FACILITATOR GUIDELINES

As a facilitator, your job is to make the meeting easier for the breakout session participants. Your main tasks are to improve the quality of the discussion and increase its effectiveness by keeping the conversation on topic and answering questions.

1. Clearly define breakout session goals and objectives
   - "The purpose of this breakout session is to [state objective of the breakout session]"
   - Review worksheet session instructions with the group

2. Check for understanding and consensus (where needed)
   - Ask for clarity when needed
   - Summarize key points and ideas
   - Check for consensus on key take-aways

3. Optimize time
   - Ask participants to be concise in their comments
   - Redirect the group if the discussion goes off-track
   - Limit side conversations

4. Encourage open and honest discussion
   - Stay neutral, check personal biases
   - Be respectful of divergent views
   - Focus on ideas, not people and entities
   - Ask questions – elicit comments and opinions from all breakout session members

5. Scribe
   - Provide clear and detailed notes
   - Where possible, summarize key points and themes arising from group discussion

Breakout session process

Facilitators will be assigned to a table and will remain at the table for the duration of the breakout sessions. There will be four breakout sessions:

1. Breakout session: Data Indicators
2. Breakout session: Community's themes and strengths
3. Breakout session: Forces of change

TABLE # _____

FACILITATOR: _____

TABLE MAKE UP: _____

TOPICS TO COVER: _____

Due to time, each table will be given 2-3 topic sections to review. However, you are encouraged to review the remainder of the indicators and provide comment at CHACHIP@columbus.gov.

REVIEW OF DATA INDICATORS

Objective: The purpose of this activity is to review the list of indicators to identify:

- Does this set of indicators reflect a good balance across the life course for this health topic?
    - If not, what is missing?
- Are there any indicators you feel should replace another measure within this section?

This extensive list of indicators has been vetted through a number of individuals including subject matter experts using the following criteria:

- **County level:** County data is available
- **State level**: State data is available
- **Meaningful, relevant, & actionable:** The indicator provides information valuable for community members to understand important aspects of their quality of life and useful (it offers a sense of direction for additional research, planning and action toward positive community changes and a means of assessing progress).
- **Reputable**: Where possible, indicator is nationally recognized
- **Source Integrity and data quality**: Data are reliable, accurate and timely; response rates and sample sizes are adequate if survey data

Preference given to indicators that include:

- **Demographic Breakouts:** Sex, Age, Race/Ethnicity
- **Sub-county level:** data are available at the neighborhood level where possible
- **Benchmarks:** benchmark values have been established for the metric by a reputable national organization (e.g., HealthyPeople 2020)
- **Trends:** trend data is available for at least one indicator per section (long term yearly – 5-10 years)

Included in State Health Assessment	Indicator	Measure	Source
DEMOGRAPHICS/ FRANKLIN COUNTY PROFILE			
	Age	Percent under 18, 19-64, 65+ (?)	American Community Survey, USCensus
	Language spoken at home		American Community Survey, USCensus
	Race/Ethnicity	Percent	American Community Survey, USCensus
	Gender	Percent	American Community Survey, USCensus
	Country of Birth	Percent	American Community Survey, USCensus
	General Health Perception	Percent of adults with good or better health (Poor/Fair, Good/Excellent)	BRFSS
	Geographic area indicators	Land usage; area	
SOCIAL DETERMINANTS			
X	Poverty	Percent living <100%; 100-199% FPL; ≥200% FLP	American Community Survey, USCensus
X	Educational Attainment	Percent <9th grade; some HS; HS grad/GED; some college; Assoc. degree; Bach. Degree; Grad/Prof degree	American Community Survey, USCensus
X	Employment Status	Percent in labor force (civilian labor force and armed forces); not in labor force	American Community Survey, USCensus
X	Unemployment Rate (Civilian Labor Force)	Percent unemployed in civilian labor force	American Community Survey, USCensus
X	Household Income	Median household income; mean household income; per capita income	American Community Survey, USCensus
	Housing Cost Burden	Percent of homeowners who are cost-burdened; Percent of renters who are cost-burdened	American Community Survey, USCensus
	Affordable Rental Units	Percent of rental units affordable to low-income households	US Housing and Urban Development (HUD), CHAS
X	Health Insurance Coverage	Percent of (civilian population) with no health insurance coverage (broken out by children and unemployed)	American Community Survey, USCensus
	Food Access--SNAP/Food Stamps	Percent of housholds receiving SNAP/food stamps (total HHs; HHs w/ children; HHs below FPL)	American Community Survey, USCensus
X	Food Access--Food Insecure Households	Percent of food insecure households; Perecent of food insecure households with children	Feeding America

Included in State Health Assessment	Indicator	Measure	Source
Social Context and Safety			
X	Violent Crime	Rate of violent crime events (including murder, rape, robbery, and aggrevated assault) per 1,000 population; these can be reported individually	Office of Criminal Justice Services
	Child Abuse	Total number of cases reported (could break out: physical, sexual, neglect, emotional)	Public Children service Association of Ohio; FCCS (?)
	Hospitalized	Number of children hospitalized due to abuse	Central Ohio Trauma System
	Domestic Abuse	Total incidents reported (percent with no injury, injury, and fatal injury)	Ohio Bureau of Criminal Identification and Investigation
X	Homicide	Number deaths due to homicide; Rate per 100,000 population	Ohio Vital Statistics; Analysis by CPH
	Property Crime	Rate of property crime events (including: burglary, larceny, motor vehicle theft, and arson) per 1,000 population	Office of Criminal Justice Services
ACCESS			
X	Uninsured	Percent of adults uninsured; Percent of children uninsured	American Community Survey, USCensus
	Resource Availability:		
X	Primary Care	Number; Ratio population to provider	State of Ohio Medical Board
X	Dentists	Number; Ratio population to provider	Ohio State Dental Board
X	Mental health professionals	Number; Ratio population to provider	Ohio Department of Mental Health and Addiction Services
	Optometrists/Opticians	Number; Ratio population to provider	Board of Optometry
	Nurses	Number; Ratio population to provider	Ohio Board of Nursing
	Inpatient Hospital Beds	Number of staffed beds; Ration population to beds	Ohio Hospital Association
	Nursinghome Beds	Number of staffed beds; Ration population to beds	Ohio Department of Health
	Psychiatric Beds	Number of staffed beds; Ration population to beds	Ohio Hospital Association
	Homeless	Estimated number of available "beds"; Point in time count	Community Shelter Board

Included in State Health Assessment	Indicator	Measure	Source
MENTAL HEALTH			
	Anxiety Disorder	Percent of those reporting EVER being diagnosed with an anxiety disorder	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Psychoses (Hospitalizations)	Number Hospitalized due to Psychosis - definition still under investigation	Ohio Hospital Association
X	Poor Mental Health Days (in past month)	Number of poor mental health days in past month (% of adults w/ 15-30 days in past month)	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Depressive Disorder	Percent of Adults reporting EVER being diagnosed with depression	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Psychiatric ED visits	Indicator still under investigation	Ohio Hospital Association
HEALTH BEHAVIORS			
X	Physical Activity	Percent of adults who reported doing enough Physical Activity to meet aerobic and/or strengthening recommendations	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
X	Heavy Drinking	Percent of adults who are heavy drinkers	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
X	Fruit Consumption (≥ 1 serving/day)	Percent of adults who eat at least 1 serving of fruit a day	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
X	Vegetable Consumption (≥ 1 serving/day)	Percent of adults who eat at least 1 serving of vegetables a day	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
X	Smoking	Percent of adults who are CURRENT smokers	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.

Included in State Health Assessment	Indicator	Measure	Source
Preconception Health (all indicators reported for Women 18-44 years) See Health Behavior and Chronic Conditions section for measure definitions.			
	Health Care Coverage		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Check-up (in the past year)		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Influenza Vaccine (in past 12 months)		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	General Health Status (Good or Better Health)		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Depressive Disorder (ever diagnosed)		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Binge Drinkers (≥ 4 drinks on one occasion)		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Current Smokers		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Body Mass Index (BMI) Categories[1]		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Overweight or Obese		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Overweight		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Obese		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.

Included in State Health Assessment	Indicator	Measure	Source
Preconception Health (all indicators reported for Women 18-44 years)			
	Physical Activity Guidelines		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Met Both Guidelines		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Met Aerobic Guidelines Only		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Met Strengthening Guidelines Only		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Met Neither PA Guideline		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Fruit Consumption (≥1 serving/day)		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Vegetable Consumption (≥1 serving/day)		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Hypertension		CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.

Included in State Health Assessment	Indicator	Measure	Source
Prevention			
	Cervical Cancer Screening (PAP test)--F, 18+	Percent of women 18+ reporting they have had a pap test in the past 3 years	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Cervical Cancer Screening (PAP test)--F, 21-64	Percent of women 21-64 reporting they have had a pap test in the past 3 years	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Colon Cancer Screening--adults, 50+	Percent of adults 50+ reporting they have EVER had a sigmoidoscopy or colonoscopy	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Mammogram--F, 40+	Percent of women 40+ reporting they have had a mammogram in the past 2 years	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Prostate--M, 40+	Percent of men 40+ reporting they have had a prostate exam in the past 2 years	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Adult Vaccines (possibly move to HB or Access to Care)		
	Pneumonia, adults, 65+	Percent of adults 65+ who reported EVER having a pneumonia shot	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Influenza	Percent of adults who reported having a flu shot in the past year	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Kindergarten Vaccines	Percent of kindergartners who were "complete" upon school entry*	Ohio Department of Health
	HIV Tested	Percent of adults reporting they have EVER been tested for HIV	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.

Included in State Health Assessment	Indicator	Measure	Source
CHRONIC CONDITIONS			
X	BMI	Percent of adults who are CURRENTLY obese, overweight, and/or healthy weight	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
X	Asthma, Current Diagnosis	Percent of adults who are CURRENTLY diagnosed with asthma	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Asthma, Ever Diagnosed	Percent of adults who have EVER been diagnosed with asthma	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
X	Diabetes	Percent of adults who have EVER been diagnosed with diabetes	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
X	Heart Disease	Percent of adults who have EVER been diagnosed with heart disease	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	COPD	Percent of adults who have EVER been diagnosed with COPD, emphysema, or chronic bronchitis	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Stroke	Percent of adults who have been diagnosed with stroke	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
	Arthritis	Percent of adults who have been diagnosed with arthritis	CDC. Behavioral Risk Factor Surveillance System Data. Analysis by Office of Epidemiology, Columbus Public Health.
X	Cancer Incidence (by Sex)	Rates for the Top 5 leading causes of Cancer Incidence	OCISS
MATERNAL AND CHILD HEALTH			
X	Preterm Births	Percent of live births with gestational age less than 37 completed weeks	Ohio Vital Statistics; Analysis by CPH
X	Infant Mortality	Number of deaths to infants under 1 per 1,000 live births	Ohio Vital Statistics; Analysis by CPH
X	Low Birth Weights	Percent of live births born weighing less than 2,500 grams	Ohio Vital Statistics; Analysis by CPH
	Abortions	Number of induced abortions; rate	Ohio Department of Health
	Perinatal Hep B	Number of confirmed cases of perinatal hepatitis B infection among infants born	Ohio Disease Reporting System
	Fetal Deaths	Number of fetal deaths per 1,000 live births and fetal deaths	Ohio Vital Statistics; Analysis by CPH
X	Births to teens	Number of live briths to females ages 15-17 per 1,000 females ages 15-17	Ohio Vital Statistics; Census Bureau; Analysis by CPH

Included in State Health Assessment	Indicator	Measure	Source
INFECTIOUS			
Enteric Diseases (transmitted via ingestion of contaminated food or water, exposure to infected vomit or feces, direct or indirect contact with infected persons or animals, or			
	Hepatitis A†	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH
	Listeriosis	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH
	Salmonellosis	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH
	Shiga Toxin-Producing *Escherichia coli* (STEC)	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH
Sexually Transmitted Infections			
X	Chlamydia	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH
	Gonorrhea	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH
	Syphilis (primary and secondary)	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH
X	Living with diagnosed HIV infection	Prevalence	ODH HIV Surveillance System
	New diagnosis of HIV infection	Incidence	ODH HIV Surveillance System
Tuberculosis			
	Tuberculosis	Incidence: number of new cases	Tuberculosis Reporting System
Vaccine-Preventable Diseases			
	Measles	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH
	Meningococcal disease	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH
	Mumps	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH
	Pertussis	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH
	Rubella	Incidence: number of new cases	Ohio Disease Reporting System, Analysis by CPH

Included in State Health Assessment	Indicator	Measure	Source
INJURY			
	Injuries	Rates for top 5 injuries by age, sex, race	Central Ohio Trauma System
	EMS runs categorized as poisoning/drug ingestion	Number; rate of EMS runs categorized as poisoning/drug ingestion	Ohio EMS Incident Reporting System (EMSIRS)
	Pedestrian involved crashes	Number of pedestrians injured and killed	Safe Communities report
	Bicycle involved crashes	Number of bicyclists injured and killed	Safe Communities report
MORTALITY			
X	Life expectancy	Average expected number of years of life remaining from birth	Ohio Vital Statistics; Analysis by CPH
X	Top 20 Leading Causes	Number of deaths; Age adjusted Death Rate	Ohio Vital Statistics; Analysis by CPH
	Chronic Conditions	Percent of deaths due to chronic conditions	Ohio Vital Statistics; Analysis by CPH
X	Leading Cancer Deaths (top 5) (by sex)	Avg number of deaths; Rates for top five leading causes of cancer death	Ohio Vital Statistics; Analysis by CPH
	Overdose	Rate per 100,000; Drug-induced causes of death include not only deaths from dependent and nondependent use of drugs (legal and illegal use), but also poisoning from medically prescribed and other drugs. It excludes accidents, homicides, and other causes indirectly related to drug use.	Ohio Vital Statistics; Analysis by CPH
ENVIRONMENTAL			
	Restaurant Inspections	Number of (by color)	Columbus Public Health
	Pool Inspections	Number of (by color)	Columbus Public Health
	Daycare Inspections	Number of (by color)	Columbus Public Health
	Animal Health	Number of rabies vaccines; Number of Rabies Clinics; Number of mammal bites reported	Columbus Public Health
	Vector Control	West Nile Virus minimum infection rate (# of WNV+ pools/# mosquios tested)	Columbus Public Health
	Childhood Lead Levels	# of children with high lead levels	Ohio Department of Health

TABLE # _____

FACILITATOR: _____

TABLE MAKE UP: _____

COMMUNITY THEMES AND STRENGTHS

Objective: During this session we would like to discuss what is important to the quality of life and health of our community and what can possibly be done to improve it.

Please note if a participant speaks about a specific neighborhood or area.

1. **How would you rate the health of our community overall?**

Very unhealthy	
Unhealthy	
Somewhat healthy	
Healthy	
Very healthy	

2. **What do you think are the most important characteristics of a "healthy community?"**

Do not read unless some examples are needed

Categories	
Access to food	
Access to fresh produce	
Access to healthcare	
Affordable healthcare	
Affordable housing	
Clean Neighborhoods	
Employment opportunities	
Good schools	
Parks/green space	
Safety	

Other/Additional Comments:

3. What do you think are the most important "health problems" in our community?

Do not read unless some examples are needed

Categories	
Access to health care	
Aging problems (arthritis, hearing/vision loss)	
Alcohol Abuse	
Cancer	
Dental problems	
Diabetes	
Domestic Violence	
Drug abuse	
Heart disease/stroke	
Infant death	
Infectious disease	
Mental health	
Overweight or obesity	
Sexually Transmitted Disease	
Teen pregnancy	
Violence related injuries/homicide	

Other/Additional Comments:

4. What are the most important issues that must be addressed to improve the health and quality of life in <u>our</u> community?

Categories	
Access to food	
Access to fresh produce	
Access to healthcare	
Affordable healthcare	
Affordable housing	
Employment opportunities	
Good schools/education opportunities	
Parks/green space	
Safety	

Other/Additional Comments:

5. Of those mentioned, what health issues do you think already have momentum (i.e., community will, funding, etc.) in the community that can be built on?

5a. Can you list specific partners or programs that are currently addressing these issues?

6. What do you think is keeping <u>our</u> community from doing what it needs to be done to improve health and quality of life?

Categories	
Community will	
Lack of trust in government	
Limited local funding	
Limited State and National funding	
Public policies	
Violence/Safety	

Other/Additional Comments:

7. What actions, policy or funding priorities would you support to build a healthier community?

TABLE # _____

FACILITATOR: _____

TABLE MAKE UP _____

FORCES OF CHANGE

Objective: This worksheet is designed for participants to use in preparing for the forces of change brainstorming session. The results of this activity will inform development of the Community Health Assessment and will be used along with other sources of information to help guide decision making during the Community Health Improvement Plan work in 2017.

What are forces of change?

Forces are broad, all-encompassing categories that include trends, events and factors

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

What kinds of topics are included?

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

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical

How to identify forces of change

Think about forces of change – outside of your control – that affect the health and quality of life of the community.

- What recent changes or trends are occurring or are on the horizon that may impact the health of our community?
- Of these changes, are they occurring only Locally or Regionally and Nationally?
- What characteristics of our community may pose an opportunity or threat?

Partnership Forum
Forces of Change
November 18, 2016

FACILITATOR: _____

Instructions: Using the information from the previous page, list all identified forces, including factors, events and trends.

**Please note if a participant speaks about a specific neighborhood or area.*

Forces	Challenges Created	Opportunities Created

Partnership Forum
Forces of Change
November 18, 2016

Forces	Challenges Created	Opportunities Created

Forces	Impact	
Events	**Threats Posed**	**Opportunities Created**
Attack on World Trade Center	Injury/death due to continued acts of terrorism; increased anxiety and stress among residents; increased costs for domestic security to be passed on to consumers/taxpayers	President and Congress willing to invest more on public health infrastructure.
Introduction of West Nile virus to US	Illness and death to residents, livestock and wildlife; increased costs to vaccinate livestock	Improvement of disease surveillance systems; more interest by residents in eliminating mosquito breeding on their property; greater appreciation and effort to prevent accidental introduction of new species of plants and animals to U.S.
Mad cow disease in Europe	Unwarranted concerns of consumers regarding the safety of beef; accidental introduction of the disease into the U.S.; increased costs for beef production; additional State and Federal regulation	Improvement of beef production methods; new safeguards for importing cattle and beef products; improved disease surveillance
Food & mouth disease in Europe	Introduction into US; billions spent to control the disease; losses to food supply; losses to deer and other wildlife populations; travel restrictions; etc.	Better surveillance programs; improved regulations on importation of animals and plants
911 & repercussions	Terrorism, war, smallpox and weapons of mass destruction	Increased effort to reduce threats of terrorism and weapons of mass destruction
War on terrorism	Loss of life; increased public anxiety; resources diverted from health/social services to homeland security	Additional funding for public health infrastructure; greater coordination among public health partners; improved emergency preparedness
Placing CDC under Homeland Security	Public health becomes overly focused on emergency preparedness with fewer resources available for disease and injury prevention.	More emphasis on coordination among publc health partners; improved emergency preparedness; better coordination among government programs under Homeland Security
Health Ins Portability & Accountability Act	Sharing of information for purposes of coordinating patient care and disease surveillance will be more difficult.	More protection of personal medical information; continuity of health insurance coverage
Anthrax mailings & hoaxes	More anxiety and stress to population; increased workload for laboratories to analyze samples; overuse of antibiotic effective against the disease	Improved disease surveillance; more protection against acts of bioterrorism; improved public health infrastructure
Smallpox threat	More anxiety and stress to population; costs to produce and administer vaccine; vaccine side-effects	Improved disease surveillance; more protection against acts of bioterrorism; increased public health infrastructure
Purification/distribution of water from Medina river to local homes	Potential increased costs to consumer as alternate water supplies are developed.	Development of alternative water supply that would take some pressure off Edwards Aquifer.
Factors		
Slow economy	Increased unemployment, crime, homelessness and poverty; decreased quality of life	Justification for improvement of health and social services "safety net"; increased collaboration among health and social services agencies
Large segment of workforce with low wages & w/o healthcare	Health of uninsured population compromised due to limited access to care; increased use of emergency rooms for care; poor quality of life for low-income families	Compellling case for funding could be made to improve health care access; several grant opportunties exist to address issue

Forces	Impact	
Events	**Threats Posed**	**Opportunities Created**
Shortfall in City budget	Reduced funding for health and social services	Increased need to operate City and City-funded health and social services more efficiently
New Inner-City housing investments	Infrastructure to support new neighborhoods must be established	Influx of middle-class families stabilize fragile neighborhoods
Vaccine shortages	Populations not protected against diseases where vaccine is unavailable; increased cost for vaccines	Health providers required to use available vaccines more efficiently; more interest in producing vaccines by manufactures if demand remains high
Drug companies marketing directly to the public	Higher medical costs due to preference of name brands over generic equivalents; physicians feel pressured to prescribe medications that may not be the most appropriate for the situation	Consumer becoming better informed about his/her illness and taking an active role in addressing it.
Limited water supply	Increasing costs for drinking water; possible limits to urban growth due to insufficient water supply	Greater emphasis on water conservation and xeriscape landscaping; development of alternative water supplies
Lead-based paint on old homes	Potential lead poisoning, especially to young children exposed to peeling lead-based paint	Justification for increased effort to renovate/demolish residences with lead-based paint
Kelly plume (water contamination)	Water from shallow geologic formation is unfit for human or agricultural use; contamination may migrate into San Antonio river; unknown health effects to persons living in affected community	Resources available to study problem and develop an action plan; community residents being screened for possible health effects; funds for corrective action(s) likely, if deleterious human or environmental effects are proved.
Global hunger/malnutrition	Famine, disease, and unrest in other parts of the world; unstable governments without the resources to control diseases; increased migration to US; global deforestation to develop more farmland; etc.	Increased investment and effort to produce food more efficiently; market for US surplus agricultural products
Upcoming Texas legislative session	Much of the focus of State government will be directed toward the legislature and away from services to the public.	Increased funding for public health; new statues to protect health
Welfare Reform impacts	Reductions in funding for TANF and Child Care block grants	Families on welfare will have strong incentives to achieve more self sufficiency with less reliance on State and Federal aid.
Shortfall in Medicaid funding	Not all residents who are eligible for Medicaid will obtain coverage; increased use of emergency rooms for health care; more reliance on local resources to finance health care for the indigent	Impetus for local effort to ensure access to care
Projected shortfall in State budget	Reduction in State public health services; reduction in TDH funding to local health departments for public health services; loss of Federal funds due to loss in matching State funds	Local residents will become less dependent on State services and funding

Forces	Impact	
Events	**Threats Posed**	**Opportunities Created**
Large Hispanic/Latino population (& growing)	Increased need for bilingual health care providers, written materials, signage; increasing need for cultural competency; increasing threat of illnesses that seem to disproportionately affect Hispanics (e.g. diabetes)	Blended cultures add to uniqueness of San Antonio; connection with Mexico strengthened; local economy becoming more diverse and, therefore, more resistent to recessions
Uneven distribution of health care providers	Patients in some areas must travel considerable distances to obtain health care	Well-placed ancillary services can support multiple providers more efficiently
High prevalence of obesity	Increased risk for heart disease, stroke, diabetes, mobility impairment, etc.	Resources are increasing to assist residents in losing weight, improving diet, becoming active; more local efforts to change behavior (e.g. Fit City Campaign)
High prevalence of teen pregnancy	Poor birth outcomes; negative impact on physical and mental well-being of mother; increased burden on health care and social service providers; risk for child abuse; etc.	Several local agencies working to address this issue (e.g. Healthy Start, Project WORTH)
Intergenerational issues	Elderly and child residents often marginalized; growth in elderly population will require additional resources for adult day care, nursing homes, etc.	Growth in elderly population due to aging of baby boomers can add to the voice of older residents
High use of emergency room for care	Increased cost of health care; no opportunity to emphasize preventive health; inefficient use of local medical resources	A study may be worthwhile to determine if the emergency room model could be modified to link patients with a medical home
Poor nutrition & sedentary lifestyles	Increased obesity and poor health	More effort to develop nutritious food options that are compatible with busy lifestyles; local leadership promoting fitness
High incidence of substance abuse	Increased physical and mental illness; increased crime; more family and marital problems; drain on local economy due to poor work performance, absenteeism, etc.; limited health resources must be devoted to detoxification & treatment	It can be argued that local invesiments to prevent substance abuse and treat addicts can yield significant long-term benefits for the community
Availability of new vaccines	Higher cost for vaccines	Fewer injections needed during a routine well child visit, when multivalent vaccines are used; more effective vaccines with fewer side effects
Advances in genetic engineering	Unwarranted fears by consumers that genetically engineered food products are harmful; widespread use of genetic engineering techniques could lead to accidental development of harmful organisms; introduction of a genetically engineered food product with deleterious long-term health effects; new techniques can facilitate efforts of bioterrorists	Medical advances; cheaper food products; agricultural products that are more resistent to insects and disease; lower costs to manufacture medications; etc.
Advances in medical care	Higher costs for health care due to more expensive equipment and pharmaceuticals; additional training needed for medical professionals to maintain current expertise	Improved quality of life; increased life span for consumers

Forces	Impact	
Events	**Threats Posed**	**Opportunities Created**
Advances in communication technology	Segments of the population are being left behind	Medical training can be facilitated and enhanced; medical information can be transmitted and be made very portable; consumers can obtain more information about disease prevention and health maintenance
Trends		
Shift in public health funding to readiness	Loss of limited resources for other public health efforts	Better preparation in the event of a natural disaster or terrorist event
Increasing global economy	Increased demand for limited resources; accelerating environmental degradation	Improved health prosperity and quality of life worldwide
Growth in disparity between "haves and have-nots"	Growth in dissention between economic classes, races, ethnic groups and neighborhoods	Interest in reducing some racial and ethnic disparities at Federal, State and local levels
Increasing educational focus on monetary gain	Students not adequately prepared to be socially responsible	Students able to compete more effectively in the job market
Inadequate funding for mental health	Residents with treatable mental illness will not be able to achieve their potential; some will become criminals, some will become victims and some will become homeless; jail population will contain individuals who would be more appropriately located in a mental health facility; etc.	Community can develop sustainable and effective mental health programs through local resources
Continued urban sprawl	Increasing traffic and air quality problems due to long commutes; growing threat to water supply as building over aquifer continues; growing dependency on automobiles for transportation; loss of area farmland; waning commitment to address inner-City redevelopment; increased expense to provide infrastructure, etc.	Reduction in population density; increase in tax base as new subdivisions are annexed
Rapidly increasing health & medical malpractice insurance costs	Loss of health care professionals and services; percentage of family income needed for medical costs continuing to rise	Increased costs may provide incentives for other insurance companies to compete in this area
Increasing use of emergency room for care	See "High use of emergency room for care	See "High use of emergency room for care
Immigration from especially Latin American countries	Loss of jobs to alien workers; introduction of communicable diseases not found or rare in US; increased burden to safety net if immigrants cannot support themselves	Infusion to community of new ideas, cultures and art bringing new resources for problem-solving, development of new businesses, products etc.
Spreading of global illnesses such as AIDS	Outbreaks of serious diseases that were formerly confined to isolated areas can be spread worldwide in a matter of weeks	Improvement in disease surveillance; growing interest in combating diseases that were formerly not perceived as a threat to the US
Movement of public housing from inner City	Low income residents displaced into areas where neighbors are less tolerant of their circumstances and far from health and social services	Low income residents more evenly distributed throughout the County to less congested living conditions with less crime
Global warming & weather effects	Increased death and illness due to heat; potentially drier climate and more demand on aquifer; increased demand on electric utility to support additional air conditioning; more incidents of violent weather (floods, tornados) expected	Potential for warmer temperatures to bring more rain to this area

Forces	Impact	
Events	**Threats Posed**	**Opportunities Created**
Declining local air quality (particulates & ozone)	Increase in asthma and other respiratory illnesses and deaths	Continuing efforts to reduce auto emissions; increasing support for ozone action plan; increasing interest in "hybrid" cars
Growing concerns regarding terrorist border entry	Increased fear of terrorism; loss of some privacy due to additional anti-terrorist surveillance activities	Improving systems to detect terrorist entry and activities
Increasing local support for smoking ban	Potential negative impact to restaurants if patrons decide to go elsewhere	Reduction in environmental tobacco smoke; decrease in respiratory illness and death
Focus on Inner-City development	"Gentrification" of some inner city areas may drive poorer residents to declining suburban communities where health and social services are not as available	Inner City revitalization; decrease in commuting if density can be increased; etc.
Growing population of elderly (baby boomers)	Growth in elderly population will require additional resources for adult day care, nursing homes, etc.	Growth in elderly population due to aging of baby boomers can add to the voice of older residents
Charitable giving becoming "counter-cultural" (crisis in community values)	Resources available for indigent health care and social services declining; decreasing sense of social responsibility in community	
Increasing chronic diseases (heart, diabetes, asthma, etc.)	Increasing health care costs; decrease in quality of life; loss of mobility	
Over-reliance on faith community for social services	Some residents in need unable to obtain services due to limited funds available.	
Increasing disparities across school districts	Potential of students in poorer districts will not be realized; local workforce will not have the education needed by corporations with high-paying jobs; etc.	Examine reasons for disparities and develop an action plan to address them
Wants becoming needs (crisis of community)	Residents on a destructive path of excessive personal debt and unhappiness with economic status irrespective of income	
Erosion of community spirit	No sense of community; loss of connection with others; erosion of community mental health; etc.	
More diffused (mixed) families	Loss of sense of belonging; more challenges to parenting; etc.	Family members exposed to more diverse viewpoints; larger extended families
Young M.D.s want more reasonable working hours	More physicians are needed per capita; more difficulty obtaining care outside normal business hours	M.D.s can attain a personal life that includes family and other priorities
Declining local educational attainment	Emerging local workforce will not be equipped to obain more skilled (higher paying) jobs	
Focus from general to specialty health care	Fewer physicians will be available to provide general health care and referrals to specialists	More physicians will be available to treat illnesses requiring special knowledge and skills
Decreasing health literacy	Residents will be less able to make informed decisions about maintaining and improving their health	New communications technologies (e.g. Alamo Area Community Information System) can be used to address this issue
Growing biotechnology industry		Increase in high-tech jobs; impetus for more residents to pursue science education
Overuse of genetics in food and drug production	Potential introduction of a genetically engineered food product with deleterious long-term health effects	