relevant national guidelines

The State Plan strategies also reflect the recent national guidelines for physical activity and nutrition.

physical activity guidelines:
2008 physical activity guidelines for Americans

Physical activity guidelines were revised in 2008 and are summarized below:

Children & Adolescents
- At least 60 minutes of aerobic activity per day for children.
- Vigorous activity at least 3x/week.
- Muscle and bone strengthening exercises at least 3x/week.

Adults
- Average 30 minutes of moderate aerobic activity or 15 minutes of intense aerobic activity per day on most days of the week.
- Increase the totals to 60 minutes of moderate or 30 minutes of intense activity for additional health benefits.
- Perform muscle strengthening exercises at least 2x/week.

Older Adults: follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

General
- Everyday activities count (ex. yard work) as long as all activities are performed in at least 10-minute segments.
- Incorporate activity into your day (take a walk at lunch).
- Decrease screen time.

For more detailed information, go to: www.health.gov/PAGuidelines/guidelines/default.aspx

nutrition guidelines:
dietary guidelines for Americans

The Dietary Guidelines for Americans were revised in 2010 and are updated every five years. The 2010 guidelines are summarized below:

General Goals
- Maintain calorie balance over time to achieve and sustain a healthy weight.
- Focus on consuming nutrient dense foods and beverages.

Balancing Calories to Manage Weight
- Control total calorie intake to manage body weight. For people who are overweight or obese, this will mean consuming fewer calories from foods and beverages.
- Increase physical activity and reduce time spent in sedentary behaviors.
- Maintain appropriate calorie balance during each stage of life.

Foods and food components to reduce
- Reduce daily sodium intake.
- Reduce saturated fatty acids.
- Consume less than 300 mg per day of dietary cholesterol.
- Keep trans fatty acid consumption as low as possible.
- Reduce the intake of calories from solid fats, added sugars and refined grains.
- Consume alcohol in moderation.
additional background

Recommendations

• Increase vegetable and fruit intake.
• Eat a variety of vegetables.
• Consume at least half of all grains as whole grains.
• Increase intake of fat-free or low-fat milk and milk products.
• Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds.
• Increase seafood consumed by choosing seafood in place of some meat and poultry.
• Use oils to replace solid fats where possible.
• Choose foods that provide more potassium, dietary fiber, calcium, and vitamin D.

For more detailed information, go to: www.health.gov/dietaryguidelines

healthy people 2020 and healthiest wisconsin 2020

Broad health objectives for the year 2020 have been set at both the national and state level. These objectives can be found in the Healthier People 2020 (National) and Healthiest Wisconsin 2020 (State) plans.

Healthy People 2020

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established national benchmarks and monitored progress over time to:

• Encourage collaborations across sectors.
• Guide individuals toward making informed health decisions.
• Measure the impact of prevention activities.

Objectives from the national Healthy People 2020 were incorporated into the Wisconsin Nutrition, Physical Activity and Obesity State Plan. For a more detailed description of the nutrition and weight objectives, go to: www.healthypeople.gov/2020/topicsobjectives2020/pdfs/NutritionandWeight.pdf

Healthiest Wisconsin 2020

Healthiest Wisconsin 2020 (HW 2020) identifies priority objectives for improving health and quality of life in Wisconsin. The HW 2020 Plan outlines broad objectives. Those objectives have been further defined in this State Plan for the areas of nutrition and physical activity. The HW 2020 physical activity objectives recommend changes in facilities, community design, and policies that will lead to increased physical activity. The HW 2020 nutrition objectives recommend an increase in breastfeeding and also healthful eating, through increased access to fruits and vegetables and decreased access to energy dense food and beverages.

In addition to the specific objectives for nutrition and physical activity, there are several cross-cutting objectives that also apply to this State Plan. Cross-cutting issues include eliminating health disparities, having access to key data, and implementing community designs that foster safe and convenient foot, bicycle and public transportation, physical recreation, and gardening to improve physical activity, healthy diets, and social interaction.

For a more detailed description of the Healthiest Wisconsin 2020 nutrition and physical activity objectives, go to: www.dhs.wisconsin.gov/hw2020/index.htm
nutrition, physical activity and obesity state plan

Both of the 2020 documents provide a broad set of objectives extending out into the future. The Wisconsin Nutrition, Physical Activity and Obesity State Plan defines specific implementation steps that will meet those broad objectives. The specific target objectives and action steps in this State Plan provide concrete steps that people and organizations can take to increase the health of the populations that they work with in a variety of settings.

target behaviors for preventing obesity

The Centers for Disease Control and Prevention (CDC) has identified target behaviors for state obesity programs to focus on. Wisconsin will leverage resources and coordinate statewide efforts with multiple partners to implement strategies to address the following CDC’s Division of Nutrition, Physical Activity and Obesity target behavior areas:

- Increase physical activity.
- Increase the consumption of fruits and vegetables.
- Decrease the consumption of sugar sweetened beverages.
- Increase breastfeeding initiation, duration and exclusivity.
- Reduce the consumption of high-energy dense foods.

The CDC has created guidance documents for each of the target behaviors that provide the rationale, and highlight proven strategies to affect each target behavior.

policy and environmental focus

Unlike trying to impact change at an individual level, environmental and policy changes have the ability to impact large groups of people. The diagram below illustrates why changes in the environment or changes in policy are important. The diagram represents an approach known as the Social Ecological Model (SEM). Ideally, strategies will address multiple if not all levels of the model for greatest reach and impact.
think 3-pronged approach

To simplify the SEM concept even further, groups working on obesity prevention should focus their work in three areas: policy change, environmental change, and individual behavior change. The concept of combining individual strategies with environmental and policy changes is a way to increase impact by making it easier to achieve the behavioral change. Rather than pick unrelated strategies, think about having strategies that build off, or complement, each other. Here is one example for a physical activity focus at a worksite:

**Policy** – implement a written policy that allows and encourages staff to walk over the noon hour.

**Environment** – map distances and mark safe routes for walking near the worksite.

**Individual** – conduct a six-week walking campaign that tracks steps or mileage

This type of 3-pronged approach is more likely to be successful because it addresses the issue from multiple perspectives. The following are examples of policy and environmental changes in two settings.

### EXAMPLES OF POLICY & ENVIRONMENTAL CHANGES FOR PHYSICAL ACTIVITY:

<table>
<thead>
<tr>
<th>Environmental Examples</th>
<th>Policy Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled intersection with “walk” light indicator.</td>
<td>Walking school bus group with accompanying parents.</td>
</tr>
<tr>
<td>Well marked crosswalk.</td>
<td>Crossing guard on duty.</td>
</tr>
<tr>
<td>School Crossing sign up the block.</td>
<td>Distance for students to bus is &gt;1 mile. Encourages students living closer to walk or bike.</td>
</tr>
</tbody>
</table>
EXAMPLES OF POLICY & ENVIRONMENTAL CHANGES FOR NUTRITION:

Policy Examples

- Use point-of-decision prompts to highlight fruits and vegetables and healthier alternatives (white milk placed in front of chocolate milk).

Environmental Examples

- Actively ask about a healthy option for a side dish (apple slices vs. french fries).

- Place salad bar right before checkout.

- Increase healthy food options and reduce or eliminate foods of minimal nutritional value.

- Make water easily available.

- Provide taste testing opportunities to introduce new fruits & vegetables.

- Put individual fruits and vegetables first in the line.

CAFETERIA LINE
social marketing planning approach:
step-by-step description

1. Problem description

This first step should include a definition of the desired long-range outcome and the behavior(s) and other determinants that will need to be addressed in order to accomplish the change as well as the target audience(s) for the intervention. A primary target audience may include a population most affected by a particular health issue or those most likely to change their behavior. Secondary audiences may include those who are able to change the circumstances surrounding a behavior, such as parents, employers or policymakers. Care must be taken to avoid unintended consequences through addressing only those populations which are most likely to change or easiest to reach.

2. Collect formative assessment information

Formative assessment, similar to market research in traditional marketing approaches, is used to identify and fill information gaps to inform the development of goals, objectives and strategies. This step will help intervention planners to better understand the target audience and to increase the intervention’s potential effectiveness by making audience-focused decisions. A large and growing collection of evidence-based assessment tools exists; in some cases, a new instrument or method may need to be developed to meet a specific information need.

3. Determine strategies and objectives

This phase involves summarizing assessment information and utilizing it to develop concrete strategies for achieving the desired behavior change in the target audience. Further audience segmentation and final behavioral focus may also be needed. When possible, strategies should be evidence-based and geared toward policy, system and environmental change. Objectives should be written in SMART format: Specific, Measurable, Achievable, Realistic and Timeframe-oriented. When developing the strategy, keep in mind the “4Ps” of marketing: product, price, place and promotion.

4. Intervention Design

It is in this phase that the program materials and activities are developed. Once developed, program strategies, messages, materials and other products are pretested with the target audience and revised. Intervention planners should also consider current partnerships and address any gaps or needs that are identified.

5. Evaluation

Evaluation and monitoring should be considered throughout the process and fed back into intervention re-planning efforts. Specifically, evaluation planning should be coordinated with intervention design. Process and outcome evaluation should be balanced, and evaluation strategies should be linked clearly with the intervention activities. Evaluation may be used to improve an intervention, assess intervention success and inform current and future interventions.

6. Implementation

In the implementation phase, the intervention is launched and the monitoring and evaluation begins. Activities may need to be modified based on feedback. It is also important to find ways to institutionalize activities and sustain intervention strategies and partnerships. By using the social marketing process, interventions will be targeted based on the unique needs and circumstances of the audience.

For more information on social marketing visit: www.cdc.gov/nccdphp/dnpao/socialmarketing/index.html
Determined the Strength of Evidence for State Plan Strategies

The target audience for the State Plan is partners throughout the state working on improving nutrition, increasing physical activity and obesity prevention. The State Plan encourages partners to assess the needs in their community, organization or group as an initial intervention planning step. After the assessment, partners can choose a strategy or multiple strategies for implementation. One criterion to be considered is level of evidence for a strategy. However, it is important to recognize that obesity prevention is still relatively new and in many cases the scientific literature is lagging. Strategies that are emerging/promising or expert opinion merit consideration and by doing so can contribute to the field through practice-based evidence. Since many of these partners may not have a public health background it is helpful to provide a level of evidence for each strategy in the State Plan. The level of evidence will be determined using the following guidelines:

### Strength of Evidence Rating Scale and Criteria – adapted from the County Health Rankings, What Works for Health

<table>
<thead>
<tr>
<th>Rating</th>
<th>Evidence Criteria</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientifically Supported</td>
<td>1 or more systematic review(s), or 3 experimental or quasi-experimental studies, or 6 descriptive studies</td>
<td>Studies have strong design, statistically significant positive finding(s), large magnitude of effect(s).</td>
</tr>
<tr>
<td>Some Evidence</td>
<td>1 or more review(s), or 2 experimental or quasi-experimental studies, or 3-5 descriptive studies</td>
<td>Compared to “scientifically supported,” studies have less rigorous design, smaller magnitude of effect(s), effects may fade over time, statistically significant positive finding(s), overall evidence trends positive.</td>
</tr>
</tbody>
</table>
| Limited Evidence, Supported by Expert Opinion | Varies, generally less than 3 studies of any type | Body of evidence less than “some evidence”, recommendation supported by logic, limited study, methods supporting recommendation unclear.  
**Expert Opinion:** Recommended by credible groups; research evidence limited. Credible groups are recognized for their impartial expertise in an area of interest. Further study may be warranted. |
| Insufficient Evidence          | 1 experimental or quasi-experimental study, or 2 or fewer descriptive studies     | Varies, generally lower quality studies.                                               |
| Mixed Evidence                 | Two or more studies of any type                                                  | Body of evidence inconclusive, body of evidence leaning negative.                     |
| Evidence of Ineffectiveness    | 1 or more systematic review(s), or 3 experimental or quasi-experimental studies, or 6 descriptive studies | Studies have strong design, significant negative finding(s), or strong evidence of harm. |

**NOTE:** Expected Outcomes – the evidence and strength of evidence will be presented by the behavior the strategy impacts (such as breastfeeding, physical activity, nutrition, TV viewing, etc.) and by the health outcome (obesity). There will be one row for each strategy.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Expected Outcome</th>
<th>Source</th>
<th>Evidence Strength</th>
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<tbody>
<tr>
<td>Strategy</td>
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</table>
2. *A Policy-Based School Intervention to Prevent Overweight and Obesity.* Gary D. Foster, Sandy Sherman, Kelley E. Borradaile, Karen M. Grundy, Stephanie S. Vander Veur, Joan Nachmani, Allison Karpyn, Shiriki Kumanyika and Justine Shults *Pediatrics* 2008;121;e794 [http://pediatrics.aappublications.org/content/121/4/e794.full](http://pediatrics.aappublications.org/content/121/4/e794.full) | Some evidence |
4. *A Policy-Based School Intervention to Prevent Overweight and Obesity.* Gary D. Foster, Sandy Sherman, Kelley E. Borradaile, Karen M. Grundy, Stephanie S. Vander Veur, Joan Nachmani, Allison Karpyn, Shiriki Kumanyika and Justine Shults *Pediatrics* 2008;121;e794 [http://pediatrics.aappublications.org/content/121/4/e794.full](http://pediatrics.aappublications.org/content/121/4/e794.full) | Some Evidence |
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<td><strong>S 8</strong></td>
<td>Use an evidence-based fitness test to assess the endurance capacity of the student population in grades 4-12</td>
<td>Increased physical activity and fitness</td>
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<tr>
<td><strong>CA 1</strong></td>
<td>Develop local community master plans that include incorporation of strategies that promote physical activity</td>
<td>Increased physical activity and fitness</td>
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<tr>
<td>Obesity prevention and weight management</td>
<td>Obesity prevention and weight management</td>
<td>Obesity prevention and weight management</td>
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### Strategy: Obesity prevention and weight management

#### Expected Outcome:
- Increased physical activity and fitness

#### Source:

### Strategy: S 8

#### Expected Outcome:
- Increased physical activity and fitness

#### Source:

### Strategy: CA 1

#### Expected Outcome:
- Increased physical activity and fitness

#### Source:
4. Khan et. al. Recommended Community Strategies and Measurements to Prevent Obesity in the United States. CDC MMWR July 24, 2009 /58(RR07);1-26 [http://www.cdc.jgov/mmwr/preview/mmwrhtml/rr5807a1.htm](http://www.cdc.jgov/mmwr/preview/mmwrhtml/rr5807a1.htm)
5. Heath GW, Brownson RC, Kruger J, et al. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. J Phys Act Health. 2006;3(Suppl 1):S55-76

### Additional References:

2. **Penny Gordon-Larsen, et. al.** Inequality in the Built Environment Underlies Key Health Disparities in Physical Activity and Obesity. Pediatrics Vol. 117 No. 2
<table>
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<tr>
<th>Strategy</th>
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<th>Source</th>
<th>Evidence Strength</th>
</tr>
</thead>
</table>
| CA 2 – Develop and implement active transportation options such as safe routes to school plans and bike to work options in communities | Increased physical activity | 1. University of Wisconsin Population Health Institute. Access to Places for Physical Activity. *County Health Rankings 2012*. 2012. [Access to Places for Physical Activity](http://www.countyhealthrankings.org/program/access-places-physical-activity)  
2. CDC. Youth Physical Activity Guidelines. [CDC Physical Activity 2011](https://www.cdc.gov/physicalactivity/guidelines/youth/).  
|                                  | Decreased obesity | 1. Wolch et. al. *Childhood obesity and proximity to urban parks and recreational resources: A longitudinal cohort study*. Health & Place, Volume 17, Issue 1, January 2011, Pages 207–214. [Childhood obesity and proximity to urban parks and recreational resources](http://www.sciencedirect.com/science/article/pii/S1353829210001528)  
| FS 1 – Increase access to and affordability of fruits and vegetables | Improved nutrition | 1. University of Wisconsin Population Health Institute. Increase Fruit and Vegetable Availability. *County Health Rankings 2012*. 2012. [Increase Fruit and Vegetable Availability](http://www.countyhealthrankings.org/program/increase-fruit-vegetable-availability)  
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<tr>
<th>Strategy</th>
<th>Expected Outcome</th>
<th>Source</th>
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</table>
4. *Does Drinking Beverages with Added Sugars Increase the Risk of Overweight?* CDC. |

Some Evidence
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<tr>
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<tr>
<td>H 3 – Develop and implement a systems approach to identify and follow-up with at-risk, overweight and obese patients, including nutrition and physical activity counseling</td>
<td>Obesity prevention/reduction</td>
<td>1. U.S. Preventive Services Task Force. Screening for Obesity in Adults: Recommendations and Rationale – B rating. Adults: June 2012, Children and Teens: January 2010 <a href="http://www.uspreventiveservicestaskforce.org/3rdusptf/obesity/obesrr.htm">http://www.uspreventiveservicestaskforce.org/3rdusptf/obesity/obesrr.htm</a></td>
<td>Scientifically Supported</td>
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<td>3. McTigue et. al. Screening and Interventions for Overweight and Obesity in Adults Systematic Evidence Reviews, No. 21</td>
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<td>Strategy</td>
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</tbody>
</table>
| **H 4** – Participate in healthcare-community partnerships to facilitate the active referral of patients to community resources that increase access to opportunities for physical activity and high quality nutritious foods and beverages | Improved nutrition, Increased PA | 1. Centers for Disease Control and Prevention. *10 Essential Public Health Services*. Atlanta: U.S. Department of Health and Human Services; 2010. [http://www.cdc.gov/nphpsp/essentialservices.html](http://www.cdc.gov/nphpsp/essentialservices.html)  
2. Baicker, et. al. *Workplace Wellness Programs Can Generate Savings*. Health Aff February 2010 vol. 29 no. 2 304-311. [http://content.healthaffairs.org/content/29/2/304.abstract](http://content.healthaffairs.org/content/29/2/304.abstract)  
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<th>Source</th>
<th>Evidence Strength</th>
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</table>

**W 3 - Establish a network that encourages professional development and sharing of ideas and information on worksite wellness (i.e., networking, learning circles, etc.)**

<table>
<thead>
<tr>
<th>Expected Outcome</th>
<th>Source</th>
<th>Evidence Strength</th>
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<tbody>
<tr>
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<td>ACE</td>
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<td>WI PAN</td>
<td>Wisconsin Partnership for Activity and Nutrition</td>
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<tr>
<td>WIC</td>
<td>Women, Infants and Children Program</td>
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<td>WIPOD</td>
<td>Wisconsin Prevention of Obesity and Diabetes</td>
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<td>WPHA</td>
<td>Wisconsin Public Health Association</td>
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<td>YRBSS</td>
<td>Youth Risk Behavior Surveillance System</td>
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**Action for Healthy Kids (AFHK):** A nonprofit organization formed specifically to address the epidemic of overweight, undernourished and sedentary youth by focusing on changes at school. AFHK works in all 50 states and the District of Columbia to improve children’s nutrition and increase physical activity, which will in turn improve their readiness to learn.

**Active Community Environments:** Communities where people of all ages and abilities can easily enjoy walking, bicycling, and other forms of recreation. These communities support and promote physical activity with adequate sidewalks, bicycle facilities, paths, trails, parks as well as recreational facilities. These communities also have implemented mixed-use industrial and residential areas using a linked network of streets that allow for easy walking between homes, work, schools and stores.

**Active Early:** A statewide initiative to increase physical activity in the Early Care and Education (Child care) setting. Resource materials have been developed and local grant funding awarded to implement strategies that increase activity in child care.

**Active Schools:** A statewide initiative to increase physical activity in the school setting. Resource materials have been developed and local grant funding awarded to implement strategies that increase activity in schools.

**Behavioral Risk Factor Surveillance System (BRFSS):** A surveillance system that uses a population-based telephone survey to assess behavioral health risk factors of American adults. The BRFSS provides national and state data for following trends in obesity, physical activity, and fruit and vegetable consumption. Wisconsin residents aged 18 or older and living in households with telephones are chosen to participate by random selection.

**Body Mass Index (BMI):** An anthropomorphic measurement of weight and height that is defined as body weight in kilograms divided by height in meters squared. BMI is the commonly accepted index for the classification of overweight and obesity in adults and is recommended to identify children and adolescents who are underweight, overweight or at-risk for overweight.

**Buy Local, Buy Wisconsin Program:** An economic development program in the Wisconsin Department of Agriculture, Trade and Consumer Protection, designed to increase the purchase of Wisconsin grown/produced food products for sale to local purchasers.

**Capacity:** Community capacity refers to the identification, strengthening and linking of your community’s tangible resources, such as funds, people and local service groups. Your community’s definition of capacity will change as the community grows but it is basically the infrastructure of individual skills and knowledge networks, financial and human resources and organizations that a healthy community is built upon.

**Chronic Care Model:** Provides an organizational approach for caring for people with chronic disease in a primary care setting. The Chronic Care Model advocates that improvements in approaches to chronic conditions can be accomplished by creating a health care system that is practical, supportive, population- and evidence-based, and promotes an interactive relationship between patients informed and motivated and a health care team that is prepared and proactive.

**Coalition:** A union of people or organizations involved in a similar mission working together to achieve goals.

**Collaboration:** Working in partnership with other individuals, groups or organizations, or through coalitions with inter-organizational representation, toward a common goal.

**Community:** A social unit that can encompass where people live and interact socially (a city, county, neighborhood, subdivision or housing complex). It can be a social organization wherein people share common
concerns or interests. Often, a community is a union of subgroups defined by a variety of factors including age, ethnicity, gender, occupation and socioeconomic status.

**Community gardens:** Gardening on land that is owned by a community group, institution, municipality, land trust, or some other entity. The process of growing, processing, and distributing food in and around cities and suburbs or urban agriculture provides individuals and families with many benefits. Advantages of urban agriculture include an alternative source of fresh produce, improved life satisfaction, and a way to preserve cultural identity and traditions. Most importantly, community gardening and urban farming have the potential to provide a supplemental source of fruits and vegetables. Food grown on these plots can be kept for personal consumption or used to procure supplemental income. Additional benefits of urban agriculture beyond food provision include building job skills, improving self-esteem, and contributing to community revitalization. Characteristics of community gardening initiatives comprise: land and supply procurement; organization of participants; reduction of barriers to fresh produce; production of primary or alternative source of fresh produce; and entrepreneurial gardens.

**Complete streets:** Streets that are designed and operated to enable safe access along and across the street for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities.

**Dietary Guidelines for Americans (DGA):** Dietary Recommendations for healthy Americans age 2 years and over about food choices that promote health specifically with respect to prevention or delay of chronic diseases.

**Environmental Change (Environment):** Physical, social, or economic factors designed to influence people’s practices and behaviors. Examples of alterations or changes to the environment include:
- **Physical:** Structural changes or the presence of programs or services, including the presence of healthy food choices in restaurants or cafeterias, improvements in the built environment to promote walking (e.g., walking paths), and the presence of comprehensive school health education curricula in schools.
- **Social:** A positive change in attitudes or behavior about policies that promote health or an increase in supportive attitudes regarding a health practice.
- **Economic:** The presence of financial disincentives or incentives to encourage a desired behavior.

**Exercise:** Physical activity that is planned or structured. It involves repetitive bodily movement done to improve or maintain one or more of the components of physical fitness-cardio respiratory fitness, muscular strength, muscular endurance, flexibility, and body composition.

**Farm to School:** Farm to School connects schools (K-12) and local farms with the objectives of serving healthy meals in school cafeterias, improving student nutrition, providing agriculture, health and nutrition education opportunities, and supporting local and regional farmers. Comprehensive farm to school efforts include nutrition and agriculture education, gardening, and promotional activities.

**FitnessGram:** Fitnessgram is a fitness assessment and reporting program for youth that provides a comprehensive set of assessment procedures in physical education programs. The assessment includes a variety of health-related physical fitness tests that assess aerobic capacity; muscular strength, muscular endurance, and flexibility; and body composition.

**Fresh Fruit and Vegetable Program:** Funded through the federal 2008 Farm Bill, the Fresh Fruit and Vegetable Program (FFVP) provides children in participating elementary schools (with a 50% or greater free or reduced-priced student designation) with a variety of free fresh fruits and vegetables through a grant program. The purpose of the program is to expand and increase the variety and amount of fruits and vegetables children experience and consume.
Fruits & Veggies—More Matters®: Formerly known as the 5 A Day Program, this national public health initiative was created to encourage Americans to eat more fruits and vegetables—fresh, frozen, canned, dried and 100% juice. The new initiative is a national call-to-action that is attainable and easy for people to understand—it is simply to eat more fruits and vegetables. More than 90% of Americans consume fewer fruits and vegetables than the daily amount recommended by the Dietary Guidelines for Americans, which ranges from 2 to 6 1/2 cups.

Health disparities: Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.

Healthier U.S. School Challenge: The Healthier U.S. School Challenge is a voluntary initiative established in 2004 to recognize those schools participating in the National School Lunch Program that have created healthier school environments through promotion of nutrition and physical activity.

Healthy Eating: An eating pattern that is consistent with the USDA Dietary Guidelines for Americans. Individual and cultural preferences can be accommodated within an eating pattern that is considered healthy.

Healthy, Hunger-Free Kids Act (2010): The Healthy, Hunger-Free Kids Act of 2010, also known as the 2010 Child Nutrition Reauthorization Act, authorizes funding for federal school meal and child nutrition programs and increases access to healthy food for low-income children.

High Energy Dense Foods: Energy density is the amount of energy or calories in a particular weight of food and is generally presented as the number of calories in a gram. High energy dense foods have high relative calories for the particular amount or weight of the food. They are usually high in sugar and fat, low in fiber and water and are processed.

Inactivity: Not engaging in any regular pattern of physical activity beyond daily functioning.

Infrastructure: The system that is in place to assure that public health services and programs have sufficient capacity to make a health impact on the population. Infrastructure components would include workforce capacity and competency; health information and systems, and health information analysis for decision making; communications; legal authorities; financing; other relevant components of organizational capacity; and other related activities.

Intervention: An organized, planned activity that interrupts a normal course of action within a targeted group of individuals or the community at large so as to reduce an undesirable behavior or to increase or maintain a desirable one. In health promotion, interventions are linked to improving the health of a population or to diminishing the risks for illness, injury, disability or death.

Joint use agreement: A formal agreement between two entities — often a school and a city or county — setting forth the terms and conditions for shared use of public property or facilities. Agreements can range in scope from relatively simple (e.g., opening school playgrounds to the public outside of school hours) to complex (allowing community individuals and groups to access all school recreation facilities, and allowing schools to access all city or county recreation facilities).

Leisure-time Physical Activity: Activity that is performed during exercise, recreation, or any additional time other than that associated with one’s regular job duties, occupation, or transportation.

Moderate-intensity Physical Activity: Physical activity that requires sustained rhythmic movements and refers to a level of effort a healthy individual might expend while walking briskly, mowing the lawn, dancing, swimming,
bicycling on level terrain, etc. The person should feel some exertion but should be able to carry on a conversation comfortably during the activity.

National School Lunch Program: (NSLP) is a federally assisted meal program operating in public and non-profit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day.

Obesity: An excessively high amount of body fat in relation to lean body mass in an individual. The amount of body fat includes concern for both the distribution of fat throughout the body and the size of the body fat tissue deposits. In Body Mass Index measurements, obesity is defined as a BMI equal to or greater than 30 in adults.

Overweight: An increased body weight in relation to height, when compared to some standard of acceptable or desirable weight. In Body Mass Index standards, obesity is defined between 25 and 25.9 or greater in adults. In children and youth, a gender and age-specific BMI measure that places the individual at or above the 95th percentile for children and youth aged 2-20 years old.

Partnership: A group of individuals or groups that work together on a common mission or goal.

Physical Activity: Bodily movement produced by the skeletal muscles that results in an energy expenditure and is positively correlated with physical fitness. Can also include household duties such as sweeping floors, scrubbing, washing windows, raking the lawn, etc.

Physical Fitness: A measure of a person’s ability to perform physical activities that require endurance, strength, or flexibility, determined by a combination of regular activity and genetically inherited ability.

Policies: Laws, regulations, rules, protocols, and procedures, designed to guide or influence behavior. Policies can be either legislative or organizational in nature. Policies often mandate environmental changes and increase the likelihood that they will become institutionalized or sustainable.

Regular Physical Activity: Activity that is performed most days of the week, that includes five or more days of moderate-intensity activities OR three or more days of the week of vigorous activities.

Safe Routes to School Program: The SRTS program empowers states and local communities to choose to make walking and bicycling to school a safe and available everyday mode choice. The program makes funding available for a wide variety of programs and projects, from building safer street crossings to establishing programs that encourage children and their parents to walk and bicycle safely to school.

School Health Education Profile (SHEP): A CDC survey administered every even year by the Department of Public Instruction (DPI) to health education teachers and middle and high school principals. The survey examines health education and physical activity policies and practices of schools.

Screen time: Time spent watching television, playing video games, or engaging in noneducational computer activities.

Sedentary Lifestyle: A lifestyle characterized by little or no regular physical activity.

Social Marketing: The application of commercial advertising and marketing concepts to the planning and implementation of programs intended to influence the voluntary behavior change of a target audience in order to improve personal welfare and that of society.
Social-Ecological Model: The model suggests that behavior change requires not only educational activities, but also advocacy, organizational change efforts, policy development, economic support and environmental change and that these “spheres of influence” can have an impact on individual health behavior. Rather than focusing on personal behavior change interventions with groups or individuals, public health problems must be approached at multiple levels, stressing interaction and integration of factors within and across levels.

Stakeholder: An individual or organization that has an appreciation of the issues or problems involved in a health promotion program and has something to gain or lose as a result of their participation. This person or group has a stake in the outcome of the health promotion program.

Strategies: Means by which policy, programs, and practices are put into effect as population-based approaches (e.g., offering healthy food and beverage options in vending machines at schools, implementing activity breaks for meetings longer than one hour) versus individual-based approaches (e.g., organizing health fairs, implementing cooking classes, disseminating brochures).

Sugar-sweetened beverages: Beverages that contain added caloric sweeteners, primarily sucrose derived from cane, beets, and corn (e.g., high-fructose corn syrup), including non-diet carbonated soft drinks, flavored milks, fruit drinks, teas, and sports drinks.

Surveillance System: A continuous, integrated and systematic collection of health-related data.

Systems change: Change that impacts all elements, including social norms of an organization, institution, or system; may include a policy or environmental change strategy. Policies are often the driving force behind systems change.

Target Audience: A group of individuals or an organization, sub-population or community that is the focus of a specific health promotion program or intervention.

Team Nutrition: Team Nutrition is an initiative of the USDA Food and Nutrition Service to support the Child Nutrition Programs through training and technical assistance for food service, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity.

Vigorous-intensity Physical Activity: Activity that requires sustained, rhythmic movements that is intense enough to represent a substantial challenge to an individual and results in a significant increase in heart and breathing rate.

Well City: An initiative through the Wellness Councils of America designed to engage entire business communities in improving the health and well-being of their workforce. Similar in approach to Well Workplace, the primary requirement for achieving a Well City USA designation is that 20% of any community's working population must be employed by either Small Business, Bronze, Silver, Gold, or Platinum designated Well Workplace Award winning companies.

Wisconsin Local Food Network: A statewide organization whose mission is to create statewide connections to support local food initiatives in Wisconsin.

Wisconsin Partnership for Activity and Nutrition (WI PAN): The group that provides statewide leadership to improve the health of Wisconsin residents by decreasing overweight and obesity, improving nutrition and increasing physical activity. The Partnership will facilitate the implementation of the State Plan.

Wisconsin School Health Award: The Wisconsin School Health Award was created as a way to recognize and celebrate schools with policies, programs, and the infrastructure to support and promote healthy eating; physical
activity; alcohol-, tobacco-, and drug-free lifestyles; and parental and community involvement. The goal of this award is to motivate and empower Wisconsin schools as they create and maintain healthy school environments.

**YoungStar:** YoungStar is the Department of Children and Families’ new five-star quality rating and improvement system for child care in Wisconsin. YoungStar sets a five-star rating system for child care providers based on education, learning environment, business practices and the health and well being of children

**Youth Risk Behavior Surveillance System (YRBSS):** A system developed by CDC to monitor priority health risk behaviors that contribute to the leading causes of morbidity, mortality and social problems among youth in the United States. The survey is administered in Wisconsin to middle and high school students every other year.
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Humana Inc
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inTEAM Associates; Inc.
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Outagamie County Public Health
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Polk County Health Department
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Wisconsin Association of Lactation Consultants
Wisconsin Association of School Boards
Wisconsin Beverage Association
Wisconsin Dietetic Association
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