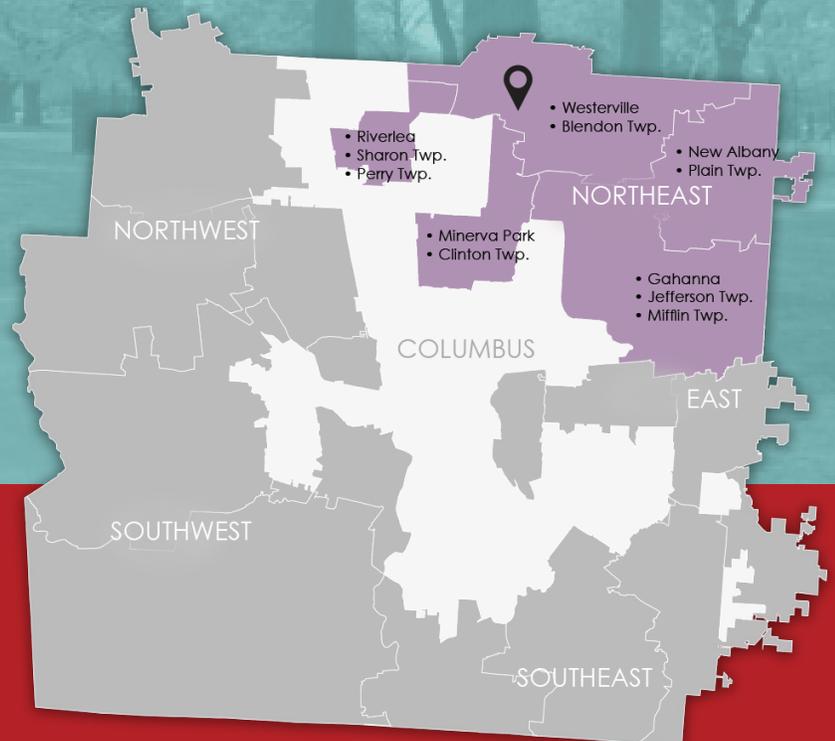




Franklin County
Public Health



NORTHEAST REGION FORUM REPORT 2017





Franklin County Community Health Forum

The vision of Franklin County Public Health (FCPH) is to lead our communities in achieving optimal health for all. We believe the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) are major steps in fulfilling our role as the public health Chief Health Strategist by working in structured, cross-sector partnerships, addressing the social determinants of health, and making timely, reliable, and actionable data accessible to communities.

Franklin County Public Health would like to thank its local communities for your participation in our 2017 Community Forums. These forums were conducted as a part of a CHA process. State and Local Health Departments use the CHA as a way to identify key health needs and concerns through a comprehensive data collection and analysis effort. A CHA includes collaboration that supports shared ownership for phases of community health improvement, such as assessment, planning, investment, implementation, and evaluation.

An ideal health assessment includes:

- Participation from a variety of sectors such as local community members, businesses, faith based organizations, stakeholders and other public health organizations.
- Demographic information.
- Information on risk factors, quality of life, mortality, morbidity, community assets, social determinants of health and health inequity.
- Descriptions of health issues for specific populations and any health disparities, factors contributing to health challenges, community assets and/or resources.
- Data from a variety of sources and in a variety of forms (qualitative, quantitative, primary, and secondary).
- A variety of data collection methods (i.e. surveys, interviews, focus groups, or community forums, etc.).

Franklin County Community Health Forum



The essential ingredients of this CHA are community engagement and collaborative participation. The CHA is an important piece in the development of a CHIP because it helps the community understand the health and health related issues that need addressed. It also provides the most current and reliable information about the health status of a community and where gaps may exist in achieving optimal health.

In July of 2017, FCPH collaborated with 5 community partners: Mount Carmel East; Ohio Health Doctors Hospital; Ohio University Dublin Integrated Education Center; Madison Township Community Center; and Healthy New Albany to host Regional Forums. The information in this report represents the process and outcomes of the Northeast Regional Forum hosted by Healthy New Albany. FCPH would like to express our thanks and appreciation to Healthy New Albany for their generous contributions and support of the forums. The community forum would not have been possible without this support.



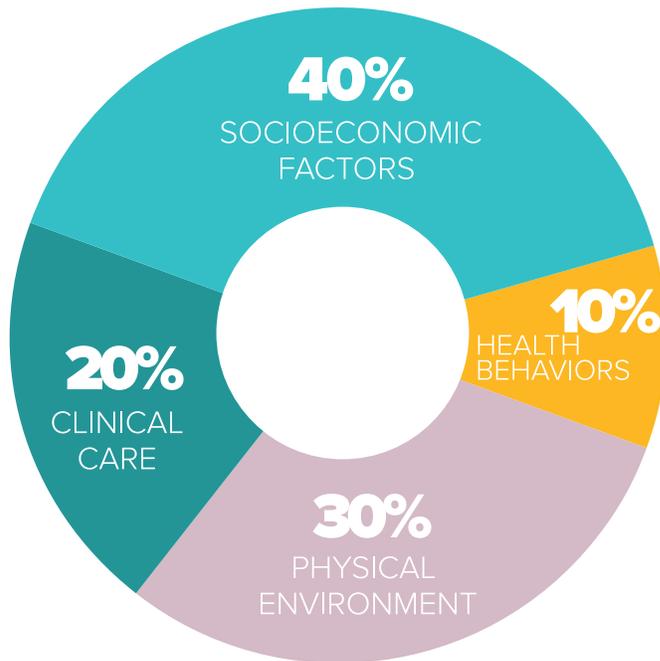


COMMUNITY FORUM OVERVIEW AND PRESENTATIONS

The Northeast Region Community Forum was kicked off with a welcome, introduction and overview of FCPH by the Health Commissioner. A PowerPoint presentation highlighted information about the role of the health department including it being accredited by the Public Health Accreditation Board (PHAB); its mandates, priorities, initiatives, and an overview of who we serve in Franklin County. This was followed by a presentation given by the Director and a Senior Research Scientist, from the Center for Population Health and Equity Research, Research Institute at Nationwide Children’s Hospital (NCH) provided information about why achieving health equity leads to optimal health for everyone.

NCH indicates health equity means that everyone has a fair opportunity to live a long, healthy life. It implies that health should not be compromised or disadvantaged because of an individual or population group’s race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition. In conjunction with health equity, social determinants of health play a large role in determining health outcomes. Social determinants of health are environmental factors in one’s place of residence, work, worship, or play that affect one’s quality of life and health outcomes. For example, the chart on the next page illustrates why clinical care alone isn’t enough to improve health outcomes, as well as the significant importance of addressing the social determinants of health which creates an environment for achieving health equity.

**Achieving health
equity leads to
optimal health
for everyone**



Clinical care alone isn't enough to improve health outcomes*

At the conclusion of this presentation, instructions were given for the breakout sessions and community participants engaged in a dialogue and provided feedback regarding the most pressing health care needs impacting their communities. The breakout sessions process is highlighted below.

BREAKOUT SESSION

In order to understand the health concerns of each community, breakout sessions were established and run by a facilitator. As part of the breakout sessions, a volunteer scribe was identified to write down group responses on a flip chart to keep track of all responses. A packet of questions and directions pertaining to each breakout session were handed to all community members participating in the breakout sessions.

There are three parts to every breakout session:

There are three parts to each breakout session:

- **Part 1** focused on the community's themes and strengths
- **Part 2** focused on identifying the top priority needs of their community
- **Part 3** focused on strategies to address the top five needs of the community

*Source: Health Equity Presentation, 2017



PART 1 | RESULTS

Breakout session Part 1 started with two questions to help FCPH identify what community members believed were the greatest assets of their community:

What do you believe are the 2-3 most important characteristics of a healthy community?

What makes you proud of your community?



After providing a few minutes for thoughtful answers, facilitators then created a discussion surrounding what members had written down.

Upon reflecting on answers and creating a group consensus of 2-3 answers, the volunteer scribe wrote down answers for collection purposes.



EMERGING THEMES

1

What do you believe are the 2-3 most important characteristics of a healthy community?

Safety

Community Engagement

Education

For this community forum, participants were separated into two groups. Each group provided responses regarding various aspects of healthy communities.



GROUP 1

- Intersectionality
- Greenspace
- Access to food and healthcare
- Equity
- Community health education
- Vibrant community



GROUP 2

- Access to food, shelter, and healthcare
- Community connections
- Physical activity
- Healthy environments
- Education focused on health prevention
- Community recreational places
- Proactive leadership
- Equal access / opportunities



EMERGING THEMES

2

What makes you proud of your community?

Safe and engaged communities

Community effort to improve

Community activities



GROUP 1

- The Ohio State University
- Cultural arts
- Volunteerism
- Neighborhood connections
- Cleanliness and aesthetically pleasing
- Civic engagement



GROUP 2

- Emphasis on health goal of being the healthiest city
- Institutional actors and their involvement to work together
- Availability of services
- Leadership in the city
- Recreational centers
- Physical activity
- Community collaboration



PART 2 | RESULTS

Breakout Session Part 2 focused on the selection of community health priorities. FCPH created a list of 30 health priorities, 15 of which were health concerns, and 15 of which were environmental concerns. The list of community health priorities are as follows:

HEALTH CONCERNS

Cardiovascular Disease: such as, heart disease, hypertension, coronary artery disease, congestive heart disease, heart failure, heart attack (MI), and stroke.

Diabetes: such as pre-diabetes, diabetes mellitus 1, diabetes mellitus 2, insulin dependent diabetes, and non-insulin dependent diabetes.

Chronic Respiratory Disease: such as asthma, COPD, and childhood or adult lung disease.

Obesity: such as overweight, obesity, morbid obesity, healthy weight, and weight reduction, childhood or adult.

Cancer: such as lung, breast, prostate, cervical, or any other type of cancer.

Infectious Diseases: such as sexually transmitted infections (STIs), influenza, hospital-acquired novel virus, HIV, hepatitis C, and access to and completion of recommended immunizations.

Maternal and Infant Health: such as prenatal care through the first year of life, focusing on infant mortality, low birth weight, and prematurity.

Oral Health: such as dental care/treatment, cavities, and extractions.

Drug and Alcohol Abuse: such as addiction, abuse, misuse, or dependence of alcohol, marijuana, prescription drugs, opioids, heroin, and MDMA.

Mental Health: such as depression, PTSD, bipolar disorder, schizophrenia, stress, emotional well-being, coping skills, suicide, and other behavioral health concerns.

Tobacco: such as use of cigarettes, cigars, hookah, e-cigarettes, chew, and flavored products.

Physical Activity: such as fitness, exercise, sedentary lifestyle, and active living with a focus on individual behaviors. Nutrition: such as diet, junk food consumption, and healthy eating with focus on individual behaviors.

Sexual and Reproductive Health: such as sexual activity, condom use, prevention of unplanned pregnancy/teen pregnancy, and use of contraception.

Violence: such as physical and emotional violence, relationship or intimate partner violence, domestic violence, child abuse, elder abuse, sexual violence, street violence, and bullying.

ENVIRONMENTAL CONCERNS

Injury: such as motor vehicle/motorcycle, bicycle, occupational safety, gun-related injuries or deaths, and falls.

Employment, Poverty, and Income: such as concerns in unemployment rate, poverty rate, wages, and working conditions.

Education: such as preschool enrollment, school readiness, academic success, high school graduation, and educational attainment.

Family and Social Support: such as social-emotional support, social capital and cohesion, single-parent households, and racism.

Housing: such as concerns in affordable housing, housing conditions (mold, heat), and residential segregation.

Transportation: such as access to active and public transportation, commute times, driving alone to work/carpool, and transportation to healthcare services.

Air, Water, and Toxic Substances: such as pollution, secondhand smoke, drinking water, fluoridation, and lead poisoning.

Food Environment: such as healthy food access, food safety, food insecurity, and farmers markets.

Active Living Environments: such as green space, fitness opportunities, complete streets, trail, children walking/biking to school, and parks.

Coverage and Affordability: such as uninsured, underinsured, out of pocket expenses, high deductible health plans, medication coverage and cost.

Access to Health Care/Medical Care: such as number of providers, distribution of providers, access to patient-centered medical home, access to primary care, access to specialty care (not including dental or behavioral health), and wait time.

Access to Behavioral Health Care: such as number of providers, distribution of providers, access to behavioral health / treatment specialists (includes mental health and a substance use treatment providers).

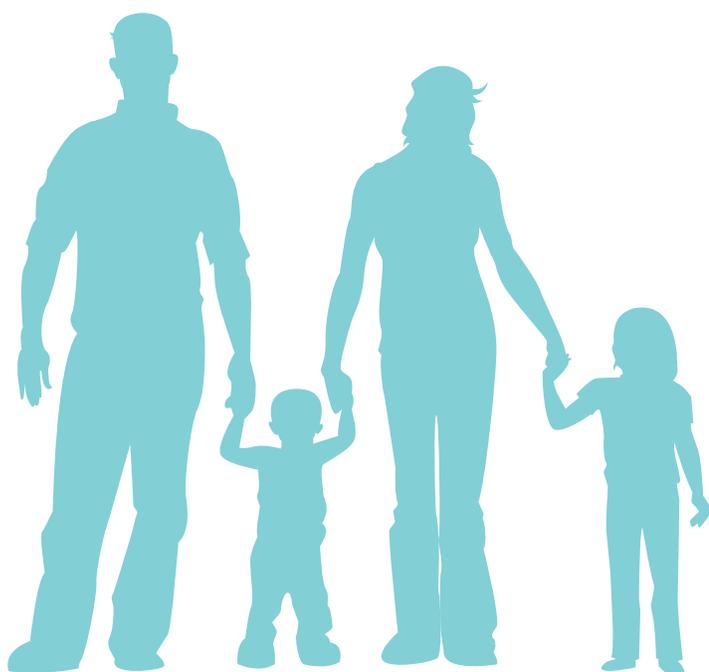
Access to Dental Care: such as number of providers, distribution of providers, specific dental coverage, and access to dental clinics.

Equality/Disparities: such as one group of people having worse health conditions than others.



After reading through all thirty community priorities, participants were asked to rank their top 10 priorities (1 = highest priority; 10 = lowest priority). After determining the top 10 priorities, the volunteer scribe tallied up votes for each of the 30 health concerns in a large poster listing each item. The items with the highest number of tallies were selected to narrow down popular health concerns amongst community members.

Using an evidence-based prioritization method from the National Association of County and City Health Officials (NACCHO), American Society of Quality (ASQ), and various state and local health departments, FCPH engaged participants in a multivoting process to narrow down the top priorities to no more than 3 – 5 priorities. The multivoting process is employed to reduce a long list of ideas and identify the most important items on a list. The multivoting process was conducted as follows:



1. **Round 1:** Present the list of health problems. Each participant must vote for their top ten priority items individually out of the list of 30 health and environmental concerns.
2. **Update List:** Health problems are eliminated if the vote count does not meet the minimum vote count requirement. The minimum number of votes needed to advance to the next round of voting varies with the number of group participants. The voting process used can be seen in Table 1.

Number of Group Members	Items to be Eliminated
5 or fewer members	2 or fewer votes
6 to 15 members	3 or fewer votes
More than 15 members	4 or fewer votes

Table 1. Voting Elimination Process.

These tallies were marked on a poster with the health concerns. Discuss the highest priority items on the condensed list.

3. **Round 2:** Each participant votes for their highest priority items of this condensed list. In this round, participants can vote a number of times equivalent to one-third the number of health problems on the list (e.g. if six items remain on the list, each participant can cast two votes). Repeat process until 3 – 5 priority items are identified.



Group 1 Priorities

FOOD ENVIRONMENT

HOUSING

ACCESS TO HEALTHCARE

EDUCATION

PHYSICAL ACTIVITY

MAJOR CONCERNS

Priority 1 | Food Environment

- Basic need
- Healthy options
- Food deserts
- Education on nutrition (i.e. how to use what you have in a healthy way and make money stretch)
- Operational appliances
- Food access grading / transparency
- Local suppliers (volunteers bringing awareness)
- Food is healthcare

Priority 2 | Housing

- Foundational – Housing is a basic need
- Housing first model
- Security
- Childhood development
- Healthy homes = safe homes
- Working appliances

Priority 3 | Access to Healthcare

- Include mental, dental, and vision care
- Holistic care
- Prevention first model
- Difficulty in fulfilling other needs (i.e. mental health)
- Build a relationship with provider to ask questions
- Health equity
- Cultural understanding by physicians

Priority 4 | Education

- Foundational, present
- Breaks poverty cycle
- Knowledge is power and encourages social skills
- Helps mental health

Priority 5 | Physical Activity

- Linked to chronic illnesses (preventative)
- Active living environment encourages
- Self-care
- Community engagement
- Cost effective



Group 2 Priorities

EDUCATION

PHYSICAL ACTIVITY

CARDIOVASCULAR DISEASE

OBESITY

MENTAL HEALTH

NUTRITION

ACTIVE LIVING ENVIRONMENT

COVERAGE & AFFORDABILITY

ACCESS TO HEALTHCARE

ACCESS TO BEHAVIORAL CARE

MAJOR CONCERNS

Priority 1 | Education

- Umbrella determinant of health
- Information

Priority 2 | Physical Activity

- Cure to getting old
- Addresses many health conditions
- Preventative treatment

Priority 3 | Nutrition

- Diet and exercise

The priorities listed above emerged as the major areas of concern for Group 2, and were the priorities used in the breakout session for strategy identification. The following are the remaining priorities identified by the group and a brief overview of their importance to community members.

Priority 4 | Cardiovascular Disease

Participants mentioned that it is the number one killer.

Priority 5 | Obesity

Group 2 participants in the Northeast Region expressed concerns about how this issue correlates with many chronic conditions. In addition, malnutrition is another concern with this issue.

Priority 6 | Mental Health

Participants believe it is important to seek help and increase awareness and education. They also mentioned the number of homeless individuals who are affected by mental health. They also were concerned about its increased prevalence and the lack of understanding behind mental health illnesses.

Priority 7 | Active Living Environment

Active living environments are important to promote healthy living.

Priority 8 | Coverage and Affordability

No coverage leads to lack of care. Coverage needs to be addressed

Priority 9 | Access to Healthcare

Having access to healthcare can relieve the stress and anxiety associated with finding medical care. Additionally, increasing availability and access is important.

Priority 10 | Access to Behavioral Care

Increases in suicide rates need to be addressed. School systems need to increase education and availability associated with behavioral care.



PART 3 | RESULTS

Breakout Session Part 3 focused on finalizing the top 3 - 5 priorities and getting consensus around the order and description of the concern. After reaching consensus, participants identified current gaps and provided potential strategies to help address these health concerns.



Group 1 Priorities

Food Environment | PRIORITY 1

POTENTIAL SOLUTIONS:

- Make healthy eating habits a part of the message in churches, schools, and community centers
- Healthy meeting foods
- Model behavior
- Community recipes and cost breakdown
- Hospitals should model healthy behaviors
- Leveraging power as the community to leave bad foods out
- Leveraging with education

Housing | PRIORITY 2

POTENTIAL SOLUTIONS:

- Awareness and accountability
- Bring groups to fairs and community events
- Housing segregation exists = must address housing segregation
- Connecting with resources
- Voice for voiceless in decision making
- Community ownership for vacant housing
- Community development corporations – shave belt practices

Access to Healthcare | PRIORITY 3

POTENTIAL SOLUTIONS:

- Equity
- Employment
- Look upstream (culture)
- Schools, churches, and community centers should engage medical providers
- Change nature of physicians such as the required paperwork and the limited times
- Put “care” back in healthcare
- Lobbying
- Stop “public shaming” associated with pharmacies

Education | PRIORITY 4

POTENTIAL SOLUTIONS:

- Educate the community on voting
- Lobby the state and bring community together
- Bring in local organizations

Physical Activity | PRIORITY 5

POTENTIAL SOLUTIONS:

- Educating people on options
- Being grateful and knowing you can work out and be active
- Make it practical such as taking stairs, placing bike racks at work, bike rentals, and showers
- Integrating into other social activities
- Normalize





PART 3 | RESULTS

Breakout Session Part 3 focused on finalizing the top 3 - 5 priorities and getting consensus around the order and description of the concern. After reaching consensus, participants identified current gaps and provided potential strategies to help address these health concerns.



Group 2 Priorities

Education | PRIORITY 1

POTENTIAL SOLUTIONS:

- Place physical fitness facilities close to schools and educate children on healthy lifestyles
- Place clinics in school that are made up of various health care professionals to bring education and health services such as doctors, social workers, counselors, etc.

Physical Activity | PRIORITY 2

POTENTIAL SOLUTIONS:

- Workplace interventions
- Physical activities for workers and schools
- Incentivize fitness programs
- Increase awareness of benefits of physical activity and increase education

Nutrition | PRIORITY 3

POTENTIAL SOLUTIONS:

- Educate food workers
- Produce prescriptions in food pantries
- Educate healthier choices at fast food locations
- Increase cooking classes and provide healthy food recipes
- Calorie notifications on menus
- Increase parental control over child food intake





LEARN MORE

FCPH shared with participants that the results of the community forum process would be compiled into a report and made available to anyone attending the community forum as well as being posted to the FCPH webpage. All handouts and reports associated with the CHA will be posted to myfcph.org/cha.

In addition to the individual report for the Northeast Region, all 5 community forum reports have been compiled into one comprehensive report, also found at the above website.

Health Works Franklin County is another resource for individuals, families and agencies concerned with population health in Franklin County. It provides information about community health data, services, laws, news, model practices, as well as communication tools and other features. Visit www.healthworksfranklincountyohio.org.



FCPH would like to thank our partners who hosted the forum event and everyone that contributed to the Community Forum process and the compiling of this report.

**HEALTHY
NEW ALBANY**





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