

## WELLNESS

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in the last five years that we realize we have an emergency situation on our hands.”

One of the biggest obstacles is the fact that historically, what people eat and how much they exercise has been considered a private, personal matter.

“A lot of people think, this is my personal choice and I don’t want the government interfering,” said Dr. Bill Neal, director of the Coronary Artery Risk Detection in Appalachian Communities (CARDIAC) Kids Project. “But when your health habits are clearly causing morbidity and mortality ... somebody ultimately has to pay for that. Therefore, if I lead a very unhealthy lifestyle and refuse to change because it’s my choice to be a couch potato, ultimately people will pay for it when I get diabetes and need treatment.”

Still, some say tackling obesity through government intervention is sticky.

“I don’t know how in a free country you’re going to stop selling or penalize people for buying certain foods, since all foods eaten improperly are at least potentially problematic,” said Dr. Joseph Weigel, who practices internal medicine in Somerset.

Muddying the waters further is the fact that healthy food, like fresh fruit and vegetables, is more expensive than processed food, a fact that Nurse Practitioner Teresa Renner readily pointed out.

“The problem is, how you do buy ham or roast beef when you have bologna sitting next to it and it’s so much cheaper?” she said.

Laurel County mother Keisha Cotton agrees.

“It would be good for kids to eat fruits and vegetables and stuff,” she said. “But I don’t think they should tell you what to buy. For one, fruits and vegetables are extremely high ... I think that’s why kids are not getting as much fruit and vegetables as they should — because they can’t afford them.”

## Changing the landscape

As such, public health professionals are looking in a different direction: Combat obesity by building a physical environment that encourages healthy choices.

“It’s less in saying, ‘Here’s what you need to do’ versus changing the conditions,” Massachusetts Commissioner for Public Health John Auerbach explained.

In New England and California, that has led to initiatives that incentivize environmental efforts that promote good health. For example, officials are considering zoning changes that discourage fast food restaurants from opening in urban areas; opening farmers’ markets in core areas; and building infrastructure so children have safe ways to walk to school.

In Kentucky, a similar approach is being explored. The ultimate goal of Second Sunday, in fact, is to draw national attention — and so perhaps financial backing — to cities that don’t have infrastructure to support exercise.

“We need to incentivize developers and community planners to implement designs that encourage physical activity, safety, lights on the sidewalk and in parks,” Hacker said.

To that end, changes can be as small as building subdivisions with squares rather than cul-



PHOTO BY CAROL MILLS

London Elementary School’s physical education teacher, Lonnie Harris, instructs students during Catch P.E., a wellness initiative in Laurel schools.

de sacs.

“Cul de sacs in subdivisions have been found to increase weight gain because they are not as conducive to long-distance walking,” Hacker said. “The complication is that you have farther to go to get to the store so you get in the car.”

In Laurel County, many people deal with bigger obstacles.

“You have curvy roads and people can’t get out and walk,” said Dr. Donnie Bunch, a family physician. “There’s no sidewalks when you live in a hollow.”

To put infrastructure in place that promotes fitness, public health officials in several states are looking to mayors to push active-living initiatives.

In New Jersey, the New Jersey Health Care Quality Institute has kicked off the Mayors Wellness Campaign.

“There are 280 out of 566 mayors in New Jersey signed on,” Director Emily Littman said. “The towns really take it on. They have some guidelines, but other than that they can really run with it. It can be anything from wellness walks with the mayor to the toxic waistlines competition. It’s kind of like a biggest loser competition for the entire town.”

London Mayor Troy Rudder is all for the push. It’s partly why he hopes funding can be awarded to integrate a fairly extensive biking and walking trail system in the city.

“We have a proposal in Washington right now,” he said. “We as a city need to promote more outdoor activities.”

Rudder said he also focuses on the wellness of his workforce and plans to build an addition

to the London Police garage that would be reserved for a workout center. He also gives rewards to employees who get annual physicals.

Rudder’s approach is not unique. As health care costs rise, many businesses, organizations and factories are trying to keep their workforce healthy. For example, Saint Joseph-London administrators give gym membership discounts, have outlined walking trails on the hospital campus and at satellite offices for employee use, and offer and promote healthy choice lunches in the cafeteria.

## Making healthy food available

Improving access to healthy food is also a focus of public health officials, with some Kentucky counties likened to what Hacker calls “fruit and vegetable deserts.” To that end, Hacker has turned to farmers’ markets for help.

“We are strongly encouraging their expansion,” Hacker said. “It’s obvious economic activity at the local level, but it’s also good food.”

To make them more accessible to consumers, dozens of farmers’ markets in Kentucky accept vouchers from the Special Supplemental Nutrition Program for Women, Infants and Children, commonly known as WIC; as of yet, Laurel County’s does not.

There is also a push for farmers’ markets in several states to start accepting debit cards.

Relationships between farmers and schools are also being promoted at the state level. This year,

\$5,000 grants were awarded to Lee, Owsley and Jackson counties to start farm-to-school programs. The idea is to serve locally grown food in school cafeterias.

Lynett Renner, director of nutrition services for Cumberland Valley District Health Department, is helping coordinate the effort in Jackson County.

“Students are actually going to do a commercial gardening project, where they will start tomato plants in a green house and transplant that to a field,” she said. “Then all the tomatoes will be used for food service in the school.”

To help process the tomatoes, home economics and Future Farmers of America students will go to the area’s certified community kitchen to make salsa.

Jackson County’s school district has also developed a relationship with local farmers.

“A lot of kids don’t know where their food comes from anymore,” Renner said. “A lot of kids don’t like vegetables or fruit, but they’ve never tasted it when it’s been ripened on the vine.”

## Tackling obesity in schools

In Laurel County, school officials have been actively dealing with childhood obesity for the past five years. In 2005, using funding from a Catholic Health Initiatives grant, nurses and aides started calculating the body mass indices of elementary school children, a study that concluded 37 percent of kids were either at risk for being overweight or obese. In turn, Catch P.E., a fitness program that keeps students constantly moving, and several nutrition education programs were implemented at the elementary school level. Because of funding from the Laurel County Extension Service and the Elgin Foundation and buy-in from the school district, BMIs continue to be calculated and the programs are still taught.

In large part, funding to fight obesity has come from grants or organizations like the extension service. Statewide funding continues to be limited.

“We’ve had limited dollars over the years for fighting obesity,” Hacker said. “We’ve not had a lot of money that we can stimulate activity at the community level.”

Brandi Gilley, registered dietitian at the Laurel County Health Department, said what funding there is does not

necessarily go to counties with the highest obesity rates.

“State health department funding is based on county population size,” she said. “We apply for grants all the time. We don’t get a lot of them. However, I feel like our far eastern Kentucky counties will (receive more funding) because they’re poorer financially. I guess most places feel like they need the funding.”

## Local government at work: The story of CARDIAC Kids

Despite that limitation, Laurel County stakeholders are now looking for a more all-encompassing fix.

Dr. Bill Neal, who started the CARDIAC Kids project in West Virginia 12 years ago, might have found one. The project involves screening fifth-grade children.

“The screening consists of height and weight so you can calculate BMI, measurement of blood pressure, and a blood test for their fasting lipid profile and their glucose and insulin levels to look for evidence of pre-diabetes,” Neal explained.

Initially, the project was funded through small, private donations. But in 2000, state legislators pledged \$500,000 to fund the project, and have continued to do so since.

Today, 21,000 fifth-graders in all 55 West Virginia counties are invited to participate in the free screenings.

The conclusions gleaned have been eye-opening.

“In West Virginia, about 47 percent of the children are at least overweight, if not obese,” Neal said. “About 6 percent are morbidly obese. I suspect it’s very similar in eastern Kentucky.”

The CARDIAC Project also focuses on intervention, which involves nutrition and wellness education for students.

“We meet on a regular basis with five to six counties at once and we provide them with the data about how their region is doing,” Neal said. “And we help facilitate a dialogue about the best practices to try to improve wellness. It’s sort of information sharing.”

In answer to data CARDIAC Kids collected, West Virginia legislators passed a school nutrition policy in 2009. Its mandates transformed how students are fed at school.

“You can’t use food as a reward anymore,” Neal said. “You can’t have par-

ties where food, cookies, etc., are brought in from parents from the outside. There has to be more offerings of fruit and vegetables.”

In turn, school districts have adopted their own policies.

“Fifty-four out of 55 counties have, on their own, banned sweetened drinks in vending machines,” Neal said. “It’s an example of local government doing the right thing.”

## Preparing for a financial fall-out

Dr. James Shoptaw, a cardiothoracic surgeon in London, hopes what is happening in West Virginia can happen in Kentucky — and elsewhere.

“If you start getting data, then you could get national support from the national level,” he said.

Many doctors are concerned about the financial fall-out if nothing is done. In 2007, paying for diabetes-related care alone cost \$174 billion in the United States — \$116 billion in excess medical expenditures and \$58 billion in reduced national productivity, a study conducted by the American Diabetes Association concluded.

The drop in productivity concerns medical professionals.

“The thing is, 20 years from now, if you’re employing these people and 37 percent are obese, what does that mean for the workforce?” Shoptaw asked. “They’ll miss more days because of illness. It will be costly to employers because of their insurance premiums, and their quality of life will be poor because of multiple medical problems related to their obesity.”

Weigel agrees.

“Employers are understanding that this is devastatingly costly for them,” he said. “It results in less work, less than productive workers, people who are simply more ill than their co-workers.”

Ultimately, Weigel said there is a lot at stake.

“Until we ... seriously accept personal responsibility to begin to approach this severe societal problem in a different way, then all the discussion about costs and any new health care system is irrelevant,” he said. “The system will clearly outspend itself in the next two decades due to increasing incidences of severe illness no matter what we do.”

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