OhioHealth Riverside Methodist Hospital

Community Health Needs Assessment

June 2022

OhioHealth

BELIEVE IN *WE*™

OhioHealth Riverside Methodist Hospital

Consistently Ranked One of the Nation's Best
Serving patients since 1892, OhioHealth Riverside Methodist Hospital in Columbus, Ohio, is a 1,059-bed, teaching hospital and OhioHealth's largest hospital. Riverside Methodist shares the OhioHealth mission "to improve the health of those we serve." It is recognized locally, regionally and nationally for quality healthcare and is consistently ranked one of the nation's best hospitals.

Rob Cercek, *President*

3535 Olentangy River Road
Columbus, Ohio 43214

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Introduction

OhioHealth is a nationally recognized, not-for-profit, charitable, healthcare outreach of the United Methodist Church. Serving central Ohio communities since 1891, all OhioHealth entities are connected by a shared mission **"to improve the health of those we serve."** With core values of compassion, excellence, stewardship, integrity and inclusion, OhioHealth is committed to delivering quality, convenient, timely healthcare, regardless of ability to pay. OhioHealth is a nationally recognized, not-for-profit, system of faith-based hospitals and healthcare organizations serving 47 Ohio counties. All OhioHealth entities are connected by (a) a mission **"to improve the health of those we serve,"** (b) core values of compassion, excellence, stewardship, integrity and inclusion, and a (c) commitment to deliver high quality, convenient and timely healthcare regardless of ability to pay. OhioHealth was in the top 20 list of companies in the PEOPLE Companies that Care® 2020, which highlights the top United States companies that succeeded in business while demonstrating outstanding respect, care and concern for their employees, communities and environment during the COVID-19 pandemic. 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 from the Great Place to Work® Trust Index™ survey.

OhioHealth is a family of 35,000 associates, physicians and volunteers, and a system of 12 hospitals, more than 200 ambulatory sites, hospice, home health, medical equipment and other health services spanning a 47-county area. OhioHealth member hospitals are located in seven Ohio counties:

- **Athens County** — OhioHealth O'Bleness Hospital
- **Delaware County** — OhioHealth Grady Memorial Hospital
- **Franklin County** — OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, OhioHealth Rehabilitation Hospital
- **Hardin County** — OhioHealth Hardin Memorial Hospital
- **Marion County** — OhioHealth Marion General Hospital
- **Pickaway County** — OhioHealth Berger Hospital
- **Richland County** — OhioHealth Mansfield Hospital, OhioHealth Shelby Hospital

FORTUNE Magazine has recognized OhioHealth as one of the "100 Best Companies to Work For" and has been for 14 years in a row: 2007–2019 and 2021 (Great Place to Work® Institute, n.d.). OhioHealth was also recognized as one of FORTUNE Magazine's 100 Best Workplaces for Women and 100 Best Places to Work in Healthcare.

OhioHealth Riverside Methodist, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital and Grove City Methodist Hospital have been recognized nationally, regionally and locally. Examples of these prestigious certifications, recognitions and awards are as follows:

(a) **Accreditation and Certification by The Joint Commission** (The Joint Commission, 2021 a-e)
  + **OhioHealth Riverside Methodist Hospital —** (a) top performer on key quality measures®, (b) hospital accreditation, (c) certification in heart failure, (d) certification in joint replacement — hip, knee, and (e) advanced certification as a Comprehensive Stroke Center and in ventricular assist device

  + **OhioHealth Grant Medical Center —** (a) top performer on key quality measures®, (b) hospital accreditation, (c) certification in joint replacement — hip, knee and shoulder, (d) certification in heart failure, (e) certification in hip fracture, and (e) advanced certification as a Primary Stroke Center

  + **OhioHealth Grove City Methodist Hospital —** Grant Medical Center accreditations apply.

  + **OhioHealth Doctors Hospital —** (a) top performer on key quality measures®, (b) hospital accreditation, (c) advanced certification as Primary Stroke Center

  + **OhioHealth Dublin Methodist Hospital —** (a) top performer on key quality measures® and (b) hospital accreditation

> + **OhioHealth Rehabilitation Hospital —** (a) hospital accreditation

(b) Certified Member of MD Anderson Cancer Network® — OhioHealth is the first health system in Ohio that is a certified member of MD Anderson Cancer Network®, advancing cancer care, research, education, screening and prevention (OhioHealth, 2015-2022). Patients benefit from the OhioHealth relationship with the MD Anderson Cancer Network, through: (a) OhioHealth oncologists are certified MD Anderson Cancer Network® physicians, (b) OhioHealth certified physicians participates in peer-to-peer consultations with MD Anderson specialists to discuss comprehensive treatment plans, (c) patients may receive consults and treatment at MD Anderson Cancer Center in Houston, Texas, and (d) ongoing review of care provided by OhioHealth cancer specialists to provide care that's based on nationally recognized standards (OhioHealth, 2015-2022).

(c) CHIME and Modern Healthcare's Most Wired® —OhioHealth achieved Level 8 certification in 2019, which recognizes excellence in healthcare information technology (Modern Healthcare, 2019).

(d) American College of Surgeons Commission on Cancer® Accreditation — OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital are all accredited by the American College of Surgeons Commission on Cancer®. (American College of Surgeons, 1996-2022).

(e) Magnet® Redesignation by the American Nurses Credentialing Center — OhioHealth Riverside Methodist Hospital and OhioHealth Grant Medical Center have been designated as a Magnet® facility by the American Nurses Credentialing Center since 2006. Magnet redesignation for Riverside Methodist Hospital occurred in 2010, 2015, and 2020. Magnet redesignation for Grant Medical Center occurred in 2010, 2015, and 2019. The Magnet® status of these two OhioHealth hospitals represents the care sites' commitment in recognizing nursing talent, offering nursing education and career development, promoting nursing excellence, and fostering a multidisciplinary collaborative culture with the nursing team (American Nurses Association, American Nurses Credentialing Center, and American Nurses Foundation, n.d.).

(f) American College of Surgeons Level I and Level II Verified Trauma Centers — OhioHealth Trauma programs in Franklin County include Grant Medical Center (Level I Trauma Center) and Riverside Methodist Hospital (Level II Trauma Center) (American College of Surgeons Committee on Trauma, 1996-2022). These trauma programs are easily accessible to both ground and air transport. The programs provide multidisciplinary and comprehensive care at all trauma activation levels and degrees of injuries. The programs also have a dedicated substance abuse coordinator who specializes in Screening, Brief Intervention and Referral to Treatment (SBIRT). Upon discharge, all patients receive follow-up care at the OhioHealth Outpatient Trauma Clinic at Grant Medical Center or are referred to a specialist or their private physician.

> + **OhioHealth Grant Medical Center** — Being the busiest adult Level I Trauma Center in central Ohio, OhioHealth Grant Medical Center offers a full range of care for seriously injured patients regardless of severity or complexity. Grant Medical Center has a specialized team that includes a trauma surgeon, neurosurgeon, orthopedic surgeon and plastic surgeon is available onsite 24/7 (OhioHealth, 2015-2022).

> + **OhioHealth Riverside Methodist Hospital** — One of the most active Level II Trauma Centers in central Ohio and the region, OhioHealth Riverside Methodist Hospital provides comprehensive trauma care regardless of severity of injury with immediate access to advanced heart and stroke care at OhioHealth Neuroscience Center (OhioHealth, 2015-2022).

(g) Watson Health's "100 Top Hospitals" — OhioHealth Riverside Methodist Hospital and OhioHealth Dublin Methodist Hospital were named among Fortune/IBM Watson Health's "100 Top Hospitals" for their overall performance, based on clinical, operational and patient satisfaction data. Key performance measures include: better survival rates, fewer complications and infections, shorter length of stay, shorter Emergency Department wait times, lower inpatient expenses, higher profit margins, and higher patient satisfaction scores. Riverside Methodist Hospital was recognized as a "Major Teaching Hospital" in 2021 whereas Dublin Methodist Hospital was recognized as a "Medium Community Hospital" in 2020 and 2021 (Fortune Media IP Limited, 2022).

(h) DiversityInc Top Hospitals and Health Systems and Top Company for Black Executives — In 2021, OhioHealth ranked second on the 2021 DiversityInc Top Hospitals and Health Systems and ranked seventh in the 2021 Top Company for Black Executives. It is noteworthy that OhioHealth was the only hospital/heath system in the top 15 list of the Top Company for Black Executives. DiversityInc is the gold standard in the United States for ranking companies for diversity, equity and inclusion. The mission of DiversityInc is to educate businesses on the benefits of diversity. Through the DiversityInc award, OhioHealth demonstrates diversity and inclusion in talent pipeline, talent development, leadership commitment and supplier diversity.

The Patient Protection and Affordable Care Act of 2010 requires not-for-profit hospitals to conduct a community health needs assessment (CHNA) once every three years (Internal Revenue Service, 2018). OhioHealth Riverside Methodist Hospital, along with other OhioHealth hospitals that define the community served to be Franklin County, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital and OhioHealth Rehabilitation Hospital conducted a joint CHNA. This joint CHNA report is for Riverside Methodist Hospital. OhioHealth partnered with the Central Ohio Hospital Council (COHC) in the development of HealthMap 2022. The COHC coordinated the meetings of the Franklin County Community Health Needs Assessment Steering Committee and sought the services and consulting of The Ohio State University School of Public Health in the processes involved with the CHNA.

In conducting its joint CHNA, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital collaborated with the Franklin County Community Health Needs Assessment Steering Committee, which was organized by the COHC. The Steering Committee was comprised of the following:

Name of Organization	Sector/Community Represented	Name(s) of Representative
ADAMH Board of Franklin County	People with mental health and addiction	Jonathan Thomas
Alcohol, Drug and Mental Health Board of Franklin County (ADAMH)	Mental and behavioral health	Jonathan Thomas
Central Ohio Area Agency on Aging	Senior community	Lynn Dobb
Central Ohio Hospital Council	Hospital/Medical	Jeff Klingler (Executive Committee Member)
Central Ohio Trauma System	Hospital/Medical	Sherri Kovach
Columbus Public Heath	Public health	Kathy Cowen, Jennifer Morel
Educational Service Center	Education	Dan Good
Equitas Health	LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer)	De'Juan L. Stevens
Equitas Heath	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and others (LGBTQ+)	De Juan L. Stevens
Ethiopian Tewahedo Social Services	Social services; New Americans	Seleshi Ayalew Asfaw
Franklin County Department of Job and Family Services	Financial and social services	Robin Harris
Franklin County Public Health	Public health	Theresa Seagraves (Executive Committee member), Sierra MacEachron
Franklin County Veteran's Service Commission	Veterans	Robert Bramlish
Human Service Chamber of Franklin County	Social services	Michael Corey
Life Expectancy Taskforce	Senior community	Orvell Johns
Mid-Ohio Food Collective	Undernourished, malnourished populations	Amy Headngs
Mid-Ohio Regional Planning Commission	Transportation, Data	Stephen Pachan
Mount Carmel Health System	Hospital/Medical	Candice Coleman
Nationwide Children's Hospital	Hospital/Medical	Carla Fountaine; Libbey Hoang, Elvia Suli
Ohio Asian American Health Coalition	Minority populations	Cora Munoz
Ohio Commission on Latino Affairs	People from minority groups	Lilleana Cavanaugh
Ohio Department of Health (Disability and Health Program)	People with disabilities	David Ellsworth
OhioHealth	Hospital/Medical	Autumn Glover; Mary Ann G. Abiado
PrimaryOne Health	Federally Qualified Health Center (FQHC); Low-income, medically underserved, homeless populations	John Tolbert
The Ohio State University College of Public Health	University system	Andy Wapner

Name of Organization	Sector/Community Represented	Name(s) of Representative
The Ohio State University Wexner Medical Center	Hospital/Medical	Wanda Dillard; Bill Hayes, Annie Marsico
United Way of Central Ohio	Low income, medically underserved and homeless	Lisa Courtice
Workforce Development Board of Central Ohio	Workforce development	Stephanie Robinson

OhioHealth is dedicated to serving the communities it serves through its community benefit. In fiscal year 2021, OhioHealth provided a total of $420.2 million of Community Benefit, comprising $87.6 million net cost of charity care, $260.2 million net cost of Medicaid programs, $61.8 million net cost of medical education, $1.3 million subsidized health services, $7.8 million community health services, $1.3 million cash and in-kind contributions, and $0.2 million research.

The Central Ohio Hospital Council, representing OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System and Nationwide Children's Hospital, in collaboration with Columbus Public Health and Franklin County Public Health and other community stakeholders contracted with The Ohio State University College of Public Health and Illuminology in performing the Community Health Assessment and identifying the significant health needs in Franklin County. The steps and processes related to data collection, analysis, obtaining stakeholder inputs, public meetings and prioritization of needs are described in HealthMap 2022 **(Appendix E).** As part of the steps and processes for HealthMap 2022, The Franklin County Community Health Needs Assessment Steering Committee members were invited to identify the three priority health needs in Franklin County on November 8, 2021 through an online survey link sent by email. Based on the survey, three priority needs were identified.

> **Priority 1:** **Basic Needs** — specific indicators include (a) housing security (decreased homelessness, increased affordability), (b) financial stability, (c) neighborhood safety (reduced crime), (d) food security, (e) increased access to nutritious foods.
>
> **Priority 2:** **include Racial Equity (Priority 2a) and Behavioral Health (Priority 2b).**
>
> > **Priority 2a: Racial Equity —** specific indicators include (a) effects on economic and housing stability, (b) effects on quality healthcare, mental health, and feelings of safety, and (c) effects on maternal and infant health outcomes
> >
> > **Priority 2b: Behavioral Health —** specific indicators include (a) access to mental health care resources, (b) screening for mental health issues, (c) decreased unintentional drug and alcohol deaths, and (d) youth mental health supports (clinical, social)
>
> **Priority 3:** **Maternal-infant health** – specific indicators include (a) infant mortality, and (b) maternal pre-pregnancy health

OhioHealth Riverside Methodist Hospital, in collaboration with other OhioHealth hospitals in Franklin County, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, and OhioHealth Rehabilitation Hospital developed the Fiscal Year 2023-2025 Joint Implementation Strategy to meet the priority health needs in Franklin County. OhioHealth collaborated with the Columbus Public Health and Franklin County Public Health and in developing strategies that align with the Ohio 2020-2022 State Health Improvement Plan (Ohio Department of Health, n.d.). OhioHealth will continue to demonstrate our continuing commitment to play an active and effective role in the Franklin County community by fulfilling our mission, "to improve the health of those we serve."

For information about OhioHealth Riverside Methodist Hospital's CHNA processes and for a copy of the reports, please visit https://www.ohiohealth.com/locations/hospitals/riverside-methodist-hospital/about-us/community-health-needs-assessment. Please contact J. Robert Cercek, President, at Rob.Cercek@ohiohealth.com, to obtain hard copies of the CHNA reports at no charge. Written comments regarding the Riverside Methodist Hospital CHNA report and related implementation strategy may be submitted to J. Robert Cercek at Rob.Cercek@ohiohealth.com.

A. Definition of the Community Served by the Hospital Facility and How the Community Served Was Determined

A−1.   Address of Hospitals and ZIP Codes of Communities Served —

Franklin County, Ohio 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 and OhioHealth Rehabilitation Hospital. The location address of each OhioHealth hospital and the 64 zip codes where the communities reside are listed below.

A − 1.1. Location Address —

Name of OhioHealth Hospital in Franklin County	Location Address
Riverside Methodist Hospital	3535 Olentangy River Road, Columbus, Ohio 43214
Grant Medical Center	111 South Grant Avenue, Columbus, Ohio 43215
Doctors Hospital	5100 West Broad St., Columbus, Ohio 43228
Dublin Methodist Hospital	7500 Hospital Drive, Dublin, Ohio 43016
Grove City Methodist Hospital	1375 Stringtown Road, Grove City, Ohio 43123
Rehabilitation Hospital	1087 Dennison Avenue, Columbus, Ohio 43201

A − 1.2. ZIP Codes —

43002	43081	43126	43204	43213	43221	43230	43266
43004	43085	43137	43205	43214	43222	43231	43268
43016	43086	43194	43206	43215	43223	43232	43270
43017	43109	43195	43207	43216	43224	43234	43271
43026	43110	43199	43209	43217	43226	43235	43272
43054	43119	43201	43210	43218	43227	43236	43279
43068	43123	43202	43211	43219	43228	43251	43287
43069	43125	43203	43212	43220	43229	43260	43291

A − 2. Percent of Patients Served in Fiscal Year 2020 from Franklin County, Ohio —

	Percent of Patients Residing in Franklin County			
Hospital	Hospital/Inpatient Admissions	Outpatient Visits/Procedures	Emergency Department Visits	Observation
Riverside Methodist Hospital	57%	69%	67%	68%
Grant Medical Center	72%	80%	78%	80%
Doctors Hospital	87%	88%	88%	87%
Dublin Methodist Hospital	59%	63%	63%	64%
Grove City Methodist Hospital	56%	80%	80%	77%
Rehabilitation Hospital	65%	—	—	—

B. Demographics of the Community

B − 1.   Total Population —
In 2019, the estimated population of Franklin County was 1,316,756 (Ohio Department of Development, n.d.).

B − 2.   Race/Ethnicity —
In 2019, among Franklin County residents, 66.9 percent were white, 22.2 percent were African American, 0.2 percent were Native American, 5.1 percent were Asian, 0 percent were Pacific Islander, 1.5 percent were other races, 3.9 percent were two or more races, and 5.4 percent were Hispanic (of any race) (Ohio Department of Development, n.d.). Total minority represented 36.4 percent of the population (Ohio Department of Development, n.d.).

B − 3.   Age —
In 2019, among Franklin County residents, 7.2 percent were younger than 5 years old, 16.3 percent were 5–17 years old, 10 percent were 18–24 years old, 31.4 percent were 25–44 years old, 23.7 percent were 45–64 years, and 11.4 percent were 65 years or older. Median age was 34 years (Ohio Department of Development, n.d.).

B − 4.   Income —
Median household income for 2019 was $58,762 and per capita income was $50,443. Approximately 11.7 percent of families and 16.3 percent of individuals had income below the poverty level (Ohio Department of Development, n.d.).

Additional demographic characteristics for Franklin County are available in Ohio Development Services Agency (n.d.), and HealthMap 2022 (see **Appendix E**).

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

C − 1. **Basic Needs —** specific indicators include (a) housing security (decreased homelessness, increased affordability), (b) financial stability, (c) neighborhood safety (reduced crime), (d) food security, (e) increased access to nutritious foods.

C − 1.1. **Affordable Housing Alliance of Central Ohio** ⎯ has a mission of developing, improving, providing or funding affordable housing for low-income households in central Ohio (Affordable Housing Alliance of Central Ohio, n.d.). The members of the Affordable Housing Alliance of Central Ohio work together in engaging the community in developing solutions to address the gaps in access to affordable housing. The members include the following:

(a) The Columbus Foundation

(b) Columbus Metropolitan Housing Authority

(c) Community Development for All People

(d) The Community Builders

(e) Community Housing Network

(f) Community Shelter Board

(g) Creative Housing

(h) Finance Fund Capital Corporation (FCAP)

(i) Habitat for Humanity® MidOhio

(j) Homeport

(k) Homes on the Hill Community Development Corporation

(l) Huckleberry House

(m) IMPACT Community Action

(n) National Affordable Housing Trust

(o) National Church Residences

(p) The NRP Group

(q) Nationwide Children's Hospital

(r) Ohio Capital Corporation for Housing (OCCH)

(s) Preservation of Affordable Housing (POAH)

(t) The Refuge

(u) United Way of Central Ohio

(v) Wallick Communities

C − 1.2. **American Red Cross of Greater Columbus** — helps persons and communities prevent, prepare, and respond to life threatening emergencies (The American National Red Cross, 2022). Services include:

(a) Blood services for surgical treatment, chronic disease, and trauma

(b) Services to respond to disasters

(c) Prevent home fire deaths and injuries

(d) Community presentations on the importance of disaster preparedness

(e) Training

(f) First aid services

(g) Armed Forces outreach

(h) Volunteering opportunities

(i) Leadership development

C − 1.3. **Broad Street Presbyterian Church** — The Broad Street Food Pantry helps residents of Franklin County provide healthy meals to themselves and/or their families. From May to October, fresh produce is handed out in the parking lot of the church twice a month, and a variety of food, nutrition, and cooking classes are offered throughout the course of every month. The food pantry is open Monday through Friday, 8 a.m. to 11:30 a.m., and on some Saturdays, from 8 a.m. to 11 a.m. Services are limited to 35 families daily (Broad Street Presbyterian Church, 2012-2022).

C − 1.4. **Cap4Kids** — The Children's Advocacy Project of Columbus, Ohio (The Children's Advocacy Project, 2015), provides families and their children information on community resources such as but not limited to:

(a) Food assistance

(b) Healthy lifestyles and nutrition

(c) Housing

(d) Utilities

(e) Clothing

(f) Legal and financial help

(g) Mentorship and leadership programs

C − 1.5. **Career Transition Institute** — The Institute offers training at a small cost per month for individuals looking for jobs, wanting a career change or advancing their careers. Individuals are trained to develop skills in networking, interviewing, preparing resumes and cover letters and effective use of social media (Career Transition Institute, n.d.).

C − 1.6. **Catholic Social Services** — provides family support and senior support services. Family support services addresses poverty and strengthen relationships to promote self-sufficiency (Catholic Social Services, 2016). Families are provided with food, shelter and clothing and provides mental health support. The support services include the following:

(a) **Stay the Course®** — a free resource at Columbus State Community College that helps students cope with financial challenges through access to a personal navigator who helps provide access to community resources and $500 per semester support.

(b) **Our Lady of Guadalupe Center** — addresses poverty among the immigrant Hispanic community in the westside of Columbus by meeting emergency needs, case management and wrap-around services.

(c) **St. Francis Center** —serves the community in Portsmouth, Ohio as a one stop community center providing hot meals, clothes and household items, food and emergency assistance

(d) **Case management** — helps clients avail of affordable housing, training on handling finances, access to childcare, job opportunities, benefits and resources in the community.

(e) **Post adoption services and foster care services** — handles adoption files from the catholic Social Services; St. Vincent Orphanage; and St. Ann's Maternity Home

(f) **Service coordination** — links persons to community resources by providing service coordinators in each of the 14 Seton Square Senior affordable housing communities. The service coordination addresses residents' medical and health issues, tax laws or benefits, hurdles in technology

(g) **Companionship** — helps homebound seniors by sending weekly visitors to provide socialization and non-medical help at their home.

(h) **Supportive services** — licensed social workers help seniors manage their benefits, like Medicare or Medicaid, transportation access, scheduling medical appointments, financial management, location of appropriate housing.

(i) **Money management** — assistance with money management, budgeting, payment of bills, management of assets, and access to long-term care.

(j) **Payee services** — individualized management of finances

(k) **Transportation** — serves seniors and veterans in Licking County to go to non-emergency medical appointments throughout Ohio.

(l) **Foster grandparent program** — opportunities for low-income seniors to tutor at-risk youth in schools and Head Start program

C − 1.7.   **Center for Employment Opportunities Columbus** — The Center aims to reduce recidivism by providing people returning from prison with paid temporary employment, development of skills and career support, job coaching and job-readiness training (Center for Employment Opportunities, 2022).

C − 1.8.   **Center for Groveport Madison Human Needs** — This non-profit organization provides emergency cash assistance, rental assistance, and household item assistance to low-income individuals in the Groveport Madison School District. The organization can provide up to $500 in a 12-month period and up to $1,000 per household in lifetime assistance. Cash assistance is provided to those who have exhausted all other forms of assistance (Center for Groveport Madison Human Needs, 2020).

C − 1.9.   **Central Community House** — This community center and human service agency serves the near east and near south neighborhoods of Columbus, Ohio. Examples include assistance for basic needs and workforce development (Central Community House, n.d.).

C − 1.10. **Charitable Pharmacy of Central Ohio** — increase access to affordable prescription medications for low-income uninsured residents in Franklin County. The Charitable Pharmacy of Central Ohio started as a joint project of the West Ohio Conference of the United Methodist Church and the Healthcare collaborative of Greater Columbus (Charitable Pharmacy of Central Ohio, Inc., 2017). Examples of services include:

    (a) Pharmacy services and medicines

    (b) Counseling or proper use of medications

    (c) Health screenings

    (d) Health and wellness education

    (e) Assistance on access to social programs

C − 1.11. **City of Columbus** — implements programs that promote food security and access to housing and various programs to promote health and wellness and social determinants of health of neighborhoods (City of Columbus, 2022).

    (a) **Columbus Public Health Local Food Action Plan** — A community effort led by the City of Columbus, Franklin County, and Local Matters to create a more sustainable local food system that addresses inequalities in access to local, healthy, and affordable food. This plan was also developed to create more jobs for residents of the Franklin County community. Developed in 2017, the goals of the program are to increase communication with food resource agencies, increase access to food education, increase the role of food in economic development, and prevent waste from food (City of Columbus, 2022).

    (b) **Development-Housing** — Development-Housing facilitates programs for Columbus residents who are eligible for assistance based on the Department of Housing and Urban Development income guide. It also offers grants for housing developers to develop new or remodeled housing units for low- to moderate-income households (City of Columbus, 2022).

C − 1.12. **Clintonville-Beechwold Community Resources Center** — provides resources in crisis, poverty, and other needs (Clintonville Community Resource Center, 2022). Programs include the following**:**

    (a) **Family services and choice food pantry** — provides food, referrals, problem-solving and positive support to those in crisis, and connections to the Ohio Benefit Bank.

    (b) **Kinship care** — provides support to caregivers who cannot be cared for their parents. The program was based on a family development model and focuses on youth's academic success.

    (c) **Senior supportive services** — includes weekly grocery shopping trips; transportation to medical appointments; access to monthly Breakfast Club and Coffee Klatch; home visits and assistance to attend personal needs; home maintenance and repairs.

    (d) **Youth services Kids Club** — an after school and summer care program for elementary students that are located at the Clinton Heights Lutheran Church, Maple Grove United Methodist Church and Columbus Mennonite Church.

C − 1.13. **Columbus Metropolitan Housing Authority** — The Authority helps individuals in Franklin County gain access to affordable housing by developing and maintaining housing, promoting a sense of community within neighborhoods, and aiding residents in accessing needed social services, (Columbus Metropolitan Housing Authority, 2019). The Columbus Metropolitan Housing Authority aims to help low-income families, seniors, and those persons with disabilities gain access to housing. Examples of programs include: Public Housing and Housing Choice Voucher (Columbus Metropolitan Housing Authority, 2022).

C – 1.14. **Columbus Urban League** –– a community-based, non-profit advocacy organization that promotes equal and equitable access to resources (Columbus Urban League, 2021). The Columbus Urban League is an affiliate of the National Urban League. Example of programs include:

(a) **Building Futures** –– recruits, screen, and enroll participants to join a 12-week pre-apprenticeship that consist of professional development, technical skills training, and support services.

(b) **Choose 2 Change** –– conducts 10-week curriculum-based classes in addition to community locations. Each participant who has been incarcerated is paired with a peer group, mentor or coach for support. Guidance on reinstating driver's licenses, become employed, address child support and custody issues.

(c) **Driving Future**––**s** recruit, screen and enroll eligible participants who are 18 years and above obtain Commercial Driver's Licenses and access other services and coaching on financial education and cognitive behavioral techniques

(d) **Empower U** –– engage at-risk adults in prevention education, learning by experience, activities focused on wellness, sobriety and professional development, access to support groups on grief, trauma and stress.

(e) **Father 2 Father** –– fathers participate in 10 weeks of classes, learning parental skills, engaging children, visitation rights, attending child support obligations

(f) **Financial empowerment /700 Credit Score Initiative**–– offers financial counseling affordable or free to TANF-eligible families. Graduates are linked to resources such as homebuyer education and assistance with down payment

(g) **Franklin County Business Growth and Equity Alliance** –– assists black-owned and disadvantaged businesses. It promotes recovery, reform and resiliency.

(h) **FRESH Afterschool Initiative** –– partnership with local school districts to provide at least 10 hours in programming after school to at least 50 students. The program supports the family to resolve crises, resources and stability.

(i) **Jobs and training** –– includes "A.M.P.- Real Potential," "Empower U," "My Brother's Closet," "Transitions," and "Urban Technology Jobs"

C – 1.15. **Columbus Works Inc.** –– This organization works with job seekers and employer partners in providing job readiness training and coaching, ongoing career training, and leadership and coaching training for employers (Columbus Works, Inc., 2016).

C – 1.16. **Community Housing Network** –– The Community Housing Network provides permanent housing that allows for participants to be successful members of their community. The organization has developed more than 1,600 apartments across 32 zip codes in Franklin County. Advisory councils are assembled in communities prior to development to ensure responses to concerns expressed in the communities. An emphasis is placed on peer support and a sense of community, something those who previously struggled with homelessness or addiction might not have, (Community Housing Network, 2018).

C – 1.17. **Community Kitchen, Inc.** –– provides basic safety net and emergency food service. It increases access to food and related supports, addresses food insecurity, and address hunger, nutritious meals, access to personal care packs, referrals for shelter, health care and other basic needs (United Way of Central Ohio, n.d.).

C – 1.18. **Community Mediation Services of Central Ohio** –– This organization helps people develop and use their conflict resolution and mediation skills to address workplace issues, marital issues, elderly care, parent-teenager conflicts, neighborhood problems and managing evictions (Community Mediation Services of Central Ohio, 2022).

C – 1.19. **Community Properties Impact Corporation** — The Community Properties Impact Corporation provides quality affordable housing, links residents with resources, promotes safe neighborhoods, and fosters community learning (Community Properties Impact Corporation, n.d.). For example, the Columbus Scholar House gives parents the opportunity to live in the Charles Building on Columbus' near east side while they attend a college or university full time. The program allows parents to stay in school while also providing for their children. Emphasis is placed on academic performance, accessing affordable childcare, parenting skills, and transitioning from school to work (Community Properties Impact Corporation, n.d.).

C − 1.20. **Community Shelter Board** — Community Shelter Board projects receive funding and support from the City of Columbus, Franklin County Board of Commissioners, United Way of Central Ohio, Columbus Foundation, Nationwide Foundation, American Electric Power Foundation, and the U.S. Department of Housing and Urban Development (Community Shelter Board, 2022). The board's services include but are not limited to:

(a) Prevention of homelessness

(b) Provision of shelter

(c) Outreach to streets

(d) Rapid re-housing

(e) Permanent supportive housing

C − 1.21. **Congregational Outreach Ministries Program of Assistance and Social Service (COMPASS)** — Guided by a group of churches and community groups in Franklin County, this program aims to provide emergency assistance to individuals willing to invest themselves in the program (Broad Street Presbyterian Church, 2019). The main goal of the program is to provide services to prevent homelessness and stall evictions (Broad Street Presbyterian Church, 2019).

C − 1.22. **EquitasHealth** — a regional nonprofit community healthcare system that provides various services such as medical, wellness and prevention, mental health, pharmacy, HIV health and housing advocacy, and care navigation (EquitasHealth, 2020). Example of services include:

(a) **Medical services** — primary care, specialized HIV care, gender affirming care, women's health

(b) Wellness and prevention — HIV/Sexually Transmitted Infections (STI) testing and treatment; HIV prevention and medication; and smoking cessation services

(c) **Mental health** — psychiatry; individual therapy; addiction recovery services; support groups

(d) **Pharmacy** — chronic disease management; access to pre-exposure prophylaxis (PrEP) and counseling, competitive pricing of drugs for the uninsured and underinsured, Patient Assistance Program, refill reminders by telephone, text, or email; free delivery to patients; requests for medication access by telephone or online

(e) **HIV health and housing advocacy** — medical case management; short- and long-term housing assistance

(f) **Care navigation** — assistance scheduling for doctor visits; researching medical conditions; enrolling in financial assistance programs; enrolling in health insurance such as Medicaid, Medicare, Ryan White, Marketplace)

(g) **Other services** — dentistry, education and training, harm reduction, legal services, telehealth

C – 1.23. **Franklin County Department of Job and Family Services** — The "Learning, Earning, and Parenting (LEAP)" program offers cash assistance to parents up to age 20 who have not completed high school or received their General Education Development (GED) (Franklin County Department of Job and Family Services, 2017). Services such as childcare and transportation are also provided to participants to reduce obstacles to graduation (Franklin County Department of Job and Family Services, 2022).

C – 1.24. **Furniture Bank of Central Ohio** — provides furniture to families in central Ohio to address poverty, homelessness, domestic violence, child safety and security, disability or illness, emergency relocation or those affected by calamities or trauma (Furniture Bank, 2022). Programs and services include:

(a) Furniture pick-up

(b) furniture donation,

(c) thrift stores in Columbus and Lancaster ("Furniture with a Heart Thrift Stores")

(d) Adopt-a-family

(e) Downsize services ("Downsize with a Heart").

C – 1.25. **Gladden Community House** — a nonprofit settlement house located in Franklinton, Ohio (Gladden Community House, 2021). Examples of what Gladden Community House offers include emergency assistance, food security, early childhood education, and housing stability.

(a) **Youth services** — includes preschool after school and summer programs and team sports.

(b) **Adults and Families** — includes family to family case management services and linkages to community resources. Families served by the Franklin County Children's Services

(c) **Homelessness prevention and diversion** — collaborates with the Community Shelter Board and accepts referrals from the homeless hotline to help families experiencing a housing crisis.

(d) **Parenting classes** — collaborates with the Center for Family Resolution in offering weekly parenting classes to provide support, tools, and strategies to solve family situations and problems.

(e) **Outreach to seniors** — serves seniors and homebound residents with case management, trips to the grocery stores, and outings.

C – 1.26. **Habitat for Humanity® MidOhio** — Through the building of homes in the Franklin County area, this organization is helping to create stability for families by giving them a place to call home. First-time homebuyers who earn 30 to 60 percent of the area's median income are the target population for these homes. Families in the program are required to put in 200 to 250 hours of building time and attend homeownership and financial literacy classes in order to receive the benefits of the program (Habitat for Humanity MidOhio, 2022).

C – 1.27. **Homeport** — This Columbus-based, non-profit housing developer aims to provide opportunity and dignity to low-income families through the building of homes and revitalization of neighborhoods in the area (Homeport, 2022). The organization takes a comprehensive approach to supporting the families they serve. Examples of activities include:

(a) Out-of-school programs
(b) Produce markets
(c) Homeownership classes
(d) One-on-one homeownership coaching
(e) Budget coaching services

C – 1.28. **Homes on the Hill Community Development Corporation** — This organization provides affordable housing and educational and supportive services to low- and moderate-income families in the southwestern Franklin County area. Through housing counselors, who provide homeowner education workshops, budgeting and credit counseling sessions, and foreclosure prevention counseling, the organization has helped to fill more than 100 rental housing units (Homes on the Hill Community Development Corporation, n.d.).

C − 1.29. **Huckleberry House, Inc.** — provides crisis housing and support to youth and their families struggling with homelessness, substance use disorders, economic instability, and violence (Huckleberry House, n.d.). Programs and services include the following:

(a) **Crisis shelter program** — offers a safe, temporary place to stay 24/7 and 365 days a year that offers teens ages 12-17 who are having crisis and unsafe situations at home. Teens have access to a welcoming place, a hot meal, warm bed and safe space. Teens have access to counselors to teens and their families to address family problems and safely return home.

(b) **Transitional living program** — an 18-month program for teens and young adults ages 17-21 who do not have a home. Persons are being taught to develop confidence and skills to live independently, find employment and meet education goals.

(c) **Counseling services** — a counseling program for teens and young adults ages 12-22 that helps young persons, and their families address family conflict, adjustments to changes, anxiety and depression, grief and loss, trauma and school challenges.

(d) **Youth outreach program** — counseling program for disconnected youth in the community that provides case management and support and referral to community resources.

C – 1.30. **IMPACT Community Action** — The goal of this organization is to reduce poverty by providing opportunities for self-sufficiency. The organization provides emergency financial assistance to stabilize households during times of crisis and encourage self-sufficiency. Individuals served include those who are at or below 125 percent of the federal poverty line in Franklin County (IMPACT Community Action, 2019). Most individuals must also have an emergency that disrupts their life or lifestyle to qualify for assistance. Funds can be used for transportation assistance, furniture, rental assistance, water assistance, state identification assistance, and bereavement assistance (IMPACT Community Action, n.d.).

C − 1.31. **Legal Aid Society of Columbus** — offers general civil legal services to pursue justice and organizes annual community forums on specialized topics such as the availability of affordable and high quality childhood education (The Legal Aid Society of Columbus, 2016). The Legal Aid Society of Columbus serves Franklin, Madison, Delaware, Marion, Morrow and Union County residents. The attorneys from Legal Aid Society of Columbus can handle cases on consumer law, family law, housing, access to public benefits, re-entry/expungements (Certification for Qualification of Employment, and sealing of criminal records/expungement), advice and counsel for seniors, tax-related problems, advice and counsel for veterans, and representation and assistance to families with children with disabilities.

C − 1.32.	**LifeCare Alliance** — assists older adults or those with medical needs from Franklin, Madison, Marion, Champaign and Logan Counties maintain independence and stay in their homes (LIfeCare Alliance, 2022). Examples of programs and services include:

(a)	**Meals on Wheels** — access to nutritious meals supervised by a dietitian, eligibility for a dietitian visit at home to develop a nutritional plan, assistance with pet food and veterinary care.

(b)	**Columbus Cancer Clinic** — access to low-cost or free head-to-toe cancer screenings and mammograms, prevention of cancer and education

(c)	**Central Ohio Diabetes Association** — assists persons in central Ohio diagnosed with diabetes manage their conditions, prevent complications, and live well. Persons can schedule a visit from a registered dietitian to learn diabetes management skills at their place of residence.

(d)	**Carrie's Cafe and Senior Dining Centers** — access to daily meals in a congregate setting. Lunches are available to participants 60 years and above for $1.50 contribution, but people get lunch regardless of ability to pay.

(e)	**Help-at-home** — provides homemaking and assistance with personal care to older adults from Franklin and Madison counties. Staff members assist older adults with home cleaning, errands, laundry, and some kitchen tasks.

(f)	**Wellness** — access to community wellness centers throughout Franklin County which are staffed by registered nurses, and dietitian that teaches about foot care, health promotion and disease management and conducts health assessments.

C – 1.33.	**Local Matters** — aims to create healthy communities through education, improving access to fresh and affordable foods, and advocates for policies that promote healthy communities (Local Matters 2016). Local Matters serves preschoolers to older adults through programs and services such as Veggie Van; classes to help families shop wisely for healthy foods and cook healthy and affordable meals; administer benefits programs; growing food in 14 community gardens

C − 1.34.   **Lutheran Social Services of Central Ohio** ⸺ serves 27 Ohio counties by addressing social determinants of health needs such as food, shelter, safety and healing (Lutheran Social Services 2016). Examples of prog rams of the Lutheran Social Services (LSS) include the following:

(a)   **Faith Mission** ⸺ provides clients with access to shelter, food, job training, health center, case management, and support for veterans

(b)   **LSS Food Pantries** ⸺ includes the "Choice Food Pantry" where clients can choose the food they wanted and the "LSS Mobile Food Pantry and Produce Distributions" where shelf-stable groceries and fresh produce are delivered to residents in need from 12 Ohio counties

(c)   **LSS CHOICES** ⸺ provides shelter to victims of domestic violence and their children. LSS CHOICES also promotes awareness of domestic violence

(d)   **LSS Kensington Place; LSS Lutheran Village**; **LSS The Good Shepherd** ⸺ provides senior housing and rehabilitation care

(e)   **LSS 211 Central Ohio** ⸺ **see C1.14.**

(f)   **LSS Home Healthcare** ⸺ enables seniors and other patients to receive the care at home. Examples of services include nursing care, wound care, physical therapy; occupational therapy, cardiac rehabilitation, diabetes education, teaching about medication; pain management, orthopedic rehabilitation, and intravenous therapy

(g)   **LSS affordable housing** ⸺ provides access to affordable housing and community service coordination for seniors

(h)   **Patriot Pride Painting Company** ⸺ empowers veterans to be independent by providing work opportunities and access to housing. Customers avail of quality painting services training, power washing, tiles, minor wood and dry wall repair and other special projects

C − 1.35.   **LSS 211 Central Ohio** ⸺ formerly called HandsOn Central Ohio, the LSS 211 Central Ohio is the largest referral service in Ohio (Lutheran Social Services, 2016). It delivers community services and address food insecurity. Examples of services include the following:

(a)   **Emergency food assistance** ⸺ linkages to 100 food pantries and free meals

(b)   **Rent and housing assistance** ⸺ access to providers that disburse rent, mortgage and utilities and access to transportation

(c)   **Tax time assistance** ⸺ free tax preparation appointments for families from January to April

(d)   **Linkage to other services** ⸺ includes assistance for paying utilities, home repairs, material assistance, access to transportation, emergency shelter clearinghouse

C−1.36. **Lutheran Social Services LSS CHOICES for Victims of Domestic Violence** — provides shelter and access to basic needs for victims of domestic violence (Lutheran Social Services, 2016). Examples of services include:

    (a) 24-hour domestic violence crisis, information, and referral line

    (b) Temporary emergency shelter

    (c) Access to legal and community advocates

    (d) Counseling for domestic violence

    (e) Access to speaker's bureau community education

    (f) Access to peer support groups

    (g) Accommodation to pets in domestic violence shelters

C − 1.37. **Mid-Ohio Food Collective** — operates the Kroger Community Food Pantry, where individuals and families with income less than 200% of the Federal Poverty Level are able to obtain food; assisting with enrollment to obtain food stamp benefits through the Supplemental Nutrition Assistance Program (SNAP); Mid-Ohio Farm which transform vacant lots in poor communities into productive and sustainable urban farms; South Side Roots Cafe, Market and Kitchen that offers low-cost meals for the community and for the South Side Learning and Development Center and Boys and Girls Club of Columbus after-school program (Mid-Ohio Food Collective, 2021).

C − 1.38. **NNEMAP Food Pantry** — services include distribution of food, assistance to apply for food stamps, access to infant/toddler products, hygiene products, and preventative health care services in partnership with local providers (NNEMAP, 2022).

C– 1.39. **Lutheran Social Services (LSS)** — By providing a food source for food insecure families in the Franklin County area, LSS food pantries allow these families to focus on other aspects of life, such as paying bills or finding employment. Services are provided to families living at 200 percent or less of the federal poverty level. LSS food pantries have a walk-in, a mobile pantry, or online pantry option for residents of Franklin Country to obtain food (Lutheran Social Services, 2016).

C – 1.40. **Mid-Ohio Food Collective** — This organization works with various agencies and companies, grocery stores, farmers, the U.S. Department of Agriculture, and members of the community to distribute food to food pantries, soup kitchens, shelters, and after-school programs across central and eastern Ohio. The Mid-Ohio Food Collective leads and facilitates food distribution that meets nutritional needs (Mid-Ohio Food Collective, 2021. Examples of Mid-Ohio Food Collective programs include but are not limited to:

    (a) Food is Health

    (b) Urban Farms of Central Ohio

    (c) South Side Roots Cafe, Market and Kitchen

C – 1.41. **Move to PROSPER** — This organization provides rental housing in neighborhoods with safety as a priority and good school districts so that all families in central Ohio can live in a community where they have opportunities to succeed. In the program, families receive three years of rental support, a rental home or apartment in a safe community, a life coach, and integration assistance into one's new life. Move to PROSPER provides these opportunities to low-income families with children under age 13 in the Gahanna, Olentangy, Dublin, and Hilliard school districts (Move to PROSPER, 2018).

C – 1.42.   **Nationwide Children's Hospital** — Nationwide Children's Hospital collaborates with the Community Development for All People in providing affordable housing to revitalize Columbus' south side through "Healthy Homes." Examples of "Healthy Homes" projects include: renovations, new builds, and available grants for home repair (Nationwide Children's Hospital, 2021). The main goal of the program is to provide safe and healthy homes for families and individuals to remove this potential barrier to health and well-being (Nationwide Children's Hospital, 2021).

C – 1.43.   **Near Northside Emergency Material Assistance Program (NNEMAP) Food Pantry** — NNEMAP provides access to nutritious food and other resources to qualifying residents of Franklin County from 43201, 43211, 43215 and 43224. Qualifying residents receive a three-day supply of food twice each month from the pantry (NNEMAP, 2022). For homeless clients, food options are provided that do not require cooking or refrigeration (NNEMAP, 2022). Weekly programs also exist to help clients in determining their eligibility for Supplemental Nutrition Assistance Program benefits (NNEMAP, 2022).

C – 1.44.   **Neighborhood Services, Inc. Food Pantry** — This organization provides food and material items to those in need in Franklin County. The Choice Food pantry is open Monday through Thursday from 10 a.m. to 1 p.m. and provides a five-day supply of food to residents. (NSI, n.d.). This service can be used once a month by those residing in 43201, 43202, 43210 and 43211 and once a year for residents of Franklin County residing in other zip codes (Neighborhood Services Food Pantry, n.d.). The organization also holds a monthly produce market and holiday food programs, which distribute seasonal foods during the Easter, Thanksgiving and Christmas holidays (NSI, n.d.).

C –1.45.   **Ohio Works First (OWF)** — a temporary financial assistance program for Ohio's needy families. The program is designed to provide assistance three times to eligible families over the course of 36 months (Ohio Department of Job and Family Services, 2018). The focus of this program is self-sufficiency, responsibility, and employment (Ohio Department of Job and Family Services, n.d.).

C – 1.46.   **St. Stephen's Community House** — This charity provides emergency assistance to fund basic needs such as food, housing, clothing, and healthcare, free childcare, and education for young children with the goal of strengthening the entire family. St. Stephen's Community House helps individuals or families obtain their public assistance benefits if they were not previously receiving them and help to increase employment and education in the community (St. Stephens Community House, 2018).

C – 1.47.   **The Columbus Foundation** — The Foundation assists various non-profits in fundraising for6programs that address income and/or poverty in Franklin County (The Columbus Foundation, 2020), such as, but not limited to:

(a)   IMPACT Community Action

(b)   Nothing into Something Real Estate

(c)   Family Mentor Foundation

(d)   Victory Ministries Inc.

(e)   Franklinton Rising

(f)   Together We Grow Inc.

(g)   Bridges Community Action Partnership

(h)   Compassion Furniture Bank

(i)   Community Properties Impact Corporation

(j)   Furniture Bank of Central Ohio

(k)   Neighborhood Services Inc. Food Pantry

C – 1.48.   **The Home for Families** — This organization provides education and care to children while helping their families find housing and achieve self-sufficiency (Home for Families, 2022). The organization believes that education is key to breaking the cycle of homelessness, so year-round educational services are provided to families in the program. The organization has three specific programs to help previously homeless families find housing through the following:

(a)   **"Rapid Re-housing"** — works with families to help them transition directly from homelessness to stable housing

(b)   **"Beyond Housing"** — tackles issues that may jeopardize a family's housing situation with the goal of breaking the generational cycle of homelessness

(c)   **"Healthy Beginnings at Home"** — provides housing stability to expectant mothers to combat the region's high infant mortality rate in collaboration with CelebrateOne.

C – 1.49.   **United Methodist Church and Community Development for All People** — This organization offers access to services or partnerships that address income/poverty (United Methodist Church and Community Development for All People, n.d.) including, but not limited to:

(a)   Free Store

(b)   All People's Fresh Market

(c)   Access to affordable housing

(d)   First Birthdays

(e)   Healthy Eating and Living

(f)   Youth Development

(g)   Bikes 4 All People

(h)   South Side Leadership Academy

(i)   Job training

(j)   Church for All People

(k)   Freedom School

(l)   All People After School Program

(m)   Housing Program

C – 1.50.   **United Way of Central Ohio —** leads community collaborations to address poverty (United Way of Central Ohio, n.d.). The United Way of Central Ohio supports a network of at least 80 local non-profit partners that provide services to address:

(a)   Basic needs such as food, shelter and assistance

(b)   Attainment of good jobs through skills development

(c)   Strengthening neighborhood revitalization

(d)   Promoting student success

C – 1.51. **Veterans Food Bank** — The largest food bank in Ohio, Veterans Food Bank is dedicated to feeding veterans and their families. Open from 8:30 a.m. to 4 p.m. Monday through Friday, the food bank is considered an emergency bank, meaning that 15 meals can be provided to each family member every month. Aside from providing food to veterans and their families, staff members work with clients to help them become self-reliant (Military Veterans Resource Center, 2019).

C – 2. **Racial Equity and Behavioral Health** — specific indicators for **racial equity (Priority 2a)** include (a) effects on economic and housing stability, (b) effects on quality healthcare, mental health, and feelings of safety, and (c) effects on maternal and infant health outcomes. The specific indicators for **behavioral health (Priority 2b)** include: (a) access to mental health care resources, (b) screening for mental health issues, (c) decreased unintentional drug and alcohol deaths, and (d) youth mental health supports (clinical, social).

Racial Equity (Priority 2a)—

C – 2.1. **OhioHealth** — Inclusion is one of OhioHealth's values, in addition to compassion, integrity, excellence, and stewardship. Based on the OhioHealth perspective, inclusion means openly welcoming and respecting what makes each person unique. When each OhioHealth employee seek diverse perspectives with positive intention and curiosity and give people a voice in the decisions that affect their lives, it is a means of honoring the dignity and worth of each person. In recognition of OhioHealth's efforts to promote diversity and inclusion, it was ranked second in the 2021 DiversityInc Top Hospitals and Health Systems, and ranked seventh on the DiversityInc 2021 Top Company for Black Executives. DiversityInc is the gold standard in the United States for ranking companies for diversity, equity, and inclusion. These recognition manifest OhioHealth's dedication and best practices in talent development, leadership commitment and supplier diversity (DiversityInc, 2022).

(a) OhioHealth Administrative Professionals Business Resource Group

(b) OhioHealth ASIAN Business Resource Group

(c) OhioHealth Disability Awareness Wellness Network (DAWN)

(d) OhioHealth Immigrants Business Resource Group

(e) OhioHealth Millennial Business Resource Group

(f) OhioHealth Pride (LGBTQ) Business Resource Group

(g) OhioHealth Veterans Business Resource Group

(h) OhioHealth We D.R.E.A.M. (**D**evelop. **R**ecognize, **E**levate. **A**mplify. **M**entor) Business Resource Group

(i) OhioHealth WE L.E.A.D. Business Resource Group (**W**omen **E**mpowering **L**eaders, **E**ducators, **A**dministrators, and **D**octors)

(j) OhioHealth Berger Hospital Diversity and Inclusion Council

(k) OhioHealth Doctors Hospital Diversity and Inclusion Council

(l) OhioHealth Dublin/Grady Diversity and Inclusion Council

(m) OhioHealth Employer Services Diversity and Inclusion Council

(n) OhioHealth Grant Medical Center Diversity and Inclusion Council

(o) OhioHealth Mansfield and Shelby Diversity and Inclusion Council

(p) OhioHealth Marion General Hospital Diversity and Inclusion Council

(q) OhioHealth at Home Diversity and Inclusion Council

(r) OhioHealth Physician Group Diversity and Inclusion Council

(s) OhioHealth Pharmacy Services Diversity and Inclusion Council

(t) OhioHealth Riverside Methodist Hospital Diversity and Inclusion Council

C − 2.2. **Columbus Public Health** — has a dedicated Health Equity section, which aims to address the causes of health inequities and enable all people to healthy (City of Columbus, 2022). Examples of programs include:

(a) **Healthy Neighborhoods** — examples of programs and activities include (i) health information, (ii) community health and wellness events, (iii) Columbus Public Health Speakers Bureau, (iii) Neighborhood Pride Week, (iv) Public Health/Community Relations, (v) Public Health Partnerships, (vi) Set-up and facilitation of area commissions and civic associations, (vii) Columbus Health Advisory Committees.

(b) **Neighborhood Social Work** — public health social workers help residents obtain access to community resources, and primary and secondary prevention initiatives. The social workers are assigned in Neighborhood Pride Centers, and actively involved in Free Stores, Lutheran Food Pantries, and Opportunity Centers

(c) **Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Health Initiative** — addresses gaps and inequities within gender and sexually diverse populations. Examples of programs and services include (i) Cultural Competency Training, (ii) Greater Columbus LGBTQ Health Coalition, (iii) health promotion and disease prevention.

(d) **Office of Health Equity Promotion** — examples of programs include (i) Neighborhood Health Ambassador Initiative, (ii) community health and wellness events, (iii) training on health equity, (iv) "Your Health Matters" that focuses on prevention, nutrition, activity, and health education and health literacy, (v) Diversity and Equity Committee, and (vi) Columbus Public Health News Blasts.

C – 2.3. **Columbus Urban League** — Examples of programs that address both racial equity and behavioral health include the following:

(a) **Empower U** — educates at-risk persons on how to prevent relapses and manage stress and anger and improve health and wellness. The Columbus Urban League partners with the Adult Parole Authority to provide prevention education, access to activities that promotes wellness, sobriety, support groups, and improvement of professional skills (Columbus Urban League, 2022).

(b) **Building Futures** — provides career training to previously incarcerated and under-employed people in skilled construction trades. Participants attend a 12-week pre-apprenticeship program that includes professional development, training in technical skills, and access to support services. Graduates earn state and industry recognized certifications (Columbus Urban League, 2022).

(c) **Choose 2 Change** — aims to reduce recidivism and also promotes safe neighborhoods by helping incarcerated persons with life skills and job readiness. Persons who were incarcerated are linked to housing, transportation, healthcare and job opportunities. Participants are given instructions to reinstate driver's license, obtain recommendation letters for employment, address child support and custody battles (Columbus Urban League, 2022).

C − 2.4.   **Franklin County Board of Health** — Declared racism as a public health crisis on May 9, 2020. The Franklin County Board of Health committed on the following:

(a) Create an equity and justice-oriented organization — includes a plan for addressing and eliminating racism as it affects people's health and genuinely engaging with communities of color.
(b) Develop policies that improve health in communities of color and efforts to eliminate systemic racism
(c) Build partnerships with various community stakeholders in addressing racism as a public health crisis

C − 2.5.   **National Advancement for the Association of Colored People (NAACP)** – **Columbus, Ohio** — aims to eliminate racism and build Black social, economic, and political power (NAACP, n.d.). NAACP addresses the following:

(a) **Fair and diverse federal judiciary** — aims to promote (i) civil and criminal justice systems, (ii) stop racial and economic bias, and (iii) stop mass incarceration

(b) **Innovation in education**— aims to (i) improve access to quality education, (ii) ensure equal access to education, challenge racial segregation in public schools, and (iii) prevent unfair allocation of funding against public schools,

(c) **Environment and climate justice** — address stewardship of the environment and climate change

(d) **Inclusive economy** — aims to (improve access for Black workers, consumers and business owners, 99) opportunities for entrepreneurship, inclusive supply chain, accelerators and incubators,

(e) **Health and wellbeing** — aims to promote (a) affordable health care, (ii) healthy people and healthy communities by providing access to good nutrition and quality resources, and (iii) promote awareness that oppression is the root of health disparities and inequities.

(f) **Next Generation Leadership** — includes programs such as (i) Afro-Academic, Cultural, Technological and Scientific Olympics (ACT-SO), (ii) leadership training for youth and college students, and (iii) Next Gen Program for young and middle adults for leadership and advocacy training

(g) **Advocacy and litigation** — aims to fight injustice in federal, state, local regulations, (ii) eliminate policies, practices and procedures that discriminates, and (iii) misconduct by public officers, private persons and companies against civil rights

C − 2.6.   **The Kirwan Institute for the Study of Race and Ethnicity (based at The Ohio State University)** — promotes social justice and supports equity and inclusion. It is involved in research, addresses racial wealth inequality, neighborhood development, opportunity mapping, health equity and disparities (The Kirwan Institute for the Study of Race and Ethnicity, 2020).

C − 2.7.   **OhioHealth Neuroscience Behavioral and Mental Health** — OhioHealth provides inpatient behavioral health services for patients suffering from emotional, psychological, and behavioral crisis (OhioHealth, 2015-2021). Inpatient services provide a safe environment to stabilize a patient, medication management, group therapy and activities, electroconvulsive therapy, consults and education (OhioHealth, 2015-2022). The OhioHealth Outpatient Behavioral Health Offices provide:

(a)   Partial hospitalization program and intensive outpatient program

(b)   Employee assistance program

(c)   Sexual Assault Response Network of Central Ohio (SARNCO) Rape Helpline

(d)   Mindfulness Based Stress Reduction program

(e)   Access to services of the OhioHealth Riverside Methodist Hospital's The Dempsey Family Education and Resource Center

C − 2.8.   **Chalmers P. Wylie VA Ambulatory Care Center** — The Chalmers P. Wyle VA Ambulatory Care Center has a mental health clinic that provides treatment, including medication, psychotherapy, psychological testing, or marital/family therapy (U.S. Department of Veterans Affairs, n.d.). The treatment focuses on the following:

(a)   Addictive behaviors

(b)   Aggressive or self-harming behaviors

(c)   Anxiety, worry or nervousness

(d)   Confused thinking,

(e)   Depression, sadness or grief

(f)   Emotional or anger problems

(g)   Homeless veteran outreach

(h)   Military sexual trauma recovery

(i)   Smoking cessation

(j)   Troublesome ideas

C − 2.9   **Mount Carmel Health System** — Mount Carmel Health System provides individualized behavioral health services for adults aged 18 years and older. The organization takes an interdisciplinary approach to treatment with a team that includes psychiatrists, occupational therapists, nurses, social workers, counselors, chaplains, and other health professionals (Mount Carmel Health System, 2022).

C − 2.10.	**Nationwide Children's Hospital's Big Lots Behavioral Health Services** — Starting in 2020, the Nationwide Children's Hospital's Big Lots Behavioral Health Services will be serving children and adolescents experiencing emotional, behavioral, and developmental problems (Nationwide Children's Hospital, 2021). The services will include:

(a)	Psychiatry

(b)	Psychology

(c)	Pediatrics

(d)	Counseling

(e)	Social work

(f)	Nursing and take a holistic approach to the treatment of the patient.

(g)	Inpatient and outpatient care

(h)	Prevention services

(i)	Crisis services

(j)	Community-based services

C − 2.11.	**Ohio Hospital for Psychiatry** — This organization strives for long term healing and recovery for individuals with mental health and addiction issues. Information is also provided to customers about the mental health or cognitive disorders they may be experiencing in their lives to help develop an effective treatment plan for everyone (Ohio Hospital for Psychiatry, 2021). Programs offered by the hospital include:

(a)	Inpatient programs

(b)	Dual diagnosis inpatient programs

(c)	Partial hospitalization program (PHP)

(d)	Intensive outpatient program

(e)	Medical treatment programs

(f)	Home-based therapy

C − 2.12.	**Sequel Pomegranate Health Systems** — This organization provides treatment to teens aged 12-17 who may be struggling with mental health and behavioral disorders (Pomegranate Health Systems of Central Ohio, Inc., n.d.). Treatment at the facility is evidence-based and administered through a trauma-informed care perspective. Services include the following: residential treatment, shelter care, and a psychiatric hospital to treat teens in crisis (Pomegranate Health Systems of Central Ohio, Inc., n.d.). Therapy programs are also offered to clients and include

(a)	Group therapy

(b)	Individual therapy

(c)	Family therapy

(d)	Art therapy

(e)	Music therapy

(f)	Pet therapy

C − 2.13. **The Ohio State University Wexner Medical Center Mental and Behavioral Health** — This Columbus health system provides confidential behavioral health treatment at two locations in the area: Ohio State Harding Hospital and Talbot Addiction Medicine, as well as through outpatient clinics across Franklin County (The Ohio State University Wexner Medical Center, 2022). Treatment options at The Ohio State University Wexner Medical Center include evaluation, psychotherapy, medications, and transcranial magnetic stimulation (TMS). The hospital system also provides programs to aide in treatment, including:

    (a) Crisis management

    (b) Partial hospitalization programs

    (c) Outpatient care

    (d) Addiction programs

    (e) Child and adolescent care

    (f) Neurotherapy programs

    (g) Stress and trauma resilience programs

    (h) Programs to support women's behavioral health

C − 2.14. **The Ohio State University Wexner Medical Center Traumatic Brain Injury (TBI) Network** — This network provides treatment to patients who have experienced a traumatic brain injury caused by substance abuse or developed a substance abuse disorder that is the result of a traumatic brain injury (The Ohio State University Wexner Medical Center, 2022). Treatments through the TBI Network focus on outpatient rehabilitation services, such as:

    (a) Assessment

    (b) Specialized case management for the individual and their family

    (c) Vocational rehabilitation

    (d) Crisis intervention

    (e) Counseling

C − 2.15. **Twin Valley Behavioral Healthcare Hospital** — A certified center for mental health treatment by the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission. This organization provides mental health services in the Franklin County area. Local centers refer patients to the Twin Valley Behavioral Healthcare Hospital. The inpatient environment provides quality and cost-effective services to all patients through a recovery-based approach. The average length of stay is 10 to14 days, and prior to discharge, patients are directed to mental health centers in the community to maintain their progress after leaving the facility (Ohio Department of Mental Health and Addiction Services, n.d.).

C − 2.16. **Africentric Personal Development Shop** – This behavioral healthcare center specializes in prevention, treatment, and recovery from addictions (Africentric Personal Development Shop, 2017). Services include:

    (a) Educational classes related to domestic violence

    (b) Youth summer camp

    (c) Cultural activities and services to strengthen the community, such as the S.M.A.R.T. 2.0 Summer Enrichment Program and the Africentric Personal Development Shop Millicent "Mama Kim" Dixon Scholarship Fund

C − 2.17. **Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County** — This organization aims to reduce the incidence of mental health problems and eliminate the abuse of alcohol and drugs in Franklin County with progressive and effective treatment and prevention services (ADAMH, n.d.). Treatment programs are designed to be unique to the individual, and the organization helps to provide resources that offer cost-effective, timely and high-quality care for individuals struggling with mental illness or addiction (ADAMH). Examples of network members of ADAMH Board of Franklin County include but are not limited to:

(a) Africentric Personal Development Shop, Inc

(b) Alvis Inc./Alvis House

(c) Amethyst Inc

(d) The Buckeye Ranch

(e) Central Ohio Area Agency on Aging

(f) Columbus Area Integrated Health Services Inc

(g) Columbus Public Health

(h) Columbus Urban League

(i) Community for New Direction

(j) Community Housing Network

(k) CompDrug Inc.

(l) Concord Counseling Services

(m) Directions for Youth and Families

(n) Franklin County Local Outreach to Suicide Survivors (LOSS)

(o) HandsOn Central Ohio Inc.

(p) House of Hope for Alcoholics

(q) Huckleberry House

(r) Life Town – Friendship Circle

(s) Lutheran Social Services CHOICES for Domestic Violence

(t) Maryhaven

(u) Mental Health America of Franklin County

(v) National Alliance on Mental Illness (NAMI) Franklin County

C − 2.18. **Alvis Inc.** — This organization provides: (a) residential reentry programs; 79 percent of clients who have gone through the program remain out of the criminal justice system, (b) behavioral health programs, (c) substance abuse treatment programs, (c) recovery housing for women and children, and (d) independent living services for individuals with developmental disabilities (Alvis, 2018).

    (a) **Amethyst Inc.** — This client-centered treatment program helps substance-dependent women and their families work towards maintaining sobriety. Services include: (i) traditional and intensive outpatient treatment, (ii) housing, (iii) medical services, (iv) family services, (v) mental health and trauma treatment, and (vi) job readiness and placement (Alvis, 2018).

    (b) **The Recovery Choices Program** — This program focuses on improving clients' decision-making skills and coping abilities to help them build drug- and alcohol-free lives. The program involves a thorough beginning assessment, followed by treatment services, a personal relapse plan, and an aftercare plan that involves support and implementation of concepts discussed in the program (Alvis, 2018).

C − 2.19. **Columbus Public Health** — As part of its Alcohol and Drug Services program, Columbus Public Health offers the following services (City of Columbus, 2022):

(a) Opiate crisis information — provides easy-to-understand information on naloxone access, treatment and supportive services for opiate users; awareness on signs of overdose and what to do; information about Safe Point, a harm reduction education program; availability of free fentanyl strips; prevention and education programs in Franklin County; information for coaches, athletic trainers, opiate treatment; hepatitis C testing; and information on safe needle and medicine disposal.

(b) REAL Life — stands for Respect, Empower, Achieve, Lead. REAL Life serves persons ages 14-24 by providing safe ways to prevent violence, access to mentorship, and enrichment activities. Columbus Public Health collaborates with City of Columbus Recreation and Parks and serve Glenwood (Zip Code 43223); Linden (Zip Code 43211); Beatty (Zip Code 43203); Douglas (Zip Code 43211); and Barack (43207)

(c) Latino Women's Prevention Program — offers education and empowerment to Latino women through discussions on drug and alcohol abuse prevention, mental health, sexual education, nutrition, parenting. It also provides opportunities for leadership development and mentorship.

(d) Outpatient treatment services, including access to specialized groups, support services and Medication Assisted Treatment (MAT) — comprehensive intensive outpatient services, counseling, cognitive behavioral therapy, discussion groups, yoga, and nutrition

(e) Substance Abuse General Education (SAGE) — educates youth ages 15-17 who manifests high-risk for substance use. The curriculum is based on "Prime for Life" and focuses on what participant values and making positive choices.

(f) Success through Healthy Choices — serves youth ages 14-18 who participates in learning prevention of sexually transmitted infections and HIV prevention through age-appropriate activities related to art, games, videos. Examples of topics discussed include sexuality, healthy relationships, sexual activity, assault, decision making, abstinence, testing for sexually transmitted infections and HIV, and LGBTQ+ awareness.

C − 2.20.   **Columbus Springs** — This organization provides services for mental health, addiction and co-occurring disorders (Columbus Springs, 2019). (Columbus Springs, 2019). The involvement of family members and friends is encouraged to inspire positive change (Columbus Springs, 2019). Examples of programs include:

(a) Adult inpatient

(b) Adult outpatient

(c) Child and adolescent programs

(d) Therapy

(e) Medication management

(f) Alumni support

C − 2.21.   **Community for New Direction** — This organization helps individuals achieve their brightest potential by providing programs to youth that discourage the use of alcohol, tobacco, and other drugs (Community for New Direction, 2022). Examples of programs and services include mental health and substance use disorder treatment, programs for youth, and partnerships with the community *Community for New Direction, 2022).

(a) **Adult Outpatient Addiction Treatment and Counseling Services** — This program provides individuals who may be struggling with addiction services such as but not limited to: (a) intensive and non-intensive outpatient programs, (b) individual counseling, (c) group counseling, (d) family counseling, and (e) life skills education, etc.

(b) **Youth and young adult programs** — includes annual summer day camp, after-school program, youth mentorship and tutorship in Columbus City and Reynoldsburg Schools. Programs focus on leadership, and violence prevention and intervention.

(c) **Partnerships with community** — fosters partnerships with schools, the ADAMH Board of Franklin County, City of Columbus and State of Ohio and other community-based organizations.

C − 2.22.   **CompDrug Inc.** — This organization provides a range of programs and services to aide in the prevention, treatment, recovery, and lifestyle of those affected by addiction (CompDrug 2020). CompDrug's philosophy for treatment is a mental health-based approach through interaction. Treatment programs include but are not limited to:

(a) Intensive outpatient treatment programs

(b) Group counseling services

(c) Community health education on Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus (HIV)

(d) Medication assisted treatment (MAT)

(e) Pregnancy and parenting support.

C − 2.23. **Concord Counseling Services** — This organization provides services that address mental and behavioral health ((Concord Counseling Services, 2021) such as but not limited to:

(a) Psychiatric and mental health services

(b) Drug and alcohol treatment

(c) Counseling

(d) School-based prevention programs

(e) Psychological and practical support for older adults

(f) Suicide prevention

(g) Free support groups ("Survivors of Suicide," "Families in Touch," "Schizophrenics Anonymous")

(h) Community support for persons with severe mental disabilities

(i) Access to full-service pharmacy

(j) Respite program

C − 2.24. **Directions for Youth and Families** — Provides mental, emotional, and behavioral health support for youth and families, counseling, community support, parenting classes, and after school and summer programs. Referrals come from schools, social services, juvenile court, family members, or other individuals who may be concerned with troubled youth or family. The youth centers serve as after school and summer programs for Columbus City Schools (Directions for Youth and Families, 2021).

C − 2.25. **Franklin County Public Health** — Franklin County Public Health partners with Columbus Public Health, Maryhaven, and Central Ohio Hospital Council in providing free Naloxone training focused on different types of opiates, signs and symptoms of an opiate overdose, and how to administer Naloxone. Community participants in the Naloxone training are given free Naloxone kits (Franklin County Public Health, 2022). Franklin County Public Health also helps disseminate public information on medication disposal and participates in the development and implementation of the Franklin County Opiate Action Plan (Franklin County Public Health, 2022).

C − 2.26. **Maryhaven** — This organization specializes in addiction recovery. There are specific services for women, men, and adolescents, as well as public safety or court-related programs, and Addiction Stabilization Center (Maryhaven, 2022). Maryhaven provides services that include but are not limited to:

(a) Inpatient and outpatient treatment

(b) Medication assisted treatment (MAT)

(c) Individual and group counseling

(d) Gambling addiction treatment

C − 2.27. **Mental Health America of Ohio** — Mental Health of America of Ohio provides certification for Mental Health First Aid training that educates the community of the warning signs of mental illness, makes known the impact of mental illness, and provides support to members of the community suffering from mental illness (Mental Health America of Ohio, 2020). Services provided include but not limited to:

(a) Counseling

(b) Maternal mental health groups

(c) Support groups

(d) Advocacy efforts

(e) Educational materials

(f) Resource directory

(g) Mental health first aid training for the public

(h) Professional trainings

C − 2.28. **National Alliance on Mental Illness (NAMI) of Franklin County** — NAMI approaches mental illness as biologically based medical problems, providing support, education, and advocacy to those struggling with mental illnesses and their families (NAMI Franklin County, 2022.). NAMI offers free programs, such as but not limited to:

(a) Concord Counseling Respite Program

(b) Crisis Intervention Team (C.I.T.) Training Program

(c) NAMI Ending the Silence

(d) NAMI In Our Own Voice

(e) NAMI Mentor Program

C − 2.29. **Netcare Access** — This organization helps clients experiencing crisis and provides legal services. Netcare Access offers emergency response service, access to the Crisis Center; Assessment Center; ROW One program; specialized crisis and assessment services for clients with dual diagnosis of mental illness and/or developmental disabilities; older adult services; Crisis Stabilization Unit; Miles House, a short-term treatment facility for clients with mental illness; and Community Crisis Response (Netcare Access, 2021). Examples of legal services include but are not limited to forensic assessment services, and family psychological services (Netcare Access, 2021). Netcare has a 24-hour mental health and substance abuse crisis hotline (614-276-CARE; 1-888-276-CARE). The hotline works in conjunction with the county's ADAMH system and provides assessment and referrals for treatment services for clients with the following conditions:

(a) Developmental disabilities

(b) Struggling with mental health or substance abuse crises

(c) Clients with acute to severe mental disorders

(d) Clients requiring court-mandated mental health assessment.

C − 2.30. **North Central Mental Health Services** — This community-based mental health recovery agency provides services for all groups, from young children to older adults, and has both short- and long-term service options. Professionals approach treatment in a positive, constructive way, and the organization offers both direct treatment programs, as well as educational and preventative services. Services provided by the organization include: those focused on the elderly population, those with a family focus, as well as programs focused on recovery support, suicide prevention, community education, and psychiatric assessment (North Central Mental Health Services, 2016).

C − 2.31. **North Community Counseling Centers** — The Centers' programs aim to reach individuals, couples, and children struggling with the challenges of mental health and addiction. The North Community Counseling Centers offer both home- and school-based programs to provide resources that help residents of Franklin County reach their full potential. The North Community Counseling Centers provide individual and couples therapy, case management, medicine management, and medication assisted treatment (MAT) (North Community Counseling Centers, 2022).

C − 2.32. **Ohio Mental Health and Addiction Services** — This agency implements statewide programs on prevention and wellness, treatment, support systems, workforce development for clinicians, peers and community leaders, regulations and research (Ohio Mental Health and Addiction Services, 2019).

C − 2.33. **Syntero** — This organization offers programs for youth, adults and older adults (Syntero, 2022). Youth programs include but are not limited to:

(a) Youth and adult outpatient counseling for mental health and substance use disorder counseling

(b) Youth and adult case management

(c) Youth and adult intensive outpatient for substance use disorder

(d) Help Me Grow

(e) Youth and adult integrated care

(f) Youth mentoring

(g) Dublin Adolescents and Community Together (ACT)

(h) Healthy Bodies/Healthy Futures

(i) Youth diversion education

(j) Recovery-Engagement-Networking-Employment-Wellness (R.E.N.E.W.)

(k) Permanent Family Solutions Network Partnership

(l) School-based prevention services

(m) Partnership with Goodwill Columbus

(n) Outpatient mental health and substance use disorder counseling for older adults

(o) Older adult caregiver consultation

(p) Older adults intensive-home based outreach

(q) Older Adults Volunteer Program

(r) Aging-focused support groups

C − 2.34. **The Buckeye Ranch** — The Ranch serves children and families and operates on a strengths-based approach, personalizing treatment to the individual and their strengths (Buckeye Ranch, n.d.). The Buckeye Ranch provides clients with options such as:

    (a) Foster care

    (b) Day treatment programs

    (c) Community support initiatives

    (d) Residential treatment services

    (e) Permanent family solutions network

C – 2.35. **The PEER Center** – The PEER (Peer's Enriching Each Other's' Recovery) Center is a drop-in wellness, recovery and support center for persons with mental illness, addiction, and trauma. Through peer-to-peer communication and engagement, the PEER Center aims to help individuals understand their own triggers and what types of treatment are effective. Apart from peer support, the PEER Center also offers recovery tools and daily mental health, alcohol, drugs, and trauma-informed support groups. (The PEER Center, 2021).

C – 2.36. **Urban Minority Alcoholism and Drug Abuse Outreach Program of Franklin County** — This agency serves the African American community through alcohol, tobacco, and other drug education and prevention services for youth and families, re-entry and training (Urban Minority Alcoholism and Drug Abuse Outreach Program of Franklin County. n.d.).

C − 3. **Healthcare Facilities and Community Resources Addressing Maternal and Infant Health — specific indicators include (a) infant mortality and (b) maternal pre-pregnancy health.**

C – 3.1. **OhioHealth Women's Health** — OhioHealth Women's Health provides comprehensive women's health services, prenatal care, postpartum care, and family planning services (OhioHealth 2015-2022). Examples of OhioHealth clinics include but are not limited to:

    (a) OhioHealth Maternal Fetal Medicine Physicians Doctors Hospital

    (b) OhioHealth Maternal Fetal Medicine Physicians Dublin Methodist

    (c) OhioHealth Maternal Fetal Medicine Physicians Grant

    (d) OhioHealth Maternal Fetal Medicine Physicians Riverside Methodist

    (e) OhioHealth Obstetrics and Gynecology Physicians Columbus

    (f) OhioHealth Obstetrics and Gynecology Physicians Grove City

    (g) OhioHealth Obstetrics and Gynecology Physicians Hilliard

    (h) Riverside OB/GYN Community Care

    (i) Riverside Women's Center

    (j) OhioHealth Wellness on Wheels Women's Health

    (k) OhioHealth Home Visiting Program

C – 3.2. **Comprehensive OhioHealth Primary Care Services** — Primary care handles your routine medical needs, like annual checkups, health screenings, sick care, vaccines, and prescriptions (OhioHealth, 2015-2022). Many of our providers also specialize in specific types of care, like women's health, men's health, sports medicine, family medicine, LGBTQ care, and management of chronic conditions like diabetes or asthma. OhioHealth offers convenient locations that are either close to work or home, convenient hours, online scheduling, same-day or next-day appointments, and access to virtual visits. OhioHealth connects patients to every level of care. OhioHealth Physician Group Primary Care offers the Medicare benefit called the "Annual Wellness Visit". During this special visit, your physician or specially trained nurse reviews your medical history and risk factors and creates a personalized prevention plan to help keep you healthy. Annual Wellness Visits are fully covered by Medicare, hence, patients pay nothing out of pocket.

(a) **Adult healthcare** — examples of services include treatment and management for (i) acute illness care, (ii) allergy, (iii) anxiety, (iv) asthma, (v) biometric screening exams, (vi) cholesterol testing, (vii) infections, (viii) congestive heart failure, (ix) coordination of diagnostic tests, (x) referrals, (xi) chronic obstructive pulmonary disease, (xii) depression, (xiii) dermatology, (xiv) diabetes, (xv) family planning and contraceptives, (xvi) hypertension, (xvii) immunization and vaccines, (xviii) joint infections, (xix) joint injections/aspirations, (xx) incision and drainage of abscess, (xxi) Medicare annual wellness visit, (xxii) obesity, (xxiii) pain management, (xxiv) pelvic exam, (xxv) physical exams, (xxvi) preoperative evaluation and medical clearance for surgery, (xxvii) screening exams, (xxviii) surgical procedures, (xxix) thyroid disease, (xxx) toenail removal, (xxxi) urinary tract infections, (xxxii) wart removal, (xxxiii) wellness and preventive care.

(b) **Women's healthcare** — examples of services include (i) birth control counseling and options, (ii) breast exam, (iii) first pelvic exam, (iv) gynecology services, (v) hormone replacement therapy, and (vi) Pap test.

(c) **Sports medicine primary care** — examples of services include (i) care for athletes at all ages and levels, (ii) sports injury care, (iii) fracture care, (iv) concussion management, (v) customized recovery plans, (vi) diagnosis and treatment of pain from exercise or exertion, (vii) exercise prescriptions, (viii) osteopathic manipulative therapy to ese pain and maximize mobility and performance, and (ix) joint infections.

(d) **Children and adolescent healthcare** — examples of services include treatment and management for (a) allergy, (b) asthma, (c) ear infections, (d) illness care, (e) sports and school physicals, (f) prevention and wellness care, (g) sore throat, (h) education, testing and treatment related to sexually transmitted infections, and (i) well-child check-ups.

(e) **Infant healthcare** — examples of services include (a) breastfeeding support, (b) education of developmental milestones, (c) illness care, and (d) well-baby check-ups.

(f) **Osteopathic manipulative medicine** — doctors of osteopathic medicine provide these services for (a) asthma, (b) sinus disorders, (c) migraines, (d) low back pain, (e) neck pain, (f) pregnancy-related pain, (g) traumatic brain injury, (h) post-traumatic stress disorder (PTSD), and (i) abdominal and pelvic pain.

C– 3.3. **OhioHealth Heart and Vascular Care** –– provides program and services for complex conditions such as peripheral vascular disease, heart failures and heart valve diseases (OhioHealth, 2015-2022). The OhioHealth Specialty Clinics include:

    (a) Vascular Clinics –– part of the largest network of vascular clinics in Ohio, allowing patients with vascular conditions greater access to minimally invasive and comprehensive care where they live and work.

    (b) Arrhythmia Clinics –– part of the largest network of arrhythmia clinics in Ohio, providing patients care close to home with treatments customized to the unique and often complex needs that are associated with heart rhythm disorders.

    (c) Heart Failure Clinics –– specifically designed to manage quality of life for heart failure patients. They support you from new diagnosis through end-of-life care decisions, and every step in between.

    (d) Atrial Fibrillation Clinics –– cares for patients experiencing acute episodes of atrial fibrillation that require immediate evaluation or support. It is intended to reduce unnecessary emergency department visits and hospitalizations.

    (e) Structural Heart Clinics –– specialize in treating patients with advanced and complex structural heart disease, combining the latest procedures and clinical research to give our patients the best available options for their care.

    (f) Cardio-Oncology Clinics –– led by expert cardiologists who use state-of-the-art tools and a collaborative approach to care to help cancer patients complete their treatment as safely as possible.

C – 3.4. **OhioHealth Physician Group Pulmonology** –– provides personalized and specialty care in pulmonary and critical care medicine. Patients with lung diseases, including asthma, chronic obstructive pulmonary diseases and other respiratory illnesses may be referred by their primary care physician to pulmonary and critical care medicine specialists (OhioHealth, 2015-2022). Pulmonologists offer complete lung diagnostic and treatment options and individualized treatment plans.

    (a) Acute respiratory distress syndrome

    (b) Asthma

    (c) Recurring bronchitis

    (d) Chronic obstructive pulmonary disease (COPD)

    (e) Cystic fibrosis

    (f) Complex lung disease such as pneumoconiosis

    (g) Emphysema

    (h) Pneumonia

    (i) Pulmonary edema

    (j) Pulmonary embolism

    (k) Pulmonary hypertension

    (l) Respiratory failure

C – 3.5.   **OhioHealth Physician Group Endocrinology** — OhioHealth's board-certified and fellowship-trained endocrinologists and advanced practice providers specialize in providing the best quality of care to patients with diabetes and endocrine system or metabolic disorders (OhioHealth, 2015-2022). OhioHealth providers take a whole-person approach to endocrinology care that includes individualized treatment plans, disease management and education on lifestyle changes. Examples of services include:

(a)   Diabetes management and education — Type 2 diabetes, Type 1 diabetes, insulin pump management, continuous glucose monitoring

(b)   Adrenal disorders

(c)   Adrenal nodules and other adrenal issues

(d)   Calcium and parathyroid disorders

(e)   Polycystic ovarian syndrome

(f)   Gonadal disorders

(g)   Hypercalcemia/hyperparathyroidism

(h)   Hypertension and cholesterol disorders

(i)   Hyperthyroidism

(j)   Hypogonadism

(k)   Hypothyroidism

(l)   Lipid disorders

(m) Metabolic disorders

C − 3.6. **OhioHealth Physician Group Cancer Care** –– OhioHealth's affiliation with MD Anderson Cancer Network® allows physicians to review patient's diagnosis and treatment with their peers at The University of Texas MD Anderson Cancer Center (OhioHealth, 2015-2022). MD Anderson was ranked No. 1 hospital for cancer care in the United States by the U.S. News & World Report's "Best Hospitals" survey (The University of Texas MD Anderson Cancer Center, 2022). Patients benefit from the latest research and expertise from leading physicians in the area. OhioHealth believes that exceptional cancer care should be close to patients' home and loved ones. OhioHealth cancer doctors certified by MD Anderson follow best practices for (i) patient outcomes, (ii) quality care assurances and protocols; (iii) new technologies, treatments, and clinical research, (iv) integrated patient care and prevention; (v) access to peer-to-peer consults and clinical trials; (vi) specialized treatment for cancer; and (vii) access to patient navigators, integrative care. Our multidisciplinary approach to cancer care involves a collaboration of experts ranging from radiologists, pathologists, breast surgeons, medical oncologists, radiation oncologists, plastic surgeons, genetic counselors, nurse navigators, and palliative care specialists.

(a) **Breast Cancer Programs and Services** –– include access to (i) expert breast cancer physicians; (ii) state-of-the-art technology for breast cancer screening and detection; (iii) advanced treatment, collaboration among cancer experts and access to the MD Anderson Cancer Network®; (iv) patient navigator; (v) Breast Cancer Second Opinion Clinic, (vi) High-Risk Breast Clinic, (vii) cancer support and wellness, (viii) genetic counseling, (ix) access to research and clinical trials (OhioHealth 2015-2022).

(b) **Cancer rehabilitation program and services** –– the goal is to improve quality of life during and after cancer treatment and encourage participation in daily activities. Examples of therapies include (i) lymphedema therapy, (ii) musculoskeletal therapy, (iii) cardiovascular and cardiopulmonary therapy, and (iv) functional therapy.

(c) **Cardio-Oncology programs and services** –– expert cardiologists collaborate with the cancer team to minimize the cardiovascular risks and side effects of cancer treatment to achieve best outcomes. Cardiologists also manage pre-existing cardiac conditions, and minimize heart risks among patients undergoing cancer treatment.

(d) **Colorectal cancer programs and services** –– OhioHealth cancer care provide the highest quality, patient-focused care with advanced technology, innovative programs, expert caregivers, and screening facilities that are conveniently located throughout the central Ohio area.

(e) **Gastrointestinal surgical oncology programs and services** –– provides comprehensive care for patients with gastrointestinal cancers from diagnosis to treatment and survivorship. OhioHealth's multidisciplinary team provides care for people with cancers of the (i) esophagus, (ii) gallbladder, (iii) liver and bile duct, (iv) liver metastases, (iv) pancreas, (v) peritoneal carcinoma, (vi) rare tumors, and (vii) stomach.

(f) **Gynecologic cancer programs and services** –– provides comprehensive care for patients with cancer of the uterus, ovaries, cervix or vagina. Programs and services include diagnoses to treatment and survivorship.

C − 3.7. **OhioHealth Physician Group Endocrinology** — care and services are provided by experienced board-certified and fellowship-trained endocrinologists and advanced practice providers who provide care for diabetes, and endocrine or metabolic disorders (OhioHealth 2015-2022). OhioHealth adopts the whole-person approach that includes personalized treatment plans, disease management and education on lifestyle changes. Examples of program and services include:

(a) Management and education for Type 2 diabetes

(b) Management and education for Type 1 diabetes

(c) Management and education for Gestational diabetes

(d) Management of insulin pump

(e) Education and skills building related to continuous glucose monitoring

(f) Referral to nutrition counseling for dietary advice and support

(g) Treatment and care for adrenal disorders

(h) Treatment and care for adrenal nodules and other adrenal issues

(i) Treatment and care for calcium and parathyroid disorders

(j) Treatment and care for polycystic ovarian syndrome

(k) Treatment and care for gonadal disorders

(l) Treatment and care for hypercalcemia or hyperparathyroidism

(m) Treatment and care for hypertension and cholesterol disorders

(n) Treatment and care for hyperthyroidism and hypothyroidism

(o) Treatment and care for hypogonadism

(p) Treatment and care for lipid disorders

(q) Treatment and care for metabolic disorders

(r) Treatment and care for osteoporosis and bone mineral disorders

(s) Treatment and care for pituitary disease or hyperprolactinemia

(t) Treatment and care for other pituitary disorders

(u) Treatment and care for thyroid disease and cancer

(v) Treatment and care for other thyroid disorders

C − 3.8. **Physicians CareConnection** — This organization administers StepOne, which helps pregnant women schedule their first prenatal appointment and access to resources (Physician CareConnection, 2019). The Physicians CareConnection also provides care coordination services for all patients, such as but not limited to:

(a) Dental care

(b) Family coaching and support

(c) Health insurance enrollment

(d) Linkage to food services and nutrition

(e) Medical diagnostic testing and laboratories

(f) Medical interpretation

(g) Assistance with prescriptions

(h) Prenatal care

(i) Primary care

(j) Specialty care

(k) Vision services

(l) Housing

C – 3.9. **Planned Parenthood Columbus —** Planned Parenthood Columbus provides reproductive healthcare, sex education and information to men and women worldwide (Planned Parenthood Federation of America Inc., 2022). Birth control services are provided on a walk-in basis or during business hours by appointment. Examples include but are not limited to: (i) birth control implant, (ii) patch, (iii) pill, (iv) shot, (v) vaginal ring, (vi) condom, (vii) diaphragm, (viii) emergency contraception and (viii) hormonal and copper intrauterine device (IUD). Education on safer sex, abstinence and birth control are also provided. Planned Parenthood also provides women's healthcare services, including annual well-woman exams, post abortion follow-up exams, sexual/reproductive health check-ups, vaginal infection testing and treatment, gynecological exams, cervical cancer screenings and other tests and screening surrounding the reproductive health of a woman. All services are available during regular business hours and services may be covered under insurance (Planned Parenthood Federation of America Inc., 2022).

C – 3.10. **PrimaryOne Health** — PrimaryOne offers obstetrics and gynecology (OB/GYN) procedures, screenings and tests, family planning services and obstetrics services (PrimaryOne Health, 2022). Specific interventions include the following:

(a) **OB/GYN procedures** — include cervical biopsy, endometrial biopsy, colposcopy, and imaging services

(b) **Gynecological screenings and tests** — include pap and cervical cancer screens, breast exams, and sexually transmitted diseases

(c) **Family planning services** — include counseling for the use of birth control, and Long-Acting Reversible Contraceptive (LARC) counseling and insertion

(d) **Obstetric care services** — include: fetal surveillance and monitoring, ultrasound services, and CenteringPregnancy®. Through CenteringPregnancy®, eight to 12 women with similar due dates are asked to enroll in the program, which consists of 10 two-hour sessions, from their first trimester to 24th week of pregnancy.

C – 3.11. **Ohio Better Birth Outcomes** — provides engagement and leadership for the Ohio Better Birth Outcomes (OBBO) which aims to reduce infant mortality rate in Franklin County by providing health care services for women and their families using evidence-based strategies. OBBO is funded by Nationwide Children's Hospital, Mount Carmel Health System, OhioHealth, and The Ohio State University Wexner Medical Center. OBBO's community partners include Columbus Public Health, Heart of Ohio, Lower Lights Christian Health Center, and PrimaryOne Health. OBBO partners with CelebrateOne, as part of sustainably supporting the Greater Columbus Infant Mortality Task Force. OBBO's initiatives include improving reproductive health, expanding access to prenatal care, and enhances initiatives to help reduce preterm birth rates (Ohio Wellness Coalition, 2011-2022).

C − 3.12. **The Ohio State University Wexner Medical Center's Moms2B** — Moms2B is a community-wide prenatal and first-year-of-life program directed to reduce infant mortality in Franklin County (The Ohio State University Wexner Medical Center, 2022). Moms2B provides weekly education and support sessions to promote healthy lifestyle choices and link mothers with support services (The Ohio State University Wexner Medical Center, 2022). Education topics include but are not limited to:

   (a) Breastfeeding

   (b) Child development

   (c) Family planning

   (d) Goal setting

   (e) Labor and delivery

   (f) Maternal-infant health

   (g) Positive parenting

   (h) Reproductive health

   (i) Safe sleep

C – 3.13. **Amethyst Inc. —** An Alvis recovery program that serves women in substance abuse recovery and their families (Alvis, 2018) Amethyst services include:

   (a) Intensive outpatient treatment for addiction

   (b) Supportive housing

   (c) Medical services

   (d) Treatment for mental health and trauma

   (e) Family services

   (f) Job readiness and placement

   (g) Access to self-help/peer support groups

   (h) Case management

   (i) Skills for managing homes and developing life skills

   (j) Intensive alcohol and drug treatment

   (k) Counseling for trauma

   (l) Services for mental health

   (m) Counseling family

   (n) Parenting, nutrition, and health education

   (o) Access to emergency childcare

   (p) Summer camps for children

   (q) Access to healthcare and care coordination

   (r) Financial planning

   (s) Education support

   (t) Workforce development

   (u) Transportation assistance

   (v) Information and linkage to community resources

C – 3.14. **Boys and Girls Clubs of Columbus —** Boys and Girls Clubs offer education and leadership services (Boys and Girls Clubs of Central Ohio, 2022) such as but not limited to:

(a) Spaces for teens activities to prepare for college or careers

(b) Opportunities to participate in sports

(c) Development of leadership skills

(d) Relationship building

(e) Serving as role models

(f) Adoption of healthy lifestyles

(g) Achievement of academic success

(h) Readiness to pursue post-secondary education or a career education

(i) Character and citizenship development

C – 3.15. **CelebrateOne —** This organization aims to carry out the Greater Columbus Infant Mortality Task Force's recommendations and helps to achieve the city's goal of: (a) reducing infant mortality rates in the city by 40 percent and (b) shrinking the racial health disparity gap in 2020. CelebrateOne tackles the most significant factors that contribute to infant mortality: premature birth, sleep-related deaths and lack of connections. Resources are provided to expecting mothers to aide in a healthy pregnancy; teen pregnancy prevention is also a focus of the program. CelebrateOne also offers pregnancy and parenting support groups and assistance in making doctors' appointments for prenatal care and obtaining resources through StepOne (City of Columbus, 2022).

C – 3.16. **Center for Healthy Families —** This organization helps teen parents achieve self-sufficiency through effective services such as, but not limited to: high school graduation and access to post-secondary education, healthy relationships, healthy babies, effective parenting, pregnancy prevention until the time is right, and housing and support groups (Center for Healthy Families, n.d.).

C – 3.17. **City of Columbus (Columbus Public Heath)** — The Mayor's Office in the City of Columbus oversees implementation of CelebrateOne, StepOne and partners with various community programs or initiatives such as Moms2B, Mothers Cove and Baby Nook to offer support groups and health education to pregnant and parenting women (City of Columbus, 2022). As part of the City of Columbus, Columbus Public Health facilitates the implementation of community-based programs that address maternal and infant health, such as, but not limited to: Women, Infants and Children (WIC), sexual health, family planning and women's health services (City of Columbus, 2022). The City of Columbus also facilitates the Early Start childhood education (City of Columbus, 2022). The city of Columbus Department of Development explores opportunities to provide access to affordable housing in Columbus, Ohio. The Columbus Public Health Women's Health and Wellness Center serves women, teens and their partners. The Women's Health and Wellness Center offers all birth control methods, emergency contraception, and preconception education and vitamins (City of Columbus, 2022). Services include but are not limited to (i) women's annual exams, (ii) birth control and reproductive planning, (iii) pregnancy tests, and (iv) screening for certain sexually transmitted infections.

C – 3.18. **Columbus Diaper Coalition** — This organization partners with various food pantries and community organizations to collect diaper donations (Columbus Diaper Coalition, n.d.). Examples of community partners include but are not limited to:

(a) Fruit of the Vine Food Pantry

(b) Northside Food Pantry

(c) Gahanna Residents in Need (GRIN)

(d) Worthington Food Pantry

(e) Broad St. Food Pantry

(f) Canvas Salon + Skin Bar

(g) CD 102.5

(h) Resource/Ammirati

(i) Church of Resurrection

C – 3.19. **Franklin County Department of Job and Family Services** — This agency provides medical assistance, Medicaid and Healthy Start programs for women, children and their families (Franklin County Department of Job and Family Services, 2022). As part of the Medicaid programs, the Franklin County Job and Family Services Medicaid program includes, but not limited to:

(a) "Healthy Start, Healthy Families" (Children's Health Insurance Program)

(b) Pregnancy-related services, including prenatal and postpartum health services for low-income mothers

(c) Access to medical transportation services

C − 3.20. **Franklin County Family and Children First Council** — The Council implements programs for families and children (Franklin County Family and Children First Council, n.d.) such as:

(a) Help Me Grow

(b) Care coordination

(c) Family and civic engagement

(d) Reduction of child abuse and neglect

(e) Community collaborations serving children and families

(f) "Building Better Lives"

C − 3.21. **Maryhaven** — Examples of programs offered through Maryhaven for pregnant women include: "Stable Cradle," which is implemented in partnership with The Ohio State University Wexner Medical Center to promote the health of mothers and babies and strengthen family bond. The "Stable Cradle" project offers individualized resources, access to mentors, and access to prenatal, labor and delivery and postpartum care. In partnership with OhioHealth, Maryhaven operates a 55-bed Addiction and Stabilization Center, a facility that stabilizes women and others in crisis and provides access to treatment and long-term recovery services (Maryhaven, 2022).

C− 3.22. **United Methodist Church and Community Development for All People** — This group organizes quarterly birthday parties to celebrate first birthdays as a means of supporting families and babies living in the south side of Columbus, Ohio. The goals of "First Birthdays" include:(a) to celebrate with families that their baby has reached age one, (b) to support women who are pregnant and provide them and their families with education on how to have a healthy birth outcome and baby's life, and (c) promote community awareness about the importance of community-wide support so babies reach their first birthday and beyond (United Methodist Church and Community Development for All People, n.d.). The parties offer door prizes, diapers, access to vendor tables, and health and wellness information. Community partners of Community Development for All People include but are not limited to:

(a) Buckeye Community Health Plan

(b) Capital University

(c) CareSource

(d) Columbus Public Health

(e) Diaper Connection

(f) Growing Healthy Kids

(g) Moms2B

(h) Nationwide Children's Hospital

(i) OhioHealth

(j) Molina

(k) Nurse-Family Partnership

(l) South Side Learning and Development Center

(m) The Diaper Angels

(n) The Ohio State University

D. How Data Were Obtained

D1.1. The definition of the community served 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, was based on the percentage of patients who resided in Franklin County during Fiscal Year 2020, according to the hospital's electronic medical records. See **Section A.**

D1.2. The demographic data of the Franklin County population were obtained from the Ohio Development Services Agency (Ohio Department of Development, n.d.). See **Section B**.

D1.3. Pertinent health data was summarized from Ohio's 2016 Community Health Assessment (Ohio Department of Development, n.d.). See **Appendix A.**

D1.4. Pertinent data and information are available in HealthMap 2022. See **Appendix E**.

No information gaps were identified that may have an impact on the ability to assess health needs during this community health needs assessment process.

E. The Significant Health Needs of the Community

The Central Ohio Hospital Council, representing OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System and Nationwide Children's Hospital, in collaboration with Columbus Public Health and Franklin County Public Health and other community stakeholders contracted with The Ohio State University College of Public Health and Illuminology in performing the Community Health Assessment and identifying the significant health needs in Franklin County. The steps and processes related to data collection, analysis, obtaining stakeholder inputs, public meetings and prioritization of needs are described in HealthMap 2022 **(Appendix E)**.

Based on the HealthMap 2022, the three significant health needs in Franklin County are as follows:

Priority 1:   **Basic Needs** — specific indicators include (a) housing security (decreased homelessness, increased affordability), (b) financial stability, (c) neighborhood safety (reduced crime), (d) food security, (e) increased access to nutritious foods.

Priority 2:   **Racial Equity (Priority 2a) and Behavioral Health (Priority 2b).**

Priority 2a: Racial Equity — specific indicators include (a) effects on economic and housing stability, (b) effects on quality healthcare, mental health, and feelings of safety, and (c) effects on maternal and infant health outcomes

Priority 2b: Behavioral Health — specific indicators include (a) access to mental health care resources, (b) screening for mental health issues, (c) decreased unintentional drug and alcohol deaths, and (d) youth mental health supports (clinical, social)

Priority 3:   **Maternal-infant health** – specific indicators include (a) infant mortality, and (b) maternal pre-pregnancy health

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

The primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups residing in Franklin County and Ohio and the latest data for each need are summarized in **Appendices A and B**. Additional data and information are available in the HealthMap 2022 **(Appendix E).**

G. The Process for Identifying and Prioritizing Community Health Needs

The Franklin County HealthMap 2022 provides details on the process of identifying and prioritizing community health needs in Franklin County (**Appendix E**). The HealthMap 2022 also discusses in detail the criteria used in the prioritization process **(Appendix E)**.

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

Appendix C lists organizations that participated in assessing, identifying and prioritizing the significant health needs of the community. Community input was provided from those persons and organizations that represent the broad interests of the community, including leaders, representatives or members of medically underserved, low-income, and minority populations, and those with special knowledge of or expertise in public health.

No written comments on the prior CHNA and Implementation Strategy were received.

Community input was obtained from all required sources.

I. The Impact of Any Actions Taken to Address the Significant Health Needs Identified in the Hospital Facility's 2019 CHNA

Appendix D summarizes the impact of the actions that were identified in the Fiscal Year 2020-2022 Joint Implementation Strategy 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 to address the significant health needs in Franklin County, Ohio.

J. Organizations Contracted to Assist with the Community Health Needs Assessment

J – 1. Bricker & Eckler LLP/INCompliance Consulting (Chris Kenney, Jim Flynn) —

Bricker & Eckler LLP/INCompliance Consulting is located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler LLP was contracted to review this community health needs assessment report. Jim Flynn is a partner with the Bricker & Eckler healthcare group, where he has practiced for 31 years. His general healthcare practice focuses on health planning matters, certificates of need, nonprofit and tax-exempt healthcare providers, and federal and state regulatory issues. Mr. Flynn has provided consultation to healthcare providers, including nonprofit and tax-exempt healthcare providers as well as public hospitals, on community health needs assessments. Chris Kenney is the Director of Regulatory Services with INCompliance Consulting, an affiliate of Bricker & Eckler L.L.P. Ms. Kenney has more than 42 years of experience in healthcare planning and policy development, federal and state regulations, certificate of need regulations, and Medicare and Medicaid certification. She has conducted CHNAs in compliance with federal rules since 2012, provided expert testimony on community needs, and offered presentations and educational sessions regarding CHNAs.

J – 2. Illuminology—

Illuminology is located at 5258 Bethel Reed Park, Columbus, OH 43220. Illuminology CEO Orie V. Kristel, PhD, Illuminology led the process for locating health status indicator data and creating the summary report. He also provided leadership in designing and moderating the focus groups. Dr. Kristel has 24 years of experience in research design, analysis, reporting, and conduct of community health assessments.

J – 3. The Ohio State University College of Public Health Center for Public Health Practice —

The Ohio State University College of Public Health Center for Public Health Practice is located at 1841 Neil Avenue, Columbus, OH 43210. The Center for Public Health Practice, led by Kelly Bragg, MPH, provided data collection support in the conduct of the community health assessment.

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Appendix A. Data and Information from the 2019 State Health Assessment

Appendix A − 1.   **Summary of Data and Information from the State Health Assessment, Ohio 2019 (Health Policy Institute of Ohio and Ohio Department of Health, 2019)**

Appendix A − 1.1.   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, late-stage cancer diagnosis was observed. Black or African Americans life expectancy in 2017 was 72.8 years compared to 77 among Whites.

Appendix A − 1.2.   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.

Appendix A − 1.3.   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.

Appendix A − 1.4.   Ohio's significant health challenges continue to be 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.

Appendix A−1.5.   Ohio's addiction crisis increased prevalence of hepatitis and number of children in foster care.

Appendix A−1.6.   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.

Appendix A − 2. **State of Ohio's Progress on 2017-2019 State Health Improvement Plan Outcomes related to Overall Health**

Desired Outcome	Indicator	Baseline (2015)	Current Year (2017)
Improve overall health status	% of adults with fair or poor health	16.5%	18.9%
Improve overall health status	Worst outcome – Low-income adults (less than $15,000 annual household income	38.6%	45.1%
Reduce premature death	Years of potential life lost before age 75, per 100,000 population (age-adjusted)	7,876.1	8,774.5
Reduce premature death	Worst outcome – Black (non-Hispanic)	10,850.5	12,599

Desired Outcome	Indicator	Baseline (2013-2014)	2015-2016
Reduce depression (%)	% of persons 12-17 years with a major depressive episode in the past year	10.33%	13.98%
	% persons ages 18+ with a major depressive episode in the past year	7.33%	7.85%
Reduce drug dependence or abuse (%)	% persons age 12+ who has illicit drug dependence or abuse in the past year	2.76%	2.61%
Reduce suicide deaths	Number of suicide deaths per 100,000 population	13.9	14.8
	Males ages 10-24	*15.9*	*18.5*
	Males ages 25-44	*28.5*	*33.6*
	White (non-Hispanic) males ages 45-64	*34*	*32.1*
	White (non-Hispanic) males ages 65+	*32.2*	*33*
Reduce unintentional drug overdose death	Number of deaths due to unintentional drug overdoses per 100,000 population	27.7	44.1
	White (non-Hispanic) males ages 25-44	*87.1*	*136.7*
	White (non-Hispanic) males ages 45-64	*43.5*	*72.4*
	White (non-Hispanic) females ages 25-54	*39.7*	*59.9*
	Black (non-Hispanic) males ages 25-54	*50.9*	*99*
	Black (non-Hispanic) males 55-64	*74.7*	*137.8*

Appendix A − 4. **State of Ohio's Progress on 2017-2019 State Health Improvement Plan Outcomes related to Chronic Disease**

Desired Outcome	Indicator	Baseline (2015)	2017
Reduce heart disease (%)	% of adults ever diagnosed with coronary heart disease	4.2%	4.7%
	% of adults ever diagnosed with heart attack	4.9%	5.5%
Reduce hypertension (%)	% of adults ever diagnosed with hypertension	34.3%	34.7%
	Black or African American (non-Hispanic)	*40.3%*	*40%*
	People with a disability	*53.1%*	*No data*
	People with less than high school diploma	*40.7%*	*48.9%*
	People with less than $15,000 annual household income	*35.7%*	*46.6%*
	People older than 65 years	*62.2%*	*60%*
	People who live in Appalachian counties	*39.7%*	*No data*
Reduce diabetes (%)	% of adults who have been told by a health professional that they have diabetes	11%	11.3%
	Black or African American (non-Hispanic)	*14.1%*	*14.2%*
	People with a disability	*21.8%*	*No data*
	People with less than high school diploma	*13.6%*	*15.8%*
	People with less than $15,000 annual household income	*13.7%*	*19.4%*
	People older than 65 years	*23.4%*	*22.8%*
	People who live in Appalachian counties	*12.3%*	*No data*
Monitor prediabetes (%)	% of adults who have been told by a health professional that they have prediabetes	7.5%	8.8%
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
	Black or African American	*245.6*	*175.9*
	Appalachian counties	*78.2*	*No data*

Appendix A − 5. State of Ohio's Progress on 2017-2019 State Health Improvement Plan Outcomes related to Maternal and Infant Health

Desired Outcome	Indicator	Baseline (2015)	Current Year (2017)
Reduce preterm births (%)	% of live births that are preterm, less than 37 weeks gestation	10.3%	10.4%
	Black, non-Hispanic	*14.1%*	*14.3%*
	People with less than high school diploma	*11.5%*	*11.7%*
	Less than 18 years old	*10.7%*	*10.7%*
Reduce very preterm births (%)	% of births which the newborn weighed less than 32 weeks	1.7%	1.8%
Reduce low birth-weight births (%)	% of births in which the newborn weighed less than 2.500 grams	8.5%	8.7%
	Black, non-Hispanic	*13.9%*	*14.3%*
	People with less than high school diploma	*10.8%*	*11.3%*
	Less than 18 years old	*10.2%*	*10.8%*
Reduce infant mortality	Rate of infant deaths per 1,000 live births	7.2	7.2
	Black, Non-Hispanic	*15.2*	*15.8*
Reduce neonatal infant deaths	Rate of neonatal infant deaths per 1,000 live births	4.8	5
Reduce post-neonatal infant deaths	Rate of post-neonatal infant deaths per 1,000 live births	2.4	2.2

Appendix B. Summary of Data and Information for Franklin County, Ohio

Appendix B − 1. Summary of Top 15 Leading Causes of Death, Franklin County versus Ohio (2019 Online State Health Assessment) (Ohio Department of Health, n.d.; Centers for Disease Control and Prevention, National Center for Health Statistics, n.d.)

Leading Causes of Death	Data Years	Franklin County	Ohio	U.S.
Cancer (Age-adjusted mortality rate due to cancer, per 100,000 population)	2014	177.2	177.6	—
	2015	172.4	175	158.5
	2016	176.5	173.1	155.8
	2017	195.6	171.3	152.5
Heart Disease (Age-adjusted mortality rate due to heart disease, per 100,000 population)	2014	198	185.9	—
	2015	180.4	191.4	168.5
	2016	186.1	184.6	165.5
	2017	187.4	186.1	165
Unintentional Injuries (Age-adjusted mortality rate due to unintentional injuries, per 100,000 population)	2014	52.5	50.6	—
	2015	53.5	55.8	43.2
	2016	88.9	66.5	47.4
	2017	73.8	75.1	49.4
Chronic Lower Respiratory Diseases (Age-adjusted mortality rate due to chronic lower respiratory diseases, per 100,000 population)	2014	52.1	47.1	—
	2015	46.6	49.5	41.6
	2016	42	47.4	40.6
	2017	48.5	48.4	40.9
Stroke (Age-adjusted mortality rate due to stroke, per 100,000 population)	2014	32.9	39.9	—
	2015	42.2	40.6	37.6
	2016	42	40.5	37.3
	2017	37.7	42.9	37.6
Alzheimer's Disease (Age-adjusted mortality rate due to Alzheimer's Disease, per 100,000 population)	2014	20	27.6	—
	2015	21.6	31.1	29.4
	2016	20.9	33.3	30.3
	2017	26.5	33.6	31
Diabetes Mellitus (Age-adjusted mortality rate due to Diabetes Mellitus, per 100,000 population)	2014	27.8	25.6	—
	2015	27	25.2	21.3
	2016	22.8	24.5	21
	2017	18.8	25.2	21.5
Kidney Disease and other Kidney-Related Disorders (Age-adjusted mortality rate due to nephritis, nephrotic syndrome, and nephrosis, per 100,000 population)	2014	15.3	14	—
	2015	12.5	14.5	13.4
	2016	13	15.3	13.1
	2017	16	15	13

Leading Causes of Death	Data Years	Franklin County	Ohio	U.S.
Essential Hypertension (Primary) and Hypertensive Renal Disease (Age-adjusted mortality rate due to essential hypertension and hypertensive renal disease)	2014	13.7	9.3	—
	2015	16.2	9.5	—
	2016	15	9.2	—
	2017	15.4	9.1	9
Influenza and Pneumonia (Age-adjusted mortality rate due to Influenza and Pneumonia, per 100,000 population)	2014	15.1	16.8	—
	2015	11.1	16.6	15.2
	2016	12.2	15	13.5
	2017	15.2	14.9	14.3
Suicide (Age-adjusted mortality rate due to suicide, per 100,000 population)	2014	8.1	12.5	—
	2015	22.8	13.9	13.3
	2016	13	14.1	13.5
	2017	13.5	14.8	—
Septicemia (Age-adjusted mortality rate due to septicemia, per 100,000 population)	2014	8.4	12.1	—
	2015	10	13.6	—
	2016	14.1	13.7	—
	2017	11	14	10.6
Chronic liver disease and cirrhosis (Age-adjusted mortality rate due to chronic liver disease and cirrhosis, per 100,000 population)	2014	15.2	10.4	—
	2015	13.8	10.7	—
	2016	12.4	10.9	—
	2017	7.1	11.2	10.9
Pneumonitis due to solids and liquids (Age-adjusted mortality rate due to pneumonitis, per 100,000 population)	2014	12	5.6	—
	2015	9.6	5.9	—
	2016	3.9	6.2	—
	2017	6.5	5.7	5.1
Parkinson's Disease (Age-adjusted mortality rate due to Parkinson's Disease, per 100,000 population)	2014	4.6	7.8	—
	2015	7	8	—
	2016	7.1	8.6	—
	2017	5.8	8.7	8.4

Leading Causes of Death	Franklin County (Age-Adjusted Mortality Rate per 100,000 Population)		Ohio (Age-Adjusted Mortality Rate per 100,000 Population)		U.S. (Age-Adjusted Mortality Rate per 100,000 Population)	
Heart Disease	Total population	187.4	Total population	186.1	Total population	165
	African American (non-Hispanic)	165.6	African American (non-Hispanic)	211.8	African American (non-Hispanic)	208
	White (non-Hispanic)	187.5	White (non-Hispanic)	185.6	White (non-Hispanic)	168.9
	Hispanic	—	Hispanic	—	Hispanic	114.1
Cancer	Total population	195.6	Total population	171.3	Total population	152.5
	African American (non-Hispanic)	176.9	African American (non-Hispanic)	196.5	African American (non-Hispanic)	178
	White (non-Hispanic)	201.9	White (non-Hispanic)	176.3	White (non-Hispanic)	157.9
	Hispanic	—	Hispanic		Hispanic	108.1
Unintentional Injuries	Total population	73.8	Total population	75.1	Total population	49.4
	African American (non-Hispanic)	—	African American (non-Hispanic)	72.9	African American (non-Hispanic)	47.6
	White (non-Hispanic)	82	White (non-Hispanic)	78.3	White (non-Hispanic)	56.2
	Hispanic	—	Hispanic		Hispanic	32.5
Chronic Lower Respiratory Diseases	Total population	48.5	Total population	48.4	Total population	40.9
	African American (non-Hispanic)	—	African American (non-Hispanic)	34.6	African American (non-Hispanic)	30.2
	White (non-Hispanic)	49.5	White (non-Hispanic)	51	White (non-Hispanic)	46.4
	Hispanic	—	Hispanic	—	Hispanic	17.2

Leading Causes of Death	Franklin County (Age-Adjusted Mortality Rate per 100,000 Population)		Ohio (Age-Adjusted Mortality Rate per 100,000 Population)		U.S. (Age-Adjusted Mortality Rate per 100,000 Population)	
Stroke	Total population	37.7	Total population	42.9	Total population	37.6
	African American (non-Hispanic)	—	African American (non-Hispanic)	51.6	African American (non-Hispanic)	52.7
	White (non-Hispanic)	38.7	White (non-Hispanic)	42.2	White (non-Hispanic)	36.4
	Hispanic	—	Hispanic	—	Hispanic	31.8
Alzheimer's Disease	Total population	26.5	Total population	33.6	Total population	31
	African American (non-Hispanic)	—	African American (non-Hispanic)	30.4	African American (non-Hispanic)	28.5
	White (non-Hispanic)	26.4	White (non-Hispanic)	34.3	White (non-Hispanic)	32.8
	Hispanic	—	Hispanic	—	Hispanic	24.7
Diabetes Mellitus	Total population	18.8	Total population	25.2	Total population	21.5
	African American (non-Hispanic)	—	African American (non-Hispanic)	41.2	African American (non-Hispanic)	38.7
	White (non-Hispanic)	18.5	White (non-Hispanic)	23.6	White (non-Hispanic)	18.8
	Hispanic	—	Hispanic	—	Hispanic	25.5
Nephritis, Nephrotic Syndrome and Nephrosis	Total population	16	Total population	15	Total population	13
	African American (non-Hispanic)	—	African American (non-Hispanic)	29	African American (non-Hispanic)	25.8
	White (non-Hispanic)	14.2	White (non-Hispanic)	13.5	White (non-Hispanic)	11.7
	Hispanic	—	Hispanic	—	Hispanic	11.3

Leading Causes of Death	Franklin County (Mortality Rate per 100,000 Population)		Ohio (Mortality Rate per 100,000 Population)		U.S. (Mortality Rate per 100,000 Population)	
Influenza and Pneumonia	Total population	15.2	Total population	14.9	Total population	14.3
	African American (non-Hispanic)	—	African American (non-Hispanic)	15.2	African American (non-Hispanic)	15.2
	White (non-Hispanic)	14.2	White (non-Hispanic)	15	White (non-Hispanic)	14.4
	Hispanic	—	Hispanic	—	Hispanic	11.3
Suicide	Total population	13.5	Total population	14.8	Total population	—
	African American (non-Hispanic)	—	African American (non-Hispanic)	9.2	African American (non-Hispanic)	—
	White (non-Hispanic)	15.7	White (non-Hispanic)	16.2	White (non-Hispanic)	—
	Hispanic	—	Hispanic	—	Hispanic	—
Septicemia	Total population	11	Total population	14	Total population	10.6
	African American (non-Hispanic)	—	African American (non-Hispanic)	20.5	African American (non-Hispanic)	17.4
	White (non-Hispanic)	10.6	White (non-Hispanic)	13.5	White (non-Hispanic)	10.3
	Hispanic	—	Hispanic	—	Hispanic	7.9

Leading Causes of Death	Franklin County (Mortality Rate per 100,000 Population)		Ohio (Mortality Rate per 100,000 Population)		U.S. (Mortality Rate per 100,000 Population)	
Chronic Liver Disease and Cirrhosis	Total population	7.1	Total population	11.2	Total population	10.9
	African American (non-Hispanic)	—	African American (non-Hispanic)	10.1	African American (non-Hispanic)	7.5
	White (non-Hispanic)	7.3	White (non-Hispanic)	11.6	White (non-Hispanic)	11.3
	Hispanic	—	Hispanic	—	Hispanic	14.3
Essential (primary) hypertension and hypertensive renal disease	Total population	3.7	Total population	9.1	Total population	9
	African American (non-Hispanic)	—	African American (non-Hispanic)	17.7	African American (non-Hispanic)	17.1
	White (non-Hispanic)	—	White (non-Hispanic)	8.2	White (non-Hispanic)	8
	Hispanic		Hispanic		Hispanic	8.3
Parkinson's Disease	Total population	5.8	Total population	8.7	Total population	8.4
	African American (non-Hispanic)	—	African American (non-Hispanic)	5.5	African American (non-Hispanic)	—
	White (non-Hispanic)	6.2	White (non-Hispanic)	9.2	White (non-Hispanic)	9.2
	Hispanic		Hispanic		Hispanic	—
Pneumonitis due to solids and liquids	Total population	6.5	Total population	5.7	Total population	5.1
	African American (non-Hispanic)	—	African American (non-Hispanic)	15.2	African American (non-Hispanic)	—
	White (non-Hispanic)	6.4	White (non-Hispanic)	5.9	White (non-Hispanic)	5.4
	Hispanic	—	Hispanic		Hispanic	—

Appendix B − 3. Summary of Healthcare Utilization, Franklin County versus Ohio (2019 Online State Health Assessment) (Ohio Department of Health, n.d.)

	Data Years	Franklin County	Ohio	U.S.
All Cause Readmission Rate among Medicare Beneficiaries (Percent of Medicare patients experiencing an unplanned admission to an acute care hospital within 30 days of discharge)	2012	17.5%	19.7%	18.6%
	2013	17.7%	18.9%	18%
	2014	18.4%	18.7%	18%
	2015	18.2%	18.1%	17.9%
	2016	17.7%	18%	17.9%
Heart Failure Readmission Rate for Medicare (Percent of Medicare patients discharged from the hospital with a principal diagnosis of heart failure who were readmitted for any cause within 30 days after the index admission date)	2012	22%	21%	—
	2013	21%	20%	—
	2014	20%	20%	—
	2015	21%	21%	—
	2016	21%	21%	—
Covered Hospital Inpatient Days (Per 1,000 Medicare Beneficiaries	2012	1,521 days	1,769 days	1,632 days
	2013	1,392 days	1,693 days	1,574 days
	2014	1,409 days	1,628 days	1,526 days
	2015	1,488 days	1,528 days	1,504 days
	2016	1,366 days	1,467 days	1,455 days
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary (With no chronic condition)	2016	$3,938	$3,946	$3,961
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary (With 1 chronic condition)	2016	$5,435	$5,539	$5,556
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary (With 2 chronic conditions)	2016	$6,608	$6,554	$6,565
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary (With 3 or more chronic conditions)	2016	$13,539	$14,086	$13,627

Data Measure	Race/Ethnicity	Franklin County	Ohio
Percent of Low Birthweight (Percent of live births with low birthweight (<2,500 grams)	Total population	9%	9%
	American Indian and Alaska Native	12%	10%
	Asian	9%	9%
	African American	12%	14%
	Hispanic	7%	8%
	White	8%	7%
Infant Mortality Rate (Number of all infant deaths until age 1 per 1,000 live births)	Total population	8 per 1,000	7 per 1,000
	American Indian and Alaska Native	—	—
	Asian	6 per 1,000	4 per 1,000
	African American	16 per 1,000	15 per 1,000
	Hispanic	6 per 1,000	6 per 1,000
	White	5 per 1,000	6 per 1,000
Life Expectancy (Average number of years a person can expect to live)	Total population	77.2 years	77 years
	American Indian and Alaska Native	84.3	100.3 years
	Asian	87.1	88.2 years
	African American	74.3 years	73.5 years
	Hispanic	90.3 years	86 years
	White	77.6 years	77.2 years
Premature Age-Adjusted Mortality (Number of deaths among residents under age 75 per 100,000 population, age-adjusted)	Total population	394 per 100,000	407 per 100,000
	American Indian and Alaska Native	194 per 100,000	183 per 100,000
	Asian	142 per 100,000	137 per 100,000
	African American	533 per 100,000	572 per 100,000
	Hispanic	198 per 100,000	245 per 100,000
	White	378 per 100,000	395 per 100,000
Child mortality (Number of deaths among children under age 18 per 100,000 population)	Total population	68 per 100,000	59 per 100,000
	American Indian and Alaska Native		43 per 100,000
	Asian	51 per 100,000	43 per 100,000
	African American	112 per 100,000	114 per 100,000
	Hispanic	48 per 100,000	49 per 100,000
	White	48 per 100,000	47 per 100,000
Teen Birth Rate (Number of births per 1,000 female population ages 15-19)	Total population	23 per 1,000	22 per 1,000
	American Indian and Alaska Native	—	20 per 1,000
	Asian	7 per 1,000	6 per 1,000
	African American	36 per 1,000	40 per 1,000
	Hispanic	43 per 1,000	36 per 1,000
	White	15 per 1,000	18 per 1,000

Continuation of Appendix B − 4. Race Breakdown of Franklin County Health Outcomes, Health Behaviors, Clinical Care and Social and Economic Factors (County Health Rankings, 2021)

Data Measure	Race/Ethnicity	Franklin County	Ohio
Drug Overdose Deaths (Number of drug poisoning deaths per 100,000 population)	Total population	39 per 100,000	38 per 100,000
	American Indian and Alaska Native	—	26 per 100,000
	Asian	7 per 100,000	4 per 100,000
	African American	40 per 100,000	39 per 100,000
	Hispanic	19 per 100,000	23 per 100,000
	White	43 per 100,000	40 per 100,000
Motor Vehicle Mortality Rate (Number of motor vehicle crash deaths per 100,000 population)	Total population	9 per 100,000	10 per 100,000
	American Indian and Alaska Native	—	—
	Asian	4 per 100,000	4 per 100,000
	African American	11 per 100,000	10 per 100,000
	Hispanic	8 per 100,000	7 per 100,000
	White	9 per 100,000	10 per 100,000
Preventable Hospital Stays (Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees)	Total population	4,156 per 100,000	4,901 per 100,000
	American Indian and Alaska Native	—	7,161 per 100,000
	Asian	1,689 per 100,000	2.557 per 100,000
	African American	6,615 per 100,000	7,182 per 100,000
	Hispanic	2,975 per 100,000	5,292 per 100,000
	White	3,705 per 100,000	4,708 per 100,000
Mammography Screening (Percent of female Medicare enrollees age 65-74 that received an annual mammography screening)	Total population	46%	43%
	American Indian and Alaska Native	—	29%
	Asian	38%	39%
	African American	42%	43%
	Hispanic	43%	37%
	White	47%	44%
Flu vaccinations (Percent of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination)	Total population	53%	51%
	American Indian and Alaska Native	14%	44%
	Asian	51%	51%
	African American	38%	39%
	Hispanic	41%	46%
	White	56%	52%
Children in Poverty (Percent of people under age 18 in poverty)	Total population	19%	18%
	American Indian and Alaska Native	7%	28%
	Asian	14%	12%
	African American	42%	43%
	Hispanic	34%	32%
	White	11%	14%

Continuation of Appendix B − 4. Race Breakdown of Franklin County Health Outcomes, Health Behaviors, Clinical Care and Social and Economic Factors (County Health Rankings, 2021)

Data Measure	Race/Ethnicity	Franklin County	Ohio
Injury Death Rate (Number of deaths due to injury per 100,000 population)	Total population	83 per 100,000	91 per 100,000
	American Indian and Alaska Native	—	36 per 100,000
	Asian	27 per 100,000	26 per 100,000
	African American	94 per 100,000	100 per 100,000
	Hispanic	46 per 100,000	49 per 100,000
	White	88 per 100,000	94 per 100,000
Reading Scores (Average grade level performance for 3rd graders on English Language Arts standardized tests)	Total population	2.9	3.1
	American Indian and Alaska Native	—	—
	Asian	3.2	3.5
	African American	2.5	2.5
	Hispanic	2.6	2.7
	White	3.3	3.3
Math Scores (Average grade level performance for 3rd graders on math standardized tests)	Total population	2.7	3
	American Indian and Alaska Native	—	—
	Asian	3.3	3.7
	African American	2.2	2.3
	Hispanic	2.4	2.6
	White	3.1	3.2
Median Household Income (Income where half of households in a county earn more and half of households earn less)	Total population	$64,648	$58,704
	American Indian and Alaska Native	$47,262	$34,943
	Asian	$71,010	$76,054
	African American	$38,664	$33,158
	Hispanic	$47,718	$44,500
	White	$71,129	$61,427
Homicides (Number of deaths due to homicide per 100,000 population)	Total population	9 per 100,000	6 per 100,000
	American Indian and Alaska Native	—	—
	Asian	2 per 100,000	2 per 100,000
	African American	27 per 100,000	27 per 100,000
	Hispanic	6 per 100,000	5 per 100,000
	White	4 per 100,000	3 per 100,000
Suicides (Number of deaths due to suicide per 100,000 population	Total population	12 per 100,000	15 per 100,000
	American Indian and Alaska Native	—	—
	Asian	9 per 100,000	7 per 100,000
	African American	7 per 100,000	9 per 100,000
	Hispanic	3 per 100,000	7 per 100,000
	White	14 per 100,000	16 per 100,000
Firearm Fatalities (Number of deaths due to firearms per 100,000 population)	Total population	14 per 100,000	13 per 100,000
	American Indian and Alaska Native	—	
	Asian	3 per 100,000	4 per 100,000
	African American	28 per 100,000	30 per 100,000
	Hispanic	8 per 100,000	6 per 100,000
	White	10 per 100,000	11 per 100,000

Appendix B − 5. Percent of leading cancer cases (incidence rate) by site/type in Franklin County, 2012-2016 (Ohio Department of Health, 2019)

Cancer Site/Type	Percent
Breast (female) cancer	15.4%
Lung and bronchus cancer	14%
Prostate cancer	12%
Colon and rectum cancer	8.1%
Melanoma of the skin	4.5%

Appendix B − 6. Percent of leading cancer deaths (mortality rate) by site/type in Franklin County, 2012-2016 (Ohio Department of Health, 2019)

Cancer Site/Type	Percent
Lung and bronchus	27.9%
Colon and rectum	8.5%
Breast (female)	7.9%
Pancreas	6.9%
Leukemia	4.4%

Appendix B − 7. Summary of Cancer Data, Franklin County versus Ohio and United States (Ohio Department of Health, 2019)

	Data Years	Franklin County	Ohio	U.S.
All Cancer Sites/Types Combined Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population	2012-2016	465 per 100,000	461.9 per 100,000	442 per 100,000
All Cancer Sites/Types Combined Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population	2012-2016	170.6 per 100,000	176.8 per 100,000	161 per 100,000
Urinary Bladder Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population	2012-2016	19.9 per 100,000	22 per 100,000	20.1 per 100,000
Urinary Bladder Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population	2012-2016	4 per 100,000	5 per 100,000	4.4 per 100,000
Brain and Other Central Nervous System Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	7.3 per 100,000	7.1 per 100,000	6.4 per 100,000
Brain and Other Central Nervous System Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	4.7 per 100,000	4.6 per 100,000	4.4 per 100,000
Female Breast Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	132 per 100,000	127.4 per 100,000	127.5 per 100,000
Female Breast Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	23.6 per 100,000	22.4 per 100,000	20.6 per 100,000
Colon and Rectum Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	38.2 per 100,000	41.5 per 100,000	38.6 per 100,000
Colon and Rectum Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	14.4 per 100,000	15.7 per 100,000	14.2 per 100,000

	Data Years	Franklin County	Ohio	U.S.
Esophageal Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	4.5 per 100,000	5.2 per 100,000	4.3 per 100,000
Esophageal Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	4.1 per 100,000	5 per 100,000	4 per 100,000
Hodgkin Lymphoma Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	2.5 per 100,000	2.8 per 100,000	2.7 per 100,000
Hodgkin Lymphoma Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	—	0.3 per 100,000	0.3 per 100,000
Kidney and Renal Pelvis Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	16.8 per 100,000	17.1 per 100,000	16.1 per 100,000
Kidney and Renal Pelvis Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	3.4 per 100,000	3.9 per 100,000	3.8 per 100,000
Laryngeal Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	3.2 per 100,000	4 per 100,000	3 per 100,000
Laryngeal Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	1.4 per 100,000	1.3 per 100,000	1 per 100,000
Leukemia Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	11.2 per 100,000	12.2 per 100,000	14.1 per 100,000
Leukemia Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	5.6 per 100,000	6.9 per 100,000	6.5 per 100,000

Continuation of Appendix B − 7.   Summary of Cancer Data, Franklin County versus Ohio and United States (Ohio Department of Health, 2019)

	Data Years	Franklin County	Ohio	U.S.
Liver and Intrahepatic Bile Duct Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	8.3 per 100,000	7 per 100,000	8.8 per 100,000
Liver and Intrahepatic Bile Duct Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	6.7 per 100,000	5.9 per 100,000	6.5 per 100,000
Lung and Bronchus Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	67.7 per 100,000	68.5 per 100,000	54.9 per 100,000
Lung and Bronchus Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	48.2 per 100,000	50.3 per 100,000	41.9 per 100,000
Melanoma of the Skin Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	20.5 per 100,000	22.9 per 100,000	22.2 per 100,000
Melanoma of the Skin Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	2.8 per 100,000	2.8 per 100,000	2.5 per 100,000
Multiple Myeloma Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	6.3 per 100,000	6 per100,000	6.9 per 100,000
Multiple Myeloma Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	3.7 per 100,000	3.6 per 100,000	3.3 per 100,000
Non-Hodgkin Lymphoma Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	19.2 per 100,000	19.1 per 100,000	19.6 per 100,000
Non-Hodgkin Lymphoma Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	6 per 100,000	6.1 per 100,000	5.6 per 100,000

Continuation of Appendix B − 7.   Summary of Cancer Data, Franklin County versus Ohio and United States (Ohio Department of Health 2019)

	Data Years	Franklin County	Ohio	U.S.
Oral Cavity and Pharyngeal Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	11.4 per 100,000	11.8 per 100,000	11.3 per 100,000
Oral Cavity and Pharyngeal Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	2.6 per 100,000	2.7 per 100,000	2.5 per 100,000
Ovarian Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	9.5 per 100,000	11 per 100,000	11.4 per 100,000
Ovarian Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	6.3 per 100,000	7.4 per 100,000	7 per 100,000
Pancreatic Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	13.9 per 100,000	12.8 per 100,000	12.9 per 100,000
Pancreatic Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	11.7 per 100,000	11.6 per 100,000	11 per 100,000
Prostate Cancer Incidence Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	119.9 per 100,000	103 per 100,000	109.5 per 100,000
Prostate Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	19.9 per 100,000	19 per 100,000	19.2 per 100,000
Stomach Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	6.9 per 100,000	6.4 per 100,000	7.4 per 100,000
Stomach Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	2.7 per 100,000	2.7 per 100,000	3.1 per 100,000
Testicular Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	4.5 per 100,000	5.8 per 100,000	5.9 per 100,000
Testicular Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	0.2 per 100,000	0.3 per 100,000	0.3 per 100,000

Continuation of Appendix B − 7. Summary of Cancer Data, Franklin County versus Ohio and United States (Ohio Department of Health, 2019)

	Data Years	Franklin County	Ohio	U.S.
Thyroid Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	16.3 per 100,000	15.1 per 100,000	15.8 per 100,000
Thyroid Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	0.4 per 100,000	0.5 per 100,000	0.5 per 100,000
Uterine Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	32.6 per 100,000	29.7 per 100,000	27.5 per 100,000
Uterine Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	6.2 per 100,000	5 per 100,000	4.7 per 100,000

	Franklin County	Ohio	U.S.
Prevalence of Mammography in the Past Two Years among Women Ages 50-74	79.8%	78.2%	78.9%
Prevalence of Pap Testing in the Past Three Years among Women Ages 21-65	78.8%	76.6%	79.9%
Prevalence of Colorectal Cancer Screening Guidelines among Adults Ages 50-75	69.1%	67.7%	69.3%

Appendix B − 9. Summary of Health Outcomes and Health Factors in Franklin County Related to Mental Health and Addiction (County Health Rankings, 2021)

	Data Years	Franklin County	Ohio
Poor or Fair Health (Percent of adults reporting poor or fair health; age-adjusted)	2018	16%	18%
Poor Physical Health Days (Average number of physically unhealthy days reported in past 30 days; age adjusted)	2018	3.7 days in past 30 days	4.1 days in past 30 days
Poor Mental Health Days (Average number of mentally unhealthy days reported in past 30 days; age-adjusted)	2018	4.6 days in past 30 days	4.8 days in past 30 days
Life Expectancy (Average number of years a person can expect to live)	2017-2019	77.2 years	77 years
Frequent Physical Distress (Percent of adults reporting 14 or more days of poor physical health per month; age adjusted)	2018	11%	12%
Frequent Mental Distress (Percent of adults reporting 14 or more days of poor mental health per month; age adjusted)	2018	14%	16%
Adult Smoking (Percent of adults who are current smokers; age-adjusted)	2018	19% (a)	21%
Excessive Drinking (Percent of adults reporting binge or heavy drinking; age adjusted)	2018	18%	18%
Alcohol-Impaired Driving Deaths (Percent of driving deaths with alcohol involvement)	2015-2019	33%	32%
Drug Overdose Deaths (Number of drug poisoning deaths per 100,000 population)	2017-2019	39 per 100,000	38 per 100,000
Insufficient Sleep (Percent of adults who report fewer than seven hours of sleep on average; age adjusted)	2018	41%	41%
Percent Uninsured (Percent of population under age 65 without health insurance)	2018	9% (a, d)	8%
Percent Uninsured Adults (Percent of adults under age 65 without health insurance)	2018	11% (d)	9%
Percent Uninsured Children (Percent of children under age 19 without health insurance)	2018	5% (d)	5%
Access to Primary Care Physicians (Ratio of population to primary care physicians)	2018	990:1 (c, d)	1,300:1

(a) Areas to explore according to the County Health Rankings (2021)
(b) Franklin County is getting worse for this measure according to the County Health Rankings (2021)
(c) Areas of strength according to the County Health Rankings (2021)
(d) Franklin County is getting better for this measure according to the County Health Rankings (2021)

Continuation of Appendix B − 9. Summary of Health Outcomes and Health Factors in Franklin County Related to Mental Health and Addiction (County Health Rankings, 2021)

	Data Years	Franklin County	Ohio
Access to Other Primary Care Providers (Ratio of population to primary care providers other than physicians).	2020	680:1	920:1
Access to Mental Health Providers (Ratio of population to mental health providers)	2020	310:1	380:1
Rate of Violent Crime (Number of reported violent crime offenses per 100,000 population)	2014, 2016	423 per 100,000 (a, d)	293 per 100,000
Rate of Injury Deaths (Number of injury-related deaths per 100,000 population)	2015-2019	83 per 100,000	91 per 100,000
Suicides (Number of deaths due to suicide per 100,000 population; age adjusted)	2015-2019	12 per 100,000	15 per 100,000
Firearm Fatalities (Number of deaths due to firearms per 100,000 population)	2015-2019	14 per 100,000	13 per 100,000
Juvenile Arrests (Rate of delinquency cases per 1,000 juveniles)	2018	37 per 1,000	38 per 1,000

(a) Areas to explore according to the County Health Rankings (2021)
(b) Franklin County is getting worse for this measure according to the County Health Rankings (2021)
(c) Areas of strength according to the County Health Rankings (2021)
(d) Franklin County is getting better for this measure according to the County Health Rankings (2021)

Appendix B − 10.   Summary of Health Outcomes and Health Factors in Franklin County Related to Poverty (County Health Rankings, 2021)

	Data Years	Franklin County	Ohio
Life Expectancy (Average number of years a person can expect to live)	2017-2019	77.2 years	77 years
Food Insecurity (Percent of population who lack adequate access to food)	2018	14%	14%
Limited Access to Healthy Foods (Percent of population who are low-income and do not live close to a grocery store)	2015	7%	7%
Percent Uninsured (Percent of population under age 65 without health insurance)	2018	9% (a, d)	8%
Percent Uninsured Adults (Percent of adults under age 65 without health insurance)[c]	2018	11% (d)	9%
Percent Uninsured Children (Percent of children under age 19 without health insurance)[c]	2018	5% (d)	5%
High School Completion (Percent of adults ages 25 and over with a high school diploma or equivalent)	2015-2019	91% (a)	90%
Some College (Percent of adults ages 25-44 with some post-secondary education)	2015-2019	72% (a)	66%
Unemployment (Percent of population ages 16 and older unemployed but seeking work)	2019	3.5%	4.1%
Children in Poverty (Percent of people under age 18 in poverty)	2019	19% (b)	18%
Income Inequality (Ratio of household income at the 80th percentile to income at the 20th percentile)	2015-2019	4.5	4.7
Children in Single-Parent Households (Percent of children that live in a household headed by single parent)	2015-2019	32% (a)	27%
Children Eligible for Free or Reduced-Price Lunch (Percent of children enrolled in public schools that are eligible for free or reduced price lunch)	2018-2019	38%	36%
Severe Housing Cost Burden (Percent of households that spent 50% or more of their household income on housing)	2015-2019	14%	12%

(a) Areas to explore according to the County Health Rankings (2021)
(b) Franklin County is getting worse for this measure according to the County Health Rankings (2021)
(c) Areas of strength according to the County Health Rankings (2021)
(d) Franklin County is getting better for this measure according to the County Health Rankings (2021)

Appendix B − 11. Summary of Health Outcomes and Health Factors in Franklin County Related to Chronic Conditions (County Health Rankings, 2021)

	Data Years	Franklin County	Ohio
Poor or Fair Health (Percent of adults reporting poor or fair health; age-adjusted)	2018	16%	18%
Poor Physical Health Days (Average number of physically unhealthy days reported in past 30 days; age adjusted)	2018	3.7 days in past 30 days	4.1 days in past 30 days
Life Expectancy (Average number of years a person can expect to live)	2017-2019	77.2 years	77 years
Frequent Physical Distress (Percent of adults reporting 14 or more days of poor physical health per month; age adjusted)	2018	11%	12%
Diabetes Prevalence (Percent of adults aged 20 and above with diagnosed diabetes)		10%	12%
HIV Prevalence (Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population	2018	446 per 100,000	228 per 100,000
Adult Smoking (Percent of adults who are current smokers; age-adjusted)[a]	2018	19% (a)	21%
Adult Obesity (Percent of adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m^2 [b]	2017	30% (a, b)	34%
Food Environment Index (Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	2015, 2018	7.5 in a scale of 0 to 10	6.8 in a scale of 0 to 10
Physical inactivity (Percent of adults age 20 and over reporting no leisure-time physical activity)	2017	22% (a, b)	26%
Food Insecurity (Percent of population who lack adequate access to food)	2018	14%	14%
Limited Access to Healthy Foods (Percent of population who are low-income and do not live close to a grocery store)	2015	7%	7%
Percent Uninsured (Percent of population under age 65 without health insurance)	2018	9% (a, d)	8%
Percent Uninsured Adults (Percent of adults under age 65 without health insurance)	2018	11% (d)	9%

(a) Areas to explore according to the County Health Rankings (2021)
(b) Franklin County is getting worse for this measure according to the County Health Rankings (2021)
(c) Areas of strength according to the County Health Rankings (2021)
(d) Franklin County is getting better for this measure according to the County Health Rankings (2021)

Continuation of Appendix B – 11. Summary of Health Outcomes and Health Factors in Franklin County Related to Chronic Conditions (County Health Rankings, 2021)

	Data Years	Franklin County	Ohio
Percent Uninsured Children (Percent of children under age 19 without health insurance)	2018	5% (d)	5%
Access to Primary Care Physicians (Ratio of population to primary care physicians)	2018	990:1 (d)	1,300:1
Access to Other Primary Care Providers (Ratio of population to primary care providers other than physicians).	2020	680:1	920:1

(a) Areas to explore according to the County Health Rankings (2021)
(b) Franklin County is getting worse for this measure according to the County Health Rankings (2021)
(c) Areas of strength according to the County Health Rankings (2021)
(d) Franklin County is getting better for this measure according to the County Health Rankings (2021)

Appendix B − 12. **Summary of Health Outcomes and Health Factors in Franklin County Related to Access to Care (County Health Rankings, 2021)**

	Data Years	Franklin County	Ohio
Percent uninsured (Percent of population under age 65 without health insurance)	2018	9% (a, d)	8%
Percent uninsured adults (Percent of adults under age 65 without health insurance)	2018	11% (d)	9%
Percent uninsured children (Percent of children under age 19 without health insurance)	2018	5% (d)	5%
Access to primary care physicians (Ratio of population to primary care physicians)	2018	990:1 (d)	1,300:1
Access to other primary care providers (Ratio of population to primary care providers other than physicians).	2020	680:1	920:1
Dentists (Ratio of population to dentists)	2019	1,070:1 (c, d)	1,560:1
Access to mental health providers (Ratio of population to mental health providers)d	2020	310:1 (c)	380:1
Preventable hospital stays (Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees)c	2018	4,156 per 100,000 (d)	4,901 per 100,000
Mammography screening (Percent of female Medicare enrollees ages 65-74 that received an annual mammography screening)	2018	46% (d)	43%
Flu vaccinations (Percent of fee-for-service Medicare enrollees that had an annual flu vaccination)	2018	53% (a)	51%

(a) Areas to explore according to the County Health Rankings (2021)
(b) Franklin County is getting worse for this measure according to the County Health Rankings (2021)
(c) Areas of strength according to the County Health Rankings (2021)
(d) Franklin County is getting better for this measure according to the County Health Rankings (2021)

Appendix B – 13.   Summary of Health Outcomes and Health Factors in Franklin County Related to Maternal and Infant/Child Health

	Data Years	Franklin County	Ohio
Low birthweight (Percent of live births with low birthweight (<2,500 grams)	2013-2019	9%	9%
Child mortality (Number of deaths among children under age 18 per 100,000 population)	2016-2019	70 per 100,000	60 per 100,000
Infant mortality (Number of all infant deaths before age 1 per 1,000 live births)	2013-2019	8 per 1,000	7 per 1,000
Teen births (Number of births per 1,000 female population ages 15-19)	2013-2019	23 per 1,000 (a)	22 per 1,000
Children in poverty (Percent of people under age 18 in poverty)	2019	19% (b)	18%
Children in single-parent households (Percent of children that live in a household headed by single parent)	2015-2019	32% (a)	27%
Children eligible for free or reduced price lunch (Percent of children enrolled in public schools that are eligible for free or reduced price lunch)	2018-2019	38%	36%
Juvenile arrests (Rate of delinquency cases per 1,000 juveniles)	2018	37 per 1,000	38 per 1,000

(a) Areas to explore according to the County Health Rankings (2021)
(b) Franklin County is getting worse for this measure according to the County Health Rankings (2021)
(c) Areas of strength according to the County Health Rankings (2021)
(d) Franklin County is getting better for this measure according to the County Health Rankings (2021)

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

- **Representative: Jonathan Thomas** (Vice President, Planning and Evaluation)

- **Skills and knowledge in public health?** Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves persons by providing mental health and addiction services regardless of ability to pay

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:** October 2020 - November 2021
- **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, 2022):
  + Partnerships with Africentric Personal Development Shop, Inc
  + Partnerships with Alvis Inc./Alvis House
  + Partnerships with Amethyst Inc
  + Partnerships with The Buckeye Ranch
  + Partnerships with Central Ohio Area Agency on Aging
  + Partnerships with Columbus Area Integrated Health Services Inc
  + Partnerships with Columbus Public Health
  + Partnerships with Columbus Urban League
  + Partnerships with Community for New Direction
  + Partnerships with Community Housing Network
  + Partnerships with CompDrug Inc.
  + Partnerships with Concord Counseling Services

Central Ohio Area Agency on Aging (COAAA)

- **Representative: Lynn Dobb** (Community Education and Outreach Supervisor)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Serves older adults and persons with disabilities maintain independence in their homes

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021
- **Website:**   https://www.coaaa.org/cms/

- **Mission of organization:** "The mission of the Central Ohio Area Agency on Aging is to inform and support people as they navigate the experience of aging or disability."

- **Examples of programs and services** (COAAA, 2022):
    + PASSPORT
    + Assisted Living Waiver
    + MyCare Ohio
    + Franklin County Senior Options
    + Title III and Alzheimer Respite Services
    + Long-Term Care Consultation
    + Ohio Home Care Waiver
    + Specialized Recovery Services
    + Caregiver Services and Support (Conversations About Caregiving, Caregiver Support Group)
    + Access to Trualta (Customized online site that gives information and training on family caregiving)
    + Planning and Legal Resources
    + Medicare Education and Outreach
    + Volunteer Guardian Program
    + Friendly Caller Volunteer Program

Central Ohio Hospital Council (COHC)

- **Representative: Jeff Klingler** (President and Chief Executive Officer)

- **Skills and knowledge in public health?** Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all patients, families, and communities on behalf of four central Ohio health systems, OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, Nationwide Children's Hospital.

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee executive member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital.

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- **Time frame of inputs:** October 2020 - December 2021
- **Website:** https://centralohiohospitals.org/about/

- **Mission of organization:** "The Central Ohio Hospital Council is the forum for area hospitals to collaborate with each other and community stakeholders to improve the quality, value, equity and accessibility of health care in the region. Its four members include Mount Carmel Health System, Nationwide Children's Hospital, The Ohio State University Wexner Medical Center, and OhioHealth."

- **Examples of programs and services** (Central Ohio Hospital Council, n.d.):
  + Hospital and community partnerships related to addressing infant mortality
  + Hospital and community partnerships related to addressing opiate addiction
  + Hospital and community partnerships related to addressing behavioral health
  + Hospital and community partnerships related to addressing energy efficiency
  + Hospital and community partnerships related to addressing supplier diversity
  + Hospital and community partnerships related to addressing health information translations

Central Ohio Trauma System (COTS)

- **Representative: Sherri Kovach** (President and HIPAA Privacy/Security Officer)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   COTS is a collaboration of healthcare agencies, emergency response agencies, public health, and private agencies. COTS serves central Ohio communities by addressing trauma, disaster and emergency services needs of all persons regardless of ability to pay.

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021

- **Website:**   https://www.centralohiotraumasystem.org/about-us/our-story

- **Mission of organization: "**Physicians, healthcare professionals, and other experts working together to improve the health and safety of our community"

- **Examples of programs and services** (Central Ohio Trauma System, 2020):

    + **Address trauma in central Ohio** — include implementation or coordination of (i) regional trauma organization, (ii) regional trauma registry, (iii) Trauma Quality Improvement Program, (iv) trauma education, (iv) quarterly case reviews, (v) American College of Surgeons verification support for trauma centers, (vi) Emergency Patient Transport Plans, (vii) Helicopter Air Ambulance Safety, (viii) research council.
    + **Coordination of emergency services in central Ohio** — include (i) coordination of education services, engagement and building relationships, (ii) group purchasing, (iii) drug reduction
    + **Emergency preparedness and response in central Ohio** — include (i) coordination of healthcare coalition, (ii) situational awareness training, (iii) coordination related to COVID-19, and (iv) guidelines on continuity of operations

Columbus Public Health (CPH)

- **Representative: Kathy Cowen,** MS (Director, Office of Epidemiology)**; Jennifer Morel,** MPH, CHES (Management Analyst, Office of Planning and Quality Improvement)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Serves all patients, families, and communities on behalf of four central Ohio health systems, OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, Nationwide Children's Hospital.

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee executive member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital.

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- **Time frame of inputs:**   October 2020 - December 2021
- **Website:**   https://www.columbus.gov/publichealth/

- **Mission of organization: "**The mission of Columbus Public Health is to protect health and improve lives in our community."

- **Examples of programs and services** (City of Columbus, Ohio, 2022):

  + Alcohol and Drug Programs
  + Animal Programs and Permits
  + Birth and Death Records
  + Car Seats distribution and car seat safety education
  + CelebrateOne and community partnerships
  + Dental Clinic
  + Emergency Preparedness
  + Food Licensing
  + Health Equity
  + Women, Infants and Children (WIC)
  + Family Planning and Women's Health Services

Educational Service Center of Central Ohio

- **Representative: Dan Good**, **PhD** (Associate Superintendent)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Serve students, educators and schools in central Ohio

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021

- **Website:**   https://www.escco.org/OurAgency.aspx

- **Mission of organization: "**The ESC of Central Ohio leads when necessary, supports all stakeholders, and seeks to share and leverage resources on behalf of its client school districts and partners."

- **Examples of programs and services** (Educational Service Center of Central Ohio, 2022):

  + **Business Services** — examples include (i) Business Advisory Council, (ii) Communications Services, (iii) Emergency Assistance to Non-Public Schools, (iv) Fiscal Services, (v) Grants and Contracts Management.
  + **Educator Services** — examples include (i) Afterschool Programs Support, (ii) Background Checks and Fingerprinting, (iii) College and Career Success, (iv) Curriculum Development, and (v) Data Support and Analysis.
  + **Student Services** — examples include (i) Alternative Education Programs, (ii) Attendance Support, (iii) Certified Tutors, (iv) College and Career Success, and (v) Early Learning Peer Model Program
  + **Networks and Consortia** — examples include (i) Business Advisory Council, (ii) Curriculum Leaders Network, (iii) Early Learning Consortium, (iv) English Learners Administrators Network, and (v) Federal Coordinators' Network
  + **Other Services** — examples include (i) Background Checks and Fingerprinting Services, (ii) Community School Sponsorship, (iii) Conference Center and Event Venue, (iv) School Bus and Van Driver Certifications, and (v) Vendor Application Information.

Equitas Health

- **Representative:** De' Juan L. Stevens (Community Education Coordinator)
- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Serve persons from the LGBTQ+ communities and their families and loved ones

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021

- **Website:**   https://equitashealth.com/

- **Mission of organization:** "Our 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 Heath, 2020):

  - **Medical services** — examples include (i) primary care, (ii) specialized HIV care, (iii) gender affirming care, (iv) women's health
  - **Wellness and prevention services** — examples include (i) HIV/STI testing and treatment, (ii) HIV prevention medication, and (iii) smoking cessation
  - **Mental and behavioral health services** — examples include (i) psychiatry, (ii) individual therapy, (iii) addiction recovery services, and (iv) support groups
  - **Pharmacy services** — examples include (i) filling, renewing, and transfer of prescription medications, (ii) chronic disease management, (iii) HIV medication access and counseling, (iv) Patient Assistance Program, (v) access to competitive drug pricing for persons who are uninsured or underinsured
  - **HIV health and housing advocacy** — examples include (i) medical case management, (ii) housing assistance, (iii) access to community and government resources, such as food and transportation.
  - **Care navigation** — examples include (i) help with scheduling doctor visits, (ii) education of health conditions. (iii) help with enrolling in financial assistance programs, and (iv) support in obtaining health insurance such as Medicaid, Medicare, Ryan White, and Marketplace.

Ethiopian Tewahedo Social Services (ETSS)

- **Representative:** Seleshi Ayalew Asfaw (President and Chief Executive Officer)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Serve immigrants, refugees, and low-income persons in central Ohio

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021

- **Website:**   https://ethiotss.org/

- **Mission of organization:** "To be the focal point of integration for immigrants, refugee families, and low-income individuals in Central Ohio in order to improve the quality of their lives, to facilitate their integration through education, training, supportive services, and self-development opportunities, and to increase the awareness of their culture and heritage in Central Ohio."

- **Examples of programs and services** (ETSS, 2020):

    + **Adult services** — examples include (i) learning English language skills, (ii) job training and placement, (iii) access to community navigators and case managers to promote mental health and wellness, (iv) advocacy for survivors of domestic violence and human trafficking, and (v) crisis counseling
    + **Youth program** — examples include (i) support with developing academic skills, (ii) culture-related enrichments, (iii) promotion of wellness and engagement
    + **Food ambassadors** — features authentic food from Ethiopia, Haiti, Nepal, Macedonia, Ghana and various other countries, whilst highlighting the programs and services of ETSS
    + **Community involvement** — examples include (i) participation in the New American Community Impact Collaborative, (ii) cultural competency training, and (iii) trauma responsive care training

Franklin County Department of Job and Family Services

- **Representative:** Robin Harris (Deputy Director, Policy)

- **Skills and knowledge in public health?** Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serve persons from Franklin County by providing access to financial and social services

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:** October 2020 - November 2021

- **Website:** https://jfs.franklincountyohio.gov/

- **Mission of organization:** "Franklin County Department of Job and Family Services provides timely public assistance benefits and builds community partnerships through inclusion, responsiveness, and innovation"

- **Examples of programs and services** (Franklin County Department of Job and Family Services, 2022):

  + Food Assistance
  + Emergency Assistance
  + Child Care
  + Cash Assistance
  + Medical Assistance
  + Workforce Development
  + Outreach Services

Franklin County Office On Aging

- **Representative:** Orvell Johns (Director)

- **Skills and knowledge in public health?** Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serve older adults in Franklin County by providing access to basic and protective services

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:** October 2020 - November 2021

- **Website:** https://officeonaging.org/default.aspx#

- **Mission of organization:** "The purpose of the Office on Aging is to provide centralized access to diverse programs and individualized services for older adults and their families so they can preserve their independence."

- **Examples of programs and services** (Franklin County Office on Aging, 2017):

  + Community support, outreach and special services
  + Customer service management
  + Home and community-based care
  + Conference and trainings and other education services
  + Access to safe housing
  + Adult Protective Services

Franklin County Public Health (FCPH)

- **Representative: Theresa Seagraves** (Assistant Health Commissioner)**; Sierra MacEachron** (Data Analyst, Health Systems and Planning)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Serves all persons in Franklin County, Ohio

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee executive member (Theresa Seagraves) and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital.

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- **Time frame of inputs:**   October 2020 - December 2021

- **Website:**   https://myfcph.org/resources/about/

- **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, 2022):

  - **Public Heath Clinical Services** — examples include (i) immunization clinics, (ii) sexual health, (iii) dental clinics, (iv) Tuberculosis testing, and (v) Women, Infants and Children (WIC)
  - Birth and death certificates
  - Inspection Reports
  - Tobacco Prevention
  - Food Safety
  - Opiate Crisis
  - Plumbing Inspections
  - Community Health Action Teams (CHATs)

Franklin County Veteran's Service Commission

- **Representatives:**   Robert Bramlish (Executive Director)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Serve all persons, especially veterans, regardless of ability to pay

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021

- **Website**:   https://vets.franklincountyohio.gov/

- **Mission of organization: "**Advocate for and empower Veterans and their families by providing guidance, resources, immediate financial assistance and access to benefits, in order to provide a path to sustained solutions."

- **Examples of programs and services** (Franklin County Veterans Service Commission, 2017):
    - Eye glass program
    - Financial assistance
    - School supplies program
    - VA Claims Assistance

Human Service Chamber of Franklin County

- **Representative:** Michael Corey (Executive Director)

- **Skills and knowledge in public health?** Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:** Through its member agencies comprised of 130 nonprofit organizations, the Human Service Chamber serve persons from Franklin County by providing access to social services

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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    + **November 8, 2021, Email, Online Survey** — Review of the 28 potential priority health issues and selection of up to five most important health issues in Franklin County

- **Time frame of inputs:** October 2020 - November 2021

- **Website:** https://www.humanservicechamber.org/who-we-are/

- **Mission of organization:** "To unleash the power of human potential through every act of human service in the Columbus Region."

- **Examples of programs and services** (Human Service Chamber, 2022):
    + Government Relations — advocacy in local, state and federal agencies
    + Business Resources — access to shared services and continuing education
    + Distribution of Personal Protective Equipment
    + Foster Collaborations and Member Engagement
    + Updates about COVID-19, vaccinations, laws and regulations, and funding sources

Mid-Ohio Food Collective

- **Representative: Amy Headings** (Director of Research and Nutrition)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Provides access to food and other amenities to central Ohio residents as means of addressing food insecurity

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021

- **Website:**   https://mofc.org/who-we-are/

- **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, 2021):

  + Mid-Ohio Foodbank
  + Mid-Ohio Farm
  + Mid-Ohio Farmacy
  + Mid-Ohio Kitchen
  + Mid-Ohio Market
  + Partnership with FreshTrak

Mid-Ohio Regional Planning Commission

- **Representative: Stephen Pachan** (Staff)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Serves persons, counties, cities, villages, townships and regional organizations in central Ohio

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021

- **Website:**   https://mofc.org/who-we-are/

- **Mission of organization:** "MORPC is Central Ohio's regional council for more than 70 members comprised of counties, cities, villages, townships, and regional organizations. We take pride in bringing communities of all sizes and interests together to collaborate on best practices and plan for the future of our growing region. We do this through a variety of programs, services, projects and initiatives – all with the goal of improving the lives of our residents and making Central Ohio stand out on the world stage."

- **Examples of programs and services** (MORPC, n.d.):
    + Transportation planning
    + Programs related to improving air quality, water quality, energy conservation, land use, urban revitalization, and exploring alternative means of transportation
    + Regional resource for data and maps
    + State and federal government advocacy

Mount Carmel Health System

- **Representative: Candice Coleman** (Manager, Community Benefit)

- **Skills and knowledge in public health?** Yes

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

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:** October 2020 - November 2021

- **Website:** https://www.mountcarmelhealth.com/about-us/

- **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, 2022):
    + Bariatric Surgery
    + Cardiology
    + Primary care
    + Women's Health
    + Maternity
    + Neurosciences
    + Orthopedics
    + Trauma Services
    + Stroke

- **Representatives:** Carla Fountaine (Community Relations Project Manager), Libbey Hoang (Vice President, Planning and Business Development)

- **Skills and knowledge in public health?** Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serve all children and their families regardless of ability to pay

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:** October 2020 - November 2021

- **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, 2021):
  - Primary Care
  - Specialty Care
  - Research
  - Health education and wellness promotion
  - Community outreach
  - Partnerships and collaborations
  - Family resources and education

Ohio Asian American Health Coalition (OAAHC)

- **Representatives:** **Cora Munoz, PhD, RN** (Leader)

- **Skills and knowledge in public health?** Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serve all Ohioans

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:** October 2020 - November 2021

- **Website:** https://oahcoalition.org/home/

- **Mission of organization:** "OAAHC strives to eliminate social inequities that contribute to disparities in the quality of life of Ohio's Asian American and Pacific Islanders (AAPI) through community research, education and advocacy."

- **Examples of programs and services** (Ohio Asian American Health Coalition, 2020):

  + Advocacy
  + Research
  + Distribution of community resources that promotes health and personal wellness

Ohio Department of Health

- **Representatives:** David Ellsworth (Health Services Policy Specialist, Disability and Health Program)

- **Skills and knowledge in public health?** Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serve all Ohioans, including those with disabilities

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:** October 2020 - November 2021

- **Website:** https://odh.ohio.gov/know-our-programs/ohio-disability-health-program/ohio-disability-health-program

- **Mission of organization:** "Our mission is to promote and improve the oral health of Ohioans."

- **Examples of programs and services** (Ohio Department of Health, n.d.):

  + Bureau of Environmental Health and Radiation Protection
  + Bureau of Health Preparedness
  + Bureau of Infectious Diseases
  + Bureau of Maternal, Child and Family Health
  + Bureau of Public Health Laboratory
  + Bureau of Regulatory Operations
  + Bureau of Survey and Certification
  + Bureau of Vital Statistics
  + Office of Health Improvement and Wellness

OhioHealth

- **Representatives:**   Autumn Glover, MPA, MCRP (Senior Director, Community Health Partnerships); Mary Ann G. Abiado, PhD, MSN, RN (Data Management and Evaluation Specialist, Community Health Nurse, OhioHealth Community Health Partnerships)

- **Skills and knowledge in public health?**   Yes

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

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021

- **Website:**   https://www.ohiohealth.com/

- **Mission of organization:** "To improve the health of those we serve."

- **Examples of programs and services** (OhioHealth, 2015-2022):
  + Primary Care
  + Heart and Vascular Services
  + Cancer Care
  + Endocrinology Services
  + Women's Health
  + Specialty Services
  + Health and Wellness
  + Community Health and Wellness
  + Wellness on Wheels
  + Community Health Partnerships
  + Community Relations

Ohio Latino Affairs Commission

- **Representatives:**   Lilleana Cavanaugh, MBA, CPM (Executive Director)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Serve all Ohioans, especially Hispanics and Latinos

- **Inputs:**   Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021

- **Website:**   https://ochla.ohio.gov/

- **Mission of organization:** "The purpose of the Ohio Latino Affairs Commission is to advise state government on issues affecting Hispanic Ohioans, to connect the diverse Latino communities across the state, and to build the capacity of community organizations so they may better serve the fast growing population of Ohio."

- **Examples of programs and services** (Ohio Latino Affairs Commission, n.d.):
  + Latino Community Resources
  + Capacity Building and Development
  + Research and Public Policy

PrimaryOne Health

- **Representatives:**   John Tolbert (resigned)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Serve all Ohioans, especially Hispanics and Latinos

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021

- **Website:**   https://www.primaryonehealth.org/

- **Mission of organization:** "At PrimaryOne Health, it is our mission to provide access to services that improve the health status of families—including people experiencing financial, social or cultural barriers to healthcare. We are a group of highly trained medical professionals committed to promoting the health and well-being of all individuals and families in the Central Ohio community. As a patient at PrimaryOne Health, you will be empowered with tools to live a healthier lifestyle and manage your healthcare from a preventative stand. We welcome the opportunity to assist in your journey towards a healthier you.

- **Examples of programs and services** (PrimaryOne Health, 2022):
  + Women's health services
  + Primary care and pediatrics
  + Vision services
  + Mental and Behavioral health
  + Adult and Internal Medicine
  + Healthcare for the Homeless

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

- **Representative: Andy Wapner, DO, MPH** (Clinical Director, Center for Public Health Practice; Director, Master of Public Health Program for Experienced Professionals); **Kelly Bragg, MPH** (program manager, resigned)

- **Skills and knowledge in public health?**   Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:**   Serves persons, communities and organizations to improve public health

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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    + **January to August 2021** –– In partnership with Illuminology, Kelly Bragg was involved in (i) primary data collection and analysis through focus groups, and (ii) secondary data collection, synthesis and summary
    + **October 13, 2021, Email** –– Review, comments, and edit of HealthMap 2022 draft copy
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- **Time frame of inputs:**   October 2020 - November 2021

- **Website:**   https://u.osu.edu/cphp/

- **Mission of organization: "**Developing people and organizations to advance community health"

- **Examples of programs and services** (The Ohio State University College of Public Health Practice, n.d.):
    + COVID Connect
    + Organizational Support Services
    + Online Learning
    + Summer Program
    + Mental Health First Aid
    + Ohio Youth Resilience Collaborative
    + Student Practicum Stipends
    + OSU Narcan Access and Harm Reduction Training
    + Accreditation Support Project
    + USEPA STAR Grant Prescribed Burn Project

The Ohio State University Wexner Medical Center

- **Representatives:**   **Wanda Dillard, RRT, MS** (Director of Community Development)**, Bill Hayes** (Director of Health Policy, External Relations and Advocacy)**, Annie Marsico** (Director of Local Government and Community Relations)

- **Skills and knowledge in public health?**   Yes

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

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:**   October 2020 - November 2021

- **Website**:   https://wexnermedical.osu.edu/

- **Mission of organization:** "As one of America's top-ranked academic health centers, our mission is to improve people's lives in Ohio and across the world through innovation in research, education and patient care."

- **Examples of programs and services** (The Ohio State University Wexner Medical Center, 2022):
  + Primary Care
  + Specialty Care
  + Telehealth Immediate Care
  + Community outreach and Development
  + Healthy Communities Partnerships

United Way of Central Ohio

- **Representatives:** Lisa Courtice, PhD (President and Chief Executive Officer)

- **Skills and knowledge in public health?** Yes

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

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:** October 2020 - November 2021

- **Website:** https://liveunitedcentralohio.org/what-we-do/

- **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.):
  - Address basic needs
  - Address poverty
  - Address student success
  - Address diversity and inclusion
  - Foster community collaborations

Workforce Development Board of Central Ohio

- **Representatives:** Stephanie Robinson (Director, Policy and Initiatives)

- **Skills and knowledge in public health?** Yes

- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serve all persons in Ohio needing employment and job training

- **Inputs:** Served as a Franklin County HealthMap 2022 Steering Committee member and participated in at least one virtual Community Health Assessment meeting or survey hosted by the Central Ohio Hospital Council, Franklin County Public Health, and Columbus Public Health. The Central Ohio Hospital Council represents OhioHealth, The Ohio State University Wexner Medical Center, Mount Carmel Health System, and Nationwide Children's Hospital

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- **Time frame of inputs:** October 2020 - November 2021

- **Website:** https://www.wdbco.org/

- **Mission of organization:** "Our mission is to partner with area businesses and organizations on workforce needs so that people are fully employed at their ability and potential in the thriving Central Ohio economy."

- **Examples of programs and services** (Workforce Development Board of Central Ohio, n.d.):
    + Training and development
    + Workforce strategies
    + Labor market research

Appendix D. Documentation of Program Impacts from the CHNA and Implementation Strategy Adopted in 2019 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 otherwise indicated, the action continued into Fiscal Year 2022, however, impact data for Fiscal Year 2022 was not available as of the writing of this report.

Need 1: Mental Health and Addiction (MHA)

MHA − 1. Continue assessing depression and anxiety in patients (aged 12 and older) of OhioHealth Physician Group's primary care practices using the nine-item Patient Health Questionnaire (PHQ-9). Patients with mild to moderately severe depression and anxiety (PHQ-9 score of 10 or higher) will have access to brief interventions that will be provided by social workers or counselors with physician referral. Psychiatrists or psychiatric nurse practitioners will review the social worker or counselor's patient caseload and provide recommendations to the primary care physician related to medications. OhioHealth's Behavioral Health Integration program enables assessment of depression and anxiety, provision of brief interventions to patients, and collaboration among primary care physicians, psychiatrists or psychiatric nurse practitioners related to the need for prescribing medications. *(This strategy aligns with the Ohio 2017-2019 State Health Improvement Plan.)*

Impacts During Fiscal Year (FY) 2020 and 2021

MHA − 1.1. Number of patients from OPG clinics in Franklin County that assessed for depression using PHQ-2 or PHQ-9 and percent of patients who were referred for further assessment or community referral.

Hospital	Fiscal Year 2020		Fiscal Year 2021	
	Assessed for Depression	**Referred for Further Assessment**	**Assessed for Depression**	**Referred for Further Assessment**
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist	66,094 patients	3,537 patients	67,087 patients	4,122 patients

Hospital, Grove City Methodist Hospital				
Rehabilitation Hospital	Not applicable	Not applicable	Not applicable	Not applicable

MHA − 1.2. Number of inpatients who were assessed for depression using PHQ-2 or PHQ-9 and percent of patients who were referred for further assessment or community referral.

OhioHealth Hospital	Fiscal Year 2020		Fiscal Year 2021	
	Assessed for Depression	Referred for Further Assessment	Assessed for Depression	Referred for Further Assessment
Riverside Methodist Hospital	9,180 patients	145 patients	8,318 patients	142 patients
Grant Medical Center	3,434 patients	46 patients	4,014 patients	74 patients
Doctors Hospital	1,309 patients	26 patients	1,766 patients	36 patients
Dublin Methodist Hospital	1,064 patients	17 patients	1,278 patients	20 patients
Grove City Methodist Hospital	134 patients	3 patients	258 patients	3 patients
Rehabilitation Hospital	1,459 patients	619 patients	1,362 patients	906 patients

MHA − 1.3. OhioHealth Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital and Rehabilitation Hospital's alignment with the State Health Improvement Plan (County Health Rankings, 2021)

Measures	2020 County Health Rankings		2021 County Health Rankings	
	Franklin County	Ohio	Franklin County	Ohio
Poor or fair health (Percent of adults reporting fair or poor health (age-adjusted)	17%	18%	16%	18%
Poor physical health days (Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.8 days	3.9 days	3.7 days	4.1 days
Poor mental health days (Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.4 days	4.6 days	4.6 days	4.8 days
Frequent physical distress (Percent of adults reporting 14 or more days of poor physical health per month)	12%	12%	11%	12%
Frequent mental distress (Percent of adults reporting 14 or more days of poor mental health per month)	14%	15%	14%	16%

MHA − 2. Continue assessing suicide risk for hospitalized patients aged 12 or older, using the S.A.D. P.E.R.S.O.N.S. scale for suicide risk. S.A.D. P.E.R.S.O.N.S. stands for **S**ex, **A**ge, **D**epression, **P**rior History, **E**thanol abuse, **R**ational Thinking Loss, **S**upport system loss, **O**rganized plan, **N**o significant other, **S**ickness (Warden et al., 2014). If screened positive, the patient will be referred to appropriate follow-up care. *(This strategy aligns with the Ohio 2017-2019 State Health Improvement Plan.)*

Impacts During Fiscal Year (FY) 2020 and 2021

MHA − 2.1. Number of hospital admissions screened for suicide risk and number of patients who were suicidal. (All admissions and patients were screened for suicide risk as a standard of care).

OhioHealth Hospital	Fiscal Year 2020		Fiscal Year 2021	
	Screened for Suicide Risk	Identified as Suicide Risk	Screened for Suicide Risk	Identified as Suicide Risk
Riverside Methodist Hospital	46,960 patient encounters	1,179 patient encounters	48,028 patient encounters	1,026 patient encounters
Grant Medical Center	19,313 patient encounters	469 patient encounters	18,529 patient encounters	376 patient encounters
Doctors Hospital	9,190 patient encounters	269 patient encounters	9.855 patient encounters	281 patient encounters
Dublin Methodist Hospital	9,329 patient encounters	124 patient encounters	9,786 patient encounters	113 patient encounters
Grove City Methodist Hospital	323 patient encounters	42 patient encounters	370 patient encounters	32 patient encounters
Rehabilitation Hospital	1,459 patient encounters	61 patient encounters	1,362 patient encounters	58 patient encounters

MHA 2.2. Number of Emergency Department patients with chief complaints of "suicidal" or "suicide attempt". OhioHealth followed its suicide and suicide-related protocol at the Emergency Department.

OhioHealth Emergency Departments (ED)	Count of Patients with Chief Complaint of "Suicidal" or "Suicide Attempt" (FY 2020)	Count of Patients with Chief Complaint of "Suicidal" or "Suicide Attempt" (FY 2021)
Riverside Methodist Hospital ED	1,206 patients	1,214 patients
Grant Medical Center ED	993 patients	864 patients
Doctors Hospital ED	689 patients	637 patients
Dublin Methodist Hospital ED	324 patients	263 patients
Grove City Methodist Hospital ED	122 patients	119 patients
OhioHealth free-standing EDs (OhioHealth Emergency Care-Obetz, OhioHealth Emergency Care-Reynoldsburg, Westerville Medical Campus Emergency Department, OhioHealth Emergency Care- Hilliard, OhioHealth Emergency Care- New Albany)	274 patients	311 patients
Rehabilitation Hospital	Not applicable	Not applicable

MHA − 3. Continue offering medication-assisted treatment (MAT) to pregnant women through OB/GYN Community Care based at OhioHealth Riverside Methodist Hospital. Patients from OB/GYN Community Care are referred to OhioHealth Riverside Family Practice Center to enable continuity of MAT for mother and serve as a medical home for both mother and baby.

Impacts During Fiscal Year (FY) 2020 and 2021

Name of OhioHealth Hospital	Number of Pregnant Women who Received MAT (FY 2020)	Number of Women Referred to Riverside Family Practice Center to Continue MAT Post-Delivery (FY 2020)	Number of Pregnant Women who Received MAT (FY 2021)	Number of Women Referred to Riverside Family Practice Center to Continue MAT Post-Delivery (FY 2021)
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital	26	2	19	4
Rehabilitation Hospital*	Not applicable	Not applicable	Not applicable	Not applicable

The OhioHealth Rehabilitation Hospital does not provide Obstetrics and Gynecology (OB/GYN) services.

MHA − 4. Continue offering medication-assisted treatment (MAT) and consultation to pregnant women with opioid use disorder at OhioHealth Maternal Fetal Medicine Physicians to improve the care and outcomes of mothers and babies who are affected by opioid use disorder. OhioHealth Maternal Fetal Medicine Physicians will actively collaborate with the Ohio Perinatal Quality Collaborative (OPQC) by submitting clinical data and evidence-based practice and findings as part of the Maternal Opiate Medical Supports Plus (MOMS+) program.

Impacts During Fiscal Year (FY) 2020 and 2021

MHA − 4.1. Medication-Assisted Treatment (MAT) ⸺

	Fiscal Year 2020		Fiscal Year 2021	
Name of OhioHealth Obstetrics and Gynecology (OB/GYN) or Maternal-Fetal Medicine Clinic*	**Number of Women Served**	**Number of Women with Mental Health or Substance Use Diagnoses Who Received MAT**	**Number of Women Served**	**Number of Women with Mental Health or Substance Use Diagnoses Who Received MAT**
Riverside Methodist Hospital Graduate Medical Education OB/GYN Clinic	3,178 women	34 women	3,161 women	23 women
Grant Medical Center Outpatient Clinic OB/GYN Clinic	2,708 women	7 women	8,121 women	38 women
Doctors Hospital Graduate Medical Education OB/GYN Clinics and Women's Health Programs	10,494 women	49 women	9,887 women	58 women
Dublin Methodist Hospital OB/GYN Clinic	2,670 women	0	2,539 women	1 woman
Grove City Methodist Hospital OB/GYN and Midwives	1,783 women	37 women	922 women	25 women
OhioHealth Maternal - Fetal Medicine Clinics in Franklin County	9,657 women	22 women\	9,216 women	25 women

* OhioHealth Rehabilitation Hospital does not offer either Obstetrics/Gynecology or Maternal-Fetal Medicine.

MHA 4.2. **OhioHealth participation in the Ohio Perinatal Quality Collaborative (OPQC) as part of the Maternal Opiate Medical Supports Plus (MOMS+) program** — Dr Mona Prasad is a clinical expert and faculty for the work related to the Ohio Perinatal Quality Collaborative (OPQC) as part of the Maternal Opiate Medical Supports Plus (MOMS+) project. The project aims to improve care and health outcomes for the mother and infant by supporting providers who provide medication-assisted treatment (MAT), access to behavioral health therapy and referral to community organizations. Based on data from 105 maternity hospitals in Ohio, OPQC achieved the following: (a) 75 percent reduction in early elective deliveries before 39 weeks and (b) 30 percent reduction in late onset bacterial infections for very premature infants, (c) access to progesterone for women at risk for preterm birth, (d) infants born to mothers who used opiates were given quality and compassionate care, and (e) reduction in readmissions within seven days of discharge for vulnerable infants (Ohio Perinatal Quality Collaborative, n.d.). The MOMS+ statewide collaborative project led to the implementation of the neonatal abstinence syndrome (NAS) care bundle in neonatal intensive care units as an intervention for improving the care of pregnant women with opioid use disorders and their infants who participates in the MOMS+ project. Faculty members of the MOMS+ project will participate in the Mentor-Partner model to share expertise in the provision of maternal medical homes and sharing best practice in implementation of the NAS care bundles.

The goals of the Mentor-Partner model include (a) Increase the number of pregnant women with opioid use disorders who receive medical and professional help, (b) Increase the number of women during pregnancy who obtain prenatal care, Medication-assisted treatment (MAT), behavioral counseling and linking and referral to community organizations; (c) Improve communication among obstetricians, outpatient clinics and community resources to ensure referrals; (d) reduce the number of full-term infants with NAS who requires medical treatment; (e) increase the number of babies who go home with mother with opioid use disorders; (f) ensure care continuity and coordination for postpartum women and their infants (Ohio Perinatal Quality Cooperative, n.d.).

MHA − 5. **Continue addressing mental health and addiction and social determinants of health needs of patients with mental health and/or addiction diagnoses. Patients will be referred to community agencies that provide the following: (i) inpatient and outpatient mental and behavioral health treatment and counseling services and/or (ii) assistance with transportation, housing, utilities, prescription medications, employment, and other social determinants of health needs.**

Impacts During Fiscal Year (FY) 2020 and 2021

MHA − 5.1. **Number of patients admitted to the hospital who had inpatient consult with either Behavioral Health, Psychology, or Psychiatry** —

Name of OhioHealth Hospital	FY 2020	FY 2021
Riverside Methodist Hospital	2,927 patients	2,669 patients
Grant Medical Center	1,354 patients	1,248 patients
Doctors Hospital	784 patients	860 patients
Dublin Methodist Hospital	223 patients	227 patients
Grove City Methodist Hospital	0 patient	4 patients
Rehabilitation Hospital	236 patients	264 patients

MHA − 5.2. Number of patients with mental health and addiction diagnoses who were experiencing various social determinants of health needs. The case management team provided support and resources that addressed these social determinants of health needs.

Name of OhioHealth Hospital	Count of Patients with Mental Health and Addiction Diagnoses (FY 2020)	Count of Patients with Social Determinants (FY 2020)	Count of Patients with Mental Health and Addiction Diagnoses (FY 2021)	Count of Patients with Social Determinants (FY 2021)
Riverside Methodist Hospital	90,124	• Stress — 3,475 • Depression — 9,604 • Financial Strain — 598 • Food insecurity — 3,118 • Housing — 10 • Intimate Partner Violence — 149 • Physical Inactivity — 2,967 • Social Isolation — 1,015 • Transportation — 645	90.781	• Stress — 2,909 • Depression —12,959 • Financial Strain —766 • Food Insecurity — 2,700 • Housing — 86 • Intimate Partner Violence —141 • Physical Inactivity —2,917 • Social Isolation —1,182 • Transportation —795
Grant Medical Center	23,604	• Stress — 694 • Depression — 1,886 • Financial Strain — 244 • Food insecurity — 913 • Housing — 4 • Intimate Partner Violence — 79 • Physical Inactivity — 602 • Social Isolation — 43 • Transportation — 288	23,020	• Stress — 635 • Depression —2,419 • Financial Strain — 223 • Food Insecurity — 686 • Housing —49 • Intimate Partner Violence —61 • Physical Inactivity — 670 • Social Isolation — 278 • Transportation — 261
Doctors Hospital	18,138	• Stress — 580 • Depression — 1,939 • Financial Strain — 150 • Food insecurity — 899 • Housing — 1 • Intimate Partner Violence — 40 • Physical Inactivity — 524 • Social Isolation — 42 • Transportation — 183	18,190	• Stress — 500 • Depression —2,577 • Financial Strain — 143 • Food Insecurity — 718 • Housing — 8 • Intimate Partner Violence — 27 • Physical Inactivity — 480 • Social Isolation — 169 • Transportation —151

Continuation of MHA − 5.2.   Number of patients with mental health and addiction diagnoses who were experiencing various social determinants of health needs. The case management team provided support and resources that addressed these social determinants of health needs.

Name of OhioHealth Hospital	Count of Patients with Mental Health and Addiction Diagnoses (FY 2020)	Count of Patients with Social Determinants (FY 2020)	Count of Patients with Mental Health and Addiction Diagnoses (FY 2021)	Count of Patients with Social Determinants (FY 2021)
Dublin Methodist Hospital	14,544	Stress — 227 Depression — 1,470 Financial Strain — 46 Food insecurity — 382 Housing — 2 Intimate Partner Violence — 12 Physical Inactivity — 207 Isolation — 14 Transportation — 37	15,652	Stress — 240 Depression — 2,091 Financial Strain — 84 Food Insecurity —342 Housing — 4 Intimate Partner Violence — 11 Physical Inactivity — 262 Isolation — 136 Transportation — 86
Grove City Methodist Hospital	5,129	Stress — 173 Depression — 550 Financial Strain — 53 Food insecurity — 233 Housing — 1 Intimate Partner Violence — 7 Physical Inactivity — 150 Isolation — 9 Transportation — 46	5,655	Stress — 184 Depression —855 Financial Strain —62 Food Insecurity —188 Housing —32 Intimate Partner Violence — 7 Physical Inactivity — 238 Isolation —103 Transportation —49
Rehabilitation Hospital	432	Stress —12 Depression — 78 Financial Strain —64 Food Insecurity —21 Housing —18 Intimate Partner Violence — 0 Physical inactivity — 74 Isolation —12 Transportation —41	451	Stress — 18 Depression — 93 Financial Strain — 53 Food Insecurity — 18 Housing —11 Intimate Partner Violence — 0 Physical inactivity — 38 Isolation — 9 Transportation — 22

MHA − 6. Continue offering patient-centered women's health services through OhioHealth Wellness on Wheels Women's Health to CATCH Court, Amethyst Inc., CompDrug and Maryhaven Addiction Stabilization Center to serve women with substance abuse issues or who have been sexually trafficked.

Impacts During Fiscal Year (FY) 2020 and 2021

OhioHealth Hospital	Count of Clinic Visits (FY 2020)	Count of long-acting reversible contraceptives (LARCs) placed (FY 2020)	Count of Clinic Visits (FY 2021)	Count of long-acting reversible contraceptives (FY 2021)
OhioHealth Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital	42 visits	11 LARCs	Clinics discontinued due to COVID-19	Clinics discontinued due to COVID-19
Rehabilitation Hospital*	Not applicable	Not applicable	Not applicable	Not applicable

*The OhioHealth Rehabilitation Hospital does not provide Obstetrics and Gynecology services.

MHA − 7. Continue implementing the OhioHealth Grant Medical Center Addiction Medicine Fellowship program. 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 accept patient referrals from all OhioHealth hospitals in Franklin County, namely: OhioHealth Riverside Methodist Hospital, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital and OhioHealth Rehabilitation Hospital. The Addiction Medicine Fellowship program will also collaborate with Nationwide Children's Hospital, Maryhaven Addiction Stabilization Center, Amethyst Inc., Alvis, CompDrug, and the Ohio Department of Rehabilitation and Correction to ensure continuity of care.

Impacts During Fiscal Year (FY) 2020 and 2021

MHA − 7.1. Patient consults provided by the OhioHealth Grant Medical Center Addiction Medicine Fellowship — The Addiction Medicine Fellowship at the OhioHealth Grant Medical Center was established in 2018. The goal of the Addiction Medicine Fellowship is to develop physicians who provide evidence-based, compassionate care to patients with substance use disorders. In addition to training physician fellows, this program is committed to training other hospital staff, physicians, and residents to care for patients at various OhioHealth care sites. We continue to collaborate with many community partners to ensure coordination of care for patients throughout Franklin County.

OhioHealth Hospital	Patients Served (FY 2020)	Patients Served (FY 2021)
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital	1,064 patients	1,568 patients
Rehabilitation Hospital*	Not applicable	Not applicable

*The OhioHealth Grant Medical Center Addiction Medicine Fellowship does not provide services at the OhioHealth Rehabilitation Hospital.

MHA − 7.2.   Inpatient and outreach services provided by the OhioHealth Addiction Medicine multidisciplinary team—

The Addiction Medicine Fellowship at OhioHealth Grant Medical Center was established in 2018. Our program goal is to develop physicians who provide evidence-based, compassionate care to patients with substance use disorders. In addition to training our fellows, this program is committed to training other hospital staff, physicians, and residents to care for patients at our OhioHealth care sites. We work closely with many community partners to ensure coordination of care for our patients as we serve across Franklin County.

OhioHealth Hospital	FY 2020 Services	FY 2021 Services
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital	+ Medical training of 3 fellows focused on addiction medicine services + Education of 480 health care providers at OhioHealth + Awareness and education of 59 healthcare providers related to buprenorphine data waiver training so they could prescribe buprenorphine + Referral of 80 patients to community mental health and addiction services	+ Medical training of 3 fellows focused on addiction medicine services + Addiction Medicine training rotation for 32 Family Medicine, Internal Medicine and psychiatry residents, 16 medical students, and 10 other health professionals + Education and data waiver training provided to medical residents. + 30% of total consult volume (500 patients) were referred to community addiction services.
Rehabilitation Hospital	Not applicable	Not applicable

MHA − 8.   Continue implementing OhioHealth trauma programs, namely: Grant Medical Center Trauma Level I and Riverside Methodist Hospital Trauma Level II programs, that include but are not limited to: (i) Screening, Brief Intervention and Referral to Treatment (SBIRT), (ii) Trauma Recovery Center, (iii) speakerships or health education sessions, and (iv) student preceptorships focused on mental health and addiction.

Impacts During Fiscal Year (FY) 2020 and 2021

MHA − 8.1.   Administration of Screening, Brief Intervention and Referral to Treatment (SBIRT) ⸺

OhioHealth Hospital	Count of Patients Screened (FY 2020)	Percent of Patients Who Needed Referral (FY 2020)	Count of Patients Screened (FY 2021)	Percent of Patients Who Needed Referral (FY 2021)
Riverside Methodist Hospital	554 patients	85%	470 patients	46%
Grant Medical Center	2,870 patients	85%	2,967 patients	33%
Doctors Hospital	Not applicable	Not applicable	Not applicable	Not applicable
Dublin Methodist Hospital	Not applicable	Not applicable	Not applicable	Not applicable
Grove City Methodist Hospital	Not applicable	Not applicable	Not applicable	Not applicable
Rehabilitation Hospital	Not applicable	Not applicable	Not applicable	Not applicable

The social workers complete SBIRT on trauma patients who have tested positive for alcohol and/or drugs during preadmission testing. SBIRT is required for all trauma patients who tested positive for alcohol. On a case to case basis, the social workers will administer SBIRT to patients who had a history of alcohol or drug abuse even if SBIRT is not required.

Briefly, SBIRT is administered following the steps below:

1. **Screening** — Use the UNCOPE screening tools to guide conversation regarding current and past alcohol and drug use. The social worker reviews the blood alcohol level (BAL) and urine drug screen (UDS) with the patient. They also collaborate with the medical team and/or Addiction Medicine for those patients in need of withdrawal protocol and pain management.

2. **Brief Intervention** — use of motivational interviewing techniques to engage the patient in conversation regarding goals, motivation for change, past and current alcohol and drug treatments, support systems and barriers to achieving goals or availing of treatment.

3. **Referrals to Treatment** — the social workers provide resources, referral and linkage to outpatient or inpatient services. The success of these referrals depend on patient's goals and motivation for change. The social workers refer patients to substance abuse and mental health treatment services such as (but not limited to):

(a) **Columbus Springs** — include mental health inpatient and outpatient facilities: (i) Columbus Springs Dublin located at 7625 Hospital Drive, Dublin, Ohio 43016; (ii) Columbus Springs East located at 2085 Citygate Drive, Columbus, Ohio 43219, (iii) Columbus Springs Changes® Dublin located at 6810 Perimeter Drive, Suite 100B, Dublin, Ohio 43016; and (iv) Columbus Springs Changes® Pickerington located at 1310 Hill Road North, Suite 104, Pickerington, Ohio 43147 (Columbus Springs, 2019).

(b) **Maryhaven** — offers behavioral health services and specializes in addiction recovery at the following facilities: (i) Maryhaven Columbus located at 1791 Alum Creek Drive, Columbus, Ohio 43207; (ii) Maryhaven Delaware located at 88 N. Sandusky Street, Delaware, Ohio 43015; (iii) Maryhaven Mt. Gilead located at 245 Neal Avenue, Mt. Gilead, Ohio 43338; (iv) Maryhaven at the Mills Center located at 715 Plum St., Marysville, Ohio 43040; (v) Maryhaven Marion located at 333 E. Center St, Marion, Ohio 43302, and (vi) Central Intake and Stabilization Center located at 1430 S. High Street, Columbus, Ohio 43207.

(c) **Sun Behavioral Health** — offers mental health and substance use disorder treatment in Columbus located at 900 Dublin Granville Road Rd, Columbus, Ohio 43229 (Sun Behavioral Health, 2021).

(d) **Columbus Public Health** — offers public health services and addresses mental health and addiction through community programs and collaborations. Columbus Public Health is located at 240 Parsons Avenue, Columbus, Ohio 43215 (City of Columbus, 2021)

(e) **Franklin County Public Health** — offers public health services and addresses mental health and addiction through community programs and collaborations. Franklin County Public Health is located at 280 East Broad Street, Columbus, Ohio 43215 (Franklin County Public Health, 2021).

(f) **Access Ohio** — offers addiction treatment and mental health services. Access Ohio has three locations in Columbus, Ohio and has satellite offices in Delaware, Mt. Gilead, Kenton and Dayton, Ohio (Access Ohio, 2021).

(g) **Basecamp Recovery Center** — offers a comprehensive addiction treatment facility that is located in 815 W. Broad Street, #200, Columbus, Ohio 43222 (Basecamp Recovery Center, 2021).

(h) **Various homeless and domestic violence shelters** — include but not limited to Ohio Domestic Violence Network, Van Buren Shelter, Star House, Lutheran Social Services, YWCA Family Center.

MHA – **8.2.** **Services of the Grant Medical Center Trauma Recovery Center —**

OhioHealth Hospital	Count of Patients Served (FY 2020)	Count of Referrals, Linkage, and Assistance (FY 2020)	Count of Patients Served (FY 2021)	Count of Referrals, Linkage and Assistance (FY 2021)
Grant Medical Center Riverside Methodist Hospital, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital, Rehabilitation Hospital	942 patients	**7,901 encounters** • Job application — 253 encounters • Information and referral — 3,304 encounters • Personal advocacy — 1,254 encounters • Emotional support — 1,906 encounters • Housing — 75 encounters • Legal needs — 1,109 encounters	973 patients	**6,995 Encounters** • Victim of Crime application —397 encounters • Information and referral — 2982 encounters • Personal advocacy — 810 encounters • Emotional support — 2,379 encounters • Housing — 65 encounters Legal needs — 362 encounters

The OhioHealth Trauma Recovery Center (TRC) is a program designed to assist victims of crime, screen patients with at-risk substance use, screen patients for PTSD symptoms, and support patients and their families during the recovery process while receiving services in the inpatient and outpatient settings. The target population includes victims of interpersonal violence, focusing on the patients admitted with traumatic injuries to the Grant Medical Center Trauma Service, as well as their family members and care givers. We provide assistance to centers that refer to the OhioHealth trauma system – in particular, the network of free-standing emergency departments, OhioHealth hospitals, and regional Ohio hospitals that refer patients to Grant Medical Center. We are also a resource for providers within the OhioHealth system. This includes but is not limited to: victims of domestic violence, physical assault, gunshot wounds, stabbings, sexual assault, gang violence, hate crimes, human trafficking, and homicide. We will focus on victims of crime who do not have access to traditional services, including those who are homeless, people with complex or chronic mental illness, immigrants, refugees, people of color, people with disabilities, and those without access to resources due to other causes. Patients with minor to severe trauma-related sequelae will be the focus of outreach intended to engage participation. Crime victims were assessed by the Grant Medical Center's Trauma Recovery Center are evaluated for inclusion in this program.

The OhioHealth Trauma Recovery Center's criteria for providing programs and services include: 1) being an Ohio resident or injured in the state of Ohio; 2) being a victim of crime in Ohio as indicated by the patient, medical documentation, or collateral confirmation; and 3) able to consent to services, or having an adult guardian able to consent for services. Grant Level 1 Trauma typically provides care for patients age 16 and up. On occasion we care for younger patients due to unknown age who are often the victims of violence. We intend to exclude as few patients as possible, but if patients already have access to community case management services that duplicate the TRC program, those patients will be asked to continue with those programs in preference to the TRC. TRC provides direct case management through the TRC Clinician to victims of violence to identify their particular needs at the time of injury and evaluation at Grant Medical Center. The assessment and interventions have proven to be successful in providing services for a larger number of patients. Based upon multidisciplinary assessment, patients will be assisted in obtaining their long-term needs through the associations and network that the TRC has created. Support will include assistance in healthcare linkage, filing police reports, seeking legal advice, filing Ohio Victims of Crime Compensation claims, substance use and mental health screenings, and community resources. The TRC has the resources to offer an array of services to meet the immediate needs for patients and families: case management, individual counseling, clothing, security items, transportation, and safe housing.

The Trauma Recovery Center provides the following services:

(a) Identify trauma patients whose injuries are directly related their use of alcohol and/or drugs.

(b) Screen patients for at-risk substance use by utilizing evidence-based screening tools and interventions.

(c) Educate patients regarding their at-risk substance use patterns and/or substance use disorders.

(d) Facilitate referrals for further evaluation and treatment.

(e) Inform the medical team when patients are at risk of experiencing withdrawal symptoms (alcohol, benzodiazepine, opiates, etc.) or in need of pain management monitoring.

(f) Inform the medical team of patients in need of pain management monitoring due to their history of legally prescribed medications, abuse of prescription medications, and/or abuse of heroin.

(g) Educate patients regarding the dangers of mixing alcohol and/or drugs with potentially prescribed medications related to their current injury.

(h) Screen patients for a history and risk of developing post-traumatic stress disorder.

MHA − 8.3. Health education, outreach and student preceptorships by Riverside Methodist Hospital Trauma Level II and Grant Medical Center Trauma Level I

	Persons Served (FY 2020)	Persons Served (FY 2021)
Riverside Methodist Hospital Trauma Level II	877 persons	133 persons
Grant Medical Center Trauma Level I	241 persons	164 persons
Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital, Rehabilitation Hospital	Not applicable	Not applicable

MHA − 8.3.1. Services by OhioHealth Riverside Methodist Hospital Trauma Level II program —

(i) Fiscal Year 2020 — served 877 persons. The team provided six classes that are comprised of five classes of Impact Teen Drivers and one class of Stop the Bleed. The Impact Teen Drivers was taught at Columbus Alternative High School (October 17, 2017), Johnstown Monroe High School (November 6, 2019); Columbus International High School (November 25, 2019), Briggs High School (January 9, 2020) and West High School (February 6, 2020). The Impact Teen Drivers class focused on the risks of distracted driving and ways to be safer on the road (Impact Teen Drivers, 2020).

(ii) Fiscal Year 2021 — served 133 persons. The Team provided one class of Impact Teen driving and five "Stepping On" falls prevention classes. One graduate student in Social Work was precepted for 8 hours and trained on social work-related assessments and interventions related to trauma care.

MHA – 8.3.2.   Detail of services by OhioHealth Grant Medical Center Trauma Level I program —

Date (Fiscal Year)	Title of Presentation	Host Organization	Conference/Workshop/Preceptorship Location	Count of Persons served
August 1, 2019 **(FY 2020)**	The Perfect Storm: Advocating Victims of Crime during the Early Stages of Recovery	Addiction Institute	Columbus Convention Center, Columbus, Ohio	65
September 19, 2019 **(FY 2020)**	Resilience (Strategies for Self-Care)	OhioHealth Regional SANE Program	Delaware, Ohio	10
October 24, 2019 **(FY 2020)**	The Perfect Storm: Long Term Effects of Trauma on Health & Wellness	Appalachia Summit Health Event	Ohio University, Athens, Ohio	100
November 13, 2019 **(FY 2020)**	OhioHealth Trauma Recovery Center: Moving from Surviving to Thriving	Trauma Resource Center Midwest Symposium	The Ohio State University, Columbus, Ohio	60
November 15, 2019 **(FY 2020)**	Substance Use Disorder ECHO Series	OhioHealth Grant Medical Center Addiction Medicine	OhioHealth Grant Medical Center, Columbus, Ohio	20
July 1, 2019 to June 30, 2020 **(FY 2020)**	Preceptorships on Addiction and Trauma	OhioHealth Grant Medical Center	OhioHealth Grant Medical Center, Columbus, Ohio	3
October 18, 2020 **(FY 2021)**	The impact of sexual assault and the need and referral for assertive case management services	Sexual Assault Resource Network of Central Ohio (SARNCO)	Sexual Assault Resource Network of Central Ohio (SARNCO) Virtual Training	20
November 17, 2020 **(FY 2021)**	Trauma Informed Care	Trauma Care 2020 Conference	OhioHealth Grant Medical Center Trauma System	215
January to May 2021 **(FY 2021)**	Master of Social Work internship	OhioHealth Trauma Resource Center	OhioHealth Trauma Resource Center	3
February 15, 2021 **(FY 2021)**	The impact of sexual assault and the need and referral for assertive case management services	Sexual Assault Nurse Examiners (SANE)	Sexual Assault Nurse Examiners (SANE) Virtual Training	6
February 27, 2021 **(FY 2021)**	The impact of sexual assault and the need and referral for assertive case management services	Sexual Assault Resource Network of Central Ohio (SARNCO)	Sexual Assault Resource Network of Central Ohio (SARNCO) Virtual Training	35
June 8, 2021 **(FY 2021)**	The impact of sexual assault and the need and referral for assertive case management services	Sexual Assault Resource Network of Central Ohio (SARNCO)	Sexual Assault Resource Network of Central Ohio (SARNCO) Virtual Training	21

MHA — 9. Continue offering the OhioHealth Behavioral Health Family Support Group at The Dempsey Family Education and Resource Center at OhioHealth. The support group is offered for adults every Tuesday (up to 52 times per fiscal year) and is co-facilitated by licensed mental healthcare providers from the OhioHealth Behavioral Health department and Mental Health America of Franklin County. On the last Tuesday of the month, the Behavioral Health Family Support Group features a guest speaker and is open to all age groups. The support group focuses on issues faced by a family member or care provider who provides emotional, financial or practical support to a person with a mental health condition. Examples of topics discussed include but are not limited to: supporting recovery, maintaining healthy relationships, establishing boundaries, mental health conditions and recommended treatments, area resources, self-care and resiliency, the grief process, and mindfulness.

Impacts During Fiscal Year (FY) 2020 and 2021

MHA — 9.1. Programs and services of The Dempsey Family Education and Resource Center —

OhioHealth Hospitals	Persons Served (FY 2020)	Persons Served (FY 2021)
OhioHealth Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital, and Rehabilitation Hospital	**450 persons** + Served 231 persons through 49 face-to-face or online Behavioral Health Family Support Group sessions. Topics include family relationships, treatment options, dealing with law enforcement, self-care + Served 154 persons through 28 face-to-face or online Depression Support Group sessions. Topics include types of therapies, relationships, self-care, medications + Served 65 persons through 8 speaker-led educations sessions.	**420 persons** + Served 183 persons through 49 face-to-face or online Behavioral Health Family Support Group sessions. Topics include family relationships, treatment options, dealing with law enforcement, self-care. + Served 192 persons through 28 face-to-face or online Depression Support Group sessions. Topics include types of therapies, relationships, self-care, medications + Served 45 persons through 8 speaker-led educations sessions

MHA − 9.2. Education sessions held by The Dempsey Family Education and Resource Center —

Date (Fiscal Year)	Title	Speaker	Organization	Attendees
July 30, 2019 **(FY 2020)**	Coping Skills for Caregivers	Tami Childs, LISW, MSW (Counselor)	Concord Counseling	6
August 27, 2019 **(FY 2020)**	Transcranial Magnetic Stimulation (TMS): A New Treatment Option for Major Depressive Disorder	William Resch, DO, DFAPA (Psychiatrist)	OhioHealth	9
September 24, 2019 **(FY 2020)**	National Alliance on Mental Illness (NAMI) Programs	Rachelle Martin (Executive Director)	National Alliance on Mental Illness Franklin County	5
October 29, 2019 **(FY 2020)**	The Ohio State's Epicenter Early Psychosis Intervention Center	Nick Breitborde, PhD (Psychologist)	The Ohio State University	10
November 26, 2019 **(FY 2020)**	Sleep Hygiene	Lindsay Poplinski, DO (Medical Resident of Psychiatry)	OhioHealth	6
January 28, 2020 **(FY 2020)**	Non-Pharmacological Adjuncts for Mental Health Treatment	Tom Valentine, DO Medical Resident of Psychiatry)	OhioHealth	9
February 25, 2020 **(FY 2020)**	Meet the Psychiatric Team	Kate Provaznik, DO (Medical Resident of Psychiatry)	OhioHealth	12
June 30, 2020 **(FY 2020)**	What's New at Mental Health America	LeeAnn Mattes, LISW	Mental Health America of Ohio	8
September 9, 2020 **(FY 2021)**	Caregiver Burnout	Melinda McGuire, LISW-S Program Coordinator, The Dempsey Family Education and Resource Center	OhioHealth	4
October 27, 2020 **(FY 2021)**	Mental Health and Technology	Grant Gase, DO (Medical Resident of Psychiatry)	OhioHealth	2
November 24, 2020 **(FY 2021)**	Big changes on the suicide/mental health crisis hotline	William Resch, DO, DFAPA (Psychiatrist)	OhioHealth	6
January 26, 2021 **(FY 2021)**	Suicide Crisis Syndrome	Cassadra Lilli, DO (Medical Resident of Psychiatry)	OhioHealth	12
March 30, 2021 **(FY 2021)**	Basic Coping Techniques for Managing Stress	Heather Donnelly, LISW-S	OhioHealth	3
April 27, 2021 **(FY 2021)**	Understanding Borderline Personality Disorder	Maesha Pushpita, DO (Medical Resident of Psychiatry)	OhioHealth	6
May 25, 2021 **(FY 2021)**	Crisis Intervention Team	Sargeant Matthew Harris (Police Officer)	Columbus Police Department	6
June 29, 2021 **(FY 2021)**	FAST Protocol: Supporting Patients and Families in Crisis	Yollande Yambo, BCC, MTS (Chaplain)	OhioHealth	7

MHA − 10. Continue offering at least one continuing education session per fiscal year to nurses through the OhioHealth Faith Community Nursing program that will focus on understanding depression and anxiety.

Impacts During Fiscal Year (FY) 2020 and 2021

MHA − 10.1. Programs and services of the OhioHealth Faith Community Nursing —

OhioHealth Hospital	Persons Served (FY 2020)	Activity (FY 2020)	Persons Served (FY 2021)	Activity (FY 2021)
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital, OhioHealth Rehabilitation Hospital	17 persons	January 27, 2020 — Hosted Dr. Stacy White and Kristin Dell'Armo from Nationwide Children's Hospital who spoke on "Care of Children with Autism in a Faith Community Setting". The talk was held at the OhioHealth Bing Cancer Center	No persons served due to the COVID-19 pandemic	No activity conducted due to the COVID-19 pandemic

MHA − 11. Continue offering the mental health and addiction outreach programs through the OhioHealth Faith Community Relations. The outreach programs will include but are not limited to: (i) Mental Health First Aid and (ii) Congregational Care and Hospital Visitation Series.

Impacts During Fiscal Year (FY) 2020 and 2021

MHA − 11.1. Programs and services of the OhioHealth Faith Community Relations —

OhioHealth Hospital	Persons Served (FY 2020)	Activity (FY 2020)	Persons Served (FY 2021)	Activity (FY 2021)
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital, OhioHealth Rehabilitation Hospital	146 persons	**July 19, 2019** ⸺ Mental Health First Aid for Adults class held at OhioHealth **August 10, 2019** ⸺ Mental Health First Aid for Adults class held at United Church of Christ **September 2019** ⸺ Congregational and Visitation Series provided at Rhema Christian Center. The topics discussed include movement, theology and faith, forgetfulness versus dementia, caring for those with mental illness, healthy eating, men's health, "Healing Steps After Loss", "Doctor's Forum- What Matters Most". **November 17, 2019** ⸺ Suicide Prevention presentation and open discussion at Stonybrook United Methodist Church **April 22, 2020** ⸺ "Self-Care during the COVID-19" at the pandemic" at the Church of the Savior United Methodist Church, Westerville, Ohio	No persons served due to the COVID-19 pandemic	No activities conducted due to the COVID-19 pandemic

MHA – 12. Continue distributing free Naloxone kits and education on administering Naloxone at the OhioHealth Grant Medical Center Emergency Department, OhioHealth Westerville Emergency Care Center, and OhioHealth Pickerington Emergency Care Center.

Impacts During Fiscal Year (FY) 2020 and 2021

OhioHealth Hospital	Count of Naloxone Kits Distributed (FY 2020)	Count of Naloxone Kits Distributed (FY 2021)
OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, OhioHealth Rehabilitation Hospital	88 naloxone kits	123 naloxone kits

MHA – 13. Continue serving as speakers or educators during the free Naloxone trainings, "Be the One to Save a Life," for residents and representatives of community organizations in Franklin County. The training will be focused on how to use the Naloxone kit to stop deadly overdose from opiates or heroin. The outreach program is made possible through a collaboration among Franklin County Public Health, City of Columbus, Columbus Public Health, Maryhaven Addiction Stabilization Center, and the Central Ohio Hospital Council (Franklin County Public Health, 2019).

Impacts During Fiscal Year (FY) 2020 and 2021

MHA – 13.1. OhioHealth participation in the free naloxone trainings — Various OhioHealth clinicians from Behavioral Health and Addiction Medicine Fellowship and Community Health Partnerships administrative personnel actively participates in the Franklin County Opiate Task Force.

OhioHealth Hospital	Count of Persons Who Completed the Naloxone Trainings Coordinated by Franklin County Public Health (FY 2020)	Count of Persons Who Completed the Naloxone Trainings Coordinated by Franklin County Public Health (FY 2021)
OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, OhioHealth Rehabilitation Hospital	**3,177 persons trained** + ABC 6 Phone Bank (July 9, 2019) + American Institute of Alternative Medicine (July 9, 2019) + Prairie Township Fire Department (July 18, 2019) + Jordan's Crossing Resource Center (July 19, 2019) + Diving Park (July 29, 2019) + The Ohio State University Higher Education Center (August 1, 2019) + Addiction Studies Institute (August 2, 2019) + Westerville Police Department (August 12, 2019) + The Ohio State University East Hospital (August 14, 2019) + The Woods at Parkside (August 21, 2019)	OhioHealth did not speak at the naloxone trainings due to the COVID-19 pandemic.

*Trainings were provided by Franklin County Public Health in partnership with the Franklin County Opiate Task Force. OhioHealth is an active member of the Franklin County Opiate Task Force. OhioHealth employees did not speak in all training sessions summarized above.

MHA – 13.2. OhioHealth speakerships in FY 2021 to address COVID-19 and COVID-19 vaccines and mental and behavioral health in central Ohio —

Name of Speaker	Topic/Title of Talk or Teaching	In-person/Online?	Community Host/Group	Approximate Count of Attendees
Dr. Joe Gastaldo	COVID, COVID Vaccine	Online	Conway Center for Family Business	50 persons
Dr. Joe Gastaldo	COVID, COVID Vaccine	Online/Facebook Live	African American Congregations in Marion	100-250 persons
Dr. Joe Gastaldo	American Heart Association - Zoom Webinar, "What you need to know COVID-19 Vaccine Science and Myths	Online	American Heart Association	100-250 persons
Dr. William Hicks	American Heart Association - Zoom Webinar, "What you need to know COVID-19 Vaccine Science and Myths	Online	American Heart Association	100-250 persons
Dr. William Hicks	COVID, COVID Vaccine	Online/Facebook Live	African American Congregations in Marion	100-250 persons
Dr. George Barnett	COVID, COVID Vaccine	Online	Urban League	100-200 persons
Jacqui Bastian	COVID, COVID Vaccine	Online	Urban League	100-200 persons
Dr. Ryan Squier	COVID, COVID Vaccine	Online	Congressional Townhall	100-200 persons
Christa Harris	COVID, COVID Vaccine	Online	Richland County Public Health	100-200 persons
Dr. Uchenna Ezkie	COVID, COVID Vaccine	Online	Richland County Public Health	100-200 persons
Dr. Megan Schabbing	Mental Health - working remotely, work/family balance, burn out, What can I actually to do to help my mental health , What are the signs you need to look for , Resiliency	Online	International Association of Commercial Administrators (IACA)	200-250 persons
Dr. Ben Bring	Discuss the use of musculoskeletal ultrasound in shoulder injuries and demonstrate it, showing shoulder anatomy to a small group of high school students	Online	Dublin Medical Academy	50-60 persons

Continuation of MHA 13.2.   OhioHealth speakerships in FY 2021 to address COVID-19 and COVID-19 vaccines and mental and behavioral health in central Ohio —

Name of Speaker	Topic/Title of Talk or Teaching	In-person/Online?	Community Host/Group	Approximate Count of Attendees
Michael Parrish	Echocardiogram ultrasound technician discussing and demonstrating cardiac anatomy and use of echocardiogram equipment	Online	Dublin Medical Academy	50-60 persons
Dr. Sherri Reynolds	Medical Education Program	Online	Dublin Medical Academy	50-60 persons
Michael Harvey	Talk to high school students in small groups about what they do and how they got to where they are and would work with a student athlete with a muscle strain/shoulder pain: principles, practices, techniques, and role with working with physician/AT/PT for athlete's recovery.	Online	Dublin Medical Academy	50-60 persons
Dr. Jacqueline Vanderburgh	Discuss "coping skills to manage life's stresses" as part of the Wellness & Prevention session	Online	Dublin Medical Academy	50-60 persons
Rich Latham	Talk to high school students in small groups about what they do and Lead EMS principles, practice and techniques during a response and rescue emergency medicine demonstration	Online	Dublin Medical Academy	50-60 persons
Ricko Steffl	Intubation Instructor will talk to high school students in small groups about what they do and how they would work with a patient and successfully intubate them	Online	Dublin Medical Academy	50-60 persons
Dr. Ashley Cremona-Simmons	COVID, COVID Vaccine & Pregnancy	Online	Center for Healthy Families	40-50 persons

MHA – 14. Continue partnering with the Franklin County Opiate Task Force by (a) serving as co-chair of the Resource Development Committee, (b) participating in the Risk Reduction Subcommittee, (c) participating in the Prevention and Community Education Subcommittee, (d) participating in the Recovery Subcommittee and (d) cash contributions to the "Don't Live in Denial, Ohio" campaign.

Impacts During Fiscal Year (FY) 2020 and 2021

MHA – 14.1. OhioHealth support of the Franklin County Opiate Task Force —

OhioHealth Hospital	Activities (FY 2020)	Activities (FY 2021)
OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, OhioHealth Rehabilitation Hospital	+ OhioHealth provided a cash contribution of $100,000 to the Ohio Opioid Education Alliance, a public-private partnership of more than 80 organizations that is focused on community-based prevention services through the "Don't Live in Denial, Ohio campaign (Ohio Opioid Education Alliance, n.d.). The campaign is focused on educating parents and caregivers about the rising substance abuse and addiction among Ohio youth (Hendrix, 2019). The Alliance resulted from the Franklin County Opiate Action Plan, a strategy to address the opioid crisis. + 57 percent of parents and caregivers who saw the "Denial, Ohio" advertisement reported that they discussed the negative effects of opioids and prescription pain pills with their children + 53 percent of parents and caregivers who saw the "Denial, Ohio" advertisement reported that they became more cautious on how they dispose unused opioids and prescription pain pills. + 8.4 percent of parents and caregivers were "very concerned" that their children might abuse unused opioids and prescription pain pills at home. + Less than 50 percent of parents or caregivers surveyed considered that opioid and prescription pain pill abuse was a modest degree of concern. + More than 66 percent of parents and caregivers don't believe opioids was a "very big problem" within their communities. + Nearly 50 percent of parents and caregivers surveyed in central Ohio remembered the Denial, Ohio advertisement. + Roughly 25 percent of parents and caregivers surveyed outside central Ohio recalled the advertisement campaign.	+ In-kind support of community initiatives that address opioid addiction such as RREACT Narcan training and distribution that was sponsored by The City of Columbus, Columbus Public Health, and Columbus Division of Fire. Collaboration with the Central Ohio Hospital Council, The Ohio State University Wexner Medical Center, Mount Carmel Health System, Nationwide Children's Hospital in Tracking the number of naloxone kits distributed in the central Ohio Emergency Departments relative to the Emergency Medical Services runs.

Need 2: Income/Poverty (IP)

IP − 1. **As part of the OhioHealth outreach to promote employment in the healthcare field, OhioHealth's Human Resources department will continue to collaborate with Godman Guild and Reeb Avenue Center in providing Franklin County residents with: (i) learning opportunities about the patient transportation and patient support assistant (PSA) jobs at OhioHealth, (ii) participate in one to two weeks of hands-on training and shadowing of OhioHealth employees who are currently on these jobs, and (iii) interview training**

Impacts During Fiscal Year (FY) 2020 and 2021

IP − 1.1. OhioHealth collaborations with Godman Guild —

OhioHealth Hospital	Persons Served and Activities (FY 2020)	Persons Served and Activities (FY 2021)
OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, OhioHealth Rehabilitation Hospital	**44 persons served** + Provided on site job coaching, job training, paid training, interview coaching through mock interviews. Candidates for the program can work with the Godman Guild to obtain their GED (if needed) prior to joining the program to help meet the minimum qualifications for the positions. + Trained 26 persons in job skills for patient support assistant and patient transport. + Hired 18 persons as either patient support assistant or patient transport.	No activities were held due to the COVID-19 pandemic. However, the OhioHealth Human Resources team met with the leader and program director of Godman Guild Career Bridges to continue the partnerships and programs.

IP − 2. **OhioHealth collaborations with HandsOn Central Ohio** — As part of OhioHealth Human Resources' partnership with HandsOn Central Ohio, OhioHealth will continue to offer associates and their family members access to "LinkLine," a dedicated, confidential toll-free telephone line helping with social services such as but not limited to: (a) low-income housing, (b) rent payment assistance, (c) food assistance, and (d) utility assistance.

Impacts During Fiscal Year (FY) 2020 and 2021

IP − 2.1. Assistance provided through HandsOn Central Ohio's Linkline —

OhioHealth Hospital	Telephone Encounters with LinkLIne and Services Provided (FY 2020)	Telephone Encounters with LinkLine and Services Provided (FY 2021)
OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, OhioHealth Rehabilitation Hospital	**541 calls** + Assistance for payment of electric and other utility bills (37 percent of calls) + Access to food pantries (16 percent of calls) + Rent payment (26 percent of calls) + Smoking cessation (6 percent of calls) + Housing (4 percent of calls) + Other Resources (11 percent of calls)	OhioHealth discontinued the program in December 2019 due to low utilization rates.

IP – 3. **Continue partnering with Project SEARCH and Columbus City Schools Community Training Program; OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital provide internships to 11th and 12th grade students with disabilities so they can develop marketable, practical work skills and develop social skills to build mutual respect with peers and supervisors.**

Impacts During Fiscal Year (FY) 2020 and 2021

IP – 3.1. **OhioHealth collaboration with Project SEARCH** — is an international transitional school-to-work program for high school students with cognitive, physical, or emotional disabilities. OhioHealth collaborates and engages with educational institutions; State Vocational Service and Developmental Disabilities agencies by providing students with job coaching. Project SEARCH students are immersed at the workplace where they could explore career opportunities, and hands-on training through rotations in various departments.

The goal is to provide Project SEARCH students with competitive employment. Project SEARCH provides real-life work experience, training in employability and independent-living skills to help students with disabilities make successful transitions to productive adult life. The Project SEARCH model involves the following elements:

(a) Extensive period of skills training and career exploration
(b) Innovative adaptations
(c) Long-term job coaching
(d) Continuous feedback from teachers, skills trainers, and employers

OhioHealth offers Project SEARCH in four out of the six OhioHealth hospitals in Franklin County, namely OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital. In Fiscal Year 2020, OhioHealth has employed six Project SEARCH students into various positions throughout the hospital system. In Fiscal Year 2021, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center and OhioHealth Doctors Hospital were not able to host Project SEARCH students due to the COVID-19 pandemic.

IP – 3.2. **Details of OhioHealth outcomes related to Project SEARCH** —

OhioHealth Hospital	Students Served (FY 2020)	Hospital Departments Assigned (FY 2020)	Students Served (FY 2021)	Hospital Departments Assigned (FY 2021)
Riverside Methodist Hospital	24 students	Nutrition Services, Linen Services, Patient Registration, Patient Escort	No students served due to the COVID-19 pandemic	Not applicable
Grant Medical Center	24 students	Nutrition Services, Linen Services, Patient Registration, Patient Escort	No students served due to the COVID-19 pandemic	Not applicable
Doctors Hospital	10 students	Sterile Processing, Environmental Services, Supply Chain, Linen Services	No students served due to the COVID-19 pandemic	Not applicable
Dublin Methodist Hospital	10 students	Sterile Processing, Environmental Services, Supply Chain, Linen Services	10 students (modified work setting due to the COVID-19 pandemic)	Environmental Services
Grove City Methodist Hospital	Not applicable	Not applicable	Not applicable	Not applicable
Rehabilitation Hospital	Not applicable	Not applicable	Not applicable	Not applicable

IP — 4. **Continue partnering with Junior Achievement of Central Ohio®, volunteer-led, K-12 programs that enable children and youth to understand managing finances, promote a sense of entrepreneurship, develop skills for being successful in life and career, and learn the value of contributing towards the progress of their communities (Junior Achievement of Central Ohio, n.d.). Examples of Junior Achievement of Central Ohio® programs include: (i) JA BE Entrepreneural®, (ii) JA BizTown®, (iii) JA Career Success®, (iv) JA Company Program® Blended Model, (v) JA Economics for Success®, (vi) JA Economics®, (vii) JA Exploring Economics®, and (viii) JA Finance Park® (Junior Achievement of Central Ohio, n.d.).**

Impacts During Fiscal Year (FY) 2020 and 2021

OhioHealth Hospital	Students Served (FY 2020)	Students Served (FY 2021)
OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, OhioHealth Rehabilitation Hospital	**50 students served** + Virtual Career Speaker series at Gahanna High School on April 24, 2020 to discuss various non-traditional career pathways. The OhioHealth manager of operations for Pulmonary Services and administrative fellow and three other OhioHealth administrative fellows created an OhioHealth plan for internship or job shadowing opportunities of high school students from various school districts in Franklin County. The career speaker series carried on throughout the school year as students took virtual classes. + The collaboration between OhioHealth and Junior Achievement of Central Ohio® include New Albany High School	**50 students served** + Virtual career speaker series continues with additional schools to discuss non-traditional career pathways. The administrative fellow team continued career speaker series. Planning for internships/job shadow continued along with planning for students to have an interactive field trip in the OhioHealth Simulation Laboratory at Riverside Methodist Hospital. + The collaboration between OhioHealth and Junio Achievement of Central Ohio® include Metro Early College High School

IP – 5. **Continue offering the "Food is Health" program to patients of OhioHealth Riverside Family Practice Center who have diabetes and are identified as food insecure. The "Food is Health" program is offered three half-days a week at the center. Patients may attend every week or every other week. The program consists of a brief health education session and fresh produce pick-up. The education focuses on simple nutrition topics, including eating healthy, meal planning, and simple healthy recipes. Medical residents facilitate the education session with a group of four patients. After the education session, patients pick up fresh produce and healthy shelf-stable items at the center's onsite food pantry with the help of trained medical students. A one- week food supply is provided to every member of the household.**

Impacts During Fiscal Year (FY) 2020 and 2021

IP – 5.1. OhioHealth Riverside Methodist Hospital "Food As Medicine" —

OhioHealth Hospital	Measure	FY 2020	FY 2021
• Riverside Methodist Hospital (Host) • Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital, Rehabilitation Hospital (Collaborators)	Count of patients (with diabetes) served	62	48
	Count of patients and families educated and given food	150	144
	Frequency of visit	Weekly or Bimonthly	Weekly or Bimonthly
	Count of patients who received health education on the impact of healthy foods on health	62	48
	Number of health education visits	765	550
	Topics discussed	MyPlate, meal planning, importance of increasing fiber in the diet, eating foods with low sugar content and low bad fats, importance of physical activity, mindful eating, portion control, healthy cooking methods, proper food storage, sleep hygiene, healthy weight, oral care.	MyPlate, meal planning, importance of increasing fiber in the diet, eating foods with low sugar content and low bad fats, importance of physical activity, mindful eating, portion control, healthy cooking methods, proper food storage, sleep hygiene, healthy weight, oral care.

IP – 5.2.   OhioHealth Grant Medical Center's "Food Farm-acy" ––

OhioHealth Hospital	Focus of Classes	FY 2020	FY 2021
• Grant Medical Center (Host) • Riverside Methodist Hospital, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital, and Rehabilitation Hospital (Collaborators)	+ **Class 1** –– What is Type 2 diabetes mellitus?; What do you know? + **Class 2** –– Feelings around food; Why, what, and when do we eat? + **Class 3** –– Review food groups (carbohydrates, protein, fat); How these food groups affect blood sugars? + **Class 4** –– Measuring food; Reading food labels; Hidden words for sugars + **Class 5** –– MyPlate method; counting carbohydrates + **Class 6** –– Lifestyle changes, including stress reduction, exercise; How stress and exercise affect blood sugars + **Class 7** –– Balancing it all; Review of key concepts + **Class 8** –– Wrapping it up; Now what?; Continuous Glucose Monitoring (CGM); Review of resources	+ Received a grant from the Cardinal Health Foundation to implement "Food is Health" at Grant Medical Center. The objective of the grant was to provide access to healthy foods as means of managing blood sugars and reduce readmissions. The grant was awarded to OhioHealth in January 2020 and space, shelving and refrigeration was set-up in March 2020. There were no activities held from March to June 2020 due to the closures from the COVID-19 pandemic.	+ During FY 2021, the program leader collaborated with the Graduate Medical Education Family Practice Department to plan the 8-week program. The program started in February 23, 2021. + The program served 16 patients and completed 128 health education classes. + The participants received fruits, vegetables, canned goods with high nutritional value. + The participants were given healthy and affordable recipes to show how to prepare the food items provided to them. + Participants achieved weight loss averaging 11 lbs. + Patients were not readmitted to the hospital during their participation in the "Food Farm-acy"

IP− 6. Continue offering the services of the social worker and community health workers from OhioHealth Wellness on Wheels Women's Health and Primary Care mobile clinics so patients with low incomes or stricken by poverty are empowered to make their medical appointments, fill their medication prescriptions, and obtain follow-up care as needed. The social worker and community health workers collaborate with the multidisciplinary healthcare team in addressing patients' transportation needs, food insecurity, job search, access to health insurance, and other social determinants of health needs

Impacts During Fiscal Year (FY) 2020 and 2021

IP − 6.1. OhioHealth Wellness on Wheels referrals to address social determinants of health —

OhioHealth Hospital	Referrals (FY 2020)	Referrals (FY 2021)
Riverside Methodist Hospital; Grant Medical Center; Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital	**47 referrals** + Health insurance — 20 referrals + Food pantries — 16 referrals + Transportation — 4 referrals + Mental health and addiction — 2 referrals + Medications — 2 referrals + Other basic needs (including housing)— 3 referrals	**178 referrals** + Health insurance — 73 referrals + Food pantries — 33 referrals + Transportation — 15 referrals + Mental health and addiction referrals — 38 referrals + Medications — 15 referrals + Other basic needs (including housing) — 4 referrals
Rehabilitation Hospital	Not applicable	Not applicable

IP − 7. Continue partnering with various chambers of commerce in Franklin County as it relates to workforce development, including but not limited to: (i) Clintonville Area Chamber of Commerce, (ii) Columbus Chamber of Commerce, (iii) Dublin Chamber of Commerce, (iv) Gahanna Chamber of Commerce, (v) Greater Powell Chamber of Commerce, (vi) Grove City Chamber of Commerce, (vii) Hilliard Chamber of Commerce, (viii) New Albany Chamber of Commerce, (ix) Tri-Village Chamber Partnership (Upper Arlington, Marble Cliff, Grandview), (x) Westerville Chamber of Commerce, (xi) Worthington Chamber of Commerce and (xii) Westland Area Business Association, (xiii) Pickerington Area Chamber of Commerce.

Impacts for Fiscal Year (FY) 2020 and 2021

IP − 7.1. **OhioHealth partnerships with various Chambers of Commerce in Franklin County** — The outcomes of OhioHealth partnerships with various chambers of commerce in Franklin County applies for OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and OhioHealth Grove City Methodist Hospital.

Chamber of Commerce	Estimated Persons Served (FY 2020 and FY 2021)	Activities
Clintonville Area Chamber of Commerce	Served over 30,000 persons per fiscal year	+ Collaboration related to membership, celebrate Clintonville Awards Program, Auction Fundraiser, Holiday Fundraiser + OhioHealth was recognized as "Business of the Year" award
Columbus Chamber of Commerce	Served over 900,000 persons per fiscal year	+ Membership, annual meeting, Government Day + Two OhioHealth leaders are members of the Columbus Chamber of Commerce Board
Dublin Chamber of Commerce	Served 52,500 persons per fiscal year	+ Collaboration related to membership, annual meeting, Corporate Challenge, Leadership Dublin, Recognition Luncheon, and "Taste of Dublin". + One OhioHealth leader is a member of the Dublin Chamber of Commerce Board
Gahanna Chamber of Commerce	Served roughly 35,500 persons per fiscal year	+ Collaboration related to membership.
Greater Powell Chamber of Commerce	Served over 13,000 persons per fiscal year	+ Collaboration related to membership.
Grove City Chamber of Commerce	Served at least 40,500 persons per fiscal year	+ Collaboration related to membership, "Arts in the Alley", OhioHealth WE L.E.A.D. program, annual meeting, and Southwest Community Leadership Program + One OhioHealth leader is a member of the Grove City Chamber of Commerce

Continuation of IP − 7.1. OhioHealth partnerships with various Chambers of Commerce in Franklin County ⎯

Chamber of Commerce	Estimated Persons Served (FY 2020 and FY 2021)	Activities
Hilliard Chamber of Commerce	Served at least 36,500 persons per fiscal year	+ Collaboration related to membership, "Taste of Hilliard", "Business Expo". + Two OhioHealth leaders are members of the Hilliard Chamber of Commerce.
New Albany Chamber of Commerce	Served at least 11,500 persons per fiscal year	+ Collaboration related to membership, Women's Leadership Panel, New Albany Community Update, and Annual Meeting
Tri-Village Chamber Partnership (Upper Arlington, Marble Cliff, Grandview)	Served at least 34,000 persons per fiscal year	+ Collaboration related to membership and additional program support.
Westerville Chamber of Commerce	Served roughly 40,500 persons per fiscal year	+ Collaboration related to membership, WECare event that was organized by the Westerville Chamber Advocate Resource and Education, annual fundraiser, "State of Healthcare Quarterly Luncheon, Leadership Westerville + One OhioHealth leader is a member of the Westerville Chamber of Commerce
Worthington Chamber of Commerce	Served at least 14,000 persons per fiscal year	+ Collaboration related to membership and annual fundraisers + One OhioHealth leader is a member of the Worthington Chamber of Commerce.
Westland Area Business Association	Serve at least 36,500 persons per fiscal year	+ Collaboration related to membership, annual scholarship dinner, and fundraiser auction + Two OhioHealth leaders are members of the Westland Area Business Association
Pickerington Area Chamber of Commerce	Serve at least 21,500 persons per fiscal year	+ Collaboration related to membership, "A Day of Athena Workshop and Awards Program", Women's Leadership Coalition, Annual Dinner, and Economic Outlook Luncheon.

IP – 8. **Continue partnering with the Columbus Women's Commission, which focuses on pay equity, affordable housing, health and workforce development (City of Columbus, 2021).**

IP – 8.1. OhioHealth collaboration with the Columbus Women's Commission — OhioHealth's previous senior director of Community Health Partnerships is the chair of Columbus Women's Commission. In Fiscal Year 2020 and 2021, the Commission focused on equity in the workplace, housing and evictions, workforce development, and health (City of Columbus, Ohio, 2022). The Columbus Women's Commission implemented various initiatives on these four focus areas related to addressing various needs related to the COVID-19 pandemic.

(a) **Equity in the workplace** –– more than 250 local business, nonprofit organizations and government offices have committed to help close the gender wage gap. The Commission hosted two "From Signature to Action" events. In addition, the Columbus Women's Commission hosted a webinar on "Navigating COVID-19 with a Gender Lens". Survey of employers who signed the Columbus Commitment revealed that 55 percent have conducted a company-wide pay equity review; 50 percent no longer include past compensation during the hiring process; 59 percent have developed diversity and inclusion goals; 53 percent offered paid family leave for their staff; and 57 percent recognized the Commission with promoting awareness of gender equity.

(b) **Housing** –– Accomplishments include relocation of the Self-Help Resource Center; launching of the Eviction Prevention Program in October 2019; support tenant's rights to occupy safe housing; hosted nine Stabilizing Families Learning Exchange to foster awareness of families facing unstable housing; strengthened partnerships with Legal Aid Society of Columbus and Franklin County Jobs and Family Services.

(c) **Workforce development** –– The Commission hosted a Women in the Trades Learning Session; increased workforce development opportunities; hosted the Women's Resiliency Celebration that celebrated the strength and resilience of survivors of human trafficking, sexual assault and domestic violence.

(d) **Health** –– The Commission partnered with CelebrateOne in implementing a project funded by the Women's Fund of Central Ohio that promoted teen pregnancy prevention education in Franklin County. The City of Columbus adopted a paid family leave for full-time city employees. The Columbus City Council passed a legislation that provided access to free menstrual products in Columbus City Schools and all municipal buildings. The City Council created a diaper-changing station program where businesses may receive up to two baby-changing stations at no charge. At least one medical doctor from OhioHealth is involved with the Columbus Women's Commission's health.

IP − 9. Continue offering the OhioHealth Charity Care Policy and medical financial assistance to patients with limited or no resources and inadequate medical insurance coverage. OhioHealth offers high-quality care to everyone, regardless of ability to pay. The OhioHealth Charity Care Policy includes: (i) substantial charity care guidelines that provide free care for individuals and families who earn less than 200 percent of the federal poverty level, (ii) sliding scale fees to provide substantially discounted care for individuals and families who are between 200 and 400 percent of the federal poverty level, and (iii) hardship policy for those patients who could not otherwise qualify for charity care but have unique circumstances. OhioHealth offers interest-free loans for up to one year to assist patients. OhioHealth also has an uninsured discount policy for individuals without health insurance who do not qualify for charity care.

Impacts for Fiscal Year 2020 and 2021

IP − 9.1. Services and patients served through the OhioHealth Charity Care Policy —

OhioHealth Hospital	Measures	Count of Services (FY 2020)	Count of Patients Served (FY 2020)	Count of Services (FY 2021)	Count of Patients Served (FY 2021)
Riverside Methodist Hospital	Patients with income less than 200 percent of federal poverty level and received free care	53,360 services	15,867 patients	21,763 services	8,772 patients
	Patients with income between 200 and 400 percent of the federal poverty level and availed of sliding scale fees	27,601 services	17,000 patients	9,370 services	3,723 patients
	Patients who availed of the OhioHealth Hardship Policy	480 services	164 patients	273 services	101 patients
	Patients without health insurance (self-pay)	56,578 services	32,805 patients	74,268 services	47,398 patients
Grant Medical Center	Patients with income less than 200 percent of federal poverty level and received free care	25,099 services	7,912 patients	8,921 services	4,393 patients
	Patients with income between 200 and 400 percent of the federal poverty level and availed of sliding scale fees	8,869 services	6,654 patients	3,588 services	1,601 patients
	Patients who availed of the OhioHealth Hardship Policy	1,724 services	67 patients	54 services	27 patients
	Patients without health insurance (self-pay)	29,992 services	20.092 patients	21,967 services	15,084 patients
Doctors Hospital	Patients with income less than 200 percent of federal poverty level and received free care	21,891 services	6,954 patients	8,828 services	4,005 patients
	Patients with income between 200 and 400 percent of the federal poverty level and availed of sliding scale fees	7,663 services	6,207 patients	2,952 services	1,2141 patients
	Patients who availed of the OhioHealth Hardship Policy	76 services	31 patients	49 services	22 patients
	Patients without health insurance (self-pay)	30,902 services	18,834 patients	25,989 services	15,922 patients

Continuation of IP − 9.1. Services and patients served through the OhioHealth Charity Care Policy ──

OhioHealth Hospital	Measures	Count of Services (FY 2020)	Count of Patients Served (FY 2020)	Count of Services (FY 2021)	Count of Patients Served (FY 2021)
Dublin Methodist Hospital	Patients with income less than 200 percent of federal poverty level and received free care	5,197 services	2,496 patients	2,218 services	1,360 patients
	Patients with income between 200 and 400 percent of the federal poverty level and availed of sliding scale fees	3,750 services	3,187 patients	1,221 services	722 patients
	Patients who availed of the OhioHealth Hardship Policy	69 services	42 patients	37 services	20 patients
	Patients without health insurance (self-pay)	7,297 services	5,657 patients	6,624 services	5,171 patients
Grove City Methodist Hospital	Patients with income less than 200 percent of federal poverty level and received free care	1,983 services	977 patients	675 services	469 patients
	Patients with income between 200 and 400 percent of the federal poverty level and availed of sliding scale fees	1,025 services	1,180 patients	383 services	224 patients
	Patients who availed of the OhioHealth Hardship Policy	12 services	7 patients	9 services	8 patients
	Patients without health insurance (self-pay)	2,803 services	2,903 patients	3,488 services	2,585 patients
Rehabilitation Hospital	Patients with income less than 200 percent of federal poverty level and received free care	112 services	22 patients	108 services	24 patients
	Patients with income between 200 and 400 percent of the federal poverty level and availed of sliding scale fees	721 services	343 patients	759 services	321 services
	Patients who availed of the OhioHealth Hardship Policy	0	0	0	0
	Patients without health insurance (self-pay)	174 services	28 patients	168 services	26 services

Need 3:   Maternal and Infant Health

MIH –1. Continue implementing standardized screening and evidence-based women's health services at OhioHealth Physician Group clinics offering obstetrics and gynecological services and hospital-based labor and delivery and postpartum units. Women's health services will include but are not limited to: (i) progesterone treatment, including screening for women who are at high risk for preterm birth, (ii) provider counseling with patients about preconception health and reproductive life plans, (iii) comprehensive contraceptive options, (iv) increase breastfeeding support, and (e) referral to home visiting programs in Franklin County on an as-needed basis. (*This strategy aligns with the Ohio 2017-2019 State Health Improvement Plan. See Table 6)*.

Impacts for Fiscal Year 2020 and 2021

MIH – 1.1. Number of persons served in the OhioHealth OB/GYN clinics in Franklin County, Ohio —

OhioHealth Hospital	Measures	Patients Served (FY 2020)	Patients Served (FY 2021)
Riverside Methodist Hospital	Count of persons served by the Obstetrics-Gynecology Clinics	14,983 women	12,377 women
	Count of persons served by the Labor and Delivery department	9,135 women	9,253 women
	Number of persons served though prenatal education	+ *Baby care basics* — 736 persons + *Breastfeeding basics* — 394 persons + *Childbirth education* — 594 persons + *Maternity tours* — 2,538 persons + *Grandparenting* — 63 persons + *Sibling classes* — 42 persons	Please see summary table on online education provided during the COVID-19 pandemic..
	Lactation consults at postpartum	3,994 women	5,705 women
	Retail lactation services	6,000 women; 8,219 encounters + Supplies that support breastfeeding for patients without health insurance or those with special needs + Telephone helpline and baby weight checks. + Products and supplies include (but not limited to) breast pumps, nursing bra, nursing pads, breast pump replacement parts, nipple shields.	6,763 women; 9,207 encounters + Supplies that support breastfeeding for patients without health insurance or those with special needs + Telephone helpline and baby weight checks. + Products and supplies include (but not limited to) breast pumps, nursing bra, nursing pads, breast pump replacement parts, nipple shields.

Continuation of MIH – 1.1.   Number of persons served in the OhioHealth OB/GYN clinics in Franklin County, Ohio —

OhioHealth Hospital	Measures	Patients Served (FY 2020)	Patients Served (FY 2021)
Grant Medical Center	Count of persons served by the Obstetrics-Gynecology Clinics	6,579 women	11,266 women
	Count of persons served by the Labor and Delivery department	3,487 women	3,235 women
	Number of persons served though prenatal education	+ *Baby care basics* — 88 persons + *Breastfeeding basics* —28 persons + *Childbirth education* — 88 persons + *Infant choking and cardiopulmonary resuscitation* — 237 persons + *Maternity tours* — 454 persons	Please see summary table on online education provided during the COVID-19 pandemic.
	Lactation encounter	273 women	229 women
Doctors Hospital	Count of persons served by the Obstetrics-Gynecology Clinics	10,494 women	9,887 women
	Count of persons served by the Labor and Delivery department	1,780 women	1,722 women
	Number of persons served though prenatal education	+ *Baby care basics* — 70 persons + *Breastfeeding basics* —20 persons + *Childbirth education* — 40 persons + *Infant choking and cardiopulmonary resuscitation* — 239 persons + *Maternity tours* — 128 persons	Please see summary table on online education provided during the COVID-19 pandemic..
	Lactation consults at postpartum	789 women	843 women

Continuation of MIH − 1.1.   Number of persons served in the OhioHealth OB/GYN clinics in Franklin County, Ohio —

OhioHealth Hospital	Measures	Patients Served (FY 2020)	Patients Served (FY 2021)
Dublin Methodist Hospital	Count of persons served by the Obstetrics-Gynecology Clinics	2,670 women	2,539 women
	Count of persons served by the Labor and Delivery department	3,111 women	3,362 women
	Number of persons served though prenatal education	+ *Baby care basics* — 424 persons + *Breastfeeding basics* — 290 persons + *Childbirth education* — 498 persons + *Maternity tours* — 1,450 persons + *Grandparenting* — 75 persons + *Sibling classes* — 79 persons	Please see summary table on online education provided during the COVID-19 pandemic.
	Lactation consults at postpartum	213 women	304 women
Grove City Methodist Hospital	Count of persons served by the Obstetrics-Gynecology Clinics	1,783 women	922 women
	Count of persons served by the Labor and Delivery department	Not applicable (The Grove City Methodist Hospital is not a birthing hospital.)	Not applicable (Grove City Methodist Hospital is not a birthing hospital.)
	Number of persons served though prenatal education	Not applicable (The Rehabilitation Hospital is not a birthing hospital.)	Please see summary table on online education provided during the COVID-19 pandemic.

MIH – 1.2.   Summary of online classes and Labor and Delivery virtual tours —

OhioHealth Hospital	Topics Taught Online in FY 2020	Count of Persons Served in FY 2020	Topics Taught Online in FY 2021	Count of Persons Served in FY 2021
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital	+ Baby Care Basics + Breastfeeding Preparation + Childbirth Breathing and Relaxation + Childbirth Education - 1 Day Workshop + Childbirth Education - 2 Day Workshop + Childbirth Education - 4 Week Series + Childbirth Education - Understanding Birth eClass + Childbirth Express + GRAND!Parenting + Infant Choking and CPR + Maternity Tour + Sibling Class for Preschoolers + Sibling Class for School Age Children	7,840 persons	+ Baby Care Basics + Breastfeeding - eClass + Breastfeeding Preparation + Childbirth Breathing and Relaxation + Childbirth Education - Understanding Birth - eClass + Childbirth Express + Maternity Tour	3,910 persons

MIH – 1.3. **Number of women who were administered long-acting reversible contraceptive (LARC), prescription of progesterone, or home visiting to improve birth outcomes —**

OhioHealth Hospital	Measures	FY 2020	FY 2021
Riverside Methodist Hospital; Grant Medical Center; Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital	Count of teens ages 15-19 who received long-acting reversible contraceptives (LARCs) right after delivery	58 women	63 women
	Count of teens ages 15-19 who received LARCs at postpartum visit	4 women	2 women
	Count of adult women ages 20-44 who received LARCs right after delivery	500 women	427 women
	Count of adult women 20-44 who received LARCs at postpartum visit	52 women	49 women
	Count of women who were at risk for preterm birth and who were prescribed progesterone	63 women	70 women
	Count of at-risk women served by the OhioHealth home visiting program	176 women	534 women
Rehabilitation Hospital*	Not applicable	Not applicable	Not applicable

*The OhioHealth Rehabilitation Hospital does not provide obstetrics and gynecology (OB/GYN) services.

MIH – 1.4. **OhioHealth Alignment with the State Health Improvement Plan —** the percent preterm birth and low birth weight data from OhioHealth birthing hospitals in Franklin County were lower compared to the percent preterm and low birth weight data for entire Franklin County and State of Ohio.

OhioHealth Hospital	Measure	FY 2020	FY 2021	Franklin County	Ohio	Healthy People 2030
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital	Preterm Birth (%)	4.8%	11.4%	10.9% (2019) [a]	10.5% [c]	9.4% [d]
	Low Birth Weight (%)	8.8%	8.8%	9.5% (2019) [a]	8.5% [b]	—
Rehabilitation Hospital	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

[a] The City of Columbus, Ohio. (2022)
[b] Ohio Department of Health (n.d.)
[c] March of Dimes Foundation. (2021)
[d] U.S. Department of Health and Human Services. (n.d.).

MIH – 2. Continue offering medication-assisted treatment (MAT) to pregnant women through OB/GYN Community Medicine at OhioHealth Riverside Methodist Hospital and OhioHealth Family Medicine Grant. Patients from OB/GYN Community Care are referred to OhioHealth Riverside Family Practice Center to enable continuity of MAT for mother and serve as a medical home for both mother and baby.

Impacts for Fiscal Year 2020 and 2021

MIH – 2.1. Number of pregnant patients who received medication-assisted treatment (MAT) and referrals to OhioHealth Family Medicine clinics as necessary —

OhioHealth Hospital	Hospital Department	FY 2020	FY 2021
Riverside Methodist Hospital	Community Medicine	26 women on MAT; 2 women were referred to the Riverside Family Practice Center	21 women on MAT; 8 women were referred to the Riverside Family Practice Center
Grant Medical Center	Graduate Medical Education Family Practice	111 women on MAT; all women continued care from same clinic	81 women on MAT; all women continued care from same clinic
Doctors Hospital	Graduate Medical Education Family Practice	27 women on MAT; all women continued care from same clinic	23 women on MAT; all women continued car from the same clinic.
Dublin Methodist Hospital	Graduate Medical Education Family Practice	3 women in MAT; all women continued care from same clinic	2 women in MAT; all women continued care from same clinic.
Grove City Methodist Hospital	Obstetrics and Gynecology clinics	15 women in MAT; all women continued care from same clinic	20 women in MAT; all women continued care from same clinic.
Rehabilitation Hospital*	Not applicable	Not applicable	Not applicable

The OhioHealth Rehabilitation Hospital does not offer obstetrics and gynecology services.

MIH – 3. Continue offering medication-assisted treatment (MAT) and consultation to pregnant women with opioid use disorder at OhioHealth Maternal Fetal Medicine Physicians to improve the care and outcomes of mothers and babies who are affected by opioid use disorder. OhioHealth Maternal Fetal Medicine Physicians will actively collaborate with the Ohio Perinatal Quality Collaborative (OPQC) by submitting clinical data and evidence-based practice and findings as part of the Maternal Opiate Medical Supports Plus (MOMS+) program.

Impacts for Fiscal Year 2020 and 2021

MIH – 3.1. Number of pregnant patients who received medication-assisted treatment (MAT) from the OhioHealth Maternal Fetal Medicine physicians

OhioHealth Hospital	Hospital Department	FY 2020	FY 2021
Riverside Methodist Hospital	Maternal-Fetal Medicine Clinic	151 pregnant women	159 pregnant women
Grant Medical Center	Maternal-Fetal Medicine Clinic	115 pregnant women	67 pregnant women
Doctors Hospital	Maternal-Fetal Medicine Clinic	0 pregnant woman	0 pregnant woman
Dublin Methodist Hospital	Maternal-Fetal Medicine Clinic	44 pregnant women	34 pregnant women
Grove City Methodist Hospital	No Maternal-Fetal Medicine Clinic	—	—
Rehabilitation Hospital*	Not applicable	Not applicable	Not applicable

The OhioHealth Rehabilitation Hospital does not offer have a Maternal-Fetal Medicine clinic.

MIH – 4. Continue providing patient-centered women's health services (obstetrics and gynecology) through the OhioHealth Wellness on Wheels Women's Health mobile clinic, which serves predominantly uninsured or underinsured women in Franklin County. The OhioHealth Wellness on Wheels Women's Health mobile clinic also provides women's health services at CATCH Court, Amethyst Inc., CompDrug and Maryhaven Addiction Stabilization Center to serve women with substance abuse issues or who have been sexually trafficked.

MIH – 4.1. Number of women served by OhioHealth Wellness on Wheels clinic that had mental health and/or addiction diagnoses —

OhioHealth Hospital	Measures	FY 2020	FY 2021
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital	Number of completed visits	1,593 completed visits	1,608 completed visits
	Number of women served	359 women	262 women
	Number of women served who had a mental health and/or addiction diagnoses	100 women	75 women
Rehabilitation Hospital	Not applicable	Not applicable	Not applicable

MIH – 5. Continue collaborating with the Ohio Better Birth Outcomes (OBBO) collaborative, which aims to reduce the infant mortality rate in Franklin County by improving healthcare delivery for women and their families through evidence-based quality improvement projects. OBBO focuses on three initiatives: (i) improving reproductive health, (ii) increasing access to prenatal care, and (iii) improving quality of clinical care to reduce premature birth (Ohio Wellness Coalition, 2010-2019).

MIH – 5.1. **Ohio Better Birth Outcomes (OBBO) Summary of Findings in Franklin County**— This data also applies for OhioHealth Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and Grove City Methodist Hospital. The OhioHealth Rehabilitation Hospital is not involved in OBBO since it does not provide obstetrics and gynecology (OB/GYN) services and not a birthing hospital. Other partners in Franklin County include Mount Carmel Health System, Nationwide Children's Hospital, Ohio State Wexner Medical Center, Columbus Public Health and PrimaryOne Health.

Measures	FY 2020	FY 2021
Infant mortality rate — Number of deaths among Franklin County infants less than 1 year old per 1,000 live births	6.7 per 1,000 live births (117 infant mortalities)	7.4 per 1,000 live births (118 infant mortalities)
Infant mortality disparity ratio — Infant mortality disparity ratio, non-Hispanic Blacks to non-Hispanic Whites in Franklin County	2.8 (Non-Hispanic Blacks relative to Non-Hispanic Whites)	2.9 (Non-Hispanic Blacks relative to Non-Hispanic Whites)
Key outcomes — Percent infants in Franklin County born less than 32 weeks gestational age	1.7% (292 infants)	2% (320 infants)
Key outcomes — Percent preterm birth less than 32 weeks disparity ratio, non-Hispanic Blacks to Non-Hispanic Whites in Franklin County	2.3 (Non-Hispanic Blacks relative to Non-Hispanic Whites)	2.8 (Non-Hispanic Blacks relative to Non-Hispanic Whites)
Key outcomes — Number of births per 1,000 women ages 15-19 in Franklin County	15.9 per 1,000 women	15.5 per 1,000 women
Key outcomes — Percent births in Franklin County with no prenatal care	1.8%	1.7%

Continuation of MIH – 5.1.   Ohio Better Birth Outcomes (OBBO) Summary of Findings in Franklin County —

Measures	FY 2020	FY 2021
Key outcomes — Percent Franklin County women on Medicaid with a high-risk pregnancy with a progesterone claim	16% of women	15.8% of women
Key outcomes — Percent Franklin County women on Medicaid with a high-risk pregnancy with a progesterone claim	16% of women	15.8% of women
Key outcomes — Percent pregnant women in Franklin County who smoke during their third trimester	5.8% of women	4.5% of women
Reproductive health process — Percent of women who received a long-acting reversible contraceptive (LARC) immediately postpartum (at maternity stay)	7.2% of women	6.1% of women
Reproductive health process — Percent of women who receive a LARC during the postpartum period	6.4% of women	3.4% of women
Reproductive health process — Percent of teens ages 15-19 who have a LARC	11.5% of teens ages 15-19	15.9% of teens ages 15-19
Prenatal care process — Number of women in Franklin County scheduled for prenatal care by StepOne	3,683 women	2,825 women
Prenatal care process — Number of women served by OBBO's Medical Legal Partnership (closed cases)	220 women	410 women
Perinatal quality process — Percent of women in OBBO clinics accepting progesterone	90%	61%
Perinatal quality process — Number of women served through Columbus Public Health's Baby and Me Tobacco Free program with negative tobacco test during first postpartum visit.	105 women	58 women
Perinatal quality process — Number of eligible women served by evidence-based home visiting	1,829 women	1,487 women

MIH – 6. Continue participating in the Ohio Hospital Association/Ohio Department of Health "Ohio First Steps for Healthy Babies" program, which encourages hospitals in Ohio to promote, protect and support breastfeeding. Hospitals earn an award for every two steps achieved based on the "Ten Steps to Successful Breastfeeding" developed by the World Health Organization and Baby-Friendly USA (Ohio Department of Health, n.d.).

MIH – 6.1. **Rates of breastfeeding among women served in the postpartum unit** — Breastfeeding is defined as "feeding a child mother's milk either by direct breastfeeding or by that mother pumping and providing her breastmilk."

OhioHealth Hospital	FY 2020	FY 2021
Riverside Methodist Hospital	77.3% of women served	84.8% of women served
Grant Medical Center	74.2% of women served	72.6% of women served
Doctors Hospital	77.6% of women served	77.5% of women served
Dublin Methodist Hospital	82.9% of women served	89.9% of women served
Grove City Methodist Hospital	Not applicable	Not applicable
Rehabilitation Hospital	Not applicable	Not applicable

MIH – 6.2. **Rates of exclusive breastfeeding among women served in the postpartum unit** — Exclusive breastfeeding is defined as "optimal practice of feeding infants no food or drink other than human milk unless another food is determined to be medically necessary."

OhioHealth Hospital	FY 2020	FY 2021
Riverside Methodist Hospital	39.2% of women served	48.8% of women served
Grant Medical Center	33.2% of women served	41% of women served
Doctors Hospital	25.8% of women served	30.3% of women served
Dublin Methodist Hospital	47.3% of women served	55.7% of women served
Grove City Methodist Hospital	Not applicable	Not applicable
Rehabilitation Hospital	Not applicable	Not applicable

MIH – 6.3. **Rates of formula feeding among women served in the postpartum unit** — Formula feeding is defined as "use of an artificial breastmilk substitute."

OhioHealth Hospital	FY 2020	FY 2021
Riverside Methodist Hospital	57.4% of women served	50.5% of women served
Grant Medical Center	65.8% of women served	57.2% of women served
Doctors Hospital	72.4% of women served	67.8% of women served
Dublin Methodist Hospital	43.7% of women served	42.8% of women served
Grove City Methodist Hospital	Not applicable	Not applicable
Rehabilitation Hospital	Not applicable	Not applicable

MIH – 6.4. **Rates of "exclusive formula feeding" among women served in the postpartum unit** — Exclusive formula feeding is defined as "mother's plan to only provide infant formula and does not desire to provide breastmilk."

OhioHealth Hospital	FY 2020	FY 2021
Riverside Methodist Hospital	15% of women served	14.4%
Grant Medical Center	25.2% of women served	25.9%
Doctors Hospital	20.9% of women served	21.2%
Dublin Methodist Hospital	8.2% of women served	8.7%
Grove City Methodist Hospital	Not applicable	Not applicable
Rehabilitation Hospital	Not applicable	Not applicable

MIH – 6.5. Rates of combined breastmilk and formula feeding among women served in the postpartum unit. Combined breastmilk and formula feeding is defined as "mother wishes to feed her baby both breastmilk and formula."

OhioHealth Hospital	FY 2020	FY 2021
Riverside Methodist Hospital	42.3% of women served	36.1%
Grant Medical Center	40.8% of women served	31.6%
Doctors Hospital	51.3% of women served	46.7%
Dublin Methodist Hospital	35.5% of women served	34.2%
Grove City Methodist Hospital	Not applicable	Not applicable
Rehabilitation Hospital	Not applicable	Not applicable

MIH – 7. Continue operating the OhioHealth Mothers' Milk Bank, which provides pasteurized donor breast milk to infants who are preterm or have life-threatening medical conditions. The OhioHealth Mothers' Milk Bank is a member of the Human Milk Banking Association of North America (HMBANA). 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: (i) OhioHealth Riverside Methodist Hospital, (ii) OhioHealth Grant Medical Center, (iii) OhioHealth Doctors Hospital, (iv) OhioHealth Dublin Methodist Hospital, (v) The Ohio State University Wexner Medical Center, (vi) Mount Carmel East, Mount Carmel West, and (vii) Mount Carmel St. Ann's.

MIH – 7.1. Total number of pasteurized donor's breast milk provided to newborns at OhioHealth and non-OhioHealth hospitals in Franklin County —

Hospital	FY 2020	FY 2021
OhioHealth Riverside Methodist Hospital	7,617 ounces	9,144 ounces
OhioHealth Grant Medical Center	5,313 ounces	6,423 ounces
OhioHealth Doctors Hospital	426 ounces	1,257 ounces
OhioHealth Dublin Methodist Hospital	9 ounces	252 ounces
OhioHealth Grove City Methodist Hospital*	Not applicable	Not applicable
OhioHealth Rehabilitation Hospital*	Not applicable	Not applicable
The Ohio State University Wexner Medical Center (non-OhioHealth)	17,700 ounces	15,900 ounces
Mount Carmel Health System (non-OhioHealth)	6,963 ounces	6,087 ounces
Nationwide Children's Hospital (non-OhioHealth)	14,400 ounces	13,050 ounces

*OhioHealth Grove City Methodist Hospital and OhioHealth Rehabilitation Hospital are not birthing hospitals.

MIH – 7.2.   Health education or speakerships provided by the OhioHealth Mothers Milk Bank —

OhioHealth Hospital	Programs and Services	Fiscal Year	Date	Number of Persons Served
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital	Health education and awareness tours of community patrons about the Mothers Milk Bank programs	2020	Various dates in Fiscal Year 2020	20
	Health education and awareness of staff from the Crawford County Women, Infants and Children (WIC), OhioHealth Westerville Emergency Care Center, and North Canton, Ohio	2020	August 14, 2019 — Crawford County, Ohio August 23, 2019 — Westerville, Ohio February 1, 2020 — Canton, Ohio	58
	Education on donor breast milk donation process at the Muskingum County Health Department and at the Breastfeeding Center at Massillon, Ohio	2020	October 2, 2019 — Muskingum County November 12, 2019 — Massillon, Ohio	10
	Education on the use of pasteurized donor breast milk at the local lactation meeting held at the OhioHealth Eastside Health Center	2020	September 10, 2019	17
	Presentation on the use and availability of pasteurized donor breast milk in the neonatal intensive care unit and newborn nursery at the Akron, Ohio NICU Conference	2020	September 27, 2019	230
	Education on the use of pasteurized donor breast milk at the lactation meeting held at Christ Hospital in Cincinnati, Ohio	2020	January 16, 2020	40
	Radio interview with Sunny95 radio station on the programs and services of the OhioHealth Mothers Milk Bank	2020	February 11, 2020	393
Rehabilitation Hospital*	Not applicable	Not applicable	Not applicable	Not applicable

*OhioHealth Rehabilitation Hospital is not a birthing hospital.

Continuation of MIH – 7.2. **Health education or speakerships provided by the OhioHealth Mothers Milk Bank —**

OhioHealth Hospital	Programs and Services	Fiscal Year	Date	Number of Persons Served
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital	**Opening of an OhioHealth Mothers Milk Bank in Toledo, Ohio.** A milk drop-off site for the OhioHealth Mothers Milk Bank was opened in Toledo, Ohio at the Toledo/Lucas County Women, Infants and Children (WIC) office. This drop off site will provide a place for donors in the area to take their breastmilk once they will be approved as a donor to the Milk Bank and the office will take care of shipping the breastmilk to OhioHealth. The outreach nurse went to the opening event of the drop-off site to educate the staff on the proper care of the milk and shipping and handling. She also met with an approved donor to accept her donated breastmilk and use this as an education tool for the WIC staff.	**2021**	July 1, 2020 — Toledo, Ohio	4
	Opening of an OhioHealth Mothers Milk Bank in Mt. Vernon, Ohio. to open our newest milk drop off location at Knox County WIC. She educated the staff on receiving of the milk in a safe manner to keep the milk in its best condition for safe transport to the milk bank. Discussion of the use of Pasteurized Human Donor Milk and how the milk is processed and distributed for use.	**2021**	July 22, 2020 — Mount Vernon, Ohio	10
	Online Educational information/instruction by live webcast (Webex) to Registered Dieticians at Dayton Children's Hospital. This focused on the use of pasteurized donor human milk in the Neonatal Intensive Care Unit (NICU) and possible expansion of use to the regular nursery population and the appropriate use for best practice.	**2021**	March 8, 2021 — Live webcast by Webex	15

Continuation of MIH – 7.2.   Health education or speakerships provided by the OhioHealth Mothers Milk Bank —

OhioHealth Hospital	Programs and Services	Fiscal Year	Date	Number of Persons Served
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital	Donation of 30 ounces of pasteurized donor human milk to a baby who is not gaining weight	2021	March 23, 2021	1
	Tour and education of a physician from Dayton, Ohio. The OhioHealth Mothers Milk Bank team discussed the process for donation, distribution, and how a safe supply of milk is provided to NICUs and babies with medical need.`	2021	April 13, 2021	1
	Online education by live webcast (Webex) to the Knox County Breastfeeding Coalition through the association of the Milk Bank with Knox County Women, Infants and Children (WIC). The outreach nurse talked about the OhioHealth Mothers Milk Bank of Ohio and how it is able to provide a safe supply of human milk through screening and processing of milk from approved donors. The Mothers Milk Bank also supports breastfeeding while working with donors.	2021	April 29, 2021	10
	Donation of 60 ounces of pasteurized donor human milk to two infants experiencing gastric upset and intolerance to formula	2021	May 19, 2021	2
	Donation of 45 ounces of pasteurized donor human milk to twins whose mother had difficulty breastfeeding	2021	June 4, 2021	2
Rehabilitation Hospital	Not applicable	Not applicable	Not applicable	Not applicable

MIH – 8. Continue implementing Riverside Family Practice's Teen Clinic (teens, teen mothers, teen families) to provide comprehensive primary care services to adolescent parents and their children.

MIH – 8.1. Summary of programs and services of the Riverside Family Practice Teen Clinic —

OhioHealth Hospital	Measure	FY 2020	FY 2021
Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital	Number of teens served	18	23
	Number of completed teen visits	68	55
	Services	Primary care services, access to medical home, immunizations, preventative health counseling, mental health, contraceptive care, emergency food supply, and other social determinants of health needs	Primary care services, access to medical home, immunizations, preventative health counseling, mental health, contraceptive care, emergency food supply, and other social determinants of health needs
Rehabilitation Hospital	Not applicable	Not applicable	Not applicable

Appendix E. Franklin County HealthMap 2022

Franklin County

HealthMap2022

Navigating Our Way to a
Healthier Community Together
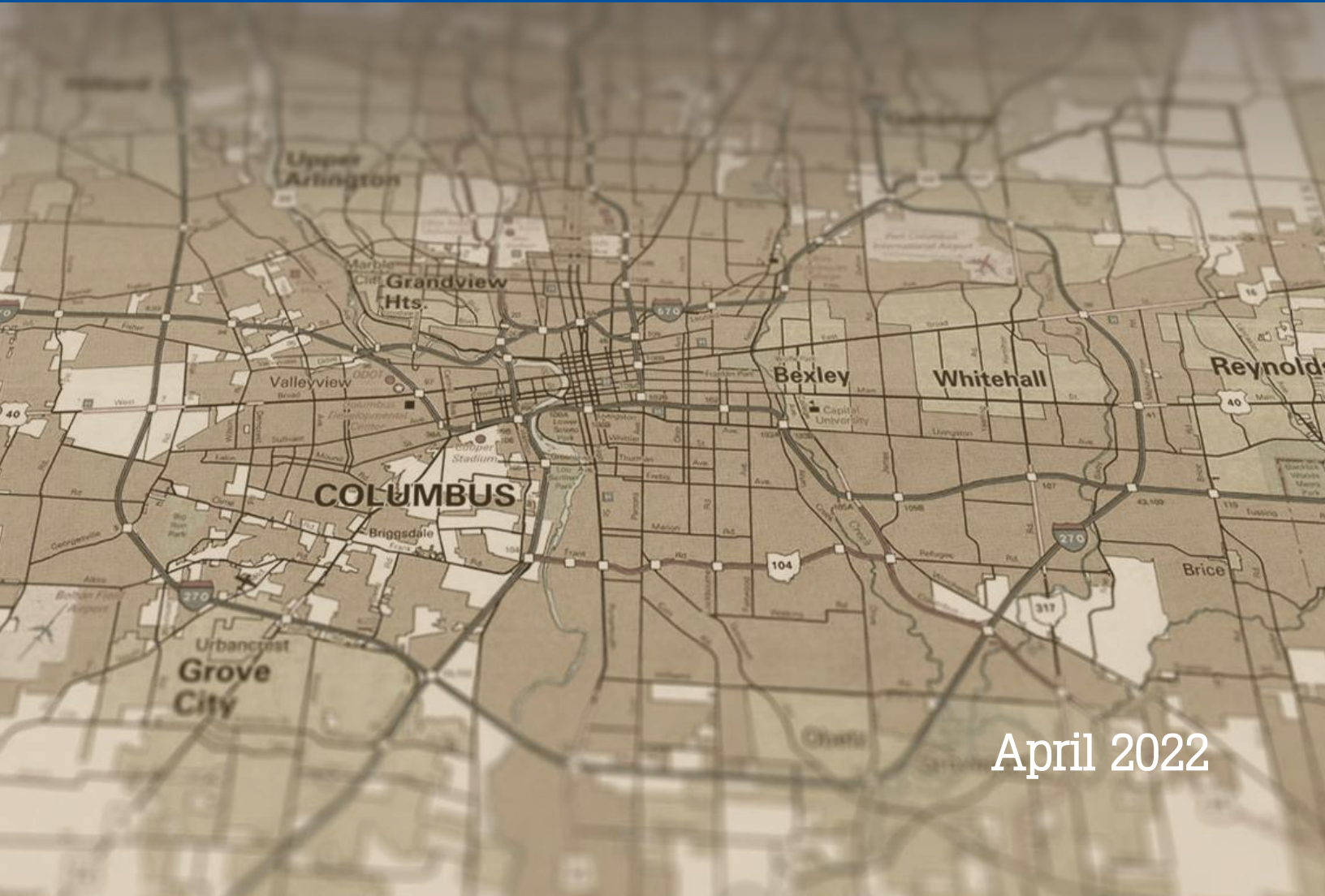
April 2022

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

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

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

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

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

Franklin County HealthMap2022's Process

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

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

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

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

On November 20, 2020, the Steering Committee members received an email inviting them to participate in a brief community visioning survey. The purpose of this survey was to gather input on what a healthier Franklin County looks like as well as to help identify potential health indicators for inclusion in *Franklin County HealthMap2022*. The 26 Steering Committee members who responded to the survey provided their feedback regarding:
- What would a healthy Franklin County look like to you?
- Given your vision for a healthy Franklin County, what do you think are the biggest barriers or issues that are keeping the County from getting there?
- Overall, what are the five most important issues or topics that should be considered in our upcoming community health assessment work?

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

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

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

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

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

In some cases, new secondary data indicators were identified that were not included in the previous report (_HealthMap2019_). For example, new indicators include days of pollution or excessive heat, Opportunity Index scores, and the ratio of residents to psychiatrists. In these instances, the most recent secondary data available are listed under the _HealthMap2022_ heading, and previous data are listed under the _HealthMap2019_ heading, even though these new data will not be found in the _HealthMap2019_ report. This was done for ease of reading.

Indicators identified by the Steering Committee for inclusion in the _Franklin County HealthMap2022_ were then collected and entered into a database for review and analysis.

To ensure community stakeholders can use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in _Franklin County HealthMap2022_, quantitative secondary data must have been collected or published in 2016 or later.

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

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

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

(4) Identify Priority Heath Needs. On October 13, 2021, the Steering Committee received a draft copy of _Franklin County HealthMap2022_, along with a request to suggest comments on and edits to the report.

On October 20, 2021, the Steering Committee met via Zoom to review _Franklin County HealthMap2022_ and to identify potential priority health issues. The meeting participants were divided into small groups, with each group asked to review a specific section of _Franklin_

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

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

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

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

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

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

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

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

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

How To Read This Report

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

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

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

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

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

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

The Community Health Needs Assessment Steering Committee

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

ADAMH Board (Mental Health)
Jonathan Thomas

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

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

Central Ohio Trauma System (Hospital/Medical)
Sherri Kovach

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

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

Educational Service Center (Education)
Dan Good

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

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

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

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

Human Services Chamber (Social Services)
  Michael Corey

Life Expectancy Taskforce (Senior Community)
  Orvell Johns

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

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

Mount Carmel Health System (Hospital/Medical)
  Candice Coleman

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

Ohio Asian American Health Coalition (Minority Populations)
  Cora Munoz

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

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

Ohio Hispanic Coalition (Minority Populations)
  Lilleana Cavanaugh

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

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

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

Veteran's Service Commission (Veterans)
  Robert Bramlish

Workforce Development Board (Workforce Development)
  Stephanie Robinson

Input from all required sources was obtained for this report.

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

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

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

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

Franklin County's Zip Codes

A map of Franklin County, showing each of its zip codes, is shown below. When possible, maps like this are used to show how health-related issues are experienced differently across Franklin County.
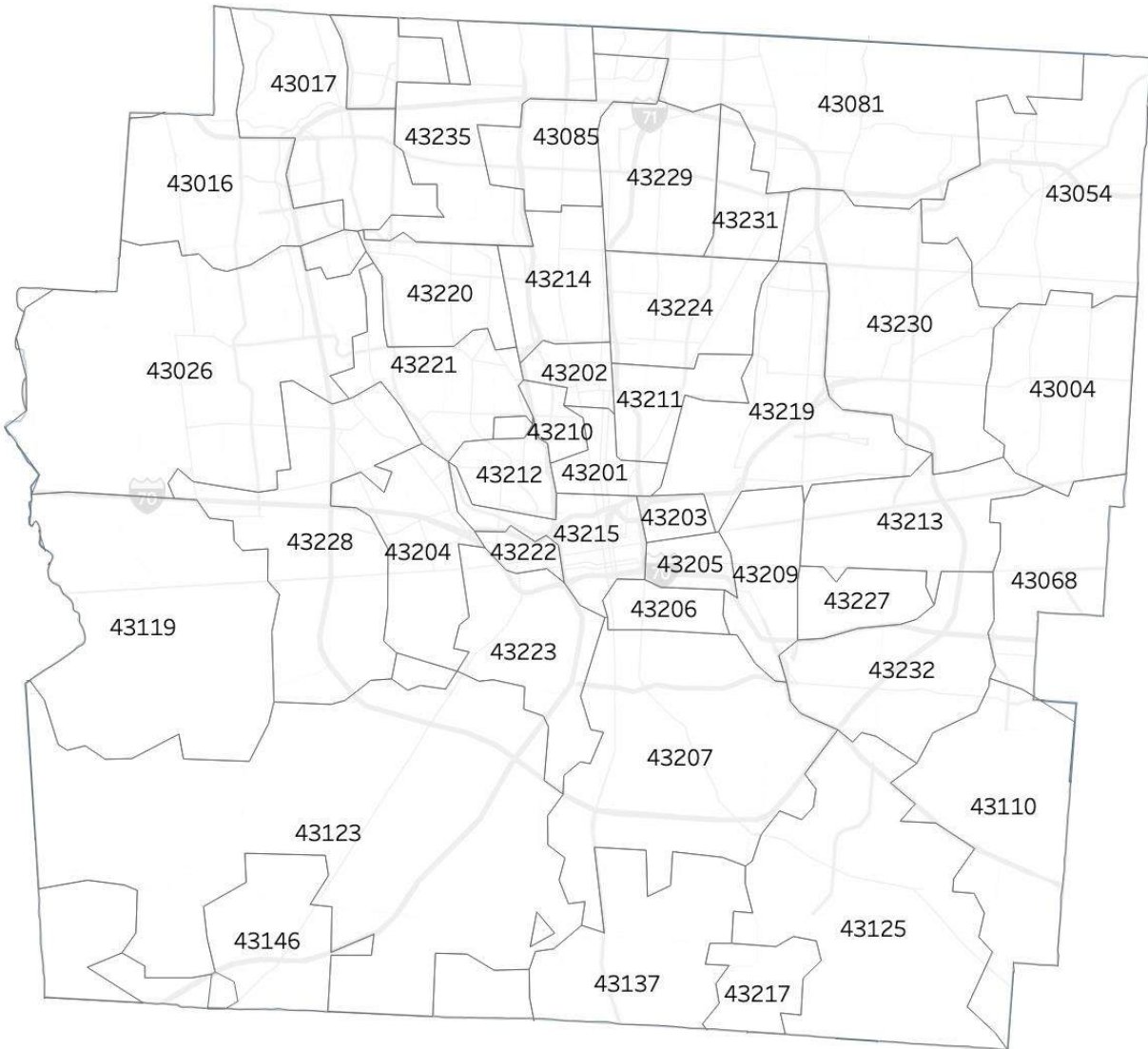
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Franklin County residents shared their perceptions of and vision for a healthy community.

<div align="center">Community Voices on Making a Healthy Community</div>

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

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

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

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

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

"Just feeling safe, knowing that it's safe, feeling secure in your environment. Safety is primarily it. I mean, if you feel safe, then you feel free. You can pretty much go after your dreams."

"You are not all stressed and there is a lot of safe places. A lot of stress creeps up a lot of anxieties and makes you worry about certain things which you have to keep outside, and you don't have to bring them in and you worried about where they are going to be in the morning and stuff like that. Any noise at night you sort of worry somebody is breaking in and so on."

"Then stress levels as well. Like what's going on in the neighborhood, that kind of plays very big into the mental health aspect. Is it a loud area? Is there are a lot of a lot of stuff going on as far as trouble and whatever else, you know? Is it easy to sleep at night?"

"I think a healthy community protects its children, whether that means making sure the schools are safe, or just the streets themselves, the neighborhood, the playgrounds are places where kids can play freely and feel safe."

"I would say safety, we feel safe enough to walk and be outside or safe enough to let our kids be outside…"

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

"It would also include traffic and mitigation of traffic, a lot of cars and fumes and exhaust. That's something that doesn't necessarily lend itself to a healthy environment if there is a lot of traffic near the places where you live or congregate."

"[Not] having industrial parks close by or train stations and things of that nature that pass off a lot of fumes that could impact kids, or powerline grids that might have other kinds of things like radiation that might have a history of causing things that are cancerous. The presence of those things does impact the health of the community."

"The City of Columbus is doing all these initiatives to try to reduce emissions, and they didn't meet their 2020 deadline, but they have a new one for 2050. And they're introducing things like thirsty gardens to help with rainwater that pools in places that's unhealthy for children because it gets into our waterways, [more of] those types of types of incentives and things that are going on."

"Your shelter has to be such that it's healthy, mitigation of lead paint, safe drinking water. So no lead in your water or no other contaminants or whatever."

"Landlords that are responsible when it comes to pest control, bed bugs. I don't have the money to do it myself, and we don't have a landlord who helps take care of it in that way. It ruins people's lives."

"So cleanliness, not just for myself, but for the neighbors in the way that it's managed by the city and trash pickup and all that stuff...Is it a physically clean neighborhood?"

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

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

"It has access to healthcare when necessary that's not too challenging to reach and get to."

"When I think of health, I think of hospitals, like a nearby hospital."

"Supportive services. Just a general healthcare center."

"Access to healthcare, close facilities."

"Accessible health care costs."

"Not being afraid to go to the hospital just because you know that you're not going to be able to pay the bill."

"Free clinics."

"Mental health coverage is important."

"Drug counseling."

"Well, mental health is a part of being healthy too, so having those types of resources in the communities is also important, especially in our schools, where kids are dealing with a lot of things that they might not feel comfortable talking about at home."

"I also think language and culture are a big disadvantage, because a lot of people don't speak the same language. There's a barrier there, communicating and like articulating all the information that we're trying to give to patients. I think that's where things fall apart, where there's not communication between the patient and the provider, there's always communication but with a translator, it doesn't always translate back to [being understood]."

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

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

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

Other features of healthy communities brought up by community members included:
- Funding infrastructure improvements in roads and schools
- Strong educational and job opportunities
- Diversity
- "Good" public transportation

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

<div align="center">Community Voices on Important Health Issues</div>

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

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

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

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

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

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

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

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

"I think right now, it's like loneliness, feeling lonely. I know kids have to spend almost all day long alone because parents are working, and now even parents have been lonely because they don't have work."

"Some people may not necessarily be in the right mind space to have to go into work, especially people with some sort of disability where working from home might have been easier, and then transitioning back into the office may not be so easy for them. Yeah, I feel like there's a lot of kind of like social anxiety that comes with that, going back toward everything kind of being back to normal."

"I think that COVID has caused a lot of anxiety."

"People take [political issues] so seriously as to divide communities. It enables them to be divided because we believe different ideologies and stuff, all these go to put stress on the general community."

"And when you have, you know, you have a lot of stress and strife, then that isn't good for your health. Because of concerns about crime, and, you know, there is just so much violence. This day that hits it's fearful for older people, especially to worry about getting out into the environment, then you don't know what's going to happen to you. So it's a very frightening time."

"Depression and anxiety. So many people are suffering from depression and anxiety...because what is going on in society and that is affecting them mentally. They're talking about this lack of togetherness…race…increase in hate."

"So I would say that mental health is probably the number one issue, mainly because, if you don't have good mental health, you're not going to have good physical health because you're not going to want to get up and go do anything."

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

"Lack of healthy food, like restaurants, but particularly grocery stores. I feel like they're hidden, and then they're small, and then they're not always the freshest. And if they are, they're very expensive."

"Maybe even affordable, healthy restaurants. Most of your local restaurants are pretty expensive. I know they're above [my budget]. And I mean, I make pretty good money, but if I'm going there it's usually something special."

"My grocery store immediately in my area is not good. I usually come down here and shop at Groveport. I actually, honestly, I will go into old Groveport because the Kroger in my area, the quality of food and the prices are not quality food and does not match the price."

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

"I think also it's a matter of being educated about getting healthy habits from being a young child, exercising, eating fruits and vegetables. And a lot of our people are not willing to do that. You see children going to school with chips and candy. You see teachers in school giving out candy to as an incentive. I'm from Canada, so we never do that."

"We get access to these really great vegetables from these farmers markets and from these pop-ups and these food banks and whatever, but people don't know how to cook them. So it's like, 'Great. Now what?' So I feel like there's steps that are missing, in the in between and on the end."

"The idea of, okay, what you put into your body on a regular basis directly correlates to, you know, how you feel, and your overall health and stuff like that. Because I think there's a lack of knowledge sometimes regarding that."

"Access to healthy foods leading to food-based or consumption-based diseases like diabetes, heart disease, and certain forms of cancer like colon cancer."

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

Priority Health Needs

This section lists the prioritized health needs of Franklin County.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Franklin County Residents[1]

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

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

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

Franklin County Households[1]

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

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

References

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

Social Determinants of Health

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

Key Findings

Health Care Access

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

Income & Poverty

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

Education

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

Social & Community Context

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

Health Care Access Indicators

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

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

Individuals With Health Insurance

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

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

Healthy People 2030

Percent of residents under age 65 with health insurance

❌

Franklin County: 91.1%[1]

Target: 92.1%[4]
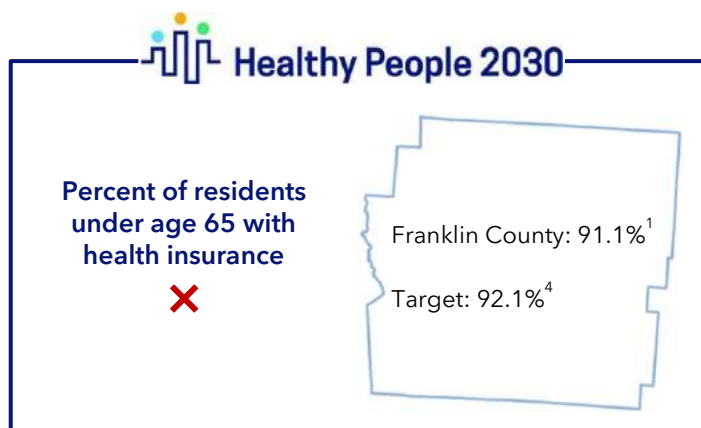
Community Voices on Health Care Costs

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

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

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

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

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

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

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

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

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

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

OTHER SOCIAL DETERMINANTS IMPACTING HEALTH CARE UTILIZATION

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

<p style="text-align:center">Community Voices on General Health Care Utilization</p>

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

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

> "I think that has to do with discrimination somehow because it's been said that when you go to the emergency as a Black female, there are few chances for them to believe that you are in pain. A couple of years ago, I was dealing with a gallbladder issue. It was excruciating, and they let me sit there for hours to find out that I needed a surgery right away…So as a Black woman, any way you go to get care, even if you're about to deliver, they just don't believe it when you say that you're dying."

> "I went hunched over in pain. They let me wait, wait, wait, wait, and it turns out a cyst had burst in my left ovary. I needed emergency surgery. But at this point, you guys have let me sit here. It's like if I'm not screaming, blood pouring out, if I'm able to handle myself a little bit, then [they think] I must not be in that much pain. How can you look at somebody and they have something going on, on the inside, and you tell them that they're okay? So after that, I wouldn't go to the hospital. I would just tough it out. And then, once I finally did get my insurance and went to the doctor, I had another growth. It could have been taken care of if I did have that kind of trust factor and wasn't afraid that I'm just going there getting another bill. Because at that point, that's all it is, is I'm paying to get no help."

> "Everything's overlooked a lot of times. Even if you go to the ER and you think you know what's wrong with you, but they… You know what I mean? They could think you're just faking it, or you just want [pain medication]. They overlook a lot of patients that end up going home and finding out that they had something seriously wrong with them."

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

> "To go to a place that doesn't take your insurance, you got to pay out of pocket. That's too much, so you'll go to a place that will accept your insurance, but they kind of treat you like a number because that's how they get their funding pretty much is by how many people they see…The healthcare that you can go to for free is kind of not up to par, and that's from my personal experience over probably the last two, three years, honestly. So I think that is the biggest thing, just being treated like a number when you're going to the only place you can go to get your healthcare."

> "There is sometimes with some providers, a stigma that comes with having health insurance through Medicaid, public benefit, need where your quality of care is reduced, as opposed to having private insurance, where everyone is treated, you know, with equity."

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

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

> "Using Facebook as your information outlets. There's a lot of negative messages in Facebook that sometimes stops people from going and get the COVID vaccine."

> "I think also a lack of trust on a larger scale in the actual institutions that are handing down information like governmental organizations—Department of Health, CDC. I feel like people in our communities, they're getting all this information from the internet…Or the things that they're hearing on like TikTok and Instagram don't align with the things that hear from the CDC. They are hearing these things from people in their communities that they trust. So when those things don't align, they don't know where to turn."

> "I'd say a lot of it also had to do with information overload and kind of confused thing. …You have like 20 different sources telling you different things. That kind of makes you freeze in your tracks and ultimately do nothing…and making some problems worse. So I definitely think that too much information is a big problem for not getting treatment in a good amount of time."

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

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

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

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

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

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

Community Voices on Mental Health Care Utilization

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

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

> "Sometimes you don't even know you need help. I think a lot of times, we may not even recognize when we need help."

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

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

> "Proper emotional focus on actually taking that seriously. It used to be getting looks and misunderstood. The entire family would brush it off."

> "If your family is not supportive, and those around you are not supportive, then it's hard to go."

> "Black people, they don't need mental health, or…we've just been told you don't need that or that's for weak people or whatever…"

> "From my African background, where depression, things like that isn't really spoken of. Especially if you mentioned something like that, you know, they take a biblical approach. Or they'll give you old village examples. It's like none of those are appropriate."

> "Coming from a man's perspective, masculinity is [important] when it comes to not seeking help because it shows a sign of weakness…they don't discuss it with their buddies…we're supposed to be men. We believe it on the inside."

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

> "You fear being judged if you do need to seek a therapist or counselor."

> "People might be embarrassed or ashamed of certain situations, so they don't want to address it."

> "Not exactly a popular thing to go and see a counselor or talk to somebody that you feel that way as well."

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

Income/Poverty Indicators

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

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

Income and Poverty

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

FPL=Federal Poverty Level

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

Lowest Median Household Income in Franklin County[7]
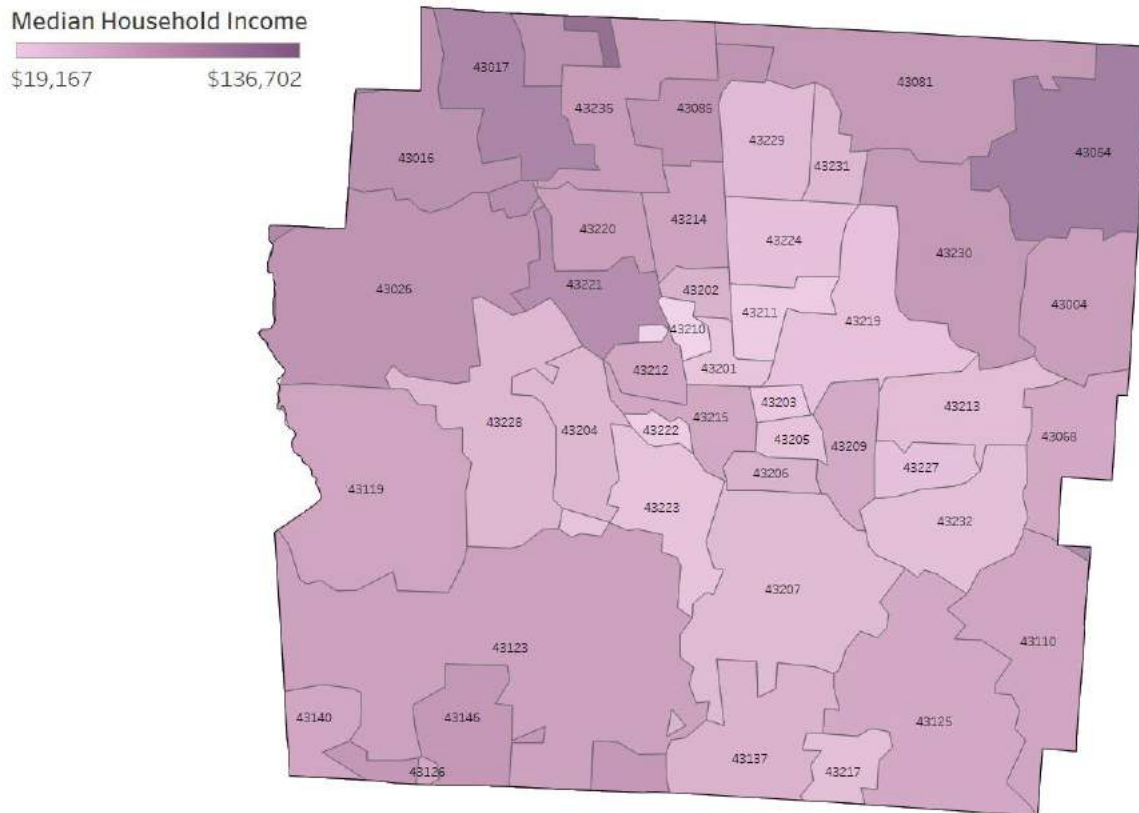
HOUSING INSECURITY

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

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

Housing and Homelessness[13]

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

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

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

Cost-Burdened Households

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

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

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

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

Census Tracts With Greatest Number of Eviction Filings[16]

Number of eviction filings, since July 18, 2021

0   29
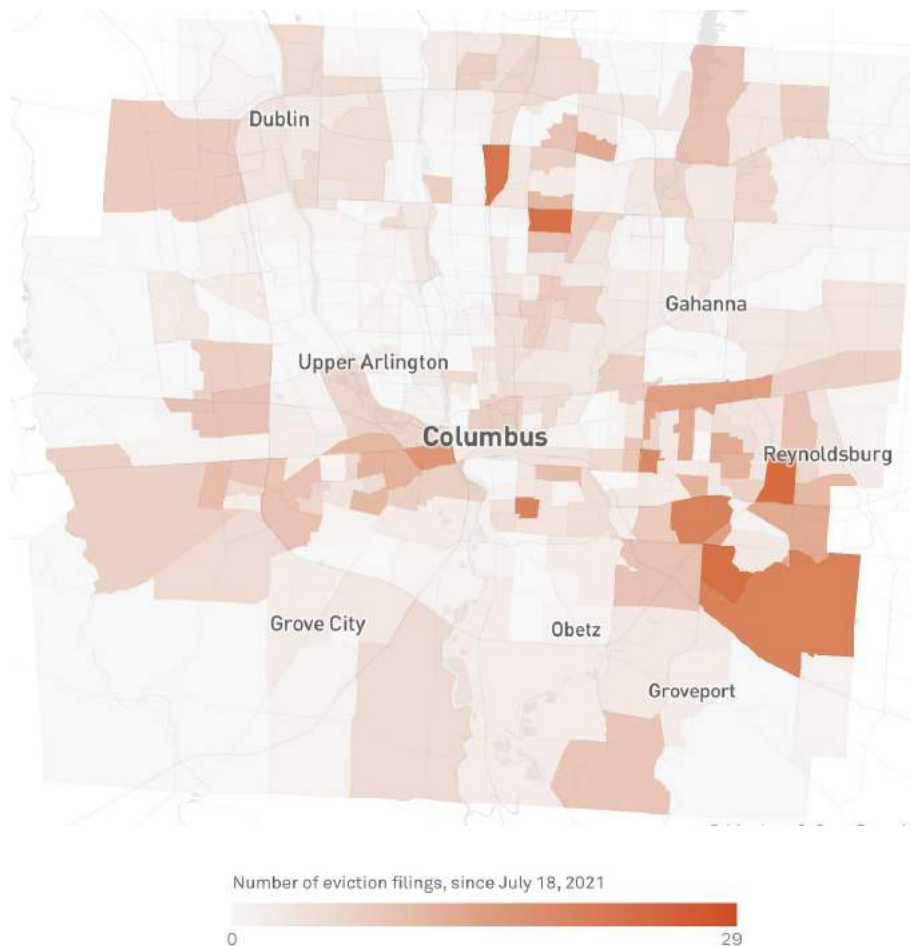
FOOD INSECURITY

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

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

Food Access

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

Denominator is total SNAP households

Community Voices on Poverty's Health Impact

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

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

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

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

"Part of the reason you're in poverty, too, would be a low-paying job. And being that most of our healthcare is employer tied, some of those low-paying jobs might not have the same healthcare that someone making more money might inherently have, so they're already at a disadvantage."

"First of all, it causes so many health issues, because you can't afford the medication or the medical things that you need."

"I feel like preventative medicine being covered by insurance is almost laughable. Like, 'Oh we've got the annual things.' Then you're like, okay, well I have a tumor in my lungs like I did last year. And they were like, 'Oh, we can't pay it. Because we could not have foreseen that this was coming.' And like, it just was so crushing to me that when I saw the list of things that were covered, and then when I needed care for something in my lung, they were like, you have to meet your $5,000 deductible."

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

"From a caretaker perspective, anytime, again, you're responsible for kids or loved one and whoever it may be, your needs/desires, whatever it is, end up coming last. So it's making sure that the $9 bottle of formula or the healthier lunch alternatives for my daughter are there. All of a sudden, I'm eating ramen noodles or I'm grabbing $5 pizza from Little Caesars because I can eat twice off that. But I also know that means that I'll have the good formula for my son to eat."

"The less money you have, the more financially driven your decision-making is. This country is so money driven that healthcare is going to come last when you have rent, and you have kids. Or if you work 60/80 hours a week just to take care of bills… Your first priority is always going to make sure you have a roof over your house. Like will I have a roof over my house? Do I have food to eat? Can I physically survive? Like I'm not homeless. So that's like your main concern if you're in poverty. That's what you're worrying about. You're not worrying about what's this weird bump I have on my hand? Why am I feeling different?"

"That rings so true for me and people in my life too. It's just like there's so many things I need to take care of and pay for: and loans and bills. Be able to have a car to drive to work and be able to go to work. I'm like there's just so many lists of things I have to do, care for, pay for. Like my health is the absolute bottom every time. Every time."

"There used to be when I was younger, you used to be able to sign off on a form for elementary school kids to be like, oh, you can give them dental care, and then they'll take them to a teeth cleaning for free vaccines or whatever. And now at most schools that won't happen. It would have made it easier for parents with

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

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

"Having a lack of resources, and the parent gets stressed out and that affects how they parent."

"I also think like if you can put a roof over your family's head and dinner on the table, those are two like very stabilizing things for our family. So, you've also reduced like mental health stress…"

"I think it makes it makes [mental health] worse because I think if you're in poverty, you're usually depressed."

"They see these kids come with name brands, and these kids who can't afford name brands get teased, and that can cause depression. And when they go home, they're asking their parents. 'Oh, so-and-so has this. I want you to buy me this.' And the parents can't afford it."

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

"Some of the children in the poor area, they might go all day and not even have food."

"You have to talk about food and either for lack of time and energy from working, they don't have opportunities to prepare food at home. Sometimes it's cheaper to get something that's not as good quality."

"Healthy food is expensive. Cheap food is like fattening food. You're going to go for it if you're lacking the funds. Buy whatever's the cheapest."

"It affects all of them because you have different point of view depending on how much money you have. If you have somebody that makes 200 grand and I make 50 grand, our perspective on everything's going to be different. That $20 lettuce wrap is going to be affordable. Or if you make 20 grand a year in your household, you can't even afford the cheeseburger at McDonald's."

"I mean, there's just more checks and balances that need to go in place to just give people a box of food or produce. I don't know what his situation is, but one of the panhandlers, someone gave him a whole box of produce. I'm thinking, 'Well, what is he going to do?' He didn't look like he had the facilities to wash it [or cook it]."

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

"Several people reported to me that they're being evicted from their apartment complex. They've stayed many years and paid their rent faithfully…But their lease is not going to be renewed, and now they're scrabbling to find places…The elderly that's in the communities that have no people that give them support…"

"I think what's really sad, too, kind of like what you were saying, people live in certain apartment complex, and then someone comes in and buys them, fixes them up, and then jacks the rent up. And now they're 400 to 500 extra monthly. The people who are living there can't afford it, so they have to leave and find other places to live."

"And I don't think there's a lot of HUD housing and oh there's not enough for these people that we need. So instead there's these big buildings that are like $1,200 a month for a one bedroom. Build, you know, condominiums for women and children and people who are pregnant. You know what I mean? Build all that for the communities that have so much, women, children, families out on the streets seeking shelters for hope. And then they're overcrowded, and they're pushed back, and they're pushed away. So I see a lot of that going on."

"Like the gentrification issue. So it is really great that this area of Franklinton is being built up, but where all those native Franklinton people to go then? They're getting booted out."

"So he says equal housing. So that means like, the place you live is the same as this person and this person, but that's not the case. They're slumlords. And there's people who just don't want to… take care of property. It's barely livable...causing all the low self-esteem for the people who live in the neighborhood."

Education Indicators

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

ADULT EDUCATIONAL ATTAINMENT

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

Educational Attainment[21]

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

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

Adults With Less Than High School Education[21]

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

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

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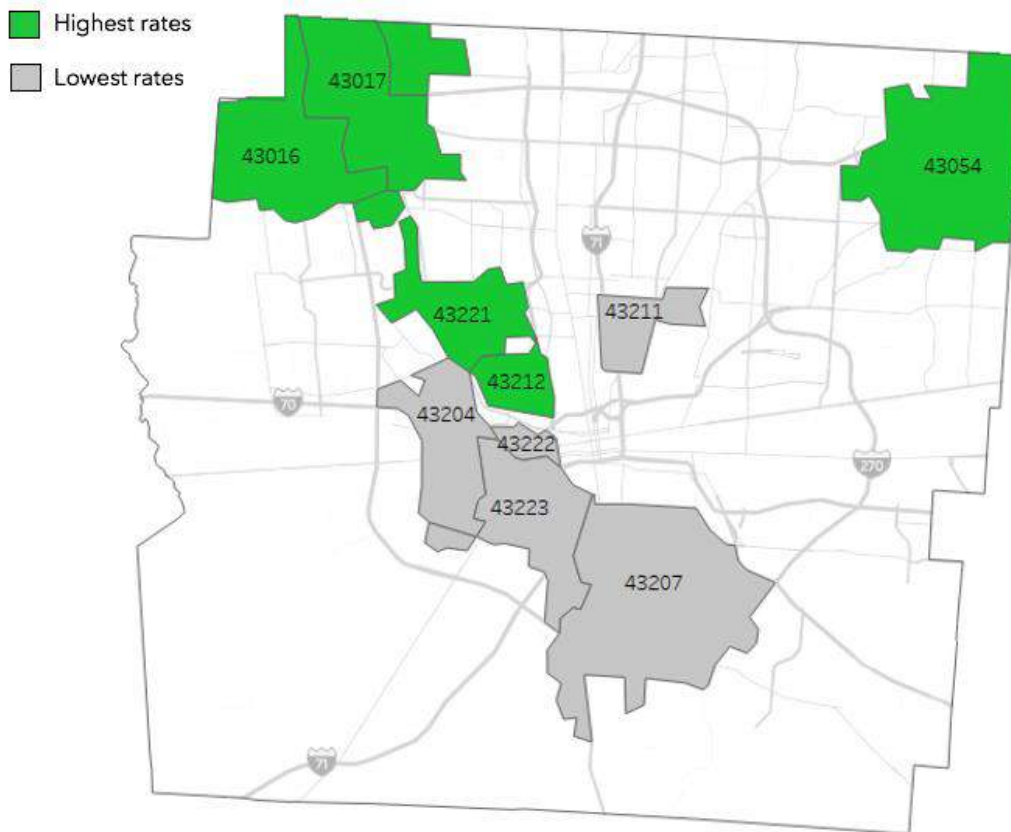
YOUTH EDUCATIONAL ATTAINMENT

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

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

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

Educational Proficiency[23]

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

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

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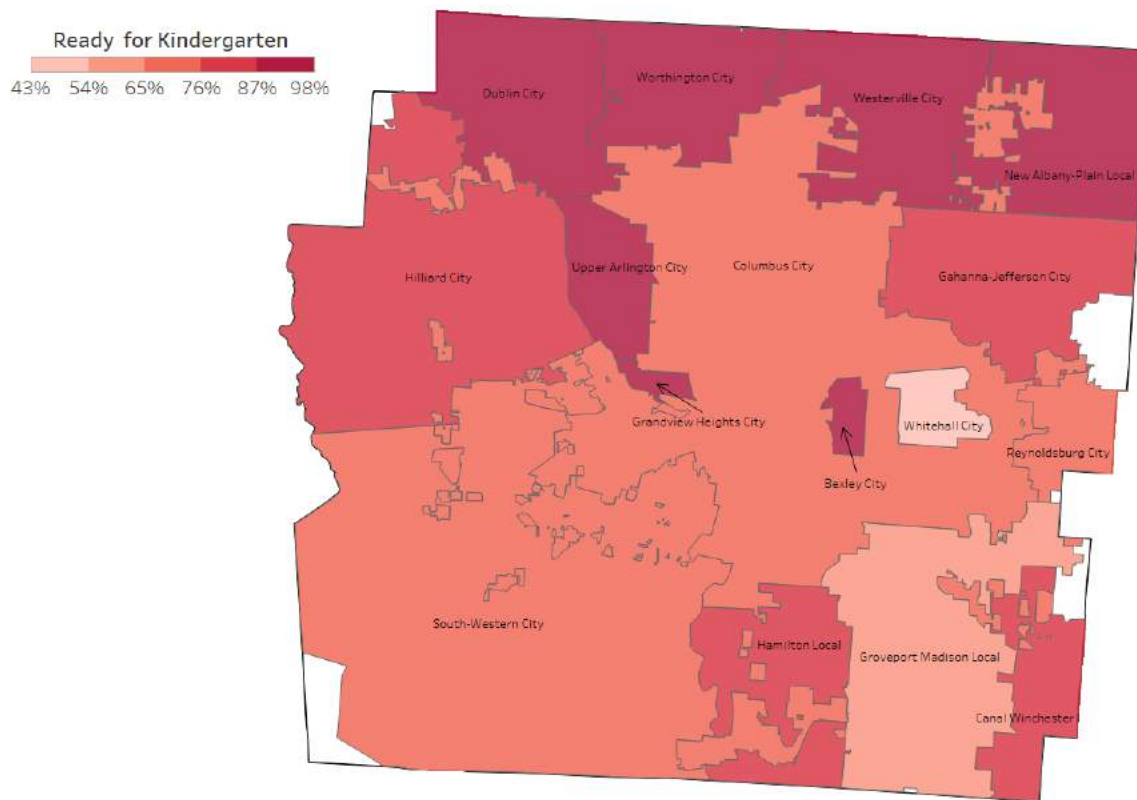
Special emphasis is also placed on the third grade when measuring educational outcomes of a community, because after third grade, students are expected to "read to learn," rather than "learn to read." Accordingly, educational outcomes like high school graduation can be impacted if reading proficiency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

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

3rd Grade Reading Proficiency, by School District
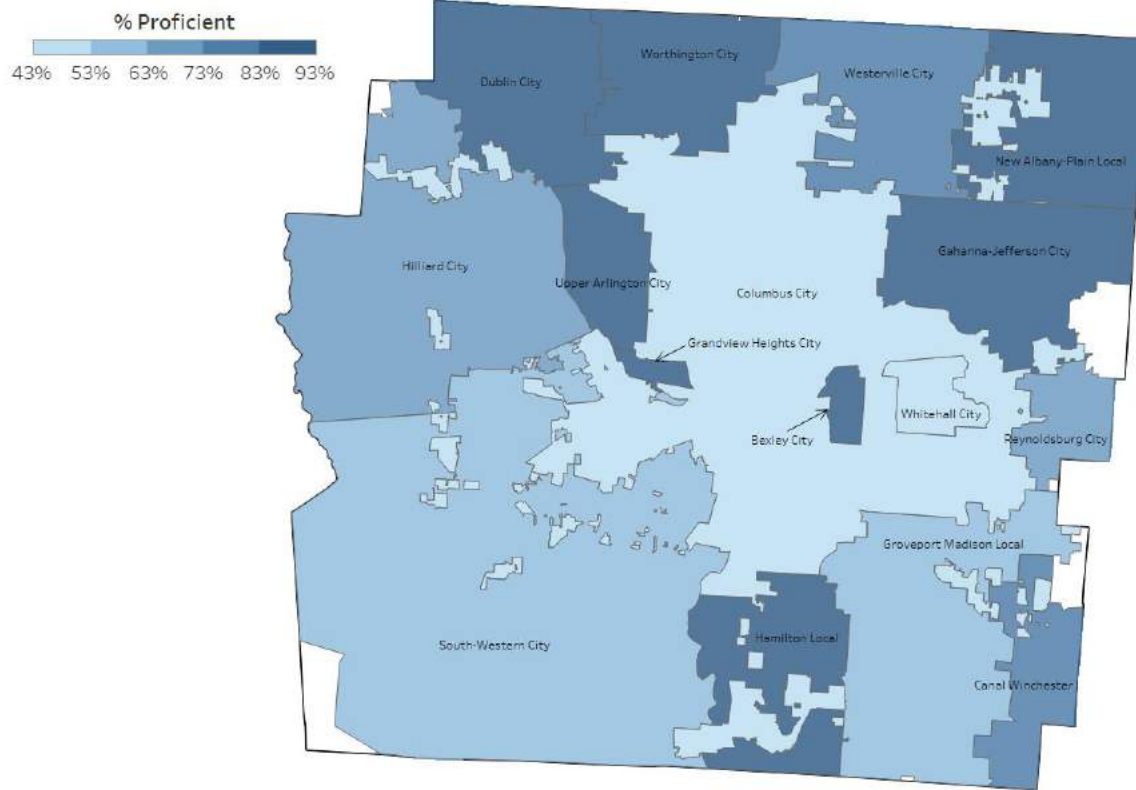
The four-year high school graduation rate is the percentage of ninth grade students that received a high school diploma in four years. Franklin County's four-year high school graduation rate is better than national figures, but slightly under Ohio's rate of 93%.

High School Graduation Rate[27]

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

Note: Sex and racial graduation rates for Franklin County & Ohio are an average of all individual school district sex and racial graduation rates.
*Graduation rates included several ">95%", thus this is the most accurate measure possible.

Healthy People 2030

High school graduation rate

✔

Franklin County: 92.1%[27]

Target: 90.7%[28]
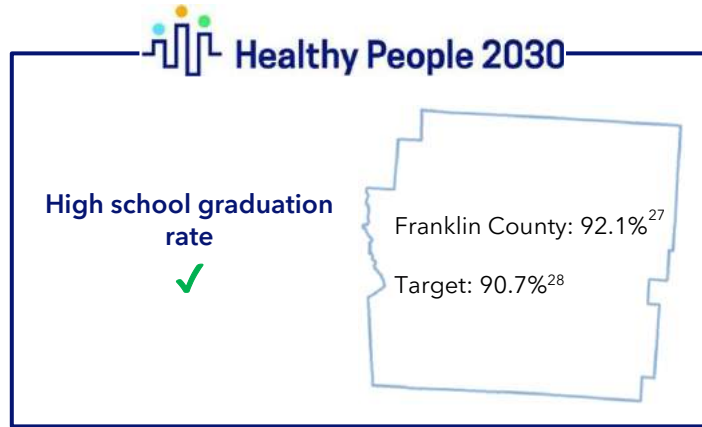
The school districts in Franklin County with the lowest high school graduation rates are Columbus City, Groveport Madison Local, Hamilton Local, South-Western City, and Whitehall City. The school districts in Franklin County with the highest high school graduation rates are Bexley City, Canal Winchester Local, Dublin City, New Albany Plain Local, and Upper Arlington City.[29]

High School Graduation Rates, by School District

Four-Year Graduation Rate - Class of 2019

80% 84% 87% 91% 94% 98%
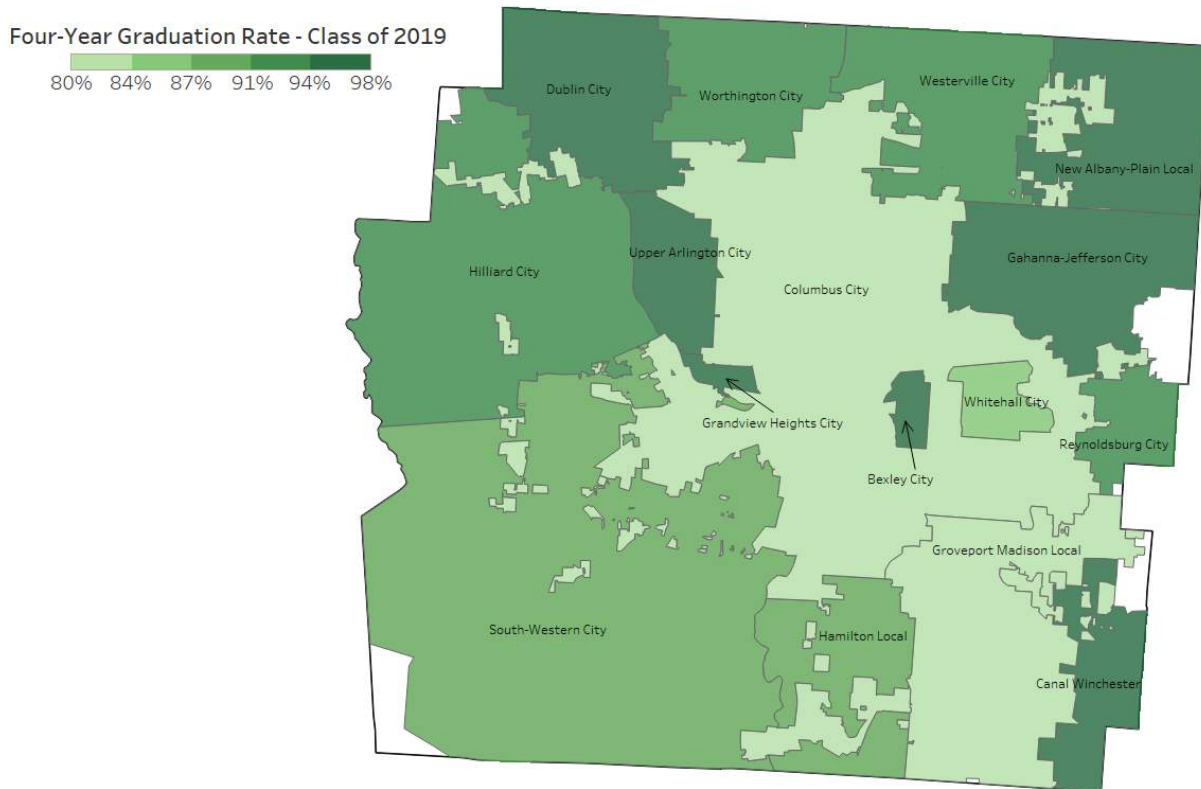
Community Voices on Education's Health Impact

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

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

"So we have mentioned the understanding of being able to be healthy and have an understanding of nutrition, right? And that's important to know how to be healthy, but somebody has to teach you that, right? And so if people don't have that access to education, they don't have access to what I would argue is the currency of freedom...It's the freedom to be able to make decisions that you want to make versus you'd have to make. It's the freedom to understand the implications of the decisions that you make down the line."

"If access to formal education is one [issue], then access to quality information is two. Whether I have a formal education or not, if I have access to the type of information that can educate myself on the things that I need, that's equally important. There's a value to that, that I think we underestimate because making information available to people, there's information in all of these informal spaces that we don't capitalize on to make sure people are able to educate themselves on the issues that matter to them."

"We need to be informed in a way in which the layman can understand."

"My country has a better understanding about vaccination than this country, and it's really like a third world. How is that possible? I mean, honestly, how is that possible? This country has a lot of potential to do things way better. But the point is, we're targeting political issues, money issues, instead of health issues."

"I think that health information needs to be given out more consistently on a regular basis and needs to be on the TV."

"But exposure to other things really lacks, you know, in some communities, where you have children, no one's ever even seen what zucchini looks like or vegetables outside of their dreams? You know, I mean, things like that. So, it's like exposure sometimes that doesn't exist in formal education, or just education period."

"Sometimes in the schools, some of the stuff like that is irrelevant for some kids. Everybody's not going to be a rocket scientist, so they need to teach how to live your life after you get out of school. Daily living, how to manage your money..."

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

"I know my aunt, she doesn't like to ask questions because she's not very confident. She has a high school education, so I knew she was not going to ask the right questions [at her doctor's appointment] ...I feel like when people lack education, they don't inquire. They feel a little intimidated, so they just accept whatever the medical professional tells them as the gospel truth. No, you need to question. You need to ask. This is what you need to say, and I write things down for her. She still doesn't, so I have to actually show up."

"There's a sense of self advocacy that you can't necessarily express what you're thinking. When you're in these moments of high pressure, when you're hearing bad news about your child from your pediatrician, you'll just be like, 'Okay, uh-huh, yes.' But you forget to ask, 'Why am I taking this medicine? How is it going to make it better? What should I do if I see these x, y, and z?' ...They don't ask questions about who's going to be there, how long is it going to take. And that comes with this special level of training that happens from your parents, but also it happens in school to be okay to ask."

"They can go all the way through whatever levels of education, but if we're not giving people the tools to think for themselves, they're thinking about asking this question, they're like, 'Well, why is that like that? What does that mean?' Even stuff like what does that mean. So that critical thinking that often happens later on in education, but can happen earlier in school, can be inserted into any curriculum. Critical thinking is important to self-advocacy."

Employment Indicators

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

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

Employment Status

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

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

Employment Occupations[7]

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

Social and Community Context

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

CRIME AND SAFETY

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

Crime and Safety

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

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

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

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

Zip Codes With Highest Rates of Violent Crime[34]

Lower violent crime _____ Higher violent crime
per 1,000 residents   per 1,000 residents
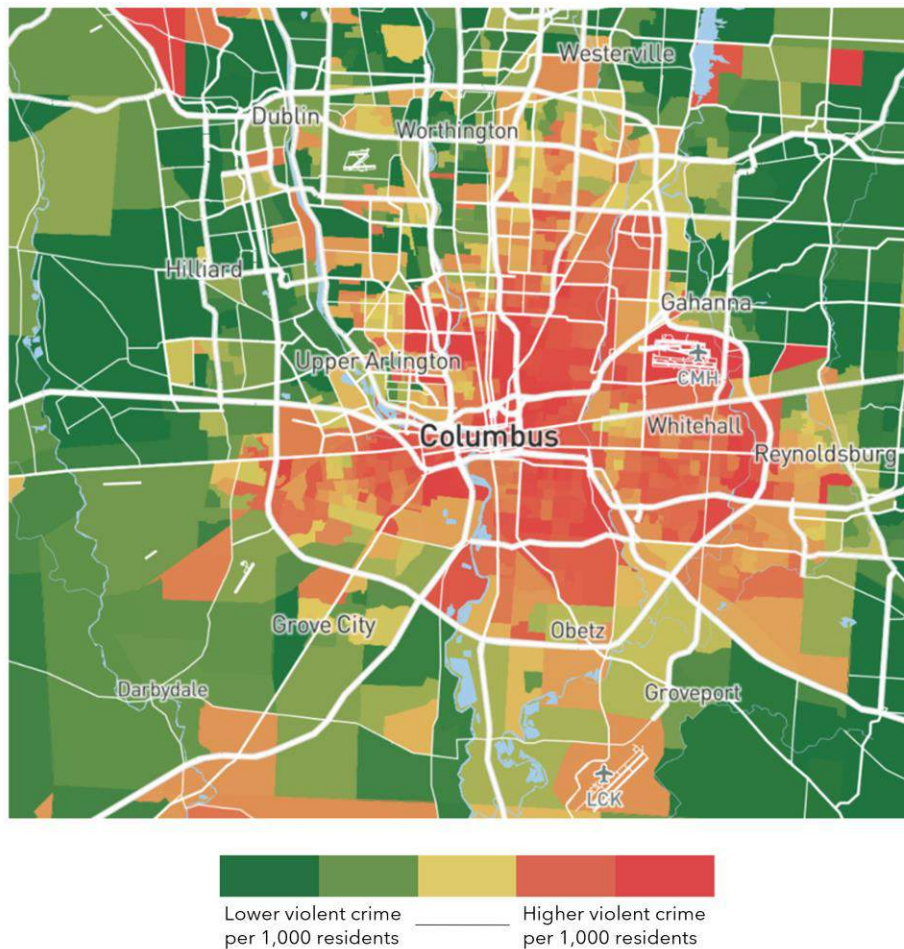
RACIAL AND ETHNIC BARRIERS TO HEALTH EQUITY

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

Community Voices on Racial Barriers to Health Equity

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

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

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

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

"That's another reason why there's so much drug addiction, so much drinking and escapism and not watching politics, unfortunately. It's because life is so incredibly burdensome living here [as a Black person]."

"Well, as an Asian person, I think that it has greatly affected the Asian community. Ever since President Trump had said that it was the Wuhan virus or the China virus, there have been so many more attacks on the Asian community and more questions to me...So I think that it does magnify the virus in that you feel like you're getting blamed for it in a way, which is very unfair, but also, you have this anxiety and stress of the virus itself. And so it just magnifies the issues."

"There's a thing called the chronic stress hypothesis, which thinks about things like racism and the way that it systemically functions in our society, right? So being a Black woman in America, being a Black man in America, being an Asian woman in America, regardless, the additional stress that comes from the racism you get...So over time, the thought is that the additional stress creates a chronic stress response that is going to cause communities of color not only to have increased rates of like low birth weight and preterm babies and diabetes, but there are some other genetic predispositions that can be turned on by chronic stress, then we end up with issues like increased risk of dementia, increased risk of mental illness, increased risk of heart disease."

"Especially the mixed children. They are very confused if they're White or Black. When they go to school, they're Black, but they know themselves – That's one part of it, but when someone's just saying, 'You're Black, you're Black, you're Black,' and they go in the world just confused. The parents don't talk to them about certain things that they will encounter when they get into the world. Okay, at home, you know that you're mixed, but out in the world, you're going to be labeled Black. So that gets into their brain, and they deal with that in school because they don't know if they should hang out with White children or Black children. And the White children are not as accepting."

"And there's stigma associated with seeking mental health for men as well, or men of color, but different, than women because we are mainly the caretakers of the home and the kids. And so like, if you don't have yourself straight, how are you going to be like taking care of other people. And there's a major, major fear and sometimes misconception about you speaking up, and getting the help you need for saying that you're having a hard time and your kids are going to be taken away to CPS, yes, that's a real thing. Yes, people do come in and take your children away, but it's not as rampant…"

"And even in like as we were growing up, we were shown not to show a lot of like emotions to other people. So we're not supposed to show any empathy, any anything like emotional wise. So I think it's like when it comes to Hispanic culture, I think that's where they come from. They're taught a lot about not showing what you're actually feeling."

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

"So the comfort some of us might feel going outside to go for a jog to stay healthy and fit might not be received the same way in different neighborhoods for people of different color. So I think police violence, obviously, as a whole is a systematic health problem to communities, too."

"You walk in the door as a Black person, light, brown, dark, light, whatever, you're suddenly a criminal from the get-go. And all of a sudden, the burden is on us to try and prove to you we're one of the good ones."

"Maybe it's a matter of the interpretation of the idea of a health crisis. But I mean, there's obvious systemic violence against Black bodies in all communities across America. On behalf of police, on behalf of other community members. I cannot speak to access to health care being a racial issue other than maybe socio-economic status. But I can certainly see that if we're talking about health on a broad scale, that like violence against Black and people of color is obviously an everyday issue in America everywhere."

"They're looking at different pockets of areas and look at where certain money went. It was like okay; we'll look at this area. This is probably a more White area. This is probably more a nicer area. Things of that sort. So from my experience it won't play a factor face to face, but as we go and look at the stats by the numbers, you'll see a disparity where one area might be more predominantly White, or one area might be more diverse."

"There's even less opportunity for healthy food than there is in more upper-class neighborhoods…most of the customers in that store are foreigners, okay? So, they can throw, they think they can throw that off on them, those old vegetables and stuff and they buy them."

"You don't see the meals and the vegetables that's needed in the communities, when you know the health risks are higher. Data proves that especially in communities of color, and African American communities alone, that have high blood pressure, Diabetes, and heart disease are number one. But yet still, you take this door and accessibility away from me that now I have to travel to somewhere where I can't go. But so now we'll go over to Family Dollar, so that racism is real."

"And loads of lead levels and chemical wastes in the ground affecting our health that way."

ENVIRONMENTAL HEATH

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

Environmental Health

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

Age-adjusted rate per 1,000 population.

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

MEASURES OF OPPORTUNITY IN FRANKLIN COUNTY

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

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

Opportunity Index[39]

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

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

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[19] U.S Census Bureau, American Community Survey 5-Year Estimates, 2015-2019 (HM2022), 2010-2014 (HM2019); U.S Census Bureau, American Community Survey 1-Year Estimates, 2013 (HM2016)

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[21] U.S Census Bureau, American Community Survey 5-Year Estimates, 2015-2019 (HM2022), 2012-2016 (HM2019); U.S Census Bureau, American Community Survey 1-Year Estimates, 2013 (HM2016)

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

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

Key Findings

Health Resource Availability

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

Mental Health Resource Availability

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

Emergency Health Care Utilization

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

Dental Care Access

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

HEALTH RESOURCE AVAILABILITY

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

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

Health Care Providers

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

Community Voices on Health Resource Availability

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

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

> "Right now, if I needed to go to the doctor, I have so much going on. I work with a special project that I can't afford to miss a day of work right now or a couple hours of work to go to the doctor. So that's a reason. If my doctor doesn't have any evening or very late afternoon hours, then it's not likely that I would get healthcare in until my project is done."

> "And I think a lot of that is actual employers. I know some people would come to work sick and not go to the doctor. But I work in a new place now, and I remember feeling like, I need to take off for this. And my supervisor was like, 'Oh, great.' It's approved. Any time you need to go do something for your health, it's approved. And I'm like, 'Whoa.' But you feel like you can't take that time off. You don't feel encouraged to really take care of yourself because work comes first. And I think getting employers to understand that people feel like that, but they should not make people feel like that would be really helpful, too."

> "Doctors have pretty much turned into an 8 to 5 service."

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

> "And even being able to pick up your phone and talk to a healthcare professional who's going to tell you, 'Okay, tell me, what are your symptoms? Do you have a thermometer? Can you take your temperature?' And you see if this is happening or that is happening, and then they will make a recommendation. And sometimes they're even able to send it to a doctor in your area so that when you go to the doctor, they're prepared for what's going on with you."

> "Like my insurance, I do have that, but what about people who don't have health insurance? They have a number I could call and even get the best doctor or ask those type of questions to a nurse, but that's for me because I have health insurance. But if you don't, you're kind of stuck going to the emergency room or going to urgent care. And when I did not have healthcare, I would go to the emergency room if I really needed to. And sometimes I just wasn't believed that I was either this sick or in this much pain or, 'Oh, go see your primary care.' I don't have a primary care doctor, so you're the doctor I'm coming to see, but you're not believing what I'm saying. So now I'm at a loss."

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

MENTAL HEALTH RESOURCE AVAILABILITY

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

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

<div align="center">Community Voices on Mental Health Resource Availability</div>

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

> "One of the other things that's a challenge is, for me, for example, when my first wife died nine years ago, I went to four counselors because I could not find a counselor that shared my lived experience enough to relate to what I was going through."

> "So for example, in Columbus, specifically Franklin County, there's not many Black male counselors, and if that's something that you're looking for, that limitation contributes to your access."

> "I understand why people might say, 'I need to find somebody that looks and sounds like me that will help me navigate my issues,' but that can be a strong barrier."

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

> "There still is a lack of information on what do if you think you have a substance abuse problem? What do you do if you think you're dealing with severe depression or anxiety or this or that? There's just not a lot of information on what steps to take after that."

> "There can be an overload of information. Because it's like you're saying how you can go to WebMD, and you can look up certain things…there's so much different information out there. It brings you back to the point where if you have some anxiety and depression, and you're looking at all of this information, it's like you're just even more...overwhelmed, confused…"

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

EMERGENCY HEALTH CARE UTILIZATION

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

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

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

Emergency Department Visits[10]

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

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

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

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

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

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

Rate per 1,000 population

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

Emergency Department Visits (By Race)[10]

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

Rate per 1,000 population

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

Emergency Department Visits (Most Frequently Reported Patient Zip Codes)[10]
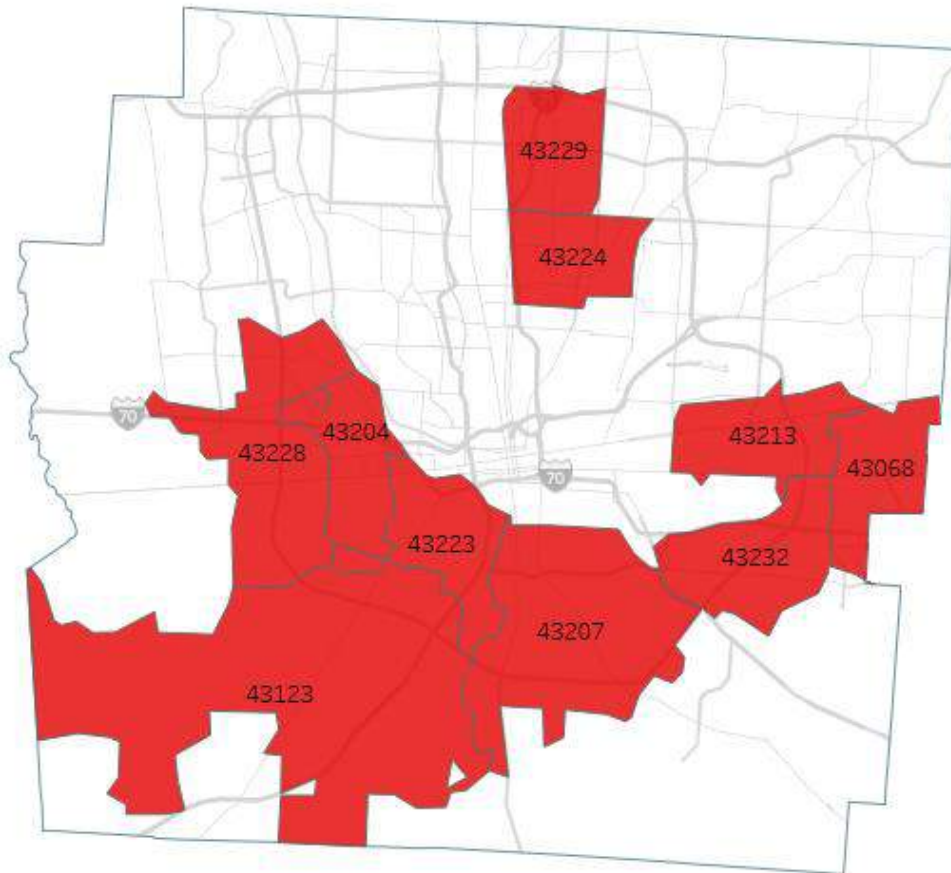
Zip Codes	# of Visits
43207	37,314
43228	33,962
43232	31,923
43068	31,144
43204	30,529
43123	29,323
43229	29,163
43223	28,573
43224	25,926
43213	20,848

DENTAL CARE ACCESS & UTILIZATION

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

Needed Dental Care But Could Not Get It[11]

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

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

Oral Health Indicators

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

Rate per 1,000 population.

References

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

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

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

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

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

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

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

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

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

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

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

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

Health Behaviors

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

Key Findings

Substance Use

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

Nutrition

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

Physical Activity

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

Substance Use

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

Cigarette and Alcohol Use

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

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

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

Healthy People 2030

Percent of adults 21 and older who binge drank in the past 30 days
✔

Franklin County: 18.5%[1]

Target: 25.4%[3]
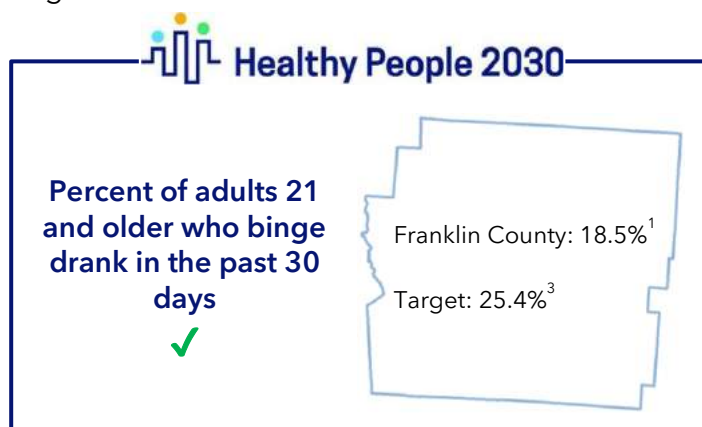
Community Voices on Alcohol Use

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

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

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

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

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

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

Illicit Drug Use*

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

*Among the general civilian population aged 12 and older.

Community Voices on Illicit Drug Use

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

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

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

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

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

"People buying their medication and taking what they need and then selling the rest so they can have more and get it legally, even though they're selling it illegally, whether it's ketamine or Percocet, Darvocet, any of that opioid family."

"So I do know that in my neighborhood, there's at least one house that we have kind of thought maybe selling drugs from their house. And these people had jobs previously, and now they don't, so unfortunately, I think that's something that they've had to turn to."

"Yes, I know there's people selling drugs, drug houses. What do you do when your neighbor stays home all day and sells drugs? What do you do? That's something you see in your communities. Do you report him every month?"

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

"I see a lot of people that are functioning drug addicts, and I had no idea…And it's normal, and these are hard drugs that can really do a lot of damage, and people are just doing it, going to their six-figure job and coming back home and abusing it."

"There is a house in the neighborhood that the emergency squad apparently used to be at less frequently, but this specific person overdoses probably once a week."

"Every off ramp and traffic light that has three or four different people with signs about being homeless or a veteran or needing help or whatever. And looking, you know that there's a there's a drug addiction issue that's going on. There's no citywide effort…There are things that can be done. It's not compassionate to let addicts live on the streets begging for money all day when there's other ways that other cities have addressed that that we're not necessarily doing here in central Ohio."

"There's a lady that I've literally seen…sleeping in [the street]. During the day she just sits there. And I don't know. She's on something, obviously, but they're also asking policemen to drive by…I just don't understand how the community can't do better. It doesn't seem like the police cares. It's just like they just drive by and go, 'Well, that's normal.' "

"Affordable housing [matters]. I was thinking more so like homelessness, and the people that are in the street, and then that's all they are is in the street. So they're going to meet those people that are in the street."

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

"So you start doing drugs, how do you stop. What are the options now, there's so few recovery options."

"A lot of these facilities are not doing well, and they're not really getting great results so far with people that have been struggling with addiction their whole life, like they go to these things are so underfunded, they are they barely get the attention they need, and then they're back out."

"There's not a lack of recovery options, but you have to make yourself clean. I can't make you get no cleaner than what you want to be. If you come back out and use drugs it's because you wanted to."

"Whatever you're trying to not face by drowning into any kind of substance, you are going to have to face it, and if you want to correct it, you have to face it. So if you keep denying that that thing is happening to you, then you will not find the solution because you don't want to face it."

"Like we were talking about, what options are there for you for help? That are really going to help, are you really going to be able to unlearn bad habits or unhealthy behavior and be taught other coping mechanisms?"

YOUTH SUBSTANCE USE

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

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

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

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

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

MORTALITY

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

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

Drug Overdoses

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

Rates per 100,000 population.

Community Voices on Substance Abuse

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

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

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

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

"If their kid comes in and sees them. And it normalizes it for that, and they think it's okay.

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

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

Nutrition

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

Fruit and Vegetable Consumption[13]

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

Community Voices on Nutrition

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

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

"If you go to one of the corner stores, they might have it in the back, but you don't want it because you don't know how long it's been in there. If you're not in the grocery store, you're not going to find [fruits and vegetables]."

"There's nowhere around me. I live in an area with tons of restaurants, tons of cafes. I try hard. There's nowhere for me to go to get a healthy meal that doesn't require hours of planning, cooking, and grocery shopping. Or that's not like $20 for a lettuce wrap."

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

> "It's a mile and a half to get to the closest grocery store by my house. But you can get the five different convenience marts or, you know, four or five different fast food places within walking and biking distance…If you've got somebody who doesn't have a vehicle, you know, and the temperature is hot, they can't get necessarily to the grocery store, but you know, they could walk to the corner store and get frozen pizza or a bag of chips a whole lot easier."

> "The accessibility [to grocery stores] is not equitable. It's not something that is offered. It's not something that is encouraged in certain neighborhoods."

> "As well as you can tell the difference of the neighborhood that you're in by your fast-food restaurants. There's not a lot of healthy fast-food options. in certain neighborhoods. You have to drive other places to get a good vegetarian meal or to get to other meals other than chicken."

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

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

> "I'll drive to a grocery store farther from my house just to get the vegetables and fruit that I want because they don't even carry them at the grocery store."

> "And then it's not fresh, and there's no diversity. I don't want to go to my local Kroger because they have only a set amount of produce, and then that produce is not even fresh, so I have to travel farther."

> "The thing is, food don't last as long anymore. You go to a grocery store…In two days, you're about to cook, and it's spoiled. And that's why people rather go out or order out because it's like wasting money on the grocery store, or you feel like it's a waste."

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

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

> "And going back to what you said about greed, just the GMO, that's all about it. So they push that food overseas. They all say no, so they give it to us. So we're the ones that kind of keep all that food that's been modified. It's definitely not healthy."

> "I also think in the packaged foods, there's kind of sugar in everything, and so even if something's not a sugary food, there's sugar snuck into it. And that all adds up to this load of sugar that people are consuming maybe not even knowing."

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

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

> "I think there's just like a broad lack of education about what the nutrition is for people. I never learned in school or from my parents the macronutrients you should be eating or how to cook for yourself, how to source these things. It's certainly not taught in school that I'm aware of."

> "So you get young adults out on their own, and if you can't cook, you don't know how to make a pot of rice, some simple things. You don't come out of the womb knowing how to do that, but if you weren't taught…"

> "Even if you did have it, there's a lack of knowledge on how to prepare it. You could have a whole bunch of fresh produce and you're like, 'I don't know what to do with it.' So then you're stuck going to a fast-food restaurant or some other restaurant that may have it on their menu, and then they're selling at a higher price when we ourselves don't even know how to cook it."

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

> "Another thing is that we want everything right now, too. People don't want to take the time to prepare a nice wholesome meal. You just want to get something real quick. You've had a long day at work. Let's just order out."

> "Like we're rewarded for grinding, so to speak. For constantly being moving 40/50/60/70/80 hours a week…The last thing you want to do is go home and fix anything that takes more than 20 minutes, you know. So that means that you're eating out of a vending machine. You're ordering out of a drive thru."

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

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

"I think it's such a cycle, too in families. If they were brought up being like 'fast food for dinner,' they're most likely to do that with their kids."

"Also, working in a school, the food they're feeding them is not good. The breakfast they're getting is like a cinnamon roll, not healthy breakfast options. I don't know. I feel like that needs to change."

"Food can definitely be a barrier, especially when you have young children and you're trying to teach them how to eat properly, and they see McDonalds and happy meal places and Barbie 'works' at Starbucks."

"Obesity, but malnutrition. So a kid could be morbidly obese on Twinkies. And so like vitamin, nutrient deficiency and how that affects their teeth, their vision, their hair falling out, like their attention, their ability to stay alert, or to sleep or not sleep."

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

"[In Canada] they're invested heavily in educating the parents to give healthy food to their kids just so people will be healthy and the cost of healthcare doesn't rise. So it would be nice to have something similar. I don't know if I'm going to be alive when it happens…there was absolutely no candy at schools, a no candy policy. So we learned at an early age to demand those healthy habits, eating fruits and vegetables."

"It would really be nice to find those farmers and get food to the schools and have some people volunteer to help chefs set up a menu that doesn't cost an arm and a leg, but yet has all the nutrients that the kids need. It might not be very expensive, but put some help from volunteers or be able to come up with some menus that are healthy for kids."

"I used to work at a school, and one of the teachers actually took it upon himself to create a garden at the school. He had a garden club and taught the kids how to grow fruits and vegetables that they could eat for healthier options, but also grew stuff that could be served at the school for breakfast and lunch."

Physical Activity

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

Meets Physical Activity Guidelines[13]

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

Community Voices on Physical Activity

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

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

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

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

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

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

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

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

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

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

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

References

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Key Findings

Infant Mortality

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

Maternal Health

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

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

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

Infant Mortality[1]

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

Rates per 1,000 live births.

Healthy People 2030

Infant mortality rate

❌

Franklin County: 6.9[1]

Target: 5.0[2]
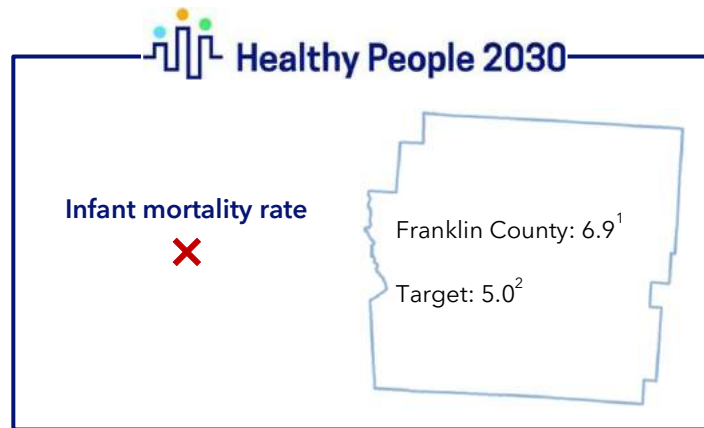
As additional context, research by Celebrate One (a community-wide, collaborative initiative created to reduce the Franklin County infant mortality rate while also cutting in half the racial disparity with this issue) found that the infant mortality rates for both non-Hispanic White infants and non-Hispanic Black infants are substantially higher in certain Franklin County zip codes.[3]

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

Franklin County's Priority Areas for Infant Mortality Prevention Efforts[3]
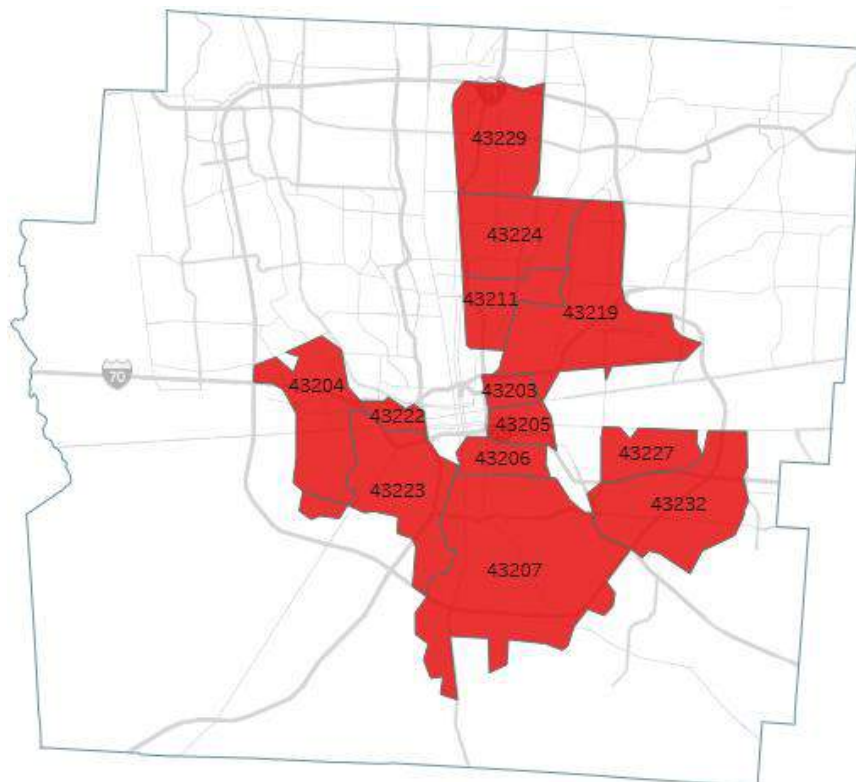
Community Voices on Infant Health

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

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

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

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

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

Adolescent Pregnancies and Births

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

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

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

Other Neonatal Data

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

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

Healthy People 2030

Percent of live births that were preterm

❌

Franklin County: 10.9%[6]

Target: 9.4%[10]
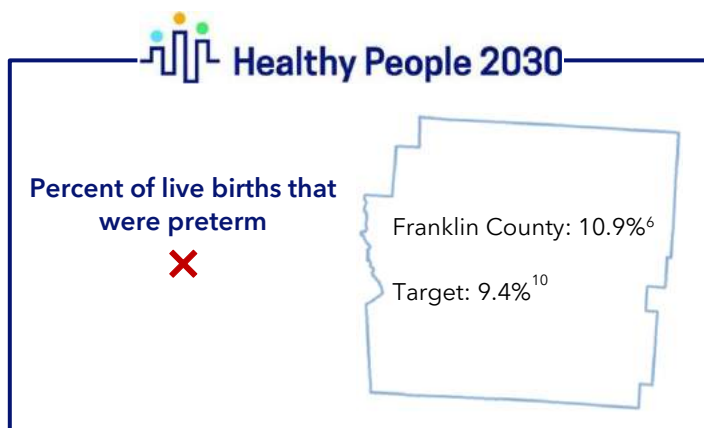
MATERNAL HEALTH INDICATORS

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

Prepregnancy Health

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

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

Prenatal Health

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

Community Voices on Maternal Health Indicators

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

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

"A lot of your younger people, they do drugs. And of course, this is going to affect newborns."

"Pregnant woman not caring about chain smoking cigarettes even though I'm pregnant. And then the baby suffers because of that."

"Marijuana is a big one…I think the legalization of marijuana has made pregnant women feel a little more okay with smoking while they're pregnant. They'll smoke up into a certain month, and then they'll stop."

"Mental issues because of their parents are drinking alcohol."

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

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

"Lack of prenatal care. I'm noticing a lot of mothers are not going to the doctors right away. They're several months in before they'll even schedule their first doctor's appointment."

"There's not a lot of clinics anymore for reproductive health for women. That is something that we didn't talk about as far as a healthy community, having a women's health clinic or reproductive health clinic. That's important to have. I mean, I drive all the way up to Westerville for mine just because she gave me so much personalized attention that I will never go to another doctor."

"That was my first positive experience in a long time with a doctor going for reproductive health, and I don't think people are going to their prenatal appointments."

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

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

"Preeclampsia is like an epidemic, especially for Black women."

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

"There's been an increase, I think, in postpartum depression because they don't get as much help as maybe they would have."

"I feel like also a lot of people in the community that deal with postpartum depression without really being properly diagnosed with that, and it turns into mental health issues. And because of how you're perceived by your community, you don't want to address the issues and go and get help. That also can be an issue."

"And we can go down another whole other rabbit hole about Black women and pregnancy and postpartum how that's just not treated."

"I have a friend who's going through postpartum depression right now, and I have a niece that did the same thing when she was. And that's a rough thing to go through. It's hard on the child. It's hard on the mother."

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

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

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

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

"I mean anxiety. Especially throughout all of it just like being pregnant and having a baby, all within a pandemic. Maybe your partner doesn't come to an appointment with you because they're not allowed. You can't have any kind of support person."

"So it makes you feel alone in your pregnancy. Sometimes you're like, I got to go through all this by myself. And then the doctors only care so much. Yeah, they only see a little bit and you get in your head sometimes. So it's very hard, especially in a pandemic."

"Any news that you get that's not good news, you're used to or want to have somebody with you. So that is anxiety inducing. Anybody knows stress and anxiety is terrible for someone who's pregnant."

"It's a little harder when you weren't able to have a baby shower or you weren't able to have the social supports to then bring your baby into the world and be mentally healthy afterwards."

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

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

References

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

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

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

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

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

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

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

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

[9] Ohio Department of Health, Induced Abortions in Ohio (Franklin County and Ohio), 2019 (HM2022), 2016 (HM2019), 2012 (HM2016); Centers for Disease Control Abortion Surveillance Summary (United States), 2018 (HM2022), 2014 (HM2019), 2010 (HM2016)

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

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

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

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

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

Key Findings

Mental Health Issues

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

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

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

Mental Health Indicators

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

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

Healthy People 2030

Suicide rate
❌

Franklin County: 13.5[3]

Target: 12.8[5]
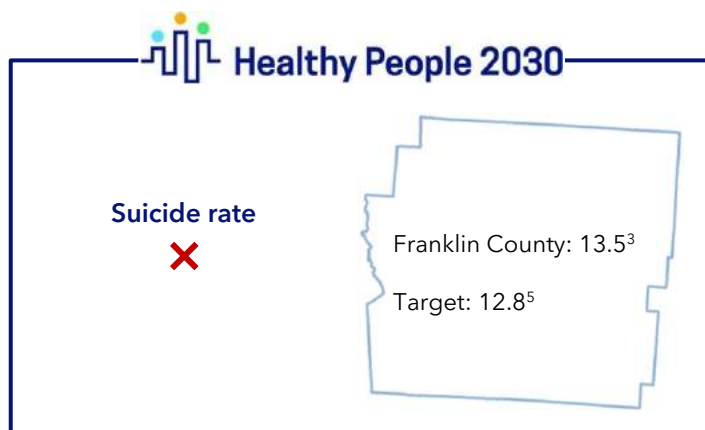
Community Voices on Adult Mental Health Issues

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

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

"The attempts or the thoughts [of suicide] is what is prevalent, not the actual action, but that's just as bad, if you ask me, to deal day to day with feelings like that."

"Anxiety is a killer also. Anxiety can drive you to suicide as easily as depression can."

"I guess I can only really speak to the age groups I interact closely with, millennials probably 25 to 40. And I personally have known several people who have been victims of suicide and many more who have had those sorts of thoughts without expressing them very openly."

"People killing themselves and loved ones."

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

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

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"Nearly every day I get a notification about [gun violence]. That just happened a while ago. I mean, it happens everywhere. It's just worrisome. That's just something I've been worried about community-wise."

"I just think a lot of stresses, a lot of people have that in neighborhoods because they're afraid to get out. And that isn't good for your health at all, when you're afraid to get out in your community."

"I would also say more exposure through social media or the news, just everything going on, whether it's COVID or all the things going around in the world, whether it's wildfires or unrest…I think that we just have a lot more exposure than we did prior to, say, the internet as far as what's going on. I think people can go down a spiral."

"Increase in hate."

"There has been a lot of racial tension."

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

"Not having that support, I mean, I raised two sons. I'm grateful my sons are grown men now. But I can imagine having babies right now. I had so much support that I could take a mental health break by sending my kids to my friend's house, and then we would swap. I would keep hers or send them to my mother, my parents' home. But people just don't have that now. It seems like, you know, either, you know, some people are not fit, or they're just not accessible or not willing. But it's like moms are like, mom and/or dads are just like out on their own now."

"Before COVID, I remember reading an article about aging and how when a person gets older, the less they experience the human touch. People don't touch them much. People avoid them."

"I was active duty military, so I've seen a ton of people that had mental health issues, and they wouldn't go seek attention, and it could just turn out for the worse."

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

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

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

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

> "I think a lot in the past year, we haven't been able to socialize as much, and some people do need that social outlet. So it's harder to make meaningful connections and talk about things you're going through because you're at home by yourself."

> "And you've got this combination of people staying home, already disconnected maybe from their in-person workplace. They're also experiencing this extreme political divisiveness over the ongoing pandemic and everything."

> "You can't even get your nieces, nephews, sons and daughters, grandchildren, you can't even get their affection, and so the void becomes bigger."

> "When you talk physically, people were really separated, and we could not get to know each other and the celebration, the events, that we used to have, you know. Generally, we were totally isolated on that part. And you deal with people who started experiencing some kind of, you know, anxiety and depression."

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

> "I think we're trying to process all the changes that have come our way, quickly and often its difficult. Or, you know, just mentioned families earlier, whether regardless of your family structure, you've had to adjust your life in some way, shape, or form."

> "People don't feel they have control anymore. Their control was taken away. Kind of like a powerless thing, because we were told we had to stay and we had to wear a mask. You have to do this, or you should. There's pressure about the vaccine. There's pressure now for the children. All kind of pressure."

> "There were a lot of contributions in regard to job loss and loss of members of their family who they lost due to COVID or due to other things."

> "And that's obviously something I think my generation at least have never experienced before. So to be able to be told absolutely no to traveling or doing anything really that you wanted to do prior was a pretty sobering experience that this is the world we could live in…"

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

> "I think it definitely contributed to the mental health issues because I know that there were teachers that I was pulling out of dark places who just were very frustrated with the public learning platform that we were using. And so it was very challenging for them to try to grade the students and have to try to prepare them for the testing, which they thought was ridiculous that they had to take."

> "I think we talk about young people when it comes to suicide…but a lot of people are dealing with a lot of issues to the point where they just want to end it. And we need special support for everyone, not just certain age groups. Parents are dealing with that. Teachers are dealing with that. Health care workers are dealing with that."

> "A lot of people around me work in the service industry. And a lot of them are actually have been working through this whole thing…So that's a whole other level of anxiety that they are having to deal with that…having to go through all the scary, scary information that was going on at the very beginning and not knowing just how communicable it was…There's a couple of nurses that live in my building that it impacted them pretty severely."

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

YOUTH MENTAL HEALTH

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

<p align="center">Community Voices on Youth Mental Health Issues</p>

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

> "I'm an educator, and I had a lot of students who had come to my office and who would talk to me about having suicidal thoughts and struggling with suicide a lot this past year and talking about how their parents were unable to help them."

> "I have a 17-year-old in high school who lost two people in his school to suicide within the last two years that he knows. That's something that they wanted to resort to. That's something that they talk about as an option to deal with their teenager concerns."

> "I think having more available health resources in school…But that would be really helpful because those people are trained to recognize those signs. Kids

are at school for eight hours a day, and there might be that time when somebody catches somebody and could save a kid's life. A lot of the social media and the lack of activities contributes to depression and anxiety, and kids don't know what really that is or how to deal with it, but if they can get help early enough, it could possibly prevent them from having suicidal thoughts or attempting suicide."

"I think our young people are going through so much pressure to be perfect, to be the best, to be famous, to be the breadwinner sometimes. And so I do think that our young in Reynoldsburg actually are facing issues with suicide, suicidal attempts, and mental health issues that have suicide ideations. Over the summer, I did get a couple of emails from the school district saying that we lost a couple of kids over the summer."

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

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

"Got a lot of young parents today, so these kids is raising themselves a lot of times. Parents out there partying, on Facebook, and doing lives. And kids is doing whatever they want to do. Then they want to blame them when the teacher call saying such and such is having issues in school. You got to look at the parent."

"The parents aren't taking care of them. They're not having somebody check on them or stay with them while they're out partying. So like he said before, they're raising themselves."

"Yeah, a lot of kids are having to grow too fast. Again, become the support system for their siblings and it's hard because the parents are going back to work now. did a lot of stuff is still not opening. So it was like a 13 year old has to become a 20 year old overnight to take care of the family while the parents are out doing what they have to do."

"And then also like something affecting kids 18 and younger is just like, like they're home alone, you know, like so their parents can't be home. They can't afford latchkey. You know, the 13-year-old walks with a six-year-old home and they just fend for themselves. And there's not necessarily anything wrong with it. But that social emotional component is important too, which leads into all kinds of issues."

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

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

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

HOUSEHOLD AND COMMUNITY VIOLENCE

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

Child Abuse[7]

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

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

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

Domestic Violence[8]

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

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

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

Elder Abuse[9]

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

References

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2019 (HM2022), 2016 (HM2019), 2012 and 2013 (HM2016)

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

[3] Franklin County Coroner's Office Annual Report (Franklin County), 2019-2020 (HM2022); Ohio Department of Health Suicide Fact Sheet (Ohio), 2018 (HM2022); Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database (United States) 2019 (HM2022), (Ohio and United States), 1999-2012 (HM2016); Ohio Violent Death Reporting System Annual Report (Franklin County and Ohio), 2015 (HM2019); Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS) (United States), 2015 (HM2019); Ohio Department of Health Vital Statistics, data analyzed by Columbus Public Health (Franklin County), 2010-2012 (HM2016)

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

[5] Healthy People 2030 objective MHMD-01, U.S. Department of Health and Human Services

[6] Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database (2019)

[7] Franklin County Children Services (Franklin County), 2019 (HM2022); Ohio Children's Trust Fund Child Abuse and Neglect Statistics (Ohio), 2018 (HM2022); National Children's Alliance National Statistics (United States), 2020 (HM2022); Public Children Services Association of Ohio Factbook (Franklin County and Ohio), 2016 (HM2019); U.S. Department of HHS Child Maltreatment Report (United States), 2016 (HM2019), 2012 (HM2016); Ohio Department of Job and Family Services, SACWIS/FACSIS data (Franklin County and Ohio), 2011 (HM2016)

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

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

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

Key Findings

Overall Health Ratings

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

Mortality

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

Chronic Disease

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

Emergency Department and Hospitalization Data

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

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

Perceptions of Health Status[1]

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

MORTALITY

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

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

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

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

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

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

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

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

Figure 4. Change in life expectancy at birth, by Hispanic origin and race and sex: United States, 2019 and 2020
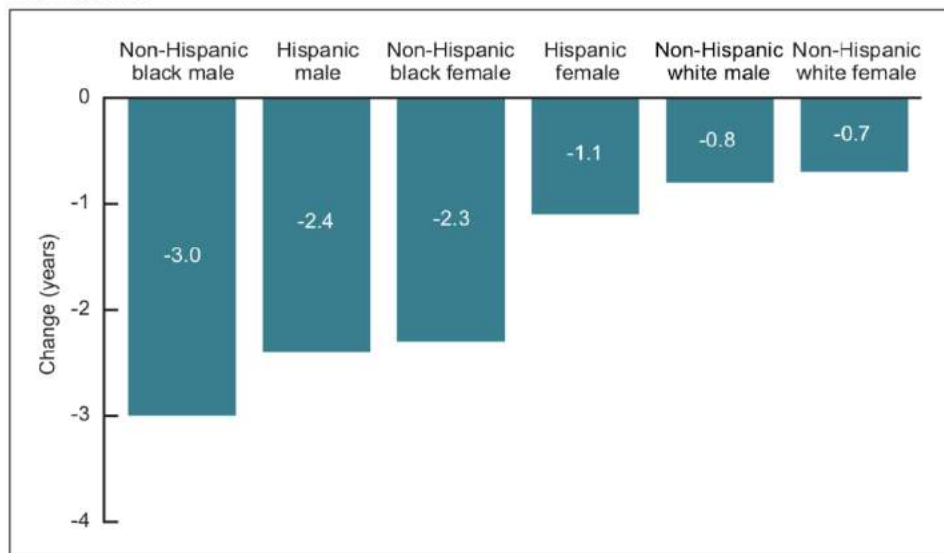
NOTES: Life expectancies for 2019 by Hispanic origin and race are not final estimates; see Technical Notes. Estimates are based on provisional data from January 2020 through June 2020.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality data.

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

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

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

Age adjusted rates per 100,000 population.

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

Mortality – Leading Causes by Sex[3]

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

Age adjusted rates per 100,000 population.

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

Motor Vehicle Traffic Injury Mortality[4]

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

Rate per 100,000 population.

Seat Belt Use[5]

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

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

Youth Mortality Ages 1-14

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

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

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

Cancer Mortality Rates – Top Cancers[8]

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

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

CANCER & OTHER CHRONIC DISEASES

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

Cancer Incidence Rates – Top Cancers[9]

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

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

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

Cancer Screenings[10]

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

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

Chronic Health Conditions

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

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

Weight Status

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

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

<div align="center">

Community Voices on Chronic Health Conditions

</div>

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

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

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

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

> "Not taking care of yourself."

"You don't have time to destress. Like, take a break. So I think that also gives you a lot of like blood pressure, or migraines. You don't have time to just to sit and breathe, or make good meals."

"I read a few years ago, they did a study, and it said people that open up the newspaper to the main section or whatever first, they usually live a shorter life opposed to people that go to the sports and look at that first. Because I mean, it just puts you on edge. You're stressed out from reading all this negative stuff."

"I think a lot of people, fear…Once they get kind of trapped in there and they're either by themselves and they're alone, they just keep feeding into that fear…We're talking about mobility. Fear is definitely one that keeps people from moving about."

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

"It's how people eat, and I guess the food resources that are available in certain communities might not be available in other communities. Me personally, I think it's strategically planned out like that, but nutrition is a big one."

"They're struggling with, again, making the healthy decisions as far as food is concerned. I've had a lot of people telling me about, their cholesterol is up, their A1C is up, all the things that come with not having a healthy lifestyle."

"But I guess the thing that keeps coming to my mind is this singular thing of what we're trying to fight: alcohol, sugary foods, soda, yada, yada, yada. Those are all the biggest sponsors for everything we see and everyone sees day to day, billboards of Coke. Everything sponsored by Coke."

"Yeah, time to shop for and then make and pay for high quality ingredients."

"And there are people who don't have transportation, so I see them regularly shopping at Family Dollar because it's easily accessible, versus having to walk on a busy Main Street with no sidewalk to get to Kroger's. So, there's no sidewalk for parts of that journey. It is dangerous. I probably would go to Family Dollar too if I didn't have a car."

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

"Just access to community health programs or healthcare. Even as somebody with insurance, I still have difficulty finding access to care for different specialties or mental health things, just on the affordability side. Oftentimes, it's not covering enough to make it feasible for me at the time."

"Do they have doctors in your area? Or, you know, doctors' offices that they would feel comfortable going to and is there insurance there."

"I feel like it's just healthcare system, a lot of like red tape barriers because my family don't have insurance. My husband, he tried to seek his psychiatrist because he's been depressed lately. Well, the office said, 'Okay, we take walk-in appointments through this time.' And then he came in for the walk-in appointment, and they said, 'I'm sorry. You haven't been here in six months. You'll have to make an appointment.' So then he tried calling his psychiatrist, and his psychiatrist said, 'No, I'm sorry, I can't make you an appointment. I can't make my own appointments. You'll have to talk to my secretary.' So he's going to have to wait two weeks to talk to someone when he's depressed."

"It's also if something hurts or like you're having like, just push through it it'll be fine, you don't have time for it, you're just going, going, going, because you think 'I will deal with it later.' [Inaudible]. And you can just ignore it and put it off."

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

"And bad health is usually based upon lack of livable wages, employment opportunities, discrimination, and the hostile work environment. These things happen. Everybody can't deal with them. And it happens so disproportionately to Black and brown people."

"Economics. Greed. Right now, in the United States of America, we have the technology to house, feed, clothe, and get everybody medical attention, but greed is still here. It's a big thing. It's spawned legs and wants more and don't want to give anybody else anything. So it's going to be here for a while, but we do have the technology in existence right now. Well, if everything in society was like utopia, we could grow food. We could give everybody the right nutritional foods, a sustainable place to live, a sustainable system to where everybody is generally taken care of and live harmonious…and your health is going to be better, but like I said, greed."

REASONS FOR EMERGENCY DEPARTMENT UTILIZATION

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

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

Emergency Department Visits for Selected Health Issues[15]

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

Rate per 1,000 population.

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

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

Each diagnosis includes the ICD-10 code and description.

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

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

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

Rate per 1,000 population.

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

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

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

Rate per 1,000 population.

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

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

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

Rate per 1,000 population.

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

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

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

Rate per 1,000 population.

CAUSES OF INJURY

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

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

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

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

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

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

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

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

Top Five Types of Injury, by Age[17]

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

Rate per 100,000 population.

References

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Key Findings

COVID-19

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

Prominent Infectious Diseases

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

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

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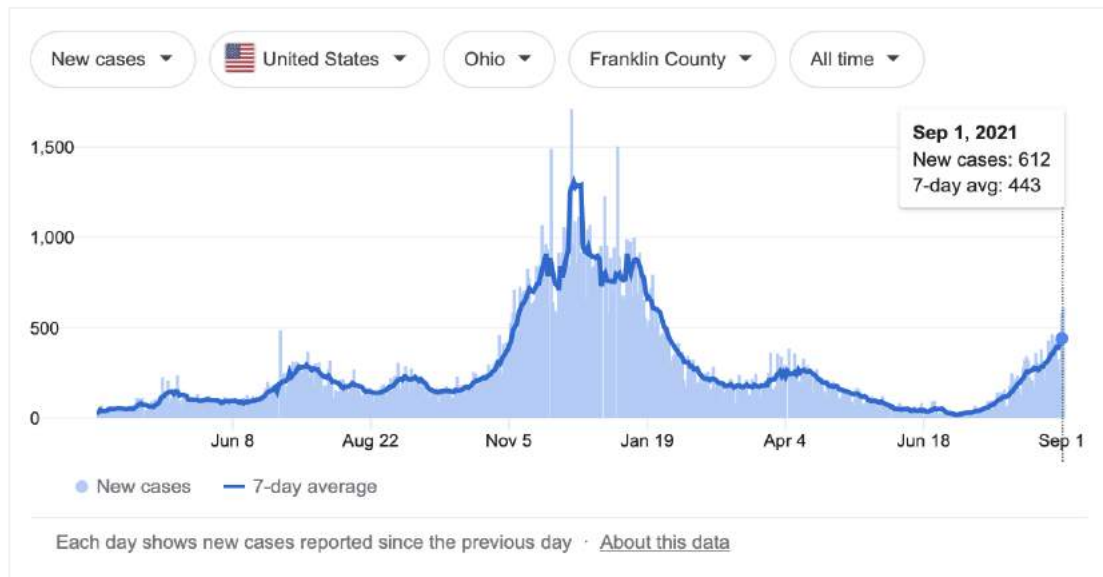
As of September 1, 2021, 1,516 people in Franklin County died due to the COVID-19 pandemic.[2] The graph below shows COVID-19 deaths over time in Franklin County. Per the Ohio Department of Health,[3] the median age of Ohioans whose death was caused by COVID-19 was 78 years old.

COVID-19 Deaths (Franklin County, Ohio)[2]
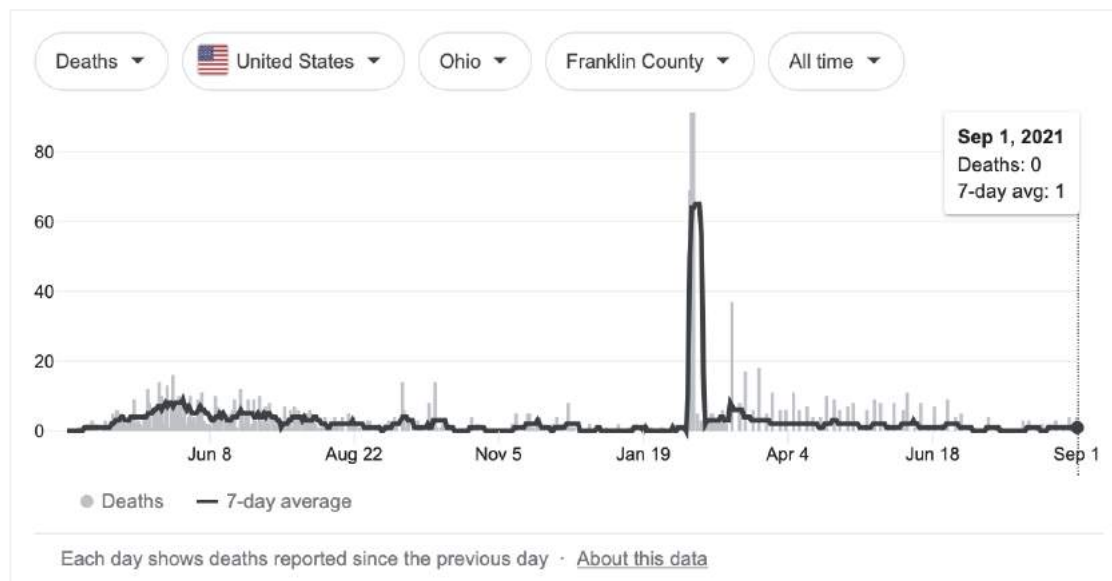
Overall, the prevalence of Franklin County adults who received influenza or pneumonia vaccinations is largely consistent with the previous *HealthMap*.

Vaccination Trends

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

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

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

Prominent Infectious Diseases

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

Rates per 100,000 population.

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

Sexually Transmitted Infections (STIs)[10]

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

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

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

HIV/AIDS[11]

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

Rates per 100,000 population.

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

Healthcare-Associated Infections[12]

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

Rates per 10,000 population.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Basic Needs

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

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

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

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

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

Racial Equity

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

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

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

Behavioral Health

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

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

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

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

Infant and Maternal Health

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

References

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

Summary

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

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

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

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

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

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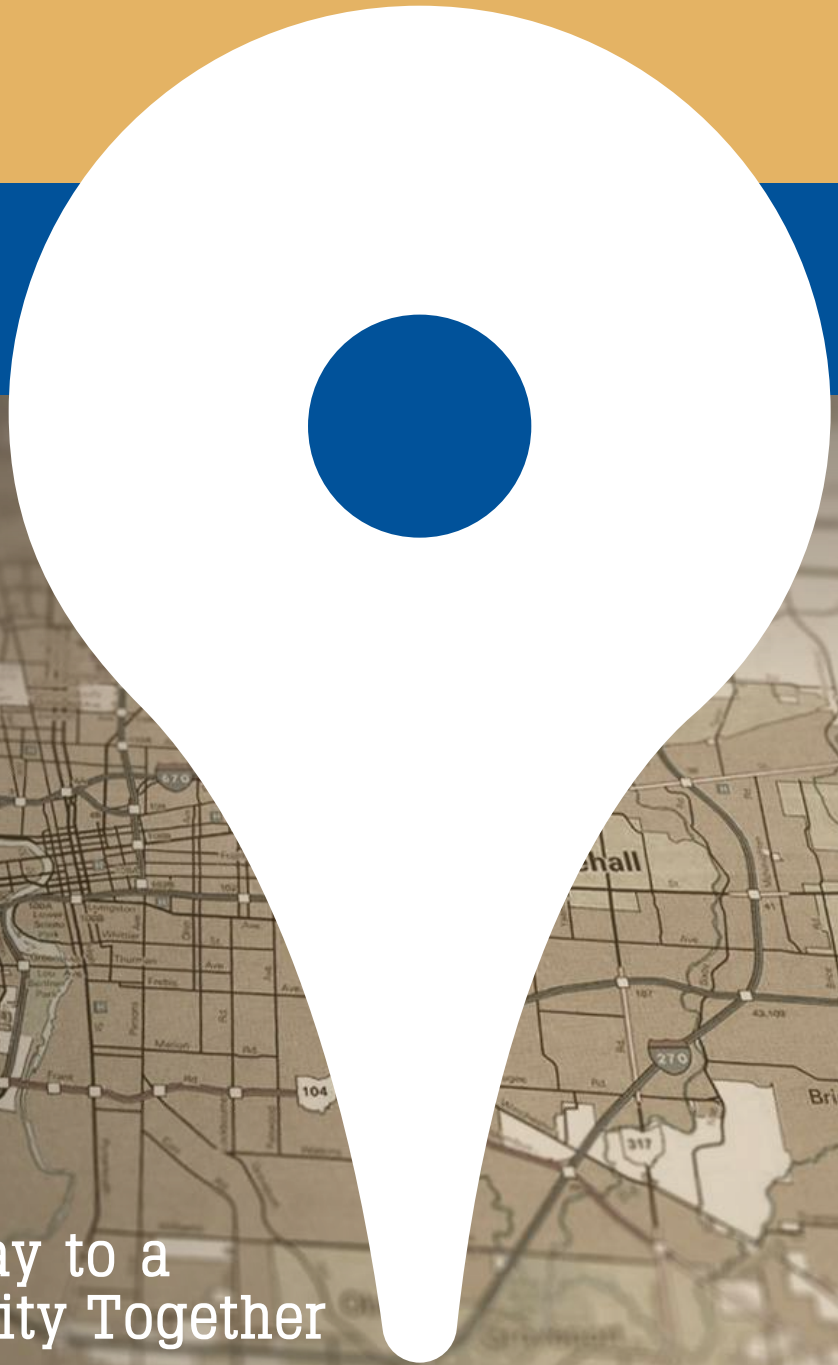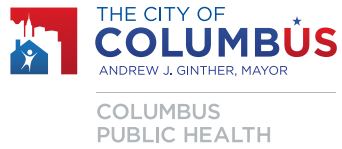
Navigating Our Way to a
Healthier Community Together

Franklin County

HealthMap **2022**

April 2022
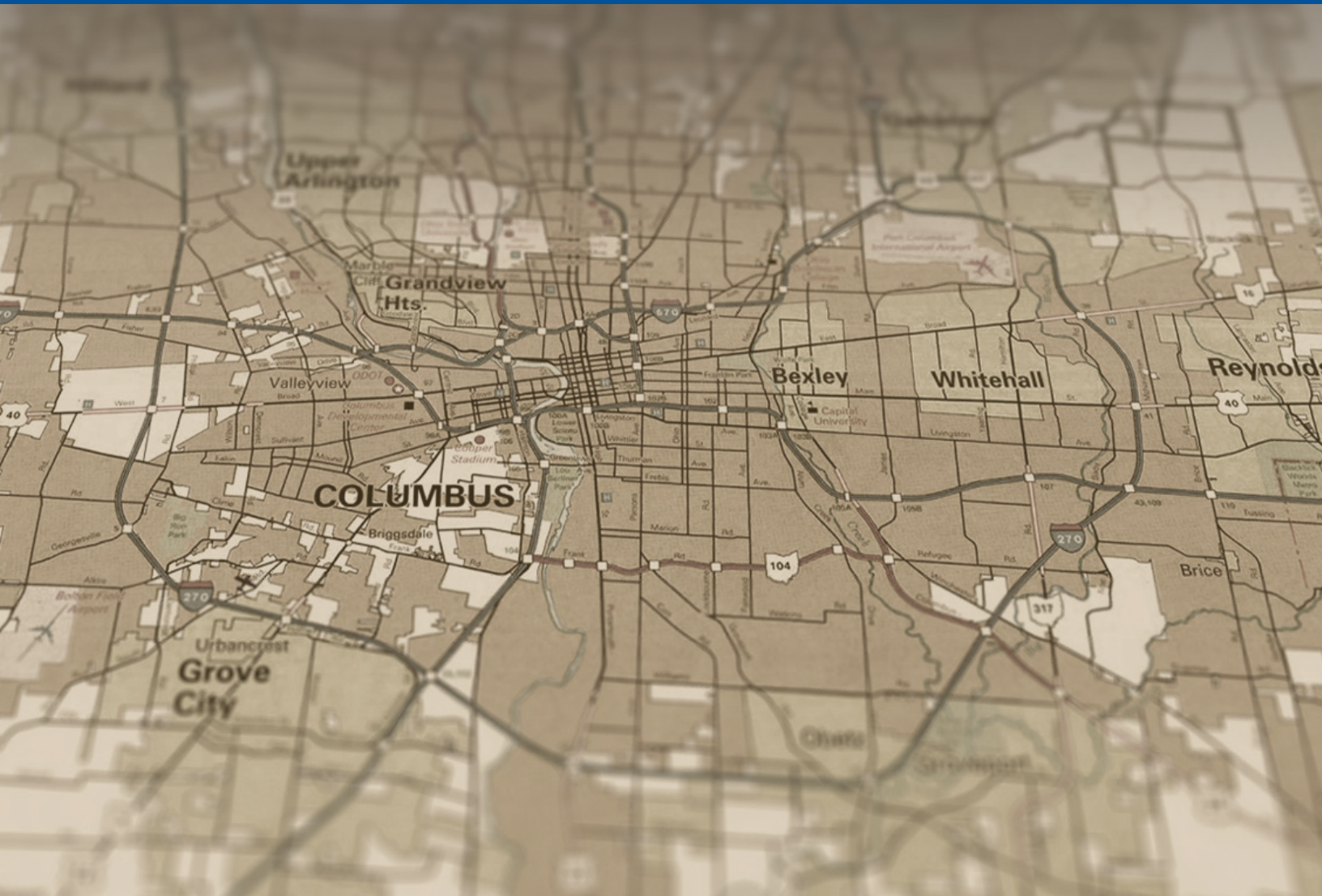
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Columbus Public Health Discussions

Franklin County Public Health Discussions

Organizer: Columbus Public Health

Location: East Columbus: Driving Park

Date: 7/28/2021

Researcher
And now if we could just introduce ourselves to one another, I'd like you to please share your name and what you like the most about your neighborhood or the area you live in. So we can go ahead and start with you.

Community Member
I don't care nothing about my neighborhood or where I live.

Researcher
What did you say about your neighborhood? Sorry.

Community Member
I don't care nothing about it. They're Draconian in what they're doing. They have handicapped people and older folks and they're evicting them from their apartments because they have Section 8. I have no respect for them for doing that to those people.

Researcher
Thank you for sharing.

Community Member
I'm pretty comfortable in my neighborhood. It has not really changed. [inaudible].

Community Member
I like my neighborhood. It's convenient, close to all the things.

Researcher
Convenient. All right.

Community Member
I like my neighborhood because [inaudible].

Community Member
I like my neighborhood because I know all the people in it.

Community Member
I'm pretty comfortable in my neighborhood. I've lived there 17 years. I told them, "Don't bother me. I won't bother you." So we get along.

Community Member

I'm pretty comfortable in my neighborhood. I've been there 12 years now and get along with all my neighbors and all that. We look out for each other.

Community Member

I like my neighborhood. I've been there for about 10 years. I like that it's a diverse community, a lot of different cultures and things like that, quiet.

Community Member

I like my neighborhood. I've there for 14 years. I don't know. I'm comfortable. [inaudible].

Community Member

I like my neighborhood. It's pretty close to 70, 270, so it's a good location.

Researcher

Alright. Thank you all for sharing. So we're going to be talking about health today. And one of my first questions is, what does a healthy community look like to you? And we don't need to go around in the circle or anything, so you can just go ahead and shout out your answers. What does a healthy community look like to you?

Community Member

Everyone coming together. And not everything going to be safe, but everyone coming together and communicating, everyone respecting each other's space, everyone looking out for each other. I don't know. If you usually see a neighbor go to work every day, and you haven't seen them go to work and you see their car – I don't know, check up on them. Just make sure everything's okay, especially with COVID. You don't know what's going on and what kind of mental states people are in. That would be a good neighborhood.

Researcher

Okay, so kind of respecting each other, looking out for each other, communicating with each other, those sorts of things. Okay.

Community Member

Getting the stores in all these local areas here to take some of those expired items off the shelf, like these other stores come in here, and they just want to sell the people that's down here anything. They have all these alcohol stores, beer, wine, and cigarettes. So can't have nothing that's going to be [inaudible] for the individuals that live in the community that may get help from a better community. And then there's some of those tax abatements [inaudible].

Researcher

Okay, sharing some of the tax abatements. Okay.

Community Member

Exactly. Because Nationwide Arena should be sitting there with 100-million-something taxes they make and nothing's coming down here to repair roads, some of the schools that's in this area.

Researcher

What else? What else does a healthy community look like?

Community Member

Cleaning [inaudible], stuff you said, looking out for each other. Children need to come out and play. Looking out for one another.

Researcher

What was the last thing you said? Sorry.

Community Member

Children being able to come out and play and neighbors looking out for one another.

Community Member

I think education, too, just having a lot of support for the school and the kids in it.

Researcher

Okay. Schools, education.

Community Member

Supportive services.

Researcher

Supportive services. Is there anything you're thinking about in particular there?

Community Member

Just a general healthcare center. [inaudible].

Researcher

Okay. Okay. I guess it's kind of another way to ask the question: What makes a community healthy?

Community Member

Teamwork.

Researcher

Teamwork. Okay.

Community Member

People outside the community [inaudible] because you can't have a healthy community if everybody is, like, [inaudible].

Community Member
Communication, like when you talk to people around you, you get a feeling for people and what they might need and what they're going through. You can share your experiences, I just think it's healthier when you talk to people around you, getting to know them better.

Researcher
Okay. Talking to people around you, communicating with others in the community. Okay.

Community Member
I think the relationships – Kind of tying into what you were saying is building relationships in the community, too.

Researcher
Relationships. Okay. All right. And what do you think are the most important health issues facing people in the community, in your communities?

Community Member
Besides COVID?

Researcher
Yeah, I guess we could say besides COVID.

Community Member
Cancer seems to be affecting a lot of people.

Researcher
Cancer. Okay.

Community Member
Specialty food intake.

Researcher
Sorry. What was that?

Community Member
Food.

Researcher
Food. Okay.

Community Member

Especially during COVID. A lot of things were shut down, like YMCA, the gyms. So we gained a lot of [inaudible]. We gained a lot of weight because we're sitting around. Our mental states are not clear on what's going on, so we're eating things that are bad because, of course, the healthy foods are really expensive. So we all are grabbing junk food, and we're sitting around eating, eating, eating, and watching TV or on our electronics. And that's one thing about food, and the price of food has skyrocketed in the grocery stores.

Researcher

Okay. So the healthy foods are expensive. Especially during COVID, there's nothing else to do but sit and binge watch TV. So it just leads to unhealthy habits. Okay.

Community Member

I would say mental health, too. I think that COVID has caused a lot of anxiety. And then we have a lot of gun violence going on right now, too. I think it's important to [inaudible].

Researcher

Okay. A lot of anxiety from COVID and then gun violence. Okay. All right. What other health issues are facing your communities?

Community Member

The reluctance of pain doctors to provide patients medication to alleviate their pain. There was a Western Virginia University study by Caucasian interns, and the question was posed, "Do you believe African-Americans have a higher pain threshold than anybody else around?" And they truly still believe that. That's so prevalent in our society that these stigmas are attached to individuals that look like me. And that's going to have to be something that's going to have to be changed because that statement is not getting patients adequate medication to alleviate their pain. We're not lying when we say we're in pain. We're human.

Researcher

Okay. So it's difficult to get adequate medications, your prescriptions.

Community Member

Speaking of these student doctors, they looking at you like, "I don't believe you." And I'm tired of that.

Community Member

A lot of times, when people get a prescription for pain medicine, they couldn't just [inaudible] too much because they'll go to another doctor and get the same prescription. And they'll go to three or four different doctors, but then they got all this pain medicine, and they're selling it on the streets. So that's a problem. And then when they look at us, when we come in as patients, with everybody doing

the same thing as what somebody else is doing because they're doing something illegally, while we're sitting here really in pain. And I'm like, how many times do I have to tell you? I'm in pain. I'm hurting. Because I take medication, and I have to get tested because my medicine is a narcotic. And I have to get tested every so often to make sure I'm not taking anything other than what I'm already taking, which I have no problem with, but the person ahead of me is abusing it. It makes everybody else look bad.

Community Member
There should be a checks and balances, a genuine checks and balances. That's one thing I notice here, everything from children's services down to the medical [inaudible]. It's just crazy.

Researcher
Okay. So it sounds like there's a lot of abuse of pain medications, which leads to people who actually need it not being able to get the medications they need.

Community Member
I think another problem is people can't afford their medications, you get it and it jumps, astronomical prices. I don't know. I think some people go without it because they can't afford it or they have to make a really tough decision about what can they pay.

Researcher
Okay. It's difficult to pay for some of those medications. Okay. What other health issues are you seeing in your communities? Okay. All right. So I have some more specific questions related to health. So diving into the health issues a little bit deeper, what physical health issues do you see in the community?

Community Member
The problem primarily I believe is diabetes and the elderly. There is not advocates that will advocate for these individuals because, the housing complex where I came from just recently, there was a handicapped gentleman. His toilet is backing up and then they are not fixing anything in his apartment. And we need genuine advocates for people that have – Because both of his legs are off at the knee, and he relies on his wheelchair, but then they don't listen to him. I got to have somebody like me or his nieces or cousins saying, "Come over here and fix [inaudible]." They know he's handicapped and should show genuine interest, but they don't. They're all about cash money. That's all they want. [inaudible].

Researcher
Okay, so you mentioned diabetes and -- I'm sorry, I think I might have missed the second kind of –

Community Member
Elderly.

Researcher
Elderly. Okay, got it. Okay. Okay. So elderly and diabetes, and seems like whatever help they might receive, it's just –

Community Member
And the common cold.

Researcher
The common cold.

Community Member
And the common cold.

Researcher
Okay, affecting a lot of people.

Community Member
High blood pressure.

Researcher
I'm sorry?

Community Member
High blood pressure.

Researcher
High blood pressure. Okay.

Community Member
Kidney failure.

Researcher
Okay. And with the high blood pressure and kidney failure, does it seem like that's affecting a lot of people?

Community Member
Yeah. I was affected by kidney failure a couple years ago.

Community Member
Hypertension, high blood pressure and [inaudible].

Researcher

Sorry. Was the last thing you said?

Community Member
High blood pressure, diabetes, heart disease. [inaudible]

Community Member
But like she was saying with the sitting around eating food and stuff like that, you the type of person where you don't want to make that a priority and you like to sit at home and watch TV. It's like right there in front of you all day long and telling you, "Go here and get this food." It looks all good. It's real colorful, and the next thing you know, you're ordering something off Door Dash or you going and getting it. And it's really not healthy for you, but they make it look like it's healthy for you.

Researcher
Okay, so the advertising is just constantly coming in. Get this food, get this food.

Community Member
When you get it, it's not even that good. They raise their prices and cut back on the portions. [inaudible] not getting what you're paying for.

Community Member
Then I'm not sure why they make it so expensive to eat right. If you want to just go get something that's not healthy it's 99 cents or 4 for $4 or something like that.

Community Member
[inaudible].

Researcher
Okay. It's more expensive to eat healthy.

Community Member
[inaudible].

Researcher
Okay. And I know we've talked about some chronic diseases, but are there any others that you hear or see a lot about, other chronic diseases?

Community Member
Cancer.

Community Member
[inaudible] diabetes [inaudible].

Researcher
Sorry, what was that?

Community Member
With diabetes, blindness part of the possibility.

Researcher
Blindness. Okay.

Community Member
I also noticed an uptick in MS over the last four or five years or so. I have two people in my family, they have it. And they're like my age, 50s. They're in wheelchairs. I'm like, "Where's this coming from?" So fast, in young people.

Researcher
It seems like MS kind of out of nowhere affecting young people.

Community Member
Out of nowhere the last five or six years, I've noticed there are a bunch of people that have it, and they're young people also.

Community Member
Alzheimer's, too. You hear a lot about that. You hear a lot about that. Recently, my grandma [inaudible]. I seen on Facebook, like, a guy or somebody [inaudible].

Researcher
Alzheimer's prevalent.

Community Member
COPD.

Researcher
COPD. Okay. All right. I know we've also talked about some factors that contribute to these, but what are some other factors you can think of that contribute to some of these chronic diseases?

Community Member
Economics.

Researcher
Economics. Okay. Can you tell me more about that?

Community Member

Economics. [inaudible]. Right now, in the United States of America, we have the technology to house, feed, clothe, and get everybody medical attention, but greed is still here. It's a big thing. It's spawned legs and wants more and don't want to give anybody else anything. So it's going to be here for a while, but we do have the technology in existence right now.

Researcher

Okay. And so can you tell me a little bit more about how people who don't have access to their basic needs, how you see that affecting their health or chronic diseases?

Community Member

Well, if everything in society was like utopia, we could grow food. We could give everybody the right nutritional foods, a sustainable place to live, a sustainable system to where everybody is generally taken care of [inaudible] live harmonious. Everybody else and your health is going to be better, but like I said, greed [inaudible]. It's on the move.

Researcher

Okay. So greed has taken away the food that everyone needs and systems that can make sure that everyone's taken care of. Okay.

Community Member

The main part of the greed part is a lot of these companies that receive money from the government, they have certain amounts of money that they get annually, and a lot of times, they don't use that money the way they should. I think what they're doing is just putting it in their pockets. They're lining their pockets instead of helping the people that need help because I know once I called to see if I could get doors for my entry door, my screen door because I went into the hospital -- Somebody had police do a welfare check on me a couple years ago and actually got squadded out because I had went into kidney failure. And when I came home a week later, my screen door was busted, so I called [inaudible] to see if they had anything in the program available to get help to get my door replaced. And the first thing she asked me was, "Where do you live, in Columbus?" She said, "Well, you can live in Franklin county, but not in Columbus." Does that make some sense? I said, because if you guys have a program, shouldn't we be able to help everybody regardless of where they live? And she told me that that's their restrictions. And I said I don't think that's right because I don't think the government put a restriction on them. So they put a restriction on who they share the money with. I don't think that's right.

Community Member

Those tax abatements again.

Community Member

I think they're putting that money in their pockets instead of helping the people who really need help.

Researcher

Okay. So there are organizations that are supposed to be using their money to help people, and it's not going to those people and they're lining their own pockets. And there are a lot of restrictions on who they supposedly can help versus not. Okay.

Community Member

I think the way they eat has changed. When I was younger, everybody had gardens. Everybody canned. Everybody had fruit trees. I don't see any of that. Everybody now just going to the meat market with steroid-hopped-up chickens and too much chemicals in the food.

Researcher

Okay. So it used to be more gardening and fresh fruits and vegetables and canning, and now it's more processed foods. And did you say meats?

Community Member

I remember we used to go to the meat market [inaudible] grocery store. Everything now is just fast.

Researcher

Okay.

Community Member

Going to start growing a horn out in the middle [inaudible].

Researcher

What was that?

Community Member

We're going to start growing a horn out of our head.

Researcher

And then we did talk about anxiety a little bit. So, anything else that you have to say about that, or what other mental health issues do you see in the community?

Community Member

In the community now that we exist, there's too many black men in jail. That has to affect your mental. I know it affected mine every day, thinking about what in the hell I could do to stop all this because it's like, yeah, we did it and we're going to slap you in the face again and do it again, and nobody's genuinely addressing this to a point blank. I have nothing against Asians, but then when was the last time you heard of one of your Asian friends getting beat up? I don't. But then a hate crime bill gets passed just like that with no study, first consideration out of the box. "Oh, we're going to get a hate crime bill."

Community Member

[inaudible].

Community Member

And then there's going to be money allocated to these people because they're being abused by African Americans. Well, allegedly, but foundational black Americans have been in this place for a long time. We keep getting studies and studies. "Oh, we got to study it some more" What more you need to study? Tulsa, Oklahoma. All the race riots across Rosewood. What more you need to study? I said break me off my cheese.I build my own [inaudible] possibly get out of America because it's backwards here from what I'm seeing so far, and it pisses me off.

Community Member

These riots have been going on for a long time, for a long time, and some people are in denial about what it is. I don't even [inaudible] hate crimes. And it's been going on even before I was born. Now it's getting worse. It's getting worse.

Community Member

I have no issues with any other nationalities. I grew up in New York. It was a melting pot, literally. I had no issues with any other nationalities, not unless they start imposing their privilege upon me, then I got something to say. And they're doing a lot more there, too. Like, they're kicking those old folks and handicapped people out on the east side over there. That's crazy. They've been there for years paying the rent. Now you're going to tell them to get out because you want to renovate and get some more [inaudible].

Community Member

There's a lot of people struggling with mental health issues. We grew up to where if you tell somebody you had something going on, [inaudible] it might be considered weak. So you don't say that to nobody, but we really struggling. I think a lot of people going through that.

Researcher

Sorry. Can you repeat? Growing up, you were told what?

Community Member

I was told that that would be considered weak if we said we had something going on mentally with us. We're just told not to even mention we was having mental weaknesses.

Researcher

Okay. So there's that stigma where you're just seen as weak if you bring up any sort of mental health issues.

Community Member

That's why a lot of people don't go to therapy because if you were to go to someone to talk about your – Sometimes it's a good stress reliever when you have someone there to talk about your problems, and the person, even though sometimes they're not helpful, because I went to therapy, but it was good to just release that problem to that person because sometimes you don't want to talk your issue out with your family. Because they're going through that issue, and you're putting your issue on them. So a lot of people take a backseat on going to therapy. And it can be costly as well, too. So that's another thing as well, too.

Researcher
Okay. So therapy can be useful to have someone to kind of talk about your problems with, but sometimes it's expensive and then there's also that stigma against going to seek out therapy. What other mental health issues do you see in your communities?

Community Member
PTSD. I don't suffer from it, but some people deal with it [inaudible] drugs, [inaudible].

Researcher
So PTSD, and then that causes other downstream consequences like gambling or drugs or other things.

Community Member
There are a lot of mentally ill on the street because they closed up all the mental hospitals. They often throw them in jail.

Researcher
There are people with mental illnesses living on the streets because they don't have the supports that they need from mental hospitals or other support systems from the community.

Community Member
When I was in the hospital a couple years ago, I was at Grant, and there was a lady -- I didn't even know, because I thought she was further down the hall. And she kept making all this noise, and she was hollering out to the nurses. And when they came in my room, she said, "Who's in that room? Who's in that room?" And I asked my nurse, I said, "What's wrong with that lady?" She said she's got some mental health issues. I said, "Don't they still have that place on the hilltop?" I said, "Why didn't they take her there instead of bringing her into the hospital?" She said that they didn't have any more facilities like that. I said she's keeping me awake. It was bad enough they had me next to the helicopters when they were flying in and landing. I had just got used to that, and then she woke me up. I'm like, Oh lord. I can't do this. So that's distracting, especially when you – My opinion, it just seems like they should have a floor specifically for that situation, not just put them on any floor just for a place. I don't know. It's think it's just a messed up situation.

Researcher

Okay, so it seems like they don't have the facilities that are needed to treat those with mental illnesses. Okay. And what other factors that we haven't talked about do you think contribute to mental health issues?

Community Member
I think also a lot of the schools that were closed. All the kids were used to being in the classroom environment, and now all of a sudden they have to do everything distance learning. So I think long-term effects of that remains to be seen.

Researcher
Okay. So the kids are doing the distance learning. They're not able to be in schools with other kids, and that could have a long term effect on those children.

Community Member
I think childhood trauma, and things that people have gone through when they were kids kind of explode when they get older.

Researcher
Okay, so childhood trauma, and that can affect them as they get older. Okay.

Community Member
All the job losses from COVID.

Researcher
Job losses from COVID?

Community Member
Yeah, people lost their jobs. That's a thing that can cause mental illness as well.

Community Member
As a society, I don't think we appreciate that field, and we don't put a lot of money in that field on top of that. We don't give it what it needs to be more effective.

Researcher
So as a society, we could add more support to the mental health field.

Community Member
Another thing is, I have a nurse and the agency that my nurse comes from, they have no aides. So basically, they're sitting at home because unemployment is paying them to basically be at home when I think they should be working. I think it's sad because a lot of people really need aides and can't get them because they choose to stay at home. I would probably want to stay at home, too, but I would get tired of it after a while. I would want to go back to work. That would make me nuts. But I

think that instead of them – It's almost like they're catering them to them instead of saying, "Hey." Because I thought in June, they were supposed to trying to get them back to work, but I haven't heard anything since. But I think it's unfair to the people that really need aides because in my neighborhood, I have mainly elderly people around there, and they're suffering, too, because they can't get an aide. And some places they can't even get a nurse because they're scared to come out because of COVID.

But wherever I go, I got my mask on. But I was just looking at MSN's website and the CDC. They're saying that they want to everybody to start wearing their mask again because the numbers have gone up, and they said that in more populated areas, like schools, grocery stores, place like that, that have a lot of people, they said they'd rather you wear your mask when it's more populated.

I went to the grocery store, and I would see people with no mask on. And I said, "Am I in the Twilight Zone?" I'm still wearing my mask because I'm high risk, and I'm still trying to play it safe because you can't tell if somebody has something. Just like somebody was saying, how can you tell if somebody has COVID? I said, "Well, that's just like asking the question, 'How can you tell somebody has AIDS?'" You don't know, so I'd rather be safe than sorry because later on down the line, there could be somebody that's walking around in the store that might have it and might not acknowledge they have it, and they could spread it all around in the store. So I think it's best for me to just keep doing as I've been doing, wearing my mask and my gloves because I'm trying to be here for a while longer.

I'm not trying to take no risk. Yeah, it's pretty sad. To be honest with you, I think the CDC has no business [inaudible] thing because I don't even think they really know what's going on. Then I was reading about monkeypox. Monkeypox has come back into the United States. I used to hear about it a long time ago when I was in my teens, and they said it's a virus and it's coming back into the United States. Because this is what the CDC said. And I said, "What's really going on?" Because I said, the CDC, I don't think they really know what's going on.

To me, it's like a guesstimation. It's like a game to them. Like, well, we're going to stop people from wearing their mask. If they want to wear their mask, fine. If they don't fine. Now they're talking about making people wearing masks again, then they're talking about monkeypox in the same breath. So my these is, they don't even know what's out there, and we don't either. Because like I said, we're just being safe.

Researcher
Yeah, better safe than sorry.

Community Member
It's almost like the media outlets trying to keep people nervous and scared because when you turn the news on, all they're talking about is negativity, like how many COVID numbers gone up and this and that. Never once do you hear them talking about what you can do to prevent, or if you get it, how to stay healthy. I never heard that while watching on CNN.

Community Member

I don't even watch the news anymore. I haven't watched the news in about two years because it was depressing.

Researcher

So the news just increases that anxiety and makes people more and more nervous and focuses on all the negative things.

Community Member

I read a few years ago, they did a study, and it said people that open up the newspaper to the [inaudible] or the main section or whatever first, they usually live a shorter life opposed to people that go to the sports and look at that first. Because I mean, it just puts you on edge. You're stressed out from reading all this negative stuff.

Community Member

I read the paper on Sunday, and that's to get coupons. I don't go no further than that. Coupons, and the rest of it, I recycle.

Community Member

I don't even bother with [inaudible].

Community Member

I'm like, give me my coupons, and I'll shred it.

Researcher

What are some reasons residents may not get or delay getting healthcare?

Community Member

Insurance.

Researcher

Okay. Can you tell me --

Community Member

Well, like a lot of health insurances, they don't cover a lot of things, and you have to pay your deductible.

Community Member

Since Obamacare –

Community Member

Obamacare [inaudible].

Community Member

[inaudible] Obamacare was implemented, [inaudible] coming, they was talking about people who didn't have healthcare, they were going to jail, but now some parts have been slowly implemented. You can still get some medications [inaudible]. Before, you could get everything, but after that, you couldn't. There was a limit to what you could get on Obamacare. So I oppose Obamacare wholeheartedly.

Community Member

[inaudible].

Community Member

What else you got?

Community Member

Having the proper information about where to go to find out what insurance what you can obtain, that's also an issue. Not having the proper information and knowing exactly where to go to get that information to obtain the insurance that you may need.

Researcher

Got it. Okay. So figuring out how to get your insurance [inaudible].

Community Member

Right.

Community Member

Another thing is, [inaudible] COVID, that vaccine too. At first, they had two different ones [inaudible]. I don't know. But a few months later, they're like, "Oh, they'll take this vaccine more," like the Johnson and Johnson, all those that started having heart pain or chest pain, or some people were dying from that, and that maybe caused anxiety for the people that already took the vaccine. My mom took that vaccine, and for me, that caused a lot of anxiety because I kept checking up on her because I didn't want something to happen. She's over 70 years old. And for me, I'm like, I have to make sure that she's okay. So that caused a lot of anxiety. [inaudible]

Researcher

Yeah, because of the vaccines and finding out later on, especially –

Community Member

They're not FDA approved. And all of this stuff. It's like they're wanting us to take this, but [inaudible] was telling me that we won't be able to fly if you don't have the paperwork for the vaccine for the people that didn't even take it. I'm like, this is not even FDA approved. Why are you trying to force

me to go get it? Now you can get it at a gas station and Walmart. Everywhere is taking the vaccine. It's not even at the doctor's office. It's like they're pushing it on us.

Community Member
It's a trap.

Community Member
Yeah.

Community Member
The other thing, the drug manufacturers are not liable. They have no legal liability if something happens. So they don't want to tell you [inaudible]. At the same time, they're pushing it, pushing it. [inaudible].

Researcher
What are some other reasons why people either delay or just avoid getting healthcare?

Community Member
I was just [inaudible]. It's experimental.

Community Member
What is?

Community Member
It's experimental.

Community Member
What is?

Community Member
They keep saying the COVID vaccine is experimental.

Community Member
Well, people are still dying from it even though they got the vaccinations. They're still dying from it. I heard like 100,000 people [inaudible]. These numbers [inaudible].

Community Member
Doesn't it take [inaudible] to –

Community Member
That's what I'm saying.

Community Member

To make the vaccine? It took them 12 months.

Community Member

No, not to make the vaccine, but to [inaudible].

Community Member

There will be studies. "Hey, come, get your vaccination" lottery.

Community Member

[inaudible].

Researcher

Sorry, what was that?

Community Member

I said they're just using everybody as guinea pigs. I get enough of that at my doctor. I get enough of that. But I always ask questions, what are the side effects. Because I'm not just taking a thing just because you're saying it's going to work. I do background checks to make sure – I go online all the time. Let me check and see what side effects this has. [inaudible] .

Researcher

What are some reasons why people either delay or avoid getting mental health care, specifically?

Community Member

[inaudible]. It's just another stigma to have [inaudible] discuss that. Maybe Caucasian males also, they don't discuss it with their buddies that they have a mental issue, that we're supposed to be men. We believe it on the inside. We got to handle that, and that's just because of [inaudible] supposed to discuss it because you could then place that label, "Oh, there's a crazy guy over there." Then they can come, "Wellness check. Oh, we don't think you well," and they're not medical professionals. They can come see how you're doing, but they'll lock you up anyways, sometimes, in this system because you allegedly have a mental health issue.

Community Member

I just feel like I can't afford it. Some people are in denial that they even have it. [inaudible]. They don't believe they have a mental illness until somebody says, "Hey, what's going on with you? What's wrong? Maybe you need to talk to somebody." But even if you do make that suggestion, they still don't do it. They'll still like, "Nothing's wrong. I'm fine. I'm fine." They think it's under control. I think that's the problem is they think it's under control, but it's actually [inaudible] control what's really going on with them and not so much [inaudible] to the effect that they can't do anything but rely on medication. But you don't like being in that position as far as your mental health. You've got to do

something. To me, it's like walking into a wall and just keep walking into a wall and not getting anywhere. You got to do something. You got to do something because mental health, it's no joke.

Researcher
Okay. So it sounds like there might be some denial. You said it's expensive. Are you thinking that a lot of insurances don't cover it or it's difficult to get insurance in the first place? Can you tell me anything else about –

Community Member
Okay. So a lot of insurances are expensive, a lot of people lost their jobs. So they can't afford that insurance because jobs were covering your check that you would get, and the job was covering some and were paying some for you, whatever you make. So when you lost your job, you lost your insurance. And especially with the jobs [inaudible], they were taking a long time entering for health benefits. And then for Medicaid, there's certain doctors that take it and then certain doctors that don't take it. And that's kind of hard, too, especially if you have a doctor that you were going to when you had your regular insurance at work. Now they don't take Medicaid. Now you got to find a doctor that does take Medicaid. That causes a lot of anxiety, too, because you were used to that doctor. Or you can afford insurance, but after a while, the doctor does not even accepting patients because of COVID. A lot of doctors don't want you to come in. They want to see you virtual. And you can't see what's wrong with them virtually or if you want any medication, you need to go and get at the pharmacy. And you tell the pharmacy, you can't afford the medication there, too. It's like you can't win.

Community Member
Also, there's Cobra insurance. They said in his letter, he said, "If you want to have insurance again, it's like 300-something a month" because they're going to buy from your employer(unclear?)

Community Member
What's strikes me is [inaudible]. I was thinking about when I was in the hospital, and there was this kidney doctor that kept coming into my room. I noticed when he came in, he came in, he never examined me. He had his stethoscope on, came in, and ask me how I was feeling. I was on two antibiotics, and it was going in my IV. And I couldn't keep food down, and I told him I'm still nauseous and I still don't feel good. I couldn't keep food down. And he said, "You'll be okay," and then he went out the door. So I told the night nurse. I told her, I said, "When I see him again, I'll let him know." So he came back in a couple days later. I said, "You know what?" I said, "I've been noticing when you come in, you go to the hand sanitizer, you rub it into your hands and ask me how I feel or whatever. You never once examined me." And he said he could look at me and tell what's wrong with me. I'm like, "You're not Jesus. You can't tell me just by standing there looking at me laying in bed what's wrong with me. You haven't even put the stethoscope on me. You haven't even checked my heart rate. You haven't checked anything." But anyway, I made him mad because – I told him, I said, "Don't come back in my room." I said, "If that's all you're going to do, don't come back in my room." But I told him, "But I bet your name will be all over my bill when I get it." And he didn't like

that either. But I didn't even know what I was feeling because I feel like – Like I told him, "It's doctors like you that come in that don't touch the patients, but yet, you're still getting paid from that patient. I don't that's fair because you're going around getting paid off of me just because you're [inaudible]. And I said, [inaudible] need to work and do their job, too." I said, "Why you have that stethoscope around your neck if you're supposed to be examining me?" So he didn't like what I said, but I told him don't come back in my room. He slammed my door. I said, "And don't slam my door again." So I sent him on his merry way. I didn't see him no more after that. I could have sworn I [inaudible] I scared him [inaudible] on his face. [inaudible] walk around there in pain. [inaudible] I was in there for like two weeks. He didn't examine me once.

Community Member
That's the [inaudible] doctor.

Community Member
Well, I let him have it. [inaudible] me. I said, "Everybody's going to know what you do." [inaudible]

Researcher
And I want to go back to talking about the nutrition and physical activity. So what nutritional issues do you see in the community?

Community Member
There's a lack of healthier food options. There's fruits and vegetables, but every time we turn the TV on whatever, we're trying to work out, we have the issue where everything's like 4 for 4 so everything is so easy for people to stop making food at home and it's healthier. The fast food option is being pushed in our faces too much.

Community Member
And gym memberships are expensive. If you want to join a gym – Well, some of them aren't expensive, I guess, but a lot of them are expensive.

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

Community Member
I think that whole thing about organic – The way I feel about that, the food is supposed to be like that anyway. They're just charging me more for organic food from the store. So my opinion is, why can't the food come naturally like it's supposed to, instead of charging everybody extra money for organic stuff. I think it's [inaudible].

Community Member
And going back to what you said about greed, just the GMO, that's all about it. So they push that food overseas. They all say no, so they give it to us. So we're the ones that kind of keep all that food that's been modified. It's definitely not healthy.

Community Member
They've got tomatoes.

Researcher
What was that?

Community Member
They've had wild tomatoes engineered with fish genes to keep them from – when they freeze, they don't degenerate.

Researcher
What about with children specifically, what nutritional issues do you see?

Community Member
Well, same thing. The sweetened cereals, and all that crap because mine, that's all they got all the time. They're eating this stuff. I'm eating the stuff with them. So much sugar.

Community Member
They're all hyped up. They're jumping off the walls.

Community Member
That puts a detriment on their wellbeing because they're speeding around like every four hours. It's the sugar.

Community Member
And the hormones, too, the hormones in the milk that you drink.

Researcher
Oh, the hormones in the milk?

Community Member
Yeah. My nephews, they came over to spend time with me, and I just bought groceries and things like that. These kids kept eating. They kept eating and eating and eating. The whole family-size cereal box was gone. And I was just watching. I called his mother and I'm, how do you live? These kids kept eating and eating and eating and eating. They ate the whole fridge. And I'm like, "Okay. So what's that going to do for them?" I think it's something in the food that just – Because I asked my nephew. He ate and ate and he was like, "I'm still hungry." I'm like, "You just ate." I don't know.

Something is not filling them up, and they want to eat more. So something in the food that – I don't know.

Community Member
You can eat a bowl of cereal, once you go to the bathroom and urinate it's gone. I have two nephews. They cook their own food. They don't wait on my sister.They get up, fix some bacon, eggs, toast, biscuits, whatever. They've been eating like grown men since they were four.

Community Member
It has to have something to do – It's ridiculous.

Community Member
Another thing is that we want everything right now, too. People don't want to take the time to prepare a nice wholesome meal. You just want to get something real quick. You've had a long day at work. Let's just order out. Literally, we can have it here in like 30 minutes. Let's just eat that.

Researcher
And what about access to fresh fruits and vegetables? Do you feel like those are available in stores in your community, or is it sometimes difficult to find fresh fruits and vegetables?

Community Member
If you're not going through the grocery store, you're not going to get it. If you go to one of the corner stores, they might have it in the back, but you don't want it because you don't know how long it's been in there. If you're not in the grocery store, you're not going to find them.

Researcher
Okay. So you have to go the grocery stores.

Community Member
Even then, you don't know what you're eating. Are they fresh? Fresh doesn't look good [inaudible] produce. [inaudible] Broccoli. I hate getting produce from ALDI's. Their produce sucks. Their produce sucks. I bought some tomatoes and an onion for a salad. The next day, I went to cut up the tomato and the onion. Mush. It went to mush just that fast. And I had them sitting on the counter. I'm like, "What the heck?" After that, I stopped getting my produce from there.

Community Member
I'd rather go to the community garden, at least it's fresh.

Researcher
What was that?

Community Member

The community garden.

Community Member
There's a community garden?

Community Member
Some people come together and make their own garden. Everyone kind of helps and then you take all you can [inaudible].

Community Member
Yeah.

Community Member
[inaudible] somewhere.

Community Member
Yeah, because [inaudible]. I'm getting one next year. In sustainable cities, you can build them up instead of out. If you build them up and hydroponically, more nutrients, sun will give us what we need. It'll make them grow. Everybody in that community will get fresh vegetables every day if they want, and it's free.

Community Member
The thing is, food don't last as long anymore. You go to a grocery store, you buy meat and things like that, then you put it in the fridge. In two days, you're about to cook, and it's spoiled. And that's why people rather go out or order out because it's like wasting money on the grocery store, or you feel like it's a waste.

Researcher
All right. And you mentioned that some gym memberships are expensive. What other physical activity issues do you guys see in your communities?

Community Member
[inaudible].

Community Member
[inaudible]

Community Member
I don't see the kids outside during the summertime. I don't see that.

Community Member
My nephews are in the house, playing their PS games.

Community Member

Electronics. [inaudible].

Researcher

So it's just not what they want to do. They want to be playing electronics as opposed to outside.

Community Member

[inaudible].

Community Member

Like I said, I keep my nephews. I go to their house, because my sister go [inaudible] for her job. And I say, "You all want to go outside?" "Oh, no, it's at least 80 degrees. It's too hot out there. We ain't going out there."

Community Member

There's now subscriptions and stuff like that. I started one [inaudible] a month where [inaudible] or whatever, you can, if you have a firestick you can upload it and then work out to [inaudible] or something. It's like $4 a month. So I think that's good that they're coming out with that. I think it's a COVID relief thing they did. So I think that's really good they're coming out with something you can be be affordable.

Researcher

What other physical activity issues do you see in the community, in adults or children?

Community Member

A lot of people don't have time to work out because after work, especially with my husband. He gets so drained mentally at work that, when he comes home, he just wants to lay down. He doesn't want to do anything after. He just wants to lay down, eat and then lay down and go to bed. Because when you come home, you've dealt with so much things at work that you just don't want to think [inaudible].

Researcher

There might not be time or you're working all day and it makes it really difficult to keep going.

Community Member

I used to work for the state, and I worked on the phones. And I went through the whole department and turned off all the ringers on my phone because I worked on phones at work, and I said, "I don't even want to hear my phone at home." The only one that I had the ringer one was the one in my bedroom. That was it. That's it. But downstairs and in the other rooms, I had them all off. I didn't like the sound of a ringer because I worked on the phones all day. I don't want to be talking on the phone.

Community Member

[inaudible].

Community Member

Yeah.

Community Member

A lot of people are at their jobs more than they're at home or you could have a physical job. And the two days that they give you off, you're like more trying to calm down from those days than you are doing something.

Researcher

Okay. All right. Now I'd like to talk about substance abuse for a minute. What alcohol or drug use issues do you see in the community?

Community Member

Actually more alcohol than anything.

Researcher

More alcohol?

Community Member

Yeah, but I know there's drugs out there, too. But I see more people drunk than anything. I know my aunt, she has a friend. Her son, they call the ambulance for him at least once or twice a week because he's always drunk, and he falls out. She said he's got all these bruises on his face. They're healing, but then he falls again, then he's got bruises on top of the healing. And I said, "They're going to end up putting him—" Because he's always falling on the floor. They're going to put him somewhere where [inaudible]. Because I know a lady that lived behind me. Her husband used to fall all the time, and she would call the squad, and they would squad him out. And one day, she told me that they told her that, eventually, she's going to have to do something about him. So he ended up going to the nursing home, and now both his legs are amputated because the nursing homes didn't treat his legs the way they should have. I told her, I said, "They're going to end up putting him in a facility if he keeps on like that." And he's younger than me. She told me he looks older than her. My aunt is like 75. And I said, "That's pretty bad."

Community Member

I see a lot of drug usage from the younger generation now. When we was younger, we smoked weed and stuff like that, but these days, they're doing way more than that. They're on all kinds of pills. Seems like it's cool for them to do that because I hear rappers and stuff talking about that. So I see a lot of younger kids using a lot of drugs.

Researcher

Okay, so younger kids using a lot of drugs that are more harmful than smoking weed, and it seems like maybe in the media is making that worse by romanticizing it or makes it seem like a cool thing to do.

Community Member

I think peer pressure adds a lot to that, kids that they're hanging out with. They're like, "Go home and try this, try this." But you got to be stronger than that. You can't be weak. [inaudible].

Researcher

What ages are using, when you say younger generations or young people?

Community Member

Teenagers, 14, 15. Pretty young.

Community Member

They're more accessible now.

Researcher

More accessible. Okay.

Community Member

People go to Facebook Marketplace and just search drugs or drug dealer. I don't know. And then they can meet these people up. And they're all over locations, and it's just easy to go get it. So kids can go out and do whatever they do.

Community Member

It's detrimental to kids. Everything they want, they can just get online and look for it.

Community Member

My son's [inaudible] and he told me that some of the kids were [inaudible] they have a car [inaudible] will just go get alcohol and [inaudible].

Researcher

People not being carded for alcohol. What other alcohol or drug issues do you see?

Community Member

[inaudible].

Researcher

Methods?

Community Member

Meth.

Researcher

Okay. It's getting bad in Columbus. Okay.

Community Member

That and heroin.

Researcher

What was that? Heroin? Okay.

Community Member

I think it's more marketable. I was learning [inaudible] police that they use Narcan. I mean, it's good for people who need it. They shouldn't be [inaudible] to the point you getting out of control. [inaudible].

Community Member

Talking about mental issues, too, a lot of people use alcohol to take care of their mental issues as well, and that can be a reason why. And a lot of alcohol is very cheap, too, to buy. Some people that buy alcohol can eat healthier as well.

Researcher

You mentioned mental illness might be a factor that leads to alcohol use. What are some other factors that might lead to alcohol or drug use?

Community Member

Depression.

Researcher

Depression.

Community Member

Definitely.

Community Member

Sometimes kids don't know what to do with themselves, and so they get into things.

Community Member

Anxiety.

Researcher

Okay. So anxiety.

Community Member
They don't really have a support system and it can be a way out.

Researcher
All right. And then what health issues do you see among children under age 18 in the community?

Community Member
Obesity.

Researcher
Okay. Obesity.

Community Member
I'm starting to see a lot of young kids in wheelchairs, teenagers who are 15 to maybe 20, 21. [inaudible] I see a lot of them getting on the bus. [inaudible]. Because I know one guy, he was talking about it on the bus and people saying he had been shot. They're too young to be shot. [inaudible] shootings going on around here.

Community Member
Autism, too.

Researcher
Autism. Okay. What other health issues do you see in young children in the communities?

Community Member
Parental abuse.

Researcher
Parental abuse.

Community Member
Because I saw some little dude, his mother hitting him with a switch, like in the old days. She was tearing into him.

Researcher
What about mental health issues among children?

Community Member
[inaudible].

Researcher
Sorry?

Community Member
Since they didn't go to school last year, I think mental plays a big part in a lot of kids.

Researcher
Okay. So not going to school.

Community Member
Not being able to [inaudible] people and see them and other things outside their house.

Community Member
Got a lot of young parents today, so these kids is raising themselves a lot of times. Parents out there partying, on Facebook, and doing lives. And kids is doing whatever they want to do. Then they want to blame them when the teacher call saying such and such is having issues in school. You got to look at the parent.

Community Member
[inaudible].

Researcher
Sorry, what was that?

Community Member
A lot of them are at home alone.

Researcher
Okay. [inaudible] left home alone.

Community Member
The parents aren't taking care of them. They're not having somebody check on them or stay with them while they're out partying. So like he said before, they're raising themselves. [inaudible] adults.

Community Member
[inaudible] drugs, too. Because if they're home by themselves and the parent's not watching them, then they can go online and buy these drugs and use them, especially if their parents are saying, this is healthy. Like the pain meds to relieve pain and things like that. That could be a way, too, because the parents [inaudible]. So they have time on their hands to provide these drugs.

Researcher
Okay. So that could be leading to drug use. [inaudible]

Community Member

Yes. They're getting high with their parents. [inaudible] that live across the street with my cousin years ago, and they were just raising him and his sister, and their mother would be sitting and smoking weeds or they were smoking cigarettes together. That's sad. Getting high with your child? They need a role model.

Researcher

Their parents are giving them drugs. Okay. What health issues do you see among newborn children under age one in the community?

Community Member

[inaudible].

Researcher

Sorry?

Community Member

They pick up drugs –

Researcher

Oh, because of their parents. Okay.

Community Member

Seizures.

Researcher

Seizures. Okay.

Community Member

They can't control their [inaudible].

Community Member

Mental issues because of their parents are drinking alcohol, are leading to more mental issues.

Community Member

[inaudible].

Community Member

No, mental issues. Yeah.

Community Member

Well, that can be a problem, too. [inaudible].

Researcher
What about infant mortality? Is that something that you hear about in your community or not so much?

Community Member
[inaudible].

Community Member
[inaudible].

Researcher
And what health issues do you see among pregnant mothers in the community?

Community Member
Depression.

Researcher
Depression. Okay.

Community Member
Heart issues.

Researcher
Heart issues. Okay.

Community Member
Postpartum, after the baby.

Researcher
Postpartum depression. Okay. All right. And now I have a few kind of cross-cutting factors that I'd like to talk about how different things might affect health. So first of all, I'm wondering how does poverty affect the topics and issues we talked about today? I know this has come up some, but we can just kind of continue that conversation.

Community Member
[inaudible]. A lot of stuff being talked about, everybody want to talk to their child about, like healthy food but they say run to the grocery store and get me some chips. Not, run to the grocery store and get me some carrots. So it's a lot of guidance, all of these mental health drugs everything is just guidance. They need guidance for somebody to show them the way.

Researcher
Okay. So a parent or adult needs to guide the children to make healthy choices.

Community Member
Having a lack of resources, and the parent gets stressed out and that affects how they parent.

Researcher
Okay, so lack of resources, and then parents get stressed out, and that leads them to not be able to parent as well. Okay. And what sort of resources were you –

Community Member
I mean, all resources, really, when we're talking about poverty. Everything.

Researcher
Okay.

Community Member
Particularly healthcare.

Researcher
What was that?

Community Member
I said, particularly healthcare.

Researcher
Particularly healthcare. Okay. Just not having access to any – Okay.

Community Member
Kids get stressed out too by peer pressure.

Researcher
Okay. So kids being stressed out by peer pressure.

Community Member
There are some kids that are being bullied and commit suicide because they're listening to – Because I watch Dr. Phil a lot. First thing in the morning, when I get up, I'm like, "Okay. Dr. Phil." And he's talking about different kids that have been bullied. They were being cyber-bullied, and some [inaudible] and next thing you know, this little boy, he hung himself in the closet. And I felt so bad for him because he was a cute little boy. Why would somebody bully their peers just because they might be jealous of what they have going or want what they have or whatever? But my thing is, little

kids don't want to make friends anymore. They want to overpower somebody younger than them, take advantage of them, and then next thing you know, they're bullied. I think it's sad.

Researcher
So bullying could lead to suicide. And do you see suicide in general as an issue in your community or not so much?

Community Member
I don't see it in my community, but I see it online. You read different stories about it online because young kids commit suicide. That's why I don't watch the news anymore.

Community Member
Yeah, I got my son in the Air Force, and he says a lot of cases of suicide in the Air Force. I asked him why. He said because you're not in control of your life anymore. They're in control of it.

Community Member
There's a lot of suicide in these jails, too, that they're just not reporting. Every now and then, I might see something in the paper about an inmate that committed suicide. Lately, I haven't seen anything, but I think there's a lot going on in jails. They're just not reporting it.

Community Member
Back on social media, a lot of kids see this kind of fake or manufactured lifestyle these artists are portraying, and then these kids see that, and they are depressed because their bodies don't look a certain way or they are being bullied in school about their body. And they're watching these celebrities or these influencers, and they get depressed, and they then try to take those diet pills. And that could lead you into harming yourself because they don't say that these celebrities or influencers, [inaudible] they go through to get this body, or they can do these filters. They don't say that, and they are killing themselves because of these – Yeah.

Community Member
It's like there's [inaudible] you feel bad about yourself. [inaudible] celebrities, and you want to be like that. It creates that concept that [inaudible]. It's like it's manufactured somehow on a subconscious level by someone else. I don't think people are aware of that. [inaudible] causing a lot of suicides.

Researcher
All right. And how does education affect the topics and issues we talked about today?

Community Member
I don't think that they're going to health classes. My daughter didn't have it in school. I don't think they [inaudible] talk about how to take care of themselves.

Researcher

Okay, so schools don't have health classes.

Community Member
[inaudible] but I'm saying [inaudible] at school.

Researcher
Okay. How else does education affect what we've talked about or affect health in general?

Community Member
It gives you proper knowledge to establish [inaudible].

Community Member
There is a lot of bullying, I think, that goes on in schools, and it's so distracting for kids. And I talk to a lot of kids, and so it's sad to hear about just all the different distractions that are going on. And I think the teachers might get overwhelmed, and sometimes, they don't know have control in their classroom, and then it's kind of complete chaos. That goes back to resources. If we're giving all schools the same amount of money, then everyone can have the same supplies and resources, all that, to make sure that everything is kind of safe so that everyone has the same access.

Researcher
Okay. So all schools should have the same access and resources, making sure that teachers have the tools they need so bullying is not distracting for education and there's not chaos going on in the classrooms.

Community Member
I think [inaudible] education goes back – I used to wear uniforms, too. And a lot of times, we could [inaudible] public school. I went to public school, and we used to wear uniforms. They see these kids come with name brands, and these kids who can't afford name brands get teased, and that can cause depression. And when they go home, they're asking their parents. "Oh, so-and-so has this. I want you to buy me this." And the parents can't afford it, and that can lead to – Because it's so much circling around fashion in school. If everybody wore the same thing, there would be more focus on what's going on.

Community Member
[inaudible] social media, too.

Community Member
Sometimes in the schools, some of the [inaudible] and stuff like that is irrelevant for some kids. Everybody's not going to be a rocket scientist, so they need to teach how to live your life after you get out of school. Daily living, how to manage your money, [inaudible] or whatever.

Researcher

They need to teach topics that are relevant.

Community Member
Exactly.

Community Member
I always told my nephews, be a leader, not a follower. I don't follow nobody to do something that they don't have [inaudible] because kids like to talk to [inaudible]. When I was in high school, this girl tried to talk me into cutting class and go hang out in front of junior high school. I'm like, "Wait a minute. I'm not going to hang out at another school just because you don't want to be here." [inaudible]. I said, "You want to go hang out at the junior high school and get caught by the truant officer, go right ahead." But I never did that, because my thing is [inaudible] just to see if they're going to do it. And then if you don't do it, they want to beat you up because they feel like you're not cool. Why would you want to hang with me or whatever? I was like, "You're going to cut class. I got to deal with my mother when I go home if she finds out I cut class." That was a big thing when I was in school. People always cutting class. It makes no sense.

Community Member
Every [inaudible] has the [inaudible] child [inaudible].

Researcher
And how does affordable housing affects the topics and issues we talked about today?

Community Member
[inaudible] stuff involved. We just experienced several reported to me that they're being evicted from their apartment complex. They've stayed many years and paid their rent faithfully with short results. But their lease is not going to be renewed, and now they're scrabbling to find places. If we could live in sustainable environments or communities, it'd be a lot more [inaudible]. The elderly that's in the communities that have no people that give them support, [inaudible] give them support. And I think that could be a great benefit to the whole society.

Community Member
I think what's really sad, too, kind of like what you were saying, people live in certain apartment complex, and then someone comes in and buys them, fixes them up, and then jacks the rent up. And now they're 400 to 500 extra monthly. The people who are living there can't afford it, so they have to leave and find other places to live. [inaudible] some of us, but that just keeps happening, too. That's really sad. [inaudible] where people live.

Researcher
Okay. We've also talked about this a little bit, but I'd like to return to the conversation. I'm wondering, how does racism, whether interpersonal or structural, affect the topics and issues we talked about today?

Community Member

Can you repeat your question?

Researcher

Yeah. How does racism whether interpersonal or structural affect the topics and issues we talked about today?

Community Member

[inaudible] plays a big part of it. If you can't see that, you're blind.

Community Member

I got to leave. My transportation is here.

Researcher

Okay. You guys can keep discussing this question, and I'll just get your incentive real quick. Okay. So you said, "If you can't see that, you're blind." Can you talk a little bit more – I know you talked about –

Community Member

I said it before about the studies. What more studies do you need to bring a certain group of people to an economic status that they could benefit? Because we're not benefitting from any generation well. We're the 1%. This is the United States of America. But then we have a certain focus on 1%, and we're not making it.

Community Member

That's like with black people, it's my experience, we don't have no type of unity to come together. We're always competing with just each other. When other ethnicities come together to help each other out, we don't do that. I'm not sure why. It's almost like we have to compete against each other.

Community Member

[inaudible] generations.

Community Member

Right. It's not generational. It's the construct that people separate, just like I'm saying [inaudible]. And until we can learn amongst ourselves – We're not [inaudible] fight you. I'm not going to fight you all. I want to get along with folk, but here we are.

Community Member

Even with healthcare, [inaudible] you can't get certain services.

Researcher

Okay. And anything that you haven't already mentioned about how racism, either interpersonal or structural, affects healthcare access?

Community Member

Well, I did state earlier about how there was this study in Virginia where these young Caucasian interns were posed the question, "Do you believe African Americans have a higher threshold of pain?" And they said, "Yes, they do." But then let's stop and think. If this [inaudible] one excuse, Virginia college students, think how prevalent it is in the United States. And they [inaudible] that they [inaudible] like that, and that has to be changed.

Researcher

Okay. And then my last question is, how do you think racism affects maternal and child health?

Community Member

I'm sure children are just affected with the racism, but they may not have a way to express it. They may have thought the world work – "Oh, I'm not good enough," and they'll want to commit suicide, right? Here we are.

Community Member

Especially the mixed children. They are very confused if they're white or black. When they go to school, they're black, but they know themselves – That's one part of it, but when someone's just saying, "You're black, you're black, you're black," and they go in the world just confused. The parents don't talk to them about certain things that they will encounter when they get into the world. Okay, at home, you know that you're mixed, but out in the world, you're going to be labeled black. So that gets into their brain, and they deal with that in school because they don't know if they should hang out with white children or black children. And the white children are not as accepting as [inaudible]. They're in the middle, and then that's confusing. And I think that's where the world's going to. Everybody, they're all mixed now, and they're all going to be confused.

Researcher

Well, thank you so much. That was my last question.

Organizer: Columbus Public Health

Location: West Columbus: Glenwood

Date: 7/27/2021

Researcher
So, just so you know, we are recording tonight. Okay. You were back. And what we're gonna be talking about just kind of general health issues, public health issues and communities. With all that, we're going to go ahead and jump right in. And what I first like you to think about is kind of an evening about sort of your positive vision for the community.

Researcher
What does that look like to you? What makes a community healthy?

Community Member
Accessible health care costs.

Community Member
Free clinics.

Community Member
Having facilities in your area. Maybe more than one.

Researcher
Geographical proximity.

Community Member
Mental health coverage is important.

Community Member
I think mental health should be part of the medical…

Community Member
I also think language and culture are a big disadvantage, because a lot of people don't speak the same language. There's a barrier there, communicating and like articulating all the information that we're trying to give to patients. I think that's where things fall apart, where there's not communication between the patient and the provider.

Researcher
Do you think that's specific to the language barrier or just communication in general…

Community Member

I think it's both, there's always communication but with a translator, it doesn't always translate back to [inaudible]. And with cultures, some cultures have different beliefs in medicine that will affect how you treat a disease, or…Some cultures who can't have certain things that you have to find alternatives for.

Researcher
What else would make a community healthy?

Community Member
Drug counseling.

Community Member
Grocery stores, being in a place where there's not an accessible grocery store. Not a family dollar, like fresh produce…

Community Member
[Inaudible speech: sounds like neighborhood stores]

Community Member
Having more community meetings…instead of just hearing about people…that something's wrong in the city, the town hall meetings with the chief of police, the mayor and all that. Maybe if they had that in our communities, for your community, everybody to be on the same page, there's all kind of negativity out here. We need to bond together, protect each other's kids.

Community Member
There's this concept down in the Franklinton area. I think there should be more of those.
In one building, it's the grocery store, and you pay what you can afford. There is a health clinic in there where you can get free services if you need it. And there's other Family Resources, you can even go in there and get Narcan if you need it. It's like all sorts of things that you can get and I think those are important.

Community Member
The market is called Jubilee it's really nice. It's really nice. If you go in and your family comes and you only got $5, you could give the $5 and get you a complete meal.

Community Member
That's something else, like I didn't know about that.

Community Member
It's across from the Family dollar and the Anthony Thomas on West Broad.

Community Member

It's connected to the Lower Lights Health Center, the medical care. There's mental health care, Narcan. liked she talked about. And then you go around the corner to actually on west abroad, and it just says Jubilee in pretty letters and I think there's a mural there too. But it doesn't, it's not advertised as what it is. And so I don't know if that's intentional, but it could be a one stop shop or a family [inaudible]…

Community Member
Yeah, I've never heard of that.

Community Member
1160 west broad is the actual address. I had to take a client there that's how I know. But I think I think we need more of those.

Researcher
So we've touched on a couple different specific kind of health issues. But when you think about the most important health problems or health issues facing people in your community, what comes to mind for you?

Community Member
Drug Addiction

Community Member
Sexually transmitted diseases, diseases with people with needles, HIV.

Community Member
Prostitution - [Inaudible].

Community Member
There's health issues that come with a life of prostitution, they may not be addicts might just be a way of surviving. And then for sure, COVID right now, you know, people resistant to get the vaccine because of misinformation. People still thinking - I encountered somebody last week that you have to pay for it. So not getting it because of not being insured. So it's just misinformation.

Researcher
So what other health issues. So we talked about addiction. We talked about STDs, mental health, any other health issues that you see facing people in your community, especially ones that aren't properly addressed?

Community Member
Can't afford their prescriptions.

Community Member

We're all talking about basically, mental health, health things. But unemployment is one of the big ones too, jobs for people in the community.

Community Member
Another issue that's not talked about very much is, we have a lot of talking about things being inaccessible or are too expensive. A lot of families can't afford enough diapers for their babies, which leads to multiple health issues. Not only for that baby that's in a diaper for too long, but what could be spread to the family. And not only that lack of diapers, but like lack of enough food for baby, especially if you know breastfeeding isn't on board, or they need that really expensive formula. Like there's WIC and there's whatever, but sometimes you can't get everything you need. So that contributes to-

Community Member
They don't give you enough either. Those like programs, they keep you what they think is minimum for what you need.

Community Member
So that all contributes, you know, if you're starting that baby out, maybe some of these people that we see that are addicted that end up into prostitution, because they started out with the lowest of the low and nobody cared.

Community Member
Kids in general too like getting a kind of like early intervention for a health issue developmental issue of like, if parents put it off like "oh no, you're fine," or like actually going out to seek help and getting multiple opinions on something that they're not sure about or just like being able to access those resources as well as getting all that information that they need to help their kid. So starting that early on.

Community Member
I've seen a lot of kids being like medicated early or like, they don't have a lot of like activities to do after school or they're like just stuck at home. There used to be when I was younger, there used to be like Boys and Girls Club and stuff like that they used to, like, put the kids there and they'll interact with other kids and whatever. And they will also provide like dental health, and give them vaccines. You used to be able to sign off on a form for elementary school kids to be like, oh, you can give them dental care, and then they'll take them to a teeth cleaning for free vaccines or whatever. And now that's most schools that won't happen. It would have made it easier for parents with taking off from work. Because the school takes care of it, you give consent, they're able to get it. So there's, that's often the people can't take off from work, and that's an issue with the income.

Researcher

Let's talk about chronic diseases. So diseases that last over a lifetime or that start with and sort of worsen, but maybe aren't temporary or resolvable, necessarily, what kind of chronic diseases do you see-

Community Member
COPD

Community Member
High blood pressure, diabetes, arthritis,

Community Member
Asthma, breathing. And that's mainly because

Community Member
[inaudible] has lupus. Yeah, so it's like something you have to deal with, but it's not so easy. Like, you have some doctors that say one thing you know. Just a lot of like, not enough specialists for her, you know, her fingers turn blue, so you get a whole breaks out in hives. So it's just like, there's not a lot of doctors that would take her insurance so it's hard to find somebody that go ahead and specialize in something that she needs or medicine or anything so it's really hard like that.

Community Member
Chronic Pain

Researcher
What do you think contribute to those diseases? Yeah, no problem rocking off the list of them. What do you think underlying the chronic diseases you see?

Community Member
Diet.

Community Member
Environment.

Community Member
Stress, anxiety.

Community Member
Not taking care of yourself.

Community Member
Lifestyle.

Researcher
Tell me a little bit about the environmental factors.
Community Member
The air you breathing in.

Community Member
What's in your water? What's being sprayed on your food.

Community Member
The food that you're eating.

Community Member
We never really know [where the food comes from]. Like it can come from a factory, natural artificial, we never really know. So I think that's the scary part.

Researcher
So tell me more about lifestyle.

Community Member
Doing drugs, smoking, fornication.

Community Members
Having grocery stores you can walk to.

Community Member
Yeah, it all comes down to access.

Community Member
So to know what's in your food, you have to have access to that type of education, right? Because it's not just great to have access to a huge farmer's market - but those are expensive. So the healthier your food the more holistic your food, the more it costs. But you can go like the Family Dollar like we keep saying and get you know, meal for your whole family for five bucks.

Community Member
Yeah, go to Popeyes and it's $5 for a family meal and you go to a farmer's market, it's like $15 per piece of fruit. It's like, like why our kids are the way they are because we only can get what we can afford.

Community Member
You don't have time to destress. Like, take a break. So I think that also gives you a lot of like blood pressure, or migraines. You don't have time to just to sit and breathe, or make good meals.

Researcher
Yeah, time to shop for and then make and pay for high quality ingredients.

Community Member
It's also if something hurts or like you're having like, just push through it it'll be fine, you don't have time for it, you're just going, going, going, because you think "I will deal with it later." [Inaudible]. And you can just ignore it and put it off.

Research
What about the mental health issues you're talking about? What specific mental health issues you see?

Community Member
I see a lot of suicide. A lot of suicide in kids too, that are like young. Like elementary school kids are talking about it, and I think it has a lot to do with this TikTok and Facebook. They're glorifying stuff like this. You know, having groups and stuff. It's hard because when our kids not being able to do anything, it's like, you have to be at home. You've got to do something. They want TV and game in front of their faces, and we really never know what they're doing behind our backs. So it's kind of a scary thing with that. I see a lot of suicide. A lot of…

Community Member
People kill theirself and loved ones. A lot of that going on.

Community Member
It's disturbing. Mothers killing their kids.

Community Member
Yep.

Community Member
Fathers killing their kids. One and two years old. Still trying to wrap my head around that.

Community Member
Here in this time, for some odd reason, there's a lot of people coming out being diagnosed with being like bipolar. It seems like that's everyday common now.

Community Member
Yes. Proper emotional focus on actually taking that seriously. It used to be getting looks and misunderstood. The entire family would brush it off. So like having like any sort of real education, and it doesn't seem like any sort of schools have a real education, any sort of interaction with parents that actually being like, "Hey, you need to know this about your child is dealing with certain things.

Even though certain things may be small.] A lot of these things are just sort of like they're not [inaudible 24:15]. So yeah education and parents taking it seriously.

Community Member

Yeah. So maybe that's related also if you have some sort of chronic disease where you kind of like, push it off, push it off, push it off. Either you don't recognize it as a problem or you can't get help, and then that ends up where you get to the point where someone is like in a serious crisis. And nature wins.

Community Member

Everything's overlooked a lot of times. Even if you go to the ER and you think you know what's wrong with you, but they… You know what I mean? They could think you're just faking it, or you just want this. They overlook a lot of patients that end up going home and finding out that they had something seriously wrong with them. And I don't know, like, what's the reasoning behind it?

Community Member

They think we live in a world of everybody went to hospital to try to get drugs.

Community Member

Yeah. And I think that, you know, some people really have problems where they don't know what's wrong with them. And they overlook you because they just are stereotyping.

Community Member

Yeah. So they just assume that you're there because you're a drug seeker even if [inaudible 25:17].

Community Member

Yeah, and that's our number one. Then they don't trust doctors, and then they get sick worse because they don't trust the people that are supposed to help.

Researcher

You actually did my segue already. My next question was going to be about the sort of pushing off care, not getting health care. So if you don't have facilities in your neighborhood, you can't healthcare. You know, you can't necessarily afford health care you can't get health care. What are some other reasons why people might not get health care or might push off getting healthcare?

Community Member

Scared of doctors.

Researcher

Fear of doctors?

Community Member

Scared of being in there alone. I mean you might go in for something small and you get a life changing diagnosis.

Community Member

Families are really powerful, or maybe your peers. So if it's like generations, you know, your auntie, your grandma, or whatever. They didn't go to the doctor. They didn't get insured. Like why do you need it? And so then you start to feel like you're weak or you're crazy or whatever it is. So that's a really powerful influence. Then misinformation. Like anything that you have to meet a certain criterion to have coverage, or, again, that could be coming from loved ones that don't know any better. They just kind of perpetuate that lie.

Researcher

Do you think that—This will go with mental health too. I think your point is well taken. That should be considered part of some of our medical health. But do you think that the reason that people are not getting mental health treatment are the same as medical treatment or do you think they're different?

Community Member

Most insurance doesn't cover what you need. Even if it covers a portion of what you need, it's so far from what you actually need. The truth is it's this little voucher and I think like massage or something. That's ridiculous. It should be covering everything. Obesity, poverty, anything. [inaudible 27:25] might be somebody's entire neighborhood, their whole life because they can't get into this [inaudible 27:33]. You can't just afford that and all these other health issues. These things need to be put all together in one. Cities and communities need to be working together to educate what you can get help for and what is available now. Because most people don't know anything, especially [inaudible 27:47] don't really recognize that you're dealing with mental health issues. People around you noticing is what got you [inaudible 28:02]. But when you have eliminated all the aspects of no education, nobody really working with each other, people pushing you off, and then the healthcare industry treats it as a luxury. You just have people who are suffering and causing suffering.

Community Member

And I think a lot of people don't want to accept the fact that they have to change.

Community Member

Right. To get help, you have to accept it. So you [inaudible 28:33] Will I still get the same care? Well, your insurance is gonna cover 90% of costs and their associated [inaudible 28:40]. You're not going to get there. You're definitely going, like you might miss medication for it, and all of those medications are [inaudible 28:56]. So, yeah. It's another problem.

Community Member

I just think that people aren't gonna want to accept the fact that they are… Just like a drug addict. They don't want accept the fact that they're… They think they could stop it on their own, and then that's not really how it works. The thing is people don't want to accept the fact that there's

something wrong with them to get help. It hinders a lot of people; you know what I mean? I feel like it's contagious. Like you see somebody—And a lot of self-diagnosis, especially going on Google and looking up your symptoms. That's the worst thing you can do.

Community Member

That's also something that needs to [inaudible]. It's a huge, real problem.

Community Member

Yeah, self-diagnosis.

Community Member

And then of course we're ruminating about the problem of the industry where costs is always going to be there for every decision. So of course you're going to go online first.

Community Member

And hope you find out—

Community Member

And hope you find out that you're fine.

Community Member

Yeah, I think also, there's a lot out there still, like people who have stigma of it. I feel like it's gotten a lot better overall, but there's still a ways to destigmatize it, and adding that self-acceptance for like being able to go get yourself help. Like go to the doctor and not be scared. Also mental health, I feel like it can be very… Like each person's experience is going to be different. Like two people with depression are gonna look completely different. And there's just such a large spectrum of mental health disorders and things to be diagnosed. It's harder to like get someone to stay tuned in and like be really patient centered on what they need and getting the correct help.

Community Member

It's not taken seriously. There's research and you know [inaudible 31:15]

Community Member

There are many mental health issues, especially depression and anxiety, they manifest physically. So he was talking about like you might go to a doctor, and they might give you a medicine. It's not good for you because they're giving you something for like what they think might be an ulcer because you've got stomach problems, but really you need to be on antidepressant. Because that's how your mental health is manifesting.

Community Member

Yeah, she mentioned generational things. I think a lot of people who during their youth could not find treatment because of cost. They have children that I feel like they're not going to get better

either. And it's like just passes on. As like the parent has like depression, that characteristic [can cause] personality problems with a child. And it's not going to be diagnosed. Sometimes like even in a bigger spectrum than the parents because of that passing down, passing down, and not being treated. I also think that's where some of the issues where it gets to certain extent where it just blows up. It's untreatable.

Community Member
It comes to someone's attention.

Researcher
So one thing. We talked a lot about mental health, and you know lack of access to healthy foods and stuff like that is huge issue within your community. What about other types of [inaudible 33:20].

Community Member
COVID stopped a lot of that. I mean I got twins that are 14. They turned 14 this year, but last year. Actually, March 13 is their birthday, and that's when everything stopped. Everybody has like just become introverted. All of a sudden nothing to do. They didn't do that in school. At first I thought, they online school is going to be cool. You got just as much online stuff. But I mean you come in it broken. My son likes to play basketball. My daughter likes to play sports. Everything was on lockdown. And I can see where a lot of the mental health issues come from that. Because even myself I was off for like five/six months. I was on Amazon kick, buying and ordered everything. That's kind of depressing. Couldn't go nowhere. I didn't even go down [inaudible 34:30] for fear of not knowing.

Community Member
Right.

Community Member
I didn't know how it was [inaudible 34:31]. I didn't have information. It didn't seem like nobody knew. You know? It's like well maybe they'll come up with a vaccine. Now nobody wants to take the vaccine.

Community Member
So one thing Columbus has done great is getting people access to recreational options.

Community Member
So many parks and so many trails, you just have to want to access them. Right. But you know, as someone said earlier, more community centers. So this is a wonderful community center and making it very affordable. And it is more you know, we have a YMCA and many locations throughout Central Ohio. And that would be like on a sliding scale.

Community Member

Boys and Girls Club. Yeah, stuff for kids specifically. So like kids could come here, kids can go to the Y but like, you know, something specific for them. Like when we were all kids like what it looked like after school, right? Like really different than what it's like now.

Community Member
Yeah, and I think with my kids, they're eight or nine or 10 now and they just they see the world differently than when I was a kid. I would go outside play all day and not want to come home. They want to stay home and not leave the house and you know what I mean? There we have pools. There's community pools everywhere. I bought, I don't know if anybody knows but if you go to like the zoo, they have like a membership for a family of 4, 60 dollars for the whole year, I want to pay for that. And I take it to the zoo, I tried to get them out as much as they want. But sometimes it's their mentality, since we've been on lockdown, they get stuck in that mode, and they don't wanna leave. It's not something they they want to do anymore. You know, they went from playing sports to be in house for about almost a whole year…

And a lot of kids are like that. And I think a lot of parents are like that, too, because there's stuff, you know, they have to work, but they're so tired and, you know, doing things that sometimes they don't have time for the kids, you know, times all we have. And some some parents, you know that they feel like this is their time to get back to normal. But they forget that the kids are kind of grown into that, too. They got to worry about the kid just as much as they worry about theirself.

Researcher
So do you see a lot of opportunities for people to take advantage of those resources?

Community Member
I think they don't know…they just kind of like they're so scared. Yeah, go on a bike trail, you can go walking.

Community Member
And I think a lot of stuff like trampoline, parks and stuff are over glorified, versus going outdoors and sharing the ledge and going through it. So they think, Oh, forget the park. Let's go to this bounce place that a million people are confined in one little space. And they think they don't think about them, like us, like how we used to be going to park was this kind of thing when we were kids. But now it's trampoline parks. It's zoombezi bay. It's all this big stuff that costs a lot of money.

Community Member
I also think there's a lot of information at the city don't necessarily put out that's available out there. For lower income neighborhoods, like you can get a family pass to go outside for like 40 or 50 bucks. People don't know that. Right? If you're, if you're going to lower income, you can go to Franklin Park conservatory and get a membership for like 40 bucks for you and your family. Because you got your incomes not that great. Like just like I said, they don't advertise it.

Community Member

When I went to get my [zoo pass] the worker didn't even know about it. I told them that I found it. She was like, Oh, let me make sure this is real. And it was like, if she doesn't know that I know a lot of people don't know nothing about it. So I think they don't advertise it maybe purposely. But then that kind of hindering a lot of people who don't have the funds to do stuff like that.

Community Member

Some of those places are even free right now. If you are at a library closest to like Franklin Park, there's like a limited amount of passes for seven days for your whole family for free. And that's kind of just throughout COVID I think. So though the conservatory isn't necessarily like physical fitness, right? But it's just getting you up and moving in the city and there is a park there playground and you could walk the grounds and get some exercise so there are options they just don't always advertise.

Researcher

What other barriers do you see to people being more physically active, which could alleviate some of the mental health issues and also some of the you know, nutritional issues.

Community Member

I think transportation maybe a lot of people don't have a car they can't get places and then people are scared to ride the bus, COVID, and you got kids little kids strollers out here, childcare. It's a lot to go that goes into it. Maybe they're just scared to get out and catch something.

Community Member

The city's transportation system [inaudible]

Researcher

But we've already talked a lot about nutrition in his lecture. The other thing I was going to ask you about substance abuse, we've already covered a lot of that. One thing I wanted to talk about there, do you think that that has been on the increase? Or do you think it's kind of the same level it always was?

Community Member

Increase [many voices].

Community Member

That's actually what I do for the Board of Commissioners. So it's definitely on the increase.

Community Member

I think everybody wants to get high on something.

Community Member

People wanting to cope with problems, trying to adjust.

Community Member

To address chronic pain, you know, grieving a loss, just don't want to deal with it.

Community Member

I'm so mad I'm gonna get high so I don't care about it.

Community Member

So you start doing drugs, how do you stop. What are the options now, there's so few recovery options.

Community Member

So that's not true. There is not a lack of recovery options. Right now, you can't, it's because of drug abuse have gotten so bad. You can walk into the courthouse five days a week to the sixth floor. And they will send you there's people sitting there for different treatment centers, it doesn't have anything to do with the courts, it's called the month program. Or you can call a number and they will pick you up and take you to facilities.

Community Member

A lot of these facilities are not doing well, and they're not really getting great results so far with people that have been struggling with addiction their whole life, like they go to these things are so underfunded, they are they barely get the attention they need, and then they're back out.

Community Member

That's because you have to make yourself clean. I can't make you get no cleaner than what you want to be. If you come back out and use drugs it's because you wanted to.

Community Member

We'll debate on that on that.

Researcher

So access to facilities can be an issue for some people or knowledge or right, right health insurance coverage for that kind of care sometimes. So we talked a little bit about things maybe driving increases like stress, coping. Any other factors driving an increase in this?

Community Member

Affordable housing. I was thinking more so like homelessness, and the people that are in the street, and then that's all they are is in the street. So they're going to meet those people that are in the street.

Community Member

Some just try drugs because they're curious.

Community Member

On some people are prescribed drugs, you might get prescribed something for an illness, and that can be true even of antidepressants or anti-anxiety. They're like, Oh, you had a bad day, here's some Zoloft. But like, that's not really an addictive drug. Right? And that's just like somebody doesn't, the medical professional doesn't know what to do with your pain, your sadness, and it's like, we'll be walking into this. I'm sure. Like, you don't know. So if somebody's saying that about a hard addictive drug, or a bottle of liquor, like whatever it is, then that's easy to turn to.

Community Member

I feel like I heard this totally wrong. Like doctors have to be so careful when they prescribe opioids and stuff like that to be a very specific amount. Like it's very well documented and stuff, but I even like, the access to drugs is going up, like if I wanted something like everyone knows someone they can go to. And also with like the internet and kids on social media and stuff like that way getting more access to different drugs and stuff.

Community Member

There's also a big gap in understanding addiction is that, a lot of times people are doing drugs because their just curious. So starts from there.

Researcher

Let's talk a little bit about maternal and child health. What kind of health issues do you see among kids under 18? In your opinion? What do you think are the biggest health issues facing children?

Community Member

Obesity.

Community Member

ADHD, the medication.

Community Member

To calm down they tried to give it to my kid I said, No, he's just a normal kid. And that's what happens. I don't want to be throwing pills down my kids throats. They're kids, you know, I mean, a lot of people are just quick to shut them down and keep them quiet. And that's just there's no point. Why. Yeah, there's a little bit Melatonin is a lot of the I've seen a lot of parents, give them out to them and put them to sleep like no, like their kids. They're, they're wired this way for a reason. They're still learning and stuff. So I think that's the number one thing to like, lack of childcare education, moms and stuff.

Community Member

Like if you're a first time mom, and don't really know…It's like huge learning curve and stuff, like maybe like stuff that's in practice in your family isn't great? If you're passing that onto your kid and like, you don't really know what you're doing? You're just doing the best you can..

Researcher

Yeah, so lack of support for mom.

Researcher

Yeah, like education, consistent education, like lifespan education.

Researcher

With me right now. I haven't had a kid in nine years. So it's like, I'm starting all over again. And there's so many different things now versus when I had my kids before. So it's like now that they have so much stuff on you. And it's like, I didn't have to deal with any of this when they were little. So now it's like, it gives you a not like a bigger understanding, but you get more scared of things now. Now. It's like, well, you got to look out for this. Look out for this. Look out for this. Look out for this. And it's like, my kids grew up fine. I didn't remember any of this stuff that is coming out. Now. There's new products and things coming out and it's just overwhelming for a lot of people. I think it's just the overwhelming part.

Researcher

So somebody said obesity, but malnutrition. So a kid could be morbidly obese on Twinkies. And so like vitamin, nutrient deficiency and how that affects their teeth, their vision, their hair falling out, like their attention, their ability to stay alert, or to sleep or not sleep. And then also like something affecting kids 18 and younger is just like, like they're home alone, you know, like so their parents can't be home. They can't afford latchkey. You know, the 13 year old walks with a six year old home and they just fend for themselves. And there's not necessarily anything wrong with it. But that social emotional
component is a big important too, which leads into all kinds of issues.

Researcher

Yeah, a lot of kids are having to grow too fast. Again, become the support system for their siblings and it's hard because the parents are going back to work now. did a lot of stuff is still not opening. So it was like a 13 year old has to become a 20 year old overnight to take care of the family while the parents are out doing what they have to do.

Community Member

And related to maternal health, I mean, our is a joke. As far as like the time you get off, you know, other countries are doing it right like giving them like a partner leave that alone six months or a year or even three months where you don't even have to think about what I am... And I just it's so

interesting how often you go over your prenatal checkup. And then you don't see them until six [inaudible], a year later.

Community Member

They see your baby. Sometimes they ask about mom but most of the time not. So mom's not getting care.

Community Member

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

Researcher

What other issues do you see facing pregnant mothers, new moms?

Community Member

I think a lot of people, there's a lot of kids getting pregnant really young. And there's not a lot of help out there for them.

Community Member

Preeclampsia is like an epidemic, especially for black women. And we can go down another whole other rabbit hole about one black woman and pregnancy and postpartum how that's just not treated.

Community Member

We're not even talking about mental health, we're just talking about basic needs. Basic being listened, she knows her body.

Community Member

So preeclampsia is one. I mean anxiety. Especially throughout all of it just like being pregnant and having a baby, all within a pandemic. Yeah, not getting to see your loved ones. Maybe your partner doesn't come to an appointment with you because they're not allowed. You can't have any kind of support person.

Community Member

He hasn't been to one yet. They won't even let him in the ultrasound. Well, yes, he'll be able to come to the birth. And usually I was able to have two more like, you know, a little support system. But this will be the first time he's in the room by itself. So it's kind of a scary thing, because we're both, you know, starting over, but it's kind of, you know, upsetting with the whole COVID thing they take a lot away from me. So it makes you feel alone in your pregnancy. Sometimes you're like, I got to go

through all this by myself. And then the doctors only care so much. Yeah, they only see a little bit and you get in your head sometimes. So it's very hard, especially in a pandemic.

Community Member
And that goes back to about lack of lack of access to education. So like childbirth, education, newborn classes, those have been canceled completely. Or you are doing your hospital tours online. And that's not why you signed up for a tour. You want to see it and like feel it right. You don't want to like see it on camera. So all of that plays into what that experience is going to be like, right? In addition to being a doula or being a mental health of a doula and childbirth educator, too. So like all of this stuff, like strikes a nerve. Yeah, that means that it's really scary.

Community Member
Yeah. Especially when you can't have somebody there with you. And then sometimes you trust the doctor and you don't trust the doctor, you feel like you know more,

Researcher
And what about babies to talk a little bit about what it is and a little bit about moms? What about babies under one?

Community Member
Our infant mortality is through the roof. Like worse in the state of Ohio, worse than some third world countries. No exaggeration. Maternal mortality is also when you're talking from health reasons or other means.

Community Member
Not making it to their first birthday for whatever reason, and it's nine times eight times out of 10 it's not because they have like a medical issue. So like safe sleep is a big campaign in the city of Columbus. Lots of good things goes into that. Smoking cessation programs, you know, around your baby. You know, addiction, babies born addicted. There's a lot of reasons.

Researcher
I know moms that are so scared of it and then I know some people that are like I'm just gonna like take a little nap with my baby right next to me. Which, like you're not supposed to do at all, or all of these things have some of think are not a big deal. And then something really terrible happen that you're not making into their first birthday. Really? So accidental suffocation. Yeah, sometimes intentional suffocation. Yeah, malnutrition.

Community Member
So if they don't, or like, if you don't, if you don't have enough diapers for your baby that comes through, like if they have diarrhea that can turn into a yeast infection to an open skin wound. And you can become septic, it can go very quickly, baby boys who are circumcised and don't get proper care of the area that can get infected and lead to terrible outcomes.

Researcher

Back to the rabbit hole that I mentioned earlier. Like, I want us to talk a little bit about how structural and also individual experiences of racism might impact the health issues we've been talking about so far. So I'm going to invite you to go down that rabbit hole a little bit. I'd love to hear your thoughts about how you see the intersectionality of racism in some of these, these health problems. We're talking about public health inequities, all the issues and how you seen this interplay.

Community Member

What your question was, how do I see the intersectionality of like race? And what I would say probably structural, how does the structural experience of racism or even personal experience races impact these kind of health issues we've been talking about?

Community Member

So we touched on stigma. So there's stigmas associated with you know, seeking help and speaking aloud any potential mental health issue, let's say, but there's more piled on a black woman because of the strong black woman mentality that Superwoman, the resiliency, you got to pray more, you got to get to church, you know, your auntie and your grandma didn't experience this depression. So what's wrong with you? That kind of that kind of stuff is very powerful, those voices here, you're here. But also, like some of the images that we see, you know, talking about social media, like, after having a baby isn't portrayed in realistic terms. You know, or even in the pregnancy period, it's just like, glamorized and there's a filter. And here's a picture of this room. It's like, nobody cares about the room, like, what are you going to do with the baby? So I see there's very much like a lot of an overlap with like, various socio economic groups. Definitely different racial groups. And there's stigma associated with seeking mental health for men as well, or men of color, but different, I think differently, maybe than, than women because we are mainly the caretakers of the home and the kids. And so like, if you don't have if you don't have yourself straight, how are you going to be like taking care of other people. And there's a major, major fear and sometimes misconception about you speaking up, and getting the help you need for saying that you're having a hard time and your kids are going to be taken away to CPS is a major Child Protective Services does a major fear and yes, that's a real thing. Yes, people do come in and take your children away, but it's not as rampant as –

Community Member

They are more there to help you. They are and people don't understand.

Community Member

And the clientele that you serve, you know, you've probably seen some of your clients who you're like, maybe you shouldn't have your kid in your house.

Community Member

Yeah, no, but that is their motto, family first, sometimes to a fault, you know, but there's a lot I could go on.

Community Member

I think I'm Spanish, well Puerto Rican. My mom, she's from Puerto Rico. So I think coming down here it was when we first got here was a lot of stereotypical. "She can't speak English." They'll talk you know. Throw her some words and she doesn't understand what's going on. She knows perfect English. So it's like I think a lot of that then cuts into the trust factor. We don't trust our doctors because we think that they just put us in a group in [inaudible 0:32] or we are illegal aliens to them don't matter. Oh, you're Hispanic and Latina? I get scared to check that mark sometimes on paper. I really just don't even want to do the race thing here. Yeah, I want you to know who I am to see me for who I am. I tell my kids that because they're Asian and they're Puerto Rican. So they're going to get a little bit of both the cowardly Asian hate crimes. It's scary to even tell them to tell people what they are, especially with school and everything coming back. So I just think it's a lot of stereotypical things. And there's nothing we can really do about it because people are going to have their own opinions on people. And it's just sad that it's the higher up people that we can't get to kind of fix the problem.

Researcher

Do you think that's related to the tendency to seek treatment for mental health or physical health or any of those issues?

Community Member

I think so. Because I see a lot of black women don't want to have a white doctor. Going into the pregnancy thing, like a lot of black women or a lot of Hispanic woman, "I don't want a white doctor. I want a doctor just like me." They think that's going to be better. You know what I mean? And it's a scary thing because you don't know. The doctor could treat you the same. It doesn't matter what color and or anything you are. It's the trust that you can't accept sometimes. And that's hard for a lot of people because there's a lot of black women are overlooked. "Oh, she's bleeding out. We'll come to her in an hour, two hours, three hours. Then she's dead on the table. What gonna tell the baby and the husband? You know what I mean? So it's probably a lot of things like that. And I've seen it from my own eyes when I was giving birth. I was only like 18 when I gave birth to my first son. And I've seen it. Like I've seen them overlook a lot of people because of this color of skin.

Community Member

They overlook you when you're young.

Community Member

Oh, yeah. Oh, yeah, "You don't know nothing. Yeah, you'll be fine. No, you don't need no education on nothing. You've got the parent with you." You know what I mean? They think you can't make your own choices. But it's a scary thing.

Community Member

I noticed that too. [Inaudible 2:34] Like, I think it's a cultural thing. You're not supposed to go to the doctors, unless you're like, dying. You are not supposed to go. So like my mom, she's diabetic and has high blood pressure. But she also has like depression. I remember like they'll treat…So it's like more so they'll treat the diabetes and the high blood pressure [inaudible 3:01]. But like the depression part, like she like refuses to take medicines or whatever. It's never treated no matter how many times. So I think it's not like a language barrier. She speaks perfect English. But it's more of like a second understanding of it. It goes through all Hispanics women. Not all, but like most. Yeah, we'll not seek out the doctor and say, "Oh, I feel this." And even in like as we were growing up, we were shown not to show empathy or have like a lot of like emotions to other people. So we're not supposed to show any empathy, any sympathy, anything like emotional wise. So I think it's like when it comes to Hispanic culture, I think that's where they come from. They're taught a lot about not showing what you're actually feeling. You're like, "Oh, yeah, I'm feeling okay." But you're actually like dying, right. Bleeding out. You're like, no it's just a cut. No I'm bleeding out.

Community Member
Yeah, yeah.

Community Member
Yeah, my mom had a pain pump put her back because she wouldn't take her medicine. We physically had to put a pain pump that pumps medicine into her because she's so stuck in the culture way. "I'm fine" all the way until… If I die, I die happy. You know what I mean? It's really real. And now she has a pump in her back, and it gives her the medicine she needs when she needs it. And it's all controlled by a little remote control, which I have in my house. I hit that button. Because she physically can't do it. It's just like something she grew up with. And it's hard for her to break that. So I think that's hard too.

Researcher
You were saying your mom. Does she take medication for the diabetes or high blood pressure?

Community Member
So she's prescribed medicine for diabetes and stuff like that and high blood pressure. But her depression is not as bad. Like it's put on paper. Yeah, the depression was never treated.

Researcher
Does she take meds for the other things?

Community Member
So she is given medicine. She'll take it for say three months, and then she'll give up. Then she's like, "No, I took it." And she like goes away. I'm like, yeah. Or she'll like take it and put it in another bottle. And I'm like, you didn't take it. And then she was like, "Yeah, I did." It's kind of like she blacked it out. She'll take the medicine, like think she took it, and put it in a bottle. She doesn't open that bottle for nothing. So that's where she falls in the depression. Where it's written on paper, but it's never

treated [inaudible 6:11] So it will never be like oh you're normal. [inaudible 6:23] So like I think there's nothing wrong. Then they'll get past it, and it will happen over and over again where they'll come back to the wall.

Community Member
Yeah.

Community Member
I just asked because, you know, people will take meds for high BP. Number eight is accurate, right? Yes, yes. So it's like you could slide her an antidepressant and say, "This is for your BP." Yeah. You're not going to do that. In the mental health field we're like you would go to the hospital if you're having a heart attack or if you're bleeding. This is also a condition. That's just another pill, you know. So that's why I was asking. So it's kind of jumping back to whatever topic. I think we've got all around. We were talking about maternal health. She touched on it a bit about not seeing people who look like you. You know, that is a big difference for people. It does perpetuate a lack of trust or that massive fear. And so, you know, I have several friends in the medical field. Like OB or nurse midwives and nurses. I think it's about less than 10% here in the state of Ohio are black women, as far as OB. But look how many black women there are here or even Latina women [inaudible 7:55]. A lot of times, you see a white man. And you might go to a clinic or to a larger practice where you see your doctor once, and then you don't know who shows up. It's like a resident kid catches your baby or does your cesarean. So it's like maybe you get to a point where you build that trust within you know, but then baby comes, and you don't know who you're dealing with.

Community Member
Right? Right.

Community Member
So I've only seen my doctor one time. I've seen a different doctor every time I've gone. I've never seen her. This last appointment was the last time I saw her. And she said she'd be there for the birth, but I practically really don't even know what she looks like. I don't even remember her name.

Community Member
So it's like uh whoever comes in, just tell them to come in. I don't even remember her name. I haven't seen her the whole pregnancy.

Community Member
Exactly. So she's just like, I'm on call. I'm like, what's your name again? Like, can I have your phone number? Because I don't really remember who you are. Then they give you the option to let the college kids come in and, you know, look and help you. You know what I mean? I'm like, first of all, I'm in a waiting room that I don't know. I don't really know who my doctor is. So like I don't need anybody else. So yeah, I think that's really bad too.

Researcher
The same way that anything like that like poverty and racism and education kind of undercut a lot of these things. You mentioned, affordable housing. Let's talk a little bit about that. How are you seeing that play out in neighborhoods as it relates to sort of?

Community Member
I think what I wanted to say is… Well, we did touch on a sense of homelessness. Not just it's [inaudible 9:37] Maybe just about equal housing. I don't know another word. Maybe equal opportunity housing for everyone no matter what your race or nationality. It's very cut and dry.

Community Member
Yeah, I think I don't think there's enough Section 8.

Community Member
Government houses it seems like you used to paid, get a ride around town in the suburbs. It seems like now they're pushing into the neighborhoods. [inaudible 10:13]

Community Member
Like the gentrification issue. So it is really great that this area of Franklinton is being built up, but where all those native Franklinton people to go then? They're getting booted out because the gravity building is coming up, and there's a coffee shop there and brewery here. And we love it because it's like places for us to go. But you also want people to live or like. So he says equal housing. So that means like, the place you live is the same as this person and this person. And this person is infested with bedbugs and mice. And you know like, but that's not the case. They're slumlords. And there's people who just don't want to…

Community Member
Or take care of their property.

Community Member
Or take care of property. It's barely livable.

Community Member
If they don't do that, I just [inaudible 10:59] causing all the low self-esteem for the people who live in the neighborhood. They go, "Oh I see the landlord don't care about the property." So you know, which basically, you don't care about each other. You know, or the community.

Community Member
Yeah, the whole COVID think I think there's minimum help to help people get back on their feet to where they were. And I don't think there's a lot of HUD housing and oh there's not enough for these people that we need. So instead there's these big buildings that are like $1,200 a month for a one bedroom. Build, you know, condominiums for women and children and people who are pregnant.

You know what I mean? Build all that for the communities that have so much, women, children, families out on the streets seeking shelters for hope. And then they're overcrowded, and they're pushed back, and they're pushed away. So I see a lot of that going on.

Community Member
What I heard is not so much sometimes people that are homeless so people can go to shelters. I don't know if it's something that's hereditary. It's like, they don't even want to have their own apartments. They'd rather be in [inaudible 12:12].

Community Member
I don't like it.

Community Member
I don't know.

Community Member
We've got tents all over the city. They will give you a crib at the shelter. Some people who only had to pay no rent. It's free. Everything is free. Now, you want to go to shelter and all that.

Community Member
I mean I think there are other issues in the shelter.

Community Member
Yeah, I think a lot of people are going gray there.

Community Member
It was anomalous the amount of issues where you're not to be in my opinion. You're not gonna be there in my opinion to get you a place. You can put up a something for a couple of weeks to get to your own place. You really don't want to move if you have picky needs about going into the homeless shelter. That's going to cause issues because around here you know.

Community Member
They're giving apartments away.

Community Member
Right now actually CareSource has a thing right now where I think it's not even a lot of people know about it. They're taking like 100 people, and they're paying your rent for three years. All you have to do is have CareSource.

Community Member
Three years?

Community Member

It's just a program, a pilot that they're starting. It's called the Fresh Start Program.

Community Member

I do have Section 8 department help pay my rent for a year.

Researcher

So just real quick before I let you go, I'm gonna ask one more final question. [inaudible 13:44]

Community Member

I mean, this is crazy. I mean, what do you go for? Like I'm going to say this. There's a lady that I've literally seen on Sullivant and Glenwood. She's sleeping in body bag every night on [inaudible 14:02]. Every day I see her pull out the [inaudible 14:10] at night. It looks like a body bag with the blue things. You think she's dead, that there's a dead body in there, but she's living. During the day she just sits there. And I don't know. She's on something, obviously, but they're also asking policemen to drive by. You know, I'm saying, "Hey, you know, you better let them know you did that. I don't know what's up with that. I mean she looks like she's sick. You'd be scared to just go over there and help her. That's how she's going. And I just don't understand how the community can't do better. It doesn't seem like the police cares. It's just like they just drive by and go, "Well, that's normal." They'll report sitting on the stoop. I'm out there everyday the same thing. I mean there are resources out there. People just don't want to either take advantage of them or they don't want to be caught.

Community Member

Or they're too scared.

Community Member

I just I don't know what else. All this but we've got to take care of yourself first before we can be a father, we can be a husband. So.

Community Member

It's confusing. I'll be honest. We can't say it's just because of COVID because it was out there before that too. Right? It's just a lot more recognizable because everybody's so introverted now you see things in action for once outside. Everyday Americans on the news. The first time I went to the movies with my kids in years. [inaudible 16:01]. We need to get out. We need to get out. [inaudible 16:12] It's really effective now. I mean I've got a 14 year old kid. And they're different on that day. But you know, I just feel like they were so happy to go back to school, though they went back for like a month this year.

Community Member

Right?

Community Member

I was kind of weary of that. I'm sorry. I can't stop them. Gotta let them move forward. I just hope that they're doing the right thing by everybody going back to school. I hope they're not jumping the gun. Nobody wants to be kept in. I don't think too many people's going to keep going on with that restriction. Yeah. It gets awful boring. It gets old.

Researcher

So to wrap us up tonight, I want to ask one final question. So when you think about public health professionals. We've done what all the health workers do. [inaudible 17:01] You could think of just a couple of ways that they can either start doing or do more to help improve the health and wellbeing of the people in your community. What comes to mind for you?

Community Member

Access the public.

Community Member

Dedicated pop up events. Maybe have a pop up event here where you walk in and see a doctor for mental health or get food or getting benefits if you need it. Then maybe the next day be in another place. Have a different places all over the city.

Community Member

Bring that platform to many people.

Community Member

Yeah or pantries.

Researcher

Or food pantries.

Community Member

I think what you're doing. I think letting us have a voice too instead of making excuses. A lot of people, they don't speak up to say it's wrong. They know the problem is never going to be solved. So I think this too, like hearing what other people have to say and their opinions on things.

Researcher

What else?

Community Member

I think the public health department is really good with our clinics. But when I work there, it's always understaffed because a lot of us volunteer there. We volunteer. But I think if they find a way to get a better facility. Like contract with like Kroger's or like somewhere that has people that could give vaccines, that could give viable stuff like that. Like their primary run health clinic to like close early so

they could help with public health as well. There should be pay as can. You get like a chicken pox vaccine that costs $200. If you could only afford $10 then that's what you get. And then that's what you get. Other places, $200 is crazy for our team. So I think they do great format, but yeah staffing. If you can extend the hours on that to give more people access to it. I think it would be great.

Researcher
They didn't have staff working?

Community Member
Yeah like more workers from the community or even yeah. I don't know. Give like maybe some healthcare workers like an incentive. Like here, let me give you [inaudible 19:40] to go over there, and they're like exhausted. So that's where like I've actually like had to go to the back.

Community Member
I think advertising a lot of the programs they do have now that people don't know about. I think that's a big thing too, catching people's eyes. Even if it has to be on social media because that's what the world is on now. I think that's just a big thing too. Because handing out a flyer, not everybody wants a piece of paper. It gets thrown in the car or tossed away. So I think getting to what the world is now is a big thing too because a lot of people don't know about this stuff.

Researcher
All right, well thank you guys so much for having a conversation. I appreciate it.

Organizer: Columbus Public Health

Location: North Columbus: Northern Lights

Date: 8/5/2021

Researcher
Maybe let's just go around the table, introduce ourselves. Maybe say your name and what you liked most about the neighborhood you live in. Now start from left.

Community Member
I guess what I liked most about the neighborhood I live in is pretty quiet. So I don't have to do a whole lot back there.

Community Member
What I like best about my neighborhood is everybody in my whole neighborhood are dog people.

Researcher
Dog people. Okay.

Community Member
I have just really great neighbors. So I like it.

Researcher
Okay, great.

Community Member
I don't really know what I like most about my neighborhood. I'm ready to move.

Researcher
What you most like is that you're leaving?

Community Member
That I'm leaving. Yeah.

Community Member
[inaudible 0:59]

Researcher
You said you live in Blazon?

Community Member

Yeah, right across the street.

Community Member

I love that my neighborhood because it's really quiet and diverse.

Researcher

Thank you.

Community Member

I have really good neighbors. We've lived there a long time. I'm kind of ready to move as well. But the close neighbors, that's nice.

Researcher

Thanks.

Community Member

I will definitely say the neighbors and the schools.

Researcher

Thank you. So obviously, from the questions that we asked when we are trying to find you, tonight's conversation is all about public health. And so I just want to start off with kind of a big picture question, then we're gonna go deep into some specific kinds of health, and then come back up to some big picture questions. That's my kind of plan for the moment. So here's my first big question for you. What does a healthy community look like to you? What makes a community healthy?

Community Member

Physically, mentally, or how they depend on each other or what? Just healthcare?

Researcher

However you think about it, that's what we want to hear about. So it could be one or two.

Community Member

I'd say it has to be a clean neighborhood, starting there. So cleanliness, not just for myself, but for the neighbors in the way that it's managed by the city and trash pickup and all that stuff. Then stress levels as well. Like what's going on in the neighborhood, that kind of plays very big into the mental health aspect. And so is it a low stress? Is it a physically clean neighborhood?

Researcher

What makes the neighborhood low stress?

Community Member

Neighbors? Well, we'll start there. What's going on in the neighborhood. Is it a loud area? Is there are a lot of a lot of stuff going on as far as trouble and whatever else, you know? Is it easy to sleep at night? So like that kind of makes it a low stress neighborhood.

Researcher
Thank you. What else?

Community Member
Access to fresh, whole foods, good foods.

Researcher
Okay, so access to whole food, fresh fruits. What's the other thing?

Community Member
I don't know

Community Member
Landlords that are responsible when it comes to pest control, bed bugs. I don't have the money to do it myself, and we don't have a landlord who helps take care of it in that way. It ruins people's lives.

Researcher
So I've heard you talk about how landlords who are responsible for pest control, especially bedbugs.

Community Member
Yeah. And if they don't take care of it responsibly, it just spreads like wildfire all through.

Community Member
So I think a big component of apparently what she's saying is just the overall idea of not only the people around you having personal responsibility, because I think a lot of us, not speaking for what you're gonna say, but a lot of us probably don't worry too much about ourselves. So inside our home because we're in control of that. But I think part of the whole idea of good neighbors or that sort of thing is the ability to have some sort of confidence or trust that the people in your closest circle or nearest to you are also not only acting in your best benefit, or their own benefit, but you know, the benefit of those around us and stuff. You know, like, dealing with COVID and stuff properly, you know, social distancing, and all that sort of stuff.

Researcher
Thank you. Anything else that hasn't already been shared?

Community Member
I would say the level of trying to manage [inaudible 5:10].

Researcher
So communication then? So what do you see is the most important health issues facing people in your neighborhood or in the community?

Community Member
Some of that, I think, for me, at least, the knowledge of … There's different ways to describe it, but the understanding of consequence, you know. Some people worry about their health once they have reasonable necessity to worry about it, you know. You're not sick. You're not feeling a certain way until the doctor tells you a problem. I think, oftentimes that can lead to more issues when if you have some sort of, you know, interest in your own health or the health of your family members, not just those around you. Or just the idea of, okay, what you put into your body on a regular basis directly correlates to, you know, how you feel, and your overall health and stuff like that. Because I think there's a lack of knowledge sometimes regarding that, you know. It's the idea of I can eat and do whatever I want as long as I'm not suffering, you know, from certain consequences and results of that. So I think that's pretty important.

Researcher
Thank you. What else?

Community Member
Access to in home care, like in home health care, for aging communities and people with disabilities and the lack of available providers and the lack of affordable in home providers for those individuals. For people who don't want to be living in institutions or nursing homes, who do want to live in their communities. There's just a major shortage of people to provide in home care.

Community Member
Or telehealth is starting to be more available.

Researcher
Did I hear you talk about that in the context of older adults or?

Community Member
Older and people with disabilities.

Researcher
Okay. What other health problems are you see on the people that you notice in your neighborhood or in the community overall?

Community Member
Say lack of resources at times. And personally, I've had to make the decision between do I want to go talk to the doctor or get some sort of checkup for myself to try and address what I feel like I'm dealing with? Or do I want to be able to pay for the prescriptions that I have coming up in the

month? Or you know, some of those sorts of things, which kind of goes along with being able to get in home health or availability to…

Community Member

I was going to say about that too. That all the new facilities for older people are so expensive. They're like, going through the roof now. And most people are not going to be able to afford to be in those homes. And with health care, it's so expensive to make choices. And I don't like the fact that we have no choices.

Community Member

I spent a two year span of time where my choice was either to pay for my insurance and not be able to afford the medical care or not be insured and be able to pay for medical care kind of out of pocket, which seems crazy, but the reality was, you know, sometimes you get in a situation where even though the copay makes it easier. You can't afford both at the same time.

Community Member

I am insured, but the deductible is so high, I can't afford to use lightweight. I've needed scans for two years, but I'm still paying for the one that I had two years ago. So do I want to go have another one?

Community Member

It ended up being cheaper for me to not be insured and file for financial assistance on anything needed help with that it was to be insured. And yeah, have to try.

Researcher

I think some of you had that too.

Community Member

I think it becomes our issue is, or basic priorities, kind of fear. Like, how bad do I feel? Do I think I can just keep on going feeling not great? Or go to the doctor and find out I have all these bills and these issues and tests and other doctors I need to visit and that type of thing. Or, you know, maybe I can just hop along a little longer. See how that works out.

Community Member

It goes away.

Community Member

It's also a vicious cycle because that means once you get stressed over money, ruins your health, you know, make stress over money, ruined health.

Community Member

It's a vicious cycle up though.

Researcher

Okay. So let's talk about physical health specifically. What physical health issues do you see most often with people in your neighborhood?

Community Member

I think where I'm at in aging, like in my further out neighborhood, is older people. Probably mental health. For sure.

Researcher

Yeah, we're definitely going to—

Community Member

Single moms with children who probably need some time for sure.

Researcher

So what kind of physical health issues are older adults facing? What are you seeing?

Community Member

I think about one lady that she's older, and she's struggling now with probably arthritis and not being able to work. And she's still caring for her disabled, adult son. It's sad because I see her. It's hard.

Community Member

I would say obesity would be a big one. We live in an area where there are a lot of kids. And so it definitely looks, the landscape definitely looks a little bit different than when I was younger, so to speak. And there are 1,000,001 reasons for that. The most effected that there's more access to somewhat of a solution, I guess like in our in our neighborhood. Like there are a lot of different programs that gets kids a little bit more active and moving a little bit more. But I think like the big health issue, it's probably the obesity.

Community Member

That's one of the things I was trying to get at, basically. It's a mile and a half to get to the closest grocery store by my house. But you can get the five different convenience marts or, you know, four or five different fast food places within walking and biking distance. And so I you know, I think that's where part of it's a knowledge thing, you know. People don't necessarily have the full knowledge or understanding of what the benefits of eating well can do. But the other part of it's the availability to, you know. If you've got somebody who doesn't have a vehicle, you know, and the temperature is hot, they can't get necessarily to the grocery store, but you know, they could walk to the corner store and get frozen pizza or a bag of chips a whole lot easier.

And so it's you know, it's not always that they don't have the knowledge. Sometimes you've got, you

know, not having access to it. But I've seen the same thing, especially, you know, with my daughter's school and stuff like that. It's almost, you know not almost, it is concerning. If you think about what that she tells us what some of the kids have in their lunch. It makes your jaw hit the floor. Candy, pop, and a Lunchable or something like that. I don't know if the question is necessarily, but the ability or the knowledge. But it's just overall yeah, how they treat themselves on a regular basis too.

[inaudible 13:39]

Researcher
What kind of physical health issues do you see in people in your neighborhood?

Community Member
There are a lot of elder people in my neighborhood as well. And I agree. They just don't have the ability to get to different places when they want to or need to. So they depended a lot on, you know, the other neighbors, us, you know to still get by. So, yeah, I have to say that.

Community Member
Also, I was checking on her just to see if everything's okay. [inaudible 14:17]

Researcher
So they people are independent, but you actually do [inaudible 14:28]. Is that what you're getting at? So like, how is that a problem? [inaudible 14:35]

Community Member
Just this is something that I noticed.

Researcher
So I think maybe you can talk about mental health issues or wanting to do it. So let's quickly talk about that. What kind of mental health issues or emotional issues are you seeing in your community?

Community Member
Depression, anxiety. Those are the two big ones I think.

Researcher
I see a lot of heads nodding and all that. So what are you seeing?

Community Member
Just some drug issues in a small area right next to where I'm at. In [inaudible 15:09] in a good neighborhood. There's some drug issues.

Researcher
Okay.

Community Member

A lot of the mental health issues like, yes. It was mentioned depression, anxiety. It's an absolutely huge thing. But I think it also gets escalated that even to this day not everybody knows what to do with that. And so this kind of escalates itself. You're kind of told to keep it to yourself. Then things have definitely improved, like over the last decade, two decades or so, or something like that. But still not exactly a popular thing to go and see a counselor or talk to somebody that you feel that way as well. So, so yes, absolutely.

Community Member

A lot of times you can't go and see a counselor because of the expense. You know, so when you have kids that definitely need help and there's no place to really take them if either they don't fit in the age group—like to go to children's or something like that—If you have a kid that's newly 18, you can't take up the children's anymore. Where are you going to take them? To [inaudible 16:30] or someplace like that? It's expensive.

Community Member

If you are insure, they don't take all the insurance either.

Community Member

Yeah. So you're having to pay out of pocket for most it.

Researcher

One of the conversations that I've been big on talking to people about through some of my personal experiences, is kind of I almost referred to it as the domino effect. Several years ago, I had some physical health issues that I was attempting to figure out. I was originally insured, but to the point where I was running out of money. And that's where it was, okay, stay insured, or be able to pay for the sort of doctor's bills and stuff like that. So I quit the insurance while trying to figure it out. As a result of some of what I was dealing caused my stress and anxiety levels to get to the point where I got to a point I needed to treat my mental health first.

Once I was able to get some of the mental health issues taken care of—ironic is not the right term. But what ended up happening was some of the health issues went away naturally because they were caused by some of the stress and anxiety. But it wasn't until I was able to get the stress and anxiety aspects under control, that we were then able to figure out/address what it was that physically started it. I think some of that comes as a result of you're left making decisions either based on a time or a financial basis that no one should necessarily have to make about their own health. And it basically leaves you know, picking either or either, one or the other. And, you know, I can't say for certain how much that slows down or impacted my health process. You know I know it took me basically three years from where I felt like I was normally functioning in the beginning to where I was kind of at the end of it.

And I also know that the knowledge that I gained to all that has been beneficial in the conversations I've had with friends and family helping other people figure out stuff. But that's kind of where, I don't know. I guess it's weird to label it as a physical or a mental health issue, but the lack of knowledge on how to either be able to help yourself. Or I think some people, myself was one of those people at a certain point in time, you've got a problem. If you don't have the financial means to just kind of throw money at it, you don't know how necessarily to address it best, you know. And that's where there's that period of time where I was just struggling to know what to do. And, honestly, in my situation as someone at the time in their late 20s who was able to just go to my parents and kind of in exhaustion say, "Okay I need help." But in a lot of people's circumstances, they don't have that. And so that's where I think, you know, kind of a knowledge/access issue leads to a lot of the overall either mental or physical health issues that you have to end up dealing with.

Researcher
So what kind of mental health issues are you seeing when you look at your neighborhood or just in the community at large?

Community Member
For one, this quarantine and then having to stay at home, kids, working from home. Like it's almost everywhere. Even me myself, it was a period of time where it was like, I needed to get back into the outside world regular routine. Because it's just almost felt like… I call the claustrophobia. Because it's like, I don't do words. I just don't have that ability to go outside and do what I normally did. So that reality taken from was hard. And I know, it was definitely hard on… Because I coach middle school basketball. And some of the kids not being able to play sports for that time was really hard on them because that's how they deal with certain anxiety issues or even just issues at home. So I've seen it around everywhere, regardless of the age. And like everybody here is saying, when it comes to depression and anxiety, it's like, you don't have any treatment for it. It's like… Well, I don't know if you do, but people aren't educated.

Researcher
It's more of a process than it is a pill, yes.

Community Member
Yes, yeah. 'Cause it's not like, okay, bam, in your face. It's really that everyday battle, but without proper resources... I feel like that's one thing we lack in my community. I'm from the North Side of Colombia. So you know in a smaller African community. So especially in the African community, that's something that we're years behind on addressing because like there's certain stigmas and certain old backwards thinking that this overtakes what's presently. This is the actual need of a person who's struggling. They can't function day to day. So it's like, it's a lot.

Researcher
You mentioned about the stigma. I think we'll talk about that a few minutes ago. Like you might not look like they're asking for help, but it's still hard for some people to do that. Can you talk more

about that? So like, how has it gotten easier or harder or anything at all in terms of asking or getting help when it comes to mental health issues?

Community Member

Absolutely. So I use myself as an example. So I competed in many, many sports from elementary school all the way in my college years. And the whole time, I never felt right about myself. When I would say something, my dad was that person that would be like, "Well, you just need to think better about yourself. You just need to do this, you know. So forget all of that. I don't know what your problem is, you know, Just believe in yourself or whatever you know." So that's just like putting it in my view you know. And that was like in the 80s and 90s. Right. And so I didn't see a whole lot different for right now. I do see a lot more because of social media and the way that we communicate with each other about what depression is and how to deal with it. But a lot of us are still kind of stuck in that old mindset. So you can hear these kinds of conversations like, "Well, depression isn't really a real thing. ADHD isn't really a real thing. Anxiety isn't really a real thing. You just need to be able to sit down and focus more. You're okay, so stop screwing around." And so I think that's kind of where I was going like with that, you know. Not everybody's quite right in the frame of mind to kind of take the conversation and push it forward in a positive direction, you know, but it's definitely moving that way. It's taken a long time to get to this point, and we're still really far from where we are. We still have issues kind of dealing with it.

Researcher

So thank you. Appreciate hearing all that. Anything else you want to share about mental health issues? What you've seen that [inaudible 23:58], or especially on depression or anxiety and the connection to physical health?

Community Member

So we have seen a lot of people around me work in the service industry. And a lot of them are actually have been working through this whole thing. Like, you know, working at a grocery, working at Zacks, another one works at Kinkos. They haven't been able to hide at all. So that's a whole other level of anxiety that they are having to deal with that, I can't even imagine. Having to go through all the scary, scary information that was going on at the very beginning and not knowing just how communicable it was. I was scared for them. I know a lot of people around me were fearing too. There's a couple of nurses that live in my building. That it impacted them pretty severely. So.

Community Member

I think too like for a few people just having access to information. It's getting better, but I work in the brewery. One of the beers we just was a charity beer, but it has on the label has like six or seven different health numbers you can call. I think that's one of those things like if a person, like you said, it's one of those things is signifies if you don't really feel happy, you know, things are out of place in your life. I think a lot of people don't have a good gauge on. There's one where you're just not having a great day or going through a difficult period, or reach a point where I actually need to

reach out and get help. Where do I reach out to you to help? Like, you can ask your family or something like that, but you might get, "Oh, you know, you just need to gear up and go with it." You know? I think it's progressing that way, but there still is a lack of information on what do if you think you have a substance abuse problem? What do you do if you think you're dealing with severe depression or anxiety or this or that? There's just not a lot of information on what steps to take after that.

Community Member
Piggybacking on that, kind of like what they're saying. Even with WebMD and those sorts of things nowadays, it's really easy for you to try and do some sort of self-assessment of okay, my elbow hurts or this or that. But with some of these other issues, I had no way of knowing how long I was depressed for until somebody helped me understand not only what depression was, but what it feels like to not be depressed, you know. I sat there for the longest time going [inaudible 25:57]. Then you get to the other side of it and it's crystal clear, you know. It's almost like you read the book, and you go, "Oh, I exhibited all those signs." But there isn't really great methods for self-assessment.

And if you don't feel like you have the resources, either someone to reach out to or the ability to talk to a source about okay is this normal? Or should I be feeling this way? Those sorts of things. It kind of leaves you isolated. And that's where, you know, honestly, my dad is 72 years old. He was depressed for years. But the way he explained it to me, he said, "I was blue. I go through these blue periods." Where he didn't know why he felt that way, but there was just things where nowadays knowing what he knows, he can recognize what he went through back then. That's some of the stuff that could help me figure it out.
But I think there's a lot of people, yeah, that have the isolation and either communities that kind of don't look upon that thing or people just kind of an older mentality or just maybe that aren't as in tune to their bodies or their minds. Sometimes you don't know how bad you feel physically or mentally until you have something to compare it to.

Community Member
What they, I'll say because looking around I'm probably the youngest one in here. Just from when I was in say fifth or sixth grade 'till now, I can definitely say like there's more… I feel like we're at the stage, from my point of view, where we're open to have the conversation. Because I'm speaking from my age group and also from my African background, where depression, things like that isn't really spoken of. Especially if you mentioned something like that, you know, they take a biblical approach. Or they'll give you old village examples. It's like none of those are appropriate. None of those… It doesn't match. But one thing I'll also say is now you're open to have the conversation the issues… There can be an overload of information. Because it's like you're saying how you can go to WebMD, and you can look up certain things. But it's like there's so much different information out there. It brings you back to the point where if you have some anxiety and depression, and you're looking at all of this information, it's like you're just even more...

Community Member

Overwhelmed.

Community Member
Yeah, you're overwhelmed, confused about what you're dealing with. So like you said, until you really meet with somebody, and things that your dad, you spoke with him. Then he was able to realize what he went through.

Community Member
What works was I found a free Christian counseling service and started talking to somebody through that. I basically told him, I said I'm not necessarily… Regardless of whether or not I'm a Christian or have that background, I was coming to them and saying, I understand you've got a religious like biblical twist on what you're going to present to me. But at the same time, I'm here as much for the part of factual information as anything. Didn't really mince words about you know, I'm here because you guys are free, as much as anything. I'm not trying to take them for granted. But when you're looking for whatever resource available and stuff, like you said, we look online. It's like alright, convince yourself you're dying looking at Web MD or read a bunch of that other stuff. Then you look for the next best option. Web MD is free. You know you look for other free things before you end up paying for something.

Researcher
What have you seen or what have you experienced that makes you think it's gotten better? You used the phrase people are more ready to have the conversation? What have you seen? What's the deal on that?

Community Member
Like from people my age and just social media, like I see the conversation being had. Because more people are just being upfront. And you were saying earlier about… You said something earlier that connected with me. Because now we're almost like a global village, one global world, because with the internet, communication is so easy. So more people are able to say, "Okay, so I have this issue." Then that allows us to say you're not in this alone.

Community Member
So even a celebrity or an athlete coming out on social media I think destigmatizes it for people a lot. I think that's something that has helped enable the conversation.

Community Member
Just touch on that, I think a lot of people suffer from social anxiety. They actually have to go back onto the world to interact with people. [inaudible 32:12] stay at home.

Community Member
There's a different kind of stress coming out of COVID.

Researcher

Alright, so let's change gears a little bit to talk about some of the reasons why some residents may not be able to delay getting health care. I've heard a couple of reasons already today. I've heard about cost. I've heard about the lack of awareness or information about where to go or who to talk to. I'm curious if there are other reasons that might prevent someone from getting the health care that they need, whether it be for something physical or something mental.

Community Member

Cultural acceptance. My best friend's sister lives within a mile of an Amish community. She's the closest phone anybody has. So she knows of a couple people who have had major health issues that have gone unaddressed just because, you know, cultural beliefs wise and stuff like that. You know they either didn't trust the doctor or didn't you know this or that and something else. Obviously, the Amish is more of an extreme case, but I'm sure that exists in other situations.

Community Member

I think sometimes people who are caregivers will put themselves last. I think during COVID a lot of people put a lot of their own needs second, especially like moms, dads, people who are caring for their own family, extended families, their own ageing parents. They are considering their children and their aging parents before they're considering themselves. So they kind of get the people who need care who are the most able bodied, sometimes leave mental health and also maybe smaller medical issues to just linger.

Researcher

So just kind of by focusing on other people, you know, focusing on yourself before anything's happening physically, mentally. What else? What other reasons might people have for not getting the care that they need?

Community Member

Which is true in a lot of cases. Not trusting your doctor or being able to find a good medical professional. Fortunately I haven't had any medical issues, but like with dental things. The best dentist I've ever been to was in Brazil. I've been to three or four dentists here, and I haven't have work done in part just because I didn't like the dentists. I don't like the way they treated me compared to what I experienced when I was somewhere else.

Researcher

So just a quick follow up. How were you treated that made you feel like you [inaudible 35:08]?

Community Member

Just really… The last one I saw he really kind of talked down to me. Like, it wasn't a conversation like, "Okay, well, you need to do this, this, this." It's like, well, no, I think I need to do this. These are other procedures or this how I want to handle payment wise and this type of stuff. And it might just have been his mannerisms or whatever. I don't think it was a bad person, but I just didn't like the way he

treated me. So then, you know, the pandemic it's like okay. Well, it's nothing major. I'll just wait until things open up.

Community Member

I'd say a lot of it also had to do with information overload and kind of confused thing. You see a lot of them pandemic going on. Maybe I should get vaccinated, you know, but I've heard this one guy saying this. You have like 20 different sources telling you different things. That kind of makes you freeze in your tracks and ultimately do nothing. It isn't even just this. I've seen people say the same thing about [inaudible 36:15]. You know like what do I do about this? We have, like, 90 different sources telling you everything. Because we're so connected to each other one way or another, we're hearing all of it. And we kind of find ourselves kind of freezing and ultimately not doing anything for a while and making some problems worse. So I definitely think that too much information is a big problem for not getting treatment in a good amount of time.

Community Member

Lack of trust is something making treatment harder too because I know I cracked a couple ribs a couple of years ago. I didn't have vacation time at work. I have bills to pay. So it's the sort of thing where I went in and talked to my doctor about, "Hey, was there any medication I can get to get me over the hump. That sort of thing for the next week or two, or whatever. Those sorts of things. Without having any history of drug abuse or anything like that, I in essence left feeling like he thought I was in there trying to get prescription drugs. Basically, all I was doing was coming injured wanting to deal with this for a week. Tylenol, Advil, none of that stuff puts a dent in the pain. Is there anything you can give me? It's one of those things where yeah, you end up having a bad taste in your mouth or whatever, because it's like well am I being dealt with as an individual or as a human being who has a history with you? Or do you not care about my history based off anybody else off the street, and if it feels like I'm coming in trying to get something specific or that I'm after something. Am I being judged, basically without being listened to or understood?

Community Member

I think also a lack of trust on a larger scale in the actual institutions that are handing down information like governmental organizations—Department of Health, CDC. I feel like people in our communities, they're getting all this information from the internet. They don't know what to choose. Then they go to the institutions to see what they're handing down, and they don't trust either one of them. So they don't know—Or the things that they're hearing on like TikTok and Instagram don't align with the things that hear from the CDC. They are hearing these things from people in their communities that they trust. So when those things don't align, they don't know where to turn.

Researcher

Have you heard anything from the CDC or any local health departments that think, well, I don't know about that, or I don't know if I can trust that?

Community Member

Everything.

Community Member

Not recently, but like from March 'till I'll say probably beginning of June. It was like every week it was something new. Like, my big thing was because I'm not presently vaccinated. Not that I don't believe in vaccines. I've taken some of them. But based on the research I've done myself and coming across certain things, for instance, like the Moderna vaccine. Then you know you have the Johnson and Johnson. You have all these different entities. Like you said how sometimes it comes down to trust in these institutions that are handing them down. And it's like for the Johnson and Johnson, I'm pretty sure everybody here has heard if you had it… Like for me, I'm always thinking back to the commercials I here where if you had this vaccine 20 years ago, you may be entitled to compensation. Like that's not what I want to hear. So all of those play a factor into it. But it's it ultimately comes down to trust. I don't trust the information I'm given because, one, I understand that it's an ongoing situation. But it's like from the history of… Growing up now that I've matured a little more in age, and I've been exposed to the world more, it's like I don't really trust a lot. Because I compare it to things in the past, and that doesn't give me a lot of hope for the future.

Community Member

My first question is who stands to benefit from the information I've been given? So that question when all these different companies are making the immunizations and those sorts of things. You know, you start to question. I's like alright, well, these guys are making this much money. These guys are making this.

Community Member

Well the CDC is not making the money. The CDC's interest is public health, right?

Community Member

No, no, I'm not arguing with that. But like when these vaccines are given emergency clearance, you say, okay. It's not that I don't trust that these people have my best health interests in mind. That's definitely not it. I know they want to keep Americans healthy because that comes from bottom dollar. But that's a monetary thing. But what it does come down to is they got the emergency clearance for the vaccine.

The main reason my wife was concerned is because when these vaccines were coming out, she was pregnant. Okay, well, how does this affect my baby? Nobody knows. Because nobody knows how these vaccines affect anybody in the short term, let alone in the long term. When they're getting emergency approval, they don't have to pass through the same checks and balances. So I'm not saying that the vaccine's dangerous necessarily or anything like that, but without a certain level of confidence in the people presenting the information. That's where you know somebody like my wife, just there's no way I can get it while pregnant without knowing what possible effects it could have on the unborn baby or those sorts of things. Or without having one certifiable trustable source, that's where it gets difficult.

Because I'm the sort of person who herd immunity, those sorts of things. That's all fine with me. I'm also you know; I'll step in line. I'll be one of the people to get an experimental shot if they had one just because, you know, I'm somebody who tends to respond properly to that. But when you get either a caretaker or a mother, those sorts of things, that they're making decisions that could affect more people in the group that I totally… You know we had a lot of conversations about that, because I understood her anxieties, whether it's founded or unfounded.

Like you're saying, the CDC is a reliable source, but how many different things that they've provided us have they come back on? That's where it's like we aren't trusting them necessarily for the entire thing, but there is this level of okay, well, out of the vaccines, which one is the safest? You know? Because I'd like to take the safest vaccine. Where do I get that information? It's kind of the too much knowledge/lack of knowledge, and where do you feel most comfortable in that whole thing?

Researcher
Tonight's group is not to persuade you on the vaccine. So not where we're going tonight. I want to switch gears again to talk about access to healthy food. I know this has come up a couple of times. They both mentioned that. Can you talk with me, the rest of you, what kind of nutritional issues do you see in your neighborhood and in the community?

Community Member
Again, in my neighborhood, there are a lot of elderly people, like I said. With this COVID, it's really bad. I mean they can't get to the grocery store. They depend on other people to help them out with that. So
it's kind of sad. If they do go somewhere, they go to a fast food place where they can stay in their car and order it through the window. So yeah, that's a problem.

Community Member
Piggybacking on what she said. With the whole pandemic thing, I saw a lot of people lose weight and a lot of people gain weight. I myself lost a lot of the weight. I recently put some back on, but I'm usually like 230 to 245. I've gotten down to like 200 or 210. That was shocking for me because I've seen that way since I was like a sophomore in high school. Like I used to meal prep., I used to go to a meal prep program. But because of COVID, they had to shut down for a little bit because they were concerned with contaminants and blah, blah, blah. So I've tried to do it on my own style, and it didn't work out the same way. So I was just getting to the point where all right, I'm not really going to eat much out here. Sandwich here and there in the day, and I consumed a lot of calories. Major drastically different. It's like my whole routine has changed. I feel like in this… I live in like [inaudible 45:26] country, but one thing I can say about America is this fast paced country in general. Like it's got to keep going. So with the pandemic coming and everything being put on pause, it messed my routine up. It messed a lot of people like…

Oh, and this is off topic, but one thing with the medical situation. I know a lot of people weren't able to receive certain things such as birth control and prenatal care and treatments and stuff like that because people were just so backed up off of the pandemic. So that also brought some health issues. Because my sister, she had a baby during COVID time. She said her experience from having a kid before COVID to after was just this totally different. Like from conceiving the baby because she couldn't get her birth control on time until going to the hospital and only having one person in the room with you. So it's like what she normally did through that pregnancy was a little harder for her because she didn't have the normal amount of support and everything. Like you said. A lot of things start from the mental because, you know, yeah. A lot of things start from the mental and then it trickles down. So yeah.

Researcher
That's great. Thank you.

Community Member
I want to piggyback on a lot of what you just said. As far as anything, I want to give full disclosure. I'm a personal trainer. I organize nutritional programs for elementary kids. So I want to kind of speak on a lot of the information that we've had. A lot of the discussions I've had over the last decade or, so something like that. It isn't necessarily about access at this point. But it does have a lot to do with us being a fast moving country. Like we're rewarded for grinding, so to speak. For constantly being moving 40/50/60/70/80 hours a week. You're high fiving each other or whatever else. But with that, there are also issues here. You know, like when you do that you have to get on the road all the time. The last thing you want to do is go home and fix anything that takes more than 20 minutes, you know. So that means that you're eating out of a vending machine. You're ordering out of a crowded space in the drive thru or something like that.

Community Member
Plus they got rid of all the salads on the menu. My wife said something about that.

Community Member
What's that?

Community Member
Well, McDonald's and a couple other places have gotten rid of some of their fresh items. You know, there used to be salads on the menu and stuff like that. Some of that even just during COVID is gone. You know, probably shipping and stuff like that that they're having difficulty with. I've got an eight week old at home, and I'm driving in two or three different grocery stores sometimes in the night looking for the right type of formula and stuff.

Community Member
So yeah, exactly. You know, a lot of times it isn't that we don't know what to do. It's that we are too tired to actually do something else from what we're already doing right now. A lot of times we're relying on other people, you know. Like if you're a kid, you're relying on your parents even though

you know good and well that you need your fruits and vegetables and protein. My mom and dad are tired, and they just don't want to do anything. So they're going to bring home a pizza or McDonald's or something like that. And it's a long term thing, you know. So one time is one thing, but 5/6/7 times a week like over and over and over again, it takes a toll on your body, your mind, and just the way that you're feeling. So access is a little bit better, especially if you live like in the city or in the suburbs. Access a lot worse when you start moving way out, you know. But for the most part, at least like here, we have the stuff to do something, but does our lifestyle dictate that we can do something, you know?

Researcher
So let's change gears again and talk about alcohol and drug use or other substances. I've only heard it come up either once or twice. You mentioned it, and you may have mentioned it too. What kind of substance or alcohol issues are you seeing in the community?

Community Member
I don't know a lot about drugs. A lot of marijuana, which I don't…

Community Member
A lot of marijuana use. Also [inaudible 50:16]. Then they don't really notice how much it effects somebody. [inaudible 50:32] End up being addicted to it and simply relying on [inaudible 50:37].

Community Member
I'll definitely say that at my age, I see a lot of marijuana use. People who don't know how to cope with something, they'll just smoke it away. They'll just use that as a coping mechanism. Long term that doesn't work because it also affects your… Because I know people can eat unless they smoke. It's like okay so that's taken care of not having to think about your issue, but then it's like, now you're dependent on smoking in between your meals is an addiction. So now you're creating another issue. So I definitely see a lot of that.

Community Member
I see a lot of alcohol, and the hard part of that is its normalized like with the amount that people drink. I see people that drink a bunch with dinner. You know, like oh it's okay. But the amount of alcohol consumed, not just in my neighborhood but in the surrounding neighborhoods is…

Community Member
There's definitely been an increase over the past year.

Community Member
Personally because of COVID drank more than usual, almost some as a stress relief and some as almost a relief from boredom at times, you know. It's like where, let's say before COVID if I drank once every other week, that was probably pretty normal for me. Where once or twice a week now, I don't really think twice about it because it's probably easy to justify it or whatever. Because of the

circumstances because it's like, well I don't get to have some of my other outlets that I would use, be it activities or friends or stuff like that.

Community Member

I see people using it in lieu of medicine sometimes. Like in time that I would say like Zoloft or antianxiety medication instead of just I'm just gonna weed so that I feel more calm, or I feel like there's less going on in my mind. And I've also seen like, I've got friends in my neighborhood who can't afford to get like a root canal done. So they'll be like, "I'll just drink whiskey until I can't feel it." Just using it in place of a lot of times that someone would have used medicine.

Community Member

To piggyback on what she said, especially the bit about marijuana. Hands down.

Community Member

Anxiety.

Community Member

Use it as a treatment for any number of ailments.

Community Member

Yeah, for me there was a period of time where that was my treatment for anxiety. I'd have so much going on in my head and working from home. It's like I spent so much time in my head. My coping mechanism at that time would be to smoke. Like, I can't go to the gym to play basketball, and that was my number one. Then it was like sports, like elimination of sports was really hard for me personally because I coach and I'm a very active person. So not to think too highly of myself, but I never thought I was somebody who was struggling with things until after I stopped. Then I realized, like okay, I never really deal with any of my issues. I didn't really get better. I was just putting it to the side. Now it's like over the last couple months have been I really got to have more conversations. And for me, personally, it's leaning a lot more on my parents and just speaking to them more. Because I live in [inaudible town name 54:35] and they live on [inaudible town name 54:38]. So when it was like before COVID, I would see them a lot, but during COVID I'm working from home. I'm home a lot. So it's like not having them as an outlet or even as a resource or somebody to lean on. Like physically being able to see them that really did.

Researcher

Anything else on this topic before we move on to the next? Anything else you want to share?

Community Member

Oh, alcohol. Social media has also glamorized. Like Casamigos has been the drink of the year and summer. So I definitely see a lot of it. I work in the club industry too. So I see that firsthand.

Community Member

In what industry?

Community Member

I work in the club. Yeah, so I see a lot.

Community Member

Also, just boredom. I think I know a lot of people just started drinking more and smoking more weed because they were bored. Then they accidentally sort of stuck with those bad habits after things started opening up and going back to [inaudible 55:37]. It's like well I used to drink a whole bottle of wine every night during COVID. So now I'm just gonna keep on doing that.

Researcher

So how about the issues that might be affecting newborn children, pregnant mothers. I think I heard baby. You mentioned something about your sister and her experience. But what about the rest of you? Have you seen any issues affecting the health of newborn babies or pregnant mothers, especially over the past year?

Community Member

Anxiety on pregnant ladies during the past year. My daughter-in-law had baby a month and a half ago. During her pregnancy, she was very concerned again. In the beginning it's like my son couldn't go with her to the doctor, to the hospital, and things like that. So there's a lot of anxiety about that. Worrying about what would happen. Her choosing the vaccine. She didn't know whether to get it or not. So it was a lot of anxiety for her.

Researcher

Sure, yeah. I'm sure.

Community Member

[inaudible 56:44] seeing a lot of mothers that are using [inaudible].

Community Member

I mean a lot of what she said is probably the biggest stuff. Not being able to have some of your support system with you. My son turned two months old the other day, and the biggest thing for my wife was you go in, any news that you get that's not good news, you're used to or want to have somebody with you. So that is anxiety inducing. Anybody who knows stress and anxiety is terrible for someone who's pregnant. One of the things that they constantly talk about is trying limit stress and anxiety. So it was this battle of okay, do I go to these appointments that then put me in large groups of people or that put me in situations that could be somewhat endangering? You know trying to figure out/balance that whole thing.

My wife ended up getting COVID while being pregnant. So both her and our child were COVID positive at one point in time. Then it was the whole, okay, well I've got to follow specifically what the doctors are telling me to do in that circumstance. But a big part of that, for not only the time she was sick with the COVID, but after that is the questions or the anxiety of do we know enough about what we're doing to do it properly and all that. Some of the stuff too is just availability of services and resources. Do go to the hospitals? That was the biggest thing. Most of our appointments involved going to some sort of hospital, but during the pandemic how many people want to willingly go through a hospital unless absolutely necessary. So, we found certain alternatives where we could either go to a private practice or stuff like that, but it was definitely tough trying to decide what the best case scenario was, you know? A lot of that stuff.

Researcher
How about the rest of you? Have you heard anything recently about newborn babies of low birth weight or infant mortality? Have you heard anything about that? Like babies dying prematurely? Have you heard anything?

Community Member
I've heard from someone a lot of babies coming—

Community Member
I was about to say larger babies has actually been ironically.

Researcher
How about the rest of you? You've heard anything? I'm seeing heads shaking. Okay.

Community Member
I agree with him. Because my sister's son that she had back in March, he came out significantly bigger than her previous five kids. So it might have something to do with that.

Researcher
All right. So we've talked about a lot of the specific kind of really focused issues that kind of affect people's health in different ways whether it be physical or mental. We talked about drugs and substance use, nutrition, physical activity, even maternal child health. I want to kind of go back up to a higher level and talk about some things that may affect all these different kinds of health and the experience of health that people have here in [inaudible town name 1:00:15]. So here's my first question for you. How do you think poverty affects these topics and issues that we'll talk about today? Poverty effects these health issues we talked about? Say it again?

Community Member
If somebody is in poverty, then they don't have access to anything that that they need. Very little.

Community Member

Well, even, yeah.

Community Member

I just said it exacerbates all those situations. It makes it harder to present the thing more about how they're going to pay for the health care. You have to talk about food and either for lack of time and energy from working, they don't have opportunities to prepare food at home. Sometimes it's cheaper to get something that's not as good quality. Yeah, drug and alcohol abuse, all those things, tend to congregate more toward the lower end of the income scale.

Community Member

Healthy food is expensive. Cheap food is like fattening food. You're going to go for if you're lacking the funds. Buy whatever's the cheapest.

Community Member

The less money you have, the more financially driven your decision making is.

Community Member

And on top of that, transportation can be a real barrier for getting any kind of help in any way. For you to get to the grocery let alone a doctor. When you're already struggling to pay the bills from your doctor, and you can't even get there. You're probably taking three busses to get somewhere and then you walk on top of that.

Community Member

For smaller decisions, you can see [inaudible 1:02:20].

Researcher

I heard you politicians work really hard to make it. How else do you think poverty effects these issues or makes these issues worse?

Community Member

This country is so money driven that healthcare is going to come last when you have rent, and you have kids. Or if you work 60/80 hours a week just to take care of bills and take care of yourself to make sure that you can… Your first priority is always going to make sure you have a roof over your house. Like will I have a roof over my house. Do I have food to eat? Can I physically survive? Like I'm not homeless. So that's like your main concern if you're in poverty? That's what you're worrying about. You're not worrying about what's this weird bump I have on my hand? Why am I feeling different? 'Cause at the end of the day, you know when the due date comes this is gonna present itself and you have to take care of that. Even if it's a month in advance, you're going to spend the whole time up until the point that you take care worrying about that. So high blood pressure, diabetes. One thing I'll definitely say is my own grandpa, he didn't treat his diabetes up until he was like 60/68. For like 10 years, he was struggling with it. But getting treatment was hard. It was hard for him because he's back home. So he had to come here for treatment. My parents took care of all of

that for him. But being back home without having access to somebody to take him here or just do a lot of things like. We're not going to worry about that right now. I've got a pager at my house.

Community Member

You were talking about obesity earlier. And stress from poverty leads to higher levels of cortisol. That can affect your weight. I mean, there's all sorts of physical things that stress from poverty.

Community Member

From a caretaker perspective, anytime, again, you're responsible for kids or loved one and whoever it may be, your needs/desires, whatever it is, end up coming last. So it's making sure that the $9 bottle of formula or the healthier lunch alternatives for my daughter are there. All of a sudden, I'm eating ramen noodles or I'm grabbing $5 pizza from Little Caesars because I can eat twice off that. But I also know that means that I'll have the good formula for my son to eat or not have to worry about some of the other aspects. Paying for medical treatment. My daughter's got braces. You know that stuff.

Community Member

Healthcare really just comes last. We live in such a fast paced world. You've got so much to take care with so many different responsibilities, that your health is ultimately going to come last on the list of things you need to do, that you need to take care of.

Community Member

I just said that rings so true for me and people in my life too. It's just like there's so many things I need to take care of, and pay more for and loans and bills. Be able to have a car to drive to work, and be able to go to work. I'm like there's just so many lists of things I have to do, care for, pay for. Like my health is the absolute bottom every time. Every time.

Community Member

Especially mental health, I think. Even when you don't have money, you know maybe you'll scrape up enough to go see a doctor about that bump on your arm, but mental health, you're not going to pay to go see somebody. It just wouldn't happen.

Community Member

I've seen it too. People joke about you know, you're really an adult when you call the doctor by yourself, not like have your mom do it for you. But it's such a very big deal. Like I gotta call a doctor. I have to call my old doctor's office and see if they'll transfer these files over and all that kind of stuff. And it's easy to just keep pushing it back, pushing it back, pushing it back until you absolutely have to do something about it.

Community Member

Like he said before, it will be the domino effect. Push your health all the way down, and then pretty soon all these things you can't do anymore because you put that over here.

Community Member

But to piggyback on what you're saying. At the end know if you don't take care of that, like that's why it's…

Community Member

Yeah.

Community Member

I feel like this way in this country because it's so fast paced. And like that's the choice we have been given. Until you are really financially stable to the point where you can afford to, "Okay, my job can take the 5% to cover my health." I'm [inaudible 1:08:10] all of those deductions. No, I don't let my job take no medical, dental. I need to see my paycheck. I'll take care of everything else. Something goes wrong then I'll consider going to the hospital. But I'll tell this to you. I twisted my ankle for two weeks before I went to the doctors and they found out that it was a high sprain, and I needed a cast. So I know if I'm taking that choice, people are taking that same choice on more serious things.

Community Member

I feel like preventative medicine being covered by insurance is almost laughable. Like, "Oh we've got the annual things." Then you're like, okay, well I have a tumor in my lungs like I did last year. And they were like, "Oh, we can't pay of it. Because we could not have foreseen that this was coming." And like, it just was so crushing to me that when I saw the list of things that were covered, and then when I needed care for something in my lung, they were like, you have to meet your $5,000 deductible. And so I just didn't go back.

Community Member

That's exactly my situation. Like that is still paying for lung cancer two years ago.

Community Member

I was supposed to get them every six weeks, and I don't because I can't.

Community Member

It's crazy.

Community Member

Okay. So I got to talk with you. Advice she said there that I disagree with. So three of my one on one clients, said that they found like something in their insurance. I forget what it's called. But basically they're able to pay for their personal trainer as a reimbursement because of their insurance and their emphasis on preventative medicine. They said that this is something that their insurance company did not actively talk to them about. They actually just happened to read it and just everything's like right there. So it's actually there. Depending on where you're going with your insurance, but it's not

something that's going to be like, "Hey guys, check this thing out." It's like way down like a 900 page. But it's there. It's unfortunate that it's not like broadcast on the front page.

Researcher
So we've talked a lot about that big, systemic issue of poverty. There's another big systemic issue of racism, whether it be interpersonal or system construction. So how do you think racism whether it be intrapersonal, or structurally or systemically. How do you think that affects the health of people in the community?

Community Member
One interesting stat that I've seen for a lot of years is when somebody is white or black goes to the hospital, and then the death rate for people after birth and then color. That statistic right there doesn't seem normal. Doesn't seem like it could be anything else but racism.

Community Member
It doesn't make sense.

Community Member
It doesn't. Because how could one number be in the 13% and another number being like the 28-30%? Like is too large of a disparity.

Community Member
African American have been talking about it for quite some time now. And took seeing people in my life saying, "It happened to me." [Inaudible 1:11:40]

Community Member
I know for me having friends of all nationalities and stuff like that, you feel like you see certain things here and there. My wife's African-American. Throughout certain processes or in different circumstances, it doesn't seem like it's necessarily across the board. But there were definitely times where we walk into a situation or circumstance and it would be blatantly obvious, where there was either just in the way issues being dealt with or, I don't know. It's hard to say level of concern without almost feeling like you're accusing someone. But there was a doctor's office that we specifically looked for another location or another place based on how she felt the whole process went or because of the way… Just kind of their offices. Yeah, yeah. It wasn't just her treatment. It was the treatment she saw of other people while she was in the waiting room, too. So that was just where she just wanted to avoid that office and being in support of her it was like whatever we had to do to avoid that. But I don't know, unfortunately, it's almost a sort of thing that feels like it happens in pockets or areas more so than across the board. But that's just been my experience.

Researcher
Thank you. What about the rest of you? What are you seeing or what have you heard?

Community Member
One thing that this causes [inaudible 1:13:33] in the past especially 15/20 years. It's amazing how much things have changed culturally like it's unrealistic seeing now how diverse it is. I have like a lot of friends that do… I've never come across it personally, but I have a lot of friends who do translation, medical translation. And we're talking about trusted doctors and stuff. I don't even want to imagine what it's like trying to have a conversation with a doctor that doesn't speak your language and what the interactions like. That's a growing thing because it's growing any more and more diverse. So how do you… From what my friends have told me, some doctors are really accommodating. They really want to treat the patient well. Other doctors are annoyed that they have to try to communicate with somebody through a translator. So I think that adds another level of how well a person feels like they're being treated or how well they actually are being treated based language barrier.

Researcher
Do you think racism affects how easy it is to get access to healthcare?

Community Member
It probably does.

Researcher
It probably does?

Community Member
I don't know, but I would imagine.

Community Member
I wouldn't be able to speak to specifically how it does, but I'm sure to say [inaudible 1:15:14].

Researcher
The only reason I'm asking is because last year the local health departments, local governments identified racism as a public health crisis. And I'm curious about well, I guess, one, did you hear about that? Two, does that make sense to you? Like, are there things that you wish local health departments or city governments would do to address that?

Community Member
Just to get on the huge point, I think a lot of it goes to trust. If I don't speak the language of the person… Number one, I know in some circumstances, like he said, some people just get frustrated or annoyed if English isn't the first language. That could lead to a lack of concern or care. And some of it could just be okay, the word I'm using to describe how I feel and how it gets translated, you know. Maybe I'm feeling a sharp or a stabbing pain that doesn't get translated like that could lead to a diminished level of care. But you know, I don't know if I can quantify it outside of that.

Community Member

Maybe it's a matter of the interpretation of the idea of a health crisis. But I mean, there's obvious systemic violence against black bodies in all communities across America. On behalf of police, on behalf of other community members. I cannot speak to access to health care being a racial issue other than maybe socio economic status. But I can certainly see that if we're talking about health on a broad scale, that like violence against black and people of color is obviously an everyday issue in America everywhere.

Community Member

To piggyback on what you're both saying. Because from my personal experiences, I don't often go to a hospital or somewhere where I'll notice like where I can say, okay they were blatantly racist to me or where I was mistreated because I felt like I was black. On the monetized scale, I know that definitely plays a factor in medicine because you can look at you can look at some other provisions… I'm sorry. I read a lot of different articles. But I've seen an article where…was it? It was some type of provision sheet where they were looking at what areas received these type of…

Community Member

Was it welfare services or like social services?

Community Member

Like, all together they were looking at the numbers of like counties and numbers of like… They're looking at different pockets of areas and look at where certain money went. It was like okay; we'll look at this area. This is probably a more white area. This is probably more a nicer area. Things of that sort. So from my experience it won't play a factor face to face, but as we go and look at the stats by the numbers, you'll see a disparity where one area might be more predominantly white, or one area might be more diverse.

Community Member

Do you mean like allocation of funds? Or do you mean…

Community Member

Not necessarily. Part of that's resources.

Community Member

Okay, yeah definitely.

Researcher

Anything else on those topics? Topics of poverty and racism, how it would affect the health care that people get. Health care to get access to.

Community Member

I know that certain Medicaid's, like certain HMOs, that are Medicaid, doctors don't want to deal with them because they don't really pay. Like the government gives them all this money, and then they don't want to get rid of it. They don't want to use it. So they don't pay up. They just string the doctors along as long as they possibly can until they give up, and the bill never gets paid. So a lot of places don't want to deal with people that have any kind of Medicaid unless it's straight up Medicaid because then they know they'll get paid. So I think a lot of people have that problem being treated badly because of that.

Researcher
Thank you. So we're closing in on just the last few minutes together. Is there anything that you wish your local health department would do either differently or more to help make the people in your neighborhood and your community healthier?

Community Member
Simple, readable, accessible fact sheets on mental health. I mean we've talked about that all night. I mean, anxiety and depression, we want consistent and clear messaging on what do we do and how do we do it.

Researcher
Where would you like to get those? What's the best way for them… [inaudible 1:21:09]

Community Member
Yeah. I think having them in community centers since people are back in person in the communities like libraries, like churches, like grocery stores. Because not everyone's going to go seek out those fact sheets online because I know that there's a little bit of distrust with health departments right now. So physically in the community like posts are like available at places like libraries.

Community Member
I think part of it too having it be somewhat community driven and not just having it come from some analogous source up the food chain from you. You believe, okay these people that I'm either invested in or I know, and trust have helped pull together resources. You know, in my circumstance, I have friends who are in the medical field and in different respects. I'm more apt or likely to believe something they tell me sometimes that I am to believe it from an unknown or untrusted source. So it's not necessarily that I have to hear everything from family and friends, but if there's a community resource that I know isn't comprised of a shattered entity… I mean I like to be able to find the bread trail so to speak on some things where it's like, alright they provide data to backup what they're talking about and stuff like that. But having that in a community center, social media presence. Really the idea is--

Researcher
I want to hear from someone before we go on. What else would the rest of you… What else could your local health department to do more of or differently more in order to help people?

Community Member
Not just fact sheets, but also like active programs that encourage getting out and doing more stuff. TedTV did a great job with this for a couple of years where they put together these events. They'd do like an obstacle course run or something like that. Not only would they do that, but they talked about it for like a month or two months and say, "By the way, this is free." So they're kind of removing the obstacles and the barriers that can be where our access is limited to different types of exercise and engaging with the community and stuff like that. And so the fact sheets are great for people that are readers or anything like that. You know we've got to be able to meet people where they are. So programs that says, "Hey guys, let's come on out and let's do this." I think that would be a really big step in the right direction.

Community Member
Like social media just some basic information. This where you call for mental health issues. This is the number if you need help with a medical issue. Depends on the person that can go there and do more research. Not that doesn't exist, but I'm not aware of it. Like I know I could look it up if I needed to, but I don't know like, oh this is where you go and get that information.

Researcher
These are all great ideas. Anything else?

Community Member
One thing I see a lot on social media is they always have numbers like the suicide hotline. If they encouraged more programs like that. Not even programs. Just more advertisements like that or posts like that. Like even physical posts. You see charts where if you're suffering with this, blah, blah, blah. Stuff that's more like, okay bang. This is when I was going through. Something like that will drive more people to take that next step like okay. I know there's something wrong, but where do I go from this? Because I saw this post that this is what is, and I saw this number. Because it's funny when as soon as you said about, I could look it up, I'm like, okay, wait. I see that. So, I know it's seen a lot. So it should help with that. So if we have something like that for like anxiety and depression. I'm not sure like our local departments would come up with some type of program and then advertise that program. Essentially in my head it's coming down to some type of free service, but free health care doesn't really exist like that. So I know that that's the variable that's going to come through.

Community Member
Preventative stuff can be a lot cheaper than treating it when it becomes an emergency. So knowing oh, if I keep doing this or if this lifestyle is going to lead me to this, some of that knowledge I think would be really helpful in preventing people from getting to the point where, "Oh, now I have to call the suicide hotline."

Community Member

I feel like there's always so much red tape getting the help that you need too. Like why can't that all just be streamlined somehow? You're always on a waiting list. So it's there, but you're still not getting what you need. How about streamlining the red tape?

Community Member
Patient advocates. Like that's really what is needed. Someone to help you know where to go. Okay, you've got this doctor, these guys, or that sort of thing as opposed to just having numbers.

Researcher
Anything to add?

Community Member
I like getting out in the community like she said. I think that is a great idea getting out into the communities and doing things like that.

Community Member
The same way schools had people… Every single organization I've ever been in, military, National Guard. They have people who go out into different places like that. Like those types of patient advocates going to local churches, local libraries, local like setting up. Like every Tuesday and Thursday, they have this thing right here. Where if this is you, you can attend that program blah, blah, blah. Get more information. Then that will help you take that next step.

Researcher
We're at time. So thank you so much for sharing that with me, for talking about our community today. It's been really helpful and really interesting. It's going to be really useful as we go back and do all of our work with these departments and the hospital systems here in Franklin County. I'm going to turn off.

Organizer: Columbus Public Health

Location: South Columbus: High Street

Date: 8/9/2021

Researcher
If you could just please share your name and what you like the most about your neighborhood or the area you live in. We can start with you.

Community Member
What I like most about where I live with the diversity. I live two miles down the road in Merion Village. Everything is walkable to eat, to do anything. You can pretty much walk everywhere, which I love.

Community Member
I actually live in German Village right next to Merion Village, and I also like the walkability. And it's kind of good classical architecture here.

Community Member
I don't want to be boring, but I also live in Merion Village. I like all the same things they said. That's why I live there. I like to be downtown. I like the blue dragons and stuff like that.

Community Member
I like that I'm very central in my location. I can get to everywhere under 20 minutes. And I have friends all over Columbus. I like being downtown.

Community Member
We moved into Merion Village in 1993. What I like most is knowing all my neighbors, knowing families that have lived there historically and then continuing to get to know them.

Community Member
What I like about my neighborhood is, everyone in the neighborhood has pretty much retired. I'm the youngest out there. Nice, quiet streets. Only 10 people on the street.

Community Member
I live about a mile and a half north of [inaudible] Downs. Probably what I like best about it, there's just not a lot out there.

Community Member

What I like most about my neighborhood is, well, I live on [inaudible] Avenue. There's a lot of community support and a lot of great community organizations, so if you ever need anything, you can always find help.

Community Member
I live in Southern Orchards. I like the centralization, access. Like a lot of other people, walk or 20-minute drive, you can get to almost anywhere. I also like the fact that, when I go to work -- I work outside of Columbus, so I'm always going the opposite of traffic.

Community Member
I live in Merion village as well, and I like the brick streets, the brick houses, but also the walkability and [inaudible].

Researcher
Thank you. So to start, basically we're going to be talking about some health issues today. And I'm wondering, what does a healthy community look like to you?

Community Member
Just having access to services and affordability.

Community Member
Diversity.

Community Member
CoGo bikes all the round here that assist you.

Community Member
Like she said with the bike trails, access to tennis courts.

Community Member
People take personal responsibility for cleanliness, picking up your trash, or even if it's not your trash, picking up your trash. Or the community organizations also go around and do that, whether it's churches or rec centers or whatever.

Community Member
Green spaces.

Community Member
People out and about, walking or running.

Community Member
Being responsible for your own trash, not having a big, giant trashcan in the back.

Researcher

Similarly, what makes the community healthy? So maybe some things that you've already said. Are there other things that come to mind when I ask what makes the community healthy?

Community Member

Neighborly people, having a great relationship with your neighbors and getting to know them, whether you like them or not, and still maintain a healthy relationship. Good communication.

Community Member

And good communication with the local government, not just among the neighbors, but city council, the neighborhood associations.

Community Member

I would say local rec centers or the availability to your neighborhood or community to utilize them.

Community Member

Low noise and light pollution. Healthy food options that are affordable.

Researcher

Are you thinking within grocery stores or more like fast food places where you can get something quickly?

Community Member

I guess both.

Community Member

Access to healthcare, close facilities.

Community Member

Good public transportation.

Community Member

Communication as far as the whole community, like meetings at the library or sending flyers through the mail or word of mouth, whatever is going on the community.

Community Member

Feeling safe.

Researcher

And what do you think are the most important health issues facing people in your communities?

Community Member

Lack of healthy food, like she said.

Researcher

You said lack of healthy food?

Community Member

Yeah, like restaurants, but particularly grocery stores. I feel like they're hidden, and then they're small, and then they're not always the freshest. And if they are, they're very expensive. How many Whole Foods are there?

Community Member

Maybe even affordable, healthy restaurants. Most of your local restaurants are pretty expensive. I know they're above [my budget]. And I mean, I make pretty good money, but if I'm going there it's usually something special.

Community Member

I think education, communication, being able to give people the information or get the information out and just being able to communicate.

Researcher

And I think you said education. Is that correct?

Community Member

Yeah. I guess I meant knowledge.

Researcher

Okay. So not necessarily formal schooling, but just making sure people are educated on health issues.

Community Member

Yes.

Community Member

Having people know what is available to them and what resources are available in the community. And that's maybe not relayed as well as it should be.

Community Member

More prevention starting at a younger age with the education. So in schools, more education on healthy eating, exercise.

Researcher

What other health issues do you see in your communities?

Community Member
There's a big lack of trust with doctors for me in my community. It's like we don't want to go there. Soon as we get to the hospital, somebody is diagnosed with something and then a month or two later, they're dead. We kind of either don't want to know or when we get to the hospital we're basically on our death bed. So there's a lot of lack of trust, and I think that that probably has to do with the information that we're fed. We don't know that we're poisoning ourselves or not exercising or whatever it is that our personal body needs. We don't get to help it.

Researcher
Okay. Does it seem like doctors are misdiagnosing things?

Community Member
There's definitely that, and then I don't feel like they are fully knowledgeable in their field either. I know this sounds really like a theory, but I felt like the government plays a part too. There's a part where they want to see people get healthy, and then there's part where it's a business. And I feel like a lot of people believe that, but then they're like our hands are tied.

Community Member
The privatization of the health care system, especially in healthcare itself being affordable, taking care of the people or being available to the people that need it most. Maybe also training. I think there's a lot of training for healthcare professionals when it comes to diversity, dealing with different populations, compassionate care, especially from my experience, too, maternity care, and young childcare. Things like breastfeeding. You may not have had that experience, have friends or a family member or a sister [who breastfed their children]. As a young mother, that's difficult.

Researcher
So you think the healthcare system should help out more with those types of things?

Community Member
Yes. There are programs and there are ones in our community, but maybe there's not enough communication or outreach. And there's just kind of a stigma with certain aspects of healthcare, I think, especially mental health and maternity childcare. For parents, maybe not wanting to ask for help because we feel they're going to be judged and feel like they're a bad parent.

Community Member
I'd say also home life. The structure of the homes are different these days. Parents are getting a lot younger. Grandparents are getting a lot younger and just don't have that teaching that there was where you were passing the knowledge. I mean, these days, grandmas are 30. So I think that that creates a huge barrier with just not knowing.

Researcher
And I just want to focus on the physical health issues for a minute. What physical health issues do you see in the community, like chronic diseases?

Community Member
Like diabetes or something?

Community Member
Yeah.

Community Member
You see a lot of diabetes, people just not taking care of themselves.

Community Member
Immobility, people with canes, and people in motorized wheelchairs that go up and down the street, people in regular wheelchairs or canes, things like that.

Community Member
I would say that there's very little activity. I feel like when we see more people in our bikes or walking around in the neighborhood, that's a good sign it's a healthy community. People are out and about, but a lot of us aren't even getting out, being social being active.

Community Member
I know nobody said it yet, but I drive up and down Parsons every day, and I live between [inaudible]. I take Parsons to work and from work. You talk about healthy community. There's a lot of drug abuse. You know what I mean? You can pick them out. There just isn't enough help. I literally recognize them by face and I'm like, "Oh, I haven't seen this person." Not that I know their name, but I haven't seen this person in a month, and they show up. And they were 80 pounds, and now they're 120 pounds, so obviously they spent some time in rehab, then they're right back out walking and looking.

I mean, you talk about a healthy community. That's a big part of human perception. People that don't live in the area, they see that and they're like, "Where's these people's help, or why isn't anybody doing anything?"

Community Member
Some of the programs, you get a feeling that it's not really helping them preventing drug abuse, homelessness, mental health issues where you're trying to improve their quality of life and get people in a better position. The goal of the program is supposed to be stability, but it ends up not. It just ends up kind of getting them stable and sending them back out.

Community Member

Yeah, that's kind of like what I was getting at with that. I mean, there's no follow up, whether they went to jail or they went to rehab, but then they're released. Maybe they went to jail and then went to rehab and then they're released. And then they're released on their own recognizance, and they're left to their own devices, and they just go right back to the same thing that they've been doing. There's no follow-up care for them. Even if there was, maybe it wasn't explained to them how to get it.

Community Member
Or didn't happen early enough.

Community Member
Yeah, I might be straying a bit far from the question you asked, but on a similar topic, homelessness, at least in my area of the city, has skyrocketed in the last year since the pandemic, really. I don't know. I wonder internally if it's because of COVID clearing out shelters, making it harder for people to have access to these programs or evictions or something like that. You don't see very many healthy, happy homes for people, unfortunately. It might be a bit far from what you asked, but it's something I've noticed in my area.

Community Member
Some large camps have been displaced in the last couple of years, so I think that at least affects the traffic on my street.

Researcher
How does that happen?

Community Member
It's probably longer than what you want to know here. I could talk to you later if you want.

Community Member
Do you mean homeless camps?

Community Member
Yeah. I was on a safety committee for a while, so I got to hear a lot of that stuff with the folks that were trying to work with that.

Researcher
What other physical issues do you see in communities?

Community Member
I think mobility is our biggest thing. I don't see a lot of people being able to get out and about. They're just physically incapable or lazy.

Researcher
I know we've kind of talked about some factors that might contribute to these physical difficulties. Are there any other factors that we haven't discussed?

Community Member
Just access to community health programs or healthcare. Even as somebody with insurance, I still have difficulty finding access to care for different specialties or mental health things. I can't imagine somebody without insurance trying to go through the same thing. It must be even harder than the problems that I have. And then you bring mobility into it as well. Even as a relatively healthy young man with insurance, I struggle with access to healthcare myself.

Researcher
And would you say that the costs still ends up being too high for a lot of places, or a lot of different providers don't work with insurance specifically? Is there anything else you can tell me about, what about the access is difficult?

Community Member
Yeah, just on the affordability side. Oftentimes, it's not covering enough to make it feasible for me at the time, but I've run into it especially when seeking mental health specialists. And maybe it's a result of the pandemic recently, but they seem to be very specific with the type of new clients that they're bringing on.

So I found myself calling through lists of 10-15 different providers and not being able to get in with anybody because they either didn't have any doctors available for the patients or I didn't fit the criteria of people they were taking at that time. So eventually, you just get to the point where, two months trying to book an appointment, and you just want to give up and end up not doing it at all.

Community Member
I think a lot of people, fear. We're moving in and out of certain timeframes and how we're doing things and it's moving so quickly. Once they get kind of trapped in there and they're either by themselves and they're alone, they just keep feeding into that fear. So then they just never leave. They never come out of that.

They didn't have any way to reach out to talking with mental health and they just kind of feed themselves and then don't know what to do, so they just kind of stay where they're at. We're talking about mobility. Fear is definitely one that keeps people from moving about.

Community Member
I feel like it's just healthcare system, a lot of like red tape barriers because my family don't have insurance. My husband, keep he tried to seek his psychiatrist because he's been depressed lately. Well, the office he goes to is for people that don't have insurance, and it goes on a sliding fee scale. So they said, "Okay, we take walk-in appointments through this time."

And then he came in for the walk-in appointment, and they said, "I'm sorry. You haven't been here in six months. You'll have to make an appointment." So then he tried calling his psychiatrist, and his psychiatrist said, "No, I'm sorry, I can't make you an appointment. I can't make my own appointments. You'll have to talk to my secretary." So he's going to have to wait two weeks to talk to someone when he's depressed.

Community Member
[inaudible].

Community Member
Something similar to that. So I been trying to get some preventative exams scheduled, and one doctor that I'd seen before the pandemic, but I had gotten behind, so then the pandemic made it more. Well, then I called to make an appointment. "Well, I'm sorry, it's been too long," which is about three years, maybe two and a half. And now you're a new patient. Oh, okay, cool. Well, she's not taking new patients. They're like, "How about March of 2022?" This is not an exaggeration.

And I was just floored that that was where we were at with that now. And I was told new docs were coming on board, but we don't know their name. I'm not sure when she's going to be in. I have never experienced that before. Very, very bizarre.

Researcher
Okay. And we have talked about this a little bit, but what mental health issues do you see in your communities?

Community Member
Anxiety.

Researcher
Do you think more pandemic related?

Community Member
No, it's just generalized. Probably the pandemic, people miss opportunities to socialize and being bombarded by 24/7 "scary", so I think it's definitely increase but it's always been present.

Community Member
Drug induced psychosis.

Community Member
People not being able to afford their medicines because they were either laid off or lost their insurance, so they come off mental health medication. There's a rebound the other way.

Community Member

Probably depression, and I think I see some body dysmorphia, people doing that, coming out of COVID.

Community Member

People are stuck in the house, and they're stressed and depressed because they can't do any activities that they want to do, so they eat, and then they gain weight. They're all excited and ready to go out, but then they're concerned about how they look. They maybe don't have the money for the gym membership, or they're scared to go to the gym, or it's hard to get back into the routine of exercising.

Maybe for kids, too. They were stuck. They were just sitting playing video games, and then they have to adjust going back to school. Some schools are hybrid. Some schools are still remote. So it's stress, and people trying to adapt to things changing faster than they can adapt to.

Community Member

You'll see a lot of stress. People not taking care of the house anymore. They're more uncertain. They don't know what's happening next. Like you were saying with media, they'll just put out something, and now this person's scared. So it all changes.

Researcher

Do you see suicide as an issue in your community, or not so much?

Community Member

Definitely.

Community Member

[Inaudible]. I mean, I don't know.

Community Member

[Suicide] hasn't been publicized, but for I've heard about it or seen it on the news, I know that, again, the age is getting younger. And, again, we do have to have resources outside of the house. We also have to do something inside the house. And I just think that some of the issues that are going on out in the community is because of what's going on behind closed doors.

And I don't know if we just need to take it back to the streets. Something is just not right with our communities in general. Ohio in general is just not great. It's scary. I have a daughter. She's 24. She has a two-year-old. Her think tank is just not thinking. And I'm like, "The world's getting darker." And she just – I'm like, "No, no, no."

Number one, I don't think Netflix has news, which she doesn't know what's going on. I'm like, "Girl, if you don't go somewhere and watch news or read the newspaper," but you can't tell her. I've just never seen anything like it ever.

Community Member
Not saying anything to [inaudible], but there's so much going on, people want to put their heads in the sand.

Community Member
That's probably very true. That's not her case. She's just special.

Community Member
There's a lot of stigma of mental health, too. Having those honest conversations with your children, even with young children, how they're feeling around COVID. I've seen a lot of resources because all my children are under five, and my husband's like, "Well, it doesn't affect –" Well, yes it does. They want to know, "Why can't we go here? Why can't we go there? Why do we have to video chat grandma and grandpa?" That does affect them.

Community Member
I think culture as well is another thing. Black people, they don't need mental health, or they still think that it's like – [inaudible]. I don't know. We've just been told you don't need that or that's for weak people or whatever. And going back to my daughter again, [inaudible]. She was adopted. And then getting to know her birth parents [inaudible].

But you have access to care, but you have to use it. It's not going to come and use you. But sometimes you do have to meet people where they're at. So I'm constantly encouraging her, talk to someone, talk to someone, because you're never going to get the result you're looking for from me because I'm the mother. I'm a straight shooter, but someone might let you listen and tell – You might not learn anything from them, but you can talk to them and they can give you some feedback, then I think that's helpful. She's young, and she don't get it. She's so young. I said all that to say, it's okay to get help. It's okay.

Community Member
I agree with the cultural piece, and I've seen that in some of my neighbors who are Appalachian, where's it's like, it's our family, it's in the house, and we don't talk about it. We don't take this out. But because you're so close, literally in proximity, you can see and hear these things that are happening. That's been my experience.

Community Member
[inaudible] appointment once a week because I need to talk about a 24-year-old [inaudible]. Especially since we both have been working from home, so I don't even think she knows – She just doesn't know. But I try to say things like, "I got my counseling appointment." And she said, okay.

That's nothing to be ashamed of for me, and I think if people felt that way, people might be more apt to get help.

Sometimes you don't even know you need help. I think a lot of times, we may not even recognize when we need help. I try to tell friends, talk to somebody. And one of my coworkers, she actually did sign up for counseling, and she says it's just cleansing just to be able to talk to someone and know they're listening. It's that important, and I think that if there's resources there, we need to let people know they're there, even if we have to let them know how to use it. I think it's important that we do that as well.

And virtual's been great. So you're kind of behind closed doors. [inaudible] walk into the psychiatrist office and everything like that, but I think it's maybe [inaudible]. It's kind of a good thing.

Community Member
Yeah, I was going to caveat the virtual thing. The trend kind of started like 20 years ago where people would get anxiety with talking to another person face to face. And I see a trend moving more towards that way, especially now a lot of people working from home. They don't get that interaction. They're not used to it, especially if they start at a young age or out of college.

Now, maybe they did college first. Now they go into the workplace where they stay at home and they don't get any outside interaction, but then they need mental health, and really the only option that maybe they don't know about it is getting virtual help, sign up on the website and be able to talk to somebody on a webcam or whatever. My girlfriend, she didn't have health insurance. It was affordable for her, so she's doing virtual because she can't go to an actual office that's affordable, where they're like $135 to $200 an hour without insurance. And then this was like $180 for a month, so she could get maybe a session a week or maybe two sessions a week for that $180. And it was affordable for her.

Community Member
We need to roll those blessings into this community, like little fruit stands. We just have to meet people where they're at. If those little stands work better for you, then we're going to put you into a little stand. Some people's anxieties come from crowds. They think people are looking at them and they get paranoid and things like that.

So if we could try to make them as comfortable just to receive services, then hopefully at some point, they'll realize, oh, okay, it's not that bad. Like you said earlier, like wraparound services. And we send them in, they get out, and they're back at it again. So I think it creates some better wraparound services.

Researcher
You mentioned that you perceive suicide as an issue in the community. Is that correct?

Community Member
Yeah.

Researcher
Would you say that's from certain age groups or just across the board?

Community Member
I guess I can only really speak to the age groups I interact closely with, millennials probably 25 to 40. And I personally have known several people who have been victims of suicide and many more who have had those sorts of thoughts without expressing them very openly. I'm certainly not an expert on the topic or anything, but I would say that it is a serious issue in the community.

Researcher
What other factors besides what we've already talked about do you think contribute to mental health issues in the community?

Community Member
Exposure, stress, something early on, household, whether your parents are the ones leading the way showing you that you can go to the doctors. They will get you the right help and stuff like that. And then there is the older in the community. A lot of people, like I said, I feel like I have a lack of trust with the doctors or just the government period because I don't believe that they have my best interests in mind.

So there's the lack of trust. There's the education. There is the judgment. You fear being judged if you do need to seek a therapist or counselor or whatever it is that you need. And then there's trust where you feel like your information will be compromised. Stuff like that is private. The thing is, people are discussing your private information. It's your business. So there's that.

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

Community Member
Yeah, like the Nextdoor community app or Nextdoor app. You get notifications when things like that happen. Nearly every day I get a notification about it.

Community Member
That just happened a while ago. I mean, it happens everywhere. It's just worrisome. That's just something I've been worried about community-wise.

Community Member

That reminds me of something because you said the Nextdoor app. We used to have face-to-face meetings in the community, and then that's morphed into everything online. And at first, I was excited because I thought, "Well, that's really cool because we can do lots of quick learning about things." And then I had to remove myself from that because I would reach out to people, and they would absolutely not respond to me.

So I feel like something about you're changing from face to face to all online as far as communicating with neighbors, and these serious issues has morphed into something not necessarily helpful and productive. And because it's not really tended to online, it's like a free for all, and it's one way. So I think that that has been a detriment to our community.

Researcher

We've talked about this again. [inaudible] in this group where we have bits and pieces that we'll be returning to. What are some reasons residents may not get or delay getting healthcare? So like when people delay healthcare or not get healthcare at all.

Community Member

Money.

Researcher

Money. Okay. Can you tell me more about that?

Community Member

The cost of copays depends on your insurer. Like she was saying, you don't get the same doctor you had before the pandemic, so everything switched up. And then they find a reason to charge you more for it.

Community Member

Or even if you have insurance, you may be laid off and your savings account got drained because you weren't making as much. So now you can't afford the copay, and you normally would be able to. So you're wondering how to deal with that.

Community Member

And beyond even the copay, even if you can afford the copay, there's always the anxiety once you go in what mystery bill you'll either come out with or, how much is this test you obviously didn't know about, or this medication that they prescribed. Or your deductible. Maybe you got a $2000 deductible on your medical, and that's $2000 you're going to owe anyway whether you have insurance or not.

Community Member

Not to sound not to sound corny, but your personal relationship with money. There are people that are almost consumed with not having money, so they may count their pills. They may not take their medication every day because they're trying to save it or they may be worried about upcoming healthcare costs. They may not take their blood pressure. They may be trying to save their test strips if they're diabetic. Or the doctor may give them a prescription and they may think, "I'm not even going to bother trying to get it filled because I know I can't afford it."

Community Member
Kind of a caveat to that, just not taking it or not having it filled but having it filled and only using it when they need it, then selling the rest of the pill to make your money to be able to buy their next batch that they need for themselves.

Community Member
I haven't ran into a big issue with doctors, but the dentist. I can't keep a dentists. I'm going to be honest. I'm a dentist hopper. Why you always trying to sell me something I didn't ask for? I came to get my teeth cleaned. Clean my teeth. Send me home. Mm-mmm. My cleanings are covered 100%. Why are you sending me a bill? Because I'm going to call back and I'm going to fuss at you.

"Oh, we did this and this." You didn't ask me. Literally, I can't keep a dentist. But I know back in the day, you go to the dentist apartment, they call you from the waiting room, you go to the dentist. Now you're going to the office first. We're buying houses, what are we doing? No, they're trying to sell you something.

I know my insurance a little bit, but not the ins and outs of what may cause this and that because I don't pay that much attention. I figured if you get your teeth cleaned, then you don't really have major work that needs to be done. I promise you, I thought this was a great dentist. I'm like, oh, okay, I like this. And before I left, I was going to an orthodontist.

I didn't know that they had done something that cost more – Because what I went for was my free cleaning. But I got a bill for $160. I don't need to tell you how that went. It didn't go well. And I will leave in a heartbeat when they try to upsell me something I didn't ask for. I had just decided, do not do anything that's going to cost – I came for my free cleaning, period. If you look like you [inaudible], don't stick nothing in my mouth. I go for a cleaning, and they send me a bill for $168, and our cleanings are 100%. What did you do?

Community Member
I didn't have to pay it, but they knew what the bill would cost for insurance, so they charged for stuff that the insurance company would pay, but they didn't actually do it all and they make you sign.

Community Member
I don't know if anybody's ever actually tried to read all your insurance documents, but it's written at the senior college level, and it's like reading a court document. It's so much, mine's so thick. I can't

even start to fathom to memorize all this and even know what half of it means, even if I could memorize it.

Community Member
It's like all business, and it makes you feel like crap because you feel like you get medical services and you feel that they should have the best interest of your health and not that they're trying to get money out of you. That's not what you go for. You don't think you need to bring your checkbook or your credit card. You just want to feel better.

Researcher
Again, something we've talked about a little bit. What nutritional issues do you see in the community?

Community Member
Lack of healthy food that's easily accessible and affordable. There's nowhere around me. I live in an area with tons of restaurants, tons of cafes. I try hard. There's nowhere for me to go to get a healthy meal that doesn't require hours of planning, cooking, and grocery shopping.

Community Member
Or that's not like $20.

Community Member
$20 for a lettuce wrap.

Community Member
You pay less for a steak dinner.

Community Member
And then it's not fresh, and there's no diversity. I don't want to go to my local Kroger because they have only a set amount of produce, and then that produce is not even fresh, so I have to travel farther. So there's that issue. I feel like, I live in Ohio. Aren't we like a farm state?

Community Member
Soy, corn. Yeah, farmers.

Community Member
Most of the corn we grow here in Ohio is food for our food, not corn for us. I mean, we can eat it, but it's not sweet corn.

Community Member
We do have farmers' markets, though. We had one in Merion Village. We had one for three years, and there's one in German Village now. But prior to probably six or seven years ago, there were not.

Community Member

And then who knows about – She was just telling me about this now. I didn't know there was farmers' markets.

Community Member

And there's a flea market at the south drive-in area Saturday, Sunday.

Community Member

A food flea market?

Community Member

They do have food, but the food's only there early in the morning. It starts at five and ends at one. I just got local honey there this weekend. It was like $20 per mason jar, but it had honeycomb in it. It's good for your allergies. It's good for your heart. There's nothing bad about it. So it was worth the 20 bucks to buy the honey.

Community Member

And it's close.

Community Member

And it's close.

Community Member

We have Nina in German Village. Nina, the bee lady. You can get her honey in German Village.

Community Member

I didn't know about that, and I think his was like Silly Gary Bees or something.

Community Member

Yeah, a lot of people come from down south, like Circleville and bring stuff up.

Community Member

He had like black honey. He had gold honey. He didn't have any clear honey. I was kind of looking for some clear honey.

Community Member

I will add, too, a healthy community, there are more bumblebees in our yard, which I'm excited about. So I take that as a good sign.

Community Member

Even if you did have it, there's a lack of knowledge on how to prepare it. You could have a whole bunch of fresh produce and you're like, "I don't know what to do with it." So then you're stuck going to a fast food restaurant or some other restaurant that may have it on their menu, and then they're selling at a higher price when we ourselves don't even know how to cook it.

Community Member
I think especially some parents with younger kids, it's just easier.

Community Member
Older parents, too, yeah.

Community Member
It's just easier to stop at fast food. I put a lot of work into it because we use food pantries, and I do recipes. I watch YouTube videos, people that cook on a budget and what they use. I don't know. I don't really see it as a norm. I mean, some of the food pantries, they'll have handouts. They'll give recipe cards, or I've taken free cooking classes where they'll have certain ingredients, and they'll say, "Hey, we're going to make a meal."

And some of them went virtual, so it's on Zoom, and it's actually someone in the kitchen. And they're like, "Okay, we're going to make such and such." And they have the ingredients on the table and actually showing you how to make different dishes. So that's helped. That's been a lot easier, but either not having access to daycare during the pandemic or not being able to afford it makes it difficult when one of is working or one of us home or both of us can't work, to have the two incomes that we really need to survive.

Food can definitely be a barrier, especially when you have young children and you're trying to teach them how to eat properly, and they see McDonalds and happy meal places and Barbie "works" at Starbucks.

Community Member
I think it's such a cycle, too in families. If they were brought up being like "fast food for dinner", they're most likely to do that with their kids. Also, working in a school, the food they're feeding them is not good. The breakfast they're getting is like a cinnamon roll, not healthy breakfast options. I don't know. I feel like that needs to change.

Community Member
And kind of on that topic, I was going to say, I think there's just like a broad lack of education about what the nutrition is for people. I never learned in school or from my parents the macronutrients you should be eating or how to cook for yourself, how to source these things. It's certainly not taught in school that I'm aware of. And you see 14 different friends or 14 different fad diets or keto and paleo, pescatarian. And nobody actually knows which one of these is actually healthy for you.

It says here or the news or something, and they go for it. I think there's just pretty little knowledge about nutrition in general.

Community Member

Kind of what he said beforehand about price. I don't know if everybody knows, maybe chicken wings aren't the healthiest thing, but they're almost $1 a wing in the store. So stuff is going up in price, it's not going down in price.

Community Member

That's a COVID thing, too.

Community Member

It's probably not going to be the only thing. Other stuff, even healthier foods, as people are trying to buy them, are going to start going up in price and become less available, less accessible.

Community Member

But are they only going up in prices from mass distributors? That's, I think, one of the keys. If you're shopping local, it may not be going up like that as it is in a mass distribution situation.

Community Member

You get people that start learning about these other places, and then they start going and buying it also. Also, out of this group, you're the only person knew about the German Village farmers market, how it's gonna spread, and there'll be more people buying from there, so they will sell out faster or they'll up their prices to keep their stock engine.

Community Member

There just needs to be more community knowledge about the local places to source food. And I admit that I'm pretty ignorant about that.

Community Member

And more places that have it.

Community Member

So here's what I'll say, too, though. We're a mix on my block of home ownership and rentals. And so how much responsibility is it for someone or a group to get the word out, versus if you move into a neighborhood that you haven't ever been into, to find out, what is my zip code? What city do I live in? What is 311? Oh, I can go over here and read up what the rules are for the trash and for x, y, and z.

So that's been, for many, many years, my frustration. You moved here. One, you can come and ask me or anyone around here. People are friendly. Ask. But I feel like sometimes I get frustrated because I think, well, if I moved into such-and-such community, some community or some suburb or

something, there are rules and there are things, and go and find out. You'll find out when your trash day is or what you're supposed to do and how you're supposed to do it.

And sometimes I just feel like, for me, it's frustrating, people coming in recently – And I'm generalizing, but into the community and moving here or buying a house and coming into rent, and then just going, "Oh, well, how come somebody didn't pick up the cardboard I left in the alley?" Because it doesn't go in the alley. Do you know what I'm saying? So where's to onus?

Community Member
Those city responsibilities are communicated more effectively than something like local food sources. There's nothing like the Columbus app that everybody here could get telling them when the garbage day is. That doesn't tell me where the food comes from.

Community Member
Okay. And what I would say to that, and I hear you, is that we used to have community meetings, besides COVID. And people didn't attend or they didn't want to come, and there's been this big shift with generations. And so how do you bridge that gap? How do you get generations to come to a meeting that lasts an hour?

Just come because you want to meet people or you want to find out or you want to get involved. And if you don't want to get involved, you need to hear what's going on. We used to have a paper publication, Word on the Street. Here's what's happening, people. Those kind of things. Go ahead. I'm getting on a soapbox anyway.

Community Member
I just think that communities, neighborhoods aren't as they used to be.

Community Member
No, they are not.

Community Member
I live in my same house. I've lived there all my life. We were homeowners. Now, you go through that same neighborhood, people like, "For real?" But renters, there's stuff you got to take care of, something that's not theirs as opposed to something that is theirs. And again, I will say this.

At this point, it depends on where you live because there's a rental on my street, they charged way more than we pay in mortgage for their rent. So I do notice the responsible people, but that's just not always the case. Neighborhoods, they don't have that longevity that they used to have, and you do have a lot of ins and outs and turnover.

Community Member

Same with home ownership right now, too. If you're just buying a house to flip it, then why would you care who I am as your next-door neighbor? That is really getting to me. That gentrification is very frustrating.

Community Member
In our development, there was a trailer when we built there. But we've been on the same street since 2004. Now, my husband's the neighborly person. I'll speak to you. But we have a triangle we take of neighbors. We're going out of town. We got a house near our house and our neighbor's house, and we all just talk to each other or whatever.

And when I say talk to each other, I mean, "Hey." I was not that neighbor, but if you need something, I'll help you, but I think that's weird.

Community Member
Everybody's different.

Community Member
So I just think that neighborhoods are different these days.

Community Member
And they morph and they change, but I think that neighborly piece of just being aware of my frustrations, being aware of your curiosity, being aware of your experience. I think those are all valuable, important pieces. And maybe it's not that everyone needs to come back to an in-face meeting, but maybe the people that did go to the face-to-face meetings need to figure out a different way to reach out, and I don't know what that is. So that's frustrating for me.

Researcher
Okay. And what alcohol or drug usage do you see in your communities?

Community Member
A lot.

Researcher
Do you see alcohol as more of an issue or drugs?

Community Member
[inaudible].

Community Member
I like to frequent a bar pretty often, and I actually see less people in there than there used to be.

Community Member

Definitely since COVID.

Community Member
Yeah. There's, I would say probably 50% less people going in. [inaudible] go in now are literally the Cheers crowd. You get random people, but not very often. Maybe they're staying home and doing it.

Community Member
Just using it to kind of self-medicate, to deal with everything that's going on. I think people got into bad habits. You drink or use drugs or unhealthy habits in general, and now things are easing up. I mean, it was an issue before, but COVID definitely didn't help. The lack of socialization did not help. Not having someone to call and talk to, or the only person you could, maybe they have COVID, and you can't go see them or stigmas about talking about it.

Like we were talking about, what options are there for you for help? That are really going to help, are you really going to be able to unlearn bad habits or unhealthy behavior and be taught other coping mechanisms?

Community Member
I see a lot of people that are functioning drug addicts, and I had no idea. It's getting closer and closer to home. It's not drinking for me. I see a lot of people who are using drugs, drugs that I didn't even know about. And it's normal, and these are hard drugs that can really do a lot of damage, and people are just doing it, going to their six-figure job and coming back home and abusing it. So it's definitely drug use for me.

Community Member
Yeah, I know a few people that do it, but it hasn't changed because of COVID. It's not a new thing for them. They've been doing it since I've known them, like eight years. Maybe they don't do it every night, but they're doing it, and they openly talk about it. Like, "I did my eight-ball an hour ago," whatever, and that's what they do. That's their thing.

Community Member
They think because they're functional, that's okay. "I'm okay. I can go to work every day. I play with my kids."

Community Member
What's the difference between that kind of drug and the government or the doctors prescribe.

Community Member
[inaudible].

Community Member

Because it's legal.

Community Member
[inaudible].

Community Member
It's not healthy for them in the long run, or their family if their kid comes in and sees them. And it normalizes it for that, and they think it's okay.

Community Member
It goes back to behind those doors. Last year, I lost a very close friend of my goddaughter, died. Now, I knew she had a drinking problem, but she was the one you couldn't tell or anything because she...So you couldn't really tell. There were several times when I go, "Look," and you try to tell her, and she'll cut you off.

So you had to be real careful how you handle her and stuff. Her daughter watched this. Now, anybody outside looking in – I mean, she was a schoolteacher and taught school for 20-some years. [inaudible] her daughter as well, but they didn't know what happened when she went home. But I started noticing a lot even at church.

So other people would then say to me, "I think we should try to talk to her." I've done that. Maybe if you say something, because you witnessed it, maybe that'll help as opposed to her always hearing it from me. And then she was in a sorority in the last three years of her life, and I'm not saying they're not family, sisters, whatever they call it, but you all [inaudible].

And that's what woke up me because they're always making finger signs and stuff. [inaudible] sometimes things coming out of her pores, but I think they ignored that because she had her [inaudible] that function. And see something, say something, and she spent a lot of time with it in the last three years of her life.

But my thing is, if they would have rallied around her like they rallied around that blue and those pearls, I just think that she may have listened to them because she really got into them, although I've been at this for 20 years probably trying to – But sometimes just hearing it from someone else might make the difference.

Like I said, she did pass from drinking, but no one would have guessed that this is what happens behind closed doors. Something has to happen before it gets to the streets. Something has to get changed.

Community Member
[inaudible] Like I said, people buying their medication and taking what they need and then selling the rest so they can have more and get it legally, even though they're selling it illegally, whether it's

ketamine or Percocet, Darvocet, any of that opioid family, the nine million drugs that are legal that you can get through a pharmacy.

And there's no tracking. Once the person has it, they can do whatever they want with it. So that's kind of how that stuff even gets on the street. [inaudible] an addiction, I'm going to take my one pill every other day that helps me with that, but I'm going to sell the rest, and I'm going to sell it for three times whatever street value is, versus, I don't have insurance, so I got it on the cheap, so I can sell it, make three times the profit. Now I'm getting mine for free and make a little side –

Community Member
What I've noticed about drug use over the last several years, I'd say five in the south side where I live, is that weed, it just permeates the air. It's in other parts of town, too. That's been different for me. I pull up next to a car, and I'm like, "Oh my God." To me, it's like perfume. I don't care what it is. It's just too much. And then I'm out in my backyard, oh, it's over there. It's just everywhere.

Community Member
I really don't know anybody that doesn't smoke weed other than myself.

Community Member
Anybody that doesn't smoke weed?

Community Member
Doesn't smoke weed other than myself, and my coworkers.

Community Member
Alcohol, illegal drugs where you're just kind of on the fence, but that's what I notice more of now because I can smell it.

Community Member
Well, there's medicinal marijuana, too.

Community Member
[inaudible]

Community Member
[inaudible]

Community Member
No, there's medicinal –

Community Member
Oh, sure.

Community Member

There's no medicinal alcohol.

Community Member

Well, people say that.

Community Member

You [inaudible] look at it when you're talking about drug use. I don't do it. In the military, I don't do any drugs, so I can tell you I don't. Been in 24 years, [inaudible] now. But I see people leaving blackout, fall down, get in fights, get angry with each other on alcohol. I don't see that on weed. No. Never. All they want to do is hang out, watch TV, and eat a bunch of food.

Community Member

For me, my point is just, to me, it's like if someone has a heavy, heavy perfume on. It's like getting in your space. So that's my only point with that. I'm all for do what you do in your house or whatever.

Researcher

Yeah. I want to switch gears a little bit to make sure that we cover these last few questions I have. How does poverty affect the topics and issues we talked about today?

Community Member

It affects all of them because you have different point of view depending on how much money you have. If you have somebody that makes 200 grand and I make 50 grand, our perspective on everything's going to be different. That $20 lettuce wrap is going to be affordable. Or if you make 20 grand a year in your household, you can't even afford the cheeseburger at McDonald's. You know what I mean? So it affects everything. And healthcare, it's not even a question.

Community Member

The only thing I think I would say it might not affect as much is the drug use. I know people who make six figures who use the same drugs as people I know that make 20 grand a year. That's the one issue where I don't think financial responsibility comes into play.

Community Member

So is it priorities? Because that's what I was thinking when you were saying that. Whatever you prioritize is what you can find the money for. So less about finances and more about the way you were brought up, your priorities.

Community Member

[inaudible] an addiction. [inaudible] priorities.

Community Member

That's what made me think about food pantries and things like that. They give them food to eat on, which these days, electricity is a priority. So [inaudible] nothing they can do with, but you may not know that. They may not tell you it's a priority. Don't get me wrong, rent is very expensive, but I've watched people live without electricity. And I'm like, what? They're like, "I don't need that."

But if they learn to do it, they will do it. And the saddest part is there are kids in these houses that are having to do this because of perhaps choices or certain things [inaudible] their parents or whatever that situation. I mean, there's just more checks and balances that need to go in place to just give people a box of food or produce.

I don't know what his situation is, but one of the panhandlers, someone gave him a whole box of produce. I'm thinking, "Well, what is he going to do?" He had corn, eggplant. I mean, I guess you could eat them raw, but I just don't see that. He didn't look like he had the facilities to wash it.

Community Member
I think it's called a hand up versus a handout is the phrase for what you're describing. Like, are you going to give someone a handout or are you going to give them a hand up?

Community Member
There needs to be some education behind – It's more than just passing out boxes of food that they can't do anything with. [inaudible] not going to get their boxes [inaudible] electricity. Is it a choice? I don't know, but I've seen people make this choice. It's the hot water in the summer, [inaudible] in the summer.

Community Member
[inaudible] shopping.

Community Member
When some families, they have to make the decision. Sometimes healthcare doesn't factor into it because they have to pay their gas and their electric and get food. So yeah, they have to go to the food pantry sometimes once a week or twice a month, and then that money that they spent on food, they could pay their phone bill or something like that.

But then, they don't have that extra money for savings, so a medical bill comes up, they break a tooth, their kid breaks their arm, God forbid there's an accident and they need surgery, they don't have that money to pay that copay or they may not have insurance at all. So sometimes you have to make those hard decisions.

If you're in a higher income bracket, you may have savings or you may have good enough credit to get a credit card and have that credit card or savings account to cover extra expenses, or you may have an extra month of rent maybe saved up. You may have a healthcare savings account. So poverty, it plays a huge role.

Researcher
How does racism, whether interpersonal or structural, affect the topics and issues we've talked about today?

Community Member
The way it's promoted, [inaudible] promote a stereotype, but when you actually sit down with someone, then it all changes. [inaudible] type of thing. We wouldn't know nothing about it if you didn't say nothing about it. But when you were four or five, you didn't think about none of that stuff. It was all programmed into you.

Community Member
And I online that things like [inaudible] perpetuate racism and isms in general because you have only that one way of putting things out and not that interaction with someone.

Community Member
I don't know if it's necessarily really racism or sexism, but it's more like classism. I have my coworkers and stuff, and we hang out. We all come from the same office walk of life, so we all have pretty much the same point of view. But if I had somebody who were in poverty, whether they were white or black, they're most likely going to have the same point of view also, depending on where they were raised, where they live now. If somebody was raised on the south side, whether they're white or black, or [inaudible] going to the same schools.

It depends on what street, I guess, and how they were raised, what kind of money they had. At least where I come from, it didn't matter. It all mattered on money. That's where you were.

Community Member
Only reason I say it is, because we got to hear our parents' and grandparents' stories. So when it comes out through all that, it's a whole different dynamic.

Community Member
I mean, you're right. It's a little different.

Community Member
It's hard to explanation. It's just like I'm trying to explain or something. I wouldn't get it.

Researcher
How do you think racism affects healthcare access?

Community Member

Depends on the doctor. If it's a money grab, then they'll see it. Like he said, you got money and you got a platinum insurance plan, they look at you like [inaudible]. If you got Medicare or something like that, then they'll look at you differently.

Community Member
The quality of treatment can sometimes depend on race. They've done studies, especially the mortality rate of pregnant women, African American woman just because maybe underserved communities and education, how you take care of yourself when you're pregnant, and the resources that are available to you, healthy food while you're pregnant.

Unfortunately, there are people who have racist attitudes in all kinds of professions. And there's not necessarily, I don't know what you would call it, not like sensitivity training, because they're supposed to be – because I've been a patient for medical students before. And they have the checklist, and they're supposed to go by the checklist when they're doing the physical exam and questions they're supposed to ask.

And you can tell by what they don't ask the questions correctly how they were raised or what they've been exposed to in the media. So if you struggle with saying, "Have you had sex with a man?" or them struggling with asking how many sexual partners have you had or are you monogamous or, for example, if they ask me – I'm mixed race, so they said, "What's your race?" And I say, "I'm mixed race." And they said, "Okay, out of the two races, which one do you identify with most?" And I'm like, "I can't identify with one more than the other." My father's black, my mother's white, and they stare at me.

Community Member
Or [inaudible] you want, but just mark both [inaudible].

Community Member
Or assuming your sexual orientation is a certain way because you're currently dating someone of one gender. That doesn't mean who you have, who your sexual partners might have been in your lifetime. So things like that, that they should have either been trained in the medical profession and they haven't. I've noticed it with older generations. Some of them are stuck in their ways, or they've been trained. The younger medical professionals, they ignore it or they think it's a joke and don't take it seriously, and they're just not being mindful of what they're bringing into their profession with them.

Researcher
How do you think racism affects maternal and child health specifically? So I guess you could think of it as the health of mothers and their children.

Community Member

[inaudible] access to healthy foods for pregnant mothers. I think that is [inaudible] majority of [inaudible] neighborhoods. There's even less opportunity for healthy food than there is in more upper-class neighborhoods, so that's something that would affect maternal and child health.

Community Member

Maybe it's just my experience. I feel like, in my community, the doctors are pushing for people to bottle feed their babies. I knew better than to do that, but they pushed for that. And I don't know if they did it in another community, that's racism or whatever. But I feel like I experienced that, and I think that that could be a form of it.

Researcher

Well, we are almost out of time. I want to just check the space real quick. Do you have any quick questions? If nothing comes to mind, you all had a very great conversation. Is there anything else that I may have missed or anything else you'd like to add?

Community Member

Sounds like you got it all.

Organizer: Columbus Public Health

Location: Central Columbus

Date: 8/10/2021

Researcher
Maybe just go around the table, this table we've created for ourselves here, and introduce ourselves, maybe your name and what you'd like the most about the neighborhood you live in if you haven't already done so. Would you like to start us off?

Community Member
Sure. I live in the brewery district just up there in German Village, and I love Schiller Park. My dog likes to play there.

Community Member
You said do what? Introduce ourselves?

Researcher
Yeah, just your name and what you love the most about the neighborhood where you live.

Community Member
I actually don't live too far from here, kind of near Franklin Park. I do like the redevelopment that they're doing around the neighborhood. I've been in Columbus for a while and definitely [inaudible].

Community Member
I live in Italian Village, so I think I like most the walkability and the ease of everything, able get to the short north easily, centrally located. Pretty easy.

Community Member
I live in [inaudible] village. Kind of similar to that, but I also like just the community. I live with neighbors. Everybody's just watches out for each other and watches over each other where I'm at.

Community Member
I live in Old Town East. I just like neighborhood feel. Good, strong community.

Community Member
I don't live too far from here. I like that they're reconstructing everything in the neighborhood.

Community Member

I really have to think. I think the major thing I like is because I do live in a facility that was once first for the elderly, and that elderly was 55 and up. Now it's 18 and whatever. I do like most of my neighbors. They're really fun to talk to, and they have good history, especially the older ones.

Community Member

I live in Franklin [inaudible]. I like the neighborhood. It's very good, but I like also my neighbors. It's diversity. It's convenient. I've been there seven years. It's good. I can see everything. If COVID wasn't an issue, we would have been in walking distance to the Jazz Festival and different things. [inaudible], you can see it from my place. So yeah, it's nice.

Community Member

I live in Southern Orchard, so right past Sherman village. And think that favorite thing about my neighborhood is you can actually get a decent-sized backyard, so there's a lot of dogs.

Community Member

I actually live in the same building as Kate in the brewery district, I think. So I think my favorite thing down there is just being able to walk home from any bars that are around here.

Researcher

Sounds good. So tonight, I want to ask you some questions that are kind of like big picture questions. And then we're going to go deep into a couple of different other topics, and then come back up to a couple of big picture questions. All right? So that's kind of my plan for the night. So the first big picture question for you is, what does a healthy community look like to you? What makes a community healthy?

Community Member

I would say if kids able to play outside and stuff, a good environment for kids because a lot of them stay in the house and stuff now and there's not a lot of activities.

Researcher

So what makes an environment good for kids to play outside?

Community Member

Clean, good neighbors

Researcher

What else?

Community Member

Safety's a big one. Just feeling safe, knowing that it's safe, feeling secure in your environment.

Researcher

Okay. Looks like you agree with that.

Community Member
Yeah.

Community Member
Cu tell me more about that? What do you think?

Community Member
Safety is primarily it. I mean, if you feel safe, then you feel free. You can pretty much go after your dreams, and that's primarily it.

Researcher
What else? What makes a community healthy?

Community Member
Getting to know your neighbors. Getting to know one another, spending time, greet and meet. And also, I live in [inaudible] Franklin, and we have homeless people there over the railroad tracks. Then the building of back of me, they have by your income, they go by you coming in, like 18 or whatever, too. Some people are drugs, a lot of drug activity, but they still peaceful. We have drama every now and then.

But we also have the postcards that come in the mail with the sex offenders and different things like that, so we all have to watch our children. But because we know each other, most of my neighbors, we've been there seven or more years. We just recently got a couple of neighbors, but still, we have cookouts together. We get to know one another and tall.

And yeah, we're aware of those postcards that come. They're not actually on my street, but we're still vigilant. So when you're able to communicate with your neighbors and different things, you can kind of keep track of the other things.

Community Member
Well, I think like what she said, like support and resources and stuff, that makes you healthy. If people need help and stuff, there's resources and stuff that you can go to for anything.

Researcher
So who gives those resources? Who provides those resources?

Community Member
Community places. I don't know. Recreation centers, churches and stuff. I know they have a lot of things like that. I just think a lot of groups.

Researcher
So what do you think are some of the most important health issues facing people in your community? What have you seen or heard?

Community Member
Well, like in homelessness, cleanliness because there's nowhere to take a shower or even wash their hands a lot of time because they used to have the church open on Grub Street, but they haven't reopened since COVID. So therefore, I don't know how they're getting their hands washed. I mean, I don't know. We have a clinic in the building that I told you in was in back of us southeast, and they help within the community with high blood pressure, different things. They have a Suboxone clinic there on Wednesday, so we get to see people going down on Wednesdays. Suboxone or something they give them to help them to wean off other hard drugs, I guess. So thy give them that.

They don't have anywhere for their mail to go, so where can they get health insurance? I mean, where can their cards go? Where can their benefits be sent to? They used to get it sent to the church, but since the church is not open -- So those things can cause a health issue. They don't have health insurance. Well, they may have health insurance, but they don't have any way access to it.

You know what I mean? They don't have the card, or they don't have where they can get to. They used to have Mount Carmel open. They're not open. They have the emergency room open, but everyday general medicine is not there. I feel like a change has happened.

Researcher
What about the rest of you?

Community Member
I'd say first thing that comes to mind is mental health, addiction in general, whether it's substance abuse or anything else, mental health, kind of that umbrella.

Community Member
Especially coming out of the pandemic.

Researcher
So can you tell me more about that? What have you been seeing or hearing with regard to mental health?

Community Member
I would just say, in my workplace especially, there's been a slow, gradual return to work. They're talking about expanding that further. Some people may not necessarily be in the right mind space to have to go into work, especially people with some sort of disability where working from home might have been easier, and then transitioning back into the office may not be so easy for them.

Yeah, I feel like there's a lot of kind of like social anxiety that comes with that, going back toward everything kind of being back to normal, so to speak. I know in my community anxiety, social anxiety, depression, things like that are, I feel, more prevalent. That, or people are just more open about talking about it now.

Researcher
Okay. That's interesting, right? How much of it is more prevalent versus the people who are willing to talk about? Do you still think there's a stigma around mental health?

Community Member
Yeah.

Researcher
You think so?

Community Member
I think it's [inaudible] mental health [inaudible] by my house.

Researcher
Do you think that stigma around people who have mental health challenges or mental health illness, do you think that stigma is decreasing over time, or is it still like it was 10 years ago?

Community Member
Oh, no, decreases.

Community Member
It's like Simone Biles, I think what she can do for a lot of people. Michael Phelps. There's two of the greatest Olympians of all time. They have mental health issues.

Community Member
I think a lot of people who have mental health, they don't know, or they know and they don't get help, so they're not diagnosed with it or being treated or anything.

Researcher
What else? What are you seeing right here?

Community Member
It's kind of different. So I mean, regarding the mental health, I was active duty military, so I've seen a ton of people that had mental health issues, and they wouldn't go seek attention, and it could just turn out for the worse. I'm fairly new to the community. Well, not really. I've been there for like two years or so, but I'm still kind of getting to know my neighbors. A lot of people moving in and stuff, so I don't know exactly what's going on with them. So I can really only speak for my household.

Researcher
What other major or important health problems are you seeing or hearing about your community where you live, your neighborhood?

Community Member
It's a lot of corner stories. That's causing problems, too, because it's easy access. People get drinks and all kinds of unhealthy stuff.

Researcher
When you say unhealthy stuff –

Community Member
Every corner is a store, alcohol and all types of [inaudible] where you can just go get it.

Community Member
There's people with dental issues. A lot of people are not getting their mouth fixed. They're afraid to go to the dentist probably most of all. And then the good dentists, there's a difference when you don't have insurance and you do have insurance of how you get treated and what you're offered. You can get some novocaine six times with the right insurance, but maybe once with another, or none. I see a lot of dental issues and heart, diabetes. There's lot of people with diabetes. That's just ridiculous. So yeah, there's a lot of issues.

Community Member
I think drugs have gotten really bad. I think they're getting worse. They're getting stronger and scarier. I see people in my neighborhood all the time that are strung out and stuff. And it's concerning knowing that there's kids there that want to play and stuff, and the playground is full of people doing drugs and stuff like that. So that's concerning.

Researcher
So let's dig a bit deeper into some of these. So you mentioned a few physical health issues. We're going to talk about mental health issues in just a few moments. I've heard diabetes. I've heard high blood pressure. I've heard a couple of other things. What other physical health problems are you seeing, and what do you think is contributing to that? Why do you think people are having those physical health problems?

Community Member
Nutrition.

Community Member
Nutrition.

Community Member

It's how people eat, and I guess the food resources that are available in certain communities might not be available in other communities. Me personally, I think it's strategically planned out like that, but nutrition is a big one.

Researcher

Nutrition is a big one. That kind of goes back to what he was talking about. I think he said there were some food deserts, right? What else is contributing to some of these physical health problems we've been talking about?

Community Member

They're not going to the doctor to get help in the early stages and prevent it. My neighbor, right now he's having problems with his foot, that if he would have got help and went to the doctor maybe a year ago, he wouldn't be having those issues. They've been trying to do what they can and not cut his foot off. He was kind of hard-headed about his health, drinking not really alcohol, but just pop and juices, which is still nutrition things. Not taking care of yourself, not going to a doctor, preventive medicine.

Researcher

What are some reasons why you think people might not take care of themselves in terms of going to a doctor?

Community Member

Maybe they don't have the resources or insurance or something.

Researcher

So just monetarily.

Community Member

It's also education, too. I mean, a lot people didn't know what to do in order to prevent certain things in their life, especially at a young age. If you grew up only eating certain things and stuff like that, like eating ramen noodles every day, that's gonna take effect on you later on down in life.

Community Member

You may have even seen the memes that try to make a joke out of it that nurses are sharing or whatever, but the difference of when to know when to go to the emergency room versus the ER or the urgent care, vice versa, just as a lack of education because I think inevitably, whenever someone's sick, whenever someone has an issue, it's always tight financial means, right?

Your first mindset's not, "I need to get this fixed." It's, "Where can I do this and not end up in debt because I had to get my throat checked out for x, y, or z." So yeah, I think knowing that the health

industry is very much money driven scares a lot of people away from really diving into just going to the doctor when they feel the need to.

Community Member
Very reactive instead of proactive.

Community Member
People could not want to deal with what the diagnosis could mean for their life long term. So if it's something where it's ongoing care that you don't really want to take the time to do and you'd just rather kind of not know about it, sometimes people just avoid it.

Researcher
Do you know of anyone who put off going to a doctor or a dentist in the past year with COVID? Considering that there's COVID.

Community Member
Yup.

Community Member
My teeth getting worse.

Researcher
Many of you have done that? Okay.

Community Member
I went, but then I had to come back, so I didn't go back the second time. I was just scared. Some people are scared of dentists and stuff like that.

Researcher
I mean, there's being scared of dentists, and there's being scared of dentists because COVID might be out there, right? What are your thoughts about all this? What do you think are some of the big physical health issues facing people in your community?

Community Member
A lot of it ties into lifestyle or lack of activity, sedentary kids, 15 years old. When I was younger, you drive by the playgrounds, and there would be kids playing basketball or kids playing baseball and kids and playing. And now you drive by, and those fields are largely empty unless it's an organized sport. My own kids are the same way. They do a ton of sports, but it's not doing those sports.

They're not getting five buddies and going to go play basketball, but they play basketball on a basketball team. They don't go play baseball, but they play on a baseball team. It's the helicopter

parents who won't let their kids go places, talking about safety and those types of things. Columbus is probably five times safer now than it was in the 1980s.

And in the 1980s, we could write our bikes from Worthington to downtown, take the bus. The short north was just an absolute murder zone, but teenage kids from the burbs could come downtown and go to Lazarus and go skating. And now parents don't let their kids – They can't go outside and do anything. You can't even ride a bike to your friend's house three miles away.

It disincentivizes kids to go outside and do anything. And then I think adults, we get more and more sedentary, less and less mobile. I think that plays a big role, and diminished overall health, and the lack of wanting to go to the doctor because, what if there is something? They're going to tell me I can't eat what I want to eat. I can't drink what I want to drink. So then you avoid it, and you have kind of that snowball effect of health consequences coming up, being identified later when they're bigger.

Researcher
Okay, got it. Thank you. So what do you think contributes to some of the mental health issues we've been talking about earlier? I heard some of you talk about anxiety, social anxiety, depression, especially over the past year. I don't want to make an assumption about what's in your heads about this. Why do you think more people are experiencing that kind of mental health challenge?

Community Member
They have to be home by themselves.

Researcher
Why is that a problem?

Community Member
Some people don't like themselves or their situation, so they have to deal with [inaudible] there all the time.

Community Member
I think a lot in the past year, we haven't been able to socialize as much, and some people do need that social outlet. So it's harder to make meaningful connections and talk about things you're going through because you're at home by yourself.

Researcher
Thank you. What else? What else do you think is driving some of these issues of depression or anxiety or anything like that?

Community Member

People don't feel they have control anymore. Their control was taken away. Kind of like a powerless thing, because we were told we had to stay and we had to wear a mask. You have to do this, or you should. There's pressure about the vaccine. There's pressure now for the children. All kind of pressure.

Community Member

I would also say more exposure through social media or the news, just everything going on, whether it's COVID or all the things going around in the world, whether it's wildfires or unrest or something like that. And that was even before COVID. People are pointing to social media for stuff like that, but I just think that we just have a lot more exposure than we did prior to, say, the internet as far as what's going on. I think people can go down a spiral.

Community Member

If they watch too much of it or read too much of it.

Community Member

Yeah. I think we find a lot of negative and not very much positive, but I also think the first time, speaking to mental health, during COVID, I can speak for myself, truly feeling grounded and just stuck for the first time in 28 years that you couldn't make a choice to go somewhere or do something because the option wasn't there.

And that's obviously something I think my generation at least have never experienced before. So to be able to be told absolutely no to traveling or doing anything really that you wanted to do prior was a pretty sobering experience that, this is the world we could live in if stuff hits the fan, so

Researcher

What are your thoughts on this?

Community Member

Social media has been really interesting because I've noticed people talking to friends on social media in a way that I don't think they would address them in public. And so kind of that divisiveness over issues is meaner on social media than it would be in person. And you've got this combination of people staying home, already disconnected maybe from their in-person workplace. They're also experiencing this extreme political divisiveness over the ongoing pandemic and everything.

Researcher

Anything else to share on this topic of mental health and some of the reasons why that may have been more of an issue in the past year than compared to years prior?

Community Member

Before COVID, I remember reading an article about aging and how when a person gets older, the less they experience the human touch. People don't touch them much. People avoid them. Believe

me, age is going to get you, but it's not going to accelerate anything if you touch an old person. The thing about it is that, with COVID, it's more extreme.

You can't even get your nieces, nephews, sons and daughters, grandchildren, you can't even get their affection, and so the void becomes bigger. And on top of that, as a person who's also older, you start to see more death, and death becomes more personal because sometimes the person is younger than you.

Sometimes that person is your age, and you start to feel a sense of mortality that can depress you because interaction is absolutely important. There was a big deal when they were adopting animals, dogs, during COVID. People wanted to have a sensation of being wanted., show their affection, being affection shown. But when COVID was being lifted in certain places like Ohio for a while, that dropped, and then all of a sudden the animals were left to be at home by themselves. And it's not going to understand why it is that you have to leave that home in order to maintain that place and feed them. That's pretty much it.

Researcher
So, we talked a little bit about some of the reasons that people might have for not seeking out or getting the health care that they need, whether it be because of concerns around cost, or maybe they don't know where to go. Is that different for people who might have depression or anxiety or other kinds of mental health issues or challenges? Are there other reasons why they might not seek out the health that they want or need or that they can't get the healthcare that they want or need?

Community Member
I think that's one of the symptoms of depression, not being able to get the motivation to get up and deal with it.

Community Member

Those things impact the individual's ability to do anything. They're too anxious to call up and order a pizza. They're too depressed. They don't have the energy to go to McDonald's. An extension of that is then anything that requires an extra additional step probably isn't going to get done either.

Community Member
Coming from a man's perspective, masculinity is kind of vague when it comes down to not seeking help because it shows a sign of weakness. If you open up your mouth and say you need help, expressing like [inaudible] mental [inaudible] and stuff like that.

Community Member
People might be embarrassed or ashamed of certain situations, so they don't want to address it or they don't have somebody to talk to about it.

Researcher
That kind of goes back to the stigma conversation from before, right? About going to say that you need help. Is there anyone in the community who you would trust to talk about this? If you felt like somebody who's well known, popular, trusted who came out and talked about this -- You mentioned Simone Biles earlier, but is there a local version of someone like that? It doesn't have to be an athlete. Is there someone who, if they spoke about this, might help to lessen that stigma just a little bit?

Community Member
Ryan Day did. He's probably one of the most famous people in Columbus, I think last year, so I'm not sure obviously what impact it had.

Researcher
What else comes to mind for you?

Community Member
It's hard in the climate now. If it's anybody from the political spectrum, you're going to alienate whoever they're not affiliated with. It's just going to be instant pushback because, oh, I'm a Democrat or Republican senator. So I think athletics or entertainment's probably your only civics maybe, like we [inaudible]. Archie Griffin.

Community Member
I'd say anyone kind of affiliated maybe with athletics or something that most people can agree upon, at least in the local community, usually Ohio State or football and sports teams around here. I know Ryan Day, specifically one of those things is mental health. He works with Children's Hospital, so he kind of has that sort of credibility already behind him. He's not as polarizing as someone in culture might be.

Researcher
That makes sense. Okay. Thanks for that. So let's shift topics here. I want to going to go back to something that I think you two mentioned about the idea of nutrition. What kind of nutritional issues do you see in the community or hear about in your community?

Community Member
There's a lot of carbohydrates.

Researcher
Carbohydrates?

Community Member

Processed, prepackaged foods. When you go shopping at the grocery store, you can see people's carts just full of prepackaged.

Community Member
Cheaper, economical for some people.

Community Member
I question whether some of the younger people, regardless of their socioeconomic – Because I know a bunch of people from the burbs who can't boil water.

Community Member
That's true. That's true.

Community Member
So you get young adults out on their own, and if you can't cook, you don't know how to make a pot of rice, some simple things. You don't come out of the womb knowing how to do that, but if you weren't taught –

Community Member
They should teach home ec [inaudible] in class.

Researcher
I saw you nod your head. Have you seen something like this before or heard about something like this?

Community Member
I mean, I definitely think there are a lot of people who don't have any idea how to cook. I also think in the packaged foods, there's kind of sugar in everything, and so even if something's not a sugary food, there's sugar snuck into it. And that all adds up to this load of sugar that people are consuming maybe not even knowing.

Community Member
Sugar and salt.

Community Member
I even notice what's available at the grocery store, it changes. If I'm at the grocery store in Dublin visiting my parents versus the grocery store in Parsons, I can't even find leeks or vegetables that I've never not had access to. I know that's even frustrating. I'll drive to a grocery store farther from my house just to get the vegetables and fruit that I want because they don't even carry them at the grocery store.

Community Member

Yeah, I notice the difference between grocery stores, too, especially Save-a-Lot and stuff. Sometimes their [inaudible]. Some stuff just seems like that, like already bad. You already don't have a lot of money if you're going to Save-a-Lot and you got to pay for a bag. Versus if I go to Lancaster or something, you don't have to pay for bags. Everything just seems so much better and fresh.

Researcher
What other nutritional issues have you seen?

Community Member
I just needed to regress just for a brief moment. This is the case of sometimes when we were talking about making calls about medical issues. Sometimes it's based upon your personality. I mean, if you're an introvert, you're less likely to call because there's a certain amount of stress, just like the gentleman there said about making that phone call.

But now if you're an extrovert, phone calls, what is that? A big deal? What's the big deal? Just dial, you're there. But an introvert is not necessarily a shy person, but for some reason, especially during COVID, I, a's harder to do unless you're doing it for someone you love.t least in my case, because no one would ever guess that I'm an introvert or whatever. You never would have guessed it of Shania Twain or Johnny Carson or people like. These people were introverts, but they knew how to act [inaudible].

Researcher
Thank you for sharing that. I appreciate you saying that. All right. A little bit ago, Chris talked about how you don't see kids just freely using athletic fields. So I kind of want to go back to this notion of physical activity. What kind of physical activity issues are you seeing or hearing in your neighborhoods and your communities?

Community Member
So I actually watched a friend's son a couple of weeks ago, and I was just amazed by how hard it was to get him away from his iPad. I was like, "Let's go jump on the trampoline. Let's go for a bike ride." And it was like I had to pull him out the door to do those things because he just wanted to be with his iPad. And that's something that I think was just really different at a point in the past before kids had iPads with them all time.

Researcher
About how old was that child?

Community Member
Ten.

Researcher
Thank you. What else?

Community Member

Technology is huge. I mean, like my age group, and I'm 24, we was in that shift of going outside all the time when we was little and playing football in the backyard to going to games. Probably around 14, 15 years old, it was nothing but games. But before that, it was going outside and playing basketball, but like somebody said before, you just don't see it anymore.

Community Member

I think kids get electronics so young now that they're just so used to using them all the time. But when I was younger, I could only be on the internet for like an hour a day, and I feel like now kids kind of get bored. It's more accessible, and they get more time with it, so they're more comfortable with technology. They're using it more, and the more other kids don't play outside, it just dwindles the number down and down because you have less people to play with. So if only one person out of 10 will go outside and play with you, you're probably not going to ask as much.

Community Member

It's a catch 22 because you need technology, especially how society is advancing, but you get too much, then you lose out on that.

Community Member

Some technology. My son's 14 and he plays video games, and you're going to Catholic school, so the kids are all scattered. It's like a neighborhood school, so we don't live near anybody he goes to school with. You think, "Oh, you're playing video games," then if you've listened, he's got his headset on. When I was that age, it would be Atari in the basement and there'd be 10 of us.

Well, there's 10 of them, but they're playing together at their own house. So there is some social activity there. We're talking about healthy cities. My initial thought was, we need green space for kids to play. We don't. If you build it, they don't come, and it's not downtown where safety might be an issue. You can go through all the suburbs and they have beautiful facilities outside, and they are empty all the time.

And playgrounds for little kids, things for bigger kids, skate parks with two people in them. And there's a lot of resources. I think we do a good job in Central Ohio of having those outdoor resources, but how much kids actually utilize them, I think, is just really low. And I do think the screen time thing is a huge contributor to that.

Researcher

Thank you. What else have you seen or heard when it comes to physical activity or issues with physical activity that might be a problem or challenge in your neighborhood or your community?

Community Member

Like when we said everything was all good and nice to play outside and everything, some of them kids used to see how much freedom we had and stuff, and we're kind of scared for our kids to do the same thing because you've seen the type of trouble that the kids run into. So that was my thing, because I know sex trafficking and stuff was going on, and I kind of kept my kids in the house more, and I kind of still do, but I think that's kind of the reason.

With the technology thing, I think it's just addicting to kids because they have like cookies and stuff. I can say something to you right now about something I put on my phone, and it's going to have something about what I'm saying. They're just so interested. They've got a whole bunch of stuff that they're interested in online, and that's what kind of [inaudible].

Community Member
I think it transcends generation, though, too. It's not, obviously, just kids. They're easy to blame because they're younger, and we usually will have control over what they're doing. But, I mean, obviously, I would assume most people have some sort of an addiction to technology or to their phone or some attachment to their iPad or computer or whatever it may be. I don't know.

I just think it's a mental shift that needs to happen individually or kind of collectively, that you have to set limits with what you do with what you have and how often are you going to check your email. How often are you going to get on Instagram? Do you need to set limits on your phone? Because at the end of the day, technology is the one that we can blame.

But also, you're the only one that can change it to push yourself to not be sedentary and not be sitting down all the time looking at this thing, not to be in a group with your friends looking at your phone, but instead be going -- I don't know what the answer is, but it's a catch 22 because it's so addictive to everybody because you feel so much more communal using technology.

But at the same time, we know that's the exact opposite of what's actually happening and that it's leading to adverse health effects on the other side of being sedentary and not moving as much. So I don't know what the answer is, but I think it's a shift that has to happen somewhere inside.

Researcher
I understand. Thank you for sharing that. So let me shift topics again. I want to go back to something that some of you mentioned earlier at the beginning of our conversation. What alcohol or drug use issues are you seeing or hearing about in your communities?

Community Member
Every off ramp and traffic light that has three or four different people with signs about being homeless or a veteran or needing help or whatever. And looking, you know that there's a there's a drug addiction issue that's going on. There's no citywide effort. There's no community involvement. Other cities do handle it differently. There are things that can be done. It's not compassionate to let

addicts live on the streets begging for money all day when there's other ways that other cities have addressed that that we're not necessarily doing here in central Ohio.

Researcher
What else what else have you seen or heard?

Community Member
I think drugs are just getting like scarier, like fentanyl and all that stuff. People are cutting drugs with stuff, so you are not even getting what you thought you might have bought. I hear stories like that all the time. And then if you do something that you didn't think you were doing, then you end up getting addicted to it. I just feel like it's less and less controlled, not that it was ever controlled getting drugs on the street, but I just feel like it's getting more dangerous to do drugs that people get on the street. And I see it happening everywhere, not just in my neighborhood. It's happening to people in college and stuff all the time.

Community Member
Alcohol as marijuana. Those are the two big ones that I see on a regular basis. And even on my floor, but I won't stand for it. I've stopped it at least when I'm there.

Community Member
I think there's probably a pretty big drinking culture in Columbus, whether it's coming from it being kind of like [inaudible], breweries. You always hear about new bars and stuff opening. I just think about some people I know, like friends, neighbors that I have, who, it's a big part of life for a lot of people. And it might be at a point where they could be still getting up for their job every day and they're high functioning, but it's clearly taking -- Either they're drinking too much or it's starting to take a toll on things, but it's not full on they're all the way to the point where they're on the streets. But I think it's a lot more pervasive maybe behind closed doors that people realize.

Community Member
The work-from-home culture exacerbates that because gives the potential that you can roll out of bed five minutes before you have to hit the On button on your computer and be as haggard as can be. And if you actually to get up and walk through the door of your office with all your peers, you probably wouldn't want to present yourself the way you can really muddle through your bed in your home office.

Community Member
I think there's something to be said, too, about -- Obviously, we treat these like really hard drugs as drugs. We treat alcohol as a drug because they are, but then when we talk about health and nutrition, we talk about kids being addicted to sugar and these processed foods when that's all a drug, too, because it's so addictive in that regard.

But I guess the thing that keeps coming to my mind is this singular thing of what we're trying to fight: alcohol, sugary foods, soda, yada, yada, yada. Those are all the biggest sponsors for everything we see and everyone sees day to day, billboards of Coke. Everything sponsored by Coke. Everything has some sort of Sour Patch Kids plastered all over it or this sort of thing.

Obviously, corporations know what they're doing. Obviously, we all kind of know that subconsciously, but it's working to their effect. It's this money generating thing that's obviously having massive, inherently horrible health effects for generations. Everyone says capitalism is this ball that's just rolling down a hill and you can't stop it. It's just going to continue to get worse and worse and worse.

But I don't know where the limit lies of who can sponsor what and how many billboards or how many sponsorships you can see of something before it's happening like this is. Those people voted for a reason. We put so much effort into stopping this thing when it's so prevalent in everyday life.

Community Member
People lack any sort of moderation. It's kind of a lost part, whether it's electronics, time on your screens, what you eat. Some of the richest families from the 20th century were the Mars family, Hershey, Wrigley. Big candy companies have been making a fortune for years because people love candy. But you don't need a bag of it. You can pace yourself. Our grandparents and parents probably didn't have –

Community Member
Biggest pushers, my parents.

Community Member
But they probably didn't have several candy bars a day, and they didn't have giant bags of – Go to Sam's Club and you get boxes of snacks. I just got back from vacation. We had a giant box of some fruit snack thing a day. You're like junkies. You're like little crack kids. They went through the whole box like locusts.

I didn't even notice it. I wasn't paying attention. Where did all this go? And I think that access to food is off the charts easy because of just pervasive affluence across the board. You have access to tons of everything: tons of technology, tons of food, tons of drinks, alcohol, drugs. And people don't have any concept of moderation, or very limited concept of moderation.

Community Member
The advertising always makes like everything is fine. That's from the corporations. They always have these happy people taking this product, and all of a sudden, they're in bliss. It's some sort of Nirvana. It's fooling the children all the way to the adult, getting them from childhood all the way to adulthood to be addicted to a particular type of food or drink or whatever it may be, and making some things cool some things uncool.

And the things that are cool, of course, would be the things that are more addictive. And just like he was saying about sugar and salt. I was interviewing a nutritionist. I used to do a radio show. And there was a gentleman. He said that if you take the sugar out, well you're going to have to then substitute it with something to make it tasty and appetizing to the person.

So that means more fat or more salt. And if you take off the salt, then you're going to have to put more sugar and fat. And so you just can't take it all out. If you take it all out, then all of a sudden, sales go down because people are addicted from childhood, especially the Boomers. I'm a Boomer. So hey, we've been taught we're cuckoo for Cocoa Puffs and all kinds of things that deals with sugary foods, Sugar Bear, and all that kind of stuff. Then they tell you later, on generations down the line, that those things have the same chemical reaction as drugs, just like he said.

Researcher
Over the past year, with COVID being so present, do you think alcohol and drug use has gotten worse?

Community Member
Yeah.

Community Member
I know with me it has.

Researcher
So why do you say that? Most of you immediately responded it's getting worse.

Community Member
There's nothing else to do.

Community Member
More free time.

Community Member
People are oppressed and depressed. They're drinking away.

Community Member
Do something with your day.

Community Member
People have gained 50 pounds, so they have drinking, whatever drugs, and eating.

Community Member

And they gave us more. Kids got their own EBT cards. They've given increases of everything.

Researcher
So let me switch topics again, focusing on children no. We've talked a little bit about it in terms of physical activity, but I'm curious if there are other issues that you've seen or heard about in the community that seem to affect kids more than other. Are there any particular health issues facing children, so those under age 18?

Community Member
There's one. There's one a friend of mine just told me not too long ago, about how all they were doing was just walking from A to B. And because those kids were so sedentary and so used to being on those little games, they were just winded after going, what, a block and a half.

Researcher
Activity. What else? What else have you heard or seen about health issues affecting kids in the community?

Community Member
Like I said, they gained a lot of weight since they were out of school from lack of activity. I've seen my neighbor gain 30 pounds. My daughter did. In two years, this is a lot.

Community Member
I have nieces that's like 15, 14, way bigger than me. My 11-year-old daughter is like the same size as me. And I'm like, why is kids so big nowadays? They don't even look like kids anymore. They don't even act like kids either. They act real older, mature.

Community Member
All my kids and their friends, there's been a massive acne outbreak from having to wear the masks all day at school with the same [inaudible].

Community Member
There are teenagers that are happy to have these on.

Community Member
It's it and covering it up the same time.

Community Member
Sometimes seen, not my kids, but some of their friends have crazy anxiety about COVID that's completely unwarranted. It's not impactful to –

Researcher
You're saying the kids have anxiety about it?

Community Member

Yeah. Some teaching staff are amplify it because they're just zealots about it. And you look around the state of Ohio and your pediatric incidence and your hospitalizations and deaths for COVID, it's a negligible risk for young children, and some of them are just terrified.

Community Member

I don't blame them, just sitting there watching that all day long. I mean, the news is going to tell you we have 17,000 deaths. We had so and so and this person – Why are you torturing yourselves like that? That's torture.

Community Member

In some schools, they're learning that. They're exposing the kids to it because the teachers are wound up about it. And then that anxiety transfers to some of the kids, and some families are just terrified of COVID, and some families just aren't. Actually, you can see them recoil when somebody gets near them. You're going to be fine. You'll be okay.

Community Member

I think that's definitely a learned trait because they're not gonna sit there watching these CDC reports.

Community Member

Yeah, they're probably not. "Look, Dr. Fauci's on. Got to get off Call of Duty. Get my Fauci fix."

Researcher

How about issues affecting newborn children, so kids under the age of one? Have you heard about any issues affecting really, really young children, health issues?

Community Member

They put a lot of stuff in their mouth, so they're easy to [inaudible] and stuff.

Community Member

[inaudible] rates have been higher in the summer. They're usually higher in the winter, but they've been higher this summer, in part maybe because they weren't as high in the winter. These people were inside more.

Researcher

You said the rates of RSV? Can you tell the rest of the folks what that is.

Community Member

RSV is a respiratory virus that is really dangerous for really small children, and they can be hospitalized or die from it.

Researcher

Have you heard about infant mortality or low birth weight babies? Have you heard anything about that recently?

Community Member

Pandemic babies is very smart and fast learning and growing and everything. That's what I heard.

Researcher

How about pregnant mothers? Have you heard about any issues affecting the health of pregnant mothers in the past year or two?

Community Member

Not really.

Researcher

So we've been talking a lot about some really specific health issues. I want to go back up to a couple big picture questions now. So we talked about physical health issues and mental health issues. We talked about access to care. We talked about nutrition and physical activity and even the health of babies and pregnant moms.

I want to talk about some of the things that might run across or thread through all these, that might be underneath all of these or affect all these in some way. The first one relates to poverty. How do you think poverty affects these different topics and issues that we've been talking about?

Community Member

A lot.

Researcher

Tell me Mr.

Community Member

Poverty is like a curse. I hate it. You don't have choices. Your choices are limited. It's terrible. Poverty is [inaudible]. You have to wait around. I mean, you may get help, but you got to wait for hours for help. You got to go through too much to get the help. A lot of people won't go get the help. It takes too long. The process is too much. It's a weight. It's heavy.

Community Member

It's harder to get to resources when you're living with less means. So even just transporting yourself somewhere is more difficult. And then the time commitment. Everything's much more complicated.

Researcher

What else?

Community Member
James Baldwin one time said, "It's very expensive being poor," meaning that you just don't have the resources to be able to afford common things. And I've noticed that when you go to healthcare clinics or facilities of any sort, if you don't have decent type of coverage, they'll send their students, they being the doctors who are specialists of that area or just the internists.

They'll send and to practice on you. You are experimental. Whether it's dentistry, whether it's heart surgery, it does not matter. I've seen it. I've had had it even happen to my own mother. They lied to her, told her that this particular doctor, because she's pregnant, is going to need to go ahead and take care of that. Well, that particular doctor did not show up.

And she was still pregnant by the time we came back. It was her husband who wanted to get that money so that he can be able to be able to just get the money. So there is a certain amount of a lack of empathy when you are without a certain amount of zeros behind your name in the bank.

Researcher
Thank you. What else can you add to that? What else do you think poverty might amplify the effects of some of the things that we've talked about here today, if you think that it happened at all?

Community Member
I guessing part of the reason you're in poverty, too ,would be a low-paying job. And being that most of our healthcare is employer tied, some of those low-paying jobs might not have the same healthcare that someone making more money might inherently have, so they're already at a disadvantage. And I think it kind of just snowballs to the point where you don't have a car to take to these appointments.

You're going to go to a clinic, obviously, that cost less, and you're not going to be the only one going to that clinic that costs less, which is going to make it a snowball your wait times and what have you. So it's just going to be a poor experience that you have. You probably may be less willing to do that or suggest it to someone else who may be going through a similar situation.

Community Member
On the nutrition piece, I mean, it costs a lot of money to eat healthy. I know a buddy of mine, he ended up going vegan or plant-based diet. It was very, very expensive in order to do so. The health benefits are great, but it just costs a lot. Matter of fact, today, I even went to Wendy's and I got a salad, like an avocado chicken salad, and it was $8. I could have got a crispy chicken sandwich and a large fry for $3, and it would have filled me up just as much. So it's expensive to be healthy, so it deters people that don't have the resources to go in the grocery store and get produce. They'd rather just buy a family-sized bag of chips for $1.50 rather than getting the produce and stuff that their body probably needs.

Researcher
Okay. So we talked about poverty. There's another big systemic issue I want to talk about, too, and that's racism. How do you think racism affects some of the topics and the health issues we've talked about here today?

Community Member
African-Americans is like more high risk for everything.

Researcher
Like what?

Community Member
When I was pregnant, I would just read things and it was like, you're at high risk for premature babies or miscarriages. COVID was more high risk or catching COVID. It just seemed like everything's more high risk.

Researcher
How about the rest of you? What are your thoughts on that?

Community Member
I think it's gotten better as far as care, doctors, as far as racism, but it's still there. If you're a certain color, you can get treated better. You can have privileges.

Researcher
Can you tell me more about that? What do you mean by that?

Community Member
Well, if you're white versus black, you can get privileged by going to Westerfield and go to the doctor, getting better. I can go in here and get chicken salad and sandwich one way, but if we go down to Grant, no. That's still a system, but racism, I feel like I'm lighter complected. I'm more privileged than some darker complected blacks, the way people treat me. Not that I feel I'm better, but I am more accepted with white people. And I was educated with white people at a time.

Researcher
How does that relate to public health or just healthcare in general?

Community Member
Racism? There's a lot of black people that won't go to the white doctor, the white man. They don't want to be told that they got to take medicine or something's wrong. They don't trust.

Community Member

I think trust is a big factor when it comes down to that. I went to school up there in Pickerington, and I had a number of doctors, but we have actually ended up settling with this African-American doctor because we didn't like the treatment that the other doctors were giving me, actually, even as a kid. It's just kind the sense that they didn't really care. I'm just a number, just whatever. Give him whatever, push them out the door.

But when we ended up finding the doctor that we stayed with, we actually got that care that we actually deserved. Us personally, or my family, we were definitely not a racist family, so we were accepting anybody that would give us help. But, I mean, it's kind of sad to see that nobody would, or we have to go through hell and high water just to find somebody that would give us the proper care. And on top of that, we even had the means to pay for it, so we wasn't under any type of government assistance when it came down to it growing up, but it's sad to see.

Community Member
I heard a lot of stories where people died from lack of care in a hospital. They don't even check on you or they just treat you a certain type of way. I just heard a lot of stories this year about stuff like that happening in hospitals. I do know that people have been experimented on and given diseases and infections, treated as a guinea pig, like research.

Community Member
[inaudible].

Community Member
I also think bigger, bigger picture, there's obviously internal health and there's external health. And we talked about public safety and how we feel in our neighborhoods and how we feel to be active and be healthy in the state we live in with police violence. Obviously, it goes unsaid that the whole system's pretty messed up. So the comfort some of us might feel going outside to go for a jog to stay healthy and fit might not be received the same way in different neighborhoods for people of different color. So I think police violence, obviously, as a whole is a systematic health problem to communities, too.

Community Member
Studies have shown doctors disproportionately have issues with black patients. And when it comes to delivering the babies, the babies died more so in this country than even in third-world countries. Police: Need I say anymore? We'll skip that one because we know about that one. I don't have to explain that, or do you think I should?

Researcher
Say it if you want to.

Community Member

No, I think we know about the police. Where we live. When we came from being on the boat, brought to slavery, and then finally allowed so-called freedom, the places where the police would actually force us not to go, threaten us or beat us. And loads of lead levels and chemical wastes in the ground affecting our health that way. And we just assume, criminal. Assumed. You walk in the door as a black person, light, brown, dark, light, whatever, you're suddenly a criminal from the get-go. And all of a sudden, the burden is on us to try and prove to you we're one of the good ones.

We're the good guy. We mean you no harm. And this is a major reason why I'm moving to Ghana. Stevie Wonder even said it. He said the better to me. He was talking to Oprah, and this was recent, by the way. He says he's so tired of his children and himself having to explain to explain the obvious that we're just human beings trying to live.

And he's tired of always asking, may I this, may I that, just to breathe. So he says, "You know what? I'm moving to Ghana." And I've been to Ghana. I've been to Ghana in 2016. The moment I got off that plane -- I didn't know this until like a week or so later. Moment I get off that plane, something changed emotionally about me. And I'll tell you what it was. It was the burden of having to prove that I'm a decent person.

I was not followed anywhere inside of a store. No police person was looking at me as target practice or somebody to oppress. The level of expenses, cheaper. So anyway, the major thing is, when it comes to racism, police stress you out, take you out. There's studies that doctors disproportionately, for reasons we do know, will not take the proper care of delivering that baby that's black.

We live in places where there's lead levels that are high, chemical wastes. And we're always assumed as criminals the moment we walk in the door. How can you handle that every day, smile every day, pretend everything is fine every day? That's another reason why there's so much drug addiction, so much drinking and escapism and not watching politics, unfortunately. It's because life is so incredibly burdensome living here.

Community Member
I think it started from birth to the health problems because I heard that we're not even delivered properly. The way we deliver laying on our backs. As soon as you come out, they cut the umbilical cord, and I heard you're supposed leave the baby connected to the placenta so it can get all the nutrition, everything. And that way, it will be less sicknesses and everything in the world. And also, I heard you're supposed stand up and squat. I don't know how true that is, but they said the way that we deliver babies in America is not even the proper way that you're supposed to deliver.

Researcher
I don't know about that. I do know that there are statistics that even here in Franklin County, black babies are more likely to die before they're age one than white babies. Been the case for a while. It's still the case now. Any other comments that you want to share about that particular topic before we move on?

So thank you for all the words you did share with me. I appreciate hearing it. We're wrapping up the mic questions for you tonight. I wanted to ask just I guess another big picture question. What's one thing that you would like your public health department to do or to do differently, maybe to do more of, do differently, in order to help make your community healthier, the people in your community healthier?

Community Member
Set up little mobile places and test for STDs, HIV, and all that more often.

Researcher
So mobile testing could be done more often. What else?

Community Member
I think they should put more nice commercials on. When I was a kid, we used to have DARE commercials. And they'd have celebrities participate in it, Venus, the tennis people. And we wanted to see them, so it's like, "Oh, they don't do drugs. I won't do drugs either." And they promote it more and then make commercials showing how people act doing drugs or something so it can scare kids and people away from even wanting to do that.

Community Member
I'd like to see them get treatment for the people who are addicted and are homeless on the streets. There are cities that do it differently, and they'll arrest you. You can't beg on the street. You can't camp. You can't have tent cities in the woods. And they'll arrest you for vagrancy, and they'll give you an option of going towards treatment or getting treatment in jail, but doing something rather than just letting them continue to live.

I've lived downtown for over 20 years, befriended a lady on the streets, and she's an unmedicated schizophrenic. And when she's on her bench, she's perfectly fine. When she's not, she's completely incapable of taking care of herself. And I don't see the compassion of letting her live as a prostitute on the street, being abused constantly, versus institutionalizing her in some fashion to get her stabilized on her medication long term.

And the same thing with so many of the people. There used to be a homeless camp under 4th Street by the Smith Brothers building, and I went there and we were bringing them food and supplies. They need help. They just need help to get off the streets. I was in DC this year, and they have camps on the street in Georgetown, tents set up. You can't camp in the city. It's not compassionate to let them, and it's not cruel to stop them.

Researcher
You mentioned other cities do it differently. What cities come to mind?

Community Member

Houston. Their mayor has a different program for dealing with the [inaudible] to homelessness, the drug addiction, the vagrancy, the begging, shoplifting, where he has a much more forceful approach where you're going to get help, and we're not going to let you keep doing this. And I think it's better for individuals somehow if you can break that cycle of addiction. If they won't go through voluntary, coerced treatment, then jail becomes an option.

Researcher

Thank you. What else? What else would you like your public health department to do differently or do more of?

Community Member

I guess letting the community know that help is available when it comes down there. I don't really know the budget behind it because I know money is pretty much a big thing when it comes down to everything. So if those funds are available, like she said, to have those mobile health sites and stuff, and pass out flyers or mail them out door to door. "Hey, we're doing this," or take it to the church. "We're doing this."

And just let the community know this is what we're doing on this date, this week, at this location. If you know somebody you know, let them know it's free or at an extremely reduced cost so you could gather those people around. I know they'd had something at East High School in the parking lot, and I've seen it driving by. I don't know if it was this health facility or not, but I seen it driving by. And I live around the corner, and I've never heard anything about it. But I seen them having that event in the parking lot, so it would have been nice to know so if I did know somebody, then I could go get help and I could have told them about it.

Community Member

I think it's money. If you say that we must begin with health and how health can help people, well, the thing is, there's a reason why it gets to the point where it's bad health. And bad health is usually based upon lack of livable wages, employment opportunities, discrimination, and the hostile work environment. These things happen. Everybody can't deal with them. And it happens so disproportionately to black and brown people. It happens to other people, too.

Researcher

Bringing it back to the health department, what else do you want the health department to do differently or do more of?

Community Member

Well, the health department, they have to take action. See, one thing with research, for crying out loud, we have so many laws and studies already on the books that we don't even implement, we don't enforce. What we need is to have these people who are in charge of hospitalization making notations about who is who, if they don't already, why they came in.

Get a little quick bio, not extensive, but a quick bio of, how did you get to this point where you're no longer able to take care of yourself, that you're homeless, that you're drinking or smoking or whatever it may be. And usually, it's going to deal with a pattern that goes straight down from mothers and fathers and generations who've been denying, even with degrees, proper and well-paying positions that they would give others. Then it becomes an issue of health.

Community Member

I think the health department should do more checking on people. Sometimes I get text messages, and I like that because they remind me to take care of myself. "Oh, it looks like it's time for a dentist appointment" or something like that, reaching out to people, making sure they're keeping up with their checkups and stuff like that. And also like how they reward you for going to get checked up. I think they do stuff like that with kids. You go to your dentist appointment. You get like $15 or maybe giving out money or rewards for taking care of yourself. I think that's cool. They could do that for more people.

Researcher

Any other suggestions, any other advice you have? And this is a chance for you to kick back to them anything you think they should be doing. Anything else?

Community Member

I think one important thing would be to develop processes that help people. You can provide all the information you want to whoever you want. You can say, "Hey, your kid sitting on his iPad 15 hours a day isn't going to be healthy," or, "Hey, you should be home cooking your meals instead of buying prepackaged things in the center aisle." But if you don't give them a cooking class or information on how to make recipes, you know what I'm saying, how many people are actually going to do that?

I mean, you could have like a virtual cooking class for people that want to sign up and learn how to cook or something. But I guess just developing those processes to ensure that the people that need the information are actually getting information.

Researcher

Okay. With regard to cooking or other things, too?

Community Member

Yeah. That's just one example. For doctor's appointments or anything, just ensuring they have the --

Community Member

I'm not sure how much the health department thing is, but I know it's a lot of issues with lower socioeconomics populations, a lack of a simple bank account or checking account, and you get stuck going to check cashing places or to the grocery store. And they get a percentage, so you have to pay to cash. Don't pay to cash a check.

Imagine not having a bank account. You got a coffee can in the kitchen or something? What are you doing with your money? And direct deposit for benefits instead of having to wait for a check in the mail. I think schools should be having financial literacy classes. Same thing with messaging from the public health department. It is a public health thing. It's a very simple thing.

Community Member
It helps you manage your life.

Community Member
And there's certain aspects – I'm not sure what it is, but I think something in the African-American community about a lack of lack of trust there as well. But to overcome that hurdle, put a black face on it and make the effort for the outreach to say, "Whatever happened ages ago that caused this level of distrust, it's gone. It's gone. We addressed it. It's gone. Come on, get a free checking account. Get a free savings account. Here's your debit card," because it ties your hands. It's one of those little inconveniences.

Community Member
Offer the finance classes. Some recreation centers offer finance classes to help with budgeting and money management. It helps them. But yeah, that is a public health issue because if you can't manage your money or your finances or even deposit – Like, people need identification. They don't have a birth certificate. The health department couldn't lower their fee or give one free every so often. That would help people be able to get their license or an ID because you have to have your birth certificate, more than likely, or some kind of medical record to get it.

Researcher
Anything else? Any other suggestions? Well, those are all the questions that we have for you tonight, folks. Thank you very much for sharing your time, sharing your thoughts. I appreciate your candor, your honesty with me tonight. I definitely appreciate it.

Organizer: Franklin County Public Health

Location: Central Franklin County

Date: 8/19/2021

Researcher
I'd like for us to just go around the room. And if you could just say your name and what you like most about the area or neighborhood you live in, that would be great.

Community Member
What I like most of my area is that it's very calm.

Community Member
I live here in Whitehall, and it's just a nice and upcoming neighborhood. They're doing a lot of stuff to improve themselves.

Community Member
I live in Reynoldsburg also, and I just like that it's very family focused.

Community Member
I also live in Reynoldsburg, and I like that I feel safe.

Community Member
I live in Whitehall. You pretty much have access to everything, grocery stores, things like that.

Community Member
I live in [inaudible], and I like that I know my neighbors.

Researcher
All right. Thank you all for sharing. So today, we're gonna be talking about health. I'm wondering, first of all, what does a healthy community look like to you? And you can just shout out your answers. We don't need to go in order.

Community Member
Diversity.

Community Member
A healthy community to me is one in which there is access to the resources that people need, whether that's social services, medical, so a community that is supporting their residents with access to the services and resources that's needed.

Community Member

I think a healthy community protects its children, whether that means making sure the schools are safe, or low resource or just the streets themselves the neighborhood, the playgrounds are places where kids can play freely and feel safe.

Researcher

Okay, so protecting children, safe schools and playgrounds and streets and other areas for children.

Community Member

Access to food and health care, to be able to have affordable food from different food groups that everyone needs to stay healthy, and then having access to healthcare, meaning not being afraid to go to the hospital just because you know that you're not going to be able to pay the bill.

Researcher

Okay. What else?

Community Member

Also the environmental health, the greenery, the green spaces and all that good stuff. And a healthy community should have plenty of green spaces for children to play, parks that are kept up for exercise, and then also incentives that foster environmentally sound practices for your land if you happen to own a home.

Researcher

Can you tell me a little bit more about that last one?

Community Member

I'm on a committee for my agency called the recycling committee, and we started recycling within the agency because I spoke to our waste management and asked them if they have a recycling program, and they did. It was just a matter of asking, and it was available. So having those resources available, getting information out to families and community members about those resources.
The City of Columbus is doing all these initiatives to try to reduce emissions, and they didn't meet their 2020 deadline, but they have a new one for 2050. And they're introducing things like thirsty gardens to help with rainwater that pools in places that's unhealthy for children because it gets into our waterways, and those types of types of incentives and things that are going on.

Community Member

There's a lot of food pantries around now that are helpful to people, and I think the properties are being kept up better, and that helps the trash pickup and everything.

Researcher

What else makes a community healthy to you?

Community Member

Being able to talk to your neighbor, knowing that he's going to be out there checking out for your children if something happens, and just watching the neighborhood and making sure everyone is safe.

Community Member

Connection. I think it's important to feel like a valued part of a community. That's what makes it feel comfy to me, that I am connected. And I agree, it includes being able to talk to my neighbors, having access to the resources, like learning where to go and community events. I think that's a part of being connected in a healthy community as well.

Community Member

Encouraging family activities, I think, too. And the city is doing that for us.

Researcher

Encouraging family activities. What else?

Community Member

Well, mental health is a part of being healthy too, so having those types of resources in the communities is also important, especially in our schools, where kids are dealing with a lot of things that they might not feel comfortable talking about at home, but with their teachers, they feel comfortable or counselors or whatever. So I like that nationwide is going into the schools and providing counseling,

Researcher

Mental health and having mental health resources in schools for children. Okay. What else? What do you think are the most important health issues facing people in your communities?

Community Member

Lack of good health coverage.

Community Member

Lack of healthcare coverage.

Community Member

Like it was mentioned about mental health resources, I still think mental health resources are scarce or you don't have the right insurance coverage to access the resources that are needed. So I think that is a big one that needs to change.

Researcher

Okay. So lack of mental health resources and then having that coverage for those.

Community Member

Cost of healthcare in general. It's not only people sometimes don't have the right coverages, but out of pocket, it's just tremendously expensive.

Researcher

So even with coverage, not being able to pay for healthcare. Okay. What else do you see as the most important health issues facing people in your communities?

Community Member

Lack of trust in the healthcare professionals because a lot of people perceive healthcare industry as a business which is there just to make money off of them, so that lack of trust is a big issue.

Community Member

Lack of trust in the healthcare system.

Community Member

I think because of COVID, a lot of [inaudible] got hard hit because of just the fact that we're going into school and out of school, we're virtual, now we're here. Kids really struggled. A lot of kids are behind now. A lot of kids were already behind, and now they're even further behind. So just getting them up to a place where [inaudible] I think [inaudible] education systems are going to have to [inaudible] accessible for the kids, the parents or families, and educators.

Researcher

So education, getting kids up to their grade levels, and especially with all the setbacks from COVID, that can be hard to deal with, not just the kids themselves, but also their parents and the educators who are affected by that system.

Community Member

And then that would be considered mental health.

Community Member

Can you repeat that question?

Researcher

Yeah. What do you think are the most important health issues facing people in your community?

Community Member

I also think the access to the number of providers. I will speak personally. It's been very difficult just to get appointments. To make an appointment, I called in June, and I can't get an appointment until September. How is that? So I don't know if it's because we need more healthcare providers. I don't know what the cause of that is, but I've consistently heard that even amongst my friends, it's several months before you can even get an appointment.

I don't know what my issue is. Two months from now, it could be critical, and what can I do? And then that causes people to overuse the emergency room. That would be the only other option. It's not an emergency, but if I can't get to see a healthcare provider for several months, what do I do?

Community Member

Or even the urgent cares. People are using urgent cares like that, and they're not really establishing. I think that resonated really deeply with me because I have been at the same doctor's office for seven years, and I have gone through five different physicians because they keep leaving the same practice and going somewhere else.

I never get to establish a really good relationship with my health provider. And just recently, I started just like, "Okay, I'm no longer going to have a family physician. I'm going to have this specialist, this specialist, this specialist, this specialist and try to create relationship with at least one of them, and maybe I'll hit the jackpot there."

But you have to be educated to know to do that. It all kind of really goes hand in hand. And also, along with that, we get access to these really great vegetables from these farmers markets and from these pop-ups and these food banks and whatever, but people don't know how to cook them. So it's like, "Great. Now what?" So I feel like there's steps that are missing, in the in between and on the end.

Community Member

I think also it's a matter of being educated about getting healthy habits from being a young child, exercising, eating fruits and vegetables. And a lot of our people are not willing to do that. You see children going to school with chips and candy. You see teachers in school giving out candy to as an incentive. I'm from Canada, so we never do that.

There was absolutely no candy at schools, a no candy policy. So we learned at an early age to demand those healthy habits, eating fruits and vegetables. You see somebody in the class or somebody walking, they have a Ziploc with some vegetables, and that's what they will eat as a snack. So those healthy habits have to start from a very early age so you can grow up with those.

Researcher

Okay. Do you see that as the responsibility of parents or schools or both or other parties?

Community Member

I would say it's a whole government program along with the things because the government of Canada paying for the healthcare. They're invested heavily in educating the parents to give healthy food to their kids just so people will be healthy and the cost of healthcare doesn't rise. So it would be nice to have something similar. I don't know if I'm going to be alive when it happens.

Community Member

I grew up before a lot of fast food, so it developed as I grew. So much is eaten out in restaurants and fast food places or carried in because mom doesn't have time to cook because she works all the time. It needs to be fixed.

Researcher

Okay. Like the lifestyle now leads to people eating out at restaurants and fast food, which is less healthy, and people are maybe also less likely to know how to cook.

Community Member

Even the school lunches. When I see the school lunches and they say this is a healthier version. Back a couple of years ago, I was like, what were the lunch like a couple years ago? It's, I don't know, all processed foods, and they call it healthy. There's nothing healthy about it. It's all extremely processed.

Community Member

It's pre-packaged and shipped from one location out to the schools. It's what food you get on airplanes is nowadays, if you get anything on an airplane nowadays. It's just pre-packaged. Everything has additives in it, too. You got to watch what you're doing. And healthy food can be expensive.

Community Member

It would really be nice to find those farmers and get food to the schools and have some people volunteer to help chefs set up a menu that doesn't cost an arm and a leg, but yet has all the nutrients that the kids need. It might not be very expensive, but put some help from volunteers or be able to come up with some menus that are healthy for kids.

Community Member

I used to work at a school, and one of the teachers actually took it upon himself to create a garden at the school. He had a garden club and taught the kids how to grow fruits and vegetables that they could eat for healthier options, but also grew stuff that could be served at the school for breakfast and lunch. And maybe investing in more programs in that in schools would be helpful, because not only are you teaching students how to grow their own food, but then you can teach them how to prepare it as well, and then they have that kind of [inaudible] before they're adults and are living [inaudible].

Researcher

Maybe having more gardening programs in schools to teach kids how to grow their own vegetables and then also maybe how to prepare them.

Community Member

She mentioned something about just the health starting with our kids, with the youth. What I also feel is a huge issue for overall health, physical, emotional, social health, is the fact that our kids are not active. They're drawn to social media. They don't go outside and play anymore. It's rare that I see children playing, so they're not getting the exercise. And because they're on social media, they're lacking social skills. They get into a lot of tiffs over social media, so it affects their emotional health. So I also feel like that's one of the most detrimental and negative things to our overall health.

Researcher
Okay. Using kids social media too much and not getting outside, exercising.

Community Member
Online bullying.

Researcher
Online bullying. Okay.

Community Member
When I was growing up in California, they had Boys and Girls Club on every corner, and that was your after-school program, and you learned how to play a variety of sports. It was structured. It wasn't just like, you come here and you hang out. It was structured. It was like for an hour, you would do homework. And the people who you played sports were also your tutors.

And I know they rely heavily on people who are volunteering, and I understand that, just as the Big Sisters, Big Brothers program, but there really aren't those types of resources for kids to go to unless you're willing to pay for it, and that was just a free program that was available. We would have swim clinics and learn how to be safe and swim in pools and open water places.

I found out that I love field hockey that way, and I never would have played that without that. And that was just an experience that I will cherish my entire life, and I talk about that all the time with my kids, like, "We got to find a Boys and Girls Club." I feel like the only one I know of is Milo Grogan, and that's not necessarily close.

But I also know that their program is set up differently. I know that the parks and recs, they have their programs, too, but again, that's also pay for each little thing. If you want to do karate, you got to pay 35 bucks plus uniform, plus this, plus that. But if you want to do basketball, it's another 35 bucks, plus uniform, plus that. So I think like those types of community resources to keep kids active and give them exposure to things that they're interested in outside of the typical football, basketball, baseball, swimming.

Community Member
And keeping kids active is probably also another [inaudible] violence and [inaudible] that we're seeing. I know there's a lot of young people who have been a part of that violence, and I think a big

part of it, they don't have anything to do. They don't have a lot of safe, healthy options for recreation and so forth.

Researcher
Okay, providing more programs for kids would also help.

Community Member
Community centers with maybe the older kids supervising the younger kids. Now, it's going to be a revenue generator for those teenagers, and they're going to care for the younger siblings or the kids in the community and providing those programs and making them affordable and available for the kids.

And I remember that's something I'm missing from Canada, we had a community center where everyone knew each other, like if everyone came from the same family and a lot of different activities like speed skating. They would bring up someone to teach them how to fish, all kinds of activities that my children have been exposed to when we were there, and now that I don't have it, I find it so valuable.

Community Member
Kind of piggybacking off of what you were talking about, about how everything costs now. Even going back to like healthcare, to go to a place that doesn't take your insurance, you got to pay out of pocket. That's too much, so you'll go to a place that will accept your insurance, but they kind of treat you like a number because that's how they get their funding pretty much is by how many people they see.

So from personal experience, I might have had to miss an appointment because of work or something, and it's kind of like, "Well, you missed this appointment. We're going to have to fill your spot with somebody else," so now we have to go to another place, redo your initial appointment. They have to get to know this person again.

So it's kind of like you're not really getting anywhere with your healthcare and your mental health, whatever it is, because in a month, you're getting shopped around to three different doctors who don't share information and you're just another number to them. So I think that's another thing, healthcare is so expensive.

The healthcare that you can go to for free is kind of not up to par, and that's from my personal experience over probably the last two, three years, honestly. So I think that is the biggest thing, just being treated like a number when you're going the only place you can go to get your healthcare.

Researcher

And so on these issues with being treated like a number or just not having providers available, does that seem like it's kind of across the board, or does that seem to occur more in certain areas of healthcare?

Community Member
Mental health. I will say that mental health is a big one. And I think it should be treated different than, "I have a headache. My back hurts" because there might be days if you do have a mental illness where you have that appointment, which you can't go. And so if I do need to reschedule that and I call and you're telling me, "Oh, well, you missed this appointment, so we can't see you anymore," now my mental health is even worse at that point because now it's kind of hopeless.

So I think that is the biggest thing is the mental health because now that affects you being able to go to work, being able to get a job, being able to be there for your kids, whatever it may be. It's just like a trickle-down effect.

Community Member
And I think it's definitely across the board. I moved here from the Cleveland area. I had the same issue in the Cleveland area. I have a friend who lives in Grove City, and she was trying to schedule an appointment in that area for her children or herself. It's the same issue. She's waiting months. And even with my primary care physician, I still feel like a number.

He's been my physician for years. He's very, I don't want to say popular. He's a really good doctor. He's thorough. So when you get to see him, he's amazing, but you have to wait four months to get an appointment. And if I get sick before then, I have to see someone else in his office, the first available provider who seems clueless. Did you not read the notes? That's frustrating. And it's across the board

Researcher
And then focusing on physical health specifically, are there any other physical health issues that you see as really important in your community that we haven't already talked about?

Community Member
What I noticed when I moved to Columbus is that we don't have a lot of sidewalks. I mean, it's just in some areas, you have a sidewalk. We don't have that. You're not encouraged to walk because there's no sidewalk. So this city, I feel like it's built for people to own a car, and then people end up being lazy, not being used to walking. And that's easy exercise and it's healthy.

Researcher
Sidewalks and walking. What about chronic diseases? Are there chronic diseases that seem to be prevalent in your communities?

Community Member

[inaudible]. This keeps coming to my mind, but even things like vision and dental care, how sometimes that can be not accessible. I was in a meeting earlier and there was a young lady who, she's a kid and she needs a tooth implant. Nobody will approve for it. They're saying it's cosmetic. They're saying it's gonna be $3000 to $5000 fees in [inaudible]. And her costs are [inaudible], like how are we going to pay for this? Just things like that.

Before even chronic diseases, basic vision and dental. Why is it such a struggle to get something like that for this young lady? And she's a teenager, too, such a vulnerable age where she's dealing with this issue that's probably affecting her self-esteem, her mental health, all that stuff. But all those are [inaudible] things, how she eats and things like that. So just like vision and dental, how accessible is that, really?

Community Member
It seems like vision and dental need to be more accessible.

Community Member
Obesity.

Community Member
I think that vision especially should be available at a school level because I've seen someone, their mom was not educated. He had a very rare eye disease. And when he got older, he went and got glasses, but it did not correct his vision. He actually needed a special kind of lenses, so no glasses will correct his vision. And his education was impacted because of that.

He was not able to go to school. He didn't go to college because he had that problem, and nobody in his community was recognizing the problem he was having, and nobody was trying to dig a little bit deeper and try to find exactly what the issue was with his vision and were calling him lazy, and they were acting like he didn't want to do anything with his life.

And, actually, the problem was that he had a very rare disease, but that somebody else down the road find out about and helping him with it, but it was a great [inaudible] to get that education. I feel like also a lot of people in the community that deal with postpartum depression without really being properly diagnosed with that, and they drive it and it turns into mental health issues. And because of how you're perceived by your community, you don't want to address the issues and go and get help. That also can be an issue.

Community Member
I was saying that I think obesity is the issue that I see in the faces of our community the most, myself included. I know more people who are overweight than I do who are at a healthier weight. So that seems to be like one of the biggest issues.

Community Member

I also feel like the price of food, especially healthy food, organic food goes up, up, up, up when people are still making the same amount of money as they were when it was lower. So it's cheaper to go get a 4 for $4 maybe. Of course, it's not good, but if it's between buying this organic food or buying the best food, and I need to save this money for gas, for rent, for whatever, you're going to, of course, choose those things.

At least I can put something in my belly and my children's belly. So I think that's another thing, the price of everything goes up and not all the time does your hourly wage or your salary go up with it.

Community Member
I think that we are not educated as a community to know better because, depending on the season, you can get some fruits and vegetables cheaper. We just don't know better, and maybe we don't have the skills to find some recipes around the seasonality of fruits and vegetables so that they become affordable to us. I think it's a matter of being educated about what time do we have these for cheap, and let's make meals around that. And then when fall comes, these are cheaper. Let's make our meal plans around that, and that way, you end up saving money. We just don't know enough.

Community Member
Prescriptions. Here in the States, they're so expensive compared to other places, and it makes it almost impossible to afford.

Researcher
The cost of prescriptions.

Community Member
And insurance companies have too much control over what doctors do.

Community Member
It's just that big healthcare lobby, controlling everything and just making money out of everyone. It's just unbelievable.

Community Member
I agree that obesity is probably the biggest issue in my community.

Researcher
And then turning to mental health, what issues do you see as important in your community that we haven't already talked about?

Community Member
Stigma. A lot of people have to deal with the stigma, so they can't come out and get help.

Community Member
And when you do begin to get help for your mental illness, you still have that. So there will be days where it's good. There will be days where it's bad, piggybacking off of what she's saying about stigma. And I think a lot of times when people see that someone's getting help, they think that they're better. And I think there just needs to be more education on what people with can mental illness go through because I feel like, how we were saying, what's the best thing that we like about our communities is knowing our neighbors.

That is a part of maybe knowing your neighbor. So when things are off, you're not just looking like, "What are they doing?" You might know a little bit more. You might be able to recognize signs. I think education on what people go through with mental illness is something that goes along with the stigma behind it, why a lot of people don't get help or will act like they're okay when they're not. So things like that.

Researcher
Do you see suicide as a major issue in your communities or not so much?

Community Member
I guess I don't hear about it.

Community Member
For the young community.

Community Member
That's what I was going to say.

Community Member
For younger people, they're getting younger and younger, actually. I think having more available health resources in school. [inaudible] I think she said something, or somebody said something about it being in schools. But that would be really helpful because those people are trained to recognize those signs. Kids are at school for eight hours a day, and there might be that time when somebody catches somebody and could save a kid's life.

A lot of the social media and the lack of activities contributes to depression and anxiety, and kids don't know what really that is or how to deal with it, but if they can get help early enough, it could possibly prevent them from having suicidal thoughts or attempting suicide.

Community Member
I hear about it nationally, but fortunately, I have not heard about it happening in my community. It hasn't happened at my children's school, and so thankful for that. I don't see it being a problem in my community, and if it is, it's something that I haven't heard about, and I just don't see somebody dying, especially a younger person, and us not hearing about it, so I don't think that's the issue.

Community Member

I think it's more like it doesn't happen. The attempts or the thoughts is what is prevalent, not the actual action, but that's just as bad, if you ask me, to deal day to day with feelings like that. So I think that is probably more prevalent, like the feelings and the attempts than it actually happening.

Community Member

I think our young people are going through so much pressure to be perfect, to be the best, to be famous, to be the breadwinner sometimes. And so I do think that our young in Reynoldsburg actually are facing issues with suicide, suicidal attempts, and mental health issues that have suicide ideations.

Over the summer, I did get a couple of emails from the school district saying that we lost a couple of kids over the summer. So it's there. I know it's there. And the fact that every time I get in the car going from site to site, I hear Nationwide doing their commercial about On Our Sleeves and suicide prevention.

And it's in our schools but it's not really coming home to tell us about what's going on in schools, the positive behavior intervention supports that are going on in schools, the see something, say something for bullying prevention. Those types of things ,people don't know about unless you're actually a school personnel. So I think that is something that is lacking is more community awareness and education.

Community Member

I think we talk about young people when it comes to suicide, but I've seen lately, especially with COVID, that a lot of teachers are dealing with issues. A lot of adults are dealing with those same issue. They don't just voice, but a lot of people are dealing with a lot of issues to the point where they just want to end it. And we need special support for everyone, not just certain age groups. Parents are dealing with that. Teachers are dealing with that. Health care workers are dealing with that.

Community Member

I have a friend, that's a teacher in the Reynoldsburg school, and this has been very stressful for teachers. She's a very social type person, and she really enjoys teaching, and she likes being there with the children instead of having to deal with them over a computer screen. It's been very frustrating for her.

Community Member

I always tell my children sometimes when they complain about their teachers, and I have built a relationship with teachers, and this is not easy for them. I understand that it is not easy for the teachers. They have kids with different personalities. Sometimes it's hurting their feelings, being

disrespectful for them. They have their own mind and their issues in their lives. So if a teacher ignores you, don't see that your life is ending because somebody is just ignoring you. They might be dealing with an issue that you don't know about, so be patient.

Community Member

I think anxiety is another issue, just anxiety itself. And I bring up anxiety because you see kids and adults I've known in the past, before COVID and a little bit before, I've known a lot more adults being diagnosed with ADHD. It seems like the answer for physicians to be like, "Okay, here's the medicine." In a few cases I've seen like, "But also, here's some other coping mechanisms that are not medicine." But everybody's just [inaudible], kids included. Anxiety is a killer also. Anxiety can drive you to suicide as easily as depression can, and you've seen like [inaudible] going out [inaudible] COVID [inaudible] their anxiety.

Researcher

Okay, so anxiety is an issue also for children and adults, sometimes just treated with medication, but not other coping mechanisms that could be useful. Okay. We talked little bit about why people might not get healthcare or might delay getting healthcare. Are there other reasons why they might delay healthcare and not get healthcare besides what we've already talked about?

Community Member

Using Facebook as your information outlets. There's a lot of negative messages in Facebook that sometimes stops people from going and get the COVID vaccine. So fake news, not using the correct words, some safer media outlet to give you information that you need.

Community Member

I will just speak personally. Right now, if I needed to go to the doctor, I have so much going on. I work with a special project that I can't afford to miss a day of work right now or a couple hours of work to go to the doctor. So that's a reason. If my doctor doesn't have any evening or very late afternoon hours, then it's not likely that I would get healthcare in until my project is done.

Community Member

Or even Saturday office hours.

Community Member

And I think a lot of that is actual employers. I used to work in a school, and I had to take all out, almost like shame and guilty, like, "Oh my god, now we got to figure out how to do this, this, this, and this." And I had to get so far. It's like, "Okay, you got to figure it out," but it was awkward. I know some people I would come to work sick and not go to the doctor. [inaudible]. I would say, "Go home. Girl, you're sick. Goodbye." [inaudible].

But I work in a new place now, and I remember feeling like, I need to take off for this. And my supervisor was like, "Oh, great." It's approved. Any time you need to go do something for your

health, it's approved. And I'm like, "Whoa." But you feel like you can't take that time off. You don't feel encouraged to really take care of yourself because work comes first. And I think getting employers to understand that people feel like that, but they should not make people feel like that would be really helpful, too.

Researcher
So making sure that workplaces can convey that you should take care of yourself. You should feel free to have medical appointments, take off work when you're sick, that sort of thing.

Community Member
I think also different alternatives or different options. I know that in some countries, you have a hotline that you can call in and talk to a nurse in triage so you know whether it's urgent for you to go to your doctor or if you can wait. I know that in some countries, they have sometimes a doctor come to you.

I was once in a situation when I was with my children, I had nobody to care for them, and I was feeling really bad. And I couldn't drive myself to the doctor's office. So being able to call and have a doctor come and see me and being able to pay for it is huge. And those are resources that I feel like are not available to us here, and those are options should be available.

Community Member
Doctors have pretty much turned into an 8 to 5 service.

Researcher
So having evening hours, weekend hours would be helpful.

Community Member

And even being able to pick up your phone and talk to a healthcare professional who's going to tell you, "Okay, tell me, what are your symptoms? Do you have a thermometer? Can you take your temperature?" And you see if this is happening or that is happening, and then they will make a recommendation. And sometimes they're even able to send it to a doctor in your area so that when you go to the doctor, they're prepared for what's going on with you.

Community Member
Like my insurance, I do have that, but what about people who don't have health insurance? They have a number I could call and even get the best doctor or ask those type of questions to a nurse, but that's for me because I have health insurance. But if you don't, you're kind of stuck going to the emergency room or going to urgent care.

And when I did not have healthcare, I would go to the emergency room if I really needed to. And sometimes I just wasn't believed that I was either this sick or in this much pain or, "Oh, go see your

primary care." I don't have a primary care doctor, so you're the doctor I'm coming to see, but you're not believing what I'm saying. So now I'm at a loss.

Community Member

Yeah, trust is a huge issue. When you don't have a relationship with your care physician. I hate that. I hate that so much, but some doctors will look at you and decide, no your pain threshold – You're all right.

Community Member

I think that has to do with discrimination somehow because it's been said that when you go to the emergency as a black female, there are few chances for them to believe that you are in pain. A couple of years ago, I was dealing with a gallbladder issue. It was excruciating, and they let me sit there for hours to find out that I needed a surgery right away.

And then they kept giving me some fentanyl or something every hour because they're having more of my pain. So as a black woman, any way you go to get care, even if you're about to deliver, they just don't believe it when you say that you're dying. That's something really bad.

Community Member

I had a similar experience. I went hunched over in pain. They let me wait, wait, wait, wait, and it turns out a cyst had burst in my left ovary. I needed emergency surgery. But at this point, you guys have let me sit here. It's like if I'm not screaming, blood pouring out, if I'm able to handle myself a little bit, then I must not be in that much pain. That's a problem, a huge problem.

If I had not had an emergency surgery, I would have died is what they told me once they told me I needed surgery. How can you look at somebody and they have something going on, on the inside, and you tell them that they're okay? So after that, I wouldn't go to the hospital. I would just tough it out. Yeah, I wouldn't go. And then, once I finally did get my insurance and went to the doctor, I had another growth.
It could have been taken care of if I did have that kind of trust factor and wasn't afraid that I'm just going there getting another bill. Because at that point, that's all it is, is I'm paying to get no help.

Community Member

We don't do enough of the preventative care, I think, as a society, as a community. I think we only go to the doctor if something's wrong. And I think it's because of our negative experiences when there was something wrong. You don't want to hear it. I have a neighbor who is a contracted employee. If he doesn't work, he doesn't get paid.

If something is wrong with him, his family goes hungry because he's the only breadwinner in the family. He doesn't go to the doctor regularly. He doesn't do what he needs to do, A, because as a contract employee, you have to pay for your insurance out of pocket. And fortunately, he makes enough money where he can do that, but then the time associated with taking time off do those

things. Those are barriers that we don't have safeguards in place to ensure that everyone has the ability. The mindset to be like this is important, too.

Researcher
Now I'm going to talk about substance abuse for a minute. So what alcohol or drug use issues do you see in your communities?

Community Member
It's wine o'clock somewhere. I think that's the issues that we've normalized: drinking is okay, to the point where you celebrate, you drink; you're sad, you drink; you're mad, you drink; you want to chill, you drink.

Community Member
If you're alone, you drink.

Community Member
There's a drive-thru liquor store right down the street from my house across the fire department that has a line every day wrapped around the building, parking lot packed. There's a bar right next door packed every day during COVID. They had that whole like, no one's allowed to be out past 10 PM. That place was packed all the way up until 10 PM, and that parking lot remained packed because you could buy a six pack to go.

It's an issue. They're not taking Ubers back home, people, and that's scary to me, is that we have normalized drinking so much that it's a part of our culture. National Margarita Day. We have wine day.

Community Member
Cinco de Mayo.

Community Member
Or even the fact that, in most grocery stores, there's a liquor store. It's like "Hey, get my groceries, get my liquor." It's all together. I think maybe Walmart, Aldi's is the only one that don't have a liquor store.

Community Member
They have alcohol. They do.

Community Member
Yeah. So wine.

Community Member
They'll sell wine and stuff, but every Kroger's has an actual liquor store. Every Giant Eagle. It's part of your grocery shopping basically, and they put it right in the middle so you have to go by it no matter

what. They act like alcohol is not alcohol or something, like it doesn't have an effect on you. It's so normalized. But then if someone is struggling with opioids, oh my God. You know what I mean? I think that's a big problem.

Community Member
They're not taking opioids without drinking.

Community Member
Literally.

Community Member
It's hand in hand.

Community Member
I feel the same way about marijuana. I feel like that's a huge issue, and most people don't feel like marijuana is a drug. It's legal in a lot of states. And that's a huge issue. It is a drug, and a lot of people act like it's not.

Community Member
Well, the thing about marijuana is that people react differently to it. Some people can tolerate it. Other people will not. Alcohol is known to be bad.

Community Member
You can say the same about alcohol. People handle that differently. Functioning alcoholics.

Community Member
I have a brother-in-law that's an alcoholic, and what it's done to his life and my sister's life is unreal.

Community Member
People's lives have been turned upside down because they smoke too much marijuana. They spend their whole check in a day, but that comes down to abuse because, on the other hand, marijuana can help someone who does not have an appetite, who can't eat, or someone who is going through chemotherapy or whatever it may be.

But I do agree with what she said, it's been normalized, like the abuse of it and how much money people do spend on it because I have seen people who will spend their whole check on it. And they're fine because they're smoking it until it's gone. And now they're like, "I have no money." I think they do go hand in hand.

Researcher
What do you see as the biggest consequences of alcohol or marijuana abuse? Talk a little bit about maybe drinking and driving or a lot of your paycheck going towards that abuse.

Community Member
What's the biggest influence?

Researcher
The biggest consequences.

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

Community Member
Piggybacking on that, while you're pregnant and you're using any kind of substance, children are being born and being under-diagnosed, so they're getting over-diagnosed as ADHD, but it could have been fetal alcohol spectrum disorder. It could have been sensory processing disorder because, when they're born, they're addicted to an opioid and they needed to be rocked constantly as they're coming down. And they're missing that movement. Those kind of things where it's a medical issue that's coming from this addiction and just affecting another person's life for the rest of their life.

Community Member
Another consequence I think is to be in constant denial. Whatever you're trying to not face by drowning into alcohol or any kind of substance, you are going to have to face it, and if you want to correct it, you have to face it. So if you keep denying that that thing is happening to you, then you will not find the solution because you don't want to face it.

Community Member
Like she already said, I definitely think financial ramifications of any type of substance abuse is one of the biggest issues. If you're abusing alcohol, if you're abusing marijuana or pills or whatever the substance is, a lot of your financial resources go towards that, which causes you not to be able to sustain your home, which causes you not to buy your groceries, which in turn, you're losing your kids.

Researcher
We have talked about health issues among children, but going back to that, what other health issues do you see among children under 18 in your communities that we haven't really talked about?

Community Member
Breathing disorders.

Community Member

RAD is on the rise right now, stemming from COVID, I guess. That's scary because that can take a kid, just like that.

Researcher

Did you say RAD? Tell me a little bit about that.

Community Member

I don't know what it actually is respiratory acute something disorder, but it's like a severe asthma attack, but it's way worse. It's like choking on your own breath. is awful. Reading an article from NPR about it, because of the quality of our air right now and seeing that children are being hospitalized for RAD during a pandemic where people are on ventilators already, that is scary.

Community Member

Are you talking physical or can it be mental health?

Researcher

Yeah. Anything.

Community Member

Depression. I feel like with COVID especially, I think a lot of children are depressed, but they don't know what it is. They don't know how to convey how they're feeling. A lot of depression amongst children.

Researcher

Are you thinking like teenagers or younger or just across the board?

Community Member

Both, but more so teenagers.

Community Member

I have seen it starting younger, though. I've seen that, middle school age. I think mental illness is something that we talk about way more now, so I don't know. It could have been like this, but I do think I've been seeing it younger and developing in younger children more now than before.

Community Member

Children are having to social distance, too, so they're not interacting with other children. I think that has to be part of it.

Community Member

[inaudible] is not something that they have access to, like education that they access to, how to do and what to do. [inaudible]. TV in general nowadays. So just the risk that they're taking – When I was in school, I would talk to my girls. [inaudible] Some of them were contacting STDs and STIs and

things like that, and then they're scared to tell their parents, so then they're not being treated. So those kind of things is how that snowballs into something that could be more dangerous for them because they're not educated on how to protect themselves.

Researcher
So children are taking sexual risks. They're not educated about what's safe, and then it sounds like maybe they don't want to talk about it after the fact, so that could lead to cracks down the road.

Community Member
I've noticed kids' allergies. Kids are allergic to way more, or there's a lot more kids with allergies is what I'm trying to say. We used to be able to go to a kid's party, everybody eats the same thing. Eat the cake, ice cream, hot dog, chips. Now it's, "Okay, this is the gluten free or this is whatever." Now there has to be different things because all the different kids have different allergies.

Community Member
I think that could be tied to what she was talking about earlier with this type of respiratory. Sometimes it is connected to allergies and respiratory issues and stuff, the air quality and all that.

Community Member
What's in our food now, everything.

Researcher
What about newborns under one? What health issues do you see in newborns?

Community Member
Infant mortality.

Community Member
Yeah, [inaudible] still pretty high. Ohio is still pretty high on the list.

Community Member
Especially for African Americans. You just don't get the same attention and care. It's crazy to me that this is our reality. I mean, it's such a double-edged sword in this environment right now, is that you have these injustices that have happened, and you have this pandemic that has happened, and it's awful. But there's so much knowledge that have come out of it that is making a positive impact in our communities.

Every other weekend throughout the summer, Celebrate One was out there raising awareness on infant mortality, safe sleep, providing families with the proper bedding and clothing for children for free, and I think that's amazing. And it seems like they're still going to do it, just be out there at the communities and the parks, ensuring that there's access make sure that these babies get to live past their first birthday.

Community Member

I think also, what some of you have already mentioned, I see in newborns is respiratory issues and just immunity issues. The babies I have been around, I've never seen a baby get a cold so often. When my children were young, my newborns really didn't have runny noses. I've never really seen that before, so like respiratory issues and issues with newborns. How is a newborn getting a cold? They're coughing with a runny nose, and they haven't even really been out the house, and not a lot of people have been around.

Researcher

What health issues you see among pregnant mothers in the community?

Community Member

[inaudible]. It [inaudible] me when I was [inaudible], but pregnant women are caring less about [inaudible] smoking cigarettes, [inaudible] chain smoking cigarettes even though I'm pregnant. And then the baby suffers [inaudible] because of that.

Community Member

Marijuana is a big one. I've had so speak to a couple people, "You're pregnant. Maybe it's your choice, but you have a baby and the baby doesn't get to choose." I think the legalization of marijuana has made pregnant women feel a little more okay with smoking while they're pregnant. They'll smoke up into a certain month, and then they'll stop.

Community Member

Lack of prenatal care. I'm noticing a lot of mothers are not going to the doctors right away. They're several months in before they'll even schedule their first doctor's appointment.

Community Member

There's not a lot of clinics anymore for reproductive health for women. That is something that we didn't talk about as far as a healthy community, having a women's health clinic or reproductive health clinic. That's important to have. I mean, I drive all the way up to Westerville for mine just because she gave me so much personalized attention that I will never go to another doctor.

That was my first positive experience in a long time with a doctor going for reproductive health, and I don't think people are going to their prenatal appointments. People are not recognizing that. Endometriosis is a huge issue right now. I know probably five women who have lost their babies recently. They were pregnant, and then they just lost them. So miscarriage is crazy right now in my community.

And they were doing the right things. They're doing all the right things. I don't know what's going on, but I just know that if this is happening to women who are doing the right things, it's definitely happening to women who are not doing all the right things for sure.

Community Member

I have a friend who's going through postpartum depression right now, and I have a niece that did the same thing when she was. And that's a rough thing to go through. It's hard on the child. It's hard on the mother.

Researcher

Postpartum depression can be an issue. And I have some kind of big picture questions to wrap up here. How do you think poverty affects the topics and issues we've talked about today?

Community Member

I mean, if you can't afford to buy the right food and have the insurance to go to the doctors, and even if you have the insurance, sometimes the co-pays are prohibitive.

Researcher

Access to healthcare, access to medication.

Community Member

Even to the quality of the care you receive. Now, this was some years ago, but my mother went to a doctor's appointment, and a doctor came in and was examining her. And then another came in after her, and this doctor was a young lady. She was leaving the appointment talking to my mother and the other doctor was [inaudible] here observing if you don't mind. Hopefully that's fine.

And he's looking through my mother's chart, and he says, "Hold it." He stops the young lady. He's like, "She has insurance. You can't see her." So we learned that this was an intern, and they were only allowing her to lead appointments for people that have Medicaid. That makes me so angry every time I even think about it. Made my mother angry too, like, "What do you mean? What if I didn't have this insurance? You were just going to let her stay or do whatever?"

It's crazy. And that happens often. The quality of care you receive is based on your economic level. So that's very disheartening. I've worked with a program in Case Western Reserve where they were encouraging medical students to go into the field and work with Medicaid population because a lot of students come out of medical school and they'll say, "I don't want to work with that population."

So they were offering incentives, and my job was to meet with medical students and kind of develop a curriculum on how to interact with people of diverse backgrounds. Doctors are not even wanting to, and I have a couple of friends who are doctors, and I'm being told it's not that they don't want to, but sometimes the reimbursement level is so low and their insurance is so high.

So then you do get the kids who are right out of medical school. They're probably getting some incentive. They're only going to work in these clinics for a very short period of time, and then they're going to be gone. So that definitely needs to change.

Researcher
We've talked about this a little bit, but how does racism, whether interpersonal or structural, affect the topics and issues we've talked about today?

Community Member
It's already been touched on. She said she was near death pretty much, and they weren't believing her, and I think it probably has a lot to do with the color of her skin. It affects it a lot. It's so much that I can say. Where do I start?

Community Member
It's just so strong. I had surgery, I think it was 2019, and it was a pretty big surgery. I was cut up and down. And I remember after the surgery, I had to stay. Again, I had to be cut up and down. I had a couple other incisions. And when I would push my button, "I'm in pain," it was not time yet. I also just got cut. You moved around my organs inside of my body, put them back, sewed me up, put staples, and now you're telling me is not my time for my medicine.

And I just couldn't understand because you can see that. And that's the only thing I could correlate it to was the color of my skin because I just a couple hours ago had this surgery. And even once I got out of the hospital, the insurance company would not approve my payments to the pharmacy until the next day. It was horrible, and I just couldn't understand that. I just didn't get it.

That's how I've been treated because I've had issues with that my whole life, and that's how I get treated, especially every time I go to the hospital. I get treated like that, like, "Oh, it's not time yet," or "Oh, we do see you have a whole bunch of cysts on your ovaries, but we're going to give you some Tylenol. Go home." And so I don't know what else it is. And I can feel it when they're in my face.

I can feel it, like they think I just want medicine. And it's a big problem. And I know many, many African American women who deal with that, especially at the emergency room, in the hospital, where you're going because you don't have another choice. It's a sick, sad problem.

Community Member
And we're not examined. I've worked at Children's Services before. I had a staph infection. However, I went to the urgent care at least two to three different times because of what was going on. At least two of those three times, I was not even examined. He talked to me, he wrote some stuff down, and he said, "You have an infection of," I don't remember. Prescribed me a medication, I take it, I'm not getting better.

The same things are happening. I go back, it's the same thing. I wasn't examined. They only talked to me. Only was when I went back the third time and a doctor actually examined me, they figured out I had a staph infection that I got from work. So we're not examined sometimes. It was like they didn't

want to touch me. "Just tell me what's wrong. I'll write you a prescription and you can be on your way." They're very dismissive of African American people, women especially

Community Member

[inaudible] insurance factor. And we were talking a little bit ago about prenatal visits and that several women won't go for a while. I remember when I was pregnant with my oldest, and I was in my early 20s. And I also had a master's degree, but you wouldn't know it just when I walked into the room. I had on sweats because I was pregnant and tired. And the woman that was [inaudible] was so rude to me. She was so rude.

She did not know [inaudible] in there in my first apartment, but she was parking the car or something. And my mom came in, and she's dressed up because she's going to work afterwards. And I told my mom, "This lady is so rude." And I think my mom just kind of like [inaudible] went over to the health department. [inaudible]. If didn't have that backup, I would never want to go back to the doctor again.

I would never want to go if you feel judged, you feel not cared for. So maybe that's why some women don't go when they're pregnant. They're like, "Oh, that's awful. I don't want to deal with that." But that is such a hindrance where people are actually seeking the care only when they need it because they know that bias is there. They know that discrimination is happening. I know it's a little bit of people's personal bias, but also very systematic.

Community Member

I've been to the hospital for the issues, and I think I had a doctor who was a person of color one time. And I'm not saying there's anything wrong with doctors who aren't people of color, but I've always gotten terrible care until I'll call my main doctor who has my information.

And now she calls, and now they're like, "Okay, let's get on the move." But I think there needs to be more diversity so there can be more people who understand. You just don't understand. You don't have to deal with these same issues because you are not a person of color or an African American woman, to be specific, because I do think it happens more to African American women. So I think that is another problem with the healthcare system, the diversity or lack of diversity.

Community Member

I think language barriers are also an issue. And healthcare systems that tend to be systematic, they have these posters that say, "If you need a translator, great," but they're not always in house. You have to wait three business days to get an interpreter for a doctor's appointment. That's crazy.

Community Member

So then that's when the daughter or the son is interpreting.

Community Member

You have a seven-year-old kid interpreting your medical care. That's crazy.

Researcher
How does education affect the topics and issues we talked about today?

Community Member
You hit that on the head, walking in.

Community Member
Very much. I'm sorry, I'm drawing a lot from personal experiences. My aunt was recently diagnosed with breast cancer. She's doing very well now. And when she told me, I know my aunt, she doesn't like to ask questions because she's not very confident. She has a high school education, so I knew she was not going to ask the right questions. I didn't tell her. I just showed up her appointment.

She's like, "What are you doing here?" So after the appointment, she got a little bit annoyed with me because I asked questions. I'm like, "You can't just accept what they're telling you. You have to ask questions, and if you don't understand, we'll research it. But to just accept what you're being told is not okay, so that's why I am here because you need to ask questions."

I feel like when people lack education, they don't enquire. They feel a little intimidated, so they just accept whatever the medical professional tells them as the gospel truth. No, you need to question. You need to ask. This is what you need to say, and I write things down for her. She still doesn't, so I have to actually show up.

Community Member
There's a sense of self advocacy that you can't necessarily express what you're thinking. When you're in these moments of high pressure, when you're hearing bad news about your child from your pediatrician, you'll just be like, "Okay, uh-huh, yes." But you forget to ask, "Why am I taking this medicine? How is it going to make it better? What should I do if I see these x, y, and z?"

And you just have to read these pamphlets when you get home, but that's when all the questions start happening. I work with parents every day, helping them identify mental health issues or developmental delay issues. And I'm talking to them on the phone, I'm always like, "Okay, so this is the next meeting that you have coming up. Do you have any questions?" "I don't know what to ask." And I said, "Well, here's how it's going to go and here's who's going to be there."

Then they all of a sudden have these questions. And I said, "Okay, this is what I heard you say. These are your questions? Do you feel comfortable asking those questions during the meeting? Would you like me to type them for you send them to you in an email so that you know to ask those questions later?"

Those types of things, and they wouldn't do that for themselves going into a meeting or even when they're scheduling appointments. They don't ask questions about who's going to be there, how long is it going to take. And that comes with this special level of training that happens from your parents, but also it happens in school to be okay to ask.

You're not being defiant and you're not resisting authority. You're just seeking clarification. And I think we do this to ourselves. We do this to our kids, like, "Don't question me." But it's important that they do. So, education is important in healthcare, for sure.

Community Member
I know something that I [inaudible] is critical thinking. They can go all the way through whatever levels of education, but if we're not giving people the tools to think for themselves, they're thinking about asking this question, they're like, "Well, why is that like that? What does that mean?" Even stuff like what does that mean. So that critical thinking that often happens later on in education, but can happen earlier in school, can be inserted into any curriculum. Critical thinking is important to self advocacy.

Researcher
So critical thinking. So we're about out of time, but I do want to open it up to all of you and Teresa to just see if you have any last minute questions that you'd like to pose.

Researcher
Not necessarily a question, but you brought up a good point about the respiratory [inaudible].

Community Member
It's RSV. I think I had the wrong [inaudible].

Researcher
One of the things that we are seeing, especially with COVID, is that children who were just born, their immune systems have been compromise because they've only been around their immediate family. So now what that having the world open back up and parents are taking their kids out into daycare and to school, those kids are getting sick.

And that's where the respiratory disease has now come up because so many kids are now getting sick with that because their immune systems have been compromised because they just stayed at home for a year or more just with their families.

I did just want to bring that point up, that that is something that we are beginning to track and talk about in public health because it's becoming an issue and probably will be. No telling what we're going to discover after we go through this year with kids being back in school.

But overall, I just want to say thank you all for coming out tonight, and the conversation was fabulous. We really appreciate it, and I can't wait to see because this is our last group, so I can't wait to see all the feedback we've received all put together. There's been a lot of great comments, and the mental health issue has definitely been something that's come up at every single meeting that people are really homed in on. So thank you.

Researcher

Thank you guys so much for being flexible. I know at the last minute we had to switch some things around, so I really appreciate you guys for rearranging your schedules to share your thoughts and perspectives.

Organizer: Franklin County Public Health

Location: Northeast Franklin County

Date: 7/28/2021

Researcher
So I'm wondering if maybe we just kick this off by introducing ourselves to one another, maybe just say your name and what you love the most about your neighborhood or the community you live. Do you want to start us off?

Community Member
Sure. Good evening, everyone. [inaudible] in Columbus. I currently live [inaudible] and I love my community. I love how everyone on the street knows each other, they look out for each other. I don't often have to worry about my daughter when she's out playing with the other kids in the street. Its' a cool neighborhood.

Community Member
Hi. I live in Westerville, and I like my community probably similar reason that he does. It's actually a pretty quiet neighborhood. Not too many homes. Not a lot of traffic on the roads, so everybody's safe in that respect.

Community Member
I actually live here in Clinton Township, and I really like that we are a very small township of about 4200 people. We are fortunate enough to have our own fire, police, and roads department. And we have a very small hometown-type feel to it.

Community Member
Currently, I'm living in Reynoldsburg. Like he said, I like knowing my neighbors and knowing that we're there for each other.

Community Member
I live in [inaudible]. Similar to what everybody else was saying, peace of mind being in the neighborhood where you know your neighbors. I have a three-year-old son, so just having him outside and knowing that it's just not me watching him or my wife watching him. We have our neighbors also that are also looking out for each other. I really like that aspect of it.

Community Member
About my community, I think I'm very [inaudible]. In general, the kids are playing all together. They're going to their house, and [inaudible] ask for the kids [inaudible] kind of play out. I think it's something very nice how these kind of bonds between all the kids are and also with the families.

Community Member

So I actually live in the house that I grew up in. I bought the house from my mom. So I've been in this neighborhood for like 27 years, minus going to college and coming back, and I really enjoy the fact that the elderly lady who lives across the street is the same one that's been there my whole life. So the sense of community is almost like family because I've known these people forever. So you know that you can count on them when they're the same people who looked out for you when you missed the bus one day. As an adult, they watch your house if you have to work nights or something like that.

Researcher

Thank you very much. Thanks for sharing all that. So I was hoping to maybe just start out with – Oh, would you like to introduce yourself?

Community Member

Yes. Hi. I live in [inaudible]. [inaudible] I came to US in 2008, and I moved to [inaudible] in 2011. The fact is, I didn't go there for that, so because of the [inaudible], we moved to Columbus, Ohio, like seven years ago. So I was [inaudible]. Thank you.

Researcher

So I was hoping to maybe start off with a big picture question, and then we can have [inaudible] conversation. So here's the big picture question for you: What does a healthy community look like to you? What makes the community healthy?

Community Member

I'll start. A healthy community, to me, has access to things like fresh foods and produce and groceries and [inaudible]. It has access to healthcare when necessary that's not too challenging to reach and get to, and it also has the presence of those other kind of social activities that promote health, like walking trails and bike paths, things like that.

Community Member

I think healthy communities also include sidewalks everywhere, as well as street lights and ensuring that people are able to kind of come and go as they please within a safe fashion. Definitely making sure intersections and things like that are safe, considering when construction and things like that are done based on the traffic flow and health and safety of the people that are there.

Researcher
What else makes a community healthy?

Community Member

I can say something. In [inaudible] safe [inaudible], so we lived more like [inaudible] system over there, and some of the [inaudible] streetlight, so those type of things are very important to the safety of the community.

Researcher
When you said sidewalks before, why is that important?

Community Member
Well, it's important for people to be able to take a walk, et cetera, but also you don't want kids getting killed while they're trying to walk to the bus stop or attempting to go and play with friends. I'd also add, too, I think it's important for healthy communities to have strong opportunities for education and jobs because if people don't have that, then they can't really do much else.

Community Member
Can you define what you mean by healthy?

Community Member
I was going to mention [inaudible] right after you, actually.

Community Member
Okay.

Researcher
[inaudible]. What kind of [inaudible].

Community Member
Because I'm hearing things that sound to me like safe as opposed to healthy. When I think healthy, I'm thinking things like fresh water, fresh food, or good food to eat. I think nutrition. I think physical activity. I don't necessarily think safety, but it does ensure health in that if a person gets harmed. So I suppose I would think of gyms or parks or hospitals nearby, something to that effect. When I think of health, I think of hospitals, like a nearby hospital would be something that I would think would be healthy, I guess.

Researcher
Okay. [inaudible].

Community Member
Segue on that or to emphasize that, your shelter has to be such that it's healthy, mitigation of lead paint, safe drinking water. So no lead in your water or no other contaminants or whatever. So you certainly need to have a healthy living conditions inside the area you're breathing in the house and the water you're drinking, so kind of a segue after that.

Community Member

Can I add to something someone just brought to mind also for me is that, in addition to those healthy things like drinking water and the air you breathe, it would also include traffic and mitigation of traffic, a lot of cars and fumes and exhaust. That's something that doesn't necessarily lend itself to a healthy environment if there is a lot of traffic near the places where you live or congregate.

Community Member

Or heavy industry close by.

Community Member

Yeah, or having industrial parks close by or train stations and things of that nature that pass off a lot of fumes that could impact kids, or powerline grids that might have other kinds of things like [inaudible] and radiation that might have a history of causing things that are cancerous. The presence of those things do impact the health of the community.

Researcher

So let's maybe put that question to one side. What do you think are the most important health issues facing people in your community?

Community Member

Drugs and alcohol and overdoses.

Researcher

Drugs and alcohol. Got it. What else?

Community Member

Access to healthy foods leading to food-based – or consumption-based diseases like diabetes, heart disease, and certain forms of cancer like colon cancer.

Community Member

Kind of like what you were saying [inaudible].

Community Member

Just based on the question, what comes to my mind is lifestyle. I think the past couple years have kind of shown, regardless of what side of town your own, your lifestyle has to change a little bit in order to be healthy. It's not just about taking your medicine to get healthy. You have to actually be proactive in eating the right foods, seeking out the right foods, surrounding yourself around the right people because stress also can lead to other things. I think of that. That's what I think about is just that lifestyle, changing certain behaviors that you can actually control yourself in order to make things better for other things regarding healthy lifestyles.

Researcher

Can you dive a little more into that? So you talked about maybe – or dive into the eating, that people need to surround themselves – What other behaviors come up here?

Community Member
Mindset. I think we get fed a lot of negative news a lot through social media, through the news sometimes. But we tend, I think as a community, as a society, however you want to spin it, I just think we look for the quick fix. What's going to make me better right now instead of, hey, how am I going to change my life for the better for my family or for my community? And with that, I'm just going to put COVID as an example, when COVID started.

Before COVID happened, I think we were very comfortable, and then when you get the simple privileges of just going to the store or going out and going to the movies, something like that, taken away from you, it's kind of like, okay, my social aspect is taken away. I can't go to church. My spiritual aspect is kind of taken away. And then, oh, the gyms are closed. I have to figure out how I'm going to physically stay healthy as well, so what can I do?

That kind of makes you think, okay, how am I going to survive now? Because we've had those, I guess you could say those safety nets, I guess you could say, that we always – Oh, this is not going to go away, but it got taken away from us, and so we have to figure out how we are going to cope with – Maybe some of us got laid off. Some of us may have the kids at home every day, different aspects like that. So you have to figure out, okay, how am I going to deal with the stress of not knowing what's going to happen in the future?

And a lot of people got creative. A lot of people got – It really showed kind of who is complacent and then who is like, okay, I can't live like this. I need to figure something out in a way. And that's where we're at now, I think. It's kind of divided right now, but that's what I kind of think of.

Researcher
Anything else come to mind for you in terms of some of the most important health issues that you see in your community?

Community Member
I think right now, it's like loneliness, feeling lonely. I know kids have to spend almost all day long alone because parents are working, and now even parents have been lonely because they don't have work. But at home, they would have the support, like they shouldn't [inaudible] there alone with [inaudible] that they barely know because it's been one hours, two hours [inaudible] to them, and now they're getting to know their own children after five, 10 years.

So for one side, it's like, okay, I have time to spend with them. The other side, it's like, I don't know them. We always fight. Who can help me to deal with this? So I think that is one of the things that COVID brought to the families. I think many people are struggling a lot with that.

Community Member

Getting to his point, I have a 24-year-old daughter. My experience is that, even among her and her peer group, there were high incidences of depression, anxiety, and other mental health challenges that have emerged significantly over the last year and a half.

Community Member

Yeah. I'm an educator, and I had a lot of students who had come to my office and who would talk to me about having suicidal thoughts and struggling with suicide a lot this past year, and talking about how their parents were unable to help them. So I would say that mental health is probably the number one issue, mainly because, if you don't have good mental health, you're not going to have good physical health because you're not going to want to get up and go do anything.

And if you don't want to get out of bed or you don't have the motivation, then you're not going to – it's going to be hard to continue life the next day and the next day because you're like, what's the point? So you have to have good mental health. You have to have good spiritual health because everyone needs a reason to live.

So I would say that mental health is the number one issue because everything kind of trickles down from mental health, whether it's physical health or whether it's spiritual health. I think you kind of have to be in a good mindset. But when it comes to physical health, there seems to be – there still seems to be cancer. That's way up there.

There still seems to be obesity which is up there. There's all sorts of other health issues above COVID right now, not to downplay COVID. I know that my behavior changed a lot since COVID hit because I started taking supplements that I researched for – You take more zinc, you take more vitamin D and C and some other things, and it really made me want to keep going because I have four kids that I have to look after, and so I'm going to keep going so that they keep going.

This whole year was a struggle with them with mental health as well and just trying to get them to keep going because they're just like, "What's the point? We're never going to be able to get out of this house." So they did not enjoy being on lockdown.

Researcher

[inaudible] getting used to that over this past year for sure. So what kind of physical health issues are you seeing in the community? I want to ask about physical and mental health. So let's go to physical first, and then let's come back to mental health. What physical health issues do you see in the people in your community?

Community Member

I'm seeing a lot of people – I feel like, at least in the last year, people have either gained weight or they've lost weight. There's nobody who's the same as what happened before COVID. Everybody

has had one or the other, and I'm seeing a lot of people who are struggling with the weight gain or been struggling with mobility problems.

They're struggling with, again, making the healthy decisions as far as food is concerned. I've had a lot of people telling me about, their cholesterol is up, their A1c is up, all the things that come with not having a healthy lifestyle. And on the flipside, the people who have lost weight, many of them, they didn't lose it for mental health purposes. They actually were laid off and had nothing else to do besides exercise multiple hours every day or whatever. And so with all of that, these people seem to just have gotten so much healthier than they were before.

So I really think our community, even though we talk about – As we're talking about health in general, I think about the kids and I think about the education and I think about how many kids are going to be labeled as having learning disabilities, et cetera, because they've had a year plus now where they've not been able to go into school and do the things that they needed to do, or they go to a school that doesn't have the resources to try to bring them up to speed, so then they're left behind, versus the kids who maybe had a parent who was already a stay-at-home parent or something who was able to sit there and teach them and put forth all this effort into ensuring that they got their education, even though it was over Zoom.

So I feel like, at this point, our community is split, and I don't necessarily think it's like – Previously, the argument would have been, oh, it's just the more affluent people. I don't even think that's the case anymore. I really think it's, you have people who – COVID impacted everybody, but I think you have people who COVID impacted and they were able to either adapt or their finances or whatever the case was such that they were able to be okay, and people who their finances, mental health, whatever, were such that they were just not.

And so I think we'll probably be seeing the effects of this for decades and probably generations to come because just the differences in the way kids have been able to get their education, the way parents have been able – People are pulling money out of their retirement accounts. So we're going to have people who are now not able to retire the way they were. So I just think there's multiple –

When I think about physical health, I think about people's needs, if that makes sense, and one of the needs in physical health is to be, in some way, shape, or form, active or something of the sort. And to me, especially for kids, their activity comes from the school. Much of this has been split, so I think we've got two communities [inaudible] one.

Community Member
I think physical health also entails nutrition. 80 percent of it has to do with nutrition, and 20 percent has to do with physical activity, and I think that people are just not educated in nutrition. I mean, how many of us learned about nutrition in our high school classes? Not me. And I was one of those people who gained about 10 pounds during COVID. I was not very happy about it, even though I worked out.

But you have a little sweet here and a little sweet there, and it starts to – So I had to really do a couple extra workouts. Anyway, but I think a lot of it has to do with nutrition when you know what to eat and how much of it to eat and you balance your carbs and your proteins and your fats, I think that really makes a difference as opposed to doing more physical activity.

I think that people need access to education and nutrition and access to good foods, because why is it that junk food costs so much less than clean food? For real. So I think a lot of it has to do with food, and a lot of it has to do with knowing how to eat those foods because that's how you get good health. It has to do with what you're putting into your body because that's what's going to help you be healthier and to boost your immune system as well.

Researcher
You want to share anything?

Community Member
Yeah. I just came in late a little bit. So yeah, we might have already touched on the issues, and a lot of feedback might have come already on the forum. Indeed, in my experience, the COVID has impacted all of us, you know, in a way we have never heard of before. But this is a very dreadful disease that has really impacted all of us, everybody. Whether you've got COVID, whether you have positive or negative, it doesn't matter.

Whether you're a president or a common American people, it doesn't matter. People are always very scared and very frightened. And whether you mask not, still the situation was there. And I have demarcated this physically, mentally, psychologically, culturally, educationally, you know, so this has impacted every aspect of our lives.

When you talk physically, people were really separated, and we could not get to know each other and the celebration, the events, that we used to have, you know. Generally, we were totally isolated on that part. And you deal with people who started experiencing some kind of, you know, anxiety and depressions, and mental health has the real source of that isolation.

And now, whether we take it into consideration or not, government is doing a lot of things to put resources for building up the capability and ability of people, you know, mentally, but I don't know how the resources are demarcated and how these people are really, you know, getting the needed the help they are really needing.

And six out of 10 Americans currently, kind of in my own evaluations, are impacted by this COVID-19 pandemic. So mental health is already downward-spiraling situation for all of us. And before that, also, there was mental health in this country, but this has really tripled up the situation. And now, whether you talk about education in the schools for kids, you know, communities, the health centers,

medical institutions, academics, organizations, and agencies in the communities, all they have some kind of, you know, mental emotional health being, you know – Yeah.

Researcher

Let's talk about that. You talked about mental health and [inaudible] some people. You mentioned that, too. Do you want to talk about that? What do you think are some of the factors that contribute to mental health issues, whether depression or stress or suicidal? What are the factors that contribute, the [inaudible]?

Community Member

One thing that I'd like to add on that part is, I myself, I had the positive one time. And when people started getting COVID-19, I was already stressed it might inflict me also, but suddenly it came. And then I was hospitalized for two days. And luckily, nothing had happened. I came back normal. And the main source of the stress was the COVID-19, because before that, I was very healthy human being, very healthy men.

I used to do exercise yoga, in the morning, half an hour. I have been doing this for 21 years. And strong inhalation and strong exhalation has been my strategic formula at the time. That really helped me. And at that time, there was no medication also and no injection for this one. So that was part of that. And we cannot go to shop, and our financial situation was again on the downward spiral, and that has created, a couple of situations. Once we already had the COVID, [inaudible] we go to reserve. Financial situation was on the downward spiral, and not having enough money to do our daily lives has really impacted. That was the main source of stress and anxiety.

Researcher

I saw you raise your hand.

Community Member

Yes. Well, I mean, at the time that COVID hit, I had like four jobs, and it was kind of nice to kind of be under lockdown in a way because I didn't have to do some of those jobs, which was nice. But at the same time, there were a couple of them that I had to do very differently. So I had to learn how to do some things via Zoom because I'm an educator and I work with kids with learning disabilities.

So I have a student that has autism. It was very challenging to work with a child that has autism and keep their focus, but he managed to thrive and do well. With a lot of these other kids, including my own, they were very, I like to say COVID-noid. They were very paranoid about getting the coronavirus. They were constantly wiping all of our groceries down, washing their hands excessively.

They didn't want to leave the house because they were afraid that they would get the coronavirus, and it was very frustrating for me because I had to leave the house a lot. And so as soon as I would come home, they'd be like, "Mommy, you need to take a shower. Go take your clothes off. Go take a shower." And it didn't help that I'm still living with my ex-husband until he finds a new house.

And that was very challenging, because he really kind of played into that fear and kept them in the house with him. And it was very challenging for both of us because I felt like they could leave the house, and you can wear a mask and you can still go to school when the school is in school. You just have to make sure that you keep your distance from people and be safe.

But three of my kids didn't want to go to school. One of them really badly wanted to go, so she was able to go for a couple of days because she just could not learn via Zoom. And I think that was the big challenge for the kids was they could not learn over that. They'd get distracted, have another window open and start playing on Roblox instead of doing their work. It was very, very challenging for educators as well.

I think it definitely contributed to the mental health issues because I know that there were teachers that I was pulling out of dark places who just were very frustrated with the public learning platform that we were using. And so it was very challenging for them to try to grade the students and have to try to prepare them for the air testing, which they thought was ridiculous that they had to take.

But I mean, it was definitely a challenging year mental health-wise. There were a lot of contributions in regards to job loss and loss of members of their family who they lost due to COVID or due to other things, and then just not being able to connect with their friends or teachers or anybody else, really, outside of their family. And there were a lot of kids who are coming from abusive situations at home or negligence at home, and they were, like I said, coming to my office with suicidal thoughts.

Researcher
Makes me think about something you said earlier. We'll probably see the effects of this many years in the future. Let me switch topics a little bit here to go back to something that we started out with about the notion of access to healthcare. What are some reasons that you think residents may not get or delay getting the healthcare that they need or want?

Community Member
Can you repeat that?

Researcher
Sure. What are some of the reasons why residents might not get or can't get the healthcare that they need or that they want?

Community Member
One is proximity, right? And what I mean by that is the availability to proximity high-quality healthcare service providers, meaning how far do you have to travel on foot or in a car to a pharmacy or to an urgent care center or to an actual hospital or doctor's office or dentist office. If those things aren't present in your neighborhood, it impacts your ability to access.

That's what I've been talking about, the bureaucratic components of access, like health insurance. I'm just talking about the built environment, the access to the structural things that are related to healthcare access. We can talk about that also, the things like having health insurance and the type of job that offers you benefits that will get you those type of things as another barrier to access, but that's a separation from living in an environment, in a built environment where you don't have walkable passage to things like urgent cares or hospitals or pharmacies or dentist offices in your neighborhood.

Community Member
I wanted to add something else, because I was talking with someone about their experience, and there is a common factor about empathy. When they go to these places, for them, it's hard. Their English sometimes is – They also find these story like, "Okay, hold on here. I'm going to get you somebody," and they could spend two hours and nobody approach or at least to say, "No, we couldn't find nobody. Let's try some ways different." Yes, I will let them know.

And also with people that can't speak English, and they go and try. And they say that they they're just waiting because they have to wait for an appointment two hours. Sometimes the doctor is always busy. It's not there. It's another one, so the treatment that they were following, the new one's like, "No." And every time there is a new doctor, it's a new treatment. So they feel like they're no one to anyone. So that is the other thing that comes from my family and people I work with.

Researcher
Thank you for sharing that.

Community Member
I work in healthcare, and I can say one of the biggest issues that I find, not just for myself, but for other people -- So I want to say for the last year, there's been a lot of COVID concern. And so, you can't get people to go and do their regular doctor's visits because they don't want to be in healthcare setting because healthcare setting equals potential exposure to the sick people who are there, and they may have COVID.

So I think that's been somewhat of a concern. I think the other concern, though – I'll speak on three. I think the second concern is the bureaucratic portion of medicine in general. And from patient perspective, definitely, whether it's finding translators for people, it's finding them in their language and doing that quickly, whether it's the issues we have now.

People are working from home, and so you have telemedicine visits, which are absolutely wonderful to get people in. But the flip side is some people, if you're working from home, you missed the phone call, then that's it. So you're struggling to get what you need. There's the struggling to understand your co-pays, where you're supposed to go for your insurance, and all that jazz.

But then on the other side is that, once you've seen the doctor, the doctor asks you to do something, the prior authorizations for medicine, the fighting back and forth to get labs or things done and covered. The fact that your doctor can say, "This is what I want for you," and your insurance can still say, "Absolutely not." And so there's that.

I think, thirdly, the issues that have been – And I'll agree with the issue of empathy. I think it goes on both sides, though, and I feel like healthcare over the last year has been martyred. It's like, "Oh, doctors, nurses are heroes, and they're out here fighting this thing, et cetera." But the majority of people are not realizing what COVID did to the healthcare profession and healthcare professionals.

I have multiple friends who have left medicine are trying to figure out how to get out as quickly as possible because of the fact that we were placed in a situation where, one, everybody in healthcare has signed up to help people, even the ones who don't show empathy. At some point in their career before they get burned out, they wanted to help people.

During this, you then were placed in a situation where you were caring for people without the proper protection you needed in a very high-stress environment to start with, now high stress and high anxiety, oftentimes sacrificing things from your own family. And so therefore, now there's about to be a struggle where there are those who choose to stay in medicine, and how do we kind of heal from the PTSD that is stuck in from this situation and continue to connect with patients.

I've actually heard patients say things like, "Well, I don't know why we're doing all this with healthcare providers. They didn't lose their jobs." Well, I did. I had a contract set up. I had a job I was supposed to start, and they closed my site because people weren't coming in to get their regular care. They didn't need me, which meant my job was gone. And I had to turn around and figure out what to do until I couldn't find another one, and that was a challenge for me.

So I feel like both the physician shortage, the nursing shortage, mental healthcare shortage is only going to get worse. And I think there's a lot of people who were considering going into medicine going into nursing, whatever, who were kids come down who now are like, "I don't want to do that," because it's almost like going to the military.

You don't know what may happen to you, and that's what you're signing up for, which is something that nobody who's in medicine right now ever considered being their reality. So I think there are a lot of issues in general right now when it comes to healthcare, as far as just trying to get back in. And I think for some people now, we're seeing huge rushes of people.

Let me say this. Two months ago, the rush started, and now it's like slowing down because many people have gotten to a place where, now that there's this delta variant, they're afraid to come again. But people were coming back to get their care. And then it's hard to get in because now everybody wants an appointment because nobody had one for two years. So I think it's an interesting situation,

Researcher
What do you think are some of the reasons why some residents may not get or delay getting the healthcare that they want or need?

Community Member
I actually talk about this a lot with our fire chief here because our township has a high population of elderly, and trying to do outreach to them is -- A lot of them live alone, so they have isolation, and specifically with COVID and the lockdown, and if you test positive, then you have to stay at home. And so someone who may have their niece always take them to their doctor's appointments aren't able.

And then on top of that, when you talk about Zoom appointments with your doctor or telemedicine or whatever, we have elderly residents who only have a landline, and they are not familiar with how to use technology. And so that's confusing to them as it is. And so I would say specifically for the elderly, I think that is probably a reason why they recently have not had that good of an experience.

Researcher
So I want to just follow up on something that – A couple of you have talked about proximal location to regular healthcare. You talked about [inaudible]. We talked about isolation and technology. These are all reasons that we can see how hard it is to get access to physical care that you all need. What about access to mental healthcare? Are there other reasons people might not be getting the mental healthcare that they want or need?

Community Member
Because there's such a stigma attached to it. A lot of people struggle with wanting to come forward with asking for help.

Community Member
I think also finances have to do with it because it costs money to do mental healthcare. It costs money to go to counseling. I was only able to go to a certain number of sessions that my job had paid for. So I mean, insurance only covers so much. But yeah, I would definitely say finances has to do with both. For me personally, I won't go to a doctor's visit if I have to pay a certain amount for a copay.

I just try to take care of myself as much as I can. I go to my annuals for sure, but if I don't have to go to the hospital – If I'm sick or something and I feel like I can take care of it myself, then I take care of it myself because I'm not going to pay some huge bill for going to the urgent care or to the ER if I don't have to, if I can avoid it. So I just try to stay on top of my own health for that reason.

Researcher

So I know that, in years past, people have talked about there being a stigma against getting mental health help. I'm curious, me personally, not professionally, personally curious. After a year of stress from COVID, might we as a community be a little more accepting of that? Do you still think there's a strong stigma out there against mental health, or is it becoming less or is it getting worse?

Community Member
I think it's becoming less.

Community Member
Yes.

Community Member
I think there's so many more people who are saying self-care, take care of your mental health. Look at Simone Biles, for instance. People are supporting her for saying, "You know what? I can't handle this. And I know what's good for my mental health." And I don't know for sure if that's the reason why she dropped, but I mean, that's what I'm reading.

And hey, good on her for knowing when to draw the line and not letting all of the media and all the junk get to her because I think that's what people need to do is just take a break from whatever they're doing and get some positive feedback on who they are because as a society, we struggle with knowing self-worth and self-value.

Everybody struggles with that because we have media telling us this is what you need to be, this is what you need to look like, this is the way you need to dress, this is the neighborhood you need to live in, this is how much you need to make, et cetera, et cetera, et cetera. I get it from my parents. But I mean, we just have these struggles that we've been kind of born into, and I feel like it's become more accepting for people to know to take a break from everybody else and to get some self-care and get some mental care. I don't think that's as much a stigma.

Community Member
I think it is less stigmatized, but that's also creating a challenge with access because finding a quality counselor is increasingly difficult, or getting in, in a timely fashion is also a challenge. It's just this thing where now more people are paying attention to it and are seeking either direct sources like having a counselor therapist or indirect sources like things like yoga and other forms of self-care that can contribute to mental health.

The access to those spaces are limited because they're maxing out on their own capacity. And of my best friends is a counselor, and he's at a place where the counselor now needs a counselor because so much happening in their own personal life and in addition to helping other people work through their issues. It's creating this chemical imbalance even for them.

And so, on top of that, when you think about the stigma related to identity and connecting to a counselor, one of the other things that's a challenge is, for me, for example, when my first wife died nine years ago, I went to four counselors because I could not find a counselor that shared my lived experience enough to relate to what I was going through.

So for example, in Columbus, specifically Franklin County, there's not many black male counselors, and if that's something that you're looking for, that limitation contributes to your access. And at some point, you get to a point where you have to decide whether or not an identity match is as important as getting the help that you need.

And for me personally, ultimately, I just had to make the decision that I just needed the support and had to set aside whatever camaraderie I was thinking in a counselor because it was more important that I just got the help. Ultimately, my counselor was a white male, and he's still my counselor eight years later. I understand why people might say, "I need to find somebody that looks and sounds like me that will help me navigate my issues," but that can be a strong barrier.

Community Member
Just to get into the [inaudible].

Community Member
[inaudible] people might have some kind of a stigma, social norms, in their ideas and mentality for some time, whatever the reason could be, and they were willing or unwilling to go for counseling services. But the COVID has really taught us [inaudible] now. And the major source of stress and anxiety at our houses has been the COVID-19 pandemic, and then after now, post-COVID, I think majority of us agree on the fact that, okay, the time has come because we had to be counseled by somebody who is very professional, had some kind of training in the particular professions, right?

Therefore, yes, as brotherhood for the idea that, yes, accessing someone who could convince us what is happening in our mental situation, it's tough to find, and the accessibility is a huge problem also. Therefore, it is important to take the feedback of the **Community Member**s. And I think we have to – After all the taxpayer money, whatever we do, whatever we spend is the taxpayers money, and government is going to add some more additional [inaudible] on that path.

Now, the time has come, biggest use time in the history of our country, America, that we have always been very grateful people. We have greatness. And a lot of people came together during the pandemic time, and then we have been a frontline worker. It doesn't necessarily mean that nobody dies from my family. We're in the situation that nobody dies from other family also.

600,000-plus American people have died. This is not a joke, right? The pandemic is pandemic. It kill our people. Therefore, we have to find resources to accelerate the situation, how we can produce a lot of counselors, community-level counselors, regional-level counselors, institutional -level counselor, law enforcement counselors, firefighter – This is also one of the institutions, I think. We

need a lot of counselor because the situation has [inaudible]. And as a country, United States of America, I think we can do it if we focus with right resources.

Community Member
Yeah, I think that if there's anything that the past year and a half, almost two years, has taught us, is all of the things that many of us have put our stock in, none of it matters. And so you have to make decisions based on what's best for you, what's best for your family and the people that you care about. So when it comes to stigma for mental health, when it comes to mental health in general, a lot of people had their life's worth on how much their shoes cost or being the best dressed in every room.

But for the last year, you've been the best dressed in your own room because there was nowhere to go. So there's a moment where you realize that, I can sit here and be absolutely miserable, worried about what somebody is going to think of me having a counselor, when nobody can see and nobody knows what's going on with me inside of my four walls, or I can do what I need to do to take care of myself.

And so I think if we just look at what's happened in just the Olympics, and not just Simone, but the other people who have spoken out about having some mental health disorders over the last year, multiple Olympians have just dropped out in general and said they weren't going, even before they got there because they said, "For me, I can't have my support system, and I'm already stressed out. I don't want to do this."

The fact that these people have trained their entire careers for this moment and they've made an active decision to say, "This is not how I want this to be. I need to do this in a way that suits my soul and fills my cup." The fact that Americans all over are walking away from jobs that they begrudgingly went to for years and have decided, "My life could end from COVID. I'm not going to indeed unhappy here."
The fact that we are, in multiple ways, fighting for kids to have opportunities, whether it be virtual or otherwise, to connect in. Kids are showing us who they are at home. Parents are getting to know them. I really think we're in a pivotal place for mental health, for stigma, for our country to become I think a lot more -- I don't like the word tolerant because it's not about tolerating but about being inclusive and understanding all the different people and all of the different things they need and what our needs actually are, rather than denying our personal health, mental health, physical health, spiritual health needs for others.

And I think we'll be better for it by getting rid of a lot of the additional stigma, not just for mental health, but for life in general that I think we've kind of placed on ourselves because I think people are realizing that, yes, we're born into it. Yes, it's in our society, but we can make an active decision to say no, we're not going to do this."

Researcher

I love these conversation, but I need to move onto something else, so [inaudible]. One of the first things that we talked about in the first four to five minutes or so, when I asked you what do you see for different problems in the community, two or three or four of you said drug abuse. I want to talk about that just for a few moments. What alcohol and various issues do you see in the community?

Community Member
We have a severe increase of heroin overdoses.

Community Member
I can't necessarily think of my neighborhood as having an increase, but I know of an increase in alcoholism, or alcohol usage. I shouldn't say it because I don't know if they're alcoholics per se, but I know a lot more people are drinking as sort of a coping mechanism. I feel like a lot of people are looking to cope in some way, shape, or another. In fact, I heard some kind of joke where it was like the four ways that people have been coping are either eating, working out, reading, or drinking.

I don't remember the joke because I think it's like the hunks, the chunks, the monks, and the something else. I don't remember, but it all rhymed. At any rate, I feel like a lot of people are either using more alcohol or using more drugs as a means of coping. Kids vaping more is what I'm seeing in the schools.

In fact, one of my teacher aide friends told me that she's been working with a student in summer school who's probably the drug dealer of the school district. And so I was just like, "Oh, great, and you're trying to help them graduate. Wow." So I mean, everyone's coping. They're trying to cope, and so I feel like they're using in order to do that.

Community Member
I think it's the half of drug use and alcoholism that is coping mechanism, and there's nothing else to do, because we're seeing an influx of people having babies because, well, what else is there to do? You're stuck in the house with your [inaudible], I guess. But then the other side of that, too, is the financial side.

So I do know that in my neighborhood, there's at least one house that we have kind of thought maybe selling drugs from their house. And these people had jobs previously, and now they don't, so unfortunately, I think that's something that they've had to turn to. Flipside, there is a house in the neighborhood that the emergency squad apparently used to be at less frequently, but this specific person overdoses probably once a week.

And so for those of us who were not at home, we didn't know that, and now, the entire neighborhood is aware that this person is a very heavy drug user and they OD the once a week. And you don't even get worried when you see the ambulance up front because you know why they're there, and you get back up and move on. I think it's twofold because those who are using the drugs,

alcohol, et cetera, to cope, are they feeding the families of those who don't have another way right now that make any money? It's kind of a terrible situation.

Researcher
Switching topics again, have you been seeing or hearing about any health issues that are affecting pregnant mothers especially, or mothers with newborn children in the past year or two? Have you seen or heard anything about that?

Community Member
I've heard a lot of moms speak on the fact, as silly as this is going to sound, that they have been really relieved that they haven't had to fight people from coming to their house to see their newborn baby. There's been an increase, I think, in postpartum depression because they don't get as much help as maybe they would have.

But then some of them are laughing about like, "Yeah, my mom and all want to come, and we're like, 'Oh, no, no. You know, COVID. Just stay at home.'" So there's kind of some balance there to something that I guess worked in their favor, but also, it's a little harder when you weren't able to have a baby shower or you weren't able to have the social supports to then bring your baby into the world and be mentally healthy afterwards.

Community Member
My wife, we had our third and final child – an issue with that – in January of last year, so 2 1/2 months before March 13th when everything shut down. And the story I'll tell here is going to go just from that point forward, not all the stuff that historically we had to deal with. But the impact on my wife and my son in COVID are tremendous, in that not only did it impact my wife's care post-delivery after having a complicated C-section, her second one, and the care that she needed after the fact and having limited access to the facilities and could only go in by herself.

So at that point, about six weeks after a complicated C-section, having to walk in by yourself no help was a challenge. And then going from when your child is first born, you go to the doctor within a month, and that was all good. And then after that, it became a little less clear on how his checkups would happen after March 13th in terms of coming in and make sure in his first year because we know that the first year of a child's life is their most vulnerable year.

And the data would suggest that particularly for children of color, that first year is disproportionately dangerous, and so not having access to that takes a toll on your mental health as a parent watching that. So that's for the birth mother, but also for the father who has to try to navigate that. But then also that child being incubated in just one environment impacts their access to the things that help to build up their immune system.

So a year and a half downstream, we start him in preschool, but because he hadn't been around anybody but just our immediate bubble for an entire year, he was especially vulnerable to all of the

germs that live inside of the daycare and preschool. And so his first two months in his new daycare, he did not go an entire week for the first two months.

We literally just met this morning with the center's director because we were paying full price for weeks where he would only go one day. And also, the probing and the prodding and the temperature checks of everyone when they come into these buildings, and he now has walking pneumonia that will likely turn into asthma when he gets a little bit older because he struggled with one point RSV.

Because in that environment, the germ was just spreading and circulating, and he didn't have an immune system to fight it. But that's just another aspect to maternal medicine, or infant medicine that has been impacted severely by COVID.

Researcher
Thank you for sharing. Any thoughts on how the past year affected newborns or [inaudible] or mothers or fathers?

Community Member
Because I have to make a comparative studies prior COVID and post COVID, and prior-COVID pregnant mothers used to have on a timely fashion checkup, and they used to get prenatal vitamins, required medications, how they can develop their babies and grow, and finally deliver very successfully.

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

Therefore, I think the pandemic has really impacted the pregnant mothers, and I could see maybe those babies, our babies -- We have to say we are fortunate also. We are unfortunate also because the pandemic. Those born during the pandemic time could have some kind of emotional and psychological impact, and it could be for some time, but it will be okay finally.

Community Member
I do agree with the idea, though, that the fact that people have only been able to have one visitor has been very difficult, especially in these times where you want to be there for your kid's first appointment, and only one person can go. I do know in the hospital systems, there was a lot of discussion and actually frustration because a lot of the moms were like, "Hey, I want the dad to be able to come in with me," especially at the beginning so the dads didn't miss the initial pre-being here bonding with babies.

And so I don't know what that is going to potentially look like later on. But I think the struggle is the balance of supporting the family and allowing people that, I guess, get social support, and the health of not just the mom herself or the baby themselves, but everybody else would have to be there as well. Again, I've noticed with the babies that I've seen and taken care of that those who were probably five or six months old when the pandemic started have really struggled with seeing doctors in masks and things like that.

Those who were born at the beginning of a pandemic, at this point, that's all they know. They're probably more afraid of when you don't have your mask on than when you do. So I guess from just what I've seen, many of the issues that have happened are still, as I mentioned before, things we aren't going to be able to pinpoint what they are until years from now, but we've seen the effects of some of the changes that we've made.

Community Member
I would imagine, though, that for pregnant mothers who have given birth during the pandemic, that they've had much more stress and anxiety and perhaps early births. That's just a guess or a theory because, like you said, not having that support. I mean, I can't imagine. When I was pregnant, I was huge. It looked like a beach ball was inside of me, and having to go upstairs or having to take elevators with my swollen feet would have been exhausting had I not had someone to be there with me.

So I can't imagine the stress and anxiety and fear of having so many people around you who potentially could have COVID. And then knowing that you're about to give birth during this time had to have been scary as well. So I would imagine that they are much more stressed and anxious than I would have been pre-COVID because it's scary enough to get birth and then to have, God forbid, any kind of health issues that your child might have had afterwards, And who knows what kind of care you could get during that time for them with COVID in effect. So I would imagine there was more stress and more anxiety for them.

Researcher
So I want to kind of go back to a few final in the last little bit to [inaudible] the big picture question. We'll start off with the big picture, and it really deepens some of the other topics. I want to go back to the big picture. And it kind of talks about some of the things that we talked about here today. So here's my first one: How do you think education affects the topics and issues we talked about?

Community Member
think education is of the utmost importance. You don't know what you don't know. So we have mentioned the understanding of being able to be healthy and have an understanding of nutrition, right? And that's important to know how to be healthy, but somebody has to teach you that, right? And then there's the other piece of education in general, as we've mentioned.

If you don't have an education in our country, your opportunities are severely limited, and those opportunities for the ability to make money or to take care of yourself in their limits then present a lot of unfortunate events with people doing things that are illegal, whatever the case is, to make money or people who are working so many jobs, they're unable to take care of themselves and we get back into kind of this unhealthy cycle.

And so if people don't have that access to education, they don't have access to what I would argue is the currency of freedom. To me, education is freedom. It's the freedom to be able to make decisions that you want to make versus you'd have to make. It's the freedom to understand the implications of the decisions that you make down the line.

It's the freedom to be able to move your family to a different community, if that's something that you want to do, or to have the resources or financial resources to live your life truly free. Unfortunately, I feel like in many communities, including ours, that people have not had that opportunity to get an education, whether that be people who have learning disabilities, getting out of high school and the challenges that they went through, and that being their ultimate goal, or people who have been so burdened down by the system with student loans and whatever the case is that they don't finish their degree. I really feel like our society doesn't move forward without people having the opportunity to be educated.

Community Member

I just wanted to add really quickly that, if access to formal education is one, then access to quality information is two. Whether I have a formal education or not, if I have access to the type of information that can educate myself on the things that need, that's equally important. There's a value to that, that I think we underestimate because making information available to people, there's information in all of these informal spaces that we don't capitalize on to make sure people are able to educate themselves on the issues that matter to them. Certainly we should be prioritizing formal education, but we also need to pay attention to access to quality information so that people can inform themselves.

Community Member

And I agree with that. 100%. And I would add factual information because I feel like –

Community Member

Yeah, I'm talking about [inaudible].

Community Member

I'm just saying for full clarity's sake, there is a lot of information out there, and unfortunately, there are a lot of people who are getting information, not necessarily in the wrong. I don't think there's necessarily a wrong Avenue, but I think there's a lot of information and educational material that has been spent or dismembered in some way. I hate this term, but it gives people literally enough rope to hang themselves with.

Community Member

Well, it sounds like [inaudible] political slant, too.

Community Member

Exactly. It's not helpful.

Community Member

This is not meant to be a debate, but I want to [inaudible]. Formal education has evolved from factual information.

Community Member

Oh, I agree with you 100%. I'm not saying that at all, but I'm saying that the information that we should be presenting people -- Whether it be formal or whether it be us putting people in the right direction, the information that we should be giving regardless should be factual so that people are able to make informed decisions, rather than people making decisions that somebody else has already made for you because they only gave you what they wanted you to know.

Community Member

Take, for instance, the vaccine. There are a vast number of people who will not take the vaccine because they think that it has a little bit of virus in it or something in it that has to do with the virus. And it's an mRNA vaccine from what I've read, so all it really does is tell your immune system, "Oh, hey, you need to look for those crowns because those crowns are the coronavirus, so that's when you need to get up and fight."

So I'm like, what is the big deal? We need to be informed about these things in a way in which the layman can understand because the layman does not know what an mRNA is. They don't know what the mRNA is, let alone, do they really know what the DNA is or RNA? I wouldn't have known that had I not been in my student's biology classes here. So they don't really pay attention to that. They leave high school back in high school and they move on 40 years or so. So, I mean, we need to be informed in a way in which the layman can understand.

Community Member

I really think the public health should take lead on these and they should go and address the health promotion in a stronger way because I think we've heard about public health only when it's these big communications about somebody's saying something, guidelines and stuff like that. But day by day, the community stands up and work with the people every day. People [inaudible] what they're doing with their community, why vaccination is so unclear.

My country has a better understanding about vaccination than this country, and it's really like a third world. How is that possible? I mean, honestly, how is that possible? This country has a lot of potential

to do things way better. But the point is, we're targeting political issues, money issues, instead of health issues. I think this is a ton about why we're talking right now.

Like it or not, school is meant to help people that can work. Doesn't matter if they're healthy not. And that is what it is in most medical [inaudible] because you need to bring some money at home. If you want to take care of our health, [inaudible] health department. That's it.

Researcher
So we talked about education has been one of these cross-cutting factors that can affect or magnify the different topics [inaudible]. Another one that has received a lot of attention is racism, either personally or systematically. How do you think racism affects some of the issues and topics we talked about?

Community Member
Well, as an Asian person, I think that it has greatly affected the Asian community. Ever since President Trump had said that it was the Wuhan virus or the China virus, there have been so many more attacks on the Asian community and more questions to me. Thankfully, I don't sound like an Asian person, but so many more attacks towards people of Asian descent.

And thankfully, I haven't been out and about to receive much of it, except in the beginning where people would constantly ask me in a retail store where I was from and if I was from China, and I would say, "No, I'm from Fort Hood, Texas." That's where I was born. So I think that it does magnify the virus in that you feel like you're getting blamed for it in a way, which is very unfair, but also, you have this anxiety and stress of the virus itself. And so it just magnifies the issues.

Community Member
I can't imagine how we can have this conversation without talking about race. If you think about this current time in America, what has happened with the Asian American individuals, what has happened with immigrant refugees at the border and other immigrants in America. And if you think about the black community and the state-sanctioned violence by police, if you are a person of color, you have been impacted by race in America today. There's just no denying it.

And if you can't have that conversation honestly and openly, that fractures our ability to move forward beyond this pandemic or any other social issues that we have in place because the evidence is clear. There's three specific examples that I just laid out that are empirical. They're non-deniable. We're debating them daily. But as soon as you bring them up, people claim that you're being political or you're playing the victim card, but they're undeniable, and they're embedded in every system that this country's made of.

Researcher
So tell me what you've seen or heard how racism affects some of the public health issues [inaudible] these different topics.

Community Member

Look at the data, the disproportionalities of who is vaccinated, who is hospitalized, who dies, you can also cut that through the prism of race.

Community Member

There's a thing called the chronic stress hypothesis, which thinks about things like racism and the way that it systemically functions in our society, right? So being a black woman in America, being a black man in America, being an Asian woman in America, regardless, the additional stress that comes from the racism you get, whether it be from people just in general, whether it be from the redlining in your community that makes it that your interest rate is so much higher rather than if you live somewhere else, or the fact that you have to sit down and have conversations with your kids about, "Hey, you're turning 16. You're getting a driver's license. Let's talk about where you can and cannot go after dark."

Some of the conversations that my family I know had with me from the time that I was in elementary school, "You go to a predominantly white elementary school. These are the things you need to understand. Your teachers are going to treat you differently. This is what you have to do," which, other people didn't have to have those types of conversations.

So over time, the thought is that the additional stress creates a chronic stress response that is going to cause communities of color not only to have increased rates of like low birth weight and preterm babies and diabetes, but there are some other genetic predispositions that can be turned on by chronic stress, then we end up with issues like increased risk of dementia, increased risk of mental illness, increased risk of heart disease.

So I think with all of these things, race in and of itself, to say it's a stressor doesn't do it justice. My race paints my every move from the time that I get up in the morning to the time that I go to bed, and there's really nothing that I could do to change that. I did have the opportunity to go to Africa, and I worked in Africa, and it was amazing because I was surrounded by people who looked like me.

And for that month, for once, I never felt like somebody was looking at me because I was black, or I walk into a store and they think I'm going to steal something. None of that was a concern. So I really think when we talk about race, I think the ideology that racism is merely a thing that just happens between two people has to be thrown away, and we really have to look at, what have we done historically that are causing the issues that we're seeing today?

In the system, yes, but also, just the historical issues we had with not just Tuskegee, but the issues we had in Guatemala, where the US decided to go there and almost do a syphilis and gonorrhea experimental people who didn't know they were being experimented on. These things are very important. And then we're asking questions as to, why aren't these people getting vaccinated?

Well, they're not getting vaccinated because of the historical things that we have done to them and the ways that now the medical community is attempting to do better, which is wonderful, but it's still difficult to bridge that mistrust.

So I think there's a lot of factors that we can see not just in the community in the system in the way that it works but also the things that [inaudible] America really has to fess up to we did and be open and honest and have that hard conversation that, yes, these things happened. Yes, the American government did some of these things, and this is how we're moving forward so that we can kind of squash some of the inaccurate information that is now floating, that many of the things that we discussed did not happen.

Researcher
What else? What's [inaudible] to happen?

Community Member
I don't want to diminish what we're talking about, but is there also physical access to healthcare as a consequence of that, meaning that you talked about earlier today, that people have to travel further to get to a health clinic because there's not a location in their community?

Community Member
I think it depends on where you are. We have multiple clinics who are here in in this area, particularly, that take patients who don't have insurance, lower income, et cetera. But I think the struggle with that is, we have to ask once again about the identity of your physician. I've been told by people who I've taken care of, "You are the first person that I've really felt safe with, that I know that will take care of me and I don't have to worry"

And so that matching is important. I mean, it's kind of like if you go to Great Clips and you don't trust the person who's in Great Clips. You're looking at the mirror the whole time. They tell you to keep your head straight. You're moving your head because you want to see to make sure that your haircut is correct.

People of color are doing that in their doctor's office because of the fact that things have happened that shouldn't have, that they in some way, shape, or form, at some time gotten care that was not good. So even if you can find a doctor that's around the corner, that doesn't necessarily mean that that is going to be the doctor or the healthcare place or professional for you.

And then further, in some communities, unfortunately, you'll see staunch differences. If you look at OSU East and OSU Main, there is a very large difference between those two hospitals and a very large difference in the community that they're in. And so the patients who are going to OSU East are potentially not going to have access to some of the things the ones that Main.

The blood bank is at Main, so if you need to certain blood, good luck, you'll wait or they'll have to transfer you. If you need a certain type of MRI, you'll have to go over there. If you need certain people, certain services, urology, for example, they work primarily out of Main. So you will wait all day to see a doctor until they get done at the other hospital to come to see you there.

But if you have the opportunity to get in your car and drive to the main emergency room, or the privilege to get in your car to drive to the main emergency room, you could have been seen six hours earlier, and you could have gotten what you needed. Here, you had to walk or you had to take a bus. And that's where you could get to, or that was the closest one that the ambulance could take you to until, therefore, you're at the mercy of whatever happens in the hospital.

Community Member
So connected to that, this very community is, to your question, an example of that. My grandmother's house is on the corner of 25th and the diamond in South Linden. The pharmacy where she has to go to is all the way up Cleveland Avenue. I live in [inaudible], and I have a pharmacy one mile this way, and another one a mile and a half that way.

I can choose my pharmacy. I can flip a coin, decide which pharmacy I'm going to get my prescription filled at. You don't have that option everywhere. Access to a pharmacy is much more dire, and it certainly isn't walkable.

Community Member
And say that that pharmacy that you have access to doesn't take your Medicare. Now you've got an even bigger problem because not only can you not get your stuff in that pharmacy -- I guess you could, but now you got to pay for it out of pocket. So the only pharmacy that may be available to you may be on the other side of town that takes your Medicare plan.

Community Member
Or they don't have your medicine because so many people in your community use that same medicine, because there's an over-prevalence of the need of that medicine in that neighborhood.

Community Member
I want to circle back again. I had another question for you. Earlier you had mentioned about getting a mental health counselor that wasn't a black male. So do you think that we need to enable more minorities, not just blacks, but other minorities as well, to go into the healthcare profession or to go into these professions, doctor or nurses or whatever? To your point that you might not have a nurse that looks just like you in a doctor's office. So do we need to enable [inaudible] in terms of more students that go into those professions?

Community Member
Access to the high quality formal education and creating pathways.

Community Member

I'll give you an example. So you said I was a nurse, but what would make me not be able to be a doctor? I'm not saying you. I'm saying it's our society. That's how our society thinks, so that's how our kids think. So because of that, they don't get the opportunity to go to a high quality formal education. They don't get the exposure that there are doctors that look like them.

Community Member

I didn't say you were a nurse.

Community Member

No, I'm saying if they don't think – You can't be what you can't see. So if you live in Linden on the corner of 25th and [inaudible] and that's where you live forever, you go to probably Linden McKinley. I think Brookhaven it's called.

Community Member

Hamilton.

Community Member

Yeah, you're going to this school, you're trying, you're doing your best. You graduate top of your class, but now you're sitting next to the kid who went to the New Albany schools who has had an entire first-year college experience as part of their senior year of high school. That kid is already ahead of you. So when you go down to Ohio State, and let's say you go to Ohio Dominican together, you started remedial classes because your education did not prepare you for that.

The kid from New Albany goes right in. They know what they're doing. Their GPA is solid. When you get to their junior year now, you're both going to apply to go to med school. The kid from New Albany does not have a problem with being able to get into medical school. They're good. They're fine. They're doing fine. They get into medical school with no problems.

Why? Because they had the education that was able to get them there to be able to learn the things they needed to take the MCAT and do well. The kid from Linden McKinley now has to go to a post-back program, again, a remedial program to teach him the things to get into med school because they couldn't do that in the four years, so they didn't get what they needed the four years before.

And then your kid over here who went to New Albany, they graduate, they go to medical school, they come out in four years. They're paying their student loans off and going to residency. They're fine. Your kid over here is now $250,000 in debt before they even went to medical school because they had to do other programs to prepare them to do that.

They have to take their MCAT while working nights. You see what I'm saying? Their situation is a little different. Even when this kid gets into medical school, they come out later, they're making a whole

lot more payments to their student loans from all the money that's been waiting there, their opportunities are different because maybe they wanted to go serve their community.

The kid from New Albany could do that because their loans weren't the first thing in their mind. This person now has $750,000 in debt. They can't just go and be a primary care doctor. Now they got to be a subspecialty radiologist because that's what's going to make the money for them to do that. And therefore, the people who are going back to the 25th and [inaudible] are a kid who came from there.

Researcher
We're going to need to stop [inaudible] here. Thank you for all that today. I do encourage you, anyone who wants to stick around [inaudible] I'm happy to do that. [inaudible] is there anything else you want to share or anything you want to follow up on?

Community Member
I just want to thank everyone for coming out this evening. We really appreciate the time you spent with us and your heartfelt examples and opinions. We really appreciate it, and all of this information will be compiled, and we'll be able to share it back with you all once it's done. But we can't thank you enough. And again, let us know which gift card you would like, and we will make sure that you get that.

Organizer: Franklin County Public Health

Location: Southeast Franklin County

Date: 8/4/2021

Researcher
So now I'd like for us to go ahead and introduce ourselves to one another. So, can you please share your name and what you like the most about your neighborhood or the area you live in? So, I guess we can start here to meet as we go around.

Community Member: What I like most about my neighborhood is it's a pretty new community. So, we all just kind of moved to this community together in this subdivision. And so, I'm still learning. I've only been in Columbus now for a couple of months. Although I used to live in Columbus, so I like it because it's new and my neighbors are kind of all on the same page. And we're all trying to learn each other and the neighborhood and the community. So, it's been nice so far.

Community Member: I live in Grove Port. And what I like about living in Grove Port is that it's right off the bike path.

Community Member: I live in Columbus Grove Port in that area. I like it because of all the stores and shopping. Everything's easy to get to.

Community Member: I live in Blackbirds Estates, which was traditionally known as the Valley of Grove Port. But now it's been changed to Blackbirds Estates. And what I like is the sense of the view of it looks like it could be a rich community.

Researcher
Thank you. Okay. And now I'm wondering what does a healthy community look like to you? Or what makes a community healthy? And you can just kind of shout out your answers. We don't need to go into any specific order or anything.

Community Member: I would say safety, we feel safe enough to walk and be outside or safe enough to let our kids be outside and there on…there on.

Community Member: Can you say the question one more time?

Researcher
Sure. Yes. What does a healthy community look like to you or what makes a community healthy?

Community Member: I also think communication is supportive of support to and from each community member…support… Also, the nice grocery store and maybe even some things happening in that community that brings you out of the house besides our chores like lawn care or something.

Researcher
Okay, do you have anything in mind when you say like other things that would take us outside?

Community Member: Yes. There's a huge parking lot near me. It would be nice if there could be some community activities that could go on. And I know a little zoo bus or whatever that brings the little animals so the kids could pet them and some kind of little events culturally where it could be food trucks or some kind of awareness, but joyful awareness, you know, getting to know the community.

Researcher
Okay. And I think a minute ago, you said, community members providing support for one another? What would that look like to you?

Community Member: I'm kind of old school like being able to check on people. If I see somebody at someone's door, I could say I can keep an eye out for him or something's happening. I can support them more and then they know what gifts I have and I know what gifts they have. We kind of do that with the next-door house and so just kind of like that.

Researcher
Okay. Thank you.

Community Member: I think, has a lot to do with where you live in a clean environment?

Researcher
So, like, not a lot of litter or trash?

Community Member: Right.

Researcher
Okay, rethinking, is there anything else or is that the main piece of it?

Community Member: And also, maybe not overpopulated. Not a whole lot of people, over profit, not being overcrowded.

Community Member: Like the aspect of safety and I really like the caring…

Community Member: What she said about the old school feel, you know, knowing that you can trust the folks in your neighborhood to support or look out for each other, and having different activities that are just maybe for what people think is support in the community, but bringing different cultural awareness activities, different activities for old and young. Whether there's a, you know, a church nearby or a fair, or you know, come by and find out about x, you know, things like that. Stuff for people to do and kind of get out of the house and get to know each other a little better.

Researcher
Okay. All right. And what do you think are the most important health issues facing people in your communities?

Community Member: For mine it is the water…

Researcher
Okay.

Community Member: So, I know, the water in this area needs to be in better condition.

Researcher
Okay. Can you tell me a little bit more about that?

Community Member: Our water is not good. And not all of us know that.

Researcher
I had no idea.

Community Member: And so, I think the biggest issues are that we should have continuous information, whether it's a newsletter from our, for me, Madison Township, right here. Township officials should be constantly communicating with us trying to rally us to help move what's best for our community because, you know, it's just a couple of officials but all of us want good water, so we will probably back them in some way, shape, or form or at least try to ground in our own community.

Researcher
Okay. What other health issues do you see as issues in the community?

Community Member: I think the lack of accessibility is a health issue when folks don't have proper transportation to make it to the store to get their basic needs and maybe have to depend on others. There's not a lot of…. There is a bus that comes to 43110 area, but not a lot. And I live near a senior community. So, I mean that's a big, big concern as far as whether there's a walking path for the folks who can walk to get to this store. I think that accessibility is a big health issue.

Community Member: I also live in an area where the health is not as good as some other communities. I'm not sure if it was focused on things like diabetes, but in our area where the span of life does not rise to the level of some other communities.

Researcher
Okay.

Community Member: Also, there is a lack of medical facilities near this area.

Researcher
Right. Okay.

Community Member: There are not a lot of facilities particularly around here.

Researcher
Is there any particular type or is it just pretty much across the board?

Community Member: There's something they have across the street and some urgent care, but there's not a whole lot of medical facilities around.

Researcher
Okay.

Community Member: I think if we were to have accidents…family clinics…. because we would have to go to Pickerington. We'd have to go to Pickerington in order to get those services.

Researcher
Okay. So, for like, general family care?

Community Member: And emergency care.

Researcher
Okay. What other health issues do you see in the community?

Community Member: No grocery stores. At least mine… My grocery store immediately in my area is not good. I usually come down here and shop at Grove Port. I actually, honestly, I will go into old Grove Port because the Kroger's in my area, the quality of food and the prices are not quality food and does not match the price.

Researcher
And what physical health issue specifically do you see in the **[inaudible 0:10:34.6]**

Community Member: Addiction. I see addiction, opiate and marijuana as the ones again, because I know what it smells like. They could be drinking too but I don't see signs of beer bottles or things like that. But I can smell and see behaviors associated with it.

Researcher
Okay, and is that among specific age groups or just kind of across the board?

Community Member: Kind of... Yes, you might use the age group… I've seen about 30's to 50's. Marijuana is a given.

Researcher
Okay.

Community Member: Can you repeat the question again?

Researcher
Okay. Yes. What physical health issues specifically do you see in the community?

Community Member: I see other seniors… I don't know if you consider that a physical health issue, but a lot of seniors.

Researcher
And then do you see them experiencing difficulties of getting around or other issues…

Community Member: Sometimes

Researcher
Does anything else in particular come to mind that seems like it is a big issue for seniors?

Community Member: Not enough handicap parking

Researcher
Okay.

Community Member: And the sidewalks, they have to ride their mobile wheelchairs in the street or else they will hurt themselves on these sidewalks. A lot of the people in my community are on those in the street where people are speeding by.

Researcher
And then what about chronic diseases? Are there specific chronic diseases that you see a lot in your community or that you hear about a lot?

Community Member: I know they're there, but she probably knows more about that because I have only been there for probably a year.

Researcher
Okay.

Community Member: I have not talked to my neighbors enough to really understand. But that kind of goes off of what she said about, you know, people need to interact with their neighbors more and be friendly and all of that. I think people tend to be hermits, especially with COVID and all of that.

Community Member: People seem like a lot of them have diabetes. In this community, or I think it's worldwide really seems like there's a lot in this area.

Researcher
Okay. And then if we would look a little bit more broadly, maybe at like illness as a whole, are there other chronic diseases that come to mind for you that seem to be prevalent?

Community Member: Diabetes would be one that I would think of. And then amongst children, there's a lot of children that my kids go to school with that my child comments suffer from asthma, allergies… Heart disease has been another comment in young folks too who have had some health issues from just people I know in a greater purpose.

Researcher
Okay. So, asthma and allergies…heart disease

Cancer and high blood pressure, mental illnesses….mental illness is on the rise and COVID. But a lot of the perpetuation of what COVID brought - housing, jobs, domestic violence, those things as well. Gambling.

Researcher
Okay.

So, I want to talk about the mental health issues in just a second and thinking about some of the physical health issues like diabetes, high blood pressure, asthma, heart disease, cancer, are there certain factors that come to mind that you can contribute to people having those chronic illnesses?

Community Member: Yes, stress and the fact that they can get to Family Dollar faster than they can get to Kroger's.

Researcher
Okay.

Community Member: So, Family Dollar would be the house that the process is processed through. And there are people who don't have transportation, so I see them regularly shopping at Family Dollar because it's easily accessible.

Researcher
Okay, so convenience means less healthy.

Community Member: Yes, versus having to walk on a busy Main Street with no sidewalk to get to Kroger's. So, there's no sidewalk for parts of that journey. It is dangerous. I probably would go to Family Dollar too if I didn't have a car.

Community Member: Also, the lack of exercise

Researcher
Okay. Just like across the board with all age groups?

Community Member: Yes, for diabetes.

Community Member: That's not something that I regularly see encouraged in the community by any social media efforts or the community that you live in to say, "Hey, here's a safe walking trail." Or, you know, get out riding your bike is not something that in my particular community is something that is encouraged. Or, you know, pointed out. You kind of if you're interested in that get out yourself. But it's not something that's regularly talked about.

Researcher
Okay, so community's not really encouraging.

Community Member: I want to add to that. That's where that newsletter would come in, you know, or the Facebook page or something to say, "Hey, here are the trails." You know, we know that all kinds of mapping trails, whether it's from our, again, our representatives, or excuse me, being that it's a township, something coming out with these are the trails near you. And these are great times or, you know, ask us, would anybody be willing to go out and check out the great times and report back? Share some great times, you know, so it's not really a whole lot of dialogue, communication between our officials for me in Madison Township and me.

Researcher
Okay, got it. Is that the newsletter?

Community Member: Facebook page. What is our focus on, you know? Of course, we celebrate our property. But it's bigger than that…there's still other stuff happening in our community versus, you know, it's a good way to connect with us. And they're not really easy.

Researcher
Okay, got it. So maybe through social media, or newsletter or something, because, you know, we know there's a population who's not social, but there's no attempt to reach us and find out how we want them to communicate with us or them trying to communicate with us.

Researcher
Okay.

Community Member: Do you see what I am saying?

Researcher
Okay.

Community Member: And even to that point, community resources, we talk a lot about accessibility, and how that's affecting health. And I don't see a lot of information, that says, if you don't have access to food, or if you don't have access to transportation, do X, you know, because this community organization is offering this as something new to you. So, you literally have to know someone or have a word with us and know who to contact to find out something. I was watching the news last night and didn't even know that there was this organization that was doing food deliveries. I wasn't aware of that. So, it was just things like that to say, do you recognize that there is a gap or a problem and also recognize that many people don't know about how to access to find a solution to that gap problem.

Researcher
Okay.

Researcher
Any other factors that contribute to physical health or chronic illnesses in your communities?

Community Member: I think that sometimes caregivers are too busy taking care of their families, and then they don't take care of themselves. People get really busy and they're running from this thing to the next so they're just grabbing like quick foods, and they don't have time to do like healthy exercising or stretch or stand up or take a brain break and then their health declines.

Researcher
Okay. And are you thinking like caregivers for children or …

Community Member: Just even somebody taking care of like their family or even just like I'm sure their husbands and wives who you know, one kind of cares for the house and preparing the meals and stuff like that, any family dynamic?

Researcher

Okay. And then she started to talk a little bit about some of the mental health issues. Do you want to say a little bit more about that?

Community Member: I do see, and I've experienced with some people in my community… And I think that mental health issues, there's not a whole lot of awareness or support for individuals about their being okay to find out if they do, in fact have a mental illness or what's going on. So, it's much preferred… I've seen, it's better that they, at least from their perception, that they just smoke weed or they get along with the group and deal with the group to the best of their ability. Until they're out yelling at night, having a crisis and nobody knows what's going on with him just telling him to get in the house or fed up or something, but I do some things. Only because I'm in the field. So, and I've been around people intimately that had crisis.

Researcher
And would you say this is mostly like depression, anxiety, other sort of…

Community Member: It appears it could be a psychotic break. But I can't say that I didn't believe alcohol and/or drugs played a part in it. And then the kid that I employed to cut my grass has significant struggles. But he too managed it with marijuana. And when I say he's a kid, I really don't think he is, but mentally he is.

Researcher
So, okay, so, alcohol and drugs are being used to manage any sort of mental or psychological issues, okay.

Community Member: And I think that's inherent of the people around, if there were other people around that said, or other kinds of support or service.

Researcher
Okay. What other mental health issues do you see in your communities?

Community Member: I don't think that people out here would know where to start if they had a mental health issue. Like if they wanted to follow up with that and see a provider, I don't know if they even know where to look, or to reach out to.

Community Member: Again, because there's no communication coming… So, if they don't know… For instance, nobody knows that what I do in my life, I'm a peer supporter. I help people with mental illness. And I help people with drug addiction reentering the community because nobody really talks to them. We're so busy driving by, driving in the garage, and out of the garage. From like someone else that's hearing they're grabbing stuff…

Community Member: I think we're trying to process all the changes that have come our way, quickly and often its difficult. Or, you know, just mentioned families earlier, whether regardless of your family structure, you've had to adjust your life in some way, shape, or form. You maybe not even had the means to be able to communicate how you are adjusting and sometimes you don't even get an opportunity to process. It's one way one day and another way the next day. The next week is something different. So, people are on edge. And kind of fearful of what was the cause because of a lot of uncertainty. And the things that the trauma for our community has been experiencing more outwardly. It's been very, very difficult, you know, for some and whether that leads to anxiety…. I'm

not an expert in that area or able to tell… Just in my own personal circle, anxiety has been high with isolation and just having to show up as your best self. And maybe we don't even know what that looks like anymore. So, it's tough. And back to the points that everyone else has made, you don't see a lot of the communication to say, "Here's some skills or opportunities to address that." or creating the trust, especially in certain communities, especially communities of color, where it's a stigma where folks don't trust to go and talk to someone about, you know, how they feel or what they're experiencing. This just adds more on to the isolation itself.

Researcher
Okay.

Community Member: And then if you do seek help, you got to make sure that where you're going, they're going to do their job. I hear you going to some of those doctors that try to help you and they just kind of just… they don't do their job. You go in there and you're in there 10 minutes and then you're out. Okay, so he gives you some medication and bills the insurance company. So, that's not good. That's not helping someone that needs help.

Researcher
And are you thinking for mental health specifically or just across the board?

Community Member: Across the board

Researcher
Okay. And then talking about some of the trauma and isolation and those sorts of things, were you thinking pandemic specifically or were you thinking just in general if there are a lot of events that have caused…

Community Member: Pandemic specifically and there has been a lot of racial tension. I know that she has mentioned the police but a lot of that has been on the forefront and in our eyes and it is brought to us through our personal groups and the news and our workplaces and things like that. And you have your folks who are bold at speaking out what ever side of the point you decide to agree or disagree on. So it's tough!

Researcher
Okay. We had talked about some factors that contribute to the mental illnesses like the pandemic, and the anxiety and some racial tensions and unemployment. And then it sounds like substance abuse might also be playing a part. Are there other factors that seem to be contributing to mental health issues in the community?

Community Member: Absolutely. Not having that support, I mean, I raised two sons. I'm grateful my sons are grown men now. But I can imagine having babies right now. I had so much support that I could take a mental health break by sending my kids to my friend's house, and then we would swap. I would keep hers or send them to my mother, my parents' home. But people just don't have that now. It seems like, you know, either, you know, some people are not fit, or they're just not accessible or not willing. But it's like moms are like, mom and/or dads are just like out on their own now. And because of all the things that, you know, our society we've experienced now that, like, back to the trusting people, you know, and don't know why, you know, only my family, and people who really know me, will take the risk and say, "I need help. Can I drop the kids off?" And I can say, "Sure.", or

"I'm not available.", but you know, people, I think people need that, but they don't have the healthy support in their lives to be able to do that and I don't want to say that about everyone. But I've seen some of the people in our community that doesn't have it.

Community Member: I would agree with that. I think support is essential. When you put it in the light of the pandemic, people want to stand away from each other because of safety. But you know, as a mom, you need to go to work. You're depended on. Some people who don't go to work, don't get paid. And some didn't have the availability to stay home with their kids. The one who does virtual and all of that… So that at that point, it's like, okay, I'm going take the risk, because I don't want to lose my job. We'll take the risk of those safety to neighbors right now who both have newborns. And it's like, oh, you know, send someone a note saying, "Hey, you know, you need anything?", but you haven't even seen them go outside? I've only, you know, I've been that new mom. I know what that feels like. And I think a lot of it is they're, you know, scared because of the safety of those who don't know me. And I get that. But that goes back to that thing of trust, you know, to, it's just that you don't have this as the community that maybe some of us were raised in, for whatever reason, why, but doesn't just seem to be there or highly accessible. And, you know, the lack of support causes so much stress and could lead to so many, you know, other factors, when, you know, safety is at risk for everyone at that point.

Community Member: I just want to say isn't today national motto?

Researcher
It was yesterday.

Community Member: So, like, that's a thing again, you know, it was an opportunity. Again, we know about COVID even if it was somewhat virtual, somewhat personal, or just X, you know, with everything that's going on, what could we do? And, you know, can I have like an affair where everybody's like, walking around and parking spaces. And so, this blew my mind, because I intend to do this, hopefully is how you can get a parking space, and that way we will be six feet apart. And then people can come around to see what you got and stuff like that. And you know, but I know that's difficult right now, but again, there was no communication long before we knew these other variants. We're so progressive.

Researcher
And then what about suicide specifically? Do you see that it's an issue in your communities or not so much?

Community Member: I did. I have a 17-year-old in high school who lost two people in his school to suicide within the last two years or friends that he knows. That's something that they wanted to resort to. That's something that they talk about as an option to deal with their teenager concerns. That is, just from my personal experience with him in high school and just kind of hearing him talk about his friends and experiences. That has been a hot topic.

Researcher
And is that typically, does it seem to be bullying related or other issues or experiences?

Community Member: From listening to him, I don't know why the two **[inaudible 0:33:33.1]** ultimately limit ended their life but from what he's telling me, I don't know if this is bullying related,

or folks are not being able to cope with the things that are circumstances that are happening in their own personal lives. That has been the case with his group of people that he's talked to but nothing that he's mentioned towards bullying.

Researcher
Okay. Do you see that as being an issue in your communities?

Community Member: I think it's an issue worldwide. I know one person that committed suicide in the community, that you know, you hear people and you read articles worldwide, because of depression. A lot of times it's right in the home. The family may cause someone to want to commit suicide. I know the guy that killed himself, it was because his family, his wife, cheated on him. He found out and he just couldn't take it. He killed himself. A lot of times the suicide starts right in the home. A number of problems to family environment has a lot to do with…I feel like that is how each individual reacts.

Researcher
And I know we have talked a little bit about this as well, so we are kind of going over some topics in a little bit more detail. But I'm wondering what are some reasons residents may not get or delay getting health care?

Community Member: They don't know where to start? I know.

Community Member: Financial?

Researcher
Okay. Are you thinking that they don't have access to health insurance or that the cost is just too high in general or both?

Community Member: Both

Community Member: Busy life, they just put it off until tomorrow, tomorrow, tomorrow, until it's an emergency.

Community Member: Also fear of just being put on medications kind of like she said that they are not really getting any resolution, just giving you pills, you know, it's just a medicated schedule. And back to the insurance, again, it goes back to the resources that really are a… basically a Medicaid eligible state, right, mostly if you already have Medicaid…

Researcher
If people were made aware of their resources that they might have what they need…

Community Member: That's true, I think to have access to Medicaid and then the quality of care. When you think about the quality of care, even if I have, you know, Medicaid, there still may be… I think about my mom who's seventy, retired, she has Medicare and Medicaid and has put off certain things, even getting a medication, you know, yesterday just because it was at $88. You know what I mean? But you have that there's some time with some providers, a stigma that comes with having health insurance through Medicaid, public benefit, need where your quality of care is reduced, as opposed to having private insurance, where everyone is not treated, you know, with equity,

everyone is that comes into the door with that. So, say, this may be a secondary symptom like she was, I'm just going to be giving you a pill because you're not taking that deeper dive to say, maybe why. But it's all not because of you know, maybe because of my high blood pressure, maybe because of other things that may be going on in my body, but not taking the time to find out. So, you know, just the access the costs, the not wanting to deal with this, you know, having to go to a doctor, if I don't have the means to quality care, honestly, like your work schedule, because I want a doctor's office or normal business hours, so you don't have a flexible work schedule, or PTO. And I'm going to just put that out because truth happened to me this week.

Researcher
And then would you say that the reasons people don't get mental health care are the same as the reasons people don't get physical health care? Or would you say those reasons are different?

Community Member: Having fear of stigma, not to say this statement does not happen based on such denials or Medicaid insurance versus pride, but also just an extra step about others, knowing that you are getting mental health treatment, I think that can be difficult depending on your family. If your family is not supportive, and those around you are not supportive, then it's hard to go. But we also know that it's hard to go culturally, for certain communities, even as it relates to their own community. And as it relates to them showing up and a professional environment where there's a stigma being perpetuated, or assumptions made about them, or their culture or their words.

Community Member: And then I think a lot of times, they may think, well, you know, this is not going to help me. So, they tend not to seek help sometimes because they fear you know, it's not going to help.

Community Member: I think sometimes if you can't, like physically see the problem, you don't know when it's time to ask for help and like, look or get help.

Researcher
Okay, so I mean, it is obvious. If you have a rash or a broken bone or something, or you're throwing up or you're feeling ill, it's like, okay, well, what, in what stage of, you know, if you're going through like a mental health crisis, like at what stage like when people are probably like, "Oh, I'm okay.", I can kind of manage through the day. Well, that's when you want to tackle that because you don't want to wait till it's too late. I don't think a lot of people understand how to identify that like them. They're so for their family members going through that.

Researcher
And then, again, we've talked about this a little bit, but what nutritional issues do you see in the community?

Community Member: Well, I went to a store that the vegetables did not look…. They didn't even smell like vegetables. So, I think there's something about the vegetables or certain stores. So, they may not be receiving healthy vegetables or age appropriate. You know, like, the vegetables look old. Or they're very, they're not…just like Kroger's. Yes, they're old, the fact that they're covered in nats, all the less desirable that, you know, so it just looks like big throws. I don't know what it is, but they just don't look right. And they don't deteriorate at the rate of the other stores. They last a very, very long time.

Community Member: Most of the customers in that store are foreigners, okay? So, they can throw, they think they can throw that off on them, those old vegetables and stuff and they buy them. But anyone with any sense, you know the stuff going on.

Community Member: And the other thing the people that they'll be able to say, that's the grabber. So, if the money is tight and short, and these are on sale, I am going to grab them.

Community Member: I completely agree with that. As well as you can tell the difference of the neighborhood that you're in by your fast-food restaurants. There's not a lot of healthy fast-food options. in certain neighborhoods. You have to drive other places to get a good vegetarian meal or to get to other meals other than chicken. And you can tell it, you can tell them, you know, what the grocery stores are. The accessibility is not equitable. It's not something that is offered. It's not something that is encouraged in certain neighborhoods. Again, it's not discussed. It's not talked about, you know. You're not taught to, you know, what the nutrition looks like, as just a regular conversation, the information that you might have to seek out if you're, again, interested in seeing that. But lots of folks don't want to learn how to, you know, say… maybe this particular thing is not working for me, here's a substitution, until you are ill or on a medication and unable to work… to, you know, figure something out. But then that goes back to that accessibility. Even when I am in a dire shape, I do have to change my diet to a different, healthier meal. I might not have the vegetables and the things that I need to do that because I can't go to the store over in Pickerington. I got to deal with it right here in my neighborhood. There are no healthy options here.

Researcher
Are there other access issues to nutritional foods besides basically not having them where you can easily get transportation to them? Or where you have to drive out of your way to get to them? Anything else?

Community Member: I follow a couple of guidelines. But I've been seeing the packaging to let me know that some people are going to foodbanks. And I've been hearing that that food is not so good either. So, I think again, it's about, I think something easy to communicate is, how do you know strawberries are good. You know, if we smell the things, we are buying, it's like you don't smell anything so that's the one we put back down. I didn't know. So just some healthy strategies that help people figure things out. Because they may not have had time to learn or never was taught. But now it's more like years ago, I didn't have to worry. And now so many things have changed. I mean, I need to bump it up. I need to investigate. I need to read labels. I need to do this, but I'm a person who would do that. But some people share information to be shared where little steps can be made.

Researcher
And then again, something we've talked a little bit about, but do you have anything to add in terms of what alcohol or drug use issues you see in the community?

Community Member: Yes, I know there's people selling drugs, drug houses. What do you do when your neighbor stays home all day and sells drugs? What do you do? That's something you see in your communities. Do you report him every month?

Community Member: You can report him to your law enforcement, and they don't have to know you reported him. and if you go out in your community, and people will swing by there and help you

rather than have them come to your house. Just swing by there and tell them you are scared, and this is what is happening, and you just don't want to be called out on it.

Community Member: Seems like everywhere I've lived there's always one danger. Yes. And probably everyone here has one danger that sells drugs and they maybe they don't know it.

Researcher
Yes, I'm just wondering what alcohol or drug use issues you see in the community. And I know we've talked about it a little bit, but I was just wondering if there's anything you'd like to add to that.

Community Member: Pharmacies are first things I see when I walk into the market. I used to go get to it. Sometimes it's like, like the first couple of rolls when you cut off, and I can't remember what store but I'm just like, when you walk back, like as soon as you come in, it's like, "Bam!". And again, I'm a person in long term recovery. I mean, but I'm not offended about it. I have to walk by it. But I was like, my thought was going to be honest. But damn it, they just moved it all the way up to the front door now, you know. You used to have to go over and walk down this isle. They done brought it up closer. And I've been in this Kroger's, they're right here. As soon as you come in, they're just like in display right here. So, they just put it like up in everybody's face, right? Again, that's pressure. So, if you have a stressful day at work, or if your kids have to stay at home all day, because we are isolating and separating, social distancing, is what I was trying to say. And we're doing all these things, and the kids have been ramped. And a loved one is sick. Or I am never done running… making poor food choices… And I read up on that, what's the last thing to do? And then I can't sleep. I have that variable.. I mean, it's moved up forward as if it was a vitamin, as if it was a, you know, a kid's toy or something.

Community Member: And then a lot of times the doctors prescribe to manage drugs. They won't give your pills for you. But if you take 10 or 13 pills a day, find a solution or have a real issue.

Researcher
So, we're medicating

Community Member: Yes.

Researcher
Prescriptions.

Community Member: Yes.

Researcher
Okay. Got it. And what health issues do you see among children under age 18 in the community?

Community Member: Asthma, more diagnosis, mental illnesses.

Community Member: Anxieties, varying anxieties, whether it's social or just anxiety, that constant may go on. And that's also seen that in your group that they're constantly just moving as far as their legs are tapping, something like that. So, it could be generalized anxiety. I don't know. I am not a therapist,

a licensed professional. But you can see those anxieties, and for me and my community, I see the same kids walk back and forth again to Family Dollar, coming back and forth with bags of junk. So, I can't help but to wonder, how are they allowed to do that, to just go back and forth because it speaks to the trash because they're the ones that throw the trash in my yard. So, I put a trash bag out there so they can put their trash into the bag. But that's what they do they buy it, they drink it and eat it, and my house is closest to Family Dollar than their house, so they pass my house going, they started eating on the way and drop things off and keep going. And then they come back again. So how can that be unless there is a lack of knowledge, lack of care and concern, or a bigger priority elsewhere? And I'm talking about the other ones, you know, so I would have liked to have done that. But my mom would have been like, no, no, don't you go to that store not one more time. Or give it all here, something like that. So, they're not having that governance. So that tells you that something else has happened. Does that make sense?

Researcher
Yes. Any other issues among children under 18.

Community Member: A lot of times the parents just sort of …That daddy is the one who sells the drugs like that a young boy, and they just let him run in the street all the time, so he won't be in the house so he don't know what's going on. And he's not, he doesn't know. He has to know what's going on. Because he smelled the dope all in the air. They just let him run the streets so he won't be in the house. So, lapses in control, discipline and everything for the children.

Researcher
Okay.

Community Member: I also think it's the violence, the stresses that are going on, as a result of civil unrest, as a result of the pandemic, you know, that stress is so high. And we are doing this social distancing we're back into. Some people are refusing to get back in it. But those who have been generally doing to the best of their ability doing that. I can see where it becomes overwhelming. And then if they don't have that support yourself, like the kids, I'll take the kids because I remember saying to my mom, I'm like, "I'm tired of singing. I'm singing Barney, I'm talking like Barney all day, mom. Can you help?" I said, "Mom, can you help me out with some adult time?" And she says, "Yes", you know, and I get to go be an adult and no more Barney here or any of those things. And so, I know, I think all of those are variables that play a part. And the stress of jobs for having to work two and three jobs. Because low wages or, or single-family homes, again, back to the support and the resources. And I couldn't imagine me in a single or someone struggling period, no matter what, and my community reached out to me either through that newsletter or some sort of communication, like we're going to meet up. But I mean, we're, you know, here's some things you can do right now.

Community Member: School was an outlet for lots of things for children for activity, socialization, and then more. With the pandemic, obviously, with people having to be at home, a lot of that was lost. I am not a teacher. Even with my daughter, and my teenager being at home, it was stressful, you know, having to work and figure out what the world is. But it wasn't an outlet, not just for the parent but for the child, you know, and you don't have that structure, you don't have that outlet or access to activity, access to engagement in your community. What else is there for them to do when you're in the …you don't… you're not aware or don't have that community connection anymore? Because of so many things that have affected our communities in the last year and a half now. Again, you really have to have the access to knowledge and resources to say, oh, there is a youth group you can

connect to virtually and honestly the older you get like past the age 13 and up, the activity group gets smaller. Those resources become smaller. So, I think it's just added a lot of different stressors for not only the parent but for the child too, because they didn't have that structure and maybe had a little bit more freedom because parents didn't have to work and even if you weren't home, you can't have your eye on your kid 24/7, because you have to work. And they're usually at school, and I'm usually at work. So, you know, it's managing the different dynamics that we've never had to manage before. And maybe a lot of things were going on that the pandemic brought and shed some light on. And I believe that's true as well. That affects, you know, your children's health as it relates to physical and their mental health. We, as adults, who are struggling with change, think about the kids, and how they don't even have the skills to deal with the change.

Researcher
How does racism whether interpersonal or structural affect the topics and issues we talked about today?

Very much. So, the core of what's happening when you talk about everything that's going on, and bringing things to light everything that we discuss, the alcohol and the accessibility to the resources. So, the lack of equitable, you know, needs, the underlying issue is racism. Why you don't see the meals and the vegetables that's needed in the communities, when you know the health risks are higher. Data proves that especially in communities of color, and African American communities alone, that have a pressure. Diabetes and heart disease are number one. But yet still, you take this door and accessibility away from me that now I have to travel to somewhere where I can't go. But so now we'll go over to Family Dollar, so that racism is real.

Community Member: So, I don't really think this is a mixed community. I think it's a predominantly black community or predominantly white community. I think it's a mixed community in population.

Community Member: Traveling for me, I think. But I also think that some decisions are made based upon zip codes. And so how do you look at these zip codes, the people in those communities, they are so marginal, might have a sprinkling of middle-class folks that is genuinely middle class, but there are still a lot of people and how do you rate your grade if we now have to deal with race in a more socio-economic status. And so, where there is a lot of older adults, a lot of kids and MBB individuals under a certain income, you know, we get what we get. So that's why I have to track it to the next community. Because I can take care of myself, and I am in a better position to access stores. You know, but again, those who are not are stuck with you know, where you get this that you can't smell fresh…

Community Member: You know, a lot of the people that go to that store, they walk across the street, they're in those apartments over there. That store is geared basically for those. Did you know that? Yes, those are apartments right across the street. And that's mostly because they're foreigners. But that's the only store I really see like that. That other Kroger's down there isn't like that at that price and gender. You know about that when that was a beautiful store?

Community Member: I think the barriers too is that things are set up so that, you know, which I think your paycheck when you look at our zip code and the health rates and our zip code, you know, if we were to do that before we came here, at least me, I would have been like bla bla bla bla bla. So, I'm glad it's been a long time. I looked at it a while ago. You know, so it's been a while since I connected with that information, but if we check our zip codes, we will actually see what's going on.

Researcher
And what about health care access specifically? How do you think racism affects health care access?

Community Member: I think that we know examples, we have examples of where if people don't look like me, they will get a couple of tier levels of tiers of work done and supported questions and investigation, find out what the root cause is. And people who don't look like me or do look like me, will just get the bare minimum, or the surface and the medication. And that medication that's not always good for us that affects our liver, affects our kidneys, you know, and there is not a whole lot that is going on about that. Or the tests that is needed to test your kidneys to make sure your kidneys are doing well with this particular medication as it relates to diabetes, but other medications as well. And again, information is power. So, when we don't have access to the information or want to speak from what I know about the older generation, the older generation doesn't challenge it after a simple I think I need to get another opinion, can you explain to me what this is going to do? And how this interacts with that. And this then I'm really questioning and individuals who have experienced trauma be questioned too much, but some may not question that they're in a role of authority. This is what's going on. And so, I think there's a subset of us this is, "Hey, when I read that this, this and this and I'd like to try that. Or instead of this can we do physical therapy?"

Researcher
How else do you think racism affects health care access?

Community Member: Historically, black people were used as the test subjects. Do you have those ideas perpetuated in our community as it continues to perpetuate the lack of trust, the lack of care, the lack of that asking questions out of fear? I'm going to accept what you're giving me and I, as a mom and a wife have taken my husband or my son to the doctor to get a second opinion because we didn't receive the care that we need because you look at me and the color of my skin and believe I don't want to take care of myself and that I am not doing what I need to do so you're already coming to me with your own bias of the stereotypical ideas of what folks in the black community may or may not do. So, you have to fight to live… for your own healthcare is some practitioners who lead, you know, that way as opposed to providing the best care possible regardless of what I look like. This is systematically embedded in everything that is happening in our society.

Community Member: That will always be just the way of the world, but I think it's got a lot to do with like we said before with your insurance. There's doctors in different races. So, if you feel you're being treated wrong by one doctor go to one of the different races if that's how you feel.

Community Member: And I agree with that. And I also think that some folks don't have that opportunity to make that different choice. Wow, you know, we may be able to go and get a second opinion because I felt like the doctor didn't have a great bedside manner or was an outright racist. So, people have to deal with what they are handed. Our death rates are higher, our maternal death rates are higher. You know, my sister, in pain and labor was almost turned away and demanded to stay, you know, in the hospital? And if she would have went home what if, you know? So that is a constant and that was three years ago. So, this is the constant having to make sure you are fighting for yourself.

Researcher

Okay, and that actually leads to my next question, which is how racism affects maternal and infant health? I guess maternal and child health in general. So, you mentioned maternal death rates? And then, are there other ways that you believe racism affects maternal and child health?

Community Member: Yes, resources. So, with people, resources were being withheld. I've experienced myself where, you know, we have this resource, but it's not real. Or resources are withheld based on that bias and those assumptions. I think it's just that we need to have more great doctors and I have one now. I can see where she has her protocol, that rather than give me that she has to first offer me this. And I'll take that. I will say, "Let me take a look at that." And I do my research. And I want that one over there. I've done my own research.
And I always get, "Well, let's try this one first." So, I think things are set up to... And that particular thing I don't think… I don't know if that's racism, but I do believe that judgments are made about the people that they're serving. In one case I moved to a place where they tried to give me a number of strong opiates. And then another place I went to, they said, we're not going to be able to give you any drugs if that's why you're here. So, in one case, they knew my status, my social economic status and one case they looked at me as if I wanted some drugs and I didn't want those either. But assumptions are being made by people based on what they see, what they perceive they see, where they perceive them from, who they perceive that I am.

Researcher
Yes, and I'm sure other stressors that everybody just mentioned here that was a stress on Mom but then it put the stress on the baby and that puts them in a vulnerable state of health.

Researcher
Right? And how do you think education affects the topics and issues we've talked about today?

Community Member: I think a lot of times the education is one off. Like we told you, here's the information. See you later. Good luck, kind of thing. And when it comes to making health changes, like it's hard to change a habit. If somebody's saying it's bad for you to eat potato chips, well, the next time you crave potato chips, you're probably not going to think back to that one time somebody told you about that. So, I think that health information needs to be given out more consistently on a regular basis and needs to be on the TV so as a community as a whole too.

Community Member: And substitutes or replacements.

Community Member: Yes. Not just like don't eat it, right, because cold turkey… Yes. Healthy alternatives. Yes, exactly.

Community Member: What does it look like to have a healthy lifestyle and education and awareness about that and where we meet here and see diet, diet, diet diet, but not a lot of conversation about here's what you can do. Hopefully you can enjoy the day that you like, but also adding the things that you need to your meal as a healthy life. So, I think language plays a part too on a lot of things psychologically. So, if I am always saying the word diet and folks who don't want to cut things out, feel that that's a hindrance to the things that they enjoy, as opposed to saying, I prefer to live a healthy lifestyle and I figure out how to add the things that I like in the same way. But as far as education, I think that goes back to accessibility and awareness. You know, you have a certain community, these things aren't discussed, you know, and you get what is in the lunchroom, and you may have the option as a child to choose your own type of things that you want. That might not be

the healthiest of choices, because I'm familiar with this food because I eat this at home. But exposure to other things really lacks, you know, in some communities, where you have children, no one's ever even seen what zucchini looks like or vegetables outside of their dreams? Or, green beans or corn here? You know, I mean, things like that. So, it's like exposure sometimes that doesn't exist in formal education, or just education period, about, you know, what's happening? I don't know. Well, we've talked about where people have people take their kids to the doctor regularly. That is one of the things that they talk about, you know, that well visit. But if I'm not exposed to that, I don't have access to that, or that just doesn't resonate to me, because I don't know what to do with that. I don't know how to cook it. That's not something my mama did, or my grandmother did. Then, you know, I'm not going to dive in and take that on. So, I think exposure and language makes a difference in education and awareness.

Researcher
Okay. And how does affordable housing affect the topics and issues we've talked about today?

Community Member: I think affordable housing plays a part in all those variables that if they have to make a decision whether to pay their bills, or to get their medication, or to buy the healthy apple on sale, fruit, or vegetables, you know. And so, I think all that plays into the heart in terms of the variables, but people genuinely want to live good. And right now, they repeatedly tell us, it's not a farmers' market. So either individuals take on the market and get in place and still not know other resources that can help them say subsidize some of the things. You know, there's some things that I won't subsidize but there's some things that I could if I had to. And again, about that resource, maybe, you know… Welcome to the community. Here are our resources. You know, here are some numbers you can call to talk privately. If you, you know, your stress is high that day.

Researcher
I was wondering how affordable housing affects what we've talked about today. And the affordable housing system, like access to like a good school district that's like access to a great grocery store greenspace's, all that kind of stuff. And usually, when, you know, welcome housing is in the most accessible area and best neighborhoods are some of the kind of thing… I also think like if you can put a roof over your family's head and dinner on the table, those are two like very stabilizing things for our family. So, you've also reduced like mental health stress…

Community Member: You have to be able to offer people who want to work livable wages, or housing to be equitable, you know, for everyone. And even when you can afford to pay your rent and bring food to the table, when you talk about systemic racism, is that still embedded in our housing markets today that someone who looked like me may not have the easier opportunity to have a home as opposed to someone who does not look like me, because literally education and those main functional skills of budgeting and credit. And what does that mean to especially targeted communities where that's not a priority? Priority is survival. And so that means I need to go to work, find somewhere for my kids, so come home and be able to feed them and go do the next day, where I'm not living today for tomorrow. So yes, housing, we have a true housing crisis, you know, and all of our…well in our communities in Franklin County, alone, but I also think it starts with providing folks the livable wages that they need, for those who want to work, regardless of their education. Everybody doesn't have opportunities afforded to them, to increase their education or professional development to be able to have a livable wage, or you know, our community. So, folks have to buy new people. And does it provide the resources that they need to thrive, as opposed to me just waking up every day and I think what do I need to do to survive?

Researcher

Alright, well, we are about out of time. But all of you here do you have any follow up questions you wanted to ask?

Researcher

No question. But it was a good conversation. It was hard for me not to jump in there a few times. But I held back because I'm not supposed to. But a great conversation, great feedback I think you hit on a lot of issues that we, you know, are pretty sure will come out as part of our final assessment. We will definitely, I think all the VCs been getting everybody's information. So once the report is final, we do want to share that with you. And we hope that you will be able to see your feedback, we will not name names. We'll talk more global, like regions and things like that. But hopefully, we'll be able to see your feedback in the final report. And I just thank you for coming out and hanging in there with us tonight. We really appreciate it.

Thank you so much. We said it's been super helpful. We really appreciate your time. Thank you.

Researcher

Yes. We have a series of groups on similar topics that we're doing now in Columbus, and then we, I guess, like the research firm that I'm a part of, we do a lot of these types of groups on a variety of topics. If you're interested in participating in the future, or if you know others that might be I'd be happy to take your contact information and let you know. Thank you. Thank you, guys.

Organizer: Franklin County Public Health

Location: Northwest Franklin County

Date: 8/7/2021

Researcher
If you could, maybe let's just go around the table and introduce ourselves, maybe say your name and what you like the most about your neighborhood or your community.

Community Member:
Hi, I live in [inaudible] and have only been there since February. But I love the area. It's really nice and the people are really nice and respectful. I really like the area.

Researcher
Thank you.

Community Member:
I live in [inaudible] for almost like 14 years. And just a couple of years ago, for the first time I have been introduced to the commission. The bar was very commission because I was in a workshop, and we were asked to attend one of the community area Commission's meetings. And I became interested, and I started attending there because I used to work with a social service agency that was working with refugees and immigrants. And when in one of the meetings decided that they need to have a diversity and inclusion committee, because we have a lot of people from different places. So they bring charge of that committee. I'm the Chair now. We are in the process of the formation of this committee so to each other people can see the different people in our community and their needs and to have a discussion. You might come together to tell our community.

Researcher
That's great. Thank you. Thank you for being here today.

Community Member:
I am just up from [inaudible] Drive. I live in with people that is quiet and friendly. And we enjoy living there. I have lived there for 10 years.

Researcher
Thank you.

Community Member:
I have been here in America for over 16 years. I live with my sister and brother in [inaudible] area and they are all friendly. We have a nice neighborhood. You can even leave your car open and nothing will happen to it.

Researcher
Great. Thank you. Thank you for being here.

Community Member:
I also live [inaudible], and we've been there for about 13 years. I used to work for Knott Central Mental Health until I retired. Our neighborhood is very nice and quiet

Researcher
Thank you

Community Member:
 I'm sorry. I am late. I live in Dublin, but I lived here near Grandview and Upper Arlington for a number of years and just recently moved to Dublin. I like the neighborhood a lot. There are a lot of walking paths, a lot of parks. A lot of old trees. I love gardening. There are many gardens around that I work for as a Master Gardener on Saturday morning. So that's why I'm late. But just it's nice, I feel very safe right now. I live alone. So.

Researcher
 All right. Well, thank you all for being here today.

Researcher
I'd like to start out our conversation by asking a really high-level big question. And then we'll talk about some specific things about health, and then wanting to go up to some more big picture questions. That's kind of what I was hoping we'd talked about today. So, let me ask you first, what does a healthy community look like to you? What makes a community healthy?

Community Member:
I think a community that looks after each other, has good relations, is caring. And maybe educating, especially because I work with refugees, immigrants, educating those people who are new to this country, and just people because not to judge because some other people, they have been in refugee camps for so long. And they don't know. They even really sick in their countries, not alone here. So you have to be more patient. We're accommodating and respecting. And realizing that different is not bad, because we are all different, but we are all human. So the most important thing is to be caring.

Researcher
Thank you. What else makes your community healthy?

Community Member:
A friendly community, friendly people will not develop anxiety, they will not develop depression, because of issues in the society. As long as we help each other care for each other. This will be a healthy society.

Researcher

Thank you.

Community Member:

I've attended Dublin Baptist Church since the late 70s. And we have an Indian, a Portuguese, a Japanese and a Chinese outreach church within our church walls. So we do a lot of outreach to the neighbors, you know, just to see if there's anything that if they're just moving into the neighborhood, if there's anything they need, or we can do. We help out at the food pantry. I think people look favorably upon us.

Researcher

Okay. Thank you.

Community Member:

So, yes, I just want to mention, of course, a lot has been mentioned already. We have safety and we have cleaning sanitation and stuff like that. And people are careful about keeping the environment clean and tidy and care about the natural things around like presentations with gardening as we mentioned them.

Researcher

You mentioned also, you said safety and I think you talked about no thieves. So how does safety or crime or the lack of that make a community healthy? Can you tell me more?

Community Member:

Yes. You are not all stressed and there is a lot of safe places. A lot of stress creeps up a lot of anxieties and makes you worry about certain things which you have to keep outside, and you don't have to bring them in and you worried about where they are going to be in the morning and stuff like that. Any noise at night you sort of worry somebody is breaking in and so on. So it could be stress, maybe depression can cause all of the things that anxieties and worries can cause.

Community Member:

I guess I think like neighbors and people… I live in a very nice community, but I lived here for over 14 years. I only socialize with one or two neighbors. And this comes to be like the culture here. Don't speak to strangers, don't do that, don't do that. But at the same time, it creates a kind of stress. Because sometimes like my neighbor, she has allowed music or whatever and instead of knocking on her door and saying, "Please. don't do this"… Or they call the cops, which they are not used to cops. It is a stigma. And this is a big crime, you are not going to call the police for your neighbor or your kid and this causes people a lot of stress, and they already have been traumatized by the new environment. Imagine you came to a country, you don't know this tradition, you don't know the language, you don't know anything about it, and you have been distributed and are only fighting for survival. Sometimes they throw the food off the helicopter, and you have to fight to get this, a pack of rice or something like that. And you come here, and they put you in this category, they don't put

you in a transitional area where until you settle down and you absorb what is here, how to navigate the system. And they just put you there. And they expect you to learn by yourself and to abide by all the social and the law, which puts more stress on those.

Researcher
Thank you. A lot of stress conversation. Thank you for sharing that. So what do you think are the most important health issues facing people in your community? What do you think?

Community Member:
 Depression and anxiety. So many people are suffering from depression and anxiety.

Researcher
How do you see that? Like, how do you know that? That that's true? Do they talk about it? Do you hear people talking about that?

Community Member:
Yes, because you listen to what they're saying….Talk to them. Because what is going on in society and that is affecting them mentally.

Researcher
What are they saying is causing them to feel depressed or anxious? Like what are the reasons for why they feel that way?

Community Member:
They're talking about this lack of togetherness…race…increase in hate. So that's the fear, that's the anxiety and that will lead to pressure. All these things lead to all those types of effects that we'll see. So this is what people are saying.

Researcher
Thank you. I understand, what else? What are some of the most important health issues you see facing people in your community?

Community Member:
 If you live in a good community, announced community, that's wonderful. A lot of people do. And when you have, you know, you have a lot of stress and strife, then that isn't good for your health. But I mean, you know, we're not thinking we should work together to keep the neighborhood nice and neat and orderly, and you should treat your neighbors like you want to be treated. I just think a lot of stresses, a lot of people have that in neighborhoods because they're afraid to get out. And that isn't good for your health at all, when you're afraid to get out in your community.

Researcher
Because of concerns about crime?

Community Member:
Because of concerns about crime, and, you know, there is just so much violence. This day that hits it's fearful for older people, especially to worry about getting out into the environment, then you don't know what's going to happen to you. So it's a very frightening time.

Researcher
Thank you. What else? What else are you seeing or hearing about as major, big important health issues facing people in your community?

Community Member:
 Because of issues that have developed over the past year, like the pandemic, of course, brought its own problems for communities maybe because of the lockdown partly because of that, that has caused some anxieties in certain communities, from what I could read, or what I have got to know from talking to people in some communities. And secondly, we cannot afford to be divided. Countries pretty divided either for or against certain issues. People take it so seriously as to divide communities. It enables them to be divided because we believe different ideologies and stuff, all these go to put stress on the general community. Because I know one or two people that have said to me my community's not as it used to be. There is a difference. Maybe one or two neighbors who used to say hi, don't say hi anymore because they think you belong. You see, all of these come together. And one thing we got to realize, again, is what happens in the country as a whole affect's community events, right? Because it comes down to communities, because the nation is paying us people for being as communities depends on what they think and how they think and how they carry themselves.

Researcher
That affect, that makes sense of what's happening to the nation as a whole so can come down to the community level?

Community Member:
 Definitely.

Researcher
So, we've talked a lot about feelings of depression and anxiety and stress, and it's caused by a number of different things. What about physical health issues? What physical health issues are people facing to their bodies or disease have you been hearing about and seeing about in your community?

Community Member:
 In Dublin, there are a lot of baby boomers. And who don't have transportation to the doctor or other, you know, health needs that they might have. And so, the city of Dublin is starting a bus service to take you to, you know, if you're of a certain age, and I haven't looked at all the things that you have to do to be eligible for it, I think that's, you know, I have a friend if she would just use… we

have so many services… seeing your options and things like that, that maybe people are not aware of, as they age.

Researcher
So, transportation can be a challenge. Okay.

Community Member:
Health insurance? Do they have doctors in your area? Or, you know, doctors' offices that they would feel comfortable going to and is there insurance there.

Researcher
Okay, what other physical health issues are you seeing in your community, issues of people with their body or diseases that they might have other conditions?

Community Members:
I feel people are not able to do physical exercise, because so many of the gyms were closed because of the pandemic. So lack of exercise, diet, obviously, to the proper food, also cause some physical problems.

Researcher
So tell me about the diet, what do you think is causing the changes in diet or what makes a diet hard to get the right foods in your body?

Community Member:
 Cost of living…Cannot afford to buy the proper food. And in general, everywhere, the older healthy food is cheaper. The healthy food is very expensive. So people buy what they can afford. And some people just like to test, it's appearing that the unhealthy food is tastier than the healthy food.

Community member:
 I think one of the issues, as you said is diet, because it is very different. They or maybe they have been farming something and then when they went to a refugee camp or something, or even a week [**inaudible: 0:18:48.5**] who had not been through that, they have a different kind of diet. And maybe they used to walk because they were in an area that everybody did not have a car. So this is a kind of society. They have that back home, and then when they come here, they don't eat healthy. So my previous clients, we noted that they have a lot of diabetes and high blood pressure, okay. And still, they eat whatever sugary, sugary stuff and all that kind of stuff. So it needs is some indication of those. But it is hard for us at that time to meet with them. So what we did, we tried to contact the community leaders, and then try to talk them through their community leaders because it's for them, they are very close. And, the problem is they believe in enclaves. So they don't socialize. And even other people, they don't give them the chance to socialize with them. They are always afraid of something or somebody who is not, who doesn't look like them, or speak like them or something like that. So besides the stress, and then diabetes, and stress, also, I want to mention that some of

these people, they have a stress on the kids because back home, no kid companies have their parents or grandparents or anybody, anybody in your family can beat you up. If you did that nobody will do even if you went to the police station, they will kick you back. Here, the kids today started to disobey their parents, which caused a lot of stress for some of these, they want to be like American, like, yeah, and talk back to their parents. But even if you don't look your parents in the eyes because here they look me in the eyes. And I noticed that and I have wrote an article about that. When I was at school, so especially for Muslims, they don't look this other person in the eye, if you respect some person, older, or an authority, or somebody, you have to respect them, so you don't look them in the eye. So they always…and there was a problem at first at the schools. Because here, if you don't look me in the eye, you're like hiding something. So that is a conflict about the parents such talking that the kids are just getting out of it. And the kid says something in my community, he called the police for his dad and they came and like all the community was talking about that. So it is this kind of stress and health issues is going on. And not understanding the system as well. Like my neighbor, her mother, she has mental issues. But she couldn't get an appointment for her. Because she talked to the people in this department and then they transfer her to another department and then asked her if she tried to kill herself. And she said, do we have to wait until she tried to kill herself? And then you take her, they wouldn't take her. Is she going to kill somebody or herself, no, but she's in a bad condition. She's talking about suicide. And then the process of getting an interpreter. So it is just overwhelming.

Researcher
Thank you. Name, what were you going to say? What physical health issues do you see in your community?

Community Member:
 But I honestly think, you talked about children but I also attribute it to the pandemic and being in lockdown also affected your men and to a great extent we do know from, you know, not just from our communities, but generally that a lot of children suffered from depression and anxiety and even some complication is because of your lack of exposure, able to go out to meet people and groups and everything. But the other thing which is important is this is the effect of the pandemic, in particular., and when you look at the area of those who suffered from the COVID-19 and may be survived it. So, am I left with a lot of health issues? And some fairly severe health issues? It does make some not too many anyone community maybe, but maybe quite a sizable health issue in communities that no longer enjoy the health they used to enjoy. And even if they had all the medical opportunities to medical and opportunities, I need to have maybe some Medicaid or Medicare and so on, even if they have all these, they still have these issues, somehow, and that has affected communities. The other thing is that there are many communities that were evicted from their home because they lost jobs. They couldn't cope with the rent, or mortgage and so on. And these are all the economic situations of communities, and have also ended up changing many communities, from what they used to be to something different because of circumstance.

Researcher
Thank you. So let me ask about this. What are some reasons why some residents might not get or might not look for the health care that they want or need? I know earlier you talked about some people might not have transportation to get to a clinic or to a doctor, what are some other reasons why residents might not get the health care that they want or need?

Community Member:
I know some people don't have Medicaid or Medicare. And you don't have private insurance. You don't have any insurance. They cannot afford to pay for health insurance, and Medicaid or Medicare. I don't know why. So, because of that, if they're ill, they don't go to the doctor, they don't go to the emergency. You know. You just try to buy over the counter medication. So this is one of other reason.

Community Member:
I don't go out much. I am always at home with my grandkids and great grandkids, and I wish I learned something from them. Because some will say to me, "Grandma, i's not so. It's not so." I feel like what can we do now? And so we tell them what to do, and sometimes it works. They are very sensible.

Community Member:
I miss what you said and what your grandchildren…?

Community Member:
Yes, they are very sensible.

Researcher
So what are some other reasons why you think people might not get the health care that they want or need?

Community Member:
Well, I think if you're on Medicare, just you know, if you're a senior and you have Medicare and Social Security, well Medicare doesn't provide a lot of the benefits for you. I don't know, I've just had to have some extensive dental work done and now I'm having to pay for it out of pocket because I don't have any dental insurance because they don't provide it. And I think that is a big issue. There's a lot of things that Medicare does not cover for the elderly. So they don't seek the health because they can't afford it and to try to live on a fixed income and you know, get all of this medical help that you really do need that you can't survive without it, they just don't get it.

Researcher
What are some other things that you've seen or heard that Medicare doesn't cover for those who are 65 or older?

Community Member:
Well, eye glasses, as you know, which I just had cataracts, that will be three this year. Before I had to have prescription glasses, well, you know, glasses are very expensive. And you have to pay for that on your own. And I mean, that's things that older people need. And they don't have it. So a lot of them will go to the dollar store and get the over the counter glasses or whatever, because they can't afford prescription glasses. I know when I had to buy them, they're very expensive. And so, a lot of people can't afford that. So you take dental and vision is very important to the elderly. But this has got to come out of your pocket.

Community Member:
 I second that. I have had extensive dental work done. And insurance, it pays almost no nothing, nothing, nothing. I will say that our church supports the **[inaudible 0:30:29.6]** Parsons Avenue. And there is a free dental clinic there if anyone wants to go to it. I think it's on Wednesday nights, but I don't know for sure.

Community Member:
 I am on Medicare as well. You know, that's who held my full benefits for my heart and dental. I had to pay extra premium for my dental in order to get full coverage. Because Medicare does not pay for glasses. And for dental either.

Community Member:
 I wonder if there's any dental education in schools now. When I was growing up, you know, a dentist came in and taught us how to brush our teeth and when to go to the dentist and health education, is that available in schools to try to teach children when they're little, and then give them a toothbrush and toothpaste.

Community Member:
And that used to be a thing in the school? Do you know that they used to have a dentist that would even come to the schools? You know, years ago when they would refer you to someone that would do the dental work if you couldn't afford it.

Community Member:
 There are so many diseases that come from bad teeth. Now they're saying Alzheimer's might decay teeth or teeth not being taken care of affects your heart. So many things that teeth are very important to take care of…

Community Member:
 You were talking about the care of the teeth being taught in school, and the burden on the kids to translate and some of that will be lost in translation when the parents they don't know the English and like the child is nine years old. She's translating for her parents and sometimes about things that she shouldn't as a child be hearing, but she's translating. But I want to add to what you said about

why they don't get health. From my experience. It's not a common thing. But because even in my community where I came from back home, there is a stigma of mental health. So going into a psychiatric, it is just like, you don't want anybody to know that because they will think you're crazy. And one of the kids, a 19-year-old, he experienced some trauma. He doesn't want to go to school. He doesn't want to talk to anybody… hides in the closet and so on. So I arranged for an appointment with some people who deal with trauma. And his mom was, she's a client as well. So I set the appointment and I told her this day and there is a lady who came from the health department to talk to him and see how to handle that. And then his mom the next day she came, and she sent me a whole note that said, we have to take him to the traditional healer, because this mental thing, they go there, read some Holy verses or whatever, give him something and we'll do whatever, whatever. So she refused.

Community Member:
What about ESL? Is that taught in the schools, English as a second language? We hold those classes at our church for there's so many people that work at Honda, that live in Dublin. And so a lot of Japanese want to come to the church to learn English. You know, your second language. But language is the common denominator. You know, if you can't speak the same language, it's hard to communicate.

Researcher
So let me change topics a bit here. We talked a little bit earlier about some issues with nutrition and diet, and how healthy foods can be more expensive, unhealthy foods might be less expensive, the unhealthy foods might be easier to get or cost less. So we've talked a good amount about the food that people can eat or choose to eat. What about the activity that they choose to take? So getting exercise? Have you seen any issues with people not getting enough exercise or other physical activity issues in your community?

Community Member:
Now the people in my community have had dogs the most? They're walking constantly. So I really haven't seen anyone to say all these people. Because they do have dogs and they're walking them all the time. And the kids are riding bikes.

Community Member:
Because of the pandemic, people are not doing much exercise. They are not going to the gym like they used to, they were not walking for work as they used to, because of this issue, because we need to exercise. And they don't take advantage of online exercise. Some of the genes that's closest to online exercise, you don't have to pay for it.

Community Member:
Well, and we've had, you know, a lot of murderers, you know, people that walk these trails and these parks, so what a lot of people are afraid to I mean, you can walk in your community but if you had a lot of communities aren't psyched to walking. So that's an issue.

I lived in a community once where we started a walking club. We just walked in a group. And if you didn't come out, that meant you didn't want to come so we walked on, you know, you didn't have to if you didn't want to. It's a good way to get to know people.

Researcher
How about alcohol or drug use? What alcoholic or drug use issues are you seeing or hearing about in your communities?

Community Member:
Generally, when people are confined to the house, especially during the lockdown, it does have its effect because of course it leads many people to drink more and to smoke a lot more. Well, I think that these things will fight anxiety and worries and depression and so on. So they drink more and smoke more and stuff like that. And it has affected communities. And the fact that we do not have a lot of…. They don't have insurance has also contributed to the problem in the sense that it could interest it as it is supposed to help. The other thing again, about the whole thing is that lots of exercises, places where they exercise, they all closed during the pandemic, which means that many more people remain at home. Some used to go out every day and exercise. Don't do it anymore. And if you think you're going to be evicted in the next month, you're not thinking about exercise every day. The other thing again, is what do you do, you worry more, you have a lot more anxiety. So if you drank half a bottle of whiskey because it's sort of a temporary relief and you sleep. And at least you forget about your problems for a while, where all of these things grew to, you know, we normally talk about the pandemic as a whole, but we forget these things. Another very important thing is about schools. The point is that nowadays when you talk about education, and you talk about health as a whole, you can't divorce the two issues for politics. And one would think you see is it to teach children and teach the very basics. But it's not as simple as that might be even putting on masks to shield them from the germs or so on. So it's a problem because politics got into it. So, because of this, I will say things for exercise has become a big problem as to how we move forward. And it has affected people in various ways.

Researcher
So I've heard you talk more about alcohol use. And I think you said some people are self-medicating to deal with stress and depression. What about other drugs? Have you heard or seen about other drug use in your community?

The problem is that some drugs are accessible in the community or the public.

Researcher
Do you think that more people are using drugs or less people are using drugs or it's about the same?

Community Member:
With my experience, I think they are using less drugs and more alcohol.

Community Member:
I think it would be helpful to talk to some kids that are in high school. I know I've heard some say, you think there's no drugs in Dublin? There are drugs everywhere in Dublin. You know, I don't see it. I might in cancer in adults now. So. But I think you could get whatever you want.

Community Member:
Well, my granddaughter, she'll be 16 this month. And she attended school in [inaudible]. And that's what she said she's terrified to go to school. Because she said she sees drug deals every day. At school, these kids she said they smoke pot. deal drugs, right there at school, so she's terrified.

Researcher
So let's keep talking about that. So we're talking about, you're talking about like the issues facing youth. So health issues facing children. This is one of them, drug use or exposure to that. What other health issues do you see affecting the kids, children, or youth?

Community Member:
Anxiety and depression And she has both of those.

Community Member:
I think one of the things that I want to mention because in my community, like one of the most important is they don't talk about it. They just brush it under the table or whatever. Because you are not supposed to take drugs or alcohol. All these are forbidden from religion point of view. Doesn't mean that people they don't do it. They do it. They do it. But they can hide it. Yeah, I see a lot of them in denial. Doing this or that or that crazy stuff. And I think this can be that the connection between school and maybe or schools in the community or something to be done, as you said, because they always hide the things, and they know what they are doing. But then the parents, they deny.

Community Member:
I think bullying is right up there with the mental health issue.

Researcher
How about children who are very young, so newborn children? Are there any health issues affecting them that you hear about or that you've heard about?

Community Member:
I see my children. Because they have 10 kids, and 12 kids, and they live in like, a four-bedroom apartment or something like that. So I think this is some of the things that I have noticed, like too many kids, so you don't take good care.

Researcher
Thank you. What other issues have you heard about affecting newborn kids?

Community Member:
A lot of your younger people, they do drugs. And of course, this is going to affect them. And they drink. So that's going to affect the newborns. And I think that is maybe a lot of not there for them to do. Nowadays, you can just walk out and get it wherever.

Researcher
What about pregnant mothers? So you were kind of going after that. And so some of the teenage pregnant mothers might be drinking or using. But what about just all pregnant mothers in the community? Are there any special health issues affecting them and their health and the health of the baby that they're carrying inside?

Community Member:
Obviously, the baby if they're drinking or taking drugs. Some of them that have been using wine so they don't become depressed.

Community Member:
I think just anxieties and worries and stress can affect the unborn babies in many different ways. And this is what the pandemic has brought. My general idea about drugs is it appears to be that this drug, a little pandemic has slowed. Because children didn't go to school and you know, have access, access to certain substances because most of the learning was by remote. So because of that, it might have slowed down. Drugs and distribution of drugs, but just normal mental health might also affect.

Researcher
Sure. Thank you. Okay. So we've talked about a lot of specific health issues. We talked about physical health, and mental health and diet and nutrition and physical activity. We've talked about substance use, we've talked about the health of mothers and newborn children. I want to go back up to a big picture question, now. I want to ask, how does poverty affect all these things that we've been talking about today? How does it make those issues? Worse? Or better? What do you think?

Community Member:
I think it makes it worse, poverty will because I think if you're in poverty, you're usually depressed, you know, that just plays into the big picture on the poverty issue.

Community Member:
Poverty I think you would have, if you're poor local minorities through, maybe you feed them the wrong diet, maybe you are very stressed, you don't do whatever that they want to take them to do. Even if you have Medicaid, or Medicare or whatever, then you cannot pay the copay or not take

them to different extracurricular activities. And you are not educated to go over, they want more doing. So.

Community Member:
First of all, it causes so many health issues, because you can't afford the medication or the medical things that you need. And remember, when I was a long time ago, when I was in Britain, England, they decided to do an experiment, they move some children from India and took them to the affluent, educated school there. And they move some of these children from that area and bring them to this world. And they discover that the children that they move from the deprived area to the city, they started excelling, it started with the older students. And the students, they moved from that indicated place to this started going down.

Community Member:
Some of the children in the poor area, they might go all day and not even have food.

Community Member:
 At the same time, according to the areas is for people who live in section eight or whatever area and the six schools are not good. They don't get the best teachers. So they treat them like other people. And they are not disciplined. And they carry with them a lot of burden back home and at home, they have maybe a lot of responsibility taking care of siblings or doing home chores or whatever. So it is just a spin here and just not fair. Because if you live in a poor area, you go to school, where there are fights every day. There is a lot of challenge there and people sell drugs. But they have 10 kids. So in the morning, the kids go to school, and then they come home and they tell them to go out because there is guys inside the house. So it's a play outside and they prey on them. And a lot of them they went to prison, and at very young age even and just people taking advantage of them.

Researcher
So how about racism? How does racism whether it be between people or what the racism that's in the systems and structures, how does that affect these issues that we've talked about today?

Community Member:
Racism is diverse in my area. So racism has so many effects on these people even on me when I came here, you look different. Sometimes people look suspicious at you at the store, or how, even in some services, they don't have somebody who looks like you, and other people will judge you because of your color and they think that you are not educated. Not all of them. Yes, most of the few years, maybe they are not that educated, but there are other asylees and immigrants who are educated in my community, we have these asylees who came voluntarily here. So most of them are educated. Some of them they came here to study, they decided to study. But those refugees, they really didn't have a choice because they have war, they have famine. So they have to come here and say we moved here.

Researcher

So how does racism affect the health of people?

Community Member:
That is why when you are educated, you are more aware of health and where to go. But for other people, they need a guide who is supportive to provide that for them. And they are just happy. Like even some of them are sick, they don't go to the doctor, because at least they're happy, there is no war, there is no fire, …So they think it is paradise.

Researcher
How about the rest of you? How do you think racism, whether it be between people or within a system or structure? How does that affect these health issues we've talked about today?

Community Member:
It only depends on the individual, if we talk about racism This is not only in this country. So remember, when we first left school in theory, and went to Scotland, for college, I went to law school. And I was the very first black person to attend that school. And I was the only black in the hospital. So they never came in contact with black before. So depends on how you get with the discriminates against you. I don't get angry, because I believe they don't understand you. You come from a different culture. So it's my responsibility at that time to teach them. Not by getting ugly. Eventually, they get to know me. And what they see in me is that there are many black people. None, I am the only one. Well, it's to try to understand we went to Glasgow at that time a long time ago. We don't go out after seven. We go to work. You know, you don't go out.

Researcher
How does racism affect health issues here in Franklin County with Columbus.

Community Member:
But my feeling is if we look at temporary racism as a whole here. I was important here. I really did come here. And I learned a lot about racism. From my own experience for what I found out about what was going on. If you for instance, you talk about the young and you talk about racism your very first problem, they would know my encounter is bullying. And bullying is a big part of problem for the young. Because it takes so many forms. And it can go on auto test and it can have tremendous effect on the wellbeing of the child. And it can even affect the health of a child adversely without knowing exactly what the career causes emotional and so on and so forth. Generally this is in the society is there much us maybe would like to deny that it's there. The point is that cases for many people seem to be a term that affects not them, but other people. In other words, somebody is, can be convinced that he or she is cases, but everybody's looking at him or her. Well, that's the textbook example of racism the way he or she behaves. So, this is the problem we have about racism, because as we are brought up racism is something that is taught, and it is taught at an early age in many cases maybe unknowingly taught and unknowingly information passed to children in a way that causes them to be racist against other groups or against other children for that condition, color and so on. So, it is endemic in society affects health, not only children.

Community Member:

Many people are afraid of discussing race, they are afraid of discussing that. And at the same time, when you hear the general thing is like everybody has to be equal and given equal opportunity. But it is not about equal opportunity, it is about equity. Because if you are not at the same level with the other person who are benefiting, you are here, you need to get to be pushed to be here, not say it is equal opportunity for everybody, because not everybody is at that level. Not everybody knows how to be there. So you have to push them, you have to give them the means and the help. So and then the community in my community and our community other meeting, people were afraid of talking about racism, because if I talked about how I faced racism, maybe some white folks thinking that I, I guess need to beautiful like them or tell them they are racist? No, it is not that we have to discuss it. We have to discuss racism in order to see where we are going wrong and how to fix it.

Researcher

Have any of you heard the research data that tells that black babies are more likely to die before white babies here in Franklin County? Have any of you heard of that before? Have you heard that you've heard them before? Have any of you heard that black adults are less likely to live long compared to white adults here? You've heard that too. So not all of you heard those things. Okay. I'm just curious about that. Because that's one way that racism sometimes comes out in these conversations, because it affects those different health outcomes. I've asked you most of the questions that I wanted to ask you about today. I want to check in with my colleagues all the BCM Teresa and see if they have any follow up questions. Do you have anything that you'd like to ask them today?

We'd like to thank you for your time. We really appreciate you rescheduling with us and coming out today. Definitely Franklin County Public Health appreciates your feedback and input. And at some point once we have a final document, we will definitely share that with the individuals that have participated. So if we do not already have your contact information, please make sure we get it so that we can follow up and just don't forget to stop over today to get your gift card and things for your participation.

Researcher

Would you like me to ask? Would you be okay if all of these like my camera is turned on? First off, I can't do it. But would you be okay if I took a picture of you today just to show that we had this conversation or does anyone feel comfortable or uncomfortable with that? You're okay.

Researcher

I'm okay. Because with my mask just as an exception to that, you know, you're fine. I think that's a good, good thing. Anyway. Those are all the questions that we have for you today. Thank you so very much for sharing your thoughts and your experiences with us. We really value that it's been really important for us today. Please do come up and make sure that you get the part on the LBC and carry that and then have a great rest of your day today.