

APPALACHIAN OHIO HEALTHY LIVING TASK FORCE

Report to the Governor on Addressing Obesity in Appalachian Ohio

EXECUTIVE SUMMARY

September 2006

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 development¹.

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 cancer have been associated with obesity³. Overweight adults also tend to have higher blood pressure and cholesterol levels³. Obese children might suffer various negative effects, including an increased risk for developing Type II diabetes¹, heart disease, and other health problems later in life⁴. In fact, an estimated 61 percent of 5 to 10 year olds who are overweight already have one or more risk factors for heart disease¹.

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” are higher⁶. 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 rates⁷. Rates of chronic diseases and conditions related to obesity also have been found to be higher in Appalachian Ohio than in other areas⁸. Increased rates were seen in the ARHI study, with rates of heart disease a staggering 52 percent higher than the national rate⁷. Diabetes mortality rates are also higher in Appalachian Ohio than elsewhere⁹.

RESULTS OF THE TASK FORCE

Between June 2005 and June 2006, the Appalachian Ohio Healthy Living Task Force met five times throughout the Appalachian Ohio region to discuss the following four topic areas:

- ♦ Childhood health and obesity
- ♦ Community health and fitness
- ♦ Obesity related health issues
- ♦ Healthy living in the workplace

At each meeting, task force members heard national, state, and local presentations to help define the problem and identify promising practices. The public was invited to the meetings and encouraged to comment. (See back cover for more information on the task force.)

There were several positive outcomes from the task force.

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

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.

SPECIFIC ISSUES & 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 here.

The task force considers these recommendations 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.

Issue

Obesity in Appalachian Ohio involves many inter-related and contributing factors. A successful and long-lasting solution must be coordinated between individual communities and their resources, needs, and environment, and it also must consider multiple populations.

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 state-wide levels (in coordination with Governor Taft's Healthy Ohioans initiative).

Issue

State-wide governmental policies would increase Appalachian Ohio citizens' understanding of the dangers of obesity and the need to engage in wellness and healthy living activities.

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 too.

- ♦ 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

Diet and exercise are important to preventing and reversing obesity. However, many Appalachian Ohioans do not have adequate access to affordable healthy foods. Many residents are unaware of or misinformed about current nutritional guidelines. Low-income and other specific populations face additional challenges in meeting healthful dietary needs.

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 WIC to facilitate the development of life-long fruit and vegetable consumption habits and to increase the health of children and their families.

Issue

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 for Appalachian Ohio residents and can reduce the need for medical treatment.

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 lead to the provision of funding for the implementation 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, decreased absenteeism).
- ✦ Healthy living efforts should address both clients and employees. An example is the inclusion of employees, along with school children, in school wellness programs.

Issue

Obesity is a significant problem in Appalachian Ohio because of its higher-than-average prevalence and association with many serious illnesses. Oversight and monitoring of efforts to address it is critical. Continued study of obesity also may be desirable.

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.

About the Task Force

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 summary describes the issues identified and recommendations the task force proposes for addressing them.

PARTIES INVOLVED

The Governor's Office of Appalachia and the Osteopathic Heritage Foundation of Nelsonville partnered to co-sponsor the task force. The Voinovich Center for Leadership and Public Affairs at Ohio University coordinated its 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.

PRESENTATIONS MADE TO THE TASK FORCE

At each meeting, task force members heard national, state, and local presentations that both defined and addressed the obesity problem. Below is a list of the meeting dates, topics, and locations.

- ♦ 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

APPALACHIAN OHIO HEALTHY LIVING TASK FORCE MEMBERS

- ♦ Jim Pearsol, MEd, Co-Chair
Ohio Department of Health
- ♦ Susan Isaac, MA, Co-Chair
S. Isaac and Associates
- ♦ C. B. Copeland, BS, MS, JD
Harrison County Community Improvement Corporation
- ♦ Terri Donlin Huesman, MBA
Osteopathic Heritage Foundation of Nelsonville
- ♦ David Hendershot, MD
Ohio Hospital Association
- ♦ T.J. Justice
Governor's Office of Appalachia
- ♦ Nina Keller, MSW, LSW
Area Agency on Aging District 7, Rio Grande
- ♦ Joetta Lane, BA, AAS
Area Agency on Aging District 8, Buckeye Hills-Hocking Valley Regional Development District
- ♦ Kim Patton, MHA
Southern Ohio Health Services Network
- ♦ Tony Pollard, MPA
*ADAMHS Board
Alcohol, Drug Addiction, Mental Health Services Adams, Scioto, Lawrence Counties*
- ♦ Heather Reed, BS, MS
Ohio Department of Health, Ohio Office of Rural Health
- ♦ Chris Simpson, MA, DO
Ohio University, College of Osteopathic Medicine, Appalachian Rural Health Institute
- ♦ Melissa Thomas, MSPH, MS
Community Outreach of OhioHealth
- ♦ Molly Weiland, RN, BSN, MSN, PhD
Hocking College, School of Health and Nursing
- ♦ Larry Willard, MBA
Hocking Valley Community Hospital

Please visit the task force's web page for additional copies of this executive summary or a copy of the full compilation report:

www.appalachianohio.com/goa/HealthyLiving.aspx



¹"Facts About Obesity in the United States." Centers for Disease Control and Prevention. (2005). Retrieved March 6, 2006. http://www.cdc.gov/PDF/Facts_About_Obesity_in_the_United_States.pdf.

²K. 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*. 293.15 (2005): 1861-1867. Retrieved March 6, 2006.

³"Overweight and Obesity." Centers for Disease Control and Prevention. (2006). Retrieved March 6, 2006. <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>.

⁴A. Must and R.S. Strauss. "Risks and Consequences of Childhood and Adolescent Obesity." *International Journal of Obesity*. 23 (1999). S2:2-11. Retrieved March 8, 2006. Note: Other health problems include things like gallstones, hepatitis, and sleep apnea. Children also are more likely to suffer emotionally and psychologically.

⁵The "working poor" are those who have incomes between the poverty line and 200 percent of poverty.

⁶"Ohio's Fiscal Year 2006: Annual Strategy Statement for Implementation of Appalachia Regional Commission Programs." Governor's Office of Appalachia. (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.

⁷"Health Needs Assessment Survey." Appalachian Rural Health Institute. The Institute for Local Government Administration and Rural Development at Ohio University's Voinovich Center for Leadership and Public Affairs. (2004). Retrieved March 3, 2006. <http://www.ohiou.edu/arhi/presentations/NeedsAssessmentReport.pdf>. Note: The four Appalachian Ohio counties surveyed were Athens, Hocking, Pike, and Vinton.

⁸"Cardiovascular Disease in Ohio 2001." Ohio Department of Health, Division of Prevention. (2001). Retrieved 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.)

⁹"Vital Statistics." Ohio Department of Health Information Warehouse. Ohio Department of Health. (2002). Data retrieved March 2006. <http://dwarehouse.odh.ohio.gov/datawarehousev2.htm>. 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.)