Bright Futures

prevention and health promotion for infants, children, adolescents, and their families™

BRIGHT FUTURES

Promoting Healthy Nutrition and Healthy Weight - (Part 2)

September 1, 2010

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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.

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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

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PRESENTERS

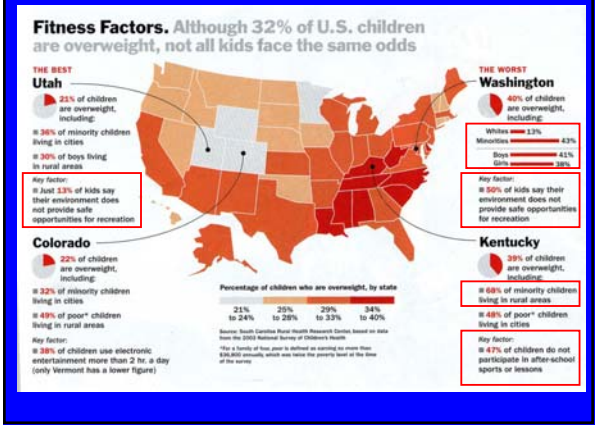
Janice Liebhart, MS, Epidemiologist,
Nutrition, Physical Activity, & Obesity Program, DHS

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



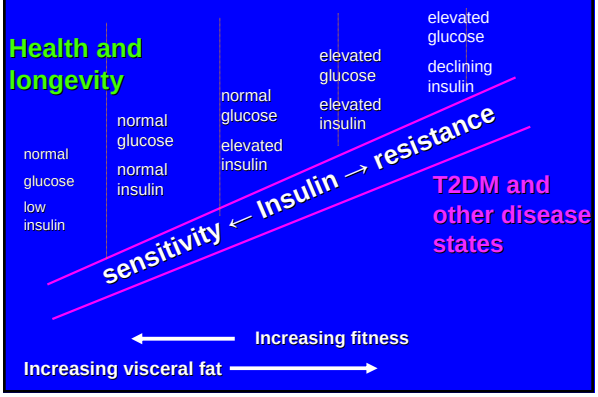
Comprehensive public health approach

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

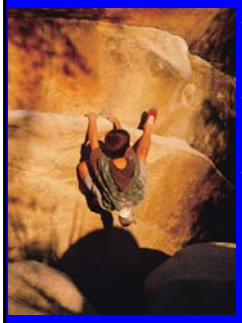
"…these factors result from complex interactions across a number of social, environmental, and policy contexts."

- INSTITUTE OF MEDICINE

Insulin sensitivity: critical health indicator



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

  - Kasa-Vubu, et al. JCEM 2005;90:849-54.
  - Gutin B, et al. J Pediatr 2004;145:737-43.

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

Pediatric Fitness Clinic

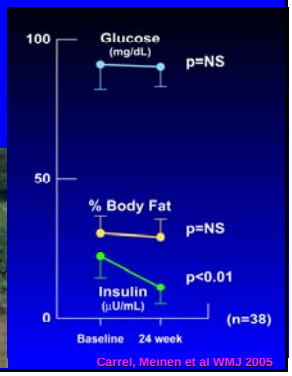
- Medical evaluation
- Nutrition assessment
- Body Composition
- Exercise testing

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

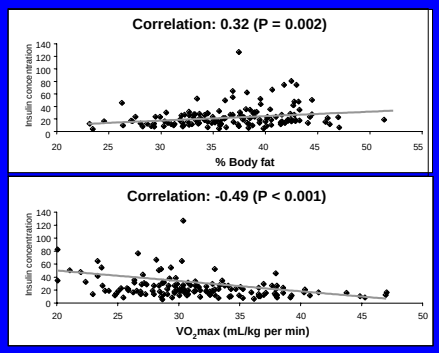
Ho-Chunk Youth Fitness

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



Carrel, Meinen et al WMJ 2005

Fitness has greater correlation with insulin than body fat



(n=222, ages 6-14)

Allen DB, Nemeth B, Clark R, Peterson S, Eickhoff J, Carrel AL. J Pediatr 2007, 150; 383-8.

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)
- Interventions Should be Multi-faceted and Focus on Environment (Cole K, 2005, Micucci S, et al. 2003)
- 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.

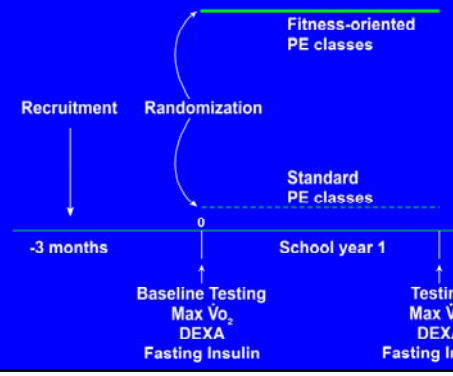
* Cochrane Review 2005

Objective

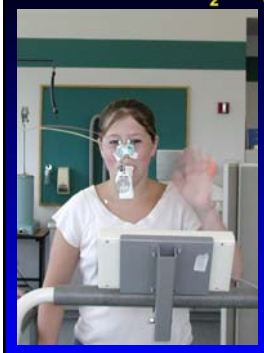
- Determine whether a school-based curriculum could increase cardiovascular fitness in obese children

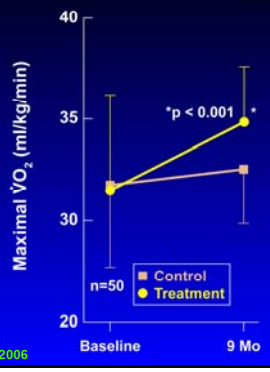
River Bluff Middle School - Stoughton, WI

The Effect of a School-based Fitness Program



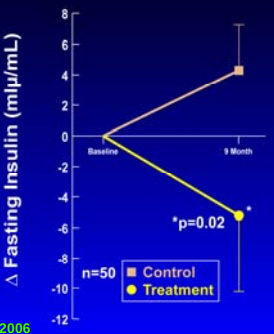
Maximal $\dot{V}0_2$ Improves with Training





Carrel, Allen et al. Arch Ped Adol Med 2006

Fasting Insulin Decreases with Training



Carrel, Allen et al. Arch Ped Adol Med 2006

Schools can improve fitness, IR

- 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)

Carrel, Allen et al. Arch Ped Adol Med 2006
Carrel et al. Arch Ped Adol Med 2007

Measuring Childhood Fitness in WI

- 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)

Statewide Partnership with DPI

Active commuting to school

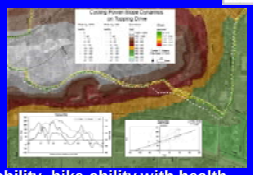
- Rates of walking/biking to school declined precipitously over last 30 years
- 1969 - 48% actively commuted to school, in 2001 only 15% of students <1 mile from school
- Evidence that children walk/bike to school have higher daily levels of physical activity, and are more likely to meet PA recommendations*

Davison et al. Prev Chronic Dis 2008; 5: 1-11

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)

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

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

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Murray L. Katcher, MD, PhD

Chief Medical Officer, BCHP

Wisconsin Department of Health Services (DHS)

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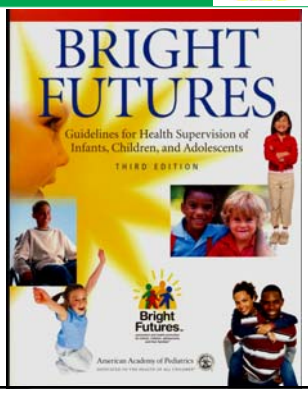

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What Is Bright Futures?

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

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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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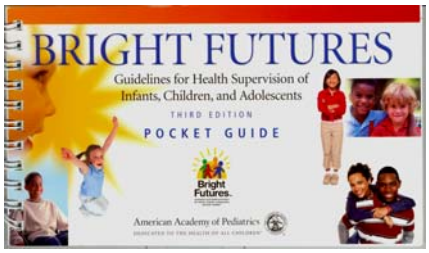

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How do the 3rd edition Guidelines differ from previous editions?

- **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**

Bright Futures

Wisconsin's Bright Futures Webcasts

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

Applying the 10 Bright Futures Themes to Public Health

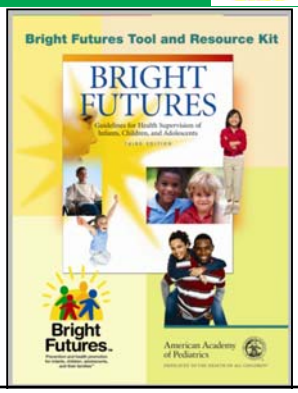
- Promoting Oral Health
- Promoting Safety and Injury (and Violence) Prevention
- Promoting Healthy Weight
- Promoting Healthy Nutrition
- Promoting Physical Activity

Wisconsin's Bright Futures Webcasts

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

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



Promoting Physical Activity

- Temptations to adopt a sedentary lifestyle

vs.

- Vigorous-intensity physical activity

Promoting Physical Activity

- Children and Youth with Special Health Care Needs
- Infancy—Birth to 11 Months
- Early Childhood—1 to 4 Years
- Middle Childhood—5 to 10 Years
- Adolescence—11 to 21 Years

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

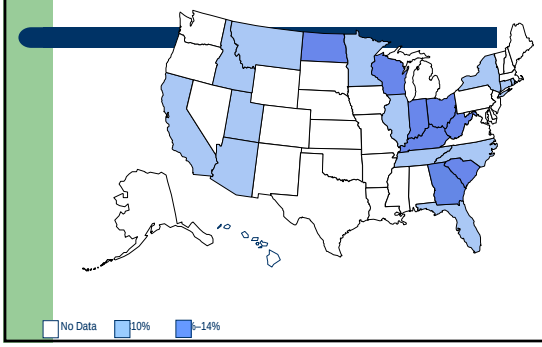
"A Typical Day"

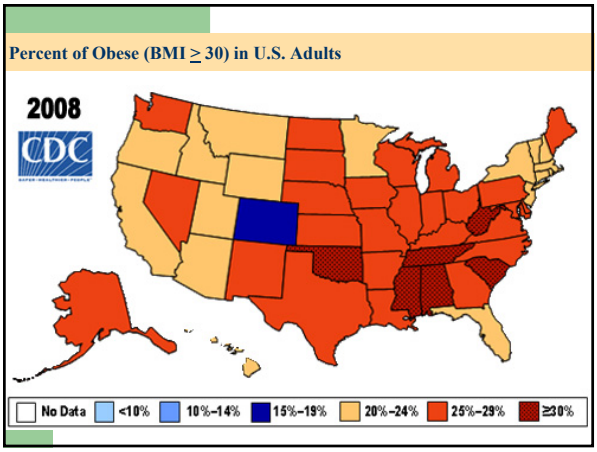
Resources

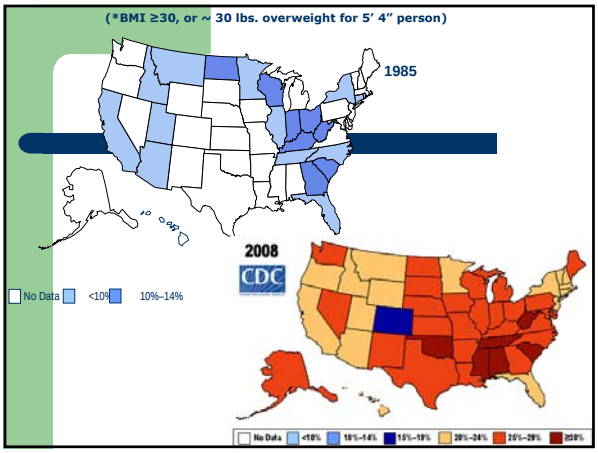
A Little Data & Background

Obesity Trends Among U.S. Adults
BRFSS, 1985

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







How did we get here?

The Intake Side- Diet/Nutrition

Our Food Environments

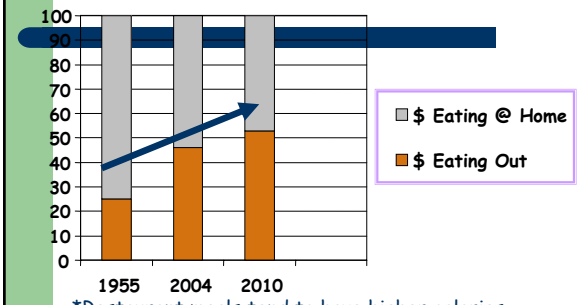
Larger Portion Sizes

20 years ago
333 calories

Today
590 calories

Is this Portion Okay?

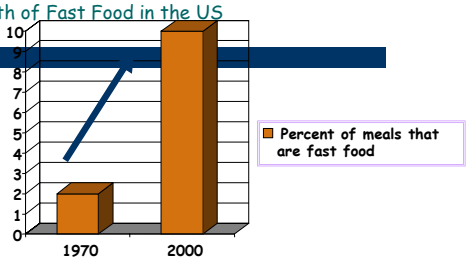
Growth of Food $ Spent on Eating Out



*Restaurant meals tend to have higher calories

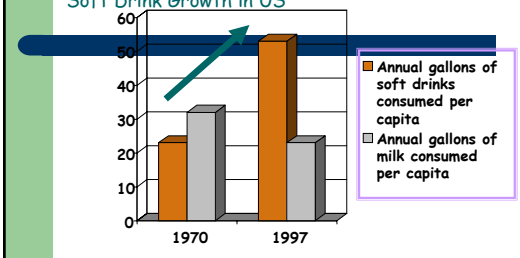
Source: National Restaurant Association (2004)

Growth of Fast Food in the US



5 fold increase from 1970 to 2000

Soft Drink Growth in US

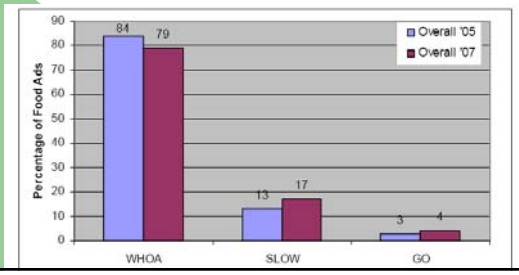


Whoa foods – Eat once in awhile or on special occasions; high in fats, salt, sugar

Slow foods – Eat sometimes, at most several a week; moderate in fats, salt, sugar

Go foods – Eat anytime; rich in nutrients and low in calories

TV & Food Advertising to Kids



Factoid

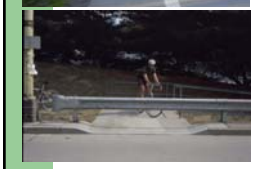
At 4:00 on a work day, what % of households don't know what they're having for dinner?

80%

How did we get here?

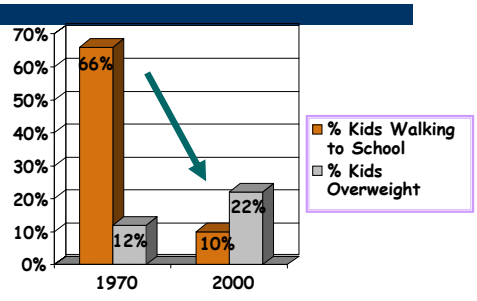
The Output Side- Physical Activity

Our Built Environments



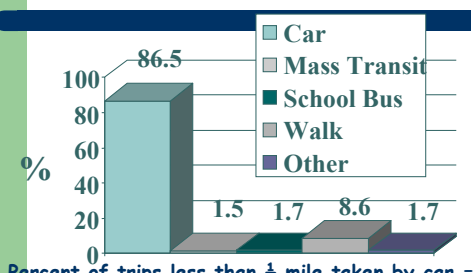
What do you mean there's a physical activity problem in the US?

Number of US Children Walking to Schools



Source: Centers for Disease Control

Trips by Mode of Transportation



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

Source: Bureau of Transportation Statistics

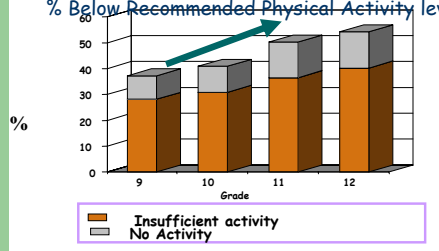
Physical Activity Recommendations For Better Health

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

High School Physical Activity

% Below Recommended Physical Activity levels



By Grade 12, 40% are "FAILING"

"Screen" Time

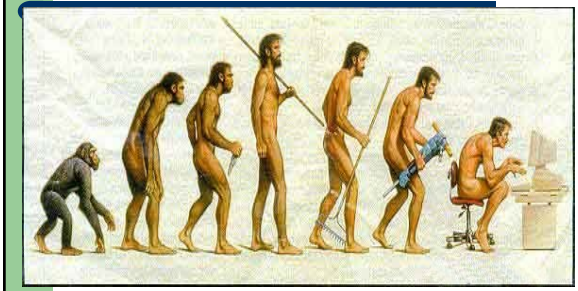
Time study Ages 8 - 18

- 3:51 TV
- 1:44 Music
- 1:02 Computer
- 0:49 Video Games

7:26 Total

Physical Activity in WI - By Month

"Evolution" ???



"Reverse Engineering" for Activity

Active Hunters & Gatherers

OR

Inactive Car Drivers & Computer Jockeys

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 ↘ ↙ Evolution

Level or ↓ Physical Activity
+ Increase in Food Consumption
= ↑ Body Weight

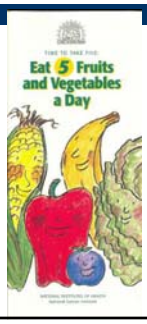
Physical Activity Trends
- ↑ 50% trips by car
- ↓ 87% of kids walking to school
- ↓ Physical Education time
- ↓ Jobs are more sedentary

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.

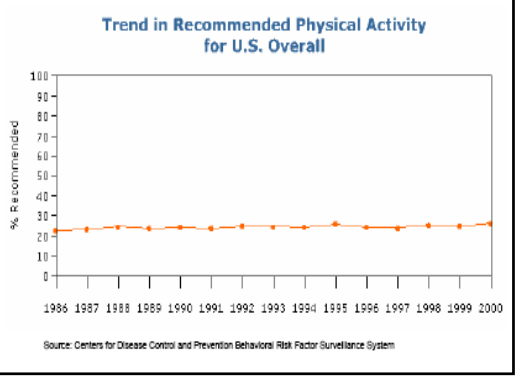
Brochures, Health Fairs, Etc.



-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 advertisi**
   - **$1 billion McDonalds 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

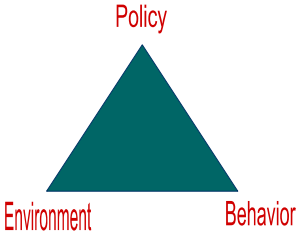
They need to be "hit" multiple times from multiple sources until the environment and the message is so overwhelming that it tips everyone toward success.

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

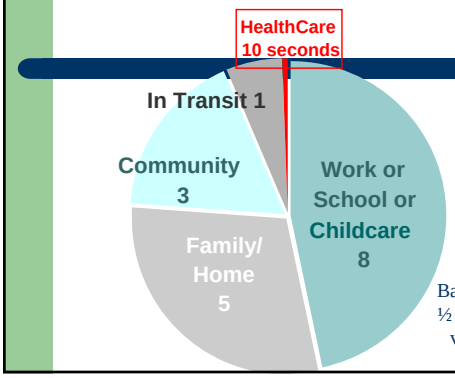
Strategies and Setting Specific Efforts

Settings to Consider

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

Waking Hours in Various Settings

(17 total waking hours possible)



Based on two ½ hour office visits/year

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

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 t 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
   http://www.dpi.wi.gov/sspw/sas.html

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

Worksite

Resources for You:

Worksite Wellness Kit

What Works in Worksites

A Typical Day

How daily decisions add up

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

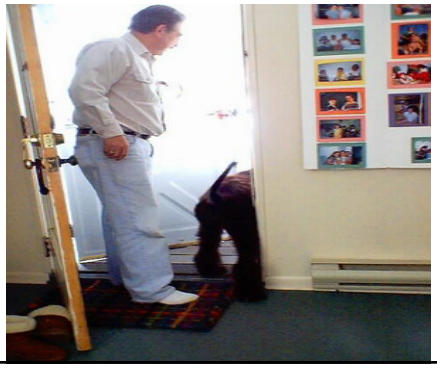
4:00 (Video Games)
0 Calories burned

4:30 (After School Snack)
150 Calories

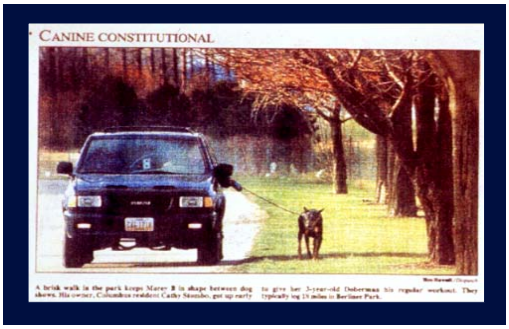
5:00 PM (Errand)
0 Calories burned

6:00 PM (Dinner)
800 Calories consumed

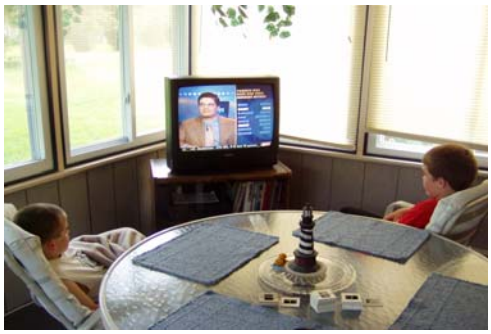
7:00 PM Let Dog Out
2 calories burned



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

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

* Surgeon General Richard H. Carmona, MD: Testimony to US Senate, March 2, 2004

New England Journal of Medicine Vol 352:1138-1145, March 17, 2005
A Potential Decline in Life Expectancy in the United States in the 21st Century

Visit our web site

Google on: "WI Physical Activity"

http://www.dhs.wisconsin.gov/health/physicalactivity/index.htm

Data Related to Physical Activity in WI Youth

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

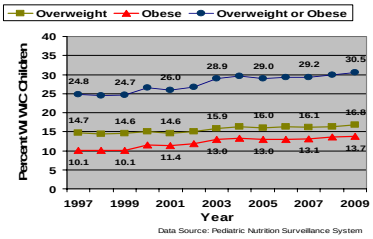
Youth Obesity: Trends, Consequences,& Key Health Behaviors

- **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)

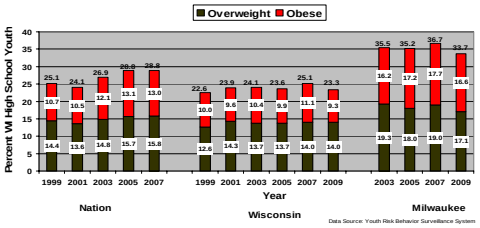
- **Benefits of physical activity**
  - Decreases the risk of obesity and related chronic diseases
  - Builds/ maintains healthy bones & muscles
  - Reduces depression and anxiety
  - Promotes well being and academic achievement
- **Consequences of physical inactivity**
  - Increases risk of developing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

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



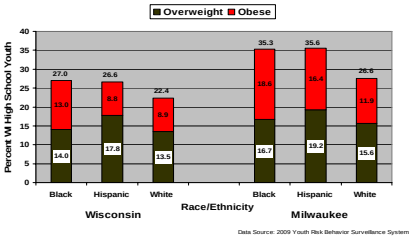
Data Source: Pediatric Nutrition Surveillance System

Obesity: WI High School Students

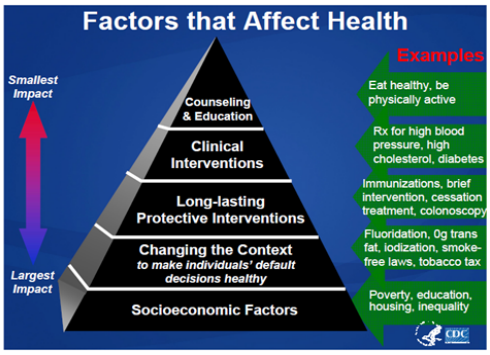


Data Source: Youth Risk Behavior Surveillance System

Unhealthy Weight Status Disparities: WI High School Students



Data Source: 2009 Youth Risk Behavior Surveillance System



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

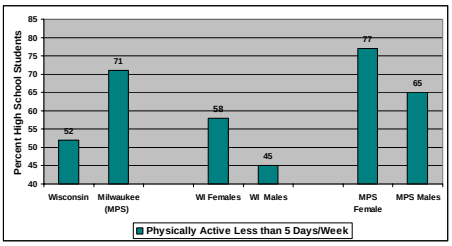
Percent WI Youth Exceeding TV Viewing Guidelines by Race/Ethnicity

Race/Ethnicity ***Population***	Black/ African American	Hispanic/ Latino	White
WI high school students	46%	26%	21%
Milwaukee high school students	48%	39%	32%

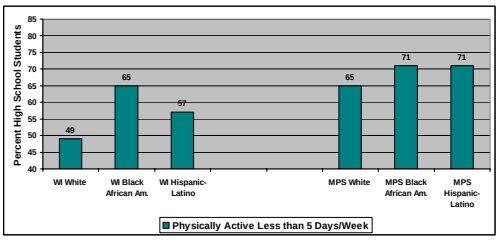
Environmental Predictor of TV Viewing Time: TV in bedroom

- 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



Physical Activity Disparities: WI High School Students



Environments/ Policies/ Systems Related to Physical Activity in WI Youth

- 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

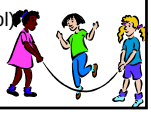
- USDA Food Environment Atlas:
  - http://maps.ers.usda.gov/FoodAtlas/foodenv5.aspx
  - Many nutrition indicators (e.g., access and proximity to grocery stores; # fast food restaurants, etc.)
  - Obesity; available recreation and fitness facilities per 1000 population;
  - Demographics: Race/ethnicity; 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
  - 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
    - http://dpi.wi.gov/sspw/yrbsindx.html
  - *New CDC Interactive version: Youth Online*
    - http://apps.nccd.cdc.gov/youthonline/App/Default.aspx
    - Weight status, physical activity, screen time, by state or city (e.g. Milwaukee) and demographic groups
- School Health Profiles (middle/high school)
  - http://dpi.wi.gov/sspw/shepindex.html
  - 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
  - Includes predictors of physical activity and screen time
- State Indicator Report on Physical Activity
  - http://www.cdc.gov/physicalactivity/downloads/PA_State_Indicator_Report_2010.pdf

- Nutrition, Physical Activity and Obesity State Legislative Database
  - http://apps.nccd.cdc.gov/DNPALeg/index.asp

janice.liebhart@wisconsin.gov

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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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:

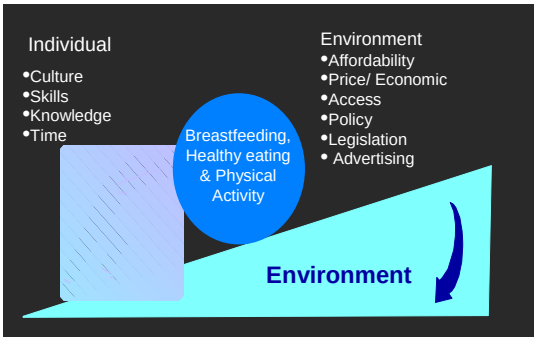
- Progress toward meeting the nutrition, physical activity and obesity state plan objectives
- Local & state or policies, environmental supports, and/or legislative actions initiated, modified, or planned for the prevention or control of obesity and other chronic diseases.
- Increased physical activity 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



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 groups 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

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

Supporting Active Schools Initiative

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

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

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

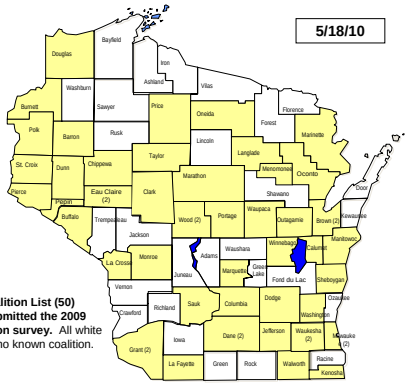
Winnebago County Community Collaboration for Health
Green County – Healthy Kids Healthy County
Working for Whitewater's Wellness
Buffalo and Pepin Counties: Sharing Resources to Improve Nutrition and Physical Activity
Trempealeau County Coalition for Health Living
Breastfeeding Alliance of Northeast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

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

Nutrition and Physical Activity Coalitions



2010 DHS Coalition List (50) those who submitted the 2009 annual coalition survey. All white counties have no known coalition.

SUPPORTING LOCAL COALITIONS

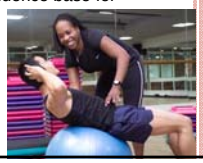
- Coalition Support Team
- Training and Technical Assistance
- Materials and Resources
- Networking and connections
- Funding

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

Bright Futures.

Time for Questions

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

Bright Futures.