

Appendix Tables 163 to 189 show the visit types, race and ethnicity breakdown of patients served by various OhioHealth Physician Group Obstetrics and Gynecology outpatient clinics.

Appendix Table 190 show the birth outcomes from OhioHealth Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, and Dublin Methodist Hospital deliveries in Fiscal Year 2023 and 2024.

Appendix Table 191 shows the summary of child birth education, breastfeeding, and other classes to prepare and guide parents, care providers and family members for the birth of the baby.

Appendix Table 163. Summary of visit types of patients served by the OhioHealth Physician Group Obstetrics and Gynecology (OB/GYN) Columbus Beacon Hill Road in Fiscal Year 2023 (7/1/2022 to 6/30/2023). The OB/GYN Clinic is located at 5131 Beacon Hill Road, Suite 310C, Columbus, Ohio 43228.

Visit Type	Count of Visit Type	Percent of Visit Type (N=2,324)
Prenatal Care	836	36%
Established/Office Visit	319	13.7%
Obstetrics Ultrasound	232	10%
Initial Prenatal Visit	185	8%
Maternal Fetal Medicine Ultrasound (High-Risk Pregnancy)	147	6.3%
Procedure	121	5.2%
New Patient	106	4.6%
Post-operative Visit	99	4.3%
Nurse Visit	87	3.7%
Well Woman Visit	84	3.6%
Postpartum Visit	53	2.3%
Pre-Admission Testing	44	1.9%
Prenatal intake	5	0.215%
Consult	3	0.129%
Telehealth	2	0.086%
Transvaginal Ultrasound	1	0.043%

Appendix Table 164. Summary of visit types of patients served by the OhioHealth Physician Group Obstetrics and Gynecology (OB/GYN) Columbus Beacon Hill Road in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 5131 Beacon Hill Road, Suite 310C, Columbus, Ohio 43228.

Visit Type	Count of Visit Type	Percent of Visit Type (N= 384)
Prenatal Care Visit	119	31%
Established/Office Visit	57	14.8%
Ultrasound Radiography Ambulatory Ob/Gyn	42	10.9%
Well Woman Visit	33	8.6%
Prenatal Intake	27	7%
Nurse Visit	19	4.9%
Initial Prenatal Visit	18	4.7%
Post-Operative Visit	16	4.2%
Postpartum Visit	15	3.9%
New Patient Visit	14	3.6%
New Patient Well Woman	11	2.9%
Procedure	10	2.6%
Telehealth	2	0.521%
Ultrasound Transvaginal	1	0.26%

Appendix Table 165. Summary of race and ethnicity breakdown of patients who received comprehensive women's health services from the OhioHealth Physician Group Obstetrics and Gynecology (OB/GYN) Columbus Beacon Hill Road in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 5131 Beacon Hill Road, Suite 310C, Columbus, Ohio 43228.

Measure	Fiscal Year 2023 (N=609)	Fiscal Year 2024 (N=315)
Race Breakdown:		
Black or African American	30.2%	27.6%
White	39.1%	53%
Asian	2.3%	2.2%
Asked but no Answer	20.7%	11.1%
Two or More Races	5.1%	4.8%
American Indian or Alaska Native	0%	0%
Native Hawaiian or Other Pacific Islander	0.821%	0%
Unknown	1.8%	1.3%
Measure	Fiscal Year 2023 (N=609)	Fiscal Year 2024 (N=315)
Ethnicity Breakdown:		
Not Hispanic or Latino	69.8%	78.1%
Hispanic or Latino	25.3%	14.6%
Asked but no Answer	4.9%	7.3%
Unknown	0%	0%
None of the Above	0%	0%

Appendix Table 166. Summary of visit types of patients served by the OhioHealth Physician Group Obstetrics and Gynecology (OB/GYN) W. Broad Street in Fiscal Year 2023 (7/1/2022 to 6/30/2023). The OB/GYN Clinic is located at 5193 W Broad St #200, Columbus, OH 43228.

Visit Type	Count of Visit Type	Percent of Visit Type (N=10,162)
Prenatal Care Visit	2945	29%
Established/Office Visit	2014	19.8%
Well Woman Visit	1140	11.2%
New Patient Visit	724	7.1%
Obstetrics Ultrasound	459	4.5%
Nurse Visit	418	4.1%
Prenatal Intake	401	3.9%
Post-Operative Visit	391	3.8%
Procedure	378	3.7%
Initial Prenatal Visit	367	3.6%
Ultrasound Radiography Ambulatory Ob/Gyn	313	3.1%
New Patient Well Woman	254	2.5%
Postpartum	251	2.5%
Telehealth	78	0.768%
Mychart Office Visit	21	0.207%
Consult	8	0.079%

Appendix Table 167. Summary of visit types of patients served by the OhioHealth Physician Group Obstetrics and Gynecology (OB/GYN) W. Broad Street in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 5193 W Broad St #200, Columbus, Ohio 43228.

Visit Type	Count of Visit Type	Percent of Visit Type (N=10,029)
Prenatal Care	2771	27.6%
Established/Office Visit	1938	19.3%
Well Woman Visit	1268	12.6%
Ultrasound Radiography Ambulatory Ob/Gyn	699	7%
New Patient Visit	548	5.5%
Nurse Visit	413	4.1%
Post-Operative Visit	383	3.8%
Prenatal Intake Visit	356	3.5%
Initial Prenatal Visit	349	3.5%
Procedure	328	3.3%
New Patient Well Woman	326	3.3%
Postpartum Visit	278	2.8%
Obstetrics Ultrasound	240	2.4%
Telehealth	65	0.648%
Complex Established Visit	41	0.409%
Consult	25	0.249%
Obstetrics Ultrasound First Trimester	1	0.01%

Appendix Table 168. Summary of race and ethnicity breakdown of patients who received comprehensive women's health services from the OhioHealth Physician Group Obstetrics and Gynecology (OB/GYN) W. Broad Street in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 5193 W Broad St #200, Columbus, OH 43228.

Measure	Fiscal Year 2023 (N=3,293)	Fiscal Year 2024 (N=3,252)
Race Breakdown:		
Black or African American	24.3%	25.1%
White	60.9%	59%
Asian	3.3%	2.7%
Asked but no Answer	6.8%	7.8%
Two or More Races	4.2%	4.8%
American Indian or Alaska Native	0.121%	0.092%
Native Hawaiian or Other Pacific Islander	0.182%	0.062%
Unknown	0.152%	0.369%
Measure	Fiscal Year 2023 (N=	Fiscal Year 2024 (N=3,252)
Ethnicity Breakdown:		
Not Hispanic or Latino	85.9%	85.1%
Hispanic or Latino	10.7%	10.4%
Asked but no Answer	3.4%	4.5%
Unknown	0%	0%
None of the Above	0%	0%

Appendix Table 169. Summary of visit types of patients served by the OhioHealth Physician Group Graduate Medical Education Grant Medical Center Obstetrics and Gynecology (OB/GYN) Town Street in Fiscal Year 2023 (7/1/2022 to 6/30/2023). The OB/GYN Clinic is located at 393 E. Town Street, Suite 116, Columbus, Ohio 43215.

Visit Type	Count of Visit Type	Percent of Visit Type (N=4,740)
Prenatal Care Visit	1626	34.3%
Established/Office Visit	824	17.4%
Procedure	533	11.2%
Obstetrics Ultrasound	510	10.8%
Initial Prenatal Visit	338	7.1%
Postpartum Visit	264	5.6%
New Patient	241	5.1%
Nurse Visit	203	4.3%
Post-Operative Visit	124	2.6%
Pre-Operative Visit	28	0.591%
Telehealth Visit	26	0.549%
Lab Draw	12	0.253%
Consult	10	0.211%
Telehealth W Interpreter	1	0.021%

Appendix Table 170. Summary of visit types of patients served by the OhioHealth Physician Group Graduate Medical Education Grant Medical Center Obstetrics and Gynecology (OB/GYN) Town Street in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 393 E. Town Street, Suite 116, Columbus, Ohio 43215.

Visit Type	Count of Visit Type	Percent of Visit Type (N=4,376)
Prenatal Care Visit	1248	28.5%
Procedure	740	16.9%
Obstetrics Ultrasound	668	15.3%
Established/Office Visit	646	14.8%
Initial Prenatal Visit	246	5.6%
Postpartum Visit	221	5.1%
Nurse Visit	214	4.9%
Post-Operative Visit	146	3.3%
New Patient Visit	120	2.7%
Telehealth Visit	43	0.983%
Pre-Operative Visit	32	0.731%
Ultrasound Radiography Ambulatory Ob/Gyn	32	0.731%
Consult	11	0.251%
Lab Draw	7	0.16%
New Patient Well Woman	1	0.023%
Obstetrics Ultrasound 2 nd or 3 rd Trimester Transabdominal	1	0.023%

Appendix Table 171. Summary of race and ethnicity breakdown of patients who received comprehensive women's health services from the OhioHealth Physician Group Graduate Medical Education Grant Medical Center Obstetrics and Gynecology (OB/GYN) Town Street in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 393 E. Town Street, Suite 116, Columbus, Ohio 43215.

Measure	Fiscal Year 2023 (N=1,220)	Fiscal Year 2024 (N=1047)
Race Breakdown:		
Black or African American	60.5%	57.6%
White	24.3%	25.5%
Asian	1.9%	2.8%
Asked but no Answer	7.6%	9.6%
Two or More Races	5%	4%
American Indian or Alaska Native	0.41%	0.287%
Native Hawaiian or Other Pacific Islander	0.246%	0.096%
Unknown	0.082%	0.096%
Measure	Fiscal Year 2023 (N=1,220)	Fiscal Year 2024 (N=1,047)
Ethnicity Breakdown:		
Not Hispanic or Latino	88.8%	85.4%
Hispanic or Latino	9.2%	10.4%
Asked but no Answer	2%	4.2%
Unknown		
None of the Above		

Appendix Table 172. Summary of visit types of patients served by the OhioHealth Physician Group Obstetrics and Gynecology Grove City in Fiscal Year 2023 (7/1/2022 to 6/30/2023). The OB/GYN Clinic is located at 3503 Southwest Boulevard, Grove City, Ohio 43123.

Visit Type	Count of Visit Type	Percent of Visit Type (N=8,847)
Prenatal Care Visit	1947	22%
Established/Office Visit	1529	17.3%
Well Woman Visit	1201	13.6%
Ultrasound Radiography Ambulatory Ob/Gyn	1087	12.3%
New Patient Visit	915	10.3%
Procedure	406	4.6%
Non-Stress Test	405	4.6%
Nurse Visit	357	4%
New Patient Well Woman	290	3.3%
Initial Prenatal Visit	275	3.1%
Post-Operative Visit	173	2%
Telehealth Visit	131	1.5%
Postpartum Visit	128	1.4%
Consult	1	0.011%
Obstetrics Ultrasound	1	0.011%
Obstetrics Ultrasound Transvaginal	1	0.011%

Appendix Table 173. Summary of visit types of patients served by the OhioHealth Physician Group Grove City in Fiscal Year 2024 (7/1/2023 to 6/30/2024) The OB/GYN Clinic is located at 3503 Southwest Boulevard, Grove City, Ohio 43123.

Visit Type	Count of Visit Type	Percent of Visit Type (N=9,502)
Prenatal	2196	23.1%
Established/Office Visit	1676	17.6%
Well Woman	1532	16.1%
Us Rad Amb Ob/Gyn	1039	10.9%
NST	628	6.6%
Procedure	511	5.4%
Nurse Visit	427	4.5%
New Patient	381	4%
New Patient Well Woman	255	2.7%
Initial Prenatal Visit	219	2.3%
Postpartum	213	2.2%
Telehealth	191	2%
Post-Op	179	1.9%
Consult	45	0.474%
Complex Established	8	0.084%
Telehealth W Interpreter	1	0.011%
Us Transvaginal	1	0.011%

Appendix Table 174. Summary of race and ethnicity breakdown of patients who received comprehensive women's health services from the OhioHealth Physician Group Obstetrics and Gynecology Grove City during Fiscal Year 2023 (7/1/2022 to 6/30/2023) and 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 3503 Southwest Boulevard, Grove City, Ohio 43123.

Measure	Fiscal Year 2023 (N=3,372)	Fiscal Year 2024 (N=3,192)
Race Breakdown:		
Black or African American	12.5%	12.3%
White	77.9%	78.3%
Asian	2.2%	2.2%
Asked but no Answer	4.4%	4.3%
Two or More Races	2.5%	2.4%
American Indian or Alaska Native	0.267%	0.188%
Native Hawaiian or Other Pacific Islander	0.119%	0.188%
Unknown	0.178%	0.125%
Measure	Fiscal Year 2023 (N=3,372)	Fiscal Year 2024 (N=3,192)
Ethnicity Breakdown:		
Not Hispanic or Latino	91.7%	92.3%
Hispanic or Latino	4.6%	3.9%
Asked but no Answer	3.7%	3.8%
Unknown	0%	0%
None of the Above	0%	0%

Appendix Table 175. Summary of visit types of patients served by the OhioHealth Physician Group Nike Drive in Fiscal Year 2023 (7/1/2022 to 6/30/2023). The OB/GYN Clinic is located at 5300 Nike Drive, Hilliard, Ohio 43026.

Visit Type	Count of Visit Type	Percent of Visit Type (N=12,429)
Prenatal Care Visit	2997	24.1%
Established/Office Visit	2131	17.1%
Ultrasound Radiography Ambulatory Ob/Gyn	1851	14.9%
Well Woman Visit	1775	14.3%
New Patient Visit	854	6.9%
Procedure	614	4.9%
Post-Operative Visit	404	3.3%
Nurse Visit	376	3%
New Patient Well Woman Visit	372	3%
Postpartum Visit	351	2.8%
Initial Prenatal Visit	240	1.9%
Prenatal Intake	192	1.5%
Telehealth	139	1.1%
Consult	96	0.772%
Care Management	15	0.121%
Obstetrics Ultrasound	9	0.072%
Mychart Office Visit	7	0.056%
Non-Stress Test	5	0.04%
Same Day	1	0.008%

Appendix Table 176. Summary of visit types of patients served by the OhioHealth Physician Group Nike Drive in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 5300 Nike Drive, Hilliard, Ohio 43026.

Visit Type	Count of Visit Type	Percent of Visit Type (N=11,827)
Prenatal Care Visit	2393	20.2%
Established/Office Visit	2211	18.7%
Well Woman Visit	1979	16.7%
Ultrasound Radiography Ambulatory Ob/Gyn	1694	14.3%
New Patient Visit	719	6.1%
Procedure	599	5.1%
New Patient Well Woman	511	4.3%
Post-Operative Visit	339	2.9%
Nurse Visit	315	2.7%
Postpartum Visit	295	2.5%
Initial Prenatal Visit	255	2.2%
Prenatal Intake	188	1.6%
Telehealth Visit	158	1.3%
Consult	71	0.6%
Care Management	56	0.473%
Complex Established	24	0.203%
Obstetrics Ultrasound	20	0.169%

Appendix Table 177. Summary of race and ethnicity breakdown of patients who received comprehensive women's health services from the OhioHealth Physician Group Obstetrics and Gynecology Nike Drive during Fiscal Year 2023 (7/1/2022 to 6/30/2023) and 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 5300 Nike Drive, Hilliard, Ohio 43026.

Measure	Fiscal Year 2023 (N=3,908)	Fiscal Year 2024 (N=4,035)
Race Breakdown:		
Black or African American	22.9%	22.1%
White	63.7%	62.9%
Asian	3.2%	3.6%
Asked but no Answer	6.5%	7.1%
Two or More Races	2.8%	3.5%
American Indian or Alaska Native	0.256%	0.223%
Native Hawaiian or Other Pacific Islander	0.102%	0.025%
Unknown	0.563%	0%
Measure	Fiscal Year 2023 (N=3,908)	Fiscal Year 2024 (N=4,035)
Ethnicity Breakdown:		
Not Hispanic or Latino	90.3%	89.3%
Hispanic or Latino	5.8%	6.5%
Asked but no Answer	3.9%	4.2%
Unknown	0.026%	0%
None of the Above	0%	0%

Appendix Table 178. Summary of visit types of patients served by the OhioHealth Physician Group Community Care Obstetrics and Gynecology Olentangy in Fiscal Year 2023 (7/1/2022 to 6/30/2023). The OB/GYN Clinic is located at 3535 Olentangy River Road, Columbus, Ohio 43214.

Visit Type	Count of Visit Type	Percent of Visit Type (N=12,177)
Prenatal	5083	41.7%
Established/Office Visit	1768	14.5%
Us Rad Amb Ob/Gyn	946	7.8%
Initial Prenatal Visit	743	6.1%
Nurse Visit	742	6.1%
Well Woman	719	5.9%
Prenatal Intake	708	5.8%
Postpartum	573	4.7%
Procedure	439	3.6%
New Patient	361	3%
Post-Op	46	0.378%
Same Day	36	0.296%
Us Ob	11	0.09%
Consult	1	0.008%
Telehealth	1	0.008%

Appendix Table 179. Summary of visit types of patients served by the OhioHealth Physician Group Community Care Obstetrics and Gynecology Olentangy in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 3535 Olentangy River Road, Columbus, Ohio 43214.

Visit Type	Count of Visit Type	Percent of Visit Type (N=12,255)
Prenatal Care Visit	5309	43.3%
Established/Office Visit	2054	16.8%
Initial Prenatal Visit	875	7.1%
Well Woman Visit	747	6.1%
Nurse Visit	705	5.8%
Prenatal Intake	693	5.7%
Postpartum Visit	620	5.1%
Procedure	458	3.7%
Ultrasound Radiography Ambulatory Ob/Gyn	354	2.9%
New Patient Visit	286	2.3%
Post-Operative Visit	75	0.612%
Obstetrics Ultrasound	54	0.441%
Same Day Visit	10	0.082%
Telehealth Visit	8	0.065%
Consult	6	0.049%
Obstetrics Ultrasound 1 st Trimester Transvaginal Transabdominal	1	0.008%

Appendix Table 180. Summary of race and ethnicity breakdown of patients who received comprehensive women's health services from the OhioHealth Physician Group Obstetrics and Gynecology Olentangy River Road during Fiscal Year 2023 (7/1/2022 to 6/30/2023) and 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 3535 Olentangy River Road, Columbus, Ohio 43214.

Measure	Fiscal Year 2023 (N=2,853)	Fiscal Year 2024 (N=3,055)
Race Breakdown:		
Black or African American	35.5%	34.6%
White	41.9%	39.3%
Asian	4.2%	4.1%
Asked but no Answer	11.7%	14.2%
Two or More Races	4.7%	6.4%
American Indian or Alaska Native	0.28%	0.164%
Native Hawaiian or Other Pacific Islander	0.175%	0.229%
Unknown	1.6%	1%
Measure	Fiscal Year 2023 (N=2853)	Fiscal Year 2024 (N=3,055)
Ethnicity Breakdown:		
Not Hispanic or Latino	79.5%	76.7%
Hispanic or Latino	17.6%	19.3%
Asked but no Answer	2.9%	4%
None of the Above	0%	0%

Appendix Table 181. Summary of visit types of patients served by the OhioHealth Physician Group Obstetrics and Gynecology Olentangy River Road in Fiscal Year 2023 (7/1/2022 to 6/30/2023). The OB/GYN Clinic is located at 3600 Olentangy River Road, Suite A, Columbus, Ohio 43214.

Visit Type	Count of Visit Type	Percent of Visit Type (N=16,109)
Established/Office Visit	9306	57.8%
New Patient Visit	2776	17.2%
Nurse Visit	1335	8.3%
Ultrasound Radiography Ambulatory Ob/Gyn	1105	6.9%
Procedure	1031	6.4%
Telehealth Visit	501	3.1%
Non-CareConnect Surgery/Procedure	54	0.335%
Obstetrics Ultrasound	1	0.006%

Appendix Table 182. Summary of visit types of patients served by the OhioHealth Physician Group Obstetrics and Gynecology Olentangy River Road in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 3600 Olentangy River Road, Suite A, Columbus, Ohio 43214.

Visit Type	Count of Visit Type	Percent of Visit Type (N=15,427)
Established/Office Visit	8769	56.8%
New Patient Visit	2389	15.5%
Ultrasound Radiography Ambulatory Ob/Gyn	1376	8.9%
Nurse Visit	1221	7.9%
Procedure	975	6.3%
Telehealth	652	4.2%
Non-CareConnect Surgery / Procedure	43	0.279%
Telehealth Est W/ Interpreter	2	0.013%

Appendix Table 183. Summary of race and ethnicity breakdown of patients who received comprehensive women's health services from the OhioHealth Physician Group Obstetrics and Gynecology Olentangy River Road during Fiscal Year 2023 (7/1/2022 to 6/30/2023) and 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 3600 Olentangy River Road, Suite A, Columbus, Ohio 43214.

Measure	Fiscal Year 2023 (N=7,671)	Fiscal Year 2024 (N=7,325)
Race Breakdown:		
Black or African American	19.1%	19.7%
White	66.2%	65.4%
Asian	4.9%	5.1%
Asked but no Answer	6.9%	7.1%
Two or More Races	2.4%	2.4%
American Indian or Alaska Native	0.13%	0.164%
Native Hawaiian or Other Pacific Islander	0.104%	0.096%
Unknown	0.196%	0.109%
Measure	Fiscal Year 2023 (N=7,671)	Fiscal Year 2024 (N=7,325)
Ethnicity Breakdown:		
Not Hispanic or Latino	90.8%	89.8%
Hispanic or Latino	3.2%	3.5%
Asked but no Answer	6%	6.7%
None of the Above	0%	0%

Appendix Table 184. Summary of visit types of patients served by the OhioHealth Physician Group Wellness on Wheels Obstetrics and Gynecology in Fiscal Year 2023 (7/1/2022 to 6/30/2023). The Wellness on Wheels OB/GYN Mobile Clinics are located throughout Franklin County, Ohio.

Visit Type	Count of Visit Type	Percent of Visit Type (N=1,913)
Prenatal Care Visit	826	43.2%
Social Worker Visit	461	24.1%
Well Woman Visit	184	9.6%
Postpartum Visit	161	8.4%
Initial Prenatal Visit	130	6.8%
Obstetrics Ultrasound	75	3.9%
Nurse Visit	55	2.9%
Post-Operative Visit	18	0.941%
Established/Office Visit	3	0.157%

Appendix Table 185. Summary of visit types of patients served by the OhioHealth Physician Group Wellness on Wheels Obstetrics and Gynecology in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The Wellness on Wheels OB/GYN Mobile Clinics are located throughout Franklin County, Ohio.

Visit Type	Count of Visit Type	Percent of Visit Type (N=1,935)
Prenatal	912	47.1%
Social Worker	295	15.2%
Well Woman	254	13.1%
Initial Prenatal Visit	174	9%
Postpartum	128	6.6%
Us Ob	103	5.3%
Nurse Visit	55	2.8%
Post-Op	5	0.258%
Consult	4	0.207%
Established/Office Visit	2	0.103%
New Patient	2	0.103%
Telehealth	1	0.052%

Appendix Table 186. Summary of race and ethnicity breakdown of patients who received comprehensive prenatal care from the OhioHealth Physician Group Wellness on Wheels Obstetrics and Gynecology (OB/GYN) during Fiscal Year 2023 (7/1/2022 to 6/30/2023) and 2024 (7/1/2023 to 6/30/2024). The Wellness on Wheels OB/GYN Mobile Clinics are located throughout Franklin County, Ohio.

Measure	Fiscal Year 2023 (N=302)	Fiscal Year 2024 (N=385)
Race Breakdown		
Black or African American	47%	41.8%
White	17.5%	19%
Asian	2.6%	2.9%
Asked but no Answer	26.5%	26.5%
Two or More Races	6%	8.8%
American Indian or Alaska Native	0%	0%
Native Hawaiian or Other Pacific Islander	0.331%	0.26%
Unknown	0%	0.78%
Measure	Fiscal Year 2023 (N=302)	Fiscal Year 2024 (N=385)
Ethnicity		
Not Hispanic or Latino	74.2%	60%
Hispanic or Latino	23.2%	33.5%
Asked but no Answer	2.6%	6.5%
None of the Above	0%	0%

Appendix Table 187. Summary of visit types of patients served by the OhioHealth Physician Group Obstetrics and Gynecology Reynoldsburg in Fiscal Year 2023 (7/1/2022 to 6/30/2023). The OB/GYN Clinic is located at 2014 Baltimore-Reynoldsburg Road, Reynoldsburg, Ohio 43068.

Visit Type	Count of Visit Type	Percent of Visit Type (N=8,175)
Prenatal Care Visit	1702	20.8%
Established/Office Visit	1374	16.8%
New Patient Visit	1046	12.8%
Ultrasound Radiography Ambulatory Ob/Gyn	1045	12.8%
New Patient Well Woman Visit	676	8.3%
Well Woman Visit	501	6.1%
Procedure	489	6%
Nurse Visit	250	3.1%
Initial Prenatal Visit	243	3%
Post-Operative Visit	201	2.5%
Telehealth Visit	180	2.2%
Postpartum Visit	179	2.2%
Non-Stress Test	139	1.7%
Complex Care Established Visit	55	0.673%
Find A Doc Ob/Gyn Visit	36	0.44%
Consult	34	0.416%
Same Day Visit	17	0.208%
Prenatal Intake Visit	3	0.037%
Telehealth with Interpreter	3	0.037%
Ultrasound Follow Up	2	0.024%

Appendix Table 188. Summary of visit types of patients served by the OhioHealth Physician Group Obstetrics and Gynecology Reynoldsburg in Fiscal Year 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 2014 Baltimore-Reynoldsburg Road, Reynoldsburg, Ohio 43068.

Visit Type	Count of Visit Type	Percent of Visit Type (N=10,581)
Prenatal Care Visit	2592	24.5%
Established/Office Visit	1642	15.5%
Ultrasound Radiography Ambulatory Ob/Gyn	1232	11.6%
New Patient Visit	1015	9.6%
Well Woman Visit	889	8.4%
New Patient Well Woman Visit	689	6.5%
Procedure	532	5%
Nurse Visit	436	4.1%
Initial Prenatal Visit	349	3.3%
Post-Operative Visit	344	3.3%
Postpartum Visit	304	2.9%
Non-Stress Test (NST)	148	1.4%
Telehealth Visit	147	1.4%
Consult	111	1%
Complex Care Established Visit	106	1%
Prenatal Intake Visit	42	0.397%
Telehealth with Interpreter	2	0.019%
Obstetrics Ultrasound	1	0.009%

Appendix Table 189. Summary of race and ethnicity breakdown of patients who received comprehensive prenatal care from the OhioHealth Physician Group Obstetrics and Gynecology (OB/GYN) Reynoldsburg during Fiscal Year 2023 (7/1/2022 to 6/30/2023) and 2024 (7/1/2023 to 6/30/2024). The OB/GYN Clinic is located at 2014 Baltimore-Reynoldsburg Road, Reynoldsburg, Ohio 43068.

Measure	Fiscal Year 2023 (N=2,840)	Fiscal Year 2024 (3,560)
Race Breakdown:		
Black or African American	42.6%	41.6%
White	38.3%	37.9%
Asian	8.3%	8.5%
Asked but no Answer	5.5%	6.8%
Two or More Races	4.7%	4.7%
American Indian or Alaska Native	0.282%	0.225%
Native Hawaiian or Other Pacific Islander	0.176%	0.169%
Unknown	0.141%	0.112%
Measure	Fiscal Year 2023 (N=2,840)	Fiscal Year 2024 (3,560)
Ethnicity:		
Not Hispanic or Latino	90.2%	88.5%
Hispanic or Latino	5.4%	5.8%
Asked but no Answer	4.4%	5.6%
None of the Above	0%	0%

Appendix Table 190. Summary of birth outcomes, including percent preterm, low birth weight and neonatal intensive care unit (NICU)/special care nursery (SCU) for OhioHealth Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, and Dublin Methodist Hospital during Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

OhioHealth Hospital in Franklin County	Birth Outcome Measure	Fiscal Year 2023	Fiscal Year 2024
OhioHealth Riverside Methodist Hospital	Percent Full Term Birth (at least 37 weeks of gestation)	86.8%	85.7%
OhioHealth Riverside Methodist Hospital	Percent Preterm Birth (less than 37 weeks of gestation)	13%	14%
OhioHealth Riverside Methodist Hospital	Percent Normal Birth Weight (at least 2,500 g)	89.3%	89%
OhioHealth Riverside Methodist Hospital	Percent Low Birth Weight (less than 2,500 g)	10.6%	10.5%
OhioHealth Riverside Methodist Hospital	Percent Babies Discharged to Home (Routine Discharge)	87.6%	86.9%
OhioHealth Riverside Methodist Hospital	Percent Babies Discharged to Neonatal Intensive Care Unit or Special Care Nursery (NICU/SCN)	12.1%	12.6%
OhioHealth Grant Medical Center	Percent Full Term Birth (at least 37 weeks of gestation)	83.3%	83%
OhioHealth Grant Medical Center	Percent Preterm Birth (less than 37 weeks of gestation)	16.3%	16.8%
OhioHealth Grant Medical Center	Percent Normal Birth Weight (at least 2,500 g)	86.1%	85.6%
OhioHealth Grant Medical Center	Percent Low Birth Weight (less than 2,500 g)	13.7%	14.1%
OhioHealth Grant Medical Center	Percent Babies Discharged to Home (Routine Discharge)	84.1%	84.2%
OhioHealth Grant Medical Center	Percent Babies Discharged to Neonatal Intensive Care Unit or Special Care Nursery (NICU/SCN)	15.3%	14.2%

Continuation of Appendix Table 190. Summary of birth outcomes, including percent preterm, low birth weight and neonatal intensive care unit (NICU)/special care nursery (SCU) for OhioHealth Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, and Dublin Methodist Hospital during Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024).

OhioHealth Hospital in Franklin County	Birth Outcome Measure	Fiscal Year 2023	Fiscal Year 2024
OhioHealth Doctors Hospital	Percent Full Term Birth (at least 37 weeks of gestation)	85.6%	86%
OhioHealth Doctors Hospital	Percent Preterm Birth (less than 37 weeks of gestation)	12.6%	13%
OhioHealth Doctors Hospital	Percent Normal Birth Weight (at least 2,500 g)	90.3%	89.2%
OhioHealth Doctors Hospital	Percent Low Birth Weight (less than 2,500 g)	9.4%	10.7%
OhioHealth Doctors Hospital	Percent Babies Discharged to Home (Routine Discharge)	90%	87.4%
OhioHealth Doctors Hospital	Percent Babies Discharged to Neonatal Intensive Care Unit or Special Care Nursery (NICU/SCN)	9.2%	12.1%
OhioHealth Dublin Methodist Hospital	Percent Full Term Birth (at least 37 weeks of gestation)	93.4%	93.2%
OhioHealth Dublin Methodist Hospital	Percent Preterm Birth (less than 37 weeks of gestation)	6.3%	6.7%
OhioHealth Dublin Methodist Hospital	Percent Normal Birth Weight (at least 2,500 g)	95.1%	94.6%
OhioHealth Dublin Methodist Hospital	Percent Low Birth Weight (less than 2,500 g)	4.8%	5.4%
OhioHealth Dublin Methodist Hospital	Percent Babies Discharged to Home (Routine Discharge)	93.3%	92.6%
OhioHealth Dublin Methodist Hospital	Percent Babies Discharged to Neonatal Intensive Care Unit or Special Care Nursery (NICU/SCN)	6.5%	7.2%

Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Riverside Methodist Hospital	Baby Care Basics	This 3-hour class teaches the basics of newborn baby care prior to the baby's arrival. Topics include newborn appearances, what to expect, feeding, safety and more. This class provides hands on experience with diapering and bathing.	292	610
OhioHealth Riverside Methodist Hospital	Breastfeeding	Our lactation experts will educate you on the art of breastfeeding in this 2.5-hour class. Topics include the physiological process of lactation, infant feeding cues, positioning, nutrition, the storage of breast milk and more.	202	328
OhioHealth Riverside Methodist Hospital	Maternity Tour	A 1 hour in-person or virtual tour and enjoy the opportunity to have your questions answered by an experienced tour guide as you view labor and delivery, postpartum, and nursery areas.	287	1932

Continuation of Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Riverside Methodist Hospital	Maternity Tour Web	A 1 hour in-person tour and enjoy the opportunity to have your questions answered by an experienced tour guide as you view labor and delivery, postpartum, and nursery areas.	1105	196
OhioHealth Riverside Methodist Hospital	Childbirth Education Express Web	Get quick answers to your questions from our nurses in a concise 2.5-hour format. It includes our most important tips about labor, when to come to the hospital, and what to expect. Pain relief options and comfort measures will be discussed. Breathing and relaxation techniques are not covered in-depth in this webinar. It is recommended to supplement with the Breathing and Relaxation Webinar for those wanting additional practice and support. You will receive an email with the webinar invite prior to the class.	458	378

Continuation of Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Riverside Methodist Hospital	2 Day Childbirth Education	A popular 2-day version of our one-day workshop. This class will meet twice for 3 hours on the same night of the week for 2 consecutive nights and will review the phases of labor, pain management, relaxation, breathing techniques, when to come to the hospital and what to expect. Participants bring 2 pillows and a blanket/mat. A maternity tour is included with this class.	182	526
OhioHealth Riverside Methodist Hospital	1 Day Childbirth Education	A 1-Day Childbirth Workshop that reviews all phases of labor, pain management, relaxation, breathing techniques, when to come to the hospital and what to expect. This class is 7 hours with an hour lunch break. Participants bring two pillows and a blanket/mat to class. Parking vouchers are provided. A Maternity Tour is included with this class.	80	346

Continuation of Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Grant Medical Center	Baby Care Basics	This 3-hour class teaches the basics of newborn baby care prior to the baby's arrival. Topics include newborn appearances, what to expect, feeding, safety and more. This class provides hands on experience with diapering and bathing.	0	12
OhioHealth Grant Medical Center	Maternity Tour	Choosing a hospital for your baby's birth is an important decision. OhioHealth is proud to bring you advanced maternity care at all our world class hospitals. Sign up for a 1-hour in-person or virtual tour and enjoy the opportunity to have your questions answered by an experienced tour guide as you view labor and delivery, postpartum, and nursery areas.	20	249

Continuation of Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Grant Medical Center	Maternity Tour Web (Virtual)	1-hour in-person or virtual tour and enjoy the opportunity to have your questions answered by an experienced tour guide as you view labor and delivery, postpartum, and nursery areas.	129	45
OhioHealth Grant Medical Center	Breastfeeding Web (Virtual)	In this 2.5-hour virtual class participants learn from lactation consultants about the natural process of breastfeeding, lactation and physiology of the breast, positioning, identification of infant feeding cues, nutrition, and storage of breast milk.	214	526

Continuation of Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Grant Medical Center	1 Day Childbirth Education	A 1-Day Childbirth Workshop that reviews all phases of labor, pain management, relaxation, breathing techniques, when to come to the hospital and what to expect. This class is 7 hours with an hour lunch break. Participants bring two pillows and a blanket/mat to class. Parking vouchers are provided. A Maternity Tour is included with this class.	0	18

Continuation of Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Doctors Hospital	Maternity Tour Web (Virtual)	1-hour in-person or virtual tour and enjoy the opportunity to have your questions answered by an experienced tour guide as you view labor and delivery, postpartum, and nursery areas.	37	21
OhioHealth Doctors Hospital	Maternity Tour	1-hour in-person or virtual tour and enjoy the opportunity to have your questions answered by an experienced tour guide as you view labor and delivery, postpartum, and nursery areas.	3	44
OhioHealth Doctors Hospital	iCCPR	A 2-hour class designed for new parents, grandparents, family members and anyone who would like to learn lifesaving infant CPR and choking rescue but do not need a course completion card. Skills are taught using state of the art infant manikins that provide realistic practice and hi-tech feedback for skill mastery and confidence.	387	171

Continuation of Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Doctors Hospital	Baby Care Basics	This 3-hour class teaches the basics of newborn baby care prior to the baby's arrival. Topics include newborn appearances, what to expect, feeding, safety and more. This class provides hands on experience with diapering and bathing.	60	58
OhioHealth Doctors Hospital	CBE Express	A condensed 3-hour childbirth class for those who want the basics or just a refresher. The class includes an overview of anatomy and physiology, when to come to the hospital, and what to expect. Pain relief options and comfort measures will be discussed.	42	30
OhioHealth Doctors Hospital	Breastfeeding	Our lactation experts will educate you on the art of breastfeeding in this 2.5-hour class. Topics include the physiological process of lactation, infant feeding cues, positioning, nutrition, the storage of breast milk and more.	22	22

Continuation of Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Dublin Methodist Hospital	Baby Care Basics	This 3-hour class teaches the basics of newborn baby care prior to the baby's arrival. Topics include newborn appearances, what to expect, feeding, safety and more. This class provides hands on experience with diapering and bathing.	778	812
OhioHealth Dublin Methodist Hospital	Maternity Tour	1 hour in-person or virtual tour and enjoy the opportunity to have your questions answered by an experienced tour guide as you view labor and delivery, postpartum, and nursery areas.	158	1300
OhioHealth Dublin Methodist Hospital	Maternity Tour Web	1 hour in-person or virtual tour and enjoy the opportunity to have your questions answered by an experienced tour guide as you view labor and delivery, postpartum, and nursery areas.	672	79

Continuation of Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Dublin Methodist Hospital	1 Day Childbirth Education	A 1-Day Childbirth Workshop that reviews all phases of labor, pain management, relaxation, breathing techniques, when to come to the hospital and what to expect. This class is 7 hours with an hour lunch break. Bring two pillows and a blanket/mat to class. Parking vouchers are provided. A Maternity Tour is included with this class.	278	238
OhioHealth Dublin Methodist Hospital	2 Day Childbirth Education	A popular 2-day version of our one-day workshop. This class will meet twice for 3 hours on the same night of the week for 2 consecutive nights and will review the phases of labor, pain management, relaxation, breathing techniques, when to come to the hospital and what to expect. Bring 2 pillows and a blanket/mat. A maternity tour is included with this class.	536	526

Continuation of Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Dublin Methodist Hospital	Grandparenting	Grandparents spend an evening refreshing your memory on infant care, as well as learn how much things have changed. We will review baby proofing, Sudden Infant Death Syndrome (SIDS)/safe sleep, and support for the expectant family in this 2-hour class.	10	160
OhioHealth Dublin Methodist Hospital	iCCPR	A 2-hour class designed for new parents, grandparents, family members and anyone who would like to learn lifesaving infant CPR and choking rescue but do not need a course completion card. Skills will be taught using state of the art infant manikins that provide realistic practice and hi-tech feedback for skill mastery and confidence.	97	480

Continuation of Appendix Table 191. Summary of childbirth education and breastfeeding classes provided to patients, families and caregivers served in Fiscal Year 2023 (7/1/2022 to 6/30/2023) and Fiscal Year 2024 (7/1/2023 to 6/30/2024) by the OhioHealth birthing hospitals in Franklin County, Ohio, including OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital.

OhioHealth Hospital in Franklin County	Name of Class or Education	Description	Count of Persons Served in Fiscal Year 2023	Count of Persons Served in Fiscal Year 2024
OhioHealth Dublin Methodist Hospital	Breastfeeding	Our lactation experts will educate you on the art of breastfeeding in this 2.5-hour class. Topics include the physiological process of lactation, infant feeding cues, positioning, nutrition, the storage of breast milk and more.	408	252

MIH – 2. Continue offering the OhioHealth Mother’s Milk Bank — Under the guidelines of the Human Milk Banking Association of North America (HMBANA), the OhioHealth provides pasteurized human milk to those infants whose mothers are unable to provide milk to nourish their babies. It is one of just 31 –milk banks in North America – 28 in the United States and three in Canada (Human Milk Banking Association of North America, n.d.; OhioHealth, 2021). The OhioHealth Mother’s Milk Bank relies on donations from healthy, lactating women who generously provide milk to help other babies. Infants benefit greatly from human milk, especially those who are premature, ill, or have life-threatening conditions. Human milk is the ultimate source of nutrients and immune protection for infants. Babies benefit from the active growth hormones, developmental enzymes, infection fighting, and immunological factors found in human milk. Research shows that human milk helps preterm infants by improving growth and decrease risk of necrotizing enterocolitis and reduce risk of sepsis (Underwood, 2013). The OhioHealth Mothers’ Milk Bank sends donated milk to various neonatal intensive care units (NICUs) and mother/baby (postpartum) units in Franklin County hospitals, namely:

MIH – 2.1. OhioHealth Riverside Methodist Hospital

MIH – 2.2. OhioHealth Grant Medical Center

MIH – 2.3. OhioHealth Doctors Hospital

MIH –2.4. OhioHealth Dublin Methodist Hospital

MIH –2.5. The Ohio State University Wexner Medical Center

MIH – 2.6. Mount Carmel Health System.

OhioHealth Hospitals’ Impacts related to “MIH – 2. Continue offering the OhioHealth Mother’s Milk Bank”

According to the American Academy of Pediatrics, human milk is the preferred feeding for all infants, including premature and sick newborns with rare exceptions (Meek and Noble, 2022). A mother’s own milk is always preferable; however, when not available, milk given generously by screened donor mothers may be the next best feeding option.

The OhioHealth Mothers Milk Bank is accredited by the Human Milk Banking Association of North America (HMBANA). The OhioHealth Mothers Milk Bank is located at 4850 E Main Street, Suite 140, Columbus, Ohio 43213. The website is <https://www.ohiohealth.com/services/womens-health/ohiohealth-mothers-milk-bank>.

Donating breast milk is important. One ounce of milk will feed three preemies for one day. It’s the only thing known to decrease the risk of necrotizing enterocolitis (NEC) in babies born prematurely, which can be fatal. It contains antibodies that are known to help babies fight off viruses and bacteria.

The demand for Pasteurized Human Milk (PHM) has been increasing, in large part due to the benefits associated with its use. Because OhioHealth depend entirely on volunteer donors for human milk supply, OhioHealth cannot guarantee that sufficient milk is always available to meet each request. The OhioHealth mothers Milk Bank’s goal is to provide milk for each baby who needs it. Milk will be made available first to those babies having the most critical medical need for donor milk. OhioHealth’s priority is to provide donor human milk to premature, ill, and medically fragile infants. Elective use of donor human milk for healthy infants is available if supply allows. The responsibility for prioritizing recipients is at the discretion of the milk bank. If we are unable to supply sufficient milk, OhioHealth will contact the other Human Milk Banking Association of North America (HMBANA) milk banks to determine if they can meet the need.

OhioHealth Mothers Milk Bank donors are healthy mothers who must complete a screening process prior to approval. They are usually nursing their own babies and producing more milk than their baby can use. They choose to donate this surplus milk to a milk bank. For this generous act, they receive no payment, only the personal reward that comes from knowing they have helped to improve the lives of other babies.

All donors receive instructions in the collection and handling of their milk, including meticulous hand washing and sanitizing of their breast pumps. We provide collection bags for milk storage. The donor cannot be taking most medications or herbs and she and her family must be well during the time she donates.

The milk has been heat treated (pasteurized) following standard techniques. This process destroys the bacteria that may have been present in the human milk while preserving most of the nutritional and immunological components. Pasteurized human milk provides protection and nourishment that cannot be duplicated by breast milk substitutes (formula). All donor mothers have passed a triple screening process, and all milk has been pasteurized and stored in compliance with stringent milk banking standards. The triple screening process required by the HMBANA guidelines has resulted in 100% **no transmission of disease** or illness from milk provided by a member bank since the OhioHealth Mothers Milk Bank was established in 1985. Milk donors represent a very low-risk population for the AIDS virus. These mothers have passed multiple screening levels including verbal and written documentation of their dietary, lifestyle and medical history, a medical release from the physician of both the mother and her baby, blood testing of the donor for communicable diseases and culturing of the milk after pasteurization. These processes adhere to the standards established by the HMBANA, in conjunction with the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC). These standards are reviewed annually.

Breastfeeding mothers who are interested in becoming donors must participate in a screening process to ensure the quality and safety of the milk. The process includes a phone screening to verify eligibility, completion of a medical and lifestyle history review, a signed medical release from the donor and physician, and agree to receive a blood test to screen for HIV, HTLV, Hepatitis B, Hepatitis C, and syphilis, paid for by OhioHealth Mothers' Milk Bank. Once an approved volunteer, breastfeeding mothers may donate their breast milk while repeating their lab work every six months. Breast milk donations can be dropped off at one of 30 locations across Ohio or shipped via FedEx with shipping containers and labels provided by the milk bank. Mothers who would like to donate in memory of their child after a loss are invited to reach out to the milk bank. The milk bank displays a memory tree with the baby's first name and date of birth to honor the child and bereavement donation from the mother. Mothers can apply to be a breast milk donor by calling (614) 566.0630 or sending an email to MilkBank@OhioHealth.com.

For additional information about the OhioHealth Mothers Milk Bank, refer to OhioHealth (2015-2025), Logan (2021), Stanavich (2025), Stanavich (2023).

Appendix Tables 193 and 194 summarizes the accomplishments of the OhioHealth Mothers Milk Bank in Fiscal Year 2023 and 2024, respectively.

Appendix Tables 195 and 196 summarizes the outreach, partnerships, trainings, and other community engagement activities of the OhioHealth Mothers Milk Bank during Fiscal Years 2023 and 2024, respectively.

Appendix Table 193. Summary of accomplishments of the OhioHealth Mothers Milk Bank in Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Hospital where OhioHealth Mothers Milk were Used	Fiscal Year 2023 Total number of Donors for Ounces Used	Fiscal Year 2023 Ounces Used	Fiscal Year 2023 Babies Served
OhioHealth Grant Medical Center- Women and Newborn Services	1,149 donors	1,500 ounces	1,500 babies served
Nationwide Children's Hospital- OhioHealth Riverside Methodist Hospital	1,149 donors	19,662 ounces	58,986 babies served
Nationwide Children's Hospital at OhioHealth Dublin Methodist Hospital	1,149 donors	1,857 ounces	5,571 babies served
Nationwide Children's Hospital at OhioHealth Doctors Hospital	1,149 donors	2,166 ounces	6,498 babies served
Mount Carmel East	1,149 donors	2,763 ounces	8,289 babies served
Nationwide Children's Hospital at St. Ann's Hospital	1,149 donors	5,400 ounces	16,200 babies served
Nationwide Children's Hospital at The Ohio State University Wexner Medical Center	1,149 donors	18,420 ounces	55,260 babies served
The Ohio State University Mother Baby Unit	1,149 donors	4,683 ounces	4,683 babies served
Nationwide Children's Hospital Main Campus	1,149 donors	29,700 ounces	89,100 babies served

Appendix Table 194. Summary of accomplishments of the OhioHealth Mothers Milk Bank in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Hospital where OhioHealth Mothers Milk were Used	Fiscal Year 2024 Total number of Donors for Ounces Used	Fiscal Year 2024 Ounces Used	Fiscal Year 2024 Babies Served
OhioHealth Grant Medical Center- Women and Newborn Services	1,307 donors	1,620 ounces	1,620 babies served
Nationwide Children's Hospital- OhioHealth Riverside Methodist Hospital	1,307 donors	18,660 ounces	55,980 babies served
Nationwide Children's Hospital at OhioHealth Dublin Methodist Hospital	1,307 donors	1,491 ounces	4,473 babies served
Nationwide Children's Hospital at OhioHealth Doctors Hospital	1,307 donors	1,497 ounces	4,491 babies served
OhioHealth Doctors Hospital Mother-Infant Unit	1,307 donors	351 ounces	351 babies served
OhioHealth Pickerington Methodist Hospital	1,307 donors	1,107 ounces	3,321 babies served
Mount Carmel East	1,307 donors	3,099 ounces	9,297 babies served
Nationwide Children's Hospital at St. Ann's Hospital	1,307 donors	5,610 ounces	16,830 babies served
Nationwide Children's Hospital at The Ohio State University Wexner Medical Center	1,307 donors	19,890 ounces	59,670 babies served
The Ohio State University Mother Baby Unit	1,307 donors	4,050 ounces	4,050 babies served
Nationwide Children's Hospital Main Campus	1,307 donors	28,458 ounces	85,374 babies served

Appendix Table 195. OhioHealth Mothers Milk Bank Community Outreach Programs, Services, and Trainings in Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name of Outreach, Education, Training, Speakership and Other Activities	Virtual or In-Person and Location of Event	Description	Community Partners	Count of persons served
Presentation to Kettering Health's nurse managers	Virtual	• Provided instruction and education regarding the use of Pasteurized Human Milk (PHM) in their hospitals. • Questions answered regarding nutritional values, research, and pricing.	Kettering Health Website: https://ketteringhealth.org/about/contact/#contact	3
Tours of the OhioHealth Mothers Milk Bank Facility	In-person 4850 E Main Street, Suite 140, Columbus, Ohio 43213	• The Ohio Lactation Consultants Association (OLCA) held their annual conference in Westerville, Ohio. • Prior to the start of the conference, the milk bank was open for scheduled tours. • OLCA members support breastfeeding throughout Ohio. • Tours gave OLCA members opportunity to see how donated human milk is handled for safe distribution. • Education regarding nutrition values, tracking, and donor approval was discussed.	Ohio Lactation Consultants Association (OLCA) Website: https://www.ohio-olca.org/	2

Continuation of Appendix Table 195. OhioHealth Mothers Milk Bank Community Outreach Programs, Services, and Trainings in Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name of Outreach, Education, Training, Speakership and Other Activities	Virtual or In-Person and Location of Event	Description	Community Partners	Count of persons served
OhioHealth Mothers Milk Bank Information Table at the Ohio Lactation Consultants Association (OLCA) Annual Professional Conference held in Westerville, Ohio from 3/31/2023 to 4/1/2023.	In-Person Renaissance Columbus Westerville - Polaris Hotel Address: 409 Altair Parkway, Westerville, Ohio	- OhioHealth Mothers Milk Bank staff answered questions about availability and dispensation of Pasteurized Human Milk (PHM). - Provided teaching and reference materials to attendees. - Answered questions on the safe use of human milk.	Ohio Lactation Consultants Association (OLCA) Website: https://www.ohio-olca.org/	At least 100
Department discussion about the composition of human milk	In-Person OhioHealth Mothers' Milk Bank 4850 E Main Street Suite 140, Columbus, Ohio 43213	OhioHealth staff was educated on the composition of human milk and its importance to fragile infants with compromised immune systems.	Not applicable	1
Presentation at the Nationwide Children's Hospital Neonatal/Fetal Conference	In-Person Nationwide Children's Hospital Conference Center Address: 520 Butterfly Gardens Drive, Columbus, Ohio 43215	- Presented information and details of milk bank operation, and benefits of pasteurized human milk. - Opportunity to respond to questions about a safe supply of human milk and the impact on improving health of preterm or immunocompromised babies in the community.	Nationwide Children's Hospital	4

Continuation of Appendix Table 195. OhioHealth Mothers Milk Bank Community Outreach Programs, Services, and Trainings in Fiscal Year 2023 (7/1/2022 to 6/30/2023).

Name of Outreach, Education, Training, Speakership and Other Activities	Virtual or In-Person and Location of Event	Description	Community Partners	Count of persons served
Opening of Community Milk Drop	OhioHealth Riverside Methodist Hospital Address: 3535 Olentangy River Road, Columbus, Ohio 43214	- Grand opening of the newest donor drop-off sites for donations to the OhioHealth Mothers Milk Bank. - Approved milk donors can now take their milk to a designated location at Riverside Methodist Hospital. - The donated human milk can then be transferred to the OhioHealth Mothers Milk Bank, processed, pasteurized, and distributed to hospitals and outpatients in need.	OhioHealth-Riverside Methodist Hospital	5

Appendix Table 196. OhioHealth Mothers Milk Bank Community Outreach Programs, Services, and Trainings in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name of Outreach, Education, Training, Speakership and Other Activities	Virtual or In-Person and Location of Event	Description	Community Partners	Count of persons served
Babies and Bumps Community Event	In-Person The Renaissance Columbus Downton Hotel Address: 50 N 3rd Street, Columbus, Ohio 43215	- Babies & Bumps began in 2013 as an annual event in Rochester, New York (Motherhood Matters, LLC, 2024). - Babies & Bumps is “designed to help new and soon-to-be parents feel confident about navigating pregnancy, labor and birth, life with a baby, and (new!) parenthood” (Motherhood Matters, LLC, 2024). - The Columbus, Ohio event was a multi-vendor display event with the opportunity to meet families from the region. - Promoted the OhioHealth Mothers Milk Bank as source of a safe supply of human milk. - Educated the public on the ongoing need for donors to provide milk that they will not need for their own baby. - Babies and Bumps also promoted the Milk Bank through advertisement and raffle proceeds.	Babies and Bumps (Motherhood Matters, LLC)	At least 50

Continuation of Appendix Table 196. OhioHealth Mothers Milk Bank Community Outreach Programs, Services, and Trainings in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name of Outreach, Education, Training, Speakership and Other Activities	Virtual or In-Person and Location of Event	Description	Community Partners	Count of persons served
Opening of Community Milk Drop at Adena Regional Medical Center	Adena Regional Medical Center Address: 272 Hospital Road, Chillicothe, Ohio 45601	• OhioHealth Mothers Milk Bank team member trained staff of Adena Regional Medical Center. • The Adena Regional Medical Center site is available to those approved donors in the surrounding area to drop off their donation(s) of human milk. • Adena Regional Medical Center staff will transfer donated human milk to the OhioHealth Mothers Milk Bank by courier. • Adena Regional Medical Center is generously providing the service at no cost to the OhioHealth Mothers Milk Bank. • OhioHealth Mothers Milk Bank staff developed collaborative relationships with the lactation staff at Adena Regional Medical Center. • The OhioHealth outreach supported relationship with the breastfeeding community.	Adena Regional Medical Center	4

Continuation of Appendix Table 196. OhioHealth Mothers Milk Bank Community Outreach Programs, Services, and Trainings in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name of Outreach, Education, Training, Speakership and Other Activities	Virtual or In-Person and Location of Event	Description	Community Partners	Count of persons served
Donor Milk Drive	Neighborhood Family Practice- Ann B. Reichsman Community Health Centers 3545 Ridge Road, Cleveland, Ohio 44012	- An OhioHealth Mothers Milk Bank team member led a Donor Milk Drive. - The Neighborhood Family Practice- Ann B. Reichsman Community Health Centers is currently a drop off site where approved donor can drop off their human milk donation(s) for safe transfer to the OhioHealth Mothers Milk Bank. - The Neighborhood Family Practice Ann B. Reichsman Community Health Centers took care of the advertising for the area and provided the space for the event. - New donors met with the OhioHealth Mothers Milk Bank staff, asked questions, and received information. - Donors had the opportunity for the required lab draw if that was needed.	Neighborhood Family Practice Ann B. Reichsman Community Health Centers	4

Continuation of Appendix Table 196. OhioHealth Mothers Milk Bank Community Outreach Programs, Services, and Trainings in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name of Outreach, Education, Training, Speakership and Other Activities	Virtual or In-Person and Location of Event	Description	Community Partners	Count of persons served
Community Milk Bank Tours	OhioHealth Mothers' Milk Bank Address: 4850 E Main Street, Suite 140, Columbus, Ohio 43213	- Staff members from Mercy Health Perinatal Outreach in Cincinnati came for a tour of the milk bank. - Provided tour of the OhioHealth Mothers Milk Bank facility. - Discussed safe handling of human milk. - Discussed ongoing need for donors. - Relationship building within the Cincinnati, Ohio community. - Discussed on how Mercy Health staff can support milk bank donation and OhioHealth provide access to Pasteurized Donor Human Milk (PDHM).	Mercy Health Perinatal Outreach	5
Networking at the Akron's Children's Hospital Neonatal Conference	Akron Children's Hospital Considine Professional Building Address: 215 W Bowery Street, Akron, Ohio 44308	- An OhioHealth Mothers Milk Bank team member hosted a display table at the Akron Children's Neonatal Conference. - Discussed the OhioHealth Mothers Milk Bank programs and services to the Akron community and to Akron Children's Hospital neonatal intensive care unit (NICU). - Discussed the need for ongoing donors.	Akron Children's Hospital	4

Continuation of Appendix Table 196. OhioHealth Mothers Milk Bank Community Outreach Programs, Services, and Trainings in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name of Outreach, Education, Training, Speakership and Other Activities	Virtual or In-Person and Location of Event	Description	Community Partners	Count of persons served
OhioHealth Lactation Liaison Meeting	Virtual	- OhioHealth Mothers Milk Bank team attends a regular meeting of the Lactation Community and how to best support breastfeeding and increase breastfeeding rates. - Discussed the role of the OhioHealth Mothers Milk Bank in how to support the neonatal intensive care units (NICUs) as well as Mother Baby units using milk as a "bridge" while parents are working on improving the availability of milk supply for their baby. - Discussed the ongoing need for milk donors to support the increased demand for a safe supply of human milk. - Discussed role of the OhioHealth Mothers Milk Bank in addressing infant mortality rates and promoting breastfeeding.	Not applicable.	4
Milk Bank Tour to a Resident Physician from OhioHealth Physician Group Family Practice	OhioHealth Mothers' Milk Bank Address: 4850 E Main Street Suite 140, Columbus, Ohio 43213	Discussed role of the preparation and use of Pasteurized Donor Human Milk (PDHM). Reviewed availability and standards for care, and use of PDHM in outpatient setting as well as use in the hospital. Newly added item to Ohio Budget for coverage.	OhioHealth Physician Group Family Practice	5

Continuation of Appendix Table 196. OhioHealth Mothers Milk Bank Community Outreach Programs, Services, and Trainings in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name of Outreach, Education, Training, Speakership and Other Activities	Virtual or In-Person and Location of Event	Description	Community Partners	Count of persons served
Lunch and Learn	In-Person OhioHealth Mothers' Milk Bank Address: 4850 E Main Street, Suite 140, Columbus, Ohio 43213	- OhioHealth Mothers Milk Bank team member hosted "Lunch and Learn" for 8 employees of Northside Women's Health. - Provided and discussed information about the use of Pasteurized Donor Human Milk (PDHM) and the needs of the milk bank for donors. - Discussed the use and benefits of human milk and the processes at the milk bank.	Northside Women's Health Website: https://www.northsidewomenshealth.com/	8
Opening of Community Milk Drop at The Christ Hospital	In-Person - The Christ Hospital - Liberty Township Address: 6939 Cox Road, Liberty Township, Ohio 45069 - The Christ Hospital in Cincinnati Address: 2139 Auburn Avenue, Cincinnati, Ohio 45219	- OhioHealth Mothers Milk Bank team member opened two milk drop off sites. - These sites are recognized by the Human Milk Banking Association of North America (HMBANA).	The Christ Hospital Network Website: www.thechristhospital.com	4

Continuation of Appendix Table 196. OhioHealth Mothers Milk Bank Community Outreach Programs, Services, and Trainings in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name of Outreach, Education, Training, Speakership and Other Activities	Virtual or In-Person and Location of Event	Description	Community Partners	Count of persons served
Opening of Community Milk Drop Site	OhioHealth Physician Group Obstetrics and Gynecology Address: 1532 Wesley Way, Lancaster, Ohio 43130	- OhioHealth Mothers Milk Bank team member opened two milk drop off sites. - These sites are recognized by the Human Milk Banking Association of North America (HMBANA).	OhioHealth Physician Group at Lancaster, Ohio	3
Opening of Community Milk Drop Site	OhioHealth Pickerington Methodist Hospital Address: 101 Refugee Road, Pickerington, Ohio 43147	- OhioHealth Mothers Milk Bank team member opened two milk drop off sites. - These sites are recognized by the Human Milk Banking Association of North America (HMBANA).	OhioHealth Pickerington Methodist Hospital	At least 100
Babies and Bumps Event	The Renaissance Columbus Downton Hotel 50 N 3 rd Street, Columbus, Ohio 43215	- OhioHealth Mothers Milk Bank attended and hosted a display table at the annual Babies and Bumps event held in Columbus, Ohio. - This event provides information for supplies and possible needs for pregnant and new parents. - Information was presented to attendees as requested regarding the mission and needs of the OhioHealth Mothers' Milk Bank.	Babies and Bumps	3

Continuation of Appendix Table 196. OhioHealth Mothers Milk Bank Community Outreach Programs, Services, and Trainings in Fiscal Year 2024 (7/1/2023 to 6/30/2024).

Name of Outreach, Education, Training, Speakership and Other Activities	Virtual or In-Person and Location of Event	Description	Community Partners	Count of persons served
Donor Milk Drive	Neighborhood Family Practice- Ann B. Reichsman Community Health Center Address: 3545 Ridge Road, Cleveland, Ohio, 44012	- This was an organized event for approved donors to drop off milk for donation to the milk bank. - Donors brought milk to the event and then it was transported safely to the OhioHealth Mothers Milk Bank for processing.	Neighborhood Family Practice Community Health Center	3
Opening of Community Milk Drop Site	Ohio Birth Center 3530 Snouffer Road, Columbus, Ohio 43235	- OhioHealth Mothers Milk Bank team member opened milk drop-off sites. - These sites are recognized by the Human Milk Banking Association of North America (HMBANA).	Ohio Birth Center https://www.ohiobirthcenter.com/	4

MIH – 3. Continue partnering with the Central Ohio Hospital Council in addressing maternal and infant health and improving birth outcomes — The Central Ohio Hospital Council (COHC) is comprised of OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital.

MIH – 3.1. Continue collaborating with the Ohio Better Birth Outcomes (OBBO), a Central Ohio Hospital Council's initiated project — OBBO aims to reduce the infant mortality rate in Franklin County by further enhancing the delivery of health care services for women and families through continuous quality improvement. OBBO's three key focus areas include: (a) improve reproductive health, (b) improve prenatal care access, and (c) initiate clinical quality initiatives to help reduce prematurity.

MIH – 3.2. Continue implementing OhioHealth collaborations with Nationwide Children's Hospital's Nurse-Family Partnerships to provide home visiting program — OhioHealth's collaboration with Nationwide Children's Hospital's Center for Family Safety and Healing involves the Nurse Family Partnership, where women who are pregnant are visited by a specially trained nurse throughout her pregnancy and continues to visit until the child reaches age 2. The pregnant woman is enrolled in the program, and she is encouraged to include the father of the baby, family members and friends who may be able to support her. The nurse provides advice on how to safely care for their child and build confidence in providing a healthy start for their babies and means of achieving a stable life and secure future for both mother and child (Nurse-Family Partnership, 2022).

This **Action MIH – 3** aligns with Ohio's 2020-2022 State Health Improvement Plan (SHIP) and other local priorities.

Joint OhioHealth Impacts Related to MIH – 3. Continue partnering with the Central Ohio Hospital Council in addressing maternal and infant health and improving birth outcomes

Refer to impacts presented in RE/BH 3 and RE/BH 8.3. Details of programs and services and accomplishments are presented in **Appendix Table 28** (Collaboration with the Ohio Better Birth Outcomes) and **Appendix Table 81** (Collaboration with the Nationwide Children's Hospital's Nurse Family Partnerships).

The impacts related to the OhioHealth alignment with the State Health Improvement Plan are shown in **Appendix Table 197**.

MIH – 4 **Continue collaborating with Columbus Public Health and foster cross-referrals and education about maternal and child health programs and services** — Examples of Columbus Public Health's programs and services that address maternal and child health include (a) Sexual Health, (b) Women's Health Center, (c) Women, Infants and Children (WIC), (d) Baby and Me Tobacco Free, (e) Child Injury Prevention, (f) Immunization Clinic, (g) Project L.O.V.E., (h) Infant Health, and (i) CelebrateOne.

This **Action MIH – 4** aligns with Ohio's 2020-2022 State Health Improvement Plan (SHIP) and other local priorities.

MIH – 4.1. **Continue educating patients, caregivers, and loved ones about Columbus Public Health's Sexual Health programs and services** — Columbus Public Health's programs and services related to sexual health include (but not limited to):

- (a) Sexual Health Clinic and Other Services
- (b) Ryan White Part A HIV Care
- (c) Parent's Corner
- (d) LGBTQ Health Initiative
- (e) Take Care Down There
- (f) Hepatitis Testing and Education

MIH – 4.2. **Continue educating patients, caregivers and loved ones about Columbus Public Health's Women's Health and Wellness Center's programs and services and continue to refer when necessary** — The Columbus Public Health's Women's Health Center's programs and services related to maternal and infant health include (but not limited to):

- (a) Well women annual exams
- (b) Breast screening
- (c) Mammogram referrals
- (d) Pap smears with Human Papilloma Virus testing
- (e) Cervical cancer screening
- (f) Contraceptive education
- (g) Contraceptive education and birth control methods
- (h) Emergency contraception
- (i) Infertility counseling with referral
- (j) Sexually transmitted diseases' testing, treatment, and prevention education
- (k) Smoking cessation
- (l) Education on preconception care
- (m) Healthy Weight program with individual counseling
- (n) Pregnancy testing, education, and documents on proof of pregnancy
- (o) Teen Health Clinic

MIH – 4.3. Continue educating patients, caregivers and loved ones about Columbus Public Health’s Women, Infants and Children’s (WIC) programs and services and continue to refer when necessary — WIC is a federal supplemental nutrition programs for women who are pregnant, postpartum, and breastfeeding and infants and children up to age 5. WIC offers the following programs and services:

- (a) Nutrition assessment, education, and counseling
- (b) Electronic vouchers to use at large groceries to avail of nutritious foods such as infant foods, eggs, cereal, fruits, vegetables, whole grains, milk, peanut butter, and dried beans
- (c) Referral to health and social service organizations
- (d) Education and support regarding breastfeeding
- (e) Breast pumps when needed

MIH – 4.4. Continue educating patients, caregivers and loved ones about Columbus Public Health’s Family Health program — Examples of programs include:

- (a) “Baby and Me Tobacco Free” program
- (b) Child Injury Prevention
- (c) Growing Healthy Kids
- (d) Immunizations
- (e) Women’s Health and Wellness Center
- (f) Women, Infants and Children (WIC)

MIH – 5. Continue collaborating with the City of Columbus and Columbus Public Health’s CelebrateOne Project — OhioHealth has a long history of collaborations with the City of Columbus, Columbus Public Health and CelebrateOne related to addressing infant mortality in Franklin County. The partnerships are focused on improving the birth outcomes of African Americans through innovative, evidenced-based programs such as OhioHealth’s Teen Options to Prevent Pregnancy (TOPP), health education, and participation in community work groups that discuss and implement collaborative strategies to promote the health of mothers and babies. The TOPP model of care is regarded as an evidenced-based program by the U.S. Department of Health and Human Services that reduces rapid, repeat pregnancies among expectant and parenting adolescent females, ages 10-19 through telephone-based motivational interviewing, and contraceptive access (Youth.gov, n.d.). Through a pilot demonstration project, OhioHealth has shown that the TOPP model of care is also effective and adaptable for adult expectant and parenting women. The health care delivery team is comprised of a registered nurse, a nurse practitioner, and a community health worker. Interventions include (but not limited to): (a) telephone-based care coordination, (b) home visits, (c) motivational interviewing, (d) assess social determinants of health needs and make referrals to community resources, and (e) address barriers to contraceptive use and adherence to treatment. In partnership with CelebrateOne, OhioHealth’s TOPP model of care will be implemented in CelebrateOne priority zip codes 43203, 43204, 43205, 43206, 43207, 43211, 43219, 43222, 43223, 43224, 43227, 43229, 43232. These zip codes represent Columbus, Ohio’s socially vulnerable neighborhoods such as:

MIH – 5.1. Franklinton neighborhoods — include zip codes 43222 and 43223.

MIH – 5.2. Hilltop neighborhoods — include zip codes 43204 and 43222.

MIH – 5.3. Near East neighborhoods — include zip codes 43203, 43205, and 43219.

MIH – 5.4. Morse-161 neighborhoods — include zip code 43229.

MIH – 5.5. Near South neighborhoods — include zip code 43205.

MIH – 5.6. Northeast neighborhoods — include zip codes 43211, 43219, and 43224.

MIH – 5.7. Southeast neighborhoods — include zip code 43207.

MIH – 5.8. South Linden neighborhoods — include zip code 43211 and 43224.

This **Action MIH – 5** aligns with Ohio’s 2020-2022 State Health Improvement Plan (SHIP) and other local priorities.

Joint OhioHealth Hospitals’ Impacts related to “MIH – 5. Continue collaborating with the City of Columbus and Columbus Public Health’s CelebrateOne Project”

OhioHealth continues to actively collaborate with Columbus Public Health’s maternal, infant and child health’s programs and services (City of Columbus, Ohio, 2025).

CelebrateOne’s mission is to ensure that every baby in Columbus celebrates their first birthday and beyond. CelebrateOne’s goals include:

- Reducing preterm births.
- Improving access to prenatal and postpartum care.
- Providing access to social determinants of health needs.
- Promoting safe sleep practices.

CelebrateOne’s programs and services include the following:

- Access to community baby showers.
- Access to doulas.

- Focus on Ohio Health Improvement Zones.
- Provision of pregnancy test kits.
- Queen Village.
- Education about safe sleep practices.
- Access to teen reproductive health.

Additional information about CelebrateOne is available at City of Columbus, Ohio (2025).

Appendix Table 197 shows the measures and data related to the OhioHealth hospitals' alignment with Ohio's 2020-2022 State Health Improvement Plan.

Appendix Table 197. Summary of data related to OhioHealth hospitals' alignment with Ohio's 2020-2022 State Health Improvement Plan (SHIP) related to MIH – 3 and MIH – 5. Data were obtained from County Health Rankings (2025).

Measure	Dates	Franklin County	Ohio	United States
Child Mortality Number of deaths among residents under age 20 per 100,000 people.	2019-2022	70 per 100,000 people	60 per 100,000 people	50 per 100,000 people
Disaggregation of Child Mortality by Racialized Group:	2019-2022			
Hispanic (all races)	2019-2022	60	No data	No data
Non-Hispanic Asian	2019-2022	40	No data	No data
Non-Hispanic Black	2019-2022	130	No data	No data
Non-Hispanic White	2019-2022	40	No data	No data
Infant Mortality Number of infant deaths less than age 1 per 1,000 live births.	2016-2022	8 per 1,000 live births	7 per 1,000 live births	6 per 1,000 live births
Disaggregation of Infant Mortality by Racialized Group:	2016-2022			
Hispanic (all races)	2016-2022	6 per 1,000 live births	No data	No data
Non-Hispanic Asian	2016-2022	5 per 1,000 live births	No data	No data
Non-Hispanic Black	2016-2022	13 per 1,000 live births	No data	No data
Non-Hispanic two or more races	2016-2022	10 per 1,000 live births	No data	No data
Non-Hispanic White	2016-2022	5 per 1,000 live births	No data	No data

Continuation of Appendix Table 197. Summary of data related to OhioHealth hospitals' alignment with Ohio's 2020-2022 State Health Improvement Plan (SHIP) related to MIH – 3 and MIH – 5. Data were obtained from County Health Rankings (2025).

Measure	Dates	Franklin County	Ohio	United States
Low Birth Weight Percent of live births with low birth weight (less than 2,500 grams)	2017-2023	9%	9%	8%
Disaggregation of Low Birth Weight by Racialized Group:	2017-2023			
Hispanic (all races)	2017-2023	8%	No data	No data
Non-Hispanic American Indian and Alaskan Native	2017-2023	15%	No data	No data
Non-Hispanic Asian	2017-2023	10%	No data	No data
Non-Hispanic Black	2017-2023	13%	No data	No data
Non-Hispanic two or more races	2017-2023	10%	No data	No data
Non-Hispanic White	2017-2023	7%	No data	No data
Children in Poverty Percent of people under age 18 in poverty	2019-2023	20%	18%	16%
Asian	2019-2023	14%	No data	No data
Black	2019-2023	34%	No data	No data
Hispanic	2019-2023	25%	No data	No data
White	2019-2023	11%	No data	No data

MIH – 6. Continue collaborating with Franklin County Public Health and foster cross-referrals and education about maternal and child health programs and services — Examples of Franklin County Public Health’s programs and services that address maternal and infant health include (a) Children with Medical Handicaps, (b) safe sleep community health education, and (c) infant mortality community health education (Franklin County Public Health, 2022).

This **Action MIH – 6** aligns with Ohio’s 2020-2022 State Health Improvement Plan (SHIP) and other local priorities.

MIH – 6.1. Children with Medical Handicaps — helps children with special healthcare needs through the following:

- (a) Diagnostic Program
- (b) Treatment Program
- (c) Service Coordination Program

MIH – 6.2. Safe Sleep Community Health Education — educates parents, families, and communities on the causes of sleep-related deaths, and how to prevent Sudden Infant Death Syndrome (SIDS).

MIH – 6.3. Awareness and prevention education related to infant mortality — educates parents, families, and communities on the importance of learning and awareness about infant mortality and infant mortality rates in Franklin County, and ways of preventing infant mortality by promoting access to preconception care, prenatal, and postpartum care.

OhioHealth Hospitals’ Impacts related to MIH – 6. Continue collaborating with Franklin County Public Health and foster cross-referrals and education about maternal and child health programs and services.

OhioHealth hospitals have shared with patients, families, and caregivers about Franklin County Public Health’s Maternal and Infant Health Programs and Services. OhioHealth is also an active participant of the Franklin County Public Health’s HealthWorks, which is a collaborative among various community and government agencies to share progress, updates and accomplishments related to Franklin County’s Community Health Improvement Plan.

- **Franklin County Public Health’s education about ABCs of Safe Sleep.**

Trained staff of the Franklin County Public health provides health education about safe sleep tips for parents and families with infants under age 1 at home. The ABC of safe sleep aims to protect infants from Sudden Infant Death Syndrome (SIDS) (Franklin County Public Health, 2025). The Franklin County Public Health staff supports families through the following interventions.

- Education about ABCs of safe sleep and answer questions from parents and families.
 - + **A** means that the baby is alone in their own crib with no blankets, toys, pets, or family members.
 - + **B** means that the baby is placed on their back on a firm, flat, level sleep surface.
 - + **C** means that the baby is placed in a crib for bedtime and naps. Couches, adult beds, or armchairs are never safe for infants to sleep.
- Conduct of a safe sleep assessment with parents and families and reinforce the importance of safe sleep through education.
- Refer families to accessing a portable crib if they qualify.

- **Franklin County Public Health's Home Visiting Program.**

- The program serves pregnant or postpartum women minorities until their baby turns 3 years old.
- Access to 1-on-1 support.
- Access to referral and linkages to pertinent community resources.
- Access to home visits, phone calls and text messages from a public health nurse or community health worker.

Appendix E. Franklin County HealthMap 2025

Franklin County HealthMap2025



Navigating Our Way to a
Healthier Community Together



April 2025

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ABOUT HEALTHMAP2025

Introduction

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 HealthMap2025*.

Franklin County HealthMap2025 is the result of a continuing, collaborative effort coordinated by the Central Ohio Hospital Council (COHC), Columbus Public Health (CPH), and Franklin County Public Health (FCPH). 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 not-for-profit member hospitals have service areas that extend across central Ohio, for the purposes of this report, the local geographic focus area is Franklin County, Ohio. 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.

The intent of this effort is to help health departments, hospitals, social service agencies, and other community organizations identify and address the unmet health needs of Franklin County residents. By characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, and other health issues, these community partners can ensure resources are focused so that they have the greatest impact.

To that end, central Ohio's hospitals and health departments will begin using the data reported in *Franklin County HealthMap2025* to inform the development and implementation of strategic plans (e.g., community health improvement plans; implementation plans) that address the community's health needs. Consistent with federal requirements, *Franklin County HealthMap2025* will be updated in three years.

The Franklin County Community Health Needs Assessment Steering Committee hopes *Franklin County HealthMap2025* 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 HealthMap2025's Process

The process for *Franklin County HealthMap2025* reflects 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

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

collaboration. The primary phases of this process, as adapted for use with *Franklin County HealthMap2025*, included the following steps.

(1) Prepare to Assess. Members of the community were closely involved throughout the design and implementation of *Franklin County HealthMap2025*. On January 17, 2024, new members of the *Franklin County HealthMap2025* Community Health Needs Assessment Steering Committee² 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 January 31, 2024, the full Steering Committee gathered in person 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 (e.g., “What would a healthy Franklin County look like to you?”), and to identify potential health indicators for inclusion in *Franklin County HealthMap2025*. Both small group discussions and large group “report-outs” occurred during this session.

The *Franklin County HealthMap2025* 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. Indicators identified by the Steering Committee for inclusion in the *Franklin County HealthMap2025* were collected and entered into a database for review and analysis. 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) and state sources (e.g., Ohio Department of Health’s Data Warehouse, Ohio Hospital Association, Ohio Department of Public Safety, Ohio Department of Development). Rates and/or percentages were calculated when necessary.

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 HealthMap2025*, quantitative secondary data must have been collected or published in 2021 or later; in most cases, the data reported in *HealthMap2025* are from 2022. In some instances, comparable state and/or national data were unavailable at the time of report preparation and therefore were not included.

The following table lists the quantitative indicators included in Franklin County’s *HealthMap2025*.

² These individuals are listed on page 12 of this report.

Indicator	Indicator Details	Indicator	Indicator Details
COMMUNITY PROFILE			
Total population	Number of people in Franklin County, Ohio	Educational attainment	-
Sex	-	Foreign-born status	Born outside of the United States
Age	-	English proficiency	Percent of people age 5+ who speak English less than "very well"
Race	-	Non-English languages spoken at home	Leading non-English languages spoken by people while at home
Ethnicity	-	Household size	Average household, family size
Total households	Number of households in Franklin County, Ohio	Household type	Family, nonfamily, single parents
BASIC NEEDS			
Poverty status	Less than 125% Federal Poverty Limit (FPL)	Eviction filing rate	Per 100 renter-occupied households
Income distribution	Less than 125% FPL; 125%-200% FPL; 200% FPL or below, 200%-400% FPL	Food insecurity	People who lack access, at times, to enough food for an active, healthy life
Median household income	-	Health insurance rate (insured; uninsured)	People who have health insurance
Cost-burdened households	Households that spend ≥30% of income on housing	Health insurance type	People who have different types of health insurance
Renter-occupied housing	Occupied housing units that are rented	Adverse childhood experiences (ACEs)	Adults who experienced an ACE before the age of 18
Unhoused community members	People who are homeless at a single point in time		
CHRONIC CONDITIONS			
High cholesterol prevalence	Adults told by a doctor that they have high cholesterol	Stroke prevalence	Adults told by a doctor that they had a stroke
High blood pressure prevalence	Adults told by a doctor that they have high blood pressure	Heart disease prevalence	Adults told by a doctor that they have heart disease
Arthritis prevalence	Adults told by a doctor that they have arthritis	Disability prevalence by type	Adults with different types of disabilities
Diabetes prevalence	Adults told by a doctor that they have diabetes		
HEALTH BEHAVIORS			
Breast cancer screening	Adult females (age 40+) who recently had a mammogram	Current cigarette smokers	Adults who smoke cigarettes some days or every day
Colorectal cancer screening	Adults (age 45-75) who recently had a colonoscopy	Current e-cigarette users	Adults who use e-cigarettes some days or every day
Alcohol abuse	Adults who binge drank in the past month	Obesity/overweight status	Per body mass index (BMI) categories

Indicator	Indicator Details	Indicator	Indicator Details
MATERNAL AND INFANT HEALTH			
Prenatal chronic health conditions	Anxiety; depression; gestational diabetes; or pregnancy-onset hypertension	Prenatal racial bias	Pregnant women who reported experiencing racial bias from a healthcare provider
Pre-pregnancy vitamin usage	Taking (multi)vitamins in month before pregnancy	Infant mortality rate	Deaths that occurred before 1 year of age, per 1,000 babies born
Pre-pregnancy diabetes	Type 1 or 2 diabetes in the three months before pregnancy	Low birthweight prevalence	Infants who weighed less than 2500 grams
Unintended pregnancy	Those who wanted to be pregnant later or did not want to be pregnant	Preterm birth prevalence	Infants who were delivered before 37 weeks gestation
Prenatal healthcare	Women who had a healthcare visit in year before pregnancy	Neonatal abstinence syndrome birth rate	Rate per 1,000 babies born
Postnatal healthcare	Women who had a healthcare visit in the 4-6 weeks after delivery	Teen fertility rate	Rate per 1,000 girls age 15-19 in the same age
INFECTIOUS DISEASES			
Most common infectious disease rates: adults	Rate per 1,000 individuals	New HIV diagnosis rate	Rate per 100,000 individuals
Most common infectious disease rates: children	Rate per 1,000 individuals	Kindergarten vaccinations	Youth who entered kindergarten with all required vaccines complete
HEALTH CARE ACCESS			
Emergency Department utilization	Treated & released; Admitted into the hospital; Visit severity; Top 10 diagnoses	Dental care access	Needed dental care but could not secure it (past 12 months)
INJURY AND DEATH			
Mental/Social health	Self-harm and suicide; loneliness; depression; alcohol attributable deaths; child abuse; domestic violence	Trauma hospitalization	Leading types of traumatic injuries
Mortality	Life expectancy; mortality rate	Cancer	Incidence and mortality
Leading causes of death	Rate per 100,000 individuals	Violent crime	Murder, rape, robbery, and aggravated assault, per 100,000 individuals
		Overdose deaths	Rate per 100,000 individuals
ENVIRONMENTAL HEALTH			
Elevated blood lead level (EBLL)	Among children under 6 years old	Lyme disease	Cases and rates, per 100,000 individuals
Asthma prevalence	Adults told by a doctor that they have asthma		

Throughout the report, a (▲ or ▼) symbol next to the HM2025, Ohio, or US estimate indicates that estimate is at least 10% higher or at least 10% lower than the HM2022 estimate for that geography. A (▲ or ▼) symbol next to an age, sex, race/ethnicity, or disability estimate indicates that estimate is at least 10% higher than or at least 10% lower than the overall Franklin County estimate (i.e., HM2025).

(3) Collect and Analyze Primary Data. Qualitative primary data were obtained from a series of eleven 90-minute focus groups held from May 13, 2024 through July 26, 2024. Most of these focus groups were held in convenient, trusted locations throughout the community (e.g., Columbus Metropolitan Library branches; a community center; Columbus Public Health’s administrative headquarters) and were facilitated by professional researchers. One focus group was held virtually via Zoom. A combination of professional/paid and grassroots/volunteer recruiting efforts were used to invite a diverse mix of Franklin County residents to participate in these sessions, including those with different types of disabilities.³

Overall, 111 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 of these discussions can be provided upon request.

(4) Identify Priority Health Needs. On October 22, 2024, the Steering Committee members received a draft copy of *Franklin County HealthMap2025*. They were asked to review the draft document and to record and share any comments or questions they had about it.

On October 31, 2024, the full Steering Committee met in person to review *Franklin County HealthMap2025* and to identify priority health issues. The meeting participants were divided into small groups, with each group asked to review a specific section of *Franklin County HealthMap2025* 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 identifying potential priority health issues:

- **Equity:** Degree to which specific groups are disproportionately 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 or disability, and impairs one’s quality of life.

³ The Steering Committee wishes to acknowledge and thank the Ohio Department of Health’s Center for Public Health Excellence for recruiting disabled residents to share their experiences and opinions in one of these focus groups and for providing ASL interpreters to help facilitate that conversation.

- **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.

Overall, a total of 29 potential priority health issues were identified by Steering Committee members. A multi-voting technique,⁴ featuring three rounds of voting, was used to narrow down that list to **five priority health issues** that affect Franklin County residents.

On December 19, 2024, 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). Then, after reading descriptions of the five priority health issues, respondents were asked to rank those issues. Overall, 28 Steering Committee members completed this survey. After tabulating the responses, there was clear consensus about the community's priority health needs. These priority health needs are reviewed in the next section of this report.

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 2024, 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 *Franklin County HealthMap2025* is consistent with hospital requirements for conducting a needs assessment.

(6) Share Results with the Community. In December 2024, COHC conducted a review of *Franklin County HealthMap2025* to ensure that it was compliant with Internal Revenue Service

⁴ See NACCHO's Guide to Prioritization Techniques, which can be accessed at <https://www.naccho.org/uploads/downloadable-resources/Guide-to-Prioritization-Techniques.pdf>.

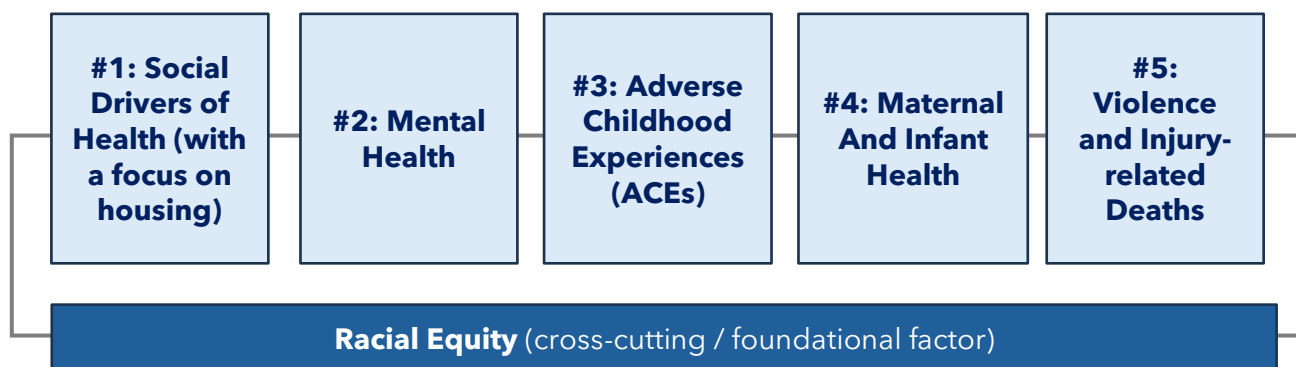
regulations for conducting community health needs assessments. CPH and FCPH also conducted internal reviews to ensure the report satisfied the requirements set forth by the Public Health Accreditation Board (PHAB). No information gaps that may impact the ability to assess the health needs of the community were identified during or after this process.

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.

Prioritized Health Needs

The five prioritized health needs affecting Franklin County residents, as identified by the Community Health Needs Assessment Steering Committee, are displayed below and discussed in this section.

Prioritized Health Needs Identified By HealthMap2025



Priority #1: Social Drivers of Health (with a focus on housing)

- Non-medical factors, such as economic stability, education and healthcare access, transportation and neighborhood safety, are key drivers of good health outcomes. According to Healthy People 2030, addressing the quality of housing as a public health issue may help prevent and reduce negative health outcomes. This is because poor housing quality and inadequate housing conditions can contribute to negative health outcomes, including chronic disease and injury. Furthermore, the presence of lead, mold, or asbestos, poor air quality and overcrowding can lead to irreversible health effects. In addition, overcrowded homes may be at risk for poor mental health, food insecurity, and infectious disease.
- Steering Committee members noted the many linkages between housing and health conditions and argued that policy changes are likely necessary to address varied challenges with the availability and affordability of different types of housing in Franklin County. Furthermore, Steering Committee members noted that cost-burdened households – those that spend more than 30% of their income on housing costs – tend to

be concentrated in zip codes that are associated with greater levels of racial and financial inequities, likely reflecting the historical practice of redlining in central Ohio.

Relevant indicators	See pages
Cost-burdened household prevalence	36
Unhoused community members (point-in-time count)	37

Priority #2: Mental Health

- According to the National Alliance on Mental Illness (NAMI), 23% of U.S. adults (1 in 5 adults) experienced mental illness in 2021 with 5.5% of adults (1 in 20 adults) experiencing a serious mental illness. And per the CDC, social isolation and loneliness are widespread problems in the U.S. and pose a serious threat to both mental and physical health. Social isolation can increase a person's risk for heart disease, self-harm, dementia and eventually may lead to an earlier death.
- Steering Committee members mentioned loneliness and depression as areas of concern, noting that over a quarter of residents report feeling lonely, and that the prevalence of loneliness is higher among recently pregnant women, individuals who have a household income that places them at or under the 100% federal poverty level, and among individuals with a disability. Furthermore, females, white (non-Hispanic) individuals, adults under the age of 65, and individuals with a disability are more likely than other groups to report ever being told by a healthcare professional that they have a depressive disorder (e.g., depression).
- Hospitalizations due to self-harm and deaths from suicide have both increased in Franklin County since the last HealthMap. The Franklin County Suicide Prevention Coalition has identified high-risk populations, including the Black and African-American community, older adults, refugees and immigrants, veterans, and youth.

Relevant indicators	See pages
Depression prevalence	136
Loneliness prevalence	135
Suicide death rate	135

Priority #3: Adverse Childhood Experiences (ACEs)

- Adverse childhood experiences, or ACEs, are traumatic events that occur during childhood (i.e., before age 18) and impact mental health. Examples of ACEs include violence, abuse, or neglect, as well as contextual factors that might negatively affect a child's sense of safety or stability, such as growing up in a household with people who have substance use problems, mental health problems, or parents who were separated or in jail. Research shows that ACEs can have lasting effects on health and wellbeing in childhood, as well as impact one's education and job potential into adulthood. These experiences can increase the risks of injury, maternal and child health problems including teen pregnancy, pregnancy complications, and fetal death. Also impacted are a range of chronic diseases and leading causes of death, such as cancer, diabetes, heart disease, and suicide.

- Steering Committee members noted that the prevalence of those who report having 4 or more ACEs when they were children is highest among black (non-Hispanic) individuals, those who are younger than age 65, and individuals with a disability. Furthermore, Steering Committee members noted that ACEs are considered a root cause for many physical and mental health issues and social determinant of health outcomes.

Relevant indicators	See pages
Adverse childhood indicators prevalence	52
Depression prevalence	136

Priority #4: Maternal and Infant Health

- Healthy children need healthy parents. The health of the mother – before, during, and after pregnancy – has a direct impact on the health of the child. Biological and neurological sciences show that the predictors of healthy child development begin before pregnancy, with the health of the mother, and continue after the birth, with the mother-child relationship.
- According to the CDC, each year, more than 50,000 pregnant people are affected by severe maternal morbidity, 800 women die due to pregnancy-related complications and over 20,000 infants die. And per CelebrateOne, a public/private impact collaborative addressing and reducing infant mortality, 126 babies died in Franklin County before their first birthday in 2023, with 20 due to sleep-related conditions.
- From the Steering Committee members' perspective, an increased focus on maternal health could lead to a reduction of the infant mortality rate, which unfortunately has not decreased significantly in recent years. Steering Committee members also suggested broadening the focus of maternal health to include the pre-pregnancy period, prenatal period, and well after delivery. Furthermore, Steering Committee members noted that many pregnant women report racial bias in the prenatal health care they received, which is a cross-cutting factor that also must be addressed.

Relevant indicators	See pages
Maternal health (multiple indicators)	96-112
Infant mortality rate	108

Priority #5: Violence and Injury-related Deaths

- Injury and violence affect everyone, regardless of age, race, or economic status. According to the CDC, Americans aged 1 to 44 die from injuries and violence – such as motor vehicle crashes, suicide, overdoses, or homicides – more than any other cause. Suicide is the second leading cause of death for this age group, while homicide remains in the top five leading causes of death. Overall, drug overdose remains the leading cause of injury-related death among adults in the United States.
- Steering Committee members noted that both drug overdose deaths and deaths from alcohol-attributable causes have increased since the last HealthMap. Additionally, Steering Committee members were concerned about traumatic injuries and the presence of numerous disparities by age, gender, and race.

Relevant indicators	See pages
Drug overdose death rate	164
Alcohol-attributable death rate	138
Traumatic injury prevalence	151-157
Violent crime	162

Page 183 of this report presents a list of community assets and resources that could potentially help to address these prioritized health needs.

Note that these prioritized health needs are interrelated, and in many cases likely co-occur. Furthermore, the Steering Committee acknowledges that large scale coalitions currently address **infant mortality** and **addiction**, and that those efforts could be supplemented with an increased focus on the potential causes of those issues.

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three cross-cutting factors (i.e., social determinants of health that include community conditions, health behaviors, and access to care) as well three health outcome categories (i.e., mental health and addiction, chronic disease, and maternal and infant health) that should be considered when planning to improve the community's health (see next page). Overall, there is good alignment between *HealthMap2025's* prioritized health needs and Ohio's 2020-2022 SHIP.

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

What shapes our health and well-being?

Many factors, including these
3 SHIP priority factors*:

Community conditions
• Housing affordability and quality • Poverty • K-12 student success • Adverse childhood experiences
Health behaviors
• Tobacco/nicotine use • Nutrition • Physical activity
Access to care
• Health insurance coverage • Local access to healthcare providers • Unmet need for mental health care

How will we know if health is improving in Ohio?

The SHIP is designed to track and improve these
3 SHIP priority health outcomes:

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

All Ohioans achieve their full health potential

- Improved health status
- Reduced premature death

Source: Ohio's 2020-2022 State Health Improvement Plan (SHIP), available at <https://dam.assets.ohio.gov/image/upload/odh.ohio.gov/SHIP/2020-2022/2020-2022-SHIP.pdf>

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 in no particular order.

- Racial bias in health care (note: this is mentioned as a cross-cutting factor affecting maternal health, above)
- Access to dental care
- Accessing care in the appropriate setting
- Overweight and obesity status
- Tobacco use (smoking and vaping)
- Life expectancy
- Cancer screening
- Motor vehicle accidents
- Food preparation knowledge
- Diversity of housing stock
- Asthma / respiratory disease
- Maternal & child health: Access to care; Cultural competence
- Maternal & child health: Chronic conditions
- Maternal & child health: Infant mortality
- Heart disease
- Stroke
- Diabetes
- Transportation
- Suicide deaths | Self-harm hospitalizations

Community Health Needs Assessment Steering Committee

Work on *Franklin County HealthMap2025* 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)
Kelly Bragg

B.R.E.A.D. Organization (Faith Communities)
Blanche Luczyk, Cora Harrison

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

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

City of Columbus (Government)
Hannah Jones

Columbus City Schools (Education)
Sara Bode

Columbus Public Health (Public Health)
Kathy Cowen, Ann Mehl, Laurie Dietsch, Michelle Groux*

Community Shelter Board (Housing Insecure Community)
Steven Skovensky

Directions for Youth & Families (Mental Health)
Duane Casares

Educational Service Center (Education)
Wade Lucas

Equitas Health (LGBTQ+)
Francisco Caro

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

Franklin County Coroner (Hospital/Medical)
Nathaniel Overmire, Patrick McLean, Jeremy Blake

Franklin County Office of Aging (Senior Community)
Caroline Rankin, Chanda Wingo

Franklin County Public Health (Public Health)
Joe Mazzola, Theresa Seagraves, Abby Boeckman, Sierra MacEachron*

Future Ready Five (Education)
Vanisa Turney

Health Impact Ohio (Public Health)
Tanikka Price

Human Services Chamber (Social Services)
Bhumika Patel

Mid-Ohio Food Collective (Food Insecure Community)
Amy Headings

Mid-Ohio Regional Planning Commission (Transportation, Data)
Melinda Vonstein

Mount Carmel Health System (Hospital/Medical)
Candice Coleman, Brian Pierson

Nationwide Children’s Hospital (Hospital/Medical)

Libbey Hoang, Brittany Kremer, Laura McLaughlin

Ohio Association of Community Health Centers (Medical)

Dana Vallangeon

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

David Ellsworth

OhioHealth (Hospital/Medical)

Rebecca Barbeau, Jeff Kasler

OSU Extension - The Ohio State University (Education/Rural Community)

Brian Butler

The Ohio State University Wexner Medical Center (Hospital/Medical)

Annie Marsico, Ben Anthony

United Way of Central Ohio (Low-income/Medically Underserved Communities)

Lisa Courtice

Workforce Development Board (Workforce Development)

Lauren Rummel

The following hospitals (listed by health system) participated in the *HealthMap2025* process:

Mount Carmel Health System

Mount Carmel East Hospital

Mount Carmel Grove City Hospital

Mount Carmel St. Ann’s Hospital

Nationwide Children’s Hospital

OhioHealth

OhioHealth Doctors Hospital

OhioHealth Dublin Methodist Hospital

OhioHealth Grant Medical Center

OhioHealth Grove City Methodist Hospital

OhioHealth Riverside Methodist Hospital

OSU Wexner Medical Center

University Hospital, Main Campus

University Hospital East

The James Cancer Hospital and Solove Research
Institute

Input from all required sources was obtained for this report.

COHC, CPH, and FCPH contracted with various organizations to help create *Franklin County HealthMap2025*. 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 27 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 Andy Wapner and Georgia Sasser, provided data collection, analysis support, and contributed to the summary report. The Center was also represented on the Steering Committee. Center staff combine for over 30 years of experience in local, state, and academic public health and routinely provide health needs assessment services.

INCompliance, an affiliate law firm of Bricker Graydon LLP – located at 100 South Third Street, Columbus, Ohio 43215. INCompliance 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 Graydon and senior consultant to INCompliance. He has 34 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 is Director of Regulatory Services for INCompliance and has over 44 years of experience in health care planning and policy development, federal and state regulations, certificate of need, and assessment of community need.

The Community Health Needs Assessment Steering Committee wishes to acknowledge and thank the following people who contributed their time and expertise to assist with some of the analyses and maps included in *HealthMap2025*: Sierra MacEachron (Franklin County Public Health); Kathy Cowen, Michelle Groux, Emily Alexy, and Becky Zwickl (Columbus Public Health’s Office of Epidemiology).

Community Profile

Overall, Franklin County's total population continues to increase. Compared to the last *HealthMap*, the county's demographic profile has remained similar, with three notable exceptions: the proportion who identify as Hispanic or Latino has increased; the proportion who were born in another country has increased; and the proportion of people age 5+ who speak English less than "very well" has increased.

Franklin County Residents¹⁻³

		Franklin County		
		HM2019	HM2022	HM2025
Total population	Population of Franklin County	1,264,518	1,316,756	1,321,820
Sex	Male	48.8%	48.8%	49.2%
	Female	51.2%	51.2%	50.8%
Age	Under 5 years	7.3%	7.0%	6.5%
	5-19 years	19.0%	19.1%	19.2%
	20-64 years	62.3%	61.4%	61%
	65 years and over	11.3%	12.4%	13.3%
Race (any ethnicity)	White	68.1%	66.5%	65.1%
	Black	23.1%	23.9%	24.9%
	Asian-American/Pacific Islander	5.4%	6.0%	6.0%
	American Indian/Alaskan Native	0.1%	0.3%	0.4%
	Two or more races	3.2%	3.4%	3.7%
Ethnicity	Hispanic or Latino (of any race)	5.4%	5.8%	7.3% ▲
Foreign-born	Foreign-born	-	11.4%	12.6% ▲
	(Among foreign-born) Naturalized	-	48.2%	45.4%
	(Among foreign-born) Not a U.S. citizen	-	51.8%	54.6%
English proficiency	Percent of people age 5+ who speak English less than "very well"	-	5.3%	6.4% ▲
Most common languages spoken by people who speak a non-English language at home	Spanish	-	49,949	56,793▲
	Amharic, Somali, or other Afro-Asiatic languages	-	25,051	27,074
	Arabic	-	8,437	15,285▲
	Yoruba, Twi, Igbo, or other languages of Western Africa	-	10,904	12,435▲
	Nepali, Marathi, or other Indic languages	-	9,668	11,076▲
	Chinese (incl. Mandarin, Cantonese)	-	13,072	8,188 ▼
	French (incl. Cajun)	-	5,789	7,579 ▲
	Swahili or other languages of Central, Eastern, and Southern Africa	-	3,608	6,634▲

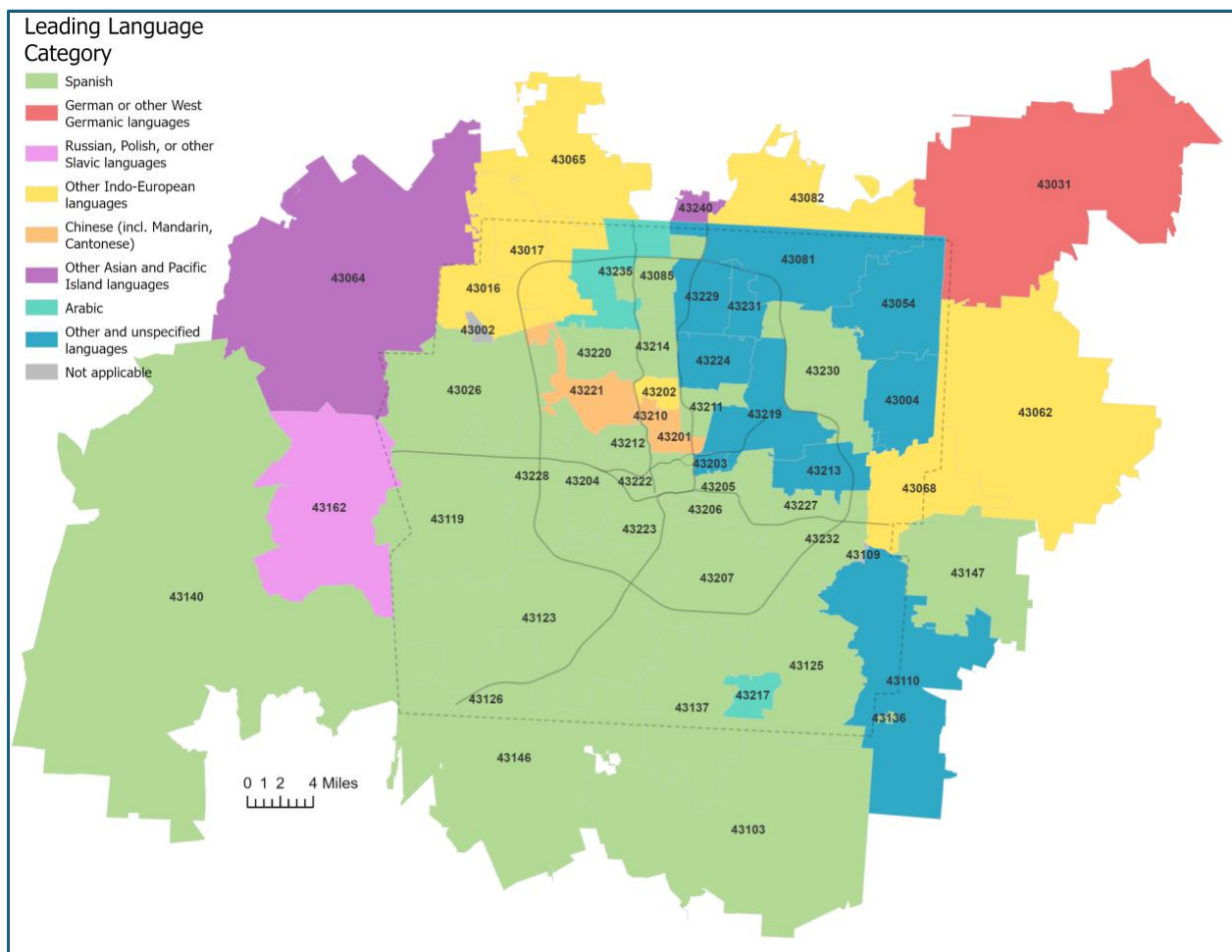
		Franklin County		
		HM2019	HM2022	HM2025
Educational Attainment	No/Some high school, no degree	9.7%	8.8%	8.7%
	High school graduate	25%	24.6%	24.5%
	Some college (no degree)	20.2%	19.6%	18%
	Associate's degree	6.8%	6.9%	6.5%
	Bachelor's degree	24.4%	25.3%	25.8%
	Graduate/Professional degree	14%	14.8%	16.5% ▲

Although the number of households in Franklin County has increased over time, other household characteristics remained relatively stable over time (e.g., household size, household type).

Franklin County Households¹

		Franklin County		
		HM2019	HM2022	HM2025
Total households	Number of households	502,932	522,383	550,153
Household size	Average household size	2.5	2.5	2.4
	Average family size	3.2	3.2	3.1
Household type	Family households	58.0%	58.5%	55.8%
	Nonfamily households	42.0%	41.5%	44.2%
	Single parent households	-	18.4%	18.3%

The leading non-English language category spoken at home⁴ in each Franklin County zip code is shown below.

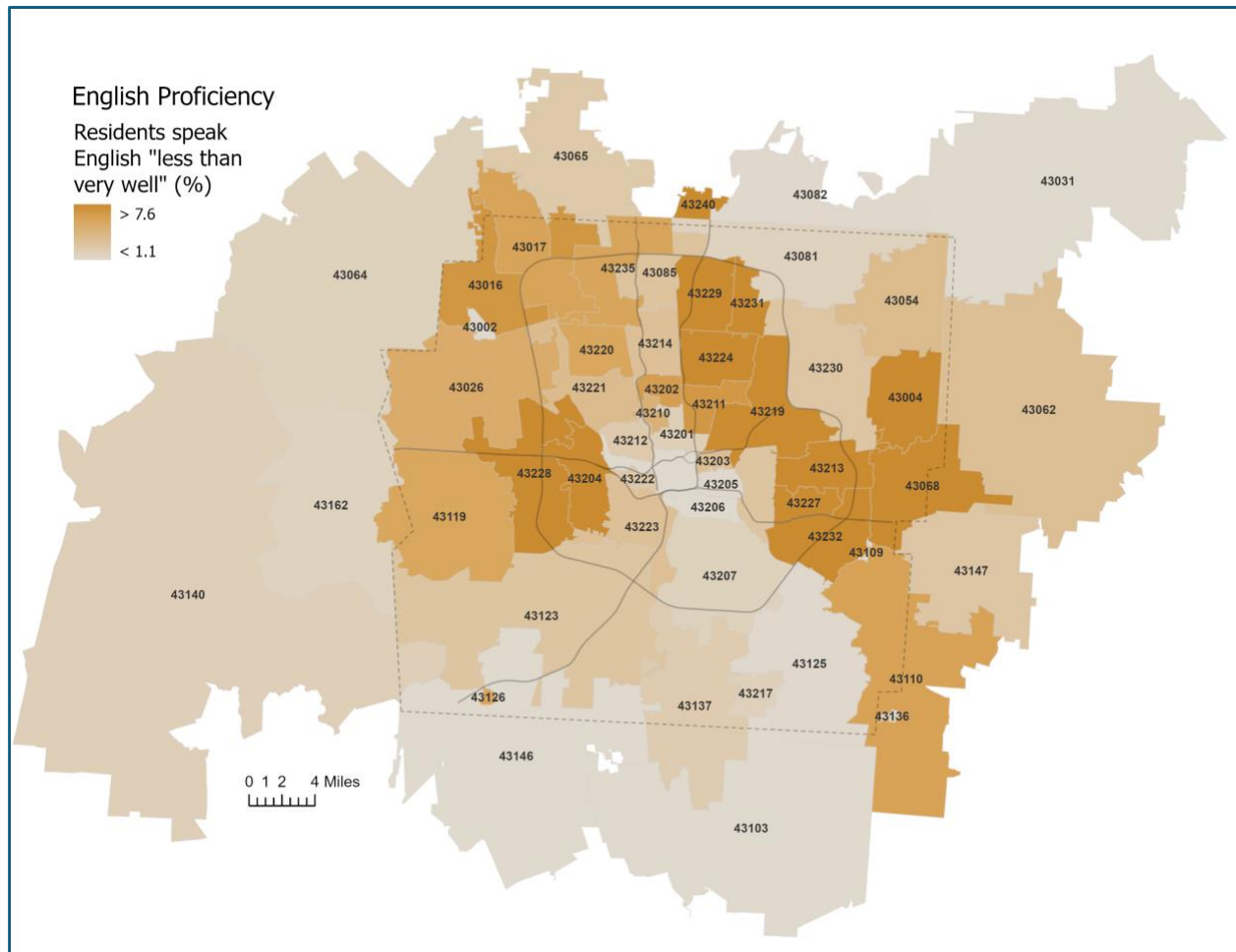


The following zip codes have the highest percentage of residents who speak a non-English language at home. Per the United States' Census Bureau⁴:

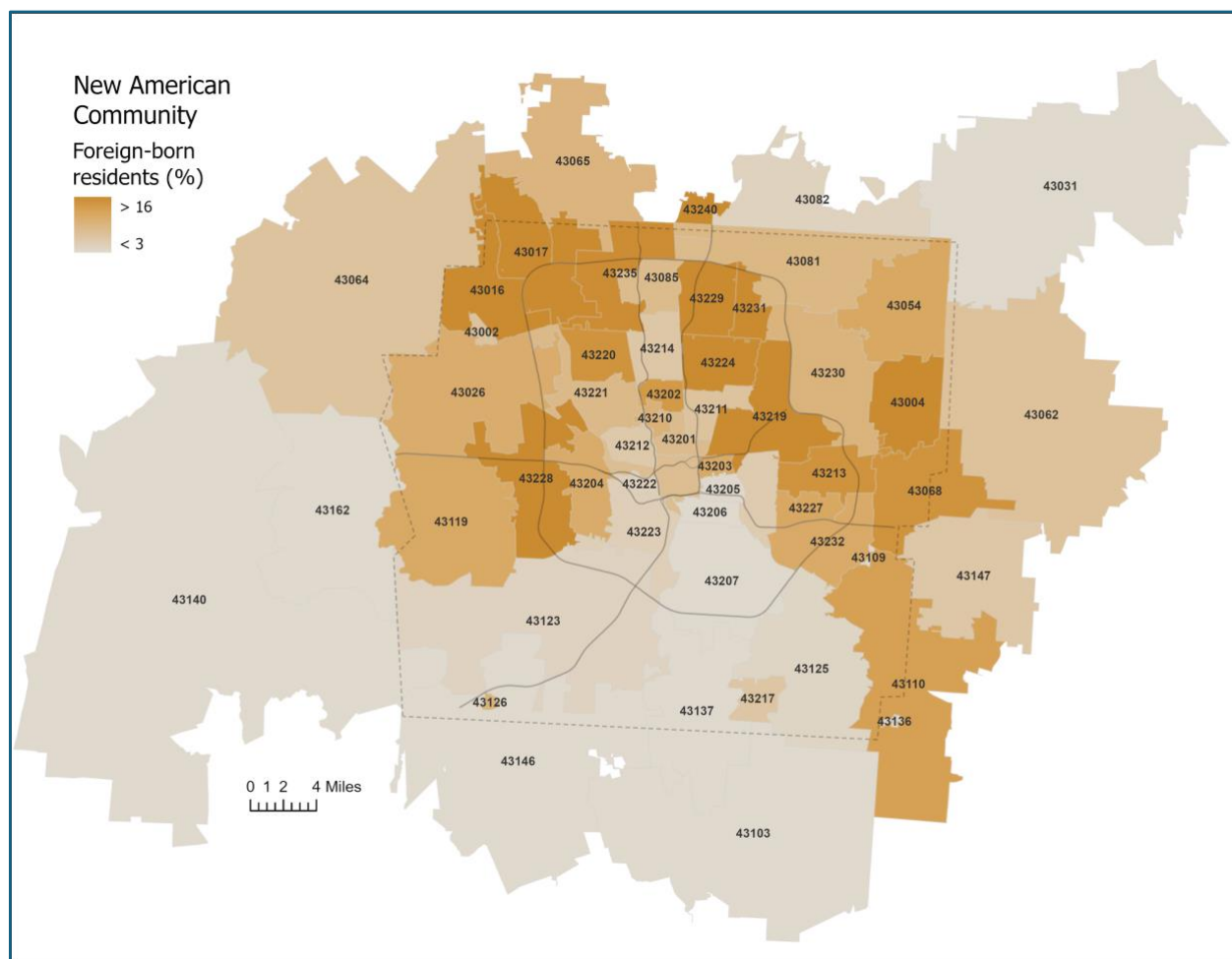
- 26% of residents in zip code **43231** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Somalia, Ghana, and Kenya.
- 21% of residents in zip code **43229** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Ghana, El Salvador, and Somalia.
- 20% of residents in zip code **43224** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Somalia, Ghana, and Mexico.
- 16% of residents in zip code **43219** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Somalia, Mexico, and India.

- 14% of residents in zip code **43068** speak a language other than English at home. In that zip code, the most common countries of birth besides the United States are Bhutan, Nepal, and Ethiopia.

As shown in the map below, those residents who speak English less than “very well” are relatively more likely to be located in Franklin County’s far eastern zip codes (e.g., 43068, 43004, 43232, 43227, 43213), its western zip codes (e.g., 43204, 43228, 43119), and its north-central zip codes (e.g., 43219, 43224, 43229, 43231).



Those residents who report being born in another country are relatively more likely to be located in Franklin County's north-central zip codes (e.g., 43219, 43224, 43229, 43231), in the 43228 zip code, and its northwestern zip codes (e.g., 43016, 43017, 43220, 43235).



Additional Information & References

Over the past 15 years, the U.S. Census Bureau has been working to improve how it measures race in America, including those who identify with two or more racial groups. This process resulted in numerous changes to the questionnaires it uses, starting in 2020. If HM2025 used recent American Community Survey data (i.e., 2022 vintage) to estimate the proportion of Franklin County residents who identify with two or more racial groups, that statistic would be 9.3%, representing a 250% increase from what was measured in 2019 (i.e., 3.7%). Because those questionnaire changes produced a substantial change in this statistic over time, HM2025 used a different U.S. Census Bureau dataset to estimate Franklin County residents' race/ethnicity status.^{2,3}

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.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.⁴



Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the proportion of residents who obtained technical training / certification. Unfortunately, the U.S. Census Bureau does not appear to measure that type of vocational activity.

¹ U.S. Census Bureau, American Community Survey 1-Year Estimates, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

² U.S. Census Bureau. (2020). *County Population by Characteristics: 2010-2020, Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin [Dataset]*. <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-county-detail.html>

³ U.S. Census Bureau. (2022). *County Population by Characteristics: 2020-2023, Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin [Dataset]*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html>

⁴ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2022 (HM2025)

BASIC NEEDS

Income And Poverty

Socioeconomic status is one of the most well documented influences on health. Lower income is associated with greater chronic illness, more healthcare needs, worse health-related quality of life, and higher mortality.¹⁻⁴

The median household **income** in Franklin County in 2022 was **\$69,681**.

≈
Similar to HM2022
(\$64,713)

18.8% of Franklin County residents have an income below 125% of the **poverty level**.

≈
Similar to
HM2022 (17.7%)

Disparities by selected social determinants of health

Age:
Children more likely

Sex:
None observed

Race/Ethnicity:
Non-white more likely

Geography:
Observed (see map)

Community Voices

Many Franklin County residents feel they are vulnerable to poverty, perceiving basic needs as increasingly expensive and their overall financial stability as precarious.



"Most of us now, with inflation rates and the way everything is mildly expensive, we are all a couple bad weeks away from being as homeless as the other people on Broad Street. People who feel like they have had a more stable setup or a more conventional foundation, I don't think that is the same as it maybe was five or ten years ago."

Community members feel that the effort to make ends meet precludes individuals from thinking about their health needs, as well as financially prevents them from accessing health care, nutritious food, and other things needed to lead healthy lives.



"If you are someone who's trying to make ends meet and you're working several jobs, oftentimes it's really hard to find the time, to find the motivation to do the things that are ultimately going to improve your health. So you might be fully employed, working 60, 80 hours a week just to keep a roof over your head. And the other things kind of take a back seat to that. You don't have access necessarily to healthy food. You don't have access to doctors in your area where it's a quick trip to that. And our society really pats people on the back who work a lot, basically themselves to death."

"Being stuck on that bottom rung of Maslow's hierarchy of needs. Yes, healthcare should be down there, but it isn't. It's another step up. If you're trying to just subsist and you can't get out of that, you're not going to think about things that are actually problems with your body or mental health."

"You can't afford everything. You try to do one thing, because if you try to do it all, and then it's a trickle-down effect and you're in a hole, you can't get yourself out of it. So, you can only do so much for yourself. And if you have a family, it's even harder. You just have to pick and choose what's most important at that right time."

"If you're sick, you're not gonna have the energy to make healthy meals, you're not gonna follow the doctor's orders, like take a rest, or do this type of treatment, because you have to work and make money to provide for your family."

While resources exist to help individuals in poverty, community members say that accessing them is not easy enough; individuals may be unaware what resources exist and unable to get connected to an individual who can help them in a timely manner.



"If you are living in poverty, you may not have the ability to know where to access the resources. Because I do think that there are a lot of resources, but I don't think people know how to get to the resources, and people are not helping them get to those resources."

"A lot of people are having such a hard time getting a hold of, like, [government agency]. I've heard people call and call. You put your request in for a call back. You never get a call back. There's just no communication. And I don't feel like there's really a willingness to help either."

There are social ramifications to living in poverty as well, as a community member pointed out. It is difficult for families to spend time together when parents must work multiple jobs to maintain financial stability.



"And people working multiple jobs to bridge the gap between the generations, [there's a gap] between parents and their kids. It's hard to see the kids because I'm working multiple jobs and my kid goes to bed before I come back from work. Stuff like that creates this huge gap among ourselves."

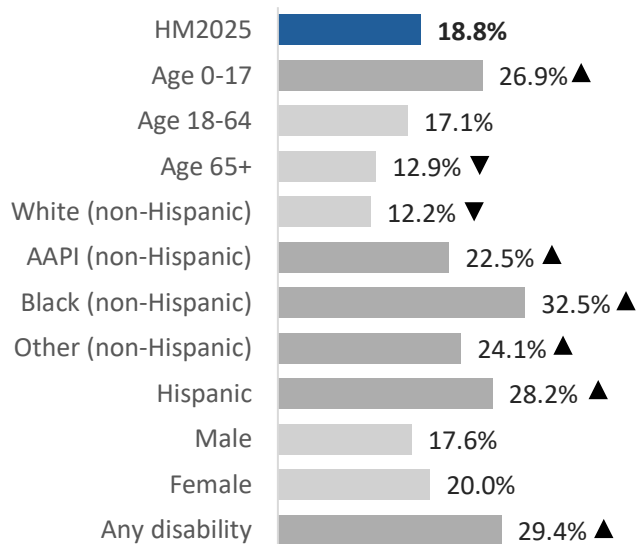
Overall, the median household income among Franklin County residents is higher than Ohio residents overall but lower than US residents overall. However, after adjusting for inflation, the average household income in Franklin County for HM2025 is *slightly less* than what was observed six years ago (i.e., HM2019).

Children, non-white individuals (especially those who are black non-Hispanic, those who are Hispanic, and those who have an other non-Hispanic racial background), and disabled individuals are at increased risk of living near or below the federal poverty level.

Median Income

	Average income	Adjusted for inflation
HM2025	\$69,681	\$69,681
HM2022	\$64,713	\$76,170
HM2019	\$56,055	\$70,100
Ohio	\$65,720 ▲	\$65,720
US	\$74,755 ▲	\$74,755

Less than 125% Federal Poverty Level

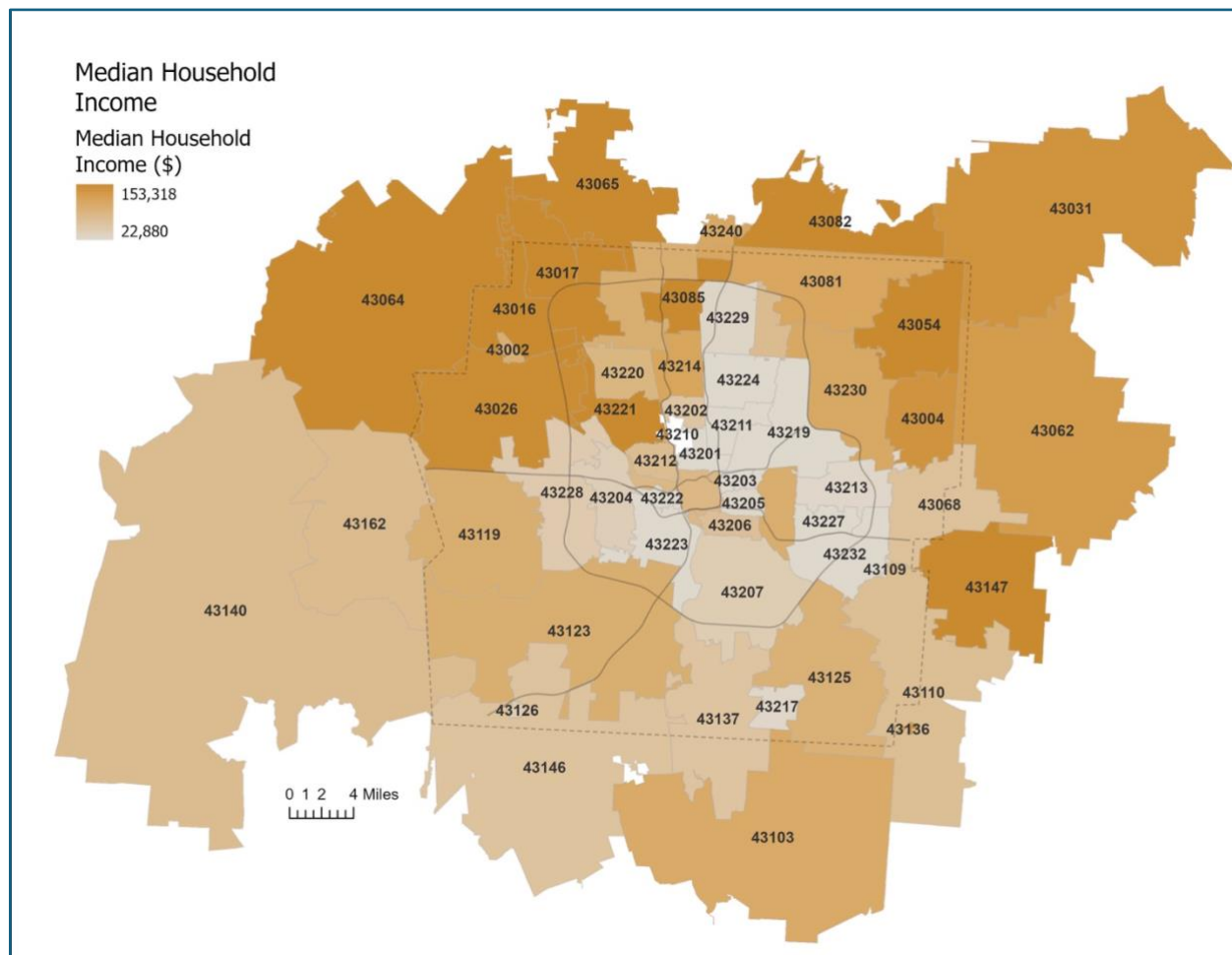


As shown below, income distribution near a variety of federal poverty level thresholds has remained relatively consistent over time. Compared to both the United States and Ohio, Franklin County does have a slightly higher proportion of people in the below 125% bracket.

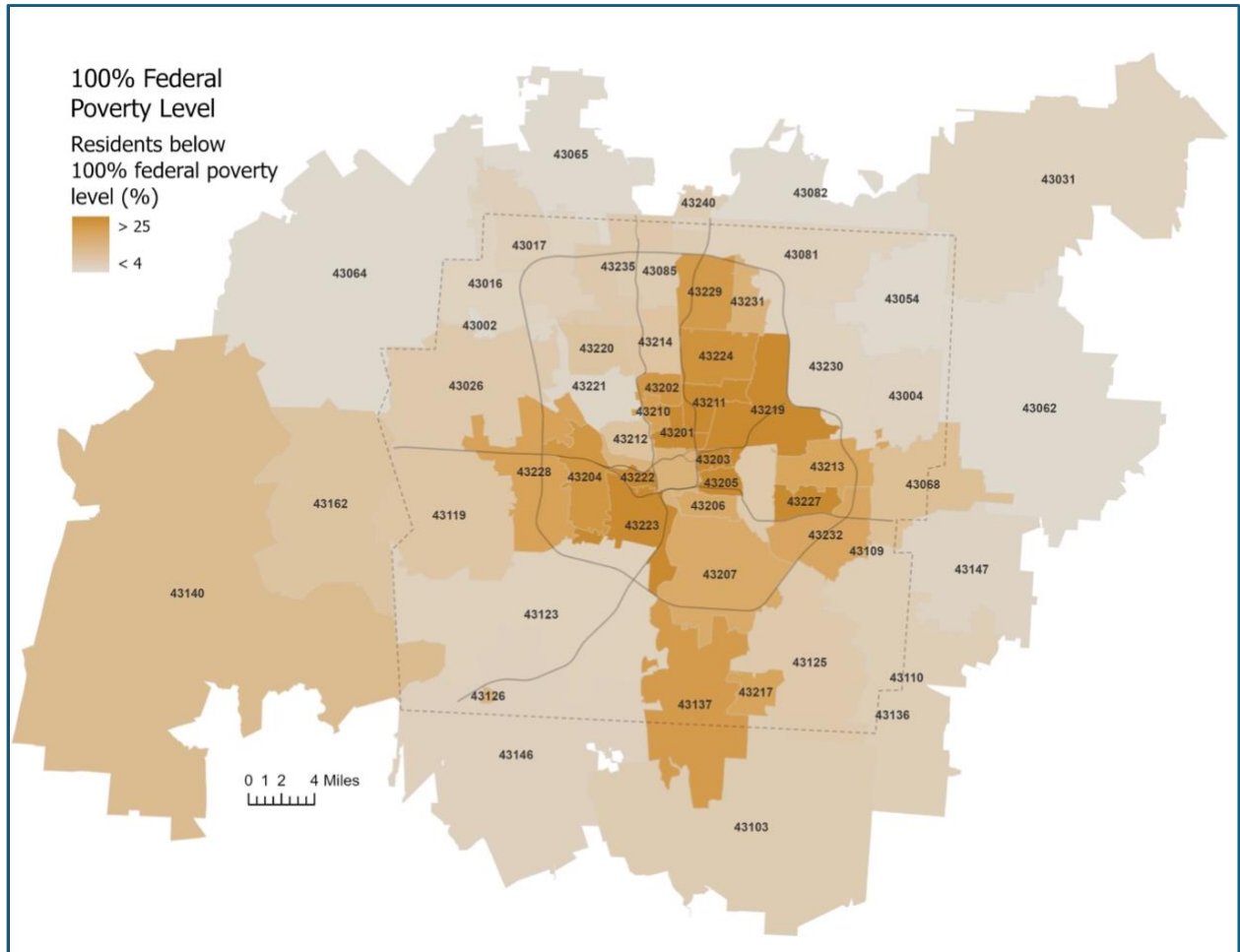
Income Distribution

	Below 125% FPL	125%-200% FPL	200% FPL or Below	201%-400% FPL
HM2025	243,546 (18.8%)	147,662 (11.4%)	391,208 (30.3%)	377,029 (29.2%)
HM2022	227,330 (17.7%)	162,267 (12.6%)	389,597 (30.3%)	379,629 (29.5%)
HM2019	263,627 (21.4%)	143,589 (11.7%)	407,216 (33.0%)	365,366 (29.6%)
Ohio	1,955,282 (17.0%)	1,400,699 (12.2%)	3,355,981 (29.3%)	3,653,884 (31.8%)
US	53,141,624 (16.3%)	39,178,320 (12.1%)	92,319,944 (28.6%)	96,703,365 (29.9%)

As shown in the map below, the zip codes with the lowest median household incomes are concentrated in the north-central part of Franklin County (e.g., 43229, 43224, 43211, 43219), some eastern zip codes (e.g., 43213, 43227, 43232), and some central zip codes (e.g., 43222, 43223).



The next two maps show the percentage of central Ohio residents in each zip code who have an income that is (1) below 100% of the federal poverty level and (2) below 200% of the federal poverty level. Each map tells a similar story: zip codes located in the central-east and central-north areas of Franklin County have greater percentages of residents in poverty.



For example, the HM2025 Franklin County estimate for those with an income at or below the 125-200% FPL was calculated as follows:

$$11.4\% = \frac{[391,208 - 243,546]}{1,290,258}$$

The Bureau of Labor Statistics CPI Inflation Calculator⁸ was used to adjust the average income values for HM2022 and HM2019 for inflation.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.⁹

¹ Bosworth B. (2018). Increasing Disparities in Mortality by Socioeconomic Status. *Annual review of public health*, 39, 237-251. <https://doi.org/10.1146/annurev-publhealth-040617-014615>

² Robert, S. A., Cherepanov, D., Palta, M., Dunham, N. C., Feeny, D., & Fryback, D. G. (2009). Socioeconomic status and age variations in health-related quality of life: results from the national health measurement study. *The journals of gerontology. Series B, Psychological sciences and social sciences*, 64(3), 378-389.

³ Kivimäki, M., Batty, G. D., Pentti, J., Shipley, M. J., Sipilä, P. N., Nyberg, S. T., Suominen, S. B., Oksanen, T., Stenholm, S., Virtanen, M., Marmot, M. G., Singh-Manoux, A., Brunner, E. J., Lindbohm, J. V., Ferrie, J. E., & Vahtera, J. (2020). Association between socioeconomic status and the development of mental and physical health conditions in adulthood: a multi-cohort study. *The Lancet. Public health*, 5(3), e140-e149. [https://doi.org/10.1016/S2468-2667\(19\)30248-8](https://doi.org/10.1016/S2468-2667(19)30248-8)

⁴ Begley, C., Basu, R., Lairson, D., Reynolds, T., Dubinsky, S., Newmark, M., Barnwell, F., Hauser, A., & Hesdorffer, D. (2011). Socioeconomic status, health care use, and outcomes: persistence of disparities over time. *Epilepsia*, 52(5), 957-964. <https://doi.org/10.1111/j.1528-1167.2010.02968.x>

⁵ U.S. Census Bureau. (2022). Median Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars). *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1903*. https://data.census.gov/table/ACSST1Y2022.S1903?q=Income and Poverty&g=010XX00US_040XX00US39_050XX00US39049.

⁶ U.S. Census Bureau. "Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1703*, 2022, https://data.census.gov/table/ACSST1Y2022.S1703?q=s1703&g=010XX00US_040XX00US39_050XX00US39049.

⁷ U.S. Census Bureau. (2022). Poverty Status in the Past 12 Months. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1701*. https://data.census.gov/table/ACSST1Y2022.S1701?q=s1701&g=010XX00US_040XX00US39_050XX00US39049.

⁸ U.S. Bureau of Labor Statistics. CPI Inflation Calculator. Accessed September 1, 2024 at <https://data.bls.gov/cgi-bin/cpicalc.pl?>

⁹ U.S. Census Bureau. American Community Survey 5-Year Estimates, 2022 (HM2025)

Housing Insecurity

Housing insecurity is associated with decreased healthcare access, increased hospital and emergency department utilization, and worse overall health.^{1,2} When individuals must focus on basic needs such as housing, the seemingly “secondary” needs of healthcare may be neglected and cause further downstream health challenges.

31.9% of Franklin County households spend at least 30% of income on **housing**.

↑
Up from
HM2022 (28.2%)

Disparities by selected social determinants of health

Age:
Unavailable

Sex:
Unavailable

Race/Ethnicity:
Unavailable

Geography:
Observed (see map)

47.5% of Franklin County households are **renting** their housing.

≈
Similar to
HM2022 (46.6%)

Disparities by selected social determinants of health

Age:
Unavailable

Sex:
Unavailable

Race/Ethnicity:
Black, Hispanic
more likely

Geography:
Observed (see map)

2,337 Franklin County residents are **unhoused**.

↑
Up from
HM2022 (2,036)

There were **8.7 eviction filings per 100 renter-occupied households** in Franklin County.

↑
Up from
HM2022 (7.5)

Disparities by selected social determinants of health

Age:
Unavailable

Sex:
Unavailable

Race/Ethnicity:
Unavailable

Geography:
Observed (see map)

Community Voices

Community members believe it is far too difficult to find an affordable apartment, due not only to the cost of rent, but also to the stipulations of being accepted for low-income apartment options and apartments in general.



"I was in an apartment for 18 years, and they put a note on my door and said, we sold the apartment complex, and you have 60 days to move. I had just had surgery, and I found my new apartment, and it was \$800 more than what I was paying. And it was the cheaper option. And they sold my apartment to make it low-income housing. But I was out of range for that apartment. But then I wind up paying almost double what I was paying in the old apartment. And it's smaller. I had to rent a garage because I couldn't even fit everything I had in the new apartment, but I'm paying almost double. The pricing is ridiculous."

"If you go to just a regular apartment complex and you try to get an apartment, they want you to have a 720 credit score and they want you to have three times the amount of rent every month. And it's like, I don't know anybody who can pay \$1,500 or \$1,800 and have three times that amount of money a month...and the amount to move in which is like six or seven thousand, because you have to have first month's rent, last month's rent, and security deposit."

Community members see housing being purchased in their communities by outside investors and say this contributes to the inability of people to buy homes in Franklin County.



"There's a guy over here. His name is on everything. I looked him up. He's an investor from New York, and he is buying up everything. Everything. And setting those prices stupid high...I asked the mayor, why can't you guys control [that]? They can't control who buys. I don't know why, but I think that's a horrible thing."

"Half of the housing has been bought up by corporations to rent them out. They'll come in all cash, 20% above asking. There's no way in which a person can afford to buy."

"Even here on the South Side, it's a lot of gentrification. Houses over here on Thurman Ave, back in the day, you could easily get one of those houses. Now there's nowhere for regular working folks to go."

Community members believe the quality of housing that is more "affordable" is in poor condition; structural, aesthetic, and security issues go unaddressed by landlords, and the environment overall negatively impacts mental and physical health.



"Say you don't have the money to get the thing that you want. So you only make \$1,000 in your paycheck. So you can only afford \$500. But the \$500 [place], the wall is coming down, the paint peeling. The landlord doesn't care about what it looks like. So now you're living in something that you really don't want to be there. You're stressing about it. 'Oh my God, I need to get out of here. But I can't afford to get out of here.'"

"From what I heard, they're closing all the housing down because they haven't been taking care of it. They've been ran down. Yeah there's affordable housing. At what price? You don't have running water, the hot water goes out, or the locks don't work. And then what? Then you got the people that live there who don't care, who just terrorize the neighborhood. So do you want to live [in] affordable housing where you might get shot when you walk outside, you might have mice, the health department might not even come when you call them? It's one thing if it's just you, but if you got your family, you got kids, you don't want your kids to live like that."

"A lot of these affordable housing units don't have access to doctor's offices that you can get to using public transportation or by walking, or even grocery stores. You can't get fresh food. And so it becomes really difficult for people who maybe don't always have access to a car to get to places where they can take care of their physical or mental health or have access to other things that will improve those things."

"So landlords are just renting and the places are terrible, which is affecting the kids. We have them sign they don't have a lead-based paint, but it doesn't matter because they're not even really doing the repairs, the plumbing. They're letting water sit and kids are coming in with asthma. Our clients have something with the lungs because of black mold. The lack of affordable housing [relates to] the health disparities, especially in the black and brown communities."

Community members also spoke to the difficulty of finding accessible housing for individuals with mobility issues. This causes extra stress on caretakers and can cause unhoused individuals to spend more time in shelters due to the lack of accessible housing in the county.



"I work for the homeless shelter, so when it comes to housing, the ones that are on canes, using walkers, it's very hard to find handicap accessible housing. It's not that many options. And the ones that are, they're already filled. So we might have someone who is on a walker who, their stay might be a year and a half because we've been looking for handicapped accessible housing."

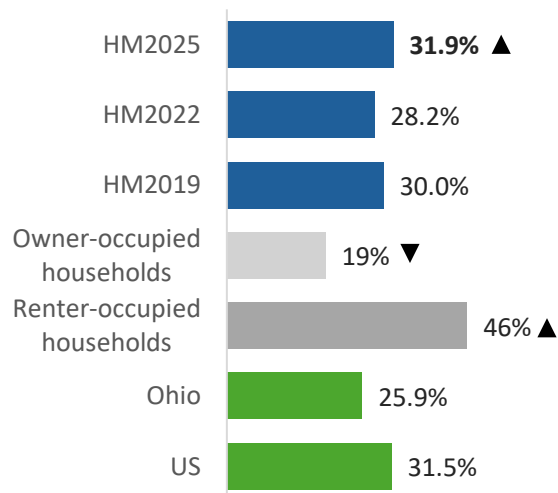


"Finding housing that's even suitable for somebody who has a lot of healthcare issues has been hard. For example, my mom, she has mobility issues and can't do steps. So finding a ranch home or something just one story was really hard for a long time. And then once you do find a one-story place, you need hallways to be wider to get wheelchairs through. And then you need shower stalls. So I think just in general, if you're disabled and you need housing, where can you find something that's accessible to your needs? That's really hard."

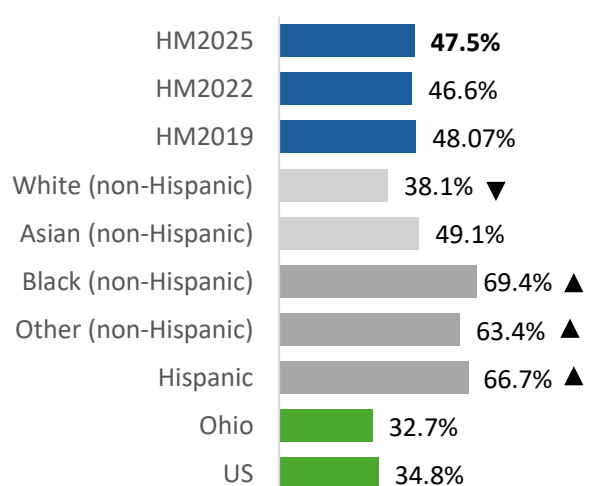
Unfortunately, housing insecurity has not improved since *HealthMap2022*. The percentage of cost-burdened households – those that spend 30% or more of their monthly household income on housing costs – has increased. Furthermore, nearly half of renter-occupied households in Franklin County are cost-burdened.

Homeownership offers an opportunity to for individuals and families to build wealth and economic security.⁴ Unfortunately, significant racial disparities were noted among those who don't yet live in (or choose not to live in) owner-occupied housing. Black (non-Hispanic) individuals, Hispanic individuals, and individuals with an other (non-Hispanic) racial background were more likely than white (non-Hispanic) individuals or individuals with an Asian racial background to be renters.

Cost Burdened Households (≥30%)



Renter-occupied Housing Units



The most recent "point-in-time" estimate of unhoused individuals in Franklin County found that this number has increased substantially compared to previous years. Relatedly, the eviction rate in Franklin County has increased since *HealthMap2022* and is above the state average. Per data provided by the Franklin County Municipal Court and collated by the Eviction Lab³, there were 23,762 evictions in 2023, a 14% increase from 2022.

Unhoused Community Members

Point in Time Estimate	
HM2025	2,380 ▲
HM2022	2,036
HM2019	1,229
Ohio	11,386
US	653,104 ▲

Eviction Filing Rate

Rate per 100 renter households	
HM2025	8.7% ▲
HM2022	7.5%
Ohio	6.2%



Healthy People 2030

Unfortunately, Franklin County is moving further away from the Healthy People 2030 objective on housing cost burden.⁵ Further intervention is likely needed to address this issue facing many Franklin County residents.

HP2030 objective for families spending $\geq$ 30% of income on housing: Not met

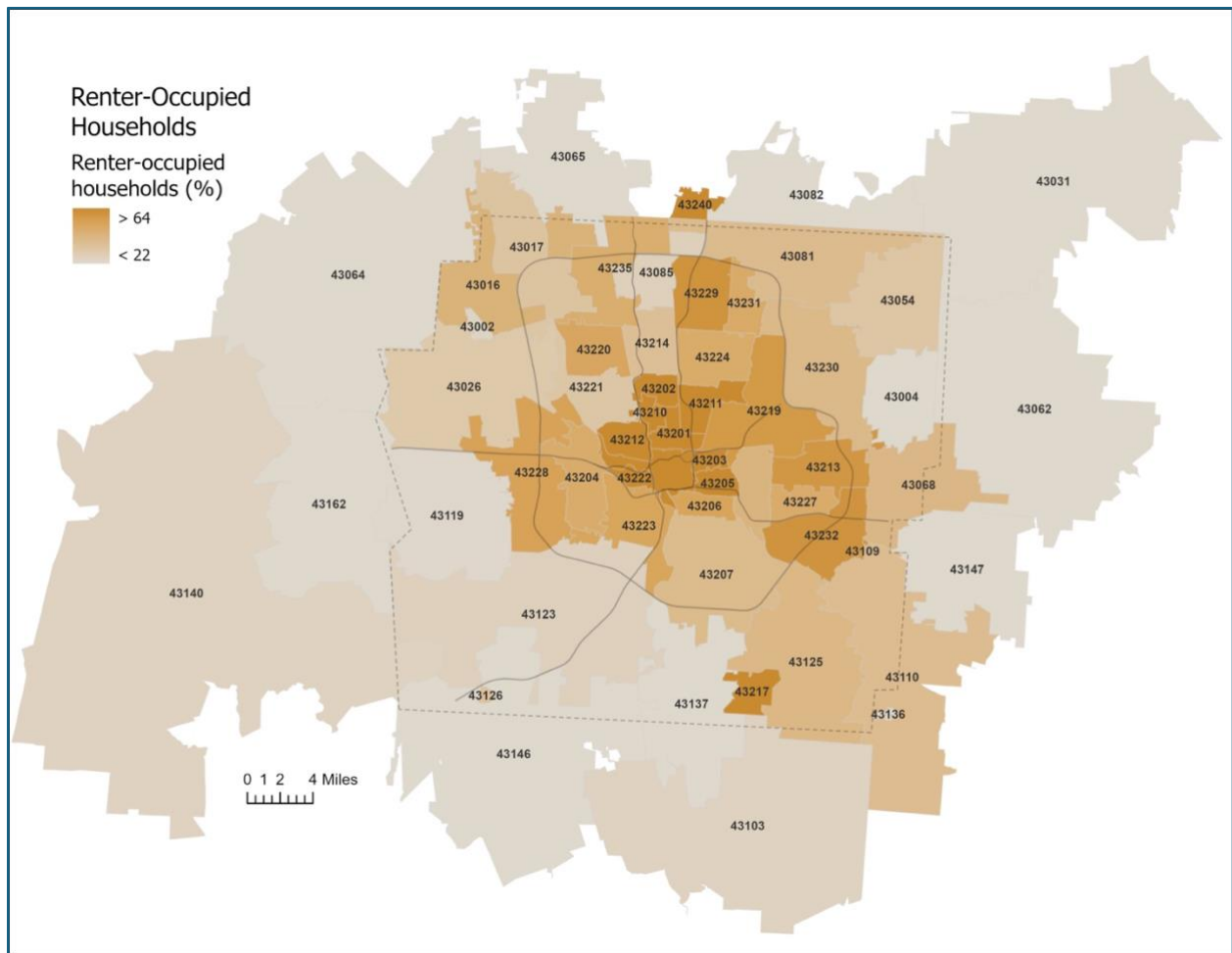
Healthy People Objective:

25.5%

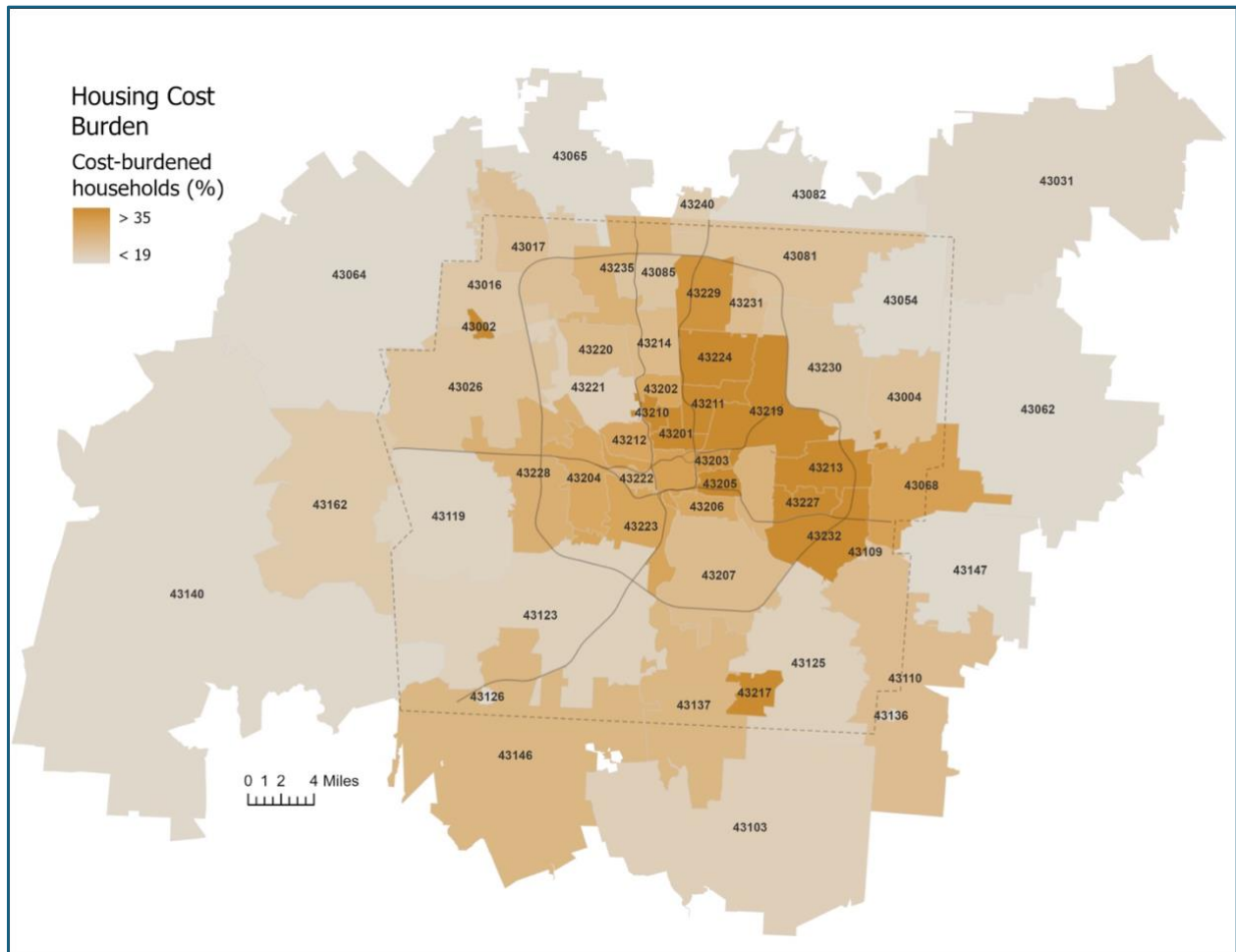
Most recent Franklin County data (HM2025)

31.9%

As shown in the map below, the zip codes with the greatest percentage of renter-occupied housing units are concentrated in the central part of Franklin County (e.g., 43222, 43212, 43201, 43203, 43205, 43210, 43202, 43211).



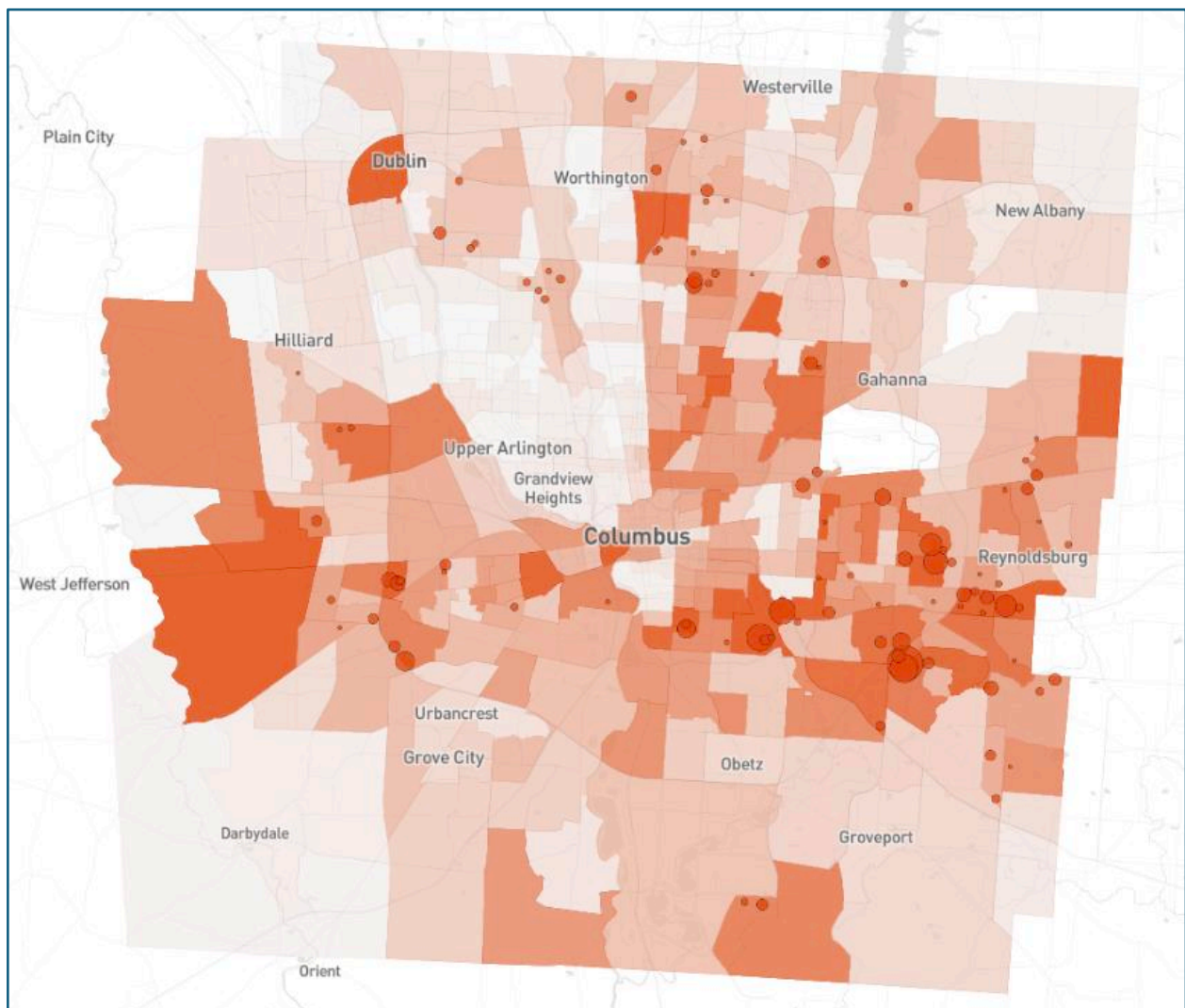
The zip codes with the greatest percentage of cost burdened households (i.e., an overall burden of 30% or higher) are concentrated in the eastern and north-central parts of Franklin County (e.g., 43213, 43227, 43232, 43219, 43211, 43224).



The map below is a screenshot of the eviction filing rate across Franklin County's census tracts since August 1, 2023, as mapped by the Eviction Lab. Census tracts with relatively higher rates of eviction filings are shown in darker colors.

Additionally, the "top 100 eviction hotspots" in the county are shown in the map as circles, with each circle representing a building that had a relatively large number of eviction filings. As the size of a circle increases, the number of evictions associated with that building also increases. Within Franklin County, many eviction hotspots are in east-central and far eastern census tracts (corresponding roughly to zip codes 43205, 43206, 43213, 4327, 43232, and 43068) as well as in western census tracts (corresponding roughly to zip codes 43228, 43123, 43119).

Readers who are interested in learning more about this topic are encouraged to visit the Eviction Lab's interactive map, which can be accessed by [clicking here](#).



Additional Information & References

Readers who are interested in learning more about this topic should also read the *HealthMap2025* section that focuses on individuals with disabilities (see page 65).

Data about housing insecurity were obtained from the American Community Survey.^{6,7} To assess the count of unhoused individuals, Point-In-Time (PIT) estimates were sourced from the Community Shelter Board of Franklin County and the U.S. Department of Housing Annual Homeless Assessment Report to Congress.^{8,9} In this assessment, “unhoused” includes sheltered, unsheltered, and transitional housing residents. Eviction data were obtained from the Ohio Housing Finance Agency and from the Eviction Lab.^{3,10,11}

Readers should be cautious when comparing estimates between different geographic regions such as Franklin County and Ohio. For example, estimates of people in renter-occupied housing may differ simply due to how Franklin County is largely a dense, urban/suburban area. The statewide estimate, of course, includes many rural areas that are less populated as well as highly populated urban/suburban areas.

The eviction filing rate is the number of new eviction filings per 100 renter-occupied households. Unfortunately, there are no centralized, recent sources of eviction data at the national level. At the time of this report’s writing, the best source for information at that geographic level was the Eviction Lab, which offered nationwide estimates from 2018.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau’s American Community Survey.¹²

¹ Bhat, A. C., Almeida, D. M., Fenelon, A., & Santos-Lozada, A. R. (2022). A longitudinal analysis of the relationship between housing insecurity and physical health among midlife and aging adults in the United States. *SSM - population health*, 18, 101128. <https://doi.org/10.1016/j.ssmph.2022.101128>

² Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of general internal medicine*, 21(1), 71–77. <https://doi.org/10.1111/j.1525-1497.2005.00278.x>

³ Eviction Lab. Eviction Tracking > Columbus, OH. <https://evictionlab.org/eviction-tracking/columbus-oh/>

⁴ Urban Institute. (2021). Tracking Homeownership Wealth Gaps. <https://apps.urban.org/features/tracking-housing-wealth-equity/>

⁵ Healthy People 2030 objective SDOH-04, U.S. Department of Health and Human Services

⁶ U.S. Census Bureau. (2022). Financial Characteristics. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2503. https://data.census.gov/table/ACSST1Y2022.S2503?q=housing&g=010XX00US_040XX00US39_050XX00US39049.

- ⁷ U.S. Census Bureau. (2022). Demographic Characteristics for Occupied Housing Units. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2502. https://data.census.gov/table/ACSST1Y2022.S2502?q=housing&g=010XX00US_040XX00US39_050XX00US39049&y=2022.
- ⁸ Community Shelter Board. (2023). *Columbus region leaders introduce new action on homelessness*. <https://www.csb.org/cdn/files-Columbus-region-leaders-introduce-new-action-as-data-shows-increase-in-homeless-count.pdf>
- ⁹ De Sousa, T., Andrichik, A., Cuellar, M., Marson, J., Prestera, E., & Rush, K. (2022). *The 2022 annual homelessness assessment report (AHAR) to Congress*. US Department of Housing and Urban Development.
- ¹⁰ Ohio Housing Finance Agency. (2023) FY 2024 Housing Needs Assessment [Interactive Tool]. Retrieved in 2024 from <https://ohiohome.org/research/housinginsecurity-23.aspx>
- ¹¹ Ohio Housing Finance Agency. (2021) FY 2021 Housing Needs Assessment [Interactive Tool]. Retrieved in 2024 from <https://ohiohome.org/research/housinginsecurity-hna.aspx>
- ¹² U.S. Census Bureau. American Community Survey 5-Year Estimates, 2022 (HM2025)

The Eviction Lab's interactive map can be accessed at <https://evictionlab.org/eviction-tracking/columbus-oh/>.

Food Insecurity

Food insecurity increases the risk for a variety of physical and psychological illnesses, including heart disease and depression.^{1,2} This risk is particularly notable for children, who are at risk for developmental and health consequences related to prenatal and early childhood food insecurity.³

13.5% of Franklin County residents experience **food insecurity**.



Similar to
HM2022 (12.8%)

Community Voices

Community members emphasized that being able to source and prepare healthy foods is related to income status. While the expense of healthy food is one thing that precludes food security, the energy and time it takes to ensure that their families eat healthy also hinders families' efforts to eat nutritious meals.



"It takes a certain amount of bandwidth to deal with nutrition. Like if you're already worn out from your day working and you have all these other stresses going on, and you might not necessarily have the finances to buy the more expensive food that's organic or healthier for you... So in our experience, you only have so much energy, whether it's physical, emotional... and you spend it where you spend it. Maybe it would better to spend it on nutrition, but that's usually the last thing or one of the last things that we think about."

"In my family, I've seen children who are in a lower income status that [their] parents have to work these multiple jobs, so then they're left to their own devices of microwavable things, air fry things, quick things. So then you're not getting proper nutrition. So then your brain is not even really developing to be of attention at school. So it's all connected."

Many community members mentioned that their neighborhoods in Franklin County are still healthy food deserts, because grocery stores and healthy restaurant options are not accessible within a short distance of their homes. Residents also mentioned that the quality and variety of healthy food sold by grocery stores is lacking in lower income communities as compared to more affluent communities.



"I noticed in my neighborhood, I'm not in a bad area, but it's a lot of fast food and fried stuff. So, when we go out to eat, we go to Bexley, eight minutes' drive west of us. We go there. I grocery shop there. I do everything there."



"This [grocery store] down here is like the nearest thing to me that has a variety, but they don't have that much either. They limit what we can get there. If you go to another [grocery store], they've got so much more."

"A grocery store is here, but it's far away from the inner community, so they either have to have somebody bring it to them, or they have to drive. It's not within walking distance. And then there's not a lot of fresh stuff. Like, everything is packaged or processed."

Personal work schedules and transportation issues also contribute to the ability of community members to access nutritious food easily.

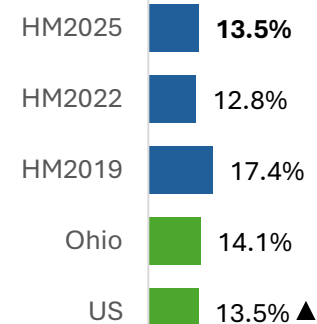


"I get off work usually late at night, sometimes 10:00 p.m., even later. There's very few restaurants open that late, especially on weekdays. And your choices if you need to pick up a bite to eat on the way home from work are—since the pandemic, most restaurants I used to go to, they've cut their hours just in order to save money, but that doesn't help me."

"I didn't have a car for three months, and I found myself trying to figure out dinner from Family Dollar because it was the only thing I could walk to. Sometimes you just can't get to some of the other places to do that."

Although food insecurity prevalence in Franklin County has improved since *HM2019* (which reported 2016 data), progress has seemingly stalled since *HM2022* (which reported 2019 data). The slight increase from *HealthMap2022* and *HealthMap2025* (which reports 2022 data) may be attributable in part to the onset of the COVID-19 pandemic, which disrupted food systems for many households. Food insecurity has risen significantly nationwide.

Food Insecurity Prevalence



Healthy People 2030

As communities continue their recovery from the COVID-19 pandemic, Franklin County's progress towards the Healthy People 2030 objective for reducing food insecurity should be monitored.⁵

HP2030 objective for Food Insecurity: Not met

Healthy People Objective:

6%

Most recent Franklin County data (HM2025)

13.5%

Additional Information & References

Readers who are interested in learning more about this topic should also read the *HealthMap2025* section that focuses on individuals with disabilities (see page 65).

Food insecurity data were gathered from the Feeding America interactive tool. That report estimates the percentage of individuals who lack access, at times, to enough food for an active, healthy life, per a set of variables that correspond with the U.S. Department of Agriculture's definition of "food security" as well as known risk factors.



Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the proportion of residents who qualify for WIC but who are not enrolled. Unfortunately, the Ohio Department of Health does not currently have a method for estimating the number of eligible WIC participants at the county level; such an estimate can only be generated for the state overall.

¹ Parekh, T., Xue, H., Cheskin, L. J., & Cuellar, A. E. (2022). Food insecurity and housing instability as determinants of cardiovascular health outcomes: A systematic review. *Nutrition, metabolism, and cardiovascular diseases : NMCD*, 32(7), 1590-1608.
<https://doi.org/10.1016/j.numecd.2022.03.025>

² Pourmotabbed, A., Moradi, S., Babaei, A., Ghavami, A., Mohammadi, H., Jalili, C., Symonds, M. E., & Miraghajani, M. (2020). Food insecurity and mental health: a systematic review and meta-analysis. *Public health nutrition*, 23(10), 1778-1790.
<https://doi.org/10.1017/S136898001900435X>

³ Simonovich, S. D., Pineros-Leano, M., Ali, A., Awosika, O., Herman, A., Withington, M. H. C., Loiacono, B., Cory, M., Estrada, M., Soto, D., & Buscemi, J. (2020). A systematic review examining the relationship between food insecurity and early childhood physiological health outcomes. *Translational behavioral medicine*, 10(5), 1086-1097.
<https://doi.org/10.1093/tbm/ibaa021>

⁴ Feeding America. (2022) Food Insecurity among the Overall Population in the United States [Interactive Map]. Retrieved in 2024 from <https://map.feedingamerica.org/>

⁵ Healthy People 2030 objective NWS-01, U.S. Department of Health and Human Services

Health Insurance

Health insurance is a vital component of healthcare, particularly in the market-based healthcare model of the United States. Individuals who do not have insurance receive less and poorer quality healthcare, worse health outcomes, and a lower life expectancy.¹ A high proportion of uninsured patients also strains the healthcare system when services are used without subsequent payment, which can reduce overall healthcare availability in the community.¹

92.4% of Franklin County residents are insured.



Similar to
HM2022 (92%)

Disparities by selected social determinants of health

Age:
18-64 less likely

Sex:
Male less likely

Race/Ethnicity:
Black, Hispanic
less likely

Geography:
Observed (see map)

Community Voices

Members of the community who have Medicaid or Medicare find it difficult to get reliable health care because many organizations do not accept their insurance, or they stop taking it.



"Most of our clients have Medicaid, but some of our clients are still under parents' insurance, which that doesn't help. So it doesn't matter if you have Medicaid or private insurance, because a lot of the places that accept private insurance, they don't accept Medicaid, or they accept Medicaid, but they don't accept private insurance. And either way, the waitlist is over six months."

"When I moved here trying to get a counselor, I found a counselor and I have insurance from my retirement which is Medicare, but through an employer. So it's decent insurance. Well, then they stopped taking it."

Community members spoke about the difficulty of affording medications whether they do or do not have insurance.



"I have a friend who has to work a second job just for her insulin, just to pay for her insulin. Like, that's it. Her primary job is a good job."

"Not being able to afford certain medications or you have a certain medication, they take you off that medication because they can't cover it anymore."

"One of the medications that I was on when we lost our insurance and we didn't have any insurance, it was \$1,646 for one month. So obviously, I stopped taking it, and I couldn't even afford to go to the doctor to get a replacement sort of thing. So it's ridiculous how much things cost."

"You have to go through this step-by-step process for the insurance to cover it."

Franklin County residents also perceive that the quality of health care they receive depends on their health insurance. Specifically, they think those with Medicaid are more likely to experience rudeness from medical staff and inadequate treatment.



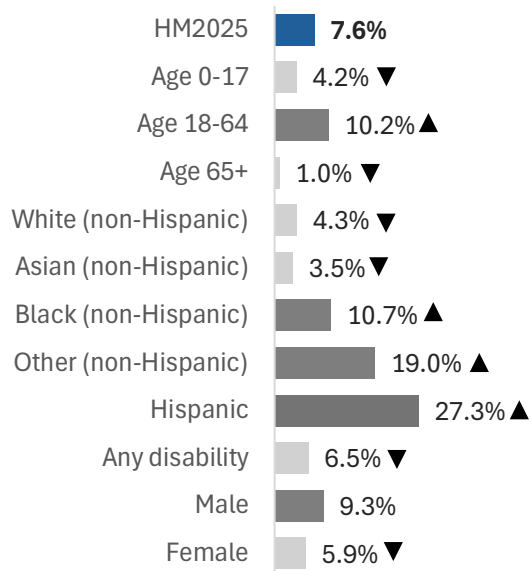
"Because they know that you're on Medicaid, 'Oh this your fifth baby. We tired of you.' I'm a staff member. I see it so much. Because what happens is, 'Is this your fifth baby? You should know what you're doing. You should get your tubes tied.' I've seen a lot of judgment."

"I've had [this child] for a year now and with the insurance, you do get different treatment. I found out just last week that she has a brain bleed that has gone untreated for a whole year. So now I'm fighting with them about that. Like, why haven't we seen neurology? Why hasn't there been a follow up MRI or anything? So, yeah, I don't feel confident with the hospital. My kids always had private insurance. So when I would hear people tell me the horror stories about children and the care they've received, I was like, 'we don't go through that.' But since having her I've seen it."

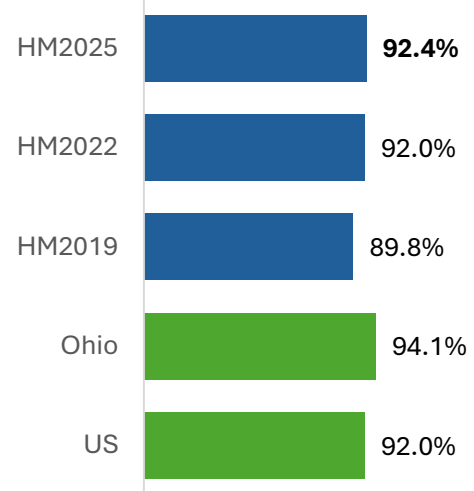
The vast majority of Franklin County residents are insured. The greatest disparities can be seen through the lenses of race and ethnicity, with Hispanic residents being significantly more likely to be uninsured than any other group. This may indicate the presence of cultural, language, or legal/political barriers. Adults age 18-64 are more likely to be uninsured than children or elderly people, which likely reflects the differences in eligibility for government-subsidized insurance plans.

Compared to Ohio or the United States, Franklin County has a higher rate of insured children as well as higher Group VIII Medicaid participation (i.e., an expansion that provided insurance access to adults who were between the ages of 19-64, who had an income less than 138% FPL, and who weren't eligible for another Medicaid category).

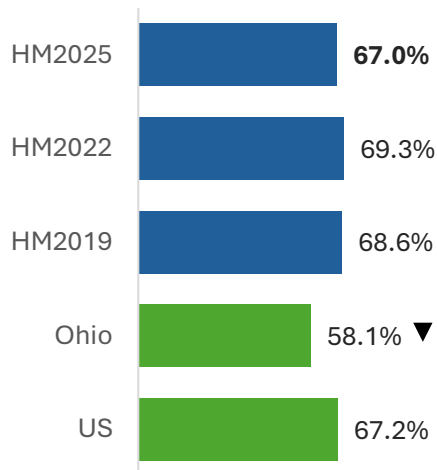
Uninsured Rate



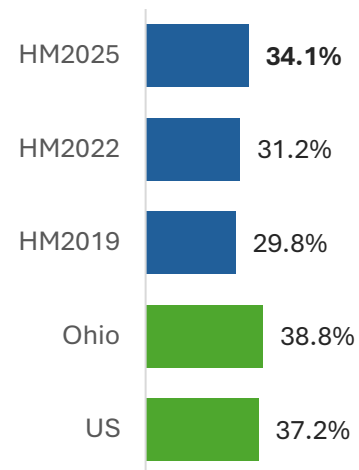
Insured Rate



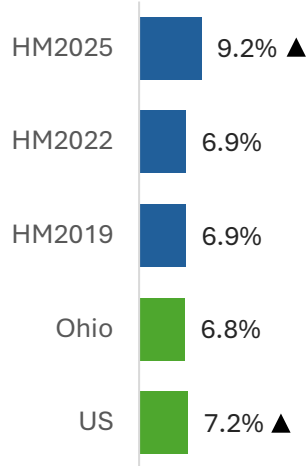
Private Health Insurance



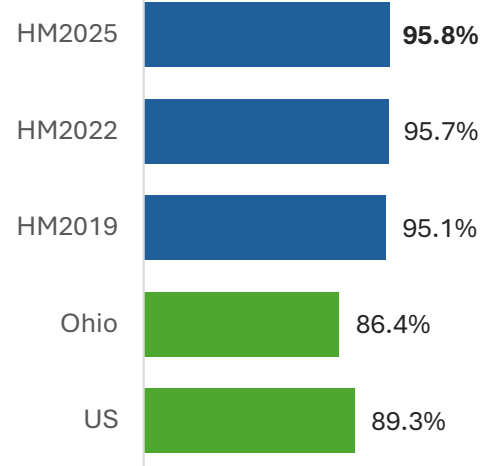
Public Health Insurance



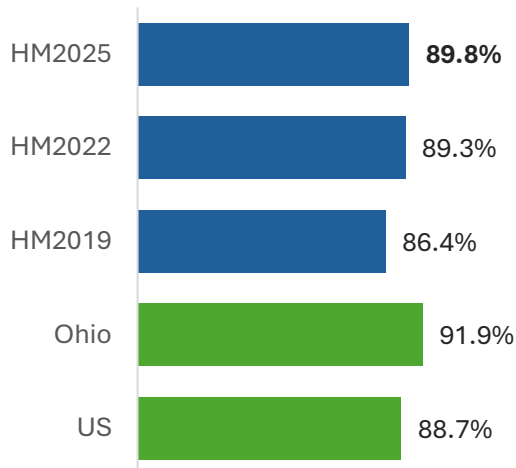
Group VIII Medicaid Insured



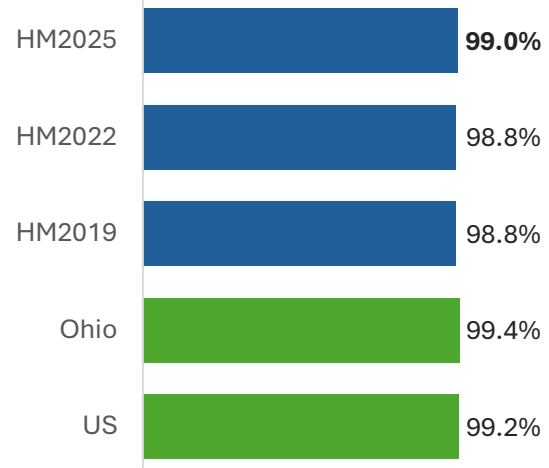
Insured Rate (ages 0-17)



Insured Rate (ages 18-64)



Insured Rate (ages 65+)



Healthy People 2030

Since HM2022, Franklin County has officially met the Healthy People 2030 objective for health insurance rates.² There is still progress to be made among adults age 18-64 as well as for racial and ethnic minorities, but this is a significant achievement for Franklin County.

HP2030 objective for proportion of people with health insurance: Met

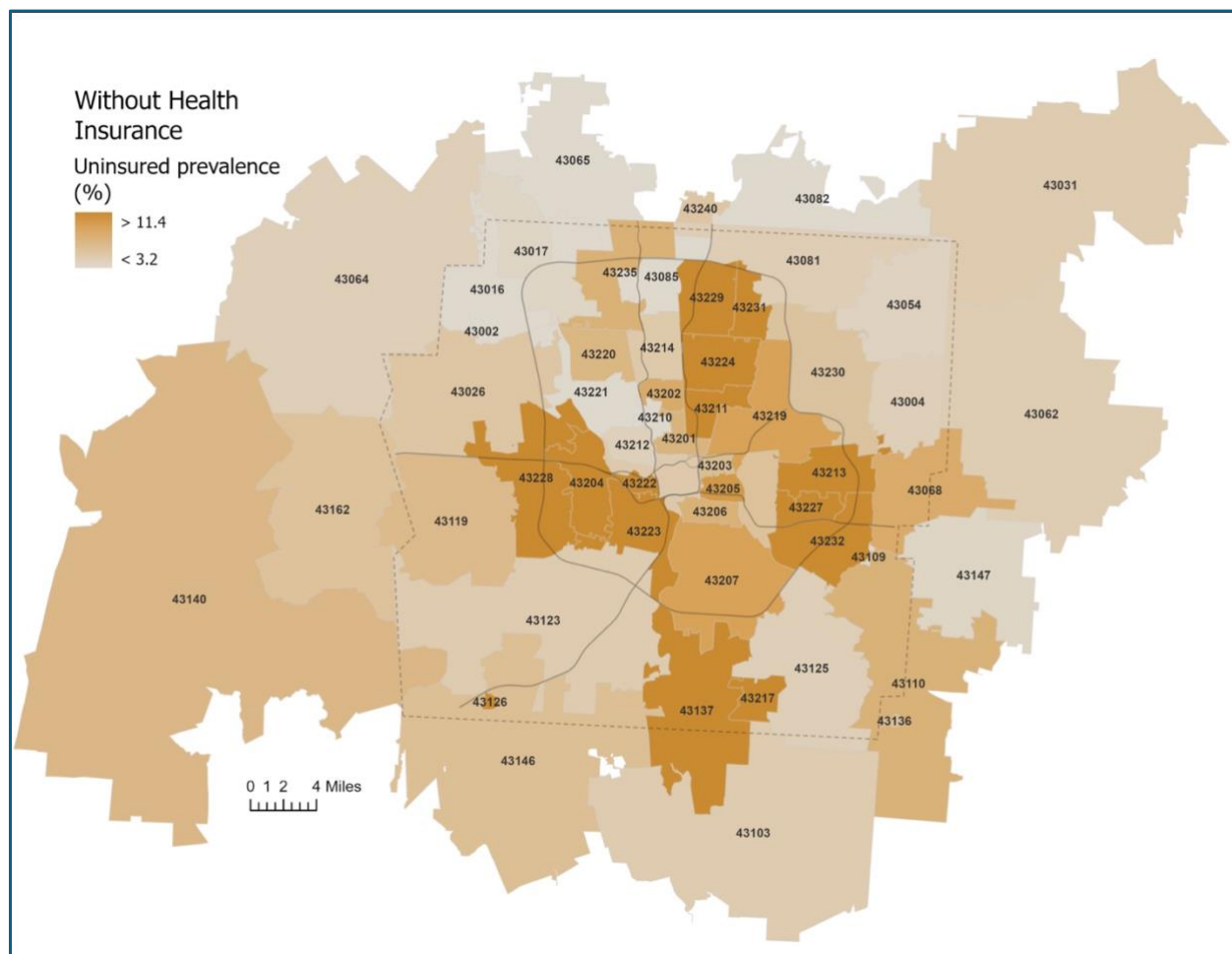
Healthy People Objective:

92.4%

Most recent Franklin County data (HM2025)

92.4%

Franklin County zip codes with the greatest percentage of people without health insurance are concentrated in west-central zip codes (e.g., 43222, 43223, 43204, 43228), north-central zip codes (e.g., 43211, 43224, 43229, 43231), far eastern zip codes (e.g., 43213, 43227, 43232), and far southern zip codes (e.g., 43137, 43217).



Additional Information & References

To measure the insured status of residents, we used data from the American Community Survey.³⁻⁵ For Medicaid Group VIII (Medicaid Expansion), we used the Ohio Department of Medicaid Annual Enrollment Dashboard and the federal Medicaid enrollment dataset.^{6,7} The data for all metrics were collected for 2022, 2019, and 2016.

To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau's American Community Survey.⁸

- ¹ Institute of Medicine (US) Committee on the Consequences of Uninsurance. (2004). *Insuring America's Health: Principles and Recommendations*. National Academies Press (US).
- ² Healthy People 2030 objective AHS-01, U.S. Department of Health and Human Services
- ³ U.S. Census Bureau. (2022). Selected Characteristics of Health Insurance Coverage in the United States. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701*. https://data.census.gov/table/ACSST1Y2022.S2701?q=s2701&g=010XX00US_040XX00US39_050XX00US39049.
- ⁴ U.S. Census Bureau. (2022). Private Health Insurance Coverage by Type and Selected Characteristics. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2703*. https://data.census.gov/table/ACSST1Y2022.S2703?q=HealthInsurance&g=010XX00US_040XX00US39_050XX00US39049&y=2022.
- ⁵ U.S. Census Bureau. (2022). Public Health Insurance Coverage by Type and Selected Characteristics. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2704*. https://data.census.gov/table/ACSST1Y2022.S2704?q=HealthInsurance&g=010XX00US_040XX00US39_050XX00US39049&y=2022.
- ⁶ Ohio Department of Medicaid. (2022). Annual Medicaid Demographic and Expenditure Dashboard [interactive tool]. Retrieved in 2024 from https://analytics.das.ohio.gov/t/ODMPUB/views/MDE-AnnualView/Home?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y
- ⁷ U.S. Centers for Medicare & Medicaid Services. (2022). Medicaid Enrollment - New Adult Group [interactive tool]. Retrieved in 2024 from <https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9>
- ⁸ U.S. Census Bureau. American Community Survey 5-Year Estimates, 2022 (HM2025)

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are traumatic events that occur during childhood (i.e., before age 18), including violence, abuse, or neglect.¹ ACEs also include contextual factors that might negatively affect a child's sense of safety or stability, such as growing up in a household with people who have substance use problems, mental health problems, or parents who were separated or in jail.

Per the Center on the Developing Child at Harvard University, "There is a powerful, persistent correlation between the more ACEs experienced and the greater the chance of poor outcomes later in life, including dramatically increased risk of heart disease, diabetes, obesity, depression, substance abuse, smoking, poor academic achievement, time out of work, and early death."²

17% of Franklin County adults have 4 or more ACEs.

New metric for
HM2025

Disparities by selected social determinants of health

Age:
18-64 more likely

Sex:
None observed

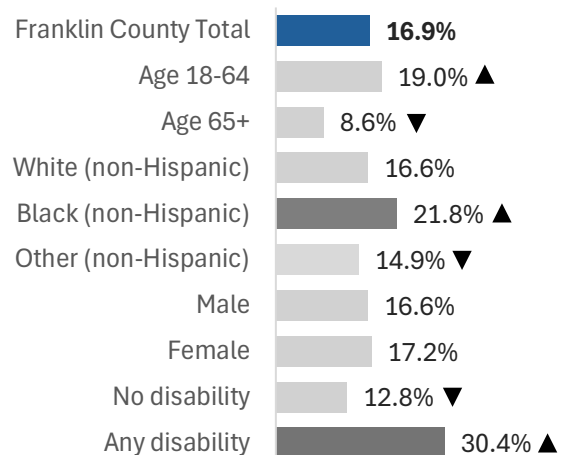
Race/Ethnicity:
Black more likely

Geography:
Observed (see map)

Adults with any type of disability are more likely than others to report having 4 or more ACEs when they were children, as are those aged 18-64 and black (non-Hispanic) individuals.⁴

As shown on the next page, the four most frequently reported types of ACEs among Franklin County adults include (1) emotional abuse; (2) parents' separation/divorce; (3) living with someone who was a problem drinker / used illegal drugs / abused prescription medication; and (4) physical abuse.

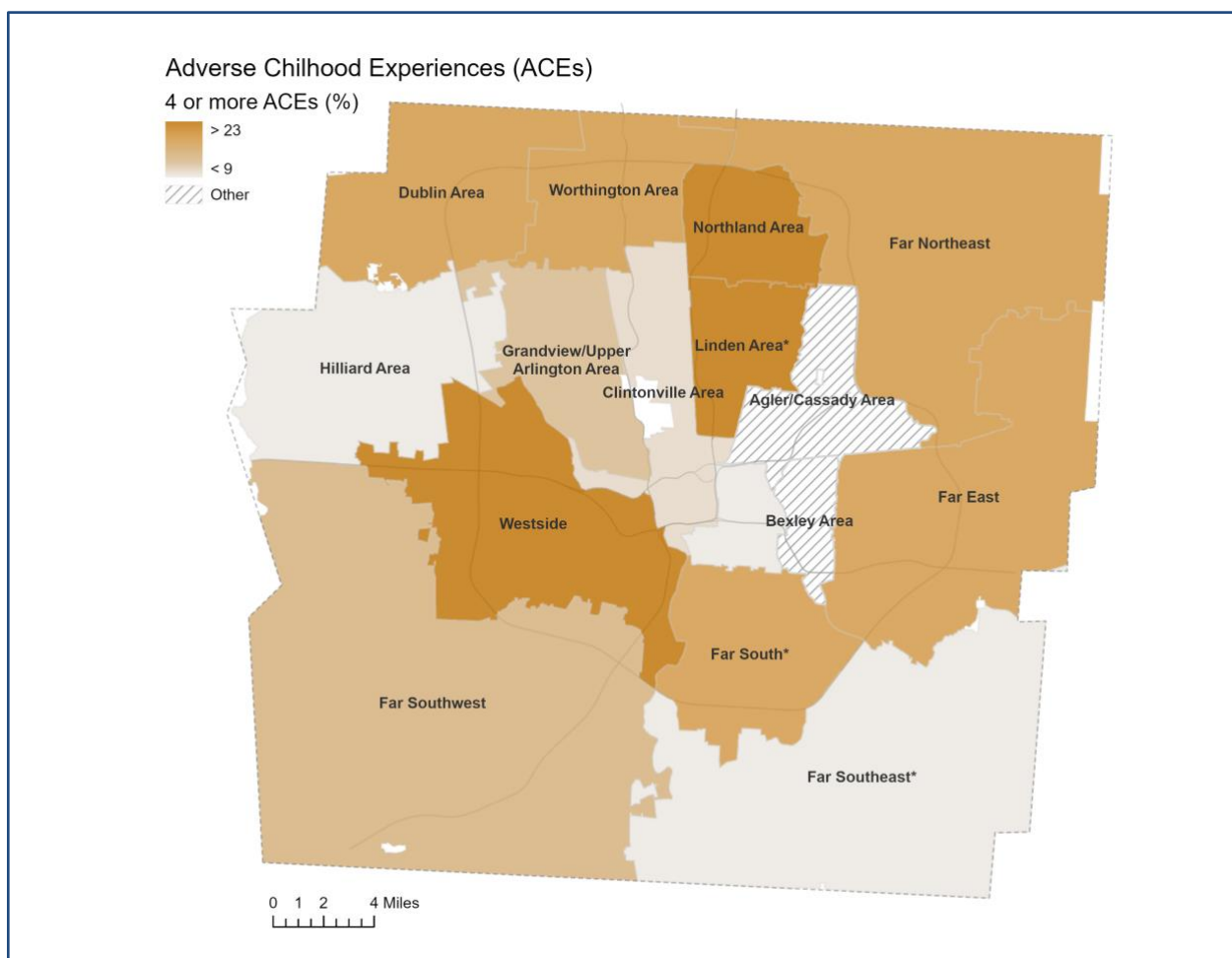
Four or more ACEs among adults 18+ in Franklin County



ACEs prevalence among adults 18+ in Franklin County

Experienced emotional abuse	40.8%
Parents separated or divorced (<i>excludes those whose parents were not married</i>)	35.1%
Someone in household was a problem drinker or alcoholic, or used illegal drugs or abused prescription medication	30.7%
Experienced physical abuse	29.8%
Someone in household was depressed, mentally ill, or suicidal	23.7%
Parents physically hurt each other	18.2%
Someone in household served time in prison, jail, or other correctional facility	10.9%
Experienced sexual abuse	5.9%

As shown in the map below, a greater percentage of adults in the Linden, Northland, or Westside areas report having experienced 4 or more ACEs as a child, compared to adults in other areas. Estimates marked by an asterisk (*) are based on fewer than 50 respondents and are considered statistically unreliable; therefore, caution should be used when interpreting these estimates.



The Agler/Cassady and Bexley areas are shown in a crosshatch pattern because the estimates for those areas are based on <40 respondents, and therefore are not reported.

Additional Information & References

To assess the prevalence of ACEs among Franklin County's adult population, Columbus Public Health staff obtained recent data from the Behavioral Risk Factor Surveillance System, which completes structured survey interviews with residents via telephone. In addition to combining and analyzing several years of data (2019, 2021, 2022), Columbus Public Health also combined the data from several contiguous zip codes in order to create larger geographic areas; most of those geographic areas then had a sufficient sample size that would permit an analysis and mapping of the indicator.³ Franklin County Public Health staff then mapped the prevalence of this indicator across the selected geographic areas that had a sufficient sample size.

¹ Centers for Disease Control and Prevention. (n.d.) About Adverse Childhood Experiences. <https://www.cdc.gov/aces/about/index.html>

¹ Harvard University, Center on the Developing Child. (n.d.) ACEs and Toxic Stress: Frequently Asked Questions. <https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/>

³ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

⁴ Swedo EA, Aslam MV, Dahlberg LL, et al. Prevalence of Adverse Childhood Experiences Among U.S. Adults – Behavioral Risk Factor Surveillance System, 2011–2020. *MMWR Morb Mortal Wkly Rep* 2023;72:707–715. DOI: <http://dx.doi.org/10.15585/mmwr.mm7226a2>

CHRONIC CONDITIONS

Chronic Condition Prevalence

The U.S. Centers for Disease Control and Prevention defines chronic diseases as conditions that last 1 year or more and require ongoing medical attention and/or place limits on one's daily activities. Such diseases are thought to be a major contributor to the nation's annual health care costs, which in recent years has approached \$4.5 trillion.¹

32% of Franklin County adults reported having **high cholesterol.**

≈
Similar to
HM2022 (30.2%)

Disparities by selected social determinants of health

Age:
65+ more likely

Sex:
None observed

Race/Ethnicity:
White more likely

Geography:
Observed (see map)

32% of Franklin County adults reported having **high blood pressure.**

↓
Down from
HM2022 (36.2%)

Disparities by selected social determinants of health

Age:
65+ more likely

Sex:
None observed

Race/Ethnicity:
Black more likely

Geography:
Observed (see map)

25.4% of Franklin County adults reported ever having **arthritis.**

≈
Similar to
HM2022 (27.5%)

Disparities by selected social determinants of health

Age:
65+ more likely

Sex:
Female more likely

Race/Ethnicity:
White more likely

Geography:
Observed (see map)

11.2% of Franklin County adults reported ever having **diabetes.**

≈
Similar to
HM2022 (10.6%)

Disparities by selected social determinants of health

Age:
65+ more likely

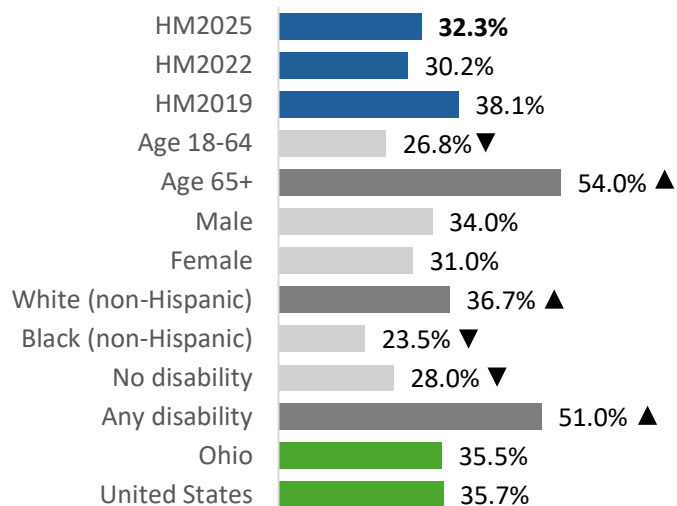
Sex:
None observed

Race/Ethnicity:
Black more likely

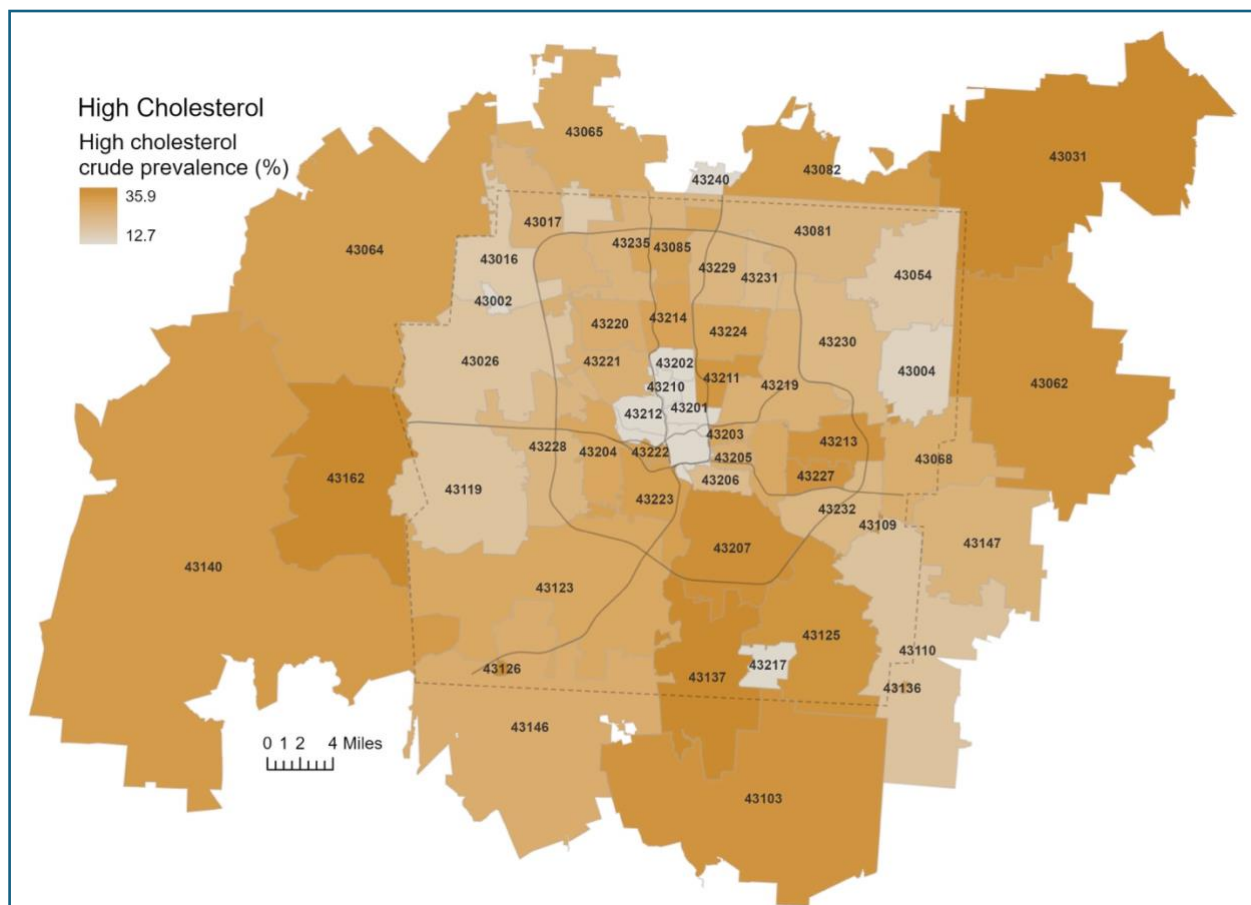
Geography:
Observed (see map)

HIGH CHOLESTEROL

Older adults and individuals with a disability are more likely to report this health condition. Note there is an increased rate of high cholesterol among white (non-Hispanic) residents as opposed to black (non-Hispanic) residents. This is a condition that may not present with urgent symptoms, instead being caught via blood tests that often occur in the context of primary/preventative care. Therefore, the disparities observed among racial groups might also partially reflect healthcare access disparities.²



High cholesterol prevalence is higher in most Franklin County zip codes that are to the east and south, especially 43211, 43213, 43227, 43207, and 43137.

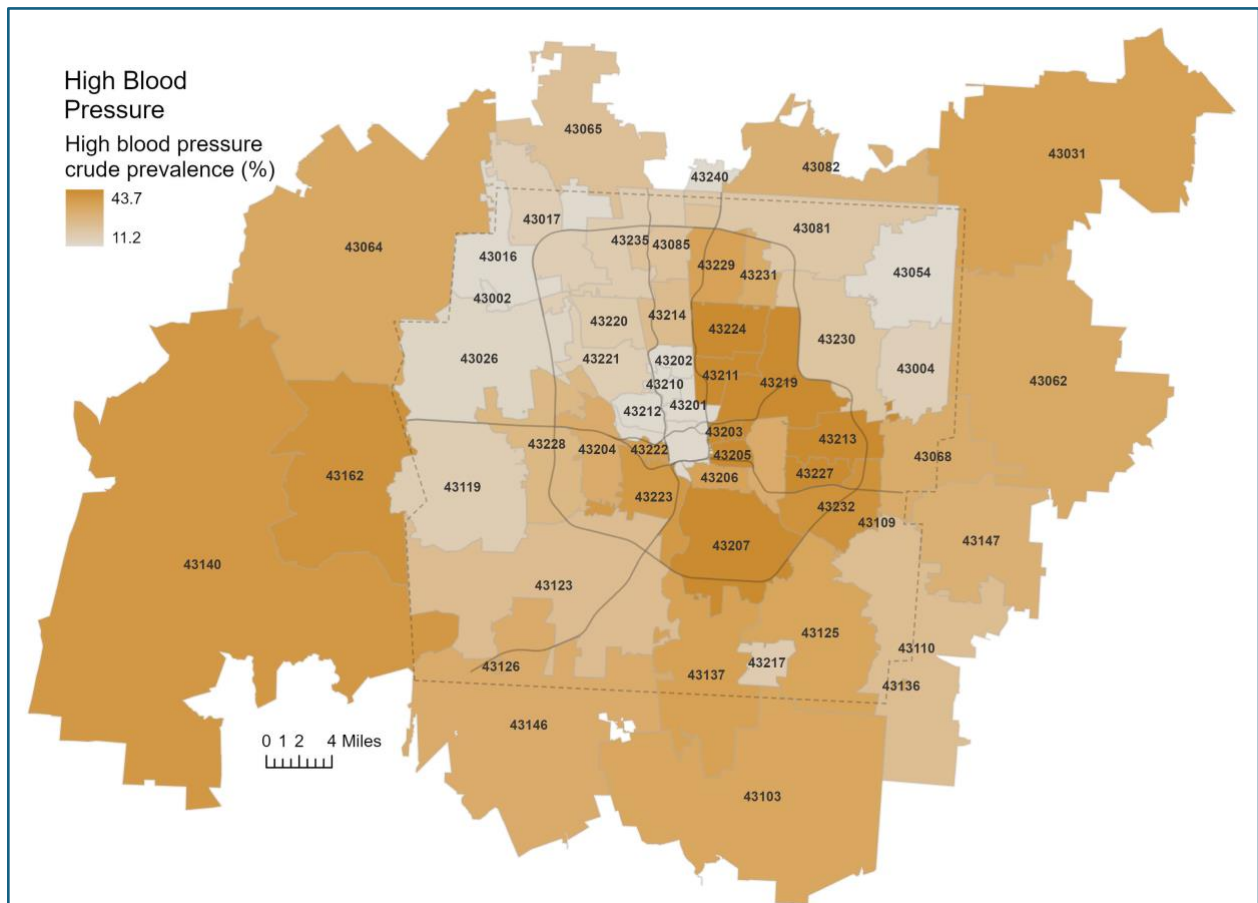
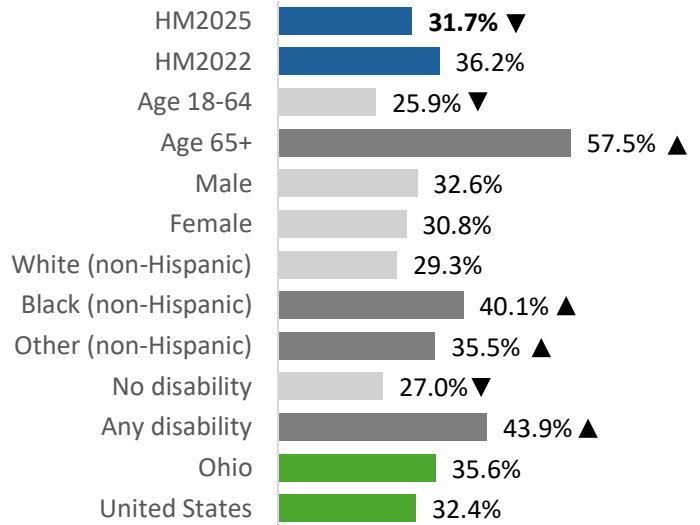


HIGH BLOOD PRESSURE

Older adults, black (non-Hispanic) residents, and individuals with a disability are more likely to report this health condition.

Fortunately, recent data suggest that among those Franklin County residents who have been diagnosed with high blood pressure, most (73%) are taking medicine to address/manage this health condition.

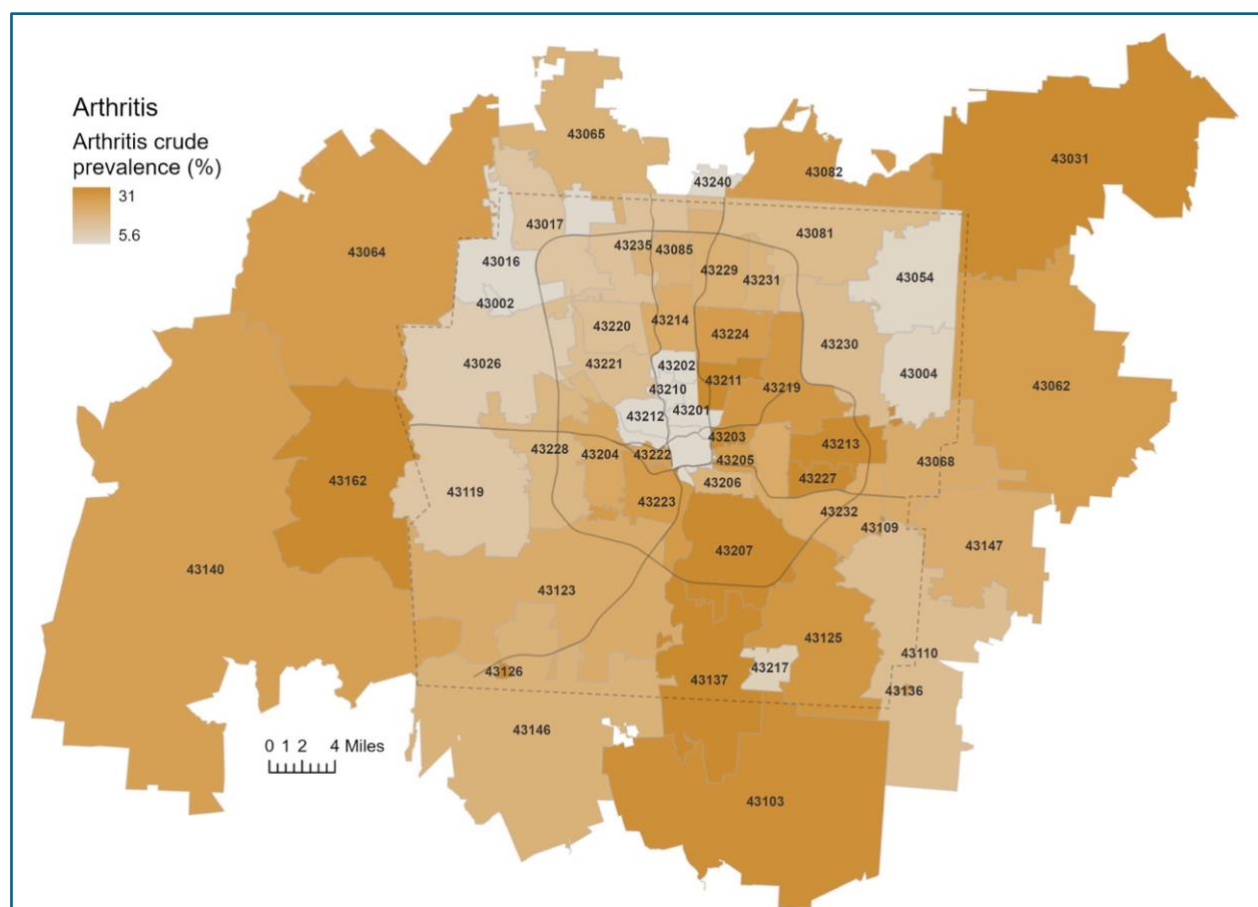
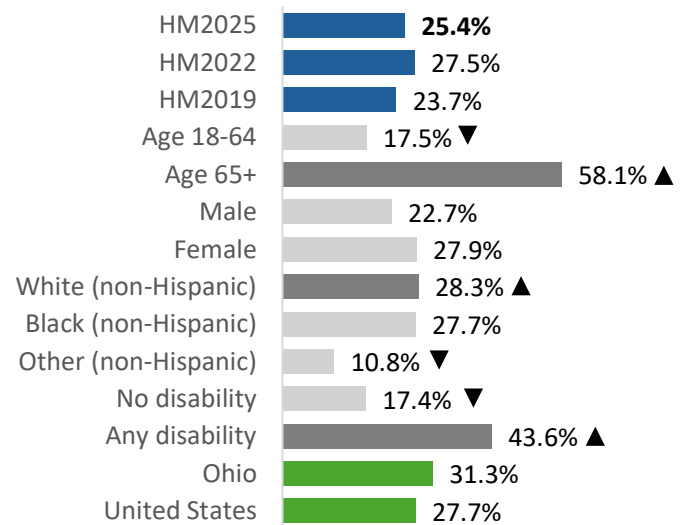
High blood pressure prevalence is higher in east-central Franklin County, especially 43224, 43211, 43219, 43203, 43205, 43213, 43227, and in 43207



ARTHRITIS

As expected, older adults have a far higher prevalence of arthritis than younger adults, and individuals with a disability are also more likely to report this chronic health condition. Interestingly, individuals with an other (non-Hispanic) racial background had a significantly lower rate of arthritis than either the white or black (non-Hispanic) populations.

Arthritis prevalence is higher in Franklin County zip codes that are east of I-71 and west of I-270, and is especially high in 43211, 43213, 43227, and 43207.



Diabetes is more common among older adults than younger adults. Note that this analysis does not distinguish between type 1 and type 2 diabetes. As was the case with arthritis prevalence, individuals with an other (non-Hispanic) racial background were significantly less likely than those in other groups to have been diagnosed with diabetes.

Category	Percentage	Change
HM2025	11.2%	
HM2022	10.6%	
HM2019	8.9%	
Age 18-64	6.9%	▼
Age 65+	28.8%	▲
Male	10.8%	
Female	11.6%	
White (non-Hispanic)	11.4%	
Black (non-Hispanic)	13.7%	▲
Other (non-Hispanic)	6.4%	▼
No disability	7.1%	▼
Any disability	21.0%	▲
Ohio	13.1%	
United States	11.5%	



Community Voices: Diabetes

For community members, diabetes is at the forefront of their chronic condition concerns in the community. They perceive this condition to be increasing among the community's youth, and also noted how this condition co-occurs with other chronic conditions.



"Type two diabetes has become more prevalent than before...And insulin resistance can start younger. Even if type two is not there, we can have the metabolic syndrome. The hypertension strokes are even happening younger, and it seems that doctors will focus on an older population. A lot of kids won't be heard."

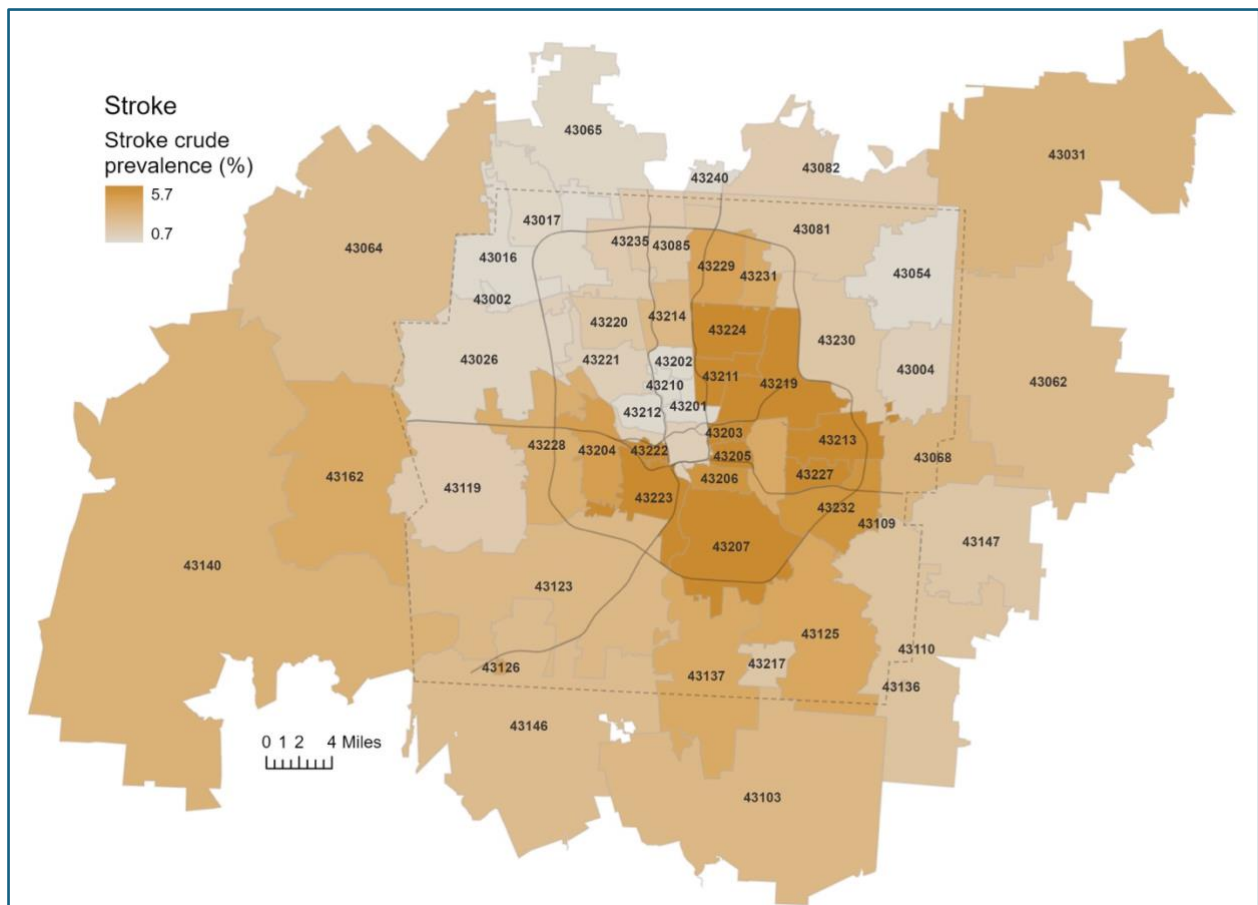
"A lot of kids I see have juvenile diabetes, probably more than what I even remember. And if you have a disability, you tend to have those kind of issues."

STROKE

Lifetime experience of stroke is more common among older adults. Disparities between gender and racial groups are likely due in part to disparities in risk factors such as heart disease.

Stroke prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the central and northwestern quadrants.

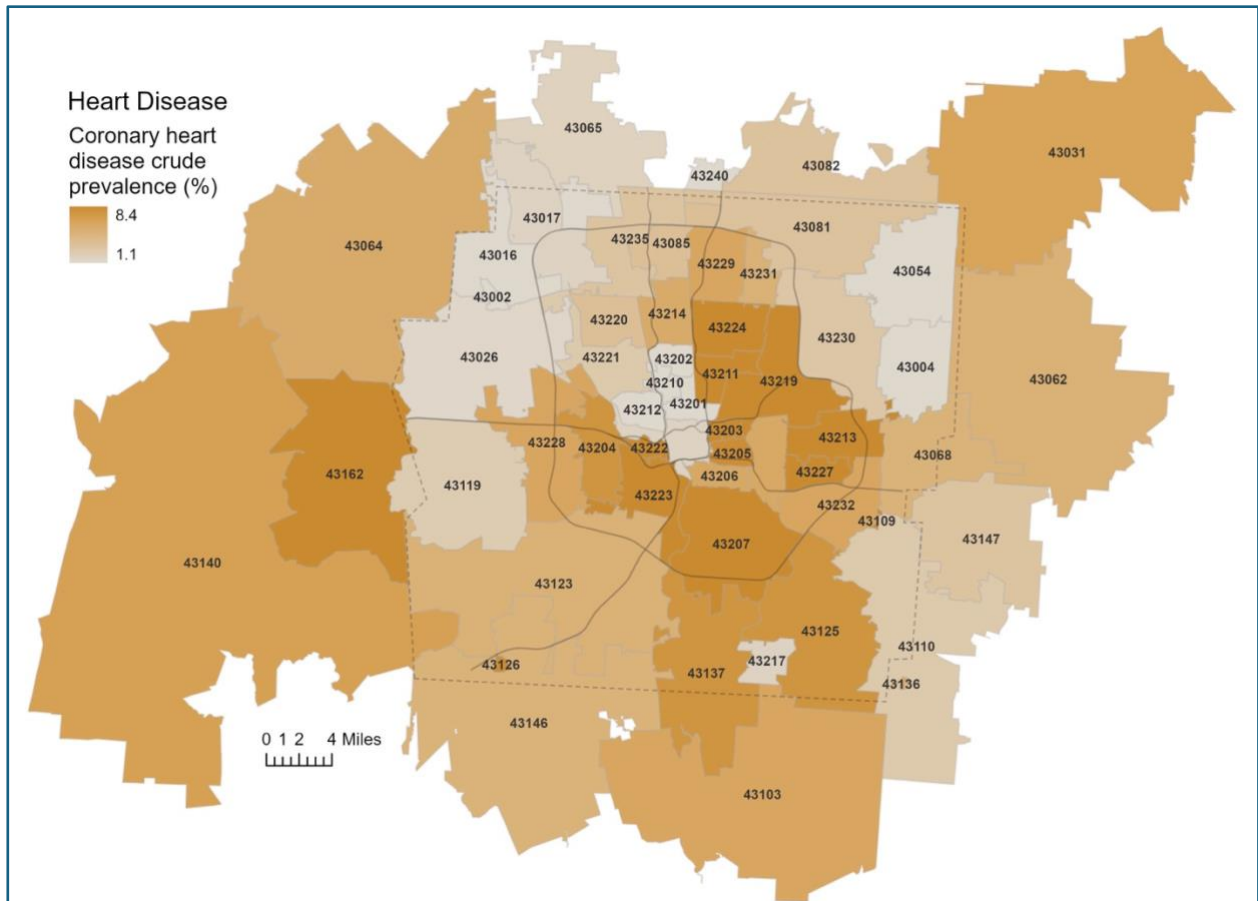
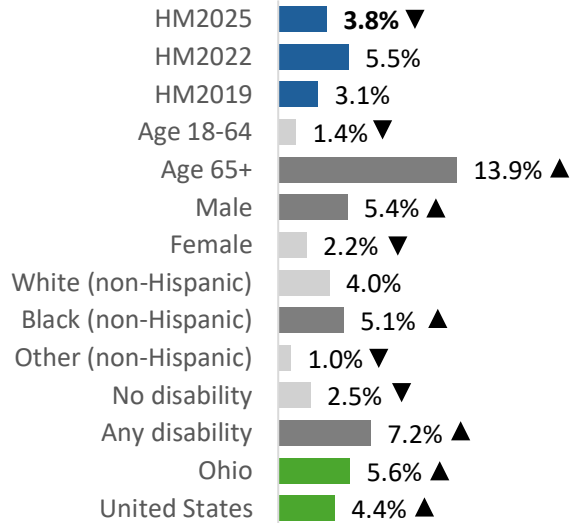
HM2025	4.2%
HM2022	3.9%
HM2019	3.8%
Age 18-64	3.0% ▼
Age 65+	9.8% ▲
Male	5.9% ▲
Female	2.7% ▼
White (non-Hispanic)	3.5% ▼
Black (non-Hispanic)	4.6% ▲
Other (non-Hispanic)	8.1% ▲
No disability	2.1% ▼
Any disability	8.7% ▲
Ohio	4.3% ▲
United States	3.4% ▼



HEART DISEASE

Within Franklin County, the prevalence of heart disease is highest among older adults. Heart disease prevalence is also higher among males, which is consistent with national research on this topic. Lastly, the prevalence of heart disease is also higher among the black (non-Hispanic) population than among the white (non-Hispanic) population.

Heart disease prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant.



Community Voices: Other Chronic Conditions

Community members also spoke about other chronic conditions that affect the black community disproportionately, including sickle cell traits, HIV, and fibroids.



"There's a lot of people in the black community who don't realize the difference between sickle cell traits, sickle cell, or that they even have sickle cell. They don't have the educational component. So they're just out there, trying to figure out what's best. And with sickle cell, you can actually die. And a lot of people don't know that. If one parent has it and the other one doesn't, it doesn't necessarily mean you're going to get it versus two parents having it. And so a lot of people have unnecessary worry."

"I've experienced family members with sickle cell, and when they go into hospitals, they're looked at as drug seekers. It's because they're not educated on what exactly they are supposed to be doing. So when they're having a crisis and they are in pain and really do need those medications, it's like, 'Well, the only time we see you is when you're in pain.'"

"There are a lot of healthcare disparities with race, specifically with African Americans. I would say HIV is one, too."

"A big one that affects African American women is fibroids. And they often get overlooked or mistreated when they are going to the doctor."

Additional Information & References

Readers should note that data focusing on another chronic condition – asthma – is presented in the environmental health chapter of *HealthMap2025* (see page 166).

To assess the prevalence of these chronic conditions, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.³ In most cases, survey respondents were asked if a doctor, nurse, or other health professional ever told them that they had a specific chronic health condition.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES⁴ resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

¹ Centers for Disease Control and Prevention. (n.d.) About Chronic Disease.
<https://www.cdc.gov/chronic-disease/about/index.html>

- ² Nelson K, Norris K, Mangione CM. Disparities in the Diagnosis and Pharmacologic Treatment of High Serum Cholesterol by Race and Ethnicity: Data from the Third National Health and Nutrition Examination Survey. *Arch Intern Med*. 2002;162(8):929-935.
doi:10.1001/archinte.162.8.929
- ³ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2018 (HM2022), 2016 (HM2019). [Note: For high blood pressure prevalence, HM2025 data were collected in 2021 and HM2022 data were collected in 2019.]
- ⁴ Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.).
<https://www.cdc.gov/places/index.html>

Disability Status

Disability is a significant public health concern. As the mean age of the United States population increases, older adults who have a disproportionately higher likelihood of disability become a greater proportion of the population. Individuals with disabilities face a variety of increased costs of living, barriers to engaging in work and the community, and additional health disparities than the rest of the population.^{1,2}

12.2% of Franklin County residents reported **any disability**.



Similar to
HM2022 (11.1%)

Disparities by selected social determinants of health

Age:
65+ more likely

Sex:
None observed

Race/Ethnicity:
None observed

Geography:
Observed (see map)

Community Voices

Members of the disability community think how others in the broader community perceive and react to disability causes their overall wellbeing to be unconsidered or ignored.



"Our wellbeing as people with disabilities is grossly ignored. Grossly overlooked and never considered. Whether it's the mental wellbeing, or the physical wellbeing, or the emotional wellbeing, or the economic wellbeing, we're not considered."

Community members spoke to the specific challenges faced by individuals who identify as DeafBlind or have multiple disabilities.



"DeafBlind people suffer the most in my experience, in my community. They do not have a lot of the training. For example, they do not have access to braille training."

"Developmental disability services here in Ohio, they are not accessible to DeafBlind people, not friendly to them at all. Takes a long time to get services. People who are deaf and have additional disabilities are very isolated. They haven't been able to find the place where they feel that they belong."

"I fit into the DeafBlind community. And I will agree there's not a lot of acknowledgement of those who have dual disabilities, whether it's deaf and blind or any other combination of one or more disabilities. And there's not enough acknowledgement of, even though one disability may be the dominant disability, that doesn't mean you should ignore the other ones."

Community members spoke about how there are some conditions that are not classified as a disability, even though they affect people's lives in similar ways.



"Ehlers Danlos syndrome. It's a connective tissue disorder, and most people will think of it as hypermobile. But the connective tissue is with the heart, with the brain, with the eyes, the spine, everything. [She has] a list of like ten different mini diagnoses that don't count as a developmental disability. So she's in bed a lot, wearing an eye mask or unable to function in a normal life, and then people are telling me, she doesn't have a developmental disability because she doesn't fit in that umbrella."

Members of the wider Franklin County community also mentioned how caretaking responsibilities for family members who are disabled impact them.



"My mother has dementia. I know an awful lot of folks who are in their late sixties, mid-seventies, and older with that. Her husband is caring for her now, but when the day comes, he can't do that, she'll be moving in with me, and I will not be able to really leave her. She can be left home a little bit at home now, but that won't last for long, and I'll be her primary caretaker. So it's something I have to plan for because it's coming down the road."

"I would say as a caregiver, that impacts me, my health. I constantly worry about my mom. Back in March, she had a fall. I was in the house, she got dizzy, she fell, and we had to take her to the hospital. It was really scary. So as a caregiver, I've experienced a lot of mental health issues through that, and I think through that, a lot of physical health issues have bubbled up."

Community Voices: Issues related to accessing health care

Disabled individuals face difficulty filling out paperwork and accessing information about their health due to the high reliance on technology that many medical providers have. When it comes to having interpreters for health appointments, disabled individuals say lack of resources prevents best practices of using co-interpreters to ensure patient understanding.



"One issue when it comes to accessing care is accessing information. So, for example, if you go to the doctor and they want to give you a summary of your doctor's visit, a lot of times doctors just want to hand you paperwork and they're not always explaining things with you or to you."

"A lot of systems such as computer systems at doctor's offices and things are not digitally accessible. Medicare professionals still don't know a lot of times how to help you as far as filling out paperwork. They don't see the value of doing certain things over the phone. There's always this thing that if one person with a disability can get it...There's no looking at each patient on a case-by-case basis."

"So many doctors are moving to putting things on an iPad, but still, that's just as bad as traditional paperwork. If you're blind and you can't fill that out on your own, you got to have somebody to help you. And some doctors, they always think you come with a caregiver. They don't understand, that's really your job as the nurse. Your job is to take down the health information and help the patient out."

"We encourage having co-interpreters. One hearing interpreter who signs to a deaf interpreter, and that deaf interpreter would sign to the deaf individual. And it's very effective, and it makes communication so much easier. It can be expensive, you know, having those two interpreters, but it will save you time in terms of effective communication and the [medical] provider being able to make that connection with their patients and make sure that their language needs are met. It's focusing on respect for that patient, and it's very effective, and that's something that providers need to accept more and provide."

Finding providers who are competent and respectful when providing care for disabled individuals can be difficult.



"My problem is I've been with established care people for 14 years, and what happened was I just had some retire, and I'm having a problem finding doctors that take my insurance, let alone help with my medical needs."

"I've even been turned away from a local hospital, because they said that none of the doctors here understand disability at all, and we should not be seeing that in 2024. And most of the things that I go in for are not even related to my disability. They're just normal things...I even left the medical space for 20 years because of the difficulty I was having. I didn't see doctors until I turned 40 again...A lot of times, people with disabilities have to search and search before we find a doctor that will, in fact, listen to us and realize that we know more about our own bodies than they might."

"I just changed my primary care doctor because she started making me feel like I was a problem for her."

"We become so afraid to even seek help sometimes."

Disabled individuals face a number of other specific issues with health care, including providers' unwillingness to provide telehealth appointments, misdiagnosis and lack of understanding of complex care needs, difficulty getting health screenings, and difficulty providing feedback on health care surveys about their experiences.



"If you're an established patient and staff changes, there's no real training or continuity kind of training that teaches them that not everybody that's coming here may come here in person. Some people are using telehealth"

for various reasons. I've been almost threatened that I got to come into the office. And I've been told to my face that, well, another client with a disability is able to make it in, but that client may live in the Dublin area, and I don't. And I don't have the money all the time to travel across town."

"People who perhaps have low language within the deaf community, meaning they are a deaf child raised within a hearing family and that family does not provide access to American Sign Language, they face language deprivation...that leads to mental health issues. So counselors then are saying he has a diagnosis of learning disabilities. Well, really, it's not the learning disability. The problem is the language deprivation, the exposure that they never had. And so that diagnosis doesn't really fit the situation in and of itself. There is a lack of advocacy and the resources that are needed for individuals to learn about the diverse community."

"I think there needs to be doctors out there, individuals who understand complex care. My daughter has multiple disabilities. She has seven specialists. And when I went from trying to move her from pediatric care to adult care, I'm going through doctors like water because they can't handle the complexity of her needs...We need to have adult hospitals with complex care units that are willing to provide healthcare for these individuals."

"We are still so behind the times when it comes to treating people with disabilities, any disability, really, with the machinery that they use. I mean, I'm 55 and have only had half of a mammogram done because the machines are still not accessible. And when you go there and you ask for them to help position you, they yell at you and ask if you've brought a caregiver with you to be able to do that. That's just one experience. But they are not trained to understand disability. They get a very short training period to learn about disability."

"When we try to take the surveys that speak to our experience, if you're blind and depend on screen readers, you have to get your PIN number from your discharge papers first by using app to read that or have someone come over and do it for you. Then you have to enter that online. And then the online surveys are not accessible with the voiceover screen readers that we're using. The only other alternative is to bother someone, have them take the survey for us. Well, that violates our own privacy."

Community Voices: Stigmas related to disabilities and/or mental health

Disabled individuals say that mental health issues like anxiety and depression are common due to the misperceptions people have about them.



"There's a big myth when you're dealing with the medical professional or people in general, that because we're blind, we're also dumb. Like our brain

doesn't work. And that's not a fair assumption. Just because someone is blind doesn't mean they have a cognitive disability as well."

"Anxiety and depression are two big ones [we suffer with]. I suffer from clinical depression and clinical anxiety. And that comes from the way that we are isolated, left out and beaten up for things that we don't have any control over, whether it's our economic status, our employment status, our housing status, or just the fact that we simply are asking for help and people make us feel bad for wanting help...the perception and assumptions are just wrong and rude."

"Anxiety is a huge problem. And then in our culture, disability is too often seen as inferior or frightening, and the wellbeing of a disabled person is sometimes seen as not all that important."

"Medical providers, in particular, live with that same fear and fright of people with disabilities. And when they focus on the, 'You must need home health services. There must be someone who has to do for you and speak for you.' At times it's very distressing when you're already not feeling good about yourself and you're there to get help, to have that magnified by other people's fears and perceptions, because they can't imagine how they would live with our disabilities, but they're directly not understanding how we adapt."

These misperceptions also influence the ability of disabled individuals to find employment, even though they have valuable experience and skills to offer.



"We have to deal with employer perception all the time. They'll put us through trial periods. They'll ask us if we can find the restrooms and things that someone equal to us without obvious disabilities doesn't have to go through. All these excuses will be made about why we're not interviewed or why we're not contacted after the interview. Hospitality, caregiving and advocacy, independent living help. I'm good at all these things, especially environments that I'm familiar with. And I started getting experience around 16 years old, and I cannot prove that because so many people think that I need things done for me."

Community Voices: Issues accessing social services/resources

Lack of knowledge about available resources are an issue, not only among disabled individuals but among case managers meant to help them access these resources. Some individuals also perceive there is an unwillingness to provide pathways to these resources.



"I think lack of resources is an issue, but also knowledge about the resources available to people is an issue."

"It's knowing what programs are out there, whether it's for finding a job, whether it's for getting food, whether it's for getting help with paying for medical costs, just knowing those resources and where they are and how to apply for them, and people giving you the honest answer about how to apply for them, that's one of the biggest challenges."

"When I'm advocating for others, people think I'm wonderful, I am knowledgeable, I'm skillful. When I advocate for myself, there's always this push because, no, we can't do that. But at my office, I get calls from other case managers asking me to do the things I'm wanting and they are doing for other people, but they don't want to do for me because I'm intimidating. And when I say, 'You can do this,' I get a very negative pushback and the dragging of the feet and the, 'Oh, I'm sorry, I'm busy. I've had too many crises to deal with.' I don't regret doing the work to get an MSW, but it doesn't necessarily help you as an individual get your services."

Community members with disabilities also pointed out that many available resources have restrictions about who can qualify. They believe income-based programs effectively keep them in poverty and from making life changes like moving in with others or obtaining better employment that could improve their quality of life.



"People assume because you have a disability, that you're qualified for all of these things in the community that you're not. People assume because I had SSI when I had that, and then I eventually got SSDI, that I should get section eight housing, I should get a whole bunch of food stamps. I should be able to have all these things."

"There is a program called iCanConnect, but that is federally funded and that's income based, which is really ridiculous because there are a lot of people that are suffering that can't hear, can't see, and they have a lack of services."

"If our legislators got ill, they would never go through the same thing that a lot of us do because they have the money to hire the best doctors and providers so they could never thoroughly understand disability like us that really are in the poverty level and are kept in the poverty level because of rules governing SSI and SSDI. And the other programs like Medicaid, you can only have so much money to be able to qualify. People who have a disability and are fortunate to get a job and have a good job and good insurance, they can afford the money [for good care]."

"The way SSI is set up now is if you want to make more money, you're scared to take that because you know they're going to take all your benefits versus there's not any program that allows for people to gradually grow away from the SSI to SSDI because they now have a job and they're starting to make more money. They just snatch the whole check away instead of

taking away a dollar or two at a time as your income grows, so you have a chance to grow into that and save and be able to take care of your needs.”

“Right now, I have a friend who is terminal who has 28+ additional conditions besides blindness. We're both having the issue of Social Security and perception and all this keeping us from moving together and combining resources. Maybe we could make it if we had each other. We could both save each other's lives because we've experienced a lot of the same systemic troubles and find commonality.”

Individuals with disabilities also say they are prevented from accessing helpful resources due to where they live, and some see evidence that race impacts who receive resources.



“Some of the programs that are out there, whether they're for people with disabilities or for people who are on lower income, if you don't live in that area, you can't get those services. Just because I live in the suburbs doesn't mean I don't need them.”

“We get less of the resources that somebody in our same condition [gets] who happens to be white or maybe of another nationality or race. I have a friend that's in the same situation as me, but he's getting things that I can't get. We're both blind, we both have SSDI, but he's white and I'm black.”

Community Voices: Resources needed for the disabled community

Access to food and affordable housing are specific areas of need for the disability community. For example, they need people who can help them access healthy food more easily, and more accessible housing options.



“Food stamps doesn't buy you much, especially when you only get less than \$100 a month because they assume, based on your bills, that as one person that you don't need a lot of money for food. If you don't cook that food fast enough, it's going to spoil in two days...I don't eat food as fast as probably maybe I should, because I'm blind and I'm teaching myself how to cook...there's no food service that if you need to go to the pantry [as a blind person], that somebody can get you there or that the food can be delivered only. The delivered food is frozen with all the sodium in it...And that's not always a healthy option for everybody either.”

“The DeafBlind community does not have access to someone who could go food shopping with the individual or perhaps read something to them if necessary, so on and so forth. We want to be able to bring that to the attention of the Ohio legislation within this year. And our goal is to convince legislation really to wake up to the needs, provide that funding, provide those outreach services in the near future.”

"Affordable housing. That's what I have a problem with. [For] people with special needs or people with low income families."

"I find sometimes that it's hard to get a wheelchair around anywhere...they built new apartments about seven years ago in downtown, and there's no elevator. How is that fair to anyone with a disability who can't physically walk downstairs? It seems like we've been pushed aside...we're not seeing the things that should be in place to allow people like my daughter to go and live a full life and go to the places that we'd like to go."

Individuals with disabilities had specific advice about how to improve their experiences in Franklin County: better training for all medical professionals about working with the disability community, connecting individuals with people who can advocate for them, providing better pathways to existing resources, and providing more help accessing the wider community for those with limited mobility options.



"Public health departments, to me, need to work with the disability community to start creating educational things for doctors. Whether you're a nurse, whether you're a nurse practitioner, whether you're a surgeon, whether you're a medical tech assistant. The whole medical community, from the bottom to the top of it, needs some serious long-term disability training. To me, public health department needs to even push, if they can, for it to be stuck in the medical school curriculum...They need to come to our community and hear from us the things people need to know, not make up your own disability training for doctors and medical professionals in your own head."

"I think they need to provide advocates for those who don't have family or friends that can help advocate for them."

"If doctors or PCPs have an individual who has several complex issues, the health department [could] create a database that the doctor. With the patient's permission, can put that person in the database, and then there's a case manager or someone there that reaches out to them and helps them find the services and the things that are available to them...I find a lot of the service coordinators just aren't educated on what's out there...Advocation, and maybe a database that doctors can refer people to the health department, and they can help."

"Collaborate with the local centers of independent living. Independent living, housing for people with disabilities is often nowhere near resources like transportation and bus stops, communities, doctors. This is a physical divide between people with disabilities and non-disabled people."

To assess the disability status of Franklin County, Ohio, and US residents, *HealthMap2025* obtained recent data from the American Community Survey.³ The ACS estimates the prevalence of many different types of disabilities:

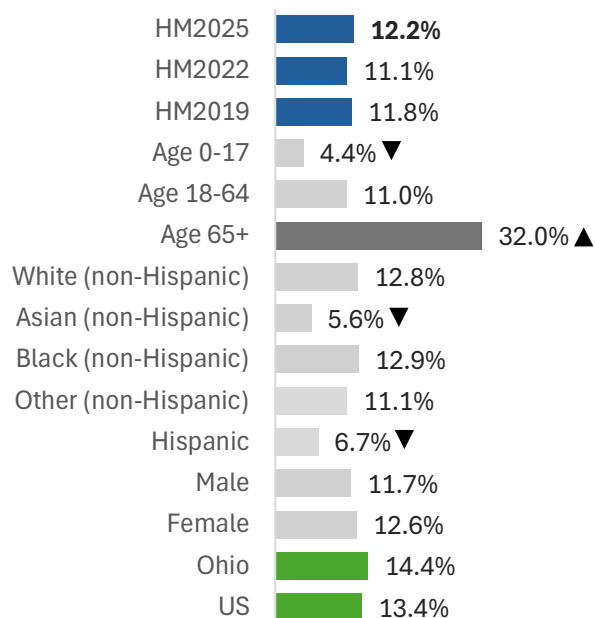
- *Hearing difficulty*, which is defined as “deaf or [having] serious hearing difficulty”) and is measured among people of all ages;
- *Vision difficulty*, which is defined as “blind or [having] serious difficulty seeing even while wearing glasses” and is measured among people of all ages;
- *Cognitive difficulty*, which is defined as having “serious difficulty concentrating, remembering, or making decisions”) and is measured among people aged 5 years or older;
- *Ambulatory difficulty*, which is defined as having “serious difficulty walking or climbing stairs” and is measured among people aged 5 years or older;
- *Self-care difficulty*, which is defined as having “difficulty dressing or bathing” and is measured among people aged 5 years or older;
- *Independent living difficulty*, which is defined as having “difficulty doing errands alone such as visiting a doctor’s office or shopping” and is measured among people aged 15 years or older (but only reported for those aged 18 years and older).

Franklin County has a slightly lower rate of disabled individuals as compared to Ohio or the United States.

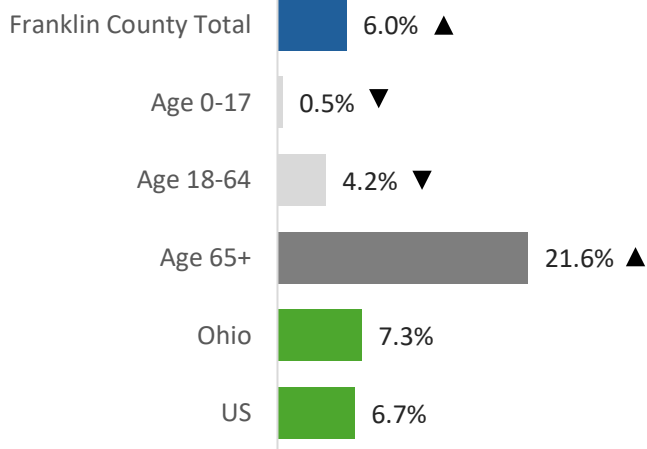
Those aged 65 or over have the highest percentage of residents with at least one disability, with ambulatory difficulties and independent living difficulties being most prevalent. Among children and younger adults, cognitive difficulties are more prevalent.

Of note, Asian (non-Hispanic) individuals and Hispanic individuals have less than half the disability rate as the general population and multiple subgroups.

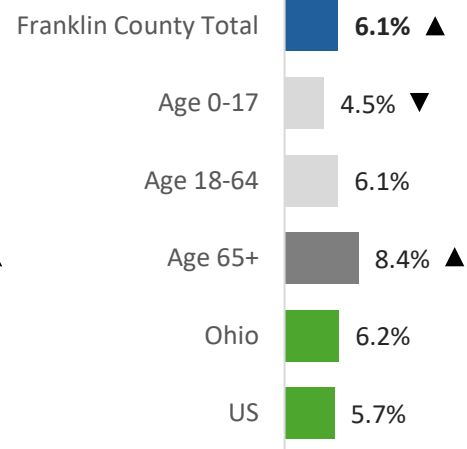
Disability Status Prevalence



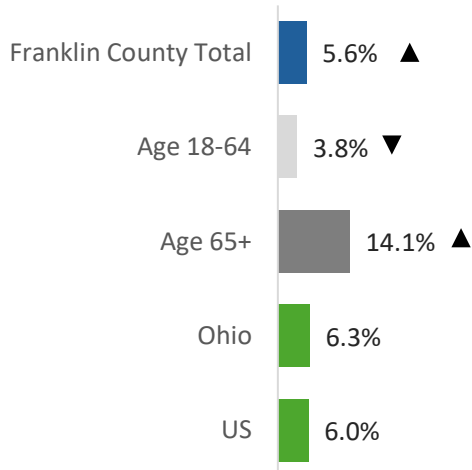
Ambulatory Difficulty



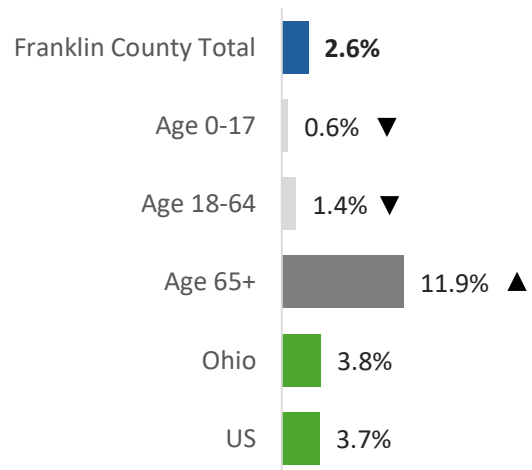
Cognitive Difficulty



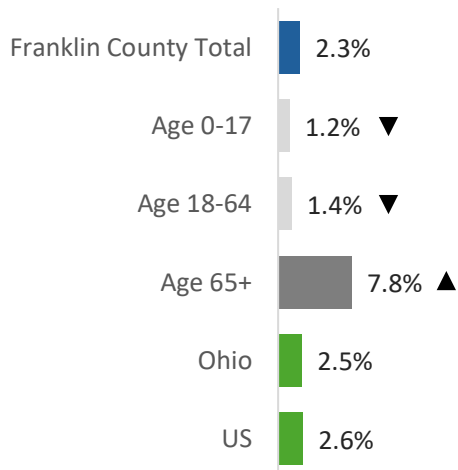
Independent Living Difficulty Age 18+



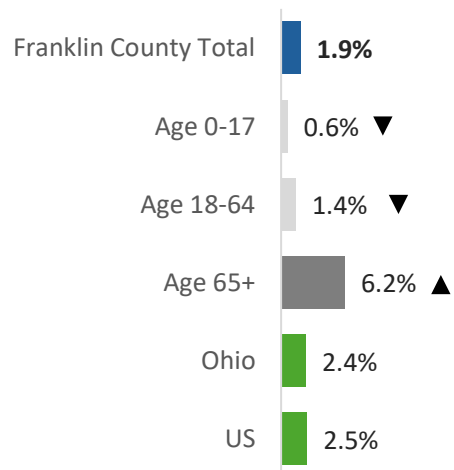
Hearing Difficulty



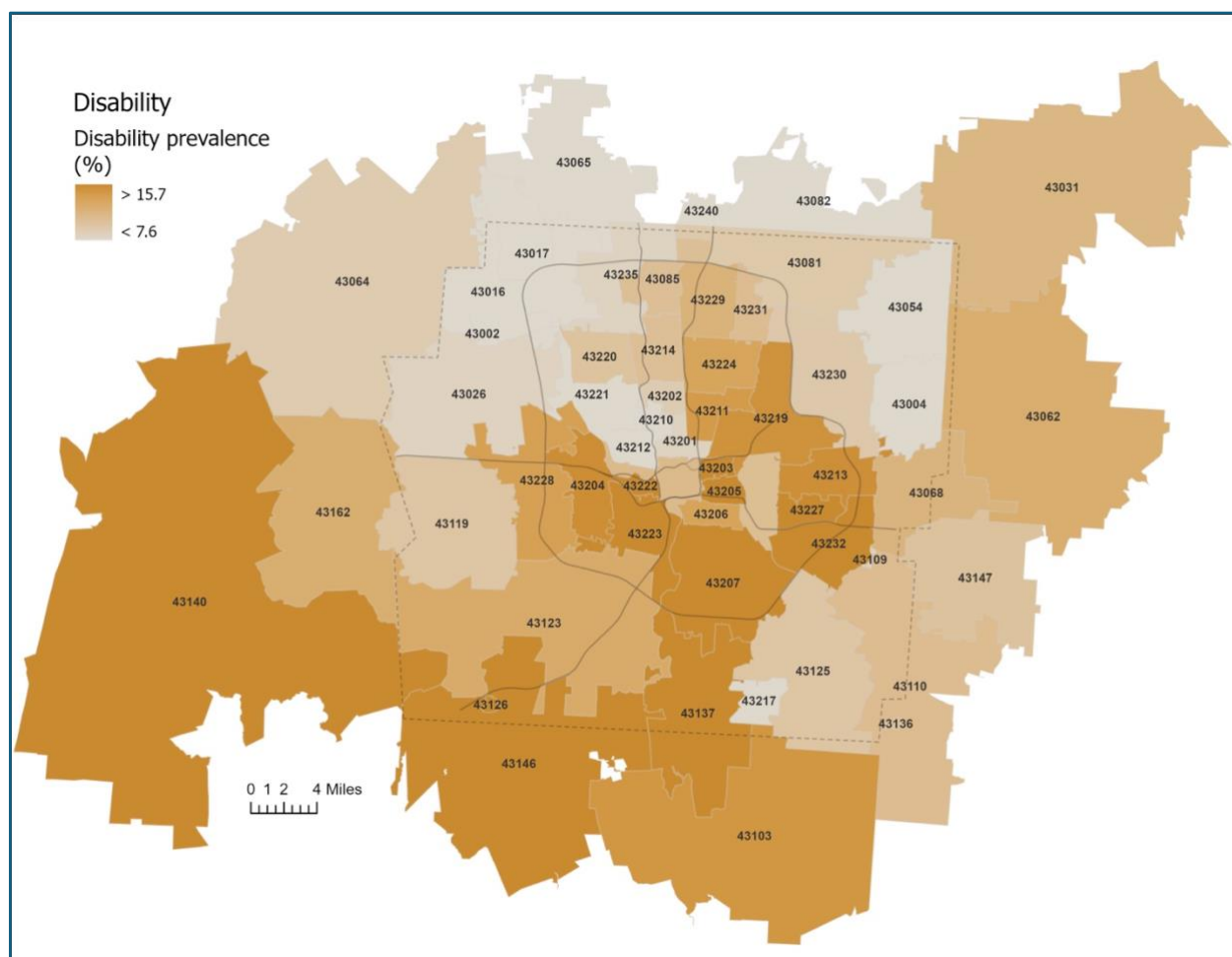
Self-Care Difficulty



Vision Difficulty



As shown in the map below, disability prevalence is greater in eastern zip codes within I-270, western zip codes within I-270, and in southern / southwestern zip codes.



Additional Information & References

To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the Census Bureau’s American Community Survey.³

¹ Carrie L Shandra, Disability as Inequality: Social Disparities, Health Disparities, and Participation in Daily Activities, *Social Forces*, Volume 97, Issue 1, September 2018, Pages 157–192, <https://doi.org/10.1093/sf/soy031>

² Mitra, S., Palmer, M., Kim, H., Mont, D., & Groce, N. (2017). Extra costs of living with a disability: A review and agenda for research. *Disability and health journal*, 10(4), 475–484. <https://doi.org/10.1016/j.dhjo.2017.04.007>

³ U.S. Census Bureau. (2022). Disability Characteristics. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1810. Retrieved May 29, 2024, from https://data.census.gov/table/ACSST1Y2022.S1810?q=disability&g=010XX00US_040XX00US39_050XX00US39049.

HEALTH BEHAVIORS

Cancer Screening

Breast cancer and colorectal cancer are among the leading causes of cancer death in the United States.^{1,2} Regular and timely screening are among the most powerful tools for prevention and early detection of both breast and colorectal cancers.

61% of Franklin County adults aged 45-75 reported having a **colonoscopy** in the last 10 years.

Metric changed since HM2022

Disparities by selected social determinants of health

Age:
Unavailable

Sex:
Unavailable

Race/Ethnicity:
None identified

Geography:
Observed (see map)

69.7% of Franklin County women age 40+ reported having a **mammogram** in the last 2 years.

Similar to HM2022 (74%)

Disparities by selected social determinants of health

Age:
Unavailable

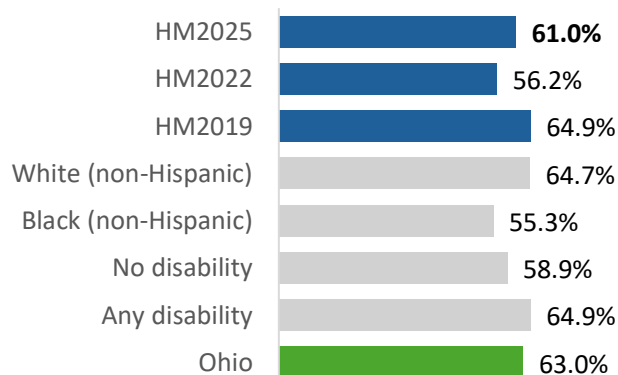
Sex:
N/A

Race/Ethnicity:
Black less likely

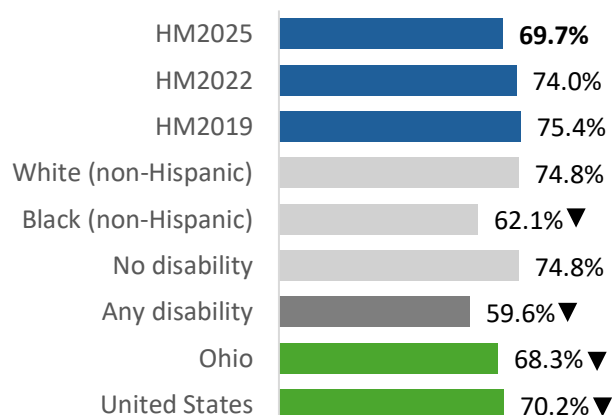
Geography:
Observed (see map)

For both types of cancer screening, black (non-Hispanic) residents were less likely than white (non-Hispanic) residents to have completed the recommended screening. Franklin County's screening rates were fairly similar to the screening rates for Ohio and the United States.

Colorectal Cancer Screening



Breast Cancer Screening



Healthy People 2030

The Healthy People 2030 objectives for both colorectal cancer screening and breast cancer screening are designated as the number of adults who are meeting the current guidelines for cancer screening.^{3,4}

HP2030 objective for Colorectal Cancer Screening: Not met (but improving)

Healthy People Objective:

68.3%

Most recent Franklin County data (HM2025)

61%

HP2030 objective for Breast Cancer Screening: Not met

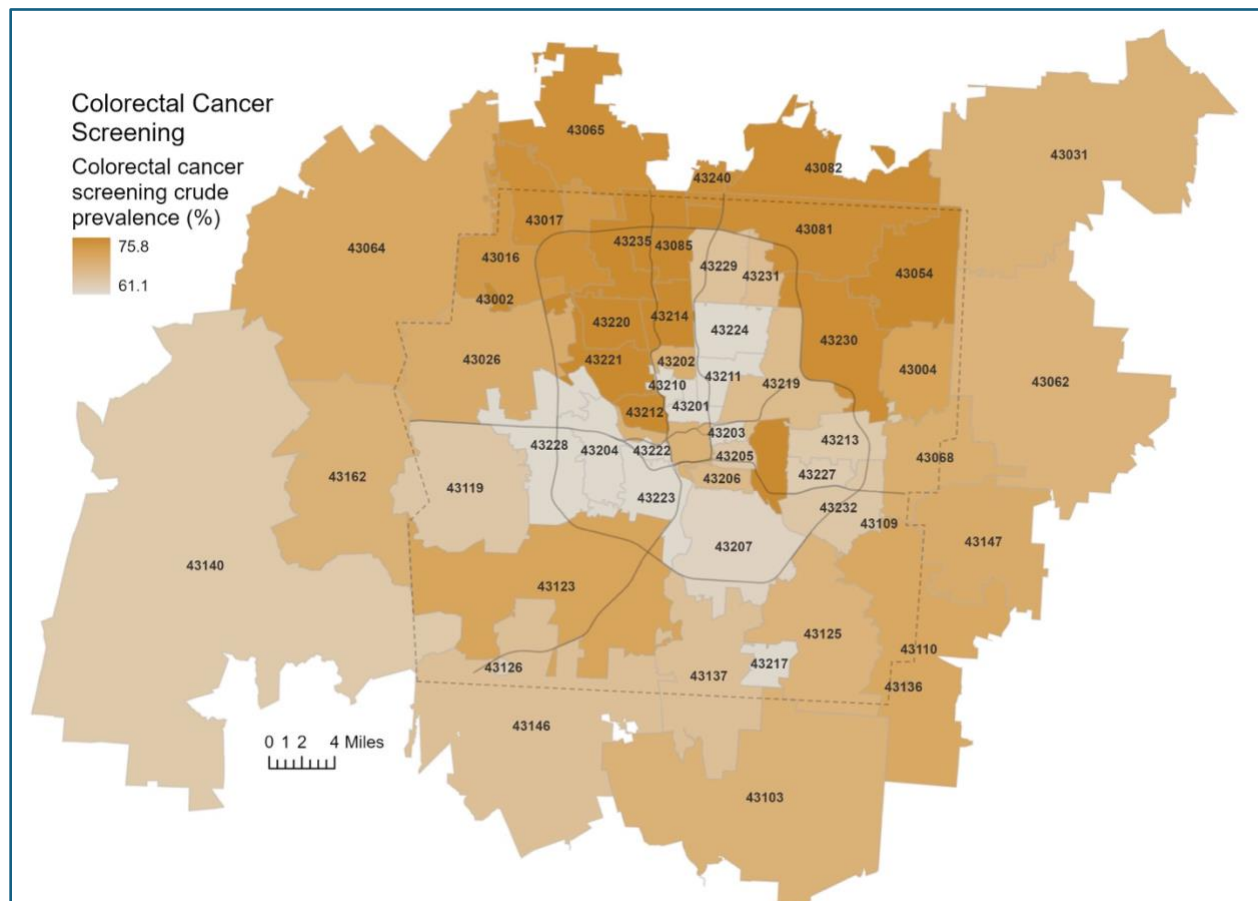
Healthy People Objective:

80.3%

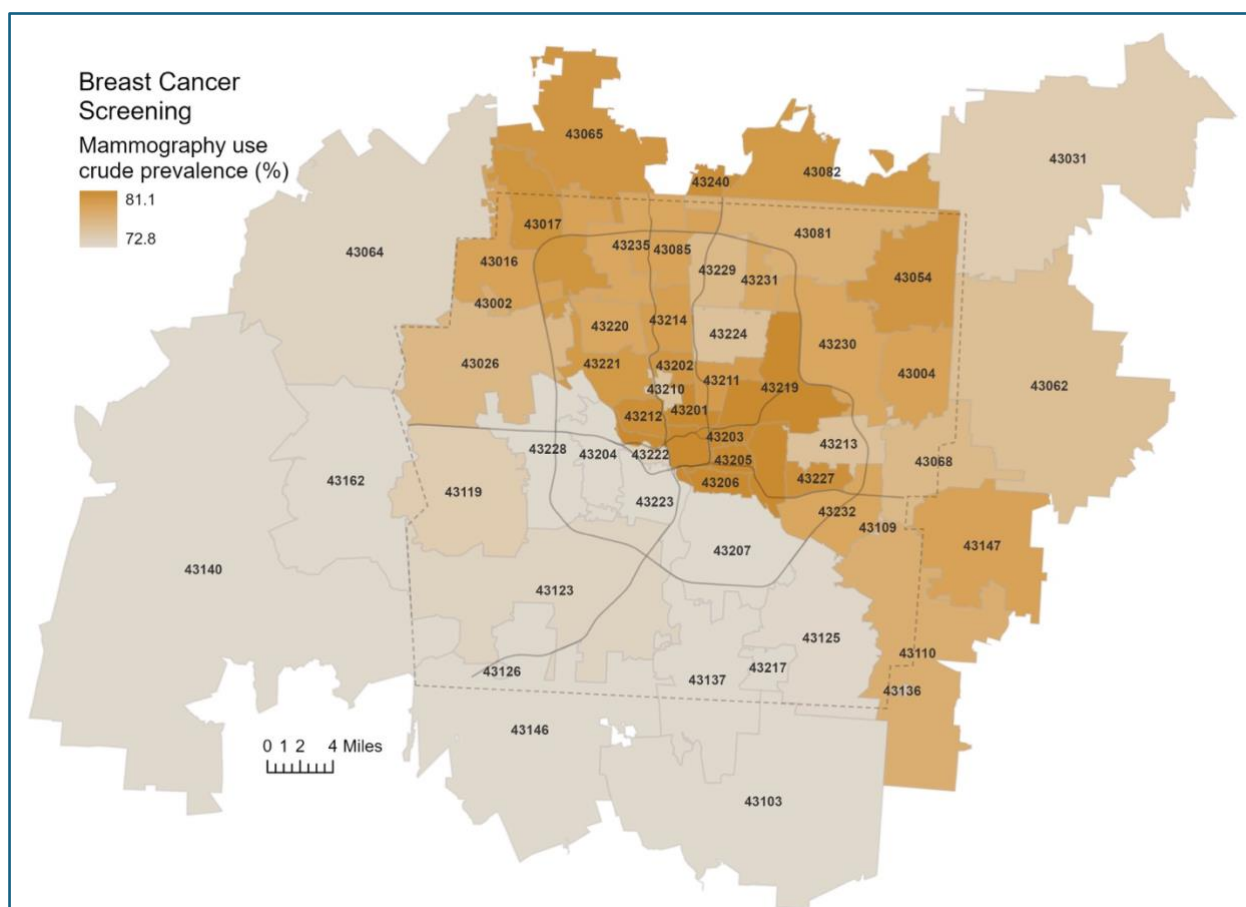
Most recent Franklin County data (HM2025)

69.7%

Colorectal cancer screening rates are lowest in Franklin County's north-central zip codes (e.g., 43211, 43224), western zip codes (e.g., 43222, 43223, 43204, 43228), and some southern zip codes (e.g., 43207, 43217).



Breast cancer screening rates are lower in nearly all of Franklin County's southern and southwestern zip codes.



Additional Information & References

To assess the prevalence of this health behavior, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.⁵ For colorectal cancer screening, survey respondents were asked if they had ever received either a colonoscopy or sigmoidoscopy, and how long it had been since their last colonoscopy. Survey respondents aged 45-75 and who had received a colonoscopy within the last 10 years were considered up to date. For breast cancer screening, women were asked whether they had received a mammogram, and how long it had been since their last mammogram. Survey respondents aged 40+ and who had received a mammogram in the last 2 years were considered up to date.

In 2021, the United States Preventative Services Task Force (USPSTF) recommended changing the screening age for colorectal cancer from 50-75 to 45-75. Because the HM2022

indicator reflected a narrower age range, it would be misleading to compare that estimate to the one for HM2025, which reflects a wider age range.²

Over the last 10 years, breast cancer screening recommendations for individuals aged 40-50 have changed multiple times. Previously, the USPSTF recommended that women aged 50-75 receive mammograms every 2 years and that women aged 40-49 receive mammograms based on their personal health history and status.¹ This was updated in 2024 to recommend mammograms every 2 years for all women aged 40+, and the data for HM2022 and for HM2025 reflect that recent recommendation. These guidelines are also intended for generally healthy adults with no prior cancer history or family cancer history. There are separate guidelines for those at higher risk due to their individual medical and family history, which may involve screening earlier or more frequently.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). Due to small sample sizes, only white (non-Hispanic) and black (non-Hispanic) residents of Franklin County could be compared to one another.

To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES⁶ resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

¹ US Preventive Services Task Force. Screening for Breast Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2024;331(22):1918-1930. doi:10.1001/jama.2024.5534

² US Preventive Services Task Force. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021;325(19):1965-1977. doi:10.1001/jama.2021.6238

³ Healthy People 2030 objective C-07, U.S. Department of Health and Human Services

⁴ Healthy People 2030 objective C-05, U.S. Department of Health and Human Services.

⁵ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2018 (HM2022), 2016 (HM2019)

⁶ Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.) <https://www.cdc.gov/places/index.html>

Alcohol Use

Excessive alcohol use – which includes binge drinking – can lead to several chronic diseases and other serious health problems, including heart disease, liver disease, stroke, mental health problems, and alcohol use disorders, among others. Excessive alcohol use has been associated with 178,000 deaths in the United States each year.¹

17.8% of Franklin County adults reported **binge drinking**.



Similar to
HM2022 (18.5%)

Disparities by selected social determinants of health

Age:
18-64 more likely

Sex:
None identified

Race/Ethnicity:
White more likely

Geography:
Observed (see map)

Community Voices

Members of the community perceive alcohol to be too easy to access in their communities. They see its broad acceptance as a socializing activity to be a barrier to healthier consumption.



"There's a liquor store in every corner. You don't have to go far to find liquor or beer or cheap alcohol."

"Even our events truly are centered around alcohol. We have wine and arts, tequila and tacos...There's this conception of family and hometown, and all I see personally is people walking around with their kids in strollers and getting drunk."

"It feels like no matter what you're doing with your friends, there's people drinking. And I know if I'm ever like, 'Oh, I'm just like, not gonna drink tonight.' Like, people will start asking me if I'm pregnant...the pressure is so intense and ridiculous."

Community members also believe that overconsumption of alcohol stems from using it as a coping method for stress.



"Life is so stressful, people just drink. I definitely think that a lot of us are functionally alcoholics. And I'm speaking for 20 to 30 [year-olds]."

"People overindulge. Some people drink because they can't cope with things that are going on, it's a comfort thing to them. I see a lot of people who come back from the military and just can't cope. And that's a coping skill. It's not a healthy coping skill, but it's a coping skill a lot of people use."

"I know that this affects people of all financial statuses, situations. I met somebody who I look up to a lot, and [asked] a question about how he manages stress, and he said he was really good at managing stress, but in the times of his life where he really had a lot of stress at work and stuff, he just leaned really heavily on the alcohol. And I think that a lot of people don't realize that they are coping with whatever is going on in their life. It's like the easiest way to numb it."

COVID-19 is perceived to have resulted in an increase of alcohol overconsumption at home.



"I think especially with in the house drinking, people used to be a little more responsible. So they were going out, maybe having a drink or two. Once COVID came, bars closed. It went to, I'm gonna go to the liquor store and grab me a pint or a fifth. So now you're sitting at home and instead of having one or two that you would usually have at happy hour, you're drinking a whole bottle."

The negative effects of overconsuming alcohol mentioned by community members included worsened mental health and violence in the community.



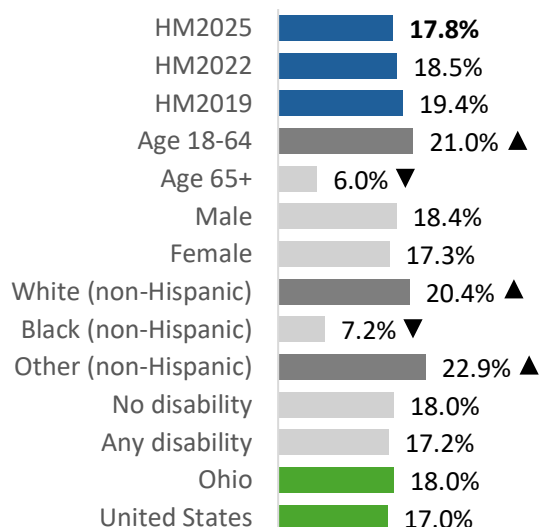
"So I think people don't know the consequences yet of the type of drinking we're doing now. I was one of those weekend people with the fifth, but I stopped. And before I stopped, I started experiencing depression, anxiety, and not being able to focus and no motivation. All that changed, my life changed dramatically just from cutting that weekend use."

"No good can come from too much alcohol. And you can see all the violence downtown when places are closing. People lose all sense of reason."

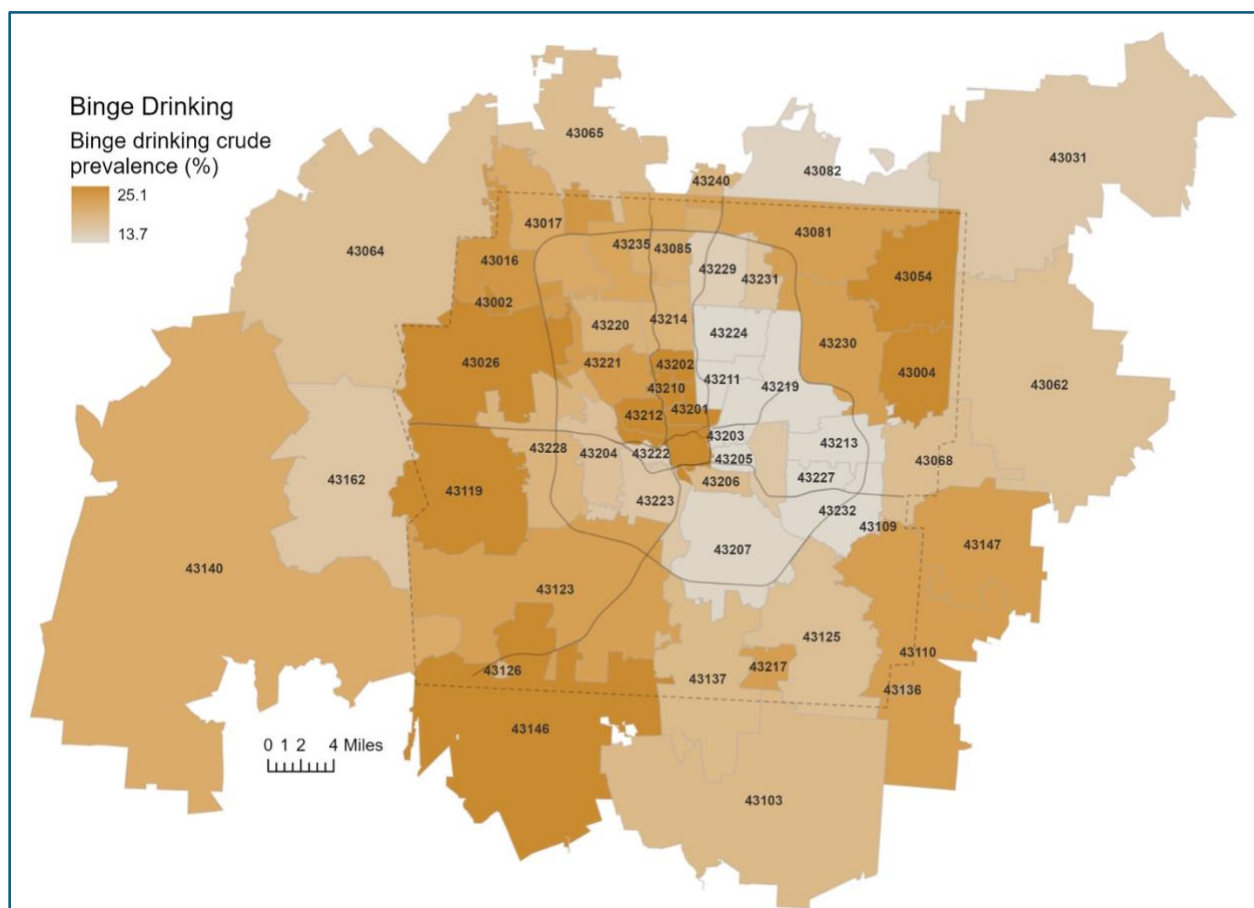
The prevalence of self-reported binge drinking has decreased slightly over time as compared to previous *HealthMaps*.

People aged 18-64 are more likely than those aged 65+ to report binge drinking, as are those who identify as white (non-Hispanic).

Binge Drinking Prevalence



Binge drinking prevalence is higher in Franklin County's far western zip codes, in the zip codes that span the Grandview, Upper Arlington, OSU, and Clintonville areas, and in the county's far northeastern zip codes.



Additional Information & References

To assess the prevalence of this health behavior, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.² For men, binge drinking is defined as having five or more drinks on one occasion in the past 30 days; for women, binge drinking is defined as having four or more drinks on one occasion in the past 30 days.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES³ resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

 Data Gap: Because the BRFSS uses telephone interviewing methods to collect this information, it is likely that these statistics *underestimate* the amount of binge drinking occurring in the community. This is because some people might wish to be viewed favorably by the person interviewing them, and therefore not accurately report the full extent to which they engage in a socially unacceptable behavior (e.g., a social desirability bias).

 Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the rates of binge drinking, cigarette use, and e-cigarette use among Franklin County's youth (e.g., those between the ages of 11 and 17). Unfortunately, Ohio's Youth Risk Behavior Survey does not calculate statistical estimates at the county level.

¹ Centers for Disease Control and Prevention, *What is Excessive Drinking?*
<https://www.cdc.gov/drinklessbeyourbest/excessivedrinking.html>

² Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019),

³ Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.)
<https://www.cdc.gov/places/index.html>

Tobacco Use

Cigarette use is one of the highest contributors to mortality, disease, disability, and overall health status worldwide and in the United States.¹ Aside from the approximately 480,000 smoking-attributable deaths in smokers every year, there are also approximately 41,000 deaths from secondhand smoke exposure. Although decades of intervention have successfully decreased cigarette smoking rates, there is still progress to be made.

Originally marketed as a smoking cessation tool with fewer risks than traditional cigarettes, e-cigarettes increased in popularity over the past 10-15 years, especially among youth and young adults. Early evidence already suggests that there may be significant long and short term risks to e-cigarette use, particularly for the respiratory system.²

15.2% of Franklin County adults reported currently **smoking cigarettes**.

↓
Down from
HM2022 (22.7%)

Disparities by selected social determinants of health

Age:
18-64 more likely

Sex:
Male more likely

Race/Ethnicity:
Other races (non-Hispanic) more likely

Geography:
Observed (see map)

9.1% of Franklin County adults reported currently **using e-cigarettes**.

↑
Up from
HM2022 (6.8%)

Disparities by selected social determinants of health

Age:
18-64 more likely

Sex:
Female more likely

Race/Ethnicity:
Other races (non-Hispanic) more likely

Geography:
Observed (see map)

Community Voices

Community members worry less about traditional cigarette use in their communities, and more about e-cigarette use, which they perceive as overwhelmingly common among ex-smokers and people who have never smoked. They are highly concerned about misconceptions surrounding the healthiness of vaping.



"Some people are trying to go to vaping to quit smoking, but it's having the exact opposite effect. They're more addicted to it. They are using it more often. They're having to go to higher nicotine levels. It's doing the exact opposite."

"I see a lot of people giving up tobacco think that the e-cigarettes are going to be safer. That to me is the big problem. They really aren't. But people really have that belief that, well, I don't really smoke."

"And a lot of people who weren't smoking in any capacity, over time, have gotten hooked on vapes because it's like, you have a drink, you're at a party, and this isn't a cigarette. This thing tastes like candy, and you smell the cloud of it. And you're like, this is harmless. This is vapor."

"That's really troubling to somebody my age to see young people vaping, when so much information has not come out or been made available. The oils and how that goes into your lungs and stuff. That really concerns me for young people."

Ease of access, misconceptions about the safety of vaping, and its use as a coping mechanism for stress and anxiety contribute to the pervasiveness of vaping among the county's youth.



"I used to do substance use prevention in middle schools, and that was a big thing...so many kids knew about vapes and have them. Not even be able to make it through class without needing a vape. Like, going to the bathroom and taking a vape."

"For my daughter, she never, we never smoked or drank or anything growing up. And then when she went to college 2 hours away, she ended up starting smoking. And she said it calms her nerves."

While encouraging residents and businesses to follow laws around vape sales and spreading accurate information about the health risks is necessary to decrease this behavior, efforts must also contend with how appealing vapes are compared to traditional cigarettes, and the difficulty of regulating the industry.



"It's the taste, you know, they don't feel as bad. It doesn't taste like a regular cigarette."

"There's no social drawback of just vaping a mango kiwi."

"I think the oversight is the piece that's slow. Technology is moving fast. The amount of nicotine that you're getting, the size of the e-cigarettes...the vaping and the nicotine is moving faster than the government can say, 'Hey, let's regulate this. Hey, let's put a study on this, or let's try to stop this.'"

"They banned that brand. But then there's so many other brands. And the reason why they banned that brand is because you had a lot of people, like, getting stuff wrong with their esophagus...but it's like, why would you ban the brand and then there's 20 other brands? People still have access."

Some community members perceive attempts to curb smoking and vaping as futile, ineffective solutions that impose unreasonable burdens.

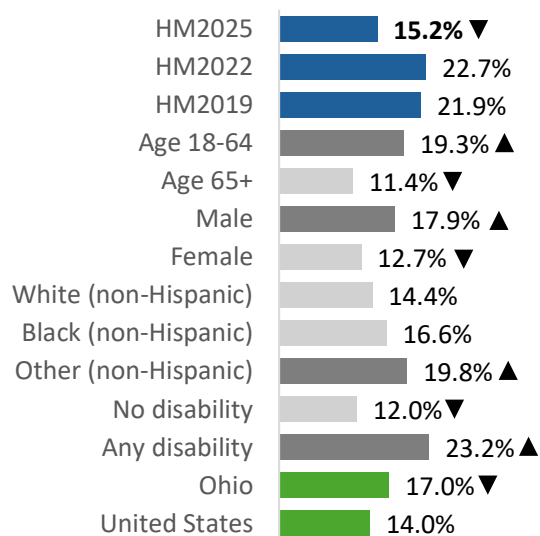


"It makes me so mad that our legislators are trying to deal with these issues by banning certain things or by dealing with the symptoms or the superficial. Like, they're gonna ban menthol cigarettes, but you're not really dealing with tobacco use. You're not taking on the big tobacco companies. You're not doing anything except making it harder for me to get a new pack...And you're not stopping anything. You're just putting more stress and making it harder on communities that are already vulnerable, already at risk, already stressed out..."

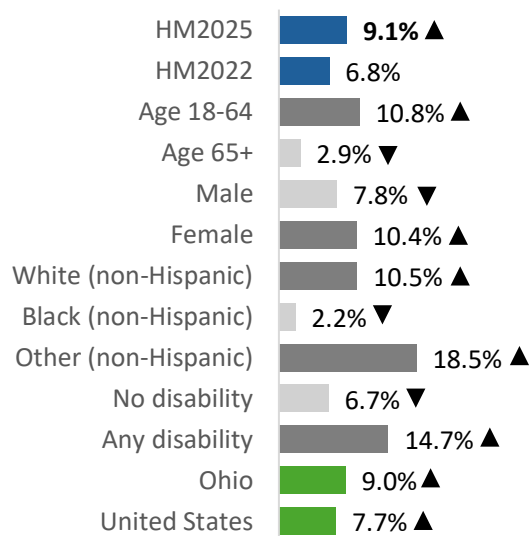
"My community just made everything nonsmoking. You can't smoke in your house. You can't smoke out on the premises anywhere. And I'm like, you're paying almost \$2,000 to live in these so-called luxury apartments, and you telling me I can't smoke a cigarette, that just blows my mind."

As shown below, current cigarette use has dropped significantly since *HealthMap2022*. However, although the Franklin County adult smoking rate is lower than that for Ohio, it is still above the US average. Furthermore, e-cigarette use among Franklin County adults has increased since *HealthMap2022*.

Cigarette Smoking



E-Cigarette Use



The demographic patterns are stark: individuals with an other (non-Hispanic) racial background use e-cigarettes as often as cigarettes. Additionally, males are more likely than females to smoke cigarettes, while females are more likely than males to use e-cigarettes. Black (non-Hispanic) individuals were distinctly unlikely to use e-cigarettes, which is an

interesting trend given that cigarette use among black (non-Hispanic) adults was higher than the average. As expected, e-cigarette use among older adults was very low.



While Franklin County does not meet the Healthy People 2030 standard, there has been significant improvement from HM2022, which estimated that 22.7% of Franklin County adults were current smokers.³ Unfortunately, there is no HP2030 goal for e-cigarette use among adults.

HP2030 objective for Adults Currently Smoking Cigarettes: Not met (but improving)

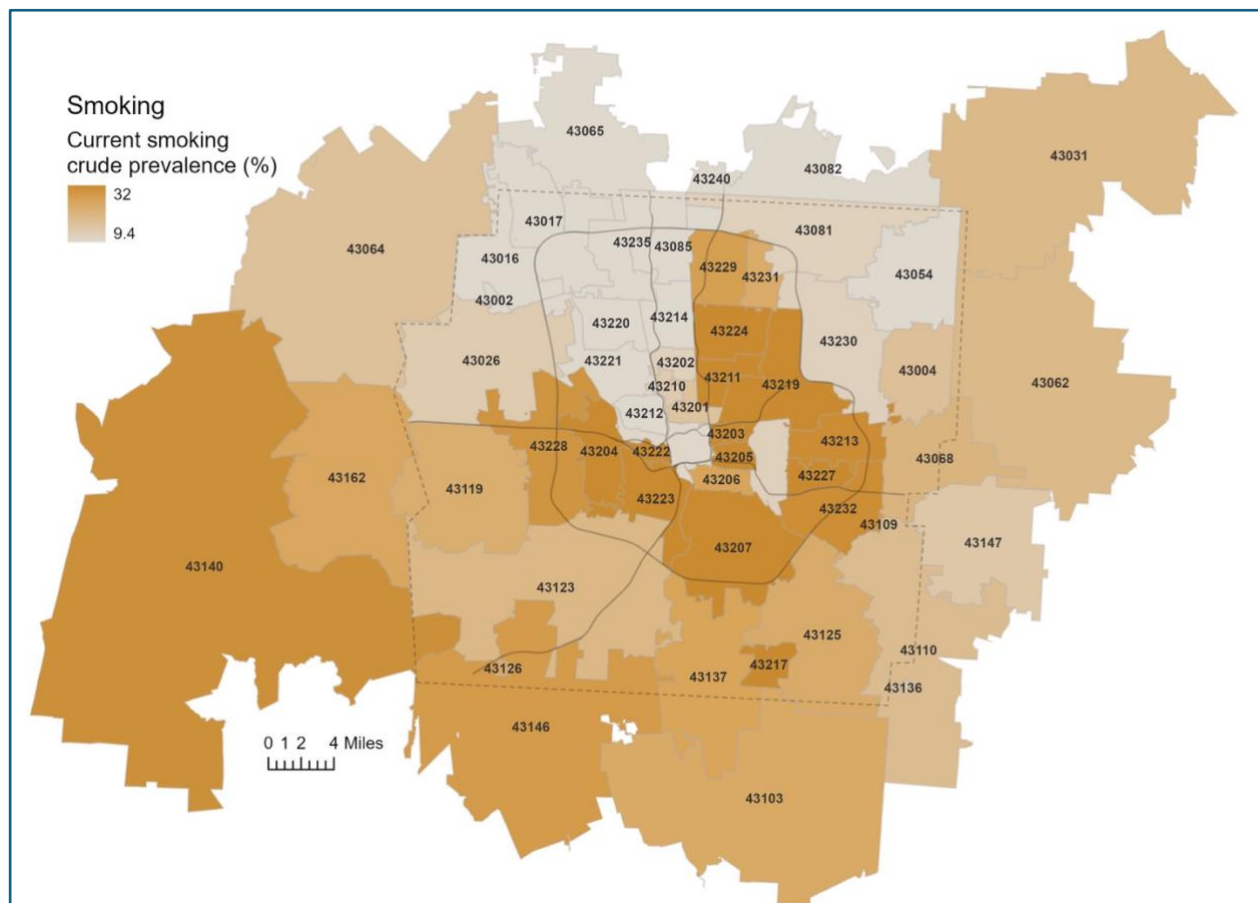
Healthy People Objective:

6.1%

Most recent Franklin County data (HM2025)

15.2%

Smoking prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant. Prevalence rates are also higher in many of the county's southern zip codes.



Additional Information & References

To assess the prevalence of this health behavior, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.⁴ To assess cigarette use, adults were asked whether they smoke cigarettes every day, some days, or not at all. To assess e-cigarette use, adults were asked whether they have never used e-cigarettes, use every day, use some days, or used them in the past but not now. Participants were classified as current users if they used the product some days or every day.

Note that the question on e-cigarette use changed slightly in BRFSS' 2022 version of the survey questionnaire. In 2021, the question read "Do you now use e-cigarettes or other electronic vaping products every day, some days or not at all?" and in 2022 became "Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?" Both questions result in the same group being categorized as current users (every day or some days), however the new question allows further clarification of "never users" compared to "past users".⁴ Still, considering there was a change in question wording, readers should be cautious when drawing conclusions about changes over time.

It is also important to note that multiple cities in Franklin County (e.g., Columbus, Bexley, Dublin, Grandview Heights) instituted a ban on the sale of all flavored nicotine products as of January 1, 2024. This measure has faced several legal challenges, and it is unclear whether it will withstand scrutiny from higher courts.⁵ There is not yet data to discern whether this measure has or will have any effect on tobacco use in Franklin County, but this will be a critical issue in future *HealthMap* assessments.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES⁶ resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

¹ National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. (2014). *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Centers for Disease Control and Prevention (US).

² Marques, P., Piqueras, L., & Sanz, M. J. (2021). An updated overview of e-cigarette impact on human health. *Respiratory research*, 22(1), 151. <https://doi.org/10.1186/s12931-021-01737-5>

³ Healthy People 2030 objective TU-02, U.S. Department of Health and Human Services

⁴ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

- ⁵ Shipkowski, Bruce. (2024, May 20). *Judge rules Ohio law that keeps cities from banning flavored tobacco is unconstitutional*. Associated Press. <https://apnews.com/article/ohio-tobacco-regulations-local-vaping-bans-41396258b60c26798ec128e85851dfac>
- ⁶ Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.) <https://www.cdc.gov/places/index.html>

Weight Status

Weight is an important health indicator for mortality, chronic health conditions, and quality of life. Individuals at a higher weight are at greater risk for conditions such as cancer, heart disease, and diabetes. In 2015, high body mass index (BMI) contributed to 7.1% of deaths and 4.9% of disability-adjusted life years globally.¹

29% of Franklin County adults reported being overweight.



Similar to
HM2022 (30.6%)

Disparities by selected social determinants of health

Age:
65+ more likely

Sex:
Male more likely

Race/Ethnicity:
White more likely

Geography:
Observed (see map)

37% of Franklin County adults reported being obese.



Similar to
HM2022 (35.7%)

Disparities by selected social determinants of health

Age:
None observed

Sex:
Female more likely

Race/Ethnicity:
Black more likely

Geography:
Observed (see map)

Community Voices

Community members noted that weight status contributes to many other physical health issues, and that achieving a healthier weight status becomes even more difficult due to the compounded issues.



"I think that obesity led to issues in my knees. So now I have arthritis in my knees. They would always say, if you lose some of that weight, it'll take less off of your knees and your ankles and that kind of thing...Diabetes and blood pressure can also lead to swelling and inflammation. But to [lose weight], you got to have the ability to. Like, I would never go anywhere because I would be out of breath in ten minutes. I couldn't walk up that hill, so I wasn't going there."

Community members cited difficulty achieving adequate physical activity as a primary contributor to overweight status. Contributors to inadequate physical activity mentioned included the lack of affordable places to exercise, work schedules, work environments, and a culture that prioritizes cars, among others.



"Health wise, weight gain and things like that, there's not many other things except for expensive gyms to go to. I get off late at night. I'm not gonna go walk around at 10:00 at night and get my exercise."

"My neighborhood stays quiet. There's a lot of kids, but I think most of the time they're either on their phones or in the house, playing video games...so it's creating a lazier, more unhealthier child that's [creating a cycle]...they'll have kids, and they just see their parents doing nothing."

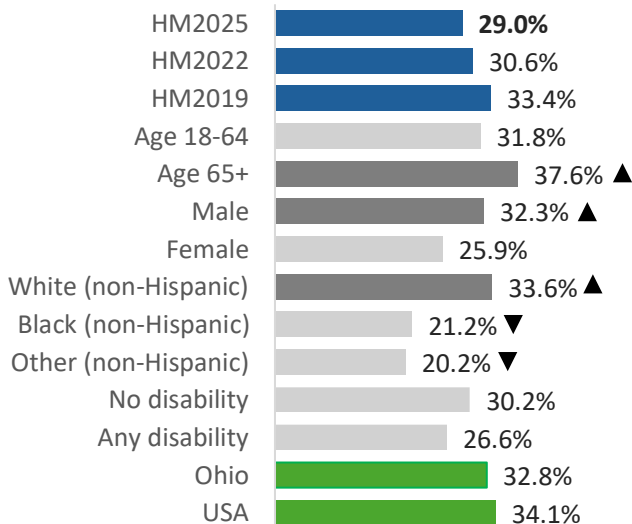
"I work in an office environment.... [A lot of us are] sitting all day and possibly not getting the exercise or the movement that we might need...we have little stand up desks, but we're not moving around all day. We're literally just sitting there."

"Our country, our nation is gearing towards driving to get to places. Bikes are actually fading away. We barely see people biking around. Walking is not safe anymore. So people barely walk and stuff. So I think that lack of mobility is causing the obesity and overweight."

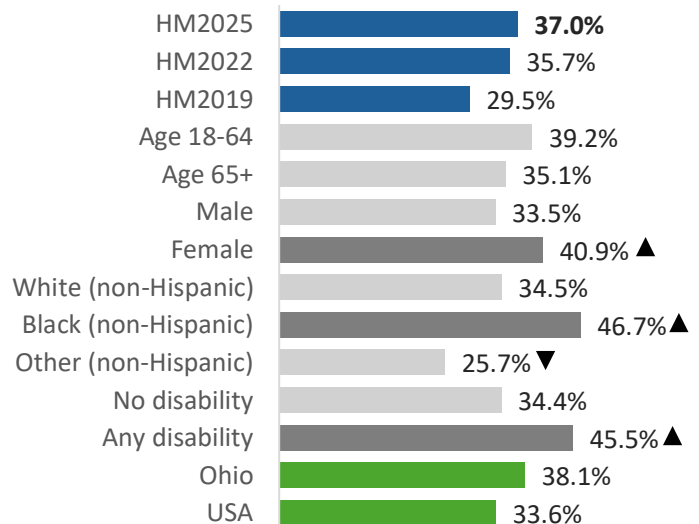
"The cost, yeah, Silver Sneakers is free. But then you get into knowing that our high schools uses that pool for their swimming...if you want a lap lane, you have to now reserve it. So it's like you have the initiative to go do something, but you kind of get detoured."

In Franklin County, black (non-Hispanic) individuals are more likely to be obese than overweight, indicating that there may be unmet needs for intervention for this population. Women are also more likely to be obese than overweight compared to men. Hispanic individuals were excluded from this analysis due to low sample size.

Overweight



Obese



Healthy People 2030

Healthy People 2030 uses data from the National Health and Nutrition Examination Survey, which estimated that 38.6% of US adults were obese from 2013-2016. The BRFSS data used in HM2025 has a more conservative US estimate of 33.6% from 2021-2022. On either measure, the rate of obesity is rising locally and nationwide. There is no Healthy People 2030 goal for overweight status.

HP2030 objective for Obesity: Not met

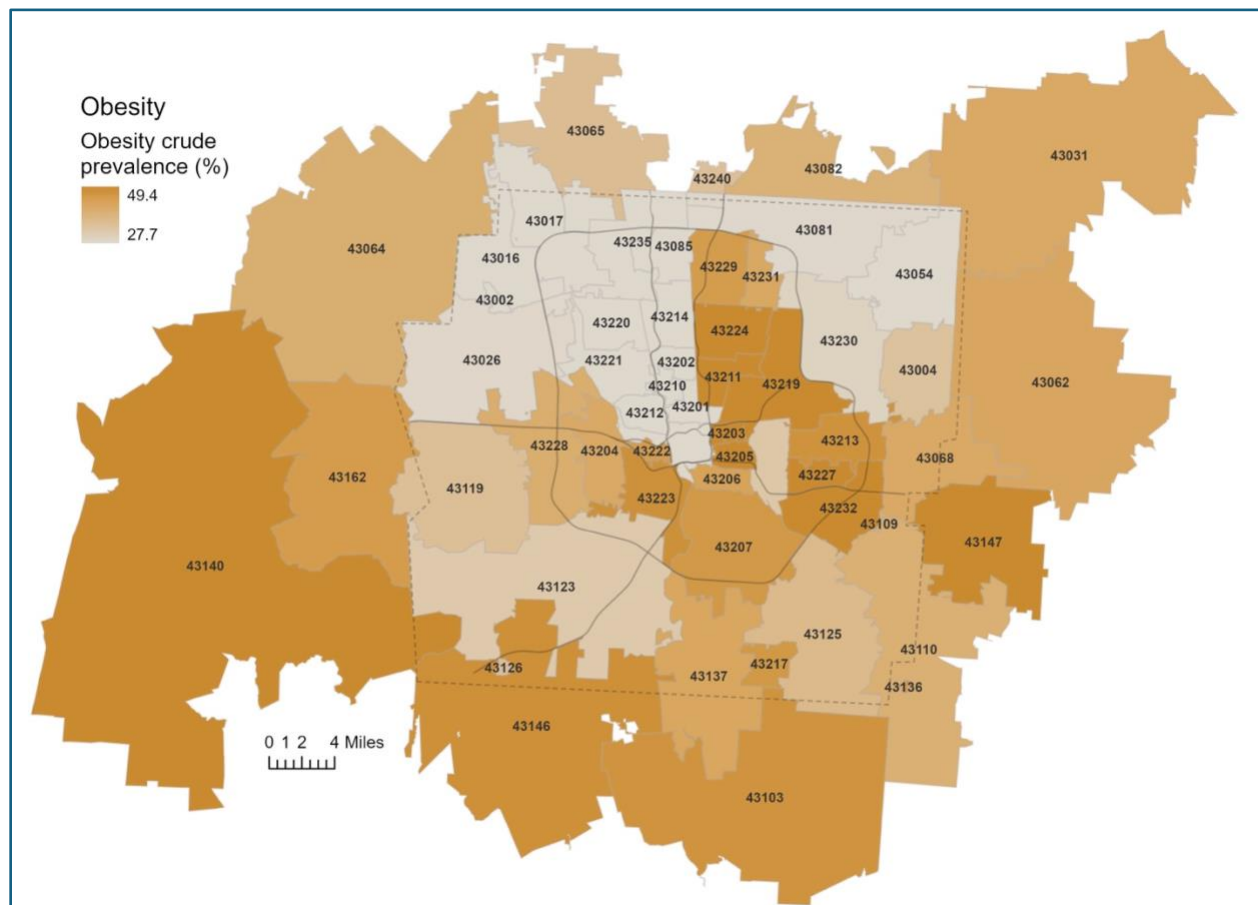
Healthy People Objective:

36%

Most recent Franklin County data (HM2025)

37%

Obesity prevalence is higher in many Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant and the far northeastern areas. Prevalence rates are also higher in some of the county's southern zip codes.



Additional Information & References

To assess the prevalence of this health status, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.³ A body mass index (BMI) of less than 18.5 is considered underweight, 18.5-24.9 is considered normal, 25-29.9 is considered overweight, and 30+ is considered obese.⁴

Although BMI is a commonly used measure of overweight/obesity status, it has been criticized as an outdated and discriminatory marker of health. This measure was developed in the 1800s and based primarily on male bodies, which are not the standard for all humans. Because BMI is a ratio of height to weight, the measure cannot differentiate between lean (muscle) mass and fat mass. Therefore, an elite athlete may be classified as overweight or obese despite being very fit and healthy. However, there are no other standardized measures of body composition that are as widely known and used.⁵

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of this indicator at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES⁶ resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).



Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the proportion of adult residents who meet physical activity guidelines. Unfortunately, the BRFSS stopped measuring this metric in 2019.

¹ GBD 2015 Obesity Collaborators, Afshin, A., Forouzanfar, M. H., Reitsma, M. B., Sur, P., Estep, K., Lee, A., Marczak, L., Mokdad, A. H., Moradi-Lakeh, M., Naghavi, M., Salama, J. S., Vos, T., Abate, K. H., Abbafati, C., Ahmed, M. B., Al-Aly, Z., Alkerwi, A., Al-Raddadi, R., Amare, A. T., ... Murray, C. J. L. (2017). Health Effects of Overweight and Obesity in 195 Countries over 25 Years. *The New England journal of medicine*, 377(1), 13-27. <https://doi.org/10.1056/NEJMoa1614362>

² Healthy People 2030 objective NWS-03, U.S. Department of Health and Human Services.

³ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

⁴ Weir, C. B., & Jan, A. (2023). BMI Classification Percentile And Cut Off Points. In *StatPearls*. StatPearls Publishing.

⁵ Nuttall F. Q. (2015). Body Mass Index: Obesity, BMI, and Health: A Critical Review. *Nutrition today*, 50(3), 117-128. <https://doi.org/10.1097/NT.0000000000000092>

⁶ Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.) <https://www.cdc.gov/places/index.html>

MATERNAL AND INFANT HEALTH

Pre-pregnancy And Pregnancy Health

The health of pregnant individuals before and during their pregnancy is a significant opportunity for meaningful intervention. Pregnant individuals with medical comorbidities are at significantly increased risk for complications for both parent and child, including severe morbidity such as placental abruption, eclampsia, and neonatal intensive care unit (NICU) admission.¹

43.7% of women who had a live birth had a **chronic health condition**.



Similar to
HM2022 (42.8%)

Disparities by selected social determinants of health: White more likely

44.9% of women who had a live birth were not taking **vitamins** before pregnancy.



Similar to
HM2022 (48.8%)

Disparities by selected social determinants of health: Hispanic, Black more likely

18.4% of women who had a live birth had pre-pregnancy **depression**.



Similar to
HM2022 (17.7%)

Disparities by selected social determinants of health: White more likely

6.1% of women who had a live birth had pre-pregnancy **hypertension**.



Up from
HM2022 (5.4%)

Disparities by selected social determinants of health: Black more likely

24.9% of live births were from **unintended pregnancies**.

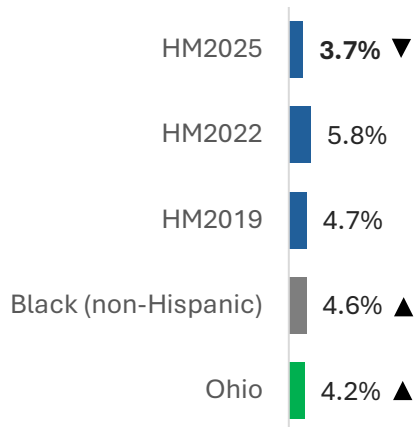


Similar to
HM2022 (23.9%)

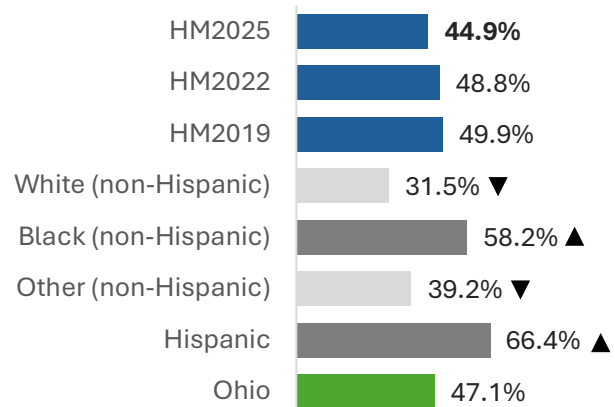
Disparities by selected social determinants of health: Black, Hispanic more likely

Although pre-pregnancy diabetes has decreased in recent years, black (non-Hispanic) residents are at increased risk for that health condition. Both black (non-Hispanic) and Hispanic residents were more likely to report not taking vitamins prior to pregnancy, as compared to white (non-Hispanic) residents or individuals who have an other (non-Hispanic) racial background.

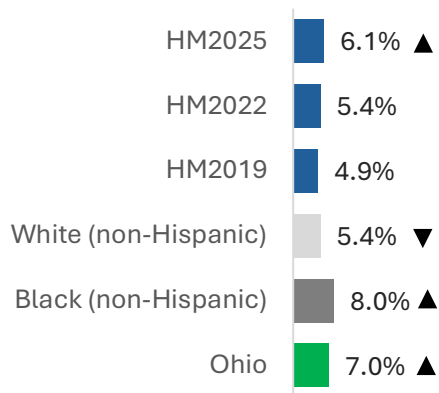
Pre-pregnancy Diabetes



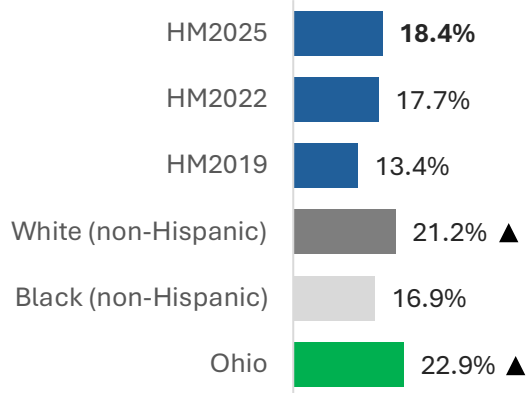
No Vitamins Pre-pregnancy



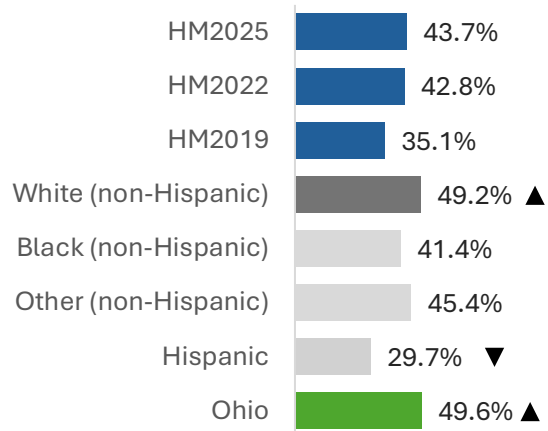
Pre-pregnancy Hypertension



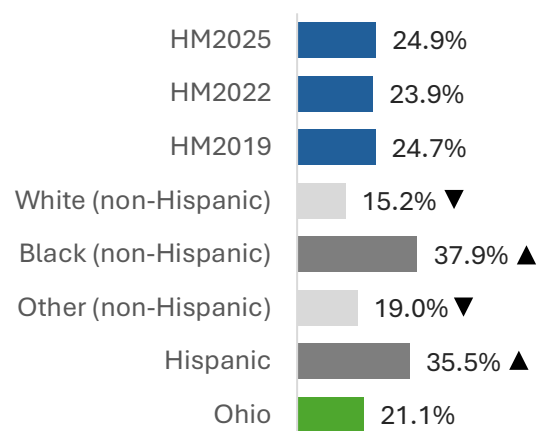
Pre-pregnancy Depression



Prenatal Chronic Conditions



Unintended Pregnancy



Additional Information & References

Data for this section were sourced from the Ohio Pregnancy Assessment Survey (OPAS), which asks questions of women who had a live birth.² Pre-conception vitamin usage was defined as taking multivitamins, prenatal vitamins, or other folic acid vitamins in the month before conception. Pre-pregnancy diabetes was defined as type 1 or 2 diabetes in the past 3 months before conception. Similarly, pre-pregnancy hypertension and depression were measured in the 3 months before conception. Prenatal chronic health conditions were defined as one or more conditions of anxiety, depression, gestational diabetes, or pregnancy-onset hypertension. Finally, unintended pregnancy was defined as either wanting to be pregnant later or not wanting to be pregnant at all prior to conception.

Readers might notice that pre-pregnancy overweight and obesity status was reported in *HealthMap2022* but not in *HealthMap2025*. This is because these data are no longer publicly reported by OPAS. This may be due in part to the increasing normalization of pregnancy at a higher BMI.



Data Gap: Future HealthMaps should consider obtaining data about pregnancy-related / maternal mortality.

¹Tanner, M. S., Malhotra, A., Davey, M. A., Wallace, E. M., Mol, B. W., & Palmer, K. R. (2022). Maternal and neonatal complications in women with medical comorbidities and preeclampsia. *Pregnancy hypertension*, 27, 62-68. <https://doi.org/10.1016/j.preghy.2021.12.006>

² Ohio Department of Health. *Ohio Pregnancy Assessment Survey* [Interactive Dashboard]. Retrieved from <https://grcapps.osu.edu/app/opas>, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

Prenatal Racial Bias

Health disparities by race have been increasingly highlighted as a contributor to the maternal-child health crisis in the United States.¹ One proposed mechanism for why certain groups experience greater risks is bias or discrimination in healthcare. This may result in patients receiving substandard medical care or avoiding prenatal care altogether.¹

9.9% of pregnant individuals reported experiencing racial bias from a healthcare provider.


Up from
HM2022 (6.4%)

Disparities by selected social determinants of health: Black, Hispanic more likely

Community Voices

Community members spoke about the issue of maternal mortality, and how inadequate treatment by health care professionals contributes to higher rates for black mothers.



"The maternal death rates. If you're white middle class, your average chance of survival [in pregnancy and childbirth] is much greater than ours. I think it's like twice. The difference is pretty high. And that's just egregious. We have needs, we have the ability, we're just not putting the resources in."

"Moms are going into hospitals and they're not believing in their pain. My aunt's friend went into the hospital, and she had her baby. She kept telling there was something wrong, and they left her for 4 hours...She passed away. She had an aneurysm. And she has been telling them all this time...the migraine, the headache she was having, it was so bad. They just told her, 'It's from the epidural.' And that's probably true...I'm pretty sure she would have been a great advocate for herself, but she was just in so much pain, she couldn't do it."

Community members also gave other specific examples of how they have seen racial bias within the health care system, including health care professionals not listening to their wishes for labor and delivery, inadequate treatment of health issues resulting from pregnancy, and unfair assumptions that young black women are sexually promiscuous.



"I just had a baby eight months ago. And if it wasn't for the doula putting a birth plan and being an advocate for me, things could have went left several times during the delivery process. So you just think that not everyone has access to someone who can advocate for you in that process. They were trying to push a lot of stuff. I was very much like, I don't want any medication unless medically necessary...They'll go out the room and have those

conversations, come back and try to still push it. And so it was frustrating at times..."

"I had gallstones for the whole time I was pregnant. Found out that they were gallstones after I had my son. And then I'm still complaining of pain. It's like up to a year and a half later, maybe two years, and I was in the hospital four or five times. Then guess what? I had pancreatitis, because they never cleaned out my bioduct from the gallstones when I was 16. They never listened to me. And I really do think it's because I'm half black, half Hispanic."

"The first time I had sex, I got pregnant, and I had my exam at the hospital. The first thing that they did was check me for STD's and ask me, how many people have I been with, and I have had other friends say, 'that's never happened to us.' I just wonder if the same thing would have happened if I had walked in white."

Community members suspect that they experience racial bias in the health care system due to historical myths that black women feel less pain, as well as assumptions by health care professionals that their health issues are due to inherent genetic differences.



"It's obviously not true, but for the longest time in doula training, when you read the books, they were told that black women can accept more pain than a woman that's not black."

"I've gone to a doctor and I've actually had them say, 'With you being an African American female, this is probably hereditary, you're probably having diabetes or it's high blood pressure' or something...they're making that assumption without doing the testing. They didn't afford me the opportunity to be tested...It's probably just this. I don't think you have anything to worry about.' When I tell you I've heard that so many times, and then it develops into something."

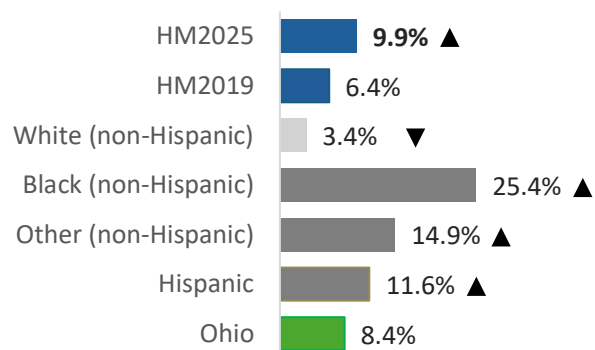
Lastly, a black community member highlighted how the historical treatment of people of color by the health care system and their preclusion from knowledge about their health still impacts the ability of healthcare to be equitable today:



"Knowledge is power. I mean, you can advocate better for yourself and for others when you know better. And I think it can be a class issue, it could be a socioeconomic issue. But if we consider racial discrimination or any of those factors...Even if I have access today, the reality is that two, three, four generations ago, it was withheld. Or even if my ancestors had the knowledge, they couldn't do anything with it because they were barred from being able to do so...We're behind. We have to try to play catch up as it pertains to a lot of things that can speak to our physical health, our mental health."

As would be expected, experiences of racial bias are most common among racial and ethnic minorities. This was particularly prominent for black (non-Hispanic) patients, even compared to other racially minoritized groups. Concerningly, these experiences increased since the last *HealthMap*.

Prenatal Racial Bias Prevalence



Additional Information & References

To assess the experience of racial bias in prenatal care, data from the Ohio Pregnancy Assessment Survey (OPAS) were used.² Participants were asked “During your most recent pregnancy, did you experience discrimination or were you made to feel inferior while getting any type of health or medical care because of the things listed below”, where one of the options was “My race, ethnicity, or culture”. This measure is only reported periodically, with the most recent publicly available data collected in 2020.

¹ ACOG Committee Statement No. 10: Racial and Ethnic Inequities in Obstetrics and Gynecology. (2024). *Obstetrics and gynecology*, 144(3), e62–e74. <https://doi.org/10.1097/AOG.0000000000005678>

² Ohio Department of Health. *Ohio Pregnancy Assessment Survey* [Interactive Dashboard]. Retrieved from <https://grcapps.osu.edu/app/opas>, 2020 (HM2025), 2016 (HM2019)

Maternal Healthcare

Pre-pregnancy healthcare visits offer expectant mothers and their doctors an opportunity to discuss healthy diet choices, folic acid supplementation, and other interventions that help to build the foundation for a healthy pregnancy.¹ Postpartum visits allow mothers who recently delivered a baby to be screened for postpartum depression, to have their overall health examined, and to discuss possible pregnancy complications such as gestational diabetes.²

72.3% of pregnant individuals had a **healthcare visit** in the year before their pregnancy.

≈
Similar to
HM2022 (67.6%)

Disparities by selected social determinants of health: Hispanic less likely

90.2% of postpartum individuals had a **postpartum healthcare visit**.

≈
Similar to
HM2022 (93.2%)

Disparities by selected social determinants of health: Hispanic less likely

Community Voices

Community members are aware that pregnant and postpartum individuals may not seek out health care when they should. They also drew attention to how specific health issues like preeclampsia and postpartum depression can worsen if not addressed by a health care professional.



"I hear that they don't get the prenatal [checks], they don't see the doctor like they should."

"Postpartum preeclampsia, not knowing that they even have it until after they have the baby and then they're home for like a few days and then they're nearly about to die. But it wasn't caught during pregnancy."

"I know I was almost psychotic after I had my child many years ago, and they're all safely grown now. But it was bad. I mean, I literally shudder when I think of the thoughts that would go through your mind. You had no control. And there was just nothing. There was no resources. If you go tell your doctor that, they're going to lock you up, take your kid away. I don't want to lose my child. But there was no help."

Community members mentioned that one of the reasons pregnant individuals don't seek health care is out of fear they will not receive adequate care. These fears appear to be especially prevalent in black communities.

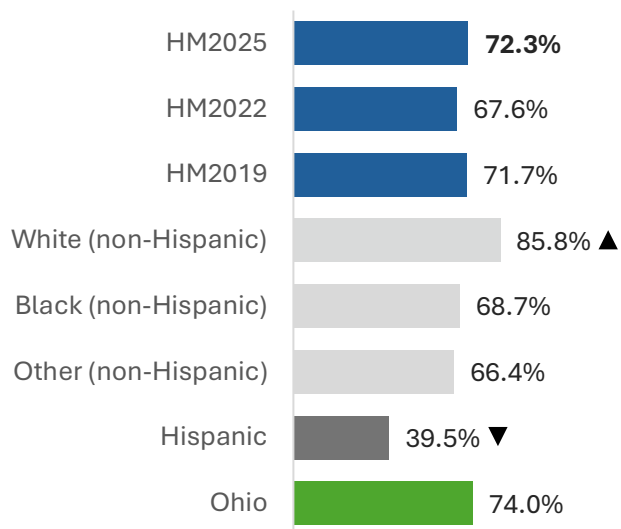


"A lot of us were scared of doctors because of situations in the past. We really don't trust doctors. It's hard to even find one that we can really bond with...so many black women are dying during childbirth because they're not getting adequate care. They say we were better off back when we caught them ourselves than going to the hospital."

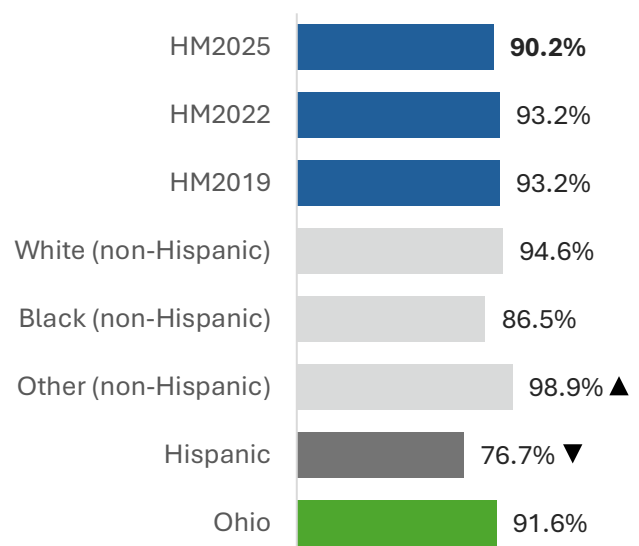
"There's just a lot of stories that you hear out here, where mostly black women are telling horror stories of how they're just not getting the proper care."

Pre-pregnancy healthcare visits were higher among white (non-Hispanic) individuals than all other racial groups and were particularly low among Hispanic individuals. Postpartum healthcare visits are high for all groups but are similarly lowest for Hispanic individuals. This could indicate a cultural or language barrier that can be further addressed.

Pre-pregnancy Healthcare visit



Postpartum Healthcare Visit



Additional Information & References

To assess the healthcare visit status of Franklin County mothers with a recent live birth, *HealthMap2025* used data from the Ohio Pregnancy Assessment System (OPAS).³ Pre-pregnancy healthcare visits were defined as any visit with a healthcare professional in the 12 months prior to conception. Postpartum healthcare visits were defined as a checkup for the postpartum individual that occurs around 4-6 weeks after delivery.

¹ Berghella, V., Buchanan, E., Pereira, L., & Baxter, J. K. (2010). Preconception care. *Obstetrical & gynecological survey*, 65(2), 119-131. <https://doi.org/10.1097/OGX.0b013e3181d0c358>

- ² ACOG Committee Opinion No. 736: Optimizing Postpartum Care. (2018). *Obstetrics and gynecology*, 131(5), e140–e150. <https://doi.org/10.1097/AOG.0000000000002633>
- ³ Ohio Department of Health. (2022). *Ohio Pregnancy Assessment Survey* [Interactive Dashboard]. Retrieved from <https://grcapps.osu.edu/app/opas>, 2022 (HM2025), 2019 (HM2022), 2016 (HM2019)

Infant Health and Adolescent Pregnancy

Infant health and mortality is a global concern, even in high-income countries such as the United States. Worldwide, the leading cause of death among those under age 5 is preterm birth, with the third cause of death being intrapartum-related events.¹ Adolescent pregnancy, along with increasing the risk for adverse infant outcomes, is also associated with serious physical and social consequences for the mother.²

7.4 infants died per 1,000 live births.



Similar to
HM2022 (6.9)

Disparities by selected social determinants of health

Age:
Unavailable

Sex:
N/A

Race/Ethnicity:
Black more likely

Geography:
Observed (see map)

9.4% of infants were **born with a low birthweight**.



Similar to
HM2022 (9.5%)

10.6% of infants were **born prematurely**.



Similar to
HM2022 (10.9%)

12.1 infants had **neonatal abstinence syndrome** per 1,000 live births.



Similar to
HM2022 (11.4)

The **teen birth rate** was **15.2** per 1000 adolescent females.



Down from
HM2022 (17.2)

Community Voices

Community members are concerned that the county's youth are unable to access reproductive health care like birth control or abortion. They emphasized the importance of options and choices for teens who become pregnant. Abstinence-only education is not sufficient in their minds to reduce the issue of teen pregnancy.



"What concerns me now is there is not the access to care for young women that there used to be when I was that age. I can remember in high school, driving down to campus to go to Planned Parenthood with friends so that they could get on the pill or do whatever...We always knew in the back of our mind that if something came up, there were options."

"So as far as options, I think that if my mom would have had those options back then, I probably wouldn't be here, but it was an option, and it was a choice. She just did not have that. And there was not even birth control, birth control was not an option for her. From what she told me, it's because she was taught abstinence [only]."

"In high school, they have to take health. The kids consider it a joke. But if the kids think it's a joke, whether it's a valid program or not, then they're not getting anything from it. You're a freshman and you are getting a pregnancy test. And it happens all the time, but I think that means that what we're teaching them, it's not enough."

Community members also think that perceptions that gynecologists should only be seen once a person becomes sexually active are contributing to youth not having enough knowledge or access when it comes to reproductive health.



"A lot of the OBs, they don't even want to see the kids until they're 21. I called her because my daughter had extremely heavy bleeding several days, I wanted to get her on something that could help reduce that. And she's like, 'Well, we don't normally see them until they're 21.' If the health providers in that world are even saying this isn't really the age that we start to see them at, then you reduce the number of places that you can get help."

"One of my friends said to her daughter, 'Now that you've got a boyfriend, we should go to the gynecologist.' And I was standing right there, 'No, no. You go to the gynecologist because you're a woman and you take care of yourself. The boyfriend has nothing to do with this.' And I don't know if that is the message that they're getting."

A lack of education about sex and reproductive health can ultimately result in young parents being unequipped to adequately care for children.



"Young moms don't have the knowledge that they need. Years ago, they would have classes so when you got pregnant, you had a class that taught you the things that you needed, just the stuff you would need to know. Now they have these kids having babies and they don't know anything...they don't have a formula for the baby. Like, she was feeding the baby actual 2% milk because she didn't have any formula. She didn't know she needed the formula. She didn't have a means to get the formula, and her and the baby is just out. They didn't have Pampers."

Relatedly, families’ unwillingness to broach the subject of sex and reproduction with their children may prevent youth from accessing birth control when it could be helpful for them.



“They don’t teach them about their bodies. We have 8, 9-year-old girls who have started their periods, and their parents don’t tell them. I remember a little girl, when she was eight, she said, ‘I need a pad.’ I’m not thinking like a sanitary pad. I’m thinking she was talking about paper... Some of the parents are talking to them, but a lot of them, they’re not teaching. And the boys too, they’re not teaching them about puberty, how their body’s changing, how it’s normal to feel what you’re feeling.”

“My family was very closed [off], ‘don’t talk [about it]’. I don’t think we ever even talked about sex, honestly. And when I got to college, the doctor was recommending for my migraines the Depo shot, which is a birth control. And I didn’t want to have to tell my parents I needed birth control because I didn’t think they would believe me that it wasn’t about sex. And so I went to Planned Parenthood, and I used the money I earned working in school, and I got the Depo for \$65 every three months.”

The infant health indicators have not changed significantly in recent years; not only does infant mortality remain relatively high, and is especially high among black (non-Hispanic) babies. Franklin County’s neonatal abstinence syndrome (NAS) rate is slightly higher than that for Ohio.

Infant Mortality Rate

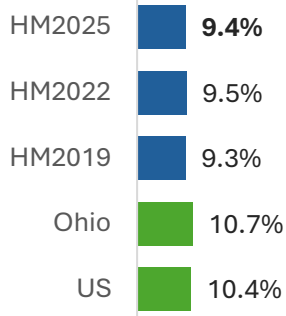
Rate per 1,000 babies born	
HM2025	7.4
HM2022	6.9
HM2019	8.7
White (non-Hispanic)	3.7 ▼
Black (non-Hispanic)	12.6 ▲
Hispanic	7.8
Ohio	7.1
US	5.6

Neonatal Abstinence Syndrome

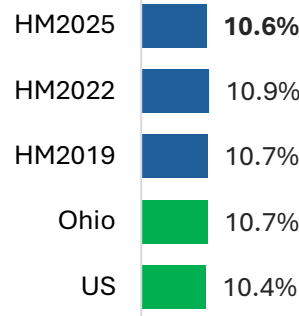
Rate per 1,000 babies born	
HM2025	12.1
HM2022	11.4
HM2019	12.3
Ohio	10.1 ▼

Although Franklin County is similar to Ohio and the United States with regard to low birthweight and preterm birth rates, the teen birth rate has significantly declined across all geographies.

Low Birthweight



Preterm Birth



Teen Birth Rate

Rate per 1,000 girls age 15-19	
HM2025	15.2 ▼
HM2022	17.2
HM2019	23.4
Ohio	15.4 ▼
US	13.6 ▼



Healthy People 2030

There is still progress to be made on infant mortality³ and preterm births⁴ in order to achieve the Healthy People 2030 goals. However, the adolescent pregnancy goal⁵ has been exceeded and is currently less than half the target rate for that objective.

HP2030 objective for Infant Mortality: Not met

Healthy People Objective:

5.0 per 1000 live births

Most recent Franklin County data (HM2025)

7.4

HP2030 objective for Preterm Births: Not met

Healthy People Objective:

9.4%

Most recent Franklin County data (HM2025)

10.6%

HP2030 objective for Adolescent Pregnancy: Met

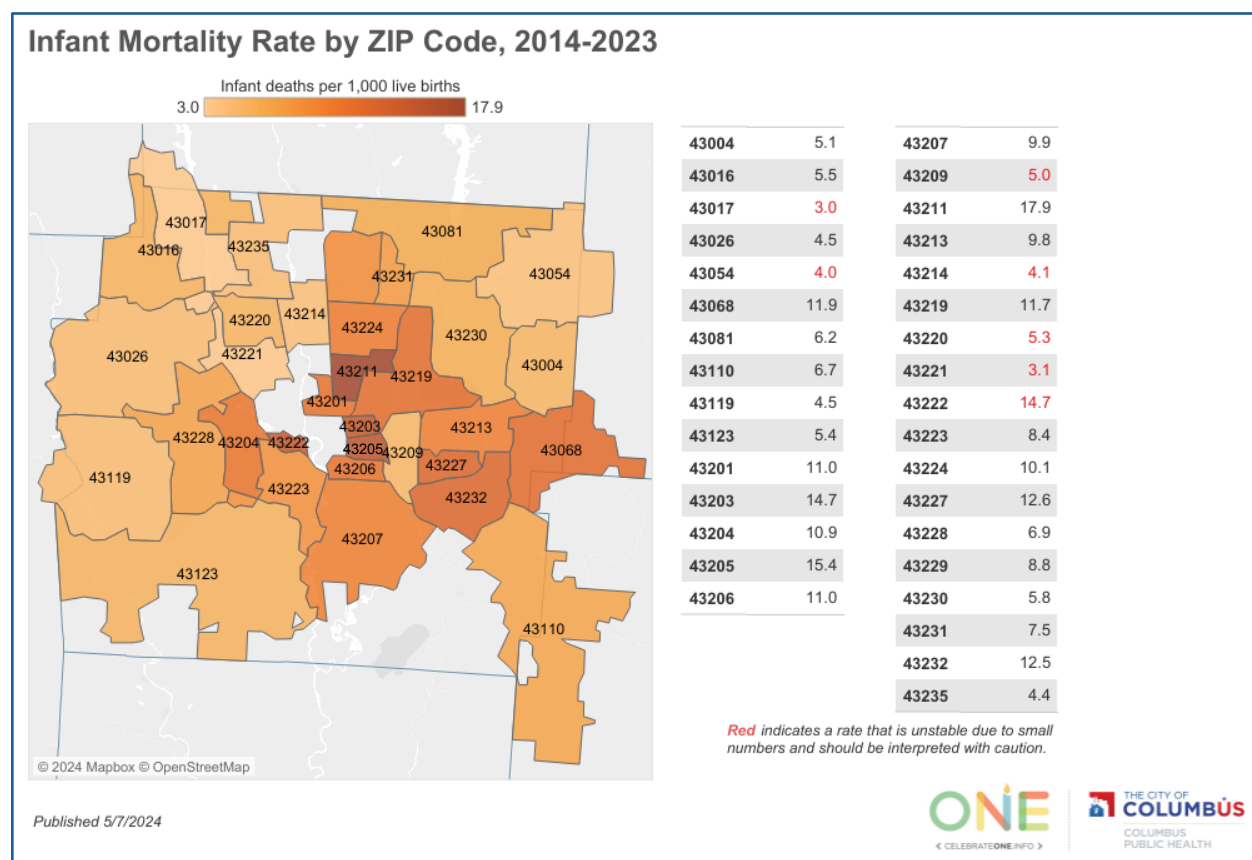
Healthy People Objective:

31.4 per 1000 females aged 15-19

Most recent Franklin County data (HM2025)

15.2

The map below is a screenshot of the infant mortality rate across Franklin County's zip codes from 2014-2023, as mapped by Celebrate One and Columbus Public Health. The zip codes with the highest infant mortality rates are 43211, 43205, 43203, and 43222.⁶ Readers who are interested in learning more about this topic are encouraged to visit Celebrate One and Columbus Public Health's interactive map, which can be accessed by [clicking here](#).



Additional Information & References

Infant mortality refers to deaths that occur before someone is 1 year of age. Low birthweight is defined as less than 2500 grams (i.e., ~5.5 pounds) and preterm births are births that occur before 37 weeks gestation. NAS hospitalization rates were calculated from the number of reported NAS hospitalizations divided by the number of births in the same year. Adolescent fertility rates were defined as the birth rate of adolescent females aged 15-19 per 1000 in the same age range.

Adolescent pregnancy is challenging to measure both because there is no standard age when an individual becomes fertile and because abortions and miscarriages may be underreported. The most typical age range for reporting adolescent pregnancy and birth is

15-19; although pregnancies can and do occur under 15 years old, they constitute a very small number and are not frequently reported.

Franklin County infant mortality data were sourced from the City of Columbus' Infant Mortality Report for 2023, which in turn obtained data from Ohio Department of Health's Bureau of Vital Statistics about all births in which the mother was a resident of Franklin County.⁷ Ohio and US infant mortality were sourced from the National Center for Health Statistics for 2022.⁸ Low birthweight and preterm delivery for Franklin County and Ohio were sourced through the DataOhio Birth tool for 2023, while US statistics were again pulled from the National Center for Health Statistics for 2022.^{9,10} Neonatal abstinence syndrome data were pulled from the Ohio Department of Health Violence and Injury Prevention division for 2022, 2020, and 2017.¹¹⁻¹⁴ Finally, adolescent pregnancy rates were sourced from the Centers for Disease Control and Prevention's WONDER database.¹⁵

¹ Perin, J., Mulick, A., Yeung, D., Villavicencio, F., Lopez, G., Strong, K. L., Prieto-Merino, D., Cousens, S., Black, R. E., & Liu, L. (2022). Global, regional, and national causes of under-5 mortality in 2000-19: an updated systematic analysis with implications for the Sustainable Development Goals. *The Lancet. Child & adolescent health*, 6(2), 106-115.

² Maheshwari, M. V., Khalid, N., Patel, P. D., Alghareeb, R., & Hussain, A. (2022). Maternal and Neonatal Outcomes of Adolescent Pregnancy: A Narrative Review. *Cureus*, 14(6), e25921. <https://doi.org/10.7759/cureus.25921>

³ Healthy People 2030 objective MICH-02, U.S. Department of Health and Human Services

⁴ Healthy People 2030 objective MICH-07, U.S. Department of Health and Human Services

⁵ Healthy People 2030 objective FP-03, U.S. Department of Health and Human Services

⁶ Celebrate One and Columbus Public Health (2023). Infant Mortality Report. <https://public.tableau.com/app/profile/columbus/viz/InfantMortalityReport/P1Home>

⁷ City of Columbus. (2023). *Infant Mortality Report Franklin County, Ohio* [Interactive Dashboard]. Retrieved in 2024 from <https://public.tableau.com/app/profile/columbus/viz/InfantMortalityReport/P1Home>

⁸ Ely DM, Driscoll AK. Infant mortality in the United States: Provisional data from the 2022 period linked birth/infant death file. National Center for Health Statistics. Vital Statistics Rapid Release; no 33. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://doi.org/10.15620/cdc:133699>

⁹ DataOhio. (2023). *Birth* [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/ohio_births

¹⁰ Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2022. National Vital Statistics Reports; vol 73, no 2. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc:145588>.

¹¹ Violence and Injury Prevention Section, Ohio Department of Health. (n.d.). *2022 Ohio Neonatal Abstinence Syndrome County Report*. https://odh.ohio.gov/wps/wcm/connect/gov/c9ba2f12-7d0a-4c4d-a7fd-ac9df2841c4a/Ohio+NAS+Data+by+County%2C+2018-2022.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-c9ba2f12-7d0a-4c4d-a7fd-ac9df2841c4a-oHsSMQB

- ¹²Violence and Injury Prevention Section, Ohio Department of Health. (n.d.). *2020 Ohio Neonatal Abstinence Syndrome County Report*. https://odh.ohio.gov/wps/wcm/connect/gov/7105d74d-7647-4dd6-83f9-9cbd0bba0d1c/Ohio+NAS+Data+by+County%2C+2016-2020.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-7105d74d-7647-4dd6-83f9-9cbd0bba0d1c-nNqG8oP
- ¹³Violence and Injury Prevention Section, Ohio Department of Health. (n.d.). *2017 Ohio Neonatal Abstinence Syndrome County Report*. https://odh.ohio.gov/wps/wcm/connect/gov/4cad708c-ba99-4b8b-b425-01cfef119c5d/2017+NAS+County+Table+12.3.2018.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-4cad708c-ba99-4b8b-b425-01cfef119c5d-oNFIFoC
- ¹⁴Violence and Injury Prevention Section, Ohio Department of Health. (n.d.). *2022 Ohio Neonatal Abstinence Syndrome Report*. https://odh.ohio.gov/wps/wcm/connect/gov/bb7407ed-f681-4ec0-b73e-572ffe05bb31/2022+NAS+Hospital+Discharge+Data+Summary+Table.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-bb7407ed-f681-4ec0-b73e-572ffe05bb31-oHsSFwF
- ¹⁵Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/natality-expanded-current.html>

Celebrate One and Columbus Public Health's interactive map can be accessed at <https://public.tableau.com/app/profile/columbus/viz/InfantMortalityReport/P1Home>.

INFECTIOUS DISEASES

Common Infectious Diseases

Infectious diseases are among the leading causes of death worldwide, even in high income countries.¹ COVID-19, which emerged in 2019, has become the most commonly reported infectious disease, one that has long-term and severe health effects (including serious illness and/or death), especially among vulnerable members of the population. Community members continue to be at risk for COVID-19, and preventing the spread of this and other diseases continues to be a public health concern in Franklin County.

The most commonly reported **infectious diseases** for both adults and children were **COVID-19, Chlamydia, and Gonorrhea**

New metrics for
HM2025

The most commonly reported infectious disease was COVID-19 for both adults and children/adolescents, followed by several sexually transmitted diseases and foodborne pathogens. Pertussis is a vaccine preventable disease, so the ongoing infection rate underscores the importance of continuing vaccination efforts. Interventions regarding sexually transmitted and foodborne illnesses continue to be important as well.

Adults (18+)		Children (0-17)	
Disease	Rate per 1,000	Disease	Rate per 1,000
COVID-19	28.37	COVID-19	14.45
Chlamydia	9.16	Chlamydia	3.50
Gonorrhea	3.99	Gonorrhea	1.00
Syphilis (Primary and Secondary)	0.56	Campylobacter	0.24
Campylobacter	0.27	Giardia	0.19
Salmonella	0.15	Salmonella	0.17
Streptococcal disease, group a invasive (IGAS)	0.14	Pertussis	0.13
Streptococcus pneumoniae, invasive disease (ISP)	0.14	Shigella	0.12
Legionella	0.08	Ecoli	0.11
Ecoli	0.08	Lyme Disease	0.09

In *HealthMap2022*, infectious diseases were measured for the total population (instead for separately for adults and for children), resulting in a rate of 7.86 per 1,000 for chlamydia and 3.78 per 1,000 for gonorrhea. By recalculating these infectious diseases for the total

population in *HealthMap2025*, the rate of chlamydia is observed to be similar (7.84 per 1,000) while the rate of gonorrhea has decreased (3.30 per 1,000).

Additional Information & References

Using data from the Ohio Disease Reporting System, Columbus Public Health's Office of Epidemiology provided the total number of infectious disease cases in 2023 for each of the top 10 reported diseases among adults and children (separately). Case numbers were then converted into crude rates based on the age-specific population of Franklin County, using 2023 population estimates provided by Ohio's Department of Public Safety.²

The data in this report are based on counts of infectious diseases that were reported to the Ohio Department of Health. Some illnesses, such as influenza, are not reportable unless there is a severe outbreak, novel infectious, or severe morbidity or mortality. Other diseases may not be reported if the individual is asymptomatic or manages symptoms at home without medical intervention. Influenza was excluded from these data, as the counts would only include hospitalizations or mortality and would be a misleading presentation of influenza rates.



Data Gap: Readers might be surprised to learn about the prevalence of sexually transmitted infections among youth aged 0-17. One possible data source that could potentially add context to this finding is the High School Youth Risk Behavior Survey (YRBS). Although 2023 YRBS data for Ohio were not available in time for inclusion in this report, they are now available online at <https://youthsurveys.ohio.gov/reports-and-insights/yrbs-yts-reports>. Those data could be analyzed to determine if there have been changes in the percentage of high school youth who reported ever having sexual intercourse, current sexual activity, or condom use.

¹ World Health Organization. (2024). *The Top 10 Causes of Death*. <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>

² Ohio Division of Emergency Medical Services, Ohio Department of Public Safety. (2024). Personal communication.

Human Immunodeficiency Virus (HIV)

Human Immunodeficiency Virus (HIV) was first identified in 1981, exponentially rising to over 130,000 cases annually by 1984 in the United States before being controlled by greater surveillance and treatment.¹ Rapid advancements in prophylactic and antiretroviral therapies have both decreased transmission rates and extended the expected lifespan of HIV infected individuals to be close to non-HIV infected individuals.²

There were **14.8 new HIV diagnoses** per 100,000 Franklin County residents.

≈
Similar to
HM2022 (16.3)

Disparities by selected social determinants of health

Age:
Unavailable

Sex:
Male more likely

Race/Ethnicity:
Black more likely

Geography:
Unavailable

Although Franklin County's overall HIV incidence rate has not changed significantly in recent years, it remains higher than the rates for Ohio and the United States.

Within Franklin County, there are vast disparities by both race and sex: individuals who do not have a white racial background and males are much more likely to have been diagnosed with HIV.

<i>HIV Incidence</i>	<i>Rate per 100,000</i>
HM2025	14.8
HM2022	16.3
White	6.7 ▼
Black/African American	34.5 ▲
Multi-Race	20.7 ▲
Hispanic	24.8 ▲
Male	22.6 ▲
Female	7.3 ▼
Ohio	7.4
US	13.3

Healthy People 2030

The Healthy People 2030 goal for HIV is a total of 3000 new infections per year nationally, which is equivalent to a rate of 0.9 per 100,000 population.³ Franklin County (indeed, the United States as a whole) still has much progress that needs to be made toward this objective.

HP2030 objective for New HIV Infection: Not met

Healthy People Objective:
0.9

Most recent Franklin County data (HM2025)
14.8

Additional Information & References

To assess HIV incidence in Franklin County and Ohio, *HealthMap2025* sourced data about new infections from the Ohio Department of Health HIV/AIDS Surveillance Program for 2022 and 2019.^{4,5} For the United States rates, data were obtained from the Centers for Disease Control and Prevention HIV Surveillance Report for the same years.⁶



Data Gap: Future *HealthMaps* should explore the possibility of calculating HIV incidence within each Franklin County zip code (or other sub-county geography).

¹ Bosh, K. A., Hall, H. I., Eastham, L., Daskalakis, D. C., & Mermin, J. H. (2021). Estimated Annual Number of HIV Infections — United States, 1981-2019. *MMWR. Morbidity and mortality weekly report*, 70(22), 801-806. <https://doi.org/10.15585/mmwr.mm7022a1>

² Samji, H., Cescon, A., Hogg, R. S., Modur, S. P., Althoff, K. N., Buchacz, K., Burchell, A. N., Cohen, M., Gebo, K. A., Gill, M. J., Justice, A., Kirk, G., Klein, M. B., Korthuis, P. T., Martin, J., Napravnik, S., Rourke, S. B., Sterling, T. R., Silverberg, M. J., Deeks, S., ... North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) of IeDEA (2013). Closing the gap: increases in life expectancy among treated HIV-positive individuals in the United States and Canada. *PloS one*, 8(12), e81355. <https://doi.org/10.1371/journal.pone.0081355>

³ Healthy People 2030 objective HIV-01, U.S. Department of Health and Human Services

⁴ HIV Surveillance Program, Ohio Department of Health. (2023). *New Diagnoses of HIV Infection Reported in Franklin County*. https://odh.ohio.gov/wps/wcm/connect/gov/cac882ed-d27b-42ff-9d14-2e60a4c7e366/Franklin2022.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-cac882ed-d27b-42ff-9d14-2e60a4c7e366-oFCnYED

⁵ HIV Surveillance Program, Ohio Department of Health. (2023). *New Diagnoses of HIV Infection Reported in Ohio*. https://odh.ohio.gov/wps/wcm/connect/gov/6ceaf279-cee6-4254-b899-386b585f0e5a/Ohio2022.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-6ceaf279-cee6-4254-b899-386b585f0e5a-oFCmzk1

⁶ Centers for Disease Control and Prevention. (2024). *Diagnoses, deaths, and prevalence of HIV in the United States and 6 territories and freely associated states, 2022*. <http://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html>

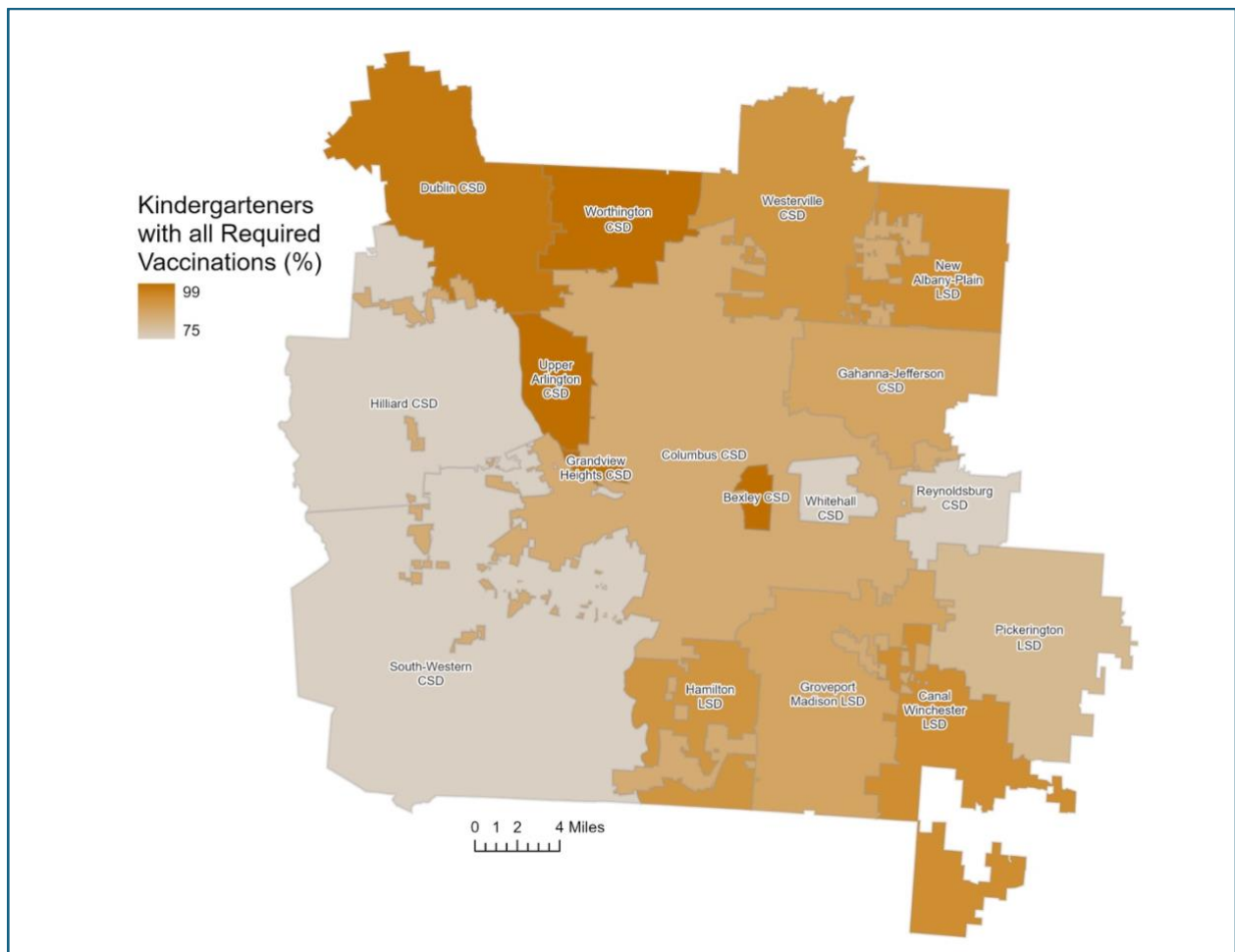
Kindergarten Vaccinations

Vaccinations are one of the most powerful, lifesaving health innovations of the 20th century. Globally, an estimated 154 million lives have been saved in the past 50 years due to vaccination, 146 million of which were children younger than 5.¹

86.6% of Franklin County kindergarteners received all required **vaccines**.

New metric for
HM2025

The Grandview Heights, Upper Arlington, Bexley, Worthington, and Dublin school districts reported that $\geq 95\%$ of their kindergarteners entered school with all required vaccinations complete. The Columbus, Pickerington, Reynoldsburg, Hilliard, South-Western, and Whitehall school districts reported that $\leq 89\%$ of their kindergarteners entered school with all required vaccinations complete.



Additional Information & References

The required vaccinations for a kindergarten student in Ohio includes 4+ doses of Diphtheria, Tetanus, and Pertussis (DTaP); 3+ doses of Hepatitis B; 2 doses of Measles, Mumps, and Rubella (MMR); 3+ doses of Polio; and 2 doses of Varicella.² More doses than the minimum may be required depending on the age of the child and when the child received their vaccines.

For this metric, Columbus Public Health's Office of Epidemiology requested data from Ohio Department of Health's Immunization Program. These data are a composite measure of kindergarteners in Franklin County public and private schools who had received all required vaccines for the 2022-2023 school year. Columbus Public Health staff then aggregated the data to calculate an estimate for each school district. Franklin County Public Health staff then mapped the prevalence of this indicator across the various school districts.

¹ Shattock, A. J., Johnson, H. C., Sim, S. Y., Carter, A., Lambach, P., Hutubessy, R. C. W., Thompson, K. M., Badizadegan, K., Lambert, B., Ferrari, M. J., Jit, M., Fu, H., Silal, S. P., Hounsell, R. A., White, R. G., Mosser, J. F., Gaythorpe, K. A. M., Trotter, C. L., Lindstrand, A., O'Brien, K. L., ... Bar-Zeev, N. (2024). Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. *Lancet (London, England)*, 403(10441), 2307–2316. [https://doi.org/10.1016/S0140-6736\(24\)00850-X](https://doi.org/10.1016/S0140-6736(24)00850-X)

² Vanderhoff, B. (2023). *In Re: Approved Means of Immunization Pursuant to Sections 3701.13 and 3313.671 of the Ohio Revised Code Director's Journal Entry*. Ohio Department of Health. https://odh.ohio.gov/wps/wcm/connect/gov/8e6d4c5d-7b45-4a0a-80cb-a1d8d00f4073/%28JE%29+%28131628%29+10-23-23+Directors-Journal-School-Requirements+10.16.2023+CERTIF.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-8e6d4c5d-7b45-4a0a-80cb-a1d8d00f4073-oJII3Hj

HEALTH CARE ACCESS

Emergency Department Utilization

Emergency department (ED) volume is an important metric for allocating appropriate resources and preventing overcrowding.¹ Frequent use of the emergency department is more common among women, patients with Medicare/Medicaid, black, and those who abuse prescriptions drugs.² Many patients report visiting the emergency department multiple times for the same condition, indicating that there may be a gap in either inpatient or follow-up care that drives frequent ED visits.²

There were **470.6 total emergency department visits** per 1,000 residents.



Similar to
HM2022 (511.3)

Disparities by selected social determinants of health

Age:
Older more likely

Sex:
Female more likely

Race/Ethnicity:
Black more likely

Geography:
Observed (see maps)

There were **410.5 treated-and-released emergency department visits** per 1,000 residents.



Similar to
HM2022 (449.7)

There were **60.2 hospital admissions from an emergency department** per 1,000 residents.



Similar to
HM2022 (61.6)

Community Voices

Community members spoke about how difficulties finding providers who accept their insurance and long waitlists for appointments can lead individuals to use the emergency room for issues that could have been treated more affordably elsewhere. Additionally, many community members may not know about Federally Qualified Health Centers where they can get more affordable care if they are uninsured.



"So [the insurance companies] give you a list of who will take you. Well, then when you call them, they don't want to take you. Then I looked at [medical center] for what they offered, and they don't do it during the summer and then they're backed up forever. So I actually made a complaint to my insurance company and I said, 'I have this benefit, but no one will take me.' So they refer me to online counseling. So that finally came through. Don't know how long it's going to last, but I can see where, especially young people who need someone immediately, they end up in the hospital so

many times.”

“There is availability for access to healthcare for people that do not have insurance that is affordable. I just think that it's not advertised enough. I know that it's not advertised enough. I went eleven years with no health care until I found out about FQHCs. I could have been going, because I was that person that only went to the emergency room when it was absolutely necessary. People don't know that they're available and they can help with 340b access to medications and PAPs through pharmaceutical companies. They're just not advertised enough.”

Community members also pointed out that a general lack of education about the medical system can lead individuals to use the ER for minor issues, and that more education is needed to ensure people seek the appropriate level of care for their health issues.



“I remember I sprained my ankle and I made the mistake of going to the emergency room at [medical center]. I think I got billed \$4,000 and that's with health insurance.”

“I couldn't get insurance because I was working and it was so expensive. I was working two jobs and I would go to the ER all the time. Now every year when I get my taxes, I have to pay the emergency room for all this stuff that I was doing when I was 18, 19, 20, and I didn't know anything about the medical system. I just know I'm sick and I need to go to the doctor. So I just don't think they educate people enough and they aren't helping people enough with the medical assistance.”

The overall rates of total emergency department visits, treated and released visits, and admissions to the hospital from the emergency department have not significantly changed in Franklin County or Ohio since HM2022 (see tables on this page and the next page).

Children had a lower rate of all visit types, whereas older adults had higher rates of total ED visits and ED visits that resulted in hospital admission. Additionally, black (non-Hispanic) individuals had higher rates for all visit types, whereas white (non-Hispanic) individuals had lower rates of total ED visits and treated/released ED visits.

Lastly, males had lower rates of total ED visits and treated/released ED visits whereas females had higher rates for those types of visits.

Total ED Visits

	Rate per 1,000
HM2025	470.6
HM2022	511.3
HM2019	608.8
Age 0-17	299.1 ▼
Age 18-64	499.1
Age 65+	630.9 ▲
White (non-Hispanic)	371.4 ▼
Black (non-Hispanic)	683.9 ▲
Other (non-Hispanic)	541.5
Hispanic	464.2
Male	410.8 ▼
Female	528.2 ▲
Ohio	492.3

Treated and Released ED visits

	Rate per 1,000
HM2025	410.5
HM2022	449.7
HM2019	546.3
Age 0-17	280.4 ▼
Age 18-64	450.9
Age 65+	443.6
White (non-Hispanic)	312.1 ▼
Black (non-Hispanic)	609.2 ▲
Other (non-Hispanic)	492.9 ▲
Hispanic	430.0
Male	352.3 ▼
Female	466.5 ▲
Ohio	423.4

Hospital Admissions from ED Visits

	Rate per 1,000
HM2025	60.2
HM2022	61.6
HM2019	62.4
Age 0-17	18.8 ▼
Age 18-64	48.2 ▼
Age 65+	187.3 ▲
White (non-Hispanic)	59.3
Black (non-Hispanic)	74.7 ▲
Other (non-Hispanic)	48.6 ▼
Hispanic	34.2 ▼
Male	58.6
Female	61.7
Ohio	69.0

The rate of minor severity (level 1) visits to the emergency department has increased among Franklin County residents while the rate of high severity (level 4) visits has decreased since HM2022. Elsewhere in Ohio, the rates of both low-moderate (level 2) and moderate severity (level 3) visits have decreased since HM2022.

Severity of ED Visits (per 1,000 patients treated)

	HM2025	HM2022	HM2019	Ohio
Level 1 (minor severity)	10.0 ▲	8.0	10.1	7.1
Level 2 (low to moderate severity)	52.8	51.7	50.2	30.5 ▼
Level 3 (moderate severity)	161.3	162.0	149.9	140.5 ▼
Level 4 (high severity, urgent evaluation required)	142.7 ▼	134.9	121.1	136.2
Level 5 (high severity, immediate threat to life or function)	94.1 ▼	92.2	77.3	109.0

The diagnoses associated with emergency department use are an important indicator of healthcare access in the community. For example, many concerns treated in the emergency department might have been treated by a primary care provider, but oftentimes patients report being unable to access that first line of treatment in a timely manner. Demographic

variables such as low socioeconomic status are also associated with non-urgent use of the emergency department.^{3,4}

Overall, the leading cause of visits to an emergency department that resulted in patients being treated-and-released was acute upper respiratory infection (unspecified), which is a catch-all term for a nose/throat infection that does not have a known cause. This was followed by two different types of chest pain and COVID-19. The rates of these diagnoses among Franklin County residents who visited EDs were similar to Ohioans who visited EDs.

Top Diagnoses Among Those Who Were Treated & Released By An Emergency Department (Total Population; rate per 1,000)

	HM2025	HM2022	Ohio
1st	Nose/throat infection (acute upper respiratory infection; unspecified): 10.3▼	Nose/throat infection (acute upper respiratory infection; unspecified): 12.0	Other chest pain: 11.0
2nd	Other chest pain: 9.9	Chest pain (unspecified): 10.9	Nose/throat infection (acute upper respiratory infection; unspecified): 9.4
3rd	Chest pain (unspecified): 6.6▼	Other chest pain: 9.8	Chest pain (unspecified): 7.1
4th	COVID-19: 6.5	Headache: 8.7	COVID-19: 6.6
5th	Headache (unspecified): 5.7	Abdominal pain (unspecified): 8.1	Urinary tract infection: 6.0

Among youth, the leading cause of treated-and-released visits to an emergency department was also upper respiratory infections (unspecified), followed by other infectious diseases.

Top Diagnoses Among Those Who Were Treated & Released By An Emergency Department (Ages 0-17; rate per 1,000)

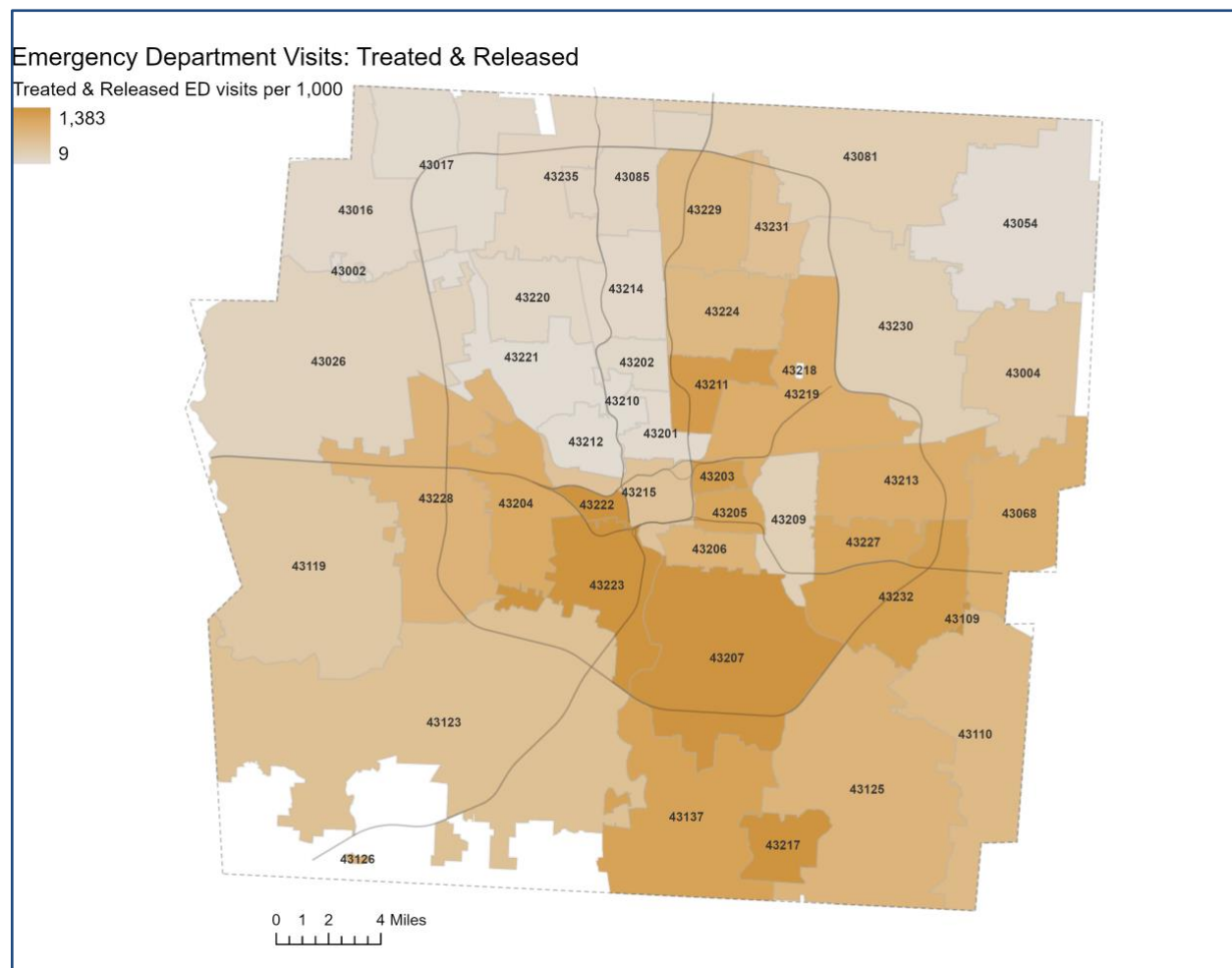
	HM2025	HM2022	Ohio
1st	Nose/throat infection (acute upper respiratory infection; unspecified): 19.1▼	Nose/throat infection (acute upper respiratory infection; unspecified): 24.7	Nose/throat infection (acute upper respiratory infection; unspecified): 21.7
2nd	Strep throat (streptococcal pharyngitis): 12.3	Fever (unspecified): 8.9	Strep throat (streptococcal pharyngitis): 11.7
3rd	Viral infection (unspecified): 8.9	Viral infection (unspecified): 8.9	Viral infection (unspecified): 9.0
4th	Vomiting (unspecified): 4.9▼	Vomiting (unspecified): 6.9	Fever (unspecified): 7.6
5th	Upper airway infection causing breathing difficulty (acute obstructive laryngitis; croup): 4.7	Influenza: 6.2	Injury to the head (unspecified): 6.6

Among older adults, the leading cause of treated-and-released visits to an emergency department was chest pain followed by urinary tract infection.

Top Diagnoses Among Those Who Were Treated & Released By An Emergency Department (Ages 65+; rate per 1,000)

HM2025	Ohio
1st Other chest pain: 11.9	Other chest pain: 13.1
2nd Urinary tract infection: 11.2	Urinary tract infection: 12.3
3rd COVID-19: 9.9	COVID-19: 10.7
4th Chest pain (unspecified): 9.3	Chest pain (unspecified): 9.1
5th Vertigo/light headedness (dizziness and giddiness): 9.1	Vertigo/light headedness (dizziness and giddiness): 8.9

As shown below, the rate of emergency department visits that led to patients being treated and released was highest in southern zip codes (43207, 43217, 43137), west-central zip codes (43222, 43223), and 43211.



Overall, the leading cause of visits to an emergency department that resulted in patients being admitted into a hospital was sepsis and hypertensive heart and chronic kidney disease (with heart failure) or chronic kidney disease, followed by hypertensive heart disease (with heart failure) and kidney failure. The rates of these diagnoses among Franklin County residents who visited EDs were similar to Ohioans who visited EDs.

Top Diagnoses Among Those Who Were Admitted Into A Hospital From An Emergency Department (Total Population; rate per 1,000)

	HM2025	HM2022	Ohio
1st	Sepsis (unspecified organism): 4.4▼	Sepsis (unspecified organism): 5.6	Sepsis (unspecified organism): 4.7
2nd	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 1.6▼	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 2.0	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 1.9
3rd	Hypertensive heart disease with heart failure: 1.4▼	Hypertensive heart disease with heart failure: 1.7	Hypertensive heart disease with heart failure: 1.7
4th	Acute kidney failure (unspecified): 1.2▼	Acute kidney failure (unspecified): 1.4	Acute kidney failure (unspecified): 1.5
5th	COPD (with acute exacerbation): 0.9	Heart attack (NSTEMI): 1.3	Pneumonia (unspecified organism): 1.4

Among youth, two of the top 5 leading causes of visits to an emergency department that resulted in a hospital admission were related to lung infections, and two of the other top 5 leading causes were related to major depression.

Top Diagnoses Among Those Who Were Admitted Into A Hospital From An Emergency Department (Ages 0-17; rate per 1,000)

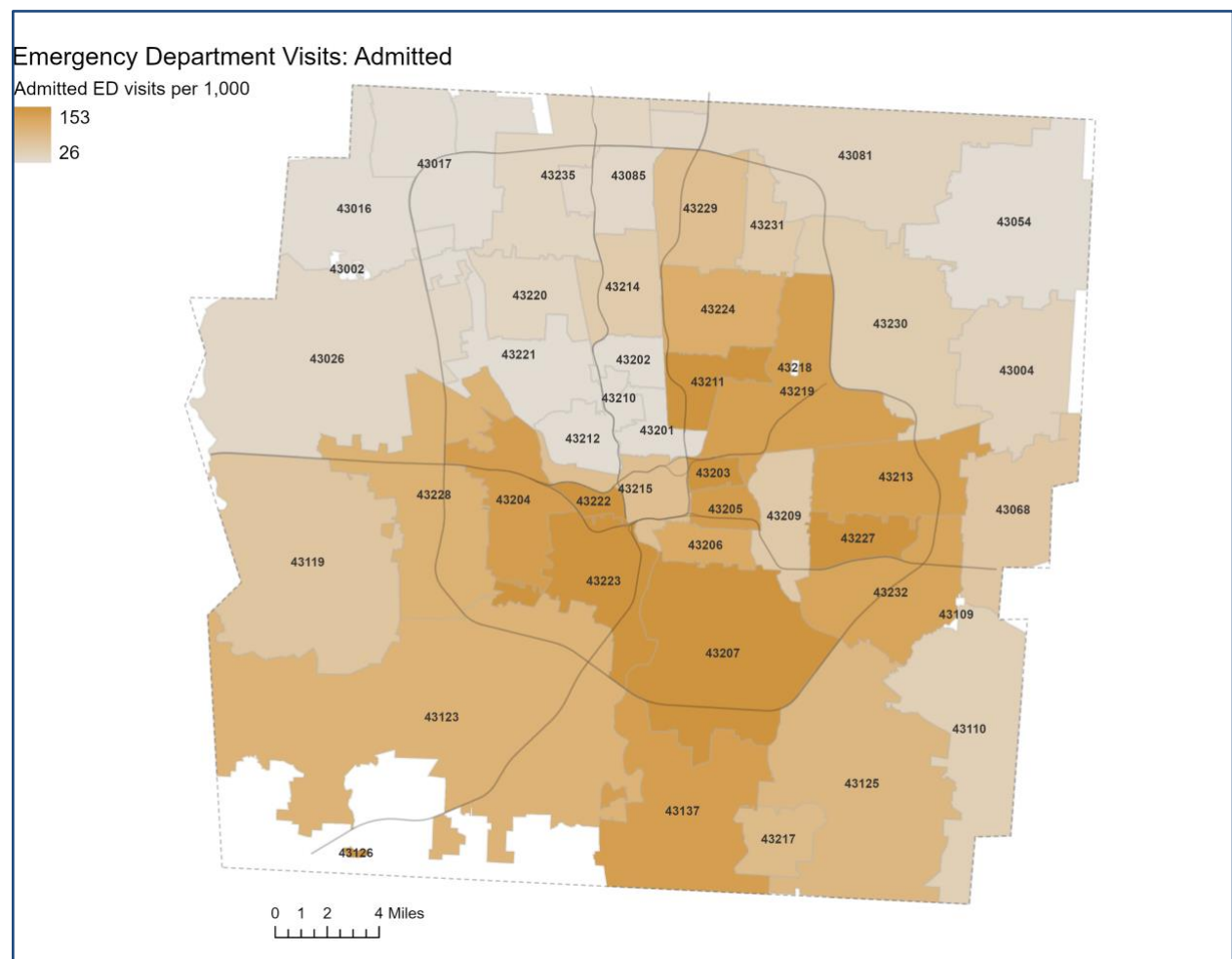
	HM2025	HM2022	Ohio
1st	Lung infection (acute bronchiolitis; RSV): 1.6	Lung infection (acute bronchiolitis; RSV): 1.5	Lung infection (acute bronchiolitis; RSV): 0.6
2nd	Recurrent major depression (without psychosis): 0.5	Dehydration: 1.4	Dehydration: 0.5
3rd	Lung infection (bronchiolitis; specified organism): 0.5▼	Lung infection (acute bronchiolitis; unspecified): 1.1	Recurrent major depression (without psychosis): 0.3
4th	Major depression (single episode): 0.4	Lung infection (bronchiolitis; specified organism): 1.0	Lung infection (acute bronchiolitis; unspecified): 0.3
5th	Type 1 diabetic ketoacidosis (without coma): 0.4▼	Type 1 diabetic ketoacidosis (without coma): 0.7	Disruptive mood dysregulation: 0.3

Among older adults, the leading cause of visits to an emergency department that resulted in a hospital admission was sepsis, followed by hypertensive heart and chronic kidney disease, hypertensive heart disease (with heart failure), and kidney failure.

Top Diagnoses Among Those Who Were Admitted Into A Hospital From An Emergency Department (Ages 65+; rate per 1,000)

HM2025	Ohio
1st Sepsis (unspecified organism): 20.6▲	Sepsis (unspecified organism): 15.7
2nd Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 10.8▲	Hypertensive heart & chronic kidney disease with heart failure or chronic kidney disease (unspecified): 8.9
3rd Hypertensive heart disease with heart failure: 7.8▲	Hypertensive heart disease with heart failure: 6.6
4th Acute kidney failure (unspecified): 6.4	Acute kidney failure (unspecified): 6.1
5th Heart attack (NSTEMI): 5.3	COVID-19: 5.2

As shown below, the rate of emergency department visits that led to patients being admitted to a hospital was highest in southern zip codes (43207, 43137), west-central zip codes (43222, 43223), 43203, and 43211.



Additional Information & References

Readers who are interested in learning more about this topic should also read the *HealthMap2025* section that focuses on individuals with disabilities (see page 65).

To measure emergency department utilization, *HealthMap2025* requested data from the Ohio Hospital Association for calendar year 2023.⁵ Franklin County residents who visited any Ohio hospital's emergency department are counted in these data. The raw data from each category was divided by the total population for the appropriate year and geographic region, and then converted into a rate per 1,000. For sample size reasons, the "other (non-Hispanic)" racial category includes all racial/ethnic groups other than black (non-Hispanic), white (non-Hispanic), and Hispanic. Franklin County Public Health staff then mapped these data for each zip code in Franklin County.

The Ohio Hospital Association also provided data for the most frequent diagnoses (i.e., the primary ICD-10 codes) among Franklin County and Ohio residents who either (1) were treated and released from an emergency department (i.e., without being admitted to the hospital) in 2023 or (2) were admitted to a hospital from an emergency department in 2023.⁵ The raw numbers that were provided were converted into crude rates for the appropriate geographic and age group.



Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about patients who went to emergency departments for the same underlying health need(s) on multiple occasions over some duration of time (i.e., "emergency department readmissions"). Unfortunately, that type of data is unavailable.

¹ Kenny, J. F., Chang, B. C., & Hemmert, K. C. (2020). Factors Affecting Emergency Department Crowding. *Emergency medicine clinics of North America*, 38(3), 573-587. <https://doi.org/10.1016/j.emc.2020.04.001>

² Behr, J. G., & Diaz, R. (2016). Emergency Department Frequent Utilization for Non-Emergent Presentments: Results from a Regional Urban Trauma Center Study. *PloS one*, 11(1), e0147116. <https://doi.org/10.1371/journal.pone.0147116>

³ Unwin, M., Kinsman, L., & Rigby, S. (2016). Why are we waiting? Patients' perspectives for accessing emergency department services with non-urgent complaints. *International emergency nursing*, 29, 3-8. <https://doi.org/10.1016/j.ienj.2016.09.003>

⁴ Montoro-Pérez, N., Richart-Martínez, M., & Montejano-Lozoya, R. (2023). Factors associated with the inappropriate use of the pediatric emergency department. A systematic review. *Journal of pediatric nursing*, 69, 38-46. <https://doi.org/10.1016/j.pedn.2022.12.027>

⁵ Ohio Hospital Association. (2023). *Ohio Hospital Association* [Dataset].

Dental Care Access

Oral health, which includes the mouth, teeth, and other maxillofacial elements, allows people to eat, breathe, and speak, granting it an important role in individuals' physical, mental, social, and economic well-being.^{1,2} Poor oral health has been associated with a variety of health conditions, including cardiovascular disease, pregnancy and birth complications, and pneumonia.³ Therefore, equitable access to dental care is critical to ensure optimal health.⁴

3.3% of children age 3-18 needed dental care but could not secure it.

↓
Down from
HM2022 (3.9%)

12.8% of adults age 19-64 needed dental care but could not secure it.

↓
Down from
HM2022 (16.1%)

Community Voices

Community members identified how fear and embarrassment can influence residents to avoid seeking dental care. Alternatively, people may not place a high priority on visiting a dentist if they have not experienced any teeth "problems."



"People are worried, if this goes wrong, my teeth are going to be gone."

"To get dentures, you get an appointment, and they'll say you have to go get them pulled. Then come back here. Who wants to go eight weeks without teeth?...it needs to be more convenient."

"I think another thing is embarrassment. So if you haven't gone to the dentist in a long time, it might feel sort of just scary to go into the dentist after a while because of fear of judgment from healthcare practitioners."

"The fear of like not being treated well, being stigmatized, being seen as a drug addict, being seen as like we'll do all these procedures, we'll take out all your teeth, but we're not going to give you any pain medication because you struggle with addiction..."

"I was one of those people that had good teeth anytime I went for cleaning. There were never any issues, so I held off for a really long time. And then I was finally like I need to go. And I got my first cavity...I was scared to go back again because you gotta get it fixed, right. And it's actually considered dental surgery...So I was really worried about pain. And then also this really weird thing, if I have easy teeth for such a long time, why do I need to go?"

Dental care costs also play a large role in residents' willingness to see a dentist or orthodontist, whether they have insurance or not.



"But those [insurance] costs are not covering anything for the kids. The kids need braces. They're only covering \$2,000 for the braces. But the average cost of braces was starting at \$5,000."

"Even if you have insurance, it's outrageous. It really is. Like, if you need to have an implant, you might as well count on \$5,000, and that's with insurance, though. They're just not covered."

"My husband just recently cracked a tooth about a month ago, and we don't have dental because he unfortunately lost his position where he was at. He went to a local dentist here. They told him what they could do, and then they started adding on different things and a health plan. 'This is what you can do, a yearly plan.' He goes, 'Wait a minute. Am I buying a condo, and I don't know about it?' That's exactly what he felt like. He left, and we went back to where I grew up in Galloway. They're working with us for him, just for a payment plan. Just for a broken molar, it's \$3,000 to fix when you don't have any insurance."

"So for the past four years, I've been trying to get my mouth fixed affordably, which is impossible because I have no insurance. I don't have Medicaid anymore either, because I don't qualify. I can't afford the insurance either. I go to different places to check, and they want for one root canal, one crown; it was over \$3,000...There could be a lot of work done in regard to affordability, dental care, especially for the self-pay."

"They want you to take that credit, that CareCredit, and the interest rates on those are outrageous. If you can't afford it to begin with, and you're saying you need to pay \$3,000 back in two years. That's not going to happen. So you just don't do it at all, and you live with the pain."

Finding a dentist that will accept their insurance and being able to schedule appointments that do not conflict with work schedules are additional barriers to dental care.



"And then it's finding a dentist that will accept you. It's hard to find a dentist that will accept your insurance or if you don't have insurance, and it's just hard to find one and keep one."

"And the insurance changes whether you can stay with your dentist. I was with my dentist for almost 30 years, and then all of a sudden, they don't accept your insurance anymore. You already have a relationship, a rapport with them, and then you got to start all over again."



"Scheduling, too. It's hard to get into a dentist around a time that works for you, especially when you're working. A lot of places aren't open after five. I don't want to go on my lunch break because they always have me sitting there forever. And, after that, 'Oh, well, we can do your cleaning today but you have to schedule another appointment and miss work, use PTO to get your teeth pulled.'"

Franklin County residents also think there needs to be expanded emergency dental services in the community.



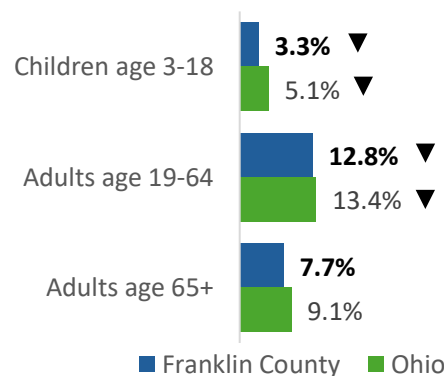
"[medical center] has emergency dental, but they only take the first ten people...So it's one of these, there is an emergency dental clinic, but again, if you're not right there when it first opens..."

"I don't understand why we've never had better emergency services for a dental situation. Because my mom had that and she had to run to a different one every Saturday. Now my particular dentist is pretty good. You call him at 7:00 in the morning and end up going, but it's not guaranteed the way Urgent Care is. "

"You go out with your friends and you get a tooth knocked out. Your dentist probably isn't going to answer either on a Friday or Saturday...where do you go?"

From HM2022 to HM2025, fewer children age 3-18 and adults age 19-64 needed dental care but could not secure it.

Needed Dental Care But Could Not Secure It



Additional Information & References

Data for this indicator were obtained from the Ohio Medicaid Assessment Survey.⁵

¹ World Health Organization. (n.d.) Oral health. https://www.who.int/health-topics/oral-health#tab=tab_1

² Peres MA, Macpherson LMD, Weyant RJ et al. Oral diseases: a global public health challenge. *The Lancet*. 2019;394(10194):249–60.

³ Mayo Clinic. (n.d.) Oral health: A window to your overall health. <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475>

⁴ Hannan CJ, Ricks TL, Espinoza L, Weintraub JA. Addressing Oral Health Inequities, Access to Care, Knowledge, and Behaviors. *Prev Chronic Dis* 2021;18:210060. DOI: <http://dx.doi.org/10.5888/pcd18.210060>

⁵ The Ohio Medicaid Assessment Survey Dashboard. <https://grcapps.osu.edu/app/omas>, 2021 (HM2025), 2019 (HM2022)

INJURY AND DEATH

Mental and Social Health

Mental and social health are increasingly recognized as both direct and indirect contributors to overall health. Experiencing violence or being exposed to violence in the home has long-term physical and mental health impacts.^{1,2} In addition to the direct impact on an individual's mortality, suicide also has rippling negative effects among other community members, from family members to peers to first responders.³

13.8 per 100,000 residents died by **suicide**.

↑
Up from
HM2022 (10.8)

26.4% of Franklin County residents reported feeling **lonely**.

New metric for
HM2025

Disparities by selected social determinants of health

Age:
None observed

Sex:
Recently pregnant
females more likely

Race/Ethnicity:
Unavailable

Geography:
Unavailable

23.7% of Franklin County adults reported ever having **depression**.

≈
Similar to
HM2022 (23.1%)

Disparities by selected social determinants of health

Age:
18-64 more likely

Sex:
Female more likely

Race/Ethnicity:
White more likely

Geography:
Observed (see map)

14.7 per 100,000 residents died from **100% alcohol-attributable causes**.

↑
Up from
HM2022 (12.9)

Disparities by selected social determinants of health

Age:
60+ more likely

Sex:
Male more likely

Race/Ethnicity:
White more likely

Geography:
Unavailable

5,729 children were victims of **child abuse**.

↓
Down from
HM2022 (7,240)

5,495 residents were victims of **domestic violence**.

↓
Down from
HM2022 (7,471)

Unfortunately, hospitalizations due to self-harm and deaths from suicide have both increased in Franklin County since the last *HealthMap*.

Self-Harm and Suicide

	Self-harm hospitalization (rate per 100,000)	Suicide death (rate per 100,000)
HM2025	7.6 ▲	13.8 ▲
HM2022	6.8	10.8
HM2019	4.9	12.5
Ohio	-	15.2
US	-	14.8



Unfortunately, the suicide rate in Franklin County has risen above the Healthy People 2030 objective in recent years. Further research and interventions should examine what has caused this change.

HP2030 objective for Suicide Deaths: Not met

Healthy People Objective:

12.8

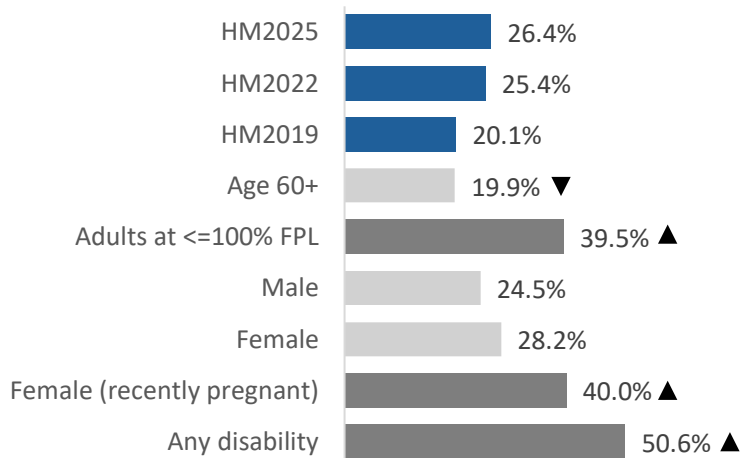
Most recent Franklin County data (HM2025)

13.8

In 2023, the United States Surgeon General issued an advisory notice that warned Americans about an emerging public health crisis: the epidemic of loneliness, isolation, and lack of connection.⁴

Unfortunately, over a quarter of Franklin County adult (ages 19+) report feeling isolated from others (i.e., lonely). Those individuals who have a household income that places them at or under the 100% federal poverty level, recently pregnant females, and individuals with disabilities are most likely to report feeling lonely.

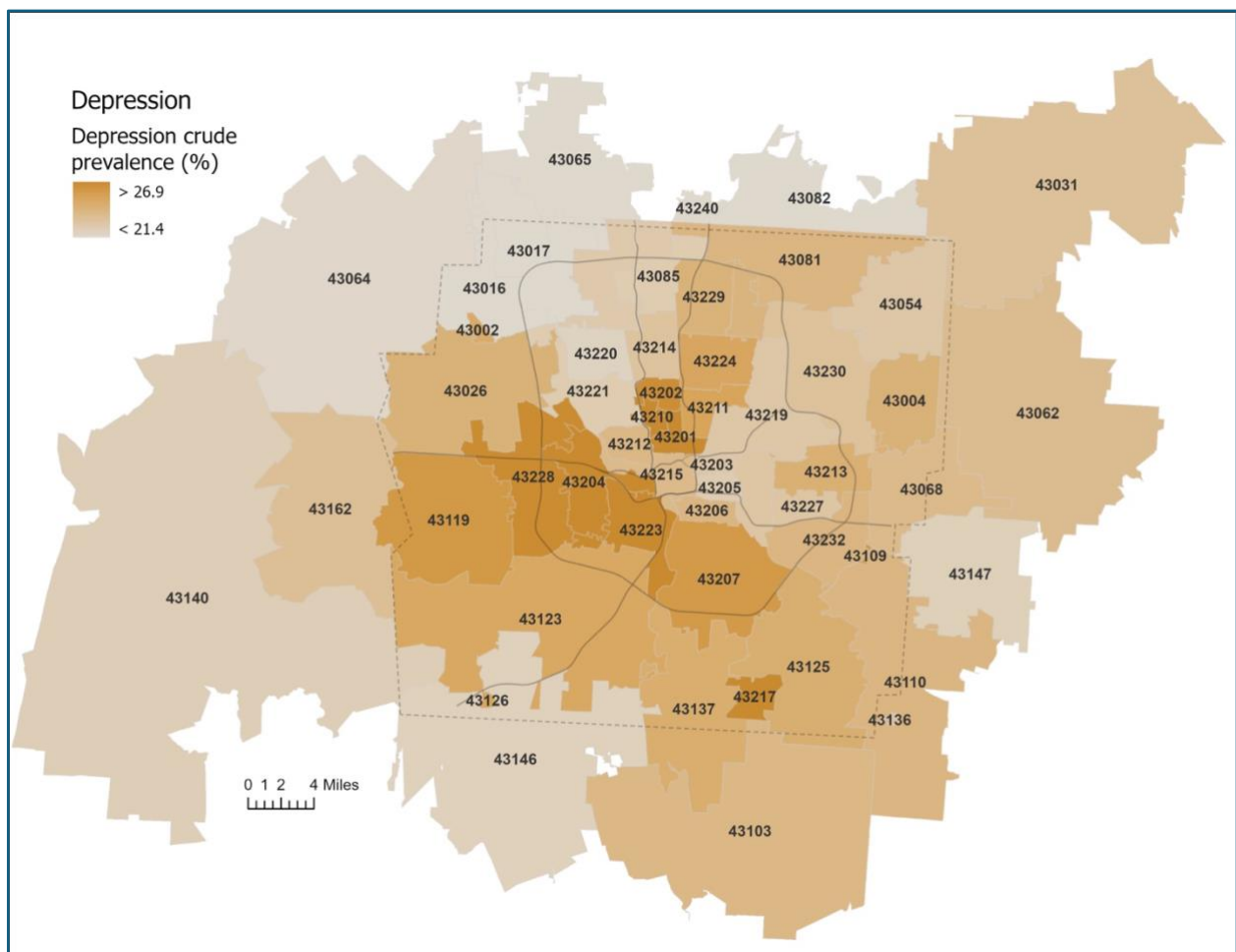
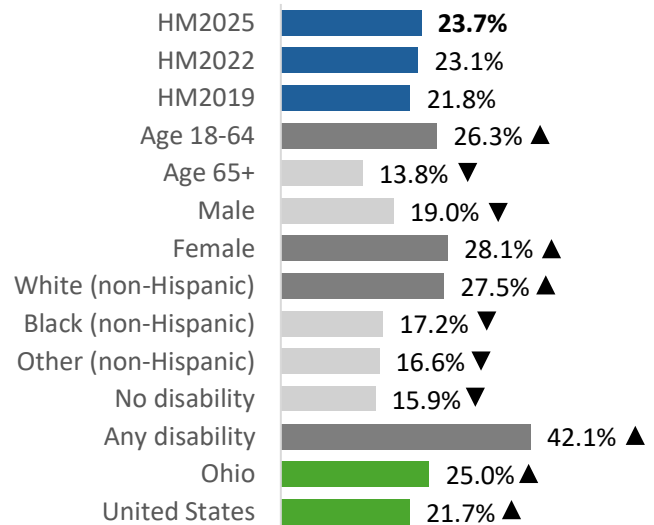
Loneliness



Females, white (non-Hispanic) individuals, adults under the age of 65, and individuals with a disability are more likely than other groups to report ever being told by a healthcare professional that they have a depressive disorder (e.g., depression).

Depression prevalence is higher in Franklin County's western and north-central zip codes.

Depression



Community Voices: Depression

Community members perceive that anyone can be vulnerable to depression, and that economic hardships contribute to depression in their community. They believe depression is hard to address because it is not easy to always tell when someone is suffering. Although residents say mental health issues seem to be losing some of the stigma they once held, depressed individuals are still met with perceptions that they just need to “get over it.”



“The best-looking person is on the edge. [Mental health], it's so fragile and it has to be taken way more seriously. That commercial that says there's no way he's depressed, he's young, you know, those type of stigmas, it's terrible. And that's why we see a lot of people out on the street or a lot of people doing what they're doing because their mental health issues have not been addressed or they've been temporarily addressed.”

“I see it with my job that I totally despise...does it affect my mental health? Absolutely. Can I pay the mortgage this month? Can I buy food this week? It's just a lot...I have a lot of breaking points.”

“Mental health is something that you don't see a lot as well. It could be a neighbor that you think is okay, but they may get evicted or, you know, their property taxes went up too high and can't afford it. So those aren't physical things, you may not even be able to see [even with] neighbors that you probably thought you were close to.”

“There's a lot of people who say ‘mental health is so important to us and we're working on it.’ But then if you do have some kind of issue with depression, there's still this like, ‘Okay, well, I guess you better get over it.’ You still have to keep going. And you're just kind of hopeless.”

Meanwhile, community members also said that stigma around depression can prevent people from getting help they need. For example, it may still be perceived negatively to be medicated for depression, and generational attitudes around depression may prevent helpful conversations around mental health from happening.



“I could say in my community, I believe that it was always, ‘don't get put on that medicine.’ It was a bad thing if you got medicated. So some people have been diagnosed, but they're not being treated because they don't want to be on that medication.”

“I have tried to talk with a lot of older people [in my community]...They have been through traumas, like they've been through wars, running from people and fleeing to a new country. That's a lot of trauma. But they don't agree that it's trauma. And I don't know how to tell [them] because I have not been in that place. I just came with them. And when I tried to tell them that, ‘You

got to talk about this, so it gets out of your head.' They just don't want to talk about it."

"Depression is big...And it's all ages. I live with my grandma. She doesn't believe in depression, and I'm sure she's been depressed for most of her life. But back in the day it was more like, you just gotta push through it and fight through it. You gotta be strong. 'Everybody's depressed.'"

"The kids, they can't talk about mental health problems with their parents because the parents will think that it's a disease and that's not good. So they will try to do substances, which just goes down the wrong path. And the parents can't take control of the kids, and the kids are now alone in their [mind], and it's hard."

Alcohol use disorder frequently co-occurs with other mental health disorders. Compared to the last *HealthMap*, Franklin County residents whose deaths were 100% alcohol-attributable have increased and are particularly high among males, white (non-Hispanic) individuals, and the elderly.

Alcohol Attributable Deaths

	Rate per 100,000
HM2025	14.7 ▲
HM2022	12.9
HM2019	9.1
Age 20-59	13.6
Age 60+	38.1 ▲
White (non-Hispanic)	18.4 ▲
Black (non-Hispanic)	11.9
Male	21.4 ▼
Female	8.2 ▲
Ohio	14.1 ▼
US	14.4

The number of child abuse victims and abuse reports have declined across all geographic groups; the number of domestic violence reports has remained stable while the number of domestic violence victims in Franklin County has dropped dramatically. A unique victim is only counted once but could be associated with multiple reports of violence in a year.

Family Violence

	Child maltreatment (unique victims)	Child maltreatment (substantiated reports)	Domestic violence (unique victims)	Domestic violence (substantiated reports)
HM2025	5,729 ▼	16,784 ▼	5,495 ▼	3,505
HM2022	7,240	19,801	7,471	3,636
HM2019	6,243	18,060	11,224	3,157
Ohio	22,439 ▼	17,037 ▼	58,822 ▲	31,142 ▼
US	558,899 ▼	553,479 ▼	598,490 ▲	1,370,440 ▲

Additional Information & References

Relatedly, who are interested in learning more about this topic are encouraged to read the Franklin County Suicide Prevention Coalition’s 2023 Report, which can be accessed by [clicking here](#). Additionally, readers who are interested in learning more about this topic should also read the *HealthMap2025* sections that focus on alcohol use (see page 81), overdose deaths (see page 163), and individuals with disabilities and their mental health experiences (see page 133).

For *HealthMap2025*, data on suicides and alcohol-attributable deaths were collected from the CDC WONDER database for 2023, 2020, and 2017, and self-harm hospitalizations were provided by the Ohio Department of Public Safety, which accessed the Trauma Acute Care Registry (TACR) system for 2022 and 2019.⁵⁻⁷ Loneliness statistics were provided by Franklin County Public Health, which accessed the Ohio Medicaid Assessment Survey for 2023.

To assess the prevalence of depression, *HealthMap2025* obtained recent data from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.⁸ In most cases, survey respondents were asked if a doctor, nurse, or other health professional ever told them that they had a specific chronic health condition (i.e., a depressive disorder). To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC’s PLACES⁹ resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

Alcohol-attributable deaths were defined using the National Center for Health Statistics definition, which includes immediate deaths such as overdose as well as long-term chronic conditions such as alcoholic fatty liver.⁵

In both categories of violence, a “report” refers to a single instance where abuse or neglect was alleged to authorities. These reports are then investigated, and charges or action may be taken if there is enough evidence. A unique victim is counted only once in a calendar year, but they may be the subject of multiple reports if they experienced multiple acts of violence. Child maltreatment victims and reports were included if the abuse or neglect was classified as either “substantiated” or “indicated” in 2022, 2019, and 2016. Franklin County statistics were provided by the Ohio Department of Job and Family Services.¹⁰ Statistics about child maltreatment from the United States and Ohio were sourced from the US Department of Health and Human Services annual Child Maltreatment report.¹¹

Domestic violence statistics included all victim/perpetrator relationships, including married couples, life partners, and other eligible categories. Ohio and Franklin County statistics were sourced from an Ohio Bureau of Criminal Investigation report, where statistics were reported from all police agencies.^{12,13} Reports were included if a charge was filed, and the included years were 2023, 2020, and 2017. For the United States, data were sourced from the Bureau of Justice Statistics for 2022.¹⁴

-  Data Gap: The child maltreatment and domestic violence statistics reviewed here likely *underestimate* the full extent of those issues in the population, due to underreporting. Future HealthMaps should attempt to obtain different/more accurate data.
-  Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about the mental health of Franklin County’s youth (e.g., those between the ages of 11 and 17). Unfortunately, Ohio’s Youth Risk Behavior Survey does not calculate statistical estimates at the county level.
-  Data Gap: The Community Health Needs Assessment Steering Committee requested recent data about resiliency. Unfortunately, this construct has not been measured quantitatively at the county level.
-  Data Gap: Future *HealthMaps* should explore the possibility of calculating the percentage of adults who recently had an alcohol attributable death within each Franklin County zip code (or other sub-county geography).

¹ Potter, L. C., Morris, R., Hegarty, K., García-Moreno, C., & Feder, G. (2021). Categories and health impacts of intimate partner violence in the World Health Organization multi-country study on women's health and domestic violence. *International journal of epidemiology*, 50(2), 652-662. <https://doi.org/10.1093/ije/dyaa220>

- ² Clarke, A., Olive, P., Akooji, N., & Whittaker, K. (2020). Violence exposure and young people's vulnerability, mental and physical health. *International journal of public health*, 65(3), 357–366. <https://doi.org/10.1007/s00038-020-01340-3>
- ³ Lyra, R. L., McKenzie, S. K., Every-Palmer, S., & Jenkin, G. (2021). Occupational exposure to suicide: A review of research on the experiences of mental health professionals and first responders. *PloS one*, 16(4), e0251038. <https://doi.org/10.1371/journal.pone.0251038>
- ⁴ U.S. Department of Health and Human Services. (2023). Our epidemic of loneliness and isolation. <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
- ⁵ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <http://wonder.cdc.gov/mcd-icd10-provisional.html>
- ⁶ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.
- ⁷ Ohio Division of Emergency Medical Services, Ohio Department of Public Safety. (2024). *Trauma Acute Care Agency* [Dataset].
- ⁸ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2015 (HM2019)
- ⁹ Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.). <https://www.cdc.gov/places/index.html>
- ¹⁰ Ohio Department of Job and Family Services, Ohio Department of Health. (2024). *Foster Care and Adult Protective Services* [Dataset].
- ¹¹ U.S. Department of Health & Human Services, A. for C., Families, Y., Administration on Children, & Families, C. B. (2023). Child Maltreatment 2022. <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf>
- ¹² Ohio Bureau of Criminal Investigation. (2024). *Victims of Domestic Violence by County and Agency*.
- ¹³ Ohio Bureau of Criminal Investigation. (2024). *Domestic Violence Incidents by County and Agency*.
- ¹⁴ Thompson, A., & Tapp, S. N. (2023). *Criminal Victimization, 2022*. Bureau of Justice Statistics, US Department of Justice. <https://bjs.ojp.gov/document/cv22.pdf>

Franklin County Suicide Prevention Coalition's 2023 Report can be accessed at <https://franklincountyspc.org/wp-content/uploads/2024/04/2023-Franklin-County-Suicide-Report-Updated-4.22.24.pdf>.

Mortality

With advances in medicine, technology, and sanitation, life expectancy at birth (i.e., the average number of years that a person can expect to live) has risen substantially over the last century.¹ However, significant disparities in life expectancy at birth and in mortality rates exist by sex, race, and geography, among others.²

The **life expectancy** at birth was **75.9 years** in Franklin County.


Down from
HM2022 (77.1)

Disparities by selected social determinants of health

Age: n/a	Sex: Unavailable	Race/Ethnicity: None observed	Geography: Observed (see map)

The **mortality rate** (all causes) was **891.5 per 100,000 residents** in Franklin County.

New metric for
HM2025

Disparities by selected social determinants of health

Age: Older adults highest	Sex: None observed	Race/Ethnicity: Black higher	Geography: Observed (see map)

As shown on the next page, Franklin County residents’ life expectancy has decreased slightly since the last *HealthMap* and is similar to residents throughout Ohio and the United States. Asian and Hispanic individuals have a higher life expectancy than Franklin County overall, whereas black (non-Hispanic) individuals have the lowest life expectancy.

The next page also displays a table that presents data regarding the all-cause mortality rate (age-adjusted) among Franklin County residents. As expected, the mortality rate is lower among children and much higher among older adults. Black (non-Hispanic) individuals in Franklin County have an all-cause mortality rate that is substantially higher than the county as a whole; Asian (non-Hispanic) individuals have a mortality rate that is substantially lower than the county as a whole.

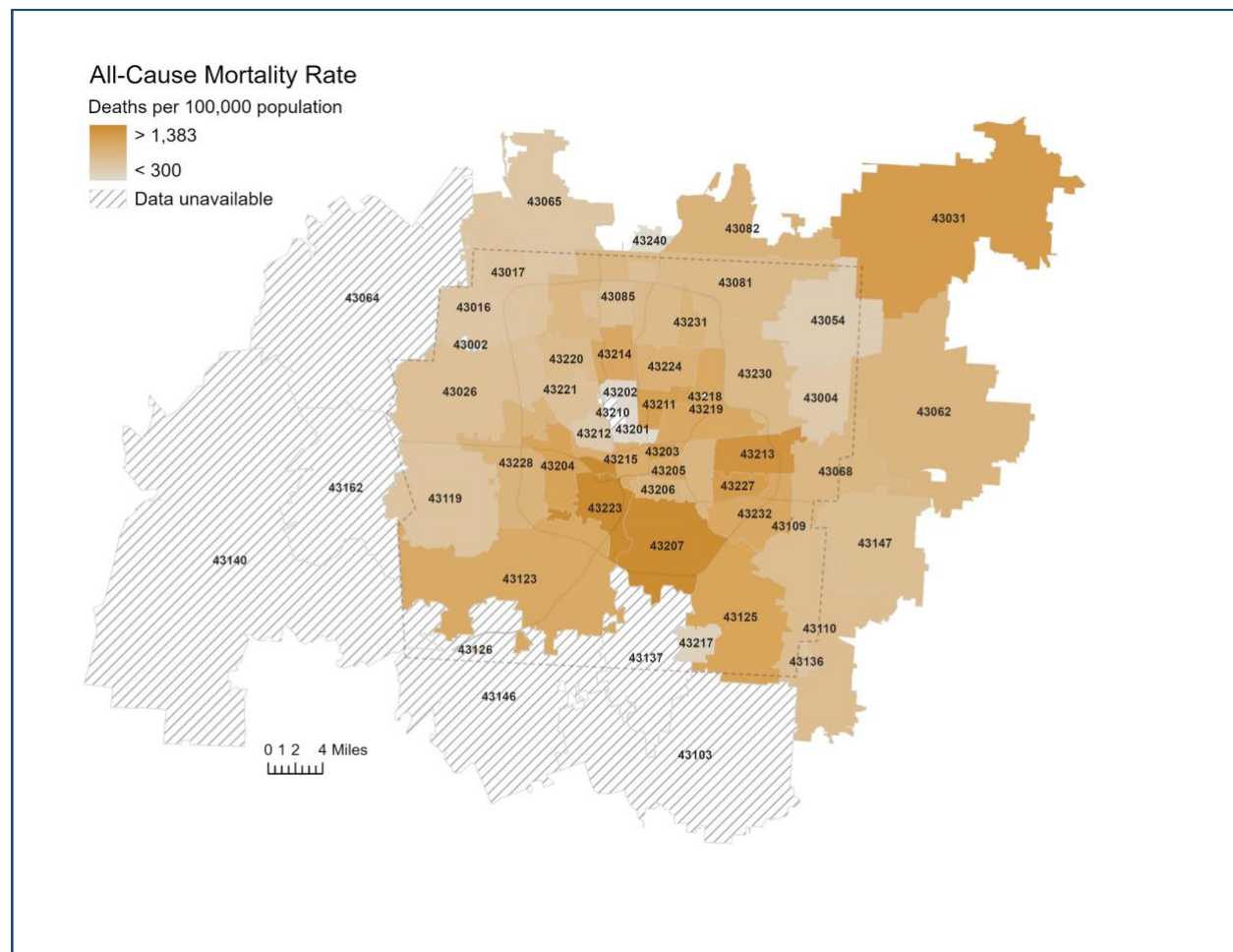
Life Expectancy at Birth

	Years
HM2025	75.9
HM2022	77.1
White (non-Hispanic)	76.6
Black (non-Hispanic)	72.9
Asian (non-Hispanic)	84.9 ▲
Hispanic	84.7 ▲
Ohio	74.5
US	77.5

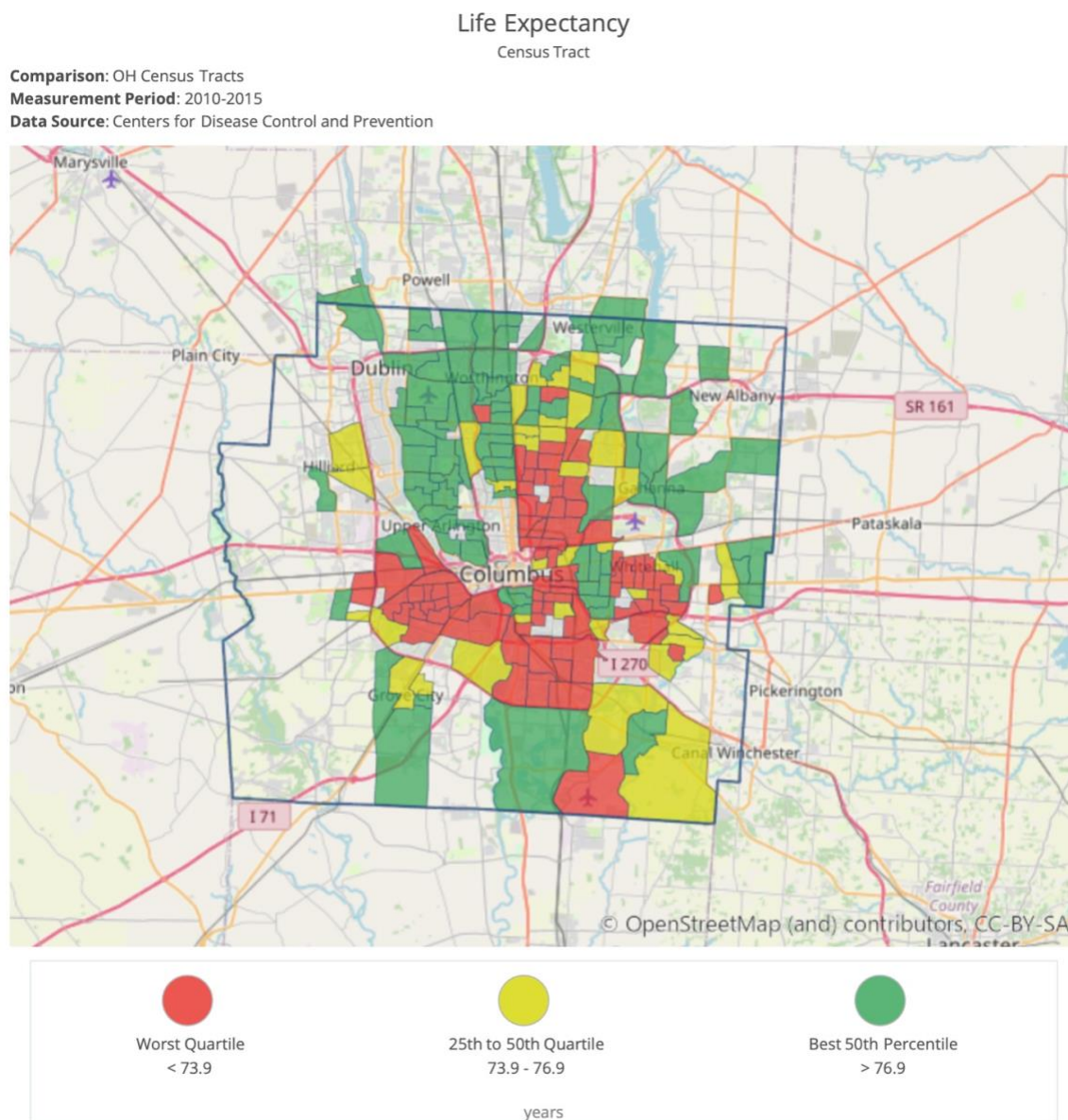
All-Cause Mortality Rate

	Age-adjusted rate per 100,000
HM2025	891.5
Ages 1-19	30.8 ▼
Age 65+	4,969.0 ▲
White (non-Hispanic)	880.8
Black (non-Hispanic)	1,031.6 ▲
Asian (non-Hispanic)	471.7 ▼
Hispanic	486.6 ▼
Male	1,067.6 ▲
Female	750.3 ▼
Ohio	849.1 ▼
US	753.3

The map below shows the all-cause mortality rate (crude) for those Franklin County zip codes that have data available for mapping. The all-cause mortality rate is highest in 43223 (Franklinton area), 43207 (southern Franklin County), and 43213 (Whitehall area).



The map below is a screenshot of residents' life expectancy across Franklin County's census tracts during the period from 2010-2015 (the most recent data available), as mapped by Franklin County CARES.³ The census tracts with the lowest quartiles of life expectancy (e.g., less than 73.9 years) are concentrated in the Franklinton, Hilltop, South Side, Linden, and Whitehall areas of Franklin County. Readers who are interested in learning more about this topic are encouraged to visit Franklin County CARES' interactive map, which can be accessed by [clicking here](#).



September 12, 2024

Additional Information & References

To report life expectancy in Franklin County, *HeathMap2025* referenced County Health Rankings reports from 2024 (data 2019-2021) and 2020 (data 2016-2018).⁴ For Ohio and the

United States, we used data from the Centers for Disease Control and Prevention Mortality Reports in 2021 and 2022, respectively.^{5,6} Note that the methodology for the County Health rankings has changed in recent years to reflect updated race categories.

The age-adjusted mortality rate for Franklin County was obtained from the National Institute on Minority Health and Health Disparities for the 2018-2022 period.⁷ The mortality rates for Ohio and for the US relied on provisional data obtained from the CDC WONDER system for 2023.^{8,9} Franklin County Public Health staff mapped the all-cause mortality rate for each zip code in Franklin County that had those data.

¹ Kinsella K. G. (1992). Changes in life expectancy 1900-1990. *The American journal of clinical nutrition*, 55(6 Suppl), 1196S-1202S. <https://doi.org/10.1093/ajcn/55.6.1196S>

² Woolf, S. H., & Schoomaker, H. (2019). Life Expectancy and Mortality Rates in the United States, 1959-2017. *JAMA*, 322(20), 1996-2016. <https://doi.org/10.1001/jama.2019.16932>

³ Franklin County CARES. (n.d.) Life Expectancy (2010-2015). <https://www.franklinco cares.org/indicators/index/view?indicatorId=8195&localeTypeId=4&comparisonId=6807>

⁴ Population Health Institute, University of Wisconsin. (2023) County Health Rankings [Interactive Tool]. Retrieved in 2024 from <https://www.countyhealthrankings.org/health-data/health-outcomes/length-of-life/life-expectancy?year=2024>

⁵ Kochanek, K. D., Murphy, S. L., Xu, J., & Arias, E. (2024). Mortality in the United States, 2022. NCHS data brief, (492), 1-8. <https://www.cdc.gov/nchs/data/databriefs/db492.pdf>

⁶ Arias, E., Xu, J., Tejada-Vera, B., & Bastian, B. (2024). U.S. State Life Tables, 2021. National vital statistics reports : from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, 73(7), 1-18. <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-07.pdf>

⁷ HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Data are from 2018-2022. Available from <https://hdpulse.nimhd.nih.gov>

⁸ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <http://wonder.cdc.gov/mcd-icd10-provisional.html>

⁹ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Franklin County CARES' interactive map can be accessed at <https://www.franklinco cares.org/indicators/index/view?indicatorId=8195&localeTypeId=4&comparisonId=6807>.

Leading Causes of Death

Leading causes of death are an important metric for population health. These data can assist in identifying the impact of emerging health concerns such as COVID-19, provide an ecologic view of the outcomes of exposures such as environmental toxins, and illustrate health disparities by age and race.

The leading cause of death among those aged 0-17 was a **perinatal health condition** (**21.5** per 100,000).



Up from
HM2022 (19.2)

The leading cause of death among those aged 18-59 was an **accident** (**94.8** per 100,000).



Down from
HM2022 (114)

The leading cause of death among those aged 60+ was **heart disease** (**689.7** per 100,000).



Down from
HM2022 (743.1)

The leading causes of death among Franklin County children have remained consistent over time, with the most frequent cause of death being perinatal conditions, a label that includes deaths that occur after preterm births, birth complications, or birth defects, among others. Other leading causes of death for assault children include accidents, congenital conditions, and assault. Note: although the top two causes of death for black children were also perinatal conditions and accidents, those occurred at much higher rates (30.8 and 24.9, respectively) than the population averages reported below.

Leading Causes of Death - Children (age 0-17; rate per 100,000)

	HM2025	HM2022	Ohio	US
1st	Perinatal conditions: 21.5	Perinatal conditions: 19.2	Perinatal conditions: 18	Perinatal conditions: 13.7
2nd	Accidents: 9.8	Congenital Conditions: 10.9	Accidents: 10	Accidents: 8.5
3rd	Congenital conditions: 8.5	Assault: 8.3	Congenital conditions: 6.9	Congenital conditions: 6.8
4th	Assault: 5.5	Accidents: 7.6	Assault: 4.4	Assault: 3.1
5th			Cancer (malignant neoplasms): 2.5	Intentional self-harm: 2.2

	HM2025	HM2022	Ohio	US
6th			Intentional self-harm: 2.4	Cancer (malignant neoplasms): 2.2
7th			Heart diseases: 1.4	Heart diseases: 1.0
8th			Influenza & pneumonia: 0.9	Influenza & pneumonia: 0.6
9th				Sepsis (septicemia): 0.5
10th				Cerebrovascular diseases: 0.4

The leading cause of death among Franklin County adults aged 18-59 was accidents, followed by heart diseases, cancer, suicide, and assault.

Leading Causes of Death - Adults (age 18-59; rate per 100,000)

	HM2025	HM2022	Ohio	US
1st	Accidents: 94.8	Accidents: 113.98	Accidents: 82.7	Accidents: 67.4
2nd	Heart diseases: 40.6	Heart diseases: 51.03	Cancer (malignant neoplasms): 55.3	Cancer (malignant neoplasms): 47.3
3rd	Cancer (malignant neoplasms): 39.1	Cancer (malignant neoplasms): 46.5	Diseases of heart: 49.0	Diseases of heart: 42.2
4th	Intentional self-harm: 17.4	Assault: 20.21	Intentional self-harm: 19.3	Intentional self-harm: 18.0
5th	Assault: 16.7	COVID-19 : 14.77	Chronic liver disease and cirrhosis: 12.4	Chronic liver disease and cirrhosis: 12.2
6th	Chronic liver disease & cirrhosis: 9.4	Intentional self-harm: 13.86	Diabetes mellitus: 11.2	Diabetes mellitus: 9.4
7th	Diabetes mellitus: 8.6	Chronic liver disease & cirrhosis: 10.88	Assault: 10.6	Assault: 9.8
8th	Cerebrovascular diseases: 5.5	Diabetes mellitus: 8.55	Cerebrovascular diseases: 7.1	Cerebrovascular diseases: 7.2
9th	Chronic lower respiratory diseases: 5.2	Chronic lower respiratory diseases: 8.03	Chronic lower respiratory diseases: 6.2	Chronic lower respiratory diseases: 4.6
10th	Sepsis (septicemia): 4.7	Cerebrovascular diseases: 7.38	Sepsis (septicemia): 4.7	Nephritis, nephrotic syndrome & nephrosis: 3.4

Black (non-Hispanic) individuals between the ages of 20 and 59 were more likely than white (non-Hispanic) individuals to die due to many of these leading causes; this was especially the case for accidents, heart diseases, and diabetes.

Leading Causes of Death by Race - Adults (age 20-59; rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)	Hispanic
1st	Accidents: 94	Accidents: 134.4	Accidents: 122.8
2nd	Cancer (malignant neoplasms): 46.8	Heart diseases: 68.7	
3rd	Heart diseases: 40.1	Assault: 47.1	
4th	Intentional self-harm: 18.5	Cancer (malignant neoplasms): 39.6	
5th	Chronic liver disease & cirrhosis: 12.5	Intentional self-harm: 16.9	
6th	Diabetes mellitus: 7.6	Diabetes mellitus: 15.7	
7th	Chronic lower respiratory diseases (includes COPD, asthma, others): 6.2	Cerebrovascular diseases: 12.2	
8th	Assault: 5.8		

The leading cause of death among Franklin County adults age 60+ was heart diseases, followed by cancer, cerebrovascular disease, accidents, chronic lower respiratory disease, and Alzheimer's disease.

Leading Causes of Death - Older Adults (age 60+; rate per 100,000)

	HM2025	HM2022	Ohio	US
1st	Heart diseases: 689.7	Heart diseases: 772.2	Heart diseases: 849.6	Heart diseases: 764.4
2nd	Cancer (malignant neoplasms): 673.4	Cancer (malignant neoplasms): 627.9	Cancer (malignant neoplasms): 721.2	Cancer (malignant neoplasms): 666.3
3rd	Cerebrovascular diseases: 212.1	COVID-19: 372.7	Cerebrovascular diseases: 226.4	Cerebrovascular diseases: 189.1
4th	Accidents: 185.7	Cerebrovascular diseases: 187.2	Chronic lower respiratory diseases (includes COPD, asthma, others): 203.5	Chronic lower respiratory diseases (includes COPD, asthma, others): 173.2
5th	Chronic lower respiratory diseases (includes COPD, asthma, others): 171.3	Chronic lower respiratory diseases (includes COPD, asthma, others): 177.0	Alzheimer's disease: 163.8	Alzheimer's disease: 143.9

	HM2025	HM2022	Ohio	US
6th	Alzheimer's disease: 135.0	Alzheimer's disease: 157.2	Accidents: 128.4	Accidents: 111.5
7th	Diabetes mellitus: 77.1	Accidents: 126.0	Diabetes mellitus: 113.5	Diabetes mellitus: 98.8
8th	Nephritis, nephrotic syndrome & nephrosis: 64.7	Diabetes mellitus: 104.1	Nephritis, nephrotic syndrome & nephrosis: 70.8	Nephritis, nephrotic syndrome & nephrosis: 62.1
9th	Sepsis (septicemia): 52.7	Influenza & pneumonia: 57.5	COVID-19: 68.7	COVID-19: 58.9
10th	Parkinson's disease: 51.5	Nephritis, nephrotic syndrome & nephrosis: 57.1	Sepsis (septicemia): 56.4	Parkinson's disease: 50.5

The leading causes of death for black and white residents age 60 and over are relatively similar to another. However, Asian residents were significantly less likely to die of heart disease or cancer.

Leading Causes of Death by Race - Older Adults (age 60+; rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)	Asian
1st	Heart diseases: 743.1	Cancer (malignant neoplasms): 732.1	Heart diseases: 308.4
2nd	Cancer (malignant neoplasms): 710.8	Heart diseases: 695.8	Cancer (malignant neoplasms): 275.4
3rd	Cerebrovascular diseases: 211.4	Cerebrovascular diseases: 258.3	
4th	Accidents: 195	Accidents: 209.2	
5th	Chronic lower respiratory diseases (includes COPD, asthma, others): 193.9	Chronic lower respiratory diseases (includes COPD, asthma, others): 145.1	
6th	Alzheimer's disease: 156.6	Diabetes mellitus: 119.5	
7th	Diabetes mellitus: 71.2	Nephritis, nephrotic syndrome and nephrosis: 119.5	
8th	Parkinson's disease: 63.5	Alzheimer's disease: 91.8	
9th	Nephritis, nephrotic syndrome & nephrosis: 55.3	Sepsis (septicemia): 72.6	
10th	Nutritional deficiencies: 53.1	Essential hypertension & hypertensive renal disease: 51.2	

Additional Information & References

To measure leading causes of death in Franklin County, raw numbers of the leading causes of death were obtained from the Ohio Department of Health Mortality tool,¹ which were then

converted into crude rates using the age and year appropriate population. Among children, the numbers for certain causes of death were particularly small. Therefore, only those causes of death that had at least 15 observations were included; that is the reason why only 4 leading causes of death are included in the table titled, "Leading Causes of Death – Children (age 0-17; rate per 100,000)."

In Ohio and the United States, the crude rates of leading causes of death are from the Centers for Disease Control WONDER database.²

For the overall leading causes of death, we defined children as age 0-17, adults as age 18-59, and older adults as age 60+. However, due to the age categories reported by the U.S. Census Bureau, it was not possible to obtain rates by race using the same age categories. Therefore, the age categories for leading causes of death by race were defined as 0-19, 20-59, and 60+.

¹DataOhio. (2023). *Mortality* [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from <https://data.ohio.gov/wps/portal/gov/data/view/mortality>

²Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <http://wonder.cdc.gov/mcd-icd10-provisional.html>

Traumatic Injury

A traumatic injury is a severe physical injury that occurs suddenly and requires hospital admission. Examples of such injuries include musculoskeletal injuries, visceral injuries, nerve injuries, soft tissue damage, spinal injuries, and limb loss, all of which might be caused by a variety of blunt, penetrating, or other mechanisms.^{1,2} Major traumatic injuries like these are one of the leading causes of death in children and adults under the age of 40, both nationally and here in Franklin County (see page 145).



As shown below, fall injuries that lead to hospitalization occur more frequently among older adults (age 65+), whereas most other types of injuries that lead to hospitalization occur among adults aged 18-64.

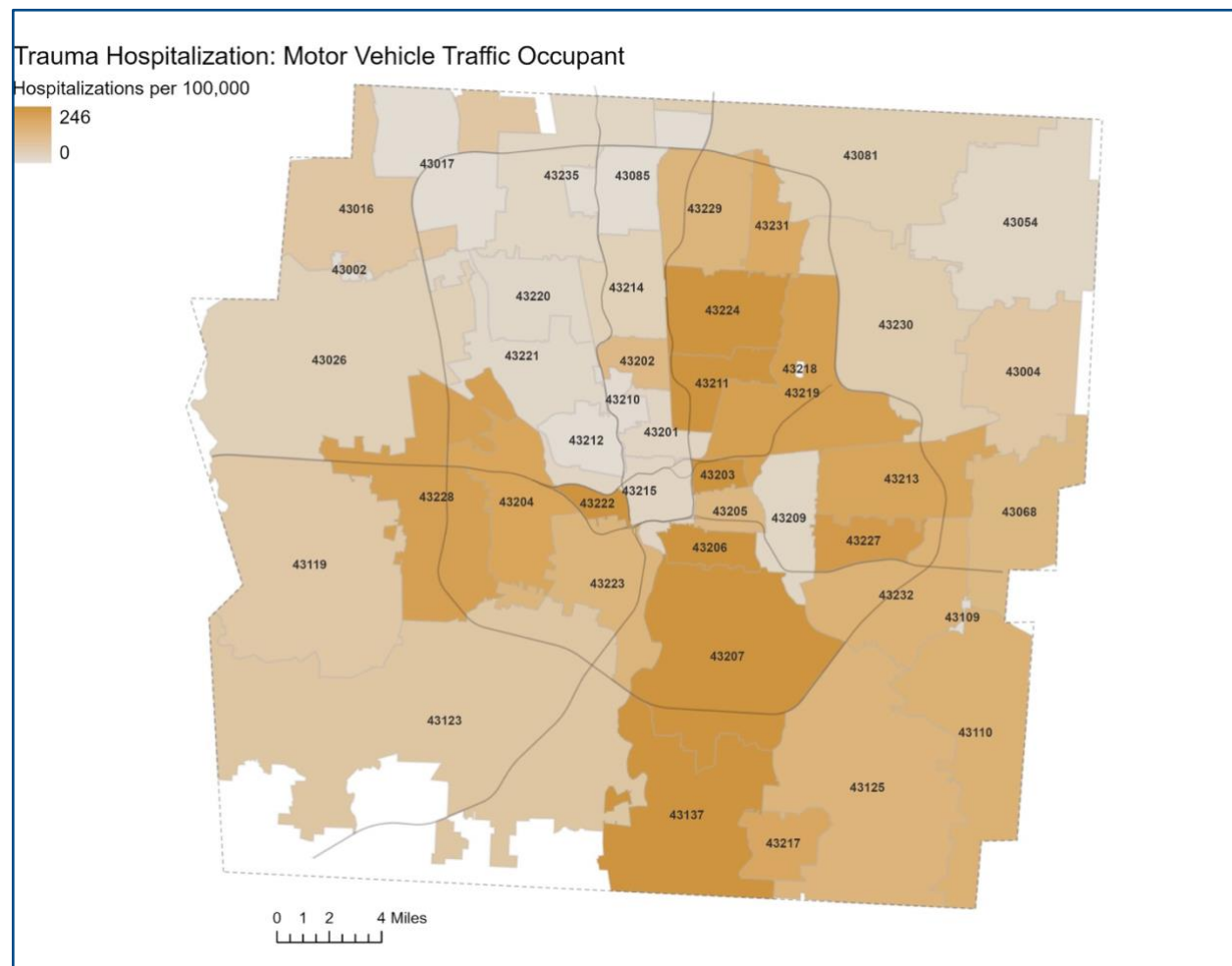
Injuries due to firearms, being struck (by or against something), or cutting/piercing that lead to hospitalization all occur more frequently among males than females. Injuries due to firearms that lead to hospitalization occur more frequently among black individuals.

Leading Causes of Trauma Hospitalizations (by Key Demographics)

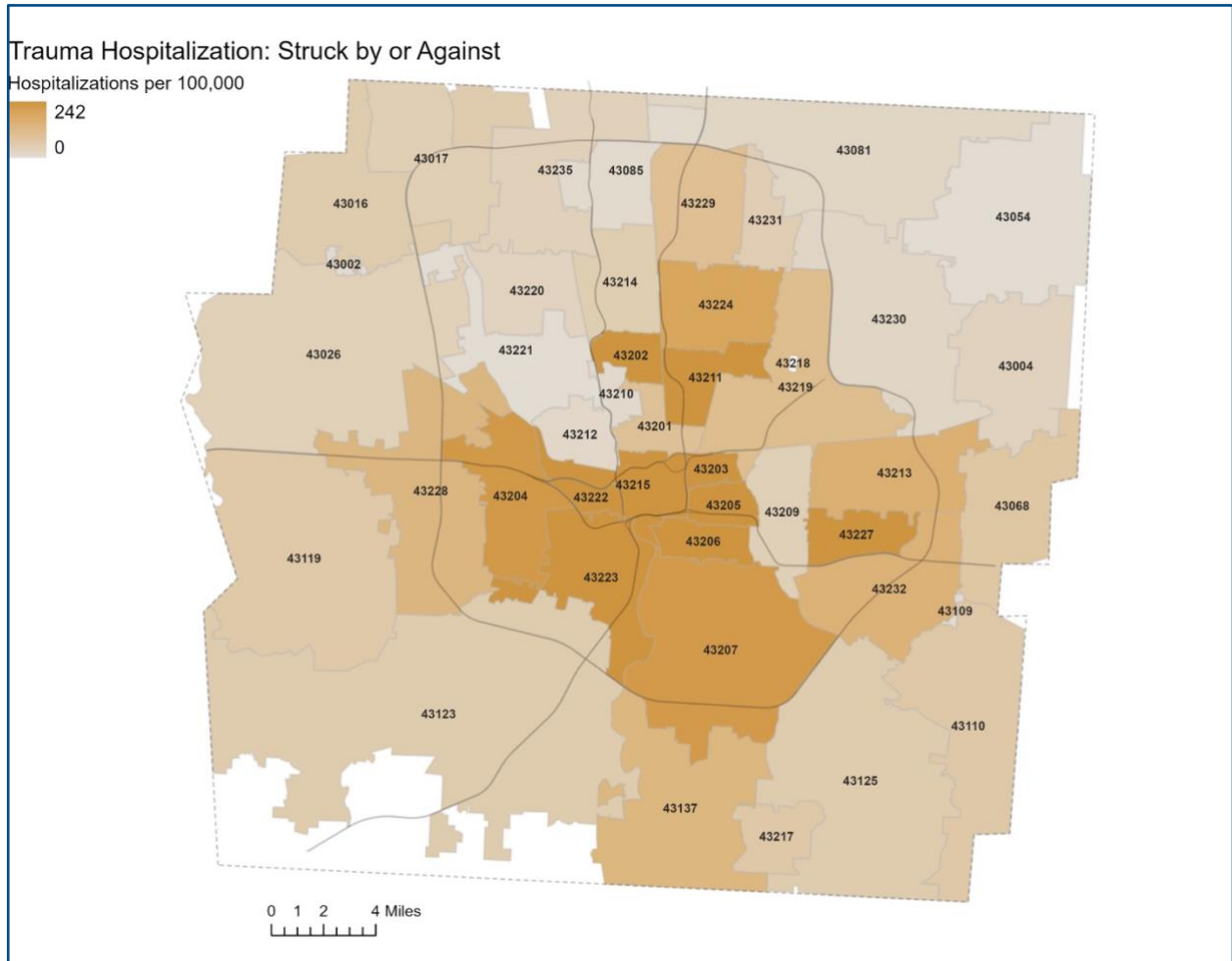
	Fall	Motor vehicle (occupant)	Struck by or against	Firearm	Cut or pierce	All others
Total	5,766	1,245	805	521	266	1,577
	56.6%	12.2%	7.9%	5.1%	2.6%	15.5%
Age						
0-17 Years	6.9%	7.4%	12.4%	14.8%	10.2%	
18-64 Years	30.8%	75.8%	81.1%	83.5%	83.1%	
65+ years	62.4%	16.8%	6.5%	1.3%	6.8%	
Gender						
Female	54.7%	48.8%	23.6%	14.0%	21.1%	
Male	44.8%	51.0%	76.0%	85.8%	79.0%	
Race						
American Indian	0.1%	0.1%	0.1%	0.2%	-	
Asian	2.2%	2.3%	1.4%	0.8%	2.3%	
Black/African American	14.9%	35.3%	42.6%	74.7%	44.7%	
Native Hawaiian, Other	0.1%	0.2%	0.1%	0.2%	0.8%	
Unknown	5.3%	9.6%	8.9%	5.8%	13.5%	
White	77.4%	52.6%	46.8%	18.4%	38.7%	

The rate of trauma hospitalizations due to falls seems to be relatively evenly distributed throughout Franklin County; that said, rates for that type of injury tend to be lower in northwestern zip codes, western zip codes, and far northeastern zip codes.

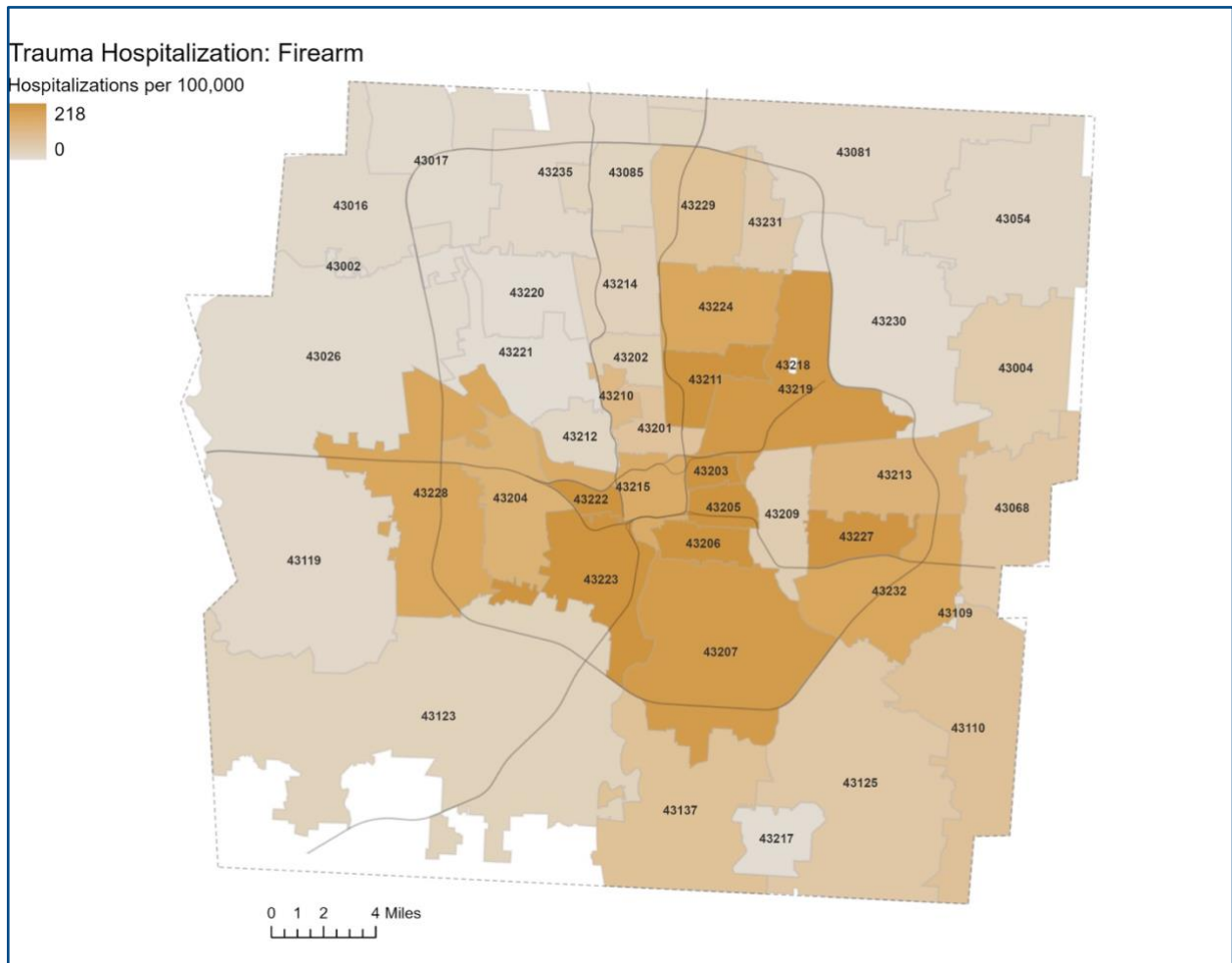
The rate of trauma hospitalizations involving an occupant of a motor vehicle that was in an accident is greater in north-central zip codes (43211, 43224), west-central zip codes (43222, 43204, 43228), and southern zip codes (43206, 43207).



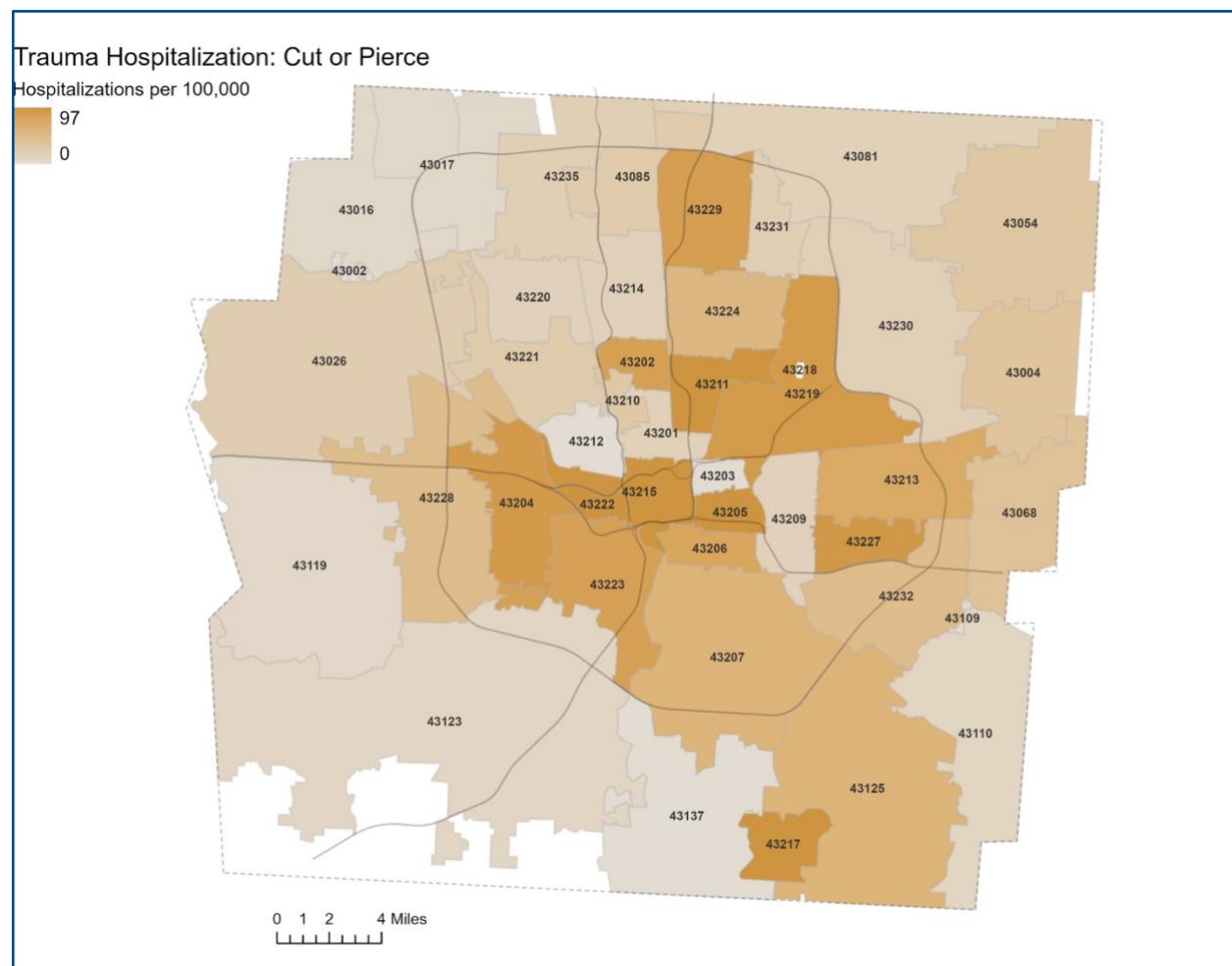
The rate of trauma hospitalizations due to being struck by or against something is greater in north-central zip codes (43202, 43211), central zip codes (43203, 43208, 43215, 43222, 43204, 43223), southern zip codes (43206, 43207), and the Whitehall area (43227).



The rate of trauma hospitalizations due to firearms is greater in north-central zip codes (43211, 43218, 43219), east-central zip codes (43203, 43205), west-central zip codes (43222, 43223), southern zip codes (43206, 43207), and the Whitehall area (43227).



The rate of trauma hospitalizations due to being cut or pierced is greater in north-central zip codes (43211, 43202, 43218, 43219), east-central zip codes (43215, 43205), west-central zip codes (43222, 43204), and the Whitehall area (43227).



Additional Information & References

Trauma-related hospitalization data were provided by the Ohio Department of Public Safety, which accessed the Trauma Acute Care Registry (TACR) system for 2022, 2019, and 2016.³

Franklin County Public Health staff then mapped these data for each zip code in Franklin County.

¹ Rehabilitation after traumatic injury. London: National Institute for Health and Care Excellence (NICE); 2022 Jan 18. (NICE Guideline, No. 211.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK579697/>

² Dumovich J, Singh P. Physiology, Trauma. [Updated 2022 Sep 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK538478/>

³ Ohio Division of Emergency Medical Services, Ohio Department of Public Safety. (2024). *Trauma Acute Care Agency* [Dataset].

Cancer

During their lifetime, 1 in 3 people in the United States will be diagnosed with cancer – a disease in which some of the body’s cells grow uncontrollably and spread to other parts of the body.^{1,2} As noted in *HealthMap2025*’s Leading Causes of Death section, cancer (“malignant neoplasms”) is the 3rd leading cause of death among Franklin County adults aged 18-59 and the 2nd leading cause of death among Franklin County adults aged 60+.

The incidence for two leading types of cancers (**lung & bronchus; colon and rectum**) has decreased.

↓
Down from
HM2022

The incidence for one leading types of cancers (**breast**) has increased.

↑
Up from
HM2022

The cancer that most frequently led to the death of Franklin County residents is **lung & bronchus**.

≈
Similar to
HM2022

Disparities by selected social determinants of health

Age:
Unavailable

Sex:
Unavailable

Race/Ethnicity:
Observed (see below)

Geography:
Observed (see map)

Prostate cancers and breast cancers continue to have the highest incidence rates³ among Franklin County residents, followed by lung and bronchus cancers.

Cancer Incidence (age-adjusted rate per 100,000)

	HM2025	HM2022	HM2019	Ohio	US
1st	Prostate: 133.5	Prostate: 140.1	Prostate: 124.7	Prostate: 121.3	Prostate: 114.7
2nd	Breast: 81.4 ▲	Breast: 72.2	Breast: 74.9	Breast: 73.0	Breast: 70.4
3rd	Lung & Bronchus: 56.4 ▼	Lung & Bronchus: 63.1	Lung & Bronchus: 71.3	Lung & Bronchus: 60.6 ▼	Lung & Bronchus: 49.1 ▼
4th	Other Sites/Types: 38.6	Colon & Rectum: 38	Colon & Rectum: 40	Colon & Rectum: 38.3	Colon & Rectum: 36.0
5th	Colon & Rectum: 32.5 ▼	Other Sites/Types: 35.8	Other Sites/Types: 37.1	Uterus: 29.8	Uterus: 27.3

Cancer Incidence by Race (age-adjusted rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)	Asian	Hispanic
1st	Prostate: 118.9 ▼	Breast: 62.1 ▼	Prostate: 183.1 ▲	Prostate: 60 ▼
2nd	Breast: 81.9	Prostate: 25.4 ▼	Breast: 76.9	Uterus: 44.7
3rd	Lung & Bronchus: 56.9	Other Sites/Types: 25.2▼	Lung & Bronchus: 61.5	Breast: 32.5 ▼
4th	Other Sites/Types: 37.6	Lung and Bronchus: 17.2▼	Other Sites/Types: 38.8	Kidney & Renal Pelvis: 24.2
5th	Colon & Rectum: 33.9	Non-Hodgkins Lymphoma: 14.4	Colon & Rectum: 29.9	Other Sites/Types: 22.1▼

Lung and bronchus cancers have the highest mortality rate among Franklin County residents, followed by other sites/types of cancers.

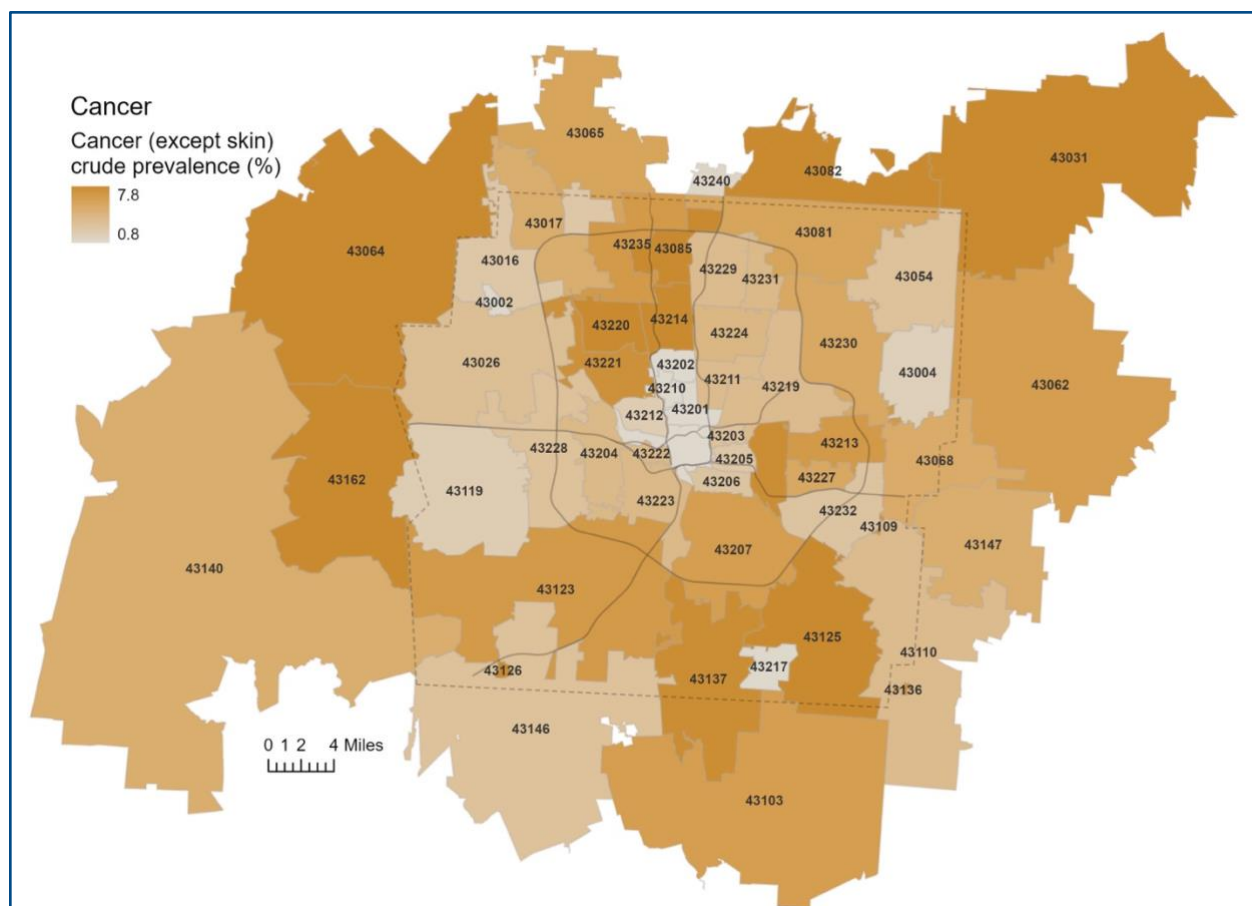
Cancer Mortality (age-adjusted rate per 100,000)

	HM2025	HM2022	HM2019	Ohio	US
1st	Lung & Bronchus: 33.1	Lung & Bronchus: 34.3	Lung & Bronchus: 41.6	Lung & bronchus: 38.8▼	Lung & Bronchus: 31.3▼
2nd	Other Sites/Types: 21.3	Other Sites/Types: 20	Other Sites/Types: 15.6	Prostate: 19.7	Prostate: 18.8
3rd	Pancreas: 11.1	Pancreas: 13.1	Colon & Rectum: 12.8	Colon & Rectum: 13.8	Colon & Rectum: 12.8
4th	Colon & Rectum: 11.1	Breast: 11.5	Breast: 11.9	Pancreas: 11.6	Pancreas: 11.2
5th	Breast: 10.1 ▼	Colon & Rectum: 10.4	Pancreas: 11.1	Breast: 11.1	Breast: 10.5

Cancer Mortality by Race (age-adjusted rate per 100,000)

	White (non-Hispanic)	Black (non-Hispanic)
1st	Lung & Bronchus: 45.98 ▲	Lung & Bronchus: 29.14
2nd	Pancreas: 15.2 ▲	Breast: 12.17 ▲
3rd	Colon & Rectum: 13.81 ▲	Pancreas: 9.61 ▼
4th	Breast: 12.79 ▲	Liver & Intrahepatic Bile Duct: 8.97
5th	Prostate: 8.99	Colon & Rectum: 8.65 ▼

As shown in the map below, cancer prevalence is highest among Franklin County residents in northwest-central zip codes (43221, 43220), north-central zip codes (43214, 43085), and southern zip codes (43137, 43125).



Additional Information & References

Cancer incidence rates were obtained from a variety of sources. For Franklin County, age-adjusted rates from ODH's Invasive Cancer Report were used for the years 2021, 2018, and 2015.³ For Ohio and the United States, age-adjusted data from Centers for Disease Control and Prevention's WONDER database were used for 2021.⁴ Likewise, cancer mortality rates were obtained from a variety of sources. For Franklin County, data from ODH's Mortality Report were used for the years 2022, 2019, and 2016 overall, and 2021 for race.³ These data were then converted into crude rates by dividing the total number of deaths by the total population in that year. For Ohio and the United States, age-adjusted data from Centers for Disease Control and Prevention's WONDER database were used for the year 2021.⁴

To map cancer prevalence at the zip code level, Franklin County Public Health staff obtained estimates from the CDC's PLACES resource, which uses BRFSS data (2021 or 2022), Census

Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

¹ National Cancer Institute. (n.d.) What is cancer? <https://www.cancer.gov/about-cancer/understanding/what-is-cancer>

² American Cancer Society. (n.d.) Understanding cancer. <https://www.cancer.org/cancer/understanding-cancer.html>

³ DataOhio. (2021). Invasive Cancer Report [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/ohio_births

⁴ Centers for Disease Control and Prevention, CDC WONDER Online Database. United States and Puerto Rico Cancer Statistics, 1999-2021 Incidence Results. Accessed at <https://wonder.cdc.gov/cancer-v2021.html>

⁵ DataOhio. (2022). Mortality [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/ohio_births

⁶ Centers for Disease Control and Prevention, CDC WONDER Online Database. United States and Puerto Rico Cancer Statistics, 1999-2021 Mortality Request. Accessed at <https://wonder.cdc.gov/cancermort-v2021.html>

Violent Crime

High rates of local violent crime are associated with health impacts such as increased cardiovascular disease and lower self-rated health.^{1,2} This is theorized to be due in part to greater stress from feeling unsafe, as well as co-occurrence with related risk factors such as poverty and lack of access to healthcare.

There were **401.3 violent crimes** per 100,000 Franklin County residents.

Similar to
HM2022 (424.1)

The overall incidence of violent crime has not changed significantly since HM2022, but there is a steady downward trajectory since HM2019. Unfortunately, Franklin County still has higher rates of overall violent crime as well as each individual crime. Murder has risen across Franklin County, Ohio, and the US while robbery has decreased in the same geographies. Rape has increased in Franklin County and aggravated assault has risen in Ohio.

Violent Crime (rate per 100,000)

	Overall	Murder	Rape	Robbery	Aggravated Assault
HM2025	401.3	10.7 ▲	85.1 ▲	113.5 ▼	191.9
HM2022	424.1	9.4	76.9	159.2	178.5
HM2019	455.9	8.9	85.7	206.2	155.1
Ohio	293.6	6.1 ▲	48.4	53.1 ▼	185.9
US	380.7	6.3 ▲	40	66.1 ▼	268.2 ▲

Additional Information & References

Overall violent crime is defined as the combined rate of four different offences: murder, rape, robbery, and aggravated assault. To assess violent crime in Franklin County, we used the Ohio Office of Criminal Justice Services dashboard for crime by county for 2022, 2019, and 2016.³ Crime rates in Ohio and the United States were sourced from the Federal Bureau of Investigation Crime Data Explorer tool.⁴

Crime rates in Franklin County were calculated by dividing the raw number of incidents reported by the total population and multiplying by 100,000. Overall violent crime was calculated by first adding the individual numbers of murder, rape, robbery, and aggravated assault for the year in question and then converting into a rate.

-  Data Gap: Future HealthMaps should consider obtaining demographic data (e.g., age, gender, racial/ethnic background) about those who experience violent crime.
-  Data Gap: Since 2013, the Columbus Division of Police did not report ~119,000 crimes to the Ohio Office of Criminal Justice Services' Incident-Based Reporting System (OIBRS). Because of this, readers should exercise care when interpreting Franklin County's crime rates over time. For more information about this, readers are encouraged to visit the Columbus Division of Police's webpage, which can be accessed at <https://www.columbus.gov/Services/Public-Safety/Police>.

¹ Eberly, L. A., Julien, H., South, E. C., Venkataraman, A., Nathan, A. S., Anyawu, E. C., Dayoub, E., Groeneveld, P. W., & Khatana, S. A. M. (2022). Association Between Community-Level Violent Crime and Cardiovascular Mortality in Chicago: A Longitudinal Analysis. *Journal of the American Heart Association*, 11(14), e025168.

² Dong, B., White, C. M., & Weisburd, D. L. (2020). Poor Health and Violent Crime Hot Spots: Mitigating the Undesirable Co-Occurrence Through Focused Place-Based Interventions. *American journal of preventive medicine*, 58(6), 799-806. <https://doi.org/10.1016/j.amepre.2019.12.012>

³ Ohio Office of Criminal Justice Services. (2022). *OIBRS Data Dashboard: Crime in Ohio Counties 2016-2022 [Interactive Dashboard]*. Retrieved in 2024 from <https://ocjs.ohio.gov/research-and-data/data-reports-and-dashboards/crime-in-ohio-counties>

⁴ Federal Bureau of Investigation. (2022). *Crime Data Explorer [Interactive Dashboard]*. Retrieved in 2024 from <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>

Overdose Deaths

During the past 20 years, drug overdose deaths have increased exponentially, with a particular spike noted during the COVID-19 pandemic.^{1,2} The rise in deaths is attributed to opioids, which includes prescription medications, heroin, fentanyl, and other synthetic opioids.³ The combination of opioids and other substances, for example the veterinary sedative xylazine, is a rising trend that can increase the potential of fatal overdose.⁴

135.3 per 100,000 residents in Franklin County died of an **overdose**.

↑
Up from
HM2022 (115.1)

45.2 per 100,000 residents in Franklin County died of an overdose of a synthetic narcotic such **as fentanyl**.

↓
Down from
HM2022 (54.0)

Across all geographies for the last several HealthMap assessments, the leading cause of overdose death has been “other synthetic narcotics”, a category that includes fentanyl. In Franklin County, that type of overdose death decreased since the last *HealthMap*; however, it is still much higher than the estimates for Ohio, US, or HM2019.

In Franklin County, overdose deaths due to cocaine use have increased rapidly over time.

Overdose Mortality (rate per 100,000)

	HM2025	HM2022	HM2019	Ohio	US
Total	135.3 ▲	115.1	63.5	98.1	70.9▲
1st	Other synthetic narcotics: 45.2▼	Other synthetic narcotics: 54.0	Other synthetic narcotics: 25.2	Other synthetic narcotics: 30.5	Other synthetic narcotics: 21.8
2nd	Cocaine: 28.2▲	Cocaine: 20.1	Cocaine: 13.7	Cocaine: 15.1	Psychostimulants with abuse potential: 10.5
3rd	Psychostimulants with abuse potential: 10.2▲	Psychostimulants with abuse potential: 9.1	Other opioids: 6.8	Psychostimulants with abuse potential: 11.2	Cocaine: 8.8
4th	Other opioids: 4.8▼	Other opioids: 5.4	Heroin: 5.4	Benzodiazepines: 3.5	Benzodiazepines: 3.2
5th	Benzodiazepines: 4.2▲	Benzodiazepines: 3.6	Benzodiazepines: 1.9	Antiepileptic and sedative-hypnotic drugs, unspecified: 3.3	Other opioids: 3.0

Additionally, overdose deaths from psychostimulants with abuse potential (which includes methamphetamines) have increased since the last *HealthMap*, as have overdose deaths from benzodiazepines (e.g., depressants that sedate, relieve anxiety, and reduce seizures, such as Valium®, Xanax®, Klonopin®, and others).



Healthy People 2030

Franklin County has progress to make regarding overdose deaths, particularly from synthetic opioids. Drug abuse is a nationwide crisis, and a comprehensive federal, state, and local approach will be needed to address drug supply, law enforcement, and addiction treatment.

HP2030 objective for Overdose Deaths: Not met⁷

Healthy People Objective:

20.7

Most recent Franklin County data (HM2025)

135.3

HP2030 objective for Synthetic Opioid Deaths: Not met⁸

Healthy People Objective:

8.9

Most recent Franklin County data (HM2025)

45.2

HP2030 objective for Other Opioid Deaths: Not met⁹

Healthy People Objective:

3.4

Most recent Franklin County data (HM2025)

4.8

Additional Information & References

Readers who are interested in learning more about local efforts to decrease overdoses, overdose deaths, and infectious diseases like Hepatitis C and HIV/AIDS should visit the Columbus and Franklin County Addiction Plan, which can be accessed by [clicking here](#).

To measure overdose mortality in Franklin County, we sourced data from the Centers for Disease Control and Prevention WONDER portal.^{5,6} In alignment with the Healthy People 2030 goals, these statistics included deaths with underlying causes of unintentional drug poisoning (X40-X44), suicide drug poisoning (X60-X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10-Y14), as well as drug poisoning as a multiple cause of death (ICD-10 codes T36-T50).

Note that “Other synthetic narcotics” includes fentanyl deaths, “Psychostimulants with abuse potential” includes methamphetamines, and “Other opioids” includes prescribed opioids such as oxycodone.

- ¹ Fujita-Imazu, S., Xie, J., Dhungel, B., Wang, X., Wang, Y., Nguyen, P., Khin Maung Soe, J., Li, J., & Gilmour, S. (2023). Evolving trends in drug overdose mortality in the USA from 2000 to 2020: an age-period-cohort analysis. *EClinicalMedicine*, 61, 102079. <https://doi.org/10.1016/j.eclinm.2023.102079>
- ² DiGennaro, C., Garcia, G. P., Stringfellow, E. J., Wakeman, S., & Jalali, M. S. (2021). Changes in characteristics of drug overdose death trends during the COVID-19 pandemic. *The International journal on drug policy*, 98, 103392. <https://doi.org/10.1016/j.drugpo.2021.103392>
- ³ Ciccarone D. (2019). The triple wave epidemic: Supply and demand drivers of the US opioid overdose crisis. *The International journal on drug policy*, 71, 183-188. <https://doi.org/10.1016/j.drugpo.2019.01.010>
- ⁴ Hays, H. L., Spiller, H. A., DeRienz, R. T., Rine, N. I., Guo, H. T., Seidenfeld, M., Michaels, N. L., & Smith, G. A. (2024). Evaluation of the relationship of xylazine and fentanyl blood concentrations among fentanyl-associated fatalities. *Clinical toxicology (Philadelphia, Pa.)*, 62(1), 26-31. <https://doi.org/10.1080/15563650.2024.2309326>
- ⁵ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <http://wonder.cdc.gov/mcd-icd10-provisional.html>
- ⁶ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.
- ⁷ Healthy People 2030 objective SU-03, U.S. Department of Health and Human Services
- ⁸ Healthy People 2030 objective IVP-22, U.S. Department of Health and Human Services.
- ⁹ Healthy People 2030 objective IVP-21, U.S. Department of Health and Human Services.

The Columbus and Franklin County Addiction Plan can be accessed at <https://cfcap-columbus.hub.arcgis.com/>.

ENVIRONMENTAL HEALTH

Elevated blood lead levels (EBLL)

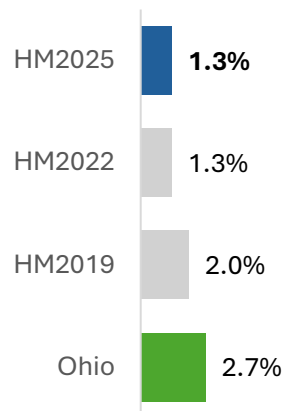
Although elevated blood lead levels (EBLL) are detrimental to all people, they are particularly harmful to children. Young children exposed to high levels of lead are at increased risk for brain damage and developmental delays, lower muscle function, and damage to the kidneys and other organs.¹ Children are primarily exposed to lead by consuming contaminated paint, dust, or water.¹

1.3% of tested children under 6 years old had an **elevated blood lead level.**

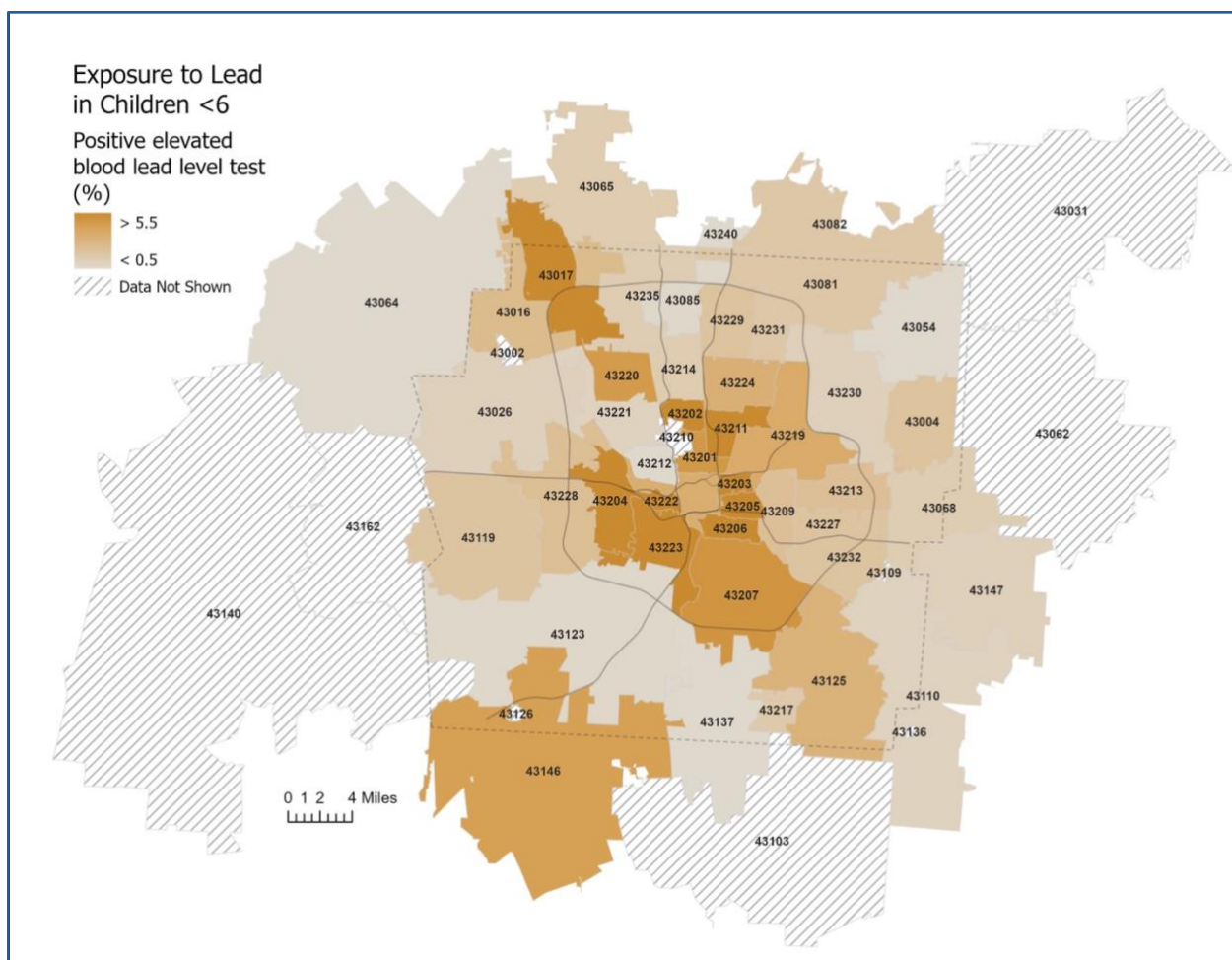
≈
Similar to
HM2022 (1.3%)

Since HM2019, the percentage of tested young children with elevated blood lead levels has decreased. Currently, the percentage of tested young children with elevated blood lead levels in Franklin County is less than half that of tested young children in Ohio overall.

Elevated Blood Lead Levels (≥ 5 $\mu\text{g}/\text{dL}$) among children under age 6 who were tested for lead



As shown in the map on the next page, greater percentages of children under age 6 in the following areas have elevated blood lead levels: east-central Franklin County (43203, 43205), southern Franklin County (43206), west-central Franklin County (43222, 43223, 43204), northern Columbus (43202, 43211), and far northwestern Franklin County/Dublin (43017).



Additional Information & References

To assess elevated blood lead levels in children under 6 years old, data were obtained from Ohio's Blood Lead Testing Program.² Although the threshold for determining elevated blood lead levels in Ohio changed in 2023 (i.e., from ≥ 5 $\mu\text{g}/\text{dL}$ to ≥ 3.5 $\mu\text{g}/\text{dL}$), for the sake of historical comparisons *HealthMap2025* retained the threshold of ≥ 5 $\mu\text{g}/\text{dL}$. In the map visualizations for 2023, the updated threshold of ≥ 3.5 $\mu\text{g}/\text{dL}$ was used. Franklin County Public Health staff then mapped these data for each zip code in Franklin County.

¹ Abadin, H., Ashizawa, A., Stevens, Y. W., Llados, F., Diamond, G., Sage, G., Citra, M., Quinones, A., Bosch, S. J., & Swarts, S. G. (2007). *Toxicological Profile for Lead*. Agency for Toxic Substances and Disease Registry (US).

² DataOhio. (2023). *Blood Lead Testing Public (2016-present)* [Interactive Dashboard]. Ohio Department of Health, Bureau of Vital Statistics. Retrieved in 2024 from https://data.ohio.gov/wps/portal/gov/data/view/blood-lead-testing-public-_2016-present_?visualize=true

Asthma

Asthma is a chronic disease that affects people’s lungs, and is one of the most common long-term diseases among children.¹ Because environmental health factors such as outdoor air pollution (e.g., ozone, particulate matter) has been associated with increased asthma symptoms, asthma is included in this section of *HealthMap2025*.²

9.9% of Franklin County adults reported **asthma**.



Similar to
HM2022 (10.4%)

Disparities by selected social determinants of health

Age:
Younger more likely

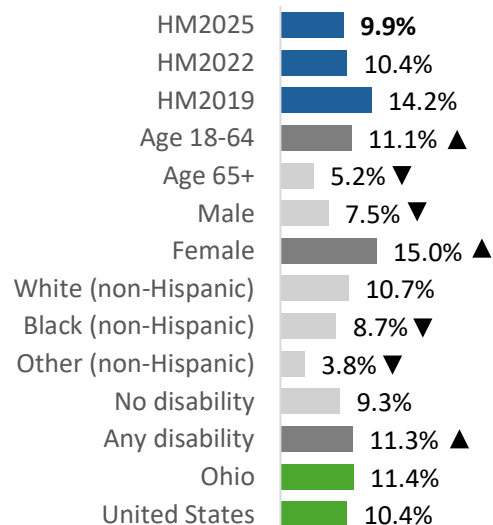
Sex:
Female more likely

Race/Ethnicity:
None observed

Geography:
Observed (see map)

Asthma is lower among older adults than younger adults, which could be due to either changes in diagnoses or superseding respiratory diagnoses in the elderly (e.g., chronic obstructive pulmonary disease, or COPD). Females and individuals with disabilities are both more likely to report this health condition.

A recent analysis of asthma prevalence by poverty status revealed that among Franklin County residents living in poverty, 22.7% of adults and 18.8% of children have ever been diagnosed with asthma (see below).

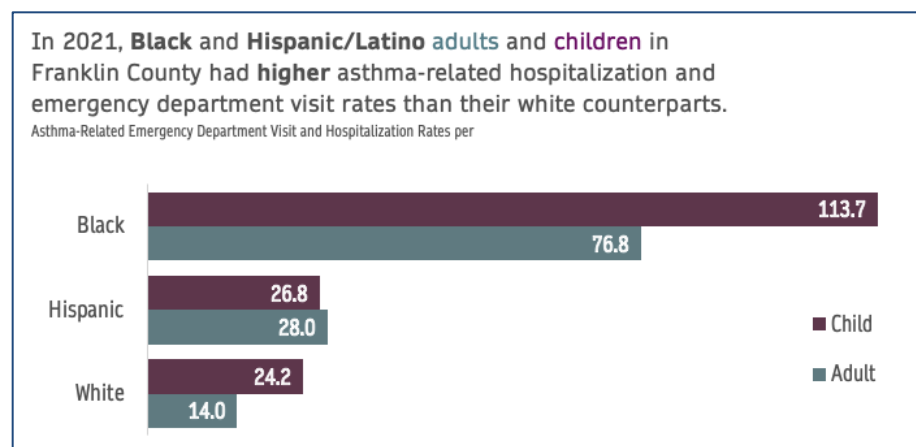


Adults and children living in **poverty** in Franklin County are at **higher risk** for having ever been diagnosed with **asthma**.

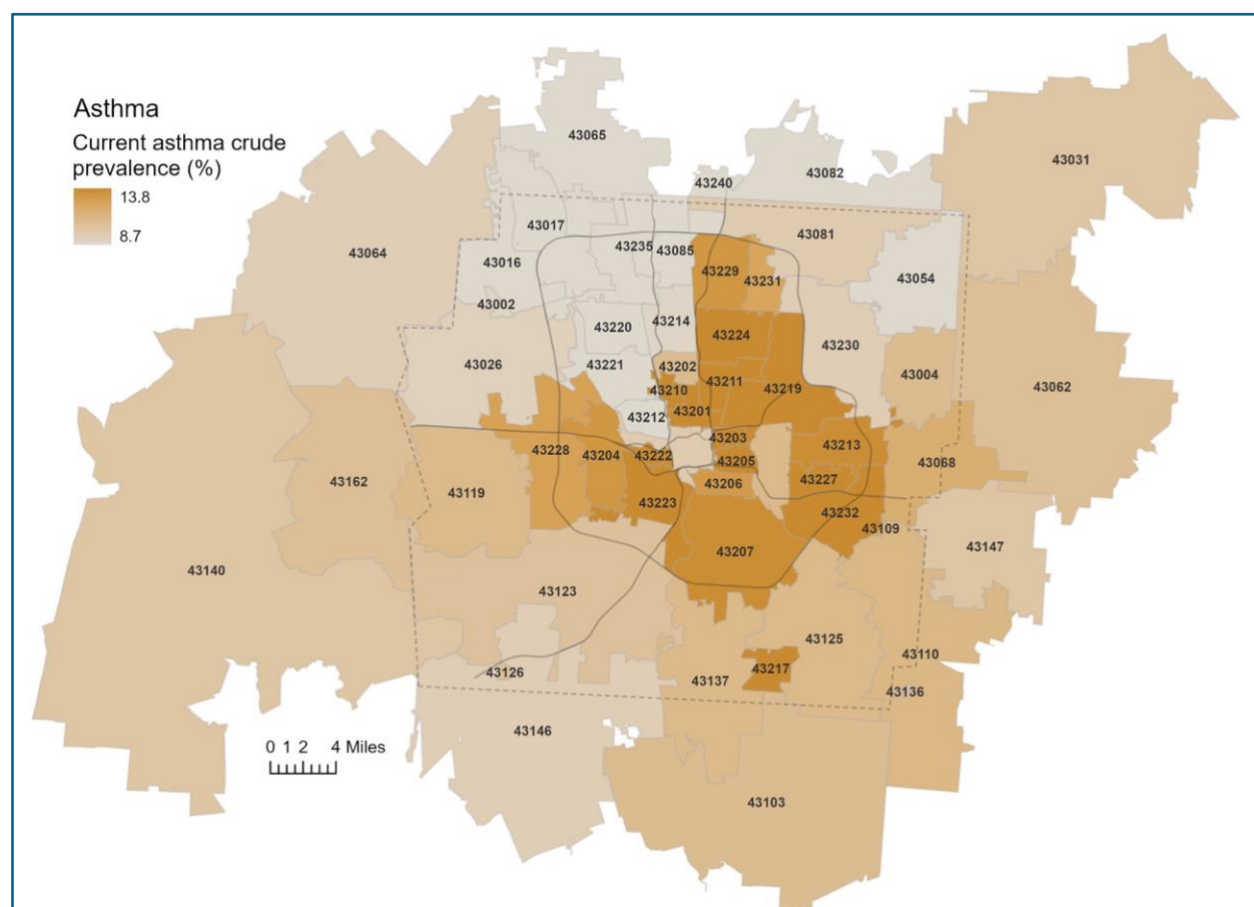
Prevalence Ever Diagnosed with Asthma, Franklin County Adults & Children, 2019-2021



Additionally, a recent analysis revealed that black and Hispanic adults and children in Franklin County had much higher rates of asthma-related hospitalization and emergency department visits as compared to white individuals.



As shown in the map below, asthma prevalence is higher in most Franklin County zip codes that are within I-270, except for those zip codes in the northwestern quadrant.



Additional Information & References

Readers who are interested in learning more about this topic should also consider visiting the Mid-Ohio Regional Planning Commission's 2023 Report on Central Ohio's Air Quality, which can be accessed by [clicking here](#), as well as Franklin County Public Health's Data Hub Climate & Health webpage which can be accessed by [clicking here](#).

To assess the prevalence of this chronic condition, *HealthMap2025* obtained recent data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which completes structured survey interviews with residents via telephone.³ In most cases, survey respondents were asked if a doctor, nurse, or other health professional ever told them that they had a specific chronic health condition.

To enable comparisons by demographic subgroups (e.g., age, sex, race), Columbus Public Health staff analyzed BRFSS data using the most recent year or two available (typically 2021 & 2022). To map the prevalence of these indicators at the zip code level, Franklin County Public Health staff obtained prevalence estimates from the CDC's PLACES⁴ resource, which uses BRFSS data (2021 or 2022), Census Bureau data (either the 2020 decennial census or 2022 annual population estimates), and American Community Survey data (2018-2022 estimates).

Franklin County Public Health staff conducted the analyses of asthma prevalence by poverty status and rates of asthma-related hospitalization by racial/ethnic background and created the visuals depicting the key findings from those analyses.⁵

¹ Centers for Disease Control and Prevention. (n.d.) About Asthma.
<https://www.cdc.gov/asthma/about/index.html>

² Centers for Disease Control and Prevention. (n.d.) Environmental Triggers of Asthma.
https://www.atsdr.cdc.gov/csem/asthma/treatment_management_prevention.html#outdoor

³ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2022 (HM2025), 2019 (HM2022), 2015 (HM2019)

⁴ Centers for Disease Control and Prevention, PLACES: Local Data for Better Health. (n.d.).
<https://www.cdc.gov/places/index.html>

⁵ Franklin County Public Health. (2024). Personal communication: Asthma Grant Statement of Need.

The Mid-Ohio Regional Planning Commission's 2023 Report on Central Ohio's Air Quality can be accessed at https://www.morpc.org/2023/wp-content/uploads/2024/03/MORPC_End-of-season-AQ-report-2023-updated.pdf. Franklin County Public Health's Data Hub Climate & Health webpage can be accessed at <https://fcph-data-hub-fca.hub.arcgis.com/pages/climate>.

Lyme Disease

Lyme disease is a bacterial infection that can occur after a person is bit by a tick. The Annual Summary of Reportable Diseases (2022) for Columbus and Franklin County, Ohio, which can be accessed by [clicking here](#), presented recent data about the number of Lyme disease cases, along with various rate calculations. A snippet from that report is displayed below.

DISEASE SPOTLIGHT:

LYME DISEASE

LYME DISEASE		2022
Number of Cases		38
Rate*	Overall	2.9
	Female	2.4
	Male	3.4
Age of cases (in years)	Mean	29
	Median	18
	Range	4-72

* Rate per 100,000 population

LOCAL FACTS:

In Columbus and Franklin County in 2022:

- The Lyme disease rate among males was higher than the rate among females.
- 50% of confirmed and probable cases were pediatric cases.
- 96.8% of confirmed and probable cases were among whites of non-Hispanic or non-Latino descent.

EPIDEMIOLOGY³

Infectious Agent: *Borrelia burgdorferi* or *Borrelia mayonii*, spirochete-type bacteria

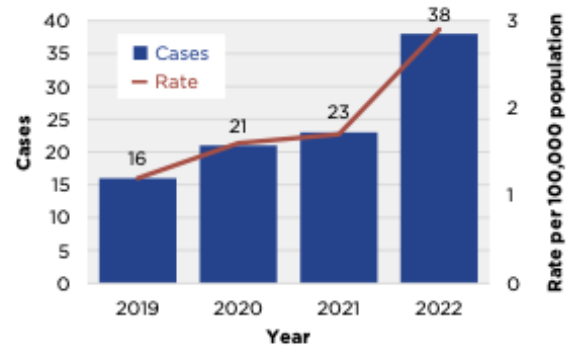
Case Definition: Please see the Ohio Infectious Disease Control Manual: Lyme Disease.

Mode of Transmission: The spirochete-type bacteria is transmitted through the bite of a tick: *Ixodes pacificus* in the western and *Ixodes scapularis* in the eastern and midwestern United States.

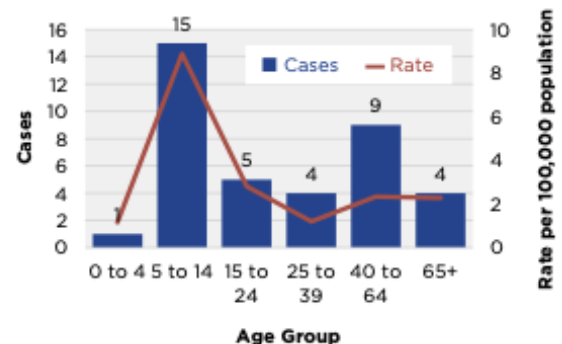
Incubation Period: Erythema migrans rash appears 3-32 days after tick bite (mean 7-10 days); early stages of the illness may be unapparent and the patient may present with later manifestations.

Symptoms: Approximately 70-80% of infected persons develop a circular rash called erythema migrans (EM) that begins at the site of a tick bite after a delay of 3-32 days (average is 7 days). The rash gradually expands over a period of several days, reaching up to 12 inches (30 cm) across. Other symptoms include fatigue, chills, fever, headache, muscle and joint aches, and swollen lymph nodes.

LYME DISEASE CASES AND RATES BY YEAR, FRANKLIN COUNTY, 2019-2022



LYME DISEASE CASES AND RATES BY AGE GROUP, FRANKLIN COUNTY, 2022



VISION OF A HEALTHY FRANKLIN COUNTY

Vision of a Healthy Franklin County

Over the course of eleven community focus groups and multiple Steering Committee meetings, Franklin County residents shared their perceptions of and vision for a healthy community.

According to community members, a healthy community is one in which:

- Residents have **financial stability** at a level that allows them **to meet their basic needs**. In this vein, residents also believe that a healthy community is one in which it is easier to access financial assistance when needed.
- Residents **feel connected to their community**; they know their neighbors and have open communication with members of the community, including government officials.
- Residents can **move more easily around Franklin County**, which includes having better public transportation options and more walkable communities.
- Residents' **health needs are reflected in the built environment**, which would contain more green spaces, spaces to socialize with neighbors, grocery stores, and medical offices.
- Residents feel **safe** in their homes and neighborhoods.
- Residents can **easily access healthy food**, specifically unprocessed and nutritious food.
- The community's **youth have resources they need to thrive**. This includes ensuring youth can access safe and engaging parks and playgrounds. It also includes ensuring parents and others in the community provide youth with the needed support to achieve good outcomes in terms of mental health, education, and jobs.

Community Voices: Financial Stability

Franklin County residents believe that addressing poverty and income inequality is necessary to have a healthy community. They know that residents cannot focus on improving their health when they are worried about finances, and also that a lack of financial stability is related to crime in their communities.



"You have to eliminate poverty in order to have a healthy community so that people will see opportunity. They don't see opportunity as long as they don't have any [resources]. If you don't have any resources, then your whole day is taken, scrambling. You only see the next 10 hours, the next 12 hours, the next maybe 24 if you're feeling good on that day. And that's not a way to have a healthy community."

"I think where everybody's needs are met, whatever they may be, at whatever level they are at, from the very wealthy to those with pennies. It shouldn't be such a struggle for so many. I think about the single moms...rent is astronomical, and people want to be independent, but they

can't because it's prohibitive. And the equality of just a standard of living, I think should be more easily reachable than it is."

"Healthy looks like everybody being able to go 8 hours and be able to pay your bills, because a lack of resources or money leads to crime. Everything is a trickledown effect, and until people that are sitting high and looking low meet people where they're at, it will always look unhealthy because people don't have what they need."

"Everybody being able to survive. Not so much worrying about, 'I got this, but my neighbor doesn't. So are they gonna try to come and get it?' If everybody was able to, not so much have the same thing, but to be able to afford the same things...being able to get your groceries weekly, being able to keep your lights on, keeping your roof over your head without having to worry..."

Many Franklin County residents need help securing basic needs due to a lack of financial stability. Residents believe that a healthy community would better promote the resources available to help residents.



"I think a healthy community could be a community that is well educated and knows what resources are available to them. And because we've got all these generational gaps, the information is given in certain ways that it's hard to say for the masses, 'This is where you can go get food at Mid-Ohio. These are the times that this church will let you come and get clothing, or this is what the Buckeye Ranch is for. This is what the Lions International does here in Grove City or our Rotary department.' Like, what are all our nonprofits that are available throughout Franklin County, and what they do."

"I noticed that my whole community is families. And at one point in time, I was just gonna put my feet on the ground, just go out there and just start passing off flyers because there's so much stuff that goes on that people don't know about. We have people out there who are not computer literate. You have grandparents raising their grandkids that don't know about resources or that need help with certain things and they can't get it because how can they know if you're not out there advocating in the community?"

"Resources, like the community just coming out advocating– I noticed in my neighborhood we have churches, and those churches do not come out there and say, 'Hey, we're having this or we're having that.' None of that. I stay in the area which is off of Fairwood. I get most of my resources over off of Parsons. It's really bad."

Residents also think that in a healthy community, it would be easier to access resources for assistance. They named specific barriers to utilizing childcare support and housing support that need to be addressed in Franklin County.



"A lot of the older community doesn't know how to access [things], because it used to be picking up the phone. They don't know how to text, and now you have to text or you have to use your laptop or your computer."

"Don't make them beg for it, if they need it. It takes six months [to get assistance], when they was hungry six months ago. Don't do that."

"Even with Title 20, I could not afford work because daycare for my two babies cost me \$2,600 a month. I think they work backwards. I understand that you have to have the job, but you take forever to process my application to put my kids in daycare. So if I say I start work this day and you say, 'Well, your application is not processed,' then what am I supposed to do with my kids? So there goes my job. Now I got to start back over again."

"They were supposed to have something set up within the city where landlords could not restrict certain people who did not meet the income criteria if they had a voucher. Well, they've gotten around that. [housing program] just recently gave over 10,000 vouchers. And so you look at all the people who have had vouchers before on top of that, and then when [housing program] switched over to [housing program], people have just been losing places where they live because the process has not been set straight properly yet, and so it's just not a good thing all the way."

Community Voices: Feeling Connected to their Community

Franklin County residents think a healthy community is one where people feel connected with each other, where lines of communication between neighbors and others in the community are open and mutually beneficial.



"I think it's a community where you feel safe to share what you truly need, and you can go to any neighbor for what that need is. Maybe they can help, maybe they can't. But you feel safer to share what you need and who you are."

"The ability to interact with other people and meet people. It's really important to have a social community."

"I think a healthy community is what people make it. So I feel like a lot of togetherness and a lot of people coming together to promote healthiness, do group walks or things like that."

"Communication in the community. I grew up, we were never friends with our neighbor. She told us the neighbors just want to be in your business. It was like a 'hi', 'bye.' But I think now, as I got older, I realized that communicating with other people in the community actually helps the neighborhood. We're all on the court, let's help clean this up. Like, we had

an older gentleman who couldn't cut his grass. So we started taking turns helping him out with his yard."

"There's more and more interaction between the people living there...when we think about our government officials and making decisions about laws and financial decisions, even involving property taxes and all those types of things. It feels like there's a big disconnect in many different levels between community members, legislators, neighbors. And it'd be great if we could all just get along."

Residents believe that in a healthy community, neighbors feel safe talking to each other about issues in the community and ways that they can better coexist.



"Being able to communicate with your neighbors. Just having that dialogue, if something's going on, knowing that you are safe to go to that person and say, 'Hey.'...Just being able to have that, without a fear of retaliation kind of thing."

"Sensitivity and respect to boundaries. I think that a simple one could be, 'Hey, I would prefer you not to walk through my grass.' And picking up after dogs. Some people can just be completely disrespectful, disregard things like that."

Residents also feel that in a healthy community, residents would not fear or stigmatize people based on their race, religion, or past incarceration.



"Neighborhoods where anybody can belong, no matter what color, what religion."

"People don't trust each other anymore. People, they need to talk and come together. And I think it's almost like a racial divide... A lot of times I'm profiled...Just assuming 'she got a bookbag, she must be—' It happens, especially in the summertime. I love books. I'm in [a neighborhood bookstore]. A lot of people [there], they're scared of me. Why are you scared of me? That's why people need to come and talk to each other, period."

"Breaking stigmas [around] restored citizens, no matter what their background is. Normalizing, getting over a stigma for your neighbors, like, what if it is your brother? What if it is your sister? I think helps build relationships and be more accepting. Because I do believe, even if they have done some of the most egregious crimes...they still have to be our neighbors, and they still deserve a second chance, in my opinion."

Community Voices: Mobility in Franklin County

Franklin County residents believe that public transportation needs to be improved for the community to be healthy.



"I think there has to be good transportation. It's great if you have a car, but if you don't have a car, it's hard to get places. It takes a long time. You really have to think about it. Like, it's a task. And I think that's detrimental to getting people where they need to be. And I just think that it would be nice if there was some sort of transportation that would make getting places easier."

"[public transportation provider] is not always the best. They have some sketchy characters and different things that don't make you feel as safe."

Residents also think their communities could be healthier if they were more walkable. Along with having more resources within walking distance, residents say sidewalks need to be improved for people to feel safe walking in their communities.



"Walkability to do your errands, like grocery shopping, post office, or whatever it could be."

"Where I live at, there's not a lot of sidewalks. So a lot of times you see people walking the brims or drain part or whatnot. There's accidents that be out there. You walk at night, there's not a lot of lights. So you could be out there and nobody sees you."

"I live in a really more aging community. Even though I find it walkable, because we do have sidewalks, a lot of people have a hard time getting around if the sidewalks aren't fixed or if they can't necessarily drive themselves. And we don't have a lot of public transportation where I live."

"When I think of a healthy community, I think of places where there are sidewalks, the sidewalks are accessible, and ideally clean. Not only that, but walkable access to resources. So it's not mandatory that you have to have a car to be able to get to those resources."

Community Voices: A Healthy Built Environment

A healthy community would also have improvements to the built environment, including more parks, more places to socialize aside from bars, and more grocery stores, daycares, and medical facilities. Overall, the residents would be more mindful of the environment, keeping it clean and quiet.



"Having a lot of places where neighbors can gather, even if that's like a park or coffee shop or like, a grassy space available. And ideally, places where neighbors can gather that aren't always driven by alcohol, like a bar. Both of those options...those physical elements can kind of facilitate those social elements. So I'm thinking, like, unless I'm going door to door, how would I meet my neighbors if I'm not going for a walk in my neighborhood or something like that?"

"Access to green space."

"We don't have any grocery stores. We don't have daycares. I've got to go over to OSU East in order to find medical care. I mean, there's a clinic on Main Street, but it's just overflowing."

"People take care of their yards or, you know, keeping the trash off the streets. [No] noise pollution. That drives me crazy."

Community Voices: Accessing Nutritious Food

Residents believe that for the community to be healthier, it needs to be easier to access quality and nutritious foods. Multiple residents brought up the fact that their neighborhoods are currently in food deserts, and more opportunities to access food need to be brought into the community.



"The community has quality food, accessible grocery stores, farmers markets and things like that."

"A healthy neighborhood for me is in my neighborhood they provide pantries, and a lot of things go on in our community center, like a fish fry Friday and stuff like that. So they provide to those that have lower incomes."

"Having access to free produce."

"Natural foods being grown and sold."

"Healthy neighborhood has diversity and resources. But we are in a food desert."

"We're still in a food desert, obviously. I gotta drive to, like, Whitehall or wherever is closest cause I live off of Fairwood. We just need more resources."

Community Voices: Feelings of Safety

Residents think that there could be improvements to how safe they feel in their homes and out in their communities. In a healthy community, they would see more evidence that crimes are addressed, and they would feel it is safer for children to play outside. Community members also worry about how safe youth are at school.



"Some sense of security, like physical security. If there is some type of crime, to have an actual response. Currently, if there's an issue that happens in our neighborhood, it's very rare that an officer comes out. You do an online report which just kind of disappears. I think that's a concern from an officer's standpoint. But security makes your neighborhood feel healthy."

"I think feeling safe in your community. And in your house and walking."

"Children feel safe to play in a neighborhood. Where they don't have to be concerned about what's happening around them. They can just be kids and play."

"We really want our kids to be outdoors and walk or ride their bikes and stuff. That's a health thing, right? That helps your health a lot. But all these speeding drivers on your streets, that's a barrier for our kids to be outside. Or for us to be outside."

"A safe and adequate education. Shouldn't have to worry they are gonna die every day they walk out the door. Safe getting there. Safe in the building. Safe."

Community Voices: Resources for Youth to Thrive

Many Franklin County residents say that a community looks healthy when they see children playing outside. They think that to encourage more children to do this, they need more opportunities and better infrastructure for playgrounds and parks.



"I was able to buy a house. And the street's awesome. And there's kids playing outside. And to me seeing kids playing and having fun, that's a sign of a healthy community."

"Kids really don't play outside. The engagement of kids being outside and them knowing their neighbors and being able to go to the park...But even parks nowadays need to be updated, they're run down, rusting, or have been torn down completely. So even when they're going to the park, they don't have anything to entertain them."

"Something as simple as having sidewalks in all communities, so kids can get up and get out all around...just playgrounds, sports courts, things like that to get kids outside active."

Residents also believe a healthy community better supports youth when it comes to their education. They believe that the issues that keep kids from having good grades, school attendance, and future success are part of larger problems that need to be addressed.



"We lost the slogan of 'It Takes a Village.' I honestly believe that even with the school system, I feel like the support is just not there. Even when COVID happened, they threw these kids in homes talking about 'get on the computer and do the work.'"

"Y'all don't know who they're staying with. Y'all don't know their living situations. Y'all don't even know if they're even living anywhere. Y'all don't even know what's going on. So I just feel like the support is just not there like it used to be...You're worried about attendance and kids coming to school every day, but y'all really need to be asking, why aren't these kids coming?...Because you've got older kids that have to stay home with the younger kids so that parents and guardians can go to work to keep a roof over their head. And these are problems that this town is not looking at."

"We work in this school system...and school is nothing like it used to be. Because you have so many kids that are traumatized...You have more children with behavioral problems and emotional problems. And you can look at each classroom, maybe six or seven in each classroom that are doing what you're supposed to be doing. And it's a zoo. I mean, all the resources are there. You have psychologists, you have counselors, you have all this, and then you have a lot of wonderful parents. But then you got parents that don't care."

"I work with the kids who have been kicked out of their home schools. And it is just really hard to get them motivated in this day and age to want to work or to learn a new skill. If we could have more resources to get them those hands-on skills to work jobs...I mean, I have a student who's 18, I've tried to get him to get his temps. I tried to get him to get a job or to volunteer, and they just say, 'I don't want to work fast food. I don't want this.' And I'm like, you have to try something."

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

- A greater variety of small businesses in their communities.
- More accessible and affordable health care options throughout the county, such as mobile clinics that they typically only see in the inner city.
- Better access to mental health resources.

Community Assets and Resources

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

The partners and multi-sector partnerships described in this section are currently working to address aspects of each prioritized health need identified by *HealthMap2025*; see page 185 for a visualization of the interrelated nature of this work. A more extensive resource list will be identified during subsequent health improvement planning; it will be included in future documents and at centralohiohospitals.org.

- **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.
- **Beautiful Beginnings** - a program funded by the Franklin County Board of Commissioners that provides home visiting and care coordination services to pregnant and postpartum individuals and their infants up to age 3. This program is one of several home visiting programs that are focused on serving Black community members and community members of color to impact racial disparities in maternal and child health outcomes. Examples of key focus areas include reducing infant mortality, reducing maternal mortality and other maternal complications, and increasing access to social determinants of health.
- **CelebrateOne** - created in November 2014 as a collective impact approach to carry out the Greater Columbus Infant Mortality Task Force's recommendations and to ensure Franklin County meets its ambitious goal. More information can be found at <https://www.columbus.gov/Government/Mayors-Office/Initiatives/CelebrateOne/CelebrateOne-About-Us>.
- **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://cfcap-columbus.hub.arcgis.com/>.
- **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/Services/Public-Health/Find-Health-Care-Resources/Neighborhood-Social-Services/Columbus-CARE-Coalition>.

- **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.
- **Community Shelter Board** - Community Shelter Board (CSB) leads a coordinated, community effort to make sure everyone has a place to call home, and is a collective impact organization driving strategy, accountability, collaboration, and resources to achieve the best outcomes for people facing homelessness in Columbus and Franklin County. More information on CSB can be found at <https://www.csb.org>.
- **Franklin County Human Service Chamber** - serves and represents over 200 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.
- **Franklin County Suicide Prevention Coalition** - aims to increase communication, coordination, and collaboration efforts in Franklin County to prevent suicide and bring hope and support to those affected by suicide. It bridges organizations together with the end goal of enhancing the overall success of our collective suicide prevention efforts. These efforts include decreasing stigma, increasing awareness of available support, promoting suicide prevention education, and improving suicide data quality. Visit <https://franklincountyspc.org> for more information.
- **Ohio Better Birth Outcomes** - The Ohio Better Birth Outcomes (OBBO) collaborative is dedicated to reducing the infant mortality rate in Franklin County by improving the delivery of health care services for women and their families using quality improvement science to guide our work. OBBO is focused on three key initiatives: Improving reproductive health; Expanding access to prenatal care; and Enhancing clinical quality initiatives to help reduce prematurity. Visit <https://ohiobetterbirthoutcomes.org> for more information
- **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/>.
- **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>.
- **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.

Organization / Collective Impact Effort	Mental Health	Adverse Childhood Experiences (ACEs)	Maternal and Infant Health	Violence and Injury-related Deaths	Social Drivers of Health (with a focus on housing)
Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH)	✓	✓		✓	
Beautiful Beginnings			✓		
CelebrateOne			✓		
Columbus and Franklin County Addiction Plan	✓	✓		✓	
Columbus Community Action Resilience Coalition (CARE)	✓	✓		✓	
Columbus Urban League	✓	✓	✓	✓	✓
Community Shelter Board					✓
Franklin County Human Service Chamber		✓		✓	✓
Franklin County Suicide Prevention Coalition	✓	✓			
Ohio Better Birth Outcomes			✓		
Rise Together Innovation Center		✓		✓	✓
The Kirwan Institute for the Study of Race and Ethnicity	✓	✓	✓	✓	✓
United Way of Central Ohio		✓			✓

Summary

Franklin County HealthMap2025 provides a comprehensive overview of our community's health status and needs. There are numerous indicators that suggest the health of Franklin County, Ohio's residents compares favorably with the state and country.

Franklin County HealthMap2025 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.

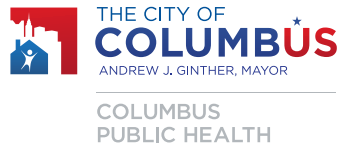
Consistent with requirements, the participating hospitals and health departments will use this report to inform development and implementation of strategies to address its findings. It is intended that a wide range of stakeholders - many more than are represented on *Franklin County HealthMap2025's* 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 HealthMap2025* 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 HealthMap2025* may be shared with:

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Navigating Our Way to a
Healthier Community Together