# Executive Summary

## The Indicators

In 2000, the U.S. Department of Health and Human Services introduced Healthy People 2010 for the purpose of increasing the quality and years of healthy life, and eliminating health disparities. To achieve those goals, Healthy People 2010 focused on 10 leading indicators corresponding to the most significant preventable health threats in the general population.

In 2008, Nationwide Children's Hospital introduced Full Potential to present similar indicators as a way to report on the health status of Franklin County children. These indicators emphasize the preventable health threats that impact our community's children most:

- Asthma

- Teen Pregnancy

- Unintentional Injuries

- Access to Health Care

- Adolescent Suicide

- Infant Mortality/Preterm Birth

- Adolescent Homicide

- Immunization

- Teen Smoking

- Obesity

### Data

The Columbus Public Health Office of Assessment and Surveillance analyzed data comparing Franklin County, Ohio and the United States for most indicators, as well as data by race and ethnicity for Franklin County. Every effort was made to provide comparable data across multiple years so that trends could be identified and progress evaluated. It is noted where caution is needed to interpret/compare data because of insufficient numbers in a population or lack of data.

## Summary of Findings

#### **ASTHMA**

The percent of children under age 18 ever diagnosed with asthma increased in Franklin County, Ohio and the United States from 2004 to 2008. In Franklin County, 16.5 percent reported ever being diagnosed with asthma, up from 14.1 percent in 2004. In both years, these percentages were higher than Ohio and the U.S. Columbus ranked 34 on a spring 2010 list of "asthma capitals" compiled by the Asthma and Allergy Foundation of America. Causes of asthma, such as poor air quality, cannot be changed by the health care system. However, more progress can be made on identifying asthma, which can have different symptoms in children, and providing ongoing treatment support.

#### **TEEN SMOKING**

Students in 10th grade who reported they smoked at least once a month declined slightly in Franklin County between 2006 and 2009 – from 12 percent to 10.9 percent. For the years in which survey data were available, smoking among 10th graders in Ohio and the United States also declined slightly. For example, from 2005 to 2009, the U.S. percentage dropped from 21.4 percent to 18.3 percent. Because of differences in survey methods, however, care should be taken in comparing the data for Franklin County to data for Ohio and the United States. (Ohio and U.S. data are comparable.)

#### **TEEN PREGNANCY**

Teen births declined 34 percent nationally between 1991 and 2005. Progress from 2005 through 2008 has been mixed. Franklin County's overall birth rate for teens age 15 to 19 is higher than Ohio and the U.S. Franklin County birth rates for 15- to 17-year-olds are stable for non-Hispanic whites, averaging 15.7 births per 100,000 non-Hispanic white females. Birth rates among non-Hispanic blacks and Hispanics were substantially higher during the same period, averaging 41.3 and 83.2 respectively, but declined from 2006 to 2008. Among 18- and 19-year-olds, overall birth rates rose sharply from 2007 to 2008. While the birth rate among Hispanics declined 28 percent (2005-2008), the rate is much higher than any other group. Nearly 1 in 4 18-to-19-year-old Hispanic women gave birth, on average, each year during that time period.

#### **UNINTENTIONAL INJURIES**

Nationally, unintentional injuries are the leading cause of death in children, adolescents and young adults. Motor vehicle crashes are the leading cause of unintentional injury deaths among U.S. teens. In Franklin County, unintentional injury death rates in adolescents and young adults (age 15 to 24) are lower than Ohio and the United States. The same trend is generally true for children ages 1 to 14. The lower numbers of deaths in Franklin County are in part due to central Ohio's comprehensive trauma system that ensures trauma victims are triaged properly and taken without delay to a verified trauma center.

#### **ADOLESCENT SUICIDE**

Suicide is the third leading cause of death among young people ages 10 to 24. Since 2005, the rate of adolescent suicide in Franklin County has been higher than Ohio and the U.S. On average, the Franklin County rate (deaths from suicide per 100,000 population in the 15 to 24 age group) was 11.6 from 2004 through 2008, and it was 11.2 in Ohio. From 2004 through 2007, the rate in the United States was 10, on average, and 11.5 in Franklin County. Research is shedding more light on risk factors in youth suicide and more effective interventions have been identified. Providing access to effective care for Franklin County's at-risk youth is a priority.

#### **ADOLESCENT HOMICIDE**

In 2008, 33 adolescents and young adults were murdered in Franklin County. This number equates to 20.1 deaths per 100,000 population in the 15 to 24 age range, which is about double the rate for Ohio (10.1). The 2008 rate in Franklin County represents

a sharp increase from 16.1 in 2007 (a jump from 26 to 33 in the number of deaths). In years for which data were available (2005 to 2007), 94 percent of homicides in Franklin County among 15- to 24-year-olds were by firearm. Effective interventions are needed to prevent young people from joining gangs, which are an increasing problem in Columbus.

#### **ACCESS TO HEALTH CARE**

The percentage of children estimated to be without health insurance coverage dropped dramatically – from 7.3 percent to 4.5 percent – between 2004 and 2008 in Franklin County. The 2008 percentage is nearly on par with Ohio (4.0 percent), and is half the estimated percentage of uninsured children in the U.S. (9.0 percent). The low rates in our state reflect Ohio's commitment to expanding Medicaid coverage for children. However, having insurance does not guarantee access to health care. To ensure access, more work needs to be done, such as locating health care services in underserved communities and making it easier for children to get health care when their parents cannot afford to miss work.

#### **INFANT MORTALITY/PRETERM BIRTH**

In the 2010-2011 Full Potential report, the discussion of infant mortality has been expanded to include preterm birth, which in most years has been the number one cause of infant deaths. On average, 156 infants died each year in Franklin County from 2005 through 2008. In Franklin County, the average infant mortality rate for non-Hispanic blacks was 2.6 times higher than the non-Hispanic white rate for 2005-2008. If the infant mortality rate for non-Hispanic black infants was the same as for non-Hispanic white infants, 158 fewer black infants would have died in 2006 to 2008.

Nationally, preterm birth rates declined from 2006 to 2008 for mothers of all age groups under age 40 for the three largest race and Hispanic origin groups, and for most U.S. states. Franklin County experienced these declines only from 2007 to 2008. On average from 2005 to 2008, the Franklin County infant mortality rate due to preterm birth/low birth weight is significantly higher than Ohio and the United States. Disorders related to preterm birth/low birth weight were the number one cause of infant deaths in Franklin County in 2005, 2007 and 2008. They were the second leading of cause of death in 2006.

Preterm birth is an area of focus for Nationwide Children's Hospital, which is a founding partner in the Ohio Better Birth Outcomes (OBBO) collaborative. This collaborative has identified interventions known to reduce preterm morbidity and mortality, and is deploying them in a multifaceted countywide initiative. The interventions are helping pregnant women carry their babies to term or near-term through hormone treatments, encouraging women to space out the time between pregnancies, ensuring there are no elective deliveries before 39 weeks of pregnancy, and providing the support of a nurse for low-income pregnant women under the age of 20.

Recommendations for helping these programs achieve their potential to reach and serve all women who can benefit include steps at the policy level, such as implementing presumptive eligibility for Medicaid for newly pregnant women. This will help them get prenatal care more quickly. Also recommended are local services that are necessary for our mothers to be healthy before, during and after pregnancy, because healthy babies come from healthy mothers.

#### **IMMUNIZATION**

Immunization is a proven way to keep people healthy. In the United States, immunization has resulted in achieving record or near-record low levels of vaccine preventable childhood diseases.

Locally, childhood immunization rates have improved; however, the City of Columbus has much lower rates than Columbus suburbs. In 1996, 2000, 2004 and 2008, an average 85.3 percent of children in Columbus suburbs completed the 4:3:1 (diphtheria, tetanus and pertussis, or whooping cough) immunization series by age 2. In the City of Columbus, the average was 63 percent.

Being immunized against seasonal flu is also important for children. While we often think of the elderly and people with compromised immune systems as the most vulnerable, more children die each year in the U.S. from seasonal flu than from all other vaccine preventable diseases combined.

To ensure more children are vaccinated against childhood diseases and seasonal flu, Nationwide Children's Hospital has joined with several community partners to introduce promising pilot programs. The first of these programs is now underway with the Franklin County Women, Infants and Children office located in the Nationwide Children's Northland Primary Care Center (PCC) to coordinate childhood immunization visits with WIC appointments. Beginning in November 2010, Columbus Public Health will begin holding flu shot clinics in Columbus City Schools, visiting all 123 schools over a period of about four weeks.

Nationwide Children's also is implementing new programs on the hospital campus and in its PCCs to ensure children are vaccinated appropriately, and particularly to boost childhood vaccination rates in the City of Columbus.

#### **OBESITY**

Over the past three school years (2007 to 2010), body mass index (BMI) screenings of kindergarten, third grade and fifth grade children in Columbus City Schools have revealed that an alarming percentage are overweight or obese. For example, in 2009 to 2010, 29 percent of kindergartners, 38 percent of third graders and 47 percent of fifth graders were overweight or obese. Across all three years, more fifth graders were obese (BMI of 95 percent or greater) than were overweight (BMI of 85 percent through 94 percent).

In addition, data from Nationwide Children's Hospital documents steady annual increases in the number of patients with a diagnosis of obesity or excessive weight gain – from 1,360 patients in 2002 to 8,028 patients in 2009.

Preventing pediatric obesity and helping children and adolescents lose weight are the most important health mandates of our time. To address them, we must transform how our society approaches eating and exercise. Some of the most important interventions we can undertake are within schools, where children spend 25 to 30 percent of their day and take in 35 to 50 percent of daily calories. Because of this, a focus in this year's report is on fitness and nutrition improvements in our schools.

Our community is fortunate to have a public school system that is ahead of many others throughout the United States when it comes to helping students be healthy and fit. With the passage of Healthy Choices for Healthy Children legislation this year in Ohio, schools throughout the state now are required to provide a healthier environment as well. The new law will bring healthy changes to the classroom, the lunchroom and the gym, and will ensure parents know their child's BMI when she enters school, and in kindergarten, third and fifth grade.

A great deal of momentum is behind reversing childhood obesity trends in our community. Besides school-based efforts, a wide variety of programs and initiatives to combat childhood obesity are being conducted throughout Franklin County – from developing more safe urban green space to increasing access to healthy foods. Future success depends on expanding the reach of these programs, as well as evidence-based new programs, throughout the county. Another area of opportunity lies with local employers, which are encouraged to offer employee benefit plans that reimburse health providers for obesity-related services for dependent children.