



**Report To The Partnership For A Healthy Delaware County:
2013 Forces Of Change Assessment**

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Overview And Method

The Partnership for a Healthy Delaware County (PHDC), with support from the Delaware General Health District, has embarked on a comprehensive community health assessment and strategic planning effort using the Mobilizing for Action through Planning and Partnership (MAPP) process as a framework. This collaborative project is guided by the vision of *“A community where we work together to provide opportunities for complete health and well-being.”* The PHDC serves as the steering committee for MAPP.

To help realize this vision, four critical community assessments are prescribed by the MAPP process. One of the four assessments is the Forces of Change Assessment, which asks community representatives and leaders to identify demographic, legislative, technological, and other situational factors that may affect the community in which the local public health system operates. The Forces of Change assessment answers the questions:

- *“What is occurring or might occur that affects the health of our community or the local public health system?”* and
- *“What specific threats or opportunities are generated by these occurrences?”*

Properly executed, the Forces of Change Assessment yields a comprehensive yet focused list of key forces facing the community and a description of their possible impacts.

The following method was used to implement the Forces of Change Assessment for Delaware County:

- 1) Partners at the Delaware General Health District arranged a 4-hour working meeting attended by PHDC members on July 16, 2013.
- 2) PHDC members were provided with a pre-meeting brainstorming worksheet designed to help them identify forces of change. This brainstorming worksheet was completed and submitted to The Strategy Team, Ltd. (TST)'s meeting facilitators in advance of the meeting. A copy of the brainstorming worksheet is included as Appendix A (see page 17).
- 3) TST condensed and categorized these forces into the list shown on page 17 in the section of this report titled ***“Forces of Change.”***
- 4) To start the working meeting, the PHDC reviewed the condensed list of forces (over 100 in all). These forces of change were written onto 5”x8” index cards, which were fastened to 5’x5’ storyboards. To make it easier for PHDC members to review these forces, each member received a two-sided paper listing these forces. During the meeting, PHDC members identified 18 additional forces, which were written onto index cards and fastened to the storyboards along with the others.
- 5) Using a dot-voting technique, each participant marked the seven forces he/she believed to be the most important ones facing Delaware County.¹
- 6) After the PHDC members had placed their votes, the TST facilitators then conducted a thematic analysis of the voting results. The facilitators looked first for those Forces of Change that received the greatest number of votes. Then, the facilitators looked for other Forces of Change that appeared to reflect the same underlying concept. This resulted in the identification of eight Key Forces of Change (see page 6). These eight Key Forces of Change were then presented to the PHDC, which discussed and approved them.
- 7) The large group then split into two smaller breakout sessions, with each breakout session focusing on half of the Key Forces of Change. PHDC members joined whichever group they felt aligned better with their interests or expertise. Led by TST facilitators, the breakout session participants identified

¹ When prioritizing the Forces of Change, the PHDC members were asked to consider the following question: *“Many, if not all, of these Forces of Change are or will be influencing the health and quality of life of the community. Which ones do you think are most important?”* PHDC members were also reminded to consider the MAPP vision and values in the prioritization process.

the threats and opportunities related to each Key Force of Change via a written exercise (see Appendix B on page 19). Each breakout session participant shared his/her unique threats and opportunities with other members of the breakout session; these unique threats and opportunities were recorded on a post-it pad. Results from this exercise are shown in the section of this report titled *“Threats and Opportunities Related to Key Forces of Change”* on page 7.

- 8) PHDC members then individually identified the three most important threats and opportunities among all those discussed. Results from this exercise are included as Appendix C on page 20.
- 9) After a short break, the participants in both breakout sessions merged into one larger group. A PHDC spokesperson from each breakout session presented the results (i.e., the list of threats and opportunities) from the break-out session to the rest of the attendees. After each presentation, all participants were asked to identify any missing threats or opportunities. A few were provided, and they are reported in this document.

This descriptive report now presents the results from the Forces of Change Assessment. These results will be used by PHDC members later in the MAPP process, along with the results from the other assessments.

Forces Of Change

This section of the report presents a condensed list of the Forces of Change identified by PHDC members prior to and during the facilitated session. Only unique forces are shown (i.e., forces receiving multiple mentions are not featured) along with the categories into which TST grouped them. As mentioned earlier, participants indicated which forces they perceived to be most important via the use of a dot-voting technique. The results of this exercise are also shown below, with the number in parentheses indicating how many dots each force received. If a force does not have a number next to it, it received no dots during this exercise.

ECONOMIC FORCES

- Government budget tightened (2)
- Economic instability (local) (1)
- Economic instability (national) (4)
- National deficit (1)
- Federal and state funding is shifting streams and priorities (12)
- Decreased federal funding for health promotion
- Decreased federal funding for medical programs.
- Decreased federal funding for chronic disease prevention
- Little state funding for chronic disease prevention (2)
- Less funding for social services (6)
- Ohio cutting funds to local governments (2)
- Effects of Ohio's new budget on local level funding (property taxes, school funding) (1)
- Social security
- DGHD levy to be on 2014 ballot

- Passage of Senior, School, Developmental Disabilities Levy in Delaware County
- Effects of Ohio's new sales tax increase
- Local economy reliant on tax revenue from booming retail sector
- Increase in property taxes
- Economy improvements (1)

PERSONAL ECONOMIC FORCES

- Delaware County social and economic inequities (2)
- Increase in income disparity (5)
- Delaware County tends to be affluent (1)
- Increase in food insecurity and hunger (4)
- Unemployment
- 1 income households (2)
- Multiple job households (1)

POPULATION FORCES: DEMOGRAPHIC CHANGES

- County is diverse (urban/rural) (1)
- Aging population (7)
- Population growth (1)
- Family structure changes (11)
- Growing population diversity
- Population represents a cross-section of America

HEALTH FORCES: GENERAL

- Obesity: General (12)
- Obesity: Childhood (5)
- Earlier diagnosis/ more effective treatment for Alzheimer's (1)
- Increased conversation about death (1)
- Lack of compliance with chronic illness medications and treatments (1)
- Ohio Department of Health not offering as much lab support
- Consolidation of leadership at Dublin Methodist and Grady Memorial Hospitals

HEALTH FORCES: MENTAL/ BEHAVIORAL

- Increase in mental health issues (5)
- Lack of age-appropriate services for people with disabilities
- Rise in awareness of bullying
- Rise in prevalence of bullying
- Drug and alcohol abuse (epidemic) (9)
- Increase of opiate abuse (1)

HEALTH FORCES: PREVENTATIVE

- Development and implementation of policies on the prevention/reduction of chronic disease (2)
- Schools' de-emphasis on health education (e.g., smoking, drugs) and physical education (4)
- Lack of social activities focused on wellness
- Perceived lack of time for personal wellness
- Early childcare options to encourage healthy development
- Increase in corporate wellness programs (funded by insurance) (1)

HEALTH FORCES: INFECTIOUS DISEASES

- Re-emergence of infectious diseases (5)
- Emergence of new viruses
- Development of new vaccines

- Increase in people at-risk for Hepatitis/HIV
- Vaccine/autism debate (fraudulent research)

HEALTH FORCES: ACCESS TO HEALTHCARE

- Lack of access to healthcare (13)
- Debate regarding whether or not healthcare is a right or a privilege (1)
- Lack of health insurance
- Increase in healthcare costs (3)
- Expensive chronic illness medications/treatments
- Lack of doctors accepting Medicaid/Medicare (5)
- Growth of free medical clinics
- ODH's promotion of Patient-Centered Medical Homes
- Move to regionalize and consolidate healthcare providers and systems (2)
- Opening of new Ohio Health facility on US Route US23
- Confusion over where to get healthcare services (Delaware vs. Franklin County)

LOCAL PUBLIC HEALTH SYSTEM FORCES

- Public health agencies moving towards accreditation
- Aging professionals and leadership in local systems
- New health commissioner
- Aging health workforce
- Lack of support for public health (2)
- Public health does not communicate success stories to decision-makers
- Decision-maker concern over angering the minority
- General public lacks knowledge of public health system (1)

POLITICAL FORCES: GLOBAL ISSUES

- Global economic instability (1)
- Peak oil (2)
- Overpopulation
- Global warming/climate change (extreme weather) (3)
- Increasing population (1)
- Globalization
- Infectious diseases are global

POLITICAL FORCES: FEDERAL AND STATE LEGISLATION ISSUES

- Affordable Care Act (15)
- Delay in healthcare reform (1)
- Medicare
- Medicaid
- Ohio legislation's effect (Medicaid)
- Lack of political support: healthcare for all (5)
- Federal and state legislation's effect on Planned Parenthood, women's health services (1)
- Growth in national inclusiveness: Rights for GLBT (e.g., Defense of Marriage Act)
- Growth in national inclusiveness: Immigration reform
- Increased federalism results in states providing different services from one another
- Increasing government oversight
- Federal actors' effects on Supplemental Nutrition assistance Program (SNAP) and food stamps
- Surveillance and privacy

POLITICAL FORCES: DISSATISFACTION WITH GOVERNMENT

- Disillusion with federal and state government (5)
- Governmental gridlock (2)

DEVELOPMENT FORCES: GENERAL

- Urbanization/suburbanization of Delaware County (1)
- Increased retail development
- Increased housing development (1)
- Continuing development along US Route23, Interstate71 (4)

- Increase in farmer's markets
- Development at State Rt. 521 and Walnut Rd.
- Development at State Routes 36/37 & Interstate 71
- Need to protect water supply (1)
- Safe and sustainable energy (4)
- Decrease in farmland (1)
- Protection of green space (2)

DEVELOPMENT FORCES: TRANSPORTATION AND INFRASTRUCTURE

- Aging infrastructure (3)
- Increase in motor vehicles
- Expansion of Delaware Area Transit Agency (DATA) bus service (constraints)
- Lack of transportation
- Lack of walking/biking access to retail (2)
- Absence of walkable supermarket options for downtown Delaware City (2)
- Lack of access to transportation (5)

TECHNOLOGY FORCES

- Increased use of technologies and telehealth approaches (3)
- Social media: How it affects health information (2)
- Electronic health records (3)

CRIME AND SAFETY FORCES

- Increase in crime (4)
- Prison/jail sentencing changes
- Aging prison population

After conducting a brief thematic analysis of these vote preferences (described earlier), eight “Key Forces of Change” were presented to the PHDC for discussion and approval:

- | | |
|--|-----------------------------------|
| ➤ Shifting Funding Streams And Priorities At The Federal And State Levels | ➤ Economic Vulnerability |
| ➤ Obesity | ➤ Family Structure Changes |
| ➤ Healthcare Reform | ➤ Drug And Alcohol Abuse |
| ➤ Lack Of Access To Healthcare | ➤ Aging Population |

Threats And Opportunities Related To Key Forces Of Change

The next section of the report reviews the threats and opportunities related to each of the eight Key Forces of Change in Delaware County. Interestingly, the ***PHDC overwhelmingly perceived opportunities for coordination, collaboration, and education*** with regard to seven of the eight Key Forces of Change (the exception to this was the “lack of access to healthcare” Force of Change). Coordination and collaboration included ideas of inter-agency and government cooperation and resource sharing. Regarding education, participants shared ideas of educating the general populace, education and programming targeting various specific populations, and increased support for programming already in place in Delaware County.

For each of the eight Key Forces of Change discussed on the following pages, we also show the results of the thematic analysis (described earlier), which identified individual Forces of Change that received the most votes from PHDC members as well as other Forces that were conceptually similar. These individual Forces of Change are identified by italicized, bulleted text - the number of votes given to each one by PHDC members is noted in parentheses.

Key Force Of Change: Shifting Funding Streams And Priorities At The Federal And State Levels

- *Federal and state funding is shifting streams and priorities (12)*
- *Little state funding for chronic disease prevention (2)*
- *Less funding for social services (6)*

Regarding shifting funding streams and priorities at the federal and state levels, participants identified many threats related to the loss/reduction of social and health services to the communities and the risk of certain populations losing access to these health and social services. Furthermore, the participants noted threats related to the extra financial burden placed on local governments and communities to close the financial gap when funding is decreased or cut-off entirely for said health and social services. Regarding opportunities, the participants identified new and creative ways to fund health and social programming, along with noting that there will be more emphasis on personal responsibility, accountability, and efficiency. In addition, the participants identified an opportunity for interagency/governmental cooperation and resource sharing.

Threats

- Social services/non-profits won't be able to provide needed services*²
- Loss of necessary services (Police, Fire, etc.)*
- Increased burden on local government*
- Unable to reach diverse or different populations
- Increase in rates of chronic disease and associated risk factors*
- Loss of jobs
- Increased financial responsibilities to local communities*
- Limited access to services
- *(continues on next page)*

² At the end of each breakout session, the participants privately identified the three most important threats and opportunities among all those discussed in their breakout session. These threats and opportunities are marked with an asterisk (*).

- Potential for increased crime
- Potential impact on voter support for social services
- Lack of funding for medical research
- Less funding for local public health
- Lack of funding for educational institutions
- Less money towards prevention

Opportunities

- Creative fundraising (more opportunities)
- Potential interagency/governmental cooperation and resource sharing*
- Opportunities for educating/advocating to legislatures
- Increased personal responsibilities and accountability and efficiency*
- Locally directed funding for community needs*
- Eliminating the need for mandated programs
- Reduction of federal government’s role as “middle man”*
- Increased community involvement
- Local government efficiency
- Private sector opportunities (research, education)
- New funding sources emerge
- Less effective programs phased out
- Reach a greater number of people through policy, system, and environmental (PSE) changes

Key Force Of Change: Obesity

- *Obesity: General (12)*
- *Obesity: Childhood (5)*

Group participants noted threats facing people who are obese (e.g., including increased associated illnesses, decreased life expectancy, and bullying/stigmatization) as well as a lack of supportive services for those individuals and families. They also identified several threats to good health such as the aggressive marketing of fast food and the higher costs associated with healthy food or participation in school sports or fitness programs. Opportunities included local programming available to Delaware County residents and favorable zoning laws that could support the development of additional “walkable” areas. The participants also saw a potential change in mindset since obesity was recently recognized as a disease by the American Medical Association, and an opportunity to focus on creating a cohesive message from multiple groups.

Threats

- Link to bullying, stigmatization*
- Commuter community—less walking
- Increase in chronic conditions, and costs associated with those conditions*
- The pull of media marketers (Happy Meals, etc.)*
- Threat of associated illness*
- Stressful lifestyle = lack of personal care
- *(continues on next page)*

- Technology use in children
- Breastfeeding is not supported as much as it should be
- Food insecurity drives obesity
- Reduced life expectancy*
- Resources not in place for ongoing treatments/support for children and families
- Inability of some parents to afford “pay to play” sports and other fitness activities
- Mixed messages from the healthcare system, restaurants, etc.
- Unhealthy food is inexpensive

Opportunities

- Educational opportunities, starting with kids
- Good zoning exists to support a focus on walkability*
- Wellness approach overall
- Strong OhioHealth presence
- Need a better environment for education
- Specific programming in gardening and cooking [some already planned, should be continued/extended]*
- Delaware Hunger Alliance makes fresh produce available at its mobile markets
- Obesity was recently recognized as a disease by the American Medical Association*
- Focus on cohesive messaging from multiple groups
- New research on causes and treatments
- Create treatment/support programs for children and families
- Tap charitable giving to make sports “pay to play” more affordable to more families
- Treat obesity like a mental health issue (addiction)

Key Force Of Change: Healthcare Reform

- *Affordable Care Act (ACA) (15)*
- *Delay in healthcare reform(1)*

In the discussion of healthcare reform, group participants most commonly referred to a lack of information and resulting confusion regarding how the passage of key legislation, in particular the Patient Protection and Affordable Care Act (ACA), might affect Delaware County—either positively or negatively. Indeed, some committee members wondered whether threats and opportunities related to the ACA could even be discussed at this time, given the lack of specific information about how it might be implemented. However, the overall feeling of the group was that since significant changes are anticipated, a discussion of healthcare reform in general was critical to include in the Forces of Change Assessment.

Potential threats included an anticipated inability for the current system to meet the needs of an influx of new enrollees, and that Delaware County residents might “lose” if the PHDC (and the agencies and organizations that comprise it) do not advocate for them. In addition, they also saw several opportunities related to healthcare reform, including the opportunities to educate the public about ACA and to have true case management and care coordination. They also saw a potential opportunity for

increased preventative care and that this healthcare reform was a positive step toward national health insurance.

Threats

- Changes to employer policies
- Increased costs of healthcare could lead to increased layoffs, increased unemployment
- Constituents may lose if we don't advocate for them*
- No real change—we are still paying 18% of GDP on healthcare, but there will be a change in who pays for it
- Tsunami of confusion about the issue
- Up against well-funded insurance companies
- We don't know what the issues are or how to organize around them
- Lack of education about how it will work
- System will be overwhelmed by new enrollees*
- Not enough doctors, nurse practitioners, nurses, other healthcare professionals*

Opportunities

- Opportunity for public health system to educate others about ACA*
- Potential for more funding for preventative care
- May be opportunity to help craft policy development in the interests of our constituents
- Step toward national health insurance*
- Improved access to care
- Earlier diagnosis might lead to fewer people going bankrupt due to medical bills
- Opportunity for true case management and care coordination*

Key Force Of Change: Lack Of Access To Healthcare

- *Lack of access to healthcare (13)*

Regarding the lack of access to healthcare, participants largely focused on threats related to the increase of poor health (e.g., late stage diagnoses, increase of infectious diseases, increase in hospitalizations, fragmented care) and increased costs for the healthcare system. In addition, participants noted the threats of an increased death rate, increased infant mortality rate, and a negative effect in the workplace. In terms of opportunities, participants identified the potential for new funding streams (e.g., local public health to increase services, free church-based services, use of workplace health services). Participants also thought there would be an opportunity for the public to become self-motivated to care for themselves proactively.

Threats

- More costly for medical institutions (increased reliance on ER)
- Higher incidence of late stage diagnosis
- Possibility of increase in infectious disease (contagious disease)
- Missed opportunities for preventive care
- Increase in chronic disease
- *(continues on next page)*

- Increase in hospitalizations and avoidable readmissions
- Delay in care/ fragmented care
- Missing school and work
- Potential job losses
- Sick population equals a poor workforce
- Angry public opinion
- Creation of a more segregated community
- Increased substance abuse (self-medication)*
- Increased infant mortality
- Increased death rate
- Church-based and free clinics not as thorough

Opportunities

- Self-motivation to take care of yourself
- Potential for privately funded or church-based free clinics
- Increased use of “physician extenders”
- Opportunities for local public health to increase services
- New career opportunities (e.g., nurse practitioners, physician assistants)
- New ways to fund healthcare*
- Increase in home healthcare providers, physical therapy assistants*
- Use of workplace wellness services
- Health services/insurance require disease management

Key Force Of Change: Economic Vulnerability

- *Increase in economic disparity (5)*
- *Delaware County increase in food insecurity and hunger (4)*
- *Delaware County social and economic inequities(2)*

Group members identified several forces of change in Delaware County that appeared to reflect a similar underlying concept of "economic vulnerability." Participants identified both threats related to vulnerable individuals themselves (in terms of access to food, healthcare, or retail options) as well as threats to the county's ability to identify and serve this emerging population. Participants did however note several resources within Delaware County for helping to serve the economically vulnerable, including strong employment and educational opportunities, a strong local economy, and the potential to leverage community charitable and faith-based initiatives.

Threats

- Inability to afford healthy foods*
- Diminished funding for economic development
- Inability to afford healthcare (increasing healthcare premiums)
- Decreased take-home pay (after increased healthcare premiums)
- Parents taking multiple jobs, resulting in decreased time with family
- Increased disparity could lead to political instability, increased crime*
- *(continues on next page)*

- Lack of access to stores*
- Stores not in neighborhoods (“food deserts”)
- People are priced out of some retail areas
- Cuts to food stamps
- Families in “survival mode” (e.g., choosing between food and medicine)*
- Level of stability
- Increase in bankruptcy
- Increase in unhealthy families*
- Hard to identify the newly vulnerable before it is too late to help*
- Increased demands for public support services*
- “We don’t know what we don’t know” (regarding how to reach those in need)
- Southern part of the county is not always aligned with the rest of the county

Opportunities

- Delaware Hunger Alliance food [presence of good community organizations]*
- Delaware County itself has many opportunities: employment opportunities, educational opportunities, and a strong local economy*
- Include faith community more
- Shift in philanthropic giving: [an opportunity] to get on the same page and be specific [about coordinating to address these issues]
- More opportunity for giving

Key Force Of Change: Family Structure Changes

- *Family structure changes (11)*

In terms of the threats related to family structure changes, group participants noted the emotional and mental stressors experienced by parents trying to support a family under hardship, and the decreased support that some families face. They noted several opportunities for educational and supportive programs to assist these families.

Threats

- Insecurity for children
- Under-employment
- Decreased family support, less parenting time
- Young, less-educated mothers—lacks education, good job
- Glamorization of single parenthood (“noble single mother”)
- Both parents have to work and still may not make ends meet
- Emotional, mental stressors of trying to care for family under hardship*
- Pressures on schools, as kids have attention issues [related to having issues related to changes in family structure] - it is not the schools’ job to parent
- Geographic dispersion of family [fewer natural supports]
- Stigma attached to different families (not the Cleavers anymore)
- *(continues on next page)*

- Unsupervised children
- Singles without families also need social services
- Financial burden on fixed-income grandparents caring for their grandchildren

Opportunities

- Education on pregnancy prevention, self-esteem, a shift in mindset—before single-headed households (occur)
- Work with employers to foster work/life balance for all employees
- Mentoring opportunities to match older residents with young moms (note: some group members were aware of a program such as this, whereas others who had not heard of the program suggest increased advertising for the program)
- Faith based services [could provide support to help] keep families intact
- Extended hours for services, daycare, after-school programs
- More financial incentive for people to care for their aging parents in-home
- Identify a larger support system: build a “neighborhood family”
- Opportunity to educate the public that different family structures are becoming a new norm [de-stigmatization]
- ACA might increase access to birth control, which might help prevent some unplanned pregnancies

Key Force Of Change: Drug And Alcohol Abuse

- *Drug and alcohol abuse as an epidemic (8)*
- *Increase of opiate abuse (1)*

Participants identified burdens on the workforce, the healthcare system, family unit, and social services as some threats associated with alcohol and substance abuse. In addition, the participants noted threats related to increased crime and domestic violence, an increased number of babies born with complications, increased incidence of chronic disease, and increased incidence of suicide. Regarding opportunities, participants identified the potential for new forms of treatment, collaboration between law enforcement and the healthcare system, and legalization/decriminalization.

Threats

- Babies born with complications due to substance use
- Lots of babies (due to drug and alcohol use)
- Damage to self and others
- Lost wages
- Overall health/mental issues
- Increased crime*
- Increase use of health services
- Strain on family structure*
- Extra burden on law enforcement/legal system
- Increase in suicide
- Increase in sexual assault
- Lack of economic productivity*
- *(continues on next page)*

- Forms a generational pattern
- Diminished quality of life
- Negative impact on workforce
- Increase in Driving Under the influence (DUI)/ death from DUI
- Loss of self-esteem
- Strain on treatment providers
- Increase in motor vehicle accidents
- Increased chronic disease*
- Increased communicable disease
- Domestic violence issues
- Increased burden on child welfare system
- Increased burden on social services
- Overdose increase/accidental death

Opportunities

- Treatment providers
- Prevention*
- New forms of treatment (mentor)
- Opportunity to restore health
- Increase law enforcement
- Decriminalization/legalization
- Small business creation/expansion*
- Money is generated
- Opportunity for community collaboration between law enforcement, community, etc.

Key Force Of Change: Aging Population

- *Aging population (7)*
- *Earlier diagnosis/ more effective treatment for Alzheimer's (1)*
- *Increased conversation about death (1)*
- *Lack of compliance with chronic illness medications and treatments (1)*

Several of the threats identified by group participants related to the potential burden of the aging population on the healthcare system (including increased costs, increased use of social services, and a drain on health resources). In addition, the participants noted threats related to an increase in sexually transmitted infections/sexually transmitted disease (STIs/STDs) and mental health issues among older community members. Furthermore, group participants anticipated that the large population of older adults leaving paid employment would have a negative impact on the workplace (i.e., a “workplace void”). Regarding opportunities, the participants saw the potential for Delaware County to take advantage of a set of skilled volunteers and/or mentors. These participants also identified the potential for businesses to provide a variety of programming, products, and services for the aging population (and their caregivers).

Threats

- Social Security
- Increased healthcare costs*
- More auto accidents
- Increased Social Services use
- Unrealistic expectations of families regarding end of life issues
- Drain on healthcare resources
- Strain on personal finances
- Burden on younger generations*
- Loss of productivity, knowledge, and skill sets
- Lack of affordable living
- Chronic disease management
- Increased STI/STD rates
- Increased isolation
- Increase in mental health issues
- “Entitled” attitude (e.g., that one is entitled to a wide range of services and resources)
- Large population leaving the workforce (workplace void)
- Older population working longer
- Risk from stereotyping the elderly as “frail”

Opportunities

- Greater demand for public transportation
- Large volunteer force with skill sets*
- Opportunities for wellness/education programs for seniors*
- Chronic disease management programs
- Increase in homecare providers
- Intergenerational relationships strengthened
- Stronger families
- Job opportunities
- Rich knowledge base
- More flexible workforce
- Increased businesses for senior-focused products and services
- More opportunities for private sector businesses and services (construction)
- Teaching, mentoring, and tutoring
- Disposable income
- Companies to produce Alzheimer’s related medications
- Recreational programs for the elderly

Summary

The PHDC identified eight Key Forces of Change:

- **Shifting Funding Streams And Priorities At The Federal And State Levels**
- **Obesity**
- **Healthcare Reform**
- **Lack Of Access To Healthcare**
- **Economic Vulnerability**
- **Family Structure Changes**
- **Drug And Alcohol Abuse**
- **Aging Population**

The PHDC also identified an extensive list of threats and opportunities that are likely associated with each Key Force of Change.

As the PHDC advances further into its process for developing a collaborative community health improvement plan to improve the public's health, it will consider these Key Forces of Change, because they provide insight into the changing situations and context affecting Delaware County and therefore the community and local public health system within it.

Appendix A: Forces Of Change -- Brainstorming Worksheet

The following two-page worksheet is designed for PHDC members to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- | | |
|-----------------|-----------------|
| • social | • environmental |
| • economic | • scientific |
| • political | • legal |
| • technological | • ethical |

How To Identify Forces of Change

Think about forces of change — outside of your control— that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Also, consider whether or not forces identified were unearthed in previous discussions.

1. Was the MAPP process spurred by a specific event such as changes in funding or new trends in public health service delivery?
2. Did discussions during the Local Public Health System Assessment reveal changes in organizational activities that were the result of external trends?
3. Did brainstorming discussions during the Visioning phase touch upon changes and trends occurring in the community?

Forces of Change Brainstorming Worksheet

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

When finished, please either e-mail this to Orie Kristel (orie@strategyteam.com) or fax it to 614-447-8844. PLEASE SEND YOUR COMPLETED BRAINSTORMING WORKSHEET(S) BY 12PM ON JULY 11, 2013!!

Appendix C: Most Important Threats And Opportunities

After participants in each breakout session identified the threats and opportunities for their assigned Key Forces of Change, the participants then identified the three priority (i.e., most important) threats and opportunities among all those discussed in their small group. Verbatim results from this exercise are included below.

Key Force Of Change: Shifting Funding Streams And Priorities At The Federal And State Levels

Priority	Reason
<u>Threats:</u>	
Social services/ non-profits won't be able to provide needed services	– Vital/essential services are necessary to lower crime and increase access to healthcare.
Loss of necessary services (Police, Fire, etc.)	– Vital/essential services are necessary to lower crime and increase access to healthcare. – Public safety is compromised; danger to all.
Increased burden to local government	– Loss of voter support for social service ballot issues because property taxes could increase (or support could be diverted to local governments).
Increase in rates of chronic disease and associated risk factors	– Chronic diseases such as heart disease, diabetes, etc. are leading causes of death in Ohio, yet there is little funding and support for prevention and chronic disease self-management.
Increased financial responsibilities to local communities	– Communities that cannot meet this responsibility will face reduction in services.
Potential interagency/governmental cooperation and resource sharing	– Opportunity to provide services with reduction in overlapping services. – As federal and state funding decreases, we need to collaborate more with other partners and leverage funds to continue to provide needed programs and services. – This should happen more anyway to where it is (similar to) the Child Advocacy Center at Nationwide Children's Hospital.
<u>Opportunities:</u>	
Increased personal responsibilities and accountability and efficiency	– Less demand on all social and economic systems.
Locally directed funding for community needs	– Smaller government – more direct approach to meeting needs.
Reduction of federal government's role as "middle man"	– Local government is more efficient and money stays in the area where it is needed and used.

Key Force Of Change: Obesity

Priority	Reason
<u>Threats:</u>	
Link to bullying, stigmatization	– Important because it drives a child’s life both physically and emotionally.
Increase in chronic conditions, and costs associated with those conditions	– [No comment provided] – The costs of this will only rise. Linked strongly to food insecurity.
The pull of media marketers (Happy Meals, etc.)	– The media and food marketers are so well funded and have us so mesmerized and addicted to unhealthy foods and beverages.
Threat of associated illnesses	– To promote a more healthy diet and exercise regimen.
Reduced life expectancy	– [No comment provided]
<u>Opportunities:</u>	
Good zoning exists to support a focus on walkability	– Decrease obesity, improve mood, decreases stress.
Specific programming in gardening and cooking [some already planned, should be continued/extended]	– We have the kids in school, teaching them what it is to be a “happy and healthy citizen” - we can really give them hands-on learning.
Obesity was recently recognized as a disease by the American Medical Association	– It provides many more opportunities in preventative care.

Key Force Of Change: Healthcare Reform

Priority	Reason
<u>Threats:</u>	
Constituents may lose if we don’t advocate for them	– The ACA/Reform is huge and complex! Our constituents (and we) will lose out if we don’t get informed and get the word out effectively along the way.
System will be overwhelmed by new enrollees	– [No comment provided]
Not enough doctors, nurse practitioners, nurses	– Must have adequate workforce to meet increased demands and coverage from ACA and healthcare reform.
<u>Opportunities:</u>	
Opportunity for public health system to educate others about ACA	– We’re the ones our community looks to and believes for assistance and support as the ACA/Reform continues to roll out.
Step toward national health insurance	– It will cost us less to have people more healthy, and it is more humane.
Opportunity for true case management and care coordination	– Improved health outcomes, cost containment and wellness. – Money for improving/maintaining health and chronic diseases.

Key Force Of Change: Lack Of Access To Healthcare

Priority	Reason
<i>Threat:</i>	
Increased substance abuse (self-medication)	– Substance abuse has effects on crime and home instability.
<i>Opportunities:</i>	
New ways to fund healthcare	– What we have isn't working. We need hard work and creativity to solve this long term.
Increased home healthcare providers, physical therapy assistants	– <i>[No comment provided]</i>

Key Force Of Change: Economic Vulnerability

Priority	Reason
<i>Threats:</i>	
Inability to afford healthy foods	– Families and children that are food insecure can be obese; can affect children's ability to learn, mental health issues.
Increased disparity could lead to political instability, increased crime	– Increases the gap between the "haves and have nots."
Lack of access to stores	– Help those below poverty level to obtain necessary food.
Families in "survival mode" (e.g., choosing between food and medicines)	– <i>[No comment provided]</i>
Increase in unhealthy families	– <i>[No comment provided]</i>
Hard to identify the newly vulnerable before it is too late to help	– There will be more people who have not grown up in cultures of poverty who are too scared, embarrassed, uninformed about services to use them before it is too late.
Increased demands for public support services	– <i>[No comment provided]</i>
<i>Opportunities:</i>	
Delaware Hunger Alliance [presence of good community organizations]	– The structure is already in place and it works.
Delaware County itself has many opportunities: employment, educational, and a strong local economy	– Critical to take advantage of our vast advantages versus other counties.

Key Force Of Change: Family Structure Changes

Priority	Reason
<i>Threat:</i>	
Emotional, mental stressors of trying to care for family under hardship	– Society must change the way they define family such as an increase in grandparents raising grandchildren.

Key Force Of Change: Drug And Alcohol Abuse

Priority	Reason
<i>Threats:</i>	
Increased crime	<ul style="list-style-type: none"> – Threatens safety of everyone. – Abuse leads to crime, fear in communities. Increased need for law enforcement and jails and courts. Also causes deterioration of neighborhoods.
Strain on family structure	<ul style="list-style-type: none"> – Drug and alcohol abuse is taking parents and breadwinners away from families, placing the burden on taxpayers and destroying the family unit in the process. This is the one threat for which we were confident or hopeful with the opportunities we came up with.
Lack of economic productivity	<ul style="list-style-type: none"> – Mental illness, substance abuse, and chronic diseases prevent people from working or limit their ability to be productive while working.
Increased chronic disease	<ul style="list-style-type: none"> – Chronic disease has a long-term, sustained impact on the health and wellness of the community. Impacts all aspects of health and healthcare.
<i>Opportunities:</i>	
Prevention	<ul style="list-style-type: none"> – For every \$1 spent on prevention, we save \$4 in treatment.
Small business creation/expansion	<ul style="list-style-type: none"> – Increase in jobs, increase in tax base, increase in self-worth.

Key Force Of Change: Aging Population

Priority	Reason
<i>Threats:</i>	
Increased healthcare costs	<ul style="list-style-type: none"> – Impacts quality of life as well as health.
Burden on younger generations	<ul style="list-style-type: none"> – Will impact entire family life financially and socially.
Large volunteer force with skill sets	<ul style="list-style-type: none"> – Meets aging person's need for involvement and economic needs of the community. Creates sense of community and belonging.
<i>Opportunities:</i>	
Opportunities for wellness/education programs for seniors	<ul style="list-style-type: none"> – This takes personal accountability as a key role to improving health and will impact health and the demand on health services long-term. – They love it and are using it and the data collected from their use of programs like "Silver Sneakers" on reduction of \$6,000/person per year is driving insurance companies to extend this type of service to all ages.

END OF REPORT

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