

Portage County Obesity Prevention Plan

June 2009

Developed By:

The Portage County Obesity Prevention Coalition

Portage County Health Department
Robinson Memorial Hospital
Kent State University Nutrition Outreach Program

Portage County Obesity Prevention Coalition Subcommittee Members

Healthcare Subcommittee:

Angela DeJulius, MD, MPH	Portage County Health Department	angdejulius@neo.rr.com
Tony Costa, MD	NEOUCOM Family Medicine	acosta@neoucom.edu
Sandy Myers	Coleman Professional Services	sandy.myers@coleman-bh.com
Hal Farrier	Mental Health & Recovery Board	half@mental-health-recovery.org
Julie Robine	Advanced Rehabilitation	jvrobine@yahoo.com
Deborah C. Small, MSN, RN	Robinson Memorial Hospital	dsmall@rmh2.org
Rosanna Dean-Scott, MD,	Portage Community Health Center	rdeanscott@yahoo.com
Christina Coenen, RN, PNP	Portage Community Health Center	ctcoenen@yahoo.com
John Sniezek, CEO	Portage Community Health Center	achrohio@aol.com
Suzanne Hughes, MSN, RN	Robinson Memorial Hospital	shughes@rmh2.org
Ralph Kletzien	Healthy Community Partnership	Ralph.kletzien@att.net
Kristin Baughman	NEOUCOM	kbaughman@neoucom.edu
Becky Lehman	PCHD intern	rlehman@kent.edu
Brian Welsh, MD, CMO	Coleman Professional Services	Brian.WelshDr@coleman-bh.com
Sue Bruce, PharmD	NEOUCOMP	sbruce@neoucom.edu
Ted Zawadski	Robinson Memorial Hospital,	tzawadski@rmh2.org

Workplace Subcommittee:

Kelly Engelhart, RN	Portage County Health Department	kengelhart@portageco.com
Barb Miller, RN	Robinson Memorial Hospital	bmiller@rmh2.org
Mary Dellmann-Jenkins, PhD	Kent State University	mdellman@kent.edu
Sandy Myers	Coleman Professional Services,	sandymyers@coleman-bh.com
Steve Kleiber	Portage County United Way	steve@uwportage.org
Vickie Steiner	Portage County Benefit Coordinator	vseiner@portageco.com
Joe Clark	Assistant Superintendent Kent City Schools	
Helen Jane Eichler	Robinson Memorial Hospital	heichler@rmh2.org

School Subcommittee:

Sarah Hallsky, M.Ed. CHES	Portage County Health Department	shallsky@portageco.com
Natalie Caine-Bish, PhD, RD, LD	Kent State University	ncaine@kent.edu
Steve Mitchell, PhD	Kent State University	smitchel@kent.edu
Pat Stevenson, RN	Windham Schools	psteven103@aol.com
Linda Grant	Ravenna Schools	lgrant@ravenna.portage.oh.us
Ruth Carnes	FCFC	eden93004@aol.com
Juli Robine	Advanced Rehab Mantua	jvrobine@yahoo.com
Cynthia Bennet	Akron Childrens Hospital	cbennett@chmca.org
Robin Howard	Parent Field Schools	rhowardpm@aol.com
Emily Baker, RD, LD	Parent and Dietitian	3bakers@earthlink.net
Bill Wisniewski	Director Business Operations	bwisniewski@ravenna.portage.k12.oh.us
Becky Lehman	PCHD intern	rlehman@kent.edu

Environment Subcommittee:

Mindy Gusz, BSN, RN	Robinson Memorial Hospital	mgusz@rmh2.org
Cristine Craycroft	Portage Park District	ccraycroft@portageparkdistrict.org
John Ferlito	Kent City Health	Ferliloj@kent-ohio.org
Chuck Engelhart	Cleveland Metro Parks	ce@clevelandmetroparks.com
Iris Meltzer	Akron Children's Hospital	imeltzer@chmca.org
Jodie Luidhardt, MS, RD, LD	Kent State University	jluidhar@kent.edu
Claudia James	Regional Planning Commission	cjames@pcrpc.org
Elaine Vanhooose	Ravenna Parks and Recreation	evanhooose@ci.ravenna.oh.us

Policy and Sustainability Subcommittee:

Ralph Kletzien	Health Community Partnership	Ralph.Kletzien@ATT.net
Bob Howard	Children's Hospital Medical Center Akron	
		rmh@neoucom.edu
Steve Mitchell, PhD	Kent State University	smitchel@kent.edu
Sharon Hull, MD, MPH	NEOUCOM	shull1@neoucom.edu
Karen Gordon, PhD, RD	Kent State University	klowry@kent.edu
Steven Kleiber	United Way	steve@uwportage.org
Barb Miller, RN	Robinson Memorial Hospital	bmiller@rmh2.org
Kelly Engelhart, RN	Portage County Health Department	kengelhart@portageco.com
Lynette Blasiman	Ravenna Health Department	lblasiman@ci.ravenna.oh.us
Angela DeJulius, MD, MPH	Portage County Health Department	angdejulius@neo.rr.com
Ted Zawadski, JD	Robinson Memorial Hospital	tzawadski@rmh2.org

***This plan was developed with the assistance of Ohio Department of Health Grant Funding.**

TABLE OF CONTENTS

Obesity Prevention Coalition Subcommittee Members.....2

Background.....6

Local Health Statistics and Demographics of Portage County.....7

- Environmental Characteristics
- Social Characteristics
- Economical Characteristics
- Healthcare Characteristics

Development of the Portage County Obesity Prevention Plan....10

- Mission of Coalition

Washington State Active Community Environments Checklist...11

Strategies for Successful Planning.....15

- Rationale and Assumptions
- Goals
- Specific Settings for Plan’s Objectives
- Implementation Timeline
- Sustainability

Improving the Healthcare Environment.....20

- Major Findings of the Healthcare Subcommittee
- Short Term Goals
- Long Term Goals
- Measureable Outcomes
- Policy and Sustainability

Improving the Built Environment for Physical Activity.....23

- Major Findings of the Environment Subcommittee
- Short Term Goals
- Long Term Goals
- Measureable Outcomes
- Policy and Sustainability

Improving the Schools Environment for Nutrition
and Physical Activity.....26

- Major Findings of the School Subcommittee
- Short Term Goals

Long Term Goals
Measureable Outcomes
Policy and Sustainability

Improving the Workplace Environment.....28
 Top ten employers of Portage County
 Short Term Goals
 Long Term Goals
 Measureable Outcomes
 Policy and Sustainability

References.....30

Appendixes

Washington State Active Community
Environments Checklist.....32

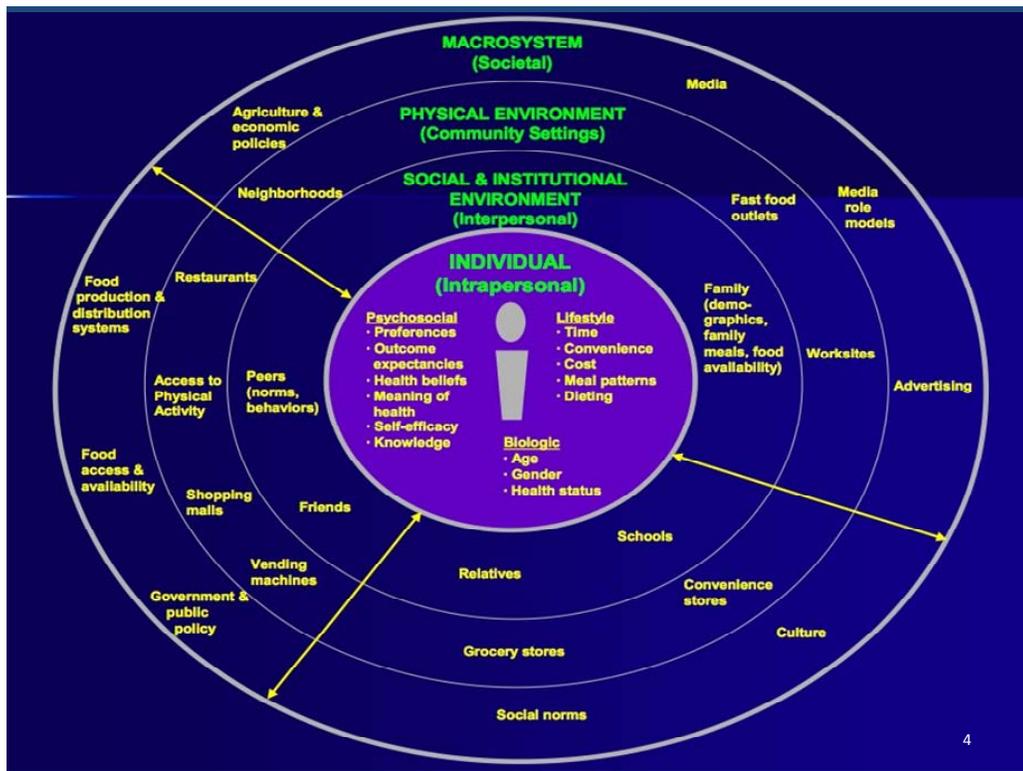
Percentages for Portage County Schools BMI.....49

Portage County Map.....60

Background

Perhaps as much as any public health challenge facing our nation, the issue of overweight and obesity has garnered attention because of the rapid and serious increase in both adult and childhood prevalence rates in the United States over the past twenty years (CDC, 2005). Obesity is a multifaceted problem and there are numerous risk factors and barriers that are related to overweight/obesity (Herrara, Lozano-Salazar, Gonzalez-Barranco, Rull, 1999). Table 1 demonstrates the multiple factors related to overweight/obesity.

Table 1. Factors Related to Overweight and Obesity (Mullis and Davis, n.d.)



The medical implications are staggering for individuals who are overweight and obese. Individuals who are overweight or obese are at a higher risk of chronic diseases such as heart disease, some cancers, and type 2 diabetes. The morbidity and mortality rates for obese individuals are also higher than the average population when diagnosed with a chronic disease. Significant medical care costs as well as lost wages from the inability to work occur because of the high rate of secondary co-morbidities in individuals who are overweight/obese that requires intensive medical care. The costs are staggering with Ohio spending \$3.3 billion for treatment related to poor physical activity and dietary habits, with over half of these costs being financed through Medicare and Medicaid (State of Ohio, 2009).

Local Health Statistics and Demographics of Portage County

Portage County is located in northeast Ohio. It is characterized as a suburban county. Portage County covers 504 square miles and has a total population of 155,012 residents.

ENVIRONMENTAL CHARACTERISTICS

Portage County is located in northeast Ohio. It is bisected in the east to west direction by I-80 (Ohio Turnpike) and I-76 and US route 224. I-76 provides easy access to the north to south routes of I-77 and I-71. Portage County is accessible to the Cleveland metro area by I-480. Within one hour of transportation, residents of Portage County can reach airports in Akron-Canton, Cleveland, and Youngstown.

The western portion of Portage County consisting of Aurora, Kent, and Streetsboro are urban areas culturally aligned to the Cleveland suburbs. The southeastern portion of Portage County consisting of Edinburg, Palmyra, Atwater, Deerfield, and Paris townships are culturally aligned to Mahoning Valley.

The east section of Portage County is literally divided in half by a completely fenced in 21,418 acres called the Ravenna Army Ammunition Plant referred to as the Ravenna Arsenal. This area is made from the two original sites of the Portage Ordnance Depot and the Ravenna Ordnance Plant. The Ravenna Arsenal was built during World War II in 1941. This fenced in area makes it impossible to travel directly from Windham to the Southeast district.

Our current environment in Portage County is not conducive to supporting healthy habits and lifestyles that support healthy eating and physical fitness. The majority of residents in Portage County live in neighborhoods without sidewalks. There is a lack of connectivity between the communities and residential areas. Residents of Portage County also drive long distances to work, have high-calorie/high-fat foods in the workplace, and have access to many fast food or take out restaurants in their communities.

There are six Parks and Recreational Operations in Portage County. They are Brimfield Parks and Recreation, Aurora Parks and Recreation, Kent Parks and Recreation, Ravenna Parks and Recreation, Streetsboro Parks and Recreation, and Portage Park District. They are located in the township of Brimfield and the cities of Aurora, Kent, Ravenna, and Streetsboro. Within Portage County, there are three state parks. They are Nelson-Kennedy Ledges State Park, West Branch State Park, and Tinkers Creek State Park. There are also 21 community parks within Portage County. Many of the parks surround the lakes and rivers. These include Aurora Pond, Berlin Lake, Cuyahoga River, Lake Hodgson, Lake Rockwell, Michael Kirwan, and Mogadore Reservoir.

Another obstacle for transportation in Portage County is the West Branch State Park. It is located directly south of the Ravenna Arsenal. It also dissects the eastern half of

Portage County. West Branch State Park is an 8,002 acre wildlife area. It offers the general public fishing, boating, and hunting recreation.

SOCIAL CHARACTERISTICS

Portage County consists of 4 cities, 18 townships, and 7 villages. The median age of residents is 34.4 years old. Of the residents of Portage County, 48.2% are males and 51.8% are females. Portage County is predominately Caucasian with 93.3% of its residents. Black or African Americans make up 3.4% of Portage County.

There are eleven school districts in Portage County. These include: Aurora City Schools, Crestwood Local Schools, Field Local Schools, Garfield Local Schools, Kent City Schools, Ravenna City Schools, Rootstown Local Schools, Streetsboro City Schools, Southeast Local Schools, Waterloo Local Schools, and Windham Local Schools. Portage County also has a vocational school called Maplewood Career Center that is located in Ravenna. The high school graduation rate for Portage County is 89%.

Portage County has three higher learning institutions. These include Kent State University located in Kent, Hiram College located in Hiram Township, and Northeastern Ohio Universities College of Medicine and Pharmacy (NEOUCOM) located in Rootstown. The college graduation rate for Portage County is 29%.

ECONOMIC CHARACTERISTICS

The total number of families living in Portage County is over 38,500. Of those families, the average median household earnings are \$57,000. However, the rate of families living below poverty level is 8% of the population. The two areas with the highest poverty level within Portage County are Windham Village and Kent City with a percentage of poverty at 10.5% or more. The unemployment rate for Ohio is 5.9%. This is dramatically different from the unemployment rate for Portage County at 9.4%.

HEALTHCARE CHARACTERISTICS

Robinson Memorial Hospital (RMH) is the only hospital in Portage County. Affiliated with RMH is Robinson Health Affiliates (RHA). RHA is a non-profit healthcare organization that provides Portage County with its only urgent care center located in Streetsboro. Robinson Memorial Hospital affiliated physician practices make up over 70% of the healthcare providers in Portage County.

In November 2008, the Portage County Community Health Center opened in Kent. The Portage County Community Health Center is a federally qualified health center that provides primary medical, mental, dental, and preventative health services to the medically underserved community.

Townhall II is an adult only free medical care clinic located in Portage County. Townhall II also provides many additional services including: counseling, crisis response, medication support, crime victim services, and education/prevention programs.

Portage County provides many educational opportunities for the medical field. These include NEOUCOM, KSU-College of Nursing, and the Northcoast Training Academy.

Portage County has three health departments within it. They are the Kent City Health Department, the Ravenna City Health Department, and the Portage County Health Department. The Kent City Health Department licenses and inspects restaurants, public swimming pools, multiple use housing, and sanitation vehicles. They also provide medical assistance to indigent Kent residents, are responsible for vital statistics of Kent, and administer the city of Kent's mosquito control. Like Kent, Ravenna City Health Department is responsible for Ravenna's vital statistics and licenses and inspects public domains. Ravenna City Health Department also has an immunization clinic for the residents of Ravenna. The Portage County Health Department is dedicated to protecting the well being of all Portage County residents. They provide nursing services (immunizations, disaster response, control of communicable diseases, etc.), environmental services (inspections of restaurants and sewage systems, protection of water supply, and school health and safety), plumbing services (inspection of plumbing in new homes, existing homes and commercial dwellings), and administrative services (issuers of permits, licensure of restaurants, and maintenance of statistics and records on all aspects of health).

Development of the Portage County Obesity Plan

The Surgeon's Generals Report in 2001 recommended five areas in which interventions or changes need to occur. These include families and communities, schools, healthcare, media and communications, and worksites (Surgeon's General Report, 2001). With this framework in mind, the Portage County Obesity Prevention Coalition (PCOPC) was created to develop successful county interventions at numerous societal and individual levels that have measurable outcomes. PCOPC is an organization (is led by) made up of community members from the Portage County Health Department, Robinson Memorial Hospital, and Kent State University. These three organizations reached out to other organizations and leaders in the community such as elected officials, environmental experts, non-profit community leaders, school administrators, nurses, physical education teachers, and faith based institutions. Subcommittees were developed to approach the overweight/obesity problem within the county. The following subcommittees were formed: policy and sustainability, schools, healthcare, workplace, and environment. These focus areas fall within the recommendations of the Surgeon Generals Report (2001) and the Ohio Obesity Prevention Plan (2009). The objectives of the PCOPC and the specific subcommittees were to:

- ❖ Complete the Washington Checklist to determine community strengths and weaknesses that impact overweight/obesity.
- ❖ Develop specific goals and objectives to reduce the rate of overweight/obesity in the county with measurable objectives and outcomes.
- ❖ Review the Ohio Obesity Prevention Plan to maintain consistency with the state objectives.

Portage County Obesity Prevention Coalition's Mission:

- **Mission Statement:** The Portage County Obesity Prevention Coalition (PCOPC) is a network of community members whose mission is to reduce the prevalence of obesity through improving healthy nutrition and physical activity behaviors in the Portage County Community.
- **GOALS OF THE PCOPC:**
 - Advocate for policy change that supports physical activity and healthy eating.
 - Influence environmental change to provide safe spaces and facilities for physical activity.
 - Implement education in schools, worksites and community that promotes healthy lifestyles.

The Washington State Active Community Environments Checklist

The Washington State Active Community Environments Checklist assessment tool was researched and completed by Rebecca Lehman, Portage County Health Department intern paid for by the Ohio Department of Health Obesity Prevention Grant. Over 20 experts in various community venues participated in the county wide research.

Section 1: PLANNING POLICIES, REGULATION, AND FUNDING

Section 1 was completed through research on the comprehensive land use plans of the cities within Portage County. The four cities researched were Aurora, Kent, Ravenna, and Rootstown. This section focused on bicycle and pedestrian safety on roadways, in neighborhoods, and in public facilities.

Portage County is a predominantly rural area with small cities and suburban areas. Within the rural areas there are many recreational parks with hike and bike trails. Most of the comprehensive land use plans included an inventory of parks, recreational facilities, open spaces, and existing trails as well as maps and plans for expansion or interconnection of the hike and bike trails. Abandoned rail lines and utility corridors are also being used for bike pathways.

Section 2: BICYCLE AND PEDESTRIAN SAFETY

Section 2 was completed by Brimfield Parks and Recreation-Judi Allen, Kent City Parks and Recreation-John Idone, Streetsboro Parks and Recreation-Greg Mytinger, Ravenna City Parks and Recreation-Elaine VanHoose, and Aurora Parks and Recreation-Jim Kraus. These operations are responsible for the safety of pedestrians and bicyclists. The survey varies by some degree because rural areas of Portage County do not have sidewalks.

Much of Portage County consists of rural areas. These rural areas do not have sidewalks or bike lanes along roadways. None of the rural areas are connected with bike paths with the exception of the bike trail along State Route 82 that connects Hiram and Garrettsville. Other hike and bike trails will be discussed in Section 3 Community Resources for Physical Activity.

The areas that do have sidewalks are the cities of Portage County including Kent, Ravenna, Streetsboro, and Aurora. These four cities have systems in place for removal of debris and snow to make pedestrian routes in public areas safe. They also provide education to the community about bicycle safety and enforce the use of traffic lights and compliance of traffic laws to bicyclists and pedestrians.

Within the cities, there is much more to be done to ensure the safety of bicyclists and walkers. Most streets are not required to have a bike lane or sidewalks. Predominately there are no requirements for bicycle parking at employment sites or public facilities.

Funding for parks, new facilities, and maintenance is continually a problem for Portage County. Half of the cities within the county have plans for grants to fund new projects as well as the continuation of projects to ensure the safety of bicycle and pedestrians

Section 3: COMMUNITY RESOURCES FOR PHYSICAL ACTIVITY

Section 3 was completed by DuWayne Porter-Portage County Health Department, John Ferlito-Kent City Health Department, and Elaine VanHoose-Ravenna Parks and Recreation.

There are many community resources in Portage County that promote physical activity. The Parks and Recreational operations provide many of these opportunities for the community. These include hike and bike trails, youth and adult sports programs, and senior programs. The Aurora Parks and Recreation offers over 1,100 acres of property used for recreational needs. Brimfield Township offers 5 parks with over 70 acres of land for recreational needs in all four seasons. The city park located in Streetsboro provides 116 acres for baseball/softball field, tennis courts, basketball courts, and a skate park. Kent City has eight parks with its largest being Fred Fuller Park. It provides baseball/softball fields and has six picnic areas all with playgrounds. This park also provides nature trails that connect it to another park in Kent. Ravenna City Parks and Recreation includes many hike and bike trails. They are continually looking for ways to connect the trails to the business district and to neighborhoods. The Ravenna hike and bike trail will eventually extend westward to Summit County and tie into their Metro Parks system.

The city of Ravenna also has a community fitness facility called the RAC. It has exercise equipment and is staffed by trained professionals.

Section 4: EMPLOYMENT SITES

Section 4 Employment Sites was completed by the top four employers of Portage County: Kent State University-Scott Olds, Robinson Memorial Hospital-Amanda Mazey, Portage County Government-Vickie Steiner, and Kent City Schools-Joe Clark.

There are over 3500 businesses located in Portage County. About 720 of these businesses are in agriculture and nearly 400 are in manufacturing and distribution. Some of the area businesses include The Step2 Company, Kent State University, General Electric, Parker-Hannifin, Land O'Lakes, Davey Tree Expert Company, Robinson Memorial Hospital, DaimlerChrysler Mopar Distribution Center, government offices, and school districts. The largest employers of these businesses are Kent State University, Robinson Memorial Hospital, Portage County Government, and Kent City Schools.

Kent State University is the largest of these businesses in Portage County and employs over 3,000 people. It is the third largest university in Ohio and is located in the city of Kent. Kent State University is within walking distance of parks, shopping, and restaurants. It is serviced by PARTA for transportation.

Robinson Memorial Hospital (RMH) is the second largest employer of Portage County. It employs over 1,500 people. RMH has an urgent care facility, a surgery center, a comprehensive imaging facility, and includes a network of physician practices throughout Portage County. RMH employs a worksite wellness coordinator and provides incentives and rewards for worksite wellness attributes.

The Portage County Government is the third largest employer in Portage County with over 1,000 people in ten different county locations. Portage County government employees range from blue collar workers to professionals in diverse government service positions. Portage County government has a worksite wellness committee and has offered health risk screening for over 15 years.

Kent City Schools are the fourth largest employer in Portage County. They employ over 600 people. Kent City Schools is a Title 1 school district that includes eight school buildings with staff and its administration staff. Because this is a school, it is covered more in depth in section 5 schools.

Section 5: SCHOOLS

Assessment in 60% of Portage County school districts was completed. These are: Crestwood Local Schools-Juli Robine, Kent City Schools-John Ferlito, Windham Local Schools-Pat Stevenson, Ravenna City Schools-Gina Kevern, Rootstown Local Schools-Andrew Hawkins, and Aurora City Schools-Russ Bennett.

The assessment of these schools varies due to the geographical differences for each school district. Some city schools are able to encourage safe walking/biking routes because of access to sidewalks, safe walking routes through school property, and weather-sheltered bike racks. Because of the large land area and rural roadways not having designated bike lanes, rural schools rely completely on bussing for students to get to school.

There are eleven school districts in Portage County. These schools are located in both rural and city areas. The schools located in rural areas are Crestwood Local Schools, Field Local Schools, Garfield Local Schools, Rootstown Local Schools, Southeast Local Schools, Waterloo Local Schools, and Windham Local Schools. The city schools include Aurora City Schools, Kent City Schools, Ravenna City Schools, and Streetsboro City Schools.

There is a large range in school diversity in Portage County schools. Kent City Schools is the largest school district in Portage County made up of the villages of Brady Lake and Sugar Bush Knolls, Franklin Township, and the city of Kent. It averages annually over 3,800 students within its seven school buildings. Windham Local Schools is made up of Windham City and Windham Township. It is the smallest school district in Portage County. It averages 870 students annually within its three school buildings. Demographically, these two school districts vary by several degrees. But, Kent City schools and Windham City schools have the highest rate of poverty in Portage County.

Around 32% of children of Portage County Schools receive free and reduced lunch rates. The percentage of students receiving free and reduced lunches varies greatly by school district, 56% of students at Windham Local Schools receive free and reduced lunch rates, where as only 1% of students at Aurora City Schools qualify for these rates.

Section 6: PUBLIC TRANSPORTATION

Section 6 Public Transportation was completed by Doug Wagener the Director of Mobility Management–PARTA.

Portage County has one community public transportation system in place. This service is the Portage Area Regional Transportation Authority (PARTA). PARTA provides services and has established routes for the cities of Kent and Ravenna and the village of Windham including Kent State University and Hiram College. PARTA is contracted to serve Portage County agencies such as Coleman Professional Services, Board of MRDD, and Portage County Department of Jobs and Family Services. PARTA also provides a county wide call ahead and pick up service called Dial-A-Ride. This is a shared-ride service, not a taxi service. PARTA has limited accessibility to the majority of Portage County including the rural areas as well as the cities of Aurora and Streetsboro. PARTA is funded through .5 cent sales tax that is county wide.

The Portage County Obesity Prevention Coalition's Strategies for Successful Planning

To create an environment within Portage County that can successfully negotiate planning, implementing, and sustaining an obesity plan, the county needs to:

- ❖ Maintain a *medical community* within the county that not only aids in the identification of behaviors contributing to overweight/obesity, but utilizes consistent and accurate measures about physical activity and nutritional behaviors.
- ❖ Create an *environment* that encourages healthy lifestyle behaviors such as improving rates of physical activity and improved dietary intakes such as increasing fruit and vegetable consumption, decreasing fat intakes, and maintaining caloric balance.
- ❖ Support *organizational structures* and governmental agencies within the county that are able to successfully develop and implement policies.
- ❖ Create *interventions or change* within the county that have measurable outcomes and achieve the goal of reducing overweight/obesity in Portage County by increasing physical activity patterns and improving the dietary intake of Portage County residents.

Portage County Obesity Prevention Plan Rationale and Assumptions:

- ❖ Physical activity is important in the maintenance of weight because of its ability to maintain caloric balance (Utters, 2003; Slawta, 2008; Luis, 2007).
- ❖ Lack of physical activity increases the risk of chronic diseases linked to overweight and obesity (Goran, 1999; Miles, 2007).
- ❖ Individuals who consume less fruits and vegetables daily also consume higher daily caloric intakes; fruits and vegetable intake has been demonstrated to reduce the risk for numerous chronic diseases (Gonzalez, 2009).
- ❖ High dietary fat consumption is linked to higher daily caloric intakes and also an increase in certain chronic diseases (i.e., heart disease and specific cancers) (Robitaille, Perusse, Bouchard, & Vohl, 2007).

- ❖ The plan must be sensitive to the county's diverse demographics and create mechanisms of change that encompass all populations.
- ❖ The plan must contain the understanding of the importance of the coordination of multiple governmental agencies, educational institutions, and resources already available to the county (Lee, Mikkelsen, Srikantharajah, & Cohen, 2008).
- ❖ The plan must be reviewed and updated annually as outcome measures are gathered and analyzed to determine effective interventions with successful outcomes (Huang, 2008).
- ❖ There must be a central data storing warehouse where county data specific to the plan will be stored and analyzed and shared. Summaries will be housed on the Portage County server.
- ❖ The plan must contain both short and long-term strategies to successfully organize and implement county initiatives adopted from the obesity prevention plan.

Overall Goals for the Obesity Prevention Plan:

GOAL 1:

- ❖ Improve access to physical activity options for all populations residing in Portage County and to develop strategies to motivate county residents to engage in these opportunities.

GOAL 2:

- ❖ Develop a comprehensive nutrition advocacy and education plan that improves access and consumption of healthy foods and beverages to improve the dietary intakes of Portage County residents.

GOAL 3:

- ❖ Improve and maintain the coordination of organizations and agencies that have the resources to direct obesity prevention in the county and to develop measurably successful strategies that can be implemented to promote city, township, and county policies that enable the county to create a healthier culture.

Specific Settings for the Obesity Prevention Plan's Objectives:

The PCOPC determined specific areas to target with respect to each goal. Within these target areas specific long-term and short term goals have been adopted. These goals were created based on findings from the Washington Checklist and the subcommittees' discussion and assessment of the resources available in the Portage County community. The specific areas include:

- ❖ Healthcare
- ❖ Environment
- ❖ Schools
- ❖ Workplace
- ❖ Policy and Sustainability

Implementation Timeline

Each of the specific areas contains both long and short-term goals. The short term goals will begin to be addressed starting summer/fall 2009 with the plan that these goals would be reached within three years. The short term goals will be reassessed each year over a three year period. Every year, the obesity prevention plan will be re-evaluated through outcomes data from each setting and if a short term goal will not be met within three years, a new timeline will be adopted. The long-term goals will begin depending upon the current resources available. The start dates for the long-term goals are variable with respect to the setting the goals have been set. The plan is that the long-term goal will be met between 5-7 years with a re-evaluation of the goals every year and revised based on outcome assessments. Specific timelines for each target area will be addressed within each section.

Sustainability

One of the important components that both the PCOPC as a whole and the individual subcommittees tried to address was the importance of sustainability. Sustainability is critical to the success of the obesity prevention plan. The Washington Checklist and the coalition subcommittee findings were used as a needs assessment, but as part of the follow-up with the needs assessment was a determination of the current resources available to Portage County to move the obesity plan forward. Below is a description of current resources available that are immediately available to move the obesity plan forward. Secondly, there is a list of resources that may be available through grant funding streams and fundraising within the county.

- ❖ The plan will be shared and disseminated throughout agencies and organizations in Portage County. A press release will be developed so the information can be disseminated to all constituents and individuals that live and work within Portage County. A cover letter will be created and the plan will be mailed to all individuals that participated in creating the plan as well as important governmental agencies, large local employers, schools, Chambers of Commerce, churches, recreation centers, and anyone else who may be able to help move the plan's objectives forward.
- ❖ The Portage County Obesity Prevention Coalition will continue to advocate for policy change at the local levels.
- ❖ Through the core functions of public health assessment, assurance and policy development the Portage County Health Department will sustain obesity prevention. **Assessment** will be maintained through the Child and Family Health Services grant in which Kent State University through contract services will continue to collect BMI data in all Portage County Schools. Portage County Health Department leading the school nurses group also provides mechanisms for childhood obesity assessment in the schools. Having adequate assessment of our childhood obesity problem is an important health indicator and a way for us to measure the progress we have made on the issue. **Assurance** is also maintained through Health Education and leadership of the obesity prevention coalition. Assurance of programs such as FLIGHT a family centered obesity prevention program for children ages 3-18 on nutrition counseling and physical activity education. This program is funded through the Child and Family Health Services grant. Assuring that obesity prevention initiatives will be addressed is also done through Portage County Health Department's willingness to precept Nursing, Health Education and Medical students from our local institutions of higher education. These experiences keep the issues around obesity prevention in the forefront of public officials and stakeholder's conscience as decisions are made that may impact obesity in Portage County. Portage County Health Department is also dedicated to continued education for our healthcare community in the form of physician newsletters, toolkits and Hospital based grand rounds. **Policy development** is the key to long term change related to health impacts of obesity prevention. Portage county health officials will continue to advocate for policy reform in schools, workplaces and legislative initiatives at the State level that impact reform at the local level. Portage County Health Department will continue collaboration with Portage County Parks and Recreation and Regional Planning to promote areas of increased physical activity within the Portage County community.
- ❖ Kent State University Nutrition Outreach Program and the Nutrition and Dietetics Program Area are dedicated to providing in-kind resources for moving forward with the obesity prevention plan. As part of numerous courses, students in nutrition and dietetics will be given service learning projects to help with

increasing the educational initiatives and programs. The Nutrition Outreach Program is coordinated by a Registered Dietitian who also is available for no-cost or low-cost nutrition education assessment, education, and programming. She works closely with faculty in Nutrition and Dietetics who will continue to write grants to help support community nutrition education endeavors. They will also work to advocate at county, state and national levels for policy change that encourages health physical activity and nutrition behavior changes. The Nutrition & Dietetics Program is actively involved in research endeavors to determine successful strategies to prevent overweight and obesity.

- ❖ Robinson Memorial Hospital is committed to sustaining the progress that has been achieved by the collaborating agencies during this funding period. As part of its 2009-2011 strategic business plan, Robinson Memorial Hospital has committed to “assume leadership role and provide needed support in the implementation of the Portage County Childhood Obesity Prevention Coalition” and to “implement additional outreach programs to be offered by the hospital designed to improve the health of the community.” Specific plans include (1) a community event targeted to families with at-risk children for Fall 2009, (2) a focused, tiered multi-year approach to improving the health of Robinson employees and their families. (Potential large impact on the Portage County community at large as Robinson is the second-largest employer in the county.) (3) education of clinicians regarding obesity prevention through CME and CE programs, (4) piloting the group-visit model in the primary care setting in order to better leverage Robinson dietitian resources, and (5) outreach to local school faculty and staff with healthy lifestyle messaging via the Robinson Memorial Hospital speakers’ bureau. This latter initiative is in recognition of the finding that healthy role-modeling by teachers has impact on student health habits.
- ❖ The Health Community Partnership (HCP) will work with other community organizations to work to create policy changes at the local level that improve the health of the community through nutrition and physical activity policy changes.

Improving the Healthcare Environment

Major Findings of the Healthcare Subcommittee:

- ❖ Most healthcare encounters take place in the primary care setting.
 - Healthcare settings should foster a culture of wellness that includes nutrition, physical activity and weight management among patients and staff.
 - Healthcare settings should give accurate and consistent information about nutrition, physical activity, and weight management for patients.
- ❖ Target populations should be those with the greatest risk/need/potential impact and these include:
 - Mental health patients
 - Children
 - Women (i.e., because they are the primary decision makers for families healthcare decisions)

Short Term Goals:

Goals to begin in 2009:

- ❖ Encourage healthcare providers to be physically active as role models.
 - Identify physical activity “champions” in the healthcare community
- ❖ Provide nutrition and physical activity educational materials in healthcare settings;
 - Toolkit delivery to family medicine, internal medicine & pediatric practices. (*in progress*)
 - *CME: Family Medicine Update at NEOUCOM by Dr. DeJulius 8/12/09 speaking on Physical Activity*
 - *CME: Grand Rounds at RMH by Dr. Welsh 9/23/09 speaking on Obesity and Mental Health*

Goals to begin by 2010:

- ❖ Focus on the Portage County Community Health Center as an important site to reach target populations.
- ❖ Encourage measurement of BMI in healthcare settings as a standard of care.
- ❖ Expand the provision of nutrition and physical activity educational materials in healthcare settings; continue to develop & deliver “Toolkit” resources to healthcare providers.
 - Formulate exercise prescriptions for physicians to use
 - Expand “Toolkit” delivery to mental health, OB/Gyn, and social service agencies.
 - Develop and disseminate educational resources for physicians about medications that promote weight gain, especially psychiatric medications.

Long Term Goals:

Goals to begin by 2011:

- ❖ Expand “Toolkit” to include DVDs for waiting rooms with nutrition & physical activity messages.
- ❖ In collaboration with the Environment Subcommittee, develop a DVD for waiting rooms with specific information about local parks and trails.
- ❖ Develop CME events related to obesity, nutrition and physical activity for practicing physicians, including CME events at NEOUCOM and Robinson Memorial Hospital.
 - Explore opportunities for interdisciplinary Continuing Education (ie, with nursing, pharmacy)
 - Integrate “Stage of Change” theory and Motivational Interviewing skills into CME offerings.

Measurable Outcomes:

- ❖ Collect County BMI demographic data every five years. Include data and analysis in the data warehouse.
- ❖ Collect the number of healthcare professionals that receive toolkits (per year). Provide Toolkits to new professionals in the area with “welcome” letter from PCHD.
- ❖ Collect feedback about the toolkit materials and their usefulness to the healthcare practices (survey once per year to healthcare professionals receiving materials).
- ❖ Collect and review materials used for the toolkits and store them in the data/information warehouse for obesity prevention for Portage County (yearly). Make Toolkit materials available on the RMH Intranet.

- ❖ Report the number and topics of CME/CE opportunities offered and survey participants about the usefulness of CME/CE (yearly once goal has begun).
- ❖ Survey patients of physicians who receive toolkits and/or are involved in the CME/CE training to determine the impact of physician's knowledge of physical activity and nutrition on patient awareness of nutrition and physical activity (yearly once goal has begun).

Policy and Sustainability

The Toolkit materials that have been and will be developed will be made electronically available on a central website. The Portage County Health Department will also continue to educate the healthcare community through physician newsletters, and presentations at hospital-based grand rounds and other CME events. The Portage County Health Department also encourages young professionals to focus on the issue of obesity during nursing, health education and medical students' rotations within the agency. Robinson Memorial Hospital has committed to assume a leadership role and provide needed support in the implementation of the Portage County Obesity Prevention Coalition and to implement additional outreach programs to be offered by the hospital designed to improve the health of the community. Specific plans include education of clinicians regarding obesity prevention through CME and CE programs. The KSU Nutrition Outreach Program will continue to review and update the Toolkit educational materials and collaborate to help maintain an accurate nutrition information warehouse as in-kind support to the obesity plan. The Nutrition and Dietetics Program will provide dietitians and dietetic interns to speak at CME/CE opportunities offered.

Improving the Built Environment for Physical Activity

Major Findings of the Environment Subcommittee

In Portage County many factors were identified as potential contributors to the causes of obesity in regards to environmental influences. The major obesity causing factors identified were:

- ❖ Lack of a county wide plan for roads and trails that support safe pedestrian and cyclist transportation.
- ❖ Lack of utilization and funding for existing Portage County trails and parks.
- ❖ Over abundance of fast food restaurants and convenience markets, and lack of full service grocery stores, farmers markets, and community gardens.

Short Term Goals:

Goals to begin in 2009:

- ❖ Educational Outreach Campaign to promote healthy recreation and transportation
 - Educate the public, local officials, engineers and developers on importance of trails and greenways through public officials workshops
 - Increase public awareness (and health community awareness) of what local parks and trails offer and the value of supporting them for free outdoor recreation and alternative transportation.
 - Encourage bike and hike commuting to work and school.
 - Promote adoption of the 2030 Portage County Parks, Trails and Greenways Plan by all local communities
 - Encourage local officials and the public to reference and use the Portage County Farmland Preservation Plan, to ensure a diverse source of sustainably produced fresh, local food.

Goals to begin by 2010:

- ❖ Advocate for the inclusion of multipurpose trails, and other pedestrian and bike facilities in commercial, institutional and residential development planning
 - Develop an educational campaign to AMATS, community, and elected officials on the economical and environmental benefits healthy recreation and transportation
 - Ensure key stakeholders from the health, education and recreation fields participate in AMATS 2009 “Connecting Communities” planning process
 - Educate community on the value of planning for the long-term sustainable health and safety of the community.
 - Support revision of local and county subdivision regulations to incentivize the creation of parks and trails and reduce dependence on cars
 - Improve and sign roads for traffic calming, and to facilitate bike transportation.
 - Through Economic Development, encourage healthy recreation support businesses such as bike rental and repair shops and healthy food restaurants near parks and trails.
 - Use economic development incentives such as Tax Increment Financing to finance bike and pedestrian infrastructure connections,
 - Encourage the creation of healthy recreation support groups and hiking and biking clubs.

Long Term Goals:

Goals to begin in 2009:

- ❖ Create a group of advocates that will campaign and educate policy makers, engineers, town trustees, and Portage County commissioners on the health and economic benefits of park district funding at both the county and state level.
- ❖ Advocate for progressive communities by encouraging zoning and ordinances that promote smart growth. (<http://www.smartgrowth.org>). Require large residential areas to integrate green space and play ground areas and policies that mandate pedestrian and bikeways with all road improvements.
- ❖ Count the number of people utilizing the Bike and Hike Trails. Strive for 10% increase in use each year.
- ❖ Survey large employers on the number of employees that use alternative transportation to work and the types of transportation utilized. (Every 2yrs). Goal is to see a 10% increase in employees using alternative transportation each year.
- ❖ Count and maintain list of all educational/advocacy opportunities and materials created yearly for environmental change. Quantities? Distribution? Audiences?

- ❖ Maintain a list of advocates, government officials, and organizations that create policies and/or advocate for environmental change. Survey these individuals for environmental assessment using a tool such as the Washington Checklist. (Every two years).

Policy and Sustainability (for environmental change)

The Portage County Health Department will continue collaboration with the Portage County Parks and Recreation and Regional Planning to promote areas of increased physical activity within the Portage County community.

Improving the Schools Environment for Nutrition and Physical Activity

Major Findings of the School Subcommittee

- ❖ Not every child has a planned daily physical activity time/opportunity each school day.
- ❖ There is a lack of coordination between health education/food service administrations in the implementation of health policies.
- ❖ Lack of health education curriculum standards K-12 which include nutrition education.
- ❖ Wellness policies need to be more meaningful and should be actively implemented.
- ❖ There is inadequate oversight of school nutrition practices such as ala carte and vending.

Physical Activity and Nutrition Short Term Goals

Goals to begin in Fall 2009:

- ❖ Form a county level coordinated school health team. The team will meet quarterly to help address issues taking place within individual school wellness committees. At least one person from each specific district wellness committees should participate in the county school health team.
 - ❖ Advocate and provide educational opportunities to encourage schools to self-assess their wellness policies and advocate for comprehensive wellness policy change that includes constructive nutrition and physical activity policies that help with the prevention of childhood obesity, advocate and promote healthy eating behaviors and physical activity patterns.
- ❖ Educate superintendents about adopting standardized physical education curriculum standards developed by Dr. Steve Mitchell.
- ❖ Educate and encourage schools to provide before and after-school physical activity options for all students such as alternative mileage club, before and after-

school activities, lifetime fitness lessons, walking, cycling, skateboarding, etc with some of this programming including families.

- ❖ Increase the time given each day during the school day to physical activity.
- ❖ Develop standardized nutrition education materials to be used by schools.

- ❖ Make sound nutrition information available to all parents within a school district.
- ❖ Advocate for the integration of Farmer's Markets into the school breakfast and lunch program.

Long-Term Nutrition and Physical Activity Goals:

Goals to begin in 2010:

- ❖ Advocate for health education to be included in all grades.
- ❖ Advocate and educate the school foodservice departments on the importance of healthy nutrition offerings that are concurrent with the National School Lunch and Breakfast Programs as well as vending and ala carte options and to include important policy changes that are evident in the school wellness policy.
- ❖ Advocate for daily fitness and/or physical education in all schools.
- ❖ Advocate for bringing physical activity opportunities to children after-school and in recreational facilities throughout Portage County.

Policy and Sustainability

The KSU Nutrition Outreach Program and Nutrition and Dietetics Program is dedicated to providing in-kind support in the area of schools. Numerous courses in the nutrition and dietetics major require service learning opportunities in pediatric community nutrition and physical activity education as well as research and assessment of successful programming for obesity prevention. These service learning opportunities will provide undergraduate, graduate, and dietetic intern students for programming and educational materials for this initiative at little to no cost. This initiative will also continue to be a top research priority for the program area which will provide outcome assessment and grant writing opportunities in this initiative. Robinson Memorial Hospital will outreach to local school faculty and staff with healthy lifestyle messaging via the Robinson Memorial Hospital speakers' bureau. This latter initiative is in recognition of the finding that healthy role-modeling by teachers has impact on student health habits. The Portage County Health Department will continue the annual School Wellness Conference which has been funded by Action for Healthy Kids the past two years. The Portage County Health Department will also continue to support the BMI assessment in schools.

Improving the Workplace Environment

Major Findings of the Workplace Subcommittee:

The committee identified the top 10 employers of Portage County

1. Kent State University-3,150
2. Robinson Memorial Hospital -1,520
3. Portage County Government-1,089
4. Kent City Schools-606
5. GE Lighting Company-600
6. McMaster-Carr- 529
7. St. Goabian-528
8. Ravenna City Schools- 499
9. Step II Corporation- 459
10. East Manufacturing- 450

Two other large companies were identified:

NEOUCOM # 12 with 414

Davey Tree Expert Company #17 with 350

The Workplace subcommittee identified several challenges to implementing obesity prevention through increased physical activity and better nutrition in the workplace setting. The committee prioritized the challenges and determined the top three to be:

1. Management buy-in: identifying the benefits.
2. Overcoming the existing culture within the workplaces
3. Cost of implementing good nutrition and physical fitness programs

Short Term Goals:

Goals to begin in 2009:

- ❖ Use multimedia outlets to distribute educational materials to families, phone messages and on hold messages, newsletters, e-newsletters and print materials to distribute by October 2009.
- ❖ Network with The Society of County Resource Managers (SCRM) in Portage County to promote worksite wellness through corporate Human Resource Managers with the coordination of services with Coleman Professional Services help.
- ❖ Utilize Employee Assistance Programs (EAP) in Portage County to provide proactive preventive educational information to employees included in the benefit program in the form of lunch and learn educational meetings.
 - Use the Wellness Solutions through Coleman Professional Services in Portage County. Wellness Solutions touches 12,000 families' lives through the Employee Assistance Program as the initial mechanism to reach employees through the EAP.

Long Term Objectives

Goals to begin in 2009:

- ❖ Work through the three (3) largest employers in the county Kent State University, Robinson Memorial Hospital, and Portage County Government to assess worksite programs, share best practices and develop a circle of champions at each place of employment by January 2010.
- ❖ Assess corporations that are currently not doing any worksite wellness, determined through Working Partners, to determine what the barriers to implementation are.
- ❖ Develop a Portage County Employee Resource Council with focus on health, prevention and productivity by July 2010.
- ❖ Use the Portage County Employee Resource Council as a mechanism to share best practices and programs among corporations/businesses.

Measurable Outcomes:

- ❖ To develop an assessment tool that can be used by Kent State students to assess the worksite programs currently being offered. Assess the three largest employers, and assess corporations that have successfully implemented programming, to determine what works.
- ❖ Use the best practices research assessment to compare the workplaces that are active early adapters to the workplaces that are not engaged or ready to adapt. Identify the differences between those active and engaged and those not. Can these differences be overcome?

Policy and Sustainability:

Working Partners of Robinson Memorial Hospital would take the lead in the development of the Portage County Employee Resource Council through the Portage County Safety Council and area Chamber of Commerce as in-kind support to these ongoing workplace efforts. The Nutrition Outreach Program at Kent State University will also help to create nutrition education materials that corporations can use at low-cost for employers. The Nutrition Outreach Program will continue to provide free nutrition education services for Kent State employees. These services include free individualized nutrition education sessions, group weight loss programming, and educational materials. The Portage County Health Department will continue to advocate for policy reform in workplaces.

References

- Dietz, W.H., Benken, D.E., & Hunter, A.S. (2009). Public health law and the prevention and control of obesity. *Centers for Disease Control and Prevention*. 87:1, 215-227.
- Goldberg, J. (2005). Obesity: the Health Debate and Policy Challenges. The Health Policy Institute of Ohio. <http://www.healthpolicyreview.org/>.
- Gonzalez, W. , Jones, S.J. & Frongilio, E.A. (2009). Restricting Snacks in U.S. Elementary Schools is Associated with Higher Frequency of Fruit and Vegetable Consumption. *Journal of Nutrition*, 139, 142-144.
- Goran, M.I., Reynolds, K.D., & Lindquist, C.H. (1999). Role of physical activity in the prevention of obesity in children. *International Journal of Obesity*. 23, S18-S33.
- Herrara, M.F., Lorano-Salazar, R.R., Gonzalez-Barranco, J. and Rull, J.A. (1999). Diseases and problems secondary to massive obesity. *European Journal of Gastroenterol Hepatol*. 11(2): 63-7.
- Huang, TK. & Glass, TA. (2008). Transforming Research Strategies for Understanding and Preventing Obesity. *Journal of the American Medical Association*, 300:15, 1811-1813.
- Lee, V., Mikkelsen, L, Srikantharajah, J., and Cohen, L. (2008). Healthy eating active living convergence partnership: promising strategies for creating healthy eating and active living environments. Prevention Institutes. Accessed on June 2, 2009 from: http://www.convergencepartnership.org/atf/cf/%7B245A9B44-6DED-4ABD-A392-AE83809E350%7D/CP_Promising%20Strategies_printed.pdf.
- Luis Griera, J (2007). Physical activity, energy balance and obesity. *Public Health Nutrition*. 10, 1194-1199.
- Miles, L (2007). Physical activity and health. *British Nutrition Foundation*. 32:4, 314-363.
- Mullis, R. and Davis, M. (n.d.). Ecological model approach to childhood obesity. Obtained on June 2, 2009 from http://www.csrees.usda.gov/nea/food/in_focus/obesity_if_roundtable_pres.html.
- Ohio Department of Health Obesity Prevention Plan (2009). Obtained June, 2009 from <http://healthyohioprogram.org/ASSETS/0B9A7DFFF7E64202AE5A704AEB9A9EC0/ohobespln.pdf>
- Robitaille, J., Perusse, L., Bouchard, C., & Vohl, M. (2007). Genes, fat intake, and cardiovascular disease risk factors in the Quebec family study. *Obesity*. 15, 2336-2347.

Sallis, JF. & Glanz K. (2006). The Role of Built Environments in Physical Activity, Eating and Obesity in Childhood. *The Future of Children*, 16:1, 89-108.

Slawta, J, Bentley, J, Smith, J, Kelly, J, & Syman-Degler, L (2008). Promoting healthy lifestyles in children: A pilot program of be a fit kid. *Health Promotion Practice*. 9:3, 305-312.

State of Ohio: Department of Insurance, Department of Job and Family Services, Department of Health, and Department of Mental Health. (2009). Ohio Family Health Survey, 2008-09. Ohio State University, Ohio Colleges of Medicine Government Resource Center. Columbus, OH. From The Ohio Obesity Plan. Ohio Department of Health (2009). Accessed June 2, 2009 from: <http://healthyohioprogram.org/ASSETS/0B9A7DFFF7E64202AE5A704AEB9A9EC0/ohobespln.pdf>.

Surgeon General's Call to Action to Prevent Childhood Overweight and Obesity. (2001). Accessed June 2, 2009 from: <http://www.surgeongeneral.gov/topics/obesity/>.

Utters, J, Neumark-Sztainer, D, Jeffery, R, & Story, M (2003). Couch potatoes or french fries: Are sedentary behaviors associated with body mass index, physical activity, and dietary behaviors among adolescents?. *Journal of the American Dietetic Association*, 103:10, 1298-1305.

Washington State

Active Community Environments

Checklist

THE VISION:

Washington communities support physically active lifestyles with land use planning, bicycle and pedestrian education and enforcement, parks and recreation facilities and activities, public transportation, school and worksite planning. Young people can walk or bike to school, or to visit friends. Inexpensive or free opportunities for regular exercise are available to everyone. People of all ages find it easy and safe to incorporate physical activity into their lives by walking, or bicycling, or using transit as part of everyday living.

This checklist is intended as a tool for communities to do a self-assessment of strengths and weaknesses in supporting physically active lifestyles. This survey can be used to identify gaps in community practices and facilities, and to provide ideas for community groups, active living task forces, or other groups to consider. Connection with planning, public works, police, parks and recreation staff, citizens, elected officials, advisory committee members and public health representatives are encouraged as the following questions are answered. Washington State RCWs, WACs, and other items are footnoted to provide more information.

SECTION 1. PLANNING POLICIES, REGULATION, AND FUNDING				Points
Comprehensive Plan: Comprehensive Land Use Plans in 4 cities of Portage County (308 points)				
1.1 Land use strategies to increase walkability. Does the plan include mixed-use centers where apartments are above stores or offices, OR higher-density development oriented along a transit line or at major transit stations, OR neighborhood-oriented commercial areas within residential areas? RCW ¹	2 points if any strategies	4 points if multiple strategies	6 points if major feature of the plan	10/24
1.2 Policies promote compact residential design. Does the plan provide for residential densities sufficient to support neighborhood businesses and transit service? RCW ² <i>This measure looks at where new growth is going in the plan. Does it expand to undeveloped land, or does it intensify the existing developed area to make more efficient use of land and infrastructure.</i>	Most new growth in undeveloped areas. 0 points	Some growth in infill, some in new areas 1 point	Most new growth mostly filling in existing urban area 2 points	2/8
1.3 Bicycle and pedestrian planning. Does the plan include an inventory of existing bicycle and pedestrian facilities (sidewalks, bike lanes, trails), identify deficiencies in bicycle and pedestrian networks, and include a prioritized list of list of improvements needed to complete the networks? RCW ³	Inventory of facilities 1 point	Plan for either bicycles or peds 2 points	Plan for both bikes & peds 4 points.	12/16

1.4 Transit facilities. Does the plan include an inventory of transit routes and a review of how many activity centers (homes, commercial, employment sites) are within ½ mile of major transit routes? Does the plan consider transit route development plans? RCW ⁴	No Transit in plan 0 points	Transit routes in plan 1 point	Analysis of current & future transit service 2 points	2/8
1.5 Parks and recreation. Does the plan include an inventory of existing parks, trails, recreational facilities, and open space? Does it identify future needs, and include a plan for acquiring/developing these facilities? RCW ⁵	No mention of parks 0 points	Inventory of existing facilities only 1 point	Parks and Rec Plan with inventory, and plan for future 2 points	4/8
1.6 Park and recreation facility access. Is the park system physically inter-connected with a trail, greenway, or pathway system, or sidewalks?	No 0 points	Yes 1 point	Yes, important in plan 2 points	5/8
1.7 Bicycle and pedestrian access to parks. Do parks have multiple entryways, where possible, to increase the number of people who can bicycle and walk to parks?	Generally no 0 points	Some 1 point	Most 2 points	5/8
1.8 Corridors. Are utility corridors, abandoned rail lines, and/or wildlife corridors identified for potential use as trails? RCW ⁶	No corridors exist, no trail opportunities 0 points	Corridors exist but not design- ated as future trails 1 point	Corridors identified for future trails or used already 3 points	9/12
1.9 Siting public facilities. Does the comprehensive plan include a policy that public facilities such as community centers, city hall, libraries, etc. are sited where they are accessible by public transit or walkable from neighborhoods, and/or grouped with other public uses?	No 0 points	Some- what 1 point	Clear policy 2 points	5/8
Sub-total of 25 possible points in previous section.			13.5/25	54/100

Subdivision and Site Design Review for New Developments:	
---	--

1.10 Pedestrian routes. Does development review include a review of pedestrian circulation within the site and access to the street and adjacent developments for 1)subdivisions, ⁷ 2)worksites and 3)commercial areas?] RCW ⁸	1 point if required for any area	2 points for two areas	3 points for all three	5/12
1.11 Buildings brought up to street. Do development guidelines require that 1) residential multi-family, 2) commercial and 3) employment buildings be built close to the street, with parking located behind, below or to the side?	No 0 points	Any use 1 point	All uses 3 points	1/12
1.12 Pedestrian friendly building design. Do design guidelines require that buildings have an obvious pedestrian entrance, pedestrian level windows, weather protection, architectural details and pedestrian signage on the street? NOTE ⁹	No 0 points	Either use 2 point	Both uses 4 points	2/16

1.13 Crime Prevention Through Environmental Design (CPTED). Are CPTED principles used in review, such as clear division of public and private space, and passive surveillance of public spaces?	No 0 points	Yes 1 point		1/4
--	----------------	----------------	--	-----

1.14 Residential design to increase “eyes on the street”. Are there residential design guidelines to limit garage-fronts on houses and encourage alley-access or set back garages? Do they encourage front doors facing the street and front porches? Does zoning allow a mix of housing types and lot sizes, clustering of homes, accessory dwelling units (granny flats), residential over commercial uses, or other innovative zoning to increase the number and variety of people home at a given time and increase densities? Are front fence heights limited to increase visibility?	No 0 points	Yes 1 point	Yes, several strategies 2 points	3/8
1.15 Bicycle parking. Is bicycle parking required at 1) employment sites, 2)commercial and public facilities, and 3) multifamily developments? <i>Bike racks should support the frame, and be in a sheltered, well-lit, public area, close to the entrance. Longer term parking, such as for worksites and residential use, might consider lockers, or a locked bicycle storage room.</i>	No 0 points	1 point if required for any	2 points if required for all	2/8
1.16 Automobile parking standards. Are parking requirements reduced for centrally located facilities, or is shared or district parking considered? NOTE ¹⁰	No 0 points	Yes 1 point		2/4
1.17 Parking lot design. Are parking lots designed to include trees and pedestrian walkways?	No 0 points	Yes 1 point		2/4

1.18 Short blocks. Is the length of blocks limited to encourage an interconnected street network? Are cul-de-sacs discouraged? <i>Blocks are typically 600 feet or less.</i>	No 0 points	Yes 1 point		1/4
1.19 Park, recreation or open space dedication. Is land dedication for parks (or a fee in lieu) required in larger developments? If land is dedicated, do regulations specify that it be designed for active recreation – such as walking trails, linear parks? NOTE ^{11, 12}	No 0 points	Open Space required 1 point	Walking trails required 2 points	4/8
1.20 Concurrency. If the jurisdiction has a concurrency ordinance, are bicycle and pedestrian facilities included? NOTE ¹³	No concurrency ordinance 0 points	Yes, but relates to autos only. 0 points	Yes, includes autos and bike/peds 2 points	0
1.21 Review by other agencies. Are development proposals routed to school districts, transit agencies, local health departments, emergency services, and other physical activity-related stakeholders for comments?	No 0 points	Some other agencies 1 point	Many 2 points	3/8
Sub-total of 24 possible points in previous section.			6.5/24	26/96

Public Works Standards for Streets and Public Areas:				
1.22 Design standards. Have standards that set out the number (or existence) and width of automobile travel lanes, bike lanes or wide shoulders, parking lanes, buffer strips and sidewalks for each type of street have been adopted? <i>Standards may provide for automobiles, bicyclists and pedestrians in different ways according to type of street – but should provide for all modes.</i>	No 0 points	Auto-oriented standards only. 0 points	Yes, address all modes. 2 points	4/8
1.23 Sidewalk buffer. Do street standards include buffer strips between sidewalks and the street to provide more comfort and safety from traffic, a place for street trees, and if needed, a place for snow storage.	No 0 points	Yes 1 point		2/4
1.24 Sidewalks. Do street standards require sidewalks on one or both sides of all new streets to form a continuous network throughout the community?	No 0 points	Yes, one side on all streets 1 point	Yes, two sides of the street 2 points	3/8
1.25 ADA Standards. Do street standards comply with Americans with Disabilities Act (ADA) guidelines in design and construction of pedestrian facilities such as curb ramps at street crossings, audible crossing signals, etc. NOTE ¹⁴	No 0 points	Yes 1 point		2/4
1.26 Sidewalk width. Do standards require that sidewalks are a minimum of 5 feet wide, or larger. In downtown zones sidewalk areas can be more than 10 feet wide to allow street furniture, street trees, and an unobstructed route of travel.	No 0 points	Yes, minimum 5 ft 1 point	Wider than 5 ft 2 points	2/8

1.27 Lighting. Do standards require pedestrian-scaled lighting (8-12 feet high downward pointing lighting) for urban pedestrian streets, designated pedestrian corridors, plazas and other pedestrian areas?	No 0 points	Yes 1 point		1/4
1.28 Utility standards. Do standards require utility access covers to be even with the street surface and storm sewer grates be designed to avoid trapping bicycle wheels and not be slippery?	No 0 points	Yes to all 1 point		1/4
1.29 High-traffic crossings. Do standards for busy intersections include well-marked or textured crosswalks, pedestrian refuges, curb extensions to shorten the crossing distance and improve visibility, pedestrian and bicyclist signal actuators, signs, or other devices to improve crossings – or a combination of strategies?	No 0 points	Yes, at least one strategy 1 point	Multiple strategies 3 points	4/12
1.30 Transit planning. Do standards require new major streets to include pads to place bus stops and shelters for future transit services, pocket parks and/or other transit friendly features?	No 0 points	Yes 1 point		2/4
1.31 Access Management. Do standards limit the number of driveways on arterial streets? <i>This reduces the number of turning movements, which reduces danger to bicyclists and pedestrians.</i>	No 0 points	Yes 1 point		2/4
1.32 Amenities. Do standards for trails, public plazas and other public spaces include benches, garbage cans, and/or other amenities for bicyclists and pedestrians? Do they include water fountains and restrooms?	No 0 points	Yes, benches etc. 1 point	Yes, restrooms and water fountains 2 points	3/8
1.33 Sight distance design. Do standards require that intersections and curves be designed with adequate “sight distance”, so that drivers and bike riders can see all other road users in time to avoid potential crashes?	No 0 points	Yes 1 point		2/4
1.34 Traffic calming. Does the community have a traffic calming program to use devices such as traffic circles, speed humps, and chicanes in a given area, with community input, as a way to slow and manage traffic?	No program 0 points	Yes, a program exists 2 points		4/8
Sub-total of 20 possible points in previous section.			8/20	32/80

Funding and Implementation:				
1.35 Citizen participation. Has the governing body (i.e., city, county or tribal council) formed a citizen’s advisory group to increase and improve the opportunities for walking and bicycling?	No 0 points	Yes 1 point		2/4
1.36 Dedicated bike/ped staff. Has the community assigned a staff person to be specifically responsible for pedestrian and bicycle transportation in the planning and/or public works department? (Must be a designated part of their job description)	No 0 points	Yes 1 point		2/4

1.37 Funds for new facilities. Are funds dedicated in the capital facilities plan for adding sidewalks, trail, and bike facilities, and for retrofitting existing sidewalks with curb-cuts, existing roads with new bike-friendly stormwater grates, better bike/ped connections or other improvements? RCW ¹⁵	No 0 points	Yes 1 point		1/4
1.38 Funds for parks. Are funds (such as parks impact fees or portions of property taxes) dedicated in the capital facilities plan for acquiring, developing, and/or improving park facilities?	No 0 points	Yes 1 point		2/4
1.39 Funds for maintenance. Are funds dedicated in the operating budget for maintaining parks, trails, etc.?	No 0 points	Yes 1 point		2/4
1.40 Grants, loans, bonds pursued. Is the community actively pursuing grants to acquire right-of-way, and develop/construct bicycle and pedestrian infrastructure, trails, and park facilities?	No 0 points	Yes 1 point	Multiple 2 points	3/8
1.41 Updating plans. Is there a regular schedule for updating community bicycle and pedestrian plans ?	No 0 points	Yes 1 point		3/4
Sub-total of 8 possible points in previous section.			3.75/8	15/32
TOTAL OF 77 POSSIBLE POINTS FOR SECTION 1			31.75/77	127/ 308

SECTION 2. BICYCLE AND PEDESTRIAN SAFETY

Maintenance of Bicycle and Pedestrian Facilities: 5 Parks and Rec (100 points)

2.1 City sweeping/raking/shoveling/trimming. Is there a regular schedule for removing debris and trimming foliage from bicycle and pedestrian routes in public areas? If snow falls, is it removed from sidewalks as well as streets?	No 0 points	Yes 1 point		3/5
2.2 Individual sweeping/raking/shoveling. Are businesses and homeowners required to remove snow (if applicable) and/or debris from adjacent sidewalks and trim trees and bushes so as not to obstruct pedestrians?	No 0 points	Yes 1 point		4/5
2.3 Code Enforcement. Does the jurisdiction have a code enforcement program with fines, etc. to ensure that adjacent homeowners and businesses keep sidewalks passable?	No 0 points	Yes 1 point		3/5
2.4 Sidewalk repair. Does responsibility for repairing sidewalk cracks and damage lie with the local government or with the individual homeowners or businesses?	Responsible agent not designated 0 points	Adjacent property owner 1 points	Public or association responsible 2 points	4/10

2.5 Detours. During sidewalk and road repair, is a clear and safe alternate route provided to pedestrians and bicyclists? Is this required for all public works and as a condition in contractor agreements?	No 0 points	Yes 1 point		3/5
---	----------------	----------------	--	-----

Enforcement and Education:				
2.6 Safety patrol. Are walking and bicycling routes patrolled for safety by law enforcement officers or trained volunteers? <i>May be included in regular police patrols.</i>	No 0 points	Yes 1 point	Regular Schedule 2 points	3/10
2.7 Traffic regulations. Are traffic regulations requiring drivers to yield to pedestrians at crosswalks regularly enforced? RCW ¹⁶	No 0 points	Some- times 1 point	Normally 2 points	6/10
2.8 Complaints. Do police follow up on bicycle and pedestrian complaints of unsafe driving practices or intimidation by drivers?	No 0 points	Some- times 1 point	Normally 2 points	6/10
2.9 Bicyclist and pedestrian safety. Do police proactively educate the community about and enforce traffic laws for bicyclists and pedestrians, such as requiring the use of lights for bicyclists and compliance with traffic laws to increase safety?	No 0 points	Some- times 1 point	Normally 2 points	6/10
§2.10 Accident analysis. Are bicycle and pedestrian injuries and crash locations reviewed on a regular basis? Are recommendations made for improvements, and improvements planned?	No 0 points	Sometim es 1 point	Regular Analysis 2 points	6/10
2.11 Education. Are bicycle and pedestrian safety education opportunities such as signs, classes, and written materials available for both adults and children through the jurisdiction or community-based resources?	No 0 points	Yes 1 point	Regularly Schedule d and updated 2 points	4/10
2.12 Maps. Are regional or neighborhood walking and bicycling maps available in the community?	No 0 points	Yes 1 point	Yes, and updated in last 2 years 2 points	4/10
TOTAL OF 20 POSSIBLE POINTS FOR SECTION 2			10.4/20	52/100

The next section helps assess what kinds of programming and recreational facilities are available, what groups are served, and how these programs and facilities are promoted.

3 Health Departments in Portage County (60 points)

SECTION 3: COMMUNITY RESOURCES FOR PHYSICAL ACTIVITY				
3.1 Community groups. Are there groups in the community working together to encourage physical activity and create opportunities for activity in the community? <i>i.e. Public health or recreation agencies, the local American Heart Association affiliate, bicycle clubs, walking groups etc.</i>	No 0 points	Yes 1 point	Multiple Groups 2 points	6/6
3.2 Community events. Does the community sponsor events that promote physical activity, such as public walks, biking events, corporate challenges, etc.?	No 0 points	Once or twice a year 1 point	Three or more a year 2 points	3/6
3.3 Financial commitment to community recreation. Are funds for parks and recreation activities, such as sport coordination, included in the community's current operating budget? What is the total amount allocated in community's current annual operating budget for parks and recreation (<i>for staff, maintenance, and programs</i>): N/A What is the population of community? 155,012 What is the amount per person? N/A Note: Sub-areas may receive differing amounts.	< \$10/person 0 points	\$10.01-\$35/person 1 point	More than \$35 per person 2 points	0/6
3.4 Safe recreational facilities for children. Are safe, supervised recreation facilities available to children in the after-school and weekend hours?	Never 0 points	Some locations 1 point	Many locations 2 points	3/6
3.5 Youth activity programs. Are sports leagues and/or recreation activity programs available for youth in the after-school and weekend hours (in addition to school athletic programs)?	Never 0 points	Some locations 1 point	Many locations 2 points	6/6
3.6 Adult activity programs. Are sports leagues and/or recreational activity programs available for adults?	Never 0 points	Some locations 1 point	Many locations 2 points	6/6
3.7 Senior activity programs. Are sports leagues and/or recreational activity programs available for seniors (age 55 or older)?	Never 0 points	Some locations 1 point	Many locations 2 points	3/6
3.8 Access for low-income individuals. Do recreational facilities and programs that charge for admission make provisions for low income individuals or families to gain access?	None 0 points	Some 1 point	Most 2 points	2/6

3.9 Promotion of opportunities. How many of media promotions for future physical activity opportunities in the community have been published in the past 12 months? <i>Includes announcements inviting use of local facilities and programs, and could be how often web sites are updated, and to what extent this information is linked and coordinated.</i>	None 0 points	1-2 1 point	3 or more 2 points	3/6
3.10 Media stories – past year. How many locally-focused special interest stories about physical activity have been covered in the local media in the past 12 months? <i>By local media, we mean radio, print, and television including cable TV.</i>	None 0 points	1-2 1 point	3 or more 2 points	2/6
TOTAL OF 20 POSSIBLE POINTS FOR SECTION 3			11.56/20	34/60

SECTION 4. EMPLOYMENT SITES

This section helps to assess worksite support of physical activity through active modes of commuting and worksite wellness programs. Work site location makes a huge difference when it is served by public transit, and is within walking distance of amenities. Another tool in Washington State is the Commute Trip Reduction Efficiency Act.¹⁴ This law requires larger employers in areas with traffic congestion to develop programs to reduce drive-alone commuting.

Please list the four largest employers in the community, and specify the size of each employer, based on the number of employees. Employer size definitions appear below. If there are fewer than four employers in the community, mark NA (No company) in the spaces below. The contact person might be the Employee Transportation Coordinator (ETC), a wellness coordinator, or a facility manager.

Four Largest Employers	Size of Organization (in assessment community)			
		Small (< 300 employees)	Medium (300-999)	Large (1,000 or more)
Employer #1 Kent State University <small>new</small> <u>Contact</u> : Scott Olds	N/A (no company)	Small (< 300 employees)	Medium (300-999)	Large (1,000 or more)
Employer #2 Robinson Memorial Hospital <small>new</small> <u>Contact</u> : Amanda Mazey	N/A (no company)	Small (< 300 employees)	Medium (300-999)	Large (1,000 or more)
Employer #3 Portage County Government <small>new</small> <u>Contact</u> : Vickie Steiner	N/A (no company)	Small (< 300 employees)	Medium (300-999)	Large (1,000 or more)
Employer #4 Kent City Schools <small>new</small> <u>Contact</u> : Joe Clark	N/A (no company)	Small (< 300 employees)	Medium (300-999)	Large (1,000 or more)

	Employer #1	Employer #2	Employer #3	Employer #4	Total Points
Please circle which of these major employers promote physical activity in the following ways:					

4.1 Location. Is the worksite located within walking distance (1/4-1/3 mile) of restaurants, parks, shopping, and other amenities?	1 point	1 point	1 point	1 point	4
4.2 Transit. Is the work site served by public transit on a regular schedule at least at commute times?	1 point	1 point	1 point	1 point	3
4.3 Bike/ped access. Is the work site accessible by a trail or pathway, or are there bike lanes and sidewalks on adjacent streets?	1 point	1 point	1 point	1 point	3
4.4 Bike Racks. Does the work site have bike racks for employees and visitors?	1 point	1 point	1 point	1 point	2
4.5 Showers. Does the work site have shower facilities and lockers for commuters and after exercise?	1 point	1 point	1 point	1 point	1
4.6 Parking. Is vehicle parking limited, and/or not free?	1 point	1 point	1 point	1 point	1
4.7 CTR Law. Is the worksite is subject to Washington's Commute Trip Reduction Efficiency Act? RCW ¹⁷	1 point	1 point	1 point	1 point	0
4.8 Incentives. Does the employer offer incentives, rewards, or subsidies for walking, bicycling or taking transit to work?	1 point	1 point	1 point	1 point	1
4.9 Flex-time. Does the employer offer flexible work/break times to allow physical activity or to facilitate transit use?	1 point	1 point	1 point	1 point	3
4.10 Wellness and / or CTR coordinator. Is there a designated employee wellness coordinator or an employee wellness program and/or commute trip reduction program? (<i>onsite promotion, education, campaigns, etc.</i>).	1 point	1 point	1 point	1 point	3
4.11 Physical activity space. Are there safe areas to walk or exercise at or near the work site?	1 point	1 point	1 point	1 point	4
4.12 Rewards for fitness. Does the employer gives incentives/rewards for employees who demonstrate a certain level of physical activity? (<i>For example, reduced health insurance premiums, extra vacation time, reduced or free health club membership, prizes, etc.</i>)	1 point	1 point	1 point	1 point	2
TOTAL OF 48 POSSIBLE POINTS FOR SECTION 4					27/48

SECTION 5. SCHOOLS

This section examines student travel to schools, school policies for physical activity, and access to school facilities for recreational purposes. Please complete this section for the School District(s) or Schools that children in your community attend.

5.1 School siting policy. Does the school district(s) consider walking and biking access for students as new schools are sited? Is there a policy to redevelop existing schools or build new within urban areas instead of on the outskirts?	No 0 points	One of several districts 2 point	All districts 4 points		12/24
5.2 School site design. Are school sites designed to encourage walking and bicycling to school including weather-sheltered bike racks, safe walking routes through school property, carefully designed student drop-off zones?	No 0 points	Some schools 1 point	All schools 2 points		8/12
5.3 Student parking. Do high schools limit the number of students driving to the school, and/or provide preferential carpool parking?	No 0 points	Some high schools 1 point	All high schools 2 points		8/12
5.4 School nutrition and physical activity policy. Is walking and biking to school part of the school or school district's policy? <i>And does the school policy meet the PE requirements to support daily physical activity</i>	No 0 points	Some schools 1 point	All schools 2 points	N/A (not yet safe) 1 point	3/12
5.5 Time for play. Does the school allow time for recess and lunch-time sports/play, and does it have age-appropriate playground equipment?	No schools 0 points	Some schools 1 point	All schools 2 points		11/12
5.6 Safe routes assessment. Have schools surveyed the extent to which children can walk or bike safely to school?	No schools 0 points	Some schools 1 point	All schools 2 points		5/12
5.7 Safe walking – within 1 mile. What percentage of students who live within one mile of their school could safely walk to school?	No idea 0 points	Less than 15% 1 point	15 to 60% 2 points	More than 60% 3 points	10/18
5.8 Safe bicycling – within 2 miles. What percentage of students who live within two miles of their school could safely bike to school?	No idea 0 points	Less than 15% 1 point	15 to 60% 2 points	More than 60% 3 points	7/18
5.9 School walk route maps. Have suggested Walk Route Maps been developed for elementary schools in the community and are they distributed to students? WAC ¹⁸	No schools 0 points	Some schools 1 point	All schools 2 points		1/12
5.10 Traffic safety education. Do schools distribute traffic safety educational materials to students on a regular	No	Some schools	All		9/12

(even once a year) basis?	schools 0 points	1 point	schools 2 points		
5.11 Addressing safety hazards. If students who live within walking or bicycling distance cannot walk or bike safely to school, are the school district and jurisdiction working to identify hazards and include improvements in capital facility programs? <i>N/A (no children live within 1-2 mi OR it is already safe)</i>	No 0 points	Some schools 1 point	All schools 2 points	N/A 1 point	8/12
5.12 Safe routes to school resources. Have proposals have been submitted for Safe Routes to School grant fun3ing or training from the state or other source?	No 0 points	One 1 point	Multiple 2 points		0/12
5.13 School zone traffic control. Do schools work with police to enforce school zone traffic controls on a regular basis?	No 0 points	Some 1 point	Regularly 2 points		10/12
5.14 Walk to school demonstrations – recent. Where it is safe, in the last 12 months, did elementary schools participate in a walk or bike to school demonstration? <i>N/A (no children live within 1-2 mi OR it is already safe)</i>	No schools 0 points	Some schools 1 point	All schools 2 points	N/A (not yet safe) 1 point	2/12
5.15 Walk to school demonstrations – planned. Where it is safe, in the next 12 months, will elementary schools participate in a walk or bike to school demonstration?	No schools 0 points	Some schools 1 point	All schools 2 points	N/A (not safe) 1 point	3/12
5.16 Promoting walking and cycling to school. Where it is safe, are middle and high schools actively promoting walking or bicycling to school with events, such as walk or bike to school day?	No 0 points	Some schools 1 point	All schools 2 points	N/A (not yet safe) 1 point	1/12
5.17 School Safety Committees. Do parent-teacher groups support and oversee walking and bicycling to school activities? <i>WAC¹⁹</i>	No 0 points	Some schools 1 point	All schools 2 points		0/12
5.18 School Safety Committees. Do parent-teacher groups participate in school-based safety programs such as Neighborhood Watch, Block Watch, Safe Place, etc.) <i>WAC²⁰</i>	No 0 points	Some schools 1 point	All schools 2 points		1/12
5.19 School recreational facilities open to the public. Are school district sports fields, swimming pools, and recreation areas open to the public outside of regular school hours? <i>i.e., before and after school, on weekends, and during summer and other vacations. NOTE²¹</i>	None 0 points	50% or less 1 point	51-99% 2 points	100% 3 points	10/18
5.20 School recreational facilities open to the public. If so, are costs for this availability shared by other groups such as a recreation department, community police program, or regional fitness council?	No or N/A 0 points	Yes 1 point			3/6
TOTAL OF 44 POSSIBLE POINTS FOR SECTION 5				18.67/44	112/

Doug Wagener-PARTA

SECTION 6. PUBLIC TRANSPORTATION

This section examines the community's public transportation system. Public transportation promotes physical activity in two ways:

(1) It allows people to make longer trips than walkers or bicyclists can comfortably make, and still not use a personal automobile. People who use public transit get exercise while walking to and from bus stops.

(2) Transit riders are not driving, and are not contributing to traffic congestion that makes walking and bicycling hazardous.

6.1 Public transportation system. Does the community have a public transit system?	No 0 points	Yes , minimal service 1 points	Yes, Multiple routes 2 points	2
If yes: 6.2 Transit – a realistic commuting option. Does the public transportation system serve the majority of residences? Is service at least every 30 minutes in peak hours, and is there reasonably direct service between residences and employment sites? <i>This item could look at per capita ridership or the percentage of residences within ¼ to ½ mile of transit routes.</i>	No 0 points	Some- what 1 point	Yes 2 points	1
6.3 Funding. Is there an ongoing dedicated funding source for transit to maintain and/or grow transit service?	No 0 points	Some- what 1 point	Yes 2 points	2
6.4 Transit access. Are there sidewalks or other pedestrian paths that provide access from homes, businesses, etc. to transit stops?	No 0 points	Some 1 point	Yes 2 Points	1
6.5 Bicycles on transit. Are transit vehicles equipped to carry bicycles?	No 0 points	Some 1 point	Yes 2 Pts	2
6.6 Strollers on transit. Do transit companies allow strollers with children in them, in wheelchair spots in the bus?	No 0 points	Some 1 point	Yes 2 Points	2
6.7 Bus stops. Are stops accessible and do major bus stops have shelters, seating, garbage cans, bus schedules or other amenities?	No 0 points	Some, on major routes 1 point	Many or most 2 Pts	2
6.8 Intermodal connections. Does the public transit system provide good connections with other public transit systems, long distance coaches, rail, ferry, or other passenger transportation?	No 0 points	Some 1 point	Yes 2 Points	1
6.9 Transit center siting. Are transit centers (where multiple buses stop) convenient to commercial and employment centers?	No 0 points	Some 1 point	Yes 2 Pts	1

6.10 Park-and-rides. Does the transit system include park-and-ride lots where bicyclists and auto drivers can conveniently park vehicles while using public transportation?	No 0 points	Some 1 point	Many 2 Pts	1
6.11 Transit promotion. Is there multiple sources of information about transit services, such as posters, bus schedules and other promotions in multiple locations around the community?[NEW]	No 0 points	Some 1 point	Yes 2 Pnts	2
6.12 Ride sharing/car pools. Is there a vanpool and/or ridesharing program in the area?	No 0 points	Some- what 1 point	Yes 2 Pnts	2
TOTAL OF 26 POSSIBLE POINTS FOR SECTION 6				19/24

SECTION 7. SUMMARY AND NEXT STEPS

Section	Total Points
Section 1. Planning Policies, Regulation and Funding	31.75/77
Section 2. Pedestrian and Bicycle Safety	10.4/20
Section 3. Community Resources for Physical Activity	11.56/20
Section 4. Worksites	26/48
Section 5. Schools	18.67/44
Section 6. Public Transportation	19/24
Total Community Assessment Score	118.38/233 maximum points

How did your community do? (Your total score may land between two categories, indicating the opportunity for your community to transition to the next level.)

Active Community Rating Scale

	= Total Points
Stage 1: Some commitments have been made to remove barriers to physical activity.	= below 60
Stage 2: Community is off to a good start towards building an active community.	= 61-120
Stage 3: Community makes it easy for people of all ages and abilities to be physically active.	= 121-180
Stage 4: Community is a model active community environment.	= 181-233

7.1 Most Significant Ways Your Community is Making It Easier for People to Be Active

Please list what you believe are the three most important things about your community that makes it easier for people to be active.

1) Portage Park District provides a hiking program.
2) Schools provide opportunities for physical fitness programs during and after school.
3) Portage County parks offers hike/bike trails throughout Portage County.

7.2 Goals – Near Term

Based on this self-assessment process, please describe what you believe are the three changes that your community could realistically make in the next **one to two years** that would make it even easier for people to be more active.

1) Increase public awareness of local parks and trails offered for free outdoor recreation.
2) Advocate for inclusion of trails, pedestrian and bike paths in development plans.
3) Educate superintendents about adopting standardized physical education curriculum standards.

7.3 Goals – Long Term

Based on this self-assessment process, please describe what you believe are the three changes that your community could realistically make in the next **three to five years** that would make it even easier for people to be more active.

1) Advocate for bringing physical activity opportunities to children after-school and in recreational facilities throughout Portage County.
2) Advocate for progressive communities by encouraging a practice of proactive zoning and ordinances.
3) Advocate for daily fitness and/or physical education in all schools.

ENDNOTES:

¹ 2005 Amendments to the Growth Management Act (GMA) added that the Land Use Element should consider land use planning approaches that promote physical activity.

² In Clark, King, Kitsap, Pierce, Snohomish and Thurston Counties, if an analysis shows that planned residential densities are not being reached as land develops, then jurisdictions must pursue affordable housing strategies and innovative techniques to promote higher densities within urban growth areas (UGAs) [[RCW 36.70A.215](#)].

³ 2005 Amendments to the GMA require a bicycle and pedestrian component in the transportation element of a comprehensive plan [[RCW 36.70A.070\(6\)\(a\)\(vii\)](#)]. This could identify goals for bicycle and pedestrian transportation, inventory existing pedestrian and bicycle facilities, identify deficiencies, and plan improvements. Improvements could be focused on safe routes to school and/or hazard areas, and should be funded in capital facility or transportation improvement plans.

⁴ [RCW 36.70A.070\(6\)\(a\)\(iii\)\(A\)](#) requires an inventory of air, water, and ground transportation facilities and services, including transit alignments, state-owned transportation facilities, and general aviation airports. [WAC 365-195-325\(2\)\(c\)](#) provides recommendations for meeting inventory requirements.

⁵ A park and recreation element [[RCW 36.70A.070\(8\)](#)] is not required because the state has not provided funding to assist in developing it. However, park, recreation, and open space planning are GMA goals, and it is important to plan for and fund these facilities. A plan should include goals and policies to guide decisions regarding facilities, and estimates of park and recreation demand for at least a ten-year period based on adopted levels of service and population growth [[RCW 36.70A.070\(8\)\(a\)](#)], and an evaluation of intergovernmental coordination opportunities to provide regional approaches for meeting park and recreational demand [[RCW 36.70A.070\(8\)\(c\)](#)].

⁶ [RCW 36.70A.160](#) requires that a comprehensive plan identify open space corridors within and between urban growth areas, including lands useful for recreation, wildlife habitat, trails, and connection of critical areas. [RCW 36.70A.150](#) requires that the plan identify lands useful for public purposes such as utility corridors, transportation corridors, . . . stormwater management facilities, recreation, schools, and other public uses.

⁷ Goal 3 of the GMA [[RCW 36.70A.020\(3\)](#)] is to encourage compact urban development. Subdivision regulations should support an efficient transportation system and other appropriate infrastructure. Standards to promote transit and pedestrian-friendly developments, such as pedestrian connections and grid-pattern streets should be considered.

⁸ Washington's subdivision statute [[RCW 58.17.110\(2\)\(a\)](#)] requires written findings of adequate streets, sidewalks, alleys, transit stops, and other features that assure safe walking conditions for students before a development is approved.

⁹ [RCW 36.70A.070\(6\)\(a\)\(vi\)](#) requires traffic demand management (TDM) strategies consistent with the comprehensive plan. Examples include 1) new development is oriented towards transit streets, or 2) bicycle and pedestrian connections from developments to street and trail networks.

¹⁰ Centrally located facilities should need less parking as transit, bicycle and pedestrian access should be improved, and the need for a car should be less.

¹¹ If impact fees are authorized by [RCW 82.02.050\(4\)](#), the public facilities for which money is to be collected and spent on should be included in the capital facilities element and funds are to be spent within 6 years.

¹² Washington's subdivision statute [RCW 58.17.110\(2\)\(a\)](#) requires written findings of adequacy of open spaces, parks and recreation, and playgrounds before a subdivision is approved.

¹³ The concurrency requirement may or may not be in a separate ordinance, but should include specific language that prohibits development when level of service standards for transportation facilities cannot be met. [[RCW 36.70A.070\(6\)\(b\)](#), [WAC 365-195-510](#) and [WAC 365-195-835](#)]

¹⁴ Resources for American Disabilities Act (ADA) Accessibility Guidelines can be viewed <http://www.wsdot.wa.gov/Walk/designinfo.htm>

¹⁵ [RCW 36.81.121](#) (for counties) and [RCW 35.77.010](#) (for cities and towns) state that a 6-year transportation program shall include any new or enhanced bicycle or pedestrian facilities identified pursuant to RCW 36.70A.070(6) or other applicable changes that promote non-motorized transit.

¹⁶ [RCW 46.61.261](#) and 235 require drivers and bicyclists to yield to pedestrians on sidewalks and in crosswalks.

¹⁷ [RCW 70.94.521](#) through 555 affect the state's most traffic congested areas. Employers with more than 100 employees arriving between 6:00 and 9:00 a.m. are required to develop a commuter program designed to achieve reductions in vehicle trips and vehicle miles traveled and offer benefits such as subsidies for transit fares, flexible work schedules and work from home opportunities.

¹⁸ WAC 392-151-025 requires suggested walk route plans to be developed for each elementary school that has students that walk to and from school. Responsibility for these assigned by WAC 392-151-015.

¹⁹ [RCW 46.61.385](#) authorizes school districts to set up both student and adult safety patrols. WAC 392-151 provides details on school safety patrols include the make up of safety advisory committees.

²⁰ Ibid.

²¹ [RCW 28A.335.150](#) Boards of directors of school districts are authorized to permit the use of, and to rent school playgrounds, athletic fields, or athletic facilities, by, or to, any person or corporation for any athletic contests or athletic purposes. Permission to use and/or rent said school playgrounds, athletic fields, or athletic facilities shall be for such compensation and under such terms as regulations of the board of directors adopted from time to time so provide. 28A.335.155 In order to facilitate school districts permitting the use of school buildings for use by private nonprofit groups operating youth programs, school districts shall have a limited immunity in accordance with RCW 4.24.660. Nothing in RCW 4.24.660, including a school district's failure to require a private nonprofit group to have liability insurance, broadens the scope of a school district's liability. [1999 c 316 § 2.]

For more information, contact:

Washington State Department of Health
James Kissee, Physical Activity Specialist
(360) 236-3623 james.kissee@doh.wa.gov

Washington State Department of Community,
Trade and Economic Development
Anne Fritzel, Growth Management Planner
(360) 725-3064 annef@cted.wa.gov

Washington State Department of Transportation
David Tanner, Growth Management Specialist
(360) 705-7596 tannerd@wsdot.wa.gov

This checklist is part of the Nutrition and Physical Activity Program's Virtual Backpack of tools for communities to increase opportunities for physical activity.
http://www.doh.wa.gov/cfh/NutritionPA/our_communities/active_community_environments/toolkit/default.htm

Interpreting your school's data

Enclosed in this packet is a table that gives you an overview of the BMI measurement data for your school. The BMI percentiles for the county overall and by sex and grade are listed in the table below.

Mean BMI Percentiles for Children and Adolescents in Portage County

County Statistics	Below 85th % Normal Weight	86th-94th% Overweight	95th% + Obese
Overall	60.96	30.97	8.08
Boys	59.53	31.62	8.85
Girls	62.23	30.09	7.69
Grade K	68.80	23.13	8.07
Grade 3	59.62	33.26	7.12
Grade 7	58.08	34.45	7.47
Grade 9	57.81	32.46	9.73

Note: If you are interested in more information about BMI calculation, please visit http://www.cdc.gov/healthyweight/assessing/bmi/childrens_BMI/about_childrens_BMI.html

The most recent national BMI data for children and adolescents is data reporting from 2005-2006. The data reported that **nationally 30.1% of children and adolescents between the ages of 2 and 18 years were at or above the 85th percentile and 15.5% of children and adolescents aged 2-19 years were at or above the 95th percentile** (Ogden, Carroll, & Flegel 2008). The national data is also demonstrating that the rate of overweight/obesity in children has not increased since 2000.

The county data demonstrates that children and adolescents residing in Portage County have a higher percentage of children above the 85th percentile (overweight), but had a lower rate of children above the 95th percentile (obese). This is optimistic and is a strong starting point for the county to work towards improving.

Your schools name **will not be connected** with the specific outcomes from your school outside of the Portage County Health Department staff and the Nutrition Outreach Program staff. Your school will be anonymous in any data reporting at both state and local levels. It is important to continue to collect BMI data in the county so that we can determine if interventions, policy changes, or educational initiatives are impacting the BMI status of children and adolescents within the county. It is the goal of the Portage County Obesity Coalition, which is comprised of the Portage County Health Department, Robinson Memorial Hospital, and Kent State University's Nutrition Outreach Program, to continue BMI measures in K, 3, 7, and 9th grades. The reason for choosing these grades is that the BMI measures can be taken at the same time vision and hearing measures as to not take students out of their classrooms at another time.

Also enclosed in this packet are two articles that demonstrate the importance of schools in the national goal of obesity prevention. We hope you find these articles useful. We know that your time is spent on many different issues and we want to commend you on your current work on increasing the health of your district's students. These articles are meant to give you a better picture of the national movement on obesity prevention in youth in the schools.

If you have any questions or concerns about your data, would like to continue to participate in the county BMI data collection process, or would like to participate in nutrition education programming through the Nutrition Outreach Program at Kent State University, please contact either Natalie Caine-Bish, Ph.D., R.D., L.D. at ncaine@kent.edu or 330-672-2148 or Jodie Luidhardt, M.S., R.D., L.D. at jluidhar@kent.edu or 330-672-2063. Thank you again for your participation.

District BMI Percentiles by Grade and Sex

School A

Grade		Below 85th%	85th-94th%	Above 95th%
Overall K		70.75	19.73	9.52
	Boys	71.08	22.89	6.02
	Girls	70.31	15.62	14.06
Overall 3rd		66.26	26.38	7.36
	Boys	59.77	29.88	10.34
	Girls	73.68	22.37	3.95
Overall 7th		60.84	28.92	10.24
	Boys	56.79	37.04	6.17
	Girls	64.71	21.18	14.12
Overall 9th		58.62	35.34	6.03
	Boys	58.93	33.93	7.14
	Girls	58.33	36.67	5.00
District Total		64.36	27.2	8.45
	Boys	61.89	30.62	7.49
	Girls	67.02	23.51	9.47

Note: The data is presented first overall by grade, then by sex (boys/girls), and finally overall by district and then with respect to boys and girls overall within the district.

Below the 85%=healthy weight, 85-94th%=overweight, and 95%+=obese

District BMI Percentiles by Grade and Sex

School B

Grade		Below 85 th %	85 th -94 th %	Above 95 th %
Overall K		74.79	17.64	7.56
	Boys	75.38	18.46	6.15
	Girls	73.58	16.98	9.43
Overall 3rd		57.57	29.35	8.59
	Boys	63.46	33.69	3.85
	Girls	51.67	25.00	13.33
Overall 7th		56.88	36.27	6.75
	Boys	45.00	46.67	8.33
	Girls	68.97	25.86	5.17
Overall 9th		No Measures Completed on 9th Grade		
	Boys			
	Girls			
District Total		63.14	29.15	7.71
	Boys	61.58	32.20	6.21
	Girls	64.33	26.32	9.36

Note: The data is presented as percentages first overall by grade, then by sex (boys/girls), and finally overall by district and then with respect to boys and girls overall within the district.

Below the 85%=healthy weight, 85-94th%=overweight, and 95%+=obese

District BMI Percentiles by Grade and Sex

School C

Grade		Below 85 th %	85 th -94 th %	Above 95 th %
Overall K		68.97	24.71	6.32
	Boys	73.63	19.78	6.59
	Girls	63.86	30.12	6.02
Overall 3rd		61.99	31.22	6.79
	Boys	61.26	32.43	6.31
	Girls	60.95	31.43	7.62
Overall 7th		56.82	36.93	6.25
	Boys	54.12	38.83	7.06
	Girls	59.34	25.16	5.49
Overall 9th		56.60	30.19	13.21
	Boys	56.73	33.66	9.62
	Girls	50.83	24.17	15.00
District Total		60.92	30.77	8.30
	Boys	61.38	31.10	7.42
	Girls	59.95	30.74	7.42

Note: The data is presented first overall by grade, then by sex (boys/26girls), and finally overall by district and then with respect to boys and girls overall within the district.

Below the 85%=healthy weight, 85-94th%=overweight, and 95%+=obese

District BMI Percentiles by Grade and Sex

School D

Grade		Below 85 th %	85 th -94 th %	Above 95 th %
Overall K		59.51	32.68	7.80
	Boys	50.57	43.68	5.75
	Girls	66.10	26.57	9.32
Overall 3rd		49.70	42.51	7.78
	Boys	44.62	47.69	7.69
	Girls	52.94	39.21	7.84
Overall 7th		49.21	43.98	6.81
	Boys	40.63	50.00	9.38
	Girls	57.89	37.90	4.21
Overall 9th		48.92	42.47	8.60
	Boys	51.14	39.77	9.09
	Girls	46.94	44.89	8.16
District Total		52.07	40.19	7.74
	Boys	46.73	45.24	8.04
	Girls	56.42	36.07	7.51

Note: The data is presented first overall by grade, then by sex (boys/girls), and finally overall by district and then with respect to boys and girls overall within the district.

Below the 85%=healthy weight, 85-94th%=overweight, and 95%+=obese

District BMI Percentiles by Grade and Sex

School E

Grade		Below 85 th %	85 th -94 th %	Above 95 th %
Overall K		68.60	18.60	12.79
	Boys	68.09	17.02	14.89
	Girls	69.23	20.51	10.26
Overall 3rd		63.81	30.48	5.71
	Boys	60.42	31.25	8.33
	Girls	66.67	29.83	3.51
Overall 7th		59.21	33.55	7.24
	Boys	58.46	35.38	6.15
	Girls	59.77	38.18	8.05
Overall 9th		57.14	31.97	10.88
	Boys	57.97	31.88	10.14
	Girls	56.41	32.05	11.54
District Total		61.22	29.80	8.98
	Boys	60.70	29.69	9.61
	Girls	61.69	29.89	8.43

Note: The data is presented first overall by grade, then by sex (boys/girls), and finally overall by district and then with respect to boys and girls overall within the district.

Below the 85%=healthy weight, 85-94th%=overweight, and 95%+=obese

District BMI Percentiles by Grade and Sex

School F

Grade		Below 85 th %	85 th -94 th %	Above 95 th %
Overall K		73.42	18.35	8.23
	Boys	71.25	25.00	3.75
	Girls	75.64	11.54	12.82
Overall 3rd		54.14	36.95	8.92
	Boys	58.11	31.08	10.81
	Girls	50.60	42.16	7.23
Overall 7th		61.27	30.28	8.45
	Boys	58.57	35.72	5.71
	Girls	63.89	25.00	11.11
Overall 9th		61.53	29.38	9.09
	Boys	52.70	37.84	9.46
	Girls	60.71	27.38	11.90
District Total		61.53	29.38	9.09
	Boys	60.40	32.21	7.38
	Girls	62.46	26.82	10.73

Note: The data is presented first overall by grade, then by sex (boys/girls), and finally overall by district and then with respect to boys and girls overall within the district.

Below the 85%=healthy weight, 85-94th%=overweight, and 95%+=obese

District BMI Percentiles by Grade and Sex

School G

Grade		Below 85 th %	85 th -94 th %	Above 95 th %
Overall K		65.79	25.00	9.21
	Boys	67.74	22.58	9.68
	Girls	64.44	26.66	8.89
Overall 3rd		55.70	34.18	10.13
	Boys	47.37	34.21	18.42
	Girls	63.41	34.14	2.44
Overall 7th		54.95	34.07	10.99
	Boys	50.00	37.09	11.90
	Girls	59.18	30.62	10.20
Overall 9th		62.39	29.91	7.69
	Boys	67.27	25.45	7.27
	Girls	58.06	33.87	8.06
District Total		58.68	29.94	11.38
	Boys	58.68	29.04	11.38
	Girls	61.11	31.32	7.58

Note: The data is presented first overall by grade, then by sex (boys/girls), and finally overall by district and then with respect to boys and girls overall within the district.

Below the 85%=healthy weight, 85-94th%=overweight, and 95%+=obese

District BMI Percentiles by Grade and Sex

School H

Grade		Below 85 th %	85 th -94 th %	Above 95 th %
Overall K		64.44	28.89	6.67
	Boys	60.87	30.43	8.70
	Girls	71.43	23.81	4.76
Overall 3rd		47.54	44.26	8.20
	Boys	46.15	42.31	11.54
	Girls	62.96	29.62	7.41
Overall 7th		62.79	27.91	9.30
	Boys	57.14	28.09	4.76
	Girls	68.18	18.18	13.64
Overall 9th		61.22	30.61	8.16
	Boys	47.62	42.86	9.52
	Girls	71.43	28.43	7.14
District Total		60.85	30.68	8.47
	Boys	52.75	38.46	8.79
	Girls	68.37	23.47	8.16

Note: The data is presented first overall by grade, then by sex (boys/girls), and finally overall by district and then with respect to boys and girls overall within the district.

Below the 85%=healthy weight, 85-94th%=overweight, and 95%+=obese

District BMI Percentiles by Grade and Sex

School I

Grade		Below 85 th %	85 th -94 th %	Above 95 th %
Overall K		72.28	20.79	6.93
	Boys	73.58	20.75	5.66
	Girls	70.83	20.83	8.33
Overall 3rd		69.84	26.98	3.17
	Boys	70.00	15.00	15.00
	Girls	66.67	27.78	5.56
Overall 7th		63.64	31.17	5.19
	Boys	67.74	22.58	9.68
	Girls	36.00	44.00	20.00
Overall 9th		65.58	24.03	10.39
	Boys	53.85	26.92	19.23
	Girls	33.33	25.93	40.74
District Total		67.41	26.07	6.52
	Boys	66.17	28.62	5.20
	Girls	68.42	23.69	7.89

Note: The data is presented first overall by grade, then by sex (boys/girls), and finally overall by district and then with respect to boys and girls overall within the district.

Below the 85%=healthy weight, 85-94th%=overweight, and 95%+=obese

District BMI Percentiles by Grade and Sex

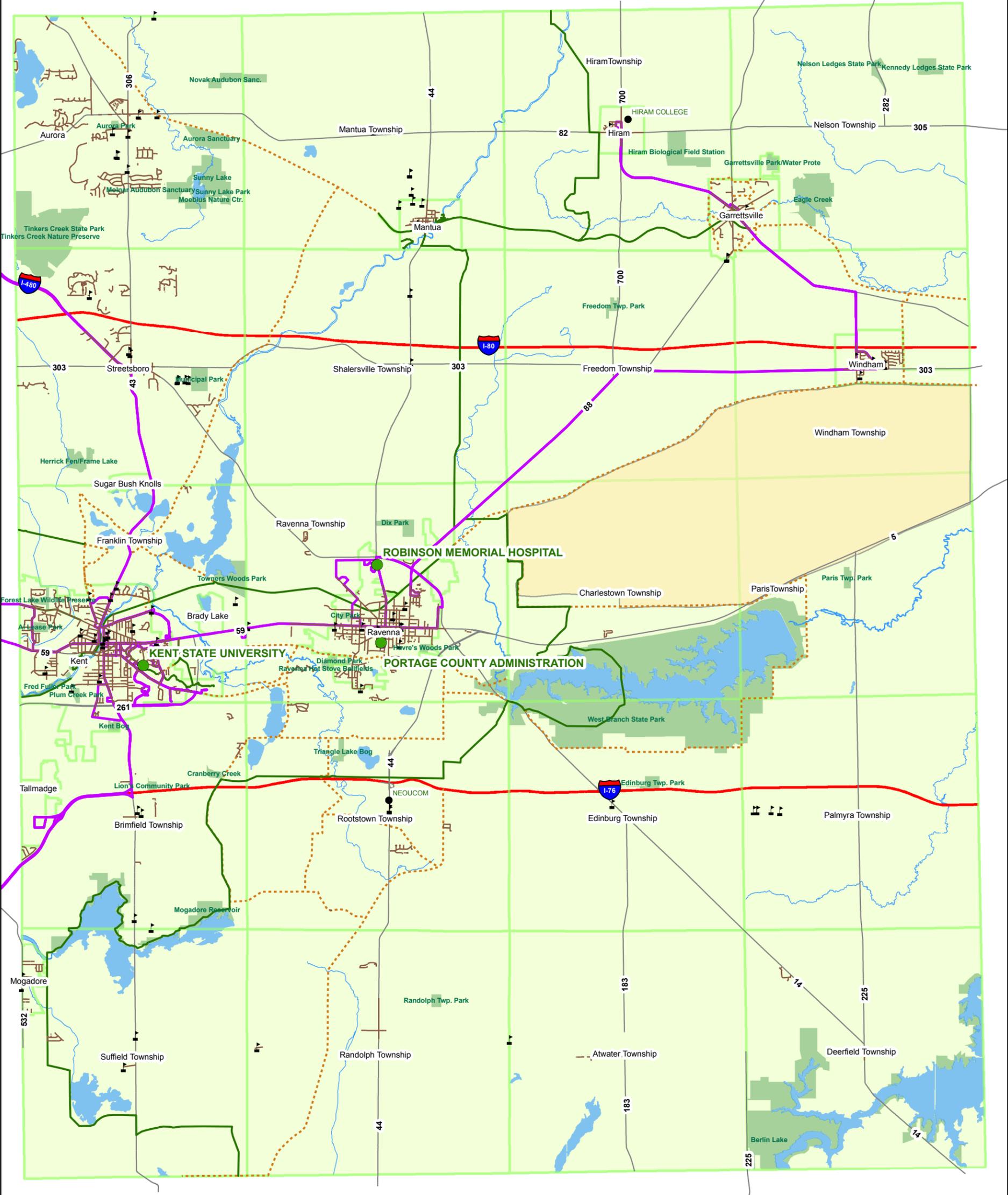
School J

Grade		Below 85 th %	85 th -94 th %	Above 95 th %
Overall K		71.79	21.79	6.41
	Boys	70.27	24.33	5.41
	Girls	73.17	19.41	7.32
Overall 3rd		65.12	30.23	4.65
	Boys	58.33	38.89	2.78
	Girls	71.43	24.49	4.08
Overall 7th		60.76	34.18	5.06
	Boys	53.85	41.02	5.13
	Girls	67.50	27.50	5.00
Overall 9th		59.04	33.73	7.23
	Boys	55.00	40.00	5.00
	Girls	62.79	27.91	9.30
District Total		64.63	29.88	5.49
	Boys	59.21	36.18	4.61
	Girls	68.79	24.86	6.36

Note: The data is presented first overall by grade, then by sex (boys/girls), and finally overall by district and then with respect to boys and girls overall within the district.

Below the 85%=healthy weight, 85-94th%=overweight, and 95%+=obese

Portage County



- Public Access Parks/Recreational Areas
- Ravenna Arsenal
- Major Employers
- Schools
- PARTA Bus Routes
- Trails**
- Existing
- Proposed
- Sidewalks (AMATS)**
-

