

APPALACHIAN OHIO HEALTHY LIVING TASK FORCE

Report to the Governor on Addressing Obesity in Appalachian Ohio



FINAL REPORT

October 2006

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History and Purpose

In January 2005, Governor Bob Taft appointed the Appalachian Ohio Healthy Living Task Force to provide advice and guidance on health-related issues in the region. The task force's initial charge was to investigate the underlying causes of obesity, identify community-based strategies and programs that promote healthy living, and then make recommendations to the governor based on those findings. This report describes the issues identified and recommendations the task force proposes for addressing them along with additional information on the issues and summaries of the presentations on each topic area.

Parties Involved

The Governor's Office of Appalachia and the Osteopathic Heritage Foundation of Nelsonville partnered to co-sponsor the task force. The East Ohio Regional Hospital supported one of the meetings. The Voinovich Center for Leadership and Public Affairs at Ohio University coordinated the task force's activities. The task force was co-chaired by Ohio Department of Health Assistant Director Jim Pearsol and by Susan Isaac, a health systems planning consultant in the region. The task force included representatives from state and local governments, non-profit organizations and foundations, area agencies on aging, local health care systems, a mental health board, and educational institutions.

This report was prepared by the Voinovich Center for Leadership and Public Affairs at Ohio University. Please visit the task force's web page for additional copies of this report or the executive summary report:

www.appalachianohio.com/goa/HealthyLiving.aspx

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I. Overview

Between June 2005 and June 2006, the Appalachian Ohio Healthy Living Task Force met five times throughout the region. At each meeting, task force members heard national, state, and local presentations that both defined and addressed the obesity problem (see text box for a list of the meet dates, topics, and locations.)

In September 2006, the task force released an executive summary report that outlined the issues and recommendations of the group. This final report includes additional detail on those issues, along with other information. It is divided into several sections.

Section II defines the need for addressing obesity in Appalachian Ohio and outlines the five issues the task force identified. It also describes the issues the task force identified, along with recommendations and strategies for addressing them. (A short list of the recommendations is included on the next page.)

Section III includes a summary description of each of the presentations made to the task force over the 13-month period, organized by topic area. The summary descriptions are intended as a resource for those who may want to initiate, replicate, or build on the work of others.

Finally, Section IV contains a summary of the individual public comments that were heard. The meetings were open to the public, and task force members encouraged attendees to provide input.

Task Force Meetings

- June 10, 2005
Kickoff meeting
Pomeroy, OH
- September 16, 2005
Childhood health and obesity
Nelsonville, OH
- November 18, 2005
Community health and fitness
Piketon, OH
- March 10, 2006
Obesity related health issues
Martins Ferry, OH
- June 16, 2006
Healthy living in the workplace
Coshocton, OH

Results of the Task Force

There were several positive outcomes from the task force, including the following:

First, the task force identified five key issues and made recommendations for addressing obesity in Appalachian Ohio, as contained in this report.

Second, four grants to begin addressing these issues were awarded at the Statewide Rural Health conference in September 2006. Funding for them was provided by the Governor's Office of Appalachia and the Osteopathic Heritage Foundation of Nelsonville, with administration by the Ohio Department of Health. This grant program resulted from the work of the task force.

Finally, the Statewide Rural Health conference, *Rural Health: Build It...Keep It*, focused on outstanding community-based initiatives to improve the health and wellness of rural residents of Ohio. The conference's theme drew from presentations to the task force.

II. Executive Summary

A. The Problem of Obesity in Appalachian Ohio

Nationally: From 1980 until 2000, rates of obesity among adults in the United States doubled, with about 60 million adults nationwide suffering from obesity by 2000. Rates of obesity in children and adolescents also doubled during the same period, along with exposure to the associated negative health effects at ages critical to healthy development.¹

Negative health impacts related to obesity are numerous and well-documented. In adults, an increased rate of mortality² and a higher risk of developing heart disease, diabetes, arthritis, and even some cancers have been associated with obesity.³ Overweight adults also tend to have higher blood pressure and cholesterol levels.⁴ Obese children might suffer various negative effects, including an increased risk for developing Type II diabetes,⁵ heart disease, and other health problems later in life.⁶ In fact, an estimated 61 percent of 5 to 10 year olds who are overweight already have one or more risk factors for heart disease.⁷

Appalachian Ohio: Rural Americans tend to have a higher incidence of obesity than those living in urban areas. Lower income and education levels are also associated with increased prevalence of obesity. In rural Appalachian Ohio counties, rates of both poverty and of the “working poor”⁸ are higher.⁹ Recent studies indicate that Appalachian Ohio has a higher rate of obesity than the rest of the state. A 2004 telephone survey by the Appalachian Rural Health Institute (ARHI) of individuals in four Appalachian Ohio counties found a greater percentage of obese residents than the most recent state or national rates.¹⁰ Rates of chronic diseases and conditions related to obesity also have been found to be higher in Appalachian Ohio than in other areas.¹¹ Increased rates were seen in the ARHI study, with rates of heart disease a staggering 52 percent higher than the national rate.¹² Diabetes mortality rates are also higher in Appalachian Ohio than elsewhere.¹³

B. Specific Issues and Recommendations

The meetings conducted over the 13 months provided an introduction to, rather than a comprehensive analysis of, the issue of obesity in Appalachian Ohio. Based on those discussions, task force members extracted themes that needed to be addressed. These were condensed into the five issues and recommendations presented below. The task force considers these to be inter-related, just as the issue of obesity is. Following each recommendation are suggested strategies that serve as starting points of how to begin addressing obesity, and its resulting health problems, in Appalachian Ohio.

Task Force Recommendations

- Encourage development of multifaceted community initiatives to address obesity and promote wellness and fitness for all residents.
- Apply the leverage of state policy to develop strategies to improve the health and fitness of Appalachian Ohio residents.
- Increase access to affordable, healthy, nutritious food through venues such as food banks, restaurants, grocery stores, and farmers’ markets.
- Provide leadership, incentives, and models for employers of all sizes to improve workforce fitness.
- Establish an ongoing wellness advisory council in the Governor’s Office of Appalachia, in coordination with the Healthy Ohioans initiative, to oversee the task force’s recommendations.

Issue: Multifaceted Community Initiatives

Obesity in Appalachian Ohio is a multifaceted problem, with many inter-related factors. In turn, successful and long-lasting solutions must be multifaceted, coordinated strategies that rely on identifying and collaborating with existing organizations, institutions, and leadership. Efforts should be culturally targeted and individually tailored to fit the individual community and its resources, needs, and environment.

Many existing efforts address one contributing factor, such as candy and soda machines in schools. Those efforts are commendable and may contribute to a solution, but a focus on a single factor is not enough to address a community’s dietary habits. In addition, when a single-focused effort does not yield long-term results or even short-term success, there is a risk of losing interest in seeking further solutions.

Likewise, existing strategies that focus on a single population group usually have mixed results. Almost universally, leaders of these efforts report frustration over the influences of other population groups. For example, school-based nutrition programs are frustrated by the contradictory messages children receive from parents. Parents are frustrated when schools appear not to support their nutrition or physical activity goals for children. Educating diabetics is of limited success unless the entire family is engaged. Employee wellness programs are more successful when they serve the family, not just the individual employee.

Task Force Recommendation: Encourage development of multifaceted community initiatives to address obesity and promote wellness and fitness for all residents.

Strategies

- Develop resources to assist communities in conducting assessments and planning comprehensive health improvement programs.
- Recruit foundations and other funders to offer support for local comprehensive health promotion program planning and implementation.
- Develop an organizational structure, including an evaluation component, to coordinate efforts at the regional and statewide levels (in coordination with Governor Taft's Healthy Ohioans initiative).

Issue: State Policies to Support Healthy Living

Reversing the cultural acceptance of high-risk health status will require widespread leadership. Targeted programs often reside in their own niche, separated from the broader context of community life. More effective impact can result when the vision of fitness is incorporated throughout the culture and practice of public leadership. Public entities touch the lives of Ohioans in many ways. Each encounter with public policy, agencies, and leaders provides an opportunity to communicate and reinforce a new vision of improving wellness. All public entities have the potential for encouraging and supporting increased fitness through thoughtful changes in policy. Some examples include: public agencies involved with physical infrastructure can favor built environments that promote walking and other activity; public entities that fund or regulate food service can encourage improved nutritional choices; and granting agencies can assign preference to applicants who build in elements that support fitness. Every public entity has a unique opportunity to help weave a fitness vision into the fabric of community life.

Task Force Recommendation: Apply the leverage of state policy to develop strategies to improve the health and fitness of Appalachian Ohio residents.

Strategies

Below are some example strategies. Other state agencies and departments should develop strategies as well.

- Establish wellness and prevention programs for Medicaid recipients in Ohio.
- Add language related to "healthy living" in Ohio Department of Transportation planning guidelines to promote more human-powered transportation options, (e.g., safe routes to school and commerce centers.)
- Engage the Ohio Board of Regents and various health care professional licensing, accreditation, and certification entities (e.g., Ohio State Medical Board, Ohio Nursing Board) to educate health professionals on the seriousness of obesity and strategies for effective intervention.

Issue: Access to Healthy Food

Diet and exercise are important to preventing and reversing obesity. A nutritionally balanced diet and adequate physical activity are virtually universally accepted methods of maintaining and improving health for all body weights and sizes. However, many Appalachian Ohioans do not generally maintain a diet that is conducive to overall health. Across the United States in 2003, only about one-fourth of adults ate the recommended four to five servings of fruits and vegetables each day. Over the past 50 years, the consumption of fresh produce has decreased, and more saturated fats and sugars are being eaten; in the last 30 years, calorie intake has increased. Health has been affected and obesity rates have increased.

Popular and cultural dietary customs may be a factor in contributing to obesity for some individuals and families, along with poor dietary choices associated with stress and comfort eating. Many people are not aware of healthful methods for preparing food. Additional challenges are faced by low-income and other specific populations in meeting healthful dietary needs. Many Appalachian Ohioans do not have adequate access to affordable healthy foods. This is a significant problem for people on fixed and low-incomes.

In addition, many families and individuals are unaware of or misinformed regarding current nutritional guidelines. More alarming is the fact that lifelong nutritional and dietary habits are generally established during childhood. Fast food and full-service restaurants serve larger portions than those recommended in dietary guidelines, and many do not offer healthy menu options.

The Centers for Disease Control and Prevention (CDC) states that regular physical activity, healthy eating, and creating an environment that supports these behaviors are essential to reducing the current “epidemic of obesity.” Information and education regarding food content and dietary standards and habits should be made available to every age group.

Task Force Recommendation: Increase access to affordable, healthy, nutritious food through venues such as food banks, restaurants, grocery stores, and farmers’ markets.

Strategies

- Encourage fast-food and full-service restaurants to expand healthier menu options and to provide food and beverage portion sizes in accordance with dietary guidelines.
- Encourage public and private programs/organizations to interpret and disseminate dietary recommendations, including information about portion size and cooking instructions for healthy eating.
- Facilitate an increase in the provision of fresh fruits and vegetables for public school food programs, food banks, and other public programs.
- Support access to affordable fresh fruits and vegetables through expansion of programs such as the Senior Farmer’s Market Network and community and home garden projects.
- Include fresh produce purchase options through the Women, Infants, and Children (WIC) program to facilitate the development of lifelong fruit and vegetable consumption habits and to increase the health of children and their families.

Issue: Workforce Fitness

The Centers for Disease Control and Prevention calls on public and private employers to encourage workers to be physically active every day, eat a nutritious diet, get preventive screenings, and make healthy choices. Workers who maintain health and fitness require less medical attention, miss less work, and are more productive on the job. Workplace wellness and

fitness programs help reduce obesity in Appalachian Ohio residents and can reduce the need for medical treatments.

Often health care is the number one uncontrolled expense for businesses. There is a need to maintain health in employees to build strong businesses and communities. The task force heard from several larger employers about wellness and prevention programs. However, many small businesses and cottage industries are unaware of the benefits of employee wellness programs. Others lack the resources to offset the costs of developing them. A focus on prevention for employees could start small, with incentives built in, according to geographically related cultural considerations.

Task Force Recommendation: Provide leadership, incentives, and models for employers of all sizes to improve workforce fitness.

Strategies

- Create programs that help employers, especially small companies, provide prevention, wellness, and insurance programs, including exerting state-level pressure on insurance companies to provide group insurance plans for small businesses. A pilot program designed to facilitate funding of such programs is recommended. The Governor’s Healthy Ohioans Business Council is an example of a group that could supply or identify sources of technical assistance for assessing the economic impact of health and wellness programming (e.g., saving money via increased productivity and decreased absenteeism).
- Address both clients and employees through healthy living efforts. An example is the inclusion of employees, along with school children, in school wellness programs.

Issue: Oversight and Additional Research on Healthy Living

Increasingly, research indicates that rural populations—and rural Appalachian Ohioans in particular—are experiencing greater increases in obesity and resultant health problems than many urban and suburban residents. National and statewide initiatives in wellness, like those addressing health care, are often founded on successful urban and suburban models. An Institute of Medicine report noted in 2005 that, “Most quality initiatives in the United States have been developed with urban health care features in mind and as a result have not always been directly applicable to rural health care settings.”¹⁴ The same report also stated that, “Residents of very rural areas (no city with a population of 10,000 or greater) are the most likely to be inactive during leisure time....” Furthermore, presentations to the task force indicated that much available health educational materials and wellness promotion campaigns do not address Appalachian Ohio environments or culture, especially those of low-income residents. Some examples of Appalachian Ohio-specific programs and materials do exist, but more are needed.

Some models of fitness infrastructure may not work as well in rural areas, where transportation to a dedicated facility requires too much time and money. Facility sustainability becomes an issue. Fitness programs must integrate naturally into both rural environments and the Appalachian Ohio culture, including varied income levels. Continuous leadership at the regional level could urge adaptation of available programs and materials to more successfully address Appalachian Ohio populations and environments and could spur development of unique initiatives specifically for the region. Regional leadership could also review program evaluations to identify those approaches that are most successful in Appalachian Ohio.

Task Force Recommendation: Establish an ongoing wellness advisory council in the Governor’s Office of Appalachia, in coordination with the Healthy Ohioans initiative, to oversee the task force’s recommendations.

Strategies

- Establish an advisory council by October 15, 2006, that includes experts in areas such as low-income populations, nutrition, and children.
- Provide funding to facilitate the advisory council.

III. Descriptions of Presentations

Below are summary descriptions of the presentations made to the task force. They are organized by the four topic areas rather than the meeting date in which they were presented. Within each topic area, local presentations are described first, followed by regional or state programs in Ohio, other state programs, and then national information.

A. Childhood Health and Obesity Presentations

1. Alexander Local Schools—USDA Grant to Replace Vending

*Sonja Hill-Puckett
Dietetic Technician & Food Service Coordinator
Alexander Local School District
September 2005 meeting*

Sonja Hill-Puckett spoke to the group about working as the food director for Alexander Schools and receiving a United States Department of Agriculture (USDA) grant to include fresh fruits and vegetables in Alexander school nutrition programs. Before applying for the grant, the school received \$3,000 from the state to improve the foods offered in vending machines. In addition, the school implemented a school breakfast program. However, there was concern that the requirements for the breakfast program did not include nutritional standards and allowed any foods to be served, regardless of nutritional content. Hill-Puckett also wanted to make sure students had an interest in eating fresh fruits and vegetables, so she offered them in the food line before submitting the grant proposed to the USDA.

After receiving the grant from the USDA for ~ \$130,000, Hill-Puckett continued efforts to change the nutritional content of both breakfasts and lunches to include less fatty and salty foods and more vegetables, fruit, and even salads. She also began to offer daily nutritional snacks to K-6 grades. The changes in the school's nutritional programs have been well-received by students, parents, and community members. The success and publicity of the grant program has led 200 new schools to apply for the grant, 25 of which were awarded funding.

Hill-Puckett pointed to a few lessons learned. First, she noted that in order to implement the grant, she had to hire two people; however, only 20 percent of the grant money could go to labor. Second, she noted she has not had time to collect any research or data about academic improvement related to the changes made to the food programs.

2. Vinton County Local Schools—School Health Index

*Jan Rhea
Health Coordinator, Vinton County School District
September 2005 meeting*

Jan Rhea spoke about implementing the School Health Index to help address childhood obesity in the Vinton County School District. She hired an outside agency to evaluate obesity

rates in school children. The agency found that Vinton County had significantly higher rates of childhood obesity than the national average. In addition to the external evaluation, Rhea discussed a self-evaluation—the CDC School Health Index—conducted on the school district’s health programs. With the self-evaluation the school district asked physical education teachers, cooks, and other health professionals in the schools to evaluate their work to promote physical activity, healthy eating, and a tobacco-free lifestyle. Though the self-evaluation resulted in valuable insights, one critical yet challenging aspect of the process is ensuring the self-evaluation is honest.

The external and self-evaluation information was analyzed and used for planning purposes. One outcome of the planning process was a decision to offer a series of multi-generational social activities after school that emphasized physical activity and family involvement. An example of this was the McArthur Elementary School Family Fitness Fun Nights (for more information, see page 14).

3. Athens/Perry County Women, Infant, and Children Program—Policy Changes to Improve Child Health

Heidi Anderson
Director, Athens/Perry County WIC Program
Site Director, Family Health Care
September 2005 meeting

Heidi Anderson gave an overview of policy changes that the WIC program in Athens and Perry counties has made to improve the health of children in these counties. Health professionals now measure the height, weight, and body mass index (BMI) of every child. If a child has a high weight for its height or high BMI, they take three key action steps. First, they educate the caregiver. Second, using non-abrasive terminology, they ask the caregiver why he or she thinks the child is in his or her current physical condition. They then work with the family to set a single goal to strive toward. Third, WIC policy is to send a referral to a physician with the reason for referral and the goal the caregiver has set. However, Anderson noted she is concerned whether physicians are addressing weight problems with children and their families. She pointed to an article in *Nutrition Week* stating that the CDC has found that only a handful of physicians discuss weight problems with parents of children who are overweight.

WIC staff also use several approaches to encourage physical activity in children, including having foam balls and plastic equipment available in their waiting room. Anderson is also a member of the school health leadership team and school nutrition committee. They teach the Go, Slow, and Whoa model for childhood nutrition (“Go” are healthy foods, “Slow” are the foods that children should limit, and “Whoa” are foods that should be cut out of their diets completely). WIC also offers a variety of outreach events to promote nutrition and physical activity in children.

4. Nelsonville Public Library—Summer Lunch Program

Lauren Miller
Deputy Director, Nelsonville Public Library
September 2005 meeting

Lauren Miller described a summer lunch program offered to children through the Chauncey, Nelsonville, Glouster, and Coolville libraries. The program is funded by civic group contributions and grant money, including partial funding from a grant from the Osteopathic

Foundation of Nelsonville. Part of the grant money was for dental care, so the library provided dental kits for children and included an educational session about dental hygiene. The Ohio Department of Education (ODE) is also a program partner. In 2005, approximately 1,680 children were served by the free lunch program. To make the lunch program more inviting for children, the libraries called the program a Summer Book Camp and made an open invitation to the public. Children were invited to an educational program at 11:00 with special guests such as local storytellers and artisans, followed by a nutritional lunch at 12:00. The library contracted with Meals on Wheels to provide the lunches, and the cost on average was \$3 per meal.

5. Appalachian Nutrition Network—Summer Food Service Program and School Snacks and Meals

Jim Coutts

Appalachian Nutrition Network

November 2005 meeting

In the Appalachian Ohio region, ODE works with a number of sponsors and partners. One of the partners has been the Appalachian Nutrition Network, which runs the Summer Food Service Program and the After School Snacks and Meals Program. Jim Coutts spoke about these programs, noting that Appalachian Ohio counties have the highest percentage of eligible children, but the fewest sites. The barriers he cited include transportation of food and children, as well as lack of awareness about the program. The website for Appalachian Nutrition Network is www.appalachiannutrition.net.

6. Ohio University, Didactic Program in Dietetics—Food Security and Implications for Childhood Obesity and Family Health

David Holben

Associate Professor and Director, Didactic Program in Dietetics, Ohio University

September 2005 meeting

David Holben discussed the issue of food insecurity and childhood obesity. According to the Current Population Survey (December 2004), nationally 11 percent of households are food insecure. In Ohio, 15 percent of households were food insecure in the years from 2001 to 2003. Research links food insecurity with problems in mental and physical health, cognitive ability, and academic achievement. Food security is also known to negatively affect children's nutritional intake. Though evidence shows that children who grow up in food insecure households are more likely to be obese adults, it does not indicate that children who live in food insecure households are more likely to be overweight than children who live in food-secure homes.

Holben discussed two leading theories concerning the obesity of adults from food-insecure homes. One is a fetal origins hypothesis. This is a developmental explanation that links low levels of maternal nutrition while the fetus is developing and early in childhood to a propensity for obesity later in life. The other theory is the more common cost-related theory, which suggests that low-fat foods are more expensive and unhealthy foods are cheaper. Therefore, food insecure families are more likely to buy cheap, unhealthy foods.

Holben noted that mothers that are the heads of food insecure families are more prone to depression. Depression and the pressures of feeding their family may make them compromise their values and may also affect choices on what to feed their families.

7. Ohio Department of Health—Ohio Action for Healthy Kids—Taking Action for Healthier Kids

Linda Scovern

Coordinator, Healthy Ohioans, Ohio Department of Health

September 2005 meeting

Linda Scovern presented the Ohio Department of Health's (ODH) program Ohio Action for Healthy Kids (AFHK) initiative to address the school's role in responding to the child health crisis. Ohio selected three goals to encourage health promotion in schools. Scovern discussed the third goal in depth: providing adequate physical activity programs. The physical activity goal is for 25 percent of schools to have policies and programs established in physical activity related programs by September 2007. This goal sounded low to some task force members; however, Scovern pointed out that schools have enormous demands on their resources with standards, security, etc. In addition, physical education is not mandated like other academic programs and subjects. Thus Ohio AFHK wanted a realistic and achievable goal to start and will reassess it in the future.

Responding to a question about the existence of physical activities for students that are not physically motivated, Scovern related some of the types of activities that she promotes in classrooms. One is called CATCH and trains teachers in techniques they can use to incorporate physical activities such as stretching and walking into their students' daily routines.

8. Ohio Department of Health—Governor's Buckeye Best Healthy School Award Program

Angela Norton

Program Administrator, School and Adolescent Health Services, Ohio Department of Health

September 2005 meeting

Angela Norton presented the Governor's award program that recognizes health practices in schools by bestowing gold, silver, or bronze plaques. If a school receives a gold plaque it also receives a gold flag. The program focuses on school policies related to nutrition, physical activity, and tobacco; and it measures change over time. Norton stated that the program has been successful in Ohio in motivating school administrators to be concerned about health in schools and to initiate innovative health programs. They have received 1,000 applications since the program began. Last year, 200 schools in Ohio received gold flags and plaques for outstanding health programs. Interestingly, all gold-medal schools have school health councils. Another outcome was that approximately 700 requests were received for technical assistance from schools that want to improve their health programs. ODH recognized all participating schools by sending them a letter from the Governor. The winners of the gold award were invited to a luncheon in August and were recognized by the Ohio Department of Health and the American Cancer Society.

Norton believes now is a perfect time for health professionals to become involved with schools, because the federal government has identified health as an issue of concern in education. She also noted that it is important for families to be involved in the health initiatives.

9. Ohio Department of Education—Ohio’s National School Lunch Program

*Brigette Hires
Ohio Department of Education
November 2005 meeting*

Brigette Hires spoke to the task force about Ohio’s USDA funded meal programs including the national school lunch program, the government donated food program, the after-school snack program, the special milk program, the summer food service program, the child and adult feeding program, and the fresh fruit and vegetable program.

Successes specific to the Appalachian Ohio region include: having regional consultants that know the area and having contacts in each of the local communities. Another success is to get the community and school personnel to be supportive of the meal programs. One of the barriers to the school lunch program is that many of schools think that if they have a la carte menus they make money. ODE has worked to show how they in fact lose money with a la carte. Another challenge Hires mentioned was with the summer food service program. Sometimes staff have difficulty finding foods and transporting children to different sites.

With the breakfast programs, one of the main barriers is transportation, especially in rural parts of Ohio, where children have long bus rides in the morning. Sometimes there are also problems with staffing in the morning or in getting the school personnel to cooperate. The breakfast in the classroom program has been one of the more successful programs. However, a key to its success is teachers, custodians, and other staff being on board with the program. Time is also another barrier to implement programs. There is also still a stigma with free breakfast programs, so some schools are going to breakfast-for-no-cost programs for all students, so that any student can participate. One of the barriers for the after-school snack program is to meet the reimbursable requirements, which are put in place to ensure snacks are healthy and nutritious.

Hires also spoke with the task force about the ODE’s wellness policy, which is part of the Child Nutrition Act of 2004, Section 204. The act requires all schools that participate in the school lunch program to complete a wellness policy. The policy is intended to be a catalyst so that schools will begin to look at health issues and develop ways to reduce childhood obesity. It is meant to be individualized to the school/district needs, so schools can cater wellness policies to the needs of the school and be creative with the policies. The ODE has contracted with wellness policy trainers across the state that will go into schools and for no charge train school staff and orient them to the purpose of the policies. The wellness policy is described in more detail on the USDA website (www.fns.usda.gov/tn/Healthy/wellness_policyrequirements.html). ODE also has nutrition trainers across Ohio that can visit schools and will speak with students and staff on a number of nutrition topics.

10. Institute of Medicine Report—Preventing Childhood Obesity

September 2005 meeting

Report: Institute of Medicine, “Preventing Childhood Obesity: Health in the Balance,” September 2004, <<http://www.iom.edu/?id=22623>> (1 September 2005).

The Institute of Medicine released a report on preventing childhood obesity. It describes childhood obesity as an epidemic, with obesity in the U.S. having more than doubled for

preschool and adolescents and having more than tripled for children aged 6-11 years since the 1970s. Obesity-related hospital costs for children and youth have more than tripled in the past two decades. The report outlined action steps for confronting the problem, including ones for the federal government, industry and media, state and local governments, health care professionals, community and nonprofit organizations, state and local education authorities and schools, and parents and families.

B. Community Health and Fitness Presentations

1. Pike County Chamber of Commerce—Community Health and Fitness in the County

*Blaine Beekman
Pike County Chamber of Commerce
November 2005 meeting*

Blaine Beekman discussed the planning and development of the Pike County YMCA as well as the funding of the project. The YMCA, which cost approximately \$6 million, was funded in part by a donation of \$3 million from Malcolm Healy, a wealthy businessman who, before leaving the area, owned a local cabinet making factory, Mill's Pride. Healy donated the money to the community under the stipulation that the money be used to build something for the workers at the cabinet plant and that whatever was built had to include a child care component. Prompted by the suggestion of one of the community leaders who had prior experience with YMCAs, the community decided to build a local YMCA and raise the additional money (another \$3 million, of which they have raised \$1.7 million) for the project. Beekman stressed the lessons learned from the planning and development process:

- ◆ Have a plan.
- ◆ Find the right committee. This means people who are leaders in the community and who have contacts in the community, not necessarily people with degrees or professional credentials.
- ◆ Use community resources. Feasibility and marketing studies were done by high school seniors as a school project. The weights and equipment for the exercise room were bought from a Gold's Gym in another state that went out of business.
- ◆ Sell the project to the community. Make sure residents know that it is for the community and know that it is their project, not a government or school project.

Initial efforts to raise the additional funds included brainstorming a list of 150 prospective donors. Planners then sold the room names for the new YMCA to prospective donors. They also offered different payment options, including five-year payment plans to local groups who bought the names. For future fundraising, they have hired a professional fundraising group.

The YMCA, which is located at the south end of Waverly, has an Olympic-sized swimming pool as well as several exercise and fitness rooms and special programs for children and seniors. The only part of the YMCA that is not used as much as planned is the daycare center. Although the original idea was to have a fitness center as well as a daycare center for workers from the Mill's Pride factory, workers have not utilized it. Although there is a senior rate, the price of membership is about \$350 per year. This has proven to be one of the main challenges of the YMCA, as residents were expecting memberships to be more affordable. Despite these obstacles, the center has been quite successful within the community. The YMCA has been used for a variety of activities, and some local schools even bus children to the center for after-school programs, athletic events, and swim practice.

2. The Adena Health System—Community Health Strategic Plan

Judy Harness

Department of Community Health, Adena Health System

November 2005 meeting

Judy Harness spoke about three aspects of her organization: the Adena Health Center, a strategic plan that has been developed for Adena's community health programs, and the grants program at the Adena Health Foundation. Adena Health System is a non-profit community-based health system serving nine counties in Appalachian Ohio. It was established in 1895 as a "faith-based" organization and employs 1,900 people. Adena is run by a board of directors. The health center includes several regional medical centers, a rehab center, a community health program, a wellness center, a hospice, primary care, specialty physicians, and a counseling center.

Harness covered the different focus areas for the community health programs: childhood and adult obesity, physical activity participation in adolescents and adults, diabetes, and tobacco use. The community health program staff have established specific objectives related to each area. For example, by 2010, they seek to reduce childhood obesity from 26 percent to five percent and adult obesity from 22 to 15 percent. For physical activity and tobacco use, they have specific numeric objectives for both adolescents and adults. For diabetes, the objective is to reduce the proportion of children with Type II diabetes and to lower the death rate due to diabetes.

Harness stressed the value of community partnerships, with Adena's mission being to be recognized nationally as an invested partner in working for healthy communities. Through community grants and partnerships, the health system helps support programs that address a wide range of issues such as obesity, tobacco use, diabetes, cancer, and prenatal care. Harness mentioned some community-based initiatives. One was the Tecumseh program, an after-school program that serves two city schools and one county school. It offers everyday after-school programming focused on physical fitness, nutrition, academics, and the arts.

Another school program that Harness discussed was the "Moving On Program," in which Adena employs a part-time teacher to provide classes on healthy eating, physical fitness, and healthy choices in two schools in Ross County. Serving approximately 500 children a year, the program has been very successful. The teacher has a variety of different health curriculums for children, including one on diabetes.

The foundation has also partnered with Dining with Diabetes and has provided a grant for the program (see discussion of this program on page 14). Adena also has started tobacco cessation efforts, but Harness admits that the efforts are still in embryonic stages. She regards tobacco as a huge challenge in the Appalachian Ohio region because of the number of smokers and smokeless tobacco users in the area. Harness said tobacco cessation would be a priority for 2006.

In addition to partnerships with area schools and health organizations, Adena has also continued building on its work with area congregations and church ministries by developing a church ministries grant and by promoting health through churches and congregations.

3. Southern Ohio Medical Center LIFE Centers

*Matthew Romanello
Southern Ohio Medical Center LIFE Centers
November 2005 meeting*

Matthew Romanello spoke about the Southern Ohio Medical Center's LIFE centers, which are health and fitness centers for staff and people in the community served by the medical center. He discussed the philosophy of the LIFE centers, which focuses on fitness, improvement, and wellness. He also spoke about the development and expansion of the LIFE centers from their founding in 1985 to an expansion in 1995, to the opening of the Wheelersburg and Lucasville LIFE centers in 2002, to the expansion of the LIFE Center Group Fitness Studios in 2006. The LIFE centers exist as an extension of the Southern Ohio Medical Centers and are supported by community donations, partners/vendors, local chambers of commerce, and member fees.

The LIFE centers provide a variety of programming options, including activities/classes, proactive programming to fight obesity, and reactive programming to treat obesity and improve health. Examples of programs are youth conditioning, family hours, ACE certified personal training, cardiac rehabilitation, Choose to Lose program, Heart Smart Cart (a program to aid members in making healthy choices at the grocery store), health and wellness fairs, community donations and partnerships, and smoking cessation programs.

The LIFE centers also offer "Get-A-LIFE" programs for hospital employees and corporate "Get-A-LIFE" programs so that corporations can offer membership to their employees at a reduced rate. The hospital Get-A-LIFE program offers free consultations and screenings for employees and life membership to employees who, after paying for one year, stay within the system.

Romanello highly recommended a two-day annual community wellness symposium offered by the Wellness Center at Akron General Medical Center on how to set up a facility, budgeting, and management. The contact person, Doug Ribley, can be reached at (330) 665-8100.

In response to a question about the cost of membership, Romanello stated that it costs about \$360 per year for the average person. Corporate rates are cheaper. He was asked if there was special pricing for underserved. He said there was in some special cases, but it has to go through the executive team. The hospital does have some charity programs, but he was not sure if they were used for the LIFE center. One idea a task force member suggested was for them to consider having doctors and corporate leaders donate memberships for less fortunate people in the community.

When asked about the advantages of having a hospital-based program, he noted that it helps with marketing and keeps costs down. Romanello was asked if all of the facilities are self-sufficient or are subsidized from the other centers. He stated that Wheelersburg is subsidized by Portsmouth. In Lucasville, costs are split with rehab.

4. The Ohio State University Extension, Family and Consumer Sciences Programs

Monadine Matthey

Ohio State University Extension Educator, Family and Consumer Sciences Program

November 2005 meeting

Monadine Matthey spoke about the Ohio State University Extension services' community partnership with the Dining with Diabetes program, the Family Nutrition Program, and the Youth Fitness/Nutrition Curriculums.

Dining with Diabetes is a program that shows people with diabetes how to cook healthy and delicious diabetic foods. The program is available in about 20 Appalachian Ohio counties. The Pike County program was started with the help of grant money from Adena. It has been quite successful in part due to a strong diabetes coalition, which has about 40 people that participate in monthly meetings. With this partnership, Matthey has been able to offer two programs per year, which are three days each, with follow-up sessions three months after the initial programs.

The Family Nutrition Program has been around since 1992 and is a federally funded program targeted at food stamp eligible individuals. OSU Extension works with County Department of Job and Family Services staff to address food security, food safety, menu planning, and food budgeting for families in the area. In 2004, the nutrition programs reached 69,000 people directly and 364,000 people indirectly.

The Youth Fitness/Nutrition Curriculum includes health fairs, school nutrition councils, and physical fitness programs. One program emphasizing fitness in schools, Jump Into Fitness, was originally developed in Michigan. The Extension Service is hoping to implement it in Ohio Appalachia counties in 2006.

Matthey was asked if the diabetes coalition ever worked with the YMCA. They do and had a swim for diabetes program at the YMCA. Matthey was also asked if the extension group does any gardening initiatives for food security. She responded that they encourage canning and in some counties there are master gardening programs.

5. McArthur Elementary School—Family Fun Fitness Nights

Amanda Frasure

Coordinator, Boost Program & 21st Century Grant, McArthur Elementary School

September 2005 meeting

McArthur Elementary School offered a series of multi-generational social activities after school that emphasized physical activity and family involvement. Amanda Frasure discussed coordination of the McArthur Elementary School Family Fitness Fun Nights. The fitness night was intended to involve the entire community in fitness and health by converting the school grounds into a community center at night. The program was originally sponsored by grant funds from the Osteopathic Heritage Foundation of Nelsonville and the Vinton County Local School District's 21st Century Community Learning Program. After that grant ended, Frasure and Jan Rhea found alternative sources of funding from Wal-mart, a mini relay for life, and other private sector donations to continue offering the fitness nights.

6. Greater Ohio Campaign

*Gene Krebs
Greater Ohio Campaign
November 2005 meeting*

Gene Krebs spoke about the Greater Ohio Campaign, which is a network of Ohio citizens concerned with smart growth and intelligent land use in Ohio. Krebs gave some statistics and data on development, growth, and settlement patterns in Ohio over the past six years, which indicate that poverty and unemployment are rising and that economic momentum is one of the lowest (49th) in the United States. One quarter of all job losses in the past four years in the United States have occurred in Ohio. The number of Ohioans on food stamps and Medicaid has also increased over the past six years. Krebs gave an overview of land use and noted that Ohio is ranked as the seventh most urbanized state in the United States but received a grade of “D” for quality of life. He pointed to urban sprawl as one of the main factors that negatively affects quality of life in Ohio.

Krebs discussed the attributes that people now look for when they move to a community: a sense of community, attractive brick buildings, and streets with small shops. Very few people want to move to a community that is overwhelmed by urban sprawl or in a large commercial district. Krebs also addressed the living, working, and shopping habits of Ohioans, saying that people don’t live where they work or shop anymore. This causes some communities to have an unreliable tax base.

An example of a community that has turned itself around is Greenville, Ohio. It developed a Main Street Program and now has attracted many young professionals to the area. In addition, Greenville has renovated the town center with new shops and restaurants.

Krebs also stressed the health benefits of restoring town centers and promoting community-centered growth. He explained that communities that are walkable are more livable and make physical activity more enjoyable and less stressful, so there are benefits for both physical and mental health.

7. Healthy Ohioans

*Linda Scovern
Ohio Department of Health
November 2005 meeting*

Linda Scovern provided an overview of the Healthy Ohioans program through the Ohio Department of Health. The program, developed by Governor Taft in 2001, was created to improve the health of Ohio’s citizens. Healthy Ohioans attempts to raise awareness about the importance of making small steps to change unhealthy habits and lifestyles.

Scovern provided the task force with data on how Ohioans fare when it comes to health habits and lifestyles. Research shows that the majority of Ohioans (8/10) are not getting the recommended fruits and vegetables; they are not as physically active as is recommended; one in four Ohioans uses tobacco products; nearly two thirds of Ohioans are overweight and nearly a quarter are obese. In the Appalachian counties in Ohio, the proportion of children and adults that are overweight is slightly higher than the state percentage.

To better learn about what Ohioans know about health, Healthy Ohioans conducted a series of health focus groups with elementary school students, middle school students, high school students, business representatives, and state government employees. Scovern noted that in all of the focus groups, there may be awareness about healthy lifestyle habits, but this did not necessarily convert into practice. For high school students, business persons and state employees, the major reasons for not living healthy were busy schedules or a lack of time and motivation.

Scovern also provided the task force with a general overview of Healthy Ohioans' goals, partners, and main programs. The main components include:

- ◆ Buckeye Best Healthy Schools Awards Program
- ◆ Health Ohioans Business Council
- ◆ State Employee Health and Fitness Task Force
- ◆ Governor's Council on Physical Activity
- ◆ Wellness and Sports and Community Awards

She also discussed a number of the steps that schools, families, and communities can take to improve health by reducing tobacco use and promoting healthier eating and fitness.

A public participant asked Scovern why ODH uses the BMI instead of other indexes for measuring weight. She said despite its shortcomings the BMI is still the best tool available that does not require parental permission. Scovern was also asked if she knows of programs that address obesity in adults. She said that there much activity in the business community concerning health and that the General Mills Corporation is doing some health programs. A separate presentation on work place programs was to be made at the June task force meeting.

8. Ohio on the Move

*Nancy Strassel
Ohio on the Move
November 2005 meeting*

Nancy Strassel presented the task force with a description of the Ohio on the Move program, a state affiliate of America on the Move, which is a national fitness program that promotes healthy living by emphasizing small lifestyle changes. The Ohio on the Move program is based in Cincinnati and is looking to branch out into other areas of the state. Strassel described America on the Move as a social movement, sparked by a collaborative grassroots community effort. The approach of America on the Move is to emphasize small steps for improving fitness. America on the Move tries to get participants to eat 100 fewer calories less per day and increase physical activity by 2,000 steps per day.

In Ohio, the program is in its first year. Staff members have worked with schools, health care providers, birth groups, and diabetes groups to raise awareness and interest in the program. They have also designated 2,000-step trails around the Cincinnati area so that people who participate in the program know approximately how long they have to walk to reach 2,000 steps. They also provide on-the-step pedometers for groups that participate in the program.

Strassel shared some of the challenges and successes of the program so far. One challenge for participation in the program is that step pedometers are expensive. Staff members are looking for lower cost options and are investigating whether Ohio on the Move can work with managed care plans or other health groups to provide pedometers. Another idea they are considering is a lend-lease program so that participants in the program can lease pedometers

on a short-term basis. Another challenge has been to branch out beyond Cincinnati into other areas of the state.

Successes include identifying local champions and success stories as well as partnering with the health care community. The America on the Move website has also been a resource. The website tracks demographic information on people who participate in the program. Ohio on the Move is working with a local university to develop a more specific evaluation plan over the next six months for monitoring the success of the program. Strassel stressed the use of publicity campaigns and the importance of social marketing. She said that Ohio on the Move has a number of public service announcements on the radio and has been working to create name recognition across the state and increase awareness about the importance of taking small steps for healthy living.

9. West Virginia University—Cookin’ Up Health

Irene Tessaro

Carol Mangone

West Virginia University, Cookin’ Up Health

March 2006 meeting

Irene Tessaro and Carol Mangone, from West Virginia University, provided an overview of their public education program, Cookin’ Up Health, which is a computer-based cooking show designed to engage low-income West Virginian women in learning about healthy cooking. The program, which is funded by the CDC, has the goal of reducing cardiovascular disease in women by increasing fruit and vegetable consumption and reducing fat intake. It is culturally targeted and individually tailored. The menu of the program has a number of different options and women can choose what they want to see with the program.

Tessaro and Mangone presented a video clip of the program as well as the main rationale behind it, which was that women would be more likely to cook healthier meals if they were fun, easy to prepare, and culturally appropriate. Therefore, the meals were based on traditional West Virginia home cooking, but with reduced fat content. The model for the meals was based on the new American plate, which is divided into three sections: one for vegetables, one for fruits and grains, and one for protein.

Mangone says that the computer-based format of the program makes it accessible to rural areas where often there are barriers with transportation. It also is easily distributed; it can be put on a CD and delivered and used in any healthcare center that has a computer. Another benefit is that it does not cut into healthcare center staff time. The program is an excellent educational tool for low-literate individuals. For many low-income women who do not have a great deal of exposure to information technology, the touch screen computer is easy to use and convenient.

One barrier to implementing the program was the costs of the meals. Tessaro and Mangone had to find meals that used ingredients that women would have on hand and could afford. Appalachian culture and family food tradition were also seen as barriers, as home-style cooking is often high in fat and carbohydrates. The researchers had to find lower fat versions that tasted just as good, which was difficult. The recipes were taste tested, and several failed the test. Main dishes that passed always contained meat, but they were lower fat versions than were traditionally used. Environment was also a barrier. When people are living in areas where exercise is not easily done and where healthy food options are not easily available, then it becomes more difficult and less realistic to make these changes to diet and lifestyle.

They found that in Appalachia, family was an important factor in the success of the program. Sometimes it was a barrier because people maintained the same food habits in the household. At other times it was a facilitator, by providing support for changes.

The program was evaluated with almost 400 women in both the southern and northern areas of West Virginia. The most consistent feedback was that the women liked the interactive computer format and the touch screen. Almost half of the women used the recipes and two-thirds of those women shared them with other people. The women who viewed the program said that the emphasis on portion size was the most helpful aspect. They increased their knowledge about saturated fats, food labels, and the importance of fruits and vegetables. The researchers found that viewers of the program had an increased readiness to eat more fruits and vegetables. They may not have been eating these foods often but they were on the path to making dietary changes.

For more information, go to: http://www.hsc.wvu.edu/son/chi/cooking_up_health.asp.

10. Information on Selected Other Initiatives

Below is information about other community health and fitness projects/programs. Task force members and support staff researched and presented these to the group.

West Virginia on the Move

The mission of West Virginia on the Move is to create an environment for all residents that promotes optimal health and reduces the incidence of chronic disease. The stated goal is to assist residents, regardless of athletic ability, to increase the physical activity in their lifestyle and make smarter food choices to maintain a healthy weight. The organization works with physicians, schools, senior citizen groups, churches, and civic groups to accomplish its goal. Described below are some examples of its initiatives:

- ◆ Partnered with Medicaid Managed Care to provide a wellness program for Medicaid recipients (the first in the country to do so). For more information, go to: www.hcawv.org/PolicyPlan/wr6.htm.
- ◆ Held a symposium in May 2005 for health professionals and stakeholders to become familiar with the West Virginia on the Move goals. The governor and two senators were involved.
- ◆ Developed a school-based mini-grant program in partnership with West Virginia Action for Healthy Kids, West Virginia Bureau for Public Health, the CARDIAC Project, eLearning for Kids, and the West Virginia Department of Education. The grant program was designed for Pre-K-12 public and private schools. In September 2005, it awarded mini-grants of \$5,000 to schools that develop programs to increase physical activity in students either during school or in before- and after-school programs.

West Virginia Healthy Lifestyle Coalition

The West Virginia Healthy Lifestyle Coalition was convened during 2004 to bring individuals and organizations together to develop a three-year plan to address the obesity epidemic in the state. The effort was initiated by a report called *West Virginia: A Vision Shared* and is facilitated by the West Virginia Medical Foundation. The Claude Worthington Benedum Foundation funds the initiative. According to a January 2005 report called *Taking Action to Address Obesity in West Virginia: Recommendations of the West Virginia Healthy Lifestyle Coalition*, their mission “is to coordinate and promote healthy lifestyle programs through surveillance, education, community-based intervention and outcomes research as well as legislative and public policy.” The report set forth five key goals to achieve and four main areas of focus: healthy children/healthy schools, healthy employees, healthy

communities, and healthy supports. It also established outcomes related to each focus area and indicators that will be monitored.

West Virginia More Active People Projects

The Center for Aging and Healthcare in West Virginia, Inc. received a \$320,000 matching grant from the Robert Wood Johnson Foundation (RWJF) to lower obesity rates in low-income neighborhoods with the More Active People (MAP) projects. RWJF will match 1:1 funds for local grants from the following entities: Sisters of St. Joseph Charitable Fund (SSJCF), Bernard McDonough Foundation, Claude Worthington Benedum Foundation, Parkersburg Area Community Foundation, Wood County Commission, BB&T Branch Banking and Trust Company, and the Wood County Rotary Club. The four-year project began in 2005. It will focus on the healthy living needs of low-income people in three communities in Wood County, in particular the cultural barriers that keep people from being more active. It will involve partnering with different community groups such as schools, churches, and small employers to make neighborhoods more safe and walkable. The center has conducted focus groups with residents and walkability studies in the three communities. Two key things they will monitor are individual physical activity and health screenings.

Healthy West Virginia Act 2005

In Spring 2005, West Virginia Governor Joe Manchin III signed the Healthy West Virginia Act of 2005 into law. The intent of the legislation is to support and promote healthy living in West Virginian lifestyles. The main provisions in the act are:

- The creation of an Office of Healthy Lifestyles in the Secretary of the West Virginia Department of Health and Human Resources office.
- The creation of a clinical advisory committee.
- The creation of a voluntary private sector partnership program and a recognition program.
- Promoting the creation of incentives in employee healthy living programs.
- Defining what beverages are healthy and thus appropriate to sell in schools.
- Improving requirements for physical and health education.

Community Foods Initiatives, Edible Schoolyard Project

The Community Foods Initiatives (CFI) is a local community nonprofit organization in Athens, Ohio, whose main mission is to promote self-sufficiency in food production for community members. CFI has the following different projects:

- ◆ The Community Angels Project that pairs experienced gardeners with novice gardeners.
- ◆ The Community Garden in Athens where anyone who would like to learn how to become food self-sufficient can come and have access to a garden plot.
- ◆ Two Edible Schoolyard Projects in which gardens are grown on the school grounds of two elementary schools and produce is used for school lunches.
 - Ronda Clark (CFI) works with the cafeteria supervisor in Trimble Elementary and Middle School (Elaine Downs) as well as teachers and students to garden and harvest a 200 x 400 foot plot. Vegetables grown include corn, tomatoes, and peppers. Downs then works to incorporate the vegetables into students' diets in the cafeteria menu.
 - CFI also worked with East Elementary School in Athens to help one of their teachers, Ronda Kotch, start a garden in the school. The school garden, which consists of 12 raised beds, is now tended entirely by Kotch and her students. Kotch even has a kitchen in her classroom where she uses produce from the garden to cook with students.

CFI is looking for additional funding and support for the edible schoolyard program and is hoping to create a model to be able to start edible schoolyards in schools across the community. The idea of the edible schoolyard is not unique to CFI or Athens County. There are several resources on the internet that provide overviews of successful projects around the country and also provide resources on how to start edible schoolyards in a local community. One for a middle school in Berkeley, California is www.edibleschoolyard.org.

Rails to Trails

The Rails to Trails Conservancy (RTC) (<http://www.railtrails.org>) founded in 1986, is a national nonprofit organization with over 100,000 members and supporters, created with the purpose of converting the nation's old and unused railways into fitness and nature trails. RTC has its main offices in Washington, D.C, with state and regional offices in California, Florida, Massachusetts, Ohio, and Pennsylvania. The national and regional RTC offices provide a variety of resources and leadership expertise for community members and leaders wishing to transform existing railroads into community exercise trails.

One resource is Trail DART (Development Assistance Response Team), a for-hire service of RTC of trail building and planning professionals. The Trail DART team has extensive experience in planning and implementing a complete rail conversion project. Trail DART offers full-service assistance to communities in all aspects of trail building, from initial consultation to laying the groundwork for trails through trail development and beyond.

Like its regional and national counterparts, the Ohio Rails to Trails office helps local communities in Ohio and throughout the Midwest coordinate and plan for the conversion of old railways into trails. It offers a variety of resources and planning expertise for local communities interested in transforming rails into trails. The office also tracks community events and programs that use the trails. Below are a few examples of trails and their uses.

- ◆ In Delaware County, community leaders organize an annual event, Community Ties (www.communityties.org) which is a bike, run, and family event sponsored by local rotary clubs. In July 2005, the event was held at Westar Urgent Care in Westerville, Ohio, with the goal of bringing awareness about recreational activities, trails, parks, and other green spaces in the community. The event included the option to run, ride, and roll. Residents had their choice of participating in a 5K Run, 5K Rollerblade, 8-mile Family Bike Ride, or a 40- or 75-mile Bike Tour. The festival included a “Do You Remember the Oldies?” band, food, hot air balloon rides, free cholesterol screenings, and vendor booths.
- ◆ Another trail conversion is the Holmes County Trail (www.holmestrail.org). The 12-mile trail is wide enough for Amish buggies and also provides an exercise and bike route for other community members. The trail runs from Fredericksburg to Millersburg. One lane is paved with “chip and seal” for horse-drawn vehicles and horseback riding, while the other is paved with asphalt. Financial support for the Holmes County trail came from a variety of sources:
 - Initially, the Holmes County Trail received a \$451,000 Amish Buggy Safety grant from the Ohio Department of Transportation. The grant was used for engineering costs.
 - The Holmes County Rails to Trails Coalition also received a \$1.8 million grant from the Ohio Department of Transportation, which used funds allocated by the United States Department of Transportation. The Holmes County Trail project was selected for funding because it serves as an alternate transportation corridor for local Amish.

- In September 2002, the trail received a grant from the Clean Ohio Trails Fund and the Ohio Department of Natural Resources. The Holmes County Trail was selected as one of 24 community projects to receive a Clean Ohio Trails Fund grant. The grant was used to construct a 10.1-mile section of the trail from Holmesville to Fredericksburg. The Clean Ohio Program was initiated by Governor Bob Taft and approved by Ohio voters in November 2000. The funds are designated to increase opportunities for outdoor recreation. Grantees must provide a minimum of a 25 percent match of local funds.
- The trail also received a federal grant in 2003 to aid development. U.S. Representatives Ralph Regula (R-Navarre) and Robert W. Ney (R-St. Clairsville) announced funding of \$520,000 for the Holmes County Rails to Trails project. The funding came from the Transportation and Community and System Preservation Pilot Program, which helps communities develop more efficient transportation systems and reduce their impacts on the environment.
- ◆ The Moonville Rail Trail Association (www.moonvillerrailtrail.org/index.html) has partially built a trail that runs through Vinton and Athens counties. The association began construction on the trail in 2003 and hopes to eventually connect the Moonville Trail with the Hockhocking Adena Bikeway that runs from Athens to Nelsonville. In April 2005, the Moonville Rail Trail Association co-sponsored a canoe event on nearby Lake Hope with Raccoon Watershed and provided food and drinks for the event.
- ◆ In addition, several other railways have been converted into trails or are under construction in the Appalachian region of Ohio. Some examples include:
 - Harrison County Conotton Creek Trail from Bowerstown to Jewett.
 - Hockhocking Adena Bikeway from Athens to Nelsonville.
 - St. Clairsville National Road Bikeway from Reservoir Road/Ballfield Road to Plaza West/Woodrow Avenue.
 - Tri-County Triangle Trail, which will connect Chillicothe, Frankfort, Washington Court House, and Greenfield.
 - Little Miami Scenic Trail, which is the longest trail in Ohio (over 70 miles) and runs through Hamilton, Clermont, Warren, Greene, and Clark counties.
 - Gallia County Hike & Bike Trail, which is currently under construction and will run 28 miles from southern Vinton County through Gallia County to Gallipolis.
 - Great Guernsey Trail.
 - Muskingum River Greenway in Zanesville.

Beyond the Rails to Trails Consortium, the Ohio Department of Natural Resources updated its *Trails Plan* in April 2005 to help guide development of a statewide system of trailways throughout Ohio (<http://www.dnr.state.oh.us/trailsplan/>). The plan was created to improve existing trails in Ohio and ensure smart planning for future trails. The plan identifies statewide issues impacting trail development, recommends strategies for addressing these issues, and sets criteria for the development of future trails in the state. Included in the plan is an extensive inventory of all trail systems throughout the state, with suggestions for planning that could serve to create a statewide network of interconnected trails. The plan's assessment of the Southeastern region of Ohio is that it is not as populated or developed as other regions of Ohio. Although it has more dispersed trail development than other areas of the states, it holds a great potential for further trail development, especially given its scenic beauty and the fact that this region has many large public land holdings.

Skateparks

One innovative way to support active lifestyles of children and adolescents, and even of some adults, is to build a skatepark in a local community. The idea has been adopted across the country by local government officials and community organizations to provide alternative sources of entertainment for young people and also to give young people who are already skateboarding or rollerblading safe places to practice and hang out with friends. The idea for skate parks and the initial organizing work of garnering support for skateparks often arises from skateboarders and youth themselves, building momentum and gaining support from local organizations, local government officials, and community organizations.

The Tony Hawk Foundation (www.tonyhawkfoundation.org) provides detailed information on how to undertake the process and offers grant money for communities, particularly low-income communities, interested in building parks. In 2003, six communities received grant money from the foundation in support of skateparks. Wellston and Athens each received between \$10,000 and \$15,000. The other four communities (Dayton, Elyria, Greeneville, and Somerset) received \$1,000. The Athens Skate Park (www.athensskatepark.com) is an 18,000-square-foot concrete skatepark and is known as being one of the best skateparks in the country. Another web site with information on building skateparks is <http://www.skatepark.org>.

Asheville Health Adventure

The health adventure (<http://www.health-adventure.com>) is a nonprofit health and science museum located in Asheville, North Carolina. The goal of this hands-on center is to improve the health and science literacy of adults and children. Started in 1968 and originally staffed by a group of volunteers, it was one of the first health and science centers of its kind in the country. Although it originally started in a small storage room in Asheville's Memorial Mission Hospital, it gradually grew in popularity and is now at the Pack Place Education, Arts and Science Center.

The overarching mission is to provide a hands-on, interactive approach to teach school and community groups about health and life sciences. Programming for the museum has expanded to include exhibits and events for adults, families, and tourist groups. The museum offers self-instructional exhibits, workshops, guest lectures, and traveling exhibits. An example of one exhibit is the "NutriSpace Gallery." It has both nutrition and dental exhibits, including a child-size grocery store where children can shop according to the Food Pyramid. The center has served over 800,000 visitors and also works with local schools to provide an extension of their health and science curriculum.

Centers for Disease Control and Prevention Futures Initiative

Recently, the CDC restructured itself around healthy living objectives. Jim Pearsol, task force co-chair, discussed the agency's plans. Specifically, the CDC has established the following health protection goals:

- ◆ Healthy people in every stage of life – All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.
- ◆ Healthy people in healthy places – The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.
- ◆ People prepared for emerging health threats – People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.

C. Presentations on Obesity Related Health Issues

1. Family Healthcare, Inc.—Diabetes in Appalachia

*Dawn Murray
Family Healthcare, Inc.
March 2006 meeting*

Dawn Murray spoke of the work of Family Healthcare, Inc., a federally qualified healthcare center that serves Ross, Vinton, Hocking, Athens and, Perry counties. Family Healthcare, Inc., provides a range of primary care services, case management, and other health services for people living in the five counties. It has one of the only HIV specialists in the region and has just started a dental care program. One of the goals of the center is to control and prevent diabetes in patients residing in these five counties.

Working with diabetes patients, Family Healthcare, Inc., staff and doctors use a chronic care model, which means that the team meets every two weeks to track patients. This helps physicians and staff stay aware of the necessary course of treatment for diabetes patients. The team members use flow sheets to track visits, progress, and changes in the status of the patient's health. They also conduct blood tests every three months. In addition, the clinic provides a self-management form for diabetes patients. The purpose of this form is to make management of diabetes user-friendly. There are a variety of models to choose from, and patients choose the version that they feel most comfortable with. Finally, Murray also said the clinic is starting to emphasize prevention of diabetes with all patients. The clinic now offers preventive visits and promotes healthy eating. The center has also given out many healthy recipes to patients, so that they will begin to cook healthier meals.

2. Trinity Health Care System

March 2006 meeting

Chris Copeland, a task force member, briefly reviewed the health initiatives of the Trinity Health System in Steubenville, Ohio. Because there are many barriers to accessing health care for area residents, the Trinity Health System saw a need to set up a free health clinic in downtown Steubenville called the Fourth Street Health Clinic. It is staffed by volunteer physicians and provides free services by appointment. The center is not a walk-in or emergency clinic, but it provides basic health care services and screenings and also management of some chronic illnesses such as diabetes.

3. Meigs County Commissioner

*Mick Davenport
Director, Meigs County Commissioners
June 2005 meeting*

Mick Davenport discussed the importance of health care in small rural communities. A few years ago, the community's hospital closed, which has put a strain on Emergency Medical Services, especially because it provides services beyond Meigs County. The geographic makeup of the county also presents a challenge for residents needing emergency care. Two committees were formed to help address the issue. Davenport chairs both: the Meigs County Health Steering Committee and the Meigs County Community Clinic Board of Directors. Both seek to help bring back the hospital. Davenport also noted that he knows his community

is not alone among other small Appalachian counties also struggling to provide access to basic health care services.

4. Voinovich Center at Ohio University—Overweight and Obesity 101

Sara Boyd

*Senior Project Manager, Voinovich Center for Leadership & Public Affair, Ohio University
June 2005 meeting*

Sara Boyd presented research on obesity, including information on how obesity is defined and calculated for adults and children; the impact of obesity on health and the economy nationally and in Ohio; obesity rates nationally and rurally; and findings from a 2004 telephone survey on health status conducted in four Appalachian Ohio counties by the Appalachian Rural Health Institute.

5. Eastern Ohio Regional Hospital—Hospital Health Nutrition Services

Trina Kropka

*Hospital Nutritionist, Eastern Ohio Regional Hospital
March 2006 meeting*

Trina Kropka provided an overview of the health nutrition services in the hospital and basic nutritional information on portion size and fat content of foods. She emphasized the importance of eating more fruits and vegetables and lowering consumption of carbohydrates and foods that are high in fat.

6. American Heart Association of Ohio, Inc.—AHA’s Three-Year Plan To Address Obesity

Kent Woodward Ginther

*Director of Advocacy, Public Health Leadership Institute
American Heart Association of Ohio, Inc.
March 2006 meeting*

Kent Woodward Ginther of the American Heart Association spoke of the AHA’s national and local initiatives to reduce obesity and address heart disease. At the national level, the AHA has partnered with the Clinton Foundation, the Robert Wood Johnson Foundation, and Nickelodeon to launch a new program, “Generation for a Healthier America” (<http://www.healthiergeneration.org>). The program targets youth and their families through schools and popular children’s programming and emphasizes the importance of healthy living and lifestyle choices. A component of the program is the development of models of public policy regarding healthy living and the prevention of cardiovascular disease. These models, were expected to be available in spring 2006, will be appropriate for local, state, and national policy initiatives.

Locally, the AHA is considering starting a health program in Athens County, incorporating among other components, the Lay Leadership Model. This would include identifying and collaborating with the already existing faith-based leadership networks and groups in Athens County, in addition to health organizations and leaders in the area to educate about heart disease and promote cardiovascular health. The intention is to develop a self-sustaining health program.

The AHA does not yet have an office in Athens County or the Appalachian Ohio region, but according to Woodward Ginther, this is not outside the realm of possibilities for the

organization, as there are high rates of cardiovascular disease in the Appalachian Ohio region. There is some discussion of opening an office in Athens, although as of yet it is unclear exactly when or under what capacity it would function.

7. Health Policy Institute of Ohio

Philip Powers

Health Policy Institute of Ohio, Health Information Technology

March 2006 meeting

Philip Powers spoke to the task force about the possible uses and advantages of health information technology networks in the health care field. According to Powers, the health care field is one of the furthest behind in terms of connectivity. There is a great potential for connecting doctors through information technology networks and creating interconnected databases of health records. Powers says that maintaining paper records of patient health is a disadvantage in terms of both security and cost.

Powers provided a vision of the future of health care and information technology. It would include a network of health records that could, when necessary, have privacy and security controls on access to individual records. This web would facilitate the transfer of imagery and tests and of health information between offices around the state. This health care network could potentially have an impact on the treatment of obesity related diseases by reducing health care costs and making the health care system run more smoothly and efficiently.

8. Prevent Blindness Ohio

Andrea Albanese Denning

Vice President of Development and Field Services, Prevent Blindness Ohio

Kira Baldonado

Director of Marketing/Community Services, Prevent Blindness Ohio

June 2006 meeting

Andrea Albanese Denning and Kira Baldonado discussed the lack of vision care and resources (eye doctors) in Appalachian Ohio. Denning and Baldonado emphasized residents of Appalachian Ohio are aging at a faster rate than in other areas of the state and that age is a significant factor in the incidence of blinding eye diseases. With this information, they stressed that now is an important time for government leaders to plan to address future increases in vision problems.

The anticipated increase in vision problems is related to current barriers in vision care in Appalachian Ohio. Some of the barriers include: lack of knowledge about regular eye care, unhealthy lifestyles, higher rates of diseases, high rate of poverty, lack of health care resources, and lack of insurance. Elsewhere in the state, Prevent Blindness Ohio has addressed vision needs through many different programs. For example, educational programming in classrooms has served 36,570 students. Adult and preschool vision screening training in the primary care environment also has resulted in 12,049 people screened.

9. Governor's Office of Appalachia—Health Related Legislation in Ohio

Ryan Miller

Assistant Director, Governor's Office of Appalachia

June 2006 meeting

Ryan Miller supplied the task force with a summary of some health-related legislation that had passed through the legislature or was pending as of June 2006. These include:

- ◆ Senate Bill 113 requires benefits for diabetes equipment, supplies, medication, and self-management education to be included in health care coverage.
- ◆ Substitute House Bill 105 as passed by the House, was then in the Senate. This bill requires that the physical education portion of each school district's curriculum must include instruction in each of grades K through 8, and that the Department of Education is required to provide all school districts with access to research concerning physical education that would promote regular participation in physical activity by students and cultivate instructional objectives in health-enhancing physical fitness.
- ◆ House Bill 203, also known as Jarod's Law, was signed into law. This established the School Health Safety Network within the Department of Health and expanded health and safety inspections performed by local health districts in schools. Further, information about equipment recalls and inspection reports will be accessible by the public.
- ◆ House Bill 287 has been signed into law and exempts freestanding birthing centers owned and operated by certain religious groups from licensure by the Ohio Department of Health. Specifically the bill relieves Amish birthing centers from licensure, requirements of which conflict with Amish religious values.
- ◆ Senate Bill 41 has also been signed into law and allows mothers to breast-feed in any public place.
- ◆ House Bill 197 was then currently on the governor's desk and requires the establishment of an internet database that provides information to the general public about hospital quality and prices.

10. National Advisory Committee on Rural Health and Human Services Report

Heather Reed

Ohio Department of Health, Ohio Office of Rural Health

September 2005 meeting

The National Advisory Committee on Rural Health and Human Services, "The 2005 Report to the Secretary: Rural Health and Human Service Issues," April 2005, <[ftp://ftp.hrsa.gov/ruralhealth/NAC2005.pdf](http://ftp.hrsa.gov/ruralhealth/NAC2005.pdf)> (6 September 2005).

Heather Reed, a task force member and a member of the National Advisory Committee on Rural Health and Human Services, overviewed the committee's work and findings of its 2005 report. The report identified three main issues of concern in rural health: welfare reform, childhood rural obesity, and access to obstetrical services. Concerning obesity, Reed noted that rural areas have a higher rate of obesity compared to urban communities. Reed described the problem of childhood obesity as an epidemic and argued that measures such as reimbursing obesity prevention through Medicare and Medicaid may be necessary steps to take. The major findings of the report were that healthful eating, regular physical activity, and the involvement of multiple sectors of the community in preventing obesity all contributed to lower rates of overweight community members. The report also found that people with low socioeconomic status and people living in the South are more likely to be obese.

D. Healthy Living in the Workplace Presentations

1. East Ohio Regional Hospital—Employee Wellness Program

*Mary Velez
East Ohio Regional Hospital
March 2006 meeting*

Mary Velez spoke of the successful initiatives she has coordinated in the East Ohio Regional Hospital to encourage healthy living in the staff there. The hospital's health programs for staff have been recognized as among the best in the nation, receiving a Gold Level Well Workplace designation award from the Wellness Council of America. The wellness program has been in place for 16 years.

Velez began the program by purchasing a contract to have health risk appraisals done for the employees in the hospital. The health information in the appraisals showed that a majority of the employees were overweight, had high cholesterol, and/or smoked. With this bleak picture, Velez went to the senior-level management and proposed beginning healthy living programs. Currently, of the 800-850 employees of the hospital, 400-500 participate in some way in the health programs.

The most successful program Velez has implemented in the hospital is the Race to Wellness, a healthy living program based on a NASCAR theme. The program received a grant for \$20,000 in 2005 from the Ohio Hospital Association. In the Race to Wellness, each employee can compete for prizes and track his or her healthy lifestyle changes on a "roadmap." Currently there are 242 employees participating. The success of the program has been in the marketing and the incentives for participation, which are fun, easy-to-use competitions with prizes. The hospital also has a fitness center it works with that gives discounts to all of the staff members. Velez is planning to measure outcomes of the program and to track participants over three to four years, measuring effects on their health. She has been tracking health program participation in general, having employees fill out satisfaction surveys and tracking changes in employee health.

With the grant money received from the Ohio Hospital Association, Velez has been able to buy the rights to implement the health risk appraisals and is now implementing them without having to contract for the service. Velez also started a bonus program that pays \$500 to employees who quit smoking. Because employees who did not smoke saw this as an incentive to start and quit, the program is being changed this year, so that there will be a discount for nonsmokers.

Velez discussed a few potential barriers to implementation. The first could be a lack of senior-level support. Velez said that without this support from high up, there is very little chance that programs will be successful. Another barrier could be scheduling. If the programs are offered at fixed times, only on certain days of the week, then there will inevitably be people who cannot make the scheduled events. Velez suggests making the program flexible and varied to avoid time barriers. For example, the program she runs now has meetings at different, accessible times and also provides a home study option so that people who cannot make the meetings can still participate in the program by reading information about healthy living at home. Another barrier could be the cost. She suggested that others interested in starting health programs make their case with their human resources departments and also look into possible grants that are available.

2. Lauren International

*Wayne Burley
Health & Safety Manager, Lauren International
June 2006 meeting*

Wayne Burley provided background information showing that health care is the number one uncontrolled expense at Lauren International. He also highlighted the need to recruit and maintain healthy employees to build a strong business and community.

He overviewed Lauren International's plan to educate its employees and improve their lifestyle choices. The plan, which is titled **PROACTIVE**, offered the following benefits for the year 2005: educated the employees on where costs come from and how they affect everyone, suggested what employees can do to help, changed vending selections and catering to include healthier-choice foods, offered fruit for all personnel, and organized a business coalition to address health issues with five to seven businesses in the area. Burley related that since the change in vending selections employees are making healthier decisions.

In 2006, the plan was expanded to include the following benefits: health risk assessment (HRA) with physician overview, weekly education sessions with a specialist (registered nurse, physician, health educator), tobacco cessation, and Weight Watchers. The aim for these programs is to identify risk factors and work toward prevention. In addition to Burley's position, Lauren International hired a wellness coordinator, Heather Beck, to help sustain the **PROACTIVE** health and wellness initiative and work directly with employees.

Looking to the future, Burley mentioned Lauren International's plans for 2007 to change behavior over time and bring in the necessary resources and individuals to meet their employees' needs. In 2007 tobacco users will pay higher premiums, and spouses will be encouraged to complete HRA's. Other initiatives will include health fairs, personal health plans, ongoing general education and awareness, and an on-site fitness facility.

3. Wellston General Mills—Interview with Linda Maerker

*Linda Maerker
Health and Fitness Team Leader, Wellston General Mills
April 2006 interview*

General Mills has a corporate wellness program called Total You that is available via intranet to all employees. General Mills has worked with the Mayo Clinic to establish its design and function in order to offer high-quality health and wellness information and services to employees. The program includes online health assessments and competitions such as A Walk Across America and Ten in Ten. The former includes the use of a pedometer to count steps that virtually correspond with walking between General Mills facilities and ultimately across the country. The latter helps employees lose 10 pounds in 10 weeks by providing diet plans, calculating how much to exercise to reach the goal, and offering other weight-loss information. Employees are also motivated by corporate incentives such as water bottles and t-shirts.

Individual General Mills facilities are able to design specific programs, and the health team at Wellston, driven by Linda Maerker, has been very active. The team held a women's health fair, which included blood pressure, cholesterol, and glucose measures, plus mini-massage and breast cancer prevention information. The team also hosted a plant-wide health fair that included educational presentations and services such as body fat analysis and bone density

testing. A chiropractor and nutritionist attended, and cancer awareness and dental information were offered. In addition, the State Highway Patrol gave safe driving presentations covering seat belt use and alcohol and driving.

Doctors and other health care professionals from Holzer Clinic, Holzer Hospital, and Adena Clinic have donated their time for these health fairs. An example of a good match between a need for health care and its provision is that one employee found out at a health fair that she has high blood pressure and diabetes, and she is now being treated for those conditions.

Maerker has made sure that smoking cessation services are available for General Mills employees and has provided extensive smoking cessation programming. Originally, a Holzer Hospital employee led an eight-class cessation series on site at General Mills. When she was no longer available, two General Mills employees were trained to provide the service. General Mills has spent \$10,000 for nicotine patches for participants in these classes.

A variety of free health and wellness services are offered to Wellston General Mills employees. An optometrist comes to the plant once a week to provide employees with free vision care, and every employee is provided with free prescription safety glasses, as needed, every two years. First responders on site can measure employees' blood pressure. Blood drives in conjunction with the American Red Cross are held at the plant periodically. The Human Resources division is considering hiring a physician to be on site, at least part time, to provide free services to employees for work-related and personal health issues.

When enough people attend (15), an on-site Weight Watchers group is held, and the facility pays half of the 12-week enrollment fee. General Mills will also pay half the fee if employees opt to attend an off-site Weight Watchers program.

General Mills helped with funding for a walking path in Wellston for all community members. It has also installed a walking path on the plant property that is only for employees. The path winds for half a mile through trees and features benches and swings for resting or contemplating.

The Wellston plant manager went to an annual corporate safety meeting and came back with a budget for health and wellness. Some of this money was spent on building a fitness center on site that just opened at the beginning of March. A highly educated professional was hired to manage the center and can provide physical therapy, personal training, and nutritional guidance. She is working with the plant cafeteria to include healthier offerings.

The fitness center is open early and late and is free for employees, retirees, and their spouses. It includes showers and lockers inside and a playground and picnic shelter outside. It is accompanied by an outdoor basketball court, a baseball field, and a volleyball field. These outdoor facilities can be made available to the community.

The fitness center manager planned to start programs involving yoga and healthy eating or to organize competitions of various kinds to promote attendance. In the first month of operation, 60 to 80 people per day used the fitness center.

People who use the fitness center must sign in, so Maerker is able to systematically track attendance and hopes to use this information to further increase attendance and to eventually track sick leave and family medical leave. Though Maerker's personal goal is to help people feel better and to avoid illness and missing work, she is sure that a corporate goal of fitness-related expenditures is to reduce health insurance costs.

4. Healthy Ohioans Business Council

Barb Petering

Deputy Assistant Director, Ohio Department of Health

June 2006 meeting

Barb Petering discussed the Business Council component of Healthy Ohioans, which began in 2001 under Governor Taft's direction. The Business Council is one of five components of Healthy Ohioans and includes 17 different businesses. The Business Council has no budget; it is completely voluntary.

The Council seeks to reach out to businesses to promote health and wellness programming in the workplace. Council members acknowledge that healthy employees contribute return on investment and that employee health is significant to both employer and employee. Petering described five members of the Healthy Ohioans Business Council and gave examples of supplemental health and wellness programming within these businesses. All offer unique and interesting benefits and accommodations to meet the needs of their employees.

- ◆ Worthington Industries charged employees premiums that could be earned back by joining Healthy Choices, pending a demonstrated improvement over three years. Worthington Industries' Healthy Choices program was administered through Gordian Health Solutions.
- ◆ Nationwide has a health and wellness program called Health Partners. Nationwide started an online health assessment and free lab analysis and offers the opportunity for a health coach. Employees receive compensation for completing a component of the program or utilizing services available to them.
- ◆ Honda used a different approach to health and wellness by creating a program called "Transition to Work" that seeks to get injured people rehabilitated and back to work as soon as possible. Honda also offers consultations from a registered dietician and a fitness center with full-time staff.
- ◆ Grange Insurance offers certain benefits to its employees. Employees who participate in a Health Risk Assessment receive \$25, which is deposited into a Flexible Spending Account. An on-site registered nurse and dietician, a fitness center with an aerobics room, and an outside walking track are all available to employees.
- ◆ Westfield Group offers strong incentive programs to its employees with a broad array of fitness and wellness opportunities available to all employees. The Fitness Center at Westfield Group is known as the "INN Club." Westfield Group found that INN Club members had a lower absentee rate and that it was spending \$200 on INN Club members for health benefits compared to \$650 on non-INN Club members.

IV. Public Input Received at Meetings

At each meeting, public participants were encouraged to provide comments to the task force. Below are the comments received by meeting date.

A. September 2005—Childhood Health and Obesity

Gregory Ervin, Health Commissioner, Jackson County Health Department

- ◆ He noted the importance of walking and biking trails. In addition, balancing academic achievement versus physical activity is a challenge for schools. He added that current children may be the first generation to not outlive parents due to health issues and a lack of access to health care. He stressed there was a need to promote healthy lifestyle decisions. Public health education is also important.

Nancy Blucker, Media Coordinator, Twin City Hospital

- ♦ She mentioned that the hospital is doing a study on obesity and estimates 90 percent of participants are grossly overweight. They have decided to focus on adults first because they influence what children eat. Pediatric Wellness Center encourages healthy life styles. She emphasized that access to healthy foods is critical. Citing a generational loss of the ability to cook, she said there is a need to do nutritional education. She suggested having hospitals and church kitchens offer classes/instruction on how to cook and prepare healthy food; local hospitals and schools “adopt a community” with public spaces in those buildings serving as community centers for health initiatives; and more collaboration between hospitals and schools. She noted that the hospital conducts health fairs offering BMI, dental screening, hearing tests, blood pressure checks, etc.

Renéa Ball, Nurse, Marietta City Schools

- ♦ The Marietta City Schools have completed the School Health Index assessments; however, the struggle is determining where to start. The staff has a lot of good ideas, but some require money to implement. She noted that physicians are reluctant to address obesity.

Janet Johnson, Staff Nurse, Gallia County Health Department

- ♦ Walking programs are valuable. She noted that you need to engage parents by sending them letters and finding ways to talk to them at their level. Also, it is critical to get into the school system. School food personnel play a vital role in students’ lives, so it is critical to engage them, too. She thought it might be worthwhile to hold a school cooks conference.

B. November 2005—Community Health and Fitness

Gregory Erwin - Jackson County Health Commissioner

- ♦ He mentioned that in his county officials working to make physical activity the norm rather than an exception. He emphasized the need to look at ways to make the county a safe environment for exercise. Since the task force meeting in September, they created a 501c3 called Jackson County Friends of Trails. They are trying to stimulate the development of additional bike trails in Jackson County. They have engaged Senator John Carey, who has expressed interest in connecting Jackson and Wellston through trails. Erwin also attended a funding seminar sponsored by the Ohio Parks Association. He was the only one from Appalachian Ohio there.

Tye Ortman, American Cancer Society

- ♦ He stated he works in seven Appalachian Ohio counties. He is also the zone leader for Action for Healthy Kids (AFHK). Some of the wellness promotion AFHK has done in Southeast Ohio includes hosting a series of seven school health conferences and training schools on how to make healthier food. He stressed the importance of partnerships. He noted, “We’re all offering great programs, but often stepping on other people’s toes.” AFHK has developed “relationship managers.” These are persons appointed for each county who serve as a “point person” to filter and provide information for health and community services for schools.

Matthew Romanello, Southern Ohio Medical Center LIFE Centers, volunteered his facility to beta test programs.

Judy Harness, Adena Health System, suggested advertising the task force meetings more broadly.

Ruth Dudding, Athens County Health Department, mentioned that Ohio University has an effective wellness program in which physicians collaborate with Wellworks, an organization that offers ways to reduce health risks.

C. March 2006—Obesity Related Health Issues

Corey Hamilton, Health Commissioner, Zanesville-Muskingum County Health Department

- ♦ She said the work of the task force is so important for people in rural areas. Services are lacking and health problems are big in rural areas like Muskingum County. She would like to see the task force encourage collaboration between service providers and make provisions for the funding of needed prevention and intervention programming.

Carol Baillie, Physical Education Teacher, Salem City Schools

- ♦ Baillie has been writing a grant proposal for physical education for her school and has done some research on Ohio physical education policies. Ohio has no state standards for physical education, except for some limited provision in K-6 and 120 hours in high school, which adds up to two semesters. This is in comparison to other states, such as Pennsylvania and Illinois, which have K-12 physical education daily. Baillie also states that students aren't getting the nutrition they need and that breakfast should be available to all at school. Physical activity leads to academic success, and the need for it is not being met. Baillie would like to see Ohio push for standards and more quality so that children get the exercise they need and develop good habits early on. Schools need more physical activity and health education, which would help kids be better learners and healthier adults.

D. June 2006—Healthy Living in the Workplace

Director of Nursing, Coshocton County Health Department

- ♦ This person stated that in Southeastern Ohio there are geographically related cultural considerations. Smaller businesses and cottage industries need to understand how investing in employee wellness programs will result in savings over the long term. The focus on prevention for employees should start small, with incentives. A barrier is that smaller businesses lack resources and they need help.

Barb Petering, Deputy Assistant Director, Ohio Department of Health

- ♦ She noted that the Healthy Ohioans Business Coalition wants to understand the needs of small businesses. She emphasized that understanding *why* small businesses do things could be helpful in influencing them to invest in health and wellness programs. To illustrate this point, she gave the example of research she conducted regarding how and why people make decisions on whether to be an organ donor. She also recommended that a possible partnership between businesses and Medicaid should be investigated.

Public attendees gave some examples of models that might work when looking at health and wellness, and health care in the workplace:

- ♦ Use faith, community, and churches to help with initiatives at prevention.
- ♦ Focus on nutrition by educating children in schools and aiming at prevention.
- ♦ Partner with a key business in the community and use it as a spokesperson.
- ♦ Speak with the unemployed to see what their barriers are.

Public attendees also described barriers to health care:

- ♦ Small businesses cannot afford to pay for insurance.
- ♦ Some employees spend their entire paycheck on health care.
- ♦ Insurance changes require physician changes, sometimes creating problems.

Endnotes

- ¹ Centers for Disease Control and Prevention, “Facts About Obesity in the United States,” 2005, <http://www.cdc.gov/PDF/Facts_About_Obesity_in_the_United_States.pdf> (6 March 2006).
- ² K. M. Flegal, B. I. Graubard, D. F. Williamson, and M. H. Gail, “Excess Deaths Associated with Underweight, Overweight, and Obesity,” *Journal of the American Medical Association*, 293, no.15 (2005): 1861-1867.
- ³ Centers for Disease Control and Prevention, “Overweight and Obesity,” 2006, <<http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>> (6 March 2006).
- ⁴ Ibid.
- ⁵ Centers for Disease Control, “Facts About Obesity.”
- ⁶ A. Must and R. S. Strauss, “Risks and Consequences of Childhood and Adolescent Obesity,” *International Journal of Obesity*, 23 (1999): S2:2-11. Note: Other health problems include gallstones, hepatitis, and sleep apnea. Children also are more likely to suffer emotionally and psychologically.
- ⁷ Centers for Disease Control, “Facts About Obesity.”
- ⁸ The “working poor” are those who have incomes between the poverty line and 200 percent of poverty.
- ⁹ Governor’s Office of Appalachia, “Ohio’s Fiscal Year 2006: Annual Strategy Statement for Implementation of Appalachia Regional Commission Programs,” 2005. Note: Fourteen percent of Ohio Appalachians live in poverty and 21 percent belong to the working poor, compared to 10 and 15 percent, respectively, in other areas of the state.
- ¹⁰ Appalachian Rural Health Institute, The Institute for Local Government Administration and Rural Development at Ohio University’s Voinovich Center for Leadership and Public Affairs, “Health Needs Assessment Survey,” 2004, <<http://www.ohiou.edu/arhi/presentations/NeedsAssessmentReport.pdf>> (3 March 2006). Note: The four Appalachian Ohio counties surveyed were Athens, Hocking, Pike, and Vinton.
- ¹¹ W. F. Chan, K. K. Boyle, B. A. Pryor, and R. W. Indian, “Cardiovascular Disease in Ohio, 2001,” Ohio Department of Health, Division of Prevention, 2001, <<http://www.odh.ohio.gov/ASSETS/966E6B1DE9EA408896DA3A0A28804DF3/CVDoh01.pdf#search=%22Cardiovascular%20Disease%20in%20Ohio%22>>, (6 March 2006). Note: Cardiovascular disease rates per 100,000 individuals between 1994 and 1998 in the 29 counties of Appalachian Ohio ranged from a high of 501 in Pike County to a low of 316 in Holmes, with a median rate of 427 and an average rate of 419, compared to an average rate of 390 for all of Ohio. (The Appalachian average weights all counties equally regardless of population size.)
- ¹² Appalachian Rural Health, “Health Needs Assessment.”
- ¹³ Ohio Department of Health, Information Warehouse, “Vital Statistics,” 2002, <<http://dwhouse.odh.ohio.gov/datawarehousev2.htm>> (6 March 2006). Note: The death rate from diabetes per 100,000 individuals was 33 statewide in 2000-2002. In comparison, for the 29 Appalachian counties in Ohio, rates ranged from 13 to 61, with a median rate of 39 and a mean of 38 per 100,000. (The Appalachian average weights all counties equally regardless of population size.)
- ¹⁴ Institute of Medicine of the National Academies, *Quality Through Collaboration: The Future of Rural Health*, The National Academies Press: Washington DC, 2005.