

HEALTH

Introduction & Overview: Health Indicators

It is well known that quality of life and physical health are closely linked. There is also a relationship between health and other indicators in this report, such as education, employment, and housing. This section of the Community Indicators Database Report includes a diverse array of data that describe health conditions as well as conditions and behaviors that have an impact on physical health.

The indicators address the health of infants, children, and teens. This includes low birth weight and infant mortality, as well as teen births. There are also indicators that deal with immunization, childhood lead poisoning and use of drugs, tobacco, and alcohol by youth.

Data are provided on access to health insurance, as well as rates of leading causes of death among Franklin County residents. There are also data in this section on suicide and HIV/AIDS. Overweight, exercise, and smoking are examined, because of their link to a number of health conditions, including the leading causes of death.

Indicators of Quality of Life

The health data can be used in research, program planning, and service delivery. Community Research Partners has found that the data are indicators of the quality of life in the community. The following suggests how the health data pages relate to key quality of life areas:

Quality of Life Area	Health Indicator Data Pages
People are physically and mentally healthy.	<ul style="list-style-type: none">• Health insurance• Infant health• Childhood lead poisoning• Suicide• Behavioral health• Leading causes of death• Mortality by race and gender• HIV and AIDS
People engage in healthy behaviors.	<ul style="list-style-type: none">• Teen births• Immunization• Drug, alcohol, and tobacco use by youth• Healthy lifestyles

How We Are Doing in the Area of Health

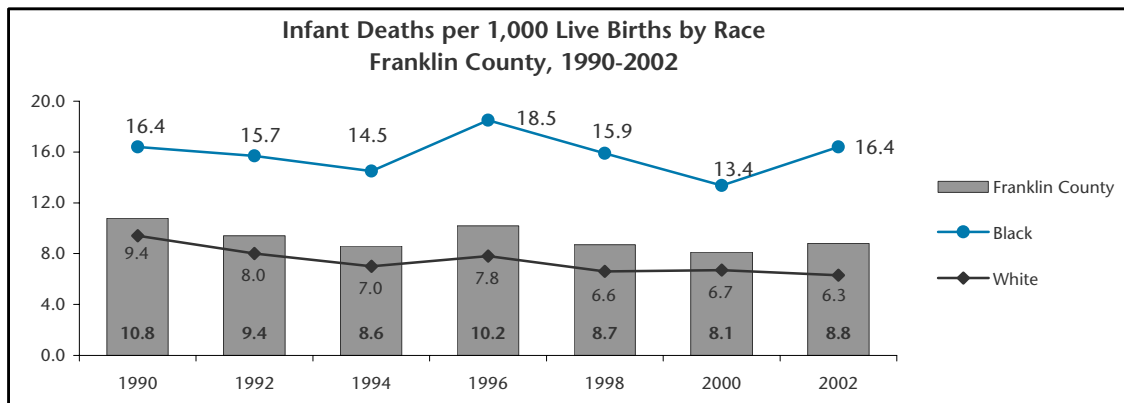
The health data indicators provide a picture of how we are doing as a community. The following are some of the areas in which we are making progress in Franklin County, as well as areas of concern.

Health: Areas of Progress	Health: Areas of Concern
<ul style="list-style-type: none">• Births to teens—The number of teen births has declined dramatically since 1992.• Childhood lead poisoning—The percentage of children screened found to have elevated blood lead levels has dropped steadily between 1997 and 2004.• Use of tobacco, alcohol and drugs by youth—There have been decreases in reported use among all age groups since 1997.• Suicide—Deaths have dropped since 1994.	<ul style="list-style-type: none">• Infant mortality—Rates for black infants remain over two times that for whites.• Four of five leading causes of death—Columbus and Franklin County death rates are above Ohio and U.S. rates.• HIV/AIDS—New diagnoses of HIV show a shift to women and minorities.• Overweight—More than half of the Franklin County adult population is overweight.

Infant Health

Total Births and Percent Low Birth Weight Births by Race, Franklin County 1994-2002

Race	1994		1996		1998		2000		2002	
	# Births	% LBW	# Births	% LBW	# Births	% LBW	# Births	% LBW	# Births	% LBW
Black	3,449	13.1%	3,281	13.6%	3,554	12.1%	4,114	12.4%	4,325	13.7%
White	12,411	6.4%	11,986	6.9%	12,157	6.8%	12,541	7.3%	11,809	7.2%
Other	534	7.7%	465	8.2%	625	8.8%	768	8.7%	879	9.9%
Total	16,394	7.8%	15,762	8.4%	16,377	8.0%	17,470	8.6%	17,013	8.9%
State of Ohio		7.5%		7.5%		7.7%		7.9%		8.3%



Analysis:

- The Franklin County birth rate has fluctuated from a high of 17.1 per 1,000 population in 1990 to a low of 15.2 per 1,000 population in 1996. In 2002, the birth rate was 15.7 per 1,000 population.
- The number of births in Franklin County to black mothers has been steadily increasing since 1996, while births to white mothers are relatively unchanged since 1996. The number of births to mothers of other racial groups (Asian, Native American, and other), although still a small number, greatly increased from 534 in 1994 to 879 in 2002.
- The percentage of low birth weight births in Franklin County has increased from 7.8% of all births in 1994 to 8.9% in 2002. The figure for Ohio in 2002 was 8.3%. Blacks are much more likely to have low birth weight infants compared to whites, both in Franklin County and Ohio.
- The infant mortality rate for the Franklin County population has decreased from 10.8 per 1,000 live births (178 deaths) in 1990 to 8.8 per 1,000 live births (150 deaths) in 2002. The infant mortality rate for the state of Ohio in 2002 was 7.9 per 1,000 live births. Blacks have more than twice the rate of infant mortality compared to whites since 1994.

About the Data:

Data Source:

- ◆ Ohio Department of Health, Data Warehouse (Note: All data in this update are from ODH; Data from Columbus Health Department were used in previous reports)
- ◆ Ohio Department of Health, Statistical Analysis Unit, Center for Public Health Data and Statistics

Definitions:

- ◆ **Birth rate:** Total births per 1,000 population
- ◆ **Low birth weight birth:** Live birth of an infant less than 2500 grams (5.5 pounds)
- ◆ **Infant mortality:** The death of a live born infant under 1 year of age

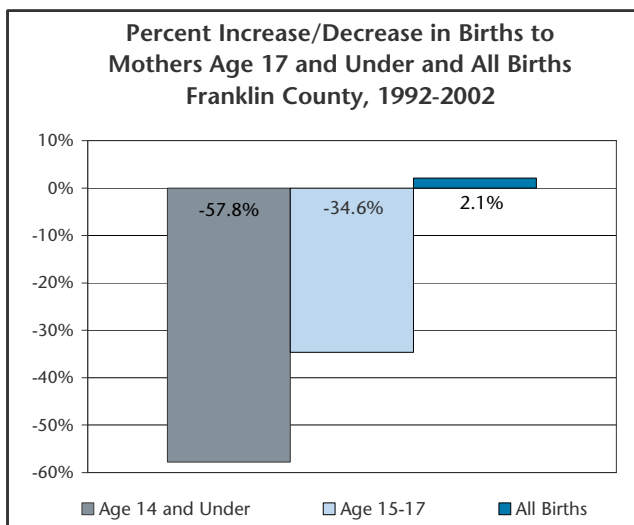
Explanations and Caveats:

- ◆ Low birth weight is associated with many health problems in infants, including mental retardation and cerebral palsy, as well as being a major predictor for infant mortality. The Ohio and United States low birth weight rates have been steadily rising over the last 15 years, and Ohio has been above the national average for several years.

Teen Births

Number of Births to Teens Age 17 and Under by Race, Franklin County, 1992-2002

		1992	1994	1996	1998	2000	2002
Age 14 and Under	Black	33	30	28	22	23	17
	White	30	17	19	15	17	10
	Other	1	2	0	0	0	0
	Total	64	49	47	37	40	27
Age 15-17	Black	376	323	309	293	255	227
	White	412	432	403	377	345	280
	Other	9	12	15	17	12	14
	Total	797	767	727	687	612	521
All Births		16,656	16,394	15,762	16,377	17,470	17,013



Analysis:

- The percentage of all Franklin County births that are to females age 10-17 years decreased from 5.2% (861 total) in 1992 to 3.2% (548 total) in 2002.
- Nationally, the teen birth rate has declined steadily since 1991. The U.S. rate has fallen from 38.6 births per 1,000 females age 15-17 in 1991 to 23.2 in 2002.
- Nationwide, 89% of births to teens age 15-17 occurred outside of marriage in 2002, compared to 93.7% for Franklin County.
- There continues to be a disparity in the percentage of teen births by race although it is lessening. In Franklin County in 2002, 5.6% of all births to black mothers were to persons age 10-17. For whites, 2.5% of all births were to mothers age 10-17.

About the Data:

Data Sources:

- ◆ Ohio Department of Health, Data Warehouse
- ◆ Ohio Department of Health, Statistical Analysis Unit, Center for Public Health Data and Statistics
- ◆ Child Trends Databank, Teen Births, Winter 2005 (national data on teen birth rates)
- ◆ National Campaign to Prevent Teen Pregnancy, State Information (Teen Birth Data, Nonmarital Teen Births by Age, 2002)

Definitions:

- ◆ **Teen birth:** A birth to a mother under age 20 or any cohort of this group
- ◆ **Teen birth rate:** The number of births per 1,000 females under age 20 or any cohort of this group

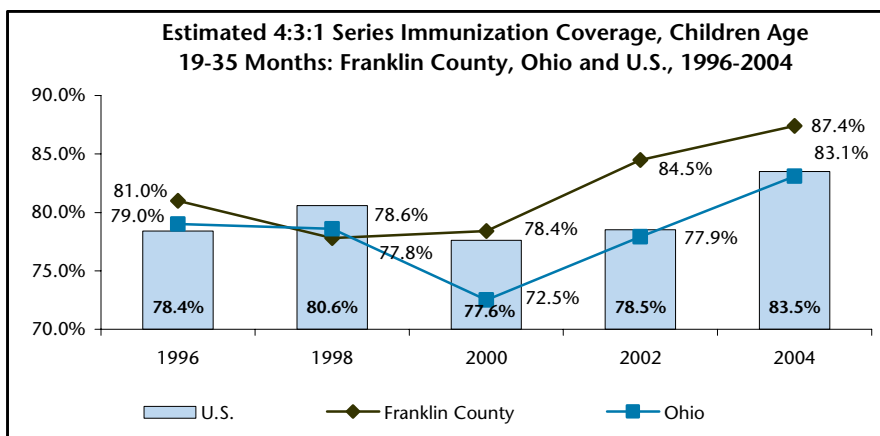
Explanations and Caveats:

- ◆ The Child Trends Databank reports the 2001 birth rate among teens 15-19 years old is the lowest rate ever reported in the United States. National analysts have attributed the decline in teen birth rates to a broad range of factors, including more awareness of HIV/AIDS, increased abstinence, and the economic boom of the 1990s, which led many teens to put off starting families so they could take jobs.
- ◆ Responsible sexual behavior is one of the 10 leading health indicators of *Healthy People 2010*, a federal initiative to improve health in the United States. One goal outlined in *Healthy People 2010* is to reduce pregnancies among adolescent females ages 15-17 from 68 per 1,000 in 1996 to 43 per 1,000 in 2010.

Immunization

Estimated 4:3:1 Series Immunization Coverage Franklin County Children Age 19-35 Months, 1997-2003

Year	Percent Immunized with 4:3:1 Series
1997	73.7%
1998	77.8%
1999	79.1%
2000	78.4%
2001	79.3%
2002	84.5%
2003	82.9%
2004	87.4%



Analysis:

- The National Immunization Survey found that 4:3:1 series coverage for children ages 19-35 months increased in Franklin County between 1997 and 2004. The coverage for Ohio and the U.S. also increased during this time period.
- The Columbus Health Department's Immunization Program had 7,386 children and gave them 24,985 shots in 2003.
- The National Immunization Survey 2004 found that in the U.S. 85.7% of white children have received the recommended 4:3:1 series coverage by age 3; 77.8% of African American children, 82.2% of Hispanic children, and 87.4% of Asian children received this series by age 3.

About the Data:

Data Sources:

- ◆ The Children's Defense Fund, *The State of Children in America's Union: A 2002 Action Guide to Leave No Child Behind*[®]
- ◆ Centers for Disease Control and Prevention, National Immunization Survey (immunization coverage for Franklin County, Ohio, and U.S., 1996-2004)
- ◆ Columbus Health Department (children served by Immunization Program)

Definitions:

- ◆ **4:3:1 Series:** Four or more diphtheria, tetanus, and pertussis vaccine (DTP) immunizations, three or more doses of oral poliovirus vaccine (OPV); and one or more measles, mumps, and rubella (MMR) immunizations or any other MCV (Measles containing vaccine)
- ◆ **Immunization coverage:** The percent of all persons in an age group that has been immunized

Explanations and Caveats:

- ◆ One of the *Healthy People 2000* objectives was to have at least 90% of 2-year-old children fully vaccinated with the recommended schedule of vaccines. Timely estimates of vaccination coverage levels for children 19 to 35 months of age are needed to monitor changes in these levels. The National Immunization Survey (NIS) has been conducted since 1994 by the Centers for Disease Control and Prevention to obtain timely quarterly data on vaccination coverage.
- ◆ The NIS is a random digit dialing telephone survey of households with age-eligible children followed by a mail survey of the children's vaccination providers to validate the information. The survey sample size is 30,000 children.
- ◆ The coverage rate among 19- to 35-month-olds reflects immunization practices and programs that were in place for several months to more than 2 years before the survey was conducted.

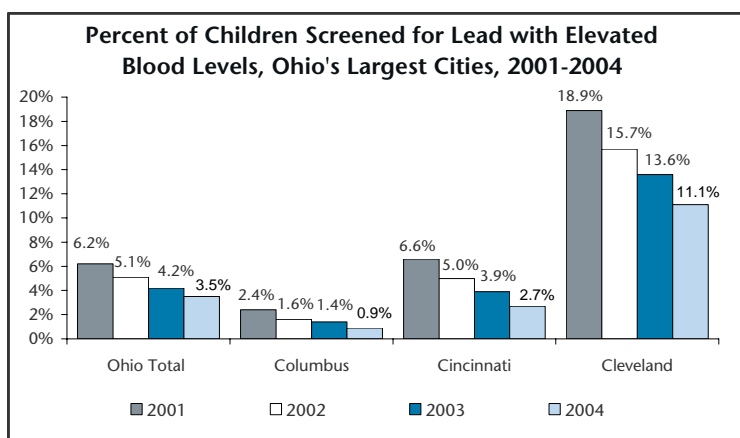
Childhood Lead Poisoning

Children Age 0-72 Months Screened and Determined to Have Elevated Blood Lead Levels Franklin County, 1997-2004

Year Screened	# Screened	# Screened with Elevated Blood Levels (EBL)	% of Children Screened with EBL
1997	11,408	635	5.6%
1998	11,048	455	4.1%
1999	10,039	406	4.0%
2000	10,046	180	1.8%
2001	8,989	168	1.9%
2002	11,224	145	1.3%
2003	11,520	133	1.2%
2004	11,038	88	0.8%

Analysis:

- The number of Franklin County children age 0-72 months screened who were found to have elevated blood levels of lead fell by 86.1% from 1997 to 2004.
- The Columbus and Franklin County Consolidated Plan 2005-2009 reports that there are 76,935 renter units and 74,390 owner units in the city of Columbus occupied by some low-income households with some lead-based paint. The estimates for the portion of Franklin County outside of Columbus are 8,862 renter units and 7,336 owner units.
- The Ohio Department of Health reports that, of 105,984 children in Ohio from birth to age 6 screened for lead poisoning in 2004, about 3.5% were found to have elevated blood lead levels.



About the Data:

Data Sources:

- ◆ Ohio Department of Health, Ohio Childhood Lead Program (screening data for Franklin county and Ohio cities)
- ◆ *Columbus and Franklin County Consolidated Plan 2005-2009* (estimates of housing units with lead-based paints)

Definitions:

- ◆ **Elevated blood level:** The Centers for Disease Control and Prevention guidelines define elevated blood levels of lead as over 10 micrograms/deciliter (ug/dL).
- ◆ **Lead-based paint:** Paint used in homes prior to 1979, which over time can chip and crack, causing environmental contamination and health problems for residents

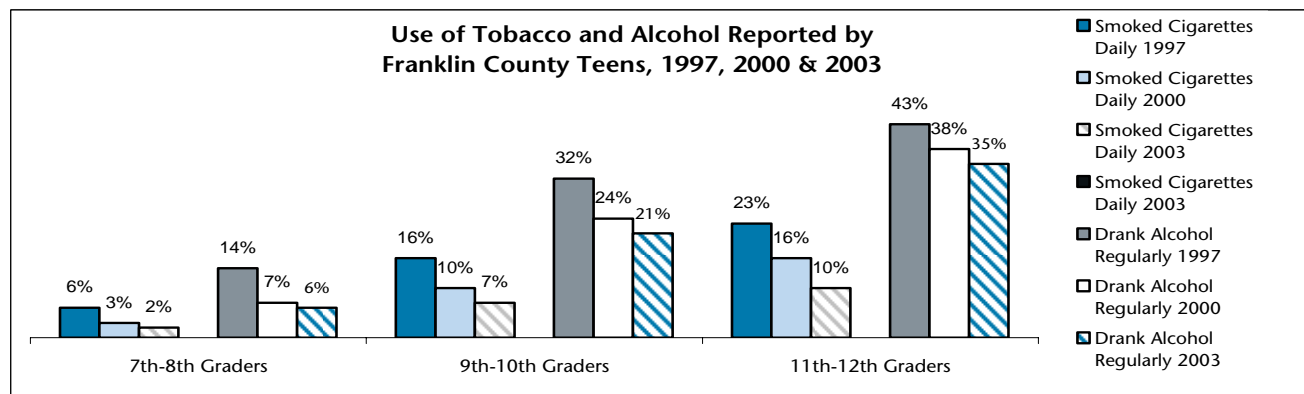
Explanations and Caveats:

- ◆ Franklin County children in families applying for Medicaid are required to have blood lead screening. In addition, the Ohio Department of Health recommends screening for children age 6 to 36 months of age living in high-risk zip codes with concentrations of low-income households or housing units built before 1950.
- ◆ Beginning in 1995, Ohio law requires that all laboratories doing blood lead screening in the state must report the test results, no matter what the level, to the Ohio Department of Health.
- ◆ The Ohio Department of Health reports that high lead exposure in children (≥ 80 ug/dL) can cause coma, convulsions, and death. Lower levels cause adverse effects in the central nervous system and kidneys. Blood levels as low as 10ug/dL, which do not cause distinctive symptoms, are associated with decreased intelligence, impaired neurobehavioral development, and decreased stature or slow growth.
- ◆ The data on households with lead-based paint in the *Columbus and Franklin County Consolidated Plan 2005-2009* have a margin of error of plus/minus 10.0%.

Drug, Tobacco, and Alcohol Use by Youth

Percent of Franklin County Teens who Use Drugs Monthly or More, 1997-2003

	Marijuana			Cocaine			Designer Drugs		
	1997	2000	2003	1997	2000	2003	1997	2000	2003
9th Graders	18.1%	14.4%	12.0%	1.2%	0.8%	0.9%	1.1%	2.2%	1.1%
10th Graders	23.3%	28.5%	15.5%	1.6%	1.1%	1.4%	1.3%	3.0%	1.3%
11th Graders	25.2%	21.5%	18.2%	2.2%	1.1%	1.5%	1.5%	3.2%	1.2%
12th Graders	26.2%	23.9%	20.9%	2.8%	1.3%	2.4%	1.6%	3.6%	1.6%



Analysis:

- The 2003 survey found that youth in Franklin County are less likely than in previous years to use alcohol, tobacco and other drugs, and are more involved in substance use prevention activities.
- The percentages of youth in grades 6-8 and 9-12 in Franklin County who reported smoking once a month or more were 3.9% and 15.3% in 2003 respectively, well below the 11.7% and 28.0% in the U.S. who reported using tobacco at least once a month in 2004. In Franklin County about 1% more females smoke on a regular basis than do males.
- Alcohol use declined in every grade from 1997-2003, bringing it to the lowest level since the first PPAUS survey in 1988. However, 29.5% of high school students reported having ridden with a drinking driver at least once in the past year.
- The incidence of regular marijuana use and regular cocaine use among Franklin County youth was down in 2003. However, 16.2% of high school juniors and seniors reported smoking marijuana at least monthly.
- The percentage of Franklin County youth in grades 9 through 12 who reported using “designer drugs” once or more a month increased from 1997 to 2000, then decreased from 2000 to 2003. The use of designer drugs in Franklin County is similar to the national trends.

About the Data:

Data Sources:

- ◆ The Franklin County Educational Council’s Safe and Drug-Free Schools Consortium, *Primary Prevention, Awareness, Attitude and Use Survey (PPAAUS)*, 1997, 2000, and 2003 (Use of tobacco and alcohol, Franklin County data)
- ◆ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, Vol. 54, No. 12, 2005 (U.S. tobacco and drug use data)

Definitions:

- ◆ **Designer drugs:** The PPAUS survey included ecstasy, XTC, Special K, and GHB in the designer drug category.
- ◆ **Regular use:** The PPAUS survey defined regular use of alcohol, tobacco or drugs to include “about once or twice a month,” “about once or twice a week,” or “about every day.”

Explanations and Caveats:

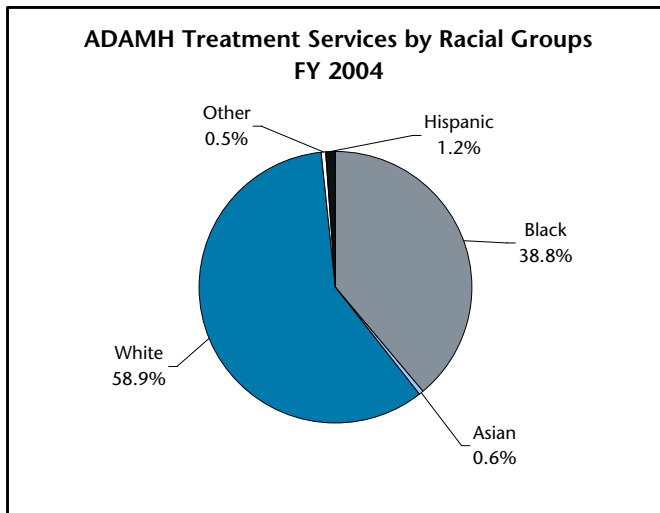
- ◆ The 2003 PPAUS survey was the sixth survey of its type in Franklin County since 1988. The 2003 survey was funded by Columbus Medical Association Foundation, Safe and Drug-Free Schools Consortium, U.S. Department of Justice and United Way of Central Ohio. Participants included 82,150 6th through 12th graders in Franklin County’s 16 public school districts and in 37 nonpublic schools.

Behavioral Health

Estimated Mental/Addictive Disorders among Persons Eligible for Franklin County ADAMH Services, 2004

Populations	Consumers Served	Persons Needing Services (ADAMH estimate)	Service Penetration
SMD (18+ years)	7,259	12,901	56.2%
General Adult MH (18+ years)	13,635	39,906	34.2%
Youth MH (5-17 years)	9,244	12,756	75.5%
Adult AOD (18+ years)	9,632	17,451	53.0%
Youth AOD (5-17 years)	1,003	5,676	17.7%
Unduplicated Total ⁽¹⁾	35,461	76,016	46.6%

⁽¹⁾Total adjusted for overlap in categories
SMD=Severely Mentally Disabled adults; MH=Mental Health; AOD=Alcohol and Other Drug



Analysis:

- ADAMH staff estimated in 2001 that 31.2% of the local population eligible for ADAMH services are likely to have mental/addictive disorders needing some form of treatment. Prevalence rates vary by ages and by illness. The overall penetration rate for the ADAMH system was 46.6% in 2004.
- ADAMH services have experienced changes in demographics. There were increases in African American, Asian, and Hispanic clients seeking treatment, but the number of white clients decreased during 1999-2004. The proportion of males (54%) to females (46%) receiving treatment remained constant during the same period of time.

- The majority of adults receiving addiction treatment through the ADAMH system in 2002-2004 reported that alcohol is their substance of choice, and the majority of youth receiving addiction treatment reported marijuana as their substance of choice.
- By 2015, the need for ADAMH services is estimated to increase by 6.0% due to population growth. ADAMH estimates that the number of persons needing ADAMH youth prevention services will be 191,764 in 2005 and 203,215 by 2015, an increase of 6.0%. The number of persons needing adult prevention services will be 401,600 in 2005 and 454,058 by 2015, an increase of 13.1%.

About the Data:

Data Source:

- ADAMH Services Board of Franklin County, Replacement Levy Proposal, April 5, 2005

Definitions:

- Service penetration:** Percentage of persons in need of ADAMH service (have a diagnosable mental/addictive illness) and receive a service
- FY 2004:** July 1, 2003 to June 30, 2004
- Eligible for ADAMH services:** Children, adolescents, and adults who are likely to seek or be referred for treatment in the ADAMH system in part due to their disadvantaged socioeconomic status (under 200% of poverty) or inability to pay for services. This number is based on Census 2000. The majority of ADAMH clients are either Medicaid eligible or uninsured.

Explanations and Caveats:

- ADAMH did not break out SMD by MH and AOD in 2004 as it did in 2002. Hence, there are changes in reporting categories. The prevalence rate in 2004 is not available.

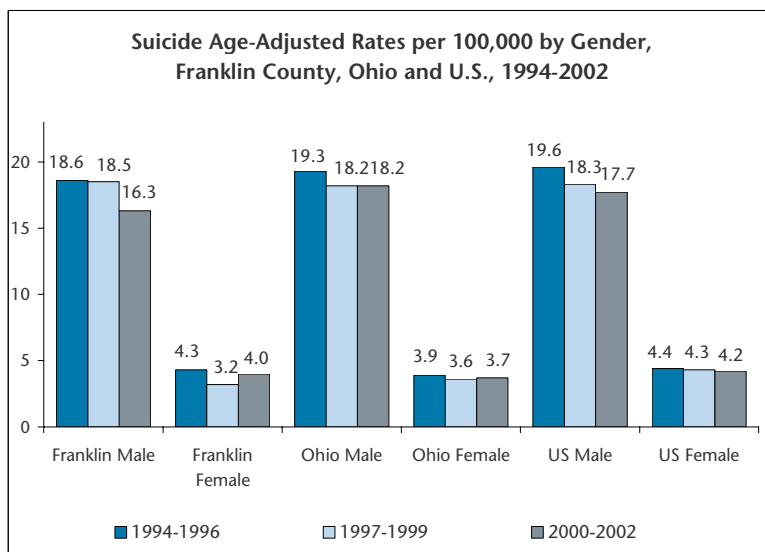
Suicide

Franklin County Suicides by Age Group, 2000-2002 (3-Year Average)

Age Group	Number of Suicides	Percent of all Suicides	Rate/100,000 Population
15-24	42	13.8%	8.5
25-34	63	20.7%	11.4
35-44	64	21.1%	12.3
45-54	58	19.1%	14.1
55-64	33	10.9%	13.9
65-74	24	7.9%	14.1
75-84	11	3.6%	10.2
85+	5	1.6%	14.1
Total	304	100.0%	9.6
Males	238	78.3%	16.3
Females	66	21.7%	4.0

Analysis:

- Suicide deaths decreased by 8.7% in Franklin County, from 333 in 1994-1996 to 304 in 2000-2002. Franklin County's 2000-2002 suicide death rate was 9.6 per 100,000, below the Ohio 2000-2002 rate of 10.4 and the U.S. rate of 10.9 in 2002.
- In 2000-2002 the suicide death rate for Franklin County males was over four times that of females. For males the suicide death rate for Franklin County was lower than Ohio and U.S. rates. For females the suicide death rate for Franklin County was higher than Ohio but lower than the U.S rate.
- In 2000-2002 in Franklin County, 60.9% of deaths by suicide occurred among those between 25 and 54 years of age.
- For persons age 15-24, suicide was the third leading cause of death in Franklin County in 2000-2002.



About the Data:

Data Sources:

- ◆ Ohio Department of Health, Data Warehouse (numbers, percentage, and rates of suicide)
- ◆ Ohio Department of Health, Statistical Analysis Unit, Center for Public Health Data and Statistics
- ◆ Centers for Disease Control and Prevention, National Center for Health Statistics (suicide national cause of death rank)
- ◆ American Association for Suicidology, Suicide Fact Sheets

Definitions:

- ◆ **Suicide death rate:** Rates are per 100,000 population. They are the average annual rates calculated over a 3-year period.

Explanations and Caveats:

- ◆ Annual fluctuations in state and county levels combined with relatively small populations can make these data highly variable. The use of several years' data is preferable to conclusions based on single years alone. Hence the Ohio Department of Health started using 3-year averages for death rates in 2000.

Health Insurance

Health Insurance Coverage Status of Franklin County Residents, 2004

		Estimate of Percent with Insurance Coverage	Estimate of Percent Uninsured
Age Group	• 18-24 years	77.8%	22.2%
	• 25-34 years	79.8%	20.2%
	• 35-44 years	83.7%	16.3%
	• 45-54 years	90.1%	9.9%
	• 55-64 years	92.7%	7.3%
	• 65+ years	99.8%	0.2%
Race (18+ years)	• Black	81.0%	19.0%
	• White	88.2%	11.8%
	• Hispanic	48.9%	51.1%
Percent of Poverty Level (18+ years)	• 200% of poverty and below	73.6%	26.4%
	• 201% of poverty and above	92.6%	7.4%
Total Franklin County Adults Population		86.0%	14.0%
Total Franklin County Children Population		92.7%	7.3%

Analysis:

- The 1998 and 2004 Ohio Family Health Surveys reveal the trend of health insurance coverage in Franklin County. The estimates of uninsured Franklin County residents increased by 8.2%, from 124,182 persons in 1998 to 134,389 persons in 2004. However, the estimated percentage of uninsured residents remained at 12.3%.
- The percentage of Franklin County children under age 18 without health insurance was 11.8% (31,571 persons) in 1998 and 7.3% (20,137 persons) in 2004.
- Nearly half (49.2%) of the uninsured residents in Franklin County had a problem obtaining care, delayed or avoided care, or had major medical costs while uninsured. Of the total uninsured residents, 13.5% were uninsured for 3 years or more or never insured.
- The 2004 Ohio Family Health Survey reported that 10.7% of Ohio's population was uninsured compared with a U.S. average of 14.6%. Nearly half (49.0%) of uninsured Ohioans reported that they had a problem obtaining care, delayed or avoided care, or had major medical costs while uninsured. Of the total uninsured residents in Ohio, 32.0% were uninsured for 3 years or more or never insured.

About the Data:

Data Sources:

- ◆ Ohio Department of Health, *Ohio Family Health Survey, Ohioans Without Health Insurance*, 1998 and 2004; Franklin County Board of Health
- ◆ Centers for Disease Control and Prevention, National Center for Health Statistics, *Health Insurance Coverage: Estimates from the National Health Interview Survey*, 2004

Definitions:

- ◆ **Health coverage:** Health coverage includes health insurance, prepaid plans such as HMOs, and government plans such as Medicare.

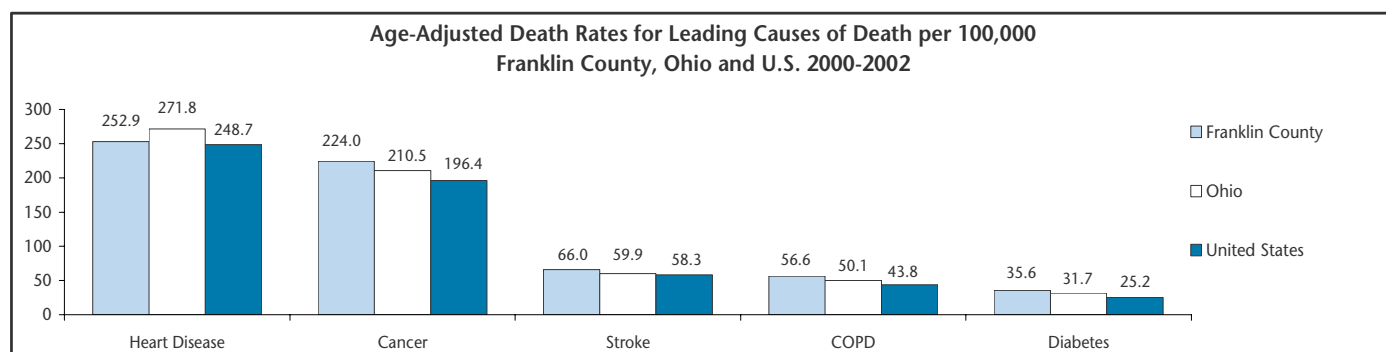
Explanations and Caveats:

- ◆ The 2004 Ohio Family Health Survey was developed to obtain baseline statewide data on health insurance coverage, health status, health risk behaviors, access to care, health care utilization, health care costs, satisfaction with care, and unmet health needs. It was a substantial expansion of the 1998 survey. Conducted from October 2003 through August 2004, the 2004 survey obtained responses from nearly 40,000 adults and gathered information on more than 15,000 children. The total sample size for Franklin County was 3,258 households, with a child sample size of 1,143.

Leading Causes of Death

Age-Adjusted Death Rates for Leading Causes of Death per 100,000 Population, Franklin County and Ohio, 1994-2002 (3-Year Average)

	1994-1996		1997-1999		2000-2002	
	Franklin County	Ohio	Franklin County	Ohio	Franklin County	Ohio
Heart Disease	310.3	322.4	290.2	300.8	252.9	271.8
Cancer	241.7	226.4	230.2	218.9	224.0	210.5
Stroke	70.0	67.3	75.1	68.8	66.0	59.9
COPD	48.9	45.4	53.1	48.0	56.6	50.1
Diabetes	35.5	31.6	37.0	32.1	35.6	31.7



Analysis:

- The death rates for four of five leading causes of death are higher for Franklin County residents than for the state of Ohio or U.S.
- Centers for Disease Control and Prevention reports a relationship between the leading causes of death and risk behaviors including smoking, overweight, and lack of physical activity.
- In 2000-2002 the leading causes of death for persons in the 15-24 years age group in Franklin County were accidents (30.1%), homicides (19.5%), suicides (14.4%), cancer (4.8%), heart disease (3.4%), and others (27.8%).

About the Data:

Data Sources:

- ◆ Ohio Department of Health, Data Warehouse
- ◆ Centers for Disease Control and Prevention, National Center for Health Statistics (death rates for U.S.)

Definitions:

- ◆ **Age-adjusted death rate:** The age-adjusted death rate is a weighted average of age-specific death rates per 100,000 population. They are the average annual rates calculated over a 3-year period. The weight for each age category is the proportion of people in the age category in a standard population based on Census 2000.
- ◆ **COPD:** Chronic Obstructive Pulmonary Disease is a group of diseases that includes chronic bronchitis, emphysema, and asthmatic bronchitis.

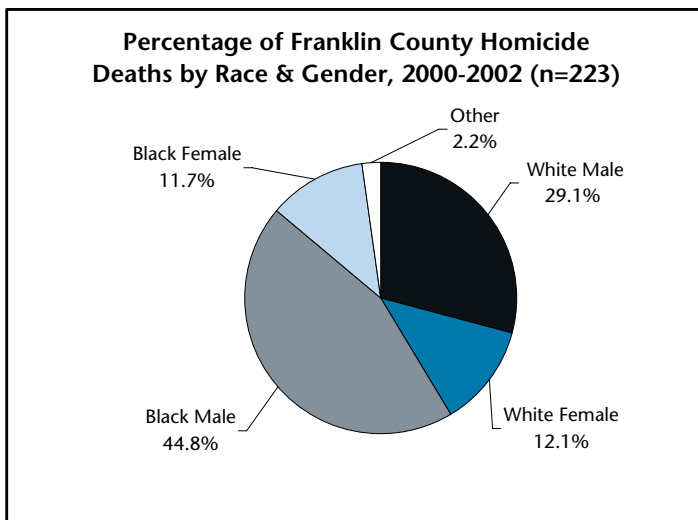
Explanations and Caveats:

- ◆ The International Classification of Diseases, Revision 9 (ICD-9) codes were used for deaths occurring before 1998. The November 2001 report gave the age-adjusted death rates based on ICD-9 codes. The switch from ICD-9 to ICD-10 coding in 1999 affected the classification, processing, and presentation of mortality data. The new coding system introduced variations in how deaths were grouped. The 2001 version of this report used data based on ICD-9 classification.
- ◆ Annual fluctuations in state and county levels combined with relatively small populations can make these data highly variable. The use of several years' data is preferable to conclusions based on single years alone. Hence the Ohio Department of Health started using 3-year averages for death rates in 2000.

Mortality Rates by Race and Gender

Leading Causes of Death by Race and Gender, Franklin County Age-Adjusted Death Rates per 100,000, 2000-2002 (3-Year Average)

Causes	Franklin County Total	Black Males	Black Females	White Males	White Females
Heart Disease	252.9	367.8	253.2	311.1	202.6
Cancer	224.0	365.7	224.9	271.8	186.8
Stroke	66.0	112.4	70.6	67.1	59.9
COPD	56.6	71.5	36.0	71.9	51.1
Diabetes	35.6	78.7	71.7	35.6	25.3



Analysis:

- In 2000-2002, black males in Franklin County had the highest death rates for heart disease, cancer, stroke, and diabetes. Rates of death for black males from heart disease and cancer were 115 per 100,000 and 142 per 100,000 greater than the Franklin County rates, respectively.
- In 2000-2002, white females in Franklin County had the lowest death rates for all the leading causes of death, except COPD. The rates of death from heart disease, cancer, and COPD were lower for black females than for white males.
- According to the 2002 American Community Survey, black males were 8.5% of the Franklin County population, but represented 44.8% of the homicide deaths in 2000-2002.

About the Data:

Data Sources:

- ◆ Ohio Department of Health, Data Warehouse
- ◆ Centers for Disease Control and Prevention, National Center for Health Statistics (death rates for U.S.)
- ◆ U.S. Census Bureau, American Community Survey, 2002 (black males as percent of total population)

Definitions:

- ◆ **Age-adjusted death rate:** The age-adjusted death rate is a weighted average of age-specific death rates per 100,000 population. They are the average annual rates calculated over a 3-year period. The weight for each age category is the proportion of people in the age category in a standard population based on Census 2000.
- ◆ **COPD:** Chronic Obstructive Pulmonary Disease is a group of diseases that includes chronic bronchitis, emphysema, and asthmatic bronchitis.

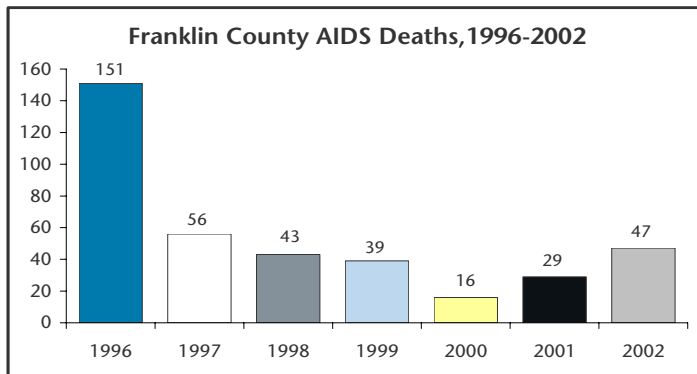
Explanations and Caveats:

- ◆ The International Classification of Diseases, Revision 9 (ICD-9) codes were used for deaths occurring before 1998. The November 2001 report gave the age adjusted death rates based on ICD-9 codes. The switch from ICD-9 to ICD-10 coding in 1999 affected the classification, processing, and presentation of mortality data. The new coding system introduced variations in how deaths were grouped. The 2001 version of this report used data based on ICD-9 classification.
- ◆ Annual fluctuations in state and county levels combined with relatively small populations can make these data highly variable. The use of several years' data is preferable to conclusions based on single years alone. Hence the Ohio Department of Health started using 3-year averages for death rates in 2000.

HIV and AIDS

Demographic Characteristics of Reported Persons Living with HIV/AIDS and HIV Diagnoses in Franklin County, 2001-2003

	Reported Persons Living with HIV/AIDS, 2003		Reported HIV Diagnoses 2001-2003		Franklin County Population (ACS 2003)
	Number	Percent	Number	Percent	
White Male	1,346	52.7%	307	46.0%	36.4%
White Female	127	5.0%	30	4.5%	37.6%
Black Male	600	23.5%	159	23.8%	8.9%
Black Female	268	10.5%	83	12.4%	10.2%
Other	95	3.7%	30	4.5%	7.0%
Unknown	117	4.6%	59	8.8%	NA
TOTAL	2,553	100.0%	668	100.0%	100.0%



About the Data:

Data Sources:

- ◆ Ohio Department of Health, Data and Statistics, HIV/AIDS Prevention and Ryan White CARE Act Community Planning Epidemiologic Profile, 2005 Edition
- ◆ Ohio Department of Health, HIV/AIDS Surveillance
- ◆ Centers for Disease Control and Prevention, National Center for Health Statistics (national data on AIDS cases and AIDS deaths)
- ◆ U.S. Census Bureau, American Community Survey, 2003

Definitions:

- ◆ **HIV:** Human Immunodeficiency Virus
- ◆ **AIDS:** Acquired Immunodeficiency Syndrome
- ◆ **HIV/AIDS incidence rate:** The number of new HIV cases and AIDS diagnoses per 100,000 population

Explanations and Caveats:

- ◆ Data on HIV and AIDS cases represent only those reported cases. Experts believe there are many people infected with the HIV virus who have not been diagnosed and reported.

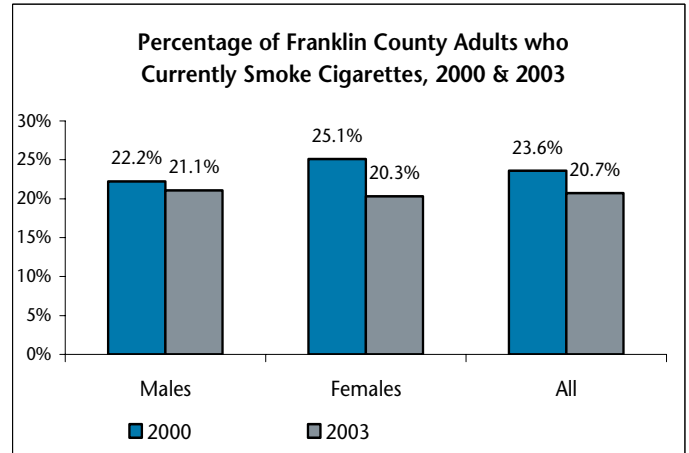
Analysis:

- African Americans are disproportionately represented among HIV and AIDS cases diagnosed from 2001-2003. Although 19.1% of Franklin County's population is African American, 36.2% of HIV diagnoses are among African Americans.
- In Franklin County, females account for a larger proportion of recent HIV diagnoses among minorities than among whites. Females were 8.9% of HIV cases reported in whites and 34.3% of African Americans from 2001-2003.
- The proportion of all reported Franklin County diagnoses that are women and minorities is greater in younger age groups. In 2001-2003, 29.4% of HIV/AIDS diagnoses among persons 13-24 were female, compared with 19.2% of cases for persons 25-39. For persons age 13-24, 64.7% of HIV/AIDS diagnoses were minorities, compared to 48.2% of all diagnoses in persons 25-39.
- According to the Centers for Disease Control and Prevention report on HIV/AIDS surveillance, sharp declines (12.6%) in AIDS incidence in the U.S. occurred for the first time in 1996. Since then annual changes in AIDS incidence have fluctuated from a high of 4.1% in 2003 to a low of -7.0% in 1999.
- Between 1996 and 1997, the number of deaths in the U.S. among persons with AIDS declined sharply (42.6%) and continued to decline each year through 2002. The CDC reported an increase of 9.1% in AIDS deaths in the Midwest during 2001, then declines of 15.7% in 2002 and 13.4% in 2003.

Healthy Lifestyles

Estimated Percentage of Franklin County Population Who Are Overweight or Obese, 2002

	Adults (age 18 and over)	Children (age 0-17)
All	57.6%	24.8%
White	54.5%	20.9%
Black	73.3%	47.7%
Male	61.3%	NA
Female	53.5%	NA



Analysis:

- The Ohio Behavioral Risk Factor Surveillance System estimates that in 2002, 57.6% of Franklin County adults (453,323 persons) were overweight. The prevalence of overweight for adults in 2002 was found to be greater among blacks and males than whites and females.
- In 2002, 24.8% of all children (68,867 persons) in Franklin County were overweight according to a survey conducted by the Osteopathic Heritage Foundation.
- In 2002, 35.8% of Ohio adults were overweight and 23.0% were obese. This is a significant increase from the 1990 figures of 34.9% overweight and 11.3% obese. The Centers for Disease Control and Prevention reported that the prevalence of obesity among U.S. adults increased by 90.5% from 1990 to 2002 (11.6% to 22.1%).
- Regular physical activity is recommended as a method to reduce weight and improve health. The Ohio Behavioral Risk Factor Surveillance System found that in 2003, 23.3% of Franklin County adults reported no leisure time physical activity, down from 32.4% in 1997.
- The Ohio Behavioral Risk Factor Surveillance System data indicate that the percentage of Franklin County residents who currently smoke cigarettes has dropped since 2000. The percentage of males who smoked decreased by 1.1% from 2000 to 2003, while the figure for women decreased by 4.8%. The percentage of black adults who smoked (27.3%) was higher than that of whites (20.8%) in 2003.
- Rates of smoking in Franklin County are below both the national and Ohio rates. In 2003, 21.7% of the U.S. population reported being current smokers, as did 25.2% in Ohio and 20.7% in Franklin County.

About the Data:

Data Sources:

- ◆ Ohio Department of Health, Ohio Behavioral Risk Factor Surveillance System, 1990-2003 (overweight, obesity and smoking data for Franklin County adults)
- ◆ Osteopathic Heritage Foundation, 2002 Columbus/Franklin County Community Health Risk Assessment (overweight and obese data for Franklin County children)
- ◆ Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 1991-2002, National Health Interview Surveys (overweight and smoking data for Ohio and U.S.)

Definitions:

- ◆ **Overweight:** Having a Body Mass Index (BMI) between 25 kg/m² and 29.9 kg/m²
- ◆ **Obese:** Having a BMI of 30 kg/m² or more
- ◆ **Body Mass Index:** BMI can be estimated by dividing weight in pounds by the square of height in inches, then multiplying the resulting number by 704.5.
- ◆ **Leisure time physical activity:** Engaging in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise, other than the regular job

The following is a representative list of sources of information on the topics covered in the health section of the Community Indicators Database Report. The list includes resources that were used in the preparation of the report, as well as others that may be of interest to those seeking data on health. Data sources identified in the Population Links/General Links section may also include information on health.

This is not intended to be a complete list, and CRP welcomes information about additional health resources. Inclusion on this list does not imply that CRP endorses an organization or has verified the accuracy of its information.

▲ National Sources

U.S. Department of Health and Human Services (HHS)

<http://www.hhs.gov/>

The HHS website provides information on public health, biomedical research, Medicare and Medicaid, welfare, social services, and more. Included under the umbrella of HHS are the Administration for Children and Families, Administration on Aging, Centers for Medicare and Medicaid Services, Food and Drug Administration, Substance Abuse and Mental Health Services Administration, National Institutes of Health, and the Centers for Disease Control and Prevention.

The Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/>

The CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States. This site provides data on a variety of health-related topics for selected geography, including county- and metro-area level data.

National Center for Health Statistics (NCHS)

<http://www.cdc.gov/nchs/>

This site, sponsored by the Department of Health and Human Services, includes data from national surveys on health status, lifestyle, and exposure to unhealthy influences; the onset and diagnosis of illness and disability; and the use of health care.

The Morbidity and Mortality Weekly Report (MMWR)

<http://www.cdc.gov/mmwr/>

The MMWR series is prepared by the Centers for Disease Control and Prevention. Data for nationally notifiable diseases reported by the 50 states, New York City, the District of Columbia, and the U.S. territories are collated and published weekly in the MMWR.

Child Trends

<http://www.childtrends.org/HomePg.asp>

Child Trends is a nonprofit, nonpartisan research organization that conducts basic research and evaluation studies in several critical areas including teenage pregnancy and childbearing, the effects of welfare and poverty on children, and issues related to parenting, family structure, and family processes, including fatherhood and male fertility.

National Campaign to Prevent Teen Pregnancy

<http://www.teenpregnancy.org/default.asp>

The National Campaign to Prevent Teen Pregnancy, founded in February 1996, is a nonprofit, nonpartisan initiative supported almost entirely by private donations. Its mission is to improve the well-being of children, youth, and families by reducing teen pregnancy. The Campaign's goal is to reduce the teen pregnancy rate by one-third between 1996 and 2005.

▲ State Sources

Ohio Department of Health

<http://www.odh.state.oh.us/>

ODH collects comprehensive, longitudinal statewide data on health-related topics including communicable and chronic diseases, immunizations, births, deaths, access to health care, and women's health. Customized reports can be created for counties and for various demographic groups.

Ohio Department of Mental Health MACSIS Datamart

<http://www.dwcubes.mh.state.oh.us/>

ODMH provides online data about county mental health boards, as well as local boards of the Ohio Department of Alcohol and Drug Addiction Services (ODADAS). Information is sortable by fiscal year and includes statistics on clients served, resources available, programs administered, and more.

▲ Local Sources

Columbus Health Department

<http://www.cmhhealth.org/>

This site provides information about Columbus Health Department programs and services, as well as data on the health of the community. CHD conducts health research and collects health data for Columbus and Franklin County. In addition to the website, CHD publishes a number of reports on health topics and trends of interest to the community.

Educational Council Safe and Drug Free Schools Consortium

<http://www.edcouncil.org/programs/drugfree/index.htm/>

The Safe and Drug Free Schools Consortium conducts prevention research and program evaluation. The site provides information on programs regarding violence, alcohol, tobacco, and other drug programs from kindergarten through 12th grade serving the Franklin County school districts.

The Primary Prevention Attitude Awareness and Usage Survey 2000 (PPAAUS)

<http://www.edcouncil.org/programs/drugfree/ppaaus/index.htm>

The PPAAUS survey of risk behaviors of Franklin County youth is conducted every 3 years and is used to guide community tobacco, alcohol, drug, and violence prevention activities.