Integrating Bright Futures into Public Health at the State and Local Levels

BRIGHT FUTURES
Promoting Healthy Nutrition and Healthy Weight - (Part 2)
September 1, 2010

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
Bureau of Community Health Promotion (BCHP)
Family Health Section (FHS)
Aaron Carrel, MD, Associate Professor of Pediatrics, University of Wisconsin Children’s Hospital Pediatric Endocrinology, Diabetes, and Fitness
Murray L. Katcher, Chief Medical Officer, BCHP
Wisconsin Department of Health Services (DHS)
Jon Morgan, Physical Activity Coordinator
Nutrition, Physical Activity, & Obesity Program, DHS

Janice Liebhart, MS, Epidemiologist,
Nutrition, Physical Activity, & Obesity Program, DHS
Mary Pesik, Program Coordinator, Nutrition, Physical Activity and Obesity Prevention Program, DHS
Jordan Bingham, Healthy Communities Coordinator, Nutrition, Physical Activity and Obesity Prevention Program, DHS

Promoting Pediatric Fitness: Exercise lab to schoolyard
Aaron L. Carrel, MD
University of Wisconsin
Comprehensive public health approach

“Taking action against childhood obesity must address the factors that influence both eating and physical activity.”

Insulin sensitivity: critical health indicator

Health and longevity

- Normal glucose
- Normal insulin
- Normal glucose
- Elevated insulin
- Elevated glucose
- Elevated insulin

Increasing fitness

- Insulin sensitivity
- Insulin resistance

T2DM and other disease states

Increasing visceral fat

Childhood Fitness

- Fitness is a measurable marker
- Increase in fitness reduces risk of T2DM
- In obese adolescents, BMI is a poorer predictor of insulin resistance than fitness


Childhood obesity: multidiscipline approach

Combination of:
- Pediatrician
- Exercise physiologist (body composition/fitness testing)
- Nutritionist
- Health psychologist

Schools, community centers, after-school, etc

Pediatric Fitness Clinic

- Medical evaluation
- Nutrition assessment
- Body Composition
- Exercise testing

Population level vs Individual level

What are we doing?

- School-based interventions for fitness
- After-school interventions (YMCA) for fitness
- Statewide database for childhood fitness
- Translation of fitness/IR assessment to schools
Ho-Chunk Youth Fitness

- Partnership with at risk children using after-school activity and nutrition at the House of Wellness

Fitness has greater correlation with insulin than body fat

- Correlation: 0.32 (P = 0.002)

- Correlation: -0.49 (P < 0.001)

Why a school-based program?

- Over 90% of US children are enrolled
- Both active and passive decisions regarding activity, food, attendance can be controlled or altered
- Schools can provide educational and social platform for obesity prevention

CDC supports school-based programs. Logical ideas: Do they work?

- Current recommendations for 60 minutes per day of PA (IOM 2005)
- Recommended that >30 of those minutes come during school (Strong et al 2005, IOM 2005)
- However, decreasing requirement of PE (50% in K-5, 25% by 8th grade, to 5% in 12th grade (Burgeson 2001)
- NCLB (2001) holds schools responsible for academic grades, essentially weakening support for PE
- School needs assessment: CDC school health index

Evidence based* practice: What do we know about schools?

- Studies Focusing on Dietary and Physical Activity Did Not Significantly Improve BMI (Summerbell CD, 2005)
- School-based Interventions Focusing on Reducing Sedentary Behaviors Are Effective (Cliska D, 2004)
- Approaches to Improve Health need to be Implemented along with Community-based Strategies (Micucci S, 2004

Objective

- Determine whether a school-based curriculum could increase cardiovascular fitness in obese children

River Bluff Middle School - Stoughton, WI
Fitness classes improved fitness, body composition, and insulin levels.

Physical fitness is a key determinant of insulin sensitivity and can be measured in children.

Small consistent activity changes can lead to significant benefits.

Changes dependent upon ongoing school curriculum (summer loss).

Fitness plays an important role in health.

Wisconsin Partnership grant measuring fitness across Wisconsin.

Partnership with DPI, school staff, UW Population Health Institute, Pediatrics.

Utilizes PACER (aerobic portion of Fitnessgram; 20 meter shuttle run in gym class).
Active commuting to school

- Rates of walking/biking to school declined precipitously over last 30 years
- 1969 - 48% actively commuted to school, in 2001 only 15% of students <1 mile from school
- Evidence that children walk/bike to school have higher daily levels of physical activity, and are more likely to meet PA recommendations*

Assess children’s built environment

The built environment can provide affordances (bike trails) and barriers (busy intersections, or lack of crosswalks).

Energy expenditure in the built environment

Link neighborhood’s walkability, bike-ability with health

Assess attitudes and behavior of children using Participatory-Photo Mapping (PPM)

- Provide students with digital cameras and GUM units to document use of their neighborhood and recreation environments
- Conduct focus group interviews, photograph areas, and community members discuss local concerns
- Communicate information to local decision-makers, community organizations, and policy makers
- Suggests to decision & policy makers

Conclusions

- For prevention strategies, physical inactivity may represent a greater metabolic risk than obesity alone
- We need “real-world” approaches with long lasting impact, and systems to promote physical activity
- SEM guides us towards multidisciplinary model for public health, and translational research
- This model underscores that changes are made in a broader social environment, and schools are an excellent place to start

Time for Questions for Dr. Carrel

Murray L. Katcher, MD, PhD
Chief Medical Officer, BCHP
Wisconsin Department of Health Services (DHS)
Integrating Bright Futures into Public Health at the State and Local Levels

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.

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

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
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

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

Promoting Physical Activity

- Temptations to adopt a sedentary lifestyle
  vs.
- Vigorous-intensity physical activity

Physical Activity Strategies to Impact Obesity
Attacking a multifaceted problem

Jon Morgan, MS
Physical Activity Coordinator
Presentation Outline

Quick Background & Overview - Overweight & Obesity
- State & Local
- A Little Data

A Story: “How Did We Get Here”

What is Happening Now & What Can You Do
- State & Local Efforts
- Evidence-Based Strategies Setting-Specific Work
- Policy Work

“A Typical Day”

Resources

A Little Data & Background

Obesity Trends Among U.S. Adults
BRFSS, 1985

(*BMI ≥ 30, or ~ 30 lbs. overweight for 5' 4" person)

No Data           <10%          10%–14%

Percent of Obese (BMI ≥ 30) in U.S. Adults

How did we get here?

The Intake Side-
Diet/Nutrition
Our Food Environments

Larger Portion Sizes
20 years ago
333 calories
Today
590 calories

Is this Portion Okay?

Growth of Food $ Spent on Eating Out


*Restaurant meals tend to have higher calories

Growth of Fast Food in the US
5 fold increase from 1970 to 2000

Soft Drink Growth in US
### TV & Food Advertising to Kids

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whoa foods</td>
<td>Eat once in awhile or on special occasions; high in fats, salt, sugar</td>
</tr>
<tr>
<td>Slow foods</td>
<td>Eat sometimes, at most several a week; moderate in fats, salt, sugar</td>
</tr>
<tr>
<td>Go foods</td>
<td>Eat anytime; rich in nutrients and low in calories</td>
</tr>
</tbody>
</table>

### Factoid

At 4:00 on a work day, what % of households don’t know what they’re having for dinner?

80%

### How did we get here?

**The Output Side – Physical Activity**

### Our Built Environments

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

#### Number of US Children Walking to Schools

<table>
<thead>
<tr>
<th>Year</th>
<th>% Kids Walking to School</th>
<th>% Kids Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>66%</td>
<td>12%</td>
</tr>
<tr>
<td>2000</td>
<td>10%</td>
<td>22%</td>
</tr>
</tbody>
</table>

*Source: Centers for Disease Control*
**Trips by Mode of Transportation**

- **Car**: 86.5%
- **Mass Transit**: 1.5%
- **School Bus**: 1.7%
- **Walk**: 8.6%
- **Other**: 1.7%

Percent of trips less than ½ mile taken by car = 57%

Source: Bureau of Transportation Statistics

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**Physical Activity Recommendations For Better Health**

**PHYSICAL ACTIVITY:**
- Minimum of 30 minutes per day
- (60 minutes for children)
- At least 5 days a week
- Everyday activities count (ex. yard work)
- Need greater amounts (60-90 minutes) for weight loss

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**Physical Activity in WI - By Month**

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**“Screen” Time**

Time study Ages 8 - 18
- 3:51 TV
- 1:44 Music
- 1:02 Computer
- 0:49 Video Games
- 7:26 Total

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**High School Physical Activity**

% Below Recommended Physical Activity levels

- Insufficient activity
- No Activity

By Grade 12, 40% are “Failing”
A Multi-Faceted Problem...

Food Trends
- 100% Eating out
- 400% Fast food
- 150% Soft drinks

Personal Trends
- Time for adults with kids
- Average TV/“screen time” ≥ 7.5 hours/day

Genetics
- Level of Physical Activity
- Increase in Food Consumption
- Body Weight

Physical Activity Trends
- 50% trips by car
- 87% of kids walking to school
- Physical Education
- Jobs are more sedentary

Environmental Trends
- Spread out communities, which
- trips by car
- Number of “connections”,
- which discourages walk & bike trips
- Activity in WI winters

What has been Set-up?

What’s not working so well.
Brochures, Health Fairs, Etc.

- Great for changing knowledge
- Not as effective at changing attitudes, etc.

Promoting exercise has not worked

Individual Change

Working One-on-One:
- Resource intense
- Individuals tend to revert back to old behaviors
- Does not address the environment where the individual lives, works, plays
Change thru Individual Education
- Why is it so hard?

1. It’s been proven that knowledge change alone rarely translates into healthy behavior change
2. “Good” message is overwhelmed by competing advertising
   - $2 million NIH 5-a-day campaign
   - $30 million “Got Milk” campaign
   - $800 million Coca-Cola advertising
   - $1 billion McDonald’s advertising

Marketing Being Active and Healthy Eating

Part of the reason it’s a tough sell:
- Coke ads take advantage of the fact that most people already consume soda.
- They only need to convince you to switch.
- Getting a sedentary person to be active means you need to change them from their preferred state to the almost opposite desired state.
- In other words, you need to get them to reverse their current choice (being sedentary).

Coke spends almost $1 billion to convince people to switch while health advocates spend literally nothing to try and reverse behavior!

Individual Behavior Change: Physical Activity, Eating & Weight

The reality is people that are relying on just individual motivation to change will:
- Fail often
- Succeed some of the time, but likely backslide
- Succeed long term, but in relatively small #s

They need to be “hit” multiple times from multiple sources until the environment and the message is so overwhelming that it tips everyone toward success.

Levels of the Social-Ecological Model

Behavior
- Individual
- Interpersonal

Environment
- Organizational
- Community

Policy
- National laws
- State laws
- Local laws

Do the math!

Think in terms of impact using the formula: DOSE x REACH = IMPACT

Dose is how much of a given strategy is occurring i.e. minutes of activity or # of fruits and vegetables eaten
Reach is what percent of the targeted population is being affected.

1 Example in a school of 100 kids

Use 1 dose of activity is equal to 10 minutes. Child goal is 60 minutes per day or 6 doses.

Scenario 1 – School holds a 1-day event where kids walk for 30 minutes. All kids participate so impact is 3 doses x 100% = 300 (for the year)
Scenario 2 – School institutes a new policy that requires daily “active classrooms” where there is 10 minutes of activity in the morning & afternoon. All kids participate, so impact is 2 doses x 100% = 200 x 180 school days = 36,000 (for the year)
What’s Happening Now?
Current State & Local Efforts

Strategies and Setting
Specific Efforts

Settings to Consider

- Community
  - Access to Fruits and Vegetables
  - Active Environments
  - Gardening
  - Grocery Stores
  - Restaurants
- Early Childhood Care & Education
- Healthcare
- School
- Worksite

Focus on Policy & Environmental Change

Can look at individual policies or use NPAO toolkits that imbed policy and environmental changes

Let’s Look at the Settings

Waking Hours in Various Settings
(17 total waking hours possible)

Based on two ½ hour office visits/year
Early Childhood Setting—Why?

- 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 yet year.
- Childcare Toolkit for Physical Activity
  - Just completed draft for pilot groups.

School Setting—Why?

- Students spend over half their day in school and school-related settings.
- There are lots of opportunities to integrate short bouts of physical activity into the day, particularly at the elementary levels.

School Setting—Strategies

Strategies:

- What Works in Schools
  - 17 physical activity strategies in Active Schools Kit
  - 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. What Works in Schools
2. Governor’s School Health Award recognizing schools that are improving environments for healthier eating & increased physical activity
3. WI Active Schools Kit – 17 key strategies

Active School Categories and 17 Strategies

1. Physical Education class time
2. Physical Education – % of time students are active
3. Physical fitness assessment
4. Active recess
5. Active classrooms
6. Open gym time
7. Intramurals
8. Before or after school activities - (Play 60)
9. Extra credit activities for PE class
10. Tracking campaigns (Movin’ and Munchin’ Schools)
11. Allow public access to multi-use facilities (multi-use agreements)
12. Youth sports (Park & Recreation programming)
13. Parks and playgrounds
14. Safe Routes
15. Walking school bus
16. Community Master plan and “Complete Streets”
17. School location and sidewalks & trails to school
Community Setting—Why?

- Approximately, 5.5 million people are living in WI communities.
- Active living and eating healthy are closely tied to access to opportunities.

Community Setting—Strategies

- What Works in Communities: Active Environments Kit.

Community Setting—Current Efforts

- Active Community Environments Resource Kit—a resource for helping communities complete an assessment of their environment for activity, includes strategies for creating an active community.
- Active Environment pilot project—Marathon County, WI.
- Safe Routes to School—state funding opportunities; encourage your local school to apply.

Community Built Environment

Resources for You:
Active Community Environments Toolkit.

What Works: Active Community Environments.

Healthcare

What Works in Healthcare.

Worksite Setting—Strategies & Current Efforts

- What Works in Worksites:
- WI Worksite Wellness Resource Kit.
- Governor’s Worksite Wellness Award.
Take 1: A "Bad Day" in the Life …

7:00 AM (Breakfast)
500 calories consumed

8:00 AM (Bus to School)
0 Calories burned

10:00 AM (Snack)
250 Calories consumed
11:00 AM (PE: inactive)
100 calories burned

Noon (Ala Carte Lunch)
800 calories

3:00 PM (Bus home)
0 Calories burned

4:00 (Video Games)
0 Calories burned

4:30 (After School Snack)
150 Calories

5:00 PM (Errand)
0 Calories burned
6:00 PM (Dinner)
800 Calories consumed

7:00 PM Let Dog Out
2 calories burned

Or “Take the Dog for a Walk”
(0 Cals)

8:00 PM TV Time
0 calories burned

“Bad” Day Totals

Calories consumed in meals & snacks = 2550

Calories burned thru activity during the day = 102

Net difference = + 2448
(Weight gain? ... Likely)

Take 2: A “Good Day” in the Life ....
7:00 AM (Breakfast)  
400 Calories

8:00 AM (Bike/walk to School)  
100 calories burned

Or Walking to School - "the Old Way"  
["4 miles going, 7 miles coming home" (?)]

10:00 AM  
50 Calories consumed

11:00 AM (PE: active)  
200 calories burned

USDA Lunch  
600 calories
3:00 PM (Walk home)  
100 Calories

4:00 PM (Backyard Games)  
200 Calories

4:30 PM (After School Snack)  
75 Calories

5:00 PM (Errand: Bike or walk)  
100 Calories

6:00 PM (Dinner: Home cooked)  
700 Calories

7:00 PM Walk the Dog  
100 calories burned
8:00 PM TV Time
0 calories burned


“Good” Day Totals
Calories consumed in meals & snacks = 1825
Calories burned thru activity during the day = 800
Net difference = 1025
(Burned due to daily caloric use ... Very Likely)
(... and then some - possible weight loss??)

A Typical Day: 2 Options

<table>
<thead>
<tr>
<th>Time</th>
<th>Option</th>
<th>Calories Consumed</th>
<th>Calories Burned</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>Sugar Cereal</td>
<td>500</td>
<td>400</td>
</tr>
<tr>
<td>7:00</td>
<td>Healthy Cereal</td>
<td>400</td>
<td>400</td>
</tr>
<tr>
<td>8:00</td>
<td>Bus to School</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>8:00</td>
<td>Walk to school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td>20 oz. “Snack”</td>
<td>250</td>
<td>50</td>
</tr>
<tr>
<td>10:00</td>
<td>Snack, apple</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00</td>
<td>Physical Ed.</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>11:00</td>
<td>Active PE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noon</td>
<td>Ala Carte Lunch</td>
<td>800</td>
<td>600</td>
</tr>
<tr>
<td>Noon</td>
<td>USDA lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00</td>
<td>Bus home</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>3:00</td>
<td>Walk/bike home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00</td>
<td>Video games</td>
<td>0</td>
<td>200</td>
</tr>
<tr>
<td>4:00</td>
<td>Backyard games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:30</td>
<td>Snack (Candy)</td>
<td>150</td>
<td>75</td>
</tr>
<tr>
<td>4:30</td>
<td>Snack (Fruit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:00</td>
<td>Errand – drive</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>5:00</td>
<td>Errand - bike</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:00</td>
<td>Dinner @ Mac’s</td>
<td>850</td>
<td>700</td>
</tr>
<tr>
<td>6:00</td>
<td>Healthy Dinner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00</td>
<td>Let dog out / TV</td>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td>7:00</td>
<td>Walk dog / TV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2550 Eaten, 102 Burned</td>
<td>1825 Eaten, 800 Burned</td>
<td></td>
</tr>
</tbody>
</table>

+2448 Net  #2 = 1423 less  +1025 Net

Take Home Thought
“Because of the increasing rates of obesity, unhealthy eating habits, and physical inactivity, we may see the first generation that will be less healthy and have a shorter life expectancy than their parents.” *

Visit our web site
Google on: "WI Physical Activity"
http://www.dhs.wisconsin.gov/health/physicalactivity/index.html

Data Related to Physical Activity in WI Youth

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

* Surgeon General Richard H. Carmona, MD:
Testimony to US Senate, March 2, 2004
A Potential Decline in Life Expectancy in the United States in the 21st Century
Youth Obesity: Trends, Consequences, & Key Health Behaviors

- In the past three decades, youth obesity rates have:
  - Doubled for youth ages 2-11
  - Tripled for youth ages 12-19
- Obesity in youth can cause:
  - Hypertension, elevated blood lipids, insulin resistance
  - Obesity later in life
  - Poor quality of life
- Key Health Behaviors Associated with Obesity:
  - Low physical activity levels; high levels of TV viewing
  - Formula feeding
  - Low intake of fruits and vegetables

Health Effects of Physical Activity & Inactivity (CDC)

- Benefits of physical activity
  - Decreases the risk of obesity and related chronic diseases
  - Builds/maintains healthy bones & muscles
  - Reduces depression and anxiety
  - Promotes well being and academic achievement
- Consequences of physical inactivity
  - Increases risk of developing diabetes, colon cancer, and hypertension
  - Increases risk of early death

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

Obesity: WI High School Students

Unhealthy Weight Status Disparities: WI High School Students

Factors that Affect Health
TV Viewing Time Rates and Disparities in WI Youth

- Youth exceeding TV viewing recommendations (2009 PedNSS; 2009 YRBS)
  - 18% WIC children
  - 23% WI high school students
    - 27% males; 19% females
  - 43% Milwaukee high school students
    - 42% of males; 43% of females
- Youth exceeding 3 hours computer time/day (2009 YRBS)
  - 19% WI & 27% Milwaukee high school students

Percent WI Youth Exceeding TV Viewing Guidelines by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>White</th>
<th>Hispanic/Latino</th>
<th>Black/African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WI high school students</td>
<td>21%</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>Milwaukee high school</td>
<td>48%</td>
<td>39%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Environmental Predictor of TV Viewing Time: TV in bedroom

- 40% of WI youth ages 6-17 have a TV in their bedroom (National Survey of Children’s Health, 2007)
- By income level
  - 31% of youth at or above 400% Federal Poverty Level
  - 43-48% of youth below 400% FPL
- By race/ethnicity
  - 37% Whites
  - 41% Hispanics/Latinos
  - 68% Blacks/African Americans

Physical Activity Rates: WI High School Students

- CDC State Indicator Report for Physical Activity:
  - WI is 1 of 20 states with policy requiring or recommending elementary school recess
  - 52% of WI youth do not have parks, community centers and sidewalks in neighborhood
- Social predictors of physical activity (NSCH, 2007)
  - 38% of WI youth (ages 0-17) have a father and 47% have a mother who do not exercise regularly
  - 1 in 7 WI youth live in unsafe neighborhoods
Local Obesity & Physical Activity Data Online

- USDA Food Environment Atlas:
  - Many nutrition indicators (e.g., access and proximity to grocery stores; # fast food restaurants, etc.)
- Obesity; available recreation and fitness facilities per 1000 population;
- Demographics: Race/ethnicity; income; poverty rate, etc.

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

- WI WIC Website (WICPRO)
  - Child (aged 2-4) (PedNSS Reports):
    - Overweight & obesity (measured)
    - Screen time > 2 hours/day
- Wisconsin Interactive Statistics on Health (all counties module)
  - [http://dhs.wisconsin.gov/wish/measures/BRFS/allCounty.htm](http://dhs.wisconsin.gov/wish/measures/BRFS/allCounty.htm)
  - Adult overweight and obesity
  - Adult physical inactivity

State-level Obesity & Physical Activity Data: WI Dept. Public Instruction

- Youth Risk Behavior Survey (high school)
  - WI DPI reports & graphs
  - New CDC Interactive version: Youth Online
    - Weight status, physical activity, screen time, by state or city (e.g. Milwaukee) and demographic groups
- School Health Profiles (middle/high school)
  - Health environment & policies

State-level Obesity & Physical Activity Data Online: CDC

- National Survey of Children’s Health (youth < 18)
  - [http://www.nschdata.org/Content/Default.aspx](http://www.nschdata.org/Content/Default.aspx)
  - Includes predictors of physical activity and screen time
- State Indicator Report on Physical Activity
- Nutrition, Physical Activity and Obesity State Legislative Database

HIGHLIGHTS OF WISCONSIN’S OBESITY PREVENTION EFFORTS

Mary Pesik – Program Coordinator
Nutrition, Physical Activity and Obesity Program
Division of Public Health
Wisconsin Department of Health Services
9/1/2010

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NUTRITION, PHYSICAL ACTIVITY AND OBESITY PROGRAM STAFF

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PROGRAM OUTCOME OBJECTIVES

- Decrease prevalence of obesity
- Increase physical activity
- Improve dietary behaviors related to population burden of obesity and chronic diseases

PROGRAM IMPACT OBJECTIVES

- Increase the number, reach and quality of policies and standards set in place to support healthful eating and physical activity in various settings.
- Increase access to and use of environments to support healthful eating and physical activity in various settings.
- Increase the number, reach and quality of social and behavioral approaches that complement policy and environmental strategies to promote healthful eating and physical activity.

FIVE-YEAR PERFORMANCE MEASURES

Evidence showing:
- Progress toward meeting the nutrition, physical activity and obesity state plan objectives
- Local & state or policies, environmental supports, and/or legislative actions initiated, modified, or planned for the prevention or control of obesity and other chronic diseases.
- Increased physical activity and improved dietary behaviors.
- Prevalence of obesity begins to stabilize or decrease.
- Partnerships and resources to sustain efforts.

NPAO PROGRAM ACTIVITIES

- Catalyst...
  - Leadership
  - Strategic partnerships
  - NPAO State Plan
  - Monitoring and Surveillance
  - Evaluation
  - Technical assistance and training
  - Education
  - Advocacy
  - Resources
  - Funding

Making Healthy Choices Easier

- Individual
  - Culture
  - Skills
  - Knowledge
  - Time

- Environment
  - Affordability
  - Price/Economic
  - Access
  - Policy
  - Legislation
  - Advertising

Breastfeeding, Healthy Eating & Physical Activity

Environment
IMPLEMENTATION OPPORTUNITIES

Communities Putting Prevention to Work (CPPW)

- Wisconsin received 3 grants for a 24-month period
  - Component I = $862,797 State non-competitive grant
    - Increase physical activity in schools
    - Increase fruit and vegetable access in schools via Farm-to-School
  - Component II = $3,000,000 State competitive grant (1 of 13 grantees)
    - Increase physical activity in schools
    - Increase physical activity in childcare settings
    - Educate and train providers to advocate for more physical activity: 60 minutes of physical activity per day
  - Community Component = $6,000,000 (44 nationally)
    - Multiple strategy, multiple setting interventions

Promoting Healthy Communities and Local Coalitions

- Current Coalition Funding and Activities
  - Local implementation of the Wisconsin Nutrition and Physical Activity State Plan
    - Recommended Strategy Areas: Active Community Environments, Breastfeeding Support, Food Environments, School Wellness, Worksite Wellness
  - Communities Putting Prevention to Work – Active Schools Project
  - Healthy Lifestyles Coalitions

Supporting Active Schools Initiative

Coalitions in a Community with a School Intervention Site

- The following coalitions are funded through this opportunity for the period July 2010-February 3, 2012

- Milwaukee County Nutrition and Physical Activity Coalition (MCNPAC)
- Walk to Win
- Brown County Work Group for Physical Activity
- Fond du Lac Children and Weight Coalition
- Polk County Nutrition and Physical Activity Coalition
- Marathon County Health Department - HEAL
- Price County Nutrition Action and Physical Activity Coalition
- YMCA of Dane County Pioneering Healthier Communities
- Platteville Community Safe Routes Committee
- Fitness and Nutrition Coalition of Outagamie County

Coalitions in a Community without a School Intervention Site

- The following coalitions are funded through this opportunity for the period July 2010-February 3, 2012

- Challenge Chippewa
- Burnett County Department of Health and Human Services/Burnett County Nutrition Coalition
- Clark County Health Care Center/"Eat Right, Be Fit Coalition"
- Lafayette County Health Department, Aging Well Living Well Coalition
- Douglas County Community Health Improvement Plan/Overweight, Obesity, and Lack of Physical Activity
- Green Lake Area Health and Wellness Coalition
- Waupaca County NuAct Coalition
- Healthier Cumberland Coalition
- Community Wellness Partnership of Marinette and Oconto Counties
- Green County Healthy Communities - Healthy Kids Healthy County
- Manitowoc County CAN
- Portage County CAN
- Healthy Eating and Active Living Coalition of Pierce County
- St Croix County Youth Nutrition and Activity Coalition
- Wellness Coalition of Taylor County

Local Implementation of the Nutrition and Physical Activity State Plan

- The following coalitions are funded through this opportunity for the period August 2010-December 2011

- Let’s Move! Platteville (a continuation of the Platteville Safe Routes to School Project)
- Food for Thought - Kenosha
- Working on Wellness - Practical Implementation
- Portage County CAN - Well Workplace, Well County Initiative
- Monroe on the GO - Phase 2
- Northwoods Breastfeeding Coalition
- Healthy Eating Active Living - Marathon County
- Breastfeeding Alliance of Northeast WI Collaborative
- Breastfeeding Promotion and Support Outreach
- Trempealeau County Coalition for Health Living
- Buffalo and Pepin Counties: Sharing Resources to Improve Nutrition and Physical Activity
- Working for Whitewater’s Wellness
- Green County – Healthy Kids Healthy County
- Winnebago County Community Collaboration for Health

HIGHLIGHTS OF WISCONSIN’S OBESITY PREVENTION EFFORTS

Jordan Bingham - Healthy Communities Coordinator
Nutrition, Physical Activity and Obesity Program
Division of Public Health
Wisconsin Department of Health Services
9/1/2010
2010 DHS Coalition List (50) those who submitted the 2009 annual coalition survey. All white counties have no known coalition.

Supporting local coalitions
- Coalition Support Team
- Training and Technical Assistance
- Materials and Resources
- Networking and connections
- Funding

Coalition Support Team
- Work group with statewide representation from coalitions and other key stakeholders
- Advisory role for coalition funding, training
- Local perspective
- Multi-year action plan and participation information available from jordan.bingham@wisconsin.gov

Coalition Training & Technical Assistance
- Coalition training plan for 2010-11 includes
  - Face-to-Face trainings
  - Coalition building
  - Policy skills
  - Web-based trainings
  - Grantee content areas
  - Cross-cutting topics: theoretical and evidence base for obesity prevention
  - Monthly telephone/web conferences
  - Coalition updates & networking
  - New & emerging topics

Materials and Resources
Google on “WI Physical Activity”
Coalition Funding
- Local Implementation of the WI Nutrition and Physical Activity State Plan
- Communities Putting Prevention to Work (CPPW)
  State-supported small community (La Crosse and Wood Counties)
  Active Schools project
- Technical assistance for other external funding
  communicating opportunities
  facilitating connections
  content or format guidance
  partnership and support

Communication and Networking
- WI PAN meetings, committees
- Trainings, teleconferences
- Developing capacity with technology, online communication, social media
- "Informal" connections

Reversing the obesity epidemic is a shared responsibility. Social and environmental changes are influenced by the efforts of many…

Integrating Bright Futures into Public Health at the State and Local Levels

Time for Questions

TO DO
Complete Bright Futures Webinar Evaluation!!