

BRIGHT FUTURES

Promoting Healthy Nutrition and Healthy Weight - (Part 1)

Before We Get Started

http://dhs.wisconsin.gov/dph_bfch/MCH/BrightFutures.htm

Remember to complete the evaluation when we are
finished.

It can be found on the above website,
along with the slides from today's presentation.

If more than one person is at your site, please send
one email informing us of how many.

PRESENTERS

Moderator: Ann Stueck, Infant and Child Nurse Consultant
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Family Health Section (FHS)

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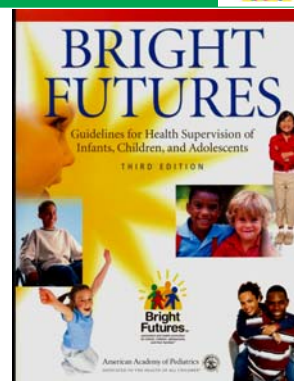
PRESENTERS

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Camilla Vargas, AmeriCorps Farm to School Program Manager,
Wisconsin Department of Agriculture, Trade, & Consumer
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What Is Bright Futures?



Bright Futures is a national health care promotion and disease prevention initiative that uses a developmentally-based approach to address children's health needs in the context of family and community.



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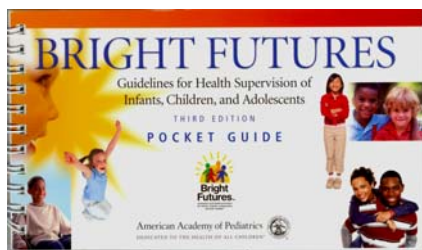
Bright Futures Guidelines—3rd Edition

Features of special interest to Public Health professionals:

- Revised Periodicity Schedule
- Integrated adaptations throughout for children and youth with special health care needs
- Visit section defines newer, more family- and community-driven, enhanced content for the well care of infants, children, and adolescents in primary care practice
- The 10 Themes have special application to Public Health



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How do the 3rd edition Guidelines differ from previous editions?

- **Structure**
 - Part I—Themes
 - Includes 10 chapters highlighting key health promotion themes
 - Emphasizes "significant challenges"—e.g., mental health and healthy weight
 - Part II—Visits
 - Provides detailed health supervision guidance and anticipatory guidance for 31 age-specific visits
 - Lists 5 priorities for each visit
 - Includes sample questions and discussion topics for parent and child
- **Health Supervision Priorities**
 - Designed to focus visit on most important issues for age of child
 - Anticipatory guidance presented in several ways
 - Include health risks, developmental issues, positive reinforcement



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Wisconsin's Bright Futures Webcasts

http://dhs.wisconsin.gov/dph_bfch/MCH/BrightFutures.htm

Applying the 10 Bright Futures Themes to Public Health

- Promoting Oral Health
- Promoting Safety and Injury (and Violence) Prevention
- Promoting Healthy Weight
- Promoting Healthy Nutrition
- Promoting Physical Activity



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Wisconsin's Bright Futures Webcasts

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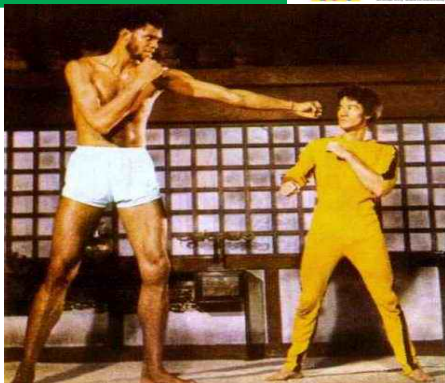
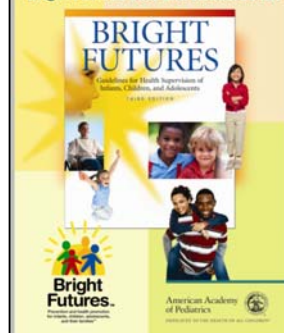
Applying the 10 Bright Futures Themes to Public Health

- Promoting Family Support
- Promoting Child Development
- Promoting Mental Health
- Promoting Healthy Sexual Development and Sexuality
- Promoting Community Relations and Resources



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Bright Futures Tool and Resource Kit



What do you mean there's a physical activity problem in the US?



Obesity Prevention— Making a Difference with Nutrition

Amy Meinen, MPH, RD, CD
Nutrition Coordinator
Nutrition, Physical Activity, & Obesity Program
Wisconsin Department of Health Services
6/3/10



“This may be the
first generation of
children who do
not outlive their
parents”

—Former U.S. Surgeon
General Richard Carmona



“Obesity threatens the healthy future of one third of all American children. Obesity rates have tripled in the past 30 years. We spend \$150 billion every year to treat obesity-related conditions, and that number is growing. For the first time in American history, our children’s life expectancy may be shorter than their parents’. We need to get moving.”

—First Lady Michelle Obama



Let’s Move Campaign

Tenants of Campaign:

- Helping Parents Make Healthy Family Choices
- Serving Healthier Food in Schools
- Accessing Healthy, Affordable Food
- Increasing Physical Activity
- www.letsmove.gov



Presentation Outline

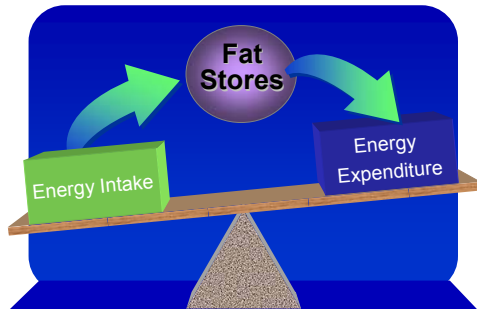
- Quick Overview-Overweight & Obesity
 - Rise of an Epidemic
 - Etiology of Obesity
 - Key Behaviors to Prevent Obesity
 - Social Ecological Model
- Bright Futures—Nutrition Highlights
- What Should We Be Doing & What You Can Do
 - Evidence-Based Strategies
 - Setting-Specific Work
- Getting Directly Involved in WI’s Obesity Prevention Efforts
- Questions



Overweight & Obesity:
How did we get here?



Obesity Is Caused by Long-Term Positive Energy Balance



What Factors Affect Obesity?

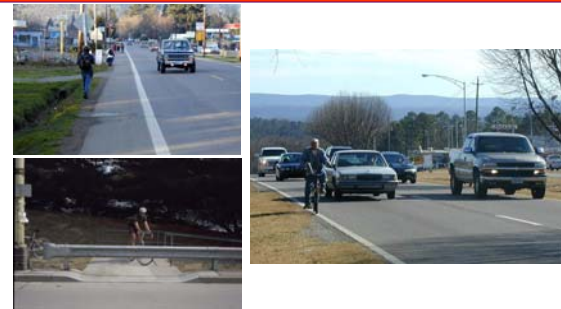
- **Biology**
 - Genes
- **Behaviors**
 - Diet
 - Physical activity
- **Environments**
 - Social
 - Physical



Our Food Environments



Our Built Environments



Six Key Behaviors to Prevent Obesity

- **Increase Breastfeeding** (Initiation, Duration, & Exclusivity)
- **Increase Consumption of Fruits and Vegetables**
- **Decrease Consumption of High-Energy Dense Foods** (e.g. candy, chips, cookies)
- **Decrease Consumption of Sugar-Sweetened Beverages**
- **Decrease Television/Screen Time**
- **Increase Physical Activity**

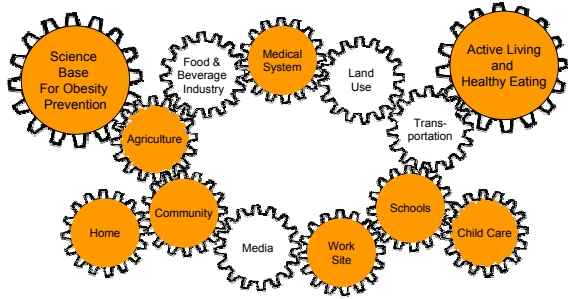


Who will solve the obesity epidemic?

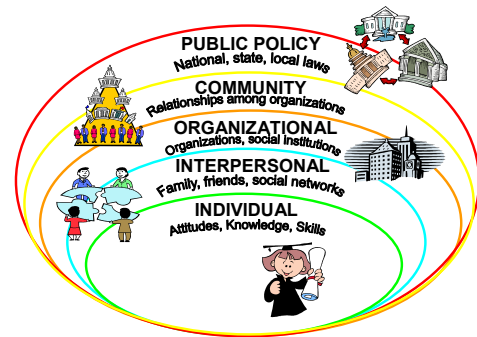
Everyone



Obesity Prevention Requires All Sectors of Influence Working Together



Social Ecological Model



Levels of SEM

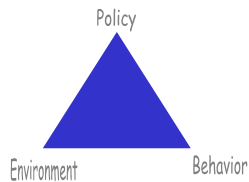
Behavior

- Individual
- Interpersonal

Environment

- Organizational
- Community

Policy



What Should We Be Doing & What You Can Do



Bright Futures Highlights



Essential Components of Nutrition

- Promote nutrition for appropriate growth (from birth to young adulthood)
 - Adequate energy and essential nutrients for growth
 - Prevention of excess weight gain
- Establish healthy feeding and eating habits
 - Promote healthy eating habits that are built on variety, balance, and moderation



Essential Components of Nutrition

- Establish healthy eating relationships
 - Promote healthy adult-child feeding relationships
 - Social and emotional development
- Provide the opportunity for good nutrition
 - Choose feedings that provide all the essential nutrients



Essential Components of Nutrition

- Be aware of nutrition needs for children and youth with special health care needs
 - Recognize specific nutrient demands or supplemental needs for vitamins and minerals
 - Provide nutrition components in a family-centered manner



Childhood Obesity: Strategies & Setting-Specific Efforts



Early Childhood Setting—Why Care?

- Approximately 245,000 WI children are in some form of regulated care (license or certified)
- Children spend an average of 31 hours per week in family child care or 34 hours per week in child care centers



Early Childhood Setting--Strategies

Strategies:

- What Works in Early Childhood:
 - Currently under development; expected release 2010
- Serve more fruits & vegetables with meals/snacks
- Provide children an opportunity to garden
- Nutrition education
- Staff role modeling of healthy behaviors
- Make water freely available
- Eliminate or limit screen time or TV
- Support breastfeeding and the use of expressed milk



What You Can Do

- **Be a resource.**
Help providers access training and resources on nutrition, particularly healthy menu planning, and physical activity
- **Encourage change.**
Need to strengthen current federal/state nutrition standards for Child and Adult Care Food Program
Encourage providers to support mothers who are breastfeeding; creation of breastfeeding-friendly early childhood environments



School Setting—Why Care?

- Students consume between 1/3 and 2/3 of their daily meals and snacks at school.
- Students spend the vast majority of their “waking hours” at school
- In Wisconsin, over 1,979 public and 452 private schools participate in the National School Lunch Program.
 - Over 555,442 (2009-2010 school year) school lunches are served daily.



School Setting--Strategies

Strategies:

- What Works in Schools:
 - http://dhs.wi.gov/health/physicalactivity/pdf_files/WhatWorksSchoolsfinal.pdf
- Nutrition education
- Farm-to-school
- School gardening
- Recess before lunch; adequate time to eat
- Reduce or eliminate foods of minimal nutritional value
- Develop nutrition standards for competitive foods
- Limit food advertising in school environment



School Setting—Current Efforts

1. Governor's School Health Award—recognizing schools that are improving environments for healthier eating and increased physical activity
2. WI Model Academic Standards for Nutrition Education
 - <http://dpi.wi.gov/fscfp/pdf/nestandards.pdf>
3. WI AmeriCorps Farm-to-School Project—utilization of AmeriCorps members that assist schools with procurement of local foods



School Setting—Current Efforts

4. WI Fresh Fruit & Vegetable Snack Program—providing a fresh fruit or vegetable snack a minimum of 3x/week in selected schools (2009-2010 school year---73 schools)
5. Got Dirt? Gardening Initiative—350 gardens started since 2005; resources and training opportunities for teachers
 - <http://dhs.wi.gov/health/physicalactivity/gotdirt.htm>



What You Can Do

- **Be at the table.**
Serve on a School Health Advisory Council
- **Encourage change.**
Change is needed in the classroom, in the gym, in the lunchroom, and after school
Encourage schools in your community to apply for the Governor's School Health Award
- **Help make healthy the default choice.**



Community Setting—Why Care?

- Approximately, 5.5 million people are living in WI communities
- Only 59% of census tracts in WI have access to a healthy food retailer in within a ½ mile
- Only 1% of Wisconsin farmers' market accept EBT (for SNAP participants) compared to the national average of 8%



Community Setting--Strategies

- What Works in Communities: Restaurants & Grocery Stores
 - Menu labeling (Health Care Reform)
 - Tax credits for relocation of supermarkets in underserved areas
- What Works in Communities: Improving Fruit & Vegetable Access
 - Increasing # of farmers' markets
 - Increasing the # of farmers' markets that accept EBT
 - Increasing the # of community gardens



Community Setting—Current Efforts

- Improving Fruit & Vegetable Access in WI Communities—a resource for helping communities assess fruit and vegetable availability; outlines strategies for improving
 - Fruit & Vegetable Access pilot project—Brown County, WI
- Assessing the Nutrition Environment in Wisconsin--\$403,000 grant to assess stores and restaurants for healthy food and beverage availability; pilot grocery store/restaurant intervention (2011)



What You Can Do

- **Connect.**
 - Connect with those doing land-use planning in your community
 - Express importance of zoning/preservation of land for gardening, farming, development of local and regional food systems
 - If you aren't already, get involved or start a local nutrition and physical activity coalition.
- **Communicate Effectively.**
 - Ensure that messages about nutrition and healthy eating habits are culturally appropriate and tailored to the needs of your community.



What You Can Do

- **Assess Your Community. (CHIP Process)**
 - Determine if residents in your community have access to healthy foods and beverages (e.g., farmers' markets, grocery stores) and physical activity opportunities (e.g., side walks)
 - Food Environment Atlas: <http://maps.ers.usda.gov/FoodAtlas/>
 - WI County Health Rankings: <http://www.countyhealthrankings.org/wisconsin>
 - Fresh Fruit and Vegetable Audit Tool
 - Nutrition Environment Measures Survey (NEMS)



Healthcare Setting—Strategies & Current Efforts

- What Works in Healthcare:
 - <http://dhs.wi.gov/health/physicalactivity/Sites/Healthcare/WhatWorksinHealthcare.pdf>
- Pay for Performance--recommendations developed that address performance improvement opportunities related to childhood obesity with Medicaid HMO's in 2008
- HEDIS measures related to childhood obesity are being collected for the first time in 2009 by participating HMO's.



What You Can Do

- **Inform others.**
 - Encourage other health care providers to identify/screen for overweight (BMI-for-Age)
 - Encourage discussions with parents of children about healthy eating and physical activity
 - Update on new guidelines for children and adolescents
 - http://www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_rec_s.pdf



What You Can Do

- **Change the norm.**
 - Educate other health care providers on maternity care practices that support breastfeeding
 - Encourage changes to hospital or clinic environments that support healthy eating and physical activity
 - Remind health care providers that the need to provide suggestions for how clients/families can obtain resources to support healthier eating (e.g., SNAP benefits, WIC); suggest during clinic visits



Worksite Setting—Strategies & Current Efforts

- What Works in Worksites:
<http://dhs.wi.gov/health/physicalactivity/Sites/Worksite%20pdfs/WhatWorksBusinessfinal.pdf>
- WI Worksite Wellness Resource Kit
<http://dhs.wi.gov/health/physicalactivity/Sites/Worksite.htm>
- Insurance reimbursement (e.g. CSA membership, fitness memberships)
- Governor's Worksite Wellness Award



What You Can Do

- **Encourage wellness at your place of employment.**
 - Encourage change that makes the healthy choice the easy choice:
 - Mothers' Room
 - Healthier food and beverage availability in vending/cafeteria
 - Organizational policies regarding foods and beverages served at meetings and conferences



In Summary

- It will take all of us working together to impact this epidemic
- Public health professionals belong at the table; we are key to addressing this
- Now is the time; ride the wave



Getting Involved in Wisconsin's Efforts



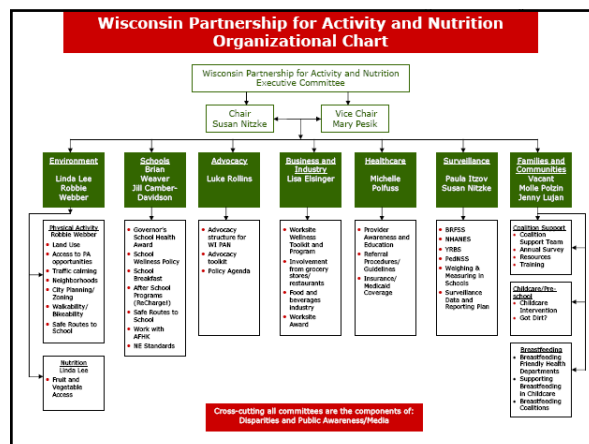
Wisconsin Partnership for Activity and Nutrition (WI PAN)

- Mission: to improve the health of Wisconsin residents by decreasing overweight and obesity, improving nutrition and increasing physical activity



Wisconsin Partnership for Activity and Nutrition (WI PAN)

- 200+ members; over 120 organizations
- Seven standing committees
- WI PAN meets quarterly; committees meet more frequently



Wisconsin Nutrition and Physical Activity State Plan

Currently revising; expected release in 2010



What You Can Do

- **Become involved.**
- Join WIPAN—help shape the agenda for preventing obesity in Wisconsin
- **Stay informed.**
- Sign up for the WI PAN Listserve: <http://lists.uwex.edu/mailman/listinfo/winpan>
- **Take action.**
- Plan will include components for all sectors; Fall 2010 release

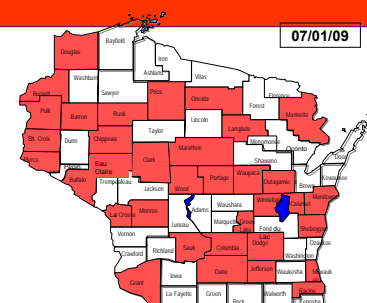


Local Nutrition & Physical Activity Coalitions

- 40+ local nutrition and physical activity coalitions in 2009
- Complete listing can be viewed at: http://dhs.wisconsin.gov/health/physicalactivity/pdf_files/2008CoalitionWebinfo.pdf
- Seen as the main conduit for obesity prevention efforts at the local level; “network weavers” of nodes of activity within communities



Nutrition and Physical Activity Coalitions



2009 DHS Coalition List (those who submitted the annual coalition survey)
All white counties have no known coalition



What You Can Do

- **Get involved.**

If a coalition exists in your county/city, join!
There are local nutrition and physical activity, breastfeeding, or food security/hunger coalitions in most counties in WI



Nutrition Public Policy—Opportunities to Prevent Obesity (2009-2010 session)

- AB 620/SB 313—establishment of school nutrition standards for competitive foods and school physical fitness assessment (grades 3-12)
 - Failed; Voted out of Assembly Public Health Committee but not Senate
- AB 746/536—Farm-to-School
 - Passed; Governor to sign mid-May
- Right to Breastfeed
 - Signed into law by Governor Doyle (March 2010)
- AB 440/SB 115--Dietitian Licensure



Audience Question

How could we improve fruit & vegetable consumption in school-aged youth?



-Nutrition standards for competitive foods
-Policy related to nutrition education taught at all grade levels

Policy

Environment

Behavior

-School garden
-Addition of fruit and/or vegetable to school meal pattern
-Fruits and vegetables available in vending machines / school stores

-Nutrition education; lessons on fruits and vegetables
-Taste testing of fruits and vegetables in lunchroom/classroom

Contact Information—NPAO Program

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Obesity and Nutrition Surveillance in WI Youth

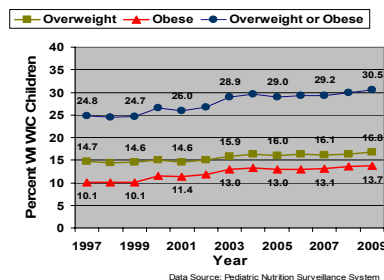
Jan Liebhart, MS
WI Nutrition, Physical Activity, & Obesity Program
WIC WIC Program
UW Carbone Cancer Center



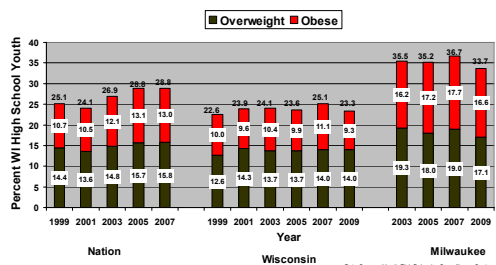
Youth Obesity: Trends, Consequences, Related Health Behaviors

- **Youth obesity rates since the early 1980s (NHANES)**
 - Doubled for youth ages 2-11
 - Tripled for youth ages 12-19
- **Consequences**
 - ↑Hypertension, elevated blood lipid levels, insulin resistance
 - ↑obesity in adulthood
 - ↓ quality of life
- **Maternal weight status prior to and during pregnancy**
- **Nutrition-related risk and protective factors (CDC focus)**
 - Fruit & vegetable consumption (protective)
 - Sugar-sweetened beverage consumption (increases risk)
 - High energy dense food consumption (increases risk)
 - TV viewing: exposure to marketing of unhealthy foods

Obesity: WI WIC Children (Aged 2-4 years)



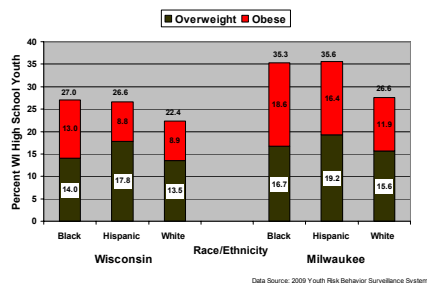
Obesity: WI High School Students



Obesity in Wisconsin Youth: Disparities

- **Males > Females:** e.g., high school students
 - 12% versus 7%
- **Race/ethnicity:** e.g., obesity in WIC children
 - White: 11%
 - Black/African American: 10%
 - Hispanic/Latino: 18%
 - American Indian: 25%
 - Asian/Pacific Islander: 17%
- **Low SES > High SES**

Unhealthy Weight Status in Wisconsin Youth: Disparities



TV Viewing: WI Youth

- **Annual exposure of youth to TV messages about food** (Gantz, et al., 2007)
 - 47-164 public service announcements about healthy lifestyles
 - 4400-7600 (unhealthy) food ads
- **Youth exceeding TV viewing recommendations**
 - 23% High school students (2009 YRBS)
 - 18% WIC children (2009 PedNSS)
- **Environmental & policy influences on TV viewing for youth, ages 6-17** (National Survey of Children's Health, 2007)
 - 40% of youth (ages 6-17) have TV in bedroom
 - 86% have family rules about TV programming

Nutrition: WI Youth

- Nutrition behaviors in high school students (YRBS, 2007)
 - 30% consume fruit ≥ 2 times/day
 - 10% consume vegetables ≥ 3 times/day
 - 7% consume both
- School environment and policy factors in middle & high schools (School Health Profiles, 2008)
 - 25% always offer fruits and vegetables as "competitive foods"
 - 60% offer soda, candy, or high fat snacks in school vending, etc.
- Community environment and policy factors
 - Annual WI fast food expenditure: \$391 per capita

Local Obesity & Nutrition Data Online

- USDA Food Environment Atlas:
 - <http://maps.ers.usda.gov/FoodAtlas/foodenv5.aspx>
 - Access and proximity to grocery stores
 - Availability of food stores/restaurants
 - Local foods
 - Farm to school Programs
 - Demographics

Local Obesity & Nutrition Data Online: WI Department of Health Services

- WI WIC Website (WICPRO)
 - <http://dhs.wi.gov/wic/WICPRO/data/index.htm>
 - Infant (PedNSS reports):
 - Breastfeeding initiation, duration, exclusivity
 - Child (aged 2-4) (PedNSS Reports):
 - Overweight & obesity (measured)
 - Screen time > 2 hours/day
 - Mom (PNSS Reports):
 - Pre-pregnancy overweight or obesity
 - Weight gain during pregnancy (compared with ideal)
 - Hypertension during pregnancy
 - Gestational diabetes

Local Obesity & Nutrition Data Online: WI Department of Health Services

- Wisconsin Interactive Statistics on Health (all counties module)
 - <http://dhs.wisconsin.gov/wish/measures/BRFS/allCounty.htm>
 - Adult overweight and obesity
 - Chronic disease / overall health

State-level Obesity & Nutrition Data Online: WI Dept. Public Instruction

- Youth Risk Behavior Survey (high school)
 - <http://dpi.wi.gov/sspw/yrebsindx.html>
 - Weight status
 - Fruit and vegetable consumption
 - Soda consumption
- School Health Profiles (middle/high schools)
 - <http://dpi.wi.gov/sspw/shepindex.html>
 - Health environment & policies

State-level Obesity & Nutrition Data Online: CDC

- National Survey of Children's Health (youth under 18 by parental report)
 - <http://www.nschdata.org/Content/Default.aspx>
 - Weight status, physical activity, nutrition
- Behavioral Risk Factor Surveillance System (adult)
 - <http://apps.nccd.cdc.gov/brfss/>
 - Prevalence & trends for weight status, health risk behaviors
- Nutrition, Physical Activity and Obesity State Legislative Database
 - <http://apps.nccd.cdc.gov/DNPALeg/index.asp>

State-level Obesity & Nutrition Data Online: CDC

- **State Indicator Report on Fruits and Vegetables**
 - <http://www.fruitsandveggiesmatter.gov/downloads/StateIndicatorReport2009.pdf>
 - Individual, environment and policy indicators by state
- **Breastfeeding Report Card for Wisconsin**
 - <http://dhs.wisconsin.gov/hw2020/health/nutrition/reportcard09.pdf>
 - Individual, environment and policy indicators
- **Stay tuned:** CDC is working on and will be posting on their website similar state indicator reports for the other 4 key individual-level behaviors associated with obesity, including:
 - Sugar-sweetened beverage consumption
 - Consumption of high energy dense foods / large portion sizes
 - TV viewing time
 - Physical activity



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Highlights of Wisconsin's Obesity Prevention Efforts

Infants and Toddlers WIC's Efforts to Increase Breastfeeding Rates

Kate Pederson
State WIC Breastfeeding Coordinator

Breastfeeding – a Priority in the WIC Program



- WIC's goal: safeguard health of women, infants, and children
- WIC's focus: help mothers make informed choices
- Breastfeeding promotion and support

Breastfeeding & Obesity

Duration

- Longer duration of BF associated with larger decrease in risk of overweight
- Risk of overweight by 4% for each month of BF (31% reduction for 9 months vs. never BF)

(Harder et al. 2005)



Health Implications for Babies



- NOT breastfeeding increases risk of:
 - Obesity
 - Ear infections
 - Respiratory infections
 - Gastrointestinal infections
 - Skin conditions
 - Type 1 and Type 2 diabetes
 - Leukemia
 - Sudden Infant Death Syndrome (AHRQ 2007)

Health Implications for Women

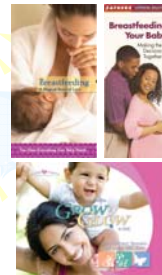


- Mothers who breastfeed are at lower risk of:
 - Premenopausal breast cancer
 - Ovarian cancer
 - Type 2 diabetes (AHRQ 2007)
- Breastfeeding > 12 months improves post-menopausal health outcomes (Schwarz 2009)

Loving Support Makes Breastfeeding Work



Building upon Loving Support



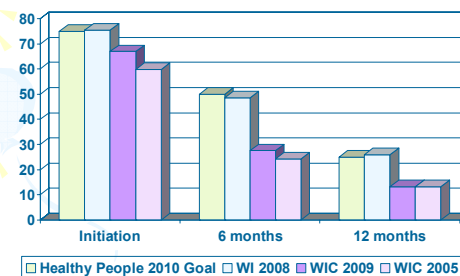
- Breastfeeding Peer Counseling Program
- Breastfeeding materials targeting African American fathers and Hispanic families
- Using Loving Support to Grow and Glow in WIC

Peer Counseling Makes a Difference



- Improves initiation and duration rates
- Role model for BF
- Gives mother-to-mother support at WIC clinics, by telephone, or home visits
- Available outside usual WIC clinic hours

Increasing Breastfeeding Rates



A New Look at the WIC Food Packages



- Institute of Medicine recommendations:
 - Increase dollar value and attractiveness of BF
 - Address differences in nutrition needs
 - Minimize the amount of formula to breastfed infants

Breastfeeding Moms

- Greater quantity and variety of foods to breastfeeding moms and babies
- Support exclusive breastfeeding
- Protect mother's milk production
- Breast Pump Program

The Business Case for Breastfeeding



- National initiative by MCH Bureau of Health Resource & Service Administration
 - Goal: increase lactation support for employed breast feeding women
- Wisconsin – Year 3 funded state

Profits and People

- Nearly 60% of women are in the work force; of these, 62% are of childbearing age
- Women comprise nearly half of the U.S. labor force
- Women with children are the fastest growing segment of the work force. In 2008:
 - 71.4% of women with children were in the work force

Project Goals

- Increase breastfeeding exclusivity and duration rates among employed breastfeeding women
 - Increase worksite lactation support for breastfeeding women
 - Equip local breastfeeding coalitions with the tools necessary for conducting effective outreach with employers

Health Care Reform



Photo credit: Centers for Disease Control and Prevention

- Employers (> 50 workers) shall provide breastfeeding employees with "reasonable break time"
- Place to express breastmilk (NOT a bathroom)

Right to Breastfeed Cards

- The Right to BF Bill was signed into law on March 10, 2010
 - Right to BF cards are available for ordering or online for printing.
 - Collaborate with partners
 - Work with businesses

Making a Difference



Contact Information



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WI Early Childhood Obesity Prevention Initiative

Amy Meinen, MPH, RD, CD
Nutrition Coordinator
Nutrition, Physical Activity, & Obesity Program
Wisconsin Department of Health Services

6/3/10

WI Early Childhood Obesity Prevention Initiative

Mission: To develop and implement a collaborative statewide multi-strategy, evidence-based initiative to enhance nutrition and physical activity among 2-5 year olds and their families by engaging providers, families, community partners, and other stakeholders.

Membership (WI PAN Committee too):

- Dept. of Public Instruction (DPI)
- Dept. of Health Services (DHS)
- Dept. of Children and Families (DCF)
- Community Coordinated Child Care (4-C)
- University of Wisconsin-Extension
- Wisconsin Early Childhood Association (WECA)
- Supporting Families Together Association (SFTA)

Background of Initiative

- Convene to discuss & address childhood obesity epidemic
- Target audiences selected:
 - ø *Primary:* Early childhood education & care providers
 - ø *Secondary:* Agencies that support providers
- Partnerships & workgroups established

Initiative Progress To Date

- Extensive literature review conducted
- Formative Assessment conducted to date
 - Ø Key informant interviews with organizations that support providers
 - Ø Focus groups with providers
 - Ø Head Start interviews
 - Ø Environmental observations of centers



Next Steps of Initiative

- Increase involvement and partnerships
- Continue formative assessment
 - Ø Parent focus groups (underway in May 2010)
- Revise *What Works in Child Care*
- Design & implement statewide intervention



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Wisconsin Coordinated School Health Programs

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Governor's School Health Award

GOVERNOR'S SCHOOL
HEALTH AWARD



www.schoolhealthaward.wi.gov

Purpose

- ▶ Many schools are taking various steps to address health related issues effecting students and staff. However, many times these are often done in isolation or are independent of a school-wide initiative.
- ▶ The purpose of the Governor's School Health Award is to package a group of key school-level policies, programs, and activities in order to deliver a more coordinated school health program.

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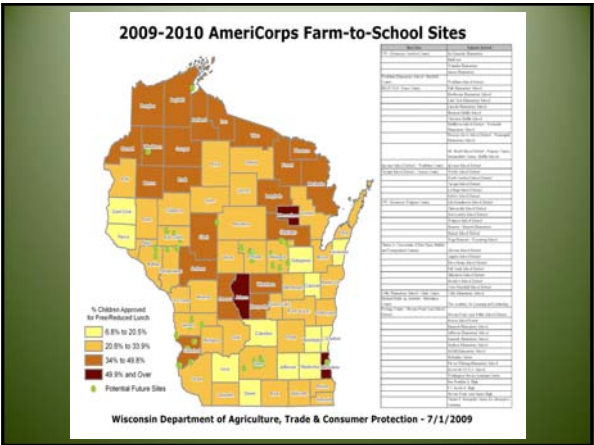
Farm to School Projects Placed Based

- Feature local foods in lunch, breakfast or snack programs
- Offer a local food salad bar
- Plan nutrition education activities, such as Harvest of the Month, featuring local foods
- Connect school gardens activities with curriculum
- Use local food as a healthy school fundraiser or featured special event
- Organize agriculture education opportunities such as farm tours or farmers' presentations.

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- Goal: *To provide nutritional education activities for students K-12 with the purpose of reducing childhood obesity by increasing access and exposure to local foods in the classroom, lunchroom and after school programs.*

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New Richmond Middle School Lunch Line



The four photographs illustrate the lunch line process:

- Top Left: A male staff member in an orange shirt stands behind a counter with a framed certificate and a small American flag.
- Top Right: A group of female students in orange shirts are serving food from a black tray.
- Bottom Left: Two male students, one in a white jersey and one in a red jersey, are serving food from a black tray.
- Bottom Right: A male student in a white shirt is serving food from a black tray to a female student in a purple shirt.



New Richmond Middle School In the Kitchen



WHL Classroom Snack Program

- Local produce purchased direct from farms, processed into ready-to-eat snacks, packaged into classroom sized bags, and delivered to four Madison elementary schools
- 1,300 students served once per week
- 220-300 lbs prepped weekly by WHL staff and volunteers
- Local produce available September through March (apples, carrots, sweet potatoes, and kohlrabi)
- Schools pay \$0.30/serving which covers food cost, delivery cost, staff cost for program coordinator



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Teacher comments regarding the classroom snack program

- *"I think it was great! What I noticed was that a few students who previously didn't like/eat vegetables were tasting the snacks and asking for more. Thanks a lot."*
- *"Students did expand their tastes as the year went on. My own daughter (who is not a veggie eater) came home and asked to have sweet potato sticks at her birthday party. Everybody at least tried everything."*
- *"This program has gotten these kids to love & expect fresh fruits & veggies. They were a little hesitant to try kohlrabi & sweet potatoes at first, but now they eat every tiny bit we are given each week. Thanks!"*



UW – Extension Crawford County

B.A. Kennedy Elementary, Wauzeka Elementary, Seneca Elementary



Three ways they are introducing Local Foods into BA Kennedy Elementary School

School Lunch – Watermelons and cantaloupes, apples, and sweet potatoes

Assembly Tastings – With nutritional education component

Snack Program – Parents gave \$ to support; serve a healthy snack on Fridays

Washburn Elementary School



- Harvest of the Month activity with Educational Component
 - Jan. – Featured Potatoes
 - Cooked them three different ways and surveyed the students
 - February – Onions
 - March – Beets
 - April – Milk
 - May – Spinach
 - June – Focus on planting the student Garden



Assorted Baby Greens Served in Waupaca's Salad Bar

Heirloom tomato tasting at Mt. Horeb Elementary



B.A. Kennedy Elementary Cranberries



Making salad dressing
Lincoln Elementary School, Madison



Farmer in the Classroom



Washburn Elementary School Garden



<http://www.fox21online.com/onthejob/washburn-students-grow-their-own-herbs>

Washburn Elementary School Garden
Partnership with County Jail



"The other night one of the inmates expressed that the gardening nights are his personal therapy."

—Greta Anderson's Great Story

Garden at BA Kennedy



Garden at Spooner Elementary School



Questions?



One Last Thing.....

- ∅ Your feedback is important to us!
- ∅ Remember to complete the evaluation of this Bright Futures session at the link:
- ∅ http://dhs.wisconsin.gov/dph_bfch/MCH/BrightFutures.htm
- ∅ Bright Futures Promoting Physical Activity and Healthy Weight - (Part 2) September 1, 2010



TO DO
Complete Bright
Futures Webinar
Evaluation!!