



**Summary Report to Partnership for Healthy Delaware County:  
Key Findings and Priorities of MAPP Research**

June, 2008

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Local health planning is too important to leave to chance or reactionary tactics. Recognizing this, the National Association of County and City Health Officials developed a comprehensive planning process to be used by local health departments to create short- and long-range strategic plans to continuously improve the health of the community. This planning process, called Mobilizing for Action through Planning and Partnership or MAPP, does the following:

- Is driven by the community and its needs;
- Identifies and prioritizes public health issues;
- Identifies resources for addressing these issues; and
- Uses a structured, comprehensive process that can be tailored to each community’s needs and budget.

The Partnership for a Healthy Delaware County (PHDC), a community-wide collaboration involving the Delaware General Health District (DGHD) and many other partners, designed and implemented a variation of the MAPP process. As implemented in Delaware County, the MAPP process had five primary data collection steps as shown in Table 1. Individual reports for each of these steps are included as an appendix to this summary report.

**Table 1: MAPP Primary Data-Collection Steps**

Step	Research Step & Acronym	Description
1	Community Health Status Assessment (Behavior Risk Factor Surveillance Survey – BRFSS)-- <b>BRFSS</b>	Survey of county residents re: health behaviors and issues
2	Forces of Change Assessment (with Partnership for Healthy Delaware County) – <b>FOC</b>	Brainstorming session of local professionals re: health issues and needs
3	Community Themes and Strengths Assessment— <b>CTSA</b>	Town Hall Meetings with county residents
4	Youth Forums sponsored by the Delaware-Morrow Mental Health and Recovery Services Board-- <b>YF</b>	Focus groups re: health and safety issues among youth
5	Local Public Health System Assessment -- <b>LPHSA</b>	Assessment by local professionals of system capacity, strengths, and weaknesses

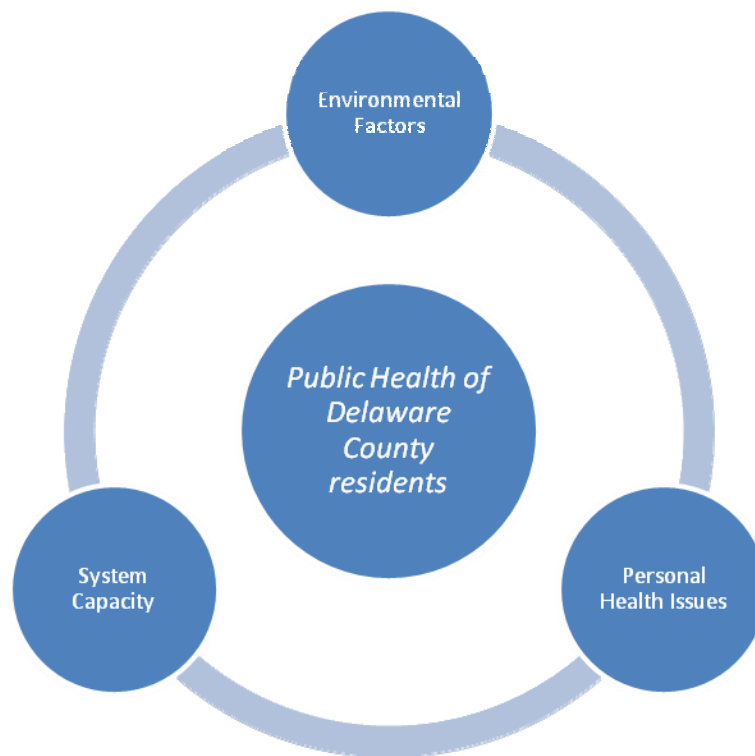
In addition to these primary research steps, relevant secondary data were reviewed, most of them focusing on youth. These included:

- Recent statistics from the Delaware County Department of Job and Family Services (**DJFS**)
- 2006 Delaware County vital statistics from Ohio Department of Health’s “Data Warehouse” (**DW**)

- Delaware County Youth Health Assessment 2005 (**DCYHA**)
- Hayes High School Power of Healthy Choice Pilot Project (**Hayes**)
- Obesity Prevention Nutrition & Physical Activity Curricula Projects – 7<sup>th</sup> & 8<sup>th</sup> Grade Students and 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Grade Students (**OPNPACP**)
- Body Mass Index (**BMI**) data from 2005–2007 in Elementary and Middle Schools in Delaware County

The goal of this summary report is to highlight the key findings across all of the research data, both primary and secondary, and how they may affect the public health of Delaware County residents. The key findings are presented from three perspectives, in this order:

- **Environmental Factors**, which are issues that can affect the health and well being of all residents of Delaware County. These have been determined by the qualitative research;
- **Personal Health issues**, as determined by the BRFSS, secondary data and qualitative research;
- **System Capacity**, as determined by the LPHSA.



The key findings presented in this summary report focus on possible problems and issues that PHDC may want to address first and foremost in its planning. Although an attempt has been made to make the three perspectives above (environmental factors, personal health issues, system capacity) discrete, the researchers acknowledge that many of the issues included in each category may overlap. Additionally, the researchers acknowledge that in many ways, the state of public health of Delaware County is strong and that future planning should include efforts to maintain these strengths.

Although each of the possible problem areas identified in this report has a number next to it ranging from 1 through 58, these numbers are not indicators of problem importance. These numbers are for identification and planning purposes only, especially during the Prioritization Session that was held on June 10, 2008. This summary report concludes with the results of that session, identifying 10 priorities as an outcome of the facilitated session with PHDC, GDHD personnel and The Strategy Team.

## ENVIRONMENTAL FACTORS

For the purposes of this report, environmental factors were determined by two research steps: Forces of Change Assessment and the Community Themes and Strengths Assessment. The major ones are as follows:

### Communication challenges

1. *There are no longer centralized, traditional media sources in the county to help communicate to citizens about health issues. Media is now fragmented, with different sources serving different audiences. Traditional media misses younger residents. Source: FOC.*
2. *The role of the Internet and new technologies in communication (cell phones, iPhones, text messaging etc.) are examples of the fragmentation, especially for younger residents. Source: FOC.*
3. *Inter-agency communications among those involved with health, safety and quality of life issues are not up to par. Source: FOC.*

### Youth Issues

4. *There are increasing concerns re: substance abuse, violence and gangs among youth. Source: FOC.*
5. *Lack of healthy, positive activities / outlets for youth. Source: FOC, CTSA.*
6. *Lack of parental supervision and responsibility for their children. Source: FOC.*
7. *Must drive to do anything in the county, which isolates some people such as junior-high students. Also isolates some senior citizens. Source: CTSA*

### Population changes

8. *Continuing population growth can put pressure on county services. Source: FOC.*
9. *For planning purposes, there is a need for accurate population data between census decades. Source: FOC.*
10. *Life span increases of population may put additional pressure on senior services. Source: FOC.*
11. *Increasing population diversity must be taken into account. Source: FOC.*

### Economic forces

12. *The effect of the economy has a disproportionate effect on the poor. The high cost of living leaves many in need of social services. Source: FOC.*
13. *Fewer families have health insurance due to the high costs. Source: FOC. On the other hand, data from the BRFSS states that only 9% of those surveyed had no health care coverage. Source: BRFSS.*

### Planning issues

14. *Problems arise with the county's transition from rural to developed, causing loss of farmland, trees, and wildlife habitat. Source: FOC.*
15. *A failure to grow smartly is perceived to be a root cause of traffic, pollution, accidents, isolated subdivisions, decreases in green space and community participation and fewer recreational opportunities, especially walking / biking. Source: FOC, CTSA.*
16. *There are not enough community centers (e.g., affordable recreational and health facilities) available to county residents. There is also a lack of public support for such centers. Source: CTSA.*
17. *Lack of public transportation causes problems for many, as well as traffic congestion. Source: FOC, CTSA.*

### Educational issues

18. *There is a perceived need for more education to promote healthier behaviors such as exercising, eating right, etc. Source: CTSA.*

## PERSONAL HEALTH ISSUES

For the purposes of this report, personal health issues were determined primarily by three research steps: Community Health Status Assessment (Behavior Risk Factor Surveillance Survey – BRFSS), the Forces of Change Assessment and the Community Themes and Strengths Assessment. Additional sources of data included the Youth Forums and the various secondary data sources. The major issues are as follows:

### Health care coverage

#### Among adults...

19. As measured by these data, this was an issue for two sub groups of the population: those living in the City of Delaware area (9.2%), and respondents aged 18 – 24 (25%). Source: **BRFSS**.

### Smoking/tobacco use, drinking and drugs

#### Among adults...

20. While use of tobacco has been steadily decreasing, DGHD is not at the Healthy People 2010 goal. Use is especially high among those 18-24 and among those in the City of Delaware. Source: **BRFSS**.

21. Fifteen percent of adults do binge drinking, defined as having 5 or more drinks on an occasion in the past 30 days, with males being statistically more likely to do so (24% vs. 7%). Those 18 to 24 are at 29%. Residents of the City of Delaware have the highest percentage among geographic areas, followed by Olentangy study area residents. Source: **BRFSS**

#### Among youth...

22. Delaware youth are very concerned about use of alcohol and other drugs among their peers, with use of alcohol being the greatest concern because it is easy to get. Binge drinking is a real problem, youth say, because teens are inexperienced and don't know how much they can drink. Source: **YF**.

23. Second-hand smoke may be an issue. Many youth live with someone who smokes cigarettes, and/or have been in a room or car with someone who smokes in at least one of the past seven days. Also, very few students said their parents discussed the dangers of smoking with them in the past year. Source: **DCYHA**.

24. Over one half of students who had smoked claimed they wanted to stop. The majority of young smokers had tried to quit. Source: **DCYHA**.

25. Minority youth are more at risk for smoking. Source: **DCYHA**.

26. Among youth, drug experimentation increases with grade in school – from 8% for 8<sup>th</sup> graders to 22% for 9<sup>th</sup> graders. Source: **DCYHA**.

27. Many youth have tried marijuana – increasing to 19% for 9<sup>th</sup> graders. And, youth who drink and smoke are more likely to have tried marijuana. Overall, alcohol use, smoking and drug use among Delaware's 6<sup>th</sup>-9<sup>th</sup> grade students are related. Source: **DCYHA**.

28. Fifteen percent of youth reported that in the past 30 days they had ridden in a car driven by someone who had been drinking alcohol. Source: **DCYHA**.

### Overweight and obesity

#### Among adults...

29. Fifty-seven percent of county residents have weight problems, which can adversely affect their health. Thirty-five percent of county residents are classified as overweight, as determined by their Body Mass Index (BMI); 22% are classified as obese. Males are more likely to find themselves in both categories – 67% of males are overweight or obese. Weight problems tended to increase with age. Source: **BRFSS**

30. Almost half of county residents reported they are now trying to lose weight. Source: **BRFSS**

#### Among youth...

31. Among youth, 10% were overweight, according to BMI measurements, while 24% believed they were overweight. Over half of female students are trying to lose weight. Fasting is frequently used for weight control. Source: **DCYHA**.
32. Many teens perceived themselves to be overweight but are really not. Large portion sizes, pressure to be thin and proliferation of unhealthy eating choices are among the causes of both overweight/obesity and the perception of being overweight or obese, even if one is not. Source: **YF**.

### **Mental health issues**

#### Among adults...

33. Relatively few problems reported among adults. Source: **BRFSS**.

#### Among youth...

34. About one quarter of youth surveyed have suffered from sadness or hopelessness every day for two weeks or more in the past year, affecting their ability to do usual activities. Especially at risk of depression were students with a low self image, smokers, alcohol users and drug users. Source: **DCYHA**.
35. More students report a low self image in 2005 than 2004. Source: **DCYHA**.
36. Teens say that depression among their peers is caused by social relationships and family pressures. Source: **YF**.

### **Diet, nutrition and exercise**

#### Among adults...

37. Only 35% of adults report consuming 5 servings of fruit and vegetables per day, with females being statistically more likely to do so. This rate was consistent countywide. Source: **BRFSS**.
38. More adults are trying to limit fat intake (67%) than are trying to limit salt intake (39%). Older adults try to limit both of these more than their younger counterparts. Source: **BRFSS**.
39. The majority of adults (72%) report getting 30 minutes of physical activity at least three times a week. This figure was consistent across genders and age groups, but residents of the city of Delaware were less likely than those in other geographic regions.

#### Among youth...

40. Only 13% of 6<sup>th</sup>-9<sup>th</sup> graders reported consuming fruit or fruit juice 3 times or more per day. Source: **DCYHA**.
41. Only 13% reported eating vegetables 3 or more times per day. Source: **DCYHA**.
42. Only 27% reported drinking 3 or more servings of milk per day. Source: **DCYHA**.
43. The majority of students indicated that more nutritious foods were seldom available at school, but would purchase them if they were. Source: **DCYHA**.

### **Safety**

#### Among adults...

44. Nonconsensual sex and partner violence are a concern in Delaware County. A little under 10% of participants would not answer this series of questions, but among those who did, 5% reported being the victim of nonconsensual sex and 14% reported being the victim of partner violence, with women significantly more likely to be victims than males. The less educated and less affluent were more likely to be victimized than others. Source: **BRFSS**.

#### Among youth...

45. Almost half of 6<sup>th</sup>-9<sup>th</sup> graders do not always wear a seatbelt in the car. Seatbelt use decreases with age: 71% of 6<sup>th</sup> graders always wear one; only 49% of 9<sup>th</sup> graders do. Source: **DCYHA**.
46. Helmet use while biking is significantly lower than seat belt usage. There is a clear trend such that the older the child, the greater the odds he/she is NOT always wearing a helmet when bicycling or rollerblading. Source: **DCYHA, BRFSS**.

**Researchers' comments regarding Personal Health Issues**

- It is likely that reports of diseases are attenuated, and many may be undiagnosed. For instance, the CDC estimates that nearly a third of people with diabetes are undiagnosed.<sup>1</sup> It is also possible that respondents over-reported their healthy behaviors, such as frequency of consumption of fruits and vegetables and frequency of exercise, as there is often a tendency for respondents to answer in a fashion consistent with “social desirability.”
- The linkage between unhealthy lifestyles, overweight & obesity, and chronic disease is well documented.<sup>2</sup> As such, one could argue that “unhealthy lifestyle” factors may be the biggest health problem across the county, affecting all age groups, from young children to older adults. Participants in the Town Hall Meetings specifically asked for targeted campaigns related to this issue. Additionally, the Hayes High School Study (**HAYES**) and Obesity Prevention Nutrition & Physical Activity Curricula Projects – 7<sup>th</sup> & 8<sup>th</sup> Grade Students and 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Grade Students (**OPNPACP**) demonstrate that positive effects are possible through prevention information and campaigns.

**Researchers' comments regarding geographic concentration of Personal Health Issues**

- Many health-related problems were reported more frequently among residents in the areas roughly corresponding to the City of Delaware and the Buckeye Valley school district (**BRFSS**).

**SYSTEM CAPACITY**

The Local Public Health System Assessment (LPHSA) focuses on all of the community agencies and organizations, non-profits, and governmental entities that contribute to the public's health.

The italicized paragraphs below are taken from the report issued by National Public Health Performance Standards Program regarding Delaware General Health District's Local Public Health Assessment (04/02/2008), available online at [http://www.delawarehealth.org/Assessment/PDF/LPHSA\\_DGHD\\_CDC\\_Report.pdf](http://www.delawarehealth.org/Assessment/PDF/LPHSA_DGHD_CDC_Report.pdf).

*The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.*

*The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local (Assessment), each EPHS includes (many) model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard – which portrays the highest level of performance or "gold standard" – is being met.*

Overall domains of strength (>94% performance scores) for Delaware County's local public health system (*The **Local Public Health System Assessment** (LPHSA) focuses on all of the community agencies & organizations; non-profits and governmental entities that contribute to the public's health*) include the following Essential Public Health Services:

- EPHS2 – Diagnose and Investigate Health Problems and Health Hazards
- EPHS3 – Inform, Educate & Empower People about Health Issues
- EPHS6 – Enforce Laws & Regulations that Protect Health & Ensure Safety

<sup>1</sup> See <http://www.diabetes.org/diabetes-statistics/prevalence.jsp>

<sup>2</sup> See <http://www.cdc.gov/nccdphp/dnpa/obesity>

The assessment of Delaware County's local public health system by the PHDC include the following Essential Public Health Services which were determined to be in most need of improvement:

(Note: all had <75% performance scores):

EPHS 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

Assure linkage of people to personal health services

- 47. Link populations to needed personal health services
- 48. Assistance to vulnerable populations in accessing needed health services
- 49. Initiatives for enrolling individuals in public benefit programs

EPHS 9: Evaluate Effectiveness, Accessibility and Quality of Personal and Population-based Health Services

Evaluation of Population-based Health Services

- 50. Use of population-based health services evaluation

EPHS 9.2: Evaluation of Personal Health Care Services

- 51. Information technology to assure quality of personal health services
- 52. Use of personal health services evaluation

Lastly, Delaware General Health District managers conducted a prioritization process as part of the LPHSA. The managers scored the performance of many Essential Public Health Services as optimal or significant. The EPHS areas listed below were determined to be ones in most need of improvement (note: this list is not ordered by priority level).

EPHS 4.1:

- 53. Constituency Development

EPHS 8.4:

- 54. Public Health Leadership Development

EPHS 7.2:

- 55. Assuring the Linkage of People to Personal Health Services (note: same as item 47, above)

EPHS 9.1:

- 56. Evaluation of Population-based Health Services (note: same as item 50, above)

EPHS 10.2:

- 57. Linkage with Institutions of Higher Learning and/or Research

During the prioritization session described in the next section, another item was added for the group's consideration:

- 58. Help residents get there (to public health services & resource) and back.

## PRIORITIZING THE ISSUES AND FACTORS

During a two-hour session on June 10<sup>th</sup>, 2008 members of the PHDC, along with personnel from the DGHD, reviewed the 58 issues/factors just discussed. Individually, each PHDC participant selected five issues as his or her top priorities and ranked each of the issues from 1 to 5, with higher rankings indicative of more importance. Ranked issues were gathered in a round-robin fashion, with scoring tallied for each issue or factor as the process proceeded. When appropriate, similar items were grouped. In the end, ten priorities were identified, with scoring decreasing as priority number increases – thus, Priority #1 was the top scoring factor or issue, while Priority #10 was the one with the least points. Several items that had been ranked by participants did not receive high enough scores to be included among the top ten priorities during the session.

The priorities were posted and checked with the participants. “Is this what you meant to do? Are these the correct priorities?” There was agreement among those present that the process and its results represented what the group wished to do.

The top four priority issues selected for focus by DGHD are presented below. An additional six priority issues are presented on the next page for review and future reference.

### **Priority issue #1: Overweight/obese status of residents and their related eating and exercise habits**

PHDC members selected two major related categories of issues for their top focus: Item 29 (overweight and obesity) and Items 37 and 39 (lack of adequate consumption of fruits and vegetables, and lack of exercise). These issues should be grouped, they indicated, as they are symptoms of the same problem: unhealthy lifestyles. Among youth, there is a perception of insufficient healthy food choices. (Item #43)

The PHDC also selected item 18 – the perceived need for more education to promote healthy behaviors such as exercising, eating right, etc. This item is mentioned here, as it is clearly related to the others that comprise Priority #1.

### **Priority issue #2: Alcohol, substance abuse, and violence among county youth**

Experimentation with drugs and alcohol is increasing, many indicate, as is gang participation. At the same time, parental supervision of many children has grown lax. There were also concerns about smoking and exposure to second-hand smoke among youth. (Items 4, 20, 22, 26, 27).

### **Priority issue #3: Linkages and access to services**

PHDC members said that three items discussed were related and affected the health of many in the county: Item 17, lack of sufficient public transportation; item 59, inability of many to get “from here to there and back” in a convenient manner; and item 47 – linking the population to the needed services. These issues affect many who need health and recreational services, especially senior citizens. They also affect junior high school students.

### **Priority issue #4: Assistance to vulnerable populations in accessing needed health services**

During the LPSA, item 48 was identified as one of the Essential Public Health Services in need of improvement in Delaware County. It can be seen as overlapping with priority issue #3 above, which focuses on physically linking people to services and getting them to where they need to go. This priority, however, helps identify what services are needed, from where, then helps assure that those services are accessible to the populations most in need.

Six additional priority issues are as follows:

**Priority issue #5: Pressures of population growth on county services**

Delaware is the fastest growing county in Ohio, and one of the faster growing areas in the nation. This rapid escalation puts pressure on all county-provided services. (Item 8)

**Priority issue #6: Lack of health insurance for some county residents**

Although the majority of county residents enjoy health insurance coverage, there are some who do not. The percentage of those without coverage may have increased over the past year since the BRFSS survey was performed, due to tough economic times and job losses. (Items 13, 19)

**Priority issue #7: Poor are disproportionately affected by the economy**

The increasing cost of living, job losses, and lack of adequate medical coverage leave many of the poorer residents in need of social services. (Item 12)

**Priority issue #8: No centralized, traditional media sources**

Items 1 and 2 need to be addressed, PHDC members say, if the DGHD is to be able to effectively deliver messages to all residents of the county.

**Priority issue #9: Youth depression**

Item #34 rose to the surface because a substantial percentage of youth report suffering from sadness or hopelessness, affecting their ability to perform usual activities.

**Priority issue #10: Lack of seat belt and helmet use among youth**

Regular use of seat belts among youth is inadequate and use decreases with age. Helmet use among youth is even lower while rollerblading and/or biking, with use again decreasing with age. (Items #45, 46).

**Looked at another way, these are the citizen groups that seem to be most affected by each of the ten priorities:**

- Priorities affecting all citizens of Delaware County: #1, #3 and #8.
- Priorities affecting youth: #2, #9, #10
- Priorities affecting seniors: #3, #4
- Priorities affecting lower-income residents: #4, #5, #6, #7