DELAWARE COUNTY COMMUNITY HEALTH ASSESSMENT 2026

Commissioned by the Delaware Public Health District with support from the Delaware-Morrow Mental Health and Recovery Services Board for The Partnership for a Healthy Delaware County

ILLUMINOLOGY

THE PARTNERSHIP FOR A HEALTHY DELAWARE COUNTY

August 12, 2026

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ACKNOWLEDGEMENTS

The 2026 Delaware County Community Health Assessment was conducted on behalf of The Partnership for a Healthy Delaware County (The Partnership), which is comprised of the following organizations:

Berkshire Township

Big Brothers Big Sisters of Central Ohio

Boardman Arts Park

Brown Township

City of Delaware

City of Sunbury

Civic Uplift

Del Co Water

Delaware African American Heritage Council

Delaware Co. Regional Planning

Delaware County District Library

Delaware County Juvenile Ct.

Delaware County Department of Job and Family Services

Delaware County Sheriff's Office

Delaware County Transit

Delaware Police Department

Delaware Public Health District

Delaware Morrow Mental Health & Recovery Services Board

Drug-Free Delaware

Family Promise of Delaware County

Grace Clinics of Ohio

Help Me Grow Outreach

HelpLine

Kingston Township

Liberty Township

MCORE Foundation

Mid-Ohio Traumatic Loss Response Team/ Cornerstone of Hope

Mt. Carmel Hospital System

NAMI Mid Ohio

Nationwide Children's Hospital

Newstart Church

Ohio Dept. of Natural Resources

Ohio State Parks Foundation

Ohio Suicide Prevention Foundation

Ohio Wesleyan University

OhioGuidestone

OhioHealth

OhioHealth Grady Memorial Hospital

Ohio Department of Mental Health and Addiction Services

Olentangy Local School District

Orange Township

Ostrander Youth Athletic Association

OSU Extension

OSU Medical Center

Oxford Township

People in Need, Inc. of Del. Co. Ohio (PIN)

Preservation Parks of Delaware County

Prevention Awareness Support Services (PASS)

Recreation Unlimited

Safe Harbor

Scioto Township

Sexual Assault Response Network (SARN)

SourcePoint

Southeast Healthcare

St. Vincent New Beginnings

Syntero

The Center for Disability Empowerment

The Center for Family Safety & Healing

The James / The Ohio State University Comprehensive Cancer Center

The Red Cross

Turning Point

United Way of Delaware County

THE PARTNERSHIP VISION

A community where we work together to provide opportunities for complete health and well-being.

COMMUNITY HEALTH ASSESSMENT OVERVIEW

The Partnership is pleased to provide a comprehensive overview of our community's health status and needs in the 2026 Delaware County Community Health Assessment (CHA). The intent of this effort is to aid Delaware County agencies and community stakeholders to better understand the health needs and priorities of Delaware County residents.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact. Participating organizations will begin using the data reported in the 2026 Delaware County CHA to inform the development and implementation of strategic plans to meet the community's health needs.

We hope the 2026 Delaware County CHA serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

Subsequent planning documents and reports will be shared with community stakeholders and with the public. Users of the 2026 Delaware County CHA are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the 2026 Delaware County CHA may be directed to:

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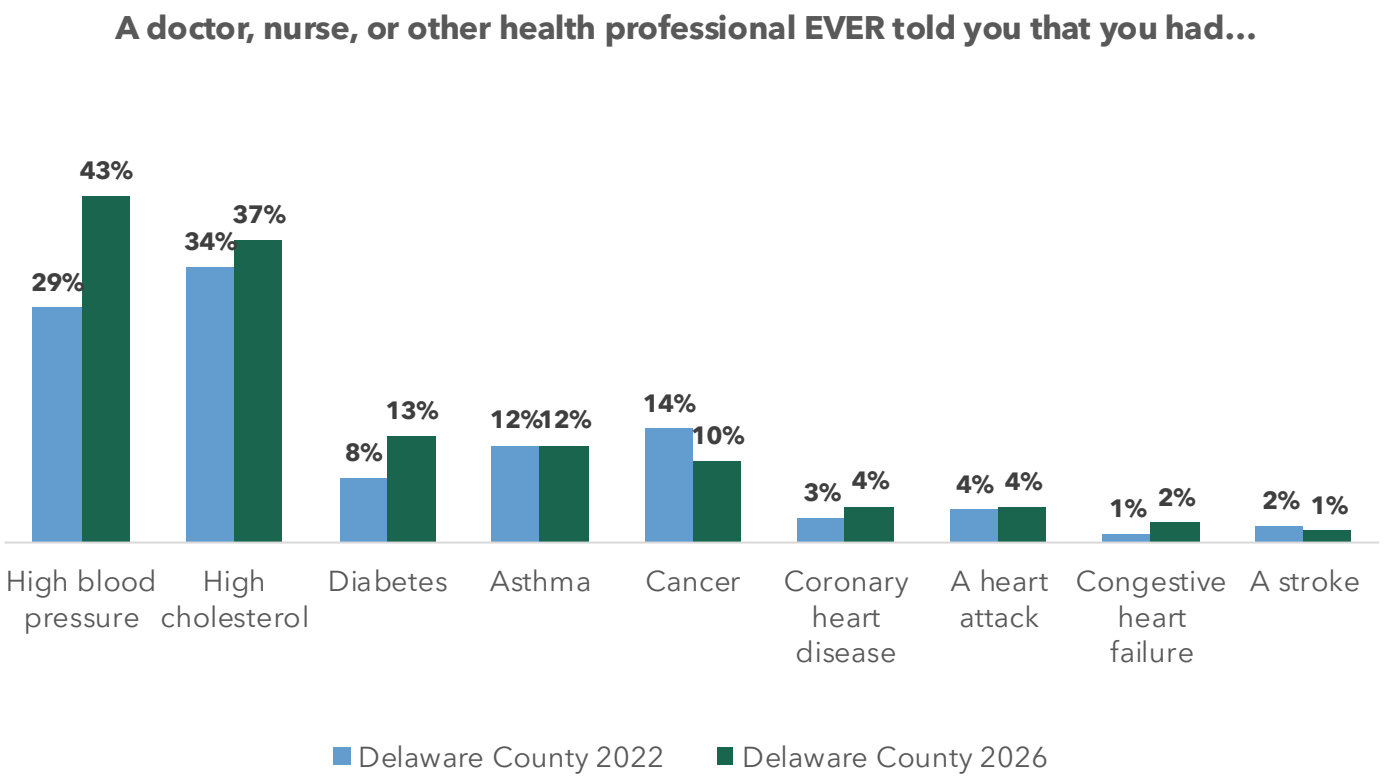
The following individuals represent The Partnership Steering Committee and have been involved in planning for the 2026 Delaware County CHA and designing the research materials. We acknowledge and thank them for sharing their time and expertise with this collaborative effort:

- Angela Johnson – Grace Clinic
- Amelia Tucciarone - SourcePoint
- Fara Waugh - SourcePoint
- Brandon Feller – United Way of Delaware County
- Kelsey Fox – United Way of Delaware County
- Brande Urban – United Way of Delaware County
- Chris Fink – Ohio Wesleyan University
- Lauren MacDade - HelpLine
- Kassie Neff – Delaware County Sheriff's Office
- Kristan Warren – Delaware-Morrow Mental Health and Recovery Services Board
- Rebecca Barbeau – OhioHealth
- Laryssa Hook – OSU Extension
- Chase Waits – Delaware County Board of Developmental Disabilities
- Jen Keagy – Delaware Public Health District
- Kelsey Kuhlman – Delaware Public Health District
- Abbey Trimble – Delaware Public Health District
- Lori Kannally – Delaware Public Health District

EXECUTIVE SUMMARY

Chronic Illness

High blood pressure diagnoses have increased significantly since 2022 and do not meet the Healthy People 2030 target.



Healthy People 2030

Percent of adults with high blood pressure	Target: 41.9%	Delaware County: 42.8% ✗

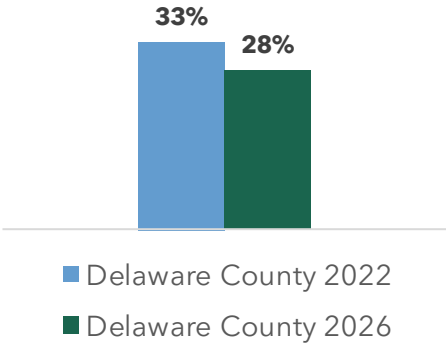
Substance Use

Adult binge drinking and youth vaping are concerns.

> "I see a lot of alcohol. It's cheap. You just bike down the street, take it home, use it. Lots of alcohol."

> [Vaping starts] sometimes as young as third and fourth grade, but definitely middle school.

Binge Drinking in the Past 30 Days



> People spread misinformation about how vaping is not as bad or it's actually better than smoking. So they think it's safe and they just use it to look cool without actually knowing what it does.

Healthy People 2030

	Target:	Delaware County:
Adults 21+ who reported binge drinking in the past 30 days (5+ drinks if male; 4+ drinks if female)	25.4%	28.4% ✕

Behavioral Health

Youth mental health issues seem to be increasing, and there are concerns about youth screen time and its impact on wellness and development.

> They're seeing more things, hearing more things and it's affecting them in big ways at younger ages.

> Students coming to school tired, they're not getting their sleep, they may be on Fortnite…or on social media all night long.

> A huge issue is speech and language development for primary age students. You do not learn speech from a screen.

> We work with a lot of elementary schoolers and middle schoolers [whose] focus is close to none because they're just so heavily addicted to the social media.

Social Determinants of Health

Lack of affordable housing is a concern. Generally, prices of goods and services are rising and some residents are struggling to meet their basic needs. Residents feel they need to leave the county for some health care such as specialty care, certain emergency care, and inpatient substance use treatment.

> The biggest issue is even if you've got a job and you're working, you are still just scraping by and every time something happens, well now you're behind.

> None of my children that I raised in Delaware can buy a house in Delaware…One has bought in another county. My other two children won't be in Delaware because they can't afford it.

> Every year my rent's going up now... all the utilities went up…gas is going up…[the cost of] food is going up. Everything except your income is going up.

> My son broke his arm and we had to wait there at the emergency room and then get transferred to [Nationwide Children's Hospital] because they weren't able to set it."

CHANGES IN HEALTH INDICATORS 2022-2026

The following table presents an overview of changes in health indicators over time in Delaware County. A green 2026 percentage indicates improving, red indicates worsening, and black indicates they are equal or it's unclear whether to consider the change an improvement. To test whether the difference between the 2022 and 2026 percentages was statistically significant, a 2-sample proportions test was computed for each health indicator. This analytic procedure calculates the difference between the 2022 and 2026 percentages, considers the total number of observations in each sample, and computes a z statistic. When the z statistic was statistically significant ($p<.05$), which suggests the difference between the two percentages is not due to chance alone, the indicator and its percentages are bolded. An asterisk indicates the indicator was not analyzed because it violates the assumptions of the model.

HEALTH INDICATOR	2022	2026
General health is excellent or very good	**69%**	**61%**
Ever diagnosed with asthma	12%	12%
Ever diagnosed with diabetes	**8%**	**13%**
Ever diagnosed with high blood pressure	**29%**	**43%**
Ever diagnosed with high cholesterol	34%	37%
Ever had a stroke*	2%	1%
Ever had a heart attack	4%	4%
Ever diagnosed with coronary heart disease	3%	4%
Ever diagnosed with congestive heart failure*	1%	2%
Ever diagnosed with cancer	14%	10%
Not bothered by feeling down, depressed or hopeless (past 2 weeks)	66%	70%
Seriously considered suicide (past 12 months)*	3%	1%
Binge drinking (past 30 days)	33%	28%
Former cigarette smoker	19%	23%
Used cigarettes	6%	5%
Used e-cigarettes / vaping products	4%	5%
Used recreational marijuana (past 30 days)	9%	11%
Used prescription drugs not prescribed to you (past 30 days)*	1%	1%
Used other drugs (past 30 days)*	<1%	0%
Physically active 1 to 3 days (past 7 days)	**40%**	**33%**

Changes In Health Indicators 2022-2026

HEALTH INDICATOR (cont'd)	2022	2026
Body Mass Index (BMI) ≥ 30	34%	30%
Kept a firearm in or around the home	36%	40%
Firearms were unlocked and loaded	5%	3%
Experienced physical, verbal, and/or sexual abuse (past 12 months)*	9%	1%
Experienced divorce or marital separation (past 12 months)*	2%	<1%
Experienced detention in jail / a jail term (past 12 months)*	<1%	0%
Experienced death of a close family member (past 12 months)	**50%**	**10%**
Experienced major personal injury or illness (past 12 months)	**22%**	**7%**
Had sex for things of value*	3%	2%
Worked in a place where work was different from what was promised	11%	10%
Had some or all payment withheld*	8%	1%
Someone at workplace harmed or threatened you or a family member*	4%	1%
Felt you could not leave where you worked or lived	8%	6%
Lived with someone depressed, mentally ill, or suicidal as a child	**34%**	**11%**
Lived with someone who was a problem drinker/alcoholic as a child	**26%**	**17%**
Lived with someone who used illegal drugs or abused prescriptions as a child	**11%**	**6%**
Lived with someone who served time or was sentenced to serve time as a child*	5%	1%
Parents became separated or divorced as a child	**32%**	**14%**
Parents were not married as a child*	6%	2%
Parents/adults in home slapped, hit, kicked, punched, or beat each other up as a child	9%	6%
Parent/adult in home hit, beat, kicked, or physically hurt you as a child	**13%**	**6%**
Parent/adult in home swore at, insulted, or put you down as a child	**28%**	**18%**
Adult or someone 5+ years older touched you sexually as a child	10%	9%
Adult or someone 5+ years older tried to make you touch them sexually as a child	7%	4%
Adult or someone 5+ years older forced you to have sex as a child*	4%	2%
Family did not look out for each other, feel close, or support each other as a child	**13%**	**6%**
Didn't have enough to eat, had dirty clothes, had no one to protect you as a child*	7%	2%
Experienced 4 or more Adverse Childhood Experiences (ACEs)	**14%**	**9%**

HEALTHY PEOPLE 2030 SUMMARY

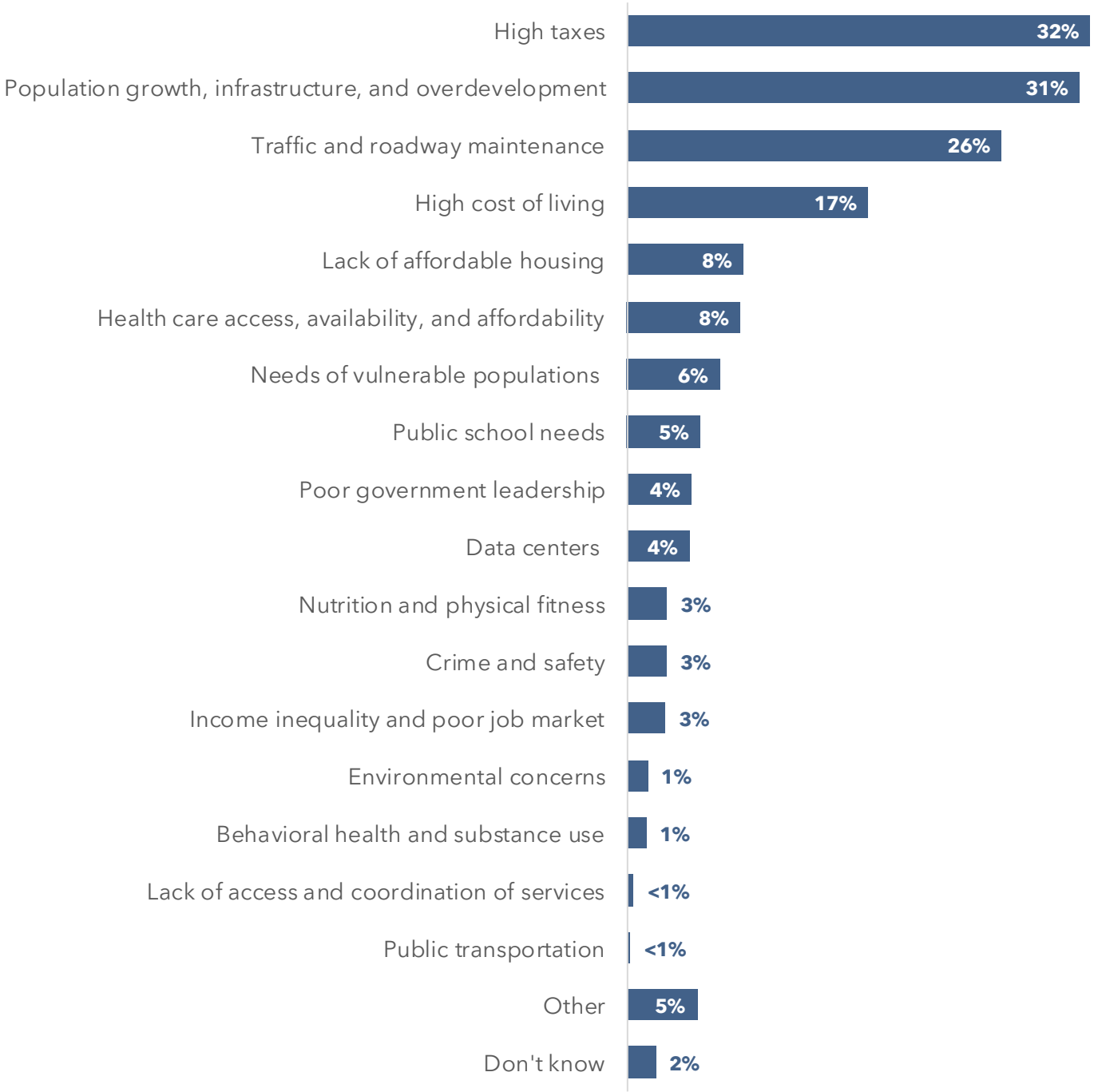
The table below displays the Healthy People 2030 objectives relevant to the data in this report with their targets and Delaware County's results. The Delaware County data are red when the targets are not met and green when the targets are met.

HEALTHY PEOPLE 2030 OBJECTIVES		HP 2030 TARGET	DELAWARE COUNTY
Social Determinants of Health	People living below poverty level	8.0%	**4.3%**
	High school students who graduate in 4 years	90.7%	**97.7%**
Behavioral Risk Factors	Adults age 20+ with a BMI ≥ 30	36.0%	**30.4%**
Behavioral Health and Substance Use	Adults 21+ who reported binge drinking past 30 days	25.4%	**28.4%**
	Current adult cigarette smokers 18+	6.1%	**5.3%**
Maternal and Child Health	Infant deaths in the first year of life	5.0	**5.6**
	Preterm infants born before 37 weeks of gestation	9.4%	**9.3%**
	Abstinence from cigarette smoking during pregnancy	96%	**97%**
	Adequate prenatal care	81%	**83%**
General Health, Death, and Illness	Adults with high blood pressure	41.9%	**42.7%**
	Unintentional injury death rate	43.2	**46.8**
	Suicide death rate	12.8	**11.2**
	Overall cancer death rate	122.7	**125.4**
	Lung cancer death rate	25.1	**25.7**
	Colorectal cancer death rate	8.9	**9.9**
	Female breast cancer death rate	15.3	**14.5**
	Prostate cancer death rate	16.9	**19.4**

RESIDENTS' PRIORITIES

According to the representative survey, residents feel that high taxes, population growth, traffic and roadway maintenance, and a high cost of living are the most important issues in Delaware County.

In your opinion, what is the most important issue affecting the people who live in Delaware County?
(n=360)



COMMUNITY HEALTH ASSESSMENT PROCESS

The process followed by the 2026 Delaware County CHA reflected an adapted version of the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process. This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so that they can better focus their efforts and collaboration.

Project Management

Delaware Public Health District and the Delaware-Morrow Mental Health and Recovery Services Board, on behalf of The Partnership, contracted with Illuminology, a central Ohio based research firm, to assist with this work. Illuminology is located at 5258 Bethel Reed Park, Columbus, OH 43220. Illuminology, represented by Karen A. Hines, Ph.D., and Orie V. Kristel, Ph.D., led the process for locating health status indicator data, for designing and conducting the representative adult survey, the opt-in survey, the focus groups, and the stakeholder interviews, and for creating the summary report. Illuminology has 27 years of experience related to research design, analysis, and reporting, and has conducted numerous community health assessments.

The Partnership Steering Committee planned the process to be used in this health assessment and were involved in developing the research materials for the assessment. The following phases of the health assessment process, as adapted for use in Delaware County, included the following steps:

(1) Prepare to assess / generate questions. On January 15, 2026, community leaders, stakeholders, and employees from participating organizations gathered at Delaware Public Health District to discuss their perspectives on emerging health issues in Delaware County. Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health assessment process and to suggest indicators for consideration. Illuminology used the information from this session to identify which indicators could be assessed via secondary sources and which indicators needed to be included as part of the primary data collection efforts. See Appendix A for a synthesis of what was discussed during this session.

(2) Collect secondary data. Secondary data for this health assessment came from national sources (e.g., U.S. Department of Health and Human Services: *Healthy People 2030*; U.S. Census Bureau), state sources (e.g., Ohio Department of Health), and local sources (e.g., OhioHealth, Ohio State University Wexner Medical Center, Mount Carmel Health System, Nationwide Children's Hospital). Data for Delaware County overall and Ohio were collected when available. Rates and/or percentages were calculated when necessary. Illuminology located and recorded this information into a secondary data repository. All data sources are identified in table captions or footnotes. To ensure community stakeholders are able to use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented.

Community Health Assessment Process

(3) Conduct and analyze representative survey of adults. A representative survey of Delaware County adult residents was conducted (i.e., Delaware County Health Survey). Fielded in multiple waves from April 13th, 2026 through June 21st, 2026, respondents completed a self-administered questionnaire, either on paper or online (see Appendix B).

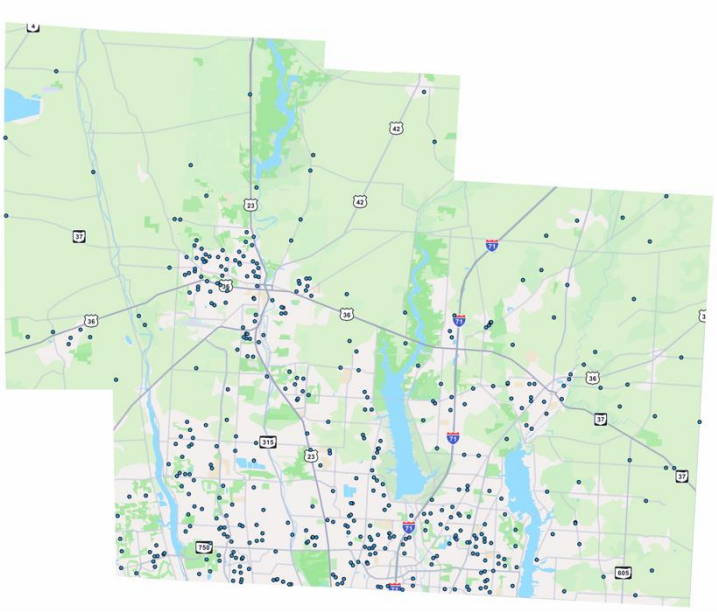
For the survey mailing, a total of 2,200 addresses were randomly selected from the universe of residential addresses in Delaware County and 1,200 addresses were randomly selected from the universe of residential addresses in which the sample data indicated there was likely a young adult in the household. In mid-April, 2026, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online.

About four weeks after the initial mailing, a hard copy of the survey was sent to households that had not yet completed the survey online. This mailing also included a cover letter and a Business Reply Mail envelope so respondents could complete the survey and mail it back at no cost to them.

In total, 444 Delaware County adult residents completed the survey, or 13.1% of households. With a random sample of this size, the margin of error is ±4.6% at the 95% confidence level. Please note that sample sizes for individual questions will vary because not all respondents answered every question. If multiple variables are included in any particular table or graph and the number of respondents differed for those variables, an average sample size is presented.

Before analyzing responses to the survey, survey weights were computed; this step allows researchers to produce more accurate statistical estimates at the overall county level. First, a base weight was created that adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household and whether the household had an indicator that there was likely a young adult present in the home). Then, this base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, income, educational attainment, race, and presence of children in the household) aligned with population benchmarks for Delaware County. These population benchmarks were obtained from the U.S. Census Bureau's American Community Survey. This adjusted base weight was calculated via an iterative proportional fitting procedure within the STATA v17 software package; analyses of weighted data were conducted using complex survey [svy] commands within STATA v17.

Map of Residents Who Completed The Representative Survey



Community Health Assessment Process

(4) Conduct opt-in survey of residents. The representative survey was replicated for use with the general public. The intent of this opt-in survey was to provide an opportunity for community members who weren't randomly selected to complete the representative survey to complete a survey for the community health needs assessment. The poll was publicized by The Partnership. Overall, 208 individuals who reported living in Delaware County responded to this survey between May 6, 2026 and June 25, 2026. See Appendix C for the questions asked and responses to this survey.

(5) Conduct resident and stakeholder focus groups. The Partnership worked with Illuminology to design focus group discussion guides for fifteen focus groups. Illuminology conducted the in-person and virtual focus groups from May 7th, 2026 to July 23, 2026. The focus group discussion guides can be found at Data - Delaware Public Health District. The groups with an asterisk were recruited by a professional recruitment firm; all other groups were recruited by Delaware Public Health District and their partners. The groups were comprised of the following individuals:

Residents:

- Vulnerable populations (held at People in Need and Delaware Grace Clinic)
- Parents of children age 5 or younger
- Parents of children ages 6-17*
- Middle school youth
- High school youth
- Residents who live in the northern part of the county*
- Residents who live in the southern part of the county*
- Those in the criminal justice system (held at Delaware County Jail)
- Caregivers of those with intellectual and developmental disabilities

Stakeholders:

- Early childhood care providers
- School district staff
- Elected officials
- Multi-Agency Crisis Intervention Team (MACIT)

(6) Conduct community stakeholder interviews. The Partnership worked with Illuminology to design a community leader interview guide for interviews with five stakeholder groups: Southeast Healthcare, SourcePoint, Helpline, Delaware County churches, and Delaware County libraries. Illuminology conducted the virtual interviews from June 8th, 2026 to June 26th, 2026. The interview guide used for these interviews can be found in Appendix D.

See Appendix E for a full summary of findings from the focus groups and the stakeholder interviews. Criminal justice clients and family caregivers of those with intellectual and developmental disabilities face some very specific challenges; there is a spotlight on these two populations at the end of that summary.

Community Health Assessment Process

How to Read This Report

Key findings. As shown on page 2, the 2026 Delaware County CHA is organized into multiple, distinct sections. Each section begins with story boxes that highlight and summarize the key research findings from the researchers' perspectives.

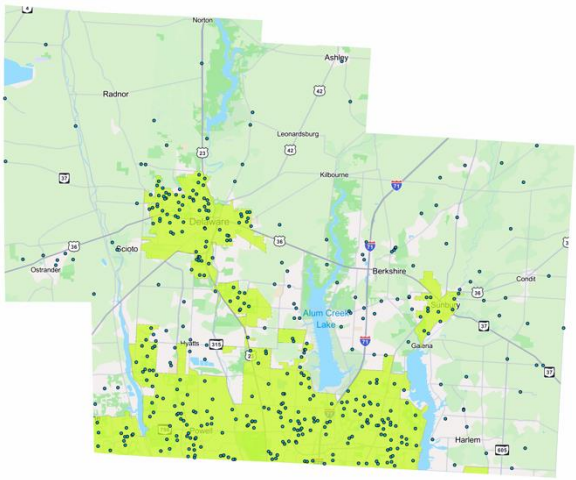
Healthy People 2030. For some indicators, Delaware County is compared to the U.S. Department of Health and Human Services *Healthy People 2030* goal, indicated with text next to the *Healthy People 2030* logo (https://odphp.health.gov/healthypeople). In addition, a table comparing Delaware County to the *Healthy People 2030* goals can be found on page 10.

Comparison to the 2022 Delaware County Community Health Assessment. Where possible, results were compared to data from the 2022 Delaware County Community Health Assessment and denoted by a light gray clock symbol. In addition, a table comparing 2022 data to 2026 data can be found on page 8. The year with the more negative health outcome is in bold.

Health disparities between populations or areas in the community. Analyses explored statistically significant differences in results based on demographic factors: age, gender, income, education, urban versus rural living area, and presence of children in the household. A US Census Bureau shapefile was used to determine urban versus rural – see the map on the right with lime green indicating urban and all else considered rural.

When these analyses suggested the presence of significant differences among specific populations, the differences are presented below the survey data and indicated with icons. Groups with the most negative health outcomes are in bold. An example of a disparity in Delaware County is that those with lower income are less likely to report having very good or excellent health (41.5%) than those with higher income (69.6%). See page 24 for details.

Urban Versus Rural Representative Survey Respondents



For two examples of key health disparities present (taking into account both quantitative and qualitative data), see Appendix E.

Sources for all secondary data are identified in table captions or footnotes. Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than ten).

Adult primary data (i.e., from the representative survey of adults) are displayed in graphs throughout the report. In some cases, the percentages may not sum to 100% due to rounding and/or because multiple responses were accepted.

Community Voices boxes contain themes and demonstrative quotes from the focus groups and stakeholder interviews, and Appendix F contains a comprehensive summary of the findings.

COMMUNITY PROFILE

This section describes the demographic and household characteristics of the population in Delaware County, which is located in central Ohio. Delaware County was founded in 1808 and covers 457 square miles. Delaware is the county seat and largest city of this county.

RESIDENT DEMOGRAPHICS		DELAWARE COUNTY	OHIO
Total Population	Total population	237,966	11,883,304
Gender	Male	50.1%	49.4%
	Female	49.9%	50.6%
Age	Under 5 years	5.0%	5.5%
	5-19 years	21.3%	18.7%
	20-64 years	58.0%	56.7%
	65+ years	15.7%	19.1%
Race/ Ethnicity*	White	78.0%	76.0%
	Asian	8.1%	2.8%
	Black / African American	4.4%	12.2%
	American Indian / Alaska Native	0.4%	0.2%
	Some other race	0.8%	1.9%
	Two or more races	8.4%	7.0%
	Hispanic/Latino (any race)	3.8%	5.1%
Marital Status	Never married	28.5%	33.8%
	Currently married	56.6%	47.4%
	Separated	1.1%	1.4%
	Widowed	4.6%	6.0%
	Divorced	9.1%	11.4%
Veteran Status	Civilian veterans	5.9%	6.2%

*Data are from 2024. *Single race alone, not in combination with other race. Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024*

Community Profile

LANGUAGES		DELAWARE COUNTY	OHIO
English Only Households (5+ years old)	English only	89.0%	91.3%
Other Language Households (5+ years old)	Spanish	2.5%	2.9%
	*Also speak English very well**	75.1%	59.5%
	Other Indo-European	3.9%	3.3%
	*Also speak English very well**	84.4%	66.7%
	Asian & Pacific Islander	3.8%	1.3%
	*Also speak English very well**	70.7%	59.5%
	Other languages	0.8%	1.2%
	*Also speak English very well**	82.1%	71.0%

*Data are from 2024. *Denominator = Households in which specified language is spoken. Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024*

DISABILITY STATUS		DELAWARE COUNTY	OHIO
Total	People with a disability	9.9%	14.6%
	<18 years old	10.7%	8.5%
	18-64 years old	49.1%	50.7%
	≥ 65 years old	40.2%	40.8%
Disability Type*	Cognitive difficulty	48.1%	41.8%
	Ambulatory difficulty	41.9%	45.4%
	Independent living difficulty	39.5%	34.5%
	Hearing difficulty	26.3%	26.9%
	Self-care difficulty	21.5%	16.7%
	Vision difficulty	13.0%	17.1%

*Data are from 2024. *Denominator = civilian noninstitutionalized population with a disability. Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024*

Community Profile

HOUSEHOLD MEMBERS		DELAWARE COUNTY	OHIO
Household Size	Household size (avg)	2.7	2.4
	Family size (avg)	3.2	3.0
Age	Children present (<18 years old)	36.8%	27.0%
	Seniors present (≥ 65 years old)	28.3%	33.0%
Type*	Married-couple household	59.8%	44.6%
	With children of the householder under 18 years	28.5%	15.9%
	Cohabiting couple household	4.5%	7.8%
	With children of the householder under 18 years	1.7%	2.5%
	Male householder, no spouse/partner present	15.2%	19.6%
	With children of the householder under 18 years	1.3%	1.2%
	Male householder living alone	9.9%	14.7%
	65 years and over	1.9%	4.6%
	Female householder, no spouse/partner present	20.4%	28.0%
	With children of the householder under 18 years	3.8%	4.6%
	Female householder living alone	11.1%	17.2%
	65 years and over	6.7%	8.7%
Grandparents as Caregivers**	Grandparents as caregivers	5.8%	38.9%

*Data are from 2024.*Denominator = Total households. **Denominator = Households with grandparents living with grandchildren. Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024*

Community Profile

HOUSEHOLD CHARACTERISTICS		DELAWARE COUNTY	OHIO
Home Value	Median home value	$474,600	$239,800
Transportation	Without a vehicle	5.1%	7.6%
Computing Devices*	With one or more types of computing devices	97.3%	95.7%
	Desktop or laptop	91.6%	77.5%
	Smartphone	94.8%	91.4%
	Tablet or other portable wireless computer	77.0%	63.0%
	Other computer	6.5%	2.7%
Internet	With an internet subscription	96.5%	92.3%
	Dial-up only**	0.0%	0.1%
	Broadband of any type**	100%	99.9%
	Cellular data with no other type of internet**	8.2%	13.0%
	Broadband, such as cable, fiber optic, or DSL**	89.7%	82.5%
	Satellite internet service**	4.0%	6.3%
	Internet access without a subscription	1.0%	2.3%
	No internet access	2.5%	5.4%

*Data are from 2024. *Denominator = Total households. **Denominator = Households with an Internet subscription. [1]Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024*

Respondent Profile

A statistical portrait of the adult respondents who completed the 2026 Delaware County Health Survey is shown below. These percentages have been weighted to match population benchmarks for age, gender, household income, education, presence of children in the household, and white versus non-white race.

REPRESENTATIVE SURVEY RESPONDENT DEMOGRAPHICS (avg n=434)		DELAWARE COUNTY
Gender	A woman	50.2%
	A man	48.7%
	Some other way	1.1%
Age	18-34	23.4%
	35-44	20.3%
	45-54	19.6%
	55-64	15.9%
	65 or older	20.7%
Race/ Ethnicity	White	83.9%
	Asian or Asian American	9.9%
	Hispanic	5.2%
	Black or African American	2.8%
	Middle Eastern or North African	1.0%
	Other race	1.4%
Education	High school degree/GED or less	22.8%
	Some college (no degree)	15.4%
	Associate's degree	6.8%
	Bachelor's degree	36.2%
	Graduate or professional degree	18.8%
Income	Less than $25,000	7.5%
	Between $25,000 and $49,999	9.0%
	Between $50,000 and $74,999	10.4%
	Between $75,000 and $99,999	9.7%
	Between $100,000 and $149,999	20.2%
	Between $150,00 and $199,999	14.7%
	$200,000 or higher	28.6%

Respondent Profile

REPRESENTATIVE SURVEY RESPONDENT DEMOGRAPHICS (cont'd)		DELAWARE COUNTY
Rural Versus Urban	Urban	68.6%
	Rural	31.4%
Sexual Orientation	Straight	90.8%
	Bisexual	4.3%
	Gay	1.2%
	Lesbian	0.0%
	Other	1.3%
	Prefer not to disclose	2.4%
Marital Status	Married	68.8%
	Never married	9.2%
	Divorced	8.4%
	Not married, living with a partner	8.3%
	Widowed	5.2%
	Separated	0.2%

GENERAL HEALTH, DEATH, AND ILLNESS

KEY FINDINGS

This section presents the general health and leading causes of death, illness, and injury for residents of Delaware County.

General Health

- 61% of residents reported that they were in very good or excellent health; those with higher household income were more likely to report this. In 2022 69% of residents reported that they were in very good or excellent health, a significantly higher percentage than current.

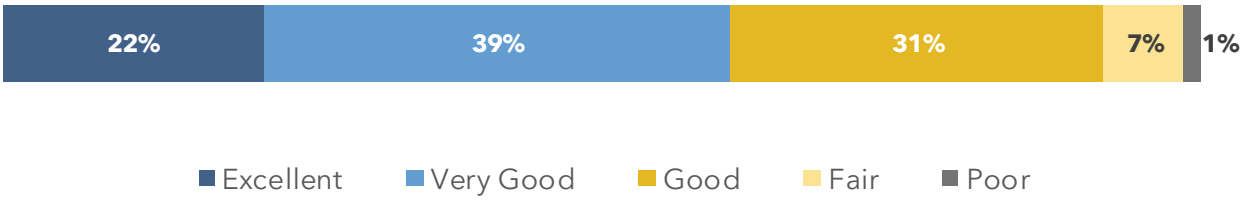
Death and Illness

- 43% of residents have been diagnosed with high blood pressure, which is significantly higher than 29% from 2022.
- 37% of residents have been diagnosed with high cholesterol.
- The Healthy People 2030 targets are not met for unintentional injury death rate, overall cancer death rate, and colorectal cancer death rate.

General Health

According to the representative survey, over half (61%) of residents have excellent or very good health, and roughly one third (31%) have good health.

Would you say that in general your health is...
(n=444)



Likelihood of reporting general health is very good or excellent differs by:

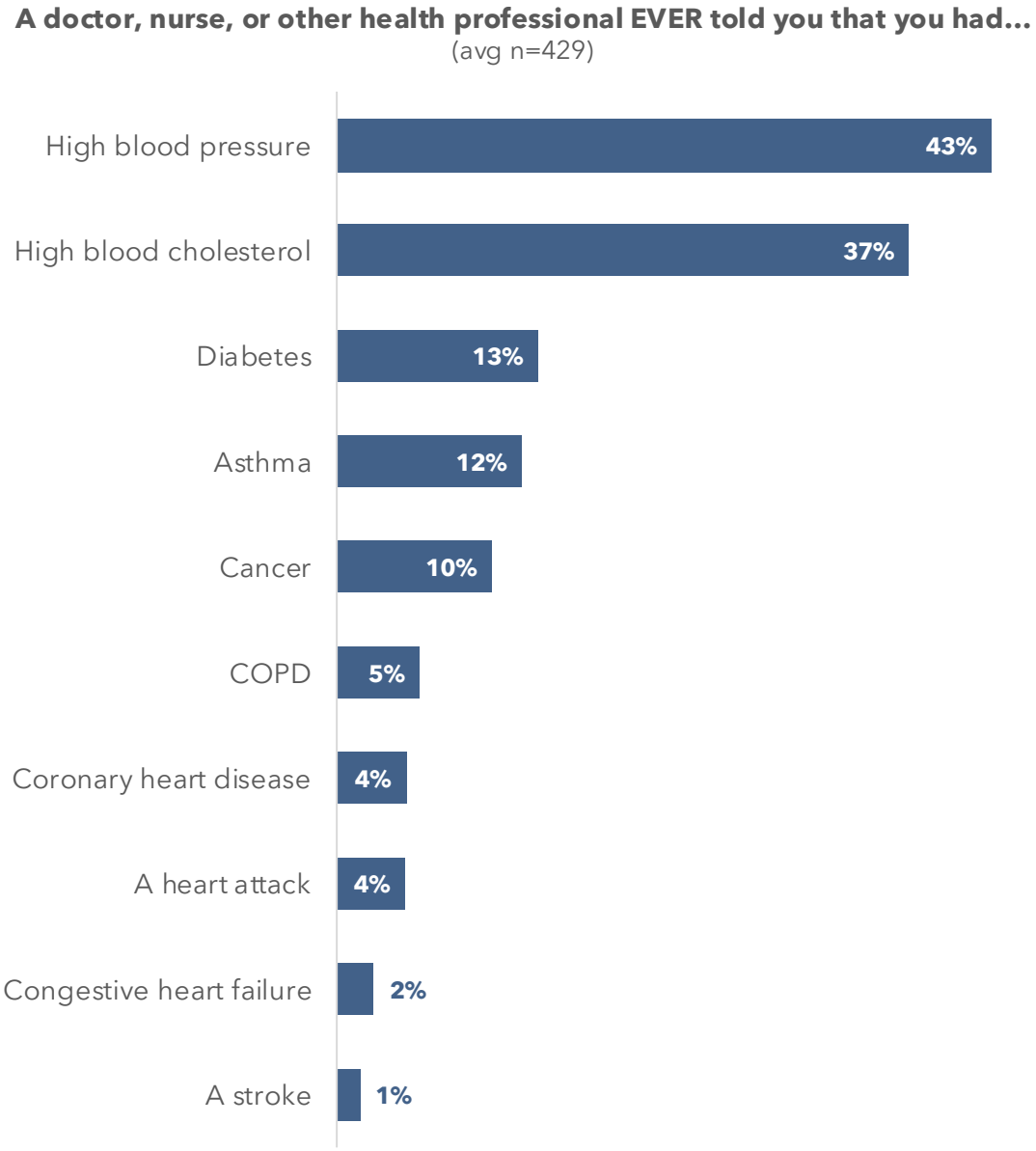
Household income
$75,000 or more: 69.6%
Less than $75,000: 41.5%

Time
2022: 69%
2026: 61% (stat. sig.)

25% of Delaware County representative survey respondents had at least one day in the past month when **poor physical health kept them from doing their usual activities** such as self-care, work, or recreation. This occurred on 2.0 days in the past month, on average. (n=437)

Illness and Death

According to the representative survey, a larger percentage of respondents have been diagnosed with high blood pressure (43%) or high blood cholesterol (37%).



Healthy People 2030

	Target:	Delaware County:
Percent of adults with high blood pressure	41.9%	42.8% ✗

General Health, Death, and Illness

Likelihood of reporting high blood pressure differs by:

Age
18-34: 14.2%
35-44: 22.1%
45-54: 56.1%
55-64: 47.6%
65+: 77.3%

Educational attainment
Some college or less education: 69.1%
Bachelor's degree or higher: 26.3%

Household income
$75,000 or more: 31.9%
Less than $75,000: 63.8%

Time
2022: 29%
2026: 43% (stat. sig.)

Likelihood of reporting cancer differs by:

Age
18-34: 0.0%
35-44: 3.8%
45-54: 6.9%
55-64: 16.8%
65+: 21.2%

Race/ethnicity
White, non-Hispanic: 11.5%
Not White, non-Hispanic: 0.5%

Time
2022: 14%
2026: 10%

Likelihood of reporting high cholesterol differs by:

Age
18-34: 10.8%
35-44: 36.4%
45-54: 41.9%
55-64: 45.9%
65+: 61.5%

Time
2022: 34%
2026: 37%

A full list of differences in chronic illness diagnoses from 2022 to 2026 can be found on page 9.

General Health, Death, and Illness

The next tables provide information about hospital visits and admissions of Delaware County residents to a Mount Carmel facility in 2025.

HOSPITAL VISITS AND ADMISSIONS DELAWARE COUNTY		MOUNT CARMEL
Visits/ Admissions	Total ER visits	6,895
	Mental Health ER visits*	2,615
	Total admissions (non-ER)	277

* Mental Health ER visits are comprised of several primary diagnoses.

TOP 20 REASONS FOR MOUNT CARMEL ER VISITS DELAWARE COUNTY	
PRIMARY DIAGNOSIS	VISITS
Chest pain, unspecified	290
Other chest pain	250
Nausea with vomiting	182
Dizziness and giddiness	167
Headache	159
Syncope and collapse	156
Upper abdominal pain	104
Urinary tract infection	100
Kidney swelling and obstruction	100
Influenza	93
Acute upper respiratory infection	87
Head injury	84
Generalized abdominal pain	83
Shortness of breath	82
Hypertension	71
Gastroenteritis and colitis	68
Unspecified abdominal pain	67
Pneumonia	65
Low back pain	61
Right lower abdominal pain	60

General Health, Death, and Illness

The next tables provide information about hospital visits and admissions of Delaware County residents to an OhioHealth facility in 2025.

HOSPITAL VISITS AND ADMISSIONS DELAWARE COUNTY		OHIO HEALTH
Visits/ Admissions	Total ER visits	43,133
	Mental Health ER visits	1,365
	Total admissions (non-ER)	4,648

* Mental Health ER visits are comprised of several primary diagnoses.

TOP 20 REASONS FOR OHIO HEALTH ER VISITS DELAWARE COUNTY	
PRIMARY DIAGNOSIS	VISITS
Abdominal pain	4,108
Fall	2,709
Chest pain	2,535
Shortness of breath	1,864
Back pain	1,272
Headache	1,087
Cough	1,053
Other	1,025
Dizziness	980
Flank pain	913
Emesis	769
Leg pain	638
Motor vehicle crash	625
Weakness	584
Altered mental status	539
Hypertension	499
Nausea	489
Syncope	458
Sore throat	426
Leg Swelling	406

General Health, Death, and Illness

The next tables provide information about hospital visits and admissions of Delaware County residents to an Ohio State University (OSU) Hospital facility in 2025.

HOSPITAL VISITS AND ADMISSIONS DELAWARE COUNTY		OSU
Visits/ Admissions	Total ER visits	3,221
	Mental Health ER visits	218
	Total admissions (non-ER)	1,648

* Mental Health ER visits are comprised of several primary diagnoses.

TOP 20 REASONS FOR OSU ER VISITS DELAWARE COUNTY	
PRIMARY DIAGNOSIS	VISITS
Other chest pain	66
Major depressive disorder	44
Headache	42
Dizziness and giddiness	41
Syncope and collapse	40
Chronic kidney disease, stage 5	36
Chest pain, unspecified	32
Shortness of breath	28
Other pregnancy related condition, 3rd trimester	28
End stage renal disease	28
Pneumonia	≤25
Nausea with vomiting	≤25
Chronic kidney disease, stage 1-4	≤25
Decreased fetal movements, 3rd trimester	≤25
Urinary tract infection	≤25
Palpitations	≤25
Sepsis	≤25
Acute kidney failure	≤25
Weakness	≤25
Right lower quadrant pain	≤25

General Health, Death, and Illness

The next tables provide information about hospital visits and admissions of Delaware County residents to a Nationwide Children's Hospital facility in 2025.

HOSPITAL VISITS AND ADMISSIONS DELAWARE COUNTY		NATIONWIDE CHILDREN'S HOSPITAL
Visits/ Admissions	Total ER visits	12,474
	Mental Health ER visits	1,131
	Total admissions (non-ER)	534

* Mental Health ER visits are comprised of several primary diagnoses.

TOP 20 REASONS FOR NATIONWIDE CHILDREN'S HOSPITAL ER VISITS DELAWARE COUNTY	
PRIMARY DIAGNOSIS	VISITS
Croup and swelling of epiglottis (throat)	529
Open head wound	518
Influenza	483
Otitis media (middle ear infection)	409
Acute upper respiratory infection	345
Viral infection of unspecified site	311
Acute pharyngitis (sore throat)	306
Abdominal and pelvic pain	294
Nausea and vomiting	286
Other/unspecified head injury	260
Fracture of forearm	237
Asthma	221
Acute bronchiolitis	216
Noninfective gastroenteritis and colitis	212
Fever of other and unknown origin	189
Intracranial injury	180
Superficial head injury	168
Other/unspecified injury of wrist, hand, finger	144
Intestinal obstruction without hernia	133
Fracture at wrist and hand level	129

General Health, Death, and Illness

In 2025, chlamydia was the most common reportable infectious disease in Delaware County, and Hand, Foot, and Mouth Disease was the most common disease causing outbreaks. For more details see 2025 Infectious Disease Annual Report.

INFECTIOUS DISEASE*		DELAWARE COUNTY
Sexually Transmitted Infection (STI)	Chlamydia prevalence Gonorrhea prevalence	136.8 29.7
Hepatitis	Chronic Hepatitis B prevalence *Male* *Female* Chronic Hepatitis C prevalence *Male* *Female*	9.9 73.9% 26.1% 7.9 78.9% 21.1%
Influenza	Influenza cases	64.0
Enteric Diseases	Campylobacteriosis Salmonellosis E. Coli infections	21.1 16.5 7.0
Disease Outbreaks	Hand, foot, and mouth disease COVID-19 Influenza-like illness Other	66.7% 15.2% 3.0% 15.2%

*Data are from 2025. *Rate per 100,000. Source: Delaware Public Health District, Infectious Disease Annual Report 2025*

General Health, Death, and Illness

The percentage of adults with asthma and the rate of asthma-related emergency department visits are lower in Delaware County than in Ohio.

ASTHMA		DELAWARE COUNTY	OHIO
Prevalence (18+ years old)	Adults with asthma	9.5%[1]	11.0%[2]
Emergency Department (ED)*	Asthma-related ED visits[3]	10.8	27.9

*Data are from 2022-2023. *Per 10,000 adults. Sources: [1]CDC places, Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health 2023 [2]Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System 2011-2023. Analysis by the American Lung Association Epidemiology and Statistics Unit. [3]DataOhio, Adult asthma-related emergency department visits, 2022*

Cancer and heart disease are leading causes of death in both Delaware County and Ohio.

LEADING CAUSES OF DEATH		DELAWARE COUNTY	OHIO
Total Deaths	Total Deaths	1,618	126,813
Leading Causes of Death*	Malignant neoplasms	154.5	213.7
	Diseases of heart	151.7	246.2
	Accidents (unintentional injuries)	46.8	65.7
	Cerebrovascular diseases	46.4	63.7
	Alzheimer's disease	42.1	42.4
	Chronic lower respiratory diseases	30.9	57.2
	Parkinson's disease	15.5	13.7
	Diabetes mellitus	12.6	32.0
	Nutritional deficiencies	11.2	9.0
	Intentional self-harm (suicide)	11.2	15.7

*Data are from 2024. *Rates per 100,000 population. Source: DataOhio, Ohio Department of Health, Mortality, 2024*

Healthy People 2030

	Target:	Delaware County:
Unintentional injury death rate	43.2	46.8 ✗
Suicide death rate	12.8	11.2 ✓

General Health, Death, and Illness

The incidence rates of breast cancer, prostate cancer, and melanoma are higher in Delaware County than in Ohio. Regarding cancer mortality, Delaware County is close to meeting the Healthy People 2030 targets for lung cancer and colorectal cancer deaths.

CANCER*		DELAWARE COUNTY	OHIO
Cancer Incidence	All sites/types	450.1	471.1
	Breast (Female)	146.2	133.0
	Prostate	142.1	120.7
	Lung and Bronchus	44.1	63.3
	Melanoma of the Skin	32.4	27.0
	Colon and Rectum	31.7	38.2
Cancer Mortality	All sites/types	125.4	161.1
	Lung and Bronchus	25.7	39.8
	Prostate	19.4	19.3
	Breast (Female)	14.5	20.2
	Pancreas	10.3	12.1
	Colon and Rectum	9.9	13.9

*Data are from 2018-2022. *Average annual age-adjusted rates per 100,000 population. Source: Ohio Department of Health, Delaware County Cancer Profile 2025*

Healthy People 2030

	Target:	Delaware County:
Overall cancer death rate	122.7	125.4 ✗
Lung cancer death rate	25.1	25.7 ✗
Colorectal cancer death rate	8.9	9.9 ✗
Female breast cancer death rate	15.3	14.5 ✓
Prostate cancer death rate	16.9	19.4 ✗

BEHAVIORAL RISK FACTORS

KEY FINDINGS

This section describes behaviors of Delaware County residents that may impact their health outcomes.

Weight

- 75% of adult residents were either overweight (45%) or obese (30%).
- 17% of residents reported being on a GLP-1 medication.

Physical Activity

- Adult residents reported being physically active on 4 days of the last 7, on average.

Nutrition

- Adult residents reported eating 5 or more servings of fruits or vegetables on 4 days of the last 7, on average.

Weight, Nutrition, and Physical Activity

95% of Delaware County representative survey respondents were **physically active** for 30+ minutes at least once in the past 7 days. They were active 4.2 days on average. (n=439)

Likelihood of reporting being physically active for 30+ minutes on 5 or more days differs by:

Gender
Male: 57.6%
Female: 40.0%

Educational attainment
Bachelor's degree or more: 54.3%
Less than a bachelor's degree: 39.5%

Likelihood of reporting being physically active for 30+ minutes on 1-3 days differs by:

Time
2022: 40%
2026: 33%

89% of Delaware County representative survey respondents reported eating 5+ servings of whole **fruits/vegetables** on at least one day in the past 7 days. They ate 5+ servings of fruits/vegetables 3.8 days on average. (n=439)

Likelihood of reporting eating 5+ servings of fruits/vegetables on 5+ days in the past week differs by:

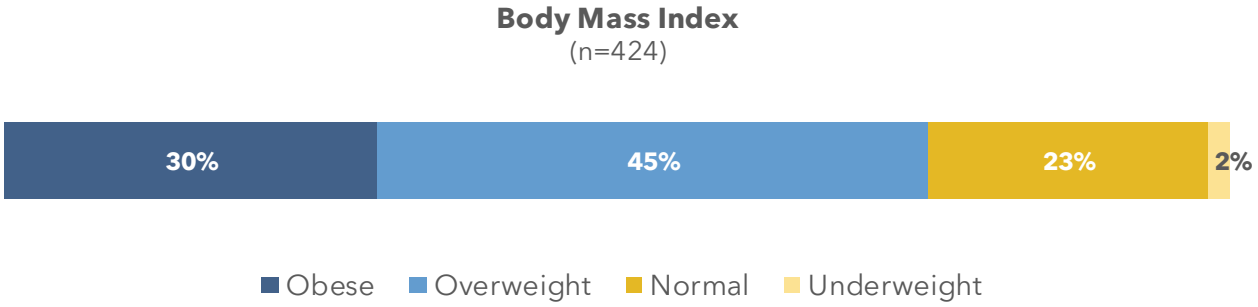
Educational attainment
Bachelor's degree or more: 46.4%
Less than a bachelor's degree: 30.3%

Average number of days eating 5+ servings of fruits/vegetables in the past week differs by:

Time
2022: 3.5 days
2026: 3.8 days

Behavioral Risk Factors

According to the CDC, "Body Mass Index (BMI) is a quick, safe, and reliable screening measure to assess a person's weight relative to their height." According to the representative survey, 75% of adult residents were either overweight (45%) with a BMI score between 25 to 30 or obese (30%) with a BMI score of 30 or greater.



Likelihood of reporting a BMI of 30 or higher differs by:

Time
2022: 34%
2026: 30%

Healthy People 2030

Percent of adults age 20 and older who are obese	Target:	Delaware County:
	36.0%	30.4% ✓

BMI is just one measure of physical health. To better understand an individual's overall health, other factors such as medical history and health behaviors need to be taken into account.

17% of Delaware representative survey respondents reported using a prescribed **GLP-1 medication** for weight loss or to treat a chronic condition. (n=443)

Likelihood of reporting using a prescribed GLP-1 medication differs by:

Gender
Male: 10.5%
Female: 23.8%

BEHAVIORAL HEALTH AND SUBSTANCE USE

KEY FINDINGS

Behavioral health and substance use play a vital role in overall health because they impact how individuals manage stress, interact with others, make decisions, and practice self-care, all of which contribute to their physical health and quality of life. Untreated mental health conditions and substance use can exacerbate or lead to chronic physical illnesses like cardiovascular disease and diabetes, underscoring the interconnectedness of mind and body in achieving holistic health.

Behavioral Health

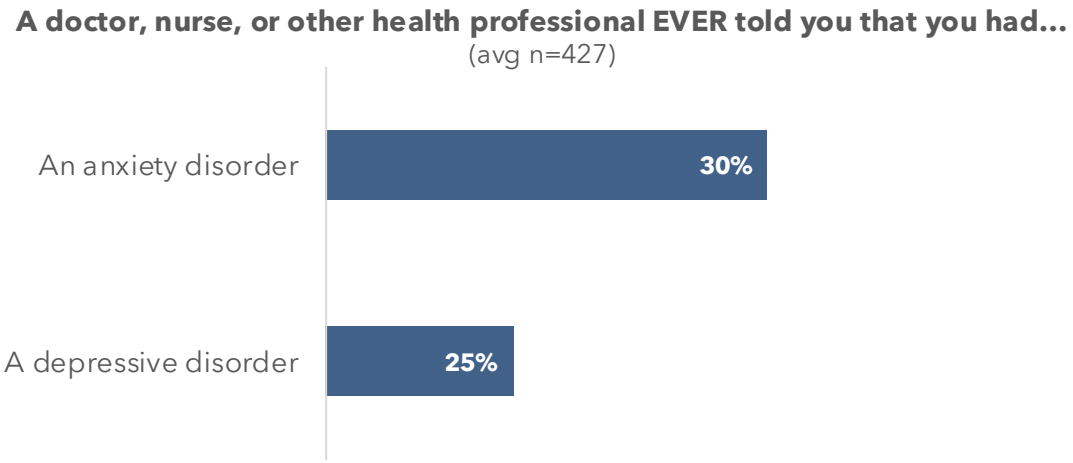
- 30% of adult residents have been diagnosed with anxiety and 25% with depression.
- 22% of residents reported feeling lonely at least sometimes, usually, or always; focus group and interview participants mentioned that older adults may particularly struggle with loneliness.
- According to focus group and interview participants, mental health issues seem to be increasing among youth, and the use of screens may be causing and/or exacerbating these issues.

Substance Use

- Only a small percentages of residents (5%) reported smoking cigarettes every day; Delaware County meets the Healthy People 2030 target for cigarette smokers.
- 28% of adult residents reported binge drinking at least once within the past 30 days; Delaware County does not meet the Healthy People 2030 target for binge drinking.
- According to focus group and interview participants, vaping and marijuana use are concerns among youth.

Mental and Social Health

According to the representative survey, 30% of respondents reported ever being diagnosed with an anxiety disorder and 25% were diagnosed with a depressive disorder.



Likelihood of reporting an anxiety disorder differs by:

Age
18-34: 51.3%
35-44: 36.0%
45-54: 31.9%
55-64: 18.3%
65+: 8.4%

Race/ethnicity
White, non-Hispanic: 34.1%
Not White, non-Hispanic: 14.0%

Likelihood of reporting a depressive disorder differs by:

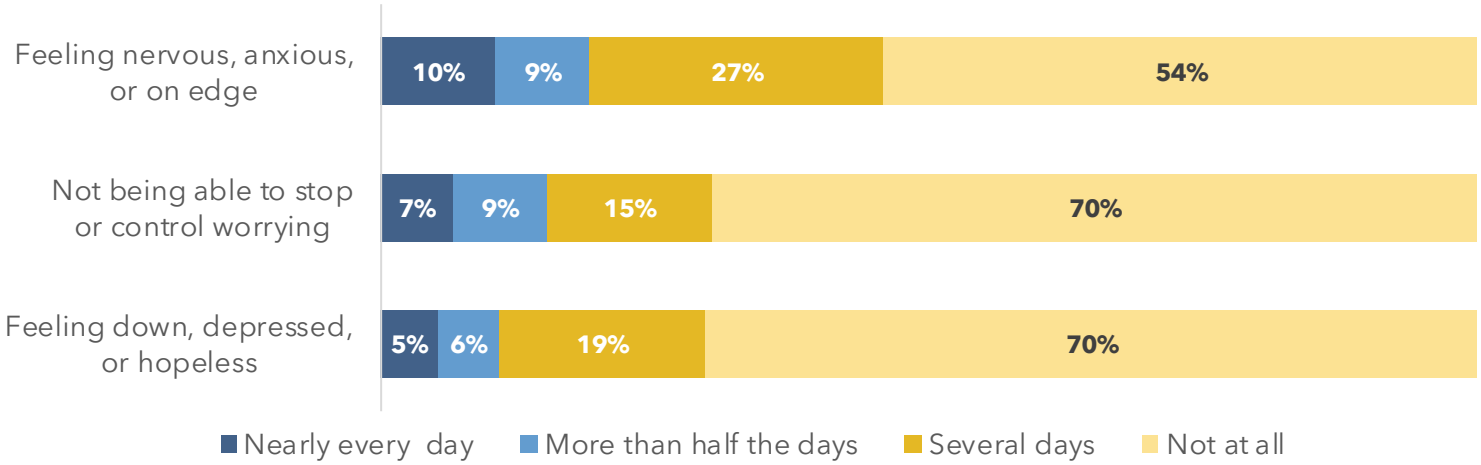
Age
18-34: 34.2%
35-44: 39.9%
45-54: 27.1%
55-64: 20.1%
65+: 6.1%

Educational attainment
Some college or less education: 32.5%
Bachelor's degree or higher: 20.1%

Behavioral Health and Substance Use

A little less than half of residents (46%) felt anxious at least several days during the two weeks prior to completing the survey.

During the past 2 weeks, how often have you been bothered by the following problems?
(n=444)



Likelihood of reporting feeling nervous, anxious, or on edge several days or more:

Age
18-64: 54.2%
65+: 18.9%

Household income
$75,000 or more: 39.5%
Less than $75,000: 62.8%

Likelihood of reporting not being able to stop or control worrying several days or more:

Age
18-64: 33.8%
65+: 20.3%

Household income
$75,000 or more: 24.6%
Less than $75,000: 40.8%

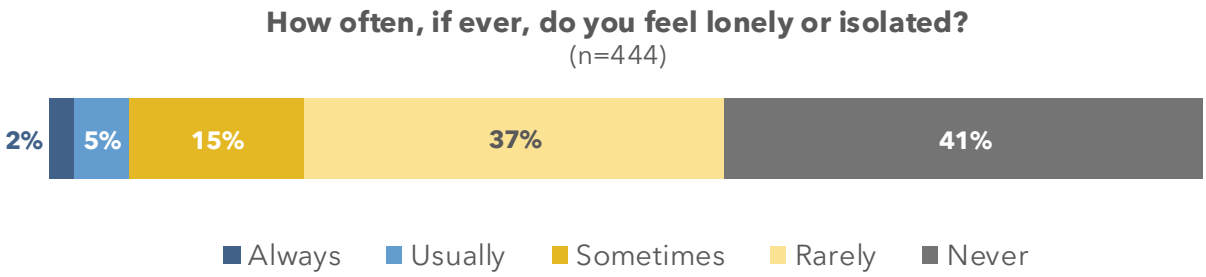
Likelihood of reporting feeling down, depressed, or hopeless several days or more:

Age
18-64: 34.5%
65+: 14.8%

Household income
$75,000 or more: 25.3%
Less than $75,000: 40.6%

Behavioral Health and Substance Use

Nearly one quarter of residents (22%) reported that they feel lonely or isolated at least sometimes, usually, or always.



Likelihood of reporting feeling lonely or isolated sometimes or more differs by:

Age
18-64: 25.3%
65+: 10.8%

Household income
$75,000 or more: 16.7%
Less than $75,000: 36.6%

Delaware County residents are less at risk of social isolation and various mental health issues related to depression and anxiety than are Ohio residents overall.

MENTAL HEALTH		DELAWARE COUNTY	OHIO
Loneliness	Feel lonely (at least sometimes)[1]	32%	36%
	Risk of social isolation index score, 65+ years[2] (risk factors include poverty; living alone; being divorced, separated, widowed; never married; disability; and independent living difficulty)	17	62
Mental Health Risk Assessment Rate[3]*	Depression	18.4	25.7
	Suicidal ideation	23.5	30.9
	PTSD	8.3	9.2
	Trauma survivors	32.3	47.4
	Psychosis	2.8	8.8

*Data are from 2020-2025. *Rate per 100,000 population. Sources: [1]University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025 [2]America's Health Rankings® 2026 Senior Report (scale ranges from 1 to 100; higher value indicates greater risk) [3]Mental Health America, County and State Data Map Dashboard 2025*

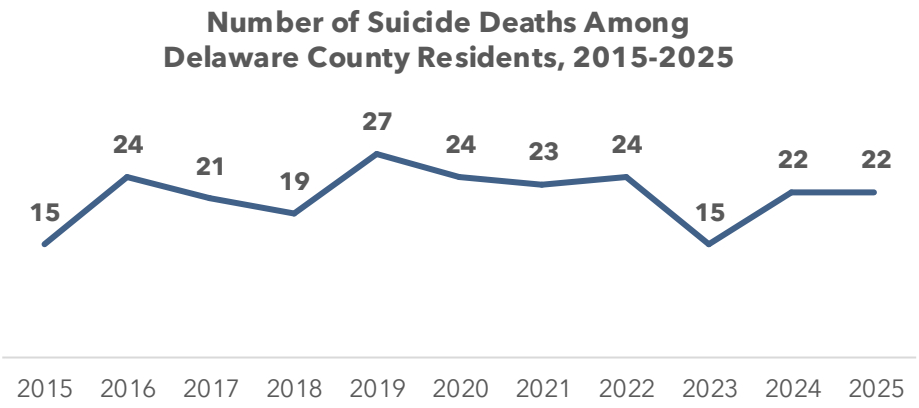
Behavioral Health and Substance Use

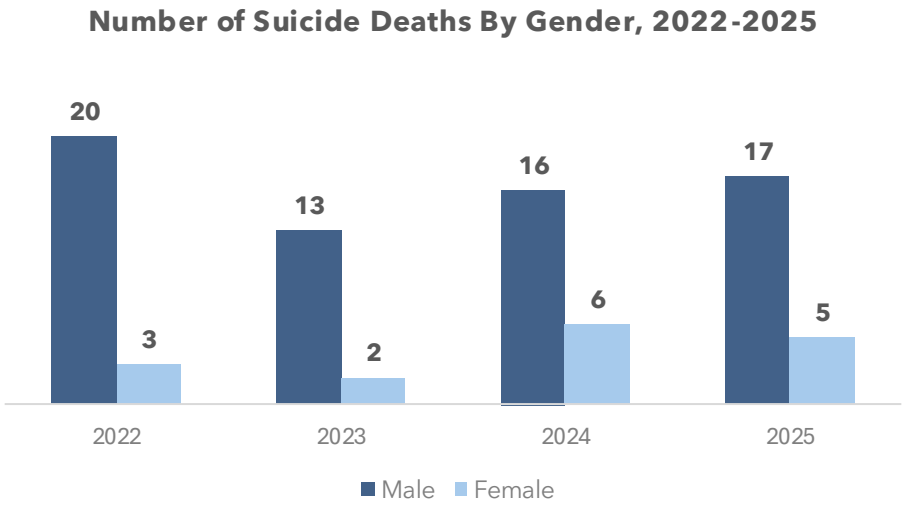
According to the representative survey, **0.7%** of respondents seriously **considered attempting suicide** in the past year. (n=433)

Seriously considered attempting suicide (past 12 months) differs by:

Time
2022: 3%
2026: 1%

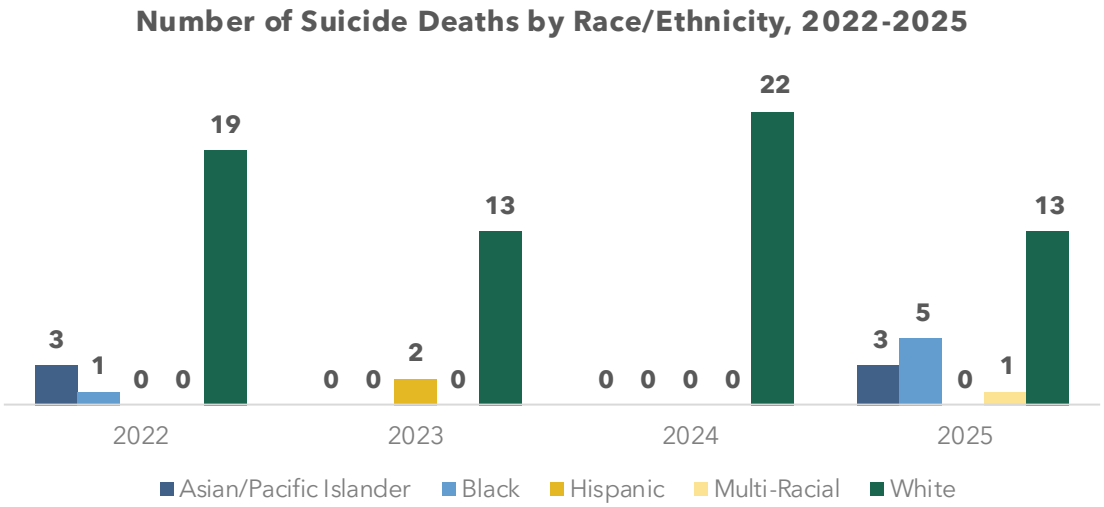
Suicide deaths in Delaware County have increased since 2023. They are more common among males, white residents, and residents 65+ years old.

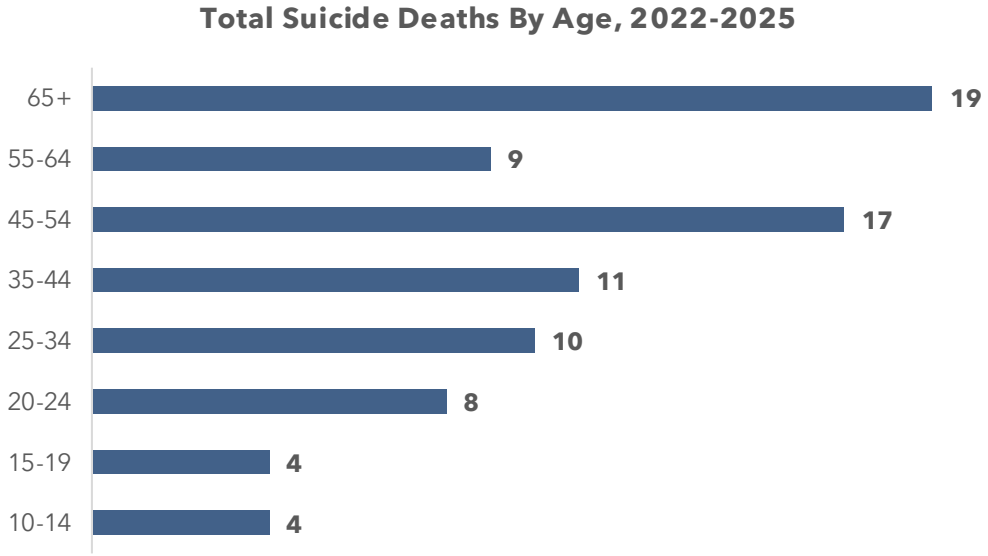




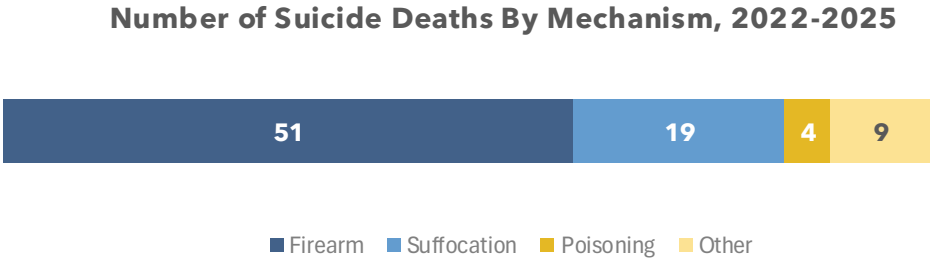
Source: 2024-2025 Delaware County Suicide Fatality Review Annual Report

Behavioral Health and Substance Use





Between 2022-2025 most suicide deaths were the result of firearm injuries.



Source: 2024-2025 Delaware County Suicide Fatality Review Annual Report

COMMUNITY VOICES: OLDER ADULTS & MENTAL HEALTH ISSUES

When older adults experience depression, it is related to lack of purpose, loneliness and isolation, and grief. Ageism is also prevalent, which impacts how older adults are treated.

"Another thing we've experienced is widows and widowers who don't have family nearby who actually come to the library to chat with our staff to get that social interaction."

"Probably the biggest need we see is just [addressing] loneliness and isolation."

"Older adults are grieving lots of things. Maybe their retirement years don't look like what they thought they were going to look like because maybe a spouse has a health condition and they were going to travel and now they aren't going to travel. Or maybe they thought they would have grandkids and they don't have grandkids, or the grandkids live far away…There are a lot of components to grief that are really complicated with older adults."

"With seniors, I see a lot of depression. One due to loneliness, but also due to a lack of purpose anymore."

"Ageism underlies almost every aspect of our culture at large…Even when we talk about the older adults and suicide, it doesn't get as much attention because there's kind of an assumption that people don't care as much, or that … they lived a full life, so I guess it doesn't matter as much."

Suicide Risk & Protective Factors (2024-2025)

According to the CDC, suicide is rarely caused by one single situation or problem. A combination of factors at individual, relationship, community, and societal levels can increase or decrease the likelihood that a person will attempt suicide.

Risk Factors that can increase the likelihood of suicide:

- History of depression and other mental illnesses
- Serious illness such as chronic pain, cancer, memory loss, insomnia
- Suicide ideation
- Previous suicide attempt and self-harm
- Making preparations for death
- Death of a family member
- History of substance use
- Job/financial problems or loss (e.g., victim of a scam, lost investment, difficulty finding employment due to mental illness)
- Expressed suicidal thoughts to family/friends
- Family/loved one's history of suicide
- Marriage separation / intimate partner conflict
- Sexual orientation/gender identity issue
- Easy access to firearms
- Current or prior history of adverse childhood experiences (ACEs)
- Social isolation
- Academic pressures

Protective Factors that can reduce the likelihood of suicide:

- Access to services and healthcare
- Support from partners, friends and family
- Feeling connected to others, school, and community

For more details see 2024-2025 Delaware County Suicide Fatality Review Annual Report.

COMMUNITY VOICES: MENTAL HEALTH ISSUES AMONG YOUTH

Mental health issues among youth seem to be increasing.

"Youth mental health - it's shocking how young [those experiencing mental health issues] are anymore. I feel like they get younger and it's very sad because when I grew up, that wasn't even a thought. But nowadays it's very common."

"We handle a lot of suicidal ideation and we're seeing it in younger and younger [individuals]."

"[In schools we see] anxiety, depression, impulse control, executive functioning, and difficulty regulating emotions."

"For a couple people I know, they choose to self harm by just not eating. They kind of punish themselves by just not eating anything."

"Sometimes you'd get bullied for having mental health issues. And also even going to a counselor, a lot of people just don't want to go. Cuz the counselor might try to tell people about it and maybe they don't want that."

COMMUNITY VOICES: EFFECTS OF SCREEN TIME ON YOUTH

Youth are spending a lot of time on screens which causes issues with mental health due to exposure to content they shouldn't see, screen addiction, limited attention spans, lack of sleep, poor language development, and limited creativity.

"They're seeing more things, hearing more things and it's affecting them in big ways at younger ages."

"Students coming to school tired, they're not getting their sleep, they may be on Fortnite all night long or on social media all night long."

"A huge issue is speech and language development for primary age students. You do not learn speech from a screen."

"Screen usage, high screen usage. I feel like it limits imagination, creativity. A lot of kids are not outdoors having free play and they're just given screens in school."

"I'm really bad about screen time and since the summer, my parents don't restrict me, so I started playing this game two or three days ago and I already have 20 hours on it. So I'm really bad about spending time on screens."

"We work with a lot of elementary schoolers and middle schoolers [whose] focus is close to none because they're just so heavily addicted to the social media."

"Social media pushing this impossible rhetoric like you have to look like this [ideal]. It's constantly what you see, how other people look on social media. Everyone's supposed to [have] the best photos. So you're always just beating yourself up... Making those comparisons and it's hard to achieve that."

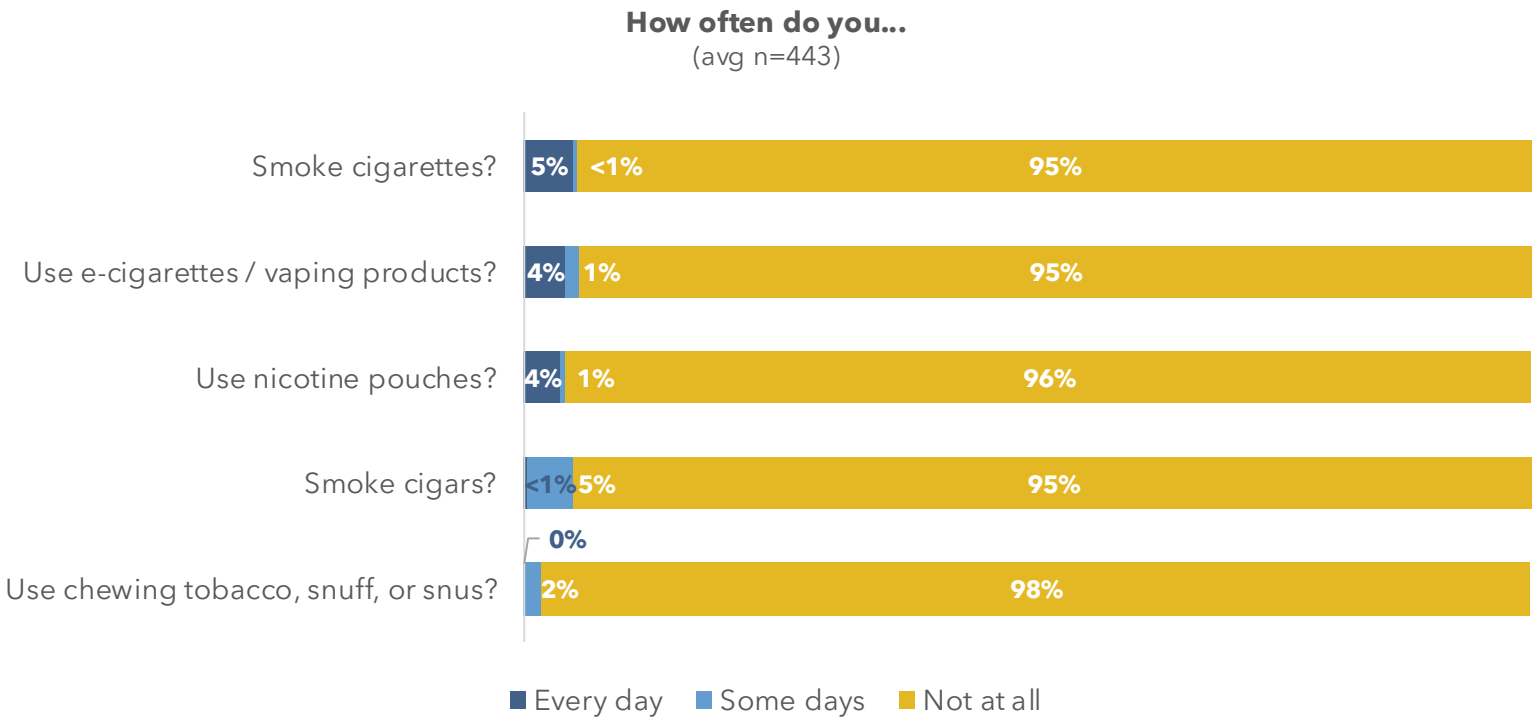
Behavioral Health and Substance Use

The table below examines the possible relationship between experiencing Adverse Childhood Experiences (ACEs) before the age of 18 and negative outcomes such as engaging in risky behaviors and poor mental health. It presents a comparison of the percentage of respondents who participated in various behaviors who either experienced 4 or more ACEs or did not experience any ACEs. See pages 83 and 84 for more details about ACEs experienced by representative survey respondents.

ADULT BEHAVIOR (n=444)	EXPERIENCED 4 OR MORE ACEs	DID NOT EXPERIENCE ANY ACEs
Obesity	41.0%	24.6%
Used recreational marijuana (past 30 days)	32.4%	7.7%
Binge drinking (5+ drinks for males, 4+ drinks for females)	19.1%	27.9%
Used prescription drugs not prescribed to you (past 30 days)	12.6%	0.1%
Smoking (some or all days)	0.0%	5.5%
Feeling down, depressed, or hopeless nearly every day (past 2 weeks)	39.4%	22.2%
Seriously considered suicide (past year)	0.0%	0.7%

Substance Use

Only a small percentage of Delaware County residents (≤ 5%) reported using tobacco or nicotine products every day.



Likelihood of reporting being a former cigarette smoker differs by:

Time
2022: 19%
2026: 23%

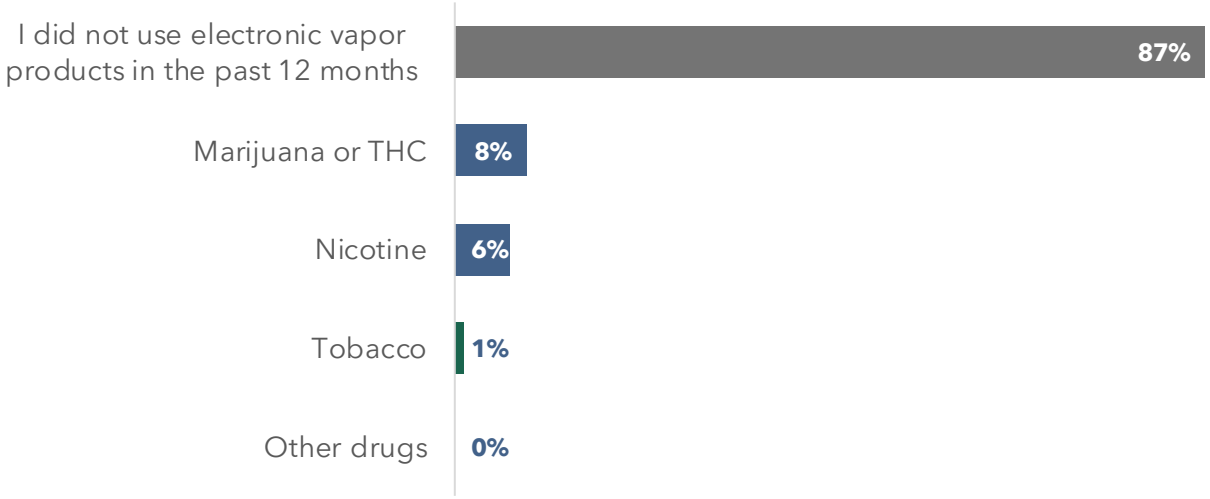
Healthy People 2030

	Target:	Delaware County:
Current adult cigarette smokers 18+	6.1%	5.3% ✓

Behavioral Health and Substance Use

Most of the respondents reported not using electronic vapor products in the past year. Among those who did, marijuana or THC products were the most common (8%).

If you used electronic vapor products in the past 12 months, what did those products contain?
(n=417)



COMMUNITY VOICES: VAPING & MARIJUANA AMONG YOUTH

Vaping among youth is a major concern; use of marijuana and accidental ingestions of marijuana among youth are on the rise.

“There’s definitely kids at our school that vape.”

“Marijuana, vaping, THC. Major increase. And younger and younger ages, obviously it is legal now for adults, so there's readily available access for younger people.”

"[Vaping starts] sometimes as young as third and fourth grade, but definitely middle school."

“We have seen an increase on kiddos having access to [marijuana] and ingesting it.”

“Vapes. It's like a flex I feel like. You see people in social media flexing it like...It's like the pressure. You want to be cool.”

“People spread misinformation about how vaping is not as bad or it's actually better than smoking. So they think it's safe and they just use it to look cool without actually knowing what it does.”

Behavioral Health and Substance Use

According to the representative survey, **28%** of adult respondents reported **binge drinking** at least once in the past month. They binge drank 1 time on average. (n=433) Because previous data has shown differences between males and females, note that 34% of males and 24% of females reported binge drinking at least once in the past month. This difference is not statistically significant.

Likelihood of reporting binge drinking on at least one occasion in the past month differs by:

Time
2022: 33%
2026: 28%

Healthy People 2030

	Target:	Delaware County:
Adults 21+ who reported binge drinking in the past 30 days (5+ drinks if male; 4+ drinks if female)	25.4%	28.4% ✗

COMMUNITY VOICES: ALCOHOL AND DRUG USE

Use of alcohol, marijuana, meth, cocaine and fentanyl are prevalent substance use concerns in Delaware County. Alcohol and drug interactions with medications can cause complications.

"I see a lot of alcohol. It's cheap. You just bike down the street, take it home, use it. Lots of alcohol."

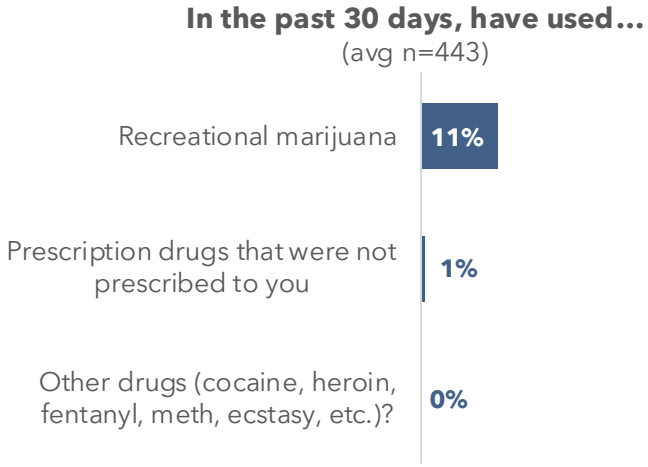
"We've had a huge increase in alcohol cases. I would say, as far as other substances in Delaware, the biggest one right now is methamphetamine and fentanyl and cocaine as well."

"With [marijuana] being legalized, [usage] has gone way up. What people don't talk about is marijuana use and its implications for people who are on antipsychotic meds or medication, mental health medications in general. A lot of times there's side effects that are making those less effective."

"It's very tricky to understand if you feel like a kiddo's in good hands still when mom just reports [marijuana use] only at night after the kids go to sleep."

Behavioral Health and Substance Use

According to the representative survey, 11% of residents used marijuana at least once within the past 30 days.



Recreational marijuana users in the past month differs by:

Time
2022: 9%
2026: 11%

COMMUNITY VOICES: SUBSTANCE USE TREATMENT ACCESS

There are no inpatient substance use treatment centers in Delaware County, although there seem to be adequate outpatient treatment options.

"We don't have any [substance use] treatment facilities in Delaware County. They're down in Columbus. I get it. Columbus is fairly close by, but we literally don't have any."

"Several times a month, we get folks calling in that are in substance use crisis. And I know that we don't have any [inpatient] rehab centers or things like that here. So then the transportation piece also comes in…We've been able to get people in for outpatient."

Inmates in the jail noted that there's a shortage of adequate substance use treatment, and the lack of treatment contributes to them ending up involved with the criminal justice system.

Behavioral Health and Substance Use

The most common cause of unintentional drug overdose deaths in Delaware County and Ohio are opioids and fentanyl. In 2025, 119 naloxone administrations were recorded by EMS in Delaware County. For Ohio, in the same time period, 16,861 administrations were recorded.

DRUG OVERDOSE		DELAWARE COUNTY	OHIO
Unintentional Deaths[1]*	Unintentional drug overdose death rate	10.2	39.0
Cause of Death[2]	Any Opioids	80%	83%
	Illegally Made Fentanyl (IMF)	80%	79%
	Cocaine	35%	41%
	Amphetamine	30%	30%
	Benzodiazepine	10%	9%
	Rx Opioids	5%	9%
	Heroin	0%	3%
Overdose Treatment[3]	Naloxone administrations	119	16,861

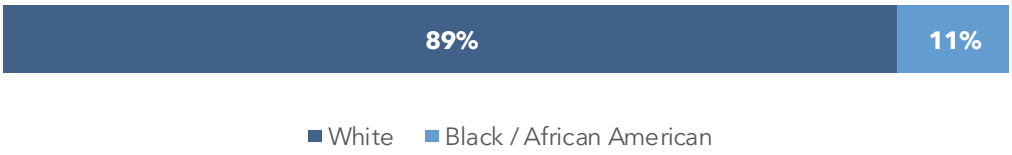
*Data are from 2023-2025. *Rate per 100,000 population, age-adjusted. Sources:[1]Ohio Department of Health, 2023 Ohio Unintentional Drug Overdose Report [2]Ohio Department of Health, State Unintentional Drug Overdose Reporting System (SUDORS), Drug Involvement, Percentage of Unintentional Drug Overdose Deaths With Select Drugs Listed as a Cause of Death, 2023 [3]Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers By County, Ohio, 2025 (85.9% of Transporting Ohio EMS Agencies Reporting).*

Behavioral Health and Substance Use

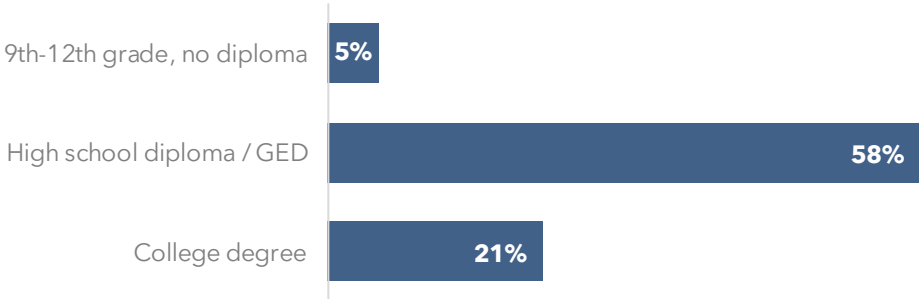
In 2024 there were 19 accidental overdose deaths in Delaware County. The ages of these residents ranged from 22-63 years, with an average age of 45 years. These deaths were more common among men, white residents, and residents who completed high school (but not college). For more details see 2024 Annual Accidental Overdose Report.

Number of Accidental Overdose Deaths by Gender, 2024

Number of Accidental Overdose Deaths by Race, 2024



Number of Accidental Overdose Deaths by Education, 2024



Source: 2024 Annual Accidental Overdose Report

Overdose Risk & Protective Factors (2024-2025)

According to the CDC, obesity is a complex chronic disease influence by various factors such as health behaviors, stress, medical conditions, medications, genes, and people's environments.

Risk Factors that increase the likelihood of obesity:

- History of alcohol and/or drug use
- History of mental illness
- Physical health problems (e.g., chronic pain, heart disease, gastrointestinal issue, heart disease, chronic obstructive pulmonary disorder, eating disorder, HIV-positive, etc.)
- Previous overdose
- Previous suicide attempt and self-harm
- Family substance use
- Employment problems
- Family relationship stress
- Marriage separation/intimate partner problem
- Sexual orientation/identity issue
- Criminal/legal problem
- Recent release from substance use treatment facility
- Eviction from home
- Over-prescription of narcotics, muscle relaxers, and anxiety medications
- Felt like a burden

Protective Factors that decrease the likelihood of obesity:

- Access to services and healthcare
- Access to naloxone and fentanyl test strips
- Positive social support
- Feeling connected to others

For more details see 2023-2024 Delaware County Overdose Fatality Review Annual Report.

Behavioral Health and Substance Use

The next table shows the counts of motor vehicle crashes, including those involving alcohol and/or drugs within a one-year time span.

OPERATING A VEHICLE WHILE IMPAIRED (OVI)		DELAWARE COUNTY	OHIO
Alcohol or Drug Related[1]	Alcohol or drug related crashes	137	10,154
	Alcohol or drug related deaths	12	599
	Alcohol or drug related injuries	71	5,912
Crash Deaths[2]	Overall deaths	17	1,139
	Alcohol related deaths	6	317
Reckless/OVI[3]	Reckless/OVI calls for service	2,715	63,722

Data are from 2024-2025. Sources: [1]Ohio Department of Public Safety Crash Statistics System, Alcohol, Drug, & Fatal Statistics Report, 2025 [2]Ohio Department of Public Safety Crash Statistics System, General Crash Statistics, 2025 [3]Ohio State Highway Patrol 2024 Operational Report

Displayed in the next table are the prescribed doses per patient in 2025 for substances monitored by the Ohio Automated Rx Reporting System (OARRS). With the exception of stimulants, the prescribed doses per patient for these substances is lower in Delaware County than in Ohio.

PRESCRIPTION DRUGS		DELAWARE COUNTY	OHIO
Doses Per Patient	Opioids	134.5	188.4
	Benzodiazepine	150.6	224.4
	Stimulant	289.1	284.1
	Buprenorphine	363.6	407.9
	Gabapentin	478.2	529.6

Data are from 2025. Source: Ohio Board of Pharmacy, Ohio Automated Rx Reporting System Prescription Drug Monitoring Program Interactive Data Tool

MATERNAL AND CHILD HEALTH

KEY FINDINGS

This section describes the health of expectant mothers and children in Delaware County.

Infant Health

- The infant mortality rate is 5.6/1,000 which does not meet The Healthy People 2030 target for infant mortality.
- The Healthy People 2030 target for preterm birth rate is met in Delaware County.

Child Abuse

- Physical abuse is the most commonly reported form of child abuse in Delaware County.

Maternal and Child Health

The following table presents the percentage of pregnant residents in Delaware County who had various pregnancy risk factors between 2020-2024.

PREGNANCY RISK FACTORS		DELAWARE COUNTY
Diabetes	Prepregnancy diabetes Gestational diabetes	<1% 8%
Hypertension	Prepregnancy hypertension Gestational hypertension	2% 10%
Previous Births	Previous preterm birth (<37 weeks) Previous Cesarean	5% 17%
Infertility	Infertility treatment	5%

Data are from 2020-2024. Source: Ohio Department of Health - Birth Comprehensive Protected Dataset, 2020-2024

From 2020-2024, few pregnant residents of Delaware County smoked cigarettes or regularly drank alcohol, and most received adequate prenatal care.

MATERNAL HEALTH		DELAWARE COUNTY
Substance Use	Smoked any time during pregnancy Drank alcohol daily during pregnancy	3% <1%
Prenatal Care	Adequate prenatal care*	83%

*Data are from 2020-2024. *Score of Adequate or Adequate Plus on the Kotelchuck Index, which is calculated using the date of initial prenatal visit and total number of prenatal visits. Source: Ohio Department of Health - Birth Comprehensive Protected Dataset, 2020-2024*

Healthy People 2030

	Target:	Delaware County:
Abstinence from cigarette smoking during pregnancy	96%	97% ✓
Adequate prenatal care	81%	83% ✓

Maternal and Child Health

In 2024 there were fewer preterm births, infant deaths, and low birth weight babies in Delaware County than Ohio. Delaware County meets the Healthy People 2030 objective for preterm birth rate, and is close to meeting the objective for infant mortality rate.

INFANT & CHILD HEALTH		DELAWARE COUNTY	OHIO
Births	Total births[1]	2,307	126,876
	Preterm births[2]	9.3%	11.0%
	Teen birth rate (ages 15-19)[3]	3/1,000 females	16/1,000 females
Apgar Score (at 5 minutes)	Good to excellent (7-10)[4]	99%	--
Infant Health	Infant mortality rate[2]	5.6/1,000 live births	6.6/1,000 live births
	Low birth weight babies (<2500g)[2]	7.5%	8.8%
Breastfeeding	Infants breastfed at discharge[4]	88%	--
	Exclusively breastfed infants[4]	60%	--
Lead Levels (< 6 years old)	Blood lead level 3.5<10ug/dL[5]	0.7%	2.7%

Data are from 2018-2024. Sources: [1]DataOhio. Ohio Dept of Health. Births by Residence County, 2024 [2]Data Ohio. Ohio Dept of Children and Youth, Ohio Infant Mortality Scorecard, 2024 [3]University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025 [4]Ohio Department of Health - Birth Comprehensive Protected Dataset, 2020-2024 [5]DataOhio Blood Lead Levels Among Ohio Children, Less than Six Years of Age, by County 2024

Healthy People 2030

	Target:	Delaware County:
Infant deaths in the first year of life	5.0	5.6 ✗
Preterm infants born before 37 completed weeks of gestation	9.4%	9.3% ✓

Maternal and Child Health

The following tables present the total number and causes of child deaths in Delaware County from 2015-2025.

TOTAL CHILD DEATHS 2015-2025		DELAWARE COUNTY
Total	Child deaths	150
By Year	2015	9
	2016	20
	2017	14
	2018	14
	2019	16
	2020	7
	2021	11
	2022	9
	2023	16
	2024	16
	2025	18
Gender	Male	95
	Female	55
Age	< 1 Year	83
	1-4 Years	13
	5-9 Years	10
	10-14 Years	18
	15-17 Years	26
Race	White	110
	Black	15
	Multiracial	15
	Asian	10

CHILD CAUSES OF DEATH 2015-2025		DELAWARE COUNTY
Manner	Natural	108
	Accident	24
	Suicide*	14
	Undetermined	3
	Homicide	1
Medical Causes	Prematurity	24
	Respiratory	20
	Cardiovascular	16
	Infection	12
	Congenital Anomaly	12
	Neurological	9
	Cancer	6
	Other	5
	Pulmonary	4
Accidents	Vehicle	11
	Asphyxia	6
	Carbon Monoxide	2
	Drowning	2
	Other	2
	Fire	1

*Data are from 2015-2025. *7 suicide deaths by firearm, and 7 suicide deaths by hanging. Source: Ohio Department of Health - Mortality Protected Dataset, 2015-2025.*

Physical abuse is the most commonly reported form of child abuse in Delaware County (27%) and Ohio overall (29%) .

CHILD ABUSE		DELAWARE COUNTY	OHIO
Total	Total Child Abuse Cases	310	77,777
Types of Abuse	Physical Abuse	27%	29%
	Multiple Allegations	23%	21%
	Neglect	21%	25%
	Family in Need of Services, Dependency, Other	17%	13%
	Sexual Abuse	11%	8%
	Emotional Maltreatment	0%	1%

Data are from 2024-2025. Source: Public Children Services Association of Ohio Factbook, June 2025

SOCIAL DETERMINANTS OF HEALTH

KEY FINDINGS

This section provides insight into how Delaware County residents fare when it comes to many social determinants of health, including levels of poverty, access to health care, and education outcomes. Social and structural determinants of health provide insight into what causes higher health risks or poorer health outcomes among specific populations, including community and other factors which contribute to health inequities or disparities.

Health Care Access

- According to the focus groups and interviews, some of the common health care access issues include cost, transportation, and long wait times. Residents commonly have to travel to other counties for health care – especially specialty care.
- 95% of Delaware County residents have health insurance, but residents noted that some health care isn't covered by insurance and out-of-pocket costs can still be high, even with insurance.

Housing Cost Burden

- Housing affordability is a notable challenge; 52.5% of renters in Delaware County spend 30% or more of their household income on gross rent (GRAPI), compared to 19.8% of homeowners with a mortgage and 9.8% of homeowners without a mortgage who meet the same cost-burdened threshold.
- Challenges accessing safe, affordable housing was a common theme in the focus groups and interviews.

Economic Stability

Economic stability plays an important role in health, with at least one study on this topic showing that those with greater income had greater life expectancy.[1] In Delaware County there are fewer residents living below federal poverty levels (FPL) than in Ohio overall.

INCOME AND POVERTY		DELAWARE COUNTY	OHIO
Income	Median household income	$132,530	$72,212
Public Assistance	Households with cash public assistance income	0.9%	1.9%
Poverty	People below 100% FPL*	4.3%	12.7%
	People below 125% FPL*	5.6%	16.3%
	People below 200% FPL*	10.9%	28.6%
Children & Seniors	Children (<18 years old) below 100% FPL**	2.3%	16.5%
	Seniors (≥ 65 years old) below 100% FPL**	3.7%	10.4%

*Data are from 2024. *Denominator = Total population. **Denominator = Population in specified age range. Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024*

Healthy People 2030

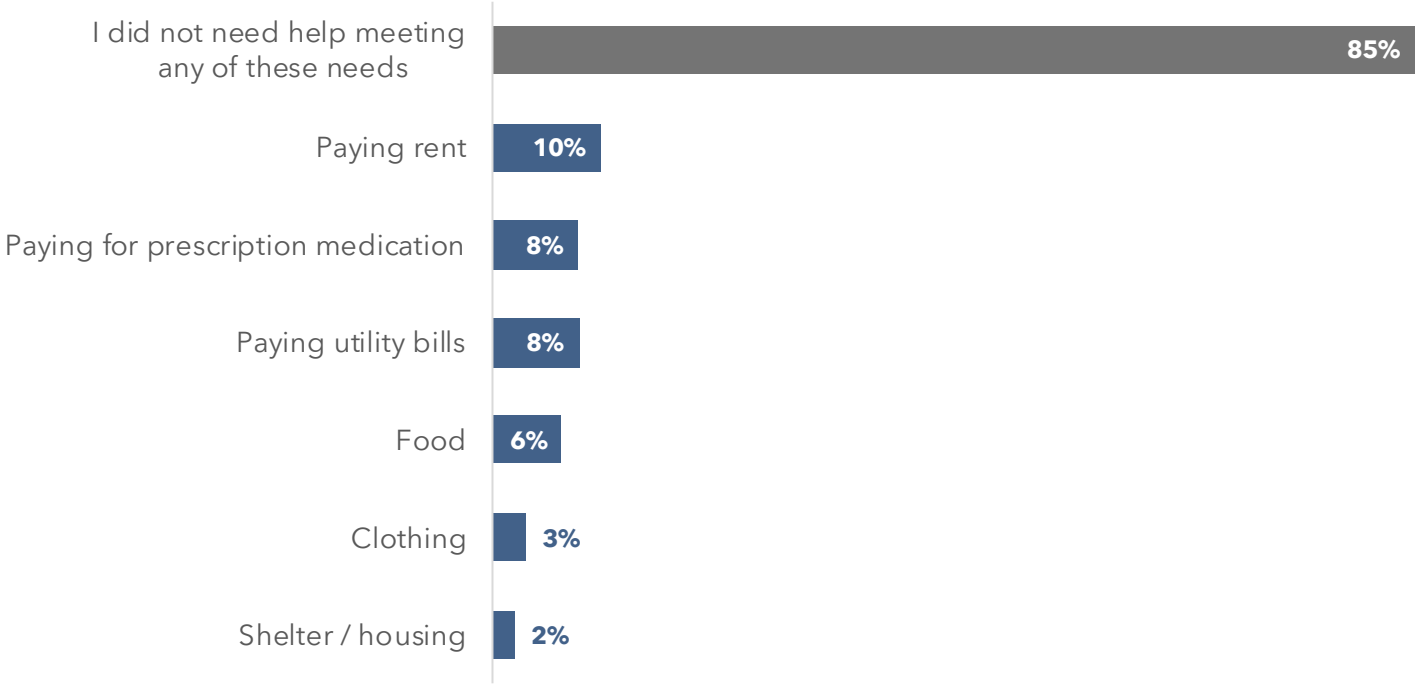
	Target:	Delaware County:
Percent of people living below poverty level	8.0%	4.3% ✓

[1]Chetty, R., Stepner, M., Abraham, S., Lin, S., Scuderi, B., Turner, N., Bergeron, A. & Cutler, D. (2016). The association between income and life expectancy in the United States, 2001-2014. Jama, 315(16), 1750-1766.

Social Determinants of Health

A majority of residents (85%) did not need help meeting daily needs in the past year. The most commonly reported needs were assistance with paying rent (10%) and paying for prescriptions (8%).

During the past 12 months, did you need help meeting any of the following general daily needs?
(n-438)



Economic instability is linked to food insecurity (not getting adequate food or having disrupted eating patterns due to lack of money and other resources). The percentage of residents who lack adequate access to food is lower in Delaware County (10.1%) than Ohio (15.3%). Additionally, some researchers use the food environment index when assessing access to nutritious foods. This index of factors that contribute to a healthy food environment ranges from 0 (worst) to 10 (best). Delaware County's food environment index score in 2024 (9.0) was higher than Ohio's score (7.0).

FOOD INSECURITY		DELAWARE COUNTY	OHIO
Food Insecurity	Overall food insecurity rate[1]	10.1%	15.3%
	Child food insecurity rate (<18 years old)[1]	8.3%	20.1%
	Food Environmental Index[2]	9.0	7.0
Supplemental Nutrition Assistance Program	Total SNAP households[3]	2.9%	11.6%
	*With children (<18 years old)**	38.6%	41.3%
	*With seniors (≥ 60 years old)**	36.3%	41.5%

*Data are from 2019-2024. *Denominator = Total SNAP households. Sources: [1]Feeding America, Map the Meal Gap, 2023 [2]University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025 [3]U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024*

Social Determinants of Health

In Delaware County, the unemployment rate (3.5%) is slightly lower than the unemployment rate in Ohio (4.0%).

EMPLOYMENT		DELAWARE COUNTY	OHIO
Employment Status	In labor force*	69.0%	63.5%
	Civilian labor force**	99.9%	99.8%
	*Employed***	96.5%	96.0%
	*Unemployed***	3.5%	4.0%
	Armed Forces**	0.1%	0.2%
	Not in labor force*	31.0%	36.5%

*Data are from 2024. *Denominator = Population 16+ years old. **Denominator = Total labor force ***Denominator = Civilian labor force. Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024*

Educational services, and health care & social assistance is the largest industry in Delaware County.

CIVILIAN EMPLOYMENT INDUSTRY*	DELAWARE COUNTY	OHIO
Educational services, and health care & social assistance	23.8%	24.8%
Professional, scientific, & technical, and management, and administrative & waste management services	15.8%	10.4%
Finance & insurance, and real estate & rental & leasing	14.0%	6.5%
Manufacturing	9.3%	14.5%
Retail trade	9.1%	11.0%
Arts, entertainment & recreation, and accommodation & food services	7.4%	8.5%
Construction	5.4%	6.1%
Other services, except public administration	4.0%	4.5%
Transportation & warehousing, and utilities	3.5%	5.6%
Public administration	3.0%	4.0%
Wholesale trade	2.7%	1.9%
Information	1.6%	1.3%
Agriculture, forestry, fishing & hunting, and mining	0.3%	0.9%

*Data are from 2024. *Denominator = Civilian employed population 16+ years old. Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024*

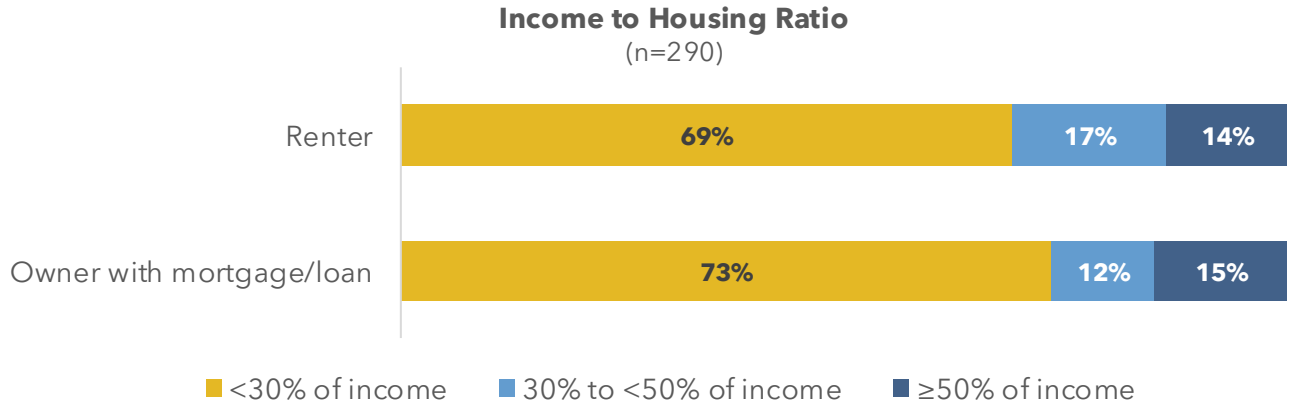
Social Determinants of Health

One way housing affordability is measured by the U.S. Census Bureau is through selected monthly ownership costs as a percent of household income (SMOCAPI). Included in monthly ownership costs are payments involved in purchasing a home as well as expenditures for insurance, real estate taxes, utilities, and fuel. Condominium fees and mobile home costs are also included when applicable. A similar measure for renters exists as gross rent as a percentage of household income (GRAPI). The U.S. Department of Housing and Urban Development has historically considered families whose housing costs exceed 30% of their income to be cost-burdened. The table below provides insight into cost-burdened families in Delaware County via the percentage of housing units for which a significant amount of income goes toward ownership/rent costs.

COST-BURDENED HOUSEHOLDS		DELAWARE COUNTY	OHIO
SMOCAPI	Owner-occupied housing units with a mortgage	45,948	1,991,967
	30% or more of income spent on housing costs	19.8%	22.6%
	Owner-occupied housing units without a mortgage	21,744	1,335,453
	30% or more of income spent on housing costs	9.8%	12.9%
GRAPI	Renter-occupied housing units	16,759	1,459,359
	30% or more of income spent on rent	52.5%	47.7%

Data are from 2024. Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024

According to the representative survey, a majority of Delaware County renters (69%) and homeowners (73%) are spending less than 30% of household income on housing costs.



Likelihood of spending 30% or more of household income on housing costs differs by:

Race/ethnicity
White, non-Hispanic: 21.5%
Not White, non-Hispanic: 46.4%

COMMUNITY VOICES: HOUSING & HYGIENE CHALLENGES

Not all Delaware County residents have a safe, permanent place to sleep at night and regular access to restroom and laundry facilities.

"It does start a lot with affordable housing…If we can afford to live and with a roof over our heads, we can afford to do a lot more things and we can be a little bit healthier in general just because we have that basic need met."

"People can't afford their rent...They're being pushed out of the community because of it...or into homelessness."

"A lot of times people find themselves – because of addiction, because of finances – living out of their car. They're literally washing clothes in the Olentangy River. We do a Laundry Love where two nights a month we have people come in and do their wash for free at the laundry facility. And it's huge."

"I have a lot of clients asking about where to go take a shower. If they're homeless, if they have a job interview or even just to maintain hygiene, because that's uncomfortable."

"One population that has been on my mind a lot lately at our Delaware [library] branch is the unhoused population. One of the major things that could become more of a health crisis is the lack of access to bathrooms…We have a lot of teeth brushing and hygiene being done as soon as we open our doors…People are always trying to give them food, but what they need is access to a bathroom."

"Current shelter option is the Delaware City Police Department lobby."

Inmates in the jail noted that an inability to provide housing for their families can lead to a downward spiral of drug use and consequences.

Social Determinants of Health

ALICE households (Asset Limited, Income Constrained, Employed) are households with income above the Federal Poverty Level but below the basic cost of living. There are fewer ALICE households in Delaware County (16%) than in the state overall (23%).

FINANCIAL BURDEN		DELAWARE COUNTY	OHIO
Asset Limited, Income Constrained, Employed	ALICE households Households below ALICE threshold (i.e., poverty & ALICE)[1]	16.2% 23%	23.4% 36%
Child Care	Income spent on childcare (2 children)[2]	22%	32%

Data are from 2024-2025. [1]United for ALICE, State Level Details 2024 [2]Univeristy of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025.

COMMUNITY VOICES: COST OF LIVING / AFFORDABILITY CRISIS

Increases in the costs of goods and services without increases in wages has left some residents struggling to afford basic necessities. Some residents/staff can no longer afford to live and/or work in Delaware County.

"I'm well-off and... I look at everybody else and I don't understand how people can afford [childcare and child-related expenses]. It's sad because it shouldn't be that way."

"Most of our young staff live with their parents…and we are paying a good rate. The problem is with gas prices and things. If you can't afford to live here and you can't afford to drive here, who is going to work in Delaware County?"

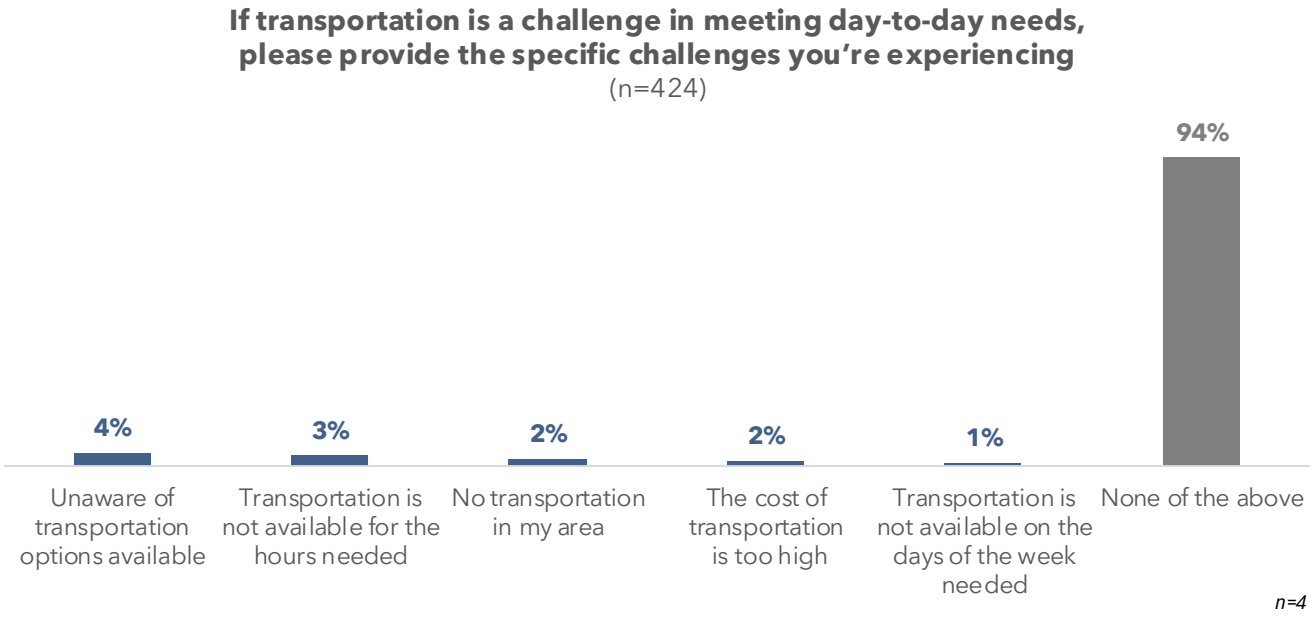
"The biggest issue is even if you've got a job and you're working, you are still just scraping by and every time something happens, well now you're behind."

"Every year my rent's going up now... all the utilities went up…gas is going up…[the cost of] food is going up. Everything except your income is going up."

"None of my children that I raised in Delaware can buy a house in Delaware…One has bought in another county. My other two children won't be in Delaware because they can't afford it."

Social Determinants of Health

A majority of respondents did not face transportation challenges in meeting their daily needs (96%); among those who did, respondents were most commonly unaware of the transportation options available (4%).



COMMUNITY VOICES: TRANSPORTATION CHALLENGES

Issues with public and/or private transportation make it difficult for some Delaware County residents to get where they need to be, like work and health care appointments.

"I can't even afford to take the bus to my appointments."

"We run into people just not being able to get to the places where they need, especially in the more rural areas…If they don't have reliable transportation, there's not a lot of other options for individuals."

"Some people pick up the night shifts because it pays more, but there's no transportation in the evening. My boyfriend works third shift and he takes a guy home because there's no bus at 3 o'clock in the morning. So you have to either walk, which is scary, or find a ride, or have your own vehicle. And vehicles cost as much as homes do now. And then you have to repair those vehicles."

"The bus takes forever."

Education

Educational attainment can affect employment opportunities and economic stability, which in turn impacts many health outcomes.

Regarding young children in Delaware County, 56.3% are considered to have demonstrated readiness to begin kindergarten, meaning they entered with "sufficient skills, knowledge and abilities to engage with kindergarten-level instruction." Additionally, 79.8% of third graders are considered at least proficient in English Language Arts.

CHILDHOOD EDUCATION		DELAWARE COUNTY	OHIO
Childhood Education	Demonstrating kindergarten readiness[1]	56.3%	36.6%
	3rd graders with reading proficiency[2]	79.8%	61.3%
	High school graduation rate[3]	97.7%	88.3%
	Big Walnut Local	97.8%	--
	Buckeye Valley Local	96.4%	--
	Delaware City	92.7%	--
	Olentangy Local	99.0%	--

Data are from 2024-2025. Sources: [1]Ohio Department of Education & Workforce. Kindergarten readiness assessment, 2024-2025 [2]Ohio Department of Education & Workforce. Third grade English Language Arts (ELA) Test Results, 2024-2025 [3]Ohio Department of Education & Workforce, 4-Year Longitudinal Graduate Rate, 2024

Healthy People 2030

	Target:	Delaware County:
Percent of high school students who graduate in 4 years	90.7%	97.7% ✓

Social Determinants of Health

Delaware County and Ohio have similar student enrollment across grade levels.

SCHOOL ENROLLMENT		DELAWARE COUNTY	OHIO
Population 3+ years old in school[1]	Total enrolled	64,476	2,720,099
	Nursery school, preschool	6.9%	6.3%
	Kindergarten	4.5%	5.4%
	Elementary school (grades 1-8)	41.6%	41.6%
	High school (grades 9-12)	24.2%	22.4%
	College or graduate school	22.7%	24.3%
Grade Level Enrollment[2]*	Preschool (Ages 3-5)	3.3%	3.8%
	Kindergarten	4.4%	6.7%
	1st Grade	7.1%	7.1%
	2nd Grade	7.4%	7.2%
	3rd Grade	7.8%	7.6%
	4th Grade	7.6%	7.1%
	5th Grade	8.0%	7.4%
	6th Grade	7.9%	7.4%
	7th Grade	7.8%	7.4%
	8th Grade	7.7%	7.5%
	9th Grade	7.7%	7.8%
	10th Grade	7.4%	7.7%
	11th Grade	8.0%	7.8%
	12th Grade	7.6%	7.4%
	Student with disability condition who has completed graduation requirements and elects to remain for further training	0.2%	0.1%

*Data are from 2024-2025. *Denominator = Population of students aged 3+ enrolled in public and private schools. Source: [1]U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024 [2]Ohio Department of Education & Workforce, Enrollment by Student Demographic, 2024-2025*

Social Determinants of Health

In Ohio, chronic absenteeism is defined as missing at least 10% of the minimum number of hours required in the academic year. Chronic absenteeism falls within the moderate range (10-19%) in Delaware County compared to Ohio where absenteeism is considered severe (20%+). The percentages of disconnected youth and students eligible for free/reduced lunch are also lower in Delaware County than statewide.

YOUTH CHARACTERISTICS		DELAWARE COUNTY	OHIO
School Attendance	Chronic absenteeism[1]	12.5%	25.1%
Disconnected Youth	Youth ages 16-19 neither working nor in school[2]	2%	6%
Free/Reduced Lunch	Eligible public school children[2]	20%	42%

Data are from 2019-2025. Source: [1]Ohio Department of Education & Workforce, Chronic absenteeism, 2024-2025 [2]University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025

A greater percentage of Delaware County residents continue their education beyond an associate degree, compared to Ohio residents overall.

EDUCATIONAL ATTAINMENT		DELAWARE COUNTY	OHIO
Population 25+ years old	No high school	1.1%	2.6%
	Some high school, no diploma	1.7%	5.2%
	High school graduate / GED	17.7%	31.3%
	Some college, no degree	13.8%	19.4%
	Associate's degree	6.7%	9.1%
	Bachelor's degree	37.9%	19.9%
	Graduate or professional degree	21.2%	12.5%

Data are from 2024. Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024

COMMUNITY VOICES: YOUTH & ACADEMIC STRESS

Youth are under a lot of academic stress which can negatively impact their mental health.

"I was really pressured in sixth grade because I had a lot of homework. I would spend easily four to five hours a day working on homework."

"We hear from our young people that we serve in our prevention programming the impact of academic stress and how that contributes to really having pretty big mental health challenges and not necessarily feeling like they can get [help] from their parents or their schools or anything like that."

"I have a new middle schooler and the amount of homework and stress that's put on them from going from elementary school to middle school, it was a turn and then they're going through puberty and [their] mind is all over the place."

"Getting into colleges has been really competitive... I take a couple of AP classes and honors classes and I don't even do any sports or anything like that, and I'm already swamped with work and studying and stuff like that."

"I also feel like I'm pressured. I know I'm gonna try to get good grades, but I feel like the constant reminder [from parents] that you have to keep getting good grades also kind of makes me nervous. 'What would happen if I didn't get good grades?'"

Health Care Access

Healthcare access is the ability of individuals to obtain necessary and appropriate health services in a timely manner, encompassing availability, accessibility, affordability, acceptability, and quality of care. It is critically important because it leads to improved health outcomes, prevents disease, reduces health disparities, and enhances overall quality of life for individuals and communities.

One factor of healthcare access is the ability to utilize health insurance. Most Delaware County residents have health insurance and the rates of those without insurance in the county are lower than the overall Ohio rates of those without insurance.

HEALTH INSURANCE*		DELAWARE COUNTY	OHIO
Health Insurance	Total with health insurance	94.8%	93.3%
Private Insurance Type**	Total with private health insurance	83.4%	67.2%
	Employer-based	73.0%	57.2%
	Direct-purchase	12.4%	12.1%
	Tricare/military	1.3%	1.7%
Public Insurance Type**	Total with public health insurance	21.1%	38.3%
	Medicare	15.8%	20.2%
	Medicaid / other means-tested	5.8%	20.4%
	Veterans Affairs health care	1.6%	2.3%
Age	Age 65+ without health coverage	0.6%	0.6%
	Age 19-64 without health coverage	6.9%	9.1%
	Age ≤18 without health coverage	4.1%	5.6%

*Data are from 2024. *Denominator = Civilian noninstitutionalized population. **Insurance type alone or in combination. Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024*

Social Determinants of Health

Delaware County has a higher availability of primary care physicians than Ohio as a whole. In contrast, the availability of other healthcare practitioners, like dentists and mental health providers, is lower in Delaware County than Ohio.

HEALTH CARE PROVIDERS		DELAWARE COUNTY	OHIO
Licensed Practitioners*	Primary care physicians (MDs and DOs)	1:690	1:1,300
	Other primary care providers	1:1,070	1:640
	Dentists	1:1,620	1:1,520
	Mental health providers	1:570	1:270

*Data are from 2022-2025. *Ratio of providers to population. Source: University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2025*

COMMUNITY VOICES: MENTAL HEALTH CARE ACCESS

Cost and availability make it difficult to access high quality mental healthcare, especially for youth.

"When I noticed that my 5 year old needed someone to talk to about some things, it was nearly impossible to find someone who saw a five year old…We did end up finding a solution, but it was after months of trying and then on top of that…once we did find someone, there was a wait list.

"[It's challenging] to find therapists in the area…There isn't a lot in the county that's available…Finding them that'll match up with your insurance is hard, too."

"Our ER is not outfitted for [mental health services]... So they get frustrated when we bring these folks in there because they're still trying to treat people for general medical care. We've had shifts where we've given three people to them in a shift and they're like, 'Where do we put these people?'"

"Counselors and therapists, they cost money, which a lot of high school students don't have. Plus, most times, you have to ask your parents, and then they'll have to take you."

COMMUNITY VOICES: TRAVEL & TRANSPORTATION FOR HEALTH CARE

Many residents travel outside of Delaware County for healthcare, and transportation can be an issue for accessing healthcare whether it's within Delaware County or not.

"OhioHealth announced yesterday that our only maternity unit in the county is closing in six weeks. No prior warning. They're just closing. So there will be no OB unit in the entire county."

"Transportation is a huge deal when you're in Delaware and you've got your providers in Franklin."

"For [someone who can't drive] to ride the bus to Grady and back for an appointment is going to be $17, $17 back. It costs a lot."

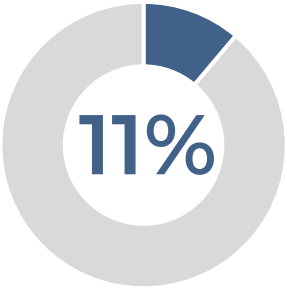
"If you need surgery or anything, if my kid got hurt, I'm going downtown [Columbus]. Anything serious, you're downtown [Columbus]. Even if you go to those [Delaware] locations, they'll send you downtown anyway."

"You go to the emergency room and then you get transferred because they're like…'We can't handle that.'"

"My son broke his arm back in December and we had to wait there at the emergency room and then get transferred to [Nationwide Children's Hospital] because they weren't able to set it."

Social Determinants of Health

A majority of respondents did not have difficulty getting medical care, dental care, or mental health care in the past year. Common difficulties include costs and scheduling.



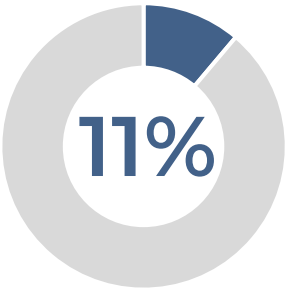
11% Medical Care Difficulty

n=344

Of the 11% who had medical care difficulties:

(n=38)

- 44% unable to schedule an appointment soon enough
- 33% could not afford out-of-pocket costs



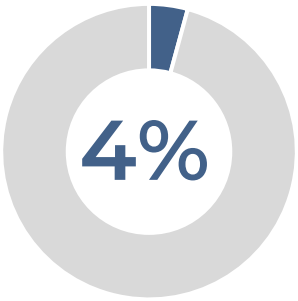
11% Dental Care Difficulty

n=364

Of the 11% who had dental care difficulties:

(n=40)

- 62% could not afford out-of-pocket costs
- 29% did not have insurance
- 29% unable to schedule an appointment soon enough



4% Mental Health Care Difficulty*

n=321

Of the 4% who had mental health care difficulties:

(n=12)

- 68% could not afford out-of-pocket costs
- 43% did not have time to go to an appointment

*The type of insurance those with mental health care difficulties have is unknown; they could have public insurance such as Medicare or Medicaid or private insurance such as commercial (employer-sponsored) insurance.

COMMUNITY VOICES: HIGH HEALTH CARE COSTS

Health care and prescriptions are expensive, and even those with insurance struggle to pay the out-of-pocket costs.

"Every other day I'm getting another bill for a thousand dollars for anesthesia and this [and that]. And I'm like, 'For heaven's sakes, just give me one bill. And how many more of these are coming?' So even for somebody who has decent healthcare, it's still expensive."

"I can't afford my prescriptions. My disability is X amount of dollars…My prescriptions are more than my income."

"My son will be 18 next week, and he is autistic. He has two different insurances: one through the military and then he has one through the state. And even with that, it was $600 out of pocket for his pills. And it got to where it was like, okay, 'What am I gonna go without so that he can have his meds?'"

"[My daughter] spent the week out of school, while all week I'm on the phone with the doctor [because] I need another [inhaler]. I don't care about what insurance is and I don't have the money. I'm not going to pay for it because I don't have the money."

COMMUNITY VOICES: LONG WAIT TIMES FOR HEALTH CARE

Many Delaware County residents face long wait times for appointments, particularly in specialty areas.

"I personally was trying to get into Ohio State and was given a two-month time period for a doctor."

"A big issue we have is the children. They come to Grady... and then sometimes the kids have to wait for days in the ER for a bed to open up."

"We've had many parents wait for Nationwide, and that sometimes is scheduled like six months to a year out."

"The appointment I had today, literally, I had to keep calling because…I need to be seen sooner than [months from now]. And [my tooth] was killing me."

Neighborhood and Physical Environment

Neighborhood and environment refers to what extent individuals feel safe in their community and how the environment influences their quality of life.

COMMUNITY VOICES: POPULATION GROWTH & LAND DEVELOPMENT

Residents noted that Delaware County is growing quickly, which has pros and cons.

"We are growing so fast, which is a good thing and a bad thing. We want all these things, but yet we still want to stay small."

"Growth is good, but to an extent - sometimes too much growth is not. You can't support it. So you start to lose that community feel."

"They're just building so much all at once, too. It's going to fall on us."

The most common use of land in Delaware County is for cultivated crops (40%). Lower intensity developed land (built-up areas with single-family homes, small business structures, and open space) was the second most prevalent form of land use (20%), followed by forest grounds (17%).

LAND USE / LAND COVER	DELAWARE COUNTY
Cultivated crops	40.1%
Developed, lower Intensity	20.0%
Forest	16.5%
Pasture/hay	13.2%
Developed, higher Intensity	6.1%
Open water	3.3%
Wetlands	0.6%
Barren (strip mines, gravel pits, etc.)	0.3%
Shrub/scrub and grasslands	0.1%

Data are from 2020-2024. Source: Ohio Department of Development, Ohio County Profile, Delaware County, 2025

Social Determinants of Health

Fewer residents of Delaware County use a car, truck, or van to commute to work (74.5%) than statewide (83.3%); however, more Delaware County adults work from home (23.2%) than adults across Ohio (11.9%).

WORK COMMUTE		DELAWARE COUNTY	OHIO
Transportation*	Car, truck, or van	74.5%	83.3%
	Drove alone	68.9%	75.2%
	Carpooled	5.6%	8.1%
	Walked	1.4%	2.0%
	Taxi/ride-hailing services, motorcycle, or other	0.7%	1.4%
	Public transportation	0.2%	1.0%
	Bicycle	0.0%	0.4%
	Worked from home	23.2%	11.9%
Travel Time**	Mean travel time to work (minutes)	24.9	23.8

*Data are from 2024. *Denominator = Workers 16 years and over. **Denominator = Workers 16 years and over who did not work from home. Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2024*

COMMUNITY VOICES: PHYSICAL SAFETY CONCERNS

Residents' safety concerns include guns in schools, kids riding e-bikes and playground dangers.

"At the end of the school year…this kid brought a BB gun to school. But no one knew it was a BB gun."

"The e-bikes that are being driven around right now. I feel nervous that kids are going to get hit with cars and I'm afraid that people aren't paying attention."

"In the park they put in a 12-foot-high ladder with two lily pads in the bottom that are rock solid that are within two feet of the ladder, and they said it was made for children 4 to 12…Every time I open my door...I'm afraid when a kid is screaming because I know the day is going to come where I have to jump over the fence and get that child because an accident happened."

"In our subdivision, there's an open field. They put a park there when we built the house... but it is five feet from a pond. And I asked the guys from the city, 'Are you guys fencing in the playground?' 'No.' I took pictures over the winter of kids out there playing on the ice when...it was not frozen at all."

COMMUNITY VOICES: KIDS' ONLINE SAFETY

Parents are worried about their kids' online safety and they're not sure how best to protect them.

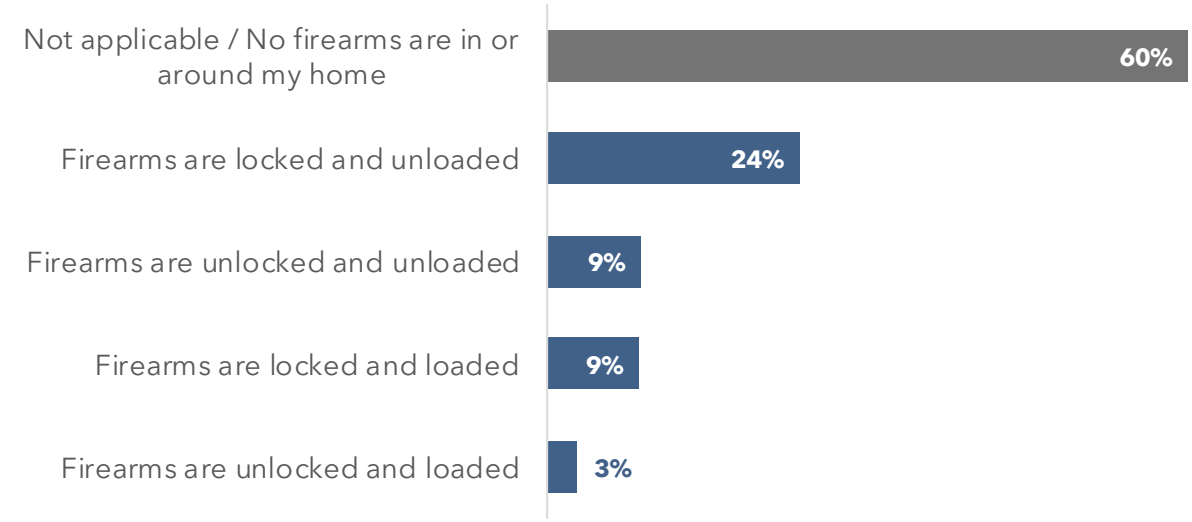
"The apps are so complicated. You are trying to figure out how to block the outcome, external things…I just feel like it is very complicated to just stop them."

"Every week there's something else or every month there's this new trend or new thing that has come up that kids can do or see or how people sneak into [games] like how Roblox was an issue with people on there."

"I do know from my teenage son and his friends, they have shared with me and with his dad that the catfishing on Snapchat is really kind of out of control with teenagers."

Forty percent (40%) of Delaware County adults keep a firearm in or around their home. Three percent (3%) of adults reported their firearm was unlocked and loaded.

If anyone in your household owns a firearm, how are those firearms stored when they are in or around your home?
(n=434)



Likelihood of reporting there are firearms in or around their home differs by:

Area
Rural: 57.9%
Urban: 31.3%

Race/ethnicity
White, non-Hispanic: 44.1%
Not White, non-Hispanic: 18.4%

Time
2022: 36%
2026: 40%

Social Determinants of Health

There was less prevalence of households with severe problems in Delaware County (8%) than Ohio generally (13%). Another potential household problem is radon, a naturally occurring gas that can cause cancer. According to the Environmental Protection Agency (EPA), at 4 pCi/L or higher it is recommended to take measures to decrease household radon levels. Nearly 50% of homes in Delaware County had radon levels above this health and safety threshold (before any remediation measures were taken).

HOUSING PROBLEMS		DELAWARE COUNTY	OHIO
Severe Problems[1]	Households with overcrowding, high housing costs, lack of kitchen, and/or lack of plumbing facilities	8%	13%
Radon[2]	Homes above 4pCi/L	49.8%	--
	Median radon level	3.9	--

Data are from 2025-2026. Source: [1]University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2025 [2]Ohio Department of Health, Mean Radon Levels by County, 2026

The following table presents the number of Medicare beneficiaries by zip code who are at-risk of life-threatening consequences during severe weather or other emergencies due to their reliance on certain essential health care services and any electricity-dependent durable medical and assistive equipment (DME) and devices. For more details see HHS emPOWER Program Quick Reference Guide.

GEOGRAPHY	AT-RISK RESIDENTS
43015	151
43082	110
43065	81
43074	50
43035	44
43021	42
43003	22
43061	22
43240	22
43066	11
43032	0

Data are from May 2026. Source: Administration for Strategic Preparedness and Response (ASPR), HHS emPOWER Map

Social and Community Context

COMMUNITY VOICES: RESIDENTS' SENSE OF BELONGING

Residents and stakeholders noted that not all residents may feel a sense of belonging in Delaware County (e.g., those with different languages or cultures, LGBTQIA+ individuals, unhoused individuals, and those who are new to the community).

"Just really thinking about all the different populations that might have specific cultural needs and whether we're able to serve those without folks having to go out of county for something like that."

"Going back to the unhoused population, I think the message to them is, 'We don't want you here. Get out.'"

"One underlying thing I'm seeing is the new and the old. People who are moving into the community versus those who've been in the community for a long time."

"I would say overall, for the larger community, most people of color that I know don't feel a sense of belonging here. LGBTQIA+ folks feel a sense of belonging in the communities that they know are safe. In the wider community, though, it's questionable. The political polarization is strong here."

"Delaware used to be a really nice small town where everybody knew each other, would be able to help each other out. But now it is kind of what y'all talking about, where it's every person for themselves, every household for themselves."

"I feel like people at our school weren't respecting people's religion or ethnicity or how they identify."

"The community is not together. Back where I come from everybody knows each other, their neighbors and stuff. I do not know even my neighbor's name [here]."

Social Determinants of Health

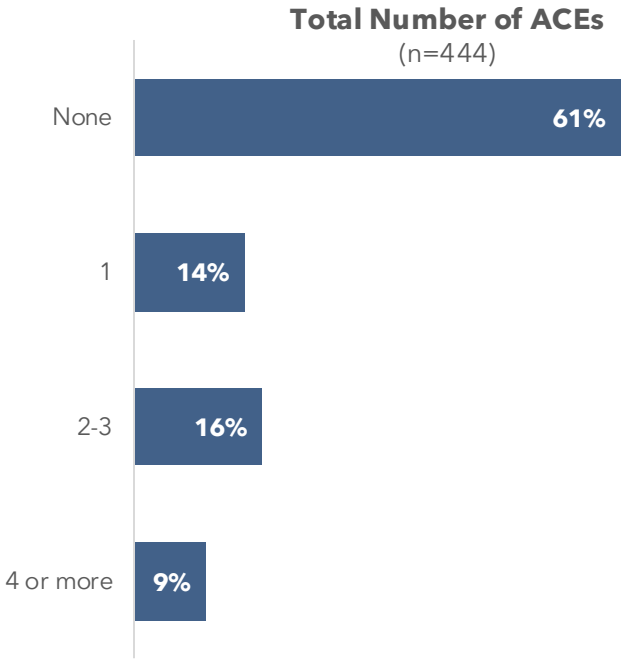
Adverse Childhood Experiences (ACEs) are potentially traumatic experiences that children go through or witness before they turn 18.[1] These events can have lasting negative effects on health and well-being. A majority of Delaware County residents have not experienced any ACEs (61%).

Delaware County residents experienced the following ACEs:

ADVERSE CHILDHOOD EXPERIENCES (n=444)	
 ABUSE	**18%** A parent or adult in your home swore at you, insulted you, or put you down
	9% Someone at least 5 years older than you or an adult touched you sexually
	6% A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)
	4% Someone at least 5 years older than you or an adult tried to make you touch them sexually
	2% Someone at least 5 years older than you or an adult forced you to have sex
 NEGLECT	**6%** Your family did not look out for each other, feel close to each other, or support each other
	2% You did not have enough to eat, had to wear dirty clothes, and had no one to protect you
 HOUSEHOLD CHALLENGES	**17%** Lived with someone who was a problem drinker or alcoholic
	14% Your parents became separated or were divorced
	11% Lived with someone who was depressed, mentally ill, or suicidal
	6% Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up
	6% Lived with someone who used illegal street drugs, or who abused prescription medications
	2% Your parents were not married
	1% Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility

[1]Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245–258.

Social Determinants of Health



Likelihood of selecting four or more ACEs differs by:

Time
2022: 14%
2026: 9%

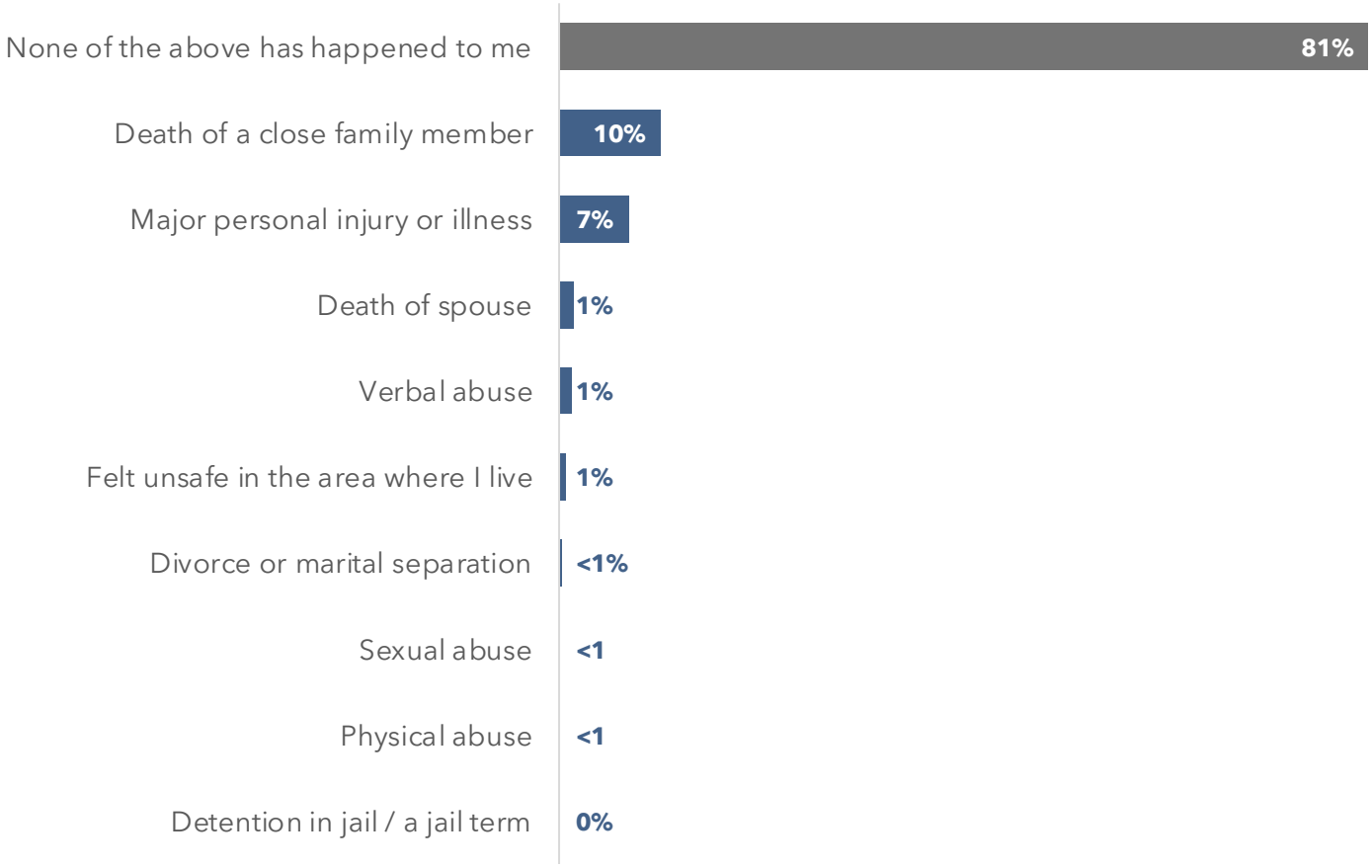
For a detailed list of ACEs experienced by Delaware County residents reported in 2022 and 2026, please see page 10.

99% of Delaware County adults reported they **did not experience physical, sexual, emotional, financial, or verbal abuse** in the past 12 months. (n=426) Although these abuses had low presence in the representative survey, other data sources provide additional information about victims of abuse in Delaware County. For example, see page 87 for domestic violence data.

Social Determinants of Health

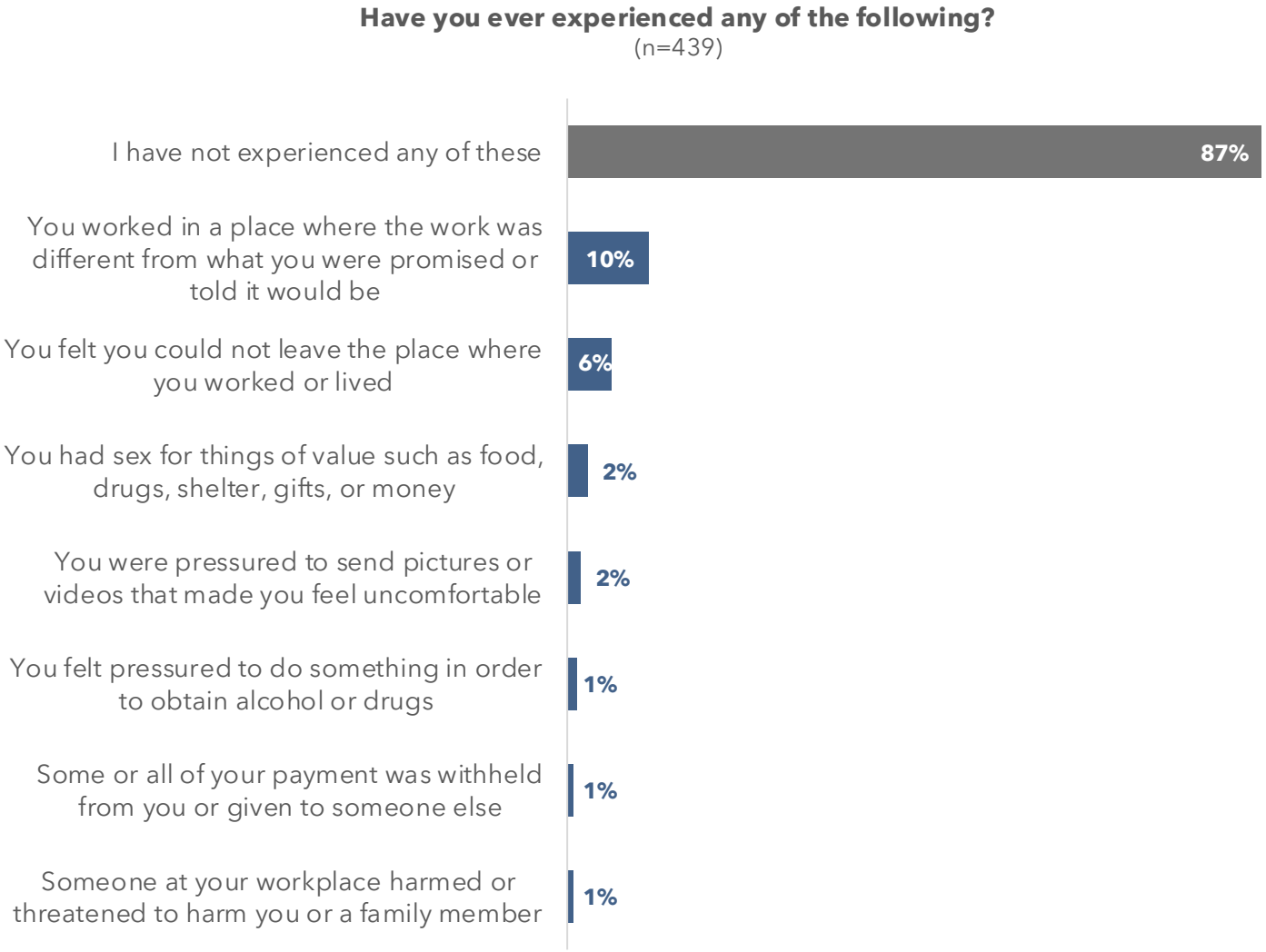
Around 10% of Delaware County adults reported experiencing the death of a close family member in the past year, and 7% reported experiencing a major personal injury or illness. The remaining events were reported by 1% or fewer adults.

In the past 12 months, did any of the following events happen to you?
(n=442)



Social Determinants of Health

Most respondents (87%) did not report experiencing any of the listed human trafficking-related indicators. The most frequently reported experiences were working in a job that differed from expectations (10%) and feeling unable to leave the place where they worked or lived (6%), while all other experiences were reported by 2% or fewer respondents.



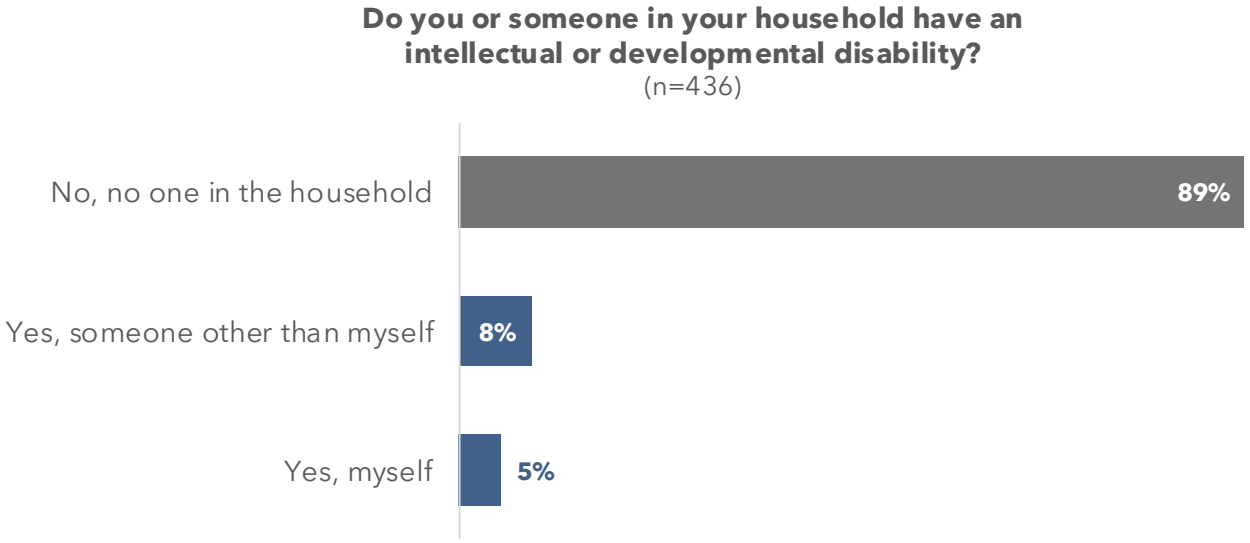
Social Determinants of Health

The following table presents domestic violence incidents (DVI) in 2025. Total incidents include DVI charge, other charge, and no charge.

DOMESTIC VIOLENCE		DELAWARE COUNTY	OHIO
Domestic Violence Incidents (DVI)[1]	Total incidents	390	59,029
	DVI charge	59.0%	43.4%
	Other charge	5.9%	5.2%
	No charge	35.1%	51.5%
DVI Victims[2]	Total DVI victim	358	48,741
	Victim with injury	58.1%	41.2%

Data are from 2025. Sources: [1]Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Incidents by County and Agency Report, 2025 [2]Ohio Bureau of Criminal Identification and Investigation, Victims of Domestic Violence by County and Agency Report, 2025

The majority of respondents did not report having or living with someone with an intellectual or developmental disability (89%). A small portion reported living with someone with a disability (8%) and only five percent (5%) identified as having a disability.



Health Disparities and Inequities in Ohio

Racism, ableism, and homophobia/transphobia are primary drivers of poor health outcomes for minority Ohio residents. Health Policy Institute of Ohio's 2026 Health Value Dashboard presents data demonstrating health disparities across a variety of indicators:

- Residents with disabilities have poorer health outcomes compared to nondisabled residents
- Residents with less than a high school education generally have poorer health outcomes compared to residents with a college degree or more
- Lower income residents generally have poorer health outcomes compared to higher income residents
- Non-Hispanic Black, and Hispanic residents generally have poorer health outcomes compared to Non-Hispanic White and Non-Hispanic Asian residents
- Gay, lesbian, or bisexual residents generally have poorer health outcomes compared to straight residents
- Transgender residents generally have poorer health outcomes compared to cisgender residents.

For more details see 2026 Health Value Dashboard.

COMMUNITY VOICES: HEALTH CARE CHALLENGES FOR OLDER ADULTS

Many providers aren't trained in older adult health concerns and/or dismiss their issues as inevitable due to aging. Access to healthcare and services for older adults will have to increase to meet the needs of an aging population.

"[One issue is] the lack of specialists specifically for gerontology or even understanding that the aging body is different than a 30 year old adult…And then that feeds into overall ageism in the healthcare system where complaints by older adults tend to be written off as either 'Well, your knee hurts. That's just because you're 70. Or you forgot where your keys were. That's just because you're older.'"

"The older population is going to grow faster than the younger population, which is true across the country… I know people tend to think that our county is young, and the growth is with families with young children, which is true. But the percentage growth is more significant for those, especially 85 and over."

Appendix A: Kickoff Meeting Synthesis

The following pages display the synthesis of what was discussed during the kickoff meeting on January 15, 2026.

Delaware County's 2026 Community Health Assessment & Community Health Improvement Plan

Kickoff Meeting Synthesis

THE PARTNERSHIP FOR A HEALTHY DELAWARE COUNTY

ILLUMINOLOGY

Kick-off Meeting Recap / Most Important Health Issues

Small group discussions:

- What does a **healthy Delaware County** look like to you?
- Given your vision for a healthy Delaware County, what do you think are the **biggest barriers** or issues that are keeping the county from getting there?
- Overall, what do you believe are the three **most important issues** that should be considered in our upcoming community health assessment and planning work?

Most important health issues identified in group discussion:

- Social determinants of health
- Communication of information
- Accessibility of services/resources for all residents
- Comprehensive community building
- Mental health care

Important Health Issues in Delaware County: SDOH and Communication

The discussions of **social determinants of health** focused on the importance of basic needs being met in order to lay the foundation for a healthier community:

- Affordable housing
- Food insecurity (e.g., SNAP reduction, food deserts)
- Education
- Transportation
- Digital access/understanding; digital gap
- Reliable, affordable childcare
- Cultural awareness/diversity
- Recreation spaces

Discussions focused on **communication of information** included:

- Effectively communicating accurate health information (e.g., best practices) to the public and combatting misinformation and decreased trust in public health experts
- Making residents aware of resources and services (possibly through a centralized source like a website)
- Health literacy
- Increasing communication among providers of healthcare and services to provide coordinated, continuum of care across a lifetime (e.g., warm handoffs)
- Diversity (e.g., ADA, languages, cultural, intergenerational)

Important Health Issues in Delaware County: Access

Groups discussed ensuring **accessibility of services/resources** for all residents:

- Understanding barriers to access
- Vulnerable populations with additional barriers to care (e.g., disabled residents, incarcerated individuals, those who are socially isolated, rural residents, non tech-savvy individuals, those with language/cultural barriers, children, elderly, pregnant people)
- Access to basic needs (e.g., healthy food, active living)
- Affordable health insurance, health care, and prescriptions
- Vaccine access
- Physical infrastructure
- Convenient schedule/time
- Transportation (e.g., walkability, bikeability)
- General lack of affordability (e.g., high prices, ALICE households, federal funding cuts)
- Workforce support (e.g. burnout)

Important Health Issues in Delaware County: Community and Mental Health

Comprehensive **community building** was also discussed as a way to improve health in the county:

- Neighbors getting to know each other
- Reducing isolation
- Residents feeling supported
- Community spaces
- Safe neighborhoods (e.g., traffic, crime)

Several groups specifically mentioned the importance of improving **behavioral and mental health care** for adults and youth:

- Early intervention and prevention among youth
- Crisis care support (e.g., suicide)
- Reducing stigma
- Substance use (e.g., overdose, binge drinking)

Appendix B: Adult Representative Survey Questionnaire

The following pages display the questionnaire and results for the representative survey of adults. Fielded in multiple waves from April 13th, 2026 through June 21st, 2026, respondents completed a self-administered questionnaire, either on paper or online. In total, 444 Delaware County adult residents completed the survey, or 13.1% of households.

DELAWARE COUNTY RESIDENT SURVEY

This survey should be completed by the adult (age 18+) at this address who MOST RECENTLY had a birthday. All responses will remain confidential; please answer honestly.

ABOUT YOUR COMMUNITY

1. In your opinion, what is the most important issue affecting the people who live in Delaware County?
   [Please write your answer here]

ABOUT YOUR OVERALL HEALTH

These questions ask about your physical and mental health.

2. Would you say that in general your health is… [Circle one answer]

Excellent	Very good	Good	Fair	Poor
(21.8%)	**(39.0%)**	**(31.0%)**	**(6.8%)**	**(1.4%)**

3. And during the past 30 days, for about how many days did **poor physical health** keep you from doing your usual activities, such as self-care, work, or recreation? **(On average 2.0 days)**

4. Has a doctor, nurse, or other health professional EVER told you that you had… [For each question, circle one answer]

Asthma?	Yes **(12.0%)**	No **(88.0%)**	A heart attack or myocardial infarction?	Yes **(4.4%)**	No **(95.6%)**
COPD, emphysema, or chronic bronchitis?	Yes **(5.3%)**	No **(94.7%)**	Coronary heart disease?	Yes **(4.4%)**	No **(95.6%)**
Diabetes?	Yes **(13.1%)**	No **(86.9%)**	Congestive heart failure?	Yes **(2.4%)**	No **(97.6%)**
High blood pressure?	Yes **(42.7%)**	No **(57.3%)**	Cancer?	Yes **(10.1%)**	No **(89.9%)**
High cholesterol?	Yes **(37.4%)**	No **(62.7%)**	A depressive disorder?	Yes **(25.3%)**	No **(74.7%)**
A stroke?	Yes **(1.4%)**	No **(98.6%)**	An anxiety disorder?	Yes **(29.9%)**	No **(70.1%)**

5. During the past 2 weeks, how often have you been bothered by the following problems?
   [For each item below, select one response]

Feeling nervous, anxious, or on edge	Nearly every day **(10.5%)**	More than half the days **(8.6%)**	Several days **(26.8%)**	Not at all **(54.1%)**
Not being able to stop or control worrying	Nearly every day **(6.6%)**	More than half the days **(8.6%)**	Several days **(15.0%)**	Not at all **(69.8%)**
Feeling down, depressed, or hopeless	Nearly every day **(5.2%)**	More than half the days **(5.6%)**	Several days **(18.8%)**	Not at all **(70.4%)**

6. How often, if ever, do you feel lonely or isolated? [Circle one answer]

Always	Usually	Sometimes	Rarely	Never
(2.2%)	**(4.9%)**	**(15.0%)**	**(36.5%)**	**(41.4%)**

{PLEASE TURN OVER AND COMPLETE THE BACK}

7. During the past 12 months, did you ever seriously consider suicide, or did you not seriously consider suicide? [Circle one answer]

Did seriously consider suicide	Did not seriously consider suicide
(0.7%)	**(99.3%)**

Please call 988 or text "HelpLine" to 898211 if you need help or want to talk with someone.

HEALTH BEHAVIORS

These questions ask about a variety of health behaviors.

8. One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages consumed in the past 30 days, how many times did you have 5 or more drinks (for males) or 4 or more drinks (for females) on an occasion? **(On average 1.1 times)**

9. Have you smoked at least 100 cigarettes in your life? [Circle one answer]

Yes	No
(27.8%)	**(72.2%)**

10. How often do you… [For each question, circle one answer]

Smoke cigarettes?	Every day **(4.8%)**	Some days **(<1%)**	Not at all **(94.8%)**
Smoke cigars?	Every day **(<1%)**	Some days **(4.7%)**	Not at all **(95.1%)**
Use e-cigarettes / vaping products (e.g., Juul)?	Every day **(4.2%)**	Some days **(1.2%)**	Not at all **(94.6%)**
Use chewing tobacco, snuff, or snus?	Every day **(0%)**	Some days **(1.6%)**	Not at all **(98.3%)**
Use nicotine pouches (e.g., ZYN)?	Every day **(3.6%)**	Some days **(<1%)**	Not at all **(95.9%)**

11. If you used electronic vapor products in the past 12 months, what did those products contain? [Check all that apply]

- ☐ I did not use electronic vapor products in the past 12 months **(86.5%)**
- ☐ Nicotine **(6.3%)**
- ☐ Tobacco **(<1%)**
- ☐ Marijuana or THC **(8.4%)**
- ☐ Other drugs **(0%)**

12. In the past 30 days, have you used any of the following… [For each question, circle one answer]

Recreational marijuana? [this does not include medical marijuana]	Yes **(11.3%)**	No **(88.7%)**
Prescription drugs that were not prescribed to you?	Yes **(1.2%)**	No **(98.8%)**
Other drugs (cocaine, heroin, fentanyl, meth, ecstasy, etc.)?	Yes **(0%)**	No **(100%)**

13. During the past 7 days, on how many days did you eat at least 5 servings of whole fruits/vegetables? Please consider ½ cup=1 serving. **(On average 3.8 days)**

14. During the past 7 days, on how many days were you physically active for a total of at least 30 minutes per day? (For each day, add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.) **(On average 4.2 days)**

{PLEASE COMPLETE THE NEXT PAGE}

15. Are you currently using a class of prescription drugs known as GLP-1 medications, such as Ozempic, Wegovy, Trulicity, etc. to lose weight or treat a chronic condition such as diabetes or heart disease, or are you not doing that? [Circle one answer]

Currently using one of those drugs	Not doing that
(17.1%)	**(82.9%)**

ACCESS TO HEALTH CARE

These questions ask about your access to health care.

16. In the past 12 months, did anyone in your household have difficulty getting the care they needed for a **medical issue**, or did no one have any difficulties with that? [Circle one answer]

Someone in my household had difficulty with that	No one in my household had difficulty with that	Not applicable
(8.7%)	**(69.6%)**	**(21.7%)**

17. In the past 12 months, what type(s) of difficulties did people in your household have when trying to get **medical care**? [Check all that apply]

- ☐ Did not have insurance **(21.5%)**
- ☐ Could not afford out-of-pocket costs **(33.4%)**
- ☐ Didn't have a primary care physician **(19.8%)**
- ☐ Could not find a provider who specializes in my health issue **(9.6%)**
- ☐ Did not have transportation **(8.2%)**
- ☐ Unable to schedule an appointment soon enough **(43.8%)**
- ☐ Unable to schedule an appointment at all **(17.1%)**
- ☐ Did not have time to go to an appointment **(23.2%)**
- ☐ Other [specify]: **(25.2%)**

18. In the past 12 months, did anyone in your household have difficulty getting the care they needed for a **dental health issue**, or did no one have any difficulties with that? [Circle one answer]

Someone in my household had difficulty with that	No one in my household had difficulty with that	Not applicable
(9.0%)	**(74.0%)**	**(17.0%)**

19. In the past 12 months, what type(s) of difficulties did people in your household have when trying to get **dental health care**? [Check all that apply]

- ☐ Did not have insurance **(29.3%)**
- ☐ Could not afford out-of-pocket costs **(61.7%)**
- ☐ Did not have a dentist **(0%)**
- ☐ Could not find a provider who specializes in my health issue **(19.5%)**
- ☐ Did not have transportation **(0%)**
- ☐ Unable to schedule an appointment soon enough **(28.9%)**
- ☐ Unable to schedule an appointment at all **(0%)**
- ☐ Did not have time to go to an appointment **(12.5%)**
- ☐ Other [specify]: **(19.9%)**

20. In the past 12 months, did anyone in your household have difficulty getting the care they needed for a **mental health issue**, or did no one have any difficulties with that? [Circle one answer]

Someone in my household had difficulty with that	No one in my household had difficulty with that	Not applicable
(2.7%)	**(70.6%)**	**(26.7%)**

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21. In the past 12 months, what type(s) of difficulties did people in your household have when trying to get **mental health care**? [Check all that apply]

- ☐ Did not have insurance **(27.2%)**
- ☐ Could not afford out-of-pocket costs **(67.6%)**
- ☐ Did not have transportation **(0%)**
- ☐ Did not know who to contact **(26.3%)**
- ☐ Could not find a provider who specializes in my health issue **(26.3%)**
- ☐ Unable to schedule an appointment at all **(11.8%)**
- ☐ Unable to schedule an appointment soon enough **(27.0%)**
- ☐ Did not have time to go to an appointment **(42.6%)**
- ☐ Did not want to admit there was a mental health issue **(0%)**
- ☐ Other [specify]: **(6.1%)**

SOCIAL DETERMINANTS OF HEALTH

These questions ask about factors that can affect health care and wellness.

22. If anyone in your household owns a firearm, how are those firearms stored when they are in or around your home? Include those firearms kept in garages, outdoor storage areas, and vehicles. [Check all that apply]

- ☐ Firearms are unlocked and loaded **(2.8%)**
- ☐ Firearms are unlocked and unloaded **(8.8%)**
- ☐ Firearms are locked and loaded **(8.6%)**
- ☐ Firearms are locked and unloaded **(23.7%)**
- ☐ Not applicable / No firearms are in or around my home **(60.2%)**

23. In the past 12 months, did any of the following events happen to you? [Check all that apply]

- ☐ Death of spouse **(1.4%)**
- ☐ Divorce or marital separation **(<1%)**
- ☐ Detention in jail / a jail term **(0%)**
- ☐ Death of a close family member **(10.1%)**
- ☐ Major personal injury or illness **(6.9%)**
- ☐ Physical abuse **(<1%)**
- ☐ Verbal abuse **(1.2%)**
- ☐ Sexual abuse **(<1%)**
- ☐ Felt unsafe in the area where I live **(<1%)**
- ☐ None of the above has happened to me **(81.1%)**

24. In the past 12 months, did you experience physical, sexual, emotional, financial, or verbal abuse from any of the following people? [Check all that apply]

- ☐ A spouse or partner **(0%)**
- ☐ A parent **(0%)**
- ☐ A minor or adult child **(<1%)**
- ☐ I was not abused in the past 12 months **(99.2%)**
- ☐ Someone else [specify]: **(<1%)**

25. Did any of the following happen to you as a child (under the age of 18)? [Check all that apply]

- ☐ Lived with someone who was depressed, mentally ill, or suicidal **(11.5%)**
- ☐ Lived with someone who was a problem drinker or alcoholic **(16.5%)**
- ☐ Lived with someone who used illegal street drugs, or who abused prescription medications **(6.4%)**

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- ☐ Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility **(1.0%)**
- ☐ Your parents became separated or were divorced **(14.4%)**
- ☐ Your parents were not married **(1.9%)**
- ☐ Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up **(6.2%)**
- ☐ A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking) **(6.2%)**
- ☐ A parent or adult in your home swore at you, insulted you, or put you down **(18.4%)**
- ☐ Someone at least 5 years older than you or an adult touched you sexually **(9.2%)**
- ☐ Someone at least 5 years older than you or an adult tried to make you touch them sexually **(4.2%)**
- ☐ Someone at least 5 years older than you or an adult forced you to have sex **(2.4%)**
- ☐ Your family did not look out for each other, feel close to each other, or support each other **(5.9%)**
- ☐ You did not have enough to eat, had to wear dirty clothes, and had no one to protect you **(2.1%)**
- ☐ None of the above has happened to me **(61.1%)**

26. Have you ever experienced any of the following? [Check all that apply]

- ☐ You had sex for things of value such as food, drugs, shelter, gifts, or money **(2.4%)**
- ☐ You were pressured to send pictures or videos that made you feel uncomfortable **(1.6%)**
- ☐ You worked in a place where the work was different from what you were promised or told it would be **(10.0%)**
- ☐ Some or all of your payment was withheld from you or given to someone else **(0.7%)**
- ☐ Someone at your workplace harmed or threatened to harm you or a family member **(0.8%)**
- ☐ You felt you could not leave the place where you worked or lived **(5.6%)**
- ☐ You felt pressured to do something in order to obtain alcohol or drugs **(1.1%)**
- ☐ I have not experienced any of these **(87.1%)**

Please call 988 or text "HelpLine" to 898211 if you need help or want to talk with someone.

27. An intellectual or developmental disability typically begins before age 22 and may affect learning, communication, mobility, independent living, or daily activities over a person's lifetime. Do you or someone in your household have an intellectual or developmental disability? [Check all that apply]

- ☐ Yes, I myself have an intellectual or developmental disability **(4.7%)**
- ☐ Yes, there is someone in the household other than myself who has an intellectual or developmental disability **(7.7%)**
- ☐ No, no one in the household has an intellectual or developmental disability **(89.4%)**

28. During the past 12 months, did you need help meeting any of the following general daily needs? [Check all that apply]

- ☐ Food **(6.2%)**
- ☐ Clothing **(3.1%)**
- ☐ Shelter / housing **(2.0%)**
- ☐ Paying rent **(9.9%)**
- ☐ Paying utility bills **(7.9%)**
- ☐ Paying for prescription medication **(7.8%)**
- ☐ I did not need help meeting any of these needs **(84.8%)**

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29. What transportation challenges do you or other household members face? [Check all that apply]

- ☐ No access to a vehicle **(<1%)**
- ☐ Rely on others for rides **(3.3%)**
- ☐ Lack of transportation for access to food **(<1%)**
- ☐ Lack of transportation for work **(<1%)**
- ☐ Lack of transportation for school or childcare **(<1%)**
- ☐ Do not experience transportation issues **(96.5%)**

30. If transportation is a challenge in meeting day-to-day needs, please provide the specific challenges you're experiencing. [Check all that apply]

- ☐ Unaware of transportation options available **(4.0%)**
- ☐ No transportation in my area **(2.1%)**
- ☐ The cost of transportation is too high **(1.6%)**
- ☐ Transportation is not available on the days of the week needed **(<1%)**
- ☐ Transportation is not available for the hours needed **(3.2%)**
- ☐ None of the above **(93.6%)**

OTHER QUESTIONS

These questions are for statistical purposes only. All responses will remain confidential.

31. What is your age? **(On average 50.2 years) - 18 to 34 years (23.4%), 35 to 44 years (20.3%), 45 to 54 years (19.6%), 55 to 64 years (15.9%), 65 years and over (20.7%)**

32. BMI – **Underweight (1.7%), Normal (22.8%), Overweight (45.0%), Obese (30.5%)**

33. Do you describe yourself as a man, a woman, or in some other way? [Circle one answer]

A man **(48.7%)**	A woman **(50.2%)**	Some other way [specify]: **(1.1%)**

34. Sexual Orientation [Check all that apply]

- ☐ Straight/Heterosexual **(90.8%)**
- ☐ Lesbian **(0%)**
- ☐ Gay **(1.2%)**
- ☐ Bisexual **(4.3%)**
- ☐ Prefer not to disclose **(2.4%)**
- ☐ If you would like to describe your sexual orientation in your own words, please do so: **(1.3%)**

35. Which of the following describes your race or origin? [Circle all that apply]

White **(83.9%)**	Hispanic, Latino/a, or Spanish origin **(5.2%)**	Black or African American **(2.8%)**	Asian or Asian American **(9.9%)**	Middle Eastern or North African **(1.0%)**	Native Hawaiian or Other Pacific Islander **(0%)**	Some other race or origin **(1.4%)**

36. Are you? [Select one answer]

- ○ Married **(68.8%)**
- ○ Divorced **(8.4%)**
- ○ Widowed **(5.2%)**
- ○ Separated **(0.2%)**
- ○ Never married **(9.2%)**
- ○ Not married, living with a partner **(8.3%)**

37. What is the highest level of education you have completed? [Circle one answer]

Less than 12th grade (no diploma) **(0%)**	High school degree / GED **(22.8%)**	Some college (no degree) **(15.5%)**	Associate's degree **(6.8%)**	Bachelor's degree **(36.2%)**	Graduate or professional degree **(18.8%)**

38. Including yourself, how many people live in your household? **(On average 2.8 people)**

39. And how many of these people are under age 18? **(On average 0.6 people)**

40. Think about the home, apartment, or mobile home where you live. Do you or someone in your household: [Circle one answer]

Own it free and clear **(23.7%)**	Own it with a mortgage or loan **(61.7%)**	Rent it **(14.3%)**	Stay there without paying a mortgage or rent **(<1%)**

41. What is the total monthly housing payment for this house, apartment, or mobile home, including mortgage or rent, property taxes, and homeowners' or renters' insurance? **(On average $2,340) – Housing Cost Burden (20.8% more than 30% of their income spent on housing for all households)**

42. What was your annual household income before taxes in 2025? [Circle one answer]

Less than $25,000 **(7.5%)**	$25,000 to $49,999 **(9.0%)**	$50,000 to $74,999 **(10.4%)**	$75,000 to $99,999 **(9.7%)**	$100,000 to $149,999 **(20.2%)**	$150,000 to $199,999 **(14.7%)**	$200,000 or more **(28.6%)**

{YOU ARE FINISHED! PLEASE USE THE ENVELOPE PROVIDED TO RETURN THIS SURVEY.}

THANK YOU!

Appendix C: Opt-In Survey Results

The following pages display the questionnaire and results of the opt-in survey of residents. For this opt-in survey, the representative survey was replicated for use with the general public. The intent of this opt-in survey was to provide an opportunity for community members who weren't randomly selected to complete the representative survey to complete a survey for the community health needs assessment, and the data can be used as a snapshot of those individuals' health opinions, behaviors, and outcomes. The poll was publicized by The Partnership. Overall, 208 individuals who reported living in Delaware County responded to this survey between May 6, 2026 and June 25, 2026.

DELAWARE COUNTY RESIDENT SURVEY

ABOUT YOUR COMMUNITY

1. Do you currently live in Delaware County, or do you not currently live there? [Circle one answer]

Currently live in Delaware County **(100%)**	Do not currently live there [We're sorry, you don't qualify to take this survey.] **(0%)**

2. In your opinion, what is the most important issue affecting the people who live in Delaware County?

[Please write your answer here]

Respondents most often mentioned too much growth and development, with roads, schools, traffic, and infrastructure not keeping up. They also brought up affordability, especially property taxes, housing, groceries, and utilities, while data centers and loss of green space were also common concerns.

ABOUT YOUR OVERALL HEALTH

These questions ask about your physical and mental health.

3. Would you say that in general your health is… [Circle one answer]

Excellent	Very good	Good	Fair	Poor
(10.6%)	**(45.2%)**	**(34.1%)**	**(8.2%)**	**(1.9%)**

4. And during the past 30 days, for about how many days did **poor physical health** keep you from doing your usual activities, such as self-care, work, or recreation? **(On average 3.2 days)**

5. Has a doctor, nurse, or other health professional EVER told you that you had…[For each question, circle one answer]

Asthma?	Yes **(18.4%)**	No **(81.6%)**	A heart attack or myocardial infarction?	Yes **(1.5%)**	No **(98.5%)**
COPD, emphysema, or chronic bronchitis?	Yes **(4.0%)**	No **(96.0%)**	Coronary heart disease?	Yes **(4.5%)**	No **(95.5%)**
Diabetes?	Yes **(12.9%)**	No **(87.1%)**	Congestive heart failure?	Yes **(2.5%)**	No **(97.5%)**
High blood pressure?	Yes **(40.8%)**	No **(59.2%)**	Cancer?	Yes **(17.2%)**	No **(82.8%)**
High cholesterol?	Yes **(51.5%)**	No **(48.5%)**	A depressive disorder?	Yes **(27.7%)**	No **(72.3%)**
A stroke?	Yes **(3.0%)**	No **(97.0%)**	An anxiety disorder?	Yes **(30.8%)**	No **(60.2%)**

6. During the past 2 weeks, how often have you been bothered by the following problems?

[For each item below, select one response]

Feeling nervous, anxious, or on edge	Nearly every day **(8.7%)**	More than half the days **(9.2%)**	Several days **(28.6%)**	Not at all **(53.4%)**
Not being able to stop or control worrying	Nearly every day **(3.9%)**	More than half the days **(12.6%)**	Several days **(21.4%)**	Not at all **(62.1%)**
Feeling down, depressed, or hopeless	Nearly every day	More than half the days	Several days	Not at all

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	(3.9%)	**(4.4%)**	**(25.2%)**	**(66.5%)**

7. How often, if ever, do you feel lonely or isolated? [Circle one answer]

Always	Usually	Sometimes	Rarely	Never
(1.4%)	**(4.8%)**	**(25.5%)**	**(40.4%)**	**(27.9%)**

8. During the past 12 months, did you ever seriously consider suicide, or did you not seriously consider suicide? [Circle one answer]

Did seriously consider suicide	Did not seriously consider suicide
(1.5%)	**(98.5%)**

Please call 988 or text "HelpLine" to 898211 if you need help or want to talk with someone.

HEALTH BEHAVIORS

These questions ask about a variety of health behaviors.

9. One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages consumed in the past 30 days, how many times did you have 5 or more drinks (for males) or 4 or more drinks (for females) on an occasion? **(On average 0.9 times)**

10. Have you smoked at least 100 cigarettes in your life? [Circle one answer]

Yes	No
(28.4%)	**(71.6%)**

11. How often do you… [For each question, circle one answer]

Smoke cigarettes?	Every day **(1.0%)**	Some days **(1.9%)**	Not at all **(97.1%)**
Smoke cigars?	Every day **(<1%)**	Some days **(2.4%)**	Not at all **(97.1%)**
Use e-cigarettes / vaping products (e.g., Juul)?	Every day **(<1%)**	Some days **(1.0%)**	Not at all **(98.5%)**
Use chewing tobacco, snuff, or snus?	Every day **(0%)**	Some days **(0%)**	Not at all **(100%)**
Use nicotine pouches (e.g., ZYN)?	Every day **(0%)**	Some days **(0%)**	Not at all **(100%)**

12. If you used electronic vapor products in the past 12 months, what did those products contain? [Check all that apply]

- ☐ I did not use electronic vapor products in the past 12 months **(96.0%)**
- ☐ Nicotine **(<1%)**
- ☐ Tobacco **(0%)**
- ☐ Marijuana or THC **(3.5%)**
- ☐ Other drugs **(<1%)**

13. In the past 30 days, have you used any of the following… [For each question, circle one answer]

Recreational marijuana? [this does not include medical marijuana]	Yes **(10.2%)**	No **(89.8%)**
Prescription drugs that were not prescribed to you?	Yes **(1.0%)**	No **(99.0%)**
Other drugs (cocaine, heroin, fentanyl, meth, ecstasy, etc.)?	Yes **(0%)**	No **(100%)**

14. During the past 7 days, on how many days did you eat at least 5 servings of whole fruits/vegetables? Please consider ½ cup=1 serving. **(On average 4.0 days)**

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15. During the past 7 days, on how many days were you physically active for a total of at least 30 minutes per day? (For each day, add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.) **(On average 4.5 days)**

16. Are you currently using a class of prescription drugs known as GLP-1 medications, such as Ozempic, Wegovy, Trulicity, etc. to lose weight or treat a chronic condition such as diabetes or heart disease, or are you not doing that? [Circle one answer]

Currently using one of those drugs	Not doing that
(10.7%)	**(89.3%)**

ACCESS TO HEALTH CARE

These questions ask about your access to health care.

17. In the past 12 months, did anyone in your household have difficulty getting the care they needed for a **medical issue**, or did no one have any difficulties with that? [Circle one answer]

Someone in my household had difficulty with that	No one in my household had difficulty with that	Not applicable
(16.0%)	**(84.0%)**	**(0%)**

18. In the past 12 months, what type(s) of difficulties did people in your household have when trying to get **medical care**? [Check all that apply]

- ☐ Did not have insurance **(14.3%)**
- ☐ Could not afford out-of-pocket costs **(53.6%)**
- ☐ Did not have a primary care physician **(21.4%)**
- ☐ Could not find a provider who specializes in my health issue **(25.0%)**
- ☐ Did not have transportation **(21.4%)**
- ☐ Unable to schedule an appointment soon enough **(35.7%)**
- ☐ Unable to schedule an appointment at all **(10.7%)**
- ☐ Did not have time to go to an appointment **(21.4%)**
- ☐ Other [specify]: **(10.7%)**

19. In the past 12 months, did anyone in your household have difficulty getting the care they needed for a **dental health issue**, or did no one have any difficulties with that? [Circle one answer]

Someone in my household had difficulty with that	No one in my household had difficulty with that	Not applicable
(11.9%)	**(88.1%)**	**(0%)**

20. In the past 12 months, what type(s) of difficulties did people in your household have when trying to get **dental health care**? [Check all that apply]

- ☐ Did not have insurance **(28.6%)**
- ☐ Could not afford out-of-pocket costs **(57.1%)**
- ☐ Did not have a dentist **(33.3%)**
- ☐ Could not find a provider who specializes in my health issue **(4.8%)**
- ☐ Did not have transportation **(14.3%)**
- ☐ Unable to schedule an appointment soon enough **(19.0%)**
- ☐ Unable to schedule an appointment at all **(9.5%)**

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- ☐ Did not have time to go to an appointment **(9.5%)**
- ☐ Other [specify]: **(19.1%)**

21. In the past 12 months, did anyone in your household have difficulty getting the care they needed for a **mental health issue**, or did no one have any difficulties with that? [Circle one answer]

Someone in my household had difficulty with that	No one in my household had difficulty with that	Not applicable
(11.5%)	**(88.5%)**	**(0%)**

22. In the past 12 months, what type(s) of difficulties did people in your household have when trying to get **mental health care**? [Check all that apply]

- ☐ Did not have insurance **(17.6%)**
- ☐ Could not afford out-of-pocket costs **(52.9%)**
- ☐ Did not have transportation **(11.8%)**
- ☐ Did not know who to contact **(23.5%)**
- ☐ Could not find a provider who specializes in my health issue **(47.1%)**
- ☐ Unable to schedule an appointment at all **(5.9%)**
- ☐ Unable to schedule an appointment soon enough **(23.5%)**
- ☐ Did not have time to go to an appointment **(29.4%)**
- ☐ Did not want to admit there was a mental health issue **(17.6%)**
- ☐ Other [specify]: **(11.8%)**

SOCIAL DETERMINANTS OF HEALTH

These questions ask about factors that can affect health care and wellness.

23. If anyone in your household owns a firearm, how are those firearms stored when they are in or around your home? Include those firearms kept in garages, outdoor storage areas, and vehicles. [Check all that apply]

- ☐ Firearms are unlocked and loaded **(1.9%)**
- ☐ Firearms are unlocked and unloaded **(12.1%)**
- ☐ Firearms are locked and loaded **(3.8%)**
- ☐ Firearms are locked and unloaded **(27.5%)**
- ☐ Not applicable / No firearms are in or around my home **(55.6%)**

24. In the past 12 months, did any of the following events happen to you? [Check all that apply]

- ☐ Death of spouse **(0%)**
- ☐ Divorce or marital separation **(<1%)**
- ☐ Detention in jail / a jail term **(0%)**
- ☐ Death of a close family member **(14.1%)**
- ☐ Major personal injury or illness **(13.6%)**
- ☐ Physical abuse **(0%)**
- ☐ Verbal abuse **(3.4%)**
- ☐ Sexual abuse **(0%)**
- ☐ Felt unsafe in the area where I live **(1.0%)**
- ☐ None of the above has happened to me **(73.3%)**

25. In the past 12 months, did you experience physical, sexual, emotional, financial, or verbal abuse from any of the following people? [Check all that apply]

- ☐ A spouse or partner **(3.0%)**
- ☐ A parent **(<1%)**
- ☐ A minor or adult child **(2.5%)**
- ☐ I was not abused in the past 12 months **(92.1%)**
- ☐ Someone else [specify]: **(3.0%)**

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26. Did any of the following happen to you as a child (under the age of 18)? [Check all that apply]

- ☐ Lived with someone who was depressed, mentally ill, or suicidal **(23.0%)**
- ☐ Lived with someone who was a problem drinker or alcoholic **(22.5%)**
- ☐ Lived with someone who used illegal street drugs, or who abused prescription medications **(4.4%)**
- ☐ Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility **(2.0%)**
- ☐ Your parents became separated or were divorced **(21.1%)**
- ☐ Your parents were not married **(1.5%)**
- ☐ Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up **(5.9%)**
- ☐ A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking) **(8.8%)**
- ☐ A parent or adult in your home swore at you, insulted you, or put you down **(19.1%)**
- ☐ Someone at least 5 years older than you or an adult touched you sexually **(7.8%)**
- ☐ Someone at least 5 years older than you or an adult tried to make you touch them sexually **(6.4%)**
- ☐ Someone at least 5 years older than you or an adult forced you to have sex **(1.5%)**
- ☐ Your family did not look out for each other, feel close to each other, or support each other **(11.3%)**
- ☐ You did not have enough to eat, had to wear dirty clothes, and had no one to protect you **(5.9%)**
- ☐ None of the above has happened to me **(51.0%)**

27. Have you ever experienced any of the following? [Check all that apply]

- ☐ You had sex for things of value such as food, drugs, shelter, gifts, or money **(1.0%)**
- ☐ You were pressured to send pictures or videos that made you feel uncomfortable **(2.5%)**
- ☐ You worked in a place where the work was different from what you were promised or told it would be **(5.5%)**
- ☐ Some or all of your payment was withheld from you or given to someone else **(0%)**
- ☐ Someone at your workplace harmed or threatened to harm you or a family member **(3.0%)**
- ☐ You felt you could not leave the place where you worked or lived **(2.5%)**
- ☐ You felt pressured to do something in order to obtain alcohol or drugs **(0%)**
- ☐ I have not experienced any of these **(87.6%)**

Please call 988 or text "HelpLine" to 898211 if you need help or want to talk with someone.

{PLEASE TURN OVER AND COMPLETE THE BACK}

28. An intellectual or developmental disability typically begins before age 22 and may affect learning, communication, mobility, independent living, or daily activities over a person's lifetime. Do you or someone in your household have an intellectual or developmental disability? [Check all that apply]

- ☐ Yes, I myself have an intellectual or developmental disability **(2.9%)**
- ☐ Yes, there is someone in the household other than myself who has an intellectual or developmental disability **(6.7%)**
- ☐ No, no one in the household has an intellectual or developmental disability **(91.8%)**

29. During the past 12 months, did you need help meeting any of the following general daily needs? [Check all that apply]

- ☐ Food **(3.4%)**
- ☐ Clothing **(2.0%)**
- ☐ Shelter / housing **(<1%)**
- ☐ Paying rent **(1.5%)**
- ☐ Paying utility bills **(3.4%)**
- ☐ Paying for prescription medication **(5.0%)**
- ☐ I did not need help meeting any of these needs **(92.7%)**

30. What transportation challenges do you or other household members face? [Check all that apply]

- ☐ No access to a vehicle **(1.5%)**
- ☐ Rely on others for rides **(5.8%)**
- ☐ Lack of transportation for access to food **(1.0%)**
- ☐ Lack of transportation for work **(1.0%)**
- ☐ Lack of transportation for school or childcare **(<1%)**
- ☐ Do not experience transportation issues **(94.1%)**

31. If transportation is a challenge in meeting day-to-day needs, please provide the specific challenges you're experiencing. [Check all that apply]

- ☐ Unaware of transportation options available **(3.0%)**
- ☐ No transportation in my area **(4.0%)**
- ☐ The cost of transportation is too high **(4.0%)**
- ☐ Transportation is not available on the days of the week needed **(1.5%)**
- ☐ Transportation is not available for the hours needed **(1.5%)**
- ☐ None of the above **(90.6%)**

OTHER QUESTIONS

These questions are for statistical purposes only. All responses will remain confidential.

32. What is your age? **(On average 59.5 years) - 18 to 29 years (3.4%), 30 to 39 years (9.7%), 40 to 49 years (18.9%), 50 to 59 years (12.6%), 60 to 69 years (23.8%), 70 years and over (31.6%)**

33. BMI – **Underweight (1.5%), Normal (23.6%), Overweight (36.9%), Obese (38.0%)**

34. Do you describe yourself as a man, a woman, or in some other way? [Circle one answer]

A man **(16.8%)**	A woman **(82.8%)**	Some other way [specify]: **(<1%)**

35. Sexual Orientation [Check all that apply]

- ☐ Straight/Heterosexual **(94.0%)**
- ☐ Lesbian **(<1%)**

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- ☐ Gay **(0%)**
- ☐ Bisexual **(3.0%)**
- ☐ Prefer not to disclose **(2.5%)**
- ☐ If you would like to describe your sexual orientation in your own words, please do so: **(0%)**

36. Which of the following describes your race or origin? [Circle all that apply]

White **(97.1%)**	Hispanic, Latino/a, or Spanish origin **(1.0%)**	Black or African American **(2.0%)**	Asian or Asian American **(0%)**	Middle Eastern or North African **(0%)**	Native Hawaiian or Other Pacific Islander **(0%)**	Some other race or origin **(1.5%)**

37. Are you? [Select one answer]

- ○ Married **(72.6%)**
- ○ Divorced **(8.3%)**
- ○ Widowed **(10.3%)**
- ○ Separated **(0%)**
- ○ Never married **(5.9%)**
- ○ Not married, living with a partner **(2.9%)**

38. What is the highest level of education you have completed? [Circle one answer]

Less than 12th grade (no diploma) **(1.0%)**	High school degree / GED **(8.8%)**	Some college (no degree) **(10.8%)**	Associate's degree **(8.8%)**	Bachelor's degree **(32.8%)**	Graduate or professional degree **(37.8%)**

39. Including yourself, how many people live in your household? **(On average 2.4 people)**

40. And how many of these people are under age 18? **(On average 0.4 people)**

41. What is the ZIP code where you currently live? **43015 (56.0%), 43065 (9.9%), 43082 (9.4%), Other (24.7%)**

42. Which school district do you currently live in? [Select one answer]

- ○ Big Walnut **(9.3%)**
- ○ Buckeye Valley **(19.5%)**
- ○ Delaware City **(40.0%)**
- ○ Dublin **(1.0%)**
- ○ Olentangy **(21.0%)**
- ○ Westerville **(7.8%)**
- ○ Other [specify]: **(<1%)**
- ○ Not sure **(1.0%)**

43. Think about the home, apartment, or mobile home where you live. Do you or someone in your household: [Circle one answer]

Own it free and clear **(40.0%)**	Own it with a mortgage or loan **(49.8%)**	Rent it **(9.3%)**	Stay there without paying a mortgage or rent **(1.0%)**

44. What is the total monthly housing payment for this house, apartment, or mobile home, including mortgage or rent, property taxes, and homeowners' or renters' insurance? **(On average $1,800) – Housing Cost Burden (10.6% more than 30% of their income spent on housing)**

45. What was your annual household income before taxes in 2025? [Circle one answer]

Less than $25,000 **(6.3%)**	$25,000 to $49,999 **(9.5%)**	$50,000 to $74,999 **(13.2%)**	$75,000 to $99,999 **(14.2%)**	$100,000 to $149,999 **(25.8%)**	$150,000 to $199,999 **(16.3%)**	$200,000 or more **(14.7%)**

{YOU ARE FINISHED! PLEASE USE THE ENVELOPE PROVIDED TO RETURN THIS SURVEY.}

THANK YOU!

Appendix D: Stakeholder Interview Guide

The following pages display the discussion guide used for the stakeholder interviews. For these interviews, The Partnership worked with Illuminology to design a community leader interview guide for interviews with five stakeholder groups: Southeast Healthcare, SourcePoint, Helpline, Delaware County churches, and Delaware County libraries. Illuminology conducted the virtual interviews from June 8th, 2026 to June 26th, 2026

Delaware County Community Health Assessment
Community Stakeholder Interview Guide

INTRODUCTIONS, GUIDELINES, PERMISSIONS

- Greetings!
- Explain purpose of conversation: Delaware County is in the middle of its Community Health Assessment and Planning process, which has the ambitious goal of improving the health and wellness of residents. As part of this process, my research firm – Illuminology –is interviewing community leaders, conducting focus groups with residents and community leaders, and conducting surveys with residents about a variety of health issues and topics. Today, I'm excited to talk with you and hear <u>your</u> perspectives on health in Delaware County!
- Obtain recording permissions.
- To start, can you please tell me a little bit about your role and your organization?
- *(NOTE: This guide presents a conversational roadmap, not a script to be followed word for word. The moderator will ask questions as applicable, taking into account the amount of time remaining.)*
- *(NOTE: When the interviewee's role in the community makes them well-suited to speaking about specific populations of interest (e.g., low-income families, youth, individuals with disabilities, non-English speaking populations, older adults), broad questions about the community's health can be shifted to focus on a specific population of interest.)*

MOST IMPORTANT HEALTH ISSUES

1. What do you think are the most important health issues facing those who live in Delaware County? [IF ASKED – COULD BE PHYSICAL, MENTAL, OR OTHER TYPES OF HEALTH]
    a. Why?
    b. What other health issues face those who live in Delaware County? [PROBE DEEPLY]

OVERALL PHYSICAL HEALTH

2. What **<u>physical health issues</u>** are present in the community [that we haven't already discussed]?

MENTAL HEALTH AND ADDICTION

3. What **<u>mental health issues</u>** are present in the community [that we haven't already discussed]? [PROBE TO UNDERSTAND ROLE OF DEPRESSION, ANXIETY, TRAUMA, STRESSORS, LONELINESS; UNDERSTAND TYPES OF PEOPLE AFFECTED]
4. What **<u>addiction issues</u>** are present in the community [that we haven't already discussed]? [PROBE TO UNDERSTAND ROLE OF ALCOHOL, CANNABIS, HEROIN, FENTANYL, METHAMPHETAMINES, COCAINE, HALLUCINOGENS, PRESCRIPTION PAIN MEDICATIONS, GAMBLING, SOCIAL MEDIA; UNDERSTAND TYPES OF PEOPLE AFFECTED] [ADDITIONAL PROBES - AS NEEDED/AS ARE RELEVANT]
5. Do you feel that there is a stigma associated with mental health and/or addiction issues in the community, or not so much? Tell me more.

HEALTH CARE ACCESS AND SERVICES

6. What **health care access issues** are present in the community [that we haven't already discussed]? [PROBES – AS NEEDED/AS ARE RELEVANT]
    a. Causes for residents delaying or not seeking health care
    b. Access issues for mental health/addiction services
    c. Gaps in services
    d. Gaps in communication about services

POVERTY/TRANSPORTATION/HOUSING/ENVIRONMENTAL HEALTH

7. Do you see residents not having the means to meet their basic needs as an issue in the community, or not so much? Tell me more.
8. Do you see lack of affordable housing as an issue in the community, or not so much? Tell me more.
9. What barriers to transportation exist in the community? (generally and for health care and social services)
10. What are the most serious environmental health issues present in the community? (Probe on air, water, trash, plumbing if necessary)

HEALTH EDUCATION

11. Based on what you've seen or heard, how well informed are residents about how to be healthy?
    a. Where do you think residents get their information about health and wellness?
12. What issues with health knowledge or communication are present in the community?

COMMUNITY BELONGING

13. Do you think there is a sense of belonging in the community, or not so much? [PROBE TO UNDERSTAND]

VULNERABLE POPULATIONS

14. Based on what you've seen or heard, what population groups in Delaware County may require specific assistance to be healthier? [Use examples to the extent helpful: Older adults, children, parents of non-adult children, those with difficulty accessing affordable housing, those with disabilities, non-English speaking or ESL individuals]
15. [IF NOT ALREADY DISCUSSED] Based on what you've seen or heard, what are the biggest issues facing youth in Delaware County?
    a. Do you feel that there are options for high-quality physical health care for youth in Delaware County, or not so much? Tell me more.
    b. Do you feel that there are options for high-quality mental health care for youth in Delaware County, or not so much? Tell me more.

SUMMARY/IMPROVEMENT/CLOSURE

16. (Briefly summarize key issues discussed.) What ideas do you have for specific actions that leaders in Delaware County could do that would improve the health of the community, or reduce the impact of some of these issues?

a. Can you think of any policy or systems changes, at the county level, that could help to improve the health of the community?

17. Given everything we've discussed today, what else do you think I should know?

IF TIME ALLOWS:

NUTRITION AND PHYSICAL ACTIVITY

18. Based on what you've seen or heard, what nutritional issues are present in the community?
    a. From your perspective, what factors keep some people in the community from eating adequate amounts of fruit and vegetables?
    b. What nutritional issues do you see with children, specifically?
19. Based on what you've seen or heard, what issues with physical activity are present in the community?

Appendix E: Key Health Disparities Examples

Poorer physical and mental health outcomes among those with lower household income

According to the adult representative survey, those with lower household income are less likely to report very good or excellent health; are more likely to have been diagnosed with high blood pressure; and report spending more time feeling nervous/on edge and lonely. Some potential explanations for these issues are that these individuals could have financial concerns or worries which could lead to poorer mental and physical health. The cost of healthcare might delay or prevent health care, including preventative care. They may face transportation barriers or have a lack of paid medical leave, which could make accessing health care and paid time off for health reasons difficult. Ultimately, if they are having issues meeting basic needs, health and health care become secondary issues.

Increasing mental health issues among youth in comparison to prior generations

According to the focus groups and stakeholder interviews, youth are facing increasing issues with mental health in comparison to previous generations. Some potential explanations are that youth are spending far more time on screens which limits cognitive and social development and may have negative impacts on sleep and physical activity (all of which impact mental health). The cost of everyday goods and services as well as affordable housing are increasing, which can put families in challenging situations which may both directly cause more anxiety amongst youth and put parents in situations in which they need to rely on screens as entertainment for their children. Some speculate that social media causes youth to feel that they should meet unattainable standards; in addition, academic, social, and extracurricular pressures seem to continue to increase.

Appendix F: Summary of Findings from Focus Groups and Interviews

The following pages display the summary of findings from the focus groups and interviews.

For the focus groups, The Partnership worked with Illuminology to design focus group discussion guides for fifteen focus groups. Illuminology conducted the in-person and virtual focus groups from May 7th, 2026 to July 23, 2026. The focus group discussion guides can be found at Data - Delaware Public Health District. The groups with an asterisk were recruited by a professional recruitment firm; all other groups were recruited by Delaware Public Health District and their partners. The groups were comprised of the following individuals:

Residents:

- Vulnerable populations (held at People in Need and Delaware Grace Clinic)
- Parents of children age 5 or younger
- Parents of children ages 6-17*
- Middle school youth
- High school youth
- Residents who live in the northern part of the county*
- Residents who live in the southern part of the county*
- Those in the criminal justice system (held at Delaware County Jail)
- Caregivers of those with intellectual and developmental disabilities

Stakeholders:

- Early childhood care providers
- School district staff
- Elected officials
- Multi-Agency Crisis Intervention Team (MACIT)

Throughout the summary, statements describing the key themes that emerged are in bold and those statements are followed by quotes that demonstrate the themes.

Criminal justice clients and family caregivers of those with intellectual and developmental disabilities face some very specific challenges; there is a spotlight on these two populations at the end of the summary.

Social Determinants of Health

Housing and Hygiene

Not all Delaware County residents have a safe, permanent place to sleep at night and regular access to restroom and laundry facilities. There are also concerns about rising property taxes, a lack of options for those who need emergency shelter, and low accessibility to low-income housing and housing subsidies.

"I have a lot of clients asking about where to go take a shower. If they're homeless, if they have a job interview or even just to maintain hygiene, because that's uncomfortable." – Southeast Healthcare

"One population that has been on my mind a lot lately at our Delaware [library] branch is the unhoused population. One of the major things that could become more of a health crisis is the lack of access to bathrooms…We have a lot of teeth brushing and hygiene being done as soon as we open our doors…People are always trying to give them food, but what they need is access to a bathroom." - Libraries

"A lot of times people find themselves – because of addiction, because of finances – living out of their car. They're literally washing clothes in the Olentangy River…We do a Laundry Love where two nights a month we have people come in and do their wash for free at the laundry facility...And it's huge." - Churches

"It does start a lot with affordable housing…If we can afford to live and with a roof over our heads, we can afford to do a lot more things and we can be a little bit healthier in general just because we have that basic need met." – Southeast Healthcare

"People are spending almost all of their budget on trying to stay in sometimes subpar housing. So like they're scraping by to afford their rent every month and foregoing healthy food, foregoing doctor's appointments, foregoing important medications, foregoing all these other things. They're working more than they should to try to pay these rents. They're living with more people, living in dangerous situations, living with dangerous people, all to try to stay housed. And it's all just compiling into these situations that are very stressful and sometimes dangerous for kids and dangerous for seniors…So these people are just under constant stress." - MACIT

"Delaware is almost never affordable for our folks to find housing. But even if they do, the funding that we use to provide that and facilitate that is so unpredictable. We might offer this for a year and then it goes away and then it comes back and it's a roller coaster of you never know when the funding is going to run out. Or is it available this month? Nope, we've already

used our allotment this month. So it's very hard to plan with families, you know, longer term or even within our community because if they find something available and affordable, the funding streams are unpredictable." - Early childhood care providers

"A subcategory of [lack of affordable housing] would be emergency housing. There's no shelter capability here… anybody who is in need of emergency housing, we're forced to help look outside our community because there's no options here for that. So it's difficult continuing to support people and advocate for them in another county." – Southeast Healthcare

"[At Helpline,] housing has always been one of our top three [needs]. However, just to kind of give you an idea…what we ended up helping with hotel stay wise [in 2024] was just under 324 and [in 2025] it was over 1,025…. And it hasn't gotten better than the first six months of this year either." - Helpline

"You got to make a certain amount of money [to buy a house]. And the housing list, they tell me 2 to 20 years you can be on the waiting list for housing. What, 2 to 20 years?" – Parents of children 5 and younger

"Family Promise is our only shelter, and they have relaxed their requirements, but generally you have to have children in your household in order to qualify to be in Family Promise. They are struggling for funding. It is one house with multiple rooms, but you've got families. You've got multiple families in one room sometimes, especially if there's only a few of them. And unless you are a victim of intimate partner violence, there's literally nowhere else to go in the county." - Churches

"Current shelter option is the Delaware City Police Department lobby." - MACIT

"[High property taxes] are definitely a concern that's consistent. It's definitely something that gives older adults anxiety that they're going to get priced out of their home even if they have it paid off. But we also see older adults who want to leave their home because it is a large home and they don't need it anymore and they don't have anywhere to go. When you look at…what the new builds that are being promoted as senior living…those are starting at $500,000. And so you have older adults who have paid off their home and want to downsize and can't. – SourcePoint

"People can't afford their rent...They're being pushed out of the community because of it...or into homelessness." – MACIT

"I would say [lack of affordable housing] especially impacts older adults, seniors, the senior population who are on fixed incomes. And the rent just keeps going up." - MACIT

"[Delaware County has zero] RSS [Residential State Supplement] housing. A pot of money that the state has that pays landlords a portion of the rent so that people with mental health issues can live in the community." – MACIT

"From my understanding, there are only two low-income based housing places in Delaware county that I know of…that's not right." – Grace Clinics

"The wait [for subsidized housing]…I heard the wait list is a couple years." – Grace Clinics

"If me and my boyfriend broke up, I wouldn't be able to afford to live on my own here in Delaware County." – Grace Clinics

"I can tell you in our subdivision that American Homes for Rent buys up houses all the time. And the rent that they charge people is ungodly." – Residents of the northern part of the county

"My son's 23…It's time for him to get out and be independent…[but] he can't afford any place." - Residents of the northern part of the county

"It just seems like Delaware is trying to be more like upper class…instead of focusing on the people that already live here that might need the assistance." - Residents of the northern part of the county

Cost of Living/Affordability Crisis

Increases in the costs of goods and services without increases in wages has left some residents struggling to afford basic necessities. Some residents/staff can no longer afford to live and/or work in Delaware County.

"[Older adults] don't tend to have the flexibility to get out of being in financial need in the way that a younger adult might. So one thing that we often point to is we help financially support several of our food pantries in the county. And while in unduplicated numbers, older adults are only around like 30% of the visitors to the pantries, they represent almost 60% of the visits to the pantries. So they're coming more frequently, more regularly. Whereas younger adults and families tend to maybe fall on hard times, come for a short period of time, and then they won't see them again for maybe a year or ever." - SourcePoint

"In Sunbury and Galena, the majority of folks are educated and probably upper middle class. So there's this assumption that there aren't any needs. So sometimes I think that we're overlooking families that are struggling with health, access to healthcare or transportation… stuff like that, I think it just gets ignored and we assume that everyone's doing well, but there

are folks out there that need that, whether it's food or healthcare, transportation, those basic needs." – Libraries

"Every year my rent's going up now... all the utilities went up…gas is going up…[the cost of] food is going up. Everything except your income is going up." - PIN

"The biggest issue is even if you've got a job and you're working, you are still just scraping by and every time something happens, well now you're behind." - PIN

"Just because Delaware County is the wealthiest county per capita does not mean that there aren't people that need help. And there are." – Elected officials

"[At Helpline,] the biggest [need] for 2025 was housing and actually we spent the most money on just one or two night hotel stays for families and women because we don't have anywhere for them to go when it's really cold outside. And then kind of the runner up to that was transportation. So not being able to get to food, to appointments, to work, to get money or all of those things, and without a place to live and a place to be warm and transportation to be able to get to all of those things, it makes life really hard." – Helpline

"I would love more of my staff to live in Delaware County…We just lost a fantastic librarian because she couldn't afford the gas to drive from Columbus to here." – Libraries

"My boyfriend works in Lockbourne…He fills up two and a half times a week - that's $300 almost a week just for gas. And that's something that could have been spent on - my son has three skin medications." – PIN

"None of my children that I raised in Delaware can buy a house in Delaware…One has bought in another county. My other two children are saying to me, we won't be in Delaware because we can't afford it." - Libraries

"Most of our young staff live with their parents…and we are paying a good rate. The problem is with gas prices and things. If you can't afford to live here and you can't afford to drive here, who is going to work in Delaware County?" - Libraries

"I'm well-off and... I look at everybody else and I don't understand how people can afford [childcare and child-related expenses]. It's sad because it shouldn't be that way." – Parents of children 5 or younger

"Childcare alone. I think I'm paying over $30,000 a year in childcare." – Parents of children 5 or younger

Transportation Challenges

Issues with public and/or private transportation make it difficult for some Delaware County residents to get where they need to be, like work and healthcare appointments.

"Well, the bus takes forever." – Grace Clinics

"I can't even afford to take the bus to my appointments." – Grace Clinics

"[Using public transportation] you [can']t get to where you want to go. It's too much. There aren't enough bus stops, There aren't enough routes…You can't really like live a normal life and be expected to take public transportation. I don't know how you would do that." - PIN

"Another issue is that some people pick up the night shifts because it pays more, but there's no transportation in the evening. My boyfriend works third shift and he takes a guy home because there's no bus at 3 o' clock in the morning. So you have to either walk, which is scary, or find a ride, or have your own vehicle. And vehicles cost as much as homes do now. And then you have to repair those vehicles." – PIN

"We run into people just not being able to get to the places where they need, especially in the more rural areas…If they don't have reliable transportation, there's not a lot of other options for individuals." – Southeast Healthcare

Healthcare Access – Insurance Coverage and Childcare

Residents struggle with insurance not covering certain healthcare and with not having childcare to allow parents to get needed healthcare and services.

"I have run into a lot of issues with helping connect those who are on Medicaid with a dentist or eye care provider that accepts Medicaid. Grace Clinics has been helpful with some things, but if they have Medicaid, they can no longer go to Grace Clinics for services because they have insurance." – Southeast Healthcare

"That's the thing for people with Medicaid. It's difficult [to get treatment] because the doctors, they don't want to, you know... don't take that form of insurance." – Parents of children 5 and younger

"My mom's insurance is through her work…but there was only one orthodontist and one dentist in Delaware that was able to take that. I feel like all of the dentists and orthodontists are like rejecting other insurances…and it kind of limits the availability." — Residents of the northern part of the county

"One of the things that we struggle with…we have patients who want to get services, but they have no resources for childcare...It's not just transportation, it's…how do we go in and take care of our own needs? But I've got, literally somebody that we talked about earlier has four or five children. That's a lot to try to manage and somebody who's not networked here. Even at, there's one family shelter, but I know that…there's a policy that no one else is allowed to babysit your children." - Southeast Healthcare

Healthcare Access – Behavioral Healthcare

Cost and availability make it difficult to access high quality behavioral healthcare, especially for youth

"I know that when I noticed that my 5 year old needed someone to talk to about some things, it was nearly impossible to find someone who saw a five year old who, because she wasn't enrolled in school at the time, so there wasn't school access. She didn't have any sort of DD diagnosis at the time. It just kind of like it felt very incredibly difficult. We did end up finding a solution, but it was after months of trying and then on top of that…once we did find someone, there was a wait list." – Libraries

"[It's challenging] to find therapists in the area. I mean, right now he does virtual therapy, which is fine. I mean, you don't have to see someone in person, but it just seems like there isn't a lot in the county that's available. And the few that are…finding them that'll match up with your insurance is hard, too. And, you know, he's 23, so I think it's hard for the younger ones too." – Residents of the northern part of the county

"I'm in recovery, and there's not a lot of recovery places... I don't think there's enough help for people with mental health. I would say the number one crisis in America is mental health… There's not really much help. And it's crazy because it's all based on your insurance. So I wasn't able. I called, like, 40 places in the state of Ohio and not wanted to take me because of my insurance." - Grace Clinics

"Our ER is not outfitted for [mental health services]... So they get frustrated when we bring these folks in there because they're still trying to treat people for general medical care…We've had shifts where we've…given three people to them in a shift and they're like, where do we put these people?" – MACIT

"I think the stigma is one thing, but I think more than that is the cost that you're going to bear once you get [mental healthcare]. I've known many people who've had to do overnights, and they've never gotten out from under that debt." – Libraries

"It took [my son] having a mental health crisis and nearly committing suicide because the bullying at Dempsey, that got him on a better medication...because the doctors wouldn't

listen to me…So, like, fighting with doctors and stuff, it's just not worth it. You need doctors that will listen to parents." – Parents of children 5 and younger

"Severely limited access to care for kids and adolescents for mental health … Delaware county has nothing that specializes in a higher level of care at all." MACIT

Healthcare Access – Costs

Healthcare and prescriptions are expensive, and even those with insurance struggle to pay the out-of-pocket costs.

"The cost of insurance is too high, so there's a lot of uninsured people out there. But also deductibles are high." – Elected officials

"Every other day I'm getting another bill for a thousand dollars for anesthesia and this [and that]. And I'm like, for heaven's sakes, just give me one bill. And how many more of these are coming? So even for somebody who has decent healthcare, it's still expensive." – Elected officials

"For myself personally, copays for specialists are way too high." – Grace Clinics

"I can't afford my prescriptions. So it's like my disability is X amount of dollars…My prescriptions are more than my income." - Grace Clinics

"They say my wife makes too much money, so they're not gonna help me get Medicaid." – Grace Clinics

"The copays are too high. Even for Medicare, it adds up. If you've got a problem. I've had some back problems for about three years. And if you go to the doctor 30 times in a year, that sounds like a lot, but I think it's pretty normal for people who have ongoing problems. And that adds up. I mean, if it's $40 every time…[Then] let's say you have three surgeries in one year. So it's thousands." — Residents of the northern part of the county

"A lot of [residents] forego insurance. If they're not married or don't have kids, they don't carry any insurance at all... they would rather just bank that. And if something happens, hopefully they have the cash for it. And that's just, you know. But then they never go to the doctor." – PIN

"I haven't been to a doctor in like, six years. It's stuff with insurance. Doctors stopped taking it, so my parents are working on finding a new one, but I did used to go because I also used to have asthma and I still kind of do to this day. Going up and down the stairs at [school] is a struggle for me." – Middle school students

“My son will be 18 next week, and he is autistic…He has two different insurances: one through the military and then he has one through the state. And even with that, it was $600 out of pocket for his pills. And it got to where it was like, okay, ‘What am I gonna go without so that he can have his meds?’” – Parents of children 5 and younger

“[My daughter] spent the week out of school, while all week I'm on the phone with the doctor [because] I need another [inhaler]. I don't care about what insurance is and I don't have the money. I'm not going to pay for it. – Parents of children 5 and younger

“If we run out [of prescribed cream], if we use too much of it and then before a certain date the insurance is like, well, you can pay for it out of pocket, but we won't give it to you until this day. So for how long [does my son] gotta suffer, scratching at nighttime? And I'm on the phone with the doctor, like I need you to give me more.” – Parents of children 5 and younger

“The hard part is we need Medicaid so we can go to the doctor. Because if we all get on my husband's insurance, then we ain't gonna make enough money to be able to pay the rent. But if you make too much money, you can't have the Medicaid…It doesn't add up, it doesn't make sense. How are you supposed to live?” – Parents of children 5 and younger

Healthcare Access – Substance Use Treatment

There are no inpatient substance use treatment centers in Delaware County.

“We don't have any [inpatient substance use] treatment facilities in Delaware County. They're down in Columbus. I get it. Columbus is fairly close by, but we literally don't have any.” - Elected officials

“Several times a month, we get folks calling in that are in substance use crisis. And I know that we don't have any rehab centers or things like that here. So then the transportation piece also comes in. It's like if they're trying to seek the help currently, they then have struggle to be able to get somewhere for the treatment quickly…We've been able to get people in for outpatient. It's just that more urgent, like detox in person.” – Helpline

Inmates in the jail noted that there’s a shortage of adequate substance use treatment and the lack of treatment contributes to them ending up involved with the criminal justice system. - Jail

Healthcare Access – Older Adults

Many providers aren’t trained in older adult health concerns and/or dismiss their issues as inevitable due to aging. Access to healthcare and services for older adults will have to increase to meet the needs of an aging population.

"[One issue is] the lack of specialists specifically for gerontology or even understanding that the aging body is different than a 30 year old adult. When we get into especially things like polypharmacy where you have different specialists prescribing different meds and none of them are really communicating well with each other or understanding the big picture. And then that feeds into overall ageism in the healthcare system where complaints by older adults tend to be written off as either 'Well, your knee hurts. That's just because you're 70. Or you forgot where your keys were. That's just because you're older.'" – SourcePoint

"There's a growing number of individuals with cognitive issues on a scale from early stage to advanced stage. And many of those individuals are living alone…And I think will only increase as the population increases…There's the physical access of being able to access the healthcare entities itself, but also there's the capacity for meeting the needs of the growing population. The older population is going to grow faster than the younger population, which is true across the country… I know people tend to think that our county is young, and the growth is with families with young children, which is true. But the percentage growth is more significant for those, especially 85 and over." – SourcePoint

"When practitioners are listening to older adults that are complaining about some of these things that are early signs of these conditions, they write them off as normal aging. Because unless you are a geriatrician, you don't necessarily know the difference between normal aging and non normal aging, or at least not well. And they don't tend to do the testing to confirm whether it is normal aging or it is the beginning of a disease process. And so then it's not until things get to a very serious point where they're like, oh, this is beyond just a sore knee or whatever it is that might be connected to just an older body." - SourcePoint

"To kind of put it into perspective, nationally, for accredited medical schools, you're mandated to do a pediatric rotation, but it's only about half of medical schools mandate a geriatric rotation. They, most of them have it, but it's usually a elective rotation, not a mandated rotation. Even though in about five years we will have more people over the age of 60 than we have people under the age of 18." – SourcePoint

Healthcare Access – Leaving the County/Transportation

Many residents need to leave Delaware County for healthcare, and transportation can be an issue for accessing healthcare whether it's within Delaware County or not.

"Community hospitals like Grady need somebody who can set arms and legs and ankles and wrists. But fewer and fewer people are generalizing in their medicine when they go through med school. So I think that I personally have had good care at Grady, but I know people who've had care across the spectrum there. So I think for some folks, there's a hesitation to go there." – Churches

“A lot of the specialists are in Franklin County versus up this way.” - MACIT

“Ohio Health announced yesterday that our only maternity unit in the county is closing in six weeks. No prior warning. They're just closing…So there will be no OB unit in the entire county.” - MACIT

“Transportation is a huge deal when you're in Delaware and you've got your providers in Franklin County.” – MACIT

“For [someone who can’t drive] to ride the bus to Grady and back for an appointment is going to be $17, $17 back. And that's just, it costs a lot.” - MACIT

“I mean, rides are [a barrier to healthcare access]. And transportation…we run into people just not being able to get to the places where they need, especially in the more rural areas…If they don't have reliable transportation, there's not a lot of other options for individuals.” – Southeast Healthcare

“I think if you need surgery or anything, if my kid got hurt, I'm going downtown [Columbus]. Anything serious, you're downtown [Columbus]. Even if you go to those [Delaware] locations, they'll send you downtown anyway.” - Elected officials

“[Parents] have to drive 45 minutes each way to get from their house to the location they have to go to [for healthcare] and then back, a lot of parents will just say, no, I'm not going to do that.” - School staff

“[One issue is] the amount of real options that we have for doctors that do preventative care, before you get to urgent care. It's not really here in Delaware County. You have to go somewhere else. To Dublin, to City of Columbus. You gotta go all over the place to get to a doctor who actually has the [capability] to bring in new patients.” - Parents of children age 6 to 17

“That's key is the new patients. I feel like we were only able to get in because I brought infants to OSU and they would only take infants. They wouldn't take older age children because they were at max capacity.” - Parents of children age 6 to 17

“I wish we had more health center options. I'm not a fan of the Delaware hospital Grady. I feel like anything that is very complex, you're kind of sent from there to somewhere else. My husband has a few health issues, and it seems like every time he goes into there, he's moved to another hospital. A lot of times he ends up being sent to OSU or to. At least to St. Ann's or something like that. It's probably about the closest he's gone is to Westerville, but a lot of times they just send him off to OSU, which is fine." — Residents of the northern part of the county

“Even the emergency care, like you go to the emergency room and then you get transferred because they're like…we can't handle that." — Residents of the northern part of the county

“My son broke his arm back in December and we had to wait there at the emergency room and then get transferred to [Nationwide Children’s Hospital] because they weren't able to set it.” — Residents of the northern part of the county

Healthcare Access – Wait Times

Many Delaware County residents face long wait times for appointments, particularly in specialty areas.

“I personally was trying to get into Ohio State and was given a two month time period for a doctor.” - Residents of the southern part of the county

“Accessing healthcare, depending on what you need, you can wait weeks, if not months to see a specialist of some sort or procedure or something.” - Elected officials

“Knowing what's available and then being able to get into providers to see them. I think access to these appointments is also difficult. Like, I've had a lot of families say the wait list is very long or they're having trouble getting in to see someone.” - School staff

“It seems like we've had many parents wait for Nationwide, and that sometimes is scheduled like six months to a year out.” - School staff

“Any oncology, any of those things. It's like months if you don't have a connection. Or if something happens. Case in point, I had an OB appointment that got needed to get rescheduled because the snowstorm in January and couldn't get in until June.” - Parents of children age 6 to 17

“There are psychiatric patients who sit in emergency rooms, people that they think are at high risk. They'll sit in there for three, four, five days…waiting for placement.” — Residents of the northern part of the county

“The waiting list for like, my child, she has dyslexia... but then the school did an evaluation at school, and they told me that they don't do anything further. They just tell the parent, and I have to figure it out. So, I take her to her primary care doctor and the doctor's like, well, I can put you on the list, but it's a really long wait.” – Parents of children 5 and younger

“The dentist [here], he has earned trust and a relationship with my youngest. He's been seeing him since we moved here, so he's a good one... but getting them in for appointments, I mean, you need to book it nine months out.” – Parents of children 5 and younger

“The appointment I had today, literally, I had to keep calling because they're like, oh, well, we put you in, but we couldn't get you in before July. And I'm like, well... then my kids will be out of school, I have four kids. And because my husband's still going to be at work, so I'm like, I need to be seen sooner than [months from now]. And [my tooth] was killing me.” – Parents of children 5 and younger

“For me, especially with a lot of kids, majority of the appointments, they book so far out. And then when I get to the appointment, especially when it’s stuff that I had to be referred to, they're like, what you here for? And I can't even remember is because it's been so much time that went past. – Parents of children 5 and younger

Awareness of Resources and Services

Organizations in Delaware County have challenges making residents aware of their programs.

“I think Delaware really does have a depth of really amazing services and providers that we have. And I've been in other counties and this group communicates a lot more with each other. We see each other often, we talk to everyone involved. It's much more collaborative than a lot of places. So I think just making sure that everyone knows that there is this network and continuing to spread those messages out to the community to make sure that they can understand there is this network for you.” – Southeast Healthcare

“Maybe if there's an increase in just like signage places or paper posting in public spaces that people could see that would really spread that awareness more.” – Southeast Healthcare

“I think people are overwhelmed with the amount of information that comes at them all the time because they're always on social media. And I find this for programs for our church, when we do stuff for the community and nobody comes, I'm like, I don't know how to break through all the rest of the noise to even let people know what kinds of things are available for them that I know they want. They just don't seem to hear about it.” – Churches

“We find success when it's one on one and you're like, oh, this is your problem. This is a resource you can access. Like the conversation I had with the lady about Grace Clinics, that there's a lot more success that way. And then when there's follow up and accountability of, hey, I'm going to come back next week, I'm going to ask you like, did you do this? Did you

check this out? But in terms of just like blasting information, I haven't seen a ton of success that way." - Churches

"I think the health department has so many great things that they do and they do have the flyers and they send out the emails, but there's still not a way to communicate that to everybody. I don't know, it's a communication thing is something I think we all deal with." - Elected officials

"Communication is so fragmented now. Columbus Dispatch used to have 500,000 print subscribers. They now have less than 40 because that used to have 20,000 subscribers. Now they're down to about 6,000 in a county of 250,000." - Elected officials

Safety

Safety concerns include guns in schools, kids riding e-bikes and playground dangers.

"The entire school year, you're panicking or you're worrying about this next assignment and whenever you do get a break, someone will tell you something crazy happened, like there's a gun in the building." – Middle school students

"At the end of the school year…this kid brought a BB gun to school. But no one knew it was a BB gun." – Middle school students

"When that whole [gun threat] situation happened, I knew that it was real because we had to be sent out of lunch and they never do drills during lunch periods. And our principals sounded concerned, but they were trying to not cause panic or anything." – Middle school students

"The e-bikes that are being driven around right now. I feel nervous that kids are going to get hit with cars and I'm afraid that people aren't paying attention. And I have a lot of kids that we serve that I've been talking with their moms and they're actually thrilled that they have the e-bikes because it's giving them something to do outside of the house and something to do outside of just being on their screens, which is great. But I think … the access developed quicker than the policies developed." – Churches

"In the park they put in a 12-foot-high ladder with two lily pads in the bottom that are rock solid that are within two feet of the ladder, and they said it was made for children 4 to 12. I said, I have a 3-year-old. There's no way my child is climbing that ladder. Every time I open my door...I'm afraid when a kid is screaming because I know the day is going to come where I have to jump over the fence and get that child because an accident happened." – Parents of children 5 and younger

"In our subdivision, there's an open field. They put a park there when we built the house... but it is five feet from a pond. And I asked the guys from the city, are you guys fencing in the playground? No. I took pictures over the winter of kids out there playing on the ice when ... it was not frozen at all." – Parents of children 5 and younger

Youth Online Safety

Parents are worried about their kids' online safety and they're not sure how best to protect them.

"The apps are so complicated. It's like you are trying to figure out how to block the outcome, external things. I just feel like it is very complicated to just stop them." - Parents of children age 6 to 17

"Every week there's something else or every month there's this new trend or new thing that has come up that kids can do or see or how people sneak into [games] like how Roblox was an issue with people on there." - Parents of children age 6 to 17

"I do know from my teenage son and his friends, they have shared with me and with his dad that the catfishing on Snapchat is really kind of out of control with teenagers." - Parents of children age 6 to 17

Early Intervention

Some children have gaps in early intervention or don't get early intervention soon enough.

"There's a big gap between Help Me Grow and kindergarten…where a lot of kids get lost." – Early childhood care providers

"A lot of parents will say, well, they're going to go to school in a year. No, that whole year you have to really educate them and it's so important to start now. The school will take care of you. No, no, we take care of it now. Getting to see the importance of starting young, not just waiting for school." - Early childhood care providers

"A lot of the comments I get is, well, if I wait until they go to the school then I don't have to pay for it, they'll take care of it." - Early childhood care providers

Staffing Issues – Schools and Early Childhood

Staffing issues and burnout are common among early childhood care providers and school staff.

“The turnover rate in childcare…is outrageous. I give us a year to two at the most. Any more and you get beat up from people on TikTok, Facebook, and then you get beat up from the parents. There's no reward in it. People get frustrated and they're like, why? They're just going to badmouth us on Facebook.” - Early childhood care providers

“The wages. The wages don't match the dedication...the skills. When you're getting beat up by everything and you're getting paid $10 an hour, you can barely afford the gas to get in.” - Early childhood care providers

"The cumulative effect then is impacting our adults, our adult staff members. And parents who are really trying to support students, and then that's impacting that caretaker care piece for them. So we're seeing more mental health struggles with adults too." - School staff

"We've had more violent outbursts at our elementary primary levels, more hitting, kicking, spitting, things of that nature with primary students towards adults than we've ever seen in the past." - School staff

"Do you see burnout among school staff as a big issue or not really?” “Yes, yes. I don't know if I even need to say any more about that, but absolutely." - School staff

"There's a shortage in every area in all of our schools. So whether that is from classified staff to instructional aides to certain teaching fields to bus drivers, I think we all face a shortage." - School staff

Substance Use

Prevalent Substance Use Concerns

Use of alcohol, marijuana, meth, cocaine and fentanyl are prevalent substance use concerns in Delaware County. Alcohol and drug interactions with medications can cause complications.

“I see a lot of alcohol. It's cheap. You just bike down the street, take it home, use it. Lots of alcohol.” – Early childhood care providers

“We've had a huge increase in alcohol cases. I would say, as far as other substances in Delaware, the biggest one right now is methamphetamine and fentanyl and cocaine as well.” That is a huge one. – Early childhood care providers

"[The people] I talk to, the number one reason they use substances is usually it's just an unhealthy coping mechanism. I just need to get my brain to be quiet.” MACIT

"I think meth is on the rise for sure in the community... I see a lot of patients with meth causing the psychosis and that sort of issue.” MACIT

“I think it's easier for them to get hold of meth. So that's where the meth is coming from. Almost any person that's testing positive for meth right now, they're also testing positive for fentanyl because they're cutting it with that. Same thing with the cocaine or crack cooking. I really couldn't tell you why there's been that switch. It's just been a big increase. – Early childhood care providers

“With [marijuana] being legalized [usage] has gone up, way up. What people don't talk about is marijuana use and its implications for people who are on antipsychotic meds or medication, mental health medications in general. A lot of times there's side effects that are making those less effective. So if you're using marijuana it may seem okay because it's legal, but if you're also taking those meds, it might be having effects that you're not thinking about when you're using them.” – Southeast Healthcare

“It's very tricky to understand if you feel like a kiddo's in good hands still when mom just reports that it's [marijuana use] only at night after the kids go to sleep.” – Early childhood care providers

“So speaking from the domestic violence perspective, for a lot of our clients, there's such an intersection between substance use and domestic violence. So it's a factor for most of our folks. And sometimes it's the parent who's been harmed who is using substances as a coping [mechanism] to get through all the other stuff. But also it's used as a control tactic. So sometimes it's an intentional part of the abuse that they've gone through. So that's a tangled web that we see.” – Early childhood care providers

“The biggest one just from the aging body standpoint is going to be how the body metabolizes that drug, whether it's alcohol or marijuana or an illicit drug. And then the other challenge is most older adults are on some medication of some kind. And then you run into what kind of interactions are happening between that drug and the medications you're on. Most of this stuff is being processed through the liver. So then what does that look like? And so it tends to lead to a compounding effect as well. - SourcePoint

Youth Substance Use

Vaping among youth is a major concern; use of marijuana and accidental ingestions of marijuana among youth are on the rise.

“There’s definitely kids at our school that vape.” – Middle school students

“[Vaping] was a major problem when I was in sixth grade. They had to put detectors into the bathrooms.” – Middle school students

“There’s so much vaping.” – Middle school students

“I don’t think [drinking’s] a big thing among people.” – Middle school students

“I haven’t seen much [drinking].” – Middle school students

"Marijuana, vaping, THC. Major increase. And younger and younger ages, obviously it is legal now for adults, so there's readily available access for younger people." - School staff

“A lot of people that I go to school with that vape, they have serious lung problems and they get sick often from it.” - High school students

"[Vaping starts] sometimes as young as third and fourth grade, but definitely middle school." - School staff

"We see a lot of the vaping stuff, especially at the middle and high school." - School staff

“We have seen an increase on kiddos having access to [marijuana] and ingesting it. So that has increased. But as far as our involvement, if a kiddo was positive at birth for marijuana, we used to get involved for that. They don't even report that to us anymore. And we couldn't do anything about it even if it did happen unless it was showing some kind of physical impact on the child… because the law changed.” – Early childhood care providers

“Pretty much have like 20 kids in the bathroom [vaping]... Some kids get caught, but it's not a lot.” - High school students

“Vapes. It's like a flex I feel like. You see people in social media flexing it like...It's like the pressure. You want to be cool.” - High school students

“[Energy drinks are] not healthy. I've seen so many people drinking those and my mom has told me some of like the risks and stuff with drinking that... There's just been too much access for energy drinks.” - High school students

"They choose vaping over smoking. People spread misinformation about how vaping is not as bad or it's actually better than smoking. So they think it's safe and they just use it to look cool without actually knowing what it does." - High school students

Mental Health

Older Adults' Mental Health

Older adults experience depression due to lack of purpose, loneliness and isolation, and grief. Ageism is also prevalent, which impacts how older adults are treated.

"Another thing we've experienced is widows and widowers who don't have family nearby who actually come to the library to chat with our staff to get that social interaction. I know that SourcePoint provides a lot of different programs, but I think because it's over on Cheshire Road, the folks here don't want to drive over there, or maybe they can't. So they come to the library and interact with us. So we kind of provide that social network for them. But loneliness is probably affecting a lot of aging folks." – Libraries

"Probably the biggest need we see is just [addressing] loneliness and isolation…We coordinate the senior companion program for the county, which is matching peer to peer, older adults to older adults who are isolated in their homes or just feeling lonely and that kind of thing. I have a long waiting list of people who want a visitor because [they are] just more spread out from family and friends or friends have passed away or they're just not getting out as much as they used to and that kind of thing. So it's just really affecting their mental health." – Helpline

"I'd also say that kind of going off of the grief piece of it, grief for our population doesn't always necessarily mean loss of a loved one. Older adults are grieving lots of things. Maybe their retirement years don't look like what they thought they were going to look like because maybe a spouse has a health condition and they were going to travel and now they aren't going to travel. Or maybe they thought they would have grandkids and they don't have grandkids, or the grandkids live far away ... Maybe they've lost some physical capabilities and so they're not able to be as active as they thought they were going to be. There are a lot of components to grief that are really complicated with older adults … We're also seeing that adults over the age of 60 now represent the biggest group completing suicide in the county. And so what we're seeing in those cases as we review them is typically those types of grief. So maybe their finances aren't where they thought they were going to be, and so they either can't retire or can't retire in the way they thought they were going to be able to. Maybe they got a diagnosis of something that is going to be a battle, you know, through the end of their

lives and they don't have the supports maybe right in that moment and things like that." – SourcePoint

"I would add to those two things with seniors, I see a lot of depression. One due to loneliness, but also due to a lack of purpose anymore. They are used to being caregivers and being needed, and now they're no longer needed. I mean, even my people who are exceptionally comfortable because they live at Willowbrook are still depressed because they don't feel like they have a purpose. The purpose they used to find in life, they don't find anymore." – Churches

"Ageism underlies almost every aspect of our culture at large. And so it makes some of the things that SourcePoint is trying to accomplish more challenging. Even when we talk about the older adults and suicide, it doesn't get as much attention because there's kind of an assumption that people don't care as much, I guess, or that … they lived a full life, so I guess it doesn't matter as much. And then there's also this assumption that people are going to end up in nursing homes that leads people to force older adults into a situation that maybe they don't need to be going into." - SourcePoint

"I might say the same thing about falling. A lot of people think, oh, well, if there are falls in the home, well, we have to put them in a nursing home. Well, they're going to fall in a nursing home as well. That's not going to protect them from falls. So again, it's these misconceptions that are based in ageism." – SourcePoint

Parent and Young Adult Stressors

Parents of younger children are stressed out because they are constantly on the go; young adults have a lot of things to figure out which can cause stress.

"The burden is on my husband and me to figure it out for five other people in the house. And so from a mental health perspective, I know I've had moments where I've broken down, and then the kids are now absorbing that, and now they're disconnected..." - Parents of children age 6 to 17

"I think that's one of the biggest challenges, trying to avoid burnout, because you're constantly on the go." - Parents of children age 6 to 17

"By the time you get in bed, you're exhausted and you're like, I don't have any more to give. And so we've tried to set aside at least a couple hours one night, but even that's hard." - Parents of children age 6 to 17

"I think young adults are extra stressed right now just because I think trying to figure out how to navigate certain new stressors is always a tough thing for our young adults." – Southeast Healthcare

Trauma

Trauma can contribute to mental health issues.

"We're seeing an increased prevalence of people who report sexual assault who have experienced strangulation. That's a serious physical health need that can create short- and long-term health problems for the rest of their lives. Granted that's still a small subset, but it's pretty significant, the number that we're seeing. – Helpline

"In the victim services arm of our programming, the folks that we work with have had trauma as youth and then are also still experiencing assaults as adults. I mean very pervasive trauma, PTSD, other mental health needs and in ways that can be pretty debilitating to their ability to work, maintain a job, all of that. And also seeing that, acute, for folks where maybe it's their first-time trauma. We work with college populations and that's impacting their ability to do well in school as well. So it's kind of across all age groups." – Helpline

Stigma

Some residents do not feel comfortable seeking out mental health care.

"Well, I think definitely a lot about what we do on the mental health side of things. So going to therapy is often one that I think of right off the bat where people say, I can't do that. I don't go to therapy. I don't need that. I don't need that help, whatever it may be. But also we deal with some really complex issues, like people who might be having psychosis for the first time or just are at such a high anxiety or stress level where they're starting to not be able to take care of some of their basic needs anymore. So a lot of this mindset, I think the stigma comes from [the idea that] I'm supposed to pull myself up by the bootstraps. I don't need help. I don't need to be the person who gets help from this provider." – Southeast Healthcare

Youth Mental Health

Mental health issues among youth seem to be increasing.

"The one daughter who's only in the fifth grade gets such anxiety going to school that she has to be sent home. Her heart will start racing. She'll have a panic attack." – PIN

"I don't know if it's the start of them getting into social media plus everything else that comes at that age, but girls are like, cutting is on the rise. With young girls, the anxiety stuff." – PIN

"Kids now literally sit with doom and gloom of stuff that I don't think we were saddled with until we started to get older. But it's their exposure to everything now … I mean, I don't care if you start at kindergarten. Every kid has a phone now." – PIN

"Youth mental health - it's shocking how young the victims are anymore. I feel like they get younger and it's very sad because when I grew up, that wasn't even a thought. But nowadays it's very common." - Elected officials

"We handle a lot of suicidal ideation and we're seeing it in younger and younger [individuals]." - MACIT

"To be more specific, [in schools we see] anxiety, depression, impulse control, executive functioning, and difficulty regulating emotions." - School staff

"That emotional regulation is something they really struggle with as a result of their anxiety. And a lot of it too is it stems from home. Some of these kids, their parents also struggle with mental health." - School staff

"I work in a middle school and there are a bunch of young kids who are already [have] super anxious breakdowns all the time and stuff." South

"I've gotten bullied in the past, so I think it's still pretty common, but I feel like most of it is more digitally now." - High school students

"For a couple people I know, they choose to self harm by just not eating. They kind of punish themselves by just not eating anything." - High school students

"Sometimes you'd get bullied for having mental health issues. And also even going to a counselor, a lot of people just don't want to go. Cuz the counselor might try to tell people about it and maybe they don't want that." - High school students

"Counselors and therapists, they cost money, which a lot of high school students don't have. Plus, most times, you have to ask your parents, and then they'll have to take you for people that don't know how to drive yet or don't have money to spend on that. So the only options are high school counselors. Pretty sure they're [mandated] reporters. So they'll have to tell their parents." - High school students

“It's definitely a cultural stigma on mental health. Nobody thinks it's as important or serious. Nobody takes it as serious unless it's too late. My dad is an immigrant, and he doesn't see mental health as necessary. He thinks it's kind of fake and stuff.” - High school students

“The political environment of our country is kind of causing a lot of stress for everyone.” - High school students

“Eating disorders, like anorexia and bulimia.” - High school students

“People can be depressed because their friends are leaving them out of things.” - High school students

“People bully you into trying to vape, but then they'll bully you if you do vape. Or they'll just bully you for no reason and just try to make you feel bad. We've had kids in the past commit suicide because it got so bad. I've been bullied my whole life. I'm a senior in high school and still get bullied. It doesn't ever stop. The world is cruel, but there's nothing you can really do about it.” - High school students

Youth Academic Stress

Youth are under a lot academic stress which can negatively impact their mental health.

“I was really pressured in sixth grade because I had a lot of homework. I would spend easily four to five hours a day working on homework. Then in seventh grade, I didn’t have any homework, same as eighth grade. So it was really different and I’m really happy about that, but I also wish that my teachers hadn’t done that to me in sixth grade.” – Middle school students

“We hear that from our young people that we serve in our prevention programming the impact of, especially, academic stress and how that contributes to really having pretty big mental health challenges and not necessarily feeling like they can get [help] from their parents or their schools or anything like that.” – Helpline

“I have a new middle schooler and the amount of homework and stress that's put on them from going from elementary school to middle school, it was a turn and then they're going through puberty and [their] mind is all over the place.” - Parents of children age 6 to 17

“Definitely familial and generational stress. Like, to succeed” - High school students

“Getting into colleges has been really competitive... I take a couple of AP classes and honors classes and I don't even do any sports or anything like that, and I'm already swamped with work and studying and stuff like that.” - High school students

“Exhausted from sleeping late or staying up because you're stressed about something like schoolwork or just overworking yourself with other extracurricular activities too.” - High school students

“A lot of parents pressure their children to get better grades or do better in school... They're just making their own kids stressed out.” - High school students

“I also feel like I'm pressured. I know I'm gonna try to get good grades, but I feel like the constant reminder [from parents] that you have to keep getting good grades also kind of makes me nervous. ‘What would happen if I didn't get good grades?’” - High school students

When discussing if middle schoolers notice a difference in stress during summer break:

“A hundred percent.” – Middle school students

“It feels more open. Everything isn’t crucial.” – Middle school students

“You’re not on edge and you’re just able to chill out and just feel like you belong, join places that you actually want to be at…”– Middle school students

“You’re free and feel like you can be you, almost, because you get to be with people you want to be with and you’re not stuck in a building for seven hours, sitting in a chair.” – Middle school students

Youth Screen Time

Youth are spending a lot of time on screens which causes issues with mental health due to exposure to content they shouldn’t see, screen addiction, limited attentions spans, lack of sleep, poor language development, and limited creativity.

"Kind of the infiltration of the technology and the social media in the younger grades and elementary is becoming more prevalent and these kids are being connected to older students more and they're seeing more things, hearing more things and it's affecting them in big ways at younger ages." - School staff

"Students coming to school tired, they're not getting their sleep, they may be on Fortnite all night long or on social media all night long." - School staff

"A huge issue is speech and language development for primary age students. You do not learn speech from a screen." - School staff

"A delay in speech development causes delay in language, causes delay in reading. We see that all the way across the board." - School staff

“I think they're blasted a lot of social media right now and they don't know how to dissect what's real and what's not. And that becomes very stressful and it creates a lot of anxiety.” - Parents of children age 6 to 17

“Screen usage, high screen usage. I feel like it limits imagination, creativity. A lot of kids are not outdoors having free play and they're just given screens in school.” - Parents of children age 6 to 17

“They don't have the ability to deep disconnect from their friends. Like if you were all growing up, I'm sure your friends went home and you at home, you had time to chill and just kind of not be with friends where with the devices it's constantly on all the time.” - Parents of children age 6 to 17

“[Students] just have their phones out in class by using their backpack, even though it’s illegal.” – Middle school students

“I’m really bad about screen time and since the summer, my parents don’t restrict me, so I started playing this game two or three days ago and I already have 20 hours on it. So I’m really bad about spending time on screens.” – Middle school students

“I get on Snapchat and then there’s a new spotlight post from a creator I follow. So I watch that and then I just keep scrolling and scrolling. I’m like, okay this time I’m gonna get off…and then I keep scrolling, scrolling, scrolling.” – Middle school students

“YouTube is the worst offender, and Tik Tok. YouTube and Tik Tok are the worst offenders of the scroll.” – Middle school students

“I got on Tik Tok earlier and I was like, oh yeah, I’m just gonna scroll while I’m waiting for my game to load, and an hour and a half later after scrolling, I’m like oh, my game’s loaded!” – Middle school students

“I'm not as bad at scrolling as most people, but, man, do I watch videos forever. Basically, you know those stupidly long movies and a bunch of stuff … 30 episodes long combined into one movie? I watched those in one sitting because I'm like, I need to increase my attention span. Let’s watch this for three hours.” – Middle school students

“We get kids that come in from town in the summer that will just sit on the computers all day long because their parents are at work. And they come up here to the library and just play Roblox for hours on end.” – Libraries

"The younger generation, specifically, we work with a lot of elementary schoolers and middle schoolers [whose] focus is close to none because they're just so heavily addicted to the social media … Then you begin to talk about the community that has more need where maybe there's a single parent household where the parent is working a lot of the time or isn't able to be as available. And so then social media or screens becomes a babysitter. Kids are very addicted to social media and screens, and it's definitely impacting their health." – Churches

"Social media pushing this impossible rhetoric like you have to look like this [ideal]. It's constantly what you see, how other people look on social media. Because everyone's supposed to [have] the best photos. So you're always just beating yourself up... Making those comparisons and it's hard to achieve that." - High school students

"The phone kids are on it like definitely late into night. And then they wake up for school early and sleepy and then they buy the energy drinks. Like a lot of kids are drinking energy drinks." - High school students

Belonging

Residents and stakeholders noted that not all residents may feel a sense of belonging in Delaware County (e.g., those with different languages or cultures, LGBTQIA+ individuals, unhoused individuals, and those who are new to the community).

"A couple of my Spanish-speaking families, they turn away a lot of resources because even though they're legal, they don't want to go through the battle and have to show they're legal just to get the resource. Because when I wanted to send over to Help Me Grow, they're like nope, we don't want to deal with it … Even though they're legal, they just know they have too much to show and too much paperwork to go through. So I think sometimes that can be a barrier for some of my families." - Early childhood care providers

"Just really thinking about all the different populations that might have specific cultural needs and whether we're able to serve those without folks having to go out of county for something like that." - Helpline

"[Regarding belonging] I think … your status in this community is what really is going to impact your involvement in the community. Going off of that, too, going back to the unhoused population, I think the message to them is, we don't want you here. Get out. And yeah, I don't think you probably feel too attached to your community when that's the message you're hearing. So I think it depends a lot on your status. I think you have a good pocket of people that really are passionate about their community. But we also work with a lot of people who are underserved and less privileged that don't necessarily feel that same way." - Southeast Healthcare

“One underlying thing I'm seeing is the new and the old. So people who are moving into the community versus those who've been in the community for a long time…There's such a not want to grow anymore theory. And we all know that growth isn't stopping…So I think that's something that I'm kind of keeping my eye on right now. Welcoming new people, making them realize the libraries are here.” – Libraries

“I would say overall, for the larger community, most people of color that I know don't feel a sense of belonging here. LGBTQIA+ folks feel a sense of belonging in the communities that they know are safe. In the wider community, though, it’s questionable. The political polarization is strong here. There's lots of blue pockets in the city, but it's all rural county around us, and it's red, red. So it really just depends on who you are and what circles you move in.” – Churches

“And I'm not labeling, but … for example, I've got a person who lives kind of on the east side of Delaware. Dad was working in a factory ... Then I've got people that I know that live in the Berlin area, which is kind of the nicer new buildings, mega bucks, all that stuff. …So I mean, it is really bizarre right now in Delaware where you've got literally old school and new school and some people, you know, your old school people know everything about when the Little Brown Jug happens and the horse parade and everything else. Then you get this other group coming in and they're like, what the hell is that? They don't know.” – Churches

"It just seems like we've gotten into more of a world where it's so self-contained that unfortunately even the people who want to help you just don't know or you just don't care. And I think there's so little of that community part of it anymore." – PIN

"Delaware used to be a really nice small town where everybody knew each other, would be able to help each other out. But now it is kind of what y'all talking about, where it's every person for themselves, every household for themselves." – PIN

"I'm not sure how many of us have professional language services, but that's probably going to be something that we need more and more to be able to use for translation.” MACIT

"I would say we're seeing a huge increase in Sunbury with just language barriers as well...We have a lot of Spanish speakers, but we've had an increase with Russian speakers.” MACIT

“I think there’s a strong community.” – Middle school students

“Sometimes people make you feel like you’re not supposed to be here. I think most of the time I feel like I’m supposed to be here.” – Middle school students

“I feel like people at our school weren’t respecting people’s religion or ethnicity or how they identify.” – Middle school students

“What I was seeing was people thinking it’s a joke to be mentally ill or thinking that people are just faking being LGBT.” – Middle school students

“People often, they’re not inclusive with people in the LGBTQ community and they’re not kind or friendly to people that are a different sexual orientation.” – Middle school students

“People with autism or down syndrome, people – especially in my grade – aren’t kind to them at all.” – Middle school students

“[Feeling a sense of belonging] is 50/50 because sometimes I’m like, *oh yeah, I belong here*. But then other times, people make me feel like I shouldn’t be here.” – Middle school students

“So many people tend to judge you nowadays. You can like always just feel judged. For what you're wearing, how you look.” - High school students

“The community is not together. Back where I come from everybody knows each other, their neighbors and stuff. I do not know even my neighbor's name [here].” - High school students

“Some people don't really have a support group in their school, and they eat lunch by themselves. They switch between multiple people and they just don't have those people that you can rely on.” - High school students

Growth

Residents noted that Delaware County is growing quickly, which has pros and cons.

"We are growing so fast, which is a good thing and a bad thing. We want all these things, but yet we still want to stay small." — Residents of the northern part of the county

"Growth is good, but to an extent - sometimes too much growth is not. You can't support it. So like you said, you start to lose that community feel." - PIN

"When I moved out, when I built my house, it was like 1993. It was quiet out there, an occasional car here and there. And now, I mean even in the middle of the night, four o' clock in the morning, I can hear it's like Le Mans." — Residents of the northern part of the county

"Growth. You get a lot of people pouring into this community and the other thing that's going to happen is... the older adult population is going to start exploding as well.” MACIT

"A lot of change in culture as well. Not just the Hispanic [community], but the Indian culture is growing.” MACIT

"They're just building so much all at once, too. It's going to fall on us." – Residents of the southern part of the county

Spotlight on Family Caregivers of Those with Intellectual or Developmental Disabilities (IDD)

Constant Advocacy and Need for Resources

IDD caregivers have to go through an incredible amount of labor to find and obtain resources for their children.

“And so it was just kind of like, your child's deaf and blind, she's probably never going to hear you or see you, and she might not survive, And it was kind of like, that was it. No one directed us to being like, learn sign language, here's the resources, hey, there is a hospital two hours from here that specializes in this. There was no support. There was no there's a community of this, and we kind of had to find it all on our own. And I wish that we would have had some direction before that.” – IDD caregivers

“That's always been one of the things in the back of my mind - I do not want him to go into a facility and they mistreat my son. And that's what’s worrying. Because I have seen some of these facilities and stuff that happens. They don't care about autistic kids or anybody with disabilities. As far as they're concerned, they're not contributing anything to society. So why should we help them? And that's my biggest concern right there. Trying to find someone who is going to be compassionate.” - IDD caregivers

“The red tape that you got to go through to get [medical equipment] and it is ridiculous. And that's more stressful than dealing with the children sometimes.” – IDD caregivers

“I think that for me the hardest part is the amount of advocacy that has to go into the day-to-day for every single thing just to meet basic needs.” – IDD caregivers

“I think it's just constant paperwork. It's constant explaining over and over. And it's not just exhausting, but it's like, it's maddening. It's a waste of our time.” – IDD caregivers

“We waited...it wasn't life threatening, but we waited over a year for sensory equipment with the board of DD. Over a year.” – IDD caregivers

“The hope is you're gonna give up because it is exhausting. And no one has the time or the energy or the knowledge to go through all the hoops or, oh, this form wasn't filled out exactly right. And then every form they send you is, for some reason, a Word document. And it's not fillable. And it's just the little things. Like, it's just the little stressors.” – IDD caregivers

“The administrative aspect of what we have to do is a full-time job that kicks us out of our jobs that we used to have, so then it becomes another financial strain, too. With my husband and I, it's hard not to feel resentful sometimes because it's like, I would rather do your job and work. I would like to work again. I want to go back to work. But even if our daughter is okay, and even in school, the administrative aspect of the constantly advocating, constantly doing paperwork, constantly this and that and ordering things takes it out of me. Like, it's too much. And I feel like we're always doing the work that they're getting paid to do and we're not. And I think that's where a lot of my frustration lies.” – IDD caregivers

“Children's Hospital used to refer people to call us because we had tried this diet and were doing that, and they were having my husband figure out the math -- because dietitians couldn't figure out the math-- for the diet plan. We were helping people with how to measure things and do these things, which was fine. It was good to do. But you have to learn. You have to become this expert at pretty much everything.” - IDD caregivers

“When we would have to check my son into the hospital, I would tell them, I brought his meds, do not give him anything, because they would inevitably mess it up every single time.” - IDD caregivers

Need Compassionate Help

IDD caregivers need a reprieve but have a hard time finding compassionate caregivers for their children.

“It's a lot of frustrating components to it all because I don't know why the turnover rate when it comes to your caregivers from these agencies is so high. And...you want to be careful-mindful of who you have around the children. You just don't want anybody around them. Seems like once they get comfortable with someone, you got to find somebody else.” – IDD caregivers

“You get comfortable with someone and they’re doing such a fantastic job and the next thing you know, they're gone.” – IDD caregivers

“I just think we need a plan for [people with autism and psychotic disorders] because there's a lot of medical emergencies around them. A lot of them die, are homeless, are in jail. Our kids get incarcerated. Our kids get sent out homeless. Our kids die. And, you know, I'm pretty

fed up with it because there's no-- that's not healthcare. That's abandonment. They're being abandoned." - IDD caregivers

Challenges with Guardianship and Adult Children

IDD caregivers face challenges as their children become adults/with guardianships.

"When they became adults it became a lot more challenging. I think a lot of it is because the healthcare system for my children isn't really set up correctly." - IDD caregivers

"We have six Children's Hospitals, and there's no transition planning for our kids." - IDD
"Then they transition to adult care. There's no plan to transition them at all. And that just seems like, why?" - IDD caregivers

"When you get to a certain age, when you get out of high school, all help just disappears." - IDD caregivers

"When we were at Children's Hospitals, it was great. When we moved into adult care, it's been horrible" - IDD caregivers

"There's one thing I never could understand. Maybe it's my ignorance, I don't know what it is, but you birthed a child, you brought him into the world, you took care of that child all your life, and then he turns 18 and you need to sign up to be a guardian. It doesn't make sense to me." – IDD caregivers

"I need respect and there isn't any respect in my opinion. And that costs nothing." – IDD caregivers

Isolation

IDD caregivers feel alone and isolated.

"I feel like I went into things so naïve - oh my goodness, there's all this great support - and then I look into it and realize that's not helpful and I'm still alone. I've heard people mention things like isolation and even just to connect people [with one another] because I feel like organizations were throwing stuff at me that didn't help. I don't need more stuff, but I need human connection." - IDD caregivers

"I don't need more interventions that are going to cause additional stress for me when my issue is I need something that's going to help decrease the stress. And it doesn't have to be a

major thing, but just to have people... that's one of the hardest things for me is just doing everything completely alone." - IDD caregivers

"It showed me that [Delaware County] didn't really understand anything right there. And then I was like, you don't get us. You don't get our lives. You are not understanding us. If you're telling me to go get a neighbor, a friend, first of all, I've told you, we have no friends. We have no family that lives here anyway. So apparently you did not listen." - IDD caregivers

Spotlight on Criminal Justice System Clients (Delaware County Jail Inmates)

Economic Hardship & Systemic Roadblocks

The high cost of living in Delaware County, combined with bureaucratic hurdles, creates an environment where stable re-entry or recovery feels nearly impossible.

- **High Cost of Living:** Participants explicitly noted they cannot afford to live in Delaware County, pointing out specific financial pressures like extreme housing costs and the high cost to feed their children.
- **The Re-entry Paradox:** The system often takes away the tools needed for stability. For example, individuals lose their driver's licenses for falling behind on child support, creating an impossible paradox: *"How am I supposed to have a job if you don't have a license?"* Furthermore, finding a pathway to employment remains a massive hurdle for those with a criminal record.
- **Resource Delays:** Safety nets are described as frustratingly slow or inaccessible. Participants noted that it is incredibly difficult to secure food stamps, and the wait for Section 8 housing can stretch to eight years. As one participant bluntly summarized the timeline: *"Will be on drugs or dead by then."*

The Personal and Family Toll

Incarceration and instability ripple outward, deeply affecting the children and families of those involved.

- **The Emotional Weight of Separation:** The physical confinement of jail is secondary to the psychological distress of being separated from loved ones.

The worst pain isn't being in jail, it's thinking about what's happening outside. I want to cry every night.

- **The Pressure to Provide:** Many participants have multiple children and feel an intense pressure to provide. They noted a direct correlation between economic failure and relapse: if you lose your job and cannot take care of your family, the overwhelming stress frequently triggers a relapse.
- **Youth Vulnerability:** Inmates feel that Delaware County lacks sufficient activities and spaces for youth, which could make things even more challenging for the next generation.

Perceptions of the Justice System

The participants feel very disillusioned in terms of how they are treated and processed by the legal system.

- **Systemic Cynicism:** There is a strong feeling that the justice system operates under a philosophy of "guilty until proven innocent" rather than the reverse.
- **Unfair Sentencing:** Participants expressed that "punishment does not fit the crime," viewing the system as overly punitive rather than rehabilitative. They emphasized that "a lot of good people end up in jail" due to these compounding systemic failures rather than malicious intent.

The Epidemic of Addiction & Healthcare Barriers

The data highlights addiction, particularly to fentanyl, as an overwhelming, pervasive force in Delaware County. Participants described it as spreading at "epidemic" speeds, noting that it is cheaper and more accessible than the efforts required to contain it or recover from it.

- **The Reality of Fentanyl:** While used for pain management, participants noted that fentanyl makes individuals completely non-functional, creating a vicious cycle where "you see it everywhere." Even if some people find recovery, others immediately take their place.
- **Barriers to Medical Help:** Seeking help for substance use presents severe structural hurdles. One participant recounted an eight-hour wait at the Emergency Room while attempting to detox, forcing them to endure the agonizing process at home in front of their family.
- **Fear of Legal Repercussions:** The threat of the legal system actively prevents people from seeking medical care; participants noted that individuals frequently avoid the ER entirely if they suspect they have an active warrant.

Community Recommendations & Resource Gaps

The focus group identified critical interventions and specific organizations that are desperately needed to bridge these gaps:

- **Increased Resource Awareness:** There is an immediate need for better centralized communication and awareness regarding existing support systems in Delaware County.
- **Targeted Re-entry and Youth Support:** Participants explicitly called out the need for established organizations like Alvis House (which specializes in re-entry and behavioral health housing) and Huckleberry House (which focuses on youth shelter and support), suggesting a sshortage of these specific types of crisis and transitional organizations.