

building a
healthier

Polk

A Polk Vision Initiative

Building a Healthier Polk Initiative 2014 Annual Report



Building a Healthier Polk

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Building a Healthier Polk

A Polk Vision Initiative

Building a Healthier Polk is a group of community partners brought together by Polk Vision who are working towards the goal of reducing the obesity rate in Polk County. Polk Vision is a broad, community-led partnership of organizations, businesses, government and individuals.

Background

The process began in 2010 with a comprehensive needs assessment. ***Mobilizing for Action through Planning and Partnerships (MAPP)*** is a community-wide strategic planning tool or process for improving community health. This tool helps communities prioritize public health issues, identify resources for addressing them, and take action.

The MAPP process includes four community health assessments:

- *Community Health Status Assessment*
- *Forces of Change*
- *Community Themes and Strengths Assessment*
- *Local Public Health System Assessment*

All four of these reports were completed in 2011. A *Report of Findings* summarized the 4 reports. [Polk MAPP Reports](#)



Upon completion of the *Report of Findings*, Polk Vision organized a committee to work on developing a community health improvement plan to address health issues. The committee reviewed the *Report of Findings* and noted that chronic diseases such as heart disease, stroke and diabetes are major causes of death and preventable hospital stays for the residents of Polk.

Since obesity is a contributing risk factor to these chronic diseases and Polk's adult obesity rate is higher than the state; the committee identified obesity as a strategic priority. The goal is to reduce the obesity (BMI \geq 30) rate in Polk County to less than or equal to (\leq) the state average (from 37.6% to 27.2%).

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Forum on Obesity

Strategies and objectives recommended by the Centers for Disease Control and Prevention and Healthy People 2020 for addressing obesity were compiled. These objectives emphasized that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities.

Subject matter experts from these areas were invited to a forum for the purpose of prioritizing the objectives according to importance, feasibility, community/agency interest and timeliness. The forum was attended by over 70 people representing hospitals, doctors' offices, county, city and state government, health department, city and county planners, dietitians, physical activity experts, college, school board, and early education leaders, among others. After a brief orientation the group broke into 6 groups to prioritize a set of objectives.

Building a Healthier Polk Initiative

Strategy workgroups used the results of the forum to develop a three year plan to reduce the obesity rate in Polk County. The Initiative is based on 6 key strategy areas:

school-age based
neighborhood/community based
primary care physicians
worksite based
higher education
communication

Measurable objectives, evaluation measures, action steps and a timeline to implement this plan have been created.

This is a three year plan to be accomplished by October 2015.



Background

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Strategy 1: Increase overall wellness among youth in Polk County.

This strategy is working on fully implemented school wellness programs and physical education policies. It is also working to raise awareness of the positive correlation between wellness and student academic achievement and promoting efforts made within the school system.

Progress:

ALL traditional schools are fully implementing Fitnessgram and sending reports home to parents. The Fitnessgram assessment includes BMI, aerobic capacity, flexibility, muscular strength and endurance. Two charter schools have also adopted the program in their curriculum. The HOPE course (Health Opportunities through Physical Education) has been implemented in all high schools. This course is a graduation requirement for all students graduating in 2017 and beyond.

This strategy also researched and selected the 5210 campaign for use in aligning physical fitness and nutrition messaging among partners. The campaign will launch in 2015.



Additional improvements:

- Schools providing wellness related activities before and after school increased from 38 to 52.
- All 107 traditional schools are using the Fitnessgram.
- 90 school-based wellness councils are established and operating.
- Schools that have implemented programs to address student wellness increased from 27 to 52.
- Schools that have implemented wellness and physical education policies increased from 114 to 119.
- 22 professional development opportunities on nutrition and physical activity were created.



Strategy 1

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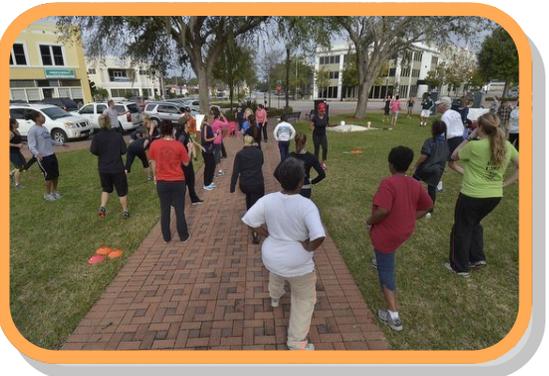
Strategy 2: Increase access to and participation in physical activity for all members of a community.

This strategy is working to provide or promote low or no cost physical activities in the community. It is also working with the Livable Polk Initiative to increase the number of governmental agencies who adopt recommendations from that Initiative. Livable Polk is a Board of County Commissioners' effort to work with community partners to develop and implement a coordinated land use and transportation strategy to address the many facets of quality of life, including the health of our communities.

Progress:

A presentation on Building a Healthier Polk was given at the April 10 TPO meeting attended by officials from the local municipalities. Included was a call to action to pledge to adopt 3 recommendations to become healthier communities. This strategy also hosted a 2-day Health Impact Assessment workshop attended by a number of local planners, public health and other government officials.

- Polk County, Lakeland and Winter Haven were designated a FDOH Healthy Weight Community Champion in 2014. All three governments passed a proclamation of continued support of Building a Healthier Polk.
- Winter Haven Held a Grand Opening Event in April for the Ave T Pedestrian Bridge. The event featured a "pre-event" run, walk, bike and bus ride to feature the different modes of transportation available along the City's Multimodal Corridor. The City partnered with the WH Chamber to lead the run, Building a Healthier Polk/Polk Vision for the Walk, the Winter Haven Bike Shop for the bike ride and the WHAT System for the bus ride. Out of the 200+ people at the event, approximately half arrived via an alternative method of transportation (not by car).



Strategy 2

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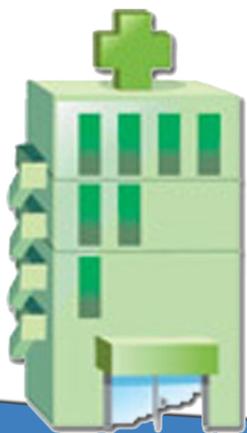
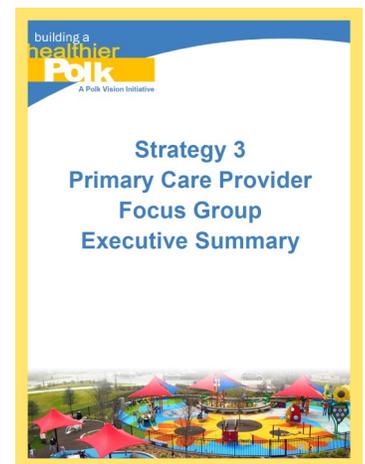
Strategy 3: Assess clinical practices in addressing body mass index (BMI).

This strategy is working to increase primary care physicians who assess body mass index and provide education to patients on achieving and maintaining a healthy weight.

Progress:

In 2013, primary care providers were surveyed to determine if they were documenting patient BMI and providing counseling. Although the response rate was high, the Strategy workgroup members felt that additional information from primary care providers was needed to define obstacles to patients achieving a healthy weight.

In 2014, members conducted interviews with 28 primary care providers, including physicians and ARNPs, to assess providers' opinions about their practice experiences and perceptions of patients' challenges with obesity. Responses were recorded, analyzed and compiled into an Executive Summary. This summary can be found in **Appendix A** of the report.



Strategy 3

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Strategy 4: Support the use of evidenced-based employee health promotion/wellness programs to promote healthy behaviors.

This group, led by the Polk Wellness Professionals Network, is working to increase wellness programming in the workplace.

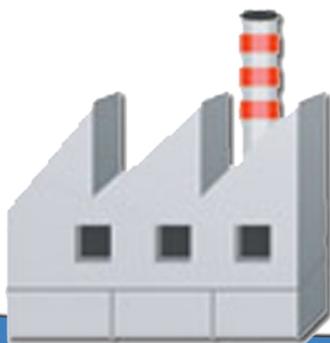
Progress:

An electronic survey was distributed in 2013 to businesses throughout Polk County to assess worksite wellness efforts. 25 of those businesses requested additional assistance in developing wellness programs.

In 2014:

- Members met with eighteen of the twenty five businesses that asked for further assistance. Many are considering starting a program while others are utilizing resources to continue developing current programs.
- A Polk Wellness Professionals Resource book was created and made available to all business owners for health and wellness contacts and services.
- Polk Wellness Professionals launched a website that includes the Resource Book and Lunch and Learn list for local businesses.

www.polkwellnessprofessionals.org



Strategy 4

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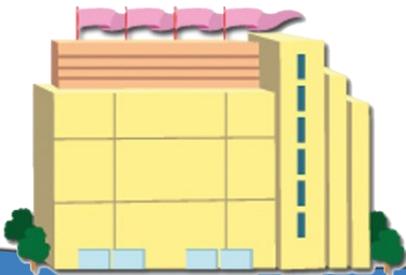
Strategy 5: Support college wellness programs that address unhealthy dietary patterns and inadequate physical activity.

This strategy is working with higher education institutions in Polk to build healthy habits in our up-and-coming workforce.

Progress:

In 2013, 6 of 7 institutions contacted completed a survey. Five institutions stated they would be interested in collaborating with other universities/institutions on wellness programs and resources.

In 2014, an action plan was established to provide an opportunity to engage with local health and wellness resource organizations in 2015. Additionally, institutions of higher education will be invited to join the Polk Wellness Professionals to be integrated into an established organization focused on health and wellness.



Strategy 5

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Strategy 6: Raise awareness through an on-going community-wide campaign that supports the Initiative's activities and progress towards the goal.



Progress:

Hosted Polk Vision L.E.A.D. Discussion for 2014 Kickoff. Developed a YouTube channel, 2013 highlights video and poster. Promoted the Healthiest Weight Community Champions: Polk County and Cities of Winter Haven and Lakeland. Developed partnership with PGTV to host healthy habits tips on "Polk County Today". Three proclamations (Board of County Commissioners, City of Lakeland and City of Winter Haven) were made in support of the Initiative. Partnered with Central Florida Health News for an ongoing column.

This strategy hosted 5 meetings to orient community members on how they can align resources and interests with the Building a Healthier Polk Initiative.

Other media appearances include:

- 2 TV interviews
- 1 TV Story on Channel 8 ABC
- 5 Newspaper articles
- 5 Appearances on PGTV
- 2 Appearances on LGNTV
- Facebook followers: 302
- Twitter Followers: 400

YouTube



Strategy 6

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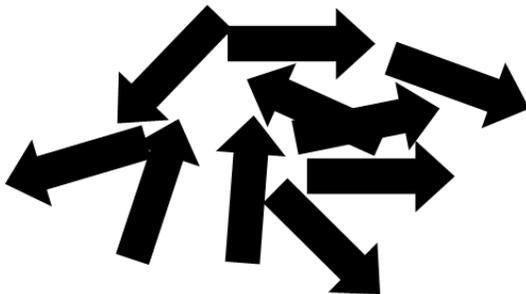
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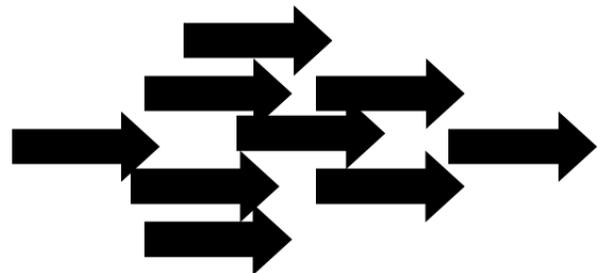
Alignment

- **Florida Department of Health in Polk County** included *Building a Healthier Polk* as its focus on obesity in its 2013-2016 Agency Strategic Plan.
- **Lakeland Regional Health Systems** included *Building a Healthier Polk* as its focus on obesity in the 2014 Community Benefits Plan.
- **Surgeon General's Healthiest Weight Florida Initiative:** University of Florida Institute of Food and Agricultural Sciences provided a walking garden tour of the Polk County Extension's demonstration gardens to highlight locally grown food on Food Day. After the tour, attendees learned about the Healthiest Weight Florida Initiative, Polk County's historical connection to agriculture and enjoyed a healthy snack.
- **Action for Healthy Kids** recognized the Polk County School Board with a Silver Level Florida Healthy School District designation

To change this



To this



Alignment

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Marcia Andresen, Board of County Commissioners

Kelly Andrews, Florida Southern College

Caune Bamberg, Watson Clinic Foundation

Sandy Bates, United States Health Foundation

Paula Blackwelder, Team Beach Body

Penny Borgia, United Way of Central Florida

Judy E. Buss, Health Columnist, Nutritional Cooking Instructor

Lisa Callahan, Lakeland Regional Health Medical Group

Ermelinda Centeno, Central Florida Health Care

Ulyee Choe, Florida Department of Health

Sheryl Cooper, Florida Department of Health

Deanne DeForest, BodySong Wellness

Kim Eubanks, Polk Health Care Plan

Megan Fain, Florida Blue

Carol Fox, Lakeland Regional Health Medical Group

Whitney Fung, UF/IFAS Extension/ Polk Health Care Plan

Peggy Garrett, Watson Clinic Foundation

Beth Geohagan, BeFly Bike Tours

Daniel Haight, Lakeland Regional Health Medical Group

Schatzie Haines, Lanier UpShaw

Linda Hawbaker, Florida Department of Health

Carol Hughes, Grace Wellness

Joy Jackson, Florida Department of Health

Corlis Johnson, My Natures Delight

Jenna Kaczmariski, Polk County School Board

Audrey Kelley, Polk County School Board

Susan Kistler, Nutritionist

Collette Lawson, The Health Councils, Inc.

Diane Longstreet, Keiser University

Colleen Mangan, Florida Department of Health

Paula McGhee, Polk Health Care Plan

Karen Moore, Peace River Center

Andy Orrell, Board of County Commissioners

Andy Palmer, City of Winter Haven

Rick Perez, City of Lakeland

Emily Plank, InnerAct Alliance

Debbie Prescott, Florida Prosperity Partnership

Ryan Reis, Keiser University - Lakeland

Chris Richard, Rich Kids Project

Sara Roberts, Polk Vision

Garrett Robinson, Vemma

Lauren Shinholster, Safe Routes to School

Laurel Smith, Polk State College

Patty Strickland, Lakeland Regional Health Medical Group

Stefania Sweet, Florida Department of Health

Brenda Taguri, Polk County School Board

Michele Taylor, Let's Move Health and Fitness, Inc.

Cathy Thornhill, Chat & Chew

Nat West, Community Member

Beverly Williams-Kerr, Chat & Chew/Florence Villa

Tom Wodrich, Board of County Commissioners

Kathleen Wright, Polk County School Board

Suzanne Wright, Florida Department of Health

Debbie Zimmerman, Polk County School Board

Thank you to these members who participated in the 2014 workplan year!

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Appendix A:

Strategy 3

Primary Care Provider Focus Group Executive Summary



Introduction

Building a Healthier Polk is a group of community partners brought together by Polk Vision who are working on a three year plan to increase healthy weight rates. The Initiative is built on 6 key strategy areas: school age based, community based, physician based, worksite based, higher education based and communications. The goal of the initiative is to reduce the obesity rate (BMI>30) in Polk County to less than the state average (37.6% to 27.2% 2010 BRFSS report) by October, 2015.

Strategy 3, assessing clinical practice in addressing body mass index (BMI), used a survey tool to evaluate whether primary care physicians documented a BMI on their patients and provided counseling or education related to achieving a healthy weight. Primary care was defined as family medicine, internal medicine, pediatrics, gynecology, and general practice physicians.

The survey was sent to 353 primary care physicians, of which 99 responded (28% response rate). Of those who responded 95 (96%) were documenting BMIs on their patients and 86 (87%) were providing counseling, education or referral regarding weight reduction for overweight or obese patients. While documentation and counseling rates within the survey respondents were high, the Strategy 3 workgroup members felt that additional information from primary care providers was needed to define obstacles to patients achieving a healthy weight.

Method

Members conducted interviews with 28 primary care providers, including physicians and ARNPs, to assess providers' opinions about their practice experiences and perceptions of patients' challenges with obesity.

The following questions were asked:

1. What challenges are you facing addressing obesity?
2. How have patients attitudes towards weight discussion changed over the years?
3. How has patient care been impacted by the crisis of obesity?

Responses were recorded and compiled and analyzed at subsequent Strategy 3 Workgroup meetings.

Summary

Common and consistent themes are provided in Addendum A.

The following are identified needs of providers and opportunities for communities and individuals.

Providers

- Physician training on effective weight reduction modalities
- Availability of educational tools or resources for patient education to be used within office practices
- Listing of referral resources for nutritional counseling, weight loss programs, exercise, bariatric surgery, and weight reduction specialists
- Effective way of dispersing information to health care providers

Communities

- Easy access to affordable healthy foods
- Easy access to safe places to exercise
- Access to a medical home
- Nutritional education for the community to teach people about healthy eating
- Establishment of a diverse county-wide task force to address health disparities with respect of race/ethnicity, age, gender, income, religious, and cultural differences

Individuals

- Understand the negative impact of obesity on quality of life
- Devote time to meal planning and preparation and exercise to improve health
- Parents or other care givers should encourage and expect children to be more physically active
- Parents or other care givers need to be open-minded when discussing a child's weight issues
- Be receptive to recommendations of providers
- Do not expect a quick or easy fix
- Take personal responsibility

Conclusion

This document contains a summary of primary care providers' challenges in helping their patients fight obesity.

Their comments validate the need for a multi-faceted approach to create environments in Polk County conducive to healthy living. Additionally, there is an increased need for individuals to make choices leading to a healthier lifestyle and weight.

Partners involved in Building a Healthier Polk are positioned to drive momentum and influence long term change directly and by engaging other members of the community.

ADDENDUM A

What challenges are you facing addressing obesity?
Providers' challenges
Difficulty in initiating conversation because of fear of offending patients or parents.
Lack of Medicaid reimbursement and time for health maintenance visits.
Lack of training regarding weight management.
Lack of educational tools or resources.
Lack of knowledge of referral resources (nutritional counseling, exercise assistance, bariatric surgery).
Language and cultural barriers.
Appropriateness of visit. Difficult to discuss weight when a visit is for an acute condition.
Lack of confidence that their recommendations will make a difference.
Perception that many patients are non-compliant with provider recommendations.
Providers' perception of challenges for patients and families
Lack of financial resources to follow healthy diet and exercise plan. "Fresh fruits and vegetables are more expensive than a box of macaroni and cheese". Programs with a history of weight loss success are too expensive (i.e. Weight Watchers).
Lack of access to healthy foods.
Lack of time for meal preparation.
Lack of focus on healthy living. Many families are trying to survive and don't have the energy to work toward a healthy lifestyle.
Lack of long term commitment. Many patients want a quick fix and don't want to exert effort.
Lack of physical activity. Children are less active now. Spending hours in front of TV, computer, or video games while consuming snacks.
Lack of easy access to a safe place to exercise. Many patients do not live in a neighborhood conducive to exercise.
Parental denial of child's obesity. Many times the parents are overweight and they view that as normal.
Lack of a medical home. Seeking episodic medical care is not conducive to addressing obesity.
Lack of knowledge. Many people do not understand basic calorie counting and nutritional value. Many do not understand that 100 extra calories in a day can result in a 10 pound weight gain in a year.
Cultural differences in eating habits may promote obesity.
How have patients attitudes towards weight discussion changed over the years?
Many patients don't realize their obesity is not just about "looks", but it impacts their overall health and well-being.
Depression is common in obese patients. People don't have the energy to fight the battle and feel hopeless.
Many patients just want a pill to fix it and don't want to exert the effort.
It seems to be socially acceptable to be overweight, because so many people are.
Do not believe that attitudes have changed, but there is more public emphasis on this issue.
Attitudes fluctuate. Many are still in denial, but others are receptive to discussion.
The majority want to lose weight. However, the obstacle is that many are not good at making lifestyle changes.
Both patients and professionals may nowadays have a more liberal attitude towards obesity.
How has patient care been impacted by the crisis of obesity?
Obesity promotes chronic diseases like diabetes, hypertension, arthritis, and heart disease and their associated complications.
"I am seeing more problems with hip and joint pain."
It is difficult to provide appropriate medication dosing.
Starting to see an increase in the number of adolescents with Type II diabetes.
Obesity may impair a patient from having certain diagnostic tests or procedures because of weight limits of equipment. Interpretation of diagnostic tests may be more challenging.
We are now seeing younger people die of conditions previously occurring in older adults, such as heart attacks and strokes.
Obesity makes it harder to control high cholesterol, diabetes, and high blood pressure.
Entire health care industry has been financially impacted by the obesity problem due to the cost of chronic disease management and more frequent hospitalizations.

