

ACHIEVE develops and cultivates collaborative partnerships between city and county health officials, city and county government, tribal programs, parks and recreation departments, local YMCAs, local health-related coalitions, and other representatives from the school, business, health, and community sectors to implement improvements and address community risk factors in five specific sectors of the community. State departments of health and other state-level partners provide additional resources and information to help communities meet their goals. ACHIEVE communities develop and implement policy, systems, and environmental change strategies that can help prevent or manage health risk factors for heart disease, stroke, diabetes, cancer, obesity, and arthritis.

Five national organizations collaborate with CDC's Healthy Communities Program to support ACHIEVE communities:

- National Association of Chronic Disease Directors (NACDD)
- National Association of County and City Health Officials (NACCHO)
- National Recreation and Park Association
- Society for Public Health Education
- YMCA of the USA (Y-USA)

In January 2008, 10 initial communities were jointly selected by NACDD and Y-USA to pilot the ACHIEVE model in its first year. In March 2009, 43 communities were selected to join ACHIEVE and in February 2010, an additional 40 communities were added. Ohio currently has three ACHIEVE Communities in Butler County, Stark County, and Stark County.

In each ACHIEVE community nationwide, Community Coaches lead a Community Action Response Team (CHART) comprised of community members who help identify the policy, systems, and environmental changes that need to be addressed in a way that meets the needs of each unique community. The CHART team members work together to implement changes.

CHART members participate in an annual community needs assessment using the CDC's Community Health Assessment and Group Evaluation (CHANGE) tool. The CHANGE tool, developed by CDC's Healthy Communities Program, provides community leaders with a snapshot of local policy, systems, and environmental change strategies currently in place in their community and identifies areas where such health strategies are lacking. CHANGE assists each community in defining and prioritizing areas for improvement as part of its Community Action Plan (CAP).

Each CHART develops a Community Action Plan (CAP), identifies resources and collaborative opportunities, and works collaboratively with partners, community members, and local agencies to implement the CAP. Read more about the national ACHIEVE program at [www.achievecommunities.org](http://www.achievecommunities.org).

# STARK COUNTY, OHIO

## Stark County At-a-Glance:<sup>1</sup>

- Stark County, in northeast Ohio, was home to over 378,000 residents in 2000, with approximately 10% of residents from minority populations. 19.4% of the population is age 60 or older.

Stark County



- In 2000, 6.8% of Stark County residents had incomes below the poverty level and 16.6% of the residents over the age of 25 did not graduate from high school or obtain a GED. Median household income for the county in 2000 was \$39,824, which was over \$1,000 lower than the median household income for the state of Ohio.
- Stark County is challenged by many chronic disease problems and risk factors. Diseases of the heart, cancer, stroke, lower respiratory disease, diabetes mellitus, and unintentional injuries accounted for 67.7% of resident deaths during 2004-2006.
- Heart disease was the leading cause of death for Stark County residents in 2004-2006; cancer was the second leading cause of death.
- 41.2% of adult residents had been told by their doctor their cholesterol was high. The estimated prevalence of diabetes among Stark County adult residents was 9.1% during 2004-2007. Annually, diabetes killed 134 residents.

- In Stark County, 25.1% of adult residents currently smoke cigarettes, 35.5% are overweight and 28.3% are obese. Each of these behaviors increases the risk of developing a chronic disease.
- 14.4% of third-grade children were considered to be overweight in Stark County during 2004-2005.
- Of adults in Stark County, 77.1% reported consuming fewer than the minimum recommended five servings of fruits and vegetables daily, a risk factor for heart disease, stroke, and cancer. Physical inactivity is a risk factor for being overweight or obese; of adults in Stark County, 23.8% are physically inactive. 35.5% of adults were overweight in the timeframe 2004-2007 and 28.3% of adults were considered obese.
- In Stark County during 2004-2006, 19.6% of mothers reported smoking during their pregnancy, 9.2% of babies born were considered to be low birth weight babies and 31 infants died before their 1st birthday.

Stark County



<sup>1</sup> According to the 2008 Healthy Ohio Community Profile for Stark County, Ohio Department of Health.

# Live Well—Stark County

***Live Well—Stark County* is a group of community leaders working together to make Stark County healthier by promoting policy and environmental changes that focus on preventing chronic diseases such as obesity, diabetes, and heart disease.**

A concentrated focus on nutrition, physical activity, and worksite wellness is intended to lower the risk of chronic disease and build an environment that will improve the overall quality of life for Stark County residents, particularly those in the North Canton and Alliance communities.

Stark County was one of the first 10 communities nationwide to become an ACHIEVE Community. The Stark County Health Department and YMCA jointly received \$80,000 in 2008 to fund the ACHIEVE Project over three years. Funds initially enabled 11 community partners to attend an ACHIEVE Action Institute in 2008, and the balance has been used to fund program activity, specifically a nutritional analysis of menu items at local restaurants and nutrition presentations at local businesses.

One community coach from the Stark County Health Department and one coach from the YMCA work with a CHART team including representatives from local government, social services, higher education, health care and local businesses. The coalition has grown from 12 members in its first year to 24 members in the start of the third year.

Accomplishments in the first two years of implementation include:

- Creation and marketing of template wellness policies for adoption by local businesses to increase employee wellness.
- Mapping of walking paths at worksites to encourage employees to be physically active.
- Training of worksite wellness coaches and mentoring of worksite staff on wellness policies and environmental change to promote physical activity and healthy eating.
- Providing assistance to local restaurants in creating healthier menu options and calculation of nutritional information to post on menus.
- Creation of bike lanes and paths in the community to promote physical activity following an environmental assessment that revealed the need for improvements.
- Development of a communication plan as well as marketing and promotion of *Live Well—Stark County* through community talks and challenges, health fairs, luncheon events, and Facebook.



*Live Well—Stark County* is focused on impacting policy, systems, and environmental changes in two sectors of the ACHIEVE model: Worksites and the Community-At-Large. Key activities in these two sectors are highlighted below.

**A. Worksites:** places of employment (e.g., private offices, restaurants, retail establishments, government offices). The coalition identified 98 targeted worksites in five sectors: healthcare, retail/factories, professional offices, schools/childcare and churches.

- Developed tools and template policies for businesses to adopt including a workplace wellness policy, worksite assessment and evaluation (scorecard), Workplace Wellness Kit, sample walking and/or physical activity policy, 100% tobacco free workplace policy, healthy food price break policy, access to healthy foods policy, and guidelines for healthy eating at meetings.
- 77 walking paths were created or identified for employees of area businesses. Over 70 workplaces have inside and/or outside mapped walking paths to encourage physical activity for over 4,000 employees.



- Over 50 worksites were assessed using the initiative’s scorecard assessment tool and are implementing the wellness kit, establishing wellness committees and developing healthy workplace policies. One healthy worksite policy has been adopted thus far affecting 45 employees.
- Two successful community (city) physical activity challenges reached an audience of over 200 through collaboration with an existing community group. This assisted the community in being awarded the Bronze Healthy Community Award from the Ohio Department of Health (ODH), Office of Healthy Ohio.



- With an Ohio Obesity Prevention Grant from ODH, signage for worksites was developed to encourage healthy behaviors such as “take the stairs.”

**B. Community-at-Large:** community-wide efforts that impact the social and built environments, such as improving food access, walkability or bikeability, secondhand smoke exposure, or personal safety. Work in this sector focused on two specific areas: additional bike lanes in the community and development of a nutritional program for local restaurants.

#### *Bike lanes*

- Conducted an environmental needs assessment on the two communities which revealed a need for improvements, and held three planning meetings for planning of additional bicycle lanes in collaboration with city planners.
- Conducted observational surveys at 12 high traffic sites for existing bicycle usage without bicycle lanes, and completed proposal and design of two additional bicycle lanes to be added in the cities of North Canton and Alliance.



#### *Nutrition*

- Conducted an assessment of local restaurants to recruit businesses to participate in the *Live Well—Stark County* nutrition program, and analyzed menu items for 18 local restaurants, which received a nutritional analysis breakdown of menu items based on recipes. These 18 restaurants now label menu items with calorie counts, helping patrons make healthy choices. A local dining guide promotes this community benefit county-wide.

## Future plans

The program will officially conclude in June 2011, but the coalition intends to continue its collaboration and build on the work it has begun. The coalition will be restructured to ensure sustainability; member guidelines and commitment forms have been developed to facilitate collaboration. The restructured coalition will include a Steering Committee that will meet quarterly to identify and prioritize project tasks, a Marketing/Community Relations Committee in conjunction with Stark County Parks, a Monitoring and Evaluation Committee that will include three university partners, and a Worksite Committee.

Stark County has received training and technical support from ODH for coalition building and evaluation planning. The program now has an evaluation plan in place. Coaches will receive ongoing support for program implementation and development from consultants from Ohio's Creating Healthy Communities program.

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