

Healthiest Wisconsin 2020 Everyone Living Better, Longer, is the public health agenda that identifies priority objectives for improving health and quality of life. Through a coordinated approach, we can strengthen our capacity to improve health across the lifespan and eliminate health disparities and achieve health equity.

SCHOOLS

- Students have access to healthy foods and beverages and opportunities for physical activity before, during, and after the school day.

Wisconsin Nutrition, Physical Activity and Obesity State Plan 2013

POPULATION HEALTH CHALLENGE

- Physical Activity – High School Students: 49% physically active at least 60 minutes on 5 or more days per week. Small sample size shows lower numbers for minorities (range 31% – 44%)
- Nutrition – High School Students: 13% ate vegetables 3 or more times per day, 33% ate fruit or drank 100% fruit juice 2 or more times per day, 23% drank soda at least 1 time per day

ACTION TEAM FOCUS

- Action team will focus on a select number of priority strategies that are both impactful and have a higher level of likely success. Strategies will encompass support for nutrition, physical activity, and overall school wellness.

PRIORITIES

- Common data set
- School meal funding
- Active Schools Core 4+ (60 minutes PA/day)
- Elementary PE 3x/week and/or PE teacher for all PE classes
- School Health Council and/or School Wellness Coordinator

These priorities are still draft and may be merged or further narrowed at the next meeting.

MEASURABLE OBJECTIVES OR INDICATORS

- To be determined

IMPORTANT RESOURCES

- Active Schools Core 4+ web http://ssp.wi.gov/sspw_physicaled
- WI Active Schools Videos <http://www.activeschoolswi.org/>
- DPI Team Nutrition <http://ne.dpi.wi.gov/>

ACTION TEAM PROGRESS

Plan	Implement	Communicate
------	-----------	-------------

	Actions	Timeline
Plan	Convene stakeholders, map assets and gaps	Completed April 2014
	Identify resources and potential strategies	Discussed at April 2014 meeting
	Analyze, discuss & prioritize strategies	First discussion and prioritizing at October 2014 meeting
	Collectively decide on priorities	List narrowed. Final priorities TBD at January 2015 meeting
Implement	Develop action plan (objectives, milestones, accountability, how progress will be measured)	Part of January 2015 meeting discussion.
	Implement action plan and monitor progress	Spring 2015
Communicate	Monitor and evaluate progress	TBD
	Communicate and promote results	TBD

SUPPORT THE ACTION TEAM – ACTION OPPORTUNITIES

- Join the Action Team for final meeting on prioritizing strategies in January 2015.
- See if draft list of priorities matches with any initiatives you are involved in.

ACTION TEAM POINT OF CONTACT

- Amy Korth 608-265-3232, amy.korth@ces.uwex.edu or
- Amy Meinen 608-265-2005, ameinen@wisc.edu

ALIGNMENT WITH CDC CHRONIC DISEASE PREVENTION STRATEGIES AND MEASURES (1305)

Promote the adoption of food service guidelines/nutrition standards, which include sodium

- Number of local education agencies that received professional development and technical assistance on strategies to create a healthy school nutrition environment
- Number of students in local education agencies where staff received professional development and technical assistance on strategies to create a healthy school nutrition environment

Implement policies and practices that create a supportive nutrition environment, including establish standards (including sodium) for all competitive foods; prohibit advertising of unhealthy foods; and promote healthy foods in schools, including those sold and served within school meal programs and other venues

- Number of local education agencies that received professional development and technical assistance on strategies to create a healthy school nutrition environment
- Number of students in local education agencies where staff received professional development and technical assistance on strategies to create a healthy school nutrition environment
- Percent of local education agencies that have adopted and implemented policies that establish standards (including sodium) for all competitive foods available during the school day
- Percent of schools that do not sell less healthy foods and beverages (soda pop or fruit drinks, sport drinks, baked goods, salty snacks, candy)
- Percent of local education agencies that have adopted and implemented policies that prohibit all forms of advertising and promotion (e.g., contests and coupons) of less nutritious foods and beverages on school property
- Percent of schools that prohibit all forms of advertising and promotion for candy, fast food restaurants, or soft drinks
- Percent of schools that price nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages
- Percent of schools that provide information to students or families on the nutrition, caloric, and sodium content of foods available
- Percent of schools that place fruits and vegetables near the cafeteria cashier, where they are easy to access
- Percent of schools that allow students to have access to drinking water
- Percent of schools that offer fruits or non-fried vegetables when foods or beverages are offered at school celebrations
- Percent of schools that allow students to purchase fruits and vegetables from vending machines or at the school store, canteen, snack bar, or as a la carte items
- Percent of K-12 students who ate vegetables 3 or more times per day (target schools)
- Percent of K-12 students who ate fruit or drank 100% fruit juices two or more times per day (target schools)
- Percent of K-12 students who drank a can, bottle or glass of soda or pop at least one time per day (target schools)
- Percent of K-12 students who are overweight or obese (target schools)

Promote the adoption of physical education/physical activity (PE/PA) in schools

- Number of local education agencies where staff received professional development and technical assistance on the development, implementation or evaluation of recess and multi-component physical education policies
- Number of students in local education agencies that received professional development and technical assistance on developing, implementing or evaluating recess and multi-component physical education policies
- Number of state-level multi-component physical education policies for schools developed and adopted by the state
- Number of state-level recess policies for schools developed and adopted by the state

Develop, implement, and evaluate comprehensive school physical activity programs (CSPAP). CSPAP includes quality physical education and physical activity programming before, during, and after school, such as recess, classroom activity breaks, walk/bicycle to school, physical activity clubs).

- Number of local education agencies receiving professional development and technical assistance to establish, implement, evaluate CSPAP
- Number of students in local education agencies where staff received professional development and technical assistance on establishing, implementing, and evaluating CSPAP
- Percent of schools within local education agency that have established, implemented and/or evaluated CSPAP
- Percent of schools that provide or require daily physical education
- Number of state-level multi-component physical education policies for schools developed and adopted by the state

- Percent of K-12 students who attend PE classes on one or more days in an average week when they were in school (target schools)
- Percent of K-12 students participating in 60 minutes of daily physical activity (target schools)
- Percent of K-12 students who are overweight or obese (target schools)

Identifying and tracking students with chronic conditions that may require daily or emergency management, e.g. asthma and food allergies.

- Number of local education agencies that receive professional development and technical assistance on meeting the daily management and emergency care needs of students with chronic conditions.
- Percent of schools that identify and track students with chronic conditions that may require daily or emergency management, e.g. asthma and food allergies.
- Reduced absences for students identified with chronic conditions (target schools)
- Percentage of students identified with chronic conditions who have a medical home (i.e., a medical home with skilled and knowledgeable health care professionals who, acting as a team, continuously monitor the child's health status over time and manage the medications (not merely episodic management of attacks) (target schools)

Developing protocols that ensure students identified with a chronic condition that may require daily or emergency management are enrolled into private, state, or federally funded insurance programs if eligible.

- Number of local education agencies that receive professional development and technical assistance on meeting the daily management and emergency care needs of students with chronic conditions
- Number of students identified with chronic conditions in local education agencies with staff that received professional development and technical assistance on meeting the daily management and emergency care needs of students with chronic conditions
- Percent of schools that have protocols that ensure students identified with a chronic condition that may require daily or emergency management are enrolled into private, state, or federally funded insurance programs if eligible.

Providing assessment, counseling, and referrals to community-based medical care providers for students on activity, diet, and weight-related chronic conditions.

- Number of local education agencies that receive professional development and technical assistance on assessment, counseling, and referrals to community-based medical care providers for students on activity, diet, and weight-related chronic conditions.
- Number of students identified with chronic conditions in local education agencies with staff that received professional development and technical assistance on assessment, counseling, and referrals to community-based medical care providers for students on activity, diet, and weight-related chronic conditions.
- Percent of schools that provide students with referral to community-based medical care providers for students identified with chronic conditions or at risk for activity, diet, and weight-related chronic conditions.