

HEALTH ASSESSMENT

Health Snapshot

The Indicator Key			
☆ Positive trend/ asset	⌘ Negative trend/ concern	◆ Mixed trend/ neutral/NA	≠ Racial/ethnic disparity

Current Conditions in Franklin County

Maternal and Child Health

- ☆ Fertility rate is increasing, but fewer births to teens.
- ☆ More mothers receiving early prenatal care.
- ⌘ Many uninsured pregnant women do not have adequate access to prenatal care.
- ☆ Infant mortality rate is dropping.
- ≠ Infant mortality rate for African Americans twice the rate of white infants.
- ⌘ Low birth weight births have increased.
- ≠ Proportion of low birth weight babies born to African American mothers is twice that of babies born to white mothers.
- ◆ More children receiving scheduled immunization, but gaps exist.
- ☆ Fewer children with elevated blood lead levels.

Behavioral Health

- ☆ Decreased alcohol use by youth.
- ☆ Decreases in most types of drugs by youth.
- ⌘ Increases in use of designer drug use by youth.
- ☆ Decrease in tobacco use by youth.
- ⌘ Low-income persons have higher risk of depression.
- ⌘ More women smoking cigarettes.
- ⌘ Chronic drinking by adults above state figures.
- ≠ African Americans overrepresented among persons receiving alcohol and drug abuse services by ADAMH agencies.

Disease and Mortality

- 🏠 Rates of death from four of the five leading causes higher than Ohio and U.S.
- ≠ Blacks have higher death rates than whites for heart disease, diabetes, stroke, and cancer.
- 🏠 Many adults with diabetes do not receive regular medical care.
- ◆ Rates for other causes of death mixed compared to Ohio and U.S.

HIV/AIDS and Sexually Transmitted Disease

- 🏠 More women and minorities among new HIV diagnoses.
- 🏠 Higher rates of sexually transmitted diseases than Ohio and U.S., especially syphilis.

Weight and Physical Activity

- 🏠 More residents are overweight.
- 🏠 Fewer residents are physically active.
- 🏠 More children are at risk—they weigh more and exercise less.
- ≠ Percent of overweight adults and children estimated to be higher for African Americans than for Caucasians.

Health Care Access, Preventive Health Care and Health Status

- 🏠 About 100,000 residents lack health insurance coverage.
- ≠ African Americans less likely than Caucasians to have health insurance coverage.
- 🏠 One out of three adults has not seen a dentist in the last year.
- 🏠 Many children have untreated dental caries or decayed teeth.
- ≠ More African American adults report that cost is a barrier to dental care than do Caucasian adults.

Disability and Long-Term Care

- 🏠 Residents of all ages have physical and mental disabilities.
- ☆ More Ohioans with disabilities receiving services in their homes rather than in nursing facilities.
- ≠ Hispanics/Latinos have higher percentages of persons with employment disabilities.

Community Perceptions of Needs, Gaps and Trends

Interviews and Focus Groups: Health Themes

The following are the themes—aggregated across all of the key informant interviews and focus groups—that emerged related to health needs, gaps and trends:

Key Informant Interviews	Focus Groups
<ul style="list-style-type: none"> • Health access, lack of accessible health care services • Lack of health insurance/cost of health insurance • Mental health service needs • Substance abuse service needs • Increase chronic disease connected to lifestyle • Health needs of low income people; central city residents; part-time workers; unemployed; children; single adults; people with mental health/substance abuse problems 	<ul style="list-style-type: none"> • Increasing health care costs/funding cuts for health services • Health access, lack of accessible health care services • Lack of health insurance/cost of health insurance • Cultural issues in health services/ health care for immigrants • Youth health issues and services • Mental health service needs • Substance abuse service need • Education and prevention services • Health needs of ex-offenders, unemployed people; single adults; black community; Asians; Latinos; Muslim community; youth/teens; homeless persons

Donor and Agency Web Survey: Top Ten Health Problems

The following health issues listed in the survey are rank-ordered by the percent of “major problem” responses:

1. Prescription drug costs
2. Health insurance availability
3. Overweight and obesity
4. Sedentary lifestyles/lack of physical activity
5. Teen drug or alcohol use
6. Adult drug or alcohol use
7. Older adult health/disabilities
8. Adult tobacco use
9. Teen tobacco use
10. Mental illness/mental disabilities

Health Resources Snapshot

The resource inventory prepared for the Community Assessment identified over \$1.7 billion in annual funding resources in Franklin County for health activities. United Way annually provides \$8 million for health programs. Sources include:

- Federal government: \$756.0 million
- State government: \$686.1 million
- Local government: \$252.9 million
- Local private/philanthropic: \$19.1 million

The primary uses of these funds are: primary health care/wellness/disease control, 62.8 percent; older adult services, 18.4 percent; MRDD services, 8.4 percent.

Health: Current Conditions and Trends

Maternal and Child Health

'Since 1991, when teen birthrates peaked, there's been a tremendous amount of attention focused on preventing teen pregnancy, and it has paid off...Initiatives at the state and local levels, including school-based programs, church-run, private and community have really caught teenagers' attention.'

— "More Teenagers Say No to Sex",
New York Times, December 23, 2003

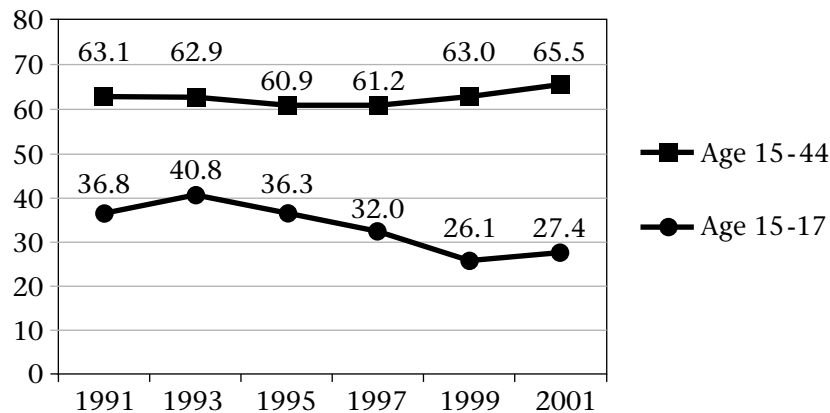
Barriers...[to] receiving timely immunizations include: cost, lack of information, and lack of knowledge...The disappearance of many childhood diseases has led some parents to question whether vaccines are still necessary.

— 2000 Columbus/Franklin County
Community Health Risk Assessment,
Columbus Health Department

☆ **Fertility rate is increasing, but fewer births to teens.**

Since 1995, the Franklin County fertility rate has increased from 60.9 live births per 1,000 women age 15-44 to 65.5 live births per 1,000 women in 2001 (Figure HL-1). This is higher than the 2001 Ohio fertility rate of 62.0. However, the percent of all Franklin County births to females age 10-17 years decreased from 5.1 percent (816 total) in 1995 to 3.4 percent (588 total) in 2001. (Source: Ohio Department of Health)

Figure HL-1
Franklin County Fertility Rates, 1991-2001



Births per 1,000 women in the age group. Source: Ohio Department of Health

☆ **More mothers receiving early prenatal care.**

In 2001, 87.6 percent of Franklin County mothers began prenatal care within the first three months of their pregnancies, an increase from 83.1 percent in 1990. The 2001 figure is about the same as for Ohio (87.3 percent). (Source: Ohio Department of Health)

Many uninsured pregnant women do not have access to prenatal care.

A recent survey reported that among clinics that accept uninsured women, the average wait time for an initial prenatal appointment was 21 days. Wait times have been increasing across the community since the late 1990s. (Source: Franklin County Council on Healthy Mothers and Babies, December 2003/January 2004 Wait Time Study)

★ **Infant mortality rate is dropping.**

The infant mortality rate for the Franklin County population was 7.8 per 1,000 live births (133 deaths) in 2001 compared to 10.8 (178 deaths) in 1990. The 2001 figure is slightly higher than the Ohio rate of 7.6 per 1,000. (Source: Ohio Department of Health)

Low birth weight births have increased.

The percent of low birth weight (LBW) babies born in Franklin County has increased over the last decade from 7.4 percent in 1990 to 8.2 percent in 2001. (Source: Columbus Health Department)

◆ **More children receiving scheduled immunization, but gaps exist.**

In 2002, 84.5 percent of all Franklin County children received the recommended 4:3:1 immunization series coverage by age 3, compared to 78.4 percent in 2000. The 2002 figure is above the Ohio figure of 77.9 percent and the U.S. figure of 78.5 percent. Despite improved rates across the country, a 2000 survey reported that the Columbus city immunization rate was 62 percent, as compared to 83 percent in suburban areas. (Source: National Immunization Survey and Ohio Department of Health)

★ **Fewer children with elevated blood lead levels.**

The percent of Franklin County children age 0-72 months screened who were found to have elevated blood levels of lead fell from 8.3 percent in 1995 (868 children) to 1.3 percent (145 children) in 2002. This is much lower than the 2002 Ohio figure of 5.1 percent. (Source: Ohio Department of Health)

Behavioral Health

The 2000 PPAAUS...results show a dramatic decrease in alcohol, tobacco and marijuana use among youth at every grade level, and a higher rate of involvement in substance abuse prevention activities.

— 2000 PPAAUS, The Safe and Drug-Free School Consortium and the Educational Council

Roughly one-third of the [disadvantaged individuals in Franklin County] or 70,000 residents are estimated to potentially be in need of services funded through the ADAMH Board. This estimate is based on...a prevalence rate of 21% for mental illness and 10% for substance abuse...The ADAMH Network of Providers is reaching about half (45%) of [this] population.

— Franklin County ADAMH Needs Assessment Executive Summary, 2002

★ **Decreased alcohol use by youth.**

In 2000, 18 percent of Franklin County youth in grades 6 through 12 report drinking alcohol regularly (at least once a month). Twenty-four percent of ninth and tenth graders and 38 percent of juniors and seniors reported drinking alcohol regularly. These figures were all lower than in 1997, consistent with

national trends in reduced use of alcohol by teens. National survey data for Ohio shows that in 2000-2001, 16.4 percent of persons age 12-17 reported using alcohol in the past month.

(Sources: 2000 PPAAUS, *Monitoring the Future study*; *State Estimates of Substance Use*, SAMHSA)

★ **Decreases in use of most types of drugs by youth; increases in use of designer drugs.**

The incidence of regular marijuana, cocaine and steroid use among Franklin County youth in grades 6-12 was down in 2000, consistent with national trends in teen drug use. About 12 percent of those surveyed in 2000 reported regular use of marijuana; about one percent of high school youth reported regular use of cocaine; and about one-half percent of those surveyed reported regular use of steroids. About three percent of high school students reported using “designer drugs” (ecstasy, Special K, GHB) at least monthly. National survey data for Ohio show that in 2000-2001, 9.5 percent of persons age 12-17 reported using any type of illicit drug in the past month. (Sources: 2000 PPAAUS; *State Estimates of Substance Use 2001*, SAMHSA)

★ **Decrease in tobacco use by youth.**

Teen smoking has decreased in Franklin County and nationally. Fourteen percent of Franklin County youth in grades 6-12 reported smoking once a month or more in 2000, well below the 23 percent of teens in the U.S. who reported smoking cigarettes daily to once or twice a month. (Source: 2000 PPAAUS; *Monitoring the Future study*)

Low-income persons have higher risk of depression.

It is estimated that 14.1 percent of Franklin County residents are at risk for depression. This percentage increases among women (14.9 percent), non-Hispanic African Americans (18.1 percent), and people living below the poverty line (34.3 percent). (Source: 2002 *Franklin County Health Assessment*)

More women smoking cigarettes.

The percent of adults who reported smoking cigarettes in 2000 (26.6 percent) was about the same as in 1996 (26.2 percent). However, the percent of males who smoke decreased by 3.2 percent, while the figure for women increased by 3.7 percent. Rates of smoking in Franklin County were about the same as the 2000 figure for Ohio (26.6 percent, but higher than the national figure (23.2 percent).

(Source: 2000 *Columbus/ Franklin County Community Health Risk Assessment*)

Chronic drinking by adults above state figures.

In 2000, 8.2 percent of Franklin County adults who consume alcohol were chronic drinkers (two or more drinks a day or 60 or more a month). This is higher than 1997 figures for Ohio (2.4 percent,) and the U.S. (3.0 percent national median). Higher percentages of chronic drinking were found in Franklin County males, persons 18-24 and single adults. (Source: 2000 *Columbus/ Franklin County Community Health Risk Assessment*)

Disease and Mortality

At the beginning of the 20th century [in the U.S.], life expectancy at birth was 47.3 years...Today, the average life expectancy at birth is nearly 77 years...[however] at least 18 countries with populations of one million or more have life expectancies greater than the U.S.

— *Healthy People 2010, U.S. Department of Health and Human Services*

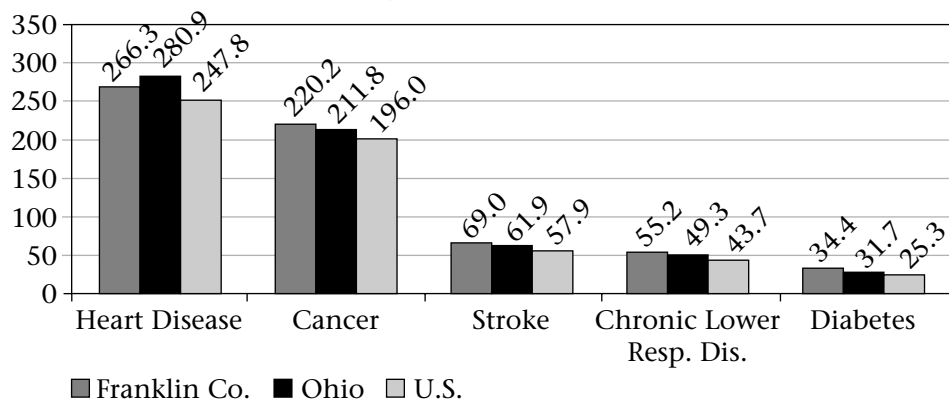
Rates of death from five leading causes higher than Ohio and U.S.

Death rates from four of the five leading causes of death for Franklin County residents are higher than for both Ohio and the U.S. (Figure HL-2). Since 1993-1995, Franklin County death rates due to heart disease and cancer have dropped, but those for stroke, chronic lower respiratory disease and diabetes have increased. (Source: Ohio Department of Health)

Many adults with diabetes do not receive regular medical care.

Nearly one-third of adults with diabetes reported that they had not seen a doctor in the past year for diabetes. More African Americans with diabetes (58.0 percent) report not seeing a doctor or nurse for their diabetes than whites (13.1 percent). (Source: Columbus Health Department)

Figure HL-2
Age-Adjusted Death Rate per 100,000 Population, Five Leading Causes
Ohio and Franklin County, 1999-2001 Average, and U.S., 2001

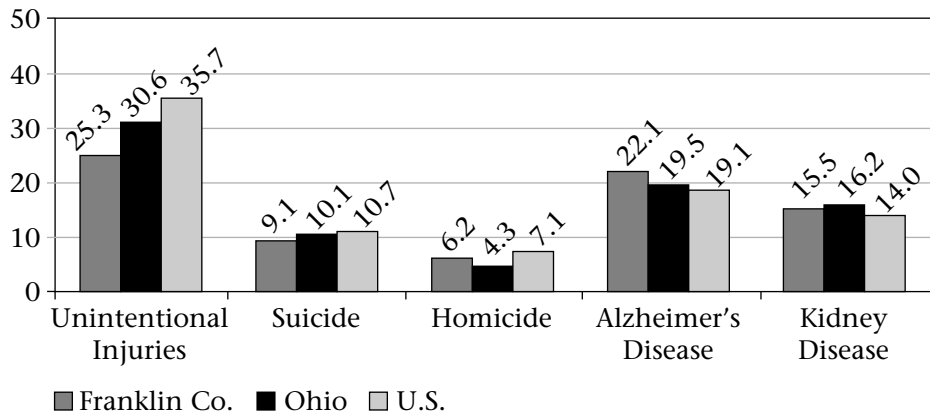


Sources: Ohio Department of Health; Centers for Disease Control and Prevention

Rates for other causes of death mixed compared to Ohio and U.S.

In addition to the five leading causes of death for the total population, there are causes that impact on specific age groups more than others (Table HL-1). For most of the causes in Figure HL-3, the death rate for Franklin County is below that of the U.S., and in some cases also below the Ohio rate. The rate for homicide, however, is above the state rate, and the rate for Alzheimer's disease is above both the Ohio and U.S. rates. (Source: Ohio Department of Health; Centers for Disease Control and Prevention)

Figure HL-3
Age-Adjusted Death Rate per 100,000 Population
Ohio and Franklin County, 1999-2001, and U.S., 2001



Sources: Ohio Department of Health; Centers for Disease Control and Prevention

Table HL-1
Leading Causes of Death by Age Group, Ohio 2001

Age Group	First Leading Cause	Second Leading Cause	Third Leading Cause
Under 1 Year	Birth defects	Disorders related to premature birth	Sudden infant death syndrome
1-4 Years	Unintentional injuries	Homicide	Birth defects
5-14 Years	Unintentional injuries	Cancer	Heart disease & homicide (tie)
15-24 Years	Unintentional injuries	Suicide	Homicide
25-44 Years	Unintentional injuries	Cancer	Heart disease
45-64 Years	Cancer	Heart disease	Unintentional injuries
65 Years and Older	Heart disease	Cancer	Stroke

Source: National Center for Health Statistics, Vital Statistics System, 2001

HIV/AIDS and Sexually Transmitted Disease

...adolescents (13-16 years) and young adults (20-24 years) account for the largest proportion of reported cases of [STDs]...a diagnoses with an STD indicates that a person is engaging in behaviors that place them at-risk for both STDs and HIV.

— Ohio Department of Health,
 STD Surveillance Program

More women and minorities among new HIV diagnoses.

As of June 30, 2002, there were 1,955 reported persons living with HIV/AIDS in Franklin County. Of these cases, 37.7 percent (737) have been diagnosed with AIDS. The characteristics of persons living with HIV—who tend to be younger than those diagnosed with AIDS—reflect changes in the epidemic. This group has an increased percentage of cases among women and among African Americans. (Source: Ohio Department of Health)

Higher rates of sexually transmitted diseases than Ohio and U.S., especially syphilis.

The 1998-2000 rates for reported cases of the three main sexually transmitted diseases were much higher in Franklin County than in Ohio and the U.S. The Franklin County rate for syphilis was 4.7 per 100,000 population, compared with 0.9 for Ohio, and 3.4 for the U.S. Franklin County ranks 13th nationally among counties with at least 50 syphilis cases and is one of 28 counties included in the CDC's National Syphilis Elimination Plan. Rates for gonorrhea were 335.4 per 100,000 population for Franklin County, 166.9 for Ohio, and 194.4 for the U.S. The Franklin County Chlamydia rate was 447.4, compared with 265.0 for Ohio, and 174.9 for the U.S. (Source: 2002 Franklin County Health Assessment, Columbus Health Department)

Weight and Physical Activity

Results from the 1999-2000 National Health and Nutrition Examination Survey... indicate that an estimated 64 percent of U.S. adults are either overweight or obese [compared to 56 percent from 1988-94]...Among children and teens ages 6-19, 15 percent are overweight...triple what the proportion was in 1980.

— Centers for Disease Control and Prevention

More residents are overweight.

Overweight and obesity are known risk factors for many of the leading causes of death. In 2000, 56.4 percent of Franklin County adults were overweight, an increase from the 48.4 percent figure in 1995-96, but about the same as 1999 data for Ohio (56.9 percent) and the U.S. (56.2 national median). (Source: 2000 Columbus/Franklin County Community Health Risk Assessment)

Fewer residents are physically active.

Lack of physical activity contributes to overweight and disease. 2002 survey data found that only 38.6 percent of Franklin County adults reported participating in moderate physical activity, compared to 49.0 percent in 1995-1996. (Source: 2002 Franklin County Health Assessment)

More children are at risk—they weigh more and exercise less.

Lack of physical activity and being overweight increases a child's risk for disease and other physical problems. In Franklin County, the percentage of children ages 2-17 who were overweight was more than 15 percent in 2002. In 2000, less than half of children ages 6-17 participated in adequate daily physical activity. (Source: Columbus Health Department)

Health Care Access, Preventive Health Care and Health Status

The slowing of underlying cost trends is likely to bring an end, perhaps in 2004, to the long period of accelerating employer-sponsored health insurance premium trends, which reached a 13-year peak in 2003 at 13.9 percent...However, cost and premium trends are still likely to remain well in excess of trends in GDP for the foreseeable future.

— Data Bulletin, December 2003,
Center for Studying Health System Change

Lack of insurance is only part of the problem. In addition, chronic illness and living in an area that lacks adequate health care choices can make people more vulnerable... Barriers [to health access] include: cultural and language barriers, lack of affordable service, lack of transportation, limited weekend and evening care, and feeling stigmatized by the health system because of inability to pay.

— Research Results, Access HealthColumbus

About 100,000 residents lack health insurance coverage.

Several recent surveys provide varying estimates of the uninsured population in Franklin County. Ohio Department of Health data from 1998 estimated that 12.3 percent of the population (125,301 persons) was uninsured, while the 2000 Community Health Risk Assessment put the figure at 8.5 percent (90,863 persons). These are both below U.S. average uninsured rates of 16 percent. Young adults ages 18-24 (15.2 percent), African Americans (17.5 percent), and persons below 200 percent of poverty (21.2 percent) are more likely to lack health insurance. (Sources: 2000 Columbus/Franklin County Community Health Risk Assessment; Uninsured Rates in Ohio by County, Ohio Department of Health)

One out of three adults has not seen a dentist in the last year.

Maintaining good oral health is essential to maintaining good overall health. In 2000, 33.7 percent of Franklin County adults had not made timely dental visits. This is similar to 1999 figures for the state (31.1 percent) and U.S. (31.9 percent). Reasons for not visiting the dentist included: had no dental problems; could not afford dental care; and had not thought about it. (Source: 2000 Columbus/Franklin County Community Health Risk Assessment)

Many children have untreated dental caries or decayed teeth.

In 1999, approximately 29 percent of Columbus children in grades 1-3 have untreated dental caries or have decayed teeth. Five percent had very large cavities, pain and/or swelling. (1999 Columbus Oral Health Survey)

Disability and Long-Term Care

About 80% of care provided to older persons in their homes is provided informally by family and friends. In 2000 in Ohio an estimated 28,582 full-time equivalent unpaid caregivers provided help with activities of daily living (ADLs) and another 122,683 provided assistance with instrumental activities of daily living (IADLs).

— Ohio Long-term Care Factbook, 2003,
Scripps Gerontology Center, Miami University

American businesses lose an estimated \$11 billion each year due to employees' need to care for loved ones 50 years of age and older.

— MetLife Study of Employer Costs for
Working Caregivers,
National Alliance for Caregivers

◆ Residents of all ages have physical and mental disabilities.

Seventeen percent of the Franklin County population age 5 and over (166,861 persons) reported to the U.S. Census that they had a disability, including sensory, physical and mental disabilities. Among persons age 65 and older, 40.5 percent reported a disability. The 2000 Community Health Risk Assessment found that 5.5 percent of Franklin County adults reported that their physical or mental health kept them from doing their usual activities (self-care, work or recreation) for thirty of the past thirty days. This group was more likely to be age 65 or older, African-American or without a high school diploma, and 9.5 percent of this group had no health insurance. (Sources: Census 2000; 2000 Columbus/Franklin County Community Health Risk Assessment)

☆ More Ohioans with disabilities receiving services in their homes rather than in nursing facilities.

Ohio has experienced a continued shift in the way older Ohioans receive long-term care. Ohio's Medicaid home care program for older people, PASSPORT, increased from serving 6,000 individuals in 1992 to 24,500 in 2001. (Sources: Scripps Gerontology Center, May 2003)

Racial Disparities in Health

Latino and African nationality populations are growing and need interpreters relating to health care needs.

— Focus group participant

In the black community, many people go to church, not mental health facilities, to deal with mental health issues.

— Focus group participant

The United Way of Central Ohio 2003 *Racial Disparities Report* identified the following disparities between persons of color and the majority population in the areas of health. Additional detail can be found in the report.

- **Births to teens.** The percent of births to black teens in 2000 was from 3-5 percentage points above teen births for other races. Teen births to Asian mothers were well below the percentages for other groups.
- **Infant mortality.** From 1998-2000, black infant mortality rates were double those of whites and significantly higher than any other racial group.
- **Low birth weight births.** The rate of low birth weight births was 4-6 percentage points greater for black births than for other racial and ethnic groups. Hispanics had the lowest rate of low birth weight births.
- **Adult alcohol and drug services.** African Americans, who are 17.9 percent of the Franklin County population, represented 41.9 percent of the clients provided with alcohol and drug abuse services by ADAMH agencies in 2002.
- **Youth alcohol, tobacco and drug use.** Caucasian students in grades 9 through 12 in Franklin County schools reported higher percentages of regular use of alcohol, cigarettes and marijuana than students of other races.
- **Leading causes of death.** Blacks have higher death rates than whites for heart disease, diabetes, stroke, and cancer, while whites have higher death rates for chronic lower respiratory diseases. Asians and Hispanics have the lowest death rates for nearly all of the leading causes of death.
- **Homicide.** The homicide rates for black males from 1999-2001 was nearly three times that of white males. Blacks, who are 17.9 percent of the Franklin County population, represented 52.6 percent of all homicide deaths during this period.
- **HIV/AIDS.** White, non-Hispanic males make up over half of all AIDS cases in Franklin County, but non-whites are becoming a greater percentage of AIDS cases. The percent of AIDS cases that are non-whites increased from 27 percent in 1993-95 to 42 percent in 1998-2000.
- **Overweight.** In 2000, two-thirds of African American adults in Franklin County and over one-quarter of African American children are estimated to be overweight. This is greater than percentages of overweight for Caucasians.
- **Health insurance coverage.** In 2000, 93.8 percent of the Caucasian population of Franklin County had health insurance coverage, compared to 82.5 percent of African Americans and 85 percent of persons of other races.
- **Oral health care.** In 2000, one out of five African American adults reported that cost is a barrier to dental care, compared to one out of ten Caucasian adults.
- **Sensory, physical and mental disabilities.** Persons age 16-64 who are black or African American have the highest percentages of “self care”, “going outside the home”, and/or “employment” disabilities, about twice the percentage of the white population. Hispanics or Latinos also have higher percentages of persons of employment disabilities, while the figures for Asians are lower than other groups.
- **Adult smoking.** The black adult population has a slightly higher percentage of smokers in Franklin County compared to white adults.
- **Prescription drugs.** In 2000, 19.1% of African American adults were unable to get prescription medications due to cost compared to 9.0% of Caucasian adults.

Health Trends, Needs & Gaps: Community Perceptions

We need to develop a framework for Medicaid spending that does not break the bank of the public and private sectors.

— Key informant interview

There are 700 children on the waiting list for mental health services in Franklin County. Kids are labeled 'unruly', 'out of control', 'won't listen'—those kids have mental health issues. Children are now presenting more severe problems.

— Key informant interview

Most parents will pick a child with health problems over themselves, even if they also have health problems. Then they become sick and unable to care for their children.

— Focus group participant

Key Informant Interviews

Health care access was the need identified by the largest percent (42 percent) of 50 key informants interviewed (see Appendix B). In addition, a need for mental health services was mentioned by 14 percent and substance abuse by 6 percent. Gaps in health services, programs or funding were cited by 24 percent, gaps in mental health services by 10 percent and gaps in substance abuse services by 4 percent. “Reduced access to health benefits/health care” was mentioned as a trend by 10 percent of those interviewed and “chronic diseases connected to lifestyle issues” by 4 percent. The following are the health themes that emerged:

- **Health access.** Health care is important emerging trend; access to prescriptions; fraying safety net for health services; adequate primary care; lack of health care services in the central city; Medicaid crisis; health care availability for low-income adults without children; access to dental services; many middle class people lack proper health care.
- **Health insurance.** Employers providing less health care benefits; number of medically uninsured has grown dramatically; employers hire part-time people so they won't have to pay for health insurance; increased prescription costs; only way to get medical care is clinic or emergency room.
- **Mental health.** Mental health service needs impact most social service agencies; timely access and availability of mental health services; no place for children with mental health issues to go; no parity in length of inpatient stay for mental and physical health; connecting people with mental health services so they can live on their own and function at a normal level.
- **Substance abuse.** Extraordinary need for substance abuse services for families; lack of programs to allow a family to stay together which child receiving treatment; alcoholism is the drug of choice of the poorest people; more affluent people have trouble with drugs and pills.
- **Chronic disease and lifestyle.** Increase in chronic disease connected with lifestyle; dwindling resources for anti-smoking campaigns.
- **Population groups with health needs.** Low-income people; people without health insurance; central city residents; part-time workers; unemployed; children; adults without children; people with mental health or substance abuse problems.

Focus Groups

Health issues were mentioned as a need, gap or trend in all of the 18 focus groups (see Appendix D). The following are the themes—aggregated across all focus groups—that emerged related to health:

- **Health care cost and funding.** Cost of medical care; not enough funding to get people the help they need; neighborhood health centers funding cuts may increase health system costs such as emergency rooms; health care costs rising by 14-15 percent every year; costs for care at hospitals will rise for everyone; although a sliding scale is used, some still cannot afford it; medication too expensive; boutique hospitals (e.g. New Albany) draining most profitable health care services from community hospitals, Columbus Health Department has increased caseloads while city cutting funding; CHD cutting employees.
- **Health access.** No neighborhood facilities for people who need accessible, low cost medical care; access to healthcare in the Latino and Asian communities; access to services for uninsured; not enough places to access free healthcare services; clinics have three-month waiting lists.
- **Health insurance.** Increase in persons without health insurance; lack of health insurance caused by lack of jobs; cost of health insurance—people can't afford it.
- **Cultural issues.** How to work with other cultures in the healthcare field; Asian, Latino and African nationalities need interpreters; interpreters not enough—client may not feel comfortable sharing information with family members present; Medicaid impossible to navigate for immigrants; medical conditions from foreign countries; people of color get less “good” care’; culturally competent sex education.
- **Youth health issues.** Depression among teens; mental health issues in schools and neighborhoods having to do with violence; mental health services for youth offenders; sex education needed for teens; youth need tobacco prevention and drug prevention programs; professionals who are trained to deal with youth problems.
- **Mental health.** Services for clinical depression; depression among people with physical disabilities; depression exacerbated by lack of jobs; several month wait for mental health services; Latino community mental health services; mental health services needed across all populations; stigma prevents people from getting services; Netcare outreach program needed; mental health services for non-English speaker.
- **Substance abuse.** Increased drug and alcohol use due to lack of available services for immigrants; lack of resources around substance abuse; Upper Arlington needs drug and alcohol counselors; drugs are a problem.
- **Education and prevention.** Need to focus on disease prevention; preventative healthcare for immigrants; educate people about health issues such as breast cancer.
- **Population groups with health needs.** Ex-offenders; youth offenders; unemployed people; single young adults; black community; Asians; Latinos; African nationals; Muslim community; youth; teens, homeless persons.

Donor and Agency Web Survey

I see a great need for more access to affordable health care for those who are uninsured (e.g. Neighborhood Health Resource Centers).

— Web survey respondent

A total of 566 web survey responses were received from United Way agency staff, United Way volunteers, donors and others. Table HL-2 shows the percentages of respondents who thought the health issues listed in the survey were either major or medium community problems.

Table HL-2
Health Community Problems
Donor and Agency Web Survey

Issues	Major Problem	Medium Problem
Prescription drug costs	77.2%	16.8%
Health insurance availability	71.6%	15.2%
Overweight and obesity	60.2%	26.3%
Sedentary lifestyles/lack of physical activity	51.8%	30.0%
Teen drug or alcohol use	51.1%	33.2%
Adult drug or alcohol use	48.1%	35.2%
Older adult health/disabilities	40.1%	35.5%
Adult tobacco use	38.2%	32.3%
Teen tobacco use	36.9%	40.8%
Mental illness/mental disabilities	36.2%	36.9%
Access to preventive health services	35.3%	35.3%
Teen pregnancy	35.0%	41.0%
Sexually transmitted Disease/HIV/AIDS	31.8%	39.9%
Chronic disease/physical disability rates	22.3%	36.0%
Child immunization rates	13.4%	37.8%
Access to pre-natal care	10.8%	38.7%
Infant mortality	9.0%	28.3%

N=566 survey respondents; not all respondents answered all questions.

Current Efforts in Health

Community Plans and Strategies

A review of planning documents and strategy statements of key community organizations involved in human services and community development planning and funding (see Appendix F) found the following areas of focus related to health policy:

Organization	Plan/Strategy/Policy Focus									
	Health Access/ Community Infrastructure/ Insurance	Primary Care/ Wellness	Maternal/ Child Health	Aging/ Senior Care	Mental Health/ Substance Abuse	STD/ HIV/ AIDS	MRDD/ Physical Disabilities	Geographic Focus	Population Focus	
United Way of Central Ohio <i>Source: UW Goals & Objectives</i>	X	X	X	X	X	X	X	Franklin County	Youth and adults, disabled persons, frail elderly	
Franklin County Board of Health <i>Source: 2002 Annual Report</i>	X	X	X	X	X	X	X	Franklin County	All residents	
Columbus Health Department <i>Source: Columbus City Budget 2004; CHD Goals, Objectives and Performance Measures</i>	X	X	X	X	X	X	X	City of Columbus	All residents	
Franklin County <i>Source: Consolidated Plan 2000- 2003</i>	X	X	X	X	X	X	X	Franklin County	Low/Moderate Income Persons	
City of Columbus <i>Source: Consolidated Plan 2000- 2003</i>	X	X	X	X	X	X	X	City of Columbus	Low/Moderate Income Persons	
Osteopathic Heritage Foundation <i>Source: 2002 Franklin County Health Assessment</i>	X	X	X	X	X	X	X	Franklin County	All residents	
Central Ohio Area Agency on Aging <i>Source: 2003-2006 Area Plan for Programs on Aging; Community Focus Groups</i>	X	X	X	X	X	X	X	Central Ohio Counties (Planning and Service Area #6)	Older adults	
Ohio Department of Aging <i>Source: State Plan: Leadership, Advocacy, and Service for Older Ohioans 2004 – 2007; A 10-Year Retrospective Look at Ohio's Long-Term Care System</i>	X	X	X	X	X	X	X	Ohio	Older adults	

Organization	Plan/Strategy/Policy Focus									
	Health Access/ Community Infrastructure/ Insurance	Primary Care/ Wellness	Maternal/ Child Health	Aging/ Senior Care	Mental Health/ Substance Abuse	STD/ HIV/ AIDS	MRDD/ Physical Disabilities	Geographic Focus	Population Focus	
Columbus Health Department <i>Source: Critical Needs Assessment, South Side Area</i>	X			X				Columbus South Side	All residents	
Access HealthColumbus <i>Source: Strategic Plan</i>	X	X						Franklin County	Vulnerable Populations	
Coalition for Healthy Communities <i>Source: The Perfect Storm on a Collision Course to Disaster</i>	X				X			Ohio	People with mental illness and addictive disorders	
ADAMH Board of Franklin County <i>Source: Strategic Plan</i>					X			Franklin County	Low-income people with mental health or addictive problems	
Community Shelter Board <i>Source: 10-year Plan to End Chronic Homelessness</i>	X							Franklin County	Homeless households with disabled	

Health Resources

As part of the data gathering for *What Matters 2004*, Community Research Partners compiled an inventory of sources and uses of human services funding in Franklin County. A summary of the full inventory, including methodology, definitions and caveats, can be found in Appendix E. The following summarizes the information related to the health issue area. It is a profile of one year of funding from federal, state and local government and major local philanthropic/private sources. Also included is a graph illustrating how United Way funds for the health critical need area are allocated among various use categories.

Overview of Annual Funding Sources for Health

Health Total

\$1,714,080,676

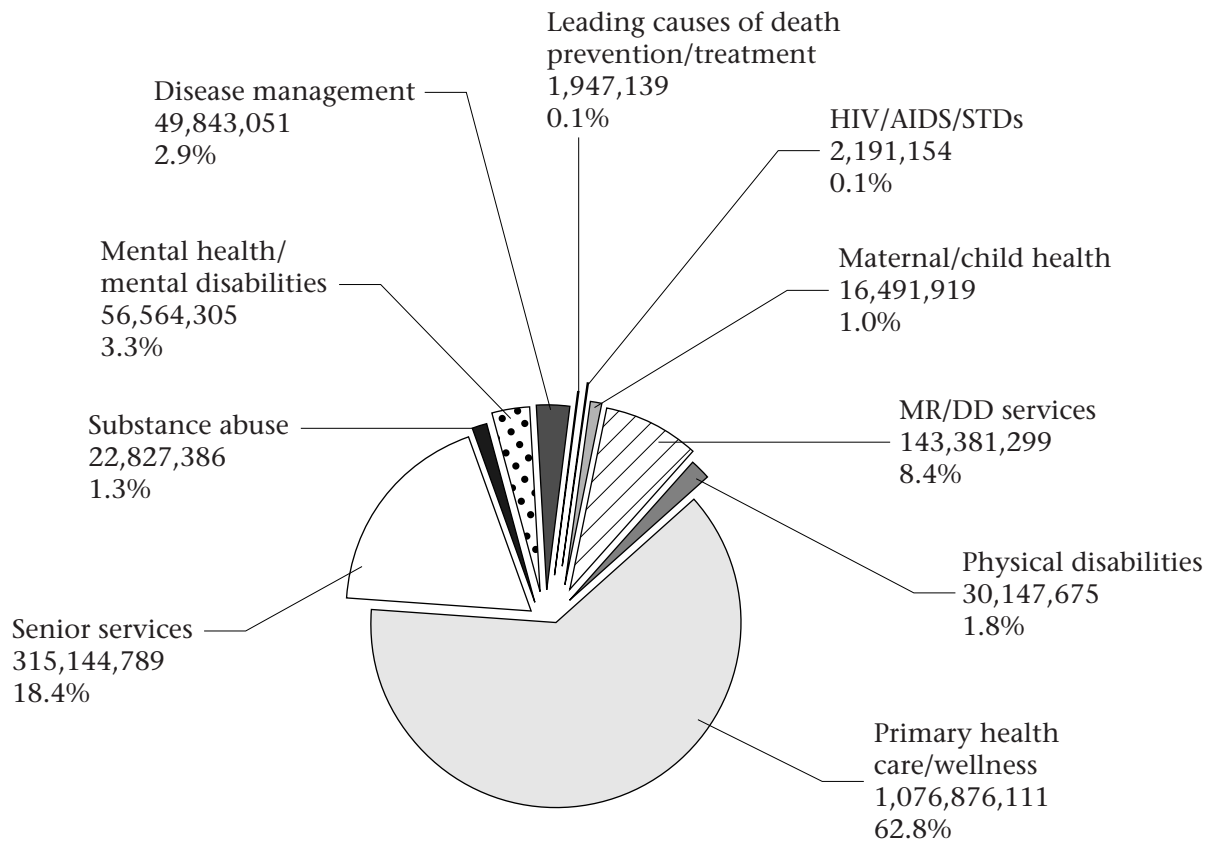
FUNDING SOURCE	PROGRAM	AMOUNT
PUBLIC		\$1,694,987,755
FEDERAL		\$756,047,899
DOJ	Byrne Grant	1,728,557
DOT	Federal Highway Administration	57,270
ED	Drug Free School Grant	819,431
HUD	Child Safety Seats	32,798
	EZ	92,000
	PHDEP	1,067,754
	Van Grant/Operation Baby Buckle	23,767
SSA	Disability Insurance	14,607,000
USDA	WIC	12,008,147
	Ohio Infant Mortality Reduction	97,606
VA	Medical Expenditures	66,803,000
HHS	ADA Prevention Services	8,300
	HEAP	6,700
	Medicaid	490,514,319
	Mental Health Block Grant	854,306
	Older Americans Act	2,307,972
	SAPT	7,261,540
	SDFSCA	236,811
	TANF	293,051
	Title XX	3,854,116
	AIDS Prevention	638,485
	Breast & Cervical Cancer	109,691
	CDC Lead Program	99,779
	Child & Family Health Services	1,143,313
	Healthy Start	652,619
	Hepatitis C	10,000
	HIV Early Intervention	442,744
	Immunization Action Plan	234,105
	Lifestyle Risk Reduction	145,628

FUNDING SOURCE	PROGRAM	AMOUNT
FEDERAL <i>(continued)</i>		\$756,047,899
HHS <i>(continued)</i>	Medicaid(PASSPORT)	10,210,876
	Metro Medical Strike Team	100,000
	Outpatient Treatment	24,000
	Preventative Health Services	26,262
	Project LOVE	98,766
	Public Health Infrastructure	241,473
	Ryan White CARE	18,418
	Ryan White Planning and Evaluation	34,558
	STD Control	487,041
	TB Control/Elimination	103,237
	Title IV E (TANF)	3,001,838
	Women's Alcohol Recovery	63,812
	Women's Alcohol Treatment	155,855
	Medicaid (Nursing Facilities)	134,917,292
	HEAP (Senior Services)	6,700
Multiple/Other Federal Public Sources	N/A	413,662
STATE		\$686,059,902
ODA	Alzheimer's Respite	201,657
	Senior Services State Block Grant	487,381
	Senior Volunteer Program	24,252
ODADAS	ADA Prevention Services	40,200
	Case Management	234,579
	Outreach/Community-Based Process	128,755
	N/A	2,422,800
ODH	Genetics	259,000
	Save Our Sight (SOS) Children's Vision Program	774,985
	Save Our Sight Protective Eyewear	275,000
	Sickle cell services program	134,541
	State Aids Care Client Outreach	97,500
	State HIV Prevention	26,000
	WIC	510,916
	Immunization Action Plan	112,761
	TB Control/Elimination	120,517
	Breast and Cervical Cancer	39,010
	Cardiovascular Health	130,837
	Child and Family Health Services	120,382
	Columbus Yard-Safe	84,862
	Community Access Program	163,392
	Ohio Infant Mortality Reduction	31,679
	State AIDS Care	55,121
	State Health Subsidy	240,612
	STD Control Program	29,878
	Welcome Home	273,493

FUNDING SOURCE	PROGRAM	AMOUNT
STATE <i>(continued)</i>		\$686,059,902
ODJFS	Disability Medical Assistance	10,230,249
	Disability Assistance	2,052,505
	Medicaid State Match	488,461,841
	Welcome Home	29,454
	CEPAC	79,907
	Medicaid State Match (Nursing facilities)	134,917,292
	Medicaid (PASSPORT)	6,807,252
ODMH	N/A	21,639,253
ODMRDD	N/A	7,471,874
ODE	Supportive Learning Environments - Substance Abuse Coordinator Prog.	15,112
	MRDD Services	7,335,053
LOCAL		\$252,892,486
FC Senior Services Levy	CMAAO	61,962
	COAAA	2,363,837
	FCOA	19,359,352
FCCS Levy	FCCS	46,471,378
Franklin County ADAMH Levy	N/A	37,269,782
Franklin County MRDD Levy	N/A	126,468,532
City of Columbus Dept. of Development	Social Services Contracts	717,237
City of Columbus General Fund	Health Subsidy	17,490,358
Franklin County General Fund	N/A	1,555,048
Multiple/Other Local Public Sources	FCOA	539,724
	CHD	67,676
City of Columbus Hotel/Motel Tax	Emergency HS Fund	527,600
LOCAL PRIVATE		\$19,092,921
Nationwide Foundation	N/A	441,879
Ohio Children's Foundation	N/A	16,000
The Columbus Foundation	N/A	1,465,100
Columbus Medical Association Foundation	N/A	1,130,873
Wolfe Associates, Inc.	N/A	81,285
Women's Fund of Central Ohio	N/A	10,000
Multiple/Other Local Private Sources	Byrne Match	581,404
	CHD	519,551
	FCMRDD	1,577,678
Osteopathic Heritage Foundation	Osteopathic Medical Education	5,300,000
United Way of Central Ohio	N/A	7,978,546

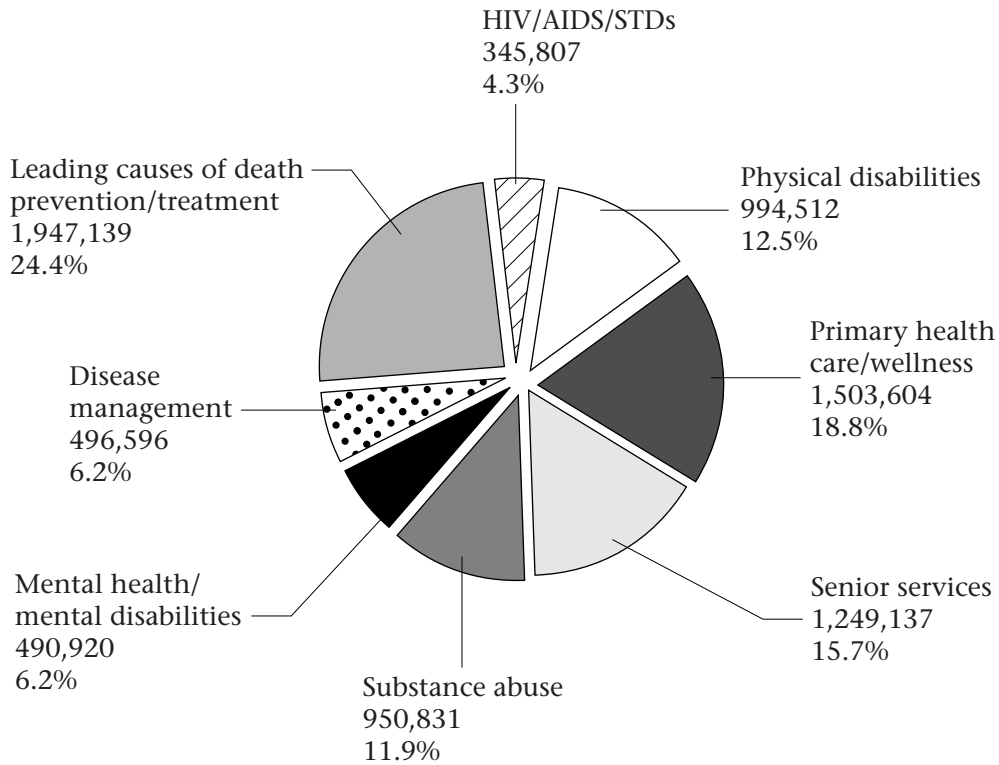
Overview of Annual Uses of Funding for Health

Figure HL-4
Annual Use of Funds for Health Activities
Total Amount: \$1,714,080,676



How United Way Resources are Used for Health

Figure HL-5
Use of United Way of Central Ohio Funds for Health Activities
Total Amount: \$7,978,546



Some programmatic funding supported by the Health Vision Council is represented in other sections of the report.

According to United Way of Central Ohio investment, initiative, and donor designation tracking records, \$9,054,181 is funded through the Health Vision Council.