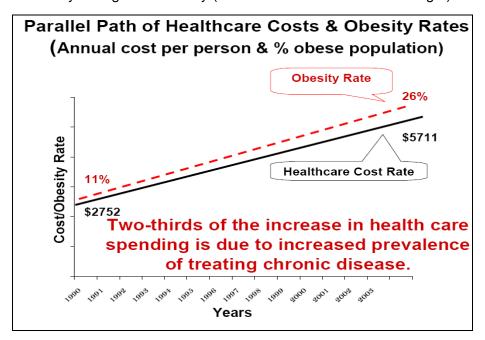


Healthy Eating • Physical Activity Healthy Weight

What's Happening in . . . Wisconsin



Put simply, they matter because of the connection between obesity and rising healthcare costs and the related quality of life issues that result from unhealthy eating and inactivity (see related data in inset to the right).



Source: CDC BRFSS data and Quote

Source: Organization for Economic Co-operation and Development. 2006

How Did the Obesity Numbers Get So High?

Trends in the past 30 years have changed the physical activity and food environments dramatically, as evidenced by the following:

Food Trends

- ↑ 100% in dining out
- ↑ 400% in fast food meals

Physical Activity Trends

- ₱ 87% in children walking to school
- ↑ 50% in trips by car
- ↑ 150% in soft drinks consumed ↑ in TV/screen time, average: 7 hrs/day

These trends have changed the world we live in and, combined with people's busy schedules, have made it harder to eat well and be active. Despite these trends there are ways to counteract the emerging obesity epidemic.

What's the Solution?

It's highly unlikely that the national obesity problem will "go away" or that individuals will suddenly change their behavior unless they have help. Rather than look at this issue as purely an individual choice issue, the State Nutrition, Physical Activity and Obesity Program is promoting policy and environmental change as the means to make an impact on a broader population. However, individuals, groups and coalitions are



Poor Nutrition, Inactivity & Obesity – the Link to Chronic Disease

Poor diet and physical inactivity are the second leading underlying causes of death, trailing only tobacco use. Furthermore, obesity and inactivity are projected to surpass tobacco as the leading cause of death in the next few years. Obesity and an inactive lifestyle are connected to an increased risk for many chronic diseases and complications, including:

- Cardiovascular Disease
- Arthritis
- Stroke
- High blood pressure
- Type 2 Diabetes
- Cancer (certain types)
- High cholesterol levels
- Depression
- Asthma
- Poor birth outcomes

Scope of the Problem Overweight or Obese in WI

- 62% of Wisconsin adults
- 25% of Wisconsin high school students
- 30% of children < 5 years old

Physical activity & nutrition levels

- 50% of adults meet the minimum activity level of 60 minutes/day.
- Only 24% of adults eat the recommended amount of fruits or vegetables.

Obesity related healthcare costs in Wisconsin from Medicare and Medicaid alone were \$626 million in 2000.

needed to implement change at the local level for a significant impact to take place. By working in an array of daily settings and creating environments that make it easier to be active and eat healthier foods, change can occur that will have an impact over a larger percent of the population. These changes will help Wisconsinites to achieve better health and reduced health care costs.

The Wisconsin Nutrition, Physical Activity and Obesity Program (NPAO) – What do we do?

Background: CDC cooperative agreement to prevent obesity through nutrition and physical activity

- \$833,805/year grant ending in June 2013
- Funds for 4.5 staff and grant funding to local coalition and groups

Role: Provide leadership for coordinated statewide nutrition, physical activity and obesity strategies

- Develop and maintain a State-level NPAO program
- Develop, implement and evaluate a state nutrition, physical activity and obesity plan.
- Build strategic partnerships with state organizations, local communities and coalitions.
- Monitor and report the prevalence of key obesity, nutrition and physical activity data.
- Research, synthesize and disseminate the evidence of what works in obesity prevention.
- Provide training on how to use the resources.
- Provide staff support for the Governor's Council on Physical Fitness and Health.

Accomplishments & Resources:

- Developed and are now implementing the Wisconsin Nutrition and Physical Activity State Plan.
- Completed a community pilot intervention in Marathon County.
- Developed and are now maintaining a website:
 http://dhs.wisconsin.gov/health/physicalactivity/index.htm, and an electronic listserve https://lists.uwex.edu/mailman/listinfo/winpaw
- Posted an inventory of Wisconsin activities and interventions on the website.
- Development and statewide training on key resources.
- Serve as a central clearinghouse for information, technical assistance and training.
- A sample of specific resources and trainings provided for :
 - o "Got Dirt" Garden Toolkit.
 - Wisconsin Worksite Wellness Resource Kit.
 - "What Works" documents outlining evidence-based practices in the Healthcare, School and Worksite settings, with others in progress.
 - Obesity Surveillance Report June 2009 release.

Wisconsin Partnership for Activity and Nutrition (WI PAN) – What is it?

- Partner group focused on obesity prevention through improved nutrition and increased physical activity.
- WI PAN provides statewide leadership and helped create the current state plan.

What Can You Do? – Things that can be done at the local level.

- Join a local group or coalition.
- Work locally using evidence-based or best practice strategies.
- Use strategies that change policy and/or the environment.
- Help fund proven programs.
- Visit the NPAO website for resources.

The Wisconsin Nutrition, Physical Activity and Obesity Program and WIPAN at work:

As an Example:

Through the use of the WI Worksite Wellness Resource Kit, a worksite creates flexible scheduling for its employees, adds a shower facility and has a policy that encourages physical activity over the lunch hour. As a result, 35% of the staff began participating in a variety of daily activities including walking and bicycling. Over time, the business sees a decrease in healthcare costs and increased productivity that easily offset the initial investment.

"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.