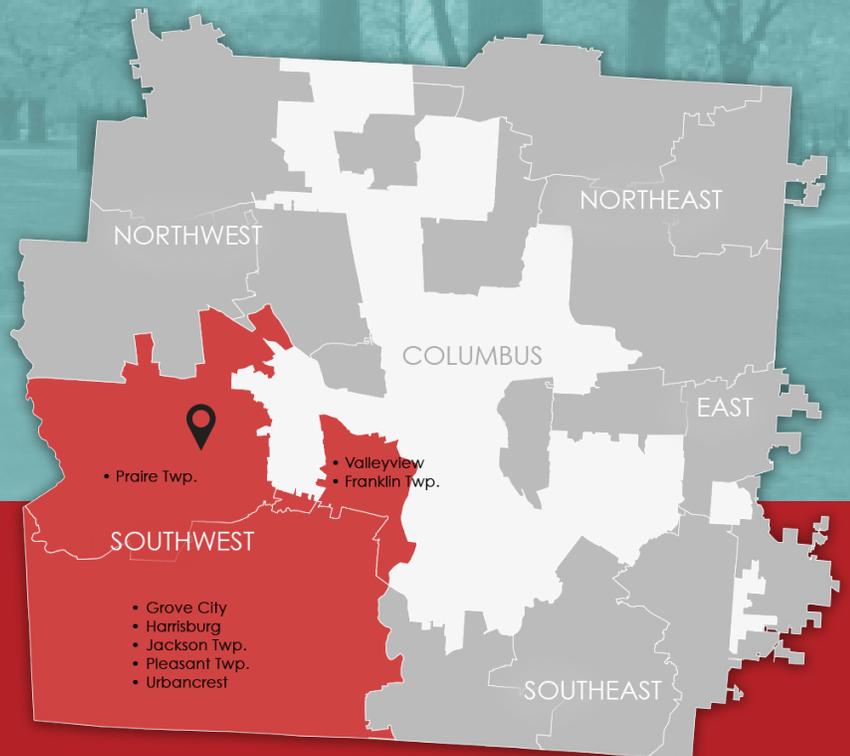




Franklin County
Public Health



SOUTHWEST 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 Community Health Assessment 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 the forums. The information in this report represents the process and outcomes of the Southwest Regional Forum hosted by OhioHealth Doctors Hospital. FCPH would like to express our thanks and appreciation to OhioHealth Doctors Hospital for their generous contributions and support of the forums. The community forum would not have been possible without this support.



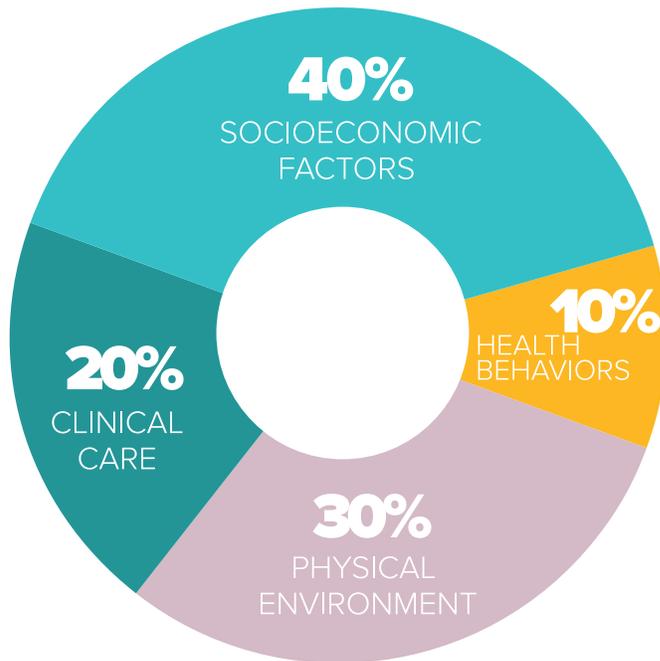


COMMUNITY FORUM OVERVIEW AND PRESENTATIONS

The Southwest 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 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 and community engagement

Reliable infrastructure

Accessibility to food

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



GROUP 1

- Good schools, parks and recreation
- Communication and support with neighbors
- Access to healthy food, becoming involved and participating within the community
- Access to reliable transportation



GROUP 2

- Social support system
- Common goal towards community improvement
- Access to affordable and quality healthcare
- Access to green space and community centers
- Increasing safety by eliminating workplace violence and toxic environments



GROUP 3

- Community events and services
- Celebrating racial diversity
- Selling goods and services
- Community resources such as recreation and mental health support groups.



EMERGING THEMES

2

What makes you proud of your community?

Parks and recreation

Community engagement and inclusion

Safety



GROUP 1

- Community resilience and their ability to work together
- Encouraging curb appeal such as decorating houses with flowers and gardening
- Creating community gardens
- Accessibility to congregations



GROUP 2

- Collaboration of community leaders
- Parks and access to bike paths and walking
- Quality of service providers
- School systems and great libraries
- Enhancing community partnerships through partnering with casinos and other recreational centers



GROUP 3

- Recreational facilities
- Walkability
- Engaged community



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).

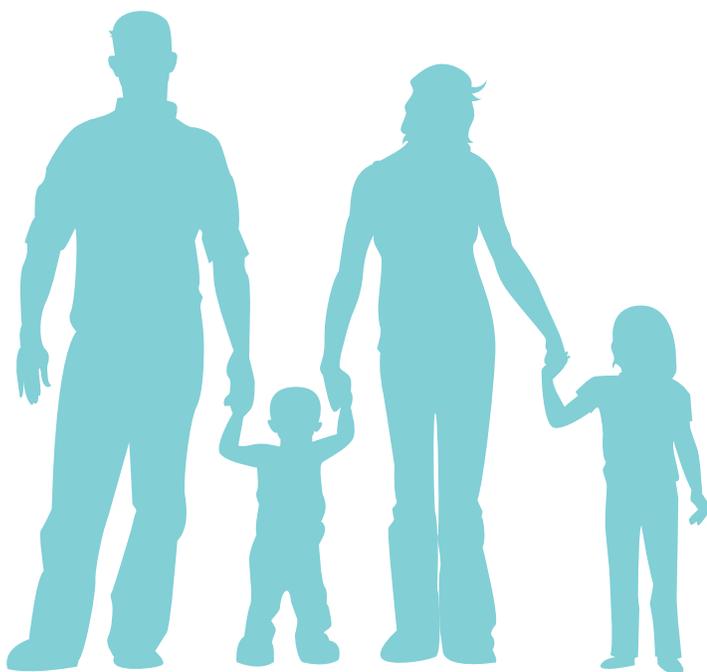
Access to Dental Care: such as number of providers, distribution of providers, specific dental coverage, and access to dental clinics.

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

DRUG AND ALCOHOL ABUSE

VIOLENCE

EMPLOYMENT, POVERTY, AND INCOME

COVERAGE AND AFFORDABILITY

MAJOR CONCERNS

Priority 1 | Drug and Alcohol Abuse

- Need more training regarding naloxone
- Stigma
- Not enough community outreach

Priority 2 | Violence

- Unequal access to mental healthcare – unresolved mental health issues can lead to violent actions
- Need more awareness towards domestic violence
- Presence of gun laws

Priority 3 | Employment, Poverty, and Income

- Unemployment
- Low income families not able to afford food or medications
- Working part-time, leading to no full-time benefits eligibility

Priority 4 | Coverage and Affordability.

- Unable to afford medications
- Employment affecting income
- High costs of insurance



Group 2 Priorities

MENTAL HEALTH

PHYSICAL ACTIVITY

EDUCATION

ACCESS TO BEHAVIORAL HEALTH CARE

OBESITY

NUTRITION

EMPLOYMENT, POVERTY, AND INCOME

ACTIVE LIVING ENVIRONMENTS

**ACCESS TO HEALTH CARE/
MEDICAL CARE**

MAJOR CONCERNS

Priority 1 | Mental Health

- Shortage of professionals
- Stigma
- Unequal access
- Stigma

Priority 2 | Physical Activity

- Solves many / lots of problems
- Behavioral benefits

Priority 3 | Education

- Education leads to better jobs
- Better decisions are made by individuals who are educated

Priority 4 | Access to Behavioral Health

- Harder to find access in rural / suburban areas
- Shortage of mental health professionals

The 4 priorities listed left emerged as the major areas of concern for Group 2 in the Southwest Region, and were the priorities used in the breakout session part 3 strategy identification. However, the report includes all the priorities that community members felt were important. Listed below are the remaining priorities identified by the group and a brief overview of their importance to community members.

Priority 5 | Obesity

Group 2 participants in the Southwest Region expressed concerns about food affordability. They mentioned how typically cheaper food alternatives were less nutritious (i.e. fast food restaurants as opposed to grocery shopping for healthier foods). The readily available cheaper food alternatives lead to more unhealthy eating habits and can lead to obesity.

Priority 6 | Nutrition

Participants mentioned the need for increased education towards nutrition, increasing nutritious foods availability, and the current lack of healthy food sources.

Priority 7 | Employment, Poverty, and Income

There is unequal access to benefits and low affordability when it comes to poverty. Employment and income can affect the affordability of choices and can increase the access to benefits such as health care and nutritious food options.

Priority 8 | Active Living Environments

Inclusion of parks, bike paths, and trails can assist in having an engaged active living environment. It also has an environmental impact and can improve neighborhood living areas.



Group 3 Priorities

OBESITY

DRUG AND ALCOHOL ABUSE

MENTAL HEALTH

EMPLOYMENT, POVERTY, AND INCOME

EDUCATION

FAMILY AND SOCIAL SUPPORT

ACCESS TO HEALTH CARE / MEDICAL CARE

ACCESS TO BEHAVIORAL HEALTH

MAJOR CONCERNS

Priority 1 | Obesity

- Obesity encompasses a vast range of health concerns that lead to large consequences
- Both children and adults are affected by obesity
- Morbid obesity has increasingly become an issue
- Obesity is correlated to diabetes
- Economic impacts means less room for nutritious food options

Priority 2 | Drug and Alcohol Abuse

- Long standing issue that needs a change in intervention
- There are legal and family level affects
- Economic impact equals rise in crime rates and violence
- Sexual health is a concern / especially sex workers
- Mental health effects

Priority 3 | Mental Health

- Everyone has been affected by it
- Certain mental health issues have stronger stigma (i.e. depression and suicide)
- Anxiety in children can lead to substance abuse later on
- Stressors including children around drugs and violence
- Lack of support for the homeless affected by mental health
- Mental health is triggered by various factors such as diet and housing, as well as medical conditions

Priority 4 | Employment, Poverty, and Income

- Affected by mental health, and can affect access to medical care
- When people choose to stay in poverty it turns into a vicious cycle
- Generational poverty

Listed below are the remaining additional priorities and their importance to community members.

Priority 5 | Education

Members expressed that education has an impact on all aspects of one's future, behavior, job prospects, etc. Environment and nutrition can affect learning ability. Homelessness in children affects education and self image; can lead to neglect and ultimately affects job prospects.

Priority 6 | Family and Social Support

Mental health, employment, poverty, income, and education are all connected to family and social support. Staying in school can become difficult with lack of family support and can lead to impacts on the future. Low self-esteem inflicted by family members and lack of social support can lead to cycles of abuse. Issues that are kept within the family can become stressful and ultimately lead to dysfunctional and unsupportive family structures.

Priority 7 | Access to Health Care

Despite assumptions, not everyone has access. More programs need to emerge that provide charity care (through mobile clinics) and medical coverage for children.

Priority 8 | Access to Behavioral Healthcare.

It is a struggle to define. There are lots of clinics and hospitals that are accessible by transportation but there is an underlying prioritization for low-income families and they cannot afford it. Many are unaware of where they can get care and there are long wait times for appointments.



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

Drug and Alcohol Abuse | PRIORITY 1

POTENTIAL SOLUTIONS:

- Community Outreach
- Training on Naloxone and preventative measures
- Stress coping mechanisms

Violence | PRIORITY 2

POTENTIAL SOLUTIONS:

- Stricter gun laws
- Awareness towards domestic violence
- Increasing timely access to behavioral and medical health care
- Involvement by organizations such as Nationwide Children's Hospital in the community for education and prevention services

Employment, Poverty, and Income | PRIORITY 3

POTENTIAL SOLUTIONS:

- Increase food banks, pantries, and mobile pantries
- Increase deliveries and transportation to food pantries
- Drug prevention services
- Job training and resource centers
- Increase availability of computers and libraries

Coverage and Affordability | PRIORITY 4

POTENTIAL SOLUTIONS:

- Installment of discounted medical programs
- Educating physicians and providing more samples
- Charitable pharmacies
- Mail-in discounts and mail order Rx





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

Mental Health | PRIORITY 1

POTENTIAL SOLUTIONS:

- Reduce stigma in the community regarding mental health
- Fellowships for mental health as a specialty
- Helping with educational debt
- Including continuous public education
- Increase number of communities who receive support from ADAMH

Physical Activity | PRIORITY 2

POTENTIAL SOLUTIONS:

- Organized walking groups
- Fully integrated into educational curriculum
- Employee benefits for “gym” memberships
- Increase youth leagues
- Lack of sidewalks

Education | PRIORITY 3

POTENTIAL SOLUTIONS:

- Get more community involvement
- Increase awareness of veterans programs
- Make educational opportunities readily available
- Increase health literacy

Access to Behavioral Healthcare | PRIORITY 4

POTENTIAL SOLUTIONS:

- Increase telemedicine
- Increase care coordination



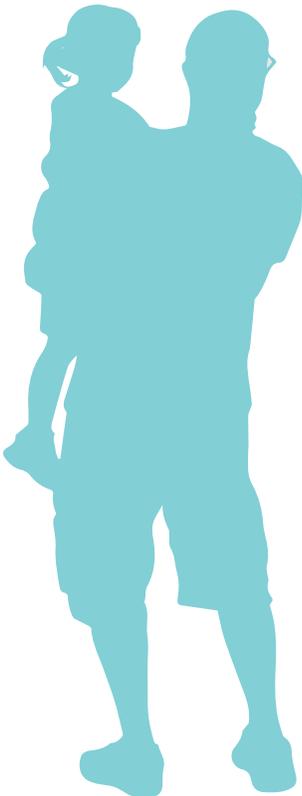


PART 3 | RESULTS

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



Group 3 Priorities



Obesity | PRIORITY 1

POTENTIAL SOLUTIONS:

- Changes in snack options at schools, such as healthier options in vending machines
- Increase affordability of healthy food options
- Increased marketing and campaigning for exercise

Drug and Alcohol Abuse | PRIORITY 2

POTENTIAL SOLUTIONS:

- Include law enforcement
- Eliminate stigma through education
- Involve organizations (both faith-based and other community groups) to create support groups
- Work with existing partnerships to help lower drug and alcohol abuse

Mental Health | PRIORITY 3

POTENTIAL SOLUTIONS:

- Increase in the number of support groups available
- Compassionate approaches towards individuals suffering from mental health illnesses

Employment, Poverty, and Income | PRIORITY 4

POTENTIAL SOLUTIONS:

- Affordable housing
- Generate stability for families and individuals to build strength and confidence within communities
- Increase number of high school graduates

Family and Social Support | PRIORITY 5

POTENTIAL SOLUTIONS:

- Increase awareness of social support programs
- Increased access for food pantries and clothing programs for families
- Increase school activities for children and families



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 East 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.



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