



# Polk County Community Health Improvement Plan 2012



**TABLE OF CONTENTS**

DEVELOPING THE COMMUNITY HEALTH IMPROVEMENT PLAN .....3-5

EXECUTIVE SUMMARY .....6-8

POPULATION ..... 9

PARTNERS ..... 10

HISTORY OF 5-2-1-0..... 11

EARLY CHILDHOOD OVERWEIGHT / OBESITY DATA..... 12

CONTRIBUTORS AND RISK FACTORS ASSOICATED WITH EARLY CHILDHOOD OBESITY ..... 13

EARLY CHILDHOOD OBESITY STRATEGIC PLAN..... 14-16

EARLY CHILDHOOD REFERENCES..... 17

CHILDHOOD OVERWEIGHT / OBESITY DATA..... 18

CONTRIBUTORS AND RISK FACTORS ASSOICATED WITH CHILDHOOD OBESITY ..... 19

CHILDHOOD OBESITY STRATEGIC PLAN ..... 20-24

CHILDHOOD OBESITY REFERENCES ..... 25

ADULT OVERWEIGHT / OBESITY DATA ..... 26

CONTRIBUTORS AND RISK FACTORS ASSOCIATED WITH ADULT OBESITY..... 27

ADULT OBESITY STRATEGIC PLAN..... 28-30

ADULT OBESITY REFERENCES..... 31

CONCLUSION ..... 32

3 YEAR TRACKER ..... 33-34

### **Developing the Community Health Improvement Plan**

The Polk County Public Health department completed the 2011 Community Health Assessment update using the Tobacco Related and Other Chronic Conditions template provided by the Centers for Disease Control and Prevention via the state of Oregon. This template allowed the members of Polk County Public Health to use readily available data to construct a well-rounded health assessment for the community to review at the Community Health Improvement Plan launch.

The data provided in the Community Health Assessment was presented to community members, public officials, and stakeholders at the October 31<sup>st</sup> launch (for a complete list please see page 10). This discussion was followed by a presentation of the Healthy Communities Indicator Tool sponsored by Salem Health. The nine health indicators presented at the launch were selected by public health leaders, hospital staff, and community champions and were chosen due to statistical differences that were worse than comparable state averages and also have tremendous health and financial impacts on the Polk County community. Participants at the launch were asked for input on the indicators they perceived as the most important health measures to focus Community Health Improvement Plan efforts on. Each participant was asked to vote for three indicators by placing stickers on the corresponding posters displayed throughout the room. Each vote was used to rank the health indicators from highest to lowest perceived impact and allowed Polk County Public Health to use this information as the catalyst for the creation of the Community Health Improvement Plan.

The Community Health Improvement Plan (CHIP) workgroup held its first meeting on November 15<sup>th</sup>, 2011. The nine indicators were presented in rank order as determined by the Community Health Assessment launch and the group was instructed to select 3 - 4 focus areas. Each indicator selected: *Teens who are Obese*, *Adults who are Obese*, and *Low-Income Preschool Obesity*, although different, focused on the issue of obesity. Despite the facilitator's encouragement to think broadly, the community strongly supported the single issue of obesity, due, among other things, to the impact on other health issues. The Community Health Improvement Plan workgroup agreed that targeting the high rate of obesity in Polk County would have a tremendous positive impact due to the variety of health issues directly related to obesity including: mobility, chronic conditions, workability, self-esteem, stress, and physicality. The CHIP workgroup took ownership of the indicator selection because of the high interest of the health measures which directly related to creation of our successful Community Health Improvement Plan. As the plan was being developed and each phase of the plan was coming to life, there was much discussion around the actual implementation of the CHIP and the important role that community partners play. The CHIP workgroup acknowledged the incredible amount of work that had to be implemented to execute the plan and committed to continue participation to implement the plan to fidelity.

The Public Health Department recognizes the importance of each of the nine health indicators chosen to present at the Community Health Assessment launch and is committed to do our part to impact as many health measures as possible. We are

currently working to decrease: *Girls ages 15-17 Pregnancy Rates* through Family Planning efforts, the creation of The Place for Teen Health Clinic, partnership with TPAC (Teen Pregnancy Action Committee), implementation of My Future My Choice curriculum in Polk County middle schools, community prevention and education outreach, and continued partnerships with agencies dedicated to similar outcomes; and *Access to Mothers Early Prenatal Care* through the Maternity Case Management Program, referrals to prenatal care through our Family Planning Clinic, follow up of care through our WIC program, and continued partnerships and referrals with agencies serving pregnant women including exploration of establishing the Oregon Mother's Care program in Polk County.

## **Executive Summary**

We are pleased to present the Polk County Community Health Improvement Plan (CHIP). This plan is a combined effort of dedicated community partners who collaborate together as the Polk County CHIP work group. This work group is a multifaceted team representing state and local government, community, nonprofits, faith-based organizations, educational organizations, and local businesses. A complete list of participants can be found on page 7. This collaborative partnership was created to review the following three health assessments:

1. The 2011 Community Health Assessment:

*The 2011 Community Health Assessment is an update to the 2009 Polk County Community Health Assessment. It was created by Polk County Public Health using the Tobacco Related and Other Chronic Disease template provided by the state of Oregon. The 2009 Community Health Assessment was created and reviewed by the Polk County Health Department, Health and Human Services, the Polk County Board of Commissioners, and the Health Advisory Board. It was generated using the most current data available. The 2011 version was updated by Public Health and was presented to community partners with solicitation for feedback. The Assessment was then debuted to the public at a Community Health Assessment Launch on October 31, 2011. The Launch served as a springboard for the Polk County Community Health Improvement Plan with a call to action for community partners.*

2. The Polk County Community Snapshot Indicator Tool, Healthy Communities Institute:

*The Healthy Communities Institute Indicator Tool was created by the University of California Berkeley. It is available through Salem Health's website for both Marion and Polk counties. A team of Public Health and Salem Health staff reviewed select indicators for Polk County and indentified nine health indicators that displayed significant deficiencies.*

3. The 2011 Polk County Healthy Communities Change Tool Assessment:

*The Healthy Communities Change Tool template was created by the Centers for Disease Control and Prevention to engage and mobilize communities to focus on chronic disease prevention through systems, policy and environmental change. This assessment allowed the Polk County Community Health Advisory Committee (CHAC) to create an in-depth review of the needs and assets in Polk County. The CHAC reviewed 15 sectors of the community including businesses, health care organizations, and city government.*

From the three health assessments, the CHIP committee chose the key health indicators that most adversely affected the community at large. Each community partner identified the indicator(s) they viewed as most significant which resulted in the following rankings, listed in order of receiving the most expressed concern to least the expressed concern: Teens who are Obese; Poor Mental Health Days; Adults who are Obese; Mothers who Receive Early Prenatal Care; Teen Pregnancy Rates; Low-Income Preschool Obesity; Male Adults who Binge Drink; Cancer Screenings and Prevalence; and Teen Marijuana Use.

The results were presented at the first CHIP meeting where the group agreed to develop a plan focusing on child, teen, and adult obesity using the *5-2-1-0 Challenge*. This Initiative supports healthy lifestyle changes by encouraging 5 fruits and vegetables per day, 2 hours or less of screen time outside of school or work per day, 1 hour of physical activity per day, and 0 sugar sweetened beverages. The *5-2-1-0 Challenge* that Polk County will be using has been created by the *I Love Me Initiative*. From October- January the group met bi-weekly to generate the Polk County CHIP. The group will continue to meet biannually to ensure the CHIP goals are being met, and to make changes or additions as necessary.

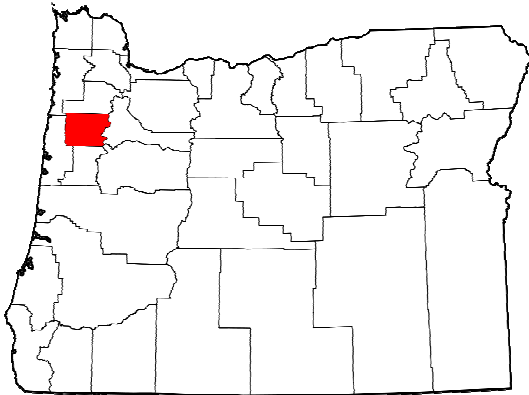
We welcome your feedback for the Community Health Improvement Plan and encourage you to learn more about our partners. If you have an interest in joining the CHIP workgroup or assisting with implementation of this plan, please contact Polk County Public Health at 503-623-8175.

Sincerely,

Randi Phillips, Polk County Public Health Manager



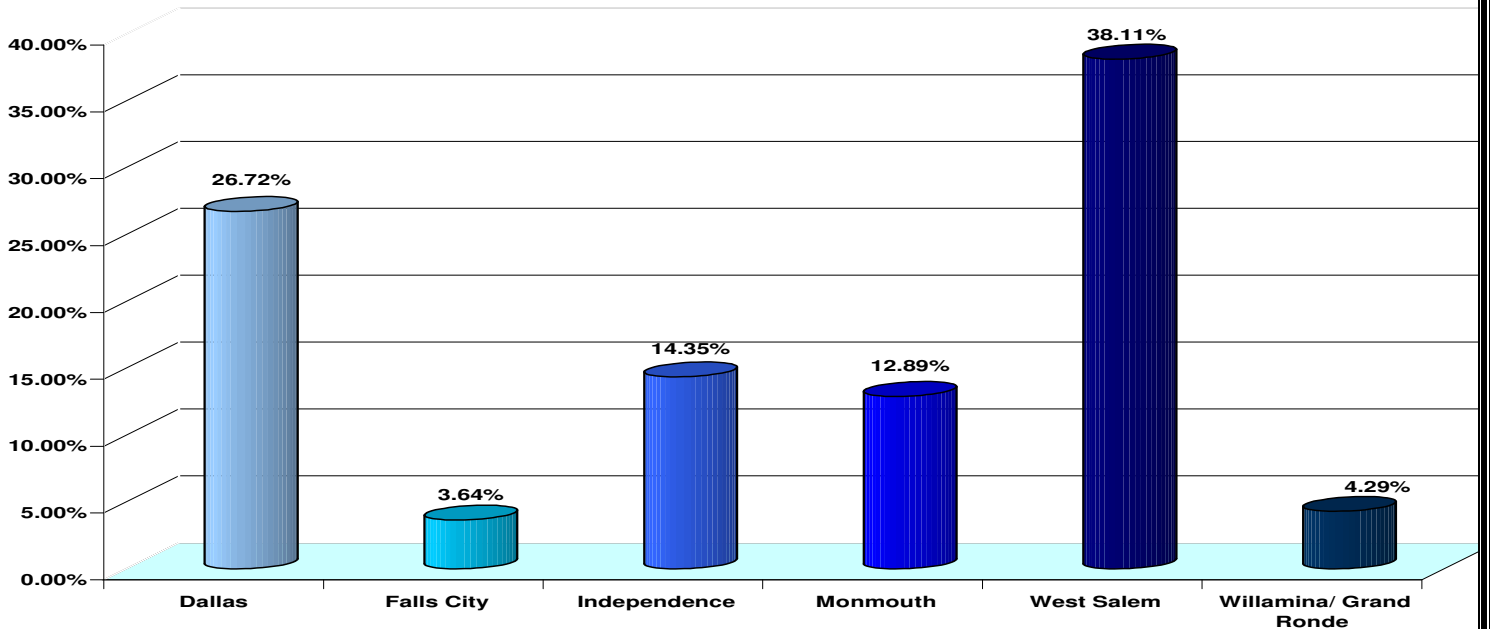
### Population



Polk County was established on December 22, 1845. It is a community located in the Willamette Valley and has a current population of 75,403. The populations by percentage of the cities within Polk County are: West Salem, 38.11%; Dallas including Perrydale, 26.72%; Independence 14.35%; Monmouth 12.89%; Falls City 3.64%; Willamina/

Grand Ronde 4.29%. Education, government, manufacturing, agriculture, gaming, and forestry make up the primary industries in the county. Polk County has the distinction of being the second largest area of land devoted to grape growing in Oregon.

Polk County Population



According to the 2010 U.S. Census Bureau, Polk County has 18,333 children under 18 years of age, making up 24.3% of the total population. The school districts within Polk County include: Central, Dallas, Falls City, Perrydale, Salem-Keizer, Willamina, and Luckiamute Valley Charter Schools. These schools educate over 11,500 students each year.

## **Partners**

The Polk County Community Health Improvement Plan would not have been possible without the knowledge and contribution of our community partners.

- The Confederated Tribes of Grand Ronde
- Willamette Valley Providers Health Authority
- Department of Health and Human Services, State of Oregon
- United Way of The Mid-Willamette Valley
- Evangelical Bible Church
- Oregon Health and Sciences University
- Metro Ambulance
- Red Cross of the Mid-Willamette Valley
- Oregon State University Extension Service
- I Love Me
- Salem Health
- Polk County Health Advisory Board
- Marion-Polk Medical Society
- Oregon Health Authority Performance Management Program
- Willamette Valley Hospice
- Western Oregon University
- Western Oregon University's Health and Wellness Center
- Polk County Mental Health
- YMCA
- Oregon Child Development Coalition
- Yamhill County Public Health

Special thanks are extended to the community partners who served on the CHIP Work Group. The creation of the CHIP would not have been possible without their contributions and continued support.

- Salem Health
- Western Oregon University
- Polk County Health Advisory Board
- Yamhill County Public Health
- Oregon State University Extension Service
- Polk County Public Health
- Marion-Polk Medical Society
- Polk County Mental Health
- Masabi
- Amazing Grace
- Falls City School District
- I Love Me
- YMCA

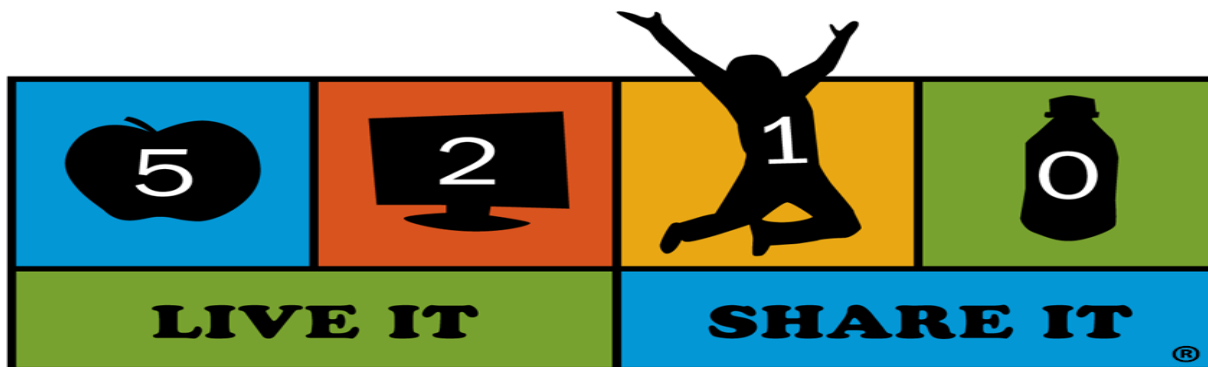
## 5-2-1-0 History

In 1998 Massachusetts developed “Jump Up & Go” as part of a Blue Cross Blue Shield of Massachusetts sponsored community grant. In 2001, “Jump Up & Go” introduced the concept of 5-2-1, created by Silvia Stevens, with the slogan “Up & Go’s 5-2-1”. The concept was intended to be simple and precise targeting childhood obesity.<sup>1</sup>

In 2004 the idea was adopted by the Maine Youth Overweight Collaborative (MYOC), a partnership of pediatric groups, the state of Maine Center for Disease Control and Prevention, community groups, and the Maine-Harvard Prevention Research Center. The MYOC added the “0” to fit their goal of “five or more fruits and vegetables per day, 2 hours or less screen time per day, 1 hour or more of physical activity per day, and zero sugar drinks coupled with more water and low fat milk consumption.”<sup>2</sup>

In 2006, Maine introduced the most influential program to date, “*Lets GO!*” and by 2010, the messaging had reached eight regions in Maine, 85,000 students at 262 schools, thousands of children from 40 child-care sites, 50 physician practices, 2,000 children in after school programs, and six of the largest employers of Portland, Maine. 5-2-1-0 has spread throughout parts of the United States and Canada. Most areas have created a unique 5-2-1-0 logo and some areas have added additional ideas to the program.<sup>2</sup>

In the summer of 2011, community representatives in Salem, Oregon created a non-generational, easy to share message of “5-2-1-0 Live It, Share It”. 5-2-1-0 has evolved into a 30-day challenge sponsored by the I Love Me Initiative and is currently being used as part of both Marion and Polk County’s Community Health Improvement Plans.



1. Blue Cross Blue Shield of Massachusetts. (n.d.). *Jump Up & Go: A Program to Help Kids Get Healthy and Grow Strong*. Retrieved 01/18/2012 from [http://www.bluecrossma.com/common/en\\_US/pdfs/parents\\_brochure.pdf](http://www.bluecrossma.com/common/en_US/pdfs/parents_brochure.pdf)

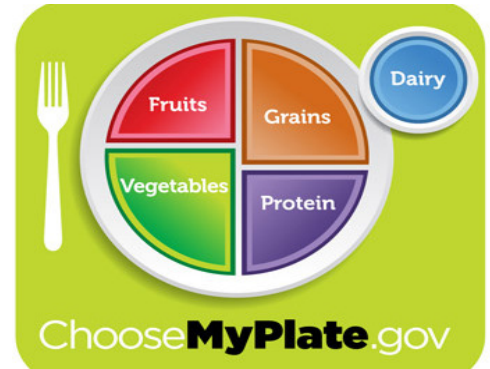
2. Maine Center for Public Health. (2009). *Maine Youth Overweight Collaborative 3: Final Report*. Retrieved 01/18/2012 from [http://www.mcph.org/Major\\_Activities/KeepMEHealthy/Final\\_Report\\_08-09.pdf](http://www.mcph.org/Major_Activities/KeepMEHealthy/Final_Report_08-09.pdf)

## Early Childhood Overweight and Obesity Data

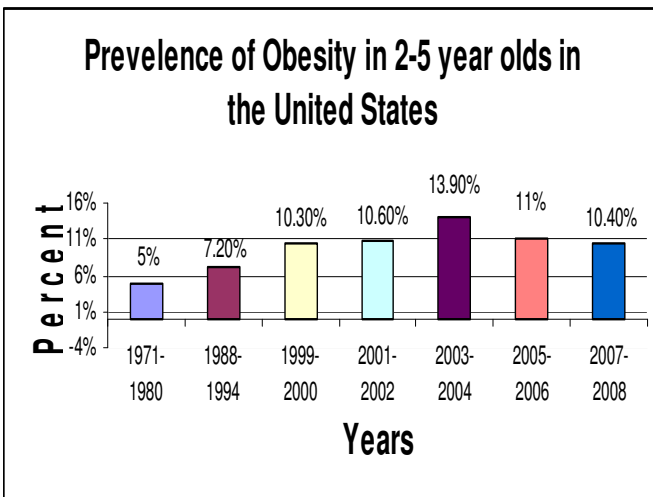
In the United States obesity increased in preschool children aged 2-5, from 5.0% to 10.4% between 1976-1980 and 2007-2008.<sup>5</sup> Current research shows that one out of every three children will be classified as overweight or obese before their fifth birthday.<sup>1</sup> A little over six percent, 4,748, of Polk County's population is under 6.<sup>2</sup>

Overweight and obese children are more at risk for becoming overweight or obese adolescents or adults.<sup>3</sup>

Obese children also have a greater risk of social and psychological problems, such as discrimination and poor self-esteem, which can continue into adulthood.<sup>3</sup> Polk County is in the top three most obese counties in Oregon and the obesity rates are continuing to



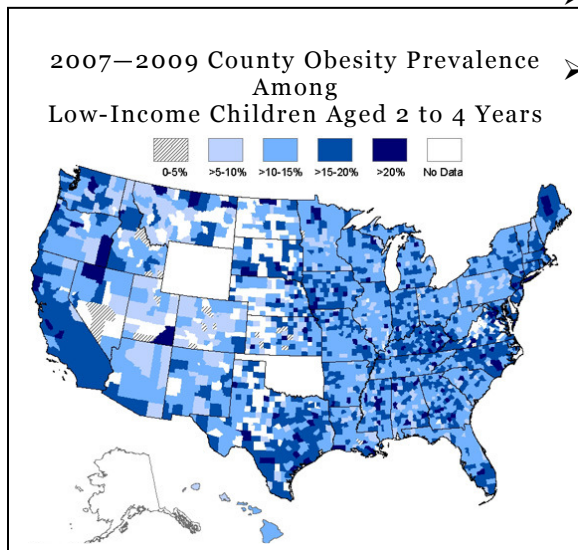
rise. Only 2 percent of children meet the recommended Food Guide Pyramid servings recommendations for all five major food groups.<sup>3</sup> If this trend continues one third of all children born in 2000 or later will suffer from overweight or obesity-related diabetes at some point in their lives.<sup>4</sup> Lack of physical activity is



a major contributor to childhood obesity. Children's level of physical activity has been shown to increase when they participate in environmental education programs that promote outdoor activity.<sup>4</sup>

## **Contributors and Risk Factors Associated with Early Childhood Obesity**

- 1 out of 7 low-income, preschool-aged children is obese.<sup>6</sup>
- 1 out of 3 children are obese or overweight by their 5<sup>th</sup> birthday.<sup>6</sup>
- Over the past four decades, obesity rates have soared among children of all age



- groups, increasing nearly five-fold amongst those ages 6-11 year olds.<sup>7</sup>
- Today, nearly 25 million children are overweight or obese.<sup>7</sup>
- Children treated for obesity are roughly three times more expensive for the health care system than children of normal weight.<sup>7</sup>
- About 20 percent of children are already overweight or obese before they enter school.<sup>10</sup>
- Almost 75 percent of parents with an obese child could not identify that their child was overweight but instead appeared to be of normal weight in their eyes.<sup>8</sup>
- Obesity is a major risk factor for many serious health conditions, including type 2 diabetes, stroke, heart disease, high blood pressure and certain cancers.<sup>9</sup>
- Almost 30% of youth do not exercise three or more times per week.<sup>9</sup>
- It might be possible to prevent obesity in infancy and early childhood by promoting healthy, early environments in settings outside the home where young children spend substantial time.<sup>10</sup>
- Among preschool children aged 2-5, obesity increased from 5.0% to 10.4% between 1976-1980 and 2007-2008 respectively.<sup>11</sup>

## **Early Childhood Obesity Strategic Plan**

Desired Outcomes: Educate parents of preschool-aged children to provide a new and innovative way to increase fruit and vegetable consumption and physical activity while eliminating unnecessary screen time and sugar-sweetened beverages to decrease the risk for obesity.

Polk County Public Health and the *I Love Me Initiative* will provide the necessary tools and support for parents and providers of preschool aged children to access the concepts of 5-2-1-0 and promote them in their school, daycare, or home setting.

Goal: Promote 5-2-1-0 concepts to preschool-aged children.

Phase 1: Engage parents and childcare providers of preschool-aged children to promote the 5-2-1-0 concept.

Strategies:

1. Discuss strategies to promote the *5-2-1-0 Challenge* to Polk County preschool-aged children at the Polk County CHIP work group meeting in January 2012.
2. Contact stakeholders, preschools, and daycare providers to assess interest in 5-2-1-0 by February 2012.
3. Present the 5-2-1-0 concept to the Western Oregon University Teaching Institute Preschool parents at a hands-on learning experience for parents and students by March 2012.

4. Provide local preschools and daycares with flyers and educational parent handouts to promote *5-2-1-0* in the preschool, daycare and home setting by March 2013.

<p><b>Indicator</b></p>	<p><b>Early Childhood Overweight/Obesity in Polk County</b></p>
<p><b>Goal</b></p> <p>Increase healthy lifestyle resources and education for preschool-aged children in Polk County.</p>	<p><b>Outcome Objectives/ Indicators</b></p> <ul style="list-style-type: none"> <li>○ Educate parents of preschool-aged children using 5-2-1-0.</li> <li>○ Educate daycares and preschools about 5-2-1-0.</li> <li>○ Increase fruit and vegetable intake to 5 servings per day.</li> <li>○ Increase physical activity to 1 hour per day.</li> <li>○ Decrease screen time to less than 2 hours outside of work or school.</li> <li>○ Eliminate sugar-sweetened beverage consumption.</li> </ul>
<p><b>Contributing/ Risk Factors</b></p> <ul style="list-style-type: none"> <li>○ Physical inactivity.</li> <li>○ Unhealthy eating habits.</li> <li>○ Health risks, chronic disease.</li> <li>○ Advertisement of unhealthy foods.</li> <li>○ Lack of time.</li> <li>○ Lack of resources.</li> <li>○ Using food for stress management.</li> </ul>	<p><b>Impact Objectives/ Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>○ Increase knowledge of healthy eating habits.</li> <li>○ Promote healthy BMIs in preschoolers.</li> <li>○ Increase time devoted to physical activity as an individual, family, daycare, and preschool.</li> <li>○ Provide necessary resources to families and organizations.</li> <li>○ Decrease prevalence of chronic disease.</li> <li>○ Create a culture of healthy living.</li> </ul>
<p><b>Available Resources</b></p> <ul style="list-style-type: none"> <li>○ City Parks.</li> <li>○ Train-the-Trainer.</li> <li>○ Polk County Public Health Staff.</li> <li>○ Dallas Aquatics Center.</li> <li>○ Online 5-2-1-0 trackers.</li> <li>○ Paper trackers.</li> <li>○ Disk Golf Courses.</li> <li>○ Rickreall Walking Trail.</li> <li>○ Pay-for-use gyms.</li> <li>○ Hiking trails.</li> <li>○ Bike trails.</li> <li>○ Ash creek trail.</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>○ Lack of financial resources.</li> <li>○ Negative attitudes about nutrition/ physical activity.</li> <li>○ Time constraints.</li> <li>○ Lack of involvement/ interest.</li> <li>○ Availability of televisions and computers.</li> <li>○ Lack of knowledge of the 5-2-1-0 Challenge.</li> </ul>



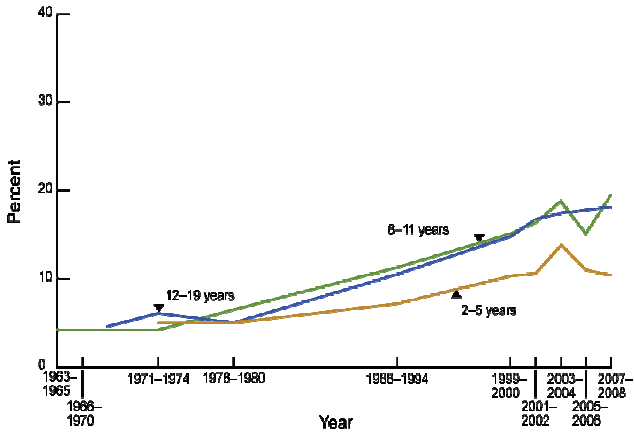
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3. Children's Diets in the Mid-1990's: Dietary Intake and Its Relationship with School Meal Participation. (n.d.). *Food & Nutrition Service Home Page*. Retrieved January 20, 2012, from <http://www.fns.usda.gov/oane/MENU/Published/CNP/FILES/ChilDietsum.htm>
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10. Early Childhood Obesity Prevention Policies . (n.d.). *The National Academies Press*. Retrieved January 20, 2012, from [http://www.nap.edu/catalog.php?record\\_id=13124](http://www.nap.edu/catalog.php?record_id=13124)
11. Obesity and Overweight for Professionals: Childhood: Basics | DNPAO | CDC. (2011, April 29). *Centers for Disease Control and Prevention*. Retrieved December 21, 2011, from <http://www.cdc.gov/obesity/childhood/data.html>

## Childhood Overweight and Obesity Data

Approximately 31.6% of children and adolescents aged 2-17 are classified as overweight or obese<sup>1</sup>, with 17% of those adolescents aged 2-17 considered obese.<sup>2</sup> The

**Figure 1. Trends in obesity among children and adolescents: United States, 1963–2008**

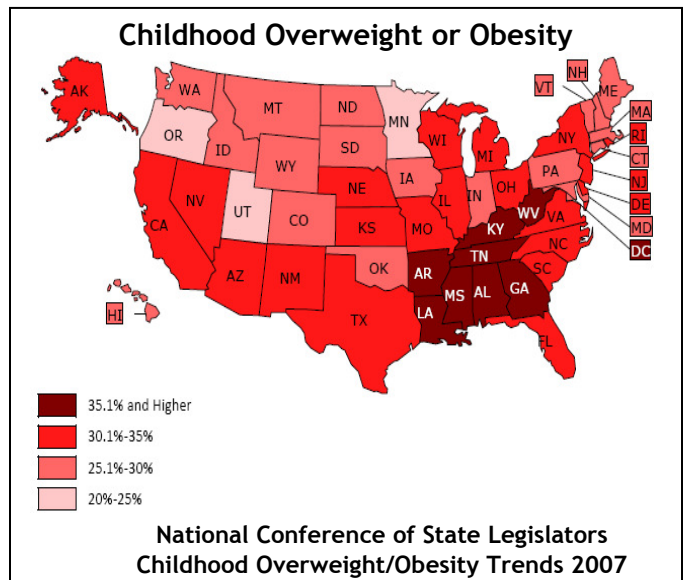


NOTE: Obesity is defined as body mass index (BMI) greater than or equal to sex- and age-specific 95th percentile from the 2000 CDC Growth Charts.  
 SOURCES: CDC/NCHS, National Health Examination Surveys II (ages 9–11), III (ages 12–17), and National Health and Nutrition Examination Surveys (NHANES) I–III, and NHANES 1999–2000, 2001–2002, 2003–2004, 2005–2006, and 2007–2008.

number of obese or overweight children and adolescents has nearly tripled from the 1980s; without intervention that number will continue to rise.<sup>2</sup>

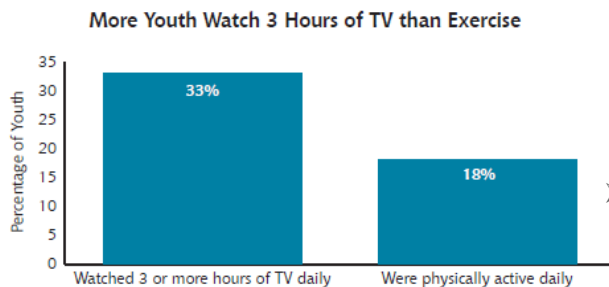
Body Mass Index (BMI), is a standardized tool used to determine if a person is overweight or obese. **Overweight** is defined as a BMI at or above the 85th percentile and lower than

the 95th percentile for children of the same age and sex. **Obesity** is defined as a BMI at or above the 95th percentile for children of the same age and sex.<sup>4</sup>



## **Contributors and Risk Factors Associated with Childhood Obesity**

- Obesity is a major risk factor for many serious health conditions, including type 2 diabetes, stroke, heart disease, high blood pressure and certain cancers.<sup>5</sup>
- Obese adolescents have an 80% chance of becoming obese adults.<sup>5</sup>
- An estimated 70% of obese youth have at least one additional health risk factor such as high blood pressure or high cholesterol with 39% having two or more.<sup>6</sup>
- Almost 30% of youth do not exercise three or more times per week.<sup>5</sup>
- Less than 4% of elementary schools, 8% of middle schools, and 2% of high schools provide opportunities for daily physical education.<sup>8</sup>
- Obese children and adolescents have a greater risk of social and psychological problems, such as discrimination and poor self-esteem, which can continue into adulthood.<sup>6</sup>
- Portion sizes of unhealthy foods and beverages have increased over time in restaurants,



Source: Youth Risk Behavior Surveillance System, CDC, 2009

- Children 8-18 years of age spend an average of 7.5 hours a day using entertainment media, including TV, computers, video games, cell phones, and movies.<sup>7</sup>
- Between 2001-2009 obesity increased 54% among middle and high school students in Oregon.<sup>9</sup>
- Sugar drinks are the largest source of added sugar and an important contributor of excess calories in the diets of children in the United States.<sup>7</sup>
- Childhood obesity is the result of eating too many calories and not getting enough physical activity.<sup>7</sup>
- 1/3 of the recent increase in medical costs in Oregon is attributed to obesity.<sup>9</sup>
- In 2009 only 33% of students attended daily physical education classes.<sup>7</sup>
- Oregonians consume over 136 million gallons of sugar-sweetened soda each year, equivalent to more than 63 million pounds of excess weight gained in the state.<sup>9</sup>

## **Childhood Obesity Strategic Plan**

Desired Outcomes: The *5-2-1-0 Challenge* will increase children's knowledge of fresh fruits and vegetables while encouraging an increased intake of healthy food options and the elimination of sugar sweetened beverage consumption. 5-2-1-0 will also decrease excess screen time by encouraging at least one hour of physical activity per day. Decreasing unnecessary caloric intake and increasing physical activity and healthy food consumption will lower the childhood risk for obesity in Polk County while increasing a culture of healthy living.

The *5-2-1-0 Challenge* will provide an evidence-based, four week challenge focusing on a different aspect of the program each week, culminating in a better understanding of healthy choices in the elementary school setting in Polk County.

Goal: Increase healthy lifestyle opportunities for children in Polk County by providing educational resources to school staff.

Phase 2: Implement the *5-2-1-0 Challenge* in the Falls City 1<sup>st</sup> and 2<sup>nd</sup> grade classroom and the Perrydale 1<sup>st</sup> grade classroom by June 2012. Promote 5-2-1-0 to Grand Ronde and Willamina schools and families.

Falls City strategies:

1. Identify and contact key stakeholders to garner support and ultimately approve the implementation of *5-2-1-0* in Falls City Elementary School's 1<sup>st</sup> and 2<sup>nd</sup> grade class by January 31, 2012.

2. Educate Falls City Elementary School staff, including teachers, food preparation staff, and after school program staff, about *5-2-1-0* at the February 10 All-Staff Meeting. Have the 1<sup>st</sup> and 2<sup>nd</sup> grade teacher attend a Train-the-Trainer session presented by the Salem Hospital Community Health Education Center (CHEC) on January 26, 2012.
3. Introduce the *5-2-1-0 Challenge* to parents and students and obtain participation permission slips prior to the start of the program. This will be done by revealing the *5-2-1-0 Challenge* to students the week of March 19<sup>th</sup>. A letter to the parents and a parental permission slip will be sent home with students the week of March 19 leading up to Parent-Teacher Conferences March 22 and 23. Parents that have not returned the permission slips prior to their Parent-Teacher Conferences will be asked to sign one during their conference.
4. Beta test the *5-2-1-0 Class Challenge* in the 1<sup>st</sup> and 2<sup>nd</sup> grade classroom at Falls City Elementary School starting on April 2 and ending on May 17. In order to track the progress of the *5-2-1-0 Challenge* student BMIs will be taken on April 2 and again on May 17 by the CHEC.
5. Promote the implementation of the *5-2-1-0 Challenge* to the Falls City Community at the Annual Community Outreach Event.

Perrydale strategies:

1. Identify and contact key stakeholders to garner support and ultimately approve the implementation of *5-2-1-0* in Perrydale Elementary School's 1<sup>st</sup> grade class by January 31, 2012.
2. Educate all Perrydale school staff, including teachers, food preparation staff, and after school program staff, about *5-2-1-0* at the February 21, 2012 All-Staff Meeting. Have the 1<sup>st</sup> grade teacher attend a Train-the-Trainer session presented by the Salem Hospital Community Health Education Center (CHEC) on January 26, 2012.
3. Introduce the *5-2-1-0 Challenge* to parents and students through the Perrydale School Newsletter prior to the start of the program. Reveal the *5-2-1-0 Challenge* to the students the week of February 20, 2012. A letter to the parents will be sent home with the students the week of February 20, 2012 leading up to the kick-off on February 27, 2012.
4. Beta test the *5-2-1-0* class challenge in the 1<sup>st</sup> grade classroom at Perrydale Elementary School starting on February 27, 2012 and ending on April 5 2012.
5. Have *5-2-1-0* trained staff promote *5-2-1-0* school-wide and encourage other classrooms to initiate a *5-2-1-0 Challenge* by June 2013.
6. Have 3 additional classrooms at Perrydale School participate in the *5-2-1-0 Challenge* by June 2014.

Grand Ronde and Willamina strategies:

1. Identify and contact key stakeholders to garner support and ultimately approve a booth at the Willamina Middle School Carnival in April 2012.
2. Promote *5-2-1-0* to students and families at the Willamina Middle School Carnival.
3. Provide CHEC, PCPH, and CHIP workgroup contact information for parents to participate in a *5-2-1-0 Challenge* with their family.
4. Identify and contact key stakeholders to garner support and ultimately approve a booth at the Grand Ronde Family Carnival.
5. *Promote 5-2-1-0* to students and families at the Grand Ronde Family Carnival in June 2012.

<p><b>Indicator</b></p>	<p><b>Childhood Overweight/Obesity in Falls City and Perrydale</b></p>
<p><b>Goal</b></p> <p>Increase healthy lifestyle opportunities for children in Falls City and Perrydale.</p>	<p><b>Outcome Objectives/ Indicators</b></p> <ul style="list-style-type: none"> <li>○ Educate students using the <i>5-2-1-0 Challenge</i></li> <li>○ Increase fruit and vegetable intake to 5 servings per day.</li> <li>○ Increase physical activity to 1 hour per day.</li> <li>○ Decrease unnecessary screen time.</li> <li>○ Eliminate sugar-sweetened beverage consumption.</li> <li>○ Assess physical activity levels and provide education.<sup>8</sup></li> </ul>
<p><b>Contributing/ Risk Factors</b></p> <ul style="list-style-type: none"> <li>○ Physical inactivity.</li> <li>○ Unhealthy eating habits.</li> <li>○ Health risks, chronic disease.</li> <li>○ Advertisement of unhealthy foods.</li> <li>○ Non-conducive physical activity environment.</li> <li>○ Lack of time.</li> <li>○ Lack of role models.</li> <li>○ Using food for stress management.</li> </ul>	<p><b>Impact Objectives/ Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>○ Increase the availability of evidence-based health education.</li> <li>○ Increase family knowledge of healthy eating habits.</li> <li>○ Promote healthy BMIs in students.</li> <li>○ Increase time devoted to physical activity outside of school.</li> <li>○ Increase healthy lifestyle role models.</li> <li>○ Provide necessary resources to facilitating staff.</li> <li>○ Increase awareness of/ participation in community garden project.</li> <li>○ Promote and strengthen school and early learning policies and programs that increase physical activity.<sup>8</sup></li> </ul>
<p><b>Available Resources</b></p> <ul style="list-style-type: none"> <li>○ City Parks.</li> <li>○ Internship programs at local colleges.</li> <li>○ Elementary school playground.</li> <li>○ Afterschool programs.</li> <li>○ Community garden.</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>○ Lack of financial resources.</li> <li>○ Isolation of community.</li> <li>○ Attitudes about nutrition/ physical activity.</li> <li>○ Time constraints.</li> <li>○ Lack of parental involvement/ interest.</li> <li>○ Over-availability of televisions and computers.</li> <li>○ Lack of health education.</li> <li>○ Inadequate transportation.</li> </ul>



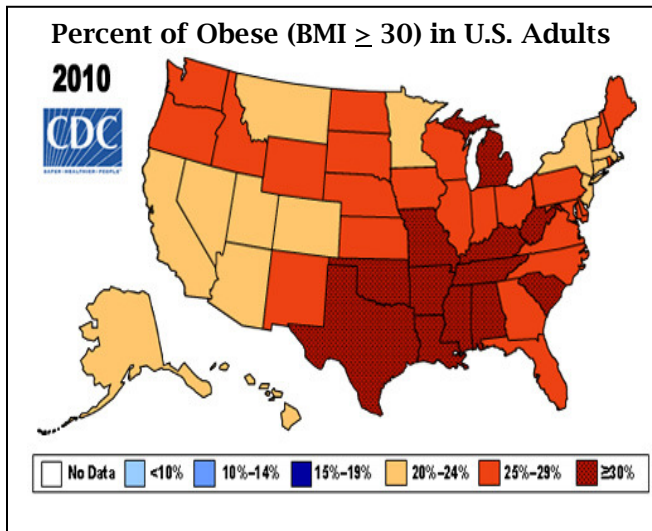
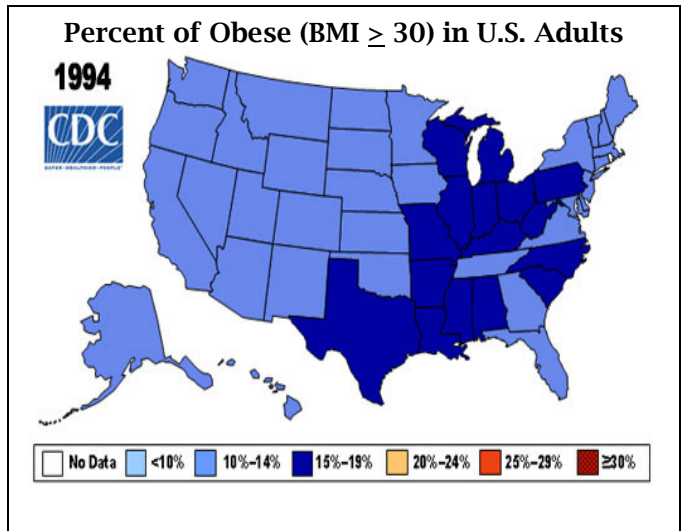
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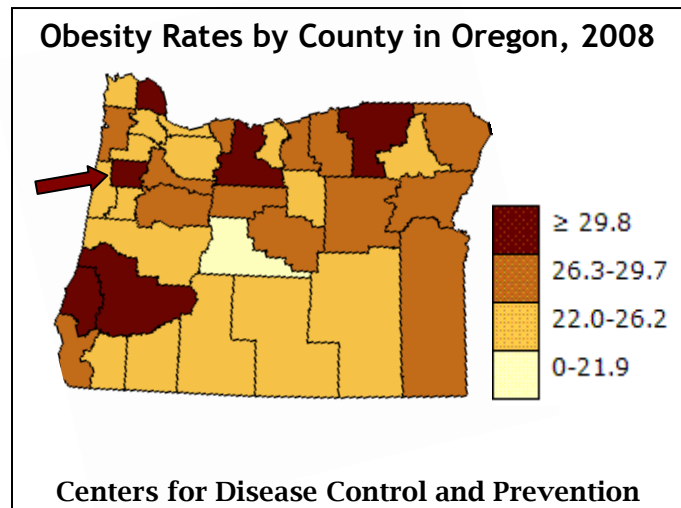
## Adult Overweight and Obesity Data

Healthy People 2010 had a 15 percent adult obesity rate goal; however, in 2010 no state had an obesity rate below 20 percent<sup>1,2</sup>.

Approximately 33.8 percent of United States adults were classified as obese in 2010, up 13.3 percent from data gathered between 1988-1994<sup>3</sup>. Oregon is among those states that continue to see an increase in adult obesity rates.



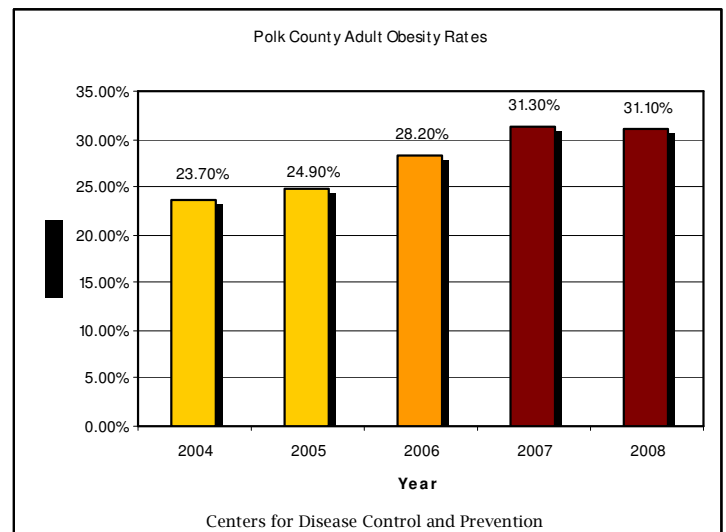
In 2010 Oregon ranked 26th for obesity with approximately 26.8 percent of adults categorized



as obese. Polk County is the third highest ranking county for adult obesity in the state of Oregon at 31.1 percent. This is 4.3 percent above the state average and 13.1 percent higher than Deschutes County, the lowest county in Oregon<sup>1,4</sup>. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, which are some of the leading causes of death in the country<sup>1</sup>.

## **Contributors and Risk Factors Associated with Adult Obesity**

- Behavior and environment are the greatest areas for prevention and treatment actions to reduce overweight and obesity in adults.<sup>5</sup>
- When weight increases to a level that is classified as overweight or obese, risk for multiple health-related conditions increases significantly.<sup>6</sup>
- In 2008 the United States spent 147 billion dollars on obesity related treatment.<sup>7</sup>
- Six out of ten adults drink at least one sugary drink per day.<sup>8</sup>
- More than 85 percent of people with type 2 diabetes are overweight.<sup>9</sup>
- 66 percent of adults in the United States are considered overweight or obese.<sup>10</sup>
- A five to seven percent weight loss due to moderate diet and exercise can delay or possibly prevent type 2 diabetes in people at high risk for the disease.<sup>10</sup>
- Oregonians consume over 136 million gallons of sugar-sweetened soda each year, equivalent to more than 63 million pounds of excess weight gained in the state.<sup>13</sup>
- Adults need at least 150 minutes of moderate-intensity aerobic activity each week.<sup>11</sup>
- Women with a college degree are less likely to be obese compared with less educated women.<sup>12</sup>
- Overweight and obesity result from an energy imbalance due to eating too many calories without getting enough physical activity.<sup>5</sup>
- In 2008 Polk County had 31.1 percent of residents classified as obese, up 7.4 percent from 2004.<sup>5</sup>
- 1/3 of the recent increase in medical costs in Oregon is attributed to obesity.<sup>13</sup>
- 56.5 percent of Oregon participated in moderate or vigorous activity in 2009.<sup>14</sup>
- Approximately 26 percent of Oregon adults ate 5 or more fruits or vegetables in 2005.<sup>15</sup>



## **Adult Obesity Strategic Plan**

Desired Outcomes: Use the *5-2-1-0 Challenge* to engage and educate Polk County adults in an innovative way to increase fruit and vegetable consumption and physical activity while decreasing unnecessary screen time and sugar-sweetened beverages to decrease the risk for obesity.

Polk County Public Health and the *I Love Me Initiative* will provide the necessary tools and support for community members to participate in a 30-day *5-2-1-0 Challenge*, and track their progress and successes.

**Goal:** Provide the Polk County community with the tools and resources needed to successfully complete a 30 day *5-2-1-0 Challenge*.

Phase 3: Outreach to the Polk County community by April 2012 through media advocacy, education and promotion.

Strategies:

1. Discuss strategies to promote the *5-2-1-0 Challenge* to Polk County community members at the Polk County CHIP work group meeting in December 2011.
2. Introduce the *5-2-1-0 Challenge* to Polk County Employees via the “Healthy Quest” newsletter by December 2011.
3. Have a Polk County Public Health employee and wellness committee member attending a Train-the-Trainer event to facilitate a county-wide *5-2-1-0 Challenge* by February 2012.

4. Promote the *5-2-1-0 Challenge* to Polk County employees, and provide an incentive for all participants by February 2012.
5. Communicate with the *Itemizer-Observer* newspaper to promote the *5-2-1-0 Challenge* to Polk County community members through media advocacy by April 2012.
6. Initiate a *5-2-1-0* community-wide challenge in Polk County via county employee email, the *Itemizer-Observer*, “Healthy Quest”, The Polk County Employee Newsletter -Communiqué, 211, the Public Health Facebook page, Polk County website, partner websites, local businesses, gyms, digital signage sites in West Valley Hospital and various email list serves through flyers and other publications by April 2012.
7. Encourage businesses, organizations, and groups to implement the *5-2-1-0 Challenge* in their location by sending a representative to a *5-2-1-0* Train-the-Trainer event by April 2012.

Indicator	Adult Overweight/Obesity in Polk County
<p><b>Goal</b></p> <p>Increase healthy lifestyle resources and education for adults in Polk County.</p>	<p><b>Outcome Objectives/ Indicators</b></p> <ul style="list-style-type: none"> <li>○ Educate community members using the <i>5-2-1-0 Challenge</i>.</li> <li>○ Increase fruit and vegetable intake to 5 servings per day.</li> <li>○ Increase physical activity to 1 hour per day.</li> <li>○ Decrease unnecessary screen time.</li> <li>○ Eliminate sugar-sweetened beverage consumption.</li> </ul>
<p><b>Contributing/ Risk Factors</b></p> <ul style="list-style-type: none"> <li>○ Physical inactivity.</li> <li>○ Unhealthy eating habits.</li> <li>○ Health risks, chronic disease.</li> <li>○ Advertisement of unhealthy foods.</li> <li>○ Lack of time.</li> <li>○ Lack of resources.</li> <li>○ Using food for stress management.</li> </ul>	<p><b>Impact Objectives/ Intervention Strategies</b></p> <ul style="list-style-type: none"> <li>○ Increase knowledge of healthy eating habits.</li> <li>○ Promote healthy BMIs to community members.</li> <li>○ Increase time devoted to physical activity as an individual, family, or organization.</li> <li>○ Provide necessary resources to community members and organizations.</li> <li>○ Decrease prevalence of chronic disease.</li> <li>○ Create a culture of healthy living.</li> </ul>
<p><b>Available Resources</b></p> <ul style="list-style-type: none"> <li>○ City Parks.</li> <li>○ Train-the-Trainer.</li> <li>○ Polk County Public Health Staff.</li> <li>○ Dallas Aquatic Center.</li> <li>○ Online and paper <i>5-2-1-0</i> trackers.</li> <li>○ Disk Golf Courses.</li> <li>○ Rickreall Walking Trail.</li> <li>○ Pay-for-use gyms.</li> <li>○ Hiking trails.</li> <li>○ Bike trails.</li> <li>○ Ash Creek trail.</li> </ul>	<p><b>Barriers</b></p> <ul style="list-style-type: none"> <li>○ Lack of financial resources.</li> <li>○ Negative attitudes about nutrition/ physical activity.</li> <li>○ Time constraints.</li> <li>○ Lack of involvement/ interest.</li> <li>○ Availability of televisions and computers.</li> <li>○ Lack of knowledge of the <i>5-2-1-0 Challenge</i>.</li> </ul>

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## Continuing the Process

The Polk County Public Health Department and the CHIP committee members are committed to protecting and promoting the health and wellbeing of people living in our community with the 2012 Community Health Improvement Plan (CHIP).

The 2012 CHIP is a living document that serves to guide members of the Polk County community. It will provide the tools necessary to foster the ability to complete and sustain the 30-day *5-2-1-0 Challenge* sponsored by the *I Love Me Initiative*. This will promote healthy lifestyle habits for the residents of Polk County.

The success of the 2012 CHIP greatly depends on community involvement and sponsorship. This program was written, revised, and completed by our community partners specifically for our community members. Therefore, it is our hope that it will flourish and grow. The CHIP work group will be meeting bi-annually to discuss the progress and direction of the Polk County CHIP.

We now propose a call to action to all interested community members; help us implement the 2012 CHIP to become a healthier, happier and energetic community. Please contact or visit the Polk County Public Health Department for more information.





### 3 year review checklist

Strategy	Responsible Agency(s)	Completed by Deadline	Not Completed by Deadline	Suggestions for 2015 CHIP
Introduce the 5-2-1-0 Challenge to Polk County Staff By 12-31-11	Polk County Wellness Committee	Yes		
Attend the Train-the-Trainer event By 1-31-12	PCPH Falls City School Polk County Wellness Committee	Yes		
Gain permission for 5-2-1-0 in Falls City By 1-31-12	Falls City Mayor	Yes		
Educate Falls City School Staff By 2-29-12	Polk County CHIP Work Group	Yes		
Begin 5-2-1-0 Challenge with Polk County Employees By 2-29-12	Polk County Wellness Committee	Yes		
Introduce 5-2-1-0 to Perrydale School Staff By 2-29-12	CHIP Work Group Perrydale Staff	Yes		
Promote 5-2-1-0 to Western Oregon University's Teaching Research Institute Preschool participants and parents By 3-31-12	PCPH CHEC	Yes		
Introduce 5-2-1-0 to Falls City students and parents By 3-31-12	Falls City School			
Receive Parental Permission Slips By 3-31-12	Falls City School			
Take "before" BMIs By 4-10-12	CHEC			
Implement 5-2-1-0 in Falls City Elementary School By 4-30-12	Falls City School			

Strategy	Responsible Agency(s)	Completed by Deadline	Not Completed by Deadline	Suggestions for 2015 CHIP
Promote 5-2-1-0 at Falls City Community Outreach Event By 4-30-12	CHEC Falls City School			
Promote the county-wide 5-2-1-0 Challenge with the Itemizer Observer By 4-30-12	PCPH CHEC			
Promote 5-2-1-0 at Willamina Family Carnival By 4-30-12	CHEC			
Initiate a community-wide 5-2-1-0 Challenge By 4-30-12	PCPH			
Take "after" BMIs at Falls City By 5-31-12	CHEC			
Promote 5-2-1-0 at Grand Ronde Community Resource Event By 6-31-12	CHEC PCPH			
Have Work Group Meeting to discuss progress and expand 2013 goals By 1-31-13	PCPH			
Contact stakeholders, preschools, and daycares about 5-2-1-0 By 1-31-13	PCPH			
Provide interested preschools, etc. with 5-2-1-0 materials By 3-31-13	PCPH CHEC			
Present 5-2-1-0 at WOU preschool Parent's Night By 4-30-13	CHEC			
Contact local businesses to promote 5-2-1-0 By 5-31-13	CHIP Work Group			
Select 2 businesses to host 5-2-1-0 Challenge By 7-31-13	CHIP Work Group			
Create and promote new strategies for 2014 and 2015 By 12-31-13	CHIP Work Group			

