



Franklin County  
**Public Health**



# SOUTHEAST 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



One of the essential ingredients of this CHA is 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 Southeast Regional Forum hosted by the Madison Township Community Center. FCPH would like to express our thanks and appreciation to the Madison Township Community Center 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

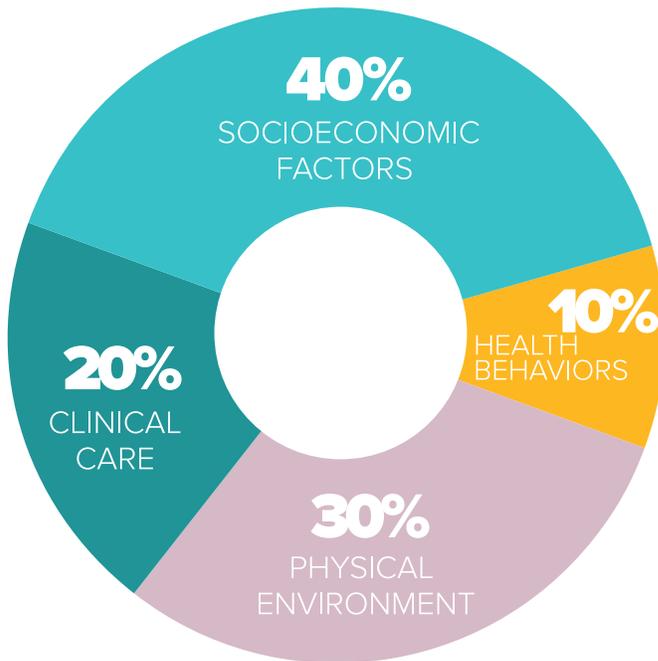
The Southeast Region Community Forum was kicked off with a welcome, introduction and overview of FCPH by the Health Commissioner. A PowerPoint presentation highlighted information about the role of the health department including it being accredited by the Public Health Accreditation Board (PHAB); its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

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

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**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 Support

Jobs

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



### GROUP 1

- Strong support system
- Greenspace
- Strong social networks
- Access to basic needs
- Safe environment
- Good schools



### GROUP 2

- Low crime rate
- Informal CHATs
- Safety
- Connections
- Community support
- Jobs
- Amenities



### GROUP 3

- Jobs
- Opportunity for outside
- Proximity to services
- Socioeconomic Status
- Grocery stores with healthy foods
- Access to education



## EMERGING THEMES

2

### What makes you proud of your community?

Safe and engaged communities

Schooling

Community activities



#### GROUP 1

- Safe
- Community engagement
- Friendly and diverse
- Small community
- Supportive local government
- Growing



#### GROUP 2

- Employment
- Children playing outside
- Community members involved in health initiatives
- Affordable healthcare and medication
- Greenspace and places for socialization
- Clean and quality food
- Transportation
- Water and sanitation



#### GROUP 3

- Safe
- Schools
- Proximity to goods and services
- Working together



## 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).

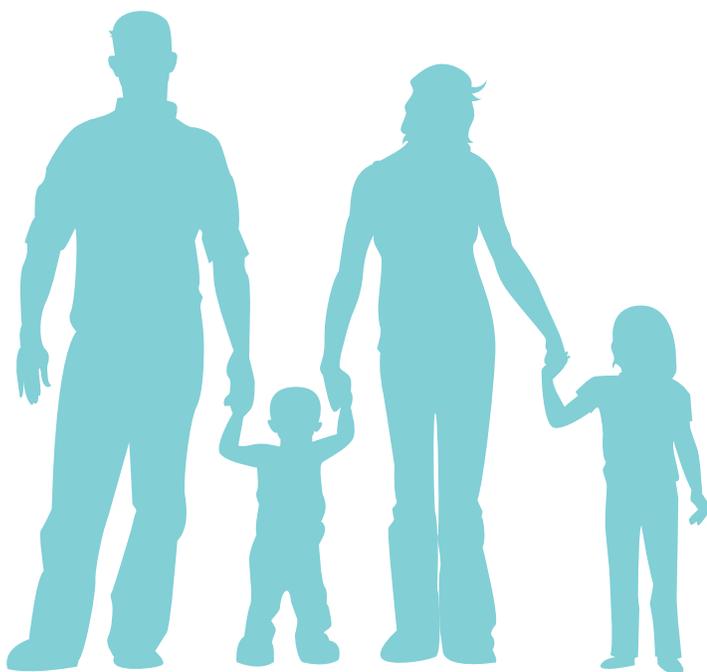
**Access to Dental Care:** such as number of providers, distribution of providers, specific dental coverage, and access to dental clinics.

**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

**HOUSING**  
**NUTRITION**  
**PHYSICAL ACTIVITY**

**OBESITY**  
**CANCER**  
**DRUG AND ALCOHOL ABUSE**

**TOBACCO**  
**VIOLENCE**

### MAJOR CONCERNS

#### Priority 1 | Transportation

- Need affordable housing
- Impacts choices for school, work, and community
- Safe options
- Not enough available

#### Priority 2 | Nutrition

- Kids don't eat vegetables or understand healthy eating
- Schools may offer healthy options but can't get kids to eat
- Healthy food = expensive and labor intensive
- No free lunch stigma is important

#### Priority 3 | Physical Activity

- Key to helping other issues
- Less access to physical activity
- Bike Paths / yoga / variety
- Physical activity now has to be focused on because it's not automatic

The priorities listed to the left emerged as the major areas of concern for Group 1, 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 | Obesity

Obesity is a problem for youth and adults and needs intervention. A lot of underlying issues can be solved and can also help solve other health issues.

#### Priority 5 | Cancer

Many people in the community have cancer. The cause of cancer is a concern. There are high rates of cancer at the air force base and there are larger rates of cancer at a younger age. Cancer has financial, emotional, and physical concerns.

#### Priority 6 | Drug and Alcohol Abuse

Drug and alcohol abuse affects the entire family. This issue must be addressed at the local level. There is a social stigma surrounding drug and alcohol abuse and the prevalence is alarming. There needs to be early intervention in schools and churches. Must expand treatment services for all.

#### Priority 7 | Tobacco

There needs to be a focus on prevention for children, the resurgence is alarming. E-cigarettes are just as bad as normal cigarettes and they are marketed to kids to make it seem different. There is a vicious cycle of those who are least able to afford cigarettes are the ones smoking. Tobacco is also socially accepted.

#### Priority 8 | Violence

Bullying and child abuse is growing. Domestic violence needs to be more access to resources. Violence seems to be growing and is close to home.



## Group 2 Priorities

**TRANSPORTATION**  
**EDUCATION**

**EMPLOYMENT, POVERTY, AND INCOME**  
**ACCESS TO HEALTHCARE**

### MAJOR CONCERNS

#### Priority 1 | **Transportation**

- Social interaction
- Prevents isolation
- Workforce accessibility

#### Priority 2 | **Education**

- Future of children
- Need improvements
- Reasoning skills – allows individuals to work together for a better cause
- Breaks cycle of poverty
- Re-education opportunities
- Increased career centers

#### Priority 3 | **Employment, Poverty, & Income**

- Access to education, health care, and transportation

The priorities listed to the left 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 | **Access to Healthcare**

Participants mentioned that preventative care is important. This can be intertwined with transportation. Insurance allows for affordable medical care. Costs for healthcare can make affording other things such as nutritious foods more difficult.





## Group 3 Priorities

**CARDIOVASCULAR DISEASE**  
**DRUG AND ALCOHOL ABUSE**  
**MENTAL HEALTH**  
**EMPLOYMENT, POVERTY, AND INCOME**  
**ACCESS TO HEALTHCARE**

**EDUCATION**  
**VIOLENCE**  
**BEHAVIORAL HEALTH CARE**  
**EQUITY AND DISPARITIES**

### MAJOR CONCERNS

#### Priority 1 | Cardiovascular Disease

- Multiple families affected by it, someone from your family may have passed away
- Potential risk factors leading to cardiovascular disease

#### Priority 2 | Drug and Alcohol Abuse

- Seen most frequently
- More prevalent to see drug abuse, especially prescription drug use, heroin, and other street drugs
- Patients often come in with the same complaints so drug abuse becomes easy to identify
- Physician prescribing is monitored to try and reduce rates in Ohio
- High prescribing does lead to dependence
- Cheaper to get heroin
- Newer drugs on market

#### Priority 3 | Mental Health

- Can be caused by drugs
- Increase access to caregivers and behavioral health
- Stigma

#### Priority 4 | Employment, Poverty, and Income

- No employment + no income = poverty
- Cost of living is expensive
- Affects everything such as healthcare or not having enough money to purchase healthy foods

#### Priority 5 | Access to Healthcare

- No access or no access to preventive medicine
- Need more attention on preventive measures
- Employers need to incentivize preventive medicine

The priorities listed to the left emerged as the major areas of concern for Group 3, 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 6 | Education

Participants mentioned the importance of starting kids off earlier in school. Preschool is necessary for social interaction and education helps function in society with others and is an important aspect of healthy development. .

#### Priority 7 | Violence

It's a big deal that violence is not an issue in this community and that others can assume that a child is safe. However, not all areas have this luxury.

#### Priority 8 | Behavioral Healthcare

There is a stigma associated with using medications. In order to remove the stigma, there needs to be an increase in access. No formula for behavioral health, for any age group. Stress is another factor associated with not being able to access behavioral health care.

#### Priority 9 | Equity and Disparities

Socioeconomic status and poverty largely affect various factors in life. It can affect access to healthcare, food, shelter, and are many times not treated well. Individuals with mental illness but no drug history or are from low socioeconomic status are all treated differently.



## 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

#### **Nutrition** | PRIORITY 1

##### POTENTIAL SOLUTIONS:

- Farmers Markets
- Public transportation
- Connections to local farmers
- Community gardens
- Adding cooking / nutrition to the school curriculum
- Marketing restrictions on unhealthy foods

#### **Housing** | PRIORITY 2

##### POTENTIAL SOLUTIONS:

- Annex more land
- Make multifamily properties more attractive for families
- Townhouses with a yard instead of small apartments
- Transportation to increase options
- Jobs are available but not enough housing

#### **Physical Activity** | PRIORITY 3

##### POTENTIAL SOLUTIONS:

- Increase bike and walking trails and connect them
- Local governments working together to expand
- Lack of sports leagues because of grades = encourage more community leagues
- Promote options in better ways
- Options for improving what is there
- Incentivize activity





## 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:

- 1:1 computers in schools
- Community wi-fi accessibility
- Community provide parents with support, education, and tools
- Community tutoring
- Encourage supportive community

#### **Transportation** | PRIORITY 2

##### POTENTIAL SOLUTIONS:

- Work with insurance companies to underwrite cost of getting a license
- Driver's education should have instructors count hours
- MORPC complete streets agenda and encourage advocacy
- Work with communities on building safe stops and sidewalks

#### **Employment, Poverty, and Income** | PRIORITY 3

##### POTENTIAL SOLUTIONS:

- Modifying point system to become more employee friendly
- Get more employees to modify
- Recruit more people for higher waged jobs
- Increase the living wage
- Build new businesses who hire at a reasonable wage and revitalize cost of living



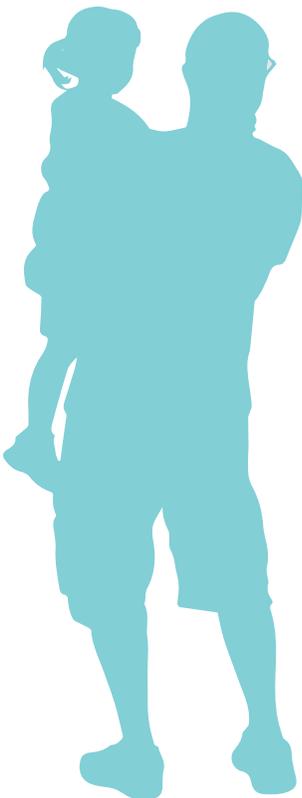


## PART 3 | RESULTS

After reaching consensus, participants in Group 3 identified current gaps and provided potential strategies to help address these health concerns.



### Group 3 Priorities



#### **Cardiovascular Disease** | PRIORITY 1

##### POTENTIAL SOLUTIONS:

- Health fair + prevention education
- Memberships to rec center
- Walking clubs such as dance and walking clubs

#### **Drug and Alcohol Abuse** | PRIORITY 2

##### POTENTIAL SOLUTIONS:

- Find ways to get rid of the source
- Marijuana leads to bad business – need to educate community
- Need programs around heroin to educate the community
- REACT program – engage medical professionals for immediate overdose assistance
- Disperse Narcan®, suboxone, and methadone
- Provide early education on drugs and alcohol
- Affects all socioeconomic status

#### **Mental Health** | PRIORITY 3

##### POTENTIAL SOLUTIONS:

- Having conversations with others to let them know it's okay
- Have a community level conversation
- Align mental health with physical health and show parallels

#### **Employment, Poverty, and Income** | PRIORITY 4

##### POTENTIAL SOLUTIONS:

- Increase jobs
- Many times, it's the individual that prevents their own job prospects through issues such as drug addiction and mental health
- Provide resume tailoring services
- Increase library resources
- Everything is online
- HR computer process allows for individuals to get screened out automatically

#### **Access to Healthcare** | PRIORITY 5

##### POTENTIAL SOLUTIONS:

- Know your resources
- Have a job that offers health insurance
- Lower middle class is suffering
- Not a choice



## 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](http://myfcph.org/cha).

In addition to the individual report for the Southeast 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](http://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.



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